Evaluation of South Carolina First Steps Local Partnerships FY 2019-2023

An evaluation led by Child Trends

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South Carolina First Steps local partnerships

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Glossary

Board of Trustees: The governing body responsible for overseeing the operations, strategic direction, and financial stability of the South Carolina First Steps initiative.

Chronic Absenteeism: When a student mises ten percent or more of the school year, for any reason including excused, unexcused, and suspensions.

Core functions: Pursuant to S.C. State Code 59-152-70, First Steps local partnerships have the following core functions: "(a) service as a local portal connecting families of preschool children to community-based services they may need or desire to ensure the school readiness of their children; (b) service as a community convener around the needs of preschool children and their families; and (c) support of state-level school readiness priorities as determined by the State Board".

- **Service as a Local Portal:** Connecting families of preschool children to community-based services they may need to ensure the school readiness of their children
- **Community Convener**: The role of bringing together various stakeholders in the community to address the needs of preschool children and their families
- **Mobilizing Local Communities:** Engaging and organizing community efforts to focus on providing enhanced services to support families and young children
- **State-Level Priorities**: Aligning local efforts with the broader goals and priorities set by the state for early childhood education and school readiness

Evidence-based: Pursuant to S.C. State Code 59-152-25: "'Evidence-based program' means a program based on a clear and consistent program model that is designated as such by the South Carolina First Steps to School Readiness Board of Trustees because the program: (1)(a) is grounded in published, peer-reviewed research that is linked to determined outcomes; (b) employs well-trained and competent staff to whom the program provides continual professional development that is relevant to the specific model being delivered; (c) demonstrates strong linkages to other community-based services; and (d) is operated to ensure program fidelity; or (2) is commonly recognized by experts in the field as such a program."

Evidenced-informed: Pursuant to S.C. State Code 59-152-25: "'Evidence-informed program' means a program that does not satisfy the criteria of an evidenced-based program model but that the South Carolina First Steps to School Readiness Board of Trustees determines is supported by research indicating its potential effectiveness."

First Steps Data Collection System (FSDC): A system for housing demographic and program participation data for families and children involved in First Steps local partnership programs.

High intensity: High intensity is defined for each program by First Steps staff based on the intervention relative to a child. The more direct an intervention reaches a child, the higher the intensity.

School readiness: Pursuant to S.C. State Code 59-152-25 (G): "'School readiness' means the level of child development necessary to ensure early school success as measured in the following domains: physical health and motor skills; emotional and social competence; language and literacy development; and mathematical thinking and cognitive skills. School readiness is supported by the knowledge and practices of families, caregivers, healthcare providers, educators, and communities."

Executive Summary

Introduction to First Steps local partnerships

Experiences in a child's early years impact every aspect of how they function, including their health, behaviors, thoughts, relationships, ability to perform in school, and (subsequently) their capacity to thrive into adulthood. In 1999, South Carolina's First Steps agency was established to offer localized support to families with young children who have identified risk factors shown to be associated with school readiness.

As both a state agency and a 501(c)(3) nonprofit, First Steps is overseen by its Board of Trustees, a collaborative group representing South Carolina's early childhood system, including state agency directors, elected officials, early childhood leaders, business and medical professionals, parents, and educators. A team of state office staff organized by program areas supports local partnerships. At the county level, each local partnership is led by an executive director who oversees a staff team. Each partnership engages a local partnership board to support leadership, operations, budget planning, and compliance with regulations.

First Steps provides statewide infrastructure and support, and 46 county-level local partnerships receive funding to offer tailored services aimed at ensuring that South Carolina's youngest children are healthy and safe; actively supported by their families and communities; and arrive at school ready to reach their highest potential. Programs and services offered by local partnerships are categorized by four program areas: health, parenting, early care and education, and school transition.[i] Services funded by First Steps are further designated as evidence-based or evidence-informed and categorized as high-intensity or low-intensity.

Overview of the evaluation

This evaluation examined how South Carolina First Steps local partnerships have met their legislative goals, purposes, and functions, as well as what impacts their services had on young children and families in South Carolina during the evaluation period. We answered the following questions through three evaluations:

- How did First Steps local partnerships meet their intended legislative objectives? (i.e., objectives evaluation)
    - Sub-question 1a: How have local partnerships progressed toward their legislative goals and purpose?
    - Sub-question 1b: How have local partnerships fulfilled their roles as local early childhood advisory councils or resource hubs?
- What were First Steps local partnerships' model fidelity? (i.e., process evaluation)
    - Sub-question 2a: By program, how do First Steps model fidelity criteria align with national model fidelity criteria, where applicable?
- What was the impact of First Steps local partnerships on expected outcomes? (i.e., outcomes evaluation)

Evaluation Period

This evaluation examined whether legislative objectives were met, whether programs funded by First Steps were implemented as intended, and what outcomes resulted during a five-year period covering fiscal years (FY) 2019-2023 (or from July 1, 2018 through June 30, 2023).

At the time of the evaluation, First Steps had implemented several continuous quality improvement updates. The evaluation focused on what occurred during the evaluation period, not changes that may be in place now.

- Sub-question 3a**:** What reach and impact did First Steps local partnership programs have from fiscal years (FY) 2019 to 2023 across outcomes while children were enrolled, after they were served, and after they completed the program?

Within the context of our evaluation, we acknowledge that the COVID-19 pandemic greatly altered early childhood services and programs across the nation, and its effects are still unfolding. During FY 2020 and FY 2021, programs funded by First Steps were scaled back or modified due to health mandates. Thus, we encourage caution when interpreting evaluation findings considering the pandemic's effects.

Chapter 1: Objectives evaluation summary

The goal of the objectives evaluation is to **understand how First Steps local partnerships have met their intended legislative objectives**. For this evaluation, we collected data from a survey of local partnership staff and boards, four focus groups with local partnership staff and boards, and nine interviews with families. Below, we summarize findings, takeaways, and recommendations.

South Carolina First Steps to School Readiness Legislation

First Steps is governed by S.C. Code Ann. § 59-152 (2018). Relevant legislation can be found throughout the report, but a full description of the legislation can be found here: https://www.scfirststeps.org/media/uk1n5k5m/t59c152-sc-first-steps-to-school-readiness.pdf

Findings

Legislative goals

1a.1. Survey findings showed that most local partnership staff and board members agreed that local partnerships are meeting their legislative goals (over 80% across all statements).

1a.2. Focus group findings indicate that local partnerships connect with community organizations across various venues to provide parents with support, use multiple methods to connect with families, focus on two-generation services to promote optimal child development, and are equipped to provide necessary referrals for services families need.

1a.3. Family interview findings showed that families described forming lasting friendships and supportive connections through local partnership services and confirmed receiving comprehensive services that have supported their children's physical, developmental, and learning needs.

1a.4. Challenges included limited staff capacity, desire for peer support or mentorship, insufficient funding, and eligibility limitations.

Legislative purposes

1a.5. Survey findings showed that local partnerships are meeting their legislative purposes, typically using similar outreach methods to reach families and service providers; coordinating well with other community-based organizations; and minimizing duplication of efforts in supporting families. However, some felt disconnected from statewide decision making.

1a.6. Board survey findings showed that board members understand their roles and expectations well and are typically involved in activities around strategy, vision, and finances; and that they meet regularly as a board and with the executive director. However, they do not participate in fundraising or partnership-building activities.

1a.7. Challenges included difficulties serving families with varied needs, concerns about families receiving high-quality services or care after leaving First Steps, the need for collaborating with service providers, the need for guidance on best practices with board member engagement, limited influence, and outdated websites.

Legislative core functions

1b.1. Survey findings showed that most local partnerships see themselves as critical resources in their communities, effective at fulfilling their core functions, and able to leverage partnerships to meet their core functions.
1b.2. Challenges include sustainability to meet core functions, especially with small staff.

Takeaways

- Strengths of local partnerships include the following:
    - Local partnership staff, board members, and families overwhelmingly agree that local partnerships are meeting their legislative goals, purposes, and core functions.
    - Local partnerships pride themselves on providing whole family, whole community services that meet families' needs.
- Areas for improvement include the following:
    - Improving services for children and families with unique needs, such as developmental delays or disabilities
    - Continuing to limit duplicative paperwork for families
    - Developing stronger peer networks of service providers within their communities and at the state level
    - Engaging local partnership staff, board, and family voices in statewide decision making

Recommendations

1. Reconsider the level of administrative support needed to run a local partnership and identify ways to provide the necessary support.
2. Offer regular opportunities for local partnerships to share their wealth of knowledge with one another to improve statewide supports.
3. Reexamine policies and processes with the input of local partnership staff, board members, and families.
4. Provide tailored support for smaller local partnerships.

Chapter 2: Process evaluation summary

The goal of the process evaluation is to **identify where First program guidelines aligned with national model guidelines.** Providing program guidelines is the first of many steps in supporting programs to implement programs with fidelity.

For this evaluation, we used Large Language Model (LLM) processing to analyze program guidelines in each fiscal year of the evaluation period and compared it with national model expectations from 2024 to understand whether and how programs were meeting national model fidelity requirements. We analyzed various components of program guidelines (i.e., target population, eligibility criteria, monitoring tools, service delivery, staff qualifications and training, and data reported). We summarize highlight of findings, takeaways, and recommendations.

Findings

2a.1. State guidelines for two programs were fully aligned with national models' at some point during the evaluation period (Parents as Teachers and LENA Home). Another 14 programs were mostly aligned with at least 70 percent of their guidelines matching.

2a.2. State monitoring requirements were most often aligned with national models, and eligibility requirements were most often not aligned. However, this may be because requirements were strategically more restrictive than national models to match First Steps' mission. The greatest opportunity for alignment is around data reporting.

2a.3. Programs had the greatest alignment with the national model in FY 2020.

Takeaways

- First Steps is well-aligned across monitoring standards and has opportunities to streamline data reporting expectations
- Limited alignment in program guidelines with national models does not necessarily indicate lower-quality implementation.
- Program guidelines have improved over the evaluation period.

Recommendations

1. Continue standardizing organization for program guidelines, which was initiated across the evaluation period.
2. Implement ongoing fidelity training and support.
3. Identify areas where state and national requirements must differ and how to support local partnerships to reconcile differing expectations.

Chapter 3: Outcomes evaluation summary

The goal of the outcomes evaluation was to **understand the impact of First Steps local partnerships on the intended outcomes—that South Carolina's youngest children are healthy and safe, actively supported by their families and communities, and arrive at school ready to reach their highest potential.** For this evaluation, we compared pre- and post-scores across three measures for children and families participating in First Steps to understand whether programming supported growth in outcomes. Additionally, we analyzed administrative data from the South Carolina Department of Education (SCDE) to compare children receiving programs funded by First Steps with those who did not. We highlight findings, takeaways (including a discussion comparing past evaluation findings with current evaluation findings), and recommendations.

Findings

Reach of local partnerships

3a.1. **Programs**: Local partnerships fluctuated across the evaluation in the number of programs they offered; however, more than half (n=29) of local partnerships decreased their program offerings in FY 2021 in response to the COVID-19 pandemic.

3a.2. **Families**: The number of families served by a program funded by First Steps also declined in FY 2021 but has since increased, exceeding pre-pandemic levels.

3a.3. **Children**: Similarly, the number of children served by a program funded by First Steps decreased in FY 2021, but has since increased, exceeding pre-pandemic levels.

Healthy and safety outcomes

3a.4. Regardless of the time between assessments, families who participated in a program funded by First Steps who also completed at least two Keys to Interactive Parenting (KIPS) assessments showed significant improvement in their parenting quality scores, with most scores categorized as being of moderate quality.

3a.5. Parents participating in at least one Healthy Families and Parenting Inventory (HFPI) assessment from FYs 2021 to 2023 also showed general improvement, with the most notable improvement occurring when assessments were 5-8 months or 13-20 months apart.

Actively supported by families outcomes

3a.6. Children enrolling in programs and services funded by First Steps during FY 2020 were significantly less likely to be chronically absent in their kindergarten year than their propensity-score-matched peers. This protective effect faded for children enrolling in post-pandemic years.

Arrive at school ready to reach their highest potential outcomes

3a.7. Adults and children who participated in at least two Adult-Child Interactive Reading Inventory (ACIRI) assessments during the evaluation period experienced a medium to large significant improvement, regardless of the time between assessments.

3a.8. Children enrolling in programs and services funded by First Steps in FY 2020 were significantly more likely than their peers to achieve higher kindergarten readiness assessment (KRA) scores; however, these effects were not seen in other years.

Limitations

- **Chronic absenteeism**: It is possible that children who did not enroll in a program funded by First Steps during the evaluation period benefited from services funded by First Steps prior to the evaluation period. In addition, First Steps modified programming guidelines during the COVID-19 pandemic.
- **ACIRI**: Improvements should consider natural improvements in language acquisition as children age and develop.
- **KRA**: Children who did not enroll in a program funded by First Steps during the evaluation period benefitted from services funded by First Steps prior to the evaluation period. Further, the changes to programming and broader systemic changes during the pandemic could have influenced KRA scores.

Considerations when comparing past evaluations

- **Chronic absenteeism**: Analytic models differed from past evaluations in two ways: 1) The matching process created different analytic samples across evaluations, and 2) data were defined differently across evaluations. The current findings suggest that First Steps' impact on absenteeism may depend on contextual factors, notably poverty and COVID-related restrictions.
- **KRA**: The current evaluation models included more years of KRA data, allowing for a larger sample than in previous evaluations. Thus, while First Steps enrollment may provide certain benefits, its impact on KRA readiness scores is complex and may be influenced by external factors such as district-level poverty that should be further explored.

Takeaways

- First Steps programming improves two-generation outcomes, as seen in improved parenting quality and interaction scores over time.
- Other community-level factors may explain outcome changes beyond children and families' participation in programs funded by First Steps, such as community demographics or investments in early childhood at the community or state level.
- The COVID-19 pandemic influenced the reach of local partnership programming and may have influenced changes in outcomes.

Recommendations

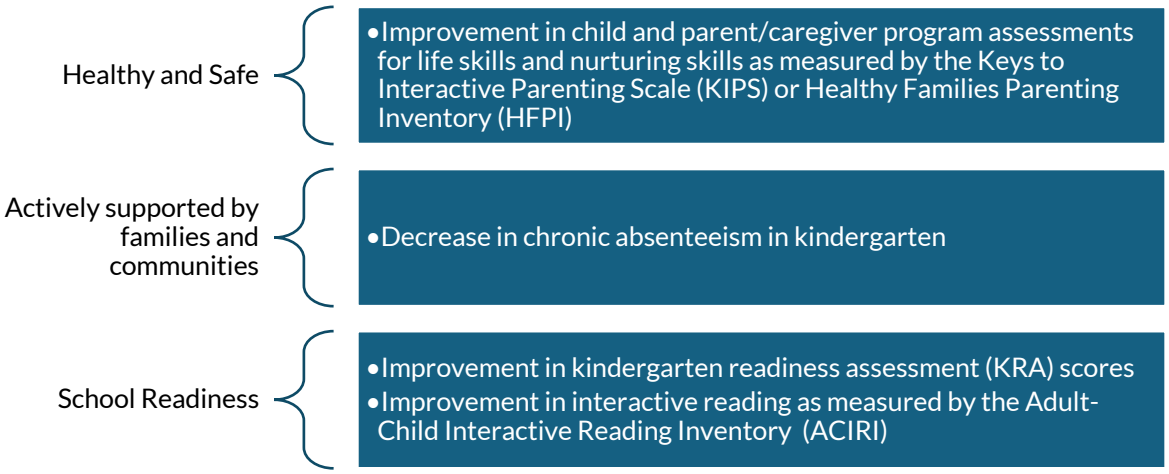
1. Continue to monitor outcomes for children participating in programs funded by First Steps to clarify the post-pandemic impact of First Steps-funded programs, and as system-wide improvements are made.
2. Broaden the measures that capture the impact of local partnerships to measure outcomes that are reasonably expected to change with how programs funded by First Steps are offered to children and families.
3. Work with local partnerships to identify what barriers, if any, may be impacting children's school readiness and make informed decisions about how to improve these outcomes.
4. Continue to improve data quality and systems through improved data systems that capture high-quality data that can measure implementation and outcome improvements.

Introduction to First Steps Local Partnerships

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

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

Figure 1. Metrics to track key outcomes for young children and families participating in First Steps during the evaluation period



Target populations

According to the 2024 KIDS COUNT profile,[vi] South Carolina ranked 40th overall for indicators of child well-being—many of which overlap with First Steps' priorities. While some indicators of well-being have improved over the past five years, the continued presence of risk factors emphasizes the importance of initiatives like First Steps. First Steps focuses on addressing a specific subset of risk factors shown to be associated school readiness, which are then used to determine eligibility for its services (see Figure 2 for a complete list of risk factors).

Figure 2. South Carolina First Steps Risk Factors (as of September 2024)

Risk Factors
• The child has been abused. • The child has been neglected. • The child is in foster care or kinship care. • The child or family is enrolled in or eligible for Temporary Assistance for Need Families (TANF). • The child or family is enrolled in or eligible for Supplemental Nutrition Assistance Program (SNAP). • The child or family is enrolled in or eligible for Women, Infants, and Children Nutrition Program (WIC). • The child has a disability or developmental delay as documented by a physician or standardized assessment (not a screening tool). • The child is blind or visually impaired. • The child is deaf or hearing impaired. • The child is eligible for IDEA Part B or Part C. • The child's mother or primary caregiver was 20 years old or younger at the time of the child's birth. • The child's mother or primary caregiver did not have a high school diploma or General Educational Development (GED) at the time of the child's birth. • The child's parent or caregiver has had a substance abuse issue during the child's lifetime. • The child's parent or caregiver has had depression or another mental health condition during the child's lifetime. • The child's parent or caregiver has an intellectual disability. • The child has been exposed to domestic violence within their family. • The child had a low birth weight (under 5.5 lbs) with serious medical complications. • English is not the primary language spoken in the child's home. • The child has a single parent or caregiver. • The child is experiencing homelessness. • The child has experienced numerous family relocations or transiency. • The child has a parent who is currently incarcerated or has been incarcerated within the last 12 months. • The child has experienced the death of a parent, caregiver or sibling. • The child's parent or caregiver is currently serving in the military away from home or has returned home from military duty within the last two years. • The child is an immigrant or refugee. • The child has a parent or caregiver who was born in another country and entered the U.S. within the last five years. • The child has been removed from child care or preschool for behavioral reasons. • The child is enrolled in or eligible for Medicaid. • The child's parent or caregiver is eligible for Medicaid and is either pregnant or within one year after giving birth.

To set the context for the current evaluation, we summarized some of the risk factors in South Carolina to provide context for the evaluation.

- **Families who have experienced maltreatment (e.g., abuse, neglect, parental mental health)**: South Carolina considers abuse, neglect, and exposure to substance abuse, parental/caregiver depression, mental illness, or domestic violence to be forms of maltreatment. This can look like a caregiver

failing to provide basic needs, inflicting or allowing physical or mental abuse, or committing or allowing sexual abuse.[vii]

- Overall, 63 percent of children in South Carolina have experienced at least one adverse childhood consequence, such as household mental illness, substance use, parental separation, domestic violence, and physical, emotional or sexual abuse. Specifically, over 12,000 children ages 0 to 17 were involved in investigations for child maltreatment in 2021,[viii] with the highest levels being neglect (10,230), physical abuse (2,621), educational neglect (794), abandonment (137), and other forms of abuse and neglect.[ix]
- Additionally, 39 percent of children ages 0 to 4 were confirmed by Child Protective Services as victims of maltreatment in 2022.[x]
- Another risk factor is placement in foster care. In 2021, 1,159 children ages 1 to 4 were placed in foster care, which is about 29 percent of the total children placed into foster care.[xi]

- **Low-income families who are often eligible for other social services**: Poverty is related to a wide range of risk factors for poor health and developmental outcomes across the life span.[xii] Overall, data from the Annie E. Casey Foundation showed that in 2022, the percentage of children under the age of 18 living in poverty across counties ranged from 10 percent to 51 percent. The average poverty rate across the state was 19 percent, which has decreased over time. Among children under the age of 5 years, 21 percent were living in poverty.
  - Another indicator of income is the use of federal aid programs such as Medicaid or the Supplemental Nutrition Assistance Program (SNAP). In 2024, there were 698,714 children enrolled in Medicaid and the Children's Health Insurance Program (CHIP) and 302,000 children receiving SNAP—about 69 percent of the total eligible population.[xiii]
  - Furthermore, many areas of South Carolina are affected by persistent poverty, which impacts families across generations. Persistent poverty refers to a high rate of poverty—defined as 20 percent or more—that has been present for the past 30 years.
- **Families with young children who have developmental delays or disabilities**: Children with developmental delays or disabilities often struggle with various forms of development that can impact their readiness for school, including cognitive skills, language development, motor skills, or behavioral issues such as impulse control. These skills have been associated with readiness for school and can impact their ability to learn.[xiv]
  - In South Carolina, 27 percent of children under the age of 13 had a parent report that a doctor has confirmed a developmental delay or disability, including autism, depression, attention-deficit/hyperactivity disorder (ADHD), behavioral problems, and other developmental delays.
  - Additionally, 27 percent of parents with children under the age of 6 had predictive concerns about meeting development milestones, including concerns about their child's speech, understanding, physical use of hands and arms, behavior, learning, and social skills.[xv]
- **Family with various structures:**
  - **Single parent:** Typically, children who grow up in single-parent family households do not have the same economic or human resources as those who grow up in two-parent households. As a result, these children may be more likely to drop out of school, have or cause a teen pregnancy, and experience divorce in adulthood. In South Carolina, 37 percent of children (0 to 18 years old) live in single-parent families.[xvi] The rate of single-parent households is highest among Black or African American children (66%).[xvii]
  - **Incarcerated parent:** Children growing up with an incarcerated parent often experience significant impacts on their social, emotional, and educational well-being, including increased trauma and stress, negative effects on their school performance, a disrupted family life, and increased risk of future incarceration themselves.[xviii,xix] In South Carolina, 9 percent of children (0 to 18 years old) have had a parent or guardian incarcerated at some point.[xx]
  - **Recent immigrant or refugee**: Children of immigrants or refugees can also face unique risk factors that impact their emotional well-being, education, income potential, and legal risks.

Many immigrant families live in poverty, which can hinder educational attainment or lead to other risk factors such as ones already described.[xxi] In South Carolina, 11 percent of children under the age of 18 are foreign-born or reside with at least one foreign-born parent, and about half of children under the age of 18 have difficulty speaking English.[xxii]

- **Families experiencing homelessness or other housing needs**: Children with stable and secure housing are less likely to experience frequent moves that disrupt their education, have an adequate space to learn, benefit from better physical and mental health, and are less likely to miss school or care.[xxiii]
    - One predictor of unstable and insecure housing is a high cost of living.[xxiv] Fifty-one percent of children living in low-income families in South Carolina live in households with a high housing cost burden, spending 30 percent or more of their monthly income on rent, mortgage, taxes, insurance, or other related expenses.
    - Additionally, about 8 percent of children experienced homelessness in 2021.[xxv] Nineteen percent of children were living in food insecure households, where there was uncertainty of having or acquiring enough food for all household members. [xviii]
- **Families who speak different languages:** When children speak a language other than English at home, they can face difficulties understanding and using English in their care setting, which can affect their ability to follow instructions and participate. Likewise, language barriers can lead to lower academic performance because children might struggle with language-based skills such as reading, communication, and comprehension.[xxvi] In South Carolina, there are approximately 17,000 limited English proficient immigrant parents of children ages 0 to 4.[xxvii]

Programs and services

Offered across 46 counties, First Steps local partnerships are a critical component of the initiative as they regularly assess the needs of their community to inform which services they provide, how they share knowledge of community resources and referrals, and how they mobilize partners in building a more efficient and effective early childhood system.[xxviii] Programs and services are categorized by four broad areas: **health, parenting, early care and education, and school transition,**[xxix] which are further designated as evidence-based or evidence-informed and categorized as high-intensity or low-intensity**.** Table 1 details the list of programs assigned to each program area during the evaluation period.

Table 1. Programs offered by First Steps by Program Area

Program Area	High Intensity	Low Intensity
Health	• **Early Identification and Referral** • **Family Connects** • **HealthySteps** • **Nurse Family Partnership (NFP)**	• **Reach Out and Read** • Weekend Backpacks/Nutrition Program
Parenting	• **Attachment and Biobehavioral Catch-Up - Infant** • **Early Steps to School Success** • **Healthy Families America (HFA)** • **Home Instruction for Parents of Preschool Youngsters (HIPPY)** • **Incredible Years** • **LENA Home (Language Environment Analysis Home-based)** • **LENA Start (Language Environment Analysis - Group Based)** • **Nurturing Parenting** • **Parent Child+** • **Parents as Teachers (PAT)**	• **Dolly Parton Imagination Library** • Family Cafe • Family Literacy Model • **Motheread/Fatheread** • **Positive Parenting Program (Triple P) Multi-Level (Levels 1, 2, and 3)** • Raising a Reader • **Ready4K!** • Supplemental to Evidence-Based Strategies • Supporting Care Providers Through Visits

Program Area	High Intensity	Low Intensity
	• **Positive Parenting Program (Triple P) Level 4** • **Raising a Reader Enhanced** • **Strengthening Families (Preschool 3-5)**	
Early Care and Education	• **Early Education for Children Under 4** • **Early Head Start/Head Start** • **Public School for Four-Year Old Kindergarten Full, Half, and Extended Day 4K** • **Special Needs 4K**	• **Child Care Quality Enhancement/Quality Counts** • **Child Care Scholarships** • **Child Care Training** • **Enhanced 4K Early Education** • **Enhanced Early Education**
School Transitions	• Beginning Opportunities Offered for Student Transition (BOOST) • Countdown to 4K • Countdown to Kindergarten	

Notes: Evidence-based programs are bolded. Programs no longer offered by First Steps (i.e., 1000 Books Before Kindergarten, Book Flood, Fatherhood Initiative, Hello Family, Men's Health, Reading Rocks, Trident Literacy) and those focused on broader social service coordination (i.e., Health Services, Library Based Programs, Nutrition Services, Palmetto Shared Services Alliance, Partnerships and Community Education, Resource & Referral, and Special Supplemental Food Program for Women, Infants, and Children [WIC] Coordination) are excluded from this list.

Operations and governance

At the state level, First Steps operates as both a state agency and a 501(c)(3) nonprofit, enabling it to leverage public and private funding across its 46 local county partnerships. These partnerships receive funding from a state formula allocation (approved by the Board of Trustees) and various federal, state, and/or private grants to support the administration and core functions of local partnerships.

At the state level, the First Steps Board of Trustees—a collaborative group representing the state's early childhood system, including state agency directors, elected officials, early childhood leaders, business and medical professionals, parents, and educators[xxx]—oversees local partnerships. The Board of Trustees advises on policy and system improvements for young children through collaborative projects and initiatives, mobilizing agencies and individuals to help all children reach their full potential. Then, a team of state office staff organized by program areas (i.e., health, parenting, early care and education, school transitions, as well as core functions) supports local partnerships by providing technical assistance, consultation, professional development, and comprehensive resources. The state office also conducts annual internal evaluation and monitoring beyond a legislatively mandated external evaluation, and they work with local partnerships to complete annual performance reviews and assessments of strategy implementation and progress toward goals to the state office.

At the county level, each local partnership is led by an executive director and staff team. Staff members either directly provide services to families, or they collaborate and coordinate with other community partners to provide services families need. Each partnership also engages a local First Steps partnership board with members who represent key voices in the community and who are dedicated to improving school readiness for young children. The board supports leadership, operations, budget planning, and compliance with regulations. Boards are expected to meet regularly, maintain meeting records, and prioritize ongoing development. Together with the executive director and staff, the board connects families of preschool children to community services, convenes around their needs, supports school readiness priorities, and mobilizes communities to enhance services for children.

Overview of the Evaluation

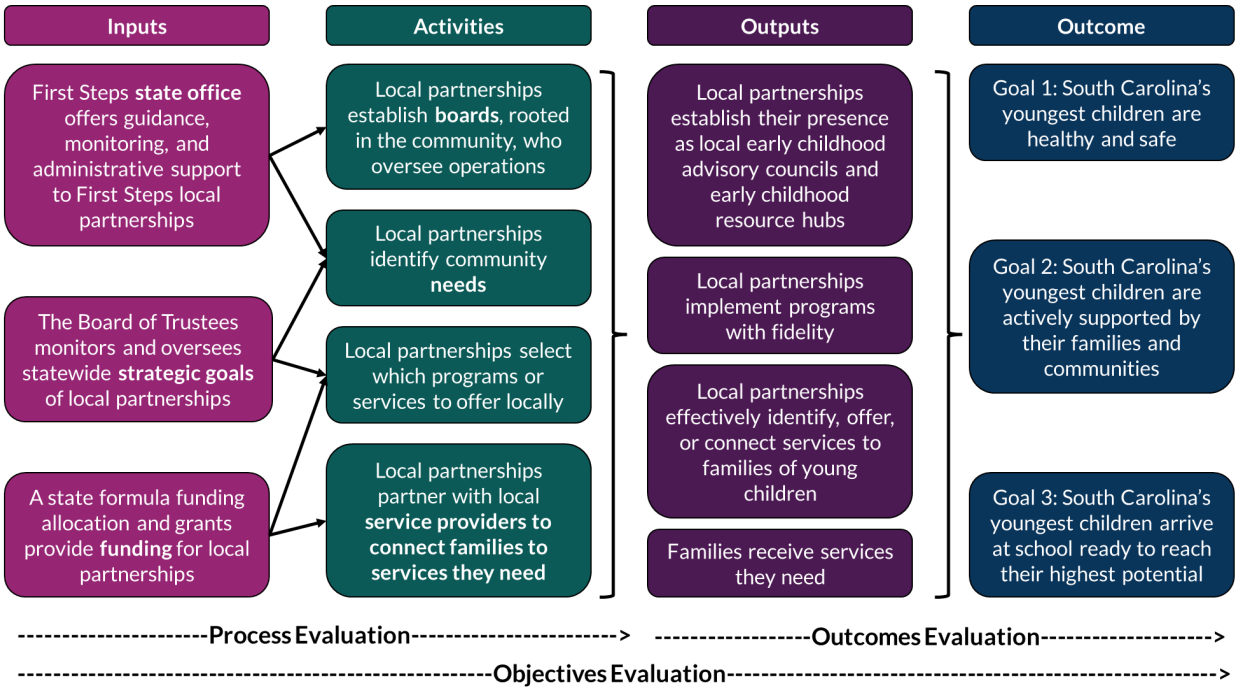
The focus of this evaluation was to understand how South Carolina First Steps local partnerships have met their legislative goals, purposes, and functions, and the impact their services have had on young children and families in South Carolina during fiscal years 2019 through 2023 (July 1, 2018–June 30, 2023).[1] We identified the pathways by which the activities from local partnerships would lead to improvements in outcomes for young children and families (see Figure 3).

Using this logic model, we answered the following questions through three evaluations:

- **Question 1:** How have First Steps local partnerships met their intended legislative objectives? (i.e., **objectives evaluation**)
- **Question 2:** What are First Steps local partnerships' model fidelity? (i.e., **process evaluation**)
- **Question 3:** What is the impact of First Steps local partnerships on expected outcomes? (i.e., **outcomes evaluation**)

We intend to apply evaluation findings to a continuous quality improvement process with First Steps state and local partnership staff, to ensure that they continue to function in ways that are most supportive for young children and their families, and that they can make necessary improvements to better facilitate intended outcomes.

Figure 3. Logic model used to inform the evaluation



[1] The COVID-19 pandemic, which started in March 2020 halfway through the evaluation period, had great impacts on potential evaluation findings. We adjusted for COVID-19 related changes and adjustments in programming and management whenever possible.

Evaluation goals and questions

The goal of the **objectives evaluation** was to answer how First Steps local partnerships have met their intended and legislative objectives. We used both quantitative (through secondary data analysis of administrative data and primary data collection) and qualitative (through primary data collection) data to describe how First Steps local partnerships have met their legislative goals during the five-year period. To answer this question, the evaluation answered the following sub-questions:

- **Sub-question 1a**: How have local partnerships progressed in meeting their legislative goals and purpose?
    - How has First Steps met its legislative purposes via the local partnerships?
    - How has First Steps met its legislative goals via the local partnerships?
- **Sub-question 1b**: How have local partnerships fulfilled their roles as local early childhood advisory councils or resource hubs?
    - What is the level of community awareness of First Steps local partnerships' existence, role, and available services?
    - How have First Steps local partnerships fulfilled their core functions (established in S.C. State Code 59-152-70) to serve as a local portal connecting families of preschool children to community-based services they may need or desire to ensure the school readiness of their children; as a community convener around the needs of preschool children and their families; and to support state-level school readiness priorities as determined by the State Board?

The goal of the **process evaluation** was to understand whether First Steps local partnerships and the programs they offer were implemented as intended. The process evaluation aimed to answer the question of how local partnerships ensured model fidelity through an AI-assisted model that compared the state's program guidelines to national fidelity metrics. To answer this question, the evaluation answered the following sub-question:

- **Sub-question 2a:** By program, how do First Steps model fidelity criteria align with national model fidelity criteria, where applicable?

The goal of the **outcomes evaluation** was to understand the impact of First Steps local partnerships on the intended outcomes that South Carolina's youngest children are healthy and safe; are actively supported by their families and communities; and arrive at school ready to reach their highest potential. We used available secondary data (coupled with critical qualitative data) to understand the reach and impact of local partnerships for children, adults, families, and child care providers in a way that communicates the extent to which local partnerships have met its legislative goals in South Carolina. To answer this question, the evaluation answered the following sub-questions:

- **Sub-question 3a:** What was the impact of First Steps local partnership programs from FY 2019-2023 across outcomes while children were enrolled; after they were served; and after they completed the program?

The impact of COVID-19

This evaluation examines First Steps activities from fiscal years 2019 through 2023 (July 1, 2018–June 30, 2023). During this time, both First Steps programming and the broader landscape of early childhood services and programs experienced substantial disruptions due to the COVID-19 pandemic. These changes make it challenging to determine whether outcomes stem from the evaluated services or broader pandemic-related factors.

In South Carolina, all K-12 schools closed for in-person instruction from March 15, 2020, through the end of the 2019-2020 school year (FY 2020).[xxxi] Schools reopened in 2020-2021 with safety measures, such as social distancing and masking requirements, which varied by local infection rates. The state's kindergarten readiness assessment, conducted in the first 45 days of kindergarten, was significantly modified during this period to accommodate health mandates. By April 2021, all South Carolina public schools offered in-person instruction, and mask mandates were lifted by May 2021.

Early childhood programs and services faced similar disruptions. Many programs closed, some temporarily and others permanently. Those that were open (or reopened) during the pandemic implemented socially distanced or virtual learning formats. The sector also experienced severe workforce shortages, making it harder for families to access the services they needed. Program closures, pandemic-related health concerns, economic uncertainty, and changes to program operations led many families to forgo early childhood services and programs. For example, declines in enrollment were particularly noticeable in center-based programs (compared to home-based care), among preschool-aged children (compared to infants and toddlers), and in families with lower incomes.[xxxii] Additionally, several families chose to delay their children's entry in prekindergarten and kindergarten.[xxxiii]

Impact of COVID-19 on evaluating First Steps during FY 2019-2023

Across the nation, the COVID-19 pandemic greatly altered early childhood services and programs, and the impacts of this are still unfolding. During FY 2020 and FY 2021, programs funded by First Steps, like all early childhood programs, were scaled back or modified due to health mandates. Interpreting outcome changes during this period cannot be definitively attributed to specific First Steps activities versus broader systemic changes. We encourage caution when understanding evaluation findings considering the pandemic's effects.

However, in response to these challenges, the pandemic prompted unprecedented support for early childhood systems. Federal and local governments provided stimulus measures to help child care providers, and families benefited from expanded child tax credits. However, many of these relief funds ended by FY 2024, leaving long-term impacts that are still unfolding.

These shifts had a profound effect on First Steps programming and this evaluation. During FY 2020 and FY 2021, programs funded by First Steps were scaled back or modified due to health mandates. Children served during these years received a more limited range of services compared to those in previous or subsequent years. For example, home visitors offering services through First Steps were encouraged to move their meetings outdoors to meet health mandates. Across the nation, children entering kindergarten after the peak of the pandemic often had less exposure to early childhood programs than their peers from earlier years. This reduced engagement may have contributed to lower socioemotional and academic readiness,[xxxiv] as well as historically low rates of enrollment in early interventions and special education services.[xxxv] These declines have been exacerbated by existing socioeconomic inequalities in early childhood.

The complications of an unprecedented global pandemic are difficult to disentangle. While young children had less access to early childhood services and programs across the nation, the sector also received unprecedented financial support. These dual factors influenced not only individual cohorts of children, but also broader early childhood systems. Furthermore, evaluations of early childhood services are unable to estimate whether perceived losses in child-level outcomes during the pandemic reflect true changes, or if the impact of the pandemic would have been far worse without these supports in place.

As researchers, we remain cautious in attributing outcomes in these evaluation years to specific First Steps activities versus broader systemic changes. The rippling effects of the pandemic will likely persist for years to come. We approach this evaluation with these complexities in mind, acknowledging that the pandemic reshaped the context in which First Steps operated and was evaluated.

Chapter 1:
Objectives Evaluation

Chapter 1. Objectives Evaluation

The goal of the objectives evaluation is to **understand how First Steps local partnerships have met their intended legislative objectives**. For this evaluation, we collected data from a survey of local partnership staff and boards; four focus groups with local partnership staff and boards; and nine interviews with families.

Introduction

In this chapter, we provide information about our methodology, including our data collection activities and analytic methods. We answer the questions:

- **Sub-question 1a**: How have local partnerships progressed in meeting their legislative goals and purpose?
    - **1a.1** How has First Steps met its legislative goals via the local partnerships?
    - **1a.2** How has First Steps met its legislative purposes via the local partnerships?
- **Sub-question 1b**: How have local partnerships fulfilled their roles as local early childhood advisory councils or resource hubs?
    - **1b.1** How have First Steps local partnerships fulfilled their core functions (established in S.C. State Code 59-152-70) to serve as a local portal connecting families of preschool children to community-based services they may need or desire to ensure the school readiness of their children; as a community convener around the needs of preschool children and their families; and to support of state-level school readiness priorities as determined by the State Board?

We present the findings for each sub-question by describing local partnership staff and board reflections derived from the survey and focus groups. Then, we present family reflections from the family interviews to understand whether local partnerships were meeting their legislative goals. When appropriate, we share the number of focus groups that mentioned or described a particular topic or theme, show results of the survey findings and describe the percentage of agreement or disagreement, and share the percentage of families that discussed a particular topic and theme across the interviews. Table 2 summarizes the data source, sampling, represented programs, and relevant evaluation questions answered by the objectives evaluation.

Table 2. Data source details for the objectives evaluation

Data source	Sampling	Funded programs represented in analytic sample	Sub-question 1a.1 (legislative goals)	Sub-question 1a.2 (legislative purposes)	Sub-question 1ab1 (core functions)
Staff and board members focus group	276 completed surveys from an invitation to all executive directors and board members with request to share with current staff; 45 of 46 counties represented.	All offered programs	✓	✓	✓
Staff and board members survey	19 individuals recruited through completion of survey	All offered programs	✓		

Data source	Sampling	Funded programs represented in analytic sample	Sub-question 1a.1 (legislative goals)	Sub-question 1a.2 (legislative purposes)	Sub-question 1ab1 (core functions)
Family Interviews	9 individuals recruited through executive directors; interviewees participated in services during the five-year evaluation period.	All offered programs	✓		

Methodology

All data collection activities were approved by the Child Trends Institutional Review Board (IRB) and were considered exempt. Protocols were developed in conjunction with First Steps, including review and approval from the First Steps Director of Research and Strategy and the Chief Partnership Officer.

Survey of local partnership staff and board members

We administered an online survey for a two-week period in April 2024. The survey was first emailed to all executive directors and board members with requests for them to share with their current staff. In total, 45 of the 46 counties were represented.

Executive directors and staff completed a 20-minute survey to understand their perceptions about how local partnerships are fulfilling their core functions and legislative goals and purposes. Board members answered a shorter ten-minute survey where they also answered questions about their perceptions about how local partnerships are fulfilling their legislative goals, as well as questions about their engagement with local partnerships as board members. Questions were either open-ended or scored on a five-point scale. For example, respondents were asked to identify between strongly agree and strongly disagree on statements such as, "When children completed services, they were more prepared for kindergarten than when they entered," and "Our program offerings included diverse programs that met the needs of families in our community." We analyzed a total of 276 responses: 44 from executive directors, 100 from staff, and 130 from board members.[2] A copy of the survey is included in Appendix A. Local Partnership Survey.

Quantitative survey data were analyzed using Stata 16.3. We compared responses by job and region using chi-squared testing; no significant differences were found for any comparisons. Open-ended survey questions were qualitatively analyzed using a priori codes that were double coded by two members of the research team.

Focus groups with local partnership staff and board members

We conducted four one-hour virtual focus groups in May 2024. Participants were recruited through their completion of the local partnership survey. Survey participants had the option to input their contact information at the end of the survey if they were interested in additional engagement opportunities. We reached out to all those who indicated interest and asked them to sign up for one of five time slots. We held a focus group if at least four respondents indicated they could participate. Thus, we only held four of the five focus groups.

[2] Records were removed if the respondent did not respond to any of the five-point scale questions, or if they chose the same option for every question on the five-point scale questions and did not answer any open-ended questions. Fifty-four records were removed.

We designed a semi-structured focus group protocol to allow participants to elaborate on local partnerships' processes for connecting families to services; building strong and trusting relationships with service providers or other community partners; opportunities for improvement; addressing needs of families; and stories about how their work has contributed to children's school readiness. We limited participation in the focus groups to no more than eight participants to ensure that everyone would be able to participate. In total, there were 18 participants across the four focus groups. A copy of the focus group protocol is included in Appendix B. Local Partnership Focus Group Protocol.

We recorded and transcribed the focus groups for the purposes of qualitative analysis. Two research team members qualitatively coded focus group transcripts. The research team developed an initial set of codes using a content analysis approach. Using Dedoose, two team members independently coded each transcript and then held a consensus meeting for each transcript to determine accuracy and consistency across applied codes. If there were ever discrepant codes between the coding team, members would discuss each excerpt and the codes applied to come to consensus. Final codes were updated in Dedoose. Throughout the coding process, the team discussed possible adjustments to the coding scheme and updated the codebook as needed. After the team coded and discussed each transcript, they reviewed and analyzed the codes from Dedoose to identify key themes and how the codes answered the research questions. Verbatim quotes from the participants were used to validate interpretation of themes and commonly recurring ideas.

Interviews with local partnership families

We wanted to understand families' perspectives on questions posed to local partnership staff, so we aimed to conduct nine interviews with families who participated in local partnership services. Families were recruited through executive directors who identified families who had participated in services during the five-year evaluation period. We designed a semi-structured interview protocol to learn about how families learned about local partnerships; how services allowed them to keep their children healthy and safe, actively supported, and ready for school; and what families were able to do that they would have been unable to do without local partnerships. A copy of the interview protocol is included in Appendix C. Local Partnership Family Interview Protocol.

We recorded and transcribed the interviews for the purposes of qualitative analysis. Two research team members qualitatively coded interview transcripts. The research team developed an initial set of codes using content analysis. Using Dedoose, two team members independently coded each interview and then held a consensus meeting for each interview to determine accuracy and consistency across applied codes. If there were ever discrepant codes between the coding team, members would discuss each excerpt and the codes applied to come to consensus. Final codes were updated in Dedoose. Throughout the coding process, the team discussed possible adjustments to the coding scheme and updated the codebook as needed. After the team coded and discussed each interview, they reviewed and analyzed the codes from Dedoose to identify key themes and how the codes answered the research questions. Verbatim quotes from the participants were used to validate interpretation of themes and commonly recurring ideas.

Sub-question 1a.1: How have local partnerships progressed in meeting their legislative goals?

To understand whether and how local partnerships are meeting their legislative goals, we asked local partnership staff and board members to rate their level of agreement on whether or not they are meeting their legislative goals (Figure 4). Then, we asked for further clarification on their strategies through the focus groups. Finally, we confirmed perceptions of local partnership staff and board through family interviews.

We present survey findings on the goals then offer themes from the focus groups and family interviews. We highlight key challenges to consider in meeting legislative goals for consideration.

Legislative Goals

Goal 1: Provide parents with access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children

Goal 2: Increase comprehensive services to reduce the risk of major physical, developmental, and learning problems in children

Goal 3: Promote high-quality preschool programs that provide a healthy environment that will promote normal growth and development

Goal 4: Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life, so they arrive at school ready to succeed

Goal 5: Mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school healthy and ready to succeed

Survey Findings

Figure 4 shows the percentage of local partnership staff and board members who agree or strongly agree with statements around meeting legislative goals. For a breakdown of those who strongly disagree, disagree, or neither agree or disagree, see Appendix D. Chapter 1 Additional Tables.

Findings indicate that:

- The majority of local partnership staff and board members agree that local partnerships are meeting their legislative goals (over 80 percent across all statements).
- The two statements with the highest agreement included that program offerings promoted high-quality services that provided a healthy environment for children's growth and development, and families in the community felt supported, suggesting a two-generation focus of local partnerships.
- Although still highly rated, the two statements with the lowest agreement included that local partnerships were able to support young children with special developmental needs to be successful when they enter school, and that program offerings included a comprehensive set of programs that reduced the risk for major physical, developmental and learning problems, suggesting that while these are still strengths of local partnerships, more can be done to support local partnerships to support developmental and learning needs of children.

Figure 4. Local partnership staff and board agreement on legislative goals (n=240)

Note: The number of respondents differed across responses. For details on the number of respondents per response, please see Appendix D. Chapter 1 Additional Tables.
Source: Local Partnership Staff and Board Survey (2024)

Focus Group Findings

In focus groups, staff and board members elaborated on various strategies they use to support young children and families to meet legislative goals.

Key Finding	Details
Local partnerships connected with community organizations across various events to provide parents with support.	Local partnerships' access to community resources helped them connect with families and children effectively. About a third of participants in focus groups described connecting families to services by leveraging community services, agencies, and providers in the community through attending and advertising at community events, libraries, and by word of mouth or referrals from other agencies. These strategies helped them connect with families and meet them where they might be. One staff described how they engaged with families once they heard about their program, first building a relationship with them, understanding and talking through their needs and goals, and then connecting them with comprehensive services from the various connections and partnerships they have across the county and community. Additionally, local partnership staff highlighted that having various partnerships and connections in the community were crucial to meet parents' needs and that it was necessary for them to connect with families in multiple contexts and platforms. These practices helped mobilize communities to learn from each other and learn from families to better support their needs and their children's growth. Local partnership staff described several strategies to accomplish this, including: • Running a parent advisory group to hear input from local parents, • Collaborating with and utilizing board members, • Engaging in training and services with their staff, and • Engaging in existing events in their community, such as their local library or children's museum.
Local partnerships used multiple methods to connect with families.	Local partnership staff talked about trying to connect with families in unique ways, such as through media outreach or social media connections. Some participants used flyers, adjusted the format of meetings (e.g., virtual) during the COVID-19 pandemic, or worked with existing high-traffic community programs to advertise their services. For example, one person described advertising and showcasing some of their programs through social media.
Local partnerships focused on two-generation services to promote optimal development.	In every focus group, participants described various services that supported children's optimal development, including services focused on health and safety, supporting parents, and kindergarten readiness. Specific services mentioned included child safety education (e.g., car seat safety checks), parenting support groups, home visiting programs (e.g., Parents as Teachers), and personal or professional development (e.g., GED classes). These programs and resources help parents better support their child by increasing parent-child interactions, parenting skills, and positive engagement. One partnership was able to secure funding to establish a child care facility, and through that process the staff were able to learn more about high-quality programs.
Local partnerships are equipped to provide necessary referrals.	Staff shared they supported children's success in school by referring families to essential services by collaborating with community agencies to address social determinants of health. They employed a variety of strategies to provide protection, nutrition, and health care for children to succeed in school, including:

Key Finding	Details
	• **Referrals to protection services**. In focus groups, local partnership staff shared that they work with families to provide the necessary services to meet their various needs, including protecting children. Many local partnerships do not directly provide protection to children but do refer to other community partners and agencies (e.g., Department of Social Services, Health Department, nonprofit organizations like domestic violence shelters or housing resources). • **Referrals to nutrition services.** Local partnership staff also shared that, although not their primary role, they worked with the community and government agencies to connect families to nutrition services. Local partnership staff described learning about family's food and nutrition needs to ensure they were connected to the right services, which included Special Supplemental Food Program for Women, Infants, and Children [WIC] or SNAP benefits and food banks or services for their children. One local partnership staff described working with external organizations to receive additional concrete supports such as food vouchers. • **Reminders and connections to health care.** Local partnership staff also provided reminders and connections to health care services for families in their program. Some staff described providing car seat safety checks, mental health referrals, support in accessing medical services, or incorporating innovative strategies such as wanting to hire a nurse to be a part of their team. One program was able to partner with medical staff, but the program could not sustain that practice.

Family Interview Findings

To understand whether families agreed with staff and board reflections, we summarized findings from the interviews.

Key Finding	Details
Families described forming lasting friendships and supportive connections through local partnership services.	Families confirmed that they feel supported by building relationships with parent educators or other parent friends to support them in reaching goals around their children's development and kindergarten readiness as well as their own mental health, physical health, finances, and parenting. They also described a strong connection to the community and its perceived impact on their family's well-being. Many parents shared that parenting groups helped them find and form lasting friendships, supporting both their parenting and overall sense of connection. These groups have fostered a sense of community and created a support system that helps parents learn new skills and access community resources. Overall, parents felt supported through these friendships and were grateful to the local partnerships for fostering these connections. Families described receiving similar support, including protection, nutrition, and health services to support their children's school readiness. All parents described receiving support in services beyond school readiness. Several of these families described challenging life situations and how local partnerships connected them to appropriate services or referrals. For example:

Key Finding	Details
	• **Poverty and nutrition-based needs**. Some families learned about WIC and SNAP options through their home visitor or took classes to learn more about these options. • **Protection services for children**. One parent described going to WIC classes, which helped her keep her child care voucher. She also benefited from a car seat safety class where she learned how to strap her child in and when to change to a booster. These classes also taught families about smoke detectors and baby proofing. • **Health care needs**. Another parent described that local partnership staff reminded them about medical appointments or referred them to specialists for their children. A few shared that they received parenting resources about food programs, health insurance, and other community programs that could serve their health and safety needs.
Families also confirmed receiving comprehensive services that have supported their children's physical, developmental, and learning needs.	These services included home visiting programs (n=9), field trips or events (n=8), parenting groups (n=8), and resources like the Dolly Parton's Imagination Library (n=9). In particular, families appreciated getting child care supports. Families received child care through vouchers and through parent educators who found a program that met their needs. Although many families had children who were too young for preschool, they expressed appreciation for their parent educators, who provided resources and activities to promote their child's development. As one local partnership staff member noted, parents need to be well and feel successful, which can involve economic mobility or meeting basic needs, to effectively support their children. Comprehensive services often focused on supporting them as parents. These supports included: • **Health care reminders.** Eight of the parents talked about receiving reminders and support in completing medical visits for their child or themselves, including referrals to mental health services, food and government services (e.g., WIC, SNAP), and financial support. One parent described that local partnerships helped her with various referrals. • **Parenting advice.** Other parents (n=8) described receiving parenting advice and strategies to handle situations with their children through parenting groups and friends made through these connections. • **Economic supports.** More than half of the parents (n=5) also talked about receiving economic mobility support through adult education opportunities, employment opportunities, and career development. One parent shared, *"They helped with grants because I was worried about financials. I'm going for business management and human resources. They showed me how to do the schooling online because I work a full-time job. Daycare is 6:30am-6pm, so online is better for my situation."* • **Home visiting.** All parents described receiving home visiting support and referrals or programming that directly addressed their children's physical, developmental, and learning needs. This included services such as speech referrals, developmental milestone education, educational supplies (e.g., books, reading activities), and activities to support learning skills (e.g., writing, hand-eye coordination, developmental). For example, one parent talked about connecting with the local partnership because she knew it would help get her kids ready for kindergarten.

Challenges in meeting legislative goals

Local partnership staff noted challenges they faced in operating local partnerships and in supporting families, which influenced their ability to meet legislative goals. First, local partnership staff identified two operational challenges.

- **Limited staff capacity to fulfill goals.** Many local partnerships operated with small teams, some had only one full-time staff member, and many executive directors worked part-time. Local partnerships also experienced high turnover as staff often searched for jobs with increased pay or benefits. One local partnership staff member described feeling overwhelmed with the amount of work on their plate and the desire to have more support. Staff noted the significant amount of time required to build community connections, which could depend on staff capacity and existing connections. They noted that they could only do so much with the staff capacity they had, and they had to make trade-offs between fulfilling administrative duties and service provision to families. With additional staff or staff support, local partnerships felt that they could better serve families or make connections with other organizations that could support families.
- **Desire for peer support or mentorship opportunities**. Although not a primary goal of the focus groups, local partnership staff noted areas where they could benefit from peer support or mentorship. Even within the focus groups, staff learned strategies from one another as they shared about their local partnership, and they noted ways that this type of engagement could allow them to do their work better. They acknowledged the various avenues that already exist for engagement (e.g., monthly executive director meetings, in-person retreats/conferences, an online group), but they also identified additional areas that they wanted support: administrative training on how to manage a nonprofit, best practices around community organizing, and grant-writing support to pursue additional funds.

Local partnership staff identified two challenges in supporting families:

- **Insufficient funding to support families.** Staff shared they used their funds creatively to provide an array of resources and connections to families to meet their needs, but they also shared they did not have sufficient funds to meet the needs of the community. Because funding is based on state legislative formulas and subject to state regulations, they often lacked sufficient or flexible funding to support families in ways that families need. For example, many executive directors noted that families see local partnerships as their go-to resource, but when asked to provide tangible or emergency supplies (e.g., household goods or clothes), local partnerships are unable to offer families what they need. Staff noted that they understood the regulations but also had a unique understanding of which resources could be more advantageous for families. Additionally, staff believed offering incentives, toys, or food for families during events would support better family engagement, but they were unable to provide these incentives due to legislative rules, insufficient funding, or bureaucracy. With flexible or additional funding, staff felt that they could better support families.
- **Restrictions on eligibility to fully support families.** Staff understood the strict eligibility policies but expressed frustration with them. In two focus groups, local partnership staff mentioned cases where they helped parents gain better employment options, but their families lost their child care vouchers as a result. This created tension determining which type of support was going to be most supportive for families in the long run. In other instances, participants noted how age cut-offs resulted in lack of support to families. One participant noted that they were unable to provide services to a child because their birthday was one day after the cut-off, and another noted that they wanted to support a family with a child under five but had no supports to offer an older sibling through local partnerships.

Sub-question 1a.2: How have local partnerships progressed in meeting their legislative purposes?

To understand whether and how local partnerships are meeting their legislative purposes, we asked local partnership staff and board members to rate their level of agreement across various aspects of the legislative purpose. We also provide findings from the shorter board survey that was completed only by board members.

We present survey findings relevant to meeting legislative purposes, then survey findings about board participation. We end with key challenges to consider in meeting legislative puproses.

Legislative Purposes

Purpose 1: Develop, promote, and assist efforts of agencies, private providers, and public and private organizations and entities, at the state level and the community level

Purpose 2: Collaborate and cooperate to focus and intensify services

Purpose 3: Assure the most efficient use of all available resources

Purpose 4: Eliminate duplication of efforts to serve the needs of young children and their families

Survey Findings

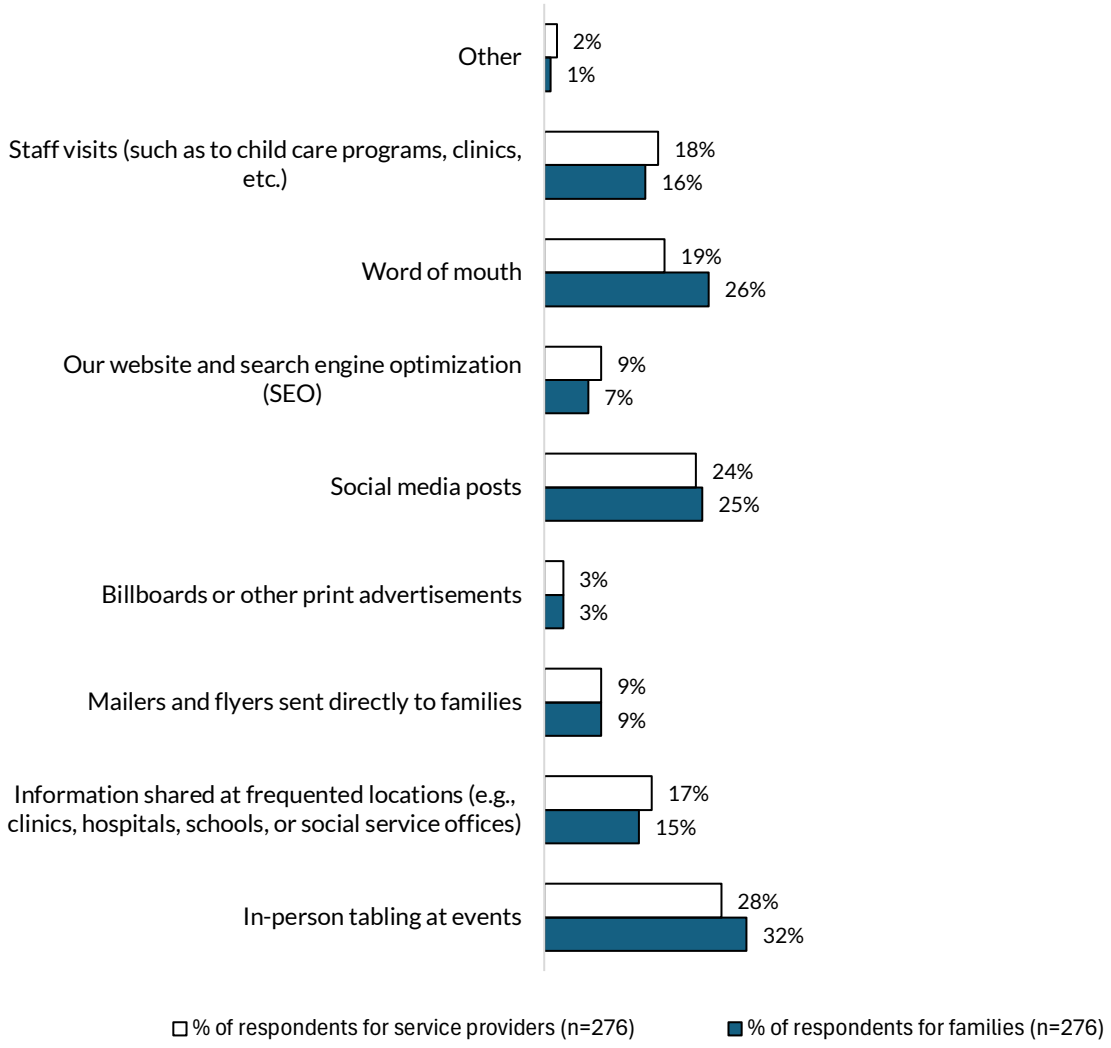
We asked local partnership staff and board members to respond about whether they are meeting their legislative purposes by asking about their top outreach methods to families and service providers (Figure 5); their agreement on how they collaborate with service providers (Figure 6); their agreement on effectiveness of avoiding duplicative efforts for families (Figure 7); and their agreement on statewide efforts (Figure 8).

Outreach Methods

For local partnerships to best meet their legislative purposes around efficiencies at the state and community level, we asked local partnership staff and board members about how they first get connected with families and service providers. These outreach methods could indicate whether they are reaching key audiences effectively and efficiently. Figure 5 shows the percentage of local partnership staff and board members who indicated that they use various methods to reach families and service providers. Findings show that:

- Local partnerships typically have the same pattern of using outreach methods to reach families and service providers. In other words, local partnerships indicate using a specific outreach method within five percentage points when reaching out to both families and service providers. The only method where there is a gap greater than five percentage points is for word-of-mouth outreach, which is used more often with families than with service providers.
- The top outreach method is in-person tabling at events, and the least used method is using billboards or other print advertisements.

Figure 5. Outreach methods used by local partnerships to reach families and services providers (n=276)



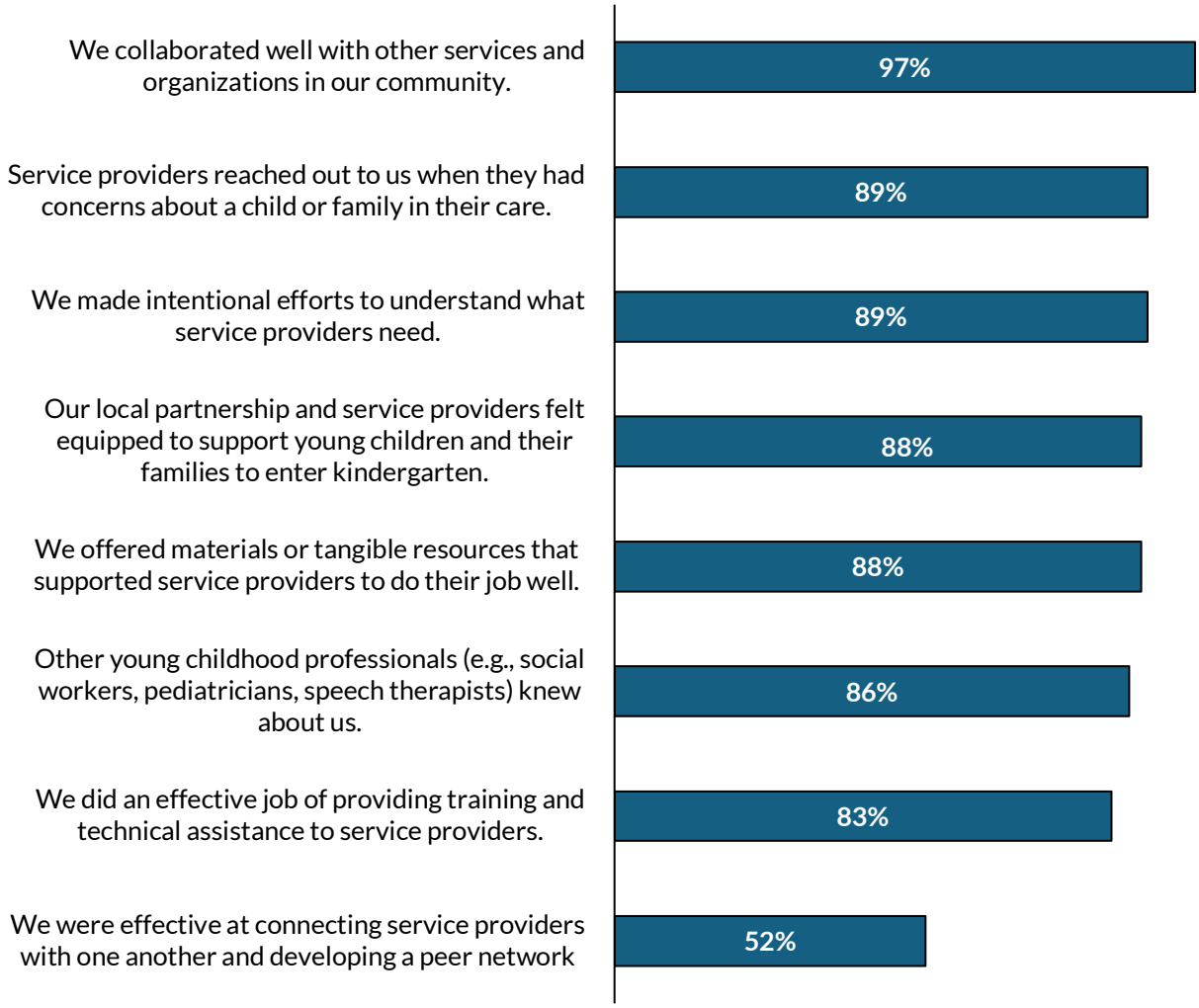
Note: The number of respondents differed across responses. For details on the number of respondents per response, please see Appendix D. Chapter 1 Additional Tables.
Source: Local Partnership Staff and Board Survey (2024)

Collaborating and coordinating with community-based organizations

We also wanted to understand local partnership staff and board member perceptions about their own effectiveness when collaborating and cooperating with other community-based organizations to intensify services for young children and their families. Figure 6 displays the percentage of local partnership staff and board members who noted that they were effective or very effective for various coordination activities. Findings suggest that:

- The majority of local partnerships typically believed that they were effective at collaborating and coordinating with other organizations (with over 80 percent of respondents responding as agree or strongly agree).
- However, just over half of local partnership staff and board members agreed that they were connecting service providers with one another and developing a peer network, which suggests an area of growth for local partnerships who desire to build peer networks.

Figure 6. Percentage of respondents who agreed or strongly agreed on statements of collaborating and cooperating with community-level organizations to focus and intensify services (n=120)



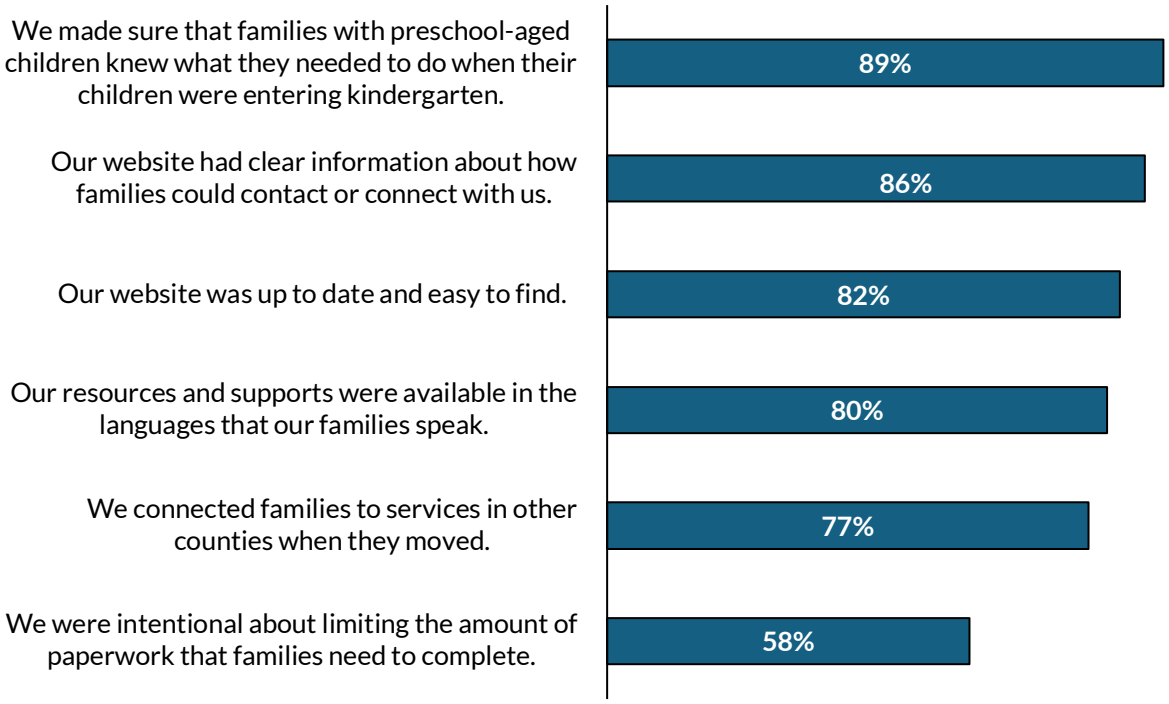
Note: The number of respondents differed across responses. For details on the number of respondents per response, please see Appendix D. Chapter 1 Additional Tables.
Source: Local Partnership Staff and Board Survey (2024)

Avoiding duplication of efforts when serving young children and their families

To assess how local partnerships situate themselves within their communities as distinct from other partners, we asked local partnership staff and board members to respond to a series of statements about how they avoid duplication of efforts when serving young children and their families. Figure 7 details the percentage of local partnership staff and board members who noted that they were effective or very effective at avoiding duplication of efforts. Findings include:

- Local partnership staff and board members generally agreed on almost all activities that they were avoiding duplication of efforts.
- Just over half of respondents (58%), however, agreed that they were intentionally limiting paperwork for families, which suggests that there is room for local partnerships to reduce the burden on families when it comes to paperwork.

Figure 7. Percentage of respondents who agreed or strongly agreed on statements to avoid the duplication of efforts when serving the needs of young children and families (n=122)



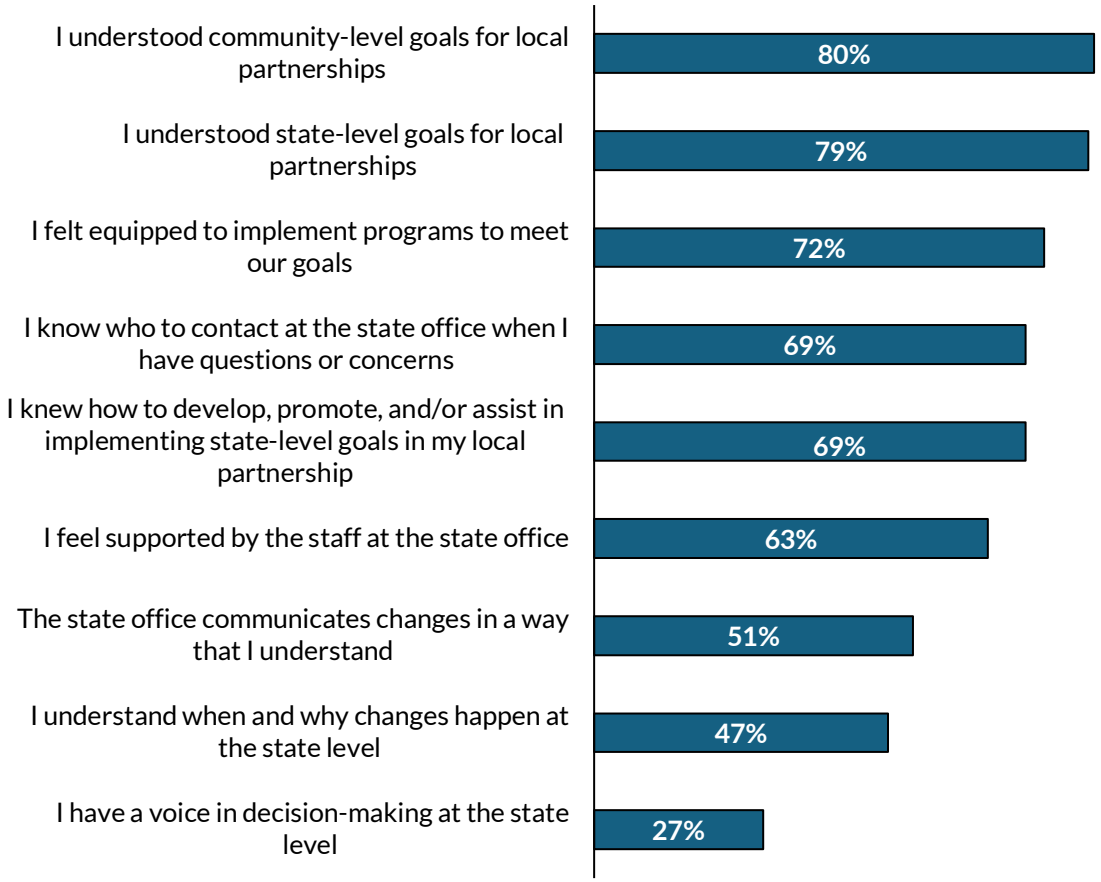
Note: The number of respondents differed across responses. For details on the number of respondents per response, please see Appendix D. Chapter 1 Additional Tables.
Source: Local Partnership Staff and Board Survey (2024)

Statewide efforts to meet legislative purposes

We explored the ways that local partnership staff and board members are engaged at the state-level. We asked respondents to consider whether they agreed on statements of statewide initiatives to support young children and families, including their engagement with the state office. Figure 8 shows the percentage of respondents who agreed or strongly agreed. Findings show that:

- Fewer local partnership staff and board members agreed or strongly agreed about statements related to statewide initiatives than across all other activities.
- The three activities with the highest agreement centered more on understanding goals and how to implement these goals, including understanding community-level goals for local partnerships; feeling equipped to implement programs to meet goals; and understanding state-level goals for local partnerships.
- Some local partnerships also felt engaged with the state office, with many noting that they knew who to contact in the state office (69%) and felt supported by state office staff (63%).
- The areas where fewer local partnership staff and board members agreed were around statewide decision-making and changes. Fewer respondents agreed that they were involved in decision-making at the state level (27%); understood why changes happen at the state level (47%); and understood communications from the state office about changes (51%), suggesting that local partnerships may feel disconnected from how changes are determined statewide.

Figure 8. State-level agreement on how to develop, promote, and assist the efforts of agencies, private providers, and public/private organizations and entities (n=120)



Note: The number of respondents differed across responses. For details on the number of respondents per response, please see Appendix D. Chapter 1 Additional Tables.
Source: Local Partnership Staff and Board Survey (2024)

Board survey findings

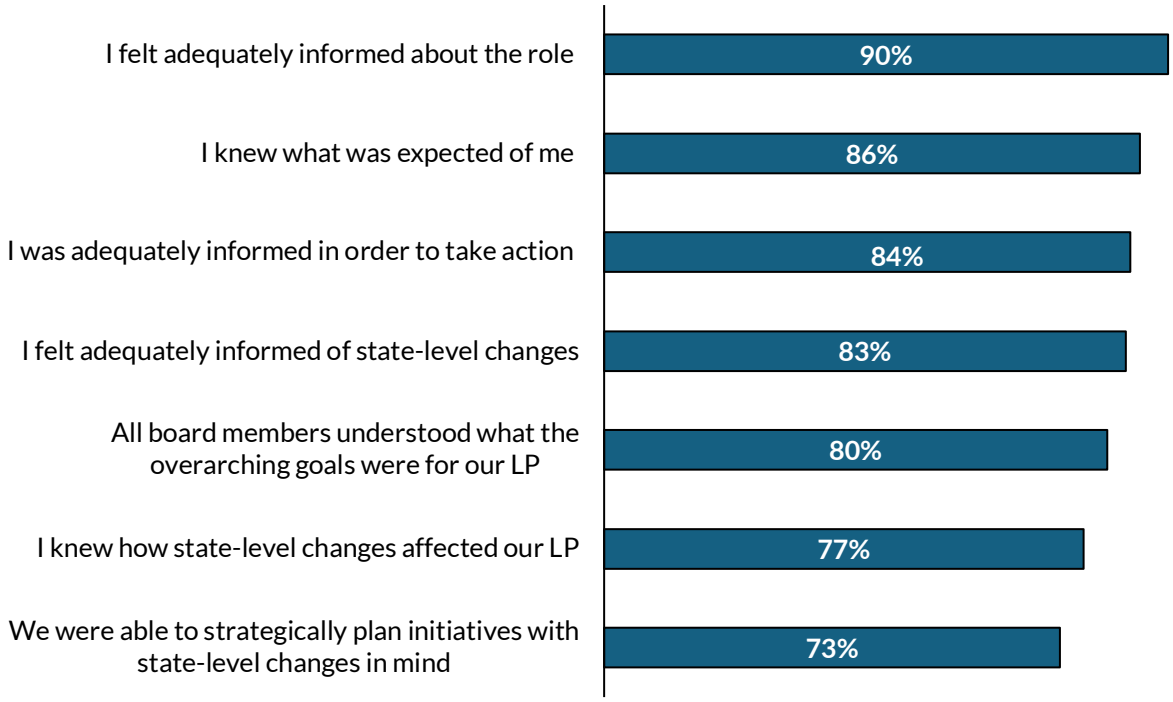
Because local partnerhip boards facilitate local partnerships in meeting their legislative purposes, we asked board members to complete a separate survey with information detailing how they are engaged with local partnerships.

Board roles

Figure 9 describes the percentage of board members that agreed or strongly agreed that they were performing various roles when on the board during the evaluation period. Findings suggest that:

- Board members generally agreed across all statements that they understood their role, goals, and statewide changes for local partnerships (with over 73 percent of respondents agreeing), which is further supported by almost all respondents noting that they understood their role (90%) and knew what was expected of them (86%), which shows that their engagement is likely rooted in their understanding of their role.

Figure 9. Roles of board members in local partnerships (n=133)



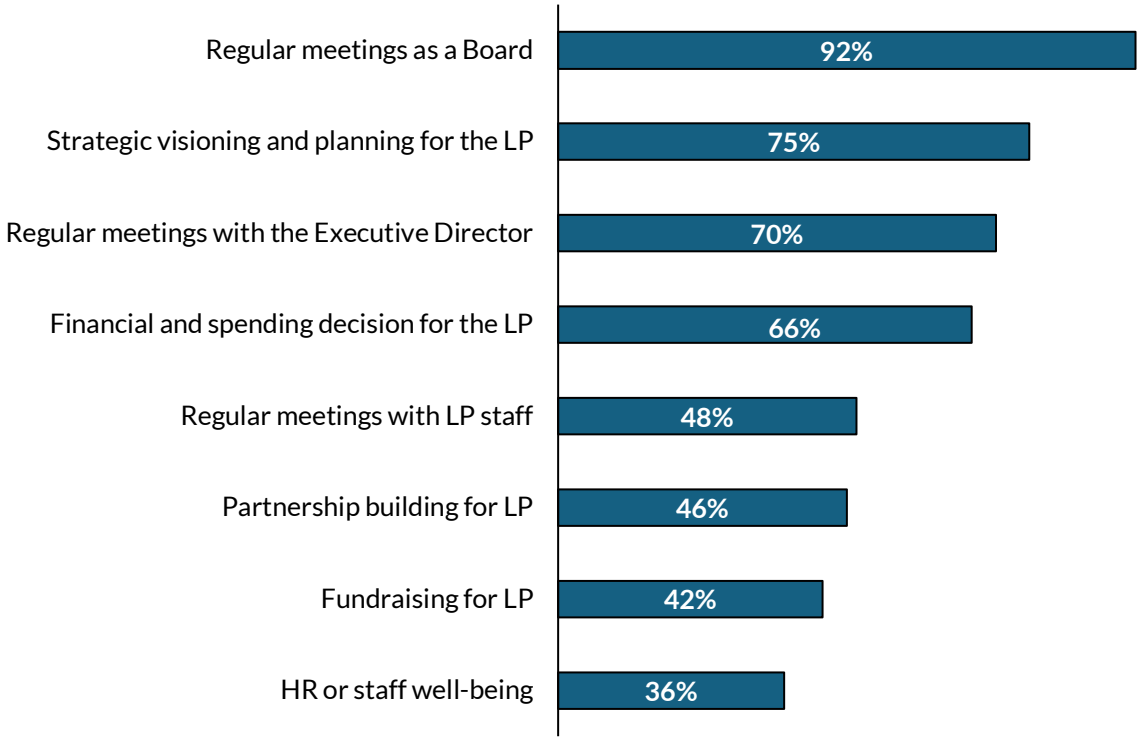
Note: The number of respondents differed across responses. For details on the number of respondents per response, please see Appendix D. Chapter 1 Additional Tables.
Source: Local Partnership Staff and Board Survey (2024)

Board engagement

Figure 10 illustrates the level of board involvement in cross-agency connections, which varied by county. Findings include:

- Board members were typically involved in activities around strategy, vision, and finances, fostered by regular meetings as a board and with the executive director. However, they were not often involved in fundraising (42%) or partnership building (46%), which hinders local partnerships from leveraging board members' networks.
- Additionally, board members rarely met with local partnership staff (48%) or participated in internal processes, such as human resources (HR) or well-being (36%), which are roles typically reserved for the executive director.

Figure 10. Board member activities (n=130)*



Note: The number of respondents differed across responses. For details on the number of respondents per response, please see Appendix D. Chapter 1 Additional Tables.
Source: Local Partnership Staff and Board Survey (2024)

Board involvement with local partnership goals

We also asked board members to respond to an open-ended question about their role on the board to meet the local partnership's goals. Sixty-five participants responded to this question.

- Over half (66%) said they provided oversight to ensure all laws were being followed, that staff were working cooperatively, or that they kept the team accountable with their goals.
- About half of board members (51%) shared that they supported the local partnership with their events, community connections, planning for and promoting programs, and providing input on voting matters.

Challenges in meeting legislative purposes

Local partnerships identified challenges in meeting their legislative goals. First, respondents noted two challenges in supporting families:

- **Difficulties serving families with varied needs.** Local partnerships noted that their biggest need was serving families with unique needs, such as families with children who have disabilities. Although local partnerships are able to meet the needs of their target families, they may benefit from understanding how they can tailor their services for the unique needs of families in their community.
- **Concerns about continuing high-quality services or care after leaving First Steps**. Some First Steps staff expressed frustration with the continuation of care as children aged out of services funded by

First Steps. For instance, children lost access to BabyNet without being connected to services at the school district to prepare them for kindergarten. Staff shared that they often wanted to support the school district in taking care of these families and further supporting them, but both organizations often did not have the resources or staff capacity to coordinate continued support for families. Focused attention on building connections, not only to other early childhood services and partners, but also to partners at the school district, could support the continuation of high-quality services for First Steps families.

Next, they identified two challenges in working with their networks.

- **Need for collaborating with service providers.** Local partnerships worked well with families but struggled working with service providers in the areas of training, technical assistance, and developing a peer network across service providers. Establishing themselves both as a hub for families with young children as well as for those who provide services to young children would allow local partnerships the ability to meet their legislative purposes better; however, they prioritized supporting families.
- **Need for guidance on best practices with board member engagement**. Local partnerships engaged with their board in a variety of ways. Staff confirmed that board members were not always invested in the work of the local partnerships, which could make leveraging their relationships with state and community organizations difficult. In these cases, it was difficult to find board members who were willing to take more active leadership roles. In the board member survey's open-ended responses, 30 percent reported that they struggled to understand how to get involved or what their roles were. Supporting local partnerships in effectively engaging their boards may allow them to better meet their legislative purposes.

Finally, they noted two challenges in ensuring that they could do their work successfully.

- **Limited influence.** Seventy-three percent felt they lacked a voice in state-level decision-making, a challenge compounded by funding cuts and confusion over state decisions as shared in the open-ended responses. To address this, some local partnership staff and board members have actively participated in legislative meetings to better understand and influence these decisions.
- **Outdated websites.** Some participants described that families had trouble finding the correct location or resources because of unclear or inaccurate information. They noted that their website was not up to date, not easy to find, or did not have clear information on how to contact the local partnership. An updated website can be an effective and easy way to support families who are looking for services. Many acknowledged, though, that the common service application from First 5 SC that was launched in the past year may alleviate this challenge.

Sub-question 1b: How have local partnerships fulfilled their roles as local early childhood advisory councils or resource hubs?

Local partnerships are meant to perform three core functions. We explored how local partnership staff and boards perceive their place within the community and also how effectively they rate themselves on various activities related to the core functions.

We present survey findings relevant to meeting these core fucntions as well as challenges local partnerships faced.

Legislative Core Functions

Core Function 1. Service as a local portal connecting families of preschool children to community-based services they may need or desire to ensure the school readiness of their children

Core Function 2. Service as a community convener around the needs of preschool children and their families

Core Function 3. Support of state-level school readiness priorities as determined by the State Board

Survey findings

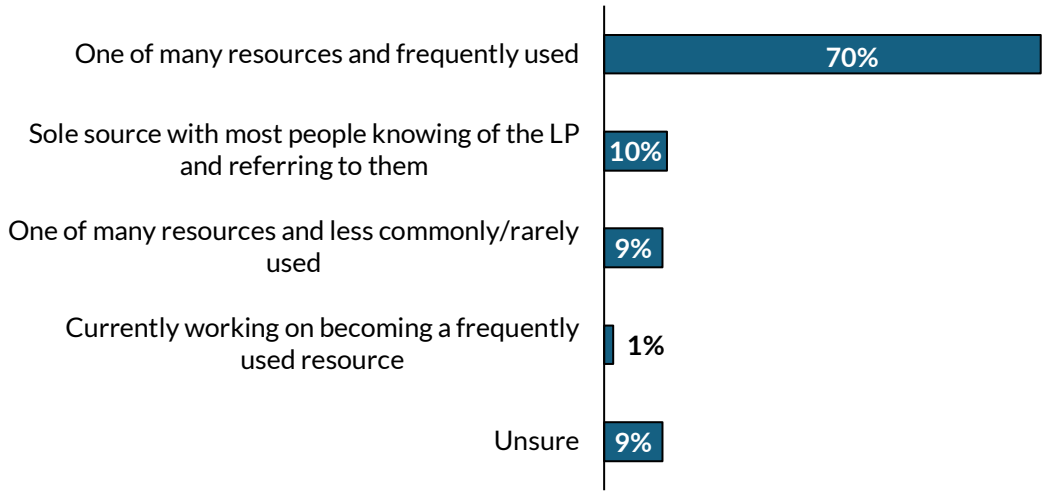
Local partnerships' place in the community

We wanted to understand how local partnership staff and board members perceived where their local partnerships sit within their community's context. We asked them to select the statement that described their county's local partnership the best (Figure 11).

Figure 11 provides the percentage of local partnership staff and board members that indicated their local partnership was situated within their community in various ways. Findings show that:

- Most local partnerships (70%) see themselves as one of many resources within their community that are frequently used by families.
- A small proportion of local partnerships (10%) are serving as the only source of early childhood services and supports.

Figure 11. Ways that local partnerships are situated in their communities (n=139)



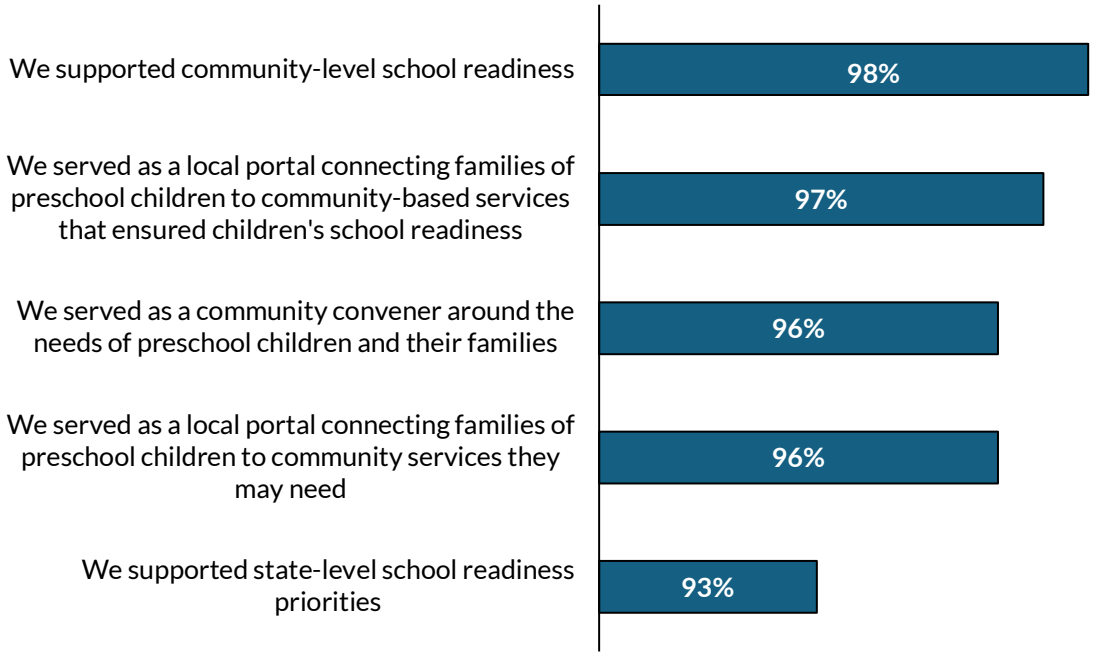
Note: The number of respondents differed across responses. For details on the number of respondents per response, please see Appendix D. Chapter 1 Additional Tables.
Source: Local Partnership Staff and Board Survey (2024)

Core functions

Figure 12 shows the percentage of local partnership staff and board members that noted their local partnership was effective or very effective at fulfilling their core functions. Findings suggest that:

- Most local partnerships believe they are effective at fulfilling their core functions, with over 90 percent of respondents indicating they were effective or very effective for activities related to the core functions.
- Almost all respondents (98%) said they were effective or very effective in supporting community-level school readiness, which was the highest rated activity, but all were highly effective.

Figure 12. Effectiveness of meeting core functions (n=117)



Note: The number of respondents differed across responses. For details on the number of respondents per response, please see Appendix D. Chapter 1 Additional Tables.
Source: Local Partnership Staff and Board Survey (2024)

In addition to these responses, local partnership staff in the survey responded to an open-ended question sharing how the local partnership were able to meet their core functions. Twenty-eight respondents answered this question.

- Most (64%) described their partnerships as a key component in meeting their core functions. They describe the importance of partnering with other community agencies to share information across programs and best find supports to meet the needs of families. However, open-ended responses also noted that the administrative support needed to conduct these activities was high.
- In understanding the effectiveness of local partnerships in serving as community conveners, 75 percent reported being very effective in addressing the needs of children and families. Examples of their efforts include creating a new website for resource connections and organizing community events with multiple service vendors. Common outreach strategies for families included in-person events, social media, and word of mouth, while strategies for service providers primarily included in-person events and social media. However, local partnership staff identified maintaining accurate and up-to-date information as a challenge, since relying on word of mouth and printed materials can spread outdated or incorrect information.

Challenges in meeting core functions

Because local partnerships reported meeting core functions, they did not identify many challenges. However, respondents did note that sustaining their ability to meet core functions was one challenge.

- **Sustainability to meet core functions, especially with limited staff.** Although most local partnerships knew where they stood in their community, almost a fifth (19%) of local partnership staff and board members described that the community either relied on other services before coming to them, did not know about or use them as a source for early childhood services, or did not know where they stood in their community. When local partnerships have new staff, have a small number of staff, or have limited funding due to the state funding formula, they noted that it became more challenging to sustain their presence in the community as a go-to early childhood resource. One respondent said, *"there are so many things we are required to do. While the requirements are important, it is unreasonable to expect small operations to be able to be the most efficient and effective in all things. The demands and expectations begin to dilute what is the priority—which is to direct services to children and families."*

Objectives evaluation takeaways and recommendations

Takeaways

The objectives evaluation illuminated the value local partnerships have within communities, responding to unique community needs.

- **Local partnership staff, board members, and families overwhelmingly agree that local partnerships are meeting their legislative goals, purposes, and core functions.** Across all survey findings and as confirmed through focus groups and interviews, local partnerships not only agreed, but had high agreement that they were meeting legislative expectations (at least three-fourths of respondents agreed). Moreover, they are seen as a go-to resource in many of their communities, which sets them up to be a long-standing establishment that focuses on supporting young children.
- **Local partnerships pride themselves on providing whole family, whole community services.** Through survey findings and most notably in the focus groups and interviews, local partnerships emphasized their commitment to serving the whole family, not just the young child. They built strong relationships with families and focused many of their services on the caregivers of young children to support young children's development. They noted that focusing on caregivers may result in measurable improvements in the parenting relationship, which they felt could improve broader outcomes for children beyond school readiness. Families confirmed that the two-generation focus of local partnerships supported them during their children's early years, which would have been more difficult to navigate without that support.

Respondents noted how areas of improvement were already being addressed after the evaluation period or how they could be improved in future efforts.

- **Need to improve services for children and families with unique needs, such as children with developmental delays or disabilities.** Many local partnerships noted that they were able to provide comprehensive services or refer families to necessary services that could not be offered through local partnerships. However, they identified a need to increase support for families with young children who have developmental delays or disabilities. Because these children and their families need unique supports, it can be difficult for local partnerships, especially small ones or ones with limited budgets, to tailor supports for this population well.

- **Need to limit paperwork for families.** Respondents noted that they were not always intentional about limiting paperwork for families, which may be a result of reporting requirements that are outside of local partnerships' control. However, many respondents noted that in the years following the evaluation period, efforts like First 5 SC's common eligibility application have been used by First Steps to learn more from families and could be leveraged to reduce paperwork.[xxxvi] Continued efforts to coordinate across the state around paperwork can reduce burden for both families and local partnerships.
- **Need to develop stronger peer networks of service providers within their communities and at the state level.** Survey findings indicated that local partnerships are not building peer networks with service providers within their communities. Focus group discussions indicated that local partnerships typically prioritize providing services to families. On the other hand, local partnership staff suggested that knowing more about what their peers are doing and how they do things successfully would benefit them in serving their communities. Peer networks either for local partnership staff or with service providers in their communities could facilitate collaboration, coordination, or information-sharing. Since the evaluation period, we acknowledge that the state office has offered multiple ways that executive directors can share information with one another, which could address this area of improvement.
- **Desire for greater engagement of local partnership staff, board, and family voices in statewide decision-making.** Survey findings showed that fewer respondents agreed that local partnerships were engaged in statewide initiatives or decision-making. In focus group discussions, local partnership staff expressed a desire to be involved and to help inform implementation strategies for statewide changes well. However, this requires understanding the need for the change, why the change is happening, and how the change will work within each of their local contexts. By engaging staff at the local level, state efforts could be contextualized and implemented more smoothly with increased buy-in across the state.

Recommendations

With these takeaways in mind, we recommend the following action steps that First Steps can pursue to ensure that local partnerships continue to be seen as a go-to early childhood resource in their communities and strengthen their ability to support young children and their families.

Recommendation	Details
Reconsider the level of administrative support needed to run a local partnership and identify ways to provide support.	Many local partnership staff and board members noted that whether a local partnership is in a small or big county, some of the responsibilities are the same. However, the state funding formula was considered insufficient in accounting for these evergreen responsibilities. We recommend a reevaluation of how much administrative effort it takes to run a local partnership, regardless of its size, to inform how best to support the basic operations of local partnerships. Potential solutions could be a redesign of the funding formula to support administrative capacity to operate local partnerships; providing professional development to executive directors on how to operate nonprofit organizations; or offering administrative support through a staff person (either at the local, regional, or state level) to take on shared administrative functions.

Recommendation	Details
Offer regular opportunities for local partnerships to share their wealth of knowledge.	We recommend that First Steps consider how they can build the collective strength of local partnerships statewide by providing regular opportunities for local partnerships to learn from one another. One strength of local partnerships is how they contextualize their services to their community, any many of the ways they are administered are shared. More seasoned executive directors can share with newer executive directors about solutions and best practices they have successfully used in the past so challenges can be avoided. Newer staff can offer fresh perspectives on innovative ways to address challenges that have not been possible previously. The sharing of information elevates the professionalism of local partnership staff. By providing ways for local partnerships to learn from one another on shared aspects across their counties, they can apply best practices in their operations that would allow their staff (especially those with limited staff capacity) to better serve young children and their families and reach intended outcomes.
Reexamine policies and processes with the input of local partnership staff, board members, and families.	Local partnership staff and board members expressed a desire for more engagement when statewide changes are made and implemented. When making statewide changes, we recommend that First Steps involve local perspectives in the process to communicate the pain points and the problem being addressed; to gather insights on how changes could be implemented in varying contexts; and to build support for the changes from those responsible for implementing.
Provide tailored support for smaller local partnerships.	The focus group discussion highlighted that smaller local partnerships have specific needs and challenges that may not be as present in larger local partnerships. They operate with smaller budgets, fewer staff, and are often unable to serve as many young children and families as they would like. However, they are still expected to perform many of the same activities as larger local partnerships, diverting attention away from their communities. We recommend that First Steps provide tailored training and technical assistance to smaller local partnerships to address their unique needs.

Chapter 2:
Process Evaluation

Chapter 2. Process Evaluation

The goal of the process evaluation is to **identify where First program guidelines aligned with national model guidelines.** For this evaluation, we used Large Language Model (LLM) processing to analyze program guidelines in each fiscal year of the evaluation period and compared it with national model expectations from 2024 to understand whether and how programs were meeting national model fidelity requirements. We analyzed various components of program guidelines (i.e., target population, eligibility criteria, monitoring tools, service delivery, staff qualifications and training, and data reported).

Introduction

Each fiscal year, First Steps provides program guidelines for each of the programs or services that local partnerships can offer. Local partnerships are expected to ensure that their local offerings are meeting the expectations set by the program guidelines. If they are providing a program that is also provided by a national model, they are also expected to meet the national models' expectations as well. In this chapter, we provide information about our methodology, including which programs were included in the analysis, and our analytic approach to answer the question:

- **Sub-question 2a**: By program, how do First Steps' model fidelity criteria align with national model fidelity criteria, where applicable?

The process evaluation aims to understand program expectations at state and national levels. When programs offered by local partnerships are expected to meet the guidelines for more than one regulating authority, they may be providing duplicative information, collecting two sets of information, or are taking time to report to multiple authorities. First Steps can take this high-level comparison of program guidelines to determine which components could be streamlined to support program implementation at the ground level.

Guideline Alignment vs. Model Fidelity

The alignment of program guidelines does not assume program fidelity. Fidelity to the model means that programs and services are implemented as the model developer intended, whereas the alignment of program guidelines indicates where state and national expectations may differ—which may occur for strategic or intentional reasons.

Programs and services funded by First Steps are expected to both meet program guidelines and national guidelines. This evaluation did not assess or measure program fidelity, which is assessed by national models or state office staff.

Thus, the scope of this process evaluation is not to assess whether or how each program or site across the state has met the expectations outlined by the program guidelines in each fiscal year, as these are monitored by the state office. This evaluation does not also assess programs' fidelity to the model, which is assessed by processes set forth by national models. Rather, the goal of this process evaluation is to understand whether and how the state program guidelines outlined each fiscal year are aligned with national model expectations to outline areas where state and national expectations can better align.

To analyze program guidelines, we used an artificial intelligence (AI) approach with natural language processing to analyze the program guidelines for each fiscal year of the five-year period and compared with national model guidelines to understand whether programs were being asked to implement the program as intended, asked to implement partial expectations, or not being asked to implement the program as intended. We detail the methodology, data sources, and analytic approach along with the findings of the analysis. We end with limitations and recommendations from this analysis. Table 3 summarizes the data source, sampling, and represented programs to answer sub-question 2a.

Table 3. Data source details for the process evaluation

Data Sources	Sampling	Funded programs represented in analytic sample
First Steps South Carolina Program and Operational Guidelines, FY 2019-2023; national program standards websites FY 2024	Programs and services funded by First Steps and offered during the evaluation period that had a national equivalent to which standards could be compared.	Programs with a national model (n=25): Attachment and Biobehavioral Catch-Up - Infant, Dolly Parton Imagination Library, Early Steps to School Success, Family Connects, Family Literacy Model, Healthy Families America, HealthySteps, HIPPY, Incredible Years, LENA Home, LENA Start, Nurse-Family Partnership, Nurturing Parenting, ParentChild+, Parents as Teachers, Raising a Reader, Raising a Reader Enhanced, Reach Out and Read, Ready4K!, Strengthening Families, Supporting Care Providers Through Visits, Triple P Level 4, Triple P Multi-Level (Levels 1, 2, and 3)

Methodology

We developed a comparison matrix to identify how state program guidelines for programs offered by local partnerships align with national models. For each program and fiscal year, our goal was to determine alignment between state programs and national standards across six components that are important for successful program implementation:

- Target populations: the groups of people the program actively recruits and retains
- Eligibility criteria: the requirements participants must meet to be included in the program
- Monitoring tools: the assessments or procedures used to evaluate program performance and effectiveness
- Service delivery: the frequency, intensity, and mode of service delivery
- Staff qualifications and training: the required qualifications and trainings for staff providing services within program
- Data reported: the data required for submission, including the frequency of entry and content

For each program component, we aimed to quantify alignment using a three-level categorization:

- Fully aligned: the program matches all national requirements for the examined component
- Mostly aligned: the program matches at least 70 percent of national requirements for the examined component
- Not aligned: the program matches less than 70 percent of national requirements, or no program guidelines are outlined for the examined component.

To begin our comparisons, we identified a list of programs that were suitable for comparison to a national model. "Home-grown" or state-specific programs without appropriate national counterparts were excluded from planned comparisons. Twenty-three programs were outlined in one or more of First Steps' Program and Operational Guidelines between FY 2019 and 2023 (Table 2 guidelines in Appendix E. Chapter 2 Additional Tables). This resulted in 79 unique program-fiscal year pairings. We compared national program standards from fall 2024 with those from each fiscal year, leading to 474 individual comparisons. Due to the volume of planned comparisons, we used generative artificial intelligence (AI) tools to efficiently explore how programs' model fidelity criteria aligned with national fidelity criteria.

A Large Language Model (LLM) is an advanced computational model that has been trained to understand, process, and generate human language. It is informed by analyzing massive amounts of text, such as books, websites, and other written materials, to recognize patterns in how words are used.[xxxvii] This allows the model to "predict" what might come next in a sentence or create new text that is coherent and relevant to a specific topic. LLMs can be advantageous in qualitative research because they can quickly process large

amounts of information and help identify patterns or themes in text that a researcher may overlook. LLMs are trained and informed by large amounts of data from across the world. Like other forms of generative AI, the ingestion of outside sources with biases or problematic interpretations may introduce biases into the model when predicting answers to queries.[xxxviii] Pre-trained LLMs should be used within carefully defined parameters.

For our analysis, we used LLM modeling pre-trained by Google Gemini. Gemini was chosen over other AI tools due to its competitive pricing, the ability to incorporate real-time data rather than relying on historical data, and its proven performance in completing complex reasoning tasks.[xxxix] We connected to Gemini using a Google AI Application Programming Interface (API), accessed via Python 3.10.

Data

To input state program guidelines into the model, we imported First Steps' Program and Operational Guidelines for each fiscal year under review into Python using *pdfplumber* and *pdfminer* packages. For each fiscal year and observed program, we had text from the state program guidelines.

For the national program standards data, qualitative specialists manually reviewed each national program model, identifying relevant content across the six program components. Historical program guidelines were not always available, so national standards included in the comparison reflect those at the time of analysis (fall 2024). We merged this national standard matrix into our state guidelines data. The data were structured so that for each fiscal year and program, we stored a complete text of the state guidelines as well as information identifying program components as outlined by the current national model.

Considerations comparing guidelines across years

First, national models often do not maintain older guidelines publicly, which means we were limited in comparing current national guidelines (fall 2024) with older state guidelines (FY 2019, 2020, 2021, and 2022). This may contribute to differences in comparisons for earlier years.

Further, both state and national expectations shifted and were frequently adjusting to new mandates or social expectations in the years during and after COVID-19, which could impact the alignment of guidelines at any given time. It is important to understand that an appropriate lag time in changing guidelines to new expectations may occur to support those implementing programs to do so successfully and to offer stability to children and families in these programs.

Analysis

After inputting the data into our model, we developed a query with additional parameters to help set the context for the LLM. We used the following prompt as a parameter to our model:

> *"You are an expert in program evaluation for early care and education programs in the United States. You are comparing a state's program guidelines to a national fidelity model on six program components: target populations, eligibility criteria, monitoring tools, service delivery, staff qualifications and training, and data reporting requirements* [definitions from above included].
>
> *You will be comparing the program components in a state to the same program standard in the national model. When making your comparison, answer the question using a three-level categorization:*
>
> 1. *Fully aligned: The state program requirement matches all national requirements for the examined component. If state standards are more specific than the national standard, we can still consider them "fully aligned".*
> 2. *Mostly aligned: The state program requirement matches most (70%) of national requirements for the examined component.*
> 3. *Not aligned: The state program requirements matches few (<70%) of the national requirements, or the state does not outline program guidelines for the examined component."*

Following the creation of this parameter, we developed a query to compare each component between the state and national guidelines. This query looped through fiscal year, program, and program component to identify each comparison category. To enhance the accuracy of the model, a qualitative researcher manually reviewed 56 components (12%) across multiple fiscal years, assigning each an implementation category based on the same criteria used by the LLM. We then used consensus coding to align the AI model's output with the researcher's categorization, helping to solidify the coding schema.

As a result of this process, we added clarifications to our model on how to approach situations where (1) the national standards listed "optional" or "additional" standards that were not fidelity requirements, (2) state standards used a specific proxy to align with a general national requirement (e.g., Medicaid eligibility or federal poverty level as a proxy for low income), and (3) the national standard required use of a monitoring tool "like" or "similar to" a specific assessment that was different from the assessment listed in the state standard. After training the model to meet the coding schema, we generated fidelity categories for all remaining component comparisons.

To ensure accuracy, a researcher examined another random 10 percent of fidelity classifications (separate from those used to train the model) to ensure the LLM's classifications aligned with those expected by researchers based on the coding schema. The results of this analysis are presented in Table 3.

Sub-question 2a: By program, how do First Step's model fidelity criteria align with national model fidelity criteria, where applicable?

We present categorizations of whether programs in each fiscal year were implementing their model with fidelity when compared to fall 2024 national model guidelines (Table 4). For each of the six program components we analyzed, we identify whether the program guidelines were fully aligned (F), mostly aligned (M), or not aligned (N). Then, we also provide an overall fidelity categorization with the same categories.

Findings show that:

- Two programs had guidelines that were fully aligned at some point during the five years of study (Parents as Teachers and LENA Home), which indicates that local partnerships could meet state and national expectations at the same time.
- Another 14 programs were mostly aligned, which indicates that many programs were on their way to being aligned with national models.
- Some program components were more aligned than others, but those that were not may have differed for intentional and strategic reasons.
    - The component most often fully aligned with national guidelines was monitoring tools, with First Steps' guidelines clearly aligned with national standards. This means that programs implementing these programs can use the same monitoring tools at the same frequency to meet both state and national expectations.
    - Data reporting was mostly aligned but minor discrepancies existed in specific data metrics or submission timelines compared to the national model. This suggests that small refinements to state program guidelines around reporting may allow local partnerships to fully streamline their data reporting.
    - Eligibility was the component most often not aligned. In several cases, First Steps' eligibility guidelines were *more restrictive* than national standards. For example, Levels 1 and 2 of the Triple P Multi-Level programs are designed as universal supports for parents with children of all ages. However, First Steps program guidelines focused on children under age 5, especially those with exhibiting readiness risk factors. Therefore, the misalignment on eligibility criteria was intentional to meet First Steps' mission.

- Fiscal year 2020 had the highest rate of full implementation at both the component and program level, but programs had to adjust after FY 2020 to accommodate mandates or changing social expectations after the COVID-19 pandemic. Both state and national expectations shifted during and in the years following the pandemic that should be considered when interpreting findings.

Table 4. Fidelity to National Models (FY 2019-2023 program guidelines vs. fall 2024 national standards)

		Program components						
Area	Program	Target Populations	Eligibility Criteria	Monitoring Tools	Service Delivery	Staff Quals and Training	Data	Overall Fidelity
FY 2019								
Health	Nurse Family Partnership	F	F	M	F	M	F	M
Parenting	Parents as Teachers	M	M	M	F	F	M	M
	Parent Child +	M	N	F	F	M	N	N
	Family Literacy Model	F	M	F	M	N	F	N
	Dolly Parton Imagination Library	M	N	M	N	N	F	N
	Early Steps to School Success	M	M	N	M	N	M	N
	Raising a Reader Enhanced	M	N	F	F	F	F	N
	Triple P Level 4	M	N	F	M	F	N	N
	Nurturing Parenting	F	M	F	M	F	F	M
	LENA Home (Language Environment Analysis Home-based)	N	N	F	F	M	M	N
FY 2020								
Health	Nurse Family Partnership	F	F	M	F	M	F	M
	Reach Out and Read	F	F	F	F	F	M	M
Parenting	Parents as Teachers	F	F	F	F	F	F	F
	Parent Child +	M	M	F	F	M	N	N
	Healthy Families America	F	F	F	F	F	M	M
	Family Literacy Model	F	F	F	M	M	F	M
	Dolly Parton Imagination Library	M	N	M	N	N	F	N
	Early Steps to School Success	F	M	F	M	N	F	N
	Incredible Years	F	F	M	M	M	F	M
	Raising a Reader Enhanced	F	N	F	F	F	M	N
	Triple P Level 4	F	M	F	M	F	M	M

		Program components						
Area	Program	Target Populations	Eligibility Criteria	Monitoring Tools	Service Delivery	Staff Quals and Training	Data	Overall Fidelity
	Nurturing Parenting	F	M	F	F	F	F	M
	LENA Home (Language Environment Analysis Home-based)	F	F	F	F	F	F	F
FY 2021								
Health	Nurse Family Partnership	F	F	F	F	M	F	M
	Reach Out and Read	F	F	F	N	F	M	N
Parenting	Parents as Teachers	F	F	F	F	M	F	M
	Parent Child +	M	N	F	F	M	M	N
	Healthy Families America	F	F	F	F	F	M	M
	Family Literacy Model	F	F	F	F	M	F	M
	Dolly Parton Imagination Library	F	N	M	N	N	F	N
	Early Steps to School Success	M	M	F	M	F	M	M
	Incredible Years	F	F	F	M	M	F	M
	Raising a Reader	M	N	F	F	F	M	N
	Raising a Reader Enhanced	F	F	F	M	F	M	M
	Triple P Multi-Level (Levels 1, 2, and 3)	F	N	M	F	N	M	N
	Triple P Level 4	M	M	F	M	F	M	M
	Nurturing Parenting	F	M	F	F	F	F	M
	LENA Home (Language Environment Analysis Home-based)	M	N	F	F	M	M	N
FY 2022								
Health	Nurse Family Partnership	F	F	M	F	M	F	M
	Reach Out and Read	F	F	F	N	N	M	N
Parenting	Parents as Teachers	M	M	M	M	F	M	M
	Parent Child +	M	M	F	F	M	M	M
	Healthy Families America	F	F	M	F	M	M	M
	Family Literacy Model	F	F	F	N	M	M	N

		Program components						
Area	Program	Target Populations	Eligibility Criteria	Monitoring Tools	Service Delivery	Staff Quals and Training	Data	Overall Fidelity
	Dolly Parton Imagination Library	F	M	M	F	F	M	M
	Early Steps to School Success	F	M	M	F	F	F	M
	Incredible Years	F	F	M	M	M	F	M
	Raising a Reader	M	N	F	N	F	M	N
	Raising a Reader Enhanced	F	F	F	N	F	M	N
	Strengthening Families	F	N	M	M	M	M	N
	Triple P Multi-Level (Levels 1, 2, and 3)	F	N	F	F	F	N	N
	Triple P Level 4	M	M	F	M	N	F	N
	Nurturing Parenting	F	M	F	M	F	F	M
	LENA Home (Language Environment Analysis Home-based)	M	M	F	M	M	M	M
	Home Instruction for Parents of Preschool Youngsters	F	F	F	M	F	F	M
	Ready4K!	M	F	F	N	F	M	N
FY2023								
Health	Nurse Family Partnership	F	F	F	M	M	F	M
	Reach Out and Read	F	F	M	N	N	M	N
	HealthySteps	F	F	M	F	F	F	M
	Family Connects	F	F	N	F	F	F	N
Parenting	Parents as Teachers	M	F	F	M	F	N	N
	Parent Child +	F	M	F	F	M	M	M
	Healthy Families America	F	M	F	M	M	F	M
	Family Literacy Model	F	M	F	F	N	N	N
	Dolly Parton Imagination Library	M	N	F	N	N	F	N
	Early Steps to School Success	F	M	F	N	F	F	N
	Incredible Years	F	M	M	N	M	M	N
	Raising a Reader	F	M	M	F	F	N	N
	Raising a Reader Enhanced	M	N	F	M	F	N	N

		Program components						
Area	Program	Target Populations	Eligibility Criteria	Monitoring Tools	Service Delivery	Staff Quals and Training	Data	Overall Fidelity
	Strengthening Families (Preschool 3-5)	M	N	N	M	F	N	N
	Triple P Multi-Level (Levels 1, 2, and 3)	M	M	F	F	F	F	M
	Triple P Level 4	M	N	F	M	F	N	N
	Nurturing Parenting	F	M	F	M	F	M	M
	LENA Home (Language Environment Analysis Home-based)	F	F	F	F	M	N	N
	Home Instruction for Parents of Preschool Youngsters (HIPPY)	F	N	F	M	F	N	N
	Supporting Care Providers Through Visits	F	N	F	F	F	M	N
	LENA Start (Language Environment Analysis - Group Based	F	N	M	M	M	N	N
	Ready4K!	M	F	F	F	N	M	N
	Attachment and Biobehavioral Catch-Up - Infant	N	M	N	M	M	N	N

Note: For each program component F=fully aligned (program matches all national requirements); M=mostly aligned (program matches >=70% of national requirements); N=not aligned (program meets <70% of national requirements)
Source: First Steps South Carolina Program and Operational Guidelines, FY 2019-2023; national program standards websites FY 2024

Process evaluation takeaways and recommendations

Limitations

The comparison of local partnership programs to national models has limitations.

- National program models typically do not retain historical versions. As a result, we compared First Steps' program guidelines from each fiscal year (FY 2019-2023) with national program guidelines at the time of analysis (fall 2024). It is possible that components that were categorized as not aligned were aligned in the year of publication.
- The state and national documents we compared serve different audiences and purposes. National program standards are often broad, allowing local sites flexibility in implementation. In contrast, the First Steps guidelines provided detailed instructions to help local partnerships implement the program in line with First Steps' goals. We noticed this difference most in home visiting programs, where First Steps required families to meet specific readiness risk factors beyond the general criteria of the national guidelines.
- Our analysis was also limited by gaps in both state and national documentation. Some program guidelines lacked key component details, making comparison impossible. In other cases, we found inconsistencies, such as FY 2021 documents containing outdated FY 2020 guidelines. However, the organization of guidelines had already improved by the end of the evaluation period and were continuing to improve, which suggests that this would not be an issue in future years.

Takeaways

The process evaluation showed that First Steps can leverage their program guidelines to inform model fidelity assessments.

- **First Steps is well-aligned across monitoring standards and has opportunities to streamline data reporting expectations.** This analysis shows that First Steps has aligned their program monitoring requirements well with national standards, which supports consistent continuous quality improvement and feedback loops for programs. However, there is an opportunity to standardize data collection and reporting efforts across programs, with national models, and within the state. We acknowledge that during and since the evaluation period, however, that South Carolina undertook an effort to integrate and streamline their data collection and reporting requirements across early childhood services and programs in the state through the State Longitudinal Data System (SLDS) and Preschool Development Birth through 5 (PDG B-5) grants. Additionally, First Steps will be updating their data system in FY 2026, which could provide opportunities to standardize or improve data reporting.
- **Limited alignment to national models does not necessarily indicate lower-quality implementation.** Alignment between state and national guidelines is not the same as whether programs were implemented with quality. Whenever possible, program fidelity should be measured and should focus on achieving the intended program outcomes rather than strict adherence to prescribed steps or components.
- **Program guidelines have improved over the evaluation period.** In reviewing how guidelines have changed across the evaluation period, the organization and clarity of program guidelines has improved across time, supporting local partnerships in their implementation of program offerings. These refinements have made it easier to identify the essential components for program administration.

Recommendations

With these takeaways in mind, we recommend the following action steps that First Steps can consider when thinking about their program guidelines and model fidelity.

Recommendation	Details
Continue standardizing program guidelines.	Although organization primarily limited the analysis of whether program guidelines were meeting national model requirements, using consistent and standardized headers, organization, and information across program guidelines can support local partnerships to understand what may be expected of them when providing a specific program, how they will be monitored, what information they need to report, etc. As the organization and clarity of program guidelines have improved over the evaluation period, we recommend continuing to determine the most effective way to convey expectations so that it facilitates local partnerships' successful implementation of programs.
Implement ongoing fidelity training and support.	Since fidelity is an evolving process, we recommend regular training and technical assistance that guide programs through fidelity expectations, with emphasis on balancing state requirements with practical implementation. This is especially important when local partnerships opt to start a new program in their counties to understand what effort it may take to provide that program, and how to reach full implementation of the program that has fidelity to the program guidelines and national models. These sessions could serve as opportunities to gather feedback from program staff about the practicality of certain standards, helping to iteratively improve the guidelines.
Identify areas where state and national requirements must differ and how to support local partnerships to reconcile differing expectations.	There may be instances when state program guidelines must differ from the national model. However, when expectations differ, local partnerships must meet both sets of requirements, which could create a greater burden on their staff to provide this program. First Steps can consider the places where their expectations must differ from national model and where they can adopt national model guidelines to streamline reporting and implementation requirements for local partnerships. When these expectations differ from one another, we recommend that First Steps program directors and staff provide specific support on how local partnerships can most efficiently meet both sets of requirements.

Chapter 3:
Outcomes Evaluation

Chapter 3. Outcomes Evaluation

The goal of the outcomes evaluation is to **understand the impact of First Steps local partnerships on the intended outcomes that South Carolina's youngest children are healthy and safe; are actively supported by their families and communities; and arrive at school ready to reach their highest potential.** For this evaluation, we compared pre- and post-scores across three measures for children and families participating in First Steps to understand whether programming supported growth in outcomes. Additionally, we analyzed administrative data from the South Carolina Department of Education (SCDE) to compare children receiving services funded by First Steps with those who did not.

Introduction

In this chapter, we provide information about our methodology, data sources and analytic approach. We answer the questions:

- **Sub-question 3a:** What was the reach and impact of First Steps local partnership programs from FY 2019-2023?
    - **3a.1** What was the reach of First Steps local partnership programs from FY 2019-2023?
    - **3a.2** What was the impact of First Steps local partnership programs from FY 2019-2023
- **Sub-question 3b:** By program, does following model fidelity and complying to minimum requirements (i.e., implementation going well) lead to expected outcomes?

Evaluation Terminology

When comparing outcomes for children, we focused our analyses on children and families who received services or participated in programs funded by First Steps during the evaluation period (sometimes referred to as "First Steps children or families"). For some outcomes, we compared outcomes for these children with outcomes for those who did not receive services or participate in programs funded by First Steps during the evaluation period (sometimes referred to as "non-First Steps children or families").

We compared three outcome categories: whether South Carolina's youngest children were healthy and safe; were actively supported by their families and community; and were arriving at school ready to reach their highest potential. For some outcomes, we compared pre- and post-scores for children and families participating in First Steps on key assessments (i.e., Keys to Interactive Parenting; Healthy Families Parenting Index; Adult-Child Interactive Reading Inventory) administered by First Steps. For other outcomes, we compared children who received services from First Steps with a comparison sample of children matched on age, gender, county, race and ethnicity, special education status, and socioeconomic status (i.e., examining chronic absenteeism in kindergarten and kindergarten readiness assessment scores).

The intended outcomes to analyze for the outcomes evaluation included a host of variables across data sources (see Table F.1 in Appendix F). However, because we received administrative data seven weeks before the legislative deadline for the report, we were only able to analyze data from the First Steps Data Collection system and the South Carolina Department of Education (SCDE). Table 5 summarizes the data sources, sampling, represented programs, and relevant evaluation questions answered by the outcomes evaluation.

Table 5. Data source details for objectives evaluation

Measure	Data source	Sampling	Funded programs represented in analytic sample	Sub-question 3a.1 (reach)	Sub-question 3a.2 (impact)
Programs offered	First Steps Annual Report (FY 2019-2023)	25-32 programs offered by Local Partnerships during FY2019-23.	All offered programs	✓	
Families served	FSDC system (FY 2019-2023)	15,947 families receiving services from one of the programs funded by First Steps collected in the FSDC during FY 2019-2023.	Programs with data in the FSDC: BOOST, Child Care Scholarships, Countdown to 4K, Countdown to Kindergarten, Early Education for Children Under 4, Early Head Start/Head Start, Early Identification and Referral, Early Steps to School Success, Family Café, Family Literacy Model, Healthy Families America, HIPPY, Incredible Years, LENA Home, Motheread/Fatheread, Nurturing Parenting, Other Family Literacy, Parent Child +, Parent Training, Parents as Teachers, Raising a Reader Enhanced, Strengthening Families, Triple P Level 4	✓	
Children served	FSDC system (FY 2019-2023)	13,930 unique children receiving services from one of the programs funded by First Steps collected in the FSDC during FY 2019-2023.	Programs with data in the FSDC: BOOST, Child Care Scholarships, Countdown to 4K, Countdown to Kindergarten, Early Education for Children Under 4, Early Head Start/Head Start, Early Identification and Referral, Early Steps to School Success, Family Café, Family Literacy Model, Healthy Families America, HIPPY, Incredible Years, LENA Home, Motheread/Fatheread, Nurturing Parenting, Other Family Literacy, Parent Child +, Parent Training, Parents as	✓	

Measure	Data source	Sampling	Funded programs represented in analytic sample	Sub-question 3a.1 (reach)	Sub-question 3a.2 (impact)
			Teachers, Raising a Reader Enhanced, Strengthening Families, Triple P Level 4		
Healthy and Safe - KIPS	FSDC system (FY 2018-2021)	1,681 unique adult-child pairs participating in at least two KIPS assessments during FY 2018-2021 (after which First Steps transitioned to HFPI).	Programs with a KIPS entry in the FSDC: Parents as Teachers, ParentChild+, Early Steps to School Success, Early Head Start, and Child Care Scholarships		✓
Healthy and Safe - HFPI	FSDC system (FY 2021-2023)	848 unique adults participating in at least two HFPI assessments during FY 2021-2023.	Programs with a HFPI entry in the FSDC: Parents as Teachers, Early Steps to School Success, Early Head Start/Head Start, ParentChild+, and Family Literacy Model		✓
Ready for School - ACIRI	FSDC system (FY 2019-2023)	1,426 unique adult-child pairs participating in at least two ACIRI assessments during FY 2019-2023.	Programs with an ACIRI entry in the FSDC: Parents as Teachers, Parent Child +, Family Literacy Model, Early Education for Children Under 4		✓
Ready for School - KRA	FSDC system and SCDE data (FY 2019-2023)	5,203 unique children who (1) received services from one of the programs funded by First Steps collected in the FSDC system and (2) had a valid KRA during the evaluation period. This sample was matched to a sample of 5,203 children who had a valid KRA score during FY 2019-2023 and were not identified as a child in FSDC during this time. KRA data from school year 2020-2021 was not analyzed based on developer recommendation.	Programs with data in the FSDC: BOOST, Child Care Scholarships, Countdown to 4K, Countdown to Kindergarten, Early Education for Children Under 4, Early Head Start/Head Start, Early Identification and Referral, Early Steps to School Success, Family Café, Family Literacy Model, Healthy Families America, HIPPY, Incredible Years, LENA Home, Motheread/Fatheread, Nurturing Parenting, Other Family Literacy, Parent Child +, Parent Training, Parents as Teachers, Raising a Reader Enhanced, Strengthening Families, Supporting Care Providers Through Visits, Triple P Level 4		✓
Actively Supported by Families - chronic absenteeism	FSDC system and SCDE data (FY 2019-2023)	5,394 unique children who (1) received services one of the programs funded by First Steps collected in the FSDC system and (2) enrolled in SCDE kindergarten for at			✓

Measure	Data source	Sampling	Funded programs represented in analytic sample	Sub-question 3a.1 (reach)	Sub-question 3a.2 (impact)
		least 90 days during the evaluation period. This sample was matched to a sample of 5,394 children who were enrolled in SCDE kindergarten for at least 90 days but were not logged in the FSDC during FY 2019-2023.			

Methodology

Data sources

We describe the various administrative data sources we used for the outcomes evaluation and our approach to cleaning data for each data source given the complexity of analyzing administrative data (Table 6). First, we relied on the First Steps Data Collection (FSDC) system for child and family information to draw our sample, and we analyzed pre- and post-test scores across three assessments: Keys to Interactive Parenting; Healthy Families Parenting Inventory; and the Adult-Child Interactive Reading Inventory. FSDC stores information about programs, families, and children in First Steps, which includes both demographic information about children and families; assessment data collected as part of First Steps programming; programmatic characteristics of programs and their staff; and program operations (e.g., funding) information. Second, we relied on external administrative data sources to analyze chronic absenteeism and kindergarten readiness assessment (KRA) scores, comparing the First Steps sample with a comparison sample of children assumed to not have received services funded by First Steps. In total, we analyzed five outcomes to understand how local partnerships have impacted children in South Carolina during the evaluation period.

Table 6. Descriptions of measures used in outcomes evaluation

Measure	Description
Keys to Interactive Parenting Scale (KIPS)	The KIPS was administered for First Steps families across select programs during FY 2019-2021. KIPS is an observational measure used to examine the quality of parenting interactions with children aged 0 to 71 months. KIPS scores range from 1 to 5, with 1-2.99 indicating low quality parenting, 3-3.99 indicating moderate quality parenting, and 4-4.99 indicating high parenting quality. Our analysis reflects the scores of adult-child pairs rather than individual children or adults. For instance, if a child completed the assessment with both their mother and father, there are two separate parent-child relationships from that family reflected in the data. Similarly, an adult that took the assessment with each of her three children would have three adult-child pairs represented in the data
Healthy Families and Parenting Inventory (HFPI)	The HFPI was administered for First Steps families across select programs starting in FY21 and is a 63-item tool that measures parenting behaviors and attitudes across nine subscales. Five subscales focus on the parent's role (problem solving, depression, personal care, role satisfaction, and parenting efficacy); two subscales focus on the family-level (home environment and parent/child interaction); and the final two subscales address the community level (social support and mobilizing resources). Each item on the inventory is a declarative statement (i.e., "I feel supported by others", "I feel I'm doing an excellent job as a parent") rated on a 5-point Likert scale. Each subscale, containing five to ten items, receives a score; there is also an overall total score (ranging from 63 to 315). Scores are coded such that higher values indicate more positive parenting behaviors or attitudes. The HFPI is commonly used to identify changes in these parenting domains to assess the risk of potential child maltreatment.
Adult-Child Interactive Reading Inventory (ACIRI)	The ACIRI was administered in FY 2019-2023 for First Steps families across select programs. ACIRI is a 15- to 30-minute observational tool designed to assess the reading behaviors of adults and children during shared reading sessions. During the observation, the assessor monitors how often the child and adult engage in 12 interactive literacy behaviors associated with effective reading practices. Each behavior is scored based on its frequency, rated on a scale from 0 (indicating "no evidence of the behavior") to 3 (indicating the behavior occurs "most of the time"); thus, higher scores

Measure	Description
	indicate more frequent use of positive reading behaviors. Adult and child reading behaviors are scored separately, and scores are reported as averages across three components: (a) enhancing attention to the text (EAT), (b) promoting interactive reading and supporting comprehension (PIRSC), and (c) utilizing literacy strategies (ULS).
Chronic absenteeism	Chronic absenteeism was measured through attendance and enrollment data acquired from the South Carolina Department of Education (SCDE) for school year (SY) 2019-2023 for kindergarteners. Chronic absenteeism was measured as whether a child who has attended at least 90 days of school has been in attendance for at least 90 percent of the time.[xl] Regular attendance is essential for developing foundational skills in literacy, numeracy, and socioemotional development. Missing school could potentially mean missing out on learning opportunities.[xli] Additionally, absenteeism can be an early indicator of underlying issues such as health problems, family instability, lack of transportation, parent engagement, and other equity concerns such as low-income or race.[xlii] Absenteeism can also be an indicator of long-term academic outcomes such that children who are chronically absent from school early on are more likely to struggle academically in later years.[xliii] In South Carolina, children ages 5 to 17 must attend some form of school and abstain from unlawful absence in which the parent or guardian is unaware of or without an acceptable reason.[xliv] A child is considered truant if they have three consecutive unlawful absences or a total of five unlawful absences in a school year. Schools are required to develop intervention plans for students who are truant, and, on some occasions, families with children who are chronically absent without facing legal consequences.[xlv]
Kindergarten Readiness Assessment (KRA)	South Carolina measures school readiness through the Kindergarten Readiness Assessment (KRA) collected by teachers for the South Carolina Department of Education (SCDE). The KRA contains scores for each component as well as an overall score (range 202–298). A higher score indicates a higher level of readiness for kindergarten. Children are placed into one of three categories, including *demonstrating readiness* (270–298), *approaching readiness* (258–269) where a child is nearing readiness but needs some support, and *emerging readiness* (202–257) where a child is still developing foundational skills and may require significant support. The goal of First Steps is to move more children toward demonstrating readiness. The KRA helps local partnership teachers, administrators, and parents understand children's early language, literacy, numeracy skills, physical well-being, socioemotional development, and approaches to learning.[xlvi] In addition, these scores provide valuable insights into effective programs and policies that inform decision making at various educational levels including the school or district level.[xlvii] South Carolina mandates that publicly funded prekindergarten and kindergarten programs administer the readiness assessment with children in those programs within the first 45 days of school.[xlviii] A modified version of the KRA was administered in Fall 2020 (i.e., school year 2021) due to COVID-19 restrictions. The KRA publishers, WestEd, do not recommend comparing this administration to any other year's administration; thus, it is not included in our analyses.

Data analysis

We describe our data cleaning and analytic approach for each of the data sources.

First Steps Data Collection (FSDC)

We used the FSDC data for two purposes: a) to create a sample of children and families and b) to analyze assessment data for relevant outcomes.

First, to create the sample of children and families, we used family-level information to identify which families participated in First Steps during the evaluation period. Then, we connected child-level information, using a family-level identifier to identify the number of children served. FSDC records individual family members as client entries. Each client record includes specific demographic information (e.g., name, date of birth, race, and ethnicity), the family identifier, a record of whether the individual is a client receiving services or a family member not receiving services, and an identifier as to whether the individual is a child or an adult. For each fiscal year and program enrollment, a new client record is created, which means that one individual can have multiple records assigned specifically to one program in one fiscal year. For more information about how identifiers are created in FSDC and how FSDC data were cleaned, see Appendix F. Chapter 3 reference information and additional tables.

We used this sample information to calculate the reach of local partnership programs. With the data cleaned and de-duplicated, we calculated the reach of First Steps local partnerships in three ways. First, we reviewed First Steps annual reports to track the number of programs each county offered in each fiscal year and throughout the evaluation period. We opted to use the annual reports as a source because some program data is not entered into the FSDC, so identifying provision of services purely by count of children and/or families enrolled in each program may be an underestimation. We then examined the number of unique families that received services per the FSDC system records. We reported this count by fiscal year and across the evaluation program. To examine utilization closer, we examined enrollment by county as well as by program. Finally, we examined the number of unique children who received services via the FSDC system records. Again, we examined the reach by fiscal year as well as across the whole evaluation periods. We looked at utilization by county as well as by program.

Second, to analyze assessment data for children and families, we looked at assessment data stored within the FSDC. Several programs funded by First Steps[3] collect data in systems located outside the FSDC system. As such, the enrollment number represented in FSDC may not reflect a full accounting of services administered to families and children. Our evaluation did not include secondary data requests to these programs. For these records, individuals' names, their family identifier, and the date of the assessment are recorded alongside relevant scores. The following provides more information for each of these assessments.

Keys to Interactive Parenting Skills (KIPS)

First Steps used the KIPS in FY 2019-2021. As the assessment is intended to measure parenting quality, our analysis reflects the scores of adult-child pairs rather than individual children or adults. For instance, if a child completed the assessment with both their mother and father, there are two separate parent-child relationships from that family reflected in the data. Similarly, an adult that took the assessment with each of her three children would have three adult-child pairs represented in the data. Prior to analysis, we excluded all assessments conducted when a child was out of the valid age range of 2 to 71 months at the time of assessment (n=71 assessments). We also excluded cases where only one assessment administered to a

[3] Nurse-Family Partnership, Strengthening families, Motheread/Fatheread, Head Start/Early Head Start, Public School 3K/4K, and Healthy Steps have data collection systems external to the FSDC. Enrollment counts in the FSDC system for these programs may be inaccurate or missing.

unique adult-child pair during the analysis timeframe, as we could not measure change with a solitary score (n=619 pairs).

Our analysis sample included 1,681 unique adult-child pairs. On average, these pairs participated in 2.8 assessments (range: 2 to 8) each, with the majority of the sample undergoing two assessments (n=932; 55%) during our examination window (FY 2018-2021). To examine growth over the full evaluation period, we analyzed the change in KIPS score between the first (T1) and last (T2) instance of an assessment for each examined pairs, even if additional assessments between T1 and T2. Recognizing that the length of time between assessments might influence score changes, we conducted a series of t-tests to examine score changes overall, as well as within nine different mutually exclusive time periods. To control the increased risk of Type I errors due to repeated tests, we applied a Bonferroni correction; the adjusted alpha threshold was $p<0.005$.

Healthy Families Parenting Inventory (HFPI)

First Steps introduced the HFPI into its suite of assessments in FY 2021. Our sample includes all adult caregivers who completed the assessment during FY 2021 and FY 2023. This may include multiple adults in the same family, for instance a mother and grandmother living in the same home. In these cases, each adult receives her own scores. We excluded any cases where caregivers only one assessment, had multiple assessments administered in the same month, or had all nine subscale scores fall outside the permissible range.

Our analysis sample included 848 unique adults from 840 families. On average, caregivers engaged in 2.7 assessments (range: 2 to 7) each, with the majority of the sample undergoing two assessments (n= 459; 54%) during our examination window (FY 2021-2023). Similar to our analysis of KIPS, we examined growth by analyzing change in the scores the HFPI between the first (T1) and last (T2) instance of an assessment for each examined adult, even in cases where the adult engaged in additional assessments between T1 and T2.

Adult-Child Interactive Reading Inventory (ACIRI)

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

To accurately identify adult-child pairs in the data, we excluded tests that were administered without a focal child or focal adult selected (n=188). We also excluded all cases in which there was only one assessment administered to a unique adult-child pair during the analysis timeframe, as we could not measure change with a solitary score (n=680 assessments).

Our analysis sample included 1,426 unique adult-child pairs undergoing ACIRI assessments during their participation in Parents as Teachers, ParentChild+, and Family Literacy Model. On average, these pairs engaged in 2.9 assessments (range: 2 to 10) each, with most of the sample undergoing two assessments (n=774; 54%) during our examination window (FY 2018-2023). To examine growth over the full evaluation period, we analyzed the change in ACIRI scores between the first (T1) and last (T2) instance of an assessment for each examined pair, even in cases where the pairs engaged in additional assessments between T1 and T2. To control for the increased risk of Type I errors due to repeated tests, we applied a Bonferroni correction; the adjusted alpha threshold was $p<0.005$.

Chronic Absenteeism

To examine the relationship First Steps local partnerships program support and chronic absenteeism, we received a combined dataset of FSDC and SCDE records from RFA. From the FSDC system, we identified

children born between July 1, 2013, and June 30, 2023, who participated in a First Steps program during the evaluation period as recorded in the FSDC system. RFA verified the sample and matched each participant with two non-participants based on age, gender, county, and socioeconomic status, resulting in a dataset of nearly 25,000 child records. We further refined this sample to only included children who were enrolled in kindergarten for at least 90 days during our evaluation period.

From the refined sample, we conducted propensity score matching, a statistical technique that allowed us to create a sample of kindergarten children who received supports funded by First Steps during the evaluation period (i.e., First Steps children) with an equally sized sample of children who did not participate in a program funded by First Steps during the evaluation period matched on characteristics of age, race and ethnicity, gender, county, socioeconomic status (i.e., Pupil in Poverty designation assigned by SCDE), special education classification, and school district poverty level. First Steps and non-First Steps samples were well-balanced across matched characteristics and models proved a good fit, according to the Hosmer and Lemeshow goodness-of-fit test. More details on the sample definition and subsequent propensity score matching process are detailed in Appendix F. Chapter 3 reference information and additional tables.

After matching the samples, we used binomial logistic regression to predict chronic absenteeism in kindergarten. Recent research shows chronic absenteeism increased during the pandemic and in the years beyond.[xlix] Our pre-modeling analyses of our sample confirmed significant differences in attendance rates by school year, so we aimed to control for school year in our model. Because school years follow a different calendar (September 1 to August 31) than fiscal years (July 1 to June 30), which is used by First Steps, we examined the correlation between school year with the fiscal year a child was first enrolled in a program funded by First Steps during the evaluation period to determine whether one or both could be included in the model. We found that the first year of enrollment in a program funded by First Steps (e.g., Countdown to Kindergarten, child care scholarships) was highly correlated with the school year of the child, so we did not include both in our model due to collinearity. The high correlation seems specific to our evaluation sample, not that of all children and families who participate in a program funded by First Steps. We further controlled for the child's age at kindergarten entry and special education status in our model.

Results are reported as odds ratios (OR) for cohorts of First Steps children, by enrollment year, compared to children with no recorded First Steps enrollment. Findings in Table 13 can be interpreted as follows:

- An OR less than one indicates a child enrolled in First Steps is less likely than non-First Steps children to qualify as chronically absent.
- An OR equal to one suggests First Step assignment does not affect the odds of qualifying as chronically absent.
- An OR greater than one indicates a child enrolled in First Steps is more likely than non-First Steps children to qualify as chronically absent.

Kindergarten Readiness Assessment (KRA)

In Fall 2020, South Carolina public schools used a modified KRA that excluded 17 items due to COVID-19 restrictions, affecting its reliability. WestEd, the KRA publisher, advised against comparing 2020 Modified KRA results with other years.[l]

To examine the relationship First Steps local partnerships program support and chronic absenteeism, we received a combined dataset of FSDC and SCDE records from RFA. From the FSDC system, we identified children born between July 1, 2013, and June 30, 2023, who participated in a First Steps program during the evaluation period as recorded in the FSDC system. RFA verified the sample of children who received services funded by First Steps and matched each participant with two non-participants based on age, gender, county, special education classification, and socioeconomic status. This process resulted in a dataset of nearly 25,000 child records.

We continued to refine the sample from this dataset. Children were excluded from our sample if they lacked valid KRA scores due to incomplete data, repeated kindergarten enrollment, enrollment outside SCDE, or

participation in the 2021 school year with its modified assessment. First Steps and non-First Steps samples were well-balanced across matched characteristics and models proved a good fit, according to the Hosmer and Lemeshow goodness-of-fit test. From this refined sample, we utilized propensity score matching to create a final analysis dataset that included 10,406 children who enrolled in public kindergarten during our evaluation period (excluding 2020-2021). Details on the sample definition and propensity score matching process are provided in Appendix F. Chapter 3 reference information and additional tables.

Since KRA scoring categories are ordered incrementally, we planned to use an ordinal logistic regression. However, pre-analysis testing revealed the effect of the KRA administration year varied across KRA score level, making this method inappropriate. Instead, we conducted a multinomial logistic regression to compare the likelihood scoring "approaching readiness" and "demonstrating readiness" relative to "emerging readiness." Given that our pre-analysis testing suggested timing may influence KRA performance, we included the year of First Steps enrollment as a predictor (defined as the first fiscal year July 1 to June 30) within our enrollment period when a child's participation was recorded in the FSDC system. As with our chronic absenteeism analysis, the misalignment of fiscal year and school year (September 1 to August 31) resulted in many children's first fiscal year of First Steps enrollment coinciding with pre-K programming the summer before kindergarten. This trend likely reflects our specific sample as we lack a complete record of all services funded by First Steps.. As enrollment year was strongly correlated with school year, the latter was not included as a control. We controlled for the child's age at kindergarten entry and special education status.

Odds ratios, derived from the multinominal regression, are reported for cohorts of First Steps children by enrollment year in Table 15. They can be interpreted as follows:

- An OR less than one indicates a child enrolled in First Steps is less likely than non-First Steps children to achieve either an approaching or demonstrating readiness comparative to an emerging readiness score on the KRA assessment.
- An OR equal to one suggests First Step enrollment does not affect the odds of demonstrating or approaching readiness on the KRA.
- An OR greater than one indicates a child enrolled in First Steps is more likely than non-First Steps children to demonstrate or approach readiness on the KRA.

Sub-question 3a.1: What was the reach of First Steps local partnership programs from FY 2019-2023?

To offer context for the outcomes evaluation, we established the reach of First Steps local partnership programs. We highlight statewide numbers to identify the number of programs offered in the state for each fiscal year; number of families served by fiscal year; and number of children served by fiscal year.

Number of programs offered by local partnerships

Across the evaluation period, local partnerships had anywhere from 25-32 available programs that they could offer in their counties. Table 7 details the number of counties that offered each program across the evaluation period.

- The programs offered by the greatest number of counties in any fiscal year include Child Care Scholarship; Child Care Training; Countdown to Kindergarten, and Parents as Teachers.
- However, the number of counties offering Countdown to Kindergarten significantly decreased in FY21 (going from 34 counties to 13 counties) likely because of the uncertainty of children's schooling in the upcoming school year following the COVID-19 pandemic.

Table 7. Total number of counties offering each program

Program	FY19	FY20	FY21	FY22	FY23
Health					
Early Identification and Referral	8	10	8	10	9
Family Connects [A]	--	--	--	--	1
HealthySteps [A]	--	--	--	1	3
Nurse-Family Partnership [A]	9	9	8	7	7
Reach Out and Read [A]	2	2	3	6	8
Weekend Backpacks [A]	1	2	2	2	2
Parenting					
Dolly Parton's Imagination Library	14	15	14	15	16
Early Steps to School Success	3	3	2	1	1
Family Café	--	--	--	--	6
Family Literacy Model	4	1	3	3	3
Healthy Families America	1	1	1	0	0
Home Instruction for Parents of Preschool Youngsters (HIPPY)	--	--	6	7	5
Incredible Years	0	1	1	1	1
LENA Home	1	1	1	1	1
Motheread/Fatheread	1	1	0	1	1
Nurturing Parenting	4	5	11	14	13
Parent Training	3	2	0	1	0
ParentChild+	3	1	1	3	3
Parents as Teachers	29	31	27	28	29
Positive Parenting Program (Triple P) Multi-Level	4	3	3	5	5
Raising a Reader	8	13	5	10	9
Ready4K!	--	--	--	1	1
Strengthening Families	2	2	2	2	1
Supporting Care Providers through Visits (SCPV) [B]	--	--	--	9	6
Early Care and Education					
Child Care (e.g., 4K, early education for children under 4) [A, C]	6	6	5	6	7
Child Care Quality Enhancement/Quality Counts [B]	18	20	18	19	19
Child Care Scholarships	26	26	24	23	23
Child Care Training [B]	36	36	36	35	36
Early Head Start [A]	7	4	5	6	5
Enhanced Early Education	2	2	3	3	5
School Transitions					
Beginning Opportunities Offered for Student Transitions (BOOST)	--	--	1	0	0
Countdown to Kindergarten	29	34	13	27	28

Notes. Cells with "–" indicate the program was not offered that year, cells with "0" indicate the program was offered but had no county participation. [A] indicates program enrollment information is collected outside the FSDC system; [B] indicates program offers provider-level supports but children affected were included in the evaluation; and [C] indicates child care programming is inclusive of 4K and early education for children under 4 programming. Programs no longer offered by First Steps (i.e., 1000 Books Before Kindergarten, Book Flood, Fatherhood Initiative, Hello Family, Men's Health, Reading Rocks, Trident Literacy) and those focused on broader social service coordination (i.e., Health Services, Library Based Programs, Nutrition Services, Palmetto Shared Services Alliance, Partnerships and

Community Education, Resource & Referral, and WIC Coordination) were excluded. Four currently offered programs not listed in annual reports were also excluded: Attachment and Biobehavioral Catch-up, LENA Start, Supplemental to Evidence-Based Strategies, Countdown to 4K.
Source. First Steps Annual Report (FY 2019-2023)

Table 8 details the number of programs each county offered for each fiscal year of the evaluation period. We examined whether counties offered more or fewer programs across the evaluation period, especially to understand whether the COVID-19 pandemic impacted the availability of programs.

- We found that 12 counties reduced the number of programs they offered across the evaluation period, and 22 increased the number of programs across the evaluation period.
- Twelve counties offered the same number of programs at the start and end of the evaluation period. Four counties (Bamberg, Calhoun, Dillon, and Oconee) offered the same number of programs for each year of the evaluation, with the other eight counties showing variation in the number they offered each year, ending with the same number as the start of the evaluation period.
- Because counties can select which programs they offer each fiscal year, we analyzed how many reduced the number of programs they offered following the start of the COVID-19 pandemic in FY21. Over 60 percent (n=29) reduced their program offerings in FY 2021.

Table 8. Total number of programs offered by county

County	FY19	FY20	FY21	FY22	FY23
Abbeville	3	3	2	2	2
Aiken	5	6	6	8	7
Allendale	4	4	3	3	3
Anderson	5	4	5	5	5
Bamberg	3	3	3	3	3
Barnwell	6	6	6	7	9
Beaufort	4	5	4	6	6
Berkeley	6	6	7	8	8
Calhoun	3	3	3	3	3
Charleston	6	5	6	9	9
Cherokee	4	4	3	5	4
Chester	2	2	2	2	3
Chesterfield	5	6	4	5	4
Clarendon	4	4	3	4	6
Colleton	3	5	4	5	6
Darlington	7	7	4	4	5
Dillon	4	4	4	4	4
Dorchester	6	6	6	8	7
Edgefield	8	9	8	7	8
Fairfield	4	4	5	6	6
Florence	5	6	4	7	7
Georgetown	5	4	3	4	4
Greenville	7	8	6	8	9
Greenwood	3	3	2	3	2
Hampton	6	6	4	5	5
Horry	5	5	4	8	8

County	FY19	FY20	FY21	FY22	FY23
Jasper	6	7	5	6	5
Kershaw	5	5	4	4	4
Lancaster	6	6	7	8	10
Laurens	4	4	3	4	4
Lee	6	7	5	6	7
Lexington	4	5	5	5	5
Marion	5	4	6	7	8
Marlboro	3	3	3	7	4
McCormick	6	6	3	5	5
Newberry	4	5	6	6	6
Oconee	4	4	4	4	4
Orangeburg	6	6	7	6	7
Pickens	2	5	5	6	6
Richland	5	4	5	4	5
Saluda	7	7	4	4	4
Spartanburg	5	5	4	5	5
Sumter	5	5	4	4	4
Union	4	4	3	4	4
Williamsburg	4	5	4	5	7
York	7	6	5	7	7

Notes. Programs no longer offered by First Steps (i.e., 1000 Books Before Kindergarten, Book Flood, Fatherhood Initiative, Hello Family, Men's Health, Reading Rocks, Trident Literacy) and those focused on broader social service coordination (i.e., Health Services, Library Based Programs, Nutrition Services, Palmetto Shared Services Alliance, Partnerships and Community Education, Resource & Referral, and WIC Coordination) are excluded in this listing. Four currently offered programs not listed in annual reports were also excluded: Attachment and Biobehavioral Catch-up, LENA Start, Supplemental to Evidence-Based Strategies, Countdown to 4K.
Source. First Steps Annual Report (FY 2019-2023)

Number of families served by local partnerships

To examine the number of families and children served by local partnerships, we analyzed data in the FSDC system. Importantly, enrollment data for several programs are not collected in the FSDC system. Thus, the enrollment totals reported in this section reflect the number of families served by one of the programs funded by First Steps that are included in the FSDC system. This excludes counts from programs like Nurse-Family Partnership, child care programming, and Family Connects.

For the evaluation period, we estimated 13,930 families were involved with local partnerships, which we used to inform our evaluation analyses. Table 9 details the number of families that were engaged with local partnerships during the evaluation period.

- There was a decline in FY 2021 in number of families served, likely due to the COVID-19 pandemic and the decrease in the number of programs offered by counties. However, the number of families receiving services increased starting in FY 2022, exceeding pre-pandemic levels.

Table 9. Total number of families served by local partnerships during the evaluation period, by fiscal year

Total FY 2019-2023	FY19	FY20	FY21	FY22	FY23
13,930	3,456	3,993	2,490	4,087	5,008

Source. First Steps Data Collection system (FY 2019-2023)

Then, we looked at the number of families served by each program over the evaluation period and across each fiscal year (Table 10). Because families could participate in more than one program, they may be counted in more than one program; thus, totaling the number of families across fiscal years will likely be greater than the number of families engaged with First Steps from Table 9. Additionally, we included only programs where we had records of families participating in programs, which means some programs may not be represented in Table 10.

- Programs serving the greatest number of families included Countdown to Kindergarten, Parents as Teachers, Early Identification and Referral, Child Care Scholarships, and Nurturing Parenting. These findings align the fact that three of these programs were also offered by the greatest number of counties: Countdown to Kindergarten, Parents as Teachers, and Child Care Scholarships.
- Thirteen programs served families across all years of the evaluation period, which suggest sustainable need for these programs across counties.

Table 10. Total number of families served by local partnerships during the evaluation period, by program and fiscal year

	FY 2019-2023	FY19	FY20	FY21	FY22	FY23
Health	1,503	262	241	292	391	488
Early Identification and Referral						
Parenting	3,238	1,289	1,123	897	995	1,338
Parents as Teachers	988	132	149	293	413	451
Nurturing Parenting	732	--	327	80	218	134
Raising a Reader Enhanced [B]	461	218	245	121	99	111
Early Steps to School Success	342	30	34	69	128	129
Positive Parenting Program (Triple P) Level 4	249	--	--	61	109	107
Home Instruction for Parents of Preschool Youngsters (HIPPY)	241	107	43	26	61	87
Parent Child +	157	--	--	--	--	157
Family Café	101	16	17	14	32	29
Incredible Years	100	30	22	19	22	16
LENA Home (Language Environment Analysis Home-based)	82	--	33	--	8	49
Motheread/Fatheread	66	31	26	9	8	10
Other Family Literacy	48	0	10	11	13	14
Strengthening Families	38	--	38	--	--	--
Family Literacy Model	30	11	10	18	--	--
Parent Training	23	9	14	22	9	--
Healthy Families America						
Early Care and Education	1,208	442	356	263	222	348
Child Care Scholarships	176	28	74	38	25	26
Early Head Start/Head Start [A]	49	49	1	--	--	--
Child Care Scholarships (not connected to evidence-based programs)	43	5	--	14	16	24
Early Education for Children Under 4 [A]						
School Transitions	5,244	908	1,333	412	1,449	1,424
Countdown to Kindergarten	549	16	13		44	511
Countdown to 4K	9	--	--	9	--	--

	FY 2019-2023	FY19	FY20	FY21	FY22	FY23
Beginning Opportunities Offered for Student Transitions (BOOST)	1,503	262	241	292	391	488

Notes. The numbers in column "FY 2019-2023" present deduplicated counts, such that if a family participated in the same program across multiple years, they are only counted once in this column. Cells with "–" indicate the program was not offered that year, cells with "0" indicate the program was offered but had no county participation. Child Care Quality Enhancement/ Quality Counts, Child Care Training, and Supporting Care Providers through Visits are workforce support programs, so we did not calculate number of families served by those programs. [A] indicates program enrollment information is collected outside the FSDC system; [B] indicates program offers provider-level supports but children affected were included in the evaluation; and [C] indicates child care programming is inclusive of 4K and early education for children under 4 programming. Programs no longer offered by First Steps (i.e., 1000 Books Before Kindergarten, Book Flood, Fatherhood Initiative, Hello Family, Men's Health, Reading Rocks, Trident Literacy) and those focused on broader social service coordination (i.e., Health Services, Library Based Programs, Nutrition Services, Palmetto Shared Services Alliance, Partnerships and Community Education, Resource & Referral, and WIC Coordination) were excluded. Four currently offered programs not listed in annual reports were also excluded: Attachment and Biobehavioral Catch-up, LENA Start, Supplemental to Evidence-Based Strategies, Countdown to 4K.
Source. First Steps Data Collection System (FY 2019-2023)

Number of children served by local partnerships

Because a family could have one or more children participating in local partnerships at a time, we also estimated the number of children served by local partnerships during the evaluation period to develop our analytic sample. For the evaluation period, we estimated that about 15,947 children were involved with local partnerships. Table 11 provides the total number of children served by local partnerships across each fiscal year of the evaluation period.

- Matching the findings of families served, there was a decrease in the number of children served by local partnerships in FY 2021 following the COVID-19 pandemic, with an increase in subsequent years.
- By FY 2023, the number of children served exceeded pre-pandemic levels.

Table 11. Total number of children served by local partnerships during the evaluation period, by fiscal year

FY 2019-2023	FY19	FY20	FY21	FY22	FY23
15,947	3,829	4,345	2,777	4,263	5,195

Note. The numbers in column "FY 2019-2023" present deduplicated counts, such that if a child participated in the same program across multiple years, they are only counted once in this column
Source. First Steps Data Collection system (FY 2019-2023)

We also looked at the number of children served by each program over the evaluation period and across each fiscal year (Table 12). Because children could participate in more than one program, they may be counted in more than one program; thus, totaling the number of children across fiscal years will likely be greater than the number of children engaged with First Steps from Table 11. Additionally, we included only programs where we had records of children participating in programs, which means some programs may not be represented in Table 12.

- As expected, the programs that served the greatest number of children match those that served the greatest number of families: Countdown to Kindergarten, Parents as Teachers, Early Identification and Referral, Child Care Scholarships, and Nurturing Parenting.

Table 12. Total number of children served by local partnerships during the evaluation, by program and fiscal year

	FY 2019-2023	FY19	FY20	FY21	FY22	FY23
Health						
Early Identification and Referral	1,739	286	295	343	421	495
Parenting						
Parents as Teachers	3,951	1,507	1,302	1,029	1,142	1,508

	FY 2019-2023	FY19	FY20	FY21	FY22	FY23
Nurturing Parenting	1,145	166	188	361	466	465
Raising a Reader Enhanced [B]	748	–	331	80	216	132
Early Steps to School Success	518	229	257	126	111	127
Positive Parenting Program (Triple P) Level 4	368	29	38	77	133	139
Home Instruction for Parents of Preschool Youngsters (HIPPY)	258	–	–	63	110	107
Parent Child +	245	107	43	27	60	86
Family Café	153	–	–	–	–	153
Incredible Years	134	23	20	26	41	31
LENA Home (Language Environment Analysis Home-based)	112	35	26	22	22	16
Motheread/Fatheread	87	–	33	–	7	47
Other Family Literacy	79	38	26	11	10	10
Strengthening Families	56	–	13	16	14	13
Family Literacy Model	48	24	17	20	–	–
Parent Training	31	–	31	–	–	–
Healthy Families America	23	9	14	22	9	–
Early Care and Education						
Child Care Scholarships	1,419	502	417	300	241	371
Early Head Start/Head Start [A]	225	35	91	51	27	26
Child Care Scholarships (not connected to evidence-based programs)	51	51	1	–	–	–
Early Education for Children Under 4 [A]	47	5		15	18	24
School Transitions						
Countdown to Kindergarten	5,054	871	1,259	339	1,338	1,249
Countdown to 4K	536	15	10	–	15	497
Beginning Opportunities Offered for Student Transitions (BOOST)	9	–	–	9	–	–

Notes. The numbers in column "FY 2019-2023" present deduplicated counts, such that if a child participated in the same program across multiple years, they are only counted once in this column. Cells with "–" indicate the program was not offered that year, cells with "0" indicate the program was offered but had no county participation. Child Care Quality Enhancement/ Quality Counts, Child Care Training, and Supporting Care Providers through Visits are workforce support programs, so we did not calculate number of families served by those programs. [A] indicates some program enrollment information is collected outside the FSDC system, the numbers recorded in the FSDC system may not reflect every child enrolled in these programs during the evaluation period. [B] indicates that the FSDC system only included information Raising a Reader Enhanced despite having information about Raising a Reader in annual reports. Programs no longer offered by First Steps (i.e., 1000 Books Before Kindergarten, Book Flood, Fatherhood Initiative, Hello Family, Men's Health, Reading Rocks, Trident Literacy) and those focused on broader social service coordination (i.e., Health Services, Library Based Programs, Nutrition Services, Palmetto Shared Services Alliance, Partnerships and Community Education, Resource & Referral, and WIC Coordination) were excluded. Four currently offered programs not listed in annual reports were also excluded: Attachment and Biobehavioral Catch-up, LENA Start, Supplemental to Evidence-Based Strategies, Countdown to 4K.
Source. First Steps Data Collection System (FY 2019-2023)

By examining the number of programs offered by local partnerships, including the number of programs offered by county provide the necessary context to understand the reach of local partnerships for the evaluation period. Similarly, understanding the number of families and children served offers context for the reach of local partnerships and the potential impact of the programming for subsequent analysis.

Sub-question 3a.2: What was the impact of First Steps local partnership programs from FY 2019-2023?

To understand the long-term impact of First Steps local partnerships on child and family outcomes, we analyzed multiple measures to understand whether South Carolina's youngest children are healthy and safe; actively supported by their families and community; and are arriving at school ready to reach their highest potential. Three measures (i.e., KIPS, HFPI, and ACIRI) were administered by First Steps, so we compared scores for children and families across two time points to determine whether there were significant improvements across measures. Two measures (i.e., chronic absenteeism and KRA scores) were measured from data obtained from South Carolina Department of Education (SCDE), so we compared First Steps children to children matched on similar characteristics who did not receive First Steps.

We present findings for each of the measures by the three outcomes of interest, outline limitations and challenges, and offer recommendations for consideration.

Healthy and safe: KIPS and HFPI

We present information from two parenting measures used during the evaluation period with First Steps families (KIPS and HFPI). KIPS was used to assess parenting behaviors during FY 2018-2021, and starting in FY 2021, the HFPI was used instead. Findings from KIPS or HFPI analysis indicate significant positive effects of participating in First Steps on parenting skills and behaviors.

Keys to Interactive Parenting Skills (KIPS) FY 2018-2021

For KIPS, our analysis sample included 1,681 unique adult-child pairs. On average, these pairs participated in 2.8 assessments (range: 2 to 8) each, with most of the sample undergoing two assessments (n=932; 55%) during our examination window (FY 2018-2021). To examine growth over the full evaluation period, we analyzed the change in KIPS score between the first (T1) and last (T2) instance of an assessment for each examined pairs, even if additional assessments between T1 and T2. Essentially, we wanted to understand whether families' parenting behaviors improved from the time they entered First Steps to when they left (or at the end of the evaluation period if they were still enrolled).[4]

Table 13 presents average scores at T1 and T2, categorized by the length of time between assessments. Results indicate that adult-child pairs who participated in at least two KIPS assessments as a part of First Steps programming during the examination period showed significant and substantial improvements in their interactions, as measured by KIPS.

- Most average scores at both time periods fell within the moderate quality parenting range (3-3.99) of KIPS scores, suggesting that adults participating in First Steps parent at moderate quality.
- Adults participating in First Steps were significantly likely to improve the quality of their parenting across time periods, suggesting that participating in First Steps improves parenting quality. Across all examined time periods, there was a significant improvement in scores from T1 to T2, even after applying a Bonferroni correction.

[4] Recognizing that the length of time between assessments might influence score changes, we conducted a series of t-test to examine score changes overall, as well as within nine different mutually exclusive time periods. To control for the increased risk of Type I errors due to repeated tests, we applied a Bonferroni correction; the adjusted alpha threshold was $p<0.005$

- The Cohen's d values reported in Table 11 suggest medium to large effect sizes at all timepoints, which shows the improvement in parenting quality was meaningful.

Table 13. Differences in KIPS scores, FY 2018-2021

Time between first and last KIPs assessment	Adult-child pairs (% of sample)	T1 average score (SD)	T2 average score (SD)	Average difference (SD)	p-value	Cohen's *d* *Effect size*
0-3 months	137 (8.2%)	3.42 (0.80)	3.68 (0.74)	0.26 (0.51) ±	<.001	0.50 *Small to Medium*
4-6 months	501 (29.8%)	3.25 (0.87)	3.63 (0.84)	0.37 (0.61) ±	<.001	0.61 *Medium to Large*
7-9 months	281 (16.2%)	3.24 (0.76)	3.68 (0.74)	0.43 (0.64) ±	<.001	0.67 *Medium to Large*
10-12 months	120 (7.0%)	3.46 (0.77)	3.77 (0.72)	0.31 (0.57) ±	<.001	0.54 *Medium to Large*
13-15 months	104 (6.1%)	3.05 (0.86)	3.53 (0.73)	0.48 (0.8) ±	<.001	0.60 *Medium to Large*
16-18 months	169 (9.9%)	3.07 (0.89)	3.75 (0.76)	0.68 (0.82) ±	<.001	0.83 *Large*
19-21 months	146 (8.9%)	3.39 (0.85)	4.00 (0.69)	0.61 (0.7) ±	<.001	0.87 *Large*
22-24 months	45 (2.7%)	3.74 (0.78)	4.10 (0.71)	0.36 (0.64) ±	<.001	0.56 *Medium to Large*
>24 months	173 (11.1%)	3.33 (0.86)	3.92 (0.76)	0.59 (0.86) ±	<.001	0.69 *Medium to Large*
Any time between FY 2018-2021	**1,681**	**3.28 (0.85)**	**3.74 (0.78)**	**0.45 (0.69) ±**	**<.001**	**0.65 *Medium to Large***

Notes. ± The difference in scores between T1 and T2 was statistically significant for the reported time period after applying a Bonferroni correction. The significance threshold after correction was a corrected=0.005 (p<0.05/10 comparisons tested). d<0.20 indicates small effect size; 0.20 ≤ d ≤ 0.50 indicates small to medium effect size ; 0.50 ≤ d < 0.80 indicates medium to large effect size; 0.80 ≤ d indicates large effect size.
Source. First Steps Data Collection System (FY 2018-2021)

Healthy Families Parenting Inventory (HFPI) FY 2021-2023

We compared HFPI scores for the overall sample, regardless of the length of time between T1 and T2, as well as comparisons for families who were assessed for specific durations. Table 14 presents the average scores at T1 and T2, categorized by the length of time between assessments.

- When looking at all First Steps families, regardless of how long the duration between assessments, there was a significant improvement in HFPI scores across the evaluation period with a small to medium effect based on Cohen's d[5] values, suggesting that participating in First Steps improves parenting behaviors.
- Families who were assessed within a duration of 5-8 months and 13-20 months seemed to be driving this significant effect, which makes up about 72% of the sample. This indicates that length of time in First Steps may influence their parenting behaviors.

[5] d<0.20 indicates small effect size; 0.20 ≤ d ≤ 0.50 indicates small to medium effect size ; 0.50 ≤ d < 0.80 indicates medium to large effect size; 0.80 ≤ d indicates large effect size

Table 14. Differences in HFPI: FY 2021-2023

Time between first and last HFPI assessment	Caregivers (% of sample)	T1 average score (SD)	T2 average score (SD)	Average difference (SD)	p-value	Cohen's *d* *Effect size*
1-4 months	59 (7%)	258.07 (48.78)	273.47 (37.32)	15.41 (48.07)	0.008	0.32 *Small to Medium*
5-8 months	357 (42%)	264.84 (33.28)	268.82 (32.76)	3.98 (27.42) ±	0.003	0.15 *Small*
9-12 months	161 (19%)	267.25 (32.6)	269.93 (35.43)	2.68 (30.43)	0.133	0.09 *Small*
13-16 months	91 (11%)	264.7 (36.78)	273.87 (29.06)	9.16 (34.17) ±	0.006	0.27 *Small to Medium*
17-20 months	157 (19%)	255.36 (40.31)	275.44 (25.18)	20.08 (38.23) ±	<.001	0.53 *Medium to Large*
>20 months	23 (3%)	259.48 (26.52)	254.61 (30.68)	4.87 (32.12)	0.763	-0.15 *Small*
Full sample	**848**	262.91 (36.18)	270.73 (32.08)	7.82 (33.42) ±	<.001	0.23 *Small to Medium*

Notes. ± The difference in scores between T1 and T2 was statistically significant for the reported time period after applying a Bonferroni correction. The significance threshold after correction was $\alpha_{corrected}$=0.005 (p<0.05/10 comparisons tested). d<0.20 indicates small effect size; 0.20 ≤ d ≤ 0.50 indicates small to medium effect size ; 0.50 ≤ d < 0.80 indicates medium to large effect size; 0.80 ≤ d indicates large effect size.
Source. First Steps Data Collection system (FY 2021-2023)

Actively supported by their families and community: Chronic absenteeism

To understand whether young children are actively supported by their families and community after participating in First Steps, we present information about children's chronic absenteeism in kindergarten obtained from SCDE enrollment and attendance data. Because reducing chronic absenteeism requires family and community support for children to be present at school, we compared children who received services funded by First Steps during the evaluation period with comparable children who did not.

Initial analyses showed that the timing of enrollment was closely tied to attendance outcomes.

- There were no differences in chronic absenteeism for children prior to the pandemic.
- Participants who enrolled in a program funded by First Steps in 2020 were 48% *less* likely to be chronically absent compared to non-participants (OR: 0.52, p <0.001;Table 15), suggesting that First Steps provided a protective effect against chronic absenteeism for children enrolling before the pandemic.
- However, participants enrolling after the onset of COVID-19 (i.e., 2021, 2022, and 2023) were significantly *more* likely to be chronically absent compared to non-participants, with odds ratios ranging from 1.26 to 1.40 (p<0.05; Table 15), likely reflecting disruptions in services and broader societal changes after the pandemic.

The impact of COVID-19 on social and education services – including First Steps - during this time necessitates cautious interpretation of these findings. Chronic absenteeism surged nationwide in the post-pandemic years, affecting attendance patterns across the nation. Additionally, children in our sample who enrolled in First Steps during and after 2021 represented those who had reduced or even non-existent supports prior to kindergarten due to the pandemic. It's also possible that the people who were seeking support from First Steps during and after the pandemic were those who had a higher need for support than

those who sought supports funded by First Steps prior to the pandemic. It is worth considering whether factors above and beyond First Steps enrollment contributed to these findings.

Table 15. Odds of being chronically absent in kindergarten for First Steps children, compared to non-First Steps children (school years 2019-2023)

First Steps Children [A]	Odds Ratio	95% confidence Interval (Lower)	95% confidence Interval (Upper)	P-value (significance)
Children enrolling in First Steps in 2019	1.13	0.98	1.29	0.092
Children enrolling in First Steps in 2020	0.52	0.43	0.62	<0.001 ***
Children enrolling in First Steps in 2021	1.30	1.05	1.63	0.018 *
Children enrolling in First Steps in 2022	1.40	1.20	1.63	<0.001 ***
Children enrolling in First Steps in 2023	1.26	1.07	1.49	0.006

Notes. [A] Children who (1) received services funded by First Steps during the evaluation period as recorded in the FSDC system, (2) had a valid KRA score during the evaluation period, and (3) had complete demographic information. For each subsample, children who did not receive services funded by First Steps during the evaluation period were matched to those who did on age, gender, school county, school poverty level, special education classification, and socioeconomic status. Odds ratios are derived from a binomial logistic regression examining the effects of when children enrolled in First Steps on chronic absenteeism, while controlling for child age and special education status. * $p<0.05$, ** $p<0.01$, *** $p<0.001$
Source. First Steps Data Collection system and SCDE data (FY 2019-2023)

Arrive at school ready to reach their highest potential: ACIRI and KRA

We analyzed information from the ACIRI and KRA to learn more about whether children are arriving at school ready to reach their highest potential. We present findings for each of these measures.

ACIRI

Table 16 reports the change in overall ACIRI scores for adults and children. Additional results for each component (i.e., enhancing attention to the text, promoting interactive reading and supporting comprehension, and utilizing literacy strategies) and sensitivity test results are offered in Appendix F. Chapter 3 reference information and additional tables. Findings indicate that:

- Adults and children who completed at least two ACIRI assessments during their time in First Steps experienced significant improvement in their ACIRI scores after applying a Bonferroni correction. This trend continued regardless of the time between assessments, with effect sizes being mostly medium to large for both adults and children (Table 16). This indicates that First Steps participation supports parent-child literacy behaviors.
- Sensitivity tests showed results remained stable even when children completed assessments with different adults in their lives (more information about sensitivity testing can be found in Appendix F. Chapter 3 reference information). This indicates that families as a whole are being supported by First Steps programming.

Table 16. Differences in overall ACIRI scores, FY 2018-2023

		Adult score				Child score			
Time between first and last assessment	# of adult-child pairs (% of sample)	T1 avg. score (SD)	T2 avg. score (SD)	Avg. difference (SD)	Cohen's *d* *Effect size*	T1 avg. score (SD)	T2 avg. score (SD)	Avg. difference (SD)	Cohen's *d* *Effect size*
0-3 months	111 (7.78%)	1.86 (0.56)	2.14 (0.55)	0.28 (0.48) ±	0.58 *Medium to large*	1.53 (0.64)	1.88 (0.62)	0.35 (0.55) ±	0.63 *Medium to large*
4-6 months	404 (28.33%)	1.90 (0.6)	2.23 (0.54)	0.33 (0.51) ±	0.65 *Medium to large*	1.67 (0.67)	2.00 (0.64)	0.33 (0.55) ±	0.61 *Medium to large*
7-9 months	197 (13.81%)	1.97 (0.56)	2.21 (0.52)	0.24 (0.52) ±	0.46 *Small to medium*	1.73 (0.6)	2.02 (0.62)	0.30 (0.56) ±	0.53 *Medium to large*
10-12 months	109 (7.64%)	1.94 (0.59)	2.27 (0.57)	0.33 (0.51) ±	0.65 *Medium to large*	1.72 (0.61)	2.14 (0.64)	0.42 (0.55) ±	0.75 *Medium to large*
13-15 months	100 (7.01%)	1.89 (0.61)	2.30 (0.59)	0.41 (0.58) ±	0.71 *Medium to large*	1.63 (0.63)	2.07 (0.67)	0.43 (0.57) ±	0.76 *Medium to large*
16-18 months	174 (12.2%)	1.93 (0.58)	2.40 (0.54)	0.47 (0.64) ±	0.73 *Medium to large*	1.68 (0.67)	2.28 (0.62)	0.60 (0.71) ±	0.84 *Large*
19-21 months	97 (6.8%)	1.98 (0.58)	2.29 (0.62)	0.32 (0.77) ±	0.41 *Small to medium*	1.70 (0.63)	2.22 (0.69)	0.51 (0.81) ±	0.63 *Medium to large*
22-24 months	48 (3.37%)	2.04 (0.58)	2.49 (0.47)	0.45 (0.54) ±	0.83 *Large*	1.80 (0.67)	2.43 (0.49)	0.63 (0.64) ±	0.99 *Large*
>24 months	186 (13.04%)	1.89 (0.62)	2.44 (0.53)	0.55 (0.71) ±	0.78 *Medium to large*	1.57 (0.68)	2.29 (0.62)	0.73 (0.76) ±	0.96 *Large*
Any time between FY18-23	1426 (100%)	1.92 (0.59)	2.29 (0.55)	0.37 (0.59) ±	0.63 *Medium to large*	1.66 (0.65)	2.11 (0.65)	0.45 (0.64) ±	0.70 *Medium to large*

Notes. ± The difference in scores between T1 and T2 was statistically significant for the reported time period after applying a Bonferroni correction. The significance threshold after correction was αcorrected=0.005 (p<0.05/10 comparisons tested).
Source. First Steps Data Collection system (FY 2018-2023)

KRA

We examined KRA performance among children with data in the FSDC during the evaluation period (i.e., First Steps children) and matched them to a comparable group of children not included in the FSDC during the evaluation period (i.e., non-First Steps children). We examined KRA scores based on the year they were first recorded as having participated in First Steps during the evaluation period. Table 17 shows the results of these comparisons:

- Children who enrolled in First Steps programming prior to the pandemic did not significantly differ from their peers in KRA scores.
- However, children who enrolled in First Steps in 2020 showed that First Steps programming led to improved KRA scores when the pandemic first started. They were:

    - 27 percent *more* likely to score approaching readiness (versus emerging readiness) compared to children who did not participate in First Steps (OR: 1.27, p=0.001, Table 17).
    - 19 percent *more* likely score demonstrating readiness (vs. emerging readiness) compared to non-participants (OR: 1.19, p=0.032, Table 17).
- Children who enrolled during other years of the evaluation post-pandemic (2019, 2021, 2022, and 2023) did not have significantly different odds of achieving demonstrating readiness scores on their KRA, which were similar to pre-pandemic results.

The timing of COVID-19 complicated the interpretation of the model. The 2021 school year was excluded due to modifications in the KRA assessment, making results incomparable. Children enrolling after the pandemic did not experience significant effects in readiness scores, likely reflecting pandemic-related disruptions. We conducted several sensitivity analyses, detailed in Appendix F. Chapter 3 reference information and additional tables to try and parse out these effects.

Table 17. Odds of achieving readiness scores on the KRA for First Steps children, compared to non-First Steps children (school years 2019, 2020, 2022, and 2023)

First Steps Children [A]	Odds Ratio	95% confidence Interval (Lower)	95% confidence Interval (Upper)	P-value (significance)
Approaching readiness (vs. emerging readiness)				
Children enrolling in First Steps in 2019	1.00	0.87	1.16	0.953
Children enrolling in First Steps in 2020	1.27	1.10	1.47	0.001 **
Children enrolling in First Steps in 2021	0.94	0.69	1.28	0.703
Children enrolling in First Steps in 2022	1.08	0.93	1.25	0.327
Children enrolling in First Steps in 2023	1.15	0.98	1.36	0.090
Demonstrating readiness (vs. emerging readiness)				
Children enrolling in First Steps in 2019	0.93	0.80	1.09	0.385
Children enrolling in First Steps in 2020	1.19	1.01	1.39	0.032 *
Children enrolling in First Steps in 2021	0.83	0.59	1.17	0.296
Children enrolling in First Steps in 2022	0.86	0.73	1.01	0.069
Children enrolling in First Steps in 2023	1.13	0.95	1.35	0.178

Notes. For each subsample, children who did not receive services funded by First Steps during the evaluation period were matched to those who did on age, gender, school county, school poverty level, special education classification, and socioeconomic status. The 2021 school year was excluded because COVID-19 changes to the KRA assessment made its results incomparable to other years. Odds ratios are derived from a multinomial logistic regression examining the effects of when children enrolled in First Steps on KRA scores, while controlling for child age and special education status. [A.] First Steps Children = children with enrollment data recorded in the FSDC during the evaluation period with a valid KRA score and complete demographic data reported from SCDE. * $p<0.05$, ** $p<0.01$, *** $p<0.001$

Source. First Steps Data Collection system and SCDE data (FY 2019-2023)

Limitations

Because of the complexity of analyzing administrative data and developing a comparison sample for evaluations, we provide some limitations and considerations for interpreting the findings for three of the measures: chronic absenteeism, ACIRI, and KRA scores.

Chronic absenteeism

Though the models suggest First Steps enrollment prior to COVID-19 had some protective effects that were lost following the pandemic, there are some considerations to the findings. First, we only had First Steps enrollment data during the evaluation period. It is possible that children in the non-First Steps sample benefitted from services funded by First Steps *prior to* the evaluation period but did not participate during the evaluation period. This may be especially true for programs focused on prenatal and/or infant and toddler supports. We are also limited to data reported in the FSDC system and SCDE; it is possible that children in either group received early education supports *outside of or in addition to* First Steps that are not accounted for in our modeling.

Second, we found different effects based on the timing of enrollment. This is consistent with research that children's absenteeism hit a dramatic spike post-pandemic that has not yet recovered.[li] The significance of timing suggests that COVID-related factors influenced absenteeism more than enrollment in First Steps. Indeed, sensitivity analyses detailed in in Appendix F. Chapter 3 reference information and additional tables suggest a child's kindergarten school year is a significant predictor of chronic absenteeism.

Importantly, at least one of the school years examined (SY 2019-2020) was primarily attended virtually due to the COVID-19 pandemic; the length of virtual schooling may have been longer depending on districts' localized decision making. During that same school year, many programs funded by First Steps were modified to adjust for COVID-19 restrictions. These aspects further complicate the relationship between enrollment in First Steps programming and attendance. Taken together, the challenges with school attendance from the onset of COVID-19 and beyond create a complex examination of factors leading to chronic absenteeism.

ACIRI

The significance tests suggest marked improvement in interactive reading behaviors during the time in which adult-child pairs participated in First Steps Local Partnerships; however, we cannot isolate whether this improvement happened because of their participation in the program. Among several other factors, the increase in ACIRI scores could reflect changes in comprehension as a child ages, an improvement in relations between the adult and the child, or an adult's increased understanding of techniques to help their children learn to read. We also do not have a comparison group of adult-child pairs that completed the ACIRI assessments without additional support from First Steps local partnerships. Despite marked improvements in ACIRI scores during First Steps local partnerships enrollment, cautious interpretation of causality is encouraged.

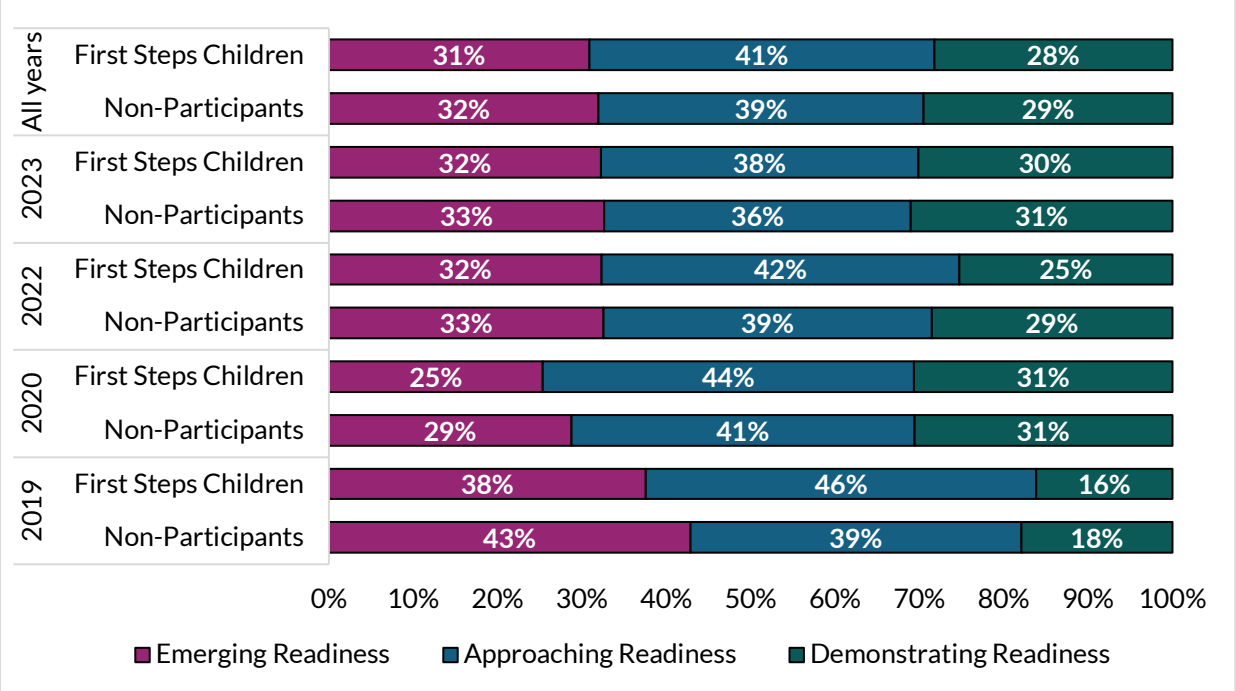
KRA

While the models suggest that First Steps enrollment in 2020 has a significant positive effect on KRA performance that faded in post-pandemic years, several factors should be considered. As with the attendance analysis, our data includes only First Steps enrollment as measured in the during the evaluation period. It is possible that children in the comparison sample benefitted from programs funded by First Steps prior to the evaluation period. We are also limited to data reported in the FSDC system and SCDE; it is possible that students received early education supports *outside of or in addition to* First Steps that are not accounted for in our modeling.

Additionally, this analysis examines differences in KRA performance between children categorized as participants and non-participants for each year of First Steps enrollment. However, factors beyond year of First Steps enrollment may also influence KRA performance patterns that could not be accounted for in these analysis. For example, during the pandemic, there were sizable state and federal investments in supports for children and their families, which could have positively impacted KRA performance for all children. During that same time, we also know programs funded by First Steps experienced pandemic-related service modifications. Thus, First Steps children entering kindergarten post-pandemic may have received different or fewer pre-enrollment supports compared to children in older cohorts.

Considering these contexts, it is worth considering larger trends in KRA performance. Statewide, despite school closures and uncertainty during the pandemic, the proportion of South Carolina children demonstrating readiness on the KRA assessment in post-pandemic years was nearly identical to pre-pandemic years.[lii] Specific to our analytic sample, the distribution of KRA scores for the First Steps and matched non-participant samples were remarkably similar in post-COVID school years (Figure 13). These factors may help contextualize the findings of non-significant differences in KRA performance between First Steps participants and non-participants in the post-COVID years.

Figure 13. Distribution of KRA scores for First Steps and non-First Steps children, reported by school year



Notes. A modified version of the KRA was administered in the 2020-2021 school year that was not suitable for comparison and thus excluded from this analysis. First Steps children are those who (1) received supports funded by First Steps during the evaluation period as recorded in the FSDC system, (2) had a valid KRA score during the evaluation period, and (3) had complete demographic information.

Non-participants are children matched to the First Steps sample using propensity score matching.
Source. First Steps Data Collection system and SCDE data (2019-2023)

Considerations when comparing with past evaluation findings

The current evaluation findings differed from the most recent evaluation of local partnerships, so we provide considerations for First Steps when comparing findings with past evaluations across two measures: chronic absenteeism and KRA scores.

Chronic absenteeism

The previous evaluation conducted a similar examination of First Steps enrollment and chronic absenteeism specific to the 2017-2018 school year.[liii] In that analysis, children receiving special education supports were matched on race (i.e., Black, White, others), gender, poverty, number of special education indicators (i.e., 1 indicator, or 2+ indications), and school district poverty. Children without special education supports were matched on race (i.e., Black, White, others), gender, and poverty; a match on school district poverty level could not be achieved for this group, so it was excluded from the matching process. Results for the non-special education subgroup were presented using both an unadjusted model and an adjusted model that included school district poverty level and its interaction with First Steps enrollment.

The current evaluation models differ in key aspects.

- **The matching process created different analytic samples across evaluations.** We added age and county as matching variables for all subgroups. Since different counties may offer distinct First Steps local partnership programs and may also vary in school- and community-based attendance supports (e.g., accessible transportation, resources to reduce housing instability, family engagement opportunities), including county as a matching factor allowed us to control for these local variations. We also included children with and without special education supports in the same model, but included their special education designation in the matching process. This allows us to see the effect for children overall while ensuring children are matched with others in the same special education classification.
- **Data were defined differently across evaluations.** Unlike the previous evaluation, which classified race into three categories (Black, White, others), the current model includes more detailed racial categories, plus a designation for Hispanic children. Also, the previous evaluation calculated chronic absenteeism for all children, regardless of enrollment length, whereas our analysis focuses on children enrolled in kindergarten for at least 90 days, capturing patterns among those with sustained engagement. The current evaluation also examines chronic absenteeism across four non-consecutive school years.

The prior evaluation found that children with special education indicators in First Steps were 42 percent less likely to be chronically absent than non-participants. For children without special education indications, participants who received services funded by First Steps were 34 percent less likely to be chronically absent, when the model *did not* account for school district poverty. However, once the model adjusted for school district poverty, group differences were no longer significant, though the interaction term was, suggesting that district poverty significantly moderated the impact of First Steps enrollment for children without special education supports.

These differences in modeling are important for contextualizing our findings. The larger sample size in the current model allowed us to add age, a more detailed racial classification, and county to improve analysis specificity, allowing for a clearer understanding of First Steps' impact across diverse demographic and geographic groups. Achieving a balanced match on school district poverty in the current model also enables

more equitable comparison, reducing the risk that differences in district resources or economic conditions obscure First Steps' effects. This is particularly relevant, given that adjusting for school district poverty in the previous evaluation eliminated significant group differences.

Especially because the current found differing effects by year of enrollment, the increased specificity of this model may help future exploration of absenteeism or treatment effects that were less detectable in the previous analysis due to broader categorizations. The current findings suggest that First Steps' impact on absenteeism may depend on contextual factors, notably poverty and COVID-19 impacts, rather than uniformly reducing absenteeism across all participants. This insight could inform targeted program improvements, suggesting that supporting high-poverty districts or subgroups with unique challenges could lead to more effective, equitable outcomes.

KRA

The previous evaluation conducted a similar examination of First Steps enrollment and KRA performance in the first year of KRA administration (2017-2018).[liv] However, there were differences in our analytic sample.

- **The current evaluation models cover a wider time range, allowing for a larger sample.** As such, we were able to incorporate additional demographic characteristics (e.g., age, county) in our matching process, offer more nuanced categories for race and ethnicity, and achieve a match on school district poverty level across all subsamples.

The prior evaluation found that First Steps children with special education services were 78 percent more likely than non-participants to score in the Demonstrating Readiness versus Emerging Readiness category. Among children without special education services, participants who received services funded by First Steps were 74 percent more likely than non-participants to score "demonstrating readiness" rather than "emerging readiness" when the model *did not* account for school district poverty. However, once the model adjusted for school district poverty, group differences were no longer significant, though the interaction term was, suggesting that district poverty significantly moderated the impact of First Steps enrollment for children without special education supports.

The increased specificity of these models may aid future exploration of KRA performance or treatment effects that were less detectable in the previous analysis due to broader categorizations. Current findings indicate that First Steps enrollment in 2020 increased the odds of approaching or demonstrating readiness, but the effect faded for children who enrolled in First Steps in post-pandemic years. These findings suggest that while First Steps enrollment may provide certain benefits, its impact on KRA readiness scores is complex and may be influenced by external factors. Future research could further investigate these contextual influences to refine support strategies, ensuring that First Steps enrollment more effectively promotes school readiness across all demographic groups.

Outcomes evaluation takeaways and recommendations

The outcomes evaluation showed that the impact of participating in First Steps has positive outcomes for the whole family. However, understanding more about the context under which child-level outcomes were measured during the evaluation period may shed light on findings.

Takeaways

- **First Steps programming improves two-generation outcomes.** Significant improvements in the quality of parenting behaviors (i.e., KIPS and HFPI) paired with significant improvements on adult-

child reading behaviors (i.e., ACIRI) indicate that First Steps programming has a significant and positive impact on the whole family. There is research to indicate that supporting families, especially parents, to receive the supports they need have long-term impacts on children's later academic outcomes[lv] Additionally, by improving parent-child relationships, families can be more engaged when children reach school, which has also been shown to improve students' academic achievement.[lvi] Thus, the improvement in two-generation relationships indicates that there may be later influences on children's academic performance over time that were not measured by this evaluation. This is evidenced by the protective effect of First Steps on children's attendance and KRA scores during the peak of the pandemic when many changes were occurring in families' lives, despite no differences between children in other, less disruptive years.

- **Other community-level factors may explain outcome changes.** In interpreting the comparisons between children who received services funded by First Steps and those who did not, the analyses revealed that non-significant findings could be explained by understanding more about the communities in which these children live. Because community-level factors were difficult to operationalize for this evaluation, we were unable to control for these factors. For example, the American Result Plan (ARP) funding provided unprecedented financial support for all young children and families (e.g., expanded child tax credit and per child stimulus funding) increased during the pandemic to buffer negative impacts.[lvii] Additionally ARP increased supports to the early childhood field (e.g., increased child care assistance and grants for child care providers and increases to the Child Care and Development Block Grant for child care subsidies).[lviii]
- **The COVID-19 pandemic influenced the reach of local partnership programming and may have influenced changes in outcomes**. The current evaluation, especially when examining the reach of programs and the number of children and families served shortly after the pandemic, showed that there were disruptions in service delivery that likely influenced changes in outcomes. Although First Steps programming pivoted well during and after the pandemic, such that participation rates were able to pick up almost to pre-pandemic levels, the study of the pandemic's long-term impacts are still unclear across research. Further caution is necessary when interpreting findings in the context of the COVID-19 pandemic. For example, when considering kindergarten attendance sensitivity analyses alongside its relevant findings, the impact of First Steps on kindergarten attendance in the context of the COVID-19 pandemic is difficult to disentangle.

Recommendations

Considering the limitations of the analysis, past evaluation findings, and the takeaways from the current evaluation, we recommend the following action steps that First Steps can consider reaching their intended outcomes through local partnerships.

Recommendations	Details
Continue to monitor outcomes for children participating in First Steps. Because the	Because the current evaluation was likely influenced by the COVID-19 pandemic, the findings should be received and interpreted with the pandemic in mind. Thus, continuing to monitor whether children and families participating in First Steps are improving across intended outcomes should be monitored post-pandemic when programming has stabilized. Not only did the pandemic impact how families engaged with local partnerships, those who work in local partnerships who families relied on may also be experiencing difficulties post-pandemic. We recommend continuing to use similar metrics as were used in past and current evaluations to understand how these outcomes change over time.

Recommendations	Details
Broaden the measures that capture the impact of local partnerships.	On the other hand, we also recommend that First Steps consider how to broaden their understanding of outcome changes. First, while improving a child's school readiness outcomes is paramount for First Steps, evaluation findings across the objectives and outcomes evaluation indicated that local partnership staff are primarily focused on supporting parents and families as a pathway to improve child outcomes. Families, likewise, appreciate this focus on a whole family support system. The outcomes evaluation findings align with these efforts, with significant improvements in parenting skills and behaviors. Research shows that increased family engagement when children are in school leads to improved students' academic achievements.[lix] Moreover, when parents have improved outcomes, their children also experience improved outcomes.[lx] Thus, while it is important to continue monitoring children's outcomes in kindergarten, First Steps may want to consider how to understand two-generational outcomes that match the priorities of local partnerships.
Work with local partnerships to identify what barriers, if any, may be impacting children's school readiness and make informed decisions about how to improve these outcomes.	As First Steps continues to explore what contributes to positive outcomes for children and families, especially due to First Steps programming, we also recommend that First Steps consider how they can partner with local partnership staff, board members, and families to inform improvement efforts. These voices can provide insight into what works well and what could be improved around supporting children's outcomes. By identifying barriers to supporting school readiness, for example, First Steps can make informed decisions about improvements to local partnership programming that could lead to improved outcomes for children.
Continue to improve data quality and systems	Through the course of the evaluation, the evaluation team made critical decisions about how to make sense of the administrative data to best evaluate the impact of First Steps. With each decision, a difference in approach could lead to changes in findings. We acknowledge that First Steps has already started the process to make data system updates, so we highlight recommendations about the data that could be implemented in system updates that could allow First Steps to better understand their impact. • **Update how identifiers are applied to families.** The current FSDC system identifies families using a combination of the participating caregiver's last name and first name (e.g., *smithjo* for John Smith). This method has limitations, especially when case name assignments are assigned manually. Instances of different families sharing the same family identifier (e.g., Johanna Smith and John Smith sharing *smithjo*) or a single family having multiple family identifiers (e.g., a *smithjo* and *smithjohn* entry for the same individual) make it difficult to accurately track families across services. • **Improve data collection and record processes.** Manual data entry can introduce errors, such as misspelled names or incorrect birthdates. Errors could result from translations from written forms to electronic records (e.g., Murray written on a form could be read and entered as Mumay), errors from the parent (e.g., writing their own date of birth instead of their child's), and/or the data collector mishearing/spelling the name (e.g., Carissa spelled as Clarissa). First Steps can consider how to digitize data collection forms, integrate data validation processes to verify data entered, or conduct routine data audits.

Recommendations	Details
	Build a data structure to track families accurately. The current dataset shows challenges with multiple children having the same birth date or families with various adult caregivers (e.g., parents, grandparents, aunts, uncles). Adding flags that catch entries that contradict one another, tracking family structure and changes over time, and considering which information should be collected at the child and/or the family level will help build a strong data structure to track families well.

Appendix A. Local Partnership Survey

Local Partnership Core Functions
For this part of the survey, we want to understand more about how local partnerships have fulfilled their core functions, which are to serve as a local portal connecting families of preschool children to community-based services they may need or desire to ensure school readiness of their children; as a community convener around the needs of preschool children and their families; and to support state-level school readiness priorities during **FY 2019-2023 (July 1, 2018-June 30, 2023)**.

1. What do you tell others that local partnerships do? *[Open ended response]*
2. We recognize that families and service providers had multiple avenues to feel supported within their community. How was your local partnership situated in your community during FY 2019-2023? *Select one.*
    a. We were the sole source for all things early childhood. Most people in the community knew of us and referred others to us.
    b. We were one of many early childhood resources in the community, and we were frequently used by those in our community.
    c. We were one of many early childhood resources in the community, but community members often relied on other services before coming to us.
    d. Although we were not there yet, we were working on becoming a frequently used source for early childhood services in our community.
    e. Not sure
3. Please rate how effective your local partnership was able to meet its core functions

From FY 2019-2023 (July 1, 2018-June 30, 2023) …	Very Effective	Somewhat effective	Not very effective	Not Sure
We served as a local portal connecting families of preschool children to community-based services they may need				
We served as a local portal connecting families of preschool children to community-based services that ensured the school readiness of children				
We served as a community convener around the needs of preschool children and their families				
We supported community-level school readiness.				
We supported state-level school readiness priorities.				

4. Is there anything else you'd like us to know about how local partnerships were able to meet their core functions to serve as a local portal connecting families of preschool children to community-based services they may need or desire to ensure school readiness of their children; as a community convener around the needs of preschool children and their families; and to support state-level school readiness?

Local Partnership Purposes
For this part of the survey, we want to understand how local partnerships were able to fulfill their legislative purposes during **FY 2019-2023 (July 1, 2018-June 30, 2023)**. The legislative purposes were to 1) develop, promote, and assist efforts of agencies, private providers, and public and private organizations and entities, at the state level and the community level; collaborate and cooperate in order to focus and intensify

services; assure the most efficient use of all available resources; and eliminate duplication of efforts to serve the needs of young children and their families.

5. If you wanted to support a new local partnership to understand how to make the most efficient use of all available resources, which strategies that you used during FY 2019-2023 were the most effective that you would want them to use? (bullets are fine). *[Open-ended response]*
6. Of these methods, which are the top three outreach methods you use to let **families** know about your local partnership? *Choose up to 3*.
    a. In-person tabling at events
    b. Information shared at frequented locations (e.g., community colleges or colleges, hospitals, or schools)
    c. Mailers and flyers sent directly to service providers
    d. Billboards or other print advertisements
    e. Social media posts
    f. Our website and search engine optimization (SEO)
    g. Word of mouth
    f. Staff visits (such as to child care programs, clinics, etc.)
    g. Other, please describe
7. Please rate how effective your local partnership was in avoiding the duplication of efforts when serving the needs of young children and families engaged in local partnerships.

From FY 2019-2023 (July 1, 2018-June 30, 2023) …	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
We were intentional about limiting the amount of paperwork that families need to complete.						
Our website was up to date and easy to find.						
Our website had clear information about how families could contact or connect with us.						
Our resources and supports were available in the languages that our families speak.						
We connected families to services in other counties when they moved.						
We made sure that families with preschool-aged children knew what they needed to do when their children were entering kindergarten.						

8. Of these methods, which are the top three outreach methods you use to let **early childhood service providers and system navigators** know about your local partnership? *Choose up to 3*.
    a. In-person tabling at events
    b. Information shared at frequented locations (e.g., community colleges or colleges, hospitals, or schools)
    c. Mailers and flyers sent directly to service providers
    d. Billboards or other print advertisements
    e. Social media posts
    f. Our website and search engine optimization (SEO)
    g. Word of mouth
    h. Staff visits (such as to child care programs, clinics, etc.)
    i. Other, please describe

9. Please rate the level to which you agree or disagree with the following statements about how you collaborate and cooperate with community-level organizations to focus and intensify services.

From FY 2019-2023 (July 1, 2018-June 30, 2023) …	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
We collaborated well with other services and organizations in our community.						
We did an effective job of providing training and technical assistance to service providers.						
We made intentional efforts to understand what service providers need.						
We offered materials or tangible resources that supported service providers to do their job well.						
We were effective at connecting service providers with one another and developing a peer network						
Other young childhood professionals (e.g., social workers, pediatricians, speech therapists) knew about us.						
Service providers reached out to us when they had concerns about a child or family in their care.						
Our local partnership and service providers felt equipped to support young children and their families to enter kindergarten.						

10. To understand more about how you develop, promote, and assist the efforts of agencies, private providers, and public and private organizations and entities at the state level, please rate the level to which you agree or disagree with the following statements

From FY 2019-2023 (July 1, 2018-June 30, 2023) …	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I understood **state-level** goals for local partnerships.					
I understand when and why changes happen at the **state** level.					
The **state** office communicates changes in a way that I understand.					
I knew how to develop, promote, and/or assist in implementing					

From FY 2019-2023 (July 1, 2018-June 30, 2023) …	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
state-level goals in my local partnership.					
I have a voice in decision-making at the **state** level.					
I know who to contact at the state office when I have questions or concerns.					
I feel supported by the staff at the state office.					
I understood **community-level** goals for local partnerships, as outlined in our FY19-20 and FY21-23 Comprehensive Plans					
I felt equipped to implement programs to meet the goals in my FY19-20 and FY21-23 Comprehensive Plans					

Local Partnership Goals

Finally, we want to know more about your perceptions of the outcomes that result from the work you do in your local partnership.

11. Please rate the level to which you agree or disagree with the following statements.

From FY 2019-2023 (July 1, 2018-June 30, 2023) …	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Our local partnership made **families in our community** feel supported and equipped to promote the optimal development of their preschool children.					
Our local partnership provided **families in our community** with access to the support that strengthened their families.					
When **families in our community** exited services, they were more prepared to support their children than when they entered.					
We provided or referred to services so all **children** received protection, nutrition, and health care they needed to arrive at school ready to succeed.					
When **children** completed services, they were more prepared for kindergarten than when they entered.					
We supported **young children with special developmental needs** to be successful when they enter school.					
Our **program offerings** promoted high-quality services that provided a healthy environment for children's growth and development.					

From FY 2019-2023 (July 1, 2018-June 30, 2023) …	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Our **program offerings** included diverse programs that met the needs of families in our community.					
Our **program offerings** included a comprehensive set of programs that reduced risk for major physical, developmental, and learning problems.					

Closing

12. Is there anything you'd like to share that we haven't captured in this survey about how your local partnership was able to meet its legislative goals during FY 2019-2023? *[Open-ended response]*

Board Member Participation (only for Board Members)

1. Were you a board member during the evaluation period (FY 2019-2023 or July 1, 2018-June 30, 2023)? Yes/No
2. What do you tell others that local partnerships do? *[Open ended response]*
3. Which of the following activities did your board play in the functioning of local partnerships?
    a. Strategic visioning and planning for the local partnership
    b. Regular meetings as a Board
    c. Regular meetings with the Executive Director
    d. Regular meetings with Local Partnership staff
    e. Fundraising for Local Partnerships
    f. Partnership-building for Local Partnerships
    g. Financial and spending decisions for the Local Partnerships
    h. HR or staff well-being topics
4. What, if any, other roles did the Board play during the FY 2019-2023 time period?
5. Please rate the level to which you agree or disagree with the following statements.

From FY 2019-2023 (July 1, 2018-June 30, 2023) …	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
I felt adequately informed about the role and work of the local partnership in the community						
I knew what was expected of me as a Board member						
I was adequately informed in order to take action asked of me as a Board member.						
I felt adequately informed of forthcoming state-level changes that would affect our Local Partnership.						
I knew how state-level changes affected our Local Partnership						
We were able to strategically plan initiatives with state-level changes in mind						

From FY 2019-2023 (July 1, 2018-June 30, 2023) …	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
All board members understood what the overarching goals were for our Local Partnership						

6. What do you see as the role of the Board in ensuring the Local Partnerships meet their goals? [open-ended]

Appendix B. Local Partnership Focus Group Protocol

1. Walk us through what a family experiences when they want to get connected to services for their young children in your county.
2. Walk us through how you build strong and trusting relationships with service providers and other early childhood stakeholders in your community.
    a. How do you recruit and engage new board members?
3. What opportunities do you see for your local partnership that would enable you to do your work better?
    a. What opportunities do you see for the state office to support that work?
4. How are local partnerships are able to or unable to adequately address the needs of families in your community with the current program offerings available?
5. The primary outcomes First Steps aims to achieve for young children are: young children are healthy and safe; are actively supported by their families and communities; and that they are ready to reach their highest potential when they enter school. Can you share some stories of how local partnership(s) have been able to achieve this? What about your work has led to this?
    a. How did this look during the pandemic? What was adjusted?

Appendix C. Local Partnership Family Interview Protocol

1. How did you get connected to First Steps Local Partnerships? What services or programs did you participate in with Local Partnerships?
2. How, if at all, did your participation with local partnerships allow you to keep your children healthy and safe?
3. How, if at all, did your participation with local partnerships allow you to actively support your children?
4. (if graduated) How, if at all, did your participation with local partnerships allow you to get your child ready for school or to attend regularly?
    a. (If still in services) How, if at all, is participating in local partnerships programs getting your child ready for school?
5. What were you able to do when children entered school that you were not able to do without local partnerships?
    a. What challenges were or were not alleviated due to local partnerships and how?

Appendix D. Chapter 1 Additional Tables

The following tables provide more detailed information for the information presented in Chapter 1.

Table D.1. Role of local partnerships in the community

	N	Percent
Sole Source with most people knowing of the local partnership and referring to them	14	10%
One of many resources and frequently used	97	70%
One of many resources and less commonly/rarely used	13	9%
Currently working on becoming a frequently used resource	2	1%
Unsure	13	9%

Source: Child Trends Local Partnership Survey (2024)

Table D.2. Outreach methods for families and services providers

	Families		Service Providers	
	N	Percent	N	Percent
In-person tabling at events	88	32%	78	28%
Information shared at clinics/hospitals/schools/or social service offices	42	15%	47	17%
Mailers and flyers	26	9%	24	9%
Print advertisements	9	3%	9	3%
Social media	69	25%	65	24%
Online resources (local partnership website and search engine optimization)	20	7%	24	9%
Communications	71	26%	52	19%
Staff visits to child care programs	44	16%	51	18%
Other	2	1%	6	2%

Source: Child Trends Local Partnership Survey (2024)

Table D.3. Avoiding duplication of efforts for families

	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree	
	N	%	N	%	N	%	N	%	N	%
Limiting paperwork for families	4	3%	12	10%	33	27%	50	41%	21	17%
Updated and accessible website with accurate contact information	2	2%	1	1%	17	14%	70	57%	30	25%
Contact Information available on website	2	2%	1	1%	12	10%	68	56%	37	30%
Resources and supports in families' preferred languages	3	2%	5	4%	17	14%	63	52%	34	28%
Connecting families to services in other counties when they moved	1	1%	5	4%	22	18%	67	55%	27	22%
Supporting families with children transitioning to kindergarten	1	1%	2	2%	9	7%	63	52%	46	38%

Source: Child Trends Local Partnership Survey (2024)

Table D.4. Collaboration and cooperation efforts with community-level organizations

	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree		Not Applicable	
	N	%	N	%	N	%	N	%	N	%	N	%
We collaborated well with other services and organizations in our community	1	1%	0	0%	3	3%	44	37%	72	60%	0	0%
We provided training and technical assistance to service providers effectively	1	1%	2	2%	14	12%	45	38%	54	45%	4	3%
We made intentional efforts to understand what services providers needed	1	1%	0	0%	7	6%	53	44%	54	45%	2	2%
We offered material/tangible resources that supported service providers in their jobs	2	2%	0	0%	9	8%	45	38%	60	50%	3	3%
We effectively helped service providers connect and form a peer network	1	1%	4	3%	15	13%	47	39%	49	41%	3	3%
Other early childhood professionals know about us	1	1%	4	3%	12	10%	63	53%	40	33%	0	0%
Service providers reach out to us when they have concerns about a child or a family	1	1%	1	1%	10	8%	69	58%	38	32%	1	1%
Our local partnership and service providers felt equipped to support young children and their families to enter kindergarten	1	1%	3	3%	11	9%	57	48%	48	40%	0	0%

Source: Child Trends Local Partnership Survey (2024)

Table D.5. Development, promotion, and assistance of the efforts of state-level entities

	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree	
	N	%	N	%	N	%	N	%	N	%
I understood state level goals for Local partnerships	2	2%	3	3%	21	18%	68	57%	26	22%
I understand when and why state-level changes happen	6	5%	18	15%	38	32%	47	39%	10	8%
State office communicates changes in an accessible and clear manner	4	3%	16	13%	38	32%	52	43%	9	8%
I knew how to develop, promote, and/or assist in implementing state-level goals in my local partnership	3	3%	5	4%	29	24%	68	57%	14	12%
I have a voice in state-level decision making	18	15%	26	22%	43	36%	28	23%	5	4%
I have information about contact persons at the state office when I need	5	4%	12	10%	21	18%	63	53%	19	16%
I feel supported by the state office staff	6	5%	7	6%	31	26%	60	50%	15	13%
I understand community-level goals for Local partnerships, outlined in our FY19-20 and FY21-23 Comprehensive Plans	1	1%	6	5%	18	15%	69	58%	26	22%
I felt equipped to implement programs to meet the goals in my FY19-20 and FY21-23 Comprehensive Plans	1	1%	9	8%	22	18%	63	53%	23	19%

Source: Child Trends Local Partnership Survey (2024)

Table D.6. Perception of local partnership goals and outcomes

	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree	
	N	%	N	%	N	%	N	%	N	%
Our program offerings made families feel supported and equipped in supporting their children	2	1%	1	0%	4	2%	123	51%	108	45%
Our local partnerships provided families in our community with access to the support that strengthened their families	3	1%	1	0%	7	3%	109	45%	114	48%
When parents exited services, they felt more prepared to support their children than when they entered	3	1%	3	1%	11	5%	117	49%	103	43%
We provided or referred to health related services to help prepare children succeed in school	4	2%	2	1%	19	8%	118	49%	94	39%
When children completed services, they felt more prepared for kindergarten than when they entered	3	1%	1	0%	16	7%	111	46%	107	45%
Our program supports young children with special development needs to succeed in school	4	2%	2	1%	34	14%	118	49%	80	33%
Our program offerings promoted high-quality services that provided a healthy environment for children's growth and development	3	1%	1	0%	5	2%	115	48%	116	48%
Our catalog included diverse programs to meet families' needs	3	1%	2	1%	14	6%	120	50%	101	42%
Our program offers a comprehensive set of programs that reduced risk for major physical, developmental, and learning problems	3	1%	7	3%	21	9%	119	50%	83	35%

Source: Child Trends Local Partnership Survey (2024)

Table D.7. Perception of local partnership core functions

	Not very effective		Somewhat effective		Very effective		Unsure	
	N	%	N	%	N	%	N	%
We served as a local portal connecting families of preschool children to community services they may need	1	1%	16	12%	117	85%	4	3%
We served as a local portal connecting families of preschool children to community-based services that ensured children's school readiness	1	1%	22	16%	112	81%	3	2%
We served as a community convener around the needs of preschool children and their families	0	0%	29	21%	104	75%	5	4%
We support community-level school readiness	0	0%	22	16%	113	82%	2	1%
We support state-level school readiness priorities	0	0%	28	20%	101	73%	9	7%

Source: Child Trends Local Partnership Survey (2024)

Table D.8. Which of the following activities did your board play in the functioning of local partnerships?

	N	Percent
Strategic visioning and planning for the local partnership	98	75%
Regular meetings as a Board	120	92%
Regular meetings with the Executive Director	91	70%
Regular meetings with local partnership staff	62	48%
Fundraising for local partnership	55	42%
Partnership building for local partnership	60	46%
Financial and spending decision for the local partnership	86	66%

Source: Child Trends Local Partnership Survey (2024)

Table D.9. Board members' job-related knowledge and perceptions

	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree		Not Applicable	
	N	%	N	%	N	%	N	%	N	%	N	%
I feel adequately informed about the role and work of local partnership in the community	2	2%	3	2%	4	3%	43	32%	77	58%	4	3%
I knew what was expected of me as a Board Member	2	2%	4	3%	9	7%	50	38%	64	48%	4	3%
I was adequately informed in order to take action asked of me as a Board Member	2	2%	3	2%	10	8%	44	33%	68	51%	5	4%
I felt adequately informed of forthcoming state-level changes that would affect our local partnership	2	2%	5	4%	11	8%	55	41%	56	42%	3	2%
I knew how state-level changes would affect our local partnership	2	2%	6	5%	20	15%	47	35%	55	41%	3	2%
We were able to strategically plan initiatives with state-level changes in mind	3	2%	6	5%	21	16%	49	37%	48	36%	4	3%
All board members were working toward the same overarching goals for our local partnership	2	2%	6	5%	14	11%	49	37%	58	44%	4	3%

Source: Child Trends Local Partnership Survey (2024)

Appendix E. Chapter 2 Additional Tables

Table E.1. Programs outlined in First Steps Program and Operational Guidelines, reported by availability in each fiscal year of the evaluation.

Program	FY19	FY20	FY21	FY22	FY23	Total
Health						
Nurse Family Partnership	X	X	X	X	X	5
Reach out and Read	~	X	X	X	X	4
HealthySteps					X	1
Family Connects					X	1
Parenting						
Parents as Teachers	X	X	X	X	X	5
Parent Child +	X	X	X	X	X	5
Healthy Families America		X	X	X	X	4
Family Literacy Model	X	X	X	X	X	5
Dolly Parton Imagination Library	X	X	X	X	X	5
Early Steps to School Success	X	X	X	X	X	5
Incredible Years	~	X	X	X	X	4
Raising a Reader			X	X	X	3
Raising a Reader Enhanced	X	X	X	X	X	5
Strengthening Families (Preschool 3-5)				X	X	2
Positive Parenting Program (Triple P) Multi-Level (Levels 1, 2, and 3)			X	X	X	3
Positive Parenting Program (Triple P) Level 4	X	X	X	X	X	5
Nurturing Parenting	X	X	X	X	X	5
LENA Home (Language Environment Analysis Home-based)	X	X	X	X	X	5
Home Instruction for Parents of Preschool Youngsters (HIPPY)				X	X	2
Supporting Care Providers Through Visits					X	1
LENA Start (Language Environment Analysis - Group Based					X	1
Ready4K!				X	X	2
Attachment and Biobehavioral Catch-Up - Infant					X	1

Note: ~ Offered in FY 2019 but not annotated in guidelines
Source: South Carolina First Steps Program and Operation Guidelines (FY 2019-2023)

Appendix F. Chapter 3 Reference Information and Additional Tables

Available outcomes to analyze

The intended outcomes to analyze for the outcomes evaluation included a host of variables across data sources (see Table F.1). Bolded measures were included in the analysis. However, because we received administrative data seven weeks before the legislative deadline for the report, we were only able to analyze data from the First Steps Data Collection system and the South Carolina Department of Education (SCDE). With additional time and as negotiated with First Steps, additional analysis of other outcomes could be analyzed

Table F.1. Relevant measures intended to be analyzed by outcome

South Carolina's youngest children are…	Evaluation Outcomes and Data Source
…healthy and safe	• **Keys to Interactive Parenting (First Steps Data Collection, FY 2019-2021)** • **Healthy Families Parenting Index (First Steps Data Collection, FY 2021-2023)** • Participation in Child and Adult Protective Services (Department of Social Services) • Completion of well-child visits on schedule (Medicaid)
…actively supported by their families and communities.	• **Chronic absenteeism (South Carolina Department of Education)** • Participation in foster care (Department of Social Services)
…arriving at school ready to reach their highest potential.	• **Adult-Child Interactive Reading Inventory (First Steps Data Collection)** • **Kindergarten Readiness Assessment (South Carolina Department of Education)**

First Steps Data Collection (FSDC)

How identifiers are created

Upon enrollment in a First Steps program, a service provider or a local partnership's administrative staff manually assigns each family an identifier, typically a combination of the last name and first name of the enrolling adult. Family-level demographics like contact information, household income, household size, and family-level risk factors are also ascribed to this family identifier. For each fiscal year or new service enrollment, the family identifier and its associated demographic information are re-entered into the system, either by copying the previous year's record or manually reentering the data.

Significant family changes – such as divorce, income changes, or enrollment in social services – may prompt a data collector to update information assigned to the family identifier within a fiscal year. Ideally, families receive an identifier with information that is intended to be updated every year of service, but the frequency of updates may vary depending on the data collector, family circumstances, and/or uptake of services. For example, when John Smith enrolled his family in a First Steps program in 2019, his family's information was

collected under the assigned family identifier of *smithjo*. For each subsequent year John Smith enrolled his family in services and/or experienced changes in family circumstances, this information was saved as a new family-level record in the system.

In addition to family-level records, the FSDC also records individual family members as client entries. Each client record includes specific demographic information (e.g., name, date of birth, race, and ethnicity), the family identifier, a record of whether the individual is a client receiving services or a family member not receiving services, and an identifier as to whether the individual is a child or an adult. For each fiscal year and program enrollment, a new client record is created. For example, John Smith's daughter Jamie received services from Parents as Teachers and Family Café in 2019, and she also received a child care scholarship in 2020. These services generated two client-level entries for Jamie in 2019 (one for Parents as Teachers and one for Family Café) and one entry for 2020 (for the child care scholarship), all connected to her family identifier. Other family members will have similar client entries associated with their information, also connected to the family identifier.

Additional tables in the FSDC system store assessment results from First Steps programming and records of service visits through home visiting programs. For these records, individuals' names, their family identifier, and the date of the assessment are recorded alongside relevant scores. There are also records detailing services received by child care and early education providers, though these were not the focus of this evaluation.

How data were cleaned for analysis

The FSDC system is structured such that family information is collected for each year of service and can be tied to individual family members who have information collected for each point of service. While this creates opportunities for both family- and individual-level data, there are some complications with the data collection method.

Family identifiers in the FSDC system are manually assigned, character-based entries that are not unique enough to singularly identify families. Because different staff across the state assign these identifiers, the same family may be given multiple identifiers, or different families may share the same identifier. For example, John Smith's identifier, *smithjo* could be assigned to unrelated families with similar names, like Joanna, Joaquin, or Josh Smith. A staff member who may be aware of the potential duplication could choose to create a more unique identifier like *johndavidsmith*, but future staff members may not be familiar with that alternative naming process and assign a different or alternative identifier in their interaction with the family. It may also be the case that John's partner David enrolled their children in service one year, so the family was assigned both the family identifier *smithjo* and *smithda*. The practice of manually generating non-unique identifiers results in multiple families having the same family identifier as well as some families having multiple family identifiers.

Data entry in the FSDC system is almost always transcribed from a paper form by direct services providers or administrative staff members. This can create issues in the data quality (e.g., parents writing their own date of birth down instead of their child's) as well as data transcription. Several minor inconsistencies in spelling that were corrected in later years but report as unique cases. For example, John Smith was erroneously entered as Jon Smith at one service point. As the FSDC does not have any unique identifier for individuals, it appears in the system that two unique individuals – John and Jon – received services with the *smithjo* family (a non-unique id to which multiple families across multiple families were assigned). It could also be that the misspelling of John's name created two family identifiers for his family – a *smithjohn* and a *smithjon*.

To improve data accuracy, we resolved inconsistencies by creating unique identifiers for individuals and families. We compiled every unique combination of family identifier, client name, and date of birth occurring in our years of interest (n=33,358) and used fuzzy matching in Stata to group similar entries. This process allowed us to group together instances where minor spelling errors, inconsistent inclusion of middle initials,

and date of birth inconsistencies created "unique" client entries in the data system despite reflecting duplicate cases. For example, the matching process identified instances where John Smith and Jon Smith from the same family and the same date of birth were likely the same person. It also flagged cases with minor variations in family identifier (smithjon vs. smithjohn) or slightly different dates of birth (January 1, 1980 vs. January 11, 1980) made an individual appear as multiple unique cases. When cases were similar enough, we made sure they had matching family identifiers and matching individual identifiers. As a result, we had a sample of unique individuals that excluded duplicates occurring from minor errors in data entry (n=32,141).

While fuzzy matching helped identify duplicate individuals in the system, there were still cases where family identifiers were ascribed to multiple families. To identify these instances, we created a running count of how many local partnerships each family identifier appeared. If a family name, like *smithjo*, appeared in three or more counties (n=47 family identifiers across 409 client entries), we manually examined the cases and ascribed new, unique family identifiers to differentiate the families. We used the threshold of three to account for the fact that families may move across local partnership boundaries. The additional work to manually identify cases in which family identifiers were present in two counties was also too burdensome to eliminate all instances of duplicate family identifiers.

Finally, we examined dates of birth in connection with services received. We found several cases where an individual was identified as being a child but were born prior to the year 2000 (making them 18 years of old at the age of the study); likewise, there were cases where an adult was identified as being born as recent as 2022. When the date of birth appeared to be an explicit error (i.e., it was identical between parents and child(ren)'s dates of birth, there was a corrected entry for the same individual, or the date was entirely implausible, like 1901), we either corrected the date of birth or set it to missing.

We learned from First Steps state staff that the field identifying whether an individual was a client receiving services or a family member not receiving services was not always accurately recorded. First Steps provided a list of dates for which enrollment in 4K and kindergarten programs was plausible. For example, to receive 4K services in fiscal year 2019, the child needed to have a date of birth between September 2013 and September 2014. Children enrolled in those programs outside the plausible dates of birth were re-coded as *not* receiving such services. We used this information to revise the client identifier included in the data set.

As a result of these cleaning efforts, we:

1. Consolidated records where data inconsistencies caused individuals to appear as multiple unique clients.
2. Resolved instances where an individual received multiple family identifiers as well as instances where a family identifier was ascribed to multiple families across local partnerships.
3. Addressed implausible dates of birth to confirm accurate client identification.

While these techniques improved data accuracy, some uncertainty remains. Fuzzy matching may have incorrectly combined records, particularly for common names or entries with missing data. Instances in which a child was enrolled with multiple family identifiers, either from the result of data inconsistencies or being connected to adults with differing last names, were also complicated to process. Records ascribed to unborn children – most often named "Baby" without a date of birth listed – were difficult to match with a later child record. The complexity of multiple identifiers and the high volume of client entries (over 33,000) made manual review of every case impractical. Therefore, different data cleaning approaches could result in varying estimates of First Steps' reach.

KIPS sensitivity analysis

Our KIPS analysis examined changes in mean scores over time by unique dyad. This construction resulted in unique children being included in multiple dyads (e.g., a child taking a test with their mother and grandmother) and unique adults being included in multiple dyads (e.g., a mother taking an assessment with

each of her three children). We were cautious that overrepresentation of these individuals in the means comparisons may affect our results. To test the sensitivity of our analyses, we conducted mean comparisons in which (1) each child was represented only once and (2) each adult was represented only once. We opted for this sensitivity test rather than engaging in cross-nested multilevel modeling to aid in interpretation.

In the original sample, four children completed assessments with two adults. We randomly selected one adult-child dyad per child, resulting in 1,677 unique dyads in which a child was connected to only one adult. The increase in mean scores remained significant for both children and adults, with effect sizes identical to our prior analysis. This suggests that including children in multiple dyads did not significantly affect the results.

Repeated adult participation was more common, with 77 adults being represented in two separate dyads and 9 adults being represented in three separate dyads. We randomly selected one adult-child dyad for each of these adults, resulting in a sample of 1,598 unique adult-child dyads in which each adult was connected to only one child. Across all timepoints and components, the increase in mean scores remained significant for both children and adults. There were minor changes in the effect size for the 0–3-month time period (reducing from a medium [d=0.50] to small [d=0.49]), but as a whole, we observed nearly identical effects between our full analysis sample and this slightly reduced sample. This testing suggests including adults in multiple dyads did not substantially influence the means testing.

ACIRI sensitivity analysis

As we focused our ACIRI analyses on examining how individual adult-child dyads transformed their interactive reading behaviors, we examined changes in mean ACIRI scores over time by unique dyad. This construction resulted in unique children being included in multiple dyads (e.g., a child taking a test with their mother and grandmother) and unique adults being included in multiple dyads (e.g., a mother taking an assessment with each of her three children). We were cautious that overrepresentation of these individuals in the means comparisons may affect our results. To test the sensitivity of our analyses, we conducted mean comparisons in which (1) each child was represented only once and (2) each adult was represented only once. We opted for this sensitivity test rather than engaging in cross-nested multilevel modeling to aid in interpretation.

In the original sample, five children completed assessments with two adults. To test the sensitivity of our analyses, we conducted mean comparisons in which (1) each child was represented only once and (2) each adult was represented only once. We randomly selected one adult-child dyad per child, resulting in 1,421 unique dyads in which a child was connected to only one adult. The increase in mean scores remained significant for both children and adults, with effect sizes identical to our prior analysis. This suggests that including children in multiple dyads did not alter the results.

Repeated adult participation was more common, with 82 adults being represented in two separate dyads and six adults being represented in three separate dyads. We randomly selected one adult-child dyad for each of these adults, resulting in a sample of 1,332 unique adult-child dyads in which each adult was connected to only one child. Across all timepoints and components, the increase in mean scores remained significant for both children and adults. There were minor changes in the effect size for specific time periods, but as a whole, we observed nearly identical effects between our full analysis sample and this slightly reduced sample. This testing suggests including adults in multiple dyads did not influence the means testing.

Table F.2 presents the correlations between child and adult ACIRI scores for each component: enhancing attention to text (EAT), promoting interactive reading and supporting comprehension (PIRSC), and using literacy strategies (ULS), as well as overall scores. Each cell displays the correlation between adult and child scores at the first test (T1) on the first line, and at the last test (T2) on the second line. We examined these correlations to assess the relationship between adult and child scores on the same components. The correlations were relatively high, indicating that the observed interactive reading behaviors occur on both

sides of the interaction. The correlations between adult and child scores were also relatively consistent from T1 to T2, suggesting the relationship between the adult and child behaviors remained stable over time.

Table F.2. Correlation between adult and child ACIRI scores at T1 and T2

	Child Components			
Adult Components	**Child EAT score**	**Child PIRSC score**	**Child ULS scores**	**Child ACIRI score**
Adult EAT score	T1: 0.76*** T2: 0.70***			
Adult PIRSC score		T1: 0.75*** T2: 0.77***		
Adult ULS score			T1: 0.78*** T2: 0.86***	
Adult ACIRI score				T1: 0.82*** T2: 0.83***

Note. All correlations were significant at *** $p<0.001$
Source. First Steps Data Collection system (FY 2019-2023)

Tables F.3-F.5 report the change in ACIRI behaviors for adults and children for each component: enhancing attention to text (EAT), promoting interactive reading and supporting comprehension (PIRSC), and using literacy strategies (ULS). As noted in the preceding report, a higher score indicates a higher frequency of interactive literacy behaviors in a shared reading session between an adult and a child.

Regardless of the amount of time between tests, both adults and children showed significant improvement in their EAT (Table F.3), PIRSC (Table F.4), and ULS (Table F.5) scores during their time in First Steps Local Partnership programming. While participants experienced significant improvement ($p<0.01$) across all components, effect sizes were smaller for EAT compared to PIRSC and ULS. To address potential over-identification of significant results due to multiple comparisons, we applied a Bonferroni correction with a corrected alpha of .005 ($p<.05/10$ comparisons within each age group and component).

The consistent significant improvements across different time points and components suggest a lasting positive boost in interactive reading behaviors. However, as previously discussed, these significant comparisons do not prove causation. We cannot determine whether these improvements are directly linked to participation in First Steps Local Partnership programming, other influencing factors (e.g., child's enrollment in school, increase in parental knowledge), or a combination of both.

Table F.3. Differences in ACIRI EAT component scores, FY 2018-2023

		Adult score				Child score			
Time between first and last assessment	**Adult-child pairs (% of sample)**	**T1 avg. score (SD)**	**T2 avg. score (SD)**	**Avg. difference (SD)**	**Cohen's *d* *Effect size***	**T1 avg. score (SD)**	**T2 avg. score (SD)**	**Avg. difference (SD)**	**Cohen's *d* *Effect size***
0-3 months	111 (7.78%)	2.27 (0.56)	2.49 (0.53)	0.23 (0.5) ±	0.45 *Small to medium*	1.95 (0.69)	2.27 (0.56)	0.32 (0.61) ±	0.51 *Medium to large*
4-6 months	404 (28.33%)	2.31 (0.56)	2.56 (0.45)	0.24 (0.56) ±	0.44 *Small to medium*	2.11 (0.67)	2.40 (0.59)	0.28 (0.59) ±	0.48 *Small to medium*
7-9 months	197 (13.81%)	2.44 (0.56)	2.62 (0.46)	0.18 (0.52) ±	0.35 *Small to medium*	2.26 (0.62)	2.45 (0.55)	0.20 (0.61) ±	0.33 *Small to medium*
10-12 months	109 (7.64%)	2.43 (0.59)	2.63 (0.48)	0.2 (0.52) ±	0.39 *Small to medium*	2.28 (0.65)	2.53 (0.53)	0.25 (0.59) ±	0.42 *Small to medium*
13-15 months	100 (7.01%)	2.36 (0.63)	2.61 (0.51)	0.26 (0.68) ±	0.37 *Small to medium*	2.15 (0.65)	2.42 (0.64)	0.27 (0.77) ±	0.35 *Small to medium*
16-18 months	174 (12.2%)	2.40 (0.63)	2.70 (0.43)	0.30 (0.66) ±	0.45 *Small to medium*	2.25 (0.69)	2.59 (0.53)	0.34 (0.75) ±	0.45 *Small to medium*
19-21 months	97 (6.8%)	2.39 (0.51)	2.60 (0.50)	0.21 (0.70) ±	0.30 *Small to medium*	2.24 (0.56)	2.50 (0.61)	0.26 (0.81) ±	0.32 *Small to medium*
22-24 months	48 (3.37%)	2.47 (0.53)	2.76 (0.38)	0.29 (0.53) ±	0.55 *Medium to large*	2.19 (0.72)	2.71 (0.41)	0.52 (0.75) ±	0.69 *Medium to large*
>24 months	186 (13.04%)	2.34 (0.60)	2.72 (0.40)	0.39 (0.68) ±	0.56 *Medium to large*	2.08 (0.67)	2.60 (0.49)	0.53 (0.73) ±	0.72 *Medium to large*
Any time between FY18-23	1,426 (100%)	2.36 (0.58)	2.62 (0.46)	0.26 (0.60) ±	0.43 *Small to medium*	2.16 (0.66)	2.47 (0.57)	0.32 (0.68) ±	0.47 *Small to medium*

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

Table F.4. Differences in ACIRI PIRSC component scores, FY 2018-2023

		Adult score				Child score			
Time between first and last assessment	**Adult-child pairs (% of sample)**	**T1 avg. score (SD)**	**T2 avg. score (SD)**	**Avg. difference (SD)**	**Cohen's d *Effect size***	**T1 avg. score (SD)**	**T2 avg. score (SD)**	**Avg. difference (SD)**	**Cohen's d *Effect size***
0-3 months	111 (7.78%)	1.88 (0.69)	2.14 (0.63)	0.26 (0.62) ±	0.42 *Small to medium*	1.49 (0.75)	1.80 (0.73)	0.31 (0.65) ±	0.47 *Small to medium*
4-6 months	404 (28.33%)	1.88 (0.68)	2.20 (0.63)	0.33 (0.62) ±	0.52 *Medium to large*	1.57 (0.78)	1.89 (0.75)	0.32 (0.69) ±	0.46 *Small to medium*
7-9 months	197 (13.81%)	1.89 (0.70)	2.13 (0.62)	0.24 (0.72) ±	0.33 *Small to medium*	1.58 (0.76)	1.92 (0.77)	0.34 (0.74) ±	0.46 *Small to medium*
10-12 months	109 (7.64%)	1.89 (0.70)	2.26 (0.65)	0.37 (0.66) ±	0.55 *Medium to large*	1.58 (0.71)	1.95 (0.73)	0.37 (0.66) ±	0.56 *Medium to large*
13-15 months	100 (7.01%)	1.82 (0.71)	2.22 (0.68)	0.41 (0.67) ±	0.61 *Medium to large*	1.52 (0.78)	1.95 (0.76)	0.44 (0.67) ±	0.65 *Medium to large*
16-18 months	174 (12.2%)	1.89 (0.70)	2.37 (0.63)	0.49 (0.77) ±	0.63 *Medium to large*	1.53 (0.78)	2.20 (0.72)	0.67 (0.86) ±	0.78 *Medium to large*
19-21 months	97 (6.8%)	1.96 (0.72)	2.30 (0.7)	0.34 (0.91) ±	0.38 *Small to medium*	1.54 (0.83)	2.14 (0.77)	0.6 (0.97) ±	0.62 *Medium to large*
22-24 months	48 (3.37%)	1.99 (0.69)	2.47 (0.54)	0.48 (0.63) ±	0.77 *Medium to large*	1.66 (0.72)	2.36 (0.56)	0.70 (0.70) ±	1.00 *Large*
>24 months	186 (13.04%)	1.84 (0.73)	2.42 (0.61)	0.58 (0.83) ±	0.70 *Medium to large*	1.44 (0.81)	2.19 (0.74)	0.75 (0.91) ±	0.82 *Large*
Any time between FY18-23	1426 (100%)	1.88 (0.70)	2.26 (0.64)	0.38 (0.72) ±	0.52 *Medium to large*	1.54 (0.77)	2.01 (0.76)	0.46 (0.78) ±	0.59 *Medium to large*

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

Table F.5. Differences in ACIRI ULS component scores, FY 2018-2023

		Adult score				Child score			
Time between first and last assessment	**Adult-child pairs (% of sample)**	**T1 avg. score (SD)**	**T2 avg. score (SD)**	**Avg. difference (SD)**	**Cohen's *d* *Effect size***	**T1 avg. score (SD)**	**T2 avg. score (SD)**	**Avg. difference (SD)**	**Cohen's *d* *Effect size***
0-3 months	111 (7.78%)	1.44 (0.74)	1.8 (0.76)	0.36 (0.67) ±	0.54 *Medium to large*	1.15 (0.77)	1.56 (0.82)	0.41 (0.73) ±	0.56 *Medium*
4-6 months	404 (28.33%)	1.50 (0.81)	1.92 (0.78)	0.42 (0.69) ±	0.61 *Medium to large*	1.32 (0.85)	1.73 (0.84)	0.40 (0.69) ±	0.58 *Medium to large*
7-9 months	197 (13.81%)	1.57 (0.77)	1.87 (0.77)	0.3 (0.77) ±	0.39 *Small to medium*	1.35 (0.8)	1.70 (0.85)	0.35 (0.8) ±	0.44 *Small to medium*
10-12 months	109 (7.64%)	1.500 (0.81)	1.93 (0.78)	0.43 (0.7) ±	0.62 *Medium to large*	1.26 (0.82)	1.87 (0.86)	0.62 (0.79) ±	0.79 *Medium to large*
13-15 months	100 (7.01%)	1.48 (0.82)	2.06 (0.8)	0.58 (0.79) ±	0.73 *Medium to large*	1.22 (0.82)	1.83 (0.83)	0.61 (0.74) ±	0.82 *Large*
16-18 months	174 (12.2%)	1.51 (0.76)	2.12 (0.76)	0.61 (0.85) ±	0.72 *Medium to large*	1.24 (0.84)	2.05 (0.82)	0.82 (0.93) ±	0.88 *Large*
19-21 months	97 (6.8%)	1.58 (0.74)	1.97 (0.81)	0.39 (0.94) ±	0.42 *Small to medium*	1.34 (0.76)	2.02 (0.91)	0.68 (1) ±	0.68 *Medium to large*
22-24 months	48 (3.37%)	1.67 (0.77)	2.23 (0.69)	0.56 (0.86) ±	0.65 *Medium to large*	1.53 (0.88)	2.23 (0.69)	0.71 (0.95) ±	0.74 *Medium to large*
>24 months	186 (13.04%)	1.50 (0.78)	2.19 (0.78)	0.69 (0.93) ±	0.74 *Medium to large*	1.19 (0.79)	2.10 (0.82)	0.91 (0.9) ±	1.01 *Large*
Any time between FY 2018-2023	1426 (100%)	1.51 (0.78)	1.99 (0.78)	0.47 (0.8) ±	0.59 *Medium to large*	1.28 (0.82)	1.85 (0.85)	0.57 (0.84) ±	0.69 *Medium to large*

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

South Carolina Department of Education (SCDE) data

Data records request

To examine the relationship between receipt of First Steps local partnership supports and kindergarten performance (i.e., KRA score and kindergarten attendance), we partnered with RFA to create a combined dataset from FSDC and SCDE records. From the FSDC system, we identified children born between July 1, 2013, and June 30, 2023, who participated in a First Steps program (as identified in the FSDC system) during the evaluation period. RFA verified the sample of children who received services funded by First Steps and paired each participant with two non-participants based on age, gender, county, and socioeconomic status. Verifying the First Steps children and pairing them with two non-First Steps children produced a dataset of nearly 25,000 child records.

Next, because our analyses were concerned with kindergarten performance, we narrowed the sample to include children who enrolled in SCDE kindergarten during the evaluation period. This process excluded three subgroups of children who we initially identified as having received supports funded by First Steps: (1) children who had not yet enrolled in kindergarten, (2) children who enrolled in kindergarten outside South Carolina public schools (i.e., private schools, home schooling, or moving out of state) and therefore had no valid SCDE data, and (3) children with incomplete matches due to data inconsistencies between data sources.

From the full sample of kindergarten students, we identified 605 children (147 First Steps children, 458 non-participants) who had two or more valid KRA scores due to multi-year retention in kindergarten. Because these children received kindergarten curriculum and support for a longer duration than others in our sample, we excluded them from our analysis. Previous research has found that certain groups – such as younger children, boys, children from lower socioeconomic backgrounds, and dual language learners – are more likely to repeat kindergarten than their peers.[lxi] Excluding these children allows a more precise examination of First Steps enrollment and kindergarten performance, however, they represent an important subgroup for potential further study.

Data elements

Our SCDE analyses utilized the measures identified below. All measures were derived from SCDE data provided through RFA, unless otherwise noted.

- **First Steps children.** Children who received supports funded by First Steps as measured in the FSDC system during the evaluation period and had valid kindergarten data during our evaluation period. This measure only indicates a child received supports funded by First Steps logged in the data system during the evaluation period, it is possible some non-First Steps children may have received supports funded by First Steps prior to these years and would therefore be incorrectly identifying as those who did not participate in services funded by First Steps. Additionally, variation in data collection methods across the merged datasets prevent the assumption that First Steps designation is a perfect measure.
- **Year of First Steps Enrollment.** Related to the designation of First Steps participated, the year of first steps enrollment is first year within the evaluation period (2019-2023) in which a child's participation in First Steps was recorded in the FSDC system. It is possible that children participated in programs funded by First Steps prior to the evaluation period, or the child participated in a program not captured in the FSDC system.

- **Special education classification.** In South Carolina, public school funding is determined by the Education Finance Act (EFA) of 1977. Students who qualify for special education services receive an EFA code that informs school funding. Children with one or more disability-specific EFA codes were categorized as having received special education services, while those without such codes were identified as not receiving these services.
- **Age.** Children's ages as of September 1 of their kindergarten year.
- **Race and ethnicity.** Reported race and ethnicity of each child.
- **School district poverty level.** The number of children eligible to receive free and reduced-price lunch (FPRL) often serves as a proxy measure for a school district's service to children with lower incomes.[lxii] We used school district estimates of FRPL eligibility from SC Education Oversight Committee's SC Report Card to categorize students' school districts as follows:
    - Low poverty: fewer than 25% of students are eligible for FRPL
    - Mid-low poverty: between 25.1 and 50% of students are eligible for FRPL.
    - Mid-high poverty: between 50.1 and 75% of students are eligible for FRPL
    - High poverty: more than 75% of students are eligible for FRPL.
- **Socioeconomic status.** An indicator of whether a child was in poverty, created by RFA.
- **County**. The county in which each child's school is located.
- **Demonstrating readiness.** Indicator of whether children received a "Demonstrating Readiness" score on the KRA.
- **Chronically absent.** For children enrolled at least 90 days, an indicator of whether they missed 10% or more of their total days enrolled. Percentages are calculated as the total number of days attended over the total number of days enrolled.

This data enables a comprehensive analysis of how First Steps participation correlates with early academic readiness and attendance stability.

Propensity score matching

As indicated in Tables 3.5 and 3.6, the demographics of children with and without supports funded by First Steps were not evenly balanced in our combined FSDC and SCDE samples. To better explore the impact of First Steps local partnership support on school readiness, we used propensity score matching to balance our samples before analysis. This quasi-experimental approach allows researchers to create a control group sample that is similar in size and characteristics to a treatment group, making it possible to study the effects of a treatment when random assignment is not practical or unethical.[lxiii]

Propensity scores represent each child's calculated probability of belonging to the treatment group, based on a set of observed characteristics related to the treatment (i.e., enrollment in programs and services funded by First Steps) and outcome (i.e., KRA score and kindergarten attendance). After estimating the propensity scores, participants in the treatment group are matched with participants in the control group who have similar scores, creating a balanced sample that simulates random assignment. Notably, propensity score matching is not an exact replication of a randomized control trial. While we used research and data to identify our matching characteristics, there are some unmeasured or unobserved factors that may have influence on treatment and outcome.[lxiv]

Additionally, some factors, like children's socioeconomic, living situation, or special education classification, can change before, during, or after their kindergarten years. We share the results of our propensity score matching analysis to estimate the effects of enrollment in programs and services funded by First Steps, but we recognize that this method has its limits. Further, we selected this approach, which has been used in past evaluations, to allow for comparisons with previous evaluation findings.

In this evaluation, we matched our samples based on six demographic variables we assume will have an impact on children's enrollment in programs funded by First Steps and kindergarten performance: age, race

and ethnicity, gender, county, socioeconomic status, special education classification, and school district poverty level. We conducted one-to-one propensity score matching using the *matchit* function in R. For all groups, propensity score matching produced well-balanced First Steps and non-First Steps samples. Additionally, each model proved a good fit, according to the Hosmer and Lemeshow goodness-of-fit test.

KRA analyses

To create specific analysis subsamples, we adjusted our dataset of combined FSDC and SCDE data depending on the outcome examined. For the KRA analysis, we excluded data from the 2020-2021 school year, as COVID-related modifications to the assessment prevented meaningful comparisons with other years (n=4,910). We also excluded children with missing demographic information related to poverty and age (n=123). As these data were mostly related to socioeconomic status, we assumed they were not missing at random, which would make imputation inappropriate. The refinement produced a pre-propensity score mating KRA sample of 18,622 children, with 27.9% participants who received services funded by First Steps (n=5,203) and 72.1% non-participants (n=13,419; Table F.6).

After propensity score matching, our KRA sample was equally-sized and well-balanced, as observed by chi-square testing results. Our final KRA analysis sample included 10,406 children with KRA scores during our evaluation period (Table F.6).

Attendance analyses

For our examination of attendance, we excluded students enrolled in a SCDE kindergarten class for fewer than 90 days, the minimum number of days enrolled needed to calculate a chronic absenteeism indicator. This step removed 2,366 children from our attendance analysis sample. As with the KRA sample, we also excluded children missing demographic information related to poverty and age (n=181). As shown Table F.7, our full sample had a total of 21,133 children, of whom 25.5% were participants who received services funded by First Steps and 74.5% non-participants.

After propensity score matching, we had a final analysis sample of 5,394 First Steps children and 5,394 non-First Steps children. The matching process yielded demographically comparable samples (Table F.7)

Table F.6. Propensity score match result for children in First Steps Local Partnerships versus those not in First Steps (KRA analysis; school years 2019, 2020, 2022, and 2023)

		First Steps Children [A] (n=5,203)	Before propensity score matching Non-First Steps Children (n=13,419)		After propensity score matching Non-First Steps Children (n=5,203)	
Characteristic	**Level**	**n (%)**	**n (%)**	**X^2 p-value**	**n (%)**	**X^2 p-value**
Age at kindergarten entry [B]	4	18 (0.3)	46 (0.3)	0.917	12 (0.2)	0.533
	5	5,175 (99.5)	13,343 (99.4)		5182 (99.6)	
	6	10 (0.2)	30 (0.2)		9 (0.2)	
Sex [B]	F	2,571 (49.4)	6,601 (49.2)	0.798	2,574 (49.5)	0.969
	M	2,632 (50.6)	6,818 (50.8)		2,629 (50.5)	
Race and ethnicity [B]	African American	2,674 (51.4)	6,529 (48.7)	<0.001***	2,715 (52.2)	0.833
	American Indian or Alaskan Native	13 (0.2)	13 (0.1)		13 (0.2)	
	Asian	41 (0.8)	122 (0.9)		37 (0.7)	
	Hawaiian/Pacific Islander	5 (0.1)	9 (0.1)		6 (0.1)	
	Hispanic	730 (14.0)	1,987 (14.8)		752 (14.5)	
	Multiple Races	288 (5.5)	953 (7.1)		259 (5.0)	
	White	1452 (27.9)	3,806 (28.4)		1,421 (27.3)	
Pupil in poverty [B]	No	749 (14.4)	1,969 (14.7)	0.647	735 (14.1)	0.716
	Yes	4,454 (85.6)	11,450 (85.3)		4,468 (85.9)	
School district poverty [B]	Low	749 (14.4)	180 (1.3)	<0.001***	91 (1.7)	0.976
	Mid-Low	4,454 (85.6)	1,665 (12.4)		563 (10.8)	
	Mid-High	97 (1.9)	6,846 (51.0)		2,543 (48.9)	
	High	562 (10.8)	4,728 (35.2)		2,006 (38.6)	
School county [B]	Individual counties not listed to prevent unintentional disclosure	--	--	<0.001***	--	1.00
Student receiving special education support [B, C]	No	4,595 (88.3)	12,268 (91.4)	<0.001***	4,637 (89.1)	0.204
	Yes	608 (11.7)	1,151 (8.6)		566 (10.9)	
Year of First Steps Enrollment [D]	No enrollment	0 (0.0)	13,419 (100.0)	<0.001***	5,203 (100.0)	<0.001***
	2018-2019	1,304 (25.1)	0 (0.0)		0 (0.0)	
	2019-2020	1,400 (26.9)	0 (0.0)		0 (0.0)	
	2020-2021	238 (4.6)	0 (0.0)		0 (0.0)	
	2021-2022	1,237 (23.8)	0 (0.0)		0 (0.0)	
	2022-2023	1,024 (19.7)	0 (0.0)		0 (0.0)	

		First Steps Children [A] (n=5,203)	Before propensity score matching Non-First Steps Children (n=13,419)		After propensity score matching Non-First Steps Children (n=5,203)	
Characteristic	**Level**	**n (%)**	**n (%)**	**X^2 p-value**	**n (%)**	**X^2 p-value**
KRA score	Emerging readiness	1,606 (30.9)	4,234 (31.6)	0.008**	1,664 (32.0)	0.047
	Approaching readiness	2,129 (40.9)	5,171 (38.5)		2,006 (38.6)	
	Demonstrating readiness	1,468 (28.2)	4,014 (29.9)		1,533 (29.5)	
Demonstrating readiness	No	3,735 (71.8)	9,405 (70.1)	0.024*	3,670 (70.5)	0.166
	Yes	1,468 (28.2)	4,014 (29.9)		1,533 (29.5)	

Notes. A modified version of the KRA was administered in the 2020-2021 school year that was not suitable for comparison and thus excluded from this analysis. The χ^2 test results compare demographic categories between the listed non-First Steps sample and the First Steps sample.* p <0.05, ** p <0.01, *** p <0.001. [A.] Children who (1) received Supports funded by First Steps during the evaluation period as recorded in the FSDC system, (2) had a valid KRA score during the evaluation period, and (3) had complete demographic information. [B.] Demographic characteristic included in the propensity score matching process. [C.] Special education classification is determined by assignment of one or more EFA codes related to disability status. [D.] The year of First Steps enrollment is the first year within the evaluation period that a child was recorded as receiving Supports funded by First Steps in the FSDC system. It is possible children within the First Steps and non-First steps sample received Supports funded by First Steps prior to the evaluation period and/or received supports from First Steps programming not recorded in the FSDC system.
Source. First Steps Data Collection system and SCDE data (2019-2023)

Table F.7. Propensity score match result for children in First Steps Local Partnerships versus those not in First Steps (absenteeism analysis; school years 2019-2023)

		First Steps Children [A] (n=5,394)	Before propensity score matching Non-First Steps Children (n=15,739)		After propensity score matching Non-First Steps Children (n=5,394)	
Characteristic	**Level**	**n (%)**	**n (%)**	**X^2 p-value**	**n (%)**	**X^2 p-value**
Age at kindergarten entry [B]	4	16 (0.3)	46 (0.3)	0.995	10 (0.2)	0.463
	5	5366 (99.5)	15,657 (99.5)		5,370 (99.6)	
	6	12 (0.2)	36 (0.2)		14 (0.3)	
Sex [B]	F	2,670 (49.5)	7,811 (49.6)	0.883	2,638 (48.9)	0.551
	M	2,724 (50.5)	7,928 (50.4)		2,756 (51.1)	
Race and ethnicity [B]	African American	2,809 (52.1)	7,695 (48.9)	<0.001***	2,837 (52.6)	0.962
	American Indian or Alaskan Native	11 (0.2)	16 (0.1)		8 (0.1)	
	Asian	41 (0.8)	138 (0.9)		38 (0.7)	
	Hawaiian/Pacific Islander	5 (0.1)	10 (0.1)		4 (0.1)	
	Hispanic	780 (14.5)	2,331 (14.8)		792 (14.7)	
	Multiple Races	301 (5.6)	1,116 (7.1)		285 (5.3)	
	White	1,447 (26.8)	4,433 (28.2)		1,430 (26.5)	

		First Steps Children [A] (n=5,394)	Before propensity score matching Non-First Steps Children (n=15,739)		After propensity score matching Non-First Steps Children (n=5,394)	
Characteristic	**Level**	**n (%)**	**n (%)**	**X^2 p-value**	**n (%)**	**X^2 p-value**
Pupil in poverty [B]	No	754 (14.0)	2,254 (14.3)	0.549	729 (13.5)	0.502
	Yes	4,640 (86.0)	13,485 (85.7)		4,665 (86.5)	
School district poverty [B]	Low	86 (1.6)	214 (1.4)	<0.001***	90 (1.7)	0.982
	Mid-Low	569 (10.5)	1,890 (12.0)		560 (10.4)	
	Mid-High	2,627 (48.7)	8,083 (51.4)		2,625 (48.7)	
	High	2,112 (39.2)	5,552 (35.3)		2,119 (39.3)	
School county [B]	Individual counties not listed to prevent unintentional disclosure	--	--	0.011*	--	1.00
Student receiving special education support [B,C]	No	4,837 (89.7)	14646 (93.1)	<0.001***	4,851 (89.9)	0.679
	Yes	557 (10.3)	1093 (6.9)		543 (10.1)	
Year of First Steps Enrollment	No enrollment	0 (0.0)	1,5739 (100.0)	<0.001***	5,394 (100.0)	<0.001***
	2018-2019	1,525 (28.3)	0 (0.0)		0 (0.0)	
	2019-2020 [D]	1,403 (26.0)	0 (0.0)		0 (0.0)	
	2020-2021	471 (8.7)	0 (0.0)		0 (0.0)	
	2021-2022	1,086 (20.1)	0 (0.0)		0 (0.0)	
	2022-2023	909 (16.9)	0 (0.0)		0 (0.0)	
Average attendance rate		0.93 (0.07)	0.94 (0.07)	0.003**	0.94 (0.07)	0.209
Chronically absent	No	4,295 (79.6)	12742 (81.0)	0.034*	4,327 (80.2)	0.456
	Yes	1,099 (20.4)	2997 (19.0)		1,067 (19.8)	

Notes. The χ^2 test results compare demographic categories between the listed non-First Steps sample and the First Steps sample. * p <0.05, ** p <0.01, *** p <0.001. [A.] Children who (1) received Supports funded by First Steps during the evaluation period as recorded in the FSDC system, (2) attended a SCDE school for at least 90 days in a kindergarten year occurring during the evaluation period, and (3) had complete demographic information in SCDE records. [B.] Demographic characteristic included in the propensity score matching process. [C.] Special education classification is determined by assignment of one or more EFA codes related to disability status. [D.] A portion of the 2019-2020 school year was conducted virtually due to COVID-19 restrictions.
Source. First Steps Data Collection system and SCDE data (2019-2023)

KRA sensitivity analysis

We conducted sensitivity analyses to address the impact of COVID-19 on kindergarten readiness scores. The KRA results presented in Chapter 3 examine First Steps enrollment year as a predictor of KRA performance, while controlling for child age and special education status. KRA performance was evaluated by comparing each First Steps cohort's odds of achieving "demonstrating readiness" or "approaching readiness" (vs. "emerging readiness") compared to non-participants.

In finalizing our model parameters, we examined how potential covariates (i.e., school year of assessment, age, special education classification) were related to First Step enrollment. In our sample, we observed most children had their first year of First Steps enrollment align with their kindergarten school year. This likely occurred because our categorization of First Steps enrollment is determined by program data available in the FSDC system during evaluation period, which does not include many of the child care and infant-toddler programs. This does not also account for children who may have engaged with a program funded by First Steps in their early years (which was before our evaluation period) who then subsequently re-engaged right before kindergarten. or enrollment occurring before the evaluation period. As such, children receiving services funded by First Steps identified in our sample primarily reflect children who engaged with First Steps during their pre-kindergarten years.

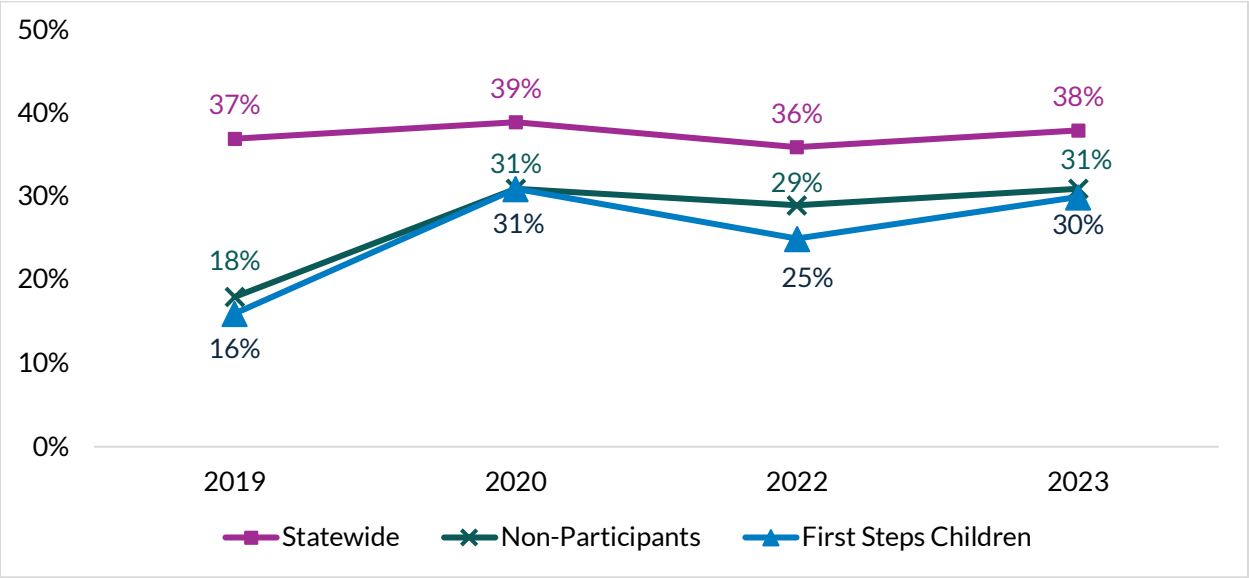
Because school years follow a different calendar (September 1 to August 31) than fiscal years (July 1 to June 30), which is used by First Steps, children who received First Steps funded supports in the summer before kindergarten are listed as enrolling in First Steps in the same year as when they start kindergarten. This overlap is specific to our analytic sample, and we do not anticipate this trend is characteristic of all children and families participating in First Steps who often enroll in services and programs at any point during a child's first five years. However, the high correlation between First Steps enrollment year and kindergarten year created collinearity, preventing us from including both in the same model.

We also examined KRA performance before and after the start of COVID-19. Statewide, the proportion of children demonstrating readiness on the KRA remained relatively consistent throughout the evaluation period, with 37 percent of all children demonstrating readiness in school year 2019, 29 percent demonstrating readiness in 2020, 36 percent demonstrating readiness in 2023, and 38 percent demonstrating readiness in 2023. However, significant disparities in performance by race and income were evident, with White children and children from higher-income households scoring higher than their Black and Hispanic peers. [lxv, lxvi]

Children within our First Steps sample and the comparison sample had a smaller proportion of children demonstrating readiness compared to children statewide (Figure F.1). This difference is likely because First Steps aims to serve children who have identified risk factors shown to be associated school readiness.

Notably, both participants and non-participants in our analytic sample showed marked improvement in readiness scores from 2019 to post-pandemic years. These observations informed the decision to examine the impact of enrollment into a program funded by First Steps in our model, which often corresponded with their kindergarten year.

Figure F.1. Percent of children demonstrating on the KRA by school year



Notes. A modified version of the KRA was administered in the 2020-2021 school year that was not suitable for comparison and thus excluded from this analysis. First Steps children are those who (1) received Supports funded by First Steps during the evaluation period as recorded in the FSDC system, (2) had a valid KRA score during the evaluation period, and (3) had complete demographic information. Non-participants are children matched to the First Steps sample using propensity score matching.
Sources. Participant and non-participant performance derived from First Steps Data Collection system and SCDE data (2019-2023); Statewide rates identified from First Steps and South Carolina Early Advisory Council reporting and South Carolina KRA technical reports.

To test the robustness of our final model, we examined how interpretations changed under the following adjustments:

- Replicating the previous evaluation's method of using propensity score matching to create separate samples for children with and without special education classifications (B and C models reported in Table F.8).
- Conceptualizing First Steps enrollment as a dichotomous variable (i.e., enrolled vs. not enrolled) and instead accounting for timing by controlling for school year (Models 2 and 4 in Table F.8).
- Treating KRA performance as a dichotomous outcome (i.e., demonstrating readiness vs. not; Models 1 and 3 in Table F.8).

Table F.8 reports the findings of the 12 different models we conducted to explore our findings. Key insights include:

- **Impact of special education.** When models included all children, we controlled for special education classification (see A models in Table F.8). These models, including the one presented in Chapter 3, showed that children with a special education classification were less likely to achieve higher KRA scores than their peers without special education supports.
- **KRA performance levels.** As shown in Table F.5, most children in our sample scored "approaching readiness", regardless of First Steps participation. Grouping the "approaching" group with those scoring "emerging" to compare against "demonstrating readiness" reduced the nuance in understanding performance and inflated the odds of "not demonstrating readiness." Therefore, we examined KRA performance at three levels.
- **Role of school year.** In models where First Steps participation was treated as a dichotomous variable (Yes/No), school year often significantly predicted KRA performance (Models 2 and 4 in Table F.8). This suggests timing, especially in light of the COVID-19 pandemic, is an important context to consider when evaluating the effects of First Steps participation.

- **Importance of enrollment year.** When we used First Steps enrollment year as a predictor, we saw the impact on KRA score varied by year (Models 1 and 3 in Table F.8), further emphasizing the role timing plays in understanding KRA performance.

Table F.8. Summary of KRA sensitivity analyses

Model and analysis sample	Results relative to First Steps enrollment	Other Findings
Models 1a-c. First Steps enrollment year predicting KRA score (demonstrating v. not), controlling for child age		
a. All children (n=10,406)	Children enrolling in First Steps in 2022 were 18% less likely to score demonstrating readiness than non-participants.	Children in special education were 64% less likely to score demonstrating readiness compared to children without special education classifications
b. Children with special education classification (n=1,216)	First Steps enrollment year not a significant predictor of KRA performance.	No significant findings
c. Children without special education classification (n=9,190)	Children enrolling in First Steps in 2022 were 21% less likely to score demonstrating readiness than non-participants.	No significant findings
Models 2a-c. First Steps participation (Yes/No) predicting KRA score (demonstrating v. not), controlling for child age and school year		
a. All children (n=10,406)	First Steps participation not a significant predictor of KRA performance.	• Children who took the KRA in 2020, 2022, and 2023 were 1.7 to 2.12 times more likely to score demonstrating readiness than children who took the KRA in 2019. • Children in special education were 64% less likely to score demonstrating readiness compared to children without special education classifications
b. Children with special education classification (n=1,216)	First Steps participation not a significant predictor of KRA performance.	No significant findings
c. Children without special education classification (n=9,190)	First Steps participation not a significant predictor of KRA performance.	Children who took the KRA in 2020, 2022, and 2023 were 54-88% more likely to score demonstrating readiness than children who took the KRA in 2019.
Models 3a-c. First Steps enrollment year predicting three-level KRA score, controlling for child age		
a. All children (n=10,406)	Results presented in Chapter 3; children enrolling in First Steps in 2020 are 27% more likely to score approaching (vs. emerging) readiness and 19% more likely to score demonstrating (vs. emerging) readiness than non-participants.	Children with special education classification are 62% less likely to score approaching (vs. emerging) readiness and 77% less likely to score demonstrating (vs. emerging) readiness than children not in special education.

Model and analysis sample	Results relative to First Steps enrollment	Other Findings
b. Children with special education classification (n=1,216)	Children enrolling in First Steps in 2022 were twice as likely to score approaching (vs. emerging) readiness than non-participants	No significant findings
c. Children without special education classification (n=9,190)	• Children enrolling in First Steps in 2020 are 30% more likely to score approaching (vs. emerging) readiness and 18% more likely to score demonstrating (vs. emerging) readiness than non-participants. • Children enrolling in First Steps in 2022 were 19% less likely to score demonstrating (vs. emerging) readiness.	No significant findings
Models 4a-c. First Steps participation (Yes/No) predicting three-level KRA score, controlling for child age and school year		
a. All children (n=10,406)	• Children participating in FS more were 13% more likely to score approaching (vs. emerging) readiness than non-participants • No difference in demonstrating (vs. emerging) readiness by First Steps participation.	• Children who took the KRA in 2020 were 51% more likely to score approaching (vs. emerging) readiness than children who took the KRA in 2019. • Children who took the KRA in 2020, 2022, and 2023 were 1.9-2.7 times more likely to score demonstrating (vs. emerging) readiness than children who took the KRA in 2019. • Children in special education were 62 and 77% less likely to score approaching (vs. emerging) or demonstrating (vs. emerging), respectively, compared to children without special education classification
b. Children with special education classification (n=1,216)	FS participation was not a significant predictor of KRA performance.	No significant findings
c. Children without special education classification (n=9,190)	• Children participating in FS were 13% more likely to score approaching (vs. emerging) readiness than non-participants. • No difference in demonstrating (vs. emerging) readiness by First Steps participation.	• Children who took the KRA in 2020 were 64% more likely to score approaching (vs. emerging) readiness than children who took the KRA in 2019. • Children who took the KRA in 2020, 2022, and 2023 were 1.7 to 2.5 times more likely to score demonstrating (vs. emerging) readiness than children who took the KRA in 2019.

Notes. Models with all children additionally controlled for special education classification. Models predicting dichotomous outcomes used binomial logistic regression. Models predicting multi-level outcomes used multinomial regression.
Source. First Steps Data Collection system and SCDE data (2019-2023)

Given that both enrollment year and school year emerged as significant predictors, we also explored models examining the interaction between First Steps enrollment year and kindergarten school year. However, collinearity between these variables made the model unstable. Future studies with more complete data on when children started receiving Supports funded by First Steps may explore how the length of time in First Steps programming prior to kindergarten year impacts KRA performance.

Kindergarten attendance sensitivity analysis

Kindergarten attendance was perhaps even more impacted by the COVID-19 pandemic than KRA performance. The end of the 2020 school year was conducted virtually, with inconsistent attendance tracking policies, while the 2021 school year experienced some of the highest infection rates of the pandemic. As public health norms shifted, with even mild symptoms prompting absences, school absenteeism rates have risen since the pandemic and have yet to return to pre-pandemic levels.

Given the likely connection between school year and attendance rates, we conducted sensitivity analyses of the attendance model presented in Chapter 3. That model examined First Steps enrollment year as a predictor of chronic absenteeism, controlling for child age and special education status. However, as noted in the preceding KRA sensitivity analysis section, we could not include school year as a control due to its high correlation with First Steps enrollment year resulting from the calendar month misalignment between fiscal and school year.

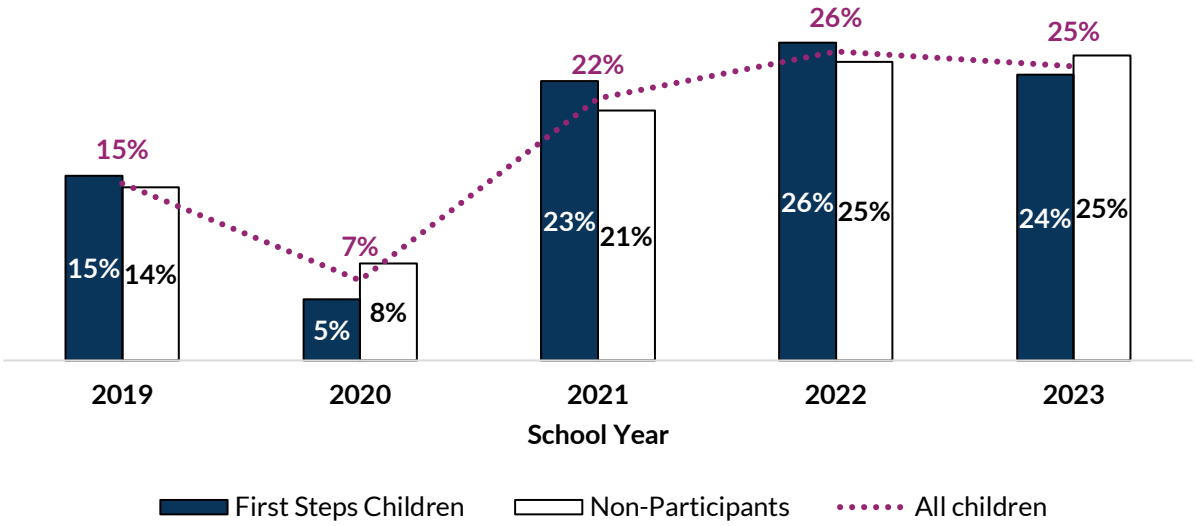
To address this limitation, we ran three additional models in which we treated First Steps enrollment as a dichotomous indicator (i.e., enrolled/not enrolled) and included school year as a control. We ran this model on three samples:

- A matched sample reported in our Chapter 3 model (n=10,788), with child age and special education status as additional controls
- A matched sample of children with special education classifications (n=1,114), with child age as an additional control
- A matched sample of children without special education classifications (n=9,674), with child age as an additional control

In all three samples, participation in First Steps was not a significant predictor of chronic absenteeism in kindergarten. However, school year was consistently a significant predictor. Children who attended kindergarten in 2021, 2022, or 2023 were several times more likely to be chronically absent in kindergarten compared to children who attended in 2019. Additionally, in the model with all children (but not in models specific to special education classification), children who attended kindergarten in 2020 were 60% less likely to be chronically absent compared to those who attended in 2019. However, 2020 attendance rates may be unreliable due to virtual schooling policies during that period.

When considering these sensitivity analyses alongside the findings reported in Chapter 3, caution is warranted in extrapolating the impact of First Steps on kindergarten attendance in the context of the COVID-19 pandemic. As shown in Figure F.2, increases in chronic absenteeism rates in our matched sample, regardless of First Steps enrollment, may be more impactful than early childhood and family supports.

Figure F.2. Percent of children in matched sample identified as chronically absent by school year



Notes. First Steps Children = Children who (1) received Supports funded by First Steps during the evaluation period as recorded in the FSDC system, (2) attended a SCDE school for at least 90 days in a kindergarten year occurring during the evaluation period, and (3) had complete demographic information in SCDE records. A portion of the 2019-2020 school year was conducted virtually due to COVID-19 restrictions.
Source. First Steps Data Collection system and SCDE data (2019-2023)

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