

# **SC First Steps to School Readiness**

## **FY20 Partnership and Program Accountability Standards**

*Effective July 1, 2019 – June 30, 2020*

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This document outlines the standards, or expectations, of local First Steps Partnerships with regard to all programmatic, operational, financial, and administrative activities of the partnership. This document will be attached to the 2019-20 grant agreement between local partnerships and South Carolina First Steps as a condition for receiving an annual funding allocation from the South Carolina First Steps Board of Trustees. It is the responsibility of the local partnership board and staff to comply with all partnership and program accountability standards (Section 19. Section 59-125-160(A)).

### **1. Partnership Accountability Standards:**

Partnership standards are organized into the following sub-sections:

- Governance and Operations**
- Fiscal Accountability**
- Core Functions**
- Resource Development**

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

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

### **2. Program Accountability Standards:**

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

- General Program Standards**
- Parents as Teachers (also see Att. 1)**
- Motheread/Fatheread**
- Parent-Child Home Program**
- Healthy Families America**
- Early Steps to School Success (also see Att. 2)**
- Nurse-Family Partnership**

**Dolly Parton Imagination Library**  
**Raising a Reader - Enhanced**  
**LENA**  
**Family Literacy**  
**Reach Out and Read**  
**Nurturing Parenting**  
**Incredible Years**  
**Triple P Levels 3 and 4**  
**Early Identification and Referral**  
**Child Care Quality Enhancement**  
**Quality Counts**  
**Child Care Training**  
**Child Care Scholarships**  
**Public School Four-Year Old Kindergarten**  
**Other Early Education**  
**Countdown to Kindergarten**  
**Other Strategies (for all strategies not listed above)**

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

**Self-Assessment Checklists:**

To assist local partnerships in complying with partnership and program standards, the State Office of First Steps has created **Self-Assessment Checklists** for each section of the standards, including if applicable, the data source for determining compliance. These checklists are located on the SC First Steps web site under Local Partnership Resources and are updated annually to reflect the current year's standards. Local partnerships are encouraged to use these checklists with their staff and, as appropriate, board members to identify both strengths and areas for improvement.

**Monitoring and Compliance:**

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

**SECTION 10. Section 59-152-50**

*(2) review the local partnerships' plans and budgets in order to provide technical assistance and recommendations regarding local grant proposals and improvement in meeting statewide and local goals;*  
*(3) provide technical assistance, consultation, and support to local partnerships to facilitate their success including, but not limited to, model programs, strategic planning, leadership development, best practice, successful strategies, collaboration, financing, and evaluation;*

**SECTION 12. Section 59-152-70**

*(F) As a condition of receiving state funds, each local partnership must be subject to performance reviews by South Carolina First Steps, including, but not limited to, local board functioning and collaboration and compliance with state standards and fiscal accountability.*

**SECTION 19. Section 59-125-160**

*(A) The South Carolina First Steps to School Readiness Board of Trustees shall establish internal evaluation policies and procedures for local partnerships for an annual review of the functioning of the partnership, implementation of strategies, and progress toward the interim goals and benchmarks.*

During the review of the Formula Funding Grant Application the State Office of First Steps will provide feedback to local partnerships regarding partnership functioning and performance, including progress toward achieving the objectives within the partnership's Comprehensive Plan. (Section 12. Section 59-152-70(F)).

This feedback may include:

**Corrective Actions Plans:**

Unmet minimum qualifications for formula grant funding that correspond to Section 59-152-90 and Section 59-152 70 of the First Steps legislation, to include findings of non-compliance with Partnership Accountability Standards or Program Accountability Standards, will become part of a state board-approved Correction Action Plan to the local partnership. Unmet qualifications that are not resolved within the timeframe specified in the partnership's Corrective Action Plan may result in a future noncompliance penalty to the local partnership's funding amount, to be determined by the state board.

# SECTION 1:

## FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS

### FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS GOVERNANCE AND OPERATIONS

#### REQUIREMENTS FOR FY20:

##### OPERATIONS

At minimum, the local partnership board and staff shall:

1. Exercise appropriate operational stewardship by adhering to the practices and procedures outlined in the SC First Steps Operations Manual (Section 12. Section 59-152-70(6)) and the partnership's annual grant agreement with SC First Steps.
2. Comply with all contractual and legislative deadlines for submitting documents to the State Office of First Steps, including but not limited to:
  - An **Annual Report** by October 1 (Section 12. Section 59-152-70(A)(8));
  - An annual **Formula Funding** Grant Application by the published deadline (Section 13. Section 59-152-90(B)),
  - A **Needs and Resources Assessment** every three years (Section 12. Section 59-152-70(A)(5)); and
  - A three-year **Comprehensive Plan** (Section 12. Section 59-152-70(A)(2)).
3. Participate and cooperate fully in all internal and independent evaluations of the First Steps initiative (Section 19. Section 59-125-160(A-C)).
4. Data shall be collected and entered timely in the First Steps Data Collection System for all programs/strategies, according to the First Steps Program Accountability Standards for that strategy. Partnerships must complete program and vendor registration for all funded strategies, enter projected to serve numbers for each strategy, and begin data entry by September 1 of each program year. Partnership and vendor staff are expected to adhere to the standard for timely data submission, which is within 30 days of the date of service with the exception of personal home visits, which are to be entered within 14 days of service. SC First Steps reserves the right to view partnership and vendor data in the system at any time, including but not limited to the following data checkpoints: 30 days after Quarter 1 (Oct. 31); 30 days after Quarter 2 (Jan. 31); 30 days after Quarter 3 (April 30); and 30 days after Quarter 4 (July 31). Data will be used to evaluate overall program performance and sustainability.
5. Make every effort to participate in scheduled meetings and teleconferences/webinars with SC First Steps. In the event the partnership executive director is unable to attend, a board member or staff member should attend if possible. Partnerships are responsible for the content presented.
6. Ensure an equitable work environment that is supportive of organizational productivity, diversity, and stability.
  - Partnerships shall adhere to the State Office Hiring Policy, as outlined in the partnership grant agreement.
  - The local partnership board and staff shall not unlawfully discriminate against any person or category of persons for services or employment.
  - The local partnership shall comply will all applicable federal and state laws and regulations regarding employee discrimination and workplace policies, as outlined in the partnership's annual grant agreement with SC First Steps.
  - The local partnership board and staff shall prohibit preferential treatment and nepotism with regard to hiring, supervision, and promotion. Per the Conflict of Interest Policy, no immediate family member may work under a partnership employee's supervision or chain of command.
  - The partnership shall have human resource policies adopted by the partnership board.
  - Partnerships shall provide to all partnership employees a copy of the partnership's current human resource policies, Whistleblower Policy and the SC First Steps Conflict of Interest policy.

It is recommended that these policies be reviewed with staff. It is also recommended that COI and Whistleblower policies be shared with staff of vendor-operated programs.

- The partnership board must approve any salary increase for the partnership director, per the partnership's grant agreement with SCFS.
  - The partnership shall abide by the Dual Partnership Employment policy contained in the partnership's grant agreement with SCFS.
7. Partnerships and all its employees, agents, contractors and representatives shall safeguard confidential information and comply with all Confidentiality/Safeguarding Information requirements contained in the partnership's grant agreement with SCFS. Per the partnership grant agreement, partnership employees shall sign annually the Confidentiality Form attached to the partnership grant agreement, and it is recommended that partnership board members and vendor staff also sign a Confidentiality Form annually.

## **GOVERNANCE AND OVERSIGHT**

### **The local partnership board shall:**

1. Operate in accordance with local partnership bylaws, the current First Steps legislation, and with all applicable state and federal laws pertaining to non-profit organizations and ensure the partnership board and staff meet all requirements to maintain the partnership's non-profit status with the IRS.
2. Maintain continuous Directors' and Officers' liability insurance.
3. Provide Planning and Oversight
  - Coordinate a collaborative effort at the county or multicounty level to identify area needs related to the First Steps legislative goals, and develop a strategic long-term plan (i.e., Comprehensive Plan) for meeting those needs (Section 12. Section 59-152-70(A)(2)). The partnership's Comprehensive Plan should align with the priorities identified in the state strategic plan adopted by the SC First Steps Board, as well as the state board's adopted readiness benchmarks (Profile of the Ready Kindergartner) and the First Steps legislative goals. Per Section 59-152-70, Comprehensive Plans shall include the three core functions of local partnerships (local portal, community convener, and support for state level priorities). Comprehensive Plans shall be for three years' duration, to align with legislative requirements for updating community needs and resources assessments every three years. Local partnership Comprehensive Plans, as well as any annual updates, are to be posted to the SC First Steps web site by December 1 each year, per First Steps legislation (Section 12. Section 59-152-70(A)(8)). To meet this requirement, future Comprehensive Plans will be due to SC First Steps by November 1 in the year in which the partnership's current plan expires.
  - Oversee program strategies in accordance with SC First Steps Partnership and Program Accountability Standards, exercise due diligence when selecting program strategies and, when establishing new program strategies, commit to allowing sufficient time for successful implementation (min. 2 years recommended).
4. Ensure effective board functioning:
  - Meet as a full board at least once every fiscal quarter, with one full board meeting each year designated as the Annual Meeting.
  - Maintain all current approved policies/procedures/standards for conducting meetings and elections and disclosing records comparable to those provided for in the Freedom of Information Act and IRS disclosure requirements.
  - Maintain records of meeting announcements, sign-in sheets and minutes for all full board and committee meetings. Electronic copies of board minutes for the prior fiscal year will be submitted to SCFS, on behalf of the state board, by July 15 (Section 12. Section 59-152-70(A)(7)).
  - Follow the records retention policy contained in their grant agreement with SCFS, as well as the retention policy for Corporate Records contained in the partnership by-laws.
  - Review, adopt, and sign an Annual Board Member Agreement that at minimum includes an annually reviewed and adopted:
    - Conflict of Interest Policy (must align to the policy contained in the partnership's current year grant agreement with SCFS). Prior to every vote taken by the board, members must abstain from voting if the issue being considered would result in a conflict of interest. The abstention must be noted in the minutes of the meeting (Section 11. Section 59-152-60(G)).
    - Confidentiality Form (contained in annual grant agreement).

- Whistleblower Policy.
  - Attendance Policy outlining minimum board meeting attendance requirements, to include definitions of unexcused and excused absences, per partnership bylaws.
5. Practice Ongoing Board Development/New Member Orientation:
- Use Board Matrix/Planning Documents/Board Evaluation Tools to annually assess the composition and functioning of the board to identify gaps and develop recruitment strategies. Partnership boards must abide by the composition requirements contained in the First Steps legislation (Section 59-152-60(C)(1-3))
  - Hold annual elections for partnership board officers (Chair, Vice Chair, Secretary). Officer terms are for one year. Board chair and vice chair terms cannot exceed 4 years (4 consecutive, one-year terms).
  - Ensure Board Members adhere to a current term on the board not to exceed 8 years (2 consecutive four-year terms) and regularly attend meetings in accordance with local partnership By-Laws.
  - Provide new members a comprehensive board orientation that addresses, at minimum:
    - First Steps mission/vision, structure, policies/procedures/standards for operation.
    - Local partnership administrative, financial and planning documents, including a summary of current program strategies.
    - Nonprofit Board Member Roles and Responsibilities.
  - Publish board member rosters in the Partnership's Annual Report and ensure they are reported annually to the partnership's legislative delegation and be on file with the Office of First Steps (Section 11. Section 59-152-60(A)).

## **FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS FISCAL ACCOUNTABILITY**

### **REQUIREMENTS FOR FY20:**

1. The local partnership board and staff shall exercise appropriate fiscal stewardship by adhering to the policies and procedures outlined in the SC First Steps Operations Manual and the current SC First Steps legislation. (Section 18. Section 59-152-150(A)).
2. The local partnership board and staff shall monitor on an ongoing basis the financial condition of the partnership, to include but not limited to: revenue, expenditures and balances within all strategy areas, budget codes and funding sources. The local partnership board and staff shall comply with requirements for limiting administrative expenditures to at or below the rate established by the SC First Steps Board of Trustees. The maximum administrative rate for local partnerships, set by the SC First Steps Board of Trustees effective July 1, 2017, is 13% of expenditures of state funds allocated to the local partnership by SC First Steps.
3. The local partnership board and staff shall comply with fiscal policies set by the SC First Steps Board of Trustees for state funding of evidence-based and evidence-informed programs, per First Steps legislative requirements.
4. The local partnership board and staff shall ensure that funds granted to the partnership by the SC First Steps Board of Trustees are spent in a timely manner in service to children pre-birth to school entry within the partnership's service area. Partnerships shall monitor their formula allocated budget and expenditures closely to estimate the partnership's projected carry forward budget and submit a plan for how carry forward will be used in the next fiscal year as part of the partnership's board-approved Formula Funding grant application. The SC First Steps Finance Office will certify and notify partnerships of all prior fiscal year available carry forward budgets between October 1st and October 15th. Each partnership must submit budget reallocation requests to OFS before December 31 to add all carry forward to its Budget Spending Plan. Partnerships whose certified carry forward amount is 15% or more than its original formula allocated budget, OR have changed their use of carry forward funds since their

last approved budget change, must submit updated board minutes reflecting these changes. Partnerships whose certified carry forward budget exceeded 15% of the prior fiscal year's formula allocated budget must also submit written justification to their SC First Steps Program Officer with a plan to reduce their amount of carry forward budget to under 15% for the next fiscal year. Partnerships whose carry forward budget exceeds 15% for more than two consecutive fiscal years will be subject to potential withholding of their excess carry forward funds at the discretion of the SC First Steps Board of Trustees.

5. The local partnership staff should process vendor invoices for payments upon receipt, obtain board member signature according to the SC First Steps Operations Manual and immediately forward to the contracted finance manager for payment. Fees and/or penalties due to late payments are unacceptable and will be captured in a separate model code and monitored by SC First Steps Finance staff.
6. The local partnership board and staff shall exercise appropriate stewardship and due care in the selection, implementation, and monitoring of all contractors and the administration of all contracts. It is the partnership's responsibility to ensure contractors comply with all programmatic and financial requirements contained in the partnership and program standards, partnership grant agreement with SC First Steps, and the SC First Steps Operations Manual.
7. Financial reports should be presented at all local partnership board meetings.
8. The local partnership board and staff should review internal financial controls annually.
9. The local partnership board and staff shall adhere to the fiscal calendar deadlines outlined in the SC First Steps Operations Manual. In summary, funds must be obligated by June 30. Local partnerships must adhere to the SC First Steps written financial year-end closing process.
10. The local partnership board and staff shall respond in a timely manner to all requests from the contracted finance manager. The contracted finance manager shall support local partnerships' financial operations as outlined in its contract with SC First Steps.
11. A financial audit shall be conducted annually. The local partnership board and staff shall respond in a timely manner to requests from the independent contracted auditors. The auditor shall periodically conduct on-site visits to the local partnership to test internal procedures and controls.
12. For equipment or furnishing costing \$1,000 or more, the partnership shall implement controls and procedures contained in its partnership grant agreement (13: Title to Equipment). This equipment and furnishing must be coded-classified in accordance with the SC First Steps Operations Manual, Chapter 5, Model Titles and Codes, Equipment and Furnishing – Purchased, code 5401.

## **FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS CORE FUNCTIONS**

### **REQUIREMENTS FOR FY20:**

1. The local partnership board shall update its community Needs and Resources Assessment every three years, in accordance with First Steps legislation (Section 12. Section 59-152-70(A)(5)) as a basis for community-wide planning efforts to support at-risk children and the partnership's Comprehensive Plan. This document shall be submitted to SCFS by December 31 of the year in which the previous needs and resources assessment expires.
2. The local partnership board shall participate in and document efforts to mobilize communities (all stakeholder groups including but not limited to: families, community leaders, businesses, faith-based organizations, civic organizations, elected officials and government agencies, health care entities,



school personnel and other early childhood agencies/organizations) 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 (Section 8. Section 59-152-30(5)).

- a) As a component of community mobilization, starting July 1, 2016 local partnerships shall serve as a **community convener around the needs of preschool children and their families** (Section 12. Section 59-152-70(4)(b)). This function shall be represented in the partnership's Comprehensive Plan and include, at minimum:
    - i. The partnership board identifying one or more unmet needs within the partnership's service area impacting preschool children and their families, as a result of the partnership's needs and resource assessment and/or school readiness priorities as determined by the SC First Steps Board's strategic plan.
    - ii. The partnership leading or serving as a collaborating partner in establishing and coordinating a community-wide effort to address the identified need(s), with the active involvement of partnership board members and staff.
    - iii. **Local Team Meetings:** it is recommended that the local partnership convene, at least annually, a meeting of the local partnership staff with a member of the SCFS local partnership Program Officer team, as well as representatives from state First Steps programs located within the partnership's service area (if applicable), for the purpose of improving coordination and collaboration across state and local First Steps programs and with other programs and services in the community (Section 12. Section 59-152-70 (A)(4)(c)). Partnerships are encouraged to expand these meetings to include representatives from partner organizations and other community stakeholders.
    - iv. The partnership board developing goals and objectives for its role as a community convener, and evaluating and reporting on progress to its membership and the public on a regular basis.
3. Effective July 1, 2016, the local partnership **shall 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** (Section 12. Section 59-152-70(4)(a)). These services shall be represented in the partnership's Comprehensive Plan and include, at minimum:
- a) Accessibility and responsiveness to requests for assistance, including but not limited to: publicized hours of operation in a location accessible to the public, and the capability to receive and return messages (phone, text, email, etc.) in a timely manner.
  - b) An up to date inventory of available programs and services for referring families. Partnership staff and volunteers who provide these services shall possess the requisite knowledge of and relationships with providers in order to connect families.
  - c) Participation in local/county/regional coalitions, committees etc. of child-serving agencies and organizations,
  - d) Inclusion of local partnership programs and services in local/regional print or online resource directories (211, etc.).
  - e) Data collection: in cases where the child/family is participating in one or more partnership strategies, the partnership shall enter into the First Steps Data System connections to community-based services and the outcome of those connections.
4. Effective July 1, 2016, the local partnership shall **support the state-level school readiness priorities as determined by the State Board** (Section 12. Section 59-152-70(A)(c)). These priorities shall be represented in the partnership's Comprehensive Plan and must include:
- a) Increasing community awareness, education and outreach for programs and activities based on school readiness benchmarks as established by the State Board (Section 1. Section 59 -152-32(A)(2)), e.g., Profile of the Ready Kindergartner and the South Carolina Early Learning Standards
  - b) Programs and activities based on priorities in the SC First Steps Strategic Plan approved by the state First Steps board and legislative goals of SC First Steps (Section 1. Section 59 -152-32(A)(2))
  - c) Support and collaboration with state First Steps programs, including First Steps 4K programs
  - d) Supporting the implementation of the Kindergarten Readiness Assessment (KRA) to include sharing local school district KRA results with stakeholders, including teachers and parents of programs supported with First Steps funds (Section 1. Section 59 -152-33(D))
  - e) Other state level priorities as may be determined by the State Board
5. The local partnership board shall develop an annual Community Education and Outreach Plan in order to raise awareness, knowledge, engagement, participation and support for early childhood programs and services, including First Steps and in support of required Core Functions. Partnerships are strongly



encouraged to engage in online and social media and to have a social media policy as a part of their plan.

- a) Potential plan components include:
    - i. Increasing awareness and engagement of target audiences in supporting early childhood programs and the Profile of the Ready Kindergartner (i.e., [I CAN] campaign)
    - ii. Supporting the partnership's core function as a local portal
    - iii. Supporting the partnership's core function as a community convener
    - iv. Supporting the partnership's core function to address one or more state-level school readiness priorities
    - v. Increasing the knowledge and skills, and/or changing behaviors of target audiences in one or more areas of school readiness, child development best practices, etc. Refer to the Community Education and Outreach Plan Template for additional strategies/activities and examples.
    - vi. Outreach to target audiences to increase their participation in programs and services supporting children 0-5 and their families
    - vii. Increasing financial and other support for early childhood programs and services
    - viii. Engaging target audiences in working to improve community performance on school readiness benchmarks (Profile of the Ready Kindergartner, Palmetto Basics) and/or the state's readiness assessment
  - b. Within the Formula Funding Grant Application and Budget Spending Plan, the partnership must provide information regarding the activities to be funded in support of Core Functions.
  - c. Maintain data collection records on Core Function and Community Education/Outreach activities. SC First Steps will provide a template for annual reporting of Core Function outputs. Cases Data entry may be required if Core Function activities are to include ongoing services to children and families.
6. Partnerships providing – or seeking to provide - services within another First Steps partnership's designated coverage area are encouraged to communicate and collaborate with the affected partnership(s) and to document these collaborative efforts formally.

## **FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS RESOURCE DEVELOPMENT**

### **REQUIREMENTS FOR FY20:**

1. The local partnership board shall engage in resource development responsibilities that maximize the use of in-kind (volunteers, goods, services, and facilities) and cash contributions to the partnership. Partnerships must document a minimum 15% match (cash and/or in-kind) to state funds appropriated to the partnership in the current fiscal year by SC First Steps (Section 16. Section 59-152-130(A)). Partnerships that do not meet the minimum match requirement may be subject to Conditional Approval and/or additional actions by the SC First Steps Board of Trustees, including the suspension of grant funding.  
  
Responsibilities include:
  - Develop and submit an updated Resource Development Plan annually as part of the local partnership's Formula Funding Grant Application, which includes shared responsibility for resource development by board members and staff.
  - Assurance of adequate resources to support the local partnership board's strategies/programs.
2. The local partnership board shall conduct fundraising activities in an ethical and fiscally responsible

manner. A written process shall be developed to address the handling and acknowledgement of contributions and respect for donor confidentiality requests.

3. The local partnership board shall:
  - Accurately describe the purpose for fundraising activities.
  - Expend funds for the purpose they were solicited.
  - Maintain accounting segregation for restricted funds.
  - Raise funds in accordance with applicable local, state, and federal requirements.
4. The local partnership board will seek opportunities to collaborate with other partnerships and/or agencies/organizations to raise funds to meet the needs of at-risk children.
5. The partnership board and staff shall document in-kind contributions to the partnership in the format specified in the SC First Steps Operations Manual, and provide timely submission of in-kind documentation to the Finance Manager. All in-kind documentation and budget reallocations of in-kind funds must comply with fiscal year-end deadlines (Section 16. Section 59-152-130(B)).

# **SECTION 2:**

## **FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS**



### **FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS GENERAL**

#### **REQUIREMENTS FOR FY20:**

1. Implement program strategies in accordance with SC First Steps Partnership and Program Accountability Standards, exercise due diligence when selecting program strategies and, when establishing new program strategies, commit to allowing sufficient time for successful implementation (min. 2 years recommended).
2. Program strategies, including those funded by private and non-state funds, must support one or more First Steps goals (Section 13. Section 59-152-90(C)(c); Section 18. Section 59-152-150(C)) and address unmet needs identified in the partnership's needs and resource assessment and Comprehensive Plan. Partnership funds granted by the SC First Steps Board must comply with provisions for use of grant funds contained in the First Steps legislation (Section 14. Section 59-152-100(A)).
3. Program strategies must utilize the SC First Steps to School Readiness benchmarks and objectives (Profile of the Ready Kindergarten) (Section 13. Section 59-152-90(C)(b)).
4. At least 75% of state funds appropriated for programs must be used by the local partnership for "evidence-based" programs. Not more than 25% of state funds appropriated for programs to a local partnership may be used for "evidence-informed" programs (Section 14. Section 59-152-100(B)). Per First Steps legislation, this provision is based upon the list of evidence-based and evidence-informed programs adopted by the SC First Steps Board of Trustees, posted to the SC First Steps web site.
5. Program strategies must be adequately resourced (staff, funding).
6. Partnerships must closely monitor program vendors/contractors to ensure compliance with Program Accountability Standards. Partnerships should review contract provisions and the scope of work each year to ensure all program model components and program standards are addressed. Vendor contracts for program strategies shall include as an attachment, the applicable current year's First Steps Program Accountability Standards for that strategy.
7. State funds appropriated for Partnership services are intended for use within the geographical boundaries of each individual partnership. Partnership strategies may - on a limited basis and with approval by the partnership's board - serve clients not geographically located within the partnership's service area if strong justification exists for such services to be provided. Examples

include but are not limited to: high-risk families living just outside the county but within close proximity to partnership programs; and child care providers not located within the county but serving a substantial number of high-risk children from the partnership's service area. In such cases, partnership staff shall inform, coordinate, and collaborate with the local First Steps partnership in which the client is located.

8. Partnership executive directors and staff must ensure complete and accurate data is collected to measure program results and client satisfaction, including accurate and complete data entered in the First Steps Data Collection System as required.
9. Program strategies using local district resources within a school district must be conducted only with approval of the district's board of trustees (Section 14. Section 59-152-100(D)).
10. Partnership staff and volunteers who work directly with children shall be subject to SLED checks prior to hiring. Contractors must be able to provide this documentation upon request.
11. Per the partnership's grant agreement with SC First Steps, partnerships are responsible for reporting suspected child abuse, neglect or dependency, as defined and required by applicable law.
12. Partnerships shall keep a waiting list of all program applicants who cannot be served due to the program's reaching its service capacity.

# FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS PARENTS AS TEACHERS (201)

## REQUIREMENTS FOR FY20:

### SCFSBOT Designation: Evidence-Based

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

Partnerships funding Parents as Teachers shall work in collaboration with SC First Steps (in its capacity as South Carolina's State Office for Parents as Teachers) to ensure full compliance with national model guidelines. **Fidelity of implementation in SC includes meeting the 20 Essential Requirements of the Evidence Based Model along with a few SC-specific additions.** The following standards include a mix of both; however, the expected Measurement Criteria for PAT National Center is attached for clarity.

### **1) TARGETING:**

#### **a) Targeting Clients At-Risk Of Early School Failure**

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.

The following condition, while not considered part of SC First Steps' targeting criteria, is an additional characteristic that can put children at potentially higher risk for early school failure:

#### **Additional high-risk characteristic tracked by First Steps-funded programs:**

- Child was removed for behavioral reasons from one or more child care, Head Start or preschool

settings.

**b) Targeting By Age (Early Intervention)**

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

**c) Client Retention**

In order for home visitation to be effective, it is critical that client families remain in the program long enough to benefit from the planned intervention. Each partnership will be required to demonstrate its successful, long-term retention of 75% of its home visitation clients across nine or more months of program participation. **Pursuant to national model guidelines PAT affiliates must be designed to provide at least two full years of service to eligible families (ER 1)**

**2) SERVICE DELIVERY:**

**Fidelity to a published, research-based model**

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

**a) Home Visit Intensity and Delivery:**

- **Programs shall match the intensity of their service delivery to the specific needs of each family and case load of families per Parent Educator, with no client being offered less than 2 visits monthly. Clients identified as possessing two (2) or more board-approved risk factors (family stressors) shall receive home visitation up to weekly as the needs and availability of the family dictate. (ER 11)** (For purposes of grant renewal, conditional approvals may be issued to Partnerships averaging fewer than 2.0 visits per family, per month. For each family served, 1.8 average is considered the minimal threshold for visits per month, 2.0 is the targeted expectation, and 2.5 and above is considered outstanding intensity.)
- First Steps funded PAT programs shall maintain formal affiliate status via the Parents as Teachers National Center. SC First Steps and/or PAT National SC Implementation Specialist will host regular supportive conference calls or webinars to assist affiliates with tracking and meeting all model requirements. Supervisors are expected to attend these webinars each month.
- Quarterly Data Webinars will be provided to ensure that all vendors are able to roll over families, get their program registered and begin entering family visits and other required data.
- **All Affiliate Programs should complete a minimum of 24 visits per year, per family, as is required from the National PAT Center. (ER 11)**
- In households in which two or more preschool-aged children reside, vendors are permitted – but not required – to conduct separate visits designed to address the development of individual children. Alternately, curriculum information relating to the needs of each child may be combined into a single visit of greater duration. All children in the home under age 6 shall be served in the program.
- While PAT is ideally suited for delivery within the home (and home-based visitation expected as the primary method of service delivery), visits may be approved for delivery at an alternate location (a childcare center, family resource center, etc.) as either the documented needs of the family or safety of the visitor dictate. The alternative location must be suitable to delivery of parenting services such that integrity of the session and confidentiality of clients is maintained. Regardless of location, all visits must be one-on-one (First Steps-funded PAT visits may not be delivered in group settings); entail the use of PAT-specific foundational plans and planning forms and last at least 45 minutes.
- **Parent Educators shall use the foundational visit plans and planning guide from the curriculum to design and deliver personal visits to families. (ER 10)**
- **Beginning July 2019 all PAT forms shall be used while delivering the model per PAT National Requirements.**
- Data on each home visit shall be entered into the FSDC client database system within 14 days of completion. In the event that the Partnership has identified an individual responsible for all client data entry, vendors shall formally submit this information to the Partnership within this same 14 day window for subsequent entry.
- **No Parent Educator may carry a caseload of more than twenty (20) active families. Smaller caseloads may be necessary based upon the intensity of services provided (ex:**

weekly home visits) or as determined by individual family needs. One Full time parent educator should serve no less than 15 families unless specifically discussed and approved by South Carolina First Steps PO Team. (ER 12)

- No supervisor or lead Parent Educator may be assigned more than 12 Parent Educators, regardless of whether the Parent Educators are full or part time employees. (ER 5)
- Supervisors/Lead Parent Educators who are also serving families should serve 10 families or less, depending on the number of Parent Educators supervised. For example, if a Supervisor/Lead Parent Educator supervises 6 or more Parent Educators then she/he should serve no more than 5 families.

**b) Group Connections:**

- At least one parent education group connection (per vendor or area of service if large program) shall be offered monthly, for a total of 12 per program year. (ER 13)

**c) Screenings and Referrals:**

- Parenting vendors shall document the completion of all model-related health and developmental screenings to include hearing, vision, use of milestone checklists, dental checks, etc. This should be completed by 7 months of age or within 90 days of enrollment and annually thereafter. (ER 14)
- Vendors shall seek to ensure that each participating client family is connected with a pediatric medical home and other community services as appropriate.
- Each client child shall be assessed using the age-appropriate developmental screening tools Ages & Stages 3 and Ages and Stages SE2 at birth, by 7 months of age or within 90 days of enrollment and annually thereafter. (ER 15) Child Development Surveillance shall take place during each personal visit and shall be recorded on the PAT Milestone Check Form. (ER 16) In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Vendors shall maintain (within the First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Partnerships and their funded vendors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. 60% of families that receive at least one personal visit shall be connected to at least one community resource in the program year, per PAT model standards. (ER 17) Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.

**d) Family Assessment and Goal Setting:**

- First Steps PAT vendors shall adhere to national model requirements pertaining to use of the Life Skills Progression (LSP), an approved family needs assessment tool. It is completed every six months or annually on the focus parent/caregiver and is used for Parent Educator Information only. (ER 8) All LSP items shall be entered into the First Steps Data System.
- All parenting and family strengthening vendors shall develop well-documented Family Goal Plans between the home visitor and at least 60% of families (using the PAT Goal Setting form) within 3 months of the enrollment of each within the program, and subsequently update these plans at least semi-annually to gauge progress and goal attainment. (ER 9)

**e) Integrated Service Delivery and Referrals:**

- Partnerships shall utilize the Life Skills Progression and/or other formal and informal needs assessments to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum. All referrals to other services shall be entered into the First Steps Data System.
- Each PAT Affiliate shall convene an advisory committee at least twice yearly. (ER 3) These meetings shall incorporate community stakeholders in an effort to identify service gaps, and



increase collaborative service referrals. This committee also advises, provides support for and offers input to the affiliate program for planning and evaluation purposes.

**f) Staff Qualifications and Training:**

- All Parent Educators and Supervisors in SC must possess at least a two-year degree in early childhood education, comparable experience or a closely related field and document successful completion of/initial certification in PAT's *Foundational and Model Implementation Training*. Educators whose caseloads include children aged 3-5 must also maintain the *Foundational 2 (3-5)* certification. (ER 2 and ER 6)
- Each PAT Affiliate shall be overseen by one or more individuals certified as PAT Supervisors. New Supervisors shall attend the Foundational Curriculum and Model Implementation Training. (ER 6)
- Each Parent Educator shall successfully complete his/her annual recertification and an additional three hours of professional development. (ER 7)
- Each Parent Educator shall maintain annual re-certification in the Keys to Interactive Parenting Scale (KIPS).
- All annual training and/or recertification (for both program and individual staff members) must be documented on-site by the PAT vendor.

**g) Ongoing Program Quality Improvement and Professional Development**

- Each PAT vendor shall participate in the PAT affiliate National Quality Endorsement process every 5<sup>th</sup> year and make ongoing use of the *PAT Parent Evaluation* (annually), *Parent Educator Performance Evaluation* (annually), *Parent Educator and Supervisor Self-Evaluations* (annually), *Program Evaluation by Parent Educators* (annually) and *Peer Mentor Observation* (optional). Each program must submit an Affiliate Performance Report to PAT and South Carolina First Steps by July of each year. All Performance Measurement Reports generated by PAT National and State Offices are to be used to develop Continuous Quality Improvement Plans. (ER 19)
- Each participating First Steps Partnership PAT program shall convene a monthly staff meeting of all pertinent program/vendor staff (to include those staff members providing both supervision and direct service to families) to review recruitment, standards compliance, programmatic data and other issues related to strategy success. A minimum of 2 hours of staff meetings per month for full-time Parent Educators and a minimum of 1 hour of staff meetings for part-time Parent Educators. (ER 4)
- Full-time Parent educators shall participate with their supervisor in individualized reflective supervision meetings at a minimum of 2 hours per month. No less than 18 hours of individualized reflective supervision during the program year is expected. Part-time Parent Educators shall participate at a minimum of one hour of reflective supervision per month. (ER 4)

**3) ASSESSMENT AND DATA SUBMISSION:**

- All PAT Affiliate vendors shall complete, at minimum, baseline and post assessments of the *primary adult client* identified within each enrolled case using the Keys to Interactive Parenting Scale (KIPS). The initial KIPS should be completed within 45 days of enrollment if the child is older than 2 months; if less than 2 months old at enrollment, the initial KIPS should be done immediately after (not before) the child's 2-month birthday. (ER 20)
- Thereafter, KIPS should be done at the following intervals during the first program year of enrollment: A 2<sup>nd</sup> KIPS should be done before the current year's data deadline if the case was enrolled by December 31 AND the child was age-eligible for KIPS by December 31. If not, then a 2<sup>nd</sup> KIPS is not required for data compliance, but highly recommended if there is any reason to believe the family may leave the program before the next program year starts.
- For the 2<sup>nd</sup> and subsequent years of enrollment, KIPS needs to be scheduled for the beginning and end of the program year (prior to the data deadline), IF the case only received one KIPS during the first year of enrollment. If the case received 2 or more KIPS during the first year of enrollment, only one KIPS is required per year thereafter.
- Regardless of how long a family has been served, or how long it has been since the family last received a KIPS, it is important to assess the family one final time within 30 days of exiting the program, if possible.
- In addition to the KIPS, each family containing children aged 30 months or older shall have their

interactive literacy behaviors assessed by a trained evaluator using the Adult-Child Interactive Reading Inventory (ACIRI). Each family educator making use of the ACIRI shall document his/her attendance at a First Steps sponsored training on the instrument. An initial ACIRI shall be performed within 45 days of enrollment if the child is 30 months or older; if less than 30 months old at enrollment, the initial ACIRI should be done immediately after (not before) the child's 30-month birthday.

- Thereafter, ACIRI should be done at the following intervals during the first program year of enrollment: A 2<sup>nd</sup> ACIRI should be done before the current year's data deadline if the case was enrolled by December 31 AND the child was age-eligible for ACIRI by December 31. If not, then a 2<sup>nd</sup> ACIRI is not required for data compliance, but highly recommended if there is any reason to believe the family may leave the program before the next program year starts.
- For the 2<sup>nd</sup> and subsequent years of enrollment, an ACIRI needs to be scheduled for the beginning and end of the program year (prior to the data deadline) IF the case only received one ACIRI during the first year of enrollment. If the case received 2 or more ACIRIs during the first year of enrollment, only one ACIRI is required per year thereafter.
- Regardless of how long a family has been served, or how long it has been since the family last received a ACIRI, it is important to assess the family one final time within 30 days of exiting the program, if possible.
- SC First Steps may conduct randomized KIPS/ACIRI reliability monitoring. Sample client videos may be requested for confidential scoring review and shall be maintained on site for potential review for a period spanning four months from the date of original administration.
- Note that both the KIPS and ACIRI are utilized as assessments of adult behaviors and thus need not be completed with each adult-child pairing in the household. Post assessments should, however, assess the interactions of the same adult-child pairing observed during the baseline assessment.
- **All PAT Affiliate vendors shall complete as a second outcome the American Academy of Pediatrics' Bright Futures schedule of recommended dates for well-child visits as documented in the PAT Child Health Record. This will be entered into the First Steps Data Collection System to determine the percentage of children who received the last recommended well-child visit on the Bright Futures Schedule. (ER 20)**
- Client demographic data, visits and group connections, program referrals, connections to services, screenings, well-child visits, assessments and family needs assessment data shall be collected within the First Steps Data Collection System (FSDC). **At least annually, the affiliate gathers and summarizes feedback from families about the services they've received, using the results for program improvement. This summary information shall be shared with the SCFS State Office for purposes of providing support to affiliates. (ER 18)**

SEE ATTACHMENT 1 FOR A LIST OF PAT ESSENTIAL REQUIREMENTS.

## FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS MOTHEREAD/FATHEREAD (202)

### REQUIREMENTS FOR FY20:

#### SCFSBOT Designation: Evidence-Based

#### **SUMMARY:**

Motherhead/Fatherhead is a literacy intervention to improve children's literacy outcomes by increasing the quality and frequency of parent-child shared reading activities in the home. Its goal is for adults and children to learn to use the power of literacy to discover more about themselves, their families, and their communities. It includes classes for parents, early childhood professionals and other adults, curricula for adult educators and childcare instructors, and training in the use of the curricula.

#### **1) TARGETING:**

##### **a) Targeting Clients At-Risk Of Early School Failure**

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

**Readiness Risk Factors:**

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years

The following condition, while not considered part of SC First Steps' targeting criteria, is an additional characteristic that can put children at potentially higher risk for early school failure:

**Additional high-risk characteristic tracked by First Steps-funded programs:**

- Child was removed for behavioral reasons from one or more child care, Head Start or preschool settings

**b) Client Retention**

In order for a family literacy model to be effective, it is critical that client families remain in the program long enough to benefit from the planned intervention. Each partnership will be required to demonstrate its successful, long-term retention of 75% of its family literacy clients with both parent and child. Motherread/Fatheread standards call for a minimum of 20 hours of instruction. Groups last 8 to 10 weeks.

**2) SERVICE DELIVERY:**

**Fidelity to a published, research-based model**

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

**a) Intensity and Delivery:**

- Group meetings are to adhere to the Motherread/Fatheread Teacher's Guide
- Group size ranges from 5 to 15 participants
- Data on program activities (other than home visits) shall be entered into the FSDC client database system within 30 days of completion. In the event that the Partnership has identified an individual responsible for all client data entry, vendors shall formally submit this information to the Partnership

within this same 30 day window for subsequent entry (14 days for home visits).

**b) Screenings and Referrals:**

- Client screenings and referrals based on screening results shall be entered into the FSDC within 30 days of the event.

**c) Integrated Service Delivery and Connections to Resources:**

- As part of the local First Steps partnership's core function as a local portal, program staff shall utilize client risk factors, as well as screening/assessment results and results of client interactions, to refer and connect clients to services they may need or want in order to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of clients/families served by First Steps, it is expected that a **majority of clients** will be connected to services in addition to this program. Pre-existing connections made prior to the client's involvement with First Steps may count toward this standard.
- Attempted and successful connections (interventions and referrals), shall be entered into the FSDC within 30 days of the connection. Pre-existing connections should be entered within 30 days of client entry into the program.

**d) Staff Qualifications and Training:**

- Motherread/Fatheread group leaders must complete the three day Motherread Institute before implementing the program.

**3) ASSESSMENT:**

- First Steps programs shall administer client satisfaction surveys at least annually, and use data collected for program improvement.
- All First Steps-funded vendors shall complete, at minimum, baseline and post assessments of the primary adult client identified within each enrolled case using the TABE (Test of Adult Basic Education). The testing schedule should align with adult education assessment policy as set by SCDE. This is only required if the program is delivered within a Family Literacy Program.
- Other assessments of the Motherread/Fatheread Program shall be administered in accordance with instruction in the Motherread/Fatheread Teacher's Guide. They include the "Daily Out of Class Record" Log and "End of Class Evaluation Form".
- Client assessments shall be entered in the FSDC within 30 days of administration.

**4) DATA SUBMISSION:**

- Adult and child (ages 0-5) information, connections to services, and screening results shall be collected within the cases data First Steps Data Collection System (FSDC). Program sessions and client attendance shall be entered as group meetings within the FSDC. Program assessments containing numerical scores shall be entered in the FSDC (submit request to SC First Steps to add assessment type(s) to the FSDC).

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

**REQUIREMENTS FOR FY20:**

**SCFSBOT Designation: Evidence-Based**

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

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

PCHP fidelity requirements are included for clarity.

## **1) TARGETING:**

### **a) Targeting Clients At-Risk Of Early School Failure**

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications
- English is not primary language spoken in the home
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.

The following condition, while not considered part of SC First Steps' targeting criteria, is an additional characteristic that can put children at potentially higher risk for early school failure:

#### **Additional high-risk characteristic tracked by First Steps-funded programs:**

- Child was removed for behavioral reasons from one or more child care, Head Start or preschool settings.

### **b) Targeting By Age (Early Intervention)**

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

### **c) Client Retention**

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

## **2) SERVICE DELIVERY:**

### **Fidelity to a published, research-based model**

In order to ensure the delivery of high quality services and the validity of agency-wide evaluation efforts, vendors shall ensure that each First Steps-funded parenting/family strengthening strategy is implemented with fidelity to its

published, research-based model. "Fidelity" is defined as complying with model specifications relating to:

**a) Home Visit Intensity and Delivery:**

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

**b) Screenings and Referrals:**

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

**c) Staff Qualifications and Training:**

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

**d) Ongoing Program Quality Assessment:**

- PCHP vendors shall utilize *Parent and Child Together (PACT) Observations* to guide family goal setting and evaluate changes in parent behavior, as required, report all required data within the national PCHP Management Information System and administer the *Evaluation of Child Behavior Traits (CBT)* as required.
- Each participating PCHP program shall convene a supervisory meeting of all pertinent



program/vendor staff (to include those staff members providing both supervision and direct service to families) no less than quarterly to review recruitment, standards compliance, programmatic data and other issues related to strategy success.

**e) Family Assessment and Goal Setting:**

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

**f) Integrated Service Delivery:**

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

**3. ASSESSMENT AND DATA SUBMISSION:**

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



- Note that both the KIPS and ACIRI are utilized as assessments of adult behaviors and thus need not be completed with each adult-child pairing in the household. Post assessments should, however, assess the interactions of the same adult-child pairing observed during the baseline assessment.
- Client demographic, program, referrals, connections to services, screening and assessment data shall be collected within the First Steps Data Collection System (FSDC).

## FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS HEALTHY FAMILIES AMERICA (207)

### REQUIREMENTS FOR FY20:

#### SCFSBOT Designation: Evidence-Based

#### **SUMMARY:**

Healthy Families America (HFA) is a program of Prevent Child Abuse America designed to support parents who may be experiencing a range of current or past challenges, including single parenthood, low income, a history of maltreatment, substance abuse, mental health concerns, or domestic violence. HFA is designed as a prevention program; thus, visits begin prenatally or within the first three months after a child's birth and continue until children are between 3 and 5 years old.

#### **1) TARGETING:**

##### **a) Targeting Clients At-Risk Of Early School Failure**

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

#### **Readiness Risk Factors:**

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.

The following condition, while not considered part of SC First Steps' targeting criteria, is an additional characteristic that can put children at potentially higher risk for early school failure:

**Additional high-risk characteristic tracked by First Steps-funded programs:**

- Child was removed for behavioral reasons from one or more child care, Head Start or preschool settings.

HFA Model Requirements require the use of standardized screening and assessment tools to systematically identify and assess families most in need of services. The Parent Survey or other HFA approved tool is used to assess the presence of various factors associated with increased risk for child maltreatment or other adverse childhood experiences.

**b) Targeting By Age (Early Intervention)**

Eligibility is determined prenatally through two weeks of the birth (up to 20% of families can fall outside of this timeframe). First home visit subsequent to the offer of services occurs prenatally through three months of the baby's birth (up to 20% of families can fall outside of this timeframe). In the event that unique and/or emergency circumstances warrant, Partnerships may enroll additional clients aged three-months or older with the provision of written justification to SC First Steps.

**c) Client Retention**

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

**2) SERVICE DELIVERY:**

**Fidelity to a published, research-based model**

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

**a) Intensity and Delivery:**

All training and technical assistance is provided by the HFA national office. Core training for direct service staff and supervisors is required; advanced supervisor and wraparound training (for home visitors is also available (<http://www.healthyfamiliesamerica.org/core-training/>). Ongoing access to high quality supervision is also necessary to support program delivery. HFP Model Requirements call for services that take into account the culture of families such that staff understands, acknowledges, and respects cultural differences of families.

- HFA is an intensive home visitation model consisting of at least one 60-minute home visit per week for 6 months after the child's birth. After the first 6 months, visits may be less frequent and may continue until the child is 3 to 5 years of age. At least 75% of families must receive 75% of expected home visits. Family progress is used to determine family readiness to move to less frequent home visits.
- Services are offered at a minimum of three years and up to five years after the birth of the baby.
- An HFA Service Plan is developed to address family needs throughout the course of services.
- Data on program activities (other than home visits) shall be entered into the FSDC client database system within 30 days of completion. Home visits shall be entered within 14 days. In the event that the Partnership has identified an individual responsible for all client data entry, vendors shall formally submit this information to the Partnership within this same 30 day window for subsequent entry (14 days for home visits).

**b) Screenings and Referrals:**

- Parenting vendors shall document the completion of all developmental screenings within 90 days of enrollment.
- Vendors shall seek to ensure that each participating client family is connected with a pediatric medical home and other community services as appropriate.
- Each client child shall be assessed using an age-appropriate developmental screening tool (e.g. Ages & Stages) Administration of the ASQ-SE2 is recommended as well. In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, *and* (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Vendors shall maintain (within the First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.

- Partnerships and their funded vendors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.
- **Integrated Service Delivery and Connections to Resources:**
- As part of the local First Steps partnership's core function as a local portal, program staff shall utilize client risk factors, as well as screening/assessment results and results of client interactions, to refer and connect clients to services they may need or want in order to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of clients/families served by First Steps, it is expected that a **majority of clients** will be connected to services in addition to this program. Pre-existing connections made prior to the client's involvement with First Steps may count toward this standard.
- Attempted and successful connections (interventions and referrals), shall be entered into the FSDC within 30 days of the connection. Pre-existing connections should be entered within 30 days of client entry into the program.

**d) Staff Qualifications and Training:**

- All staff receive Orientation training on specific topics prior to working with families. These trainings are typically provided by HFA supervisor and/or Program Manager.
- All staff receive wraparound training topics (topics outlined in best practice standards) within 3 months, 6 months and 12 months of hire. These trainings are available to HFA affiliates through 35 hours of distance learning modules. Sites are also encouraged to receive training locally from community partners (i.e., domestic violence shelters, mental health facilities, etc.).
- All staff must receive ongoing training based on their current skill set in an effort to build skills and competencies. These trainings are typically achieved through conferences, webinars, and trainings offered at local or state level.
- HFA requires ongoing access to high quality supervision.

**3) ASSESSMENT:**

- First Steps programs shall administer client satisfaction surveys at least annually, and use data collected for program improvement.
- All assessments required by HFA are to be administered as set forth in standards. These include CHEERS (Cues, Holding Empathy, Expression Rhythmicity/Reciprocity, Smiles) Check-In, to be administered at least annually and up to quarterly. In addition, the Parent Survey Rating Scale shall be administered at the first visit to assess risk factors.
- The primary caregiver in each family receives a depression screen prenatally (when enrolled prenatally) and postnatally (within 3 months), and with any subsequent birth.
- Client assessments shall be entered in the FSDC within 30 days of administration.

**4) DATA SUBMISSION:**

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

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

**REQUIREMENTS FOR FY20:**

**SCFSBOT Designation: Evidence-Based**

***First Steps' parent home visitation strategies are designed to equip adult clients with the knowledge and skills necessary to promote the school readiness, healthy development and long-term success of their preschool-***

**aged children. Partnerships funding these strategies shall ensure vendor compliance with each of the following:**

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

### **1) TARGETING:**

#### **a) Targeting Clients At-Risk Of Early School Failure**

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications
- English is not primary language spoken in the home,
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.

The following condition, while not considered part of SC First Steps' targeting criteria, is an additional characteristic that can put children at potentially higher risk for early school failure:

#### **Additional high-risk characteristic tracked by First Steps-funded programs:**

- Child was removed for behavioral reasons from one or more child care, Head Start or preschool settings.

#### **b) Targeting By Age (Early Intervention)**

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

#### **c) Client Retention**

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

## **2) SERVICE DELIVERY:**

### **Fidelity to a published, research-based model**

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

#### **a) Home Visit Intensity and Delivery:**

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

#### **b) Group Meetings:**

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

#### **c) Screenings and Referrals:**

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

#### **d) Staff Qualifications and Training:**

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

#### **e) Ongoing Program Quality Assessment:**

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

recruitment, standards compliance, programmatic data and other issues related to strategy success.

**f) Family Goal Plans:**

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

**g) Integrated Service Delivery:**

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

**3. ASSESSMENT AND DATA SUBMISSION:**

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

**SEE ATTACHMENT 2 FOR A COPY OF ESSS STANDARDS.**

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

**REQUIREMENTS FOR FY20:**

**SCFSBOT Designation: Evidence-Based**

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

- 1) **TARGETING:** First time, low-income mothers (Medicaid eligible or a family income not to exceed 185% of the federal poverty definition).
- 2) **DATA COLLECTION:** Full client and visit data will be submitted via the NFP Efforts to Outcomes (ETO) system, per model guidelines.



- 3) **TRAINING/PROFESSIONAL DEVELOPMENT:** Nurses and supervisory staff will complete all required training, prior to the provision of service and participate in professional development as required by the NFP National Service Office.
- 4) **CURRICULAR FIDELITY:** Nurse Family Partnership services will be delivered with fidelity to each of the model's 18 model elements as defined by the Nurse Family Partnership National Service Office.

Partnerships also may support the NFP strategy by providing indirect support. Examples of this type of support include providing funding to support NFP events/celebrations for clients; material needs for clients such as diapers, formula, hygiene items, and developmentally appropriate toys or books.

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

### REQUIREMENTS FOR FY20:

#### SCFSBOT Designation: Evidence-Based

##### 1) Client Targeting

With the understanding that DPIL enrollment is open to all age-eligible children, partnerships are encouraged to target DPIL enrollment to children 3 and under. DPIL studies indicate that longer program participation is associated with stronger home literacy environments and greater frequency of parents reading to children (Samiei et al, 2016).

##### 2) 87% Books Rule

Partnerships administering an Imagination Library strategy must devote 87% or more of strategy funds to the procurement of books. Programs seeking a waiver of this 13% cap on non-book related spending must petition the State Board of Trustees, providing a detailed accounting of all strategy-related spending.

##### 3) Use DPIL as a Supplement to More Comprehensive Interventions

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

##### 4) Solicitation of Community Support (25% Match Requirement)

Due to DPIL's requirement that services be provided to any age-eligible child within the partnership's service area – i.e., the partnership may not restrict DPIL enrollment to children at risk for not being ready for school - a cash match of at least 25% is required for any state funds committed to the DPIL strategy. (e.g. No more than 75% of the Partnership's total DPIL budget may be derived from state funding.)

##### 5) Data Collection

DPIL strategies shall enter monthly outputs data into the FSDC. Partnerships shall keep an electronic record of DPIL families with, at minimum, the child's full name and birthdate, the family's contact information, and beginning and ending dates of program participation and make this electronic information available to SCFS for evaluation purposes upon request. It is recommended that partnerships also administer a survey or other instrument to track changes in home literacy practices. This instrument should be administered, at minimum, upon enrolling in DPIL and upon aging out or exiting the program.

## FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS RAISING A READER-ENHANCED (218)

### REQUIREMENTS FOR FY20:

#### SCFSBOT Designation: Evidence-Based

##### SUMMARY:



The mission of Raising a Reader (RAR) is to engage families in a routine of daily “book-cuddling” with their children to foster healthy brain development, parent-child bonding, and early literacy skills critical for school success. It was been shown to be effective in increasing children’s oral language and print knowledge when implemented in conjunction with parent literacy training. Its intended audience is young children and their caregivers and early childhood educators. Its central organizing components are informal professional development for early childhood educators, a weekly book rotation, parent engagement, child-driven literacy experiences, and library connections. RAR is intended to be implemented as a family literacy supplement to a center- or home-based early learning and development program such as Head Start/Early Head Start, child care, home visitation, or family literacy.

## **1) TARGETING:**

### **a) Targeting Clients At-Risk Of Early School Failure**

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

#### **Readiness Risk Factors:**

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child’s birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child’s birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.

The following condition, while not considered part of SC First Steps’ targeting criteria, is an additional characteristic that can put children at potentially higher risk for early school failure:

#### **Additional high-risk characteristic tracked by First Steps-funded programs:**

- Child was removed for behavioral reasons from one or more child care, Head Start or preschool settings.

### **b) Client Retention and Exit**

Raising a Reader-Enhanced is ongoing with no specific time frame for center involvement; families are involved in RAR for as long as their child(ren) are enrolled in the host program.

## **2) SERVICE DELIVERY:**

### **Fidelity to a published, research-based model**

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

#### **a) Intensity and Delivery:**

- Obtain and maintain affiliate status with the program model.
- Service is to be delivered following program standards and including the parent literacy training component, described below
- Delivery of the book rotation and classroom activities take place in the host program, for example, child care centers, Head Start, preschools. Parent literacy training can occur in a setting that is feasible for activities (see below). The Raising a Reader curriculum must be used to plan, deliver, follow up and monitor program activities
- As per the RAR Affiliate Agreement, RAR red book bags with 3 – 4 books (depending on the age of the child) each rotate to children's homes every week.
- Trained RAR implementers report to the RAR coordinator and maintain responsibility for: 1) regular bag rotation, 2) being the primary contact with the parents, 3) assuring that children and families have meaningful contact with libraries 4) parent literacy trainings being conducted as described below, and 5) collecting data under the supervision of the RAR coordinator
- Data on program activities (other than home visits) shall be entered into the FSDC client database system within 30 days of completion. Home visits shall be entered within 14 days. In the event that the Partnership has identified an individual responsible for all client data entry, vendors shall formally submit this information to the Partnership within this same 30 day window for subsequent entry (14 days for home visits).

#### **b) Group Connections or Other Supporting Activities:**

- The parent literacy component of RAR consists of parent instruction in shared reading techniques and time for parents to practice the new techniques with their own children
- Minimum of 5 parent sessions per year which includes 30 min of didactic and demonstrative instruction and 30 minutes for parents to practice reading to their children using the new shared reading techniques learned in training.  
Include any supplemental activities of the program that are in addition to the program's core service, if applicable (example: group connections for PAT). Do not include screenings, referrals, or assessments as they are included elsewhere in the standards.

#### **c) Screenings and Referrals:**

- Client screenings and referrals based on screening results shall be entered into the FSDC within 30 days of the event.

#### **d) Integrated Service Delivery and Connections to Resources:**

- The RAR coordinator assures that families are meaningfully connected to the library by ensuring that parents receive information about the library and a library card application and are invited to attend a library event.
- Blue book bags (for carrying library books and gentle reminders for families to continue borrowing books and maintain book sharing routines) are introduced and provided to each child once during his/her participation in RAR.
- As part of the local First Steps partnership's core function as a local portal, program staff shall utilize client risk factors, as well as screening/assessment results and results of client interactions, to refer and connect clients to services they may need or want in order to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of clients/families served by First Steps, it is expected that a **majority of clients** will be connected to services in addition to this program. Pre-existing connections made prior to the client's involvement with First Steps may count toward this standard.
- Attempted and successful connections (interventions and referrals), shall be entered into the FSDC within 30 days of the connection. Pre-existing connections should be entered within 30 days of client entry into the program.

#### **e) Staff Qualifications and Training:**

- As per the RAR Affiliate Agreement, all RAR coordinators must attend an RAR National Coordinator Training. All implementers must attend two trainings conducted by a coordinator. These trainings must

include a kickoff orientation and implementer skill building training as outlined in the RAR Affiliate Agreement. All implementers must receive onsite coaching at least once a year as part of a coordinator site visit.

- Appropriate personnel should also be trained in any screenings or assessments used by the program.

**f) Ongoing Program Quality Improvement and Professional Development**

- The RAR Online Affiliate Network is available to Affiliates via a password-protected area of Raising A Reader's web site. This network enables Affiliates to share best practices, access Raising A Reader tools and templates, view newsletters and sustainability archives, and see the most up-to-date RAR calendar.,
- All coordinators will conduct two trainings for implementers each program year. As per the RAR Affiliate Agreement, the trainings are Kickoff Orientation and Program and Skill Building Training.
- All RAR implementers are to receive onsite coaching at least once a year as part of a coordinator site visit. The RAR parent survey, site rubric and/or other tools can be used to assess implementation of the RAR program.

**3) ASSESSMENT:**

- First Steps programs shall administer client satisfaction surveys at least annually, and use data collected for program improvement.
- Host programs in which RAR is being implemented should measure pre-to-post change in language and literacy outcomes, per the goals of the program model. The RAR Affiliate Agreement lists the following assessments as appropriate for use with the model: DIBELS, PPVT, Creative Curriculum, and PALS. Other assessments may be used as indicated by the host program's curriculum. Programs are also encouraged to use the Adult-Child Interactive Reading Inventory (ACIRI) as a means of assessing both parent and child changes in literacy behaviors.
- RAR Parent Surveys (baseline and follow-up) are to be administered to measure behavior change in parents and children.
- Home visitation strategies shall use the Keys to Interactive Parenting Scale (KIPS) and the Adult-Child Interactive Reading Inventory (ACIRI) in accordance with First Steps Program Standards. To request an exemption of this requirement, contact SC First Steps.
- Client assessments shall be entered in the FSDC within 30 days of administration.

**4) DATA SUBMISSION:**

Contact SC First Steps to create a data submission plan for this program, including data to be entered in the First Steps Data Collection system (FSDC). Both outputs data and/or cases data may be required, depending on the setting(s) in which RAR is implemented. Data submission requirements may be modified based on the program model's activities, screenings and assessments vs. the data entry fields available in the FSDC.

**FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS  
LENA: LANGUAGE ENVIRONMENT ANALYSIS-HOME (224)**

**REQUIREMENTS FOR FY20:**

**SCFSBOT Designation: Evidence-Based**

**SUMMARY:**

Language Environment Analysis (LENA) Home is a home visitation and online parenting intervention intended for parents of young children that has been shown to improve children's language ability. In the case of parents with below average ratings on automated language measures, they demonstrated significant improvement. LENA Home was designed to supplement other parenting home visitation programs to supplement the curriculum, but it can be implemented as a stand-alone strategy.

**1) TARGETING:**

### **a) Targeting Clients At-Risk Of Early School Failure**

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

#### **Readiness Risk Factors:**

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.

The following condition, while not considered part of SC First Steps' targeting criteria, is an additional characteristic that can put children at potentially higher risk for early school failure:

#### **Additional high-risk characteristic tracked by First Steps-funded programs:**

- Child was removed for behavioral reasons from one or more child care, Head Start or preschool settings.

### **b) Additional Targeting Criteria**

LENA has been found to be particularly effective for parents with below average ratings on automated language measures, they demonstrated significant improvement. Examples would be parents with limited vocabulary and those who do not engage in conversation (turn taking) with their young children.

### **c) Client Retention and Exit**

LENA-Home is a 10-session home visitation program.

## **2) SERVICE DELIVERY:**

### **Fidelity to a published, research-based model**

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

#### **a) Intensity and Delivery:**

- As per the implementation method that demonstrated desired outcomes, the LENA strategy is to be implemented, at a minimum, as a, 3-month intensive feedback and support program for parents

utilizing LENA for in-home audio recording and reports. Home visits are to be conducted weekly.

- Feedback and support during implementation must include (a) LENA-based feedback reports for parents regarding their home language environments, (b) educational materials providing information to parents on improving their child's language environment, and (c) coaching support by a trained staff member.
- Services are to be delivered in the families' homes
- The LENA Home program provides an outline curriculum to be implemented for the home visits.
- Data on program activities (other than home visits) shall be entered into the FSDC client database system within 30 days of completion. Home visits shall be entered within 14 days. In the event that the Partnership has identified an individual responsible for all client data entry, vendors shall formally submit this information to the Partnership within this same 30 day window for subsequent entry (14 days for home visits).

**b) Screenings and Referrals:**

- Client screenings and referrals based on screening results shall be entered into the FSDC within 30 days of the event.

**c) Integrated Service Delivery and Connections to Resources:**

- As part of the local First Steps partnership's core function as a local portal, program staff shall utilize client risk factors, as well as screening/assessment results and results of client interactions, to refer and connect clients to services they may need or want in order to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of clients/families served by First Steps, it is expected that a **majority of clients** will be connected to services in addition to this program. Pre-existing connections made prior to the client's involvement with First Steps may count toward this standard.
- Attempted and successful connections (interventions and referrals), shall be entered into the FSDC within 30 days of the connection. Pre-existing connections should be entered within 30 days of client entry into the program.

**d) Staff Qualifications and Training:**

- LENA requires online training (in the form of a webinar) to review the LENA program.
- Because the LENA training is relatively brief and because the curriculum is in the form of a brief outline, it is strongly recommended that staff implementing LENA Home also have at least two years of experience in home visitation.

**3) ASSESSMENT:**

- First Steps programs shall administer client satisfaction surveys at least annually, and use data collected for program improvement.
- Parent surveys, provided by LENA, that assess child language-focused questionnaires are administered, at a minimum, at baseline (just after recruitment) and then at 3-month intervals.
- Measures of the home language environments are obtained with the LENA software. They are standardized scores for: 1) the number of adult words spoken near the children daily (AWC), 2) the number of conversational turns (CTs) engaged in with the children daily, and 3) time spent reading daily.
- LENA's language assessment (Snapshot) is to be administered as prescribed in the LENA Home Outline of Coaching Sessions. It is to be administered no more than once per month. The recommended schedule is at Sessions #2, #5, and #8. There is an option to continue to offer the Snapshot to families on a monthly basis, through age 36 months.
- Client assessments shall be entered in the FSDC within 30 days of administration.

**4) DATA SUBMISSION:**

- Client information, risk factors, LENA visits and LENA software measures are to be entered in the Cases Data section of the FSDC.

**FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS**

# FAMILY LITERACY MODEL (211)

## REQUIREMENTS FOR FY20:

### SCFSBOT Designation: Evidence-Informed

**Early childhood education and parent education components of a family literacy strategy may be considered evidence-based if the component adheres to a program designated as evidence-based by the SC First Steps Board of Trustees. Those evidence-based components shall be funded and reported under their respective early education and parenting program codes.**

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

### **1) TARGETING:**

**a) Targeting Clients At-Risk Of Early School Failure (Adult shall have one or more preschool-aged child or is pregnant and expecting a child at the time of enrollment into the program.**

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications
- English is not primary language in the home
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.

The following condition, while not considered part of SC First Steps' targeting criteria, is an additional characteristic that can put children at potentially higher risk for early school failure:

**Additional high-risk characteristic tracked by First Steps-funded programs:**

- Child was removed for behavioral reasons from one or more child care, Head Start or preschool settings.



### **b) Client Retention**

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

## **2) SERVICE DELIVERY:**

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

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

#### **a) Parent Education:**

- Programs shall match the intensity of their service delivery to the specific needs of each family with a minimum of 2 contacts per month. This component shall be delivered using an approved, evidence-based/parent education model. Approved models are EHS, PAT, Triple P, Incredible Years or other evidence based curriculum model. Clients identified as possessing two (2) or more board-approved risk factors shall receive services as the needs and availability of the family dictates with a minimum of 2 contacts per month.
- At least one parent education large group meeting/training shall be offered each month (per vendor or area of service if large program).

#### **b) Adult Education:**

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

#### **c) Early Childhood Education:**

- The preschool child client shall be enrolled in a quality early childhood education program (preferably on location where the adult education class is conducted). A quality early childhood education program is defined as a program that is DSS licensed and exceeds minimum licensing requirements (participating in the ABC quality Program at a level B or higher) or has a DSS waiver of approval. If a DSS waiver is granted then a quality environment rating assessment needs to be done as well by a trained ERS evaluator. The Partnership Board may – upon the provision of written consent from SCFS - waive this requirement in the event that programs meeting this definition are geographically distant or unavailable to individual recipients.

#### **d) Parent/Child Interaction:**

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

#### **e) Developmental Screenings and Referrals:**

- First Steps Partnership funding a Family Literacy Strategy shall ensure the completion of an age-appropriate developmental screening for each preschool child within the client family within 90 days of enrollment with results being shared with parents. This screening may be conducted by the partnership, the early education provider, the parent educator or other community partner as local needs and resources dictate. Examples of most commonly used tools for screening are Ages & Stages-3, Brigance, DIAL-3, etc.



- In the event that a developmental screening indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, *and* (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Vendors shall maintain (within each client file) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Partnerships and their funded vendors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.

**f) Family Assessment and Goal Setting:**

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

**3) ASSESSMENT AND DATA SUBMISSION:**

- All First Steps-funded vendors shall complete, at minimum, baseline and post assessments of the *primary adult client* identified within each enrolled case using the TABE (Test of Adult Basic Education) and/or the BEST Plus (Basic English Skills Test). The testing schedule should align with adult education assessment policy as set by SCDE.
- In addition to the TABE and/or the BEST plus each family shall be assessed using a nationally recognized parenting assessment within 45 days of enrollment. This should be conducted again after 6 to 9 months. The assessment tool should be one that the evidence based parenting model recognizes as acceptable for their model's evaluation of parenting outcomes. Or, the program may opt to use the KIPS (Keys to Interactive Parenting Scale) to measure parenting behaviors.
- Each focus child shall have their emerging literacy skills assessed (pre- and post-, with the PPVT (Peabody Picture Vocabulary Test). The assessment shall be conducted by a trained assessor. This is initially done when the child reaches 36 months old and then yearly thereafter. Or, the program may opt to use the ACIRI (beginning at 30 months) to assess the parent/child interactive literacy skills.
- Client demographic and all assessment and screening data shall be collected within the First Steps Data Collection System (FSDC). **If the partnership funds ONLY the parent education component of Family Literacy as an evidence-based model, that client data shall be entered in the FSDC under the respective parenting program code; otherwise, client data and participation in parenting activities will be entered under the Family Literacy program code (211) and connections entered to other program components funded by the local partnership. For budget purposes, early education expenditures, if evidence-based, should be separated into the appropriate Early Education program code but separate cases data entry outside of 211 is not required.**
- Adult Outcomes for graduation with a GED, HS diploma or other educational achievement shall be documented within the FSDC as well.

**FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS  
REACH OUT AND READ (219)**

**REQUIREMENTS FOR FY19:**

**SCFSBOT Designation: Evidence-Based**

**SUMMARY:**

Reach Out and Read (ROR) is a nonprofit organization that gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together. Medical providers prescribe books and encourage families to read together. Intended outcomes are more frequent reading at home and improvements in children's language development. The program frequently focuses on low-income families and is intended for families with children from birth to 5 years of age. Since ROR is delivered in primary care settings serving parents of young children, partnerships with physicians are required for program delivery.

## **1) TARGETING:**

### **a) Targeting Clients At-Risk of Early School Failure**

The ROR intervention seeks to serve all children and families birth to 5 years of age, and is designed to be integrated into pediatric primary care throughout the nation. However, partnerships are encouraged to target clinics that serve the most at-risk families. School readiness risk factors targeted by Reach Out and Read include those associated with low literacy families (little to no reading at home, and lack of enjoyment in reading) and families growing up in poverty.

### **c) Client Retention and Exit**

Reach Out and Read is intended to serve families of children up until they enter school. Although there is no minimum length of time for the program, research has shown that the longer families are involved with the program, the more positive effects are seen.

## **2) SERVICE DELIVERY:**

### **Fidelity to a published, research-based model**

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

#### **a) Intensity and Delivery:**

- Clinic must be engaged, assessed for readiness in partnership with ROR Carolinas office, and then apply for and be approved by the Reach Out and Read National Center
- Clinic must follow all expectations of Reach Out and Read, including provider training, collecting routine data and determining how books will be supplied
- Clinic/community partners must communicate with ROR of the Carolinas to:
  - a. Comply with all ROR intervention requirements and agreements, as outlined in MOA
  - b. Communication with RORC team about program integration, including and funding available for programs.
- In the application phase, clinics will identify a Medical Champion—the pediatric care MD, DO, NP, or PA who will champion the cause and
  - i. Ensure that Reach Out and Read best practices are implemented throughout the pediatric or family practice department;
  - ii. Foster discussion of and create support for efficient systems (book delivery to the exam room)
  - iii. Assure compliance with requisite online training by provider staff;
  - iv. Share relevant information with medical providers on early literacy and language development and Provider Bulletins that Reach Out and Read makes available from time to time; and
  - v. Act as the medical "face" of the program; connect with the executive leadership of the health center, clinic, or practice.
- In the application phase, clinics will also identify the Program Coordinator—a staff member familiar with the clinic, staff, and patient population, and who will
  - i. Support the Medical Consultant and is responsible for administrative aspects;
  - ii. Order the books;
  - iii. Track the number of books distributed;
  - iv. Help to complete the semi-annual Progress Reports; and
  - v. Ensure a literacy-rich environment
  - vi. Coordinate volunteer readers (if any).
  - vii. Communication with the RORC team/Program Specialist
  - viii. Support the RORC annual parent survey process.

**b) Integrated Service Delivery and Connections to Resources:**

As part of the local First Steps partnership's core function as a local portal, program staff shall utilize client risk factors, as well as screening/assessment results and results of client interactions, to refer and connect clients to services they may need or want in order to strengthen their families and provide optimal development for their preschool children.

- Given the risk factor profile of clients/families served by First Steps, it is expected that a **majority of clients** will be connected to services in addition to this program. Pre-existing connections made prior to the client's involvement with First Steps may count toward this standard.
- Any client in another local partnership program who also benefits from ROR (if known) shall have ROR entered as an intervention within the FSDC for connections.

**3) ASSESSMENT:**

- The ROR model calls for completion of semi-annual progress reports, parent feedback surveys and medical consultant surveys. Data collected generates reports annually.

**4) DATA SUBMISSION:**

ROR strategies shall enter projected to serve and monthly outputs data into the FSDC.

**FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS  
NURTURING PARENTING (223)**

**REQUIREMENTS FOR FY20:**

**SCFSBOT Designation: Evidence-Based**

**SUMMARY:**

The First Steps funded Nurturing Parenting strategy is designed to empower individuals and families with new knowledge, beliefs, strategies and skills to make good and healthy lifestyle choices with home visitation and group-based parenting groups through prevention education, prevention intervention, and comprehensive programs. Multiple Nurturing Parenting Programs have been developed for various age groups and family circumstances, including a program for teen parents and their young children and the Nurturing Fathers program.

**1) TARGETING:**

**a) Targeting Clients At-Risk Of Early School Failure**

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

**Readiness Risk Factors:**

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

- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.

The following condition, while not considered part of SC First Steps' targeting criteria, is an additional characteristic that can put children at potentially higher risk for early school failure:

**Additional high-risk characteristic tracked by First Steps-funded programs:**

- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more child care, Head Start or preschool settings.

**b) Additional Targeting Criteria**

Families with children prenatal up to five years of age will be provided services.

**c) Client Retention and Exit**

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

The number of sessions or weeks in the program will vary be based on the initial assessment of the family when they begin program services. Sessions may be group-based, individualized or home visitation. The following are the programs offered and their duration:

- Primary – Prevention Education Program – 5 to 18 sessions
- Secondary – Prevention Invention Program – 12 to 20 sessions
- Tertiary – Prevention Treatment Program – 15 to 27 sessions
- Comprehensive Programs – 27 to 55 sessions

**2) SERVICE DELIVERY:**

**Fidelity to a published, research-based model**

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

**a) Intensity and Delivery:**

- Programs shall offer group-based or individualized services weekly, and home visitation shall be offered twice each month. The duration of the services will vary based on the above specified model that is determined at the time of intake. Group sessions shall last from 1.5 hours to 3 hours, and individualized sessions and home visits shall last from 50 to 90 minutes.
- Services participating families receive are based on the initial intake assessment and which program model is chosen for the family. If the family is on the waiting list for services, they will be directed to other program services offered by the Partnership.
- Services will be offered in the home for home visitation and outside of the home for group-based or individualized services.
- The Nurturing Parenting Program Curriculum will be utilized for all program services.

- Data on program activities (other than home visits) shall be entered into the FSDC client database system within 30 days of completion. Home visits shall be entered within 14 days.

**b) Screenings and Referrals:**

- Client screenings and referrals based on screening results shall be entered into the FSDC within 30 days of the event.
- Program staff shall seek to ensure that each participating client family is connected with a pediatric medical home and other community services as appropriate.
- Each client child shall be assessed using the age-appropriate developmental screening tools Ages & Stages 3 and Ages and Stages SE2 within 90 days of enrollment. In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Vendors shall maintain (within the First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.

**c) Goal Setting and Progress Monitoring:**

- All program staff shall develop a well-documented Family Goal Plan within three months of the enrollment and subsequently update these plans at least semi-annually to gauge progress and goal attainment.

**d) Integrated Service Delivery and Connections to Resources:**

- Partnerships shall utilize the Nurturing Skills Competency Scale to assess the family and then to refer/link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum.
- As part of the local First Steps partnership's core function as a local portal, program staff shall utilize client risk factors, as well as screening/assessment results and results of client interactions, to refer and connect clients to services they may need or want in order to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of clients/families served by First Steps, it is expected that a majority of clients will be connected to services in addition to this program. Pre-existing connections made prior to the client's involvement with First Steps may count toward this standard.
- Attempted and successful connections (interventions and referrals), shall be entered into the FSDC within 30 days of the connection. Pre-existing connections should be entered within 30 days of client entry into the program.

**e) Staff Qualifications and Training:**

- All program staff and supervisors in SC must possess at least a two-year degree in early childhood education or a closely related field and document successful completion of the certification in the Nurturing Parenting Program or previous experience with providing home visits or teaching parenting groups.
- All program staff will be trained in the Ages and Stages Questionnaire 3 and Ages and Stages Questionnaire SE2 Developmental Screenings.
- All program staff will be trained in the Adult-Adolescent Parenting Inventory (AAPI) and the Nurturing Skills Competency Scale (NSCS).

**f) Ongoing Program Quality Improvement and Professional Development**

- Supervisors hold a weekly staff meeting with program staff to provide reflective supervision and individualized reflective supervision meetings to review client recruitment and retention, standards compliance, and programmatic data reviews.
- Client case files are reviewed quarterly to ensure program fidelity to the model.
- Supervisors shall attend home visits with each program staff member at least twice each program year and observe parenting groups bi-monthly.

**3) ASSESSMENT:**

- First Steps programs shall administer client satisfaction surveys at least annually, and use data collected for program improvement.
- Parents will complete the Adult-Adolescent Parenting Inventory (APPI) to assess the child rearing attitudes of the parents, with a pretest upon starting the program services, and a post test annually or prior to leaving the program services.

- Parents will complete the Nurturing Skills Competency Scale (NSCS) to assess their knowledge of parenting skills, and to collect demographic information. This assessment will be completed as a pretest upon starting the program services, and a post test annually or prior to leaving the program services. The Long Version of the NSCS assessment will be utilized with all families.

**4) DATA SUBMISSION:**

- Program staff will enter each family's case into the First Steps Data Collection System (FSDC) for home visitation and parenting groups. Client demographic data, visits and group connections, program referrals, connections to services, screenings, assessments and family needs assessment data shall be collected within the FSDC.

**FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS  
INCREDIBLE YEARS® (215)**

**REQUIREMENTS FOR FY20:**

**SCFSBOT Designation: Evidence-Based**

**SUMMARY:**

The Incredible Years®(IY) program for children 0-12 years of age is parent training in a group setting with home coaching, as needed, for some populations. Its goal is the prevention and treatment of young children's behavior problems and promotion their social, emotional, and academic competence. Intended outcomes are reductions in child behavior problems, improved child social skills, emotional literacy, self-regulation, problem solving, and school readiness as well as improved parenting skills and parent-child-teacher relationships.

**1) TARGETING:**

**a) Targeting Clients At-Risk Of Early School Failure**

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

**Readiness Risk Factors:**

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



- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.

The following condition, while not considered part of SC First Steps' targeting criteria, is an additional characteristic that can put children at potentially higher risk for early school failure:

**Additional high-risk characteristic tracked by First Steps-funded programs:**

- Child was removed for behavioral reasons from one or more child care, Head Start or preschool settings.

**c) Client Retention and Exit**

The IY Series has a number of parent programs, the core parenting program is the BASIC series. The BASIC program lasts 12-20 weeks (program length depends on age of child and level of risk; program length is longer for high risk families) and teaches parents a variety of strategies to promote prosocial behaviors and to effectively manage misbehavior. There are four different versions of the BASIC program based on child age (infants, toddlers, preschoolers, and school-age). The ADVANCE program supplements the BASIC program by addressing a range of additional parent and family risk factors for conduct problems such as depression, anger, lack of support, and marital discord, and lasts an additional 12 weeks. The ADVANCE program is offered after parents have completed the Basic Parent Program. Other programs, the Attentive Parenting Program (universal prevention program) and the Autism Parent Program are available for targeted populations. The IY Series also includes program for training teachers (1-8 years), day care providers and children with a social and emotional curriculum.

**2) SERVICE DELIVERY:**

**Fidelity to a published, research-based model**

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

**a) Intensity and Delivery:** To ensure fidelity and high-quality program delivery, group leaders submit videos of 2-hour sessions to the IY office for certification/accreditation review

- Each group must be run by 2 trained group leaders (see training requirement below).
- Group leaders complete session checklists and evaluations after each group session.
- Group leaders video each session and review sessions with co-leaders, peer coaches, and IY mentors or trainers.
- The BASIC program is for 14 – 16 sessions for the prevention protocol and 18 – 20 sessions for the treatment protocol. The ADVANCE program, which supplements the BASIC program also lasts 12 weeks
- Parent groups are to be held weekly for 2 hours each session.
- Group leaders should provide make up sessions when families miss sessions/
- Group leaders adhere to the Incredible Years materials/curriculum in implementing the group sessions. The IY structure and materials outline expectations for planning, delivery, follow-up and monitoring program activities.
- Group leaders can supplement group sessions with home individualized coaching of parent-child interactions and additional video vignettes as needed.
- Data on program activities (other than home visits) shall be entered into the FSDC client database system within 30 days of completion. Home visits shall be entered within 14 days. In the event that the Partnership has identified an individual responsible for all client data entry, vendors shall formally submit this information to the Partnership within this same 30 day window for subsequent entry (14 days for home visits).
- Group leaders typically run 1-2 groups at a time. Group size varies from 6-10 families (8-12 parents). Treatment groups should be limited to 6-7 families.

**b) Group Connections or Other Supporting Activities:**

- Group leaders call parents between sessions
- Individualized parent-child coaching, as needed

**c) Screenings and Referrals:**

- Client screenings and referrals based on screening results shall be entered into the FSDC within 30 days of the event.

- IY does not specify how families should be screened, but it is expected that intake assessments are completed with all families to assure that the IY services meet their needs. For example, each parent should participate in a group that is targeted at the developmental age of their child. Child diagnoses that are appropriate for treatment groups are Attention Deficit/Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), or early on-set Conduct Disorder (CD), or high levels of aggressive or disruptive behavior without a diagnosis. If children fall into the clinical range on disruptive behavior disorders or if parents exhibit multiple risk factors, then groups should be limited to 6-7 families. If families are referred for moderate level risk (child or parent), then group size can range from 6-10 families.

**d) Integrated Service Delivery and Connections to Resources:**

- As part of the local First Steps partnership's core function as a local portal, program staff shall utilize client risk factors, as well as screening/assessment results and results of client interactions, to refer and connect clients to services they may need or want in order to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of clients/families served by First Steps, it is expected that a **majority of clients** will be connected to services in addition to this program. Pre-existing connections made prior to the client's involvement with First Steps may count toward this standard.
- Attempted and successful connections (interventions and referrals), shall be entered into the FSDC within 30 days of the connection. Pre-existing connections should be entered within 30 days of client entry into the program.

**e) Staff Qualifications and Training:**

- At least one of the two group leaders must possess a MA degree. (Each group must be run by two trained group leaders.) If no MA level therapist is available, exceptions may be made for BA level group leaders with extensive experience working with families (ability to collaborate with parents, understanding of child development and cognitive social learning theory).
- IY has a progression process for the different levels of certification. Minimal requirements are for an IY Group Leader, and they require attending an authorized IY training workshop, studying therapist manuals, books and DVDs, and on-going peer review, consultation and supervision.
- Baby Parent Group Leader Training is a 2-day training is for group leaders seeking training in the Baby program. Basic Parent Group Leader is a 3-day Training, and it covers the 2-8 age range. The training equips group leaders to lead 3 different protocols: Toddler, Preschool Basic, and early years portion of the School Age parent programs (for parents of children ages 6-8 years old). Advanced Parent Group Leader requires a 2-day Training and is offered once group leaders have become comfortable with the Basic program methods. It is required that participants in the Advanced training have already received the 3-day Basic training. Participants in this workshop have ideally completed the accreditation/certification process for the Basic program(s). The Attentive Parenting Group Leader requires a 2-day training and is designed to promote positive parenting strategies to parents of children ages 2-6 years old. It is required that participants in the Attentive Parenting training have already received the 3-day Basic training and be used as a booster or follow up review to sustain changes and explore in more depth teaching children self-regulation and problem solving methods. .

**f) Ongoing Program Quality Improvement and Professional Development**

- Group leaders should have on-going consultation and coaching as they lead their groups, especially before they become certified in the Basic Program. Our recommended consultation schedule is for group leaders to have monthly Skype calls with an IY trainer or mentor while they are leading groups until the point that they become accredited as group leaders.
- Accredited group leaders should lead at least one group every 18 months.
- Accredited group leaders should participate in a fidelity check every 18 months—this could be a coaching session with an accredited peer coach, a video review of a group by a mentor or trainer, or an in-person or skype consultation with a mentor or trainer.

**3) ASSESSMENT:**

- Incredible Years recommends that agencies collect pre-post measures on all families who participate in the groups. The recommendation is at least one measure of parenting and one of child social and emotional development and behavior problems. There is flexibility in which measures sites use; possible measures for each age group are found at <http://www.incredibleyears.com/for-researchers/measures/>
- Group leaders are required to collect weekly parent evaluations and a post-group final evaluation and session protocols.
- First Steps programs shall administer client satisfaction surveys at least annually, and use data collected for program improvement.

- Client assessments shall be entered in the FSDC within 30 days of administration.

**4) DATA SUBMISSION:**

- Adult and child (ages 0-5) information, connections to services, and screening results shall be collected within the cases data First Steps Data Collection System (FSDC). Program sessions and client attendance shall be entered as group meetings within the FSDC. Program assessments containing numerical scores shall be entered in the FSDC (submit request to SC First Steps to add assessment type(s) to the FSDC).

**FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS  
POSITIVE PARENTING PROGRAM (TRIPLE P)  
LEVELS 3 & 4 (222)**

**REQUIREMENTS FOR FY20:**

**SCFSBOT Designation: Evidence-Based**

**SUMMARY:**

Triple P-Positive Parenting Program is a system of parent training programs designed for parents of children ages birth to 12 years. The evidence-based Levels are 3 and 4. Level 3 (brief intervention) Triple P is narrow focus parenting skills training for parents of a child with mild behavioral challenges. Its purpose is to teach parents to manage discreet chi problem behavior. Level 4 (intensive intervention) Triple P is a broad-based parent training skills curriculum for families whose children have multiple behavior challenges that are interfering with the child's functioning across multiple settings. Level 4 can be delivered for individual families or in group sessions. Level 4 Triple P (intensive) is the acceptable version of the model for the purposes of offering evidence-based parent education as part of a four-part Family Literacy program.

**1) TARGETING:**

**a) Targeting Clients At-Risk Of Early School Failure**

At least 60% of clients (80% if integrated with Family Literacy) shall be identified on the basis of two (2) or more of the readiness risk factors below (with 100% of client families possessing at least one risk factor at the time of enrollment):

Readiness Risk Factors:

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

from incarceration within the past year)

- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.

The following condition, while not considered part of SC First Steps' targeting criteria, is an additional characteristic that can put children at potentially higher risk for early school failure:

Additional high-risk characteristic tracked by First Steps-funded programs:

- Child was removed for behavioral reasons from one or more child care, Head Start or preschool settings.

#### **b) Client Retention and Exit**

Level 3 Triple P is targeted counseling for parents that consists of a brief program (about 80 minutes over four sessions). Level 4 is delivered in 10 sessions for an individual family, or in group-based sessions over an 8-week period.

## **2) SERVICE DELIVERY:**

### **Fidelity to a published, research-based model**

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

#### **a) Intensity and Delivery:**

- Obtain Triple P accreditation; the training and accreditation takes 6 to 8 weeks.
- Level 3 Triple P generally consists of four 20 or 30-minute sessions over 1 – 2 months or a single session 2-hour group discussion. Level 4 is ten individualized 1-hour weekly sessions or five 2 hour group sessions plus three 20 minute individual telephone consultations.
- The Triple P curriculum will be implemented as outlined in the Triple P Practitioner's Manual
- Data on program activities (other than home visits) shall be entered into the FSDC client database system within 30 days of completion. Home visits shall be entered within 14 days. In the event that the Partnership has identified an individual responsible for all client data entry, vendors shall formally submit this information to the Partnership within this same 30 day window for subsequent entry (14 days for home visits).
- Level 3 group sessions should not exceed 10 parents. Level 4 group sessions should not exceed 12 parents.

#### **b) Screenings and Referrals:**

- Client screenings and referrals based on screening results shall be entered into the FSDC within 30 days of the event.

#### **c) Integrated Service Delivery and Connections to Resources:**

- Intake forms (provided with the Triple P manual) must be completed with the parent (and, as appropriate, with the child, teacher, etc.) prior to the implementation of Triple P.
- As part of the local First Steps partnership's core function as a local portal, program staff shall utilize client risk factors, as well as screening/assessment results and results of client interactions, to refer and connect clients to services they may need or want in order to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of clients/families served by First Steps, it is expected that a majority of clients will be connected to services in addition to this program. Pre-existing connections made prior to the client's involvement with First Steps may count toward this standard.
- Attempted and successful connections (interventions and referrals), shall be entered into the FSDC within 30 days of the connection. Pre-existing connections should be entered within 30 days of client entry into the program.

**d) Staff Qualifications and Training:**

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

**3) ASSESSMENT:**

- First Steps programs shall administer client satisfaction surveys at least annually, and use data collected for program improvement.
- Self-report measures are provided within the Triple P model. They are to be administered prior to Session 1 (Family Background Questionnaire and Assessment Booklet One) and immediately following termination (Assessment Booklet Two). Both Assessment Booklets include measures of child behavior and adjustment, parenting style and confidence, conflict over parenting and relationship functioning (for two-parent families), parent's personal adjustment, and family functioning.
- Home visitation strategies shall use the Keys to Interactive Parenting Scale (KIPS) and the Adult-Child Interactive Reading Inventory (ACIRI) in accordance with First Steps Program Standards. To request an exemption of this requirement, contact SC First Steps. Family Literacy programs shall comply with the model's assessment requirements, per the First Steps Program Standards.
- Client assessments shall be entered in the FSDC within 30 days of administration. Three Triple P self-report measures are available for entry in the FSDC: Parenting Scale, Depression/Anxiety/Stress Scale, and Parenting Tasks Checklist.

**4) DATA SUBMISSION:**

- Cases data in the FSDC is expected. Contact SC First Steps to create a data submission plan for this program, including data to be entered in the First Steps Data Collection system (FSDC). Data submission requirements may be modified based on the program's integration with other strategies and the program model's activities, screenings and assessments vs. the data entry fields available in the FSDC.

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

## REQUIREMENTS FOR FY20:

### SCFSBOT Designation: Evidence-Based

First Steps Early Identification and Referral (EI&R) strategies serve families with young children with suspected delays in development as a local portal connecting them to community-based services they may need or desire to ensure the school readiness of their children.

Use of validated screening tools improves detection rates, as compared to informal judgment alone. Important components are: 1) surveillance (systematic monitoring through repeated screenings over time and as necessary to assure that screening results are current and accurate), and 2) navigational support (guiding families through institutional processes to obtain needed services).

### **1) TARGETING:**

#### **Targeting Clients At-Risk Of Early School Failure**

Early Identification and Referral (EI&R) shall be targeted toward families of children with suspected developmental delays. Priority shall be given to:

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications
- English is not primary language spoken in the home
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.

The following condition, while not considered part of SC First Steps' targeting criteria, is an additional characteristic that can put children at potentially higher risk for early school failure:

#### **Additional high-risk characteristic tracked by First Steps-funded programs:**

- Child was removed for behavioral reasons from one or more child care, Head Start or preschool settings.



## **2) SERVICE DELIVERY:**

- **Screenings:**
  - Any child ages birth to 5 years with suspected delays in development shall be screened using an age-appropriate developmental screening tool (e.g. Ages & Stages III, Ages and Stages SE, Parent Evaluation of Developmental Status, Battelle Developmental Inventory -2 Screener). Partnerships recognize that parents have the right to determine which provider of developmental screenings will conduct the screening for their child, including the BabyNet System Point of Entry (SPOE) Office.
  - Additional screenings, for example autism spectrum disorders, functional hearing and vision assessments, and/or use of milestone checklists, are encouraged for comprehensive screenings. All assessments administered shall be documented.
  - Comprehensive screenings also include gathering key information from all sources, including, but not limited to, family history, observations, and reports from teachers, child care providers and others who know the child well.
  - Developmental Surveillance should be conducted as needed. This means that at-risk infants and toddlers not known to be eligible for special health or educational services are re-screened at frequent intervals as appropriate.
  - Navigational Support also should be provided. This includes guiding parents through institutional processes to obtain needed services for their children.
- **Integrated Service Delivery and Connections to Resources:**
- For children aged 0 to 34.5 months: In the event that a developmental indicates a possible developmental delay, the Partnership shall refer the family to the local BabyNet System Point of Entry Office. The referral must be made as soon as possible, but no later than 7 days after the delay has been identified. No consent is required to make the referral, but a conversation with the family prior to making the referral usually helps facilitate the process.
- For children 34.5 to 60 months: In the event that a developmental screening) indicates a possible developmental delay, the Partnership shall refer the family to the local school district to determine eligibility for IDEA Part B services. No consent is required to make the referral, but a conversation with the family prior to making the referral usually helps facilitate the process.
- Partnerships are encouraged to refer children and families to other community services, as appropriate.
- Following determination of eligibility for BabyNet, the local BabyNet System Point of Entry Office, with parental consent, will notify the Partnership of each child's BabyNet eligibility status.
  - Children eligible for BabyNet: With the family's consent, Partnership staff who conducted the developmental screening will be included in development of the initial Individualized Family Service Plan as a representative of local early learning resources.
  - Children ineligible for BabyNet: Partnership staff shall contact the family to facilitate referral to appropriate local early learning resources, including but not limited to:
    - First Steps County Partnership
    - Help Me Grow
    - Early Head Start
    - Use BabyNet Central Directory to identify service providers as resources to family and child
- Partnerships are encouraged to arrange with the local BabyNet SPOE Office to receive information on ALL children found ineligible for BabyNet within the partnership's service area, if the family provides consent. Similarly, partnerships are encouraged to arrange with the local school district to receive information on ALL children found ineligible for IDEA Part B services and younger than five years of age within the partnership's service area, if the family provides consent.
- Partnerships are encouraged to provide parents with information and strategies to help them both monitor and promote healthy child development
- Partnerships are encouraged to promote public awareness of services available and importance of universal developmental screenings
- Data: Client referrals to BabyNet and other community resources will be entered into the First Steps Data Collection System (FSDC), along with assessment results on the ASQ-3, ASQ-SE-2, etc.
- **STAFF QUALIFICATIONS AND TRAINING:**

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

- Possess the minimum qualifications of an Associate Degree and 3 years' experience (course work contributions i.e. psychology, sociology, data management, etc.)
- Successfully participate in training in use of developmental screening tool(s) through either South Carolina First Steps, the Team for Early Childhood Solutions (TECS) at the USC School of Medicine, or other qualified personnel.
- Successfully complete "BabyNet Basics", the online training course offered by TECS 2.0 of the University of South Carolina's Team for Early Childhood Solutions. Work cooperatively with local SPOE offices, including attending regional coordination team meetings when available.

• **DATA SUBMISSION AND FISCAL ADMINISTRATION:**

Client demographic, health and developmental screening results, and referrals and connections to other services will be entered into the First Steps Data Collection System (FSDC). The Partnership will be responsible for meeting all data requirements of SCFS, including, but not limited to, cases data for children to whom developmental screenings were conducted, connections made, etc.

## **FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS CHILD CARE QUALITY ENHANCEMENT (COACHING/CONSULTATION AND MENTORING) (601)**

### **REQUIREMENTS FOR FY20:**

#### **SCFSBOT Designation: Evidence-Based**

*First Steps' Child Care Quality Enhancement (QE) strategies are intended to produce measurable improvements in the quality of care provided young children, as measured by a program's advancement within South Carolina's existing quality infrastructure (the ABC Quality Rating and Improvement System) and/or its improvement on an approved program quality measure.*

#### **1) TARGETING:**

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

- Participating in the USDA Child and Adult Care Food Program and documenting that at least 30% of enrolled students qualify for free meals/snacks (130% of federal poverty), - OR -
- Located within the school attendance zone of (and/or enrolling primarily children attending) an individual elementary school rated "Below Average" or "At Risk" (Unsatisfactory) during the preceding three-year period, - OR -
- In which 10% or more of enrolled students are SC voucher recipients, - OR -
- Participating in a publicly-funding early care and education program (such as First Steps 4K)

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

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

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

FSDC.

## **2) SERVICE DELIVERY:**

### **a) On-Site Technical Assistance (TA)**

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

Consultation, Coaching, and Mentoring are described below:

**Consultation** is defined as a collaborative, problem-solving process between an external consultant with specific expertise and adult learning knowledge and skills and an individual or group from one program or organization. Consultation facilitates the assessment and resolution of an issue-specific concern—a program-/organizational-, staff-, or child-/family-related issue—or addresses a specific topic.

**Coaching** is defined as a relationship-based process led by an expert in early care and education and adult learning knowledge and skills, who often serves in a different professional role than the recipient(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal-setting and achievement for an individual or group. QE strategies are required to include the following coaching components:

<b>Coaching Component</b>	<b>Description</b>
Action Planning	Technical Assistants will develop a detailed Quality Improvement Plan for each participating provider and/or classroom(s) in partnership with director, teachers and staff ( <i>more details in Section B</i> )
Action in the Early Childhood Setting	Technical Assistants provide support to teacher/staff based on the components of the Quality Improvement Plan (e.g., resource-sharing, classroom organization, observation and feedback, preparing materials, modeling, role-play, etc.)
Feedback	Coach provides feedback based on teacher/staff implementation of Quality Improvement Plan
Reflection	Teacher/Staff and Technical Assistant reflect on practices and work together to track progress; this includes assessing whether or not goals, contained in the Quality Improvement Plan, were met.

Technical assistants are required to provide consultation/coaching at least twice monthly as part of their technical assistance services, via employee or contracted staff who are certified as technical assistance providers with the Center for Child Care Career Development (CCCCD).

**Mentoring** pairs a new or less experienced EC professional with a peer in the same role, but who has a great deal more experience. The ideal match between a mentor and mentee is one that is agreed upon by both parties since establishing and maintaining a positive, trusting, and respectful relationship is one of the most important features of the mentoring process. The process is enhanced by establishing role clarity, setting goals, and having both planned contacts and unplanned contacts when needed by the mentee. The duration of this process is ongoing and should build on previous learning. Mentoring programs offer new EC professionals a practical and supportive way to learn and grow on the job. For experienced professionals, mentoring programs create an opportunity to advance their own skills, knowledge and career goals. QE strategies are **encouraged** to incorporate mentoring into their program services.

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

TA needs shall be determined by the providers’ self-identified needs, regulatory deficiencies (if any) and/or the results of an approved environment and/or administrative assessment. First Steps-funded QE strategies shall

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

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

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

#### **b) Quality Improvement Plans**

Partnerships implementing or contracting to fund QE strategies will develop detailed Quality Improvement Plans in partnership with each provider. These plans should be updated on an ongoing basis with records of site visits, deadlines, and completion dates for when goals are accomplished. The minimum components of Quality Improvement Plans are the following:

- Data from the baseline assessment of the classroom(s) served by the appropriate Environmental Rating Scale (ERS) (*more details in Section 3*)
- Goals and objectives for the classroom(s) and/or provider based on data from the baseline assessment(s) that are specific, actionable, measurable, and time-bound
- Strategies that the Technical Assistant will use to support the director, teacher(s), and/or staff
- Professional development/training options for director, teacher(s), and/or staff

Quality Improvement Plans should also include goals related to the self-identified needs of the director, teacher, and/or staff.

Quality Enhancement strategies shall collaborate with other agencies and organizations serving providers, in order to coordinate and enhance services. Partnerships working with providers that are participants in First Steps 4K (formerly CDEPP) and/or receive technical assistance support from ABC Quality, Child Care Resource and Referral (CCR&R) or SC Program for Infant and Toddler Care (SCPITC) should develop the classroom's Quality Improvement Plan and provide services in coordination with the assigned SCFS 4K Coordinator, ABC Quality Coach, CCR&R Coach or SCPITC Coach. Strategies are strongly encouraged to utilize the TAP Data System operated by the Center for Child Care Career Development and used by CCR&R and the Child Care Inclusion Collaborative, to indicate providers they are working with and check the status of partner organizations' activities with providers.

#### **c) Equipment and Materials Funds**

Equipment/materials funding to centers, if provided, may not exceed \$5,000 annually without the approval of SC First Steps. In all cases equipment/materials purchases must be aligned with classroom needs as indicated by the environment assessment and/or the center's current Quality Improvement Plan. Equipment/materials funds shall not be awarded independent of training and/or qualified technical assistance. Equipment/materials funding may not be used to support classrooms funded by the First Steps 4K program without approval by the First Steps 4K Administrator. Equipment and materials funds will be awarded at intervals as commitments are actively demonstrated and changes are put in place; with no more than 35-40% of allocation spent before improvement is demonstrated via the center's Quality Improvement Plan(s).

#### **d) Coordination with Community Partners/ Integration with Child Care Training**

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

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

Partnerships shall provide at least eight (8) hours of high-quality, certified training (stemming directly from the provider's Quality Improvement Plan(s)) to each 601 center staffer. Training provided shall address gaps in content and pedagogical practices related to the South Carolina Early Learning Standards and will provide a focus on diversity, equity, and inclusion issues.

**e) Workforce Development**

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

**f) Certification of Technical Assistance Providers Via CCCC**

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

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

Additionally, each SC First Steps funded TA provider must document the completion of orientation to: 1) SC Childcare Licensing, 2) the ABC Quality Program, and 3) the South Carolina Child Care Inclusion Collaborative within the past two years. This orientation will be coordinated through the State Office of First Steps. SC First Steps funded TA providers must also support the implementation of the state's ABC Quality Framework and shall receive training ABC Quality's Intentional Teaching Tool (ITT) assessment as it becomes available.

Each FS-funded TA provider's credentials and certifications must be current in the FSDC.

SC First Steps TA providers must attend network trainings as provided by the State Office of First Steps.

**3) ASSESSMENT AND DATA SUBMISSION:**

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

When onboarding a new provider to the QE strategy, an orientation period is recommended to conduct baseline assessments, provide training on the appropriate Environment Rating Scale (ERS), and build rapport with staff.

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

Environment assessments must be conducted by assessors who have:

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

The baseline and post assessments **must** be completed by an assessor who meets the criteria listed above and is

not the assigned TA provider for the classroom.

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

## FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS QUALITY COUNTS (601)

### REQUIREMENTS FOR FY20:

#### SCFSBOT Designation: Evidence-Based

Quality Counts a community-based, locally developed child care quality improvement strategy created and implemented by Spartanburg County First Steps. Quality Counts is designed to build and sustain high quality in early care and education programs using relationship-based technical assistance, mentoring, specialized training, and a director network.

Quality Counts is based upon a Continuous Quality Improvement (CQI) loop, which begins with a participating child care center/program's assessment using five standards: 1) Learning Environment, 2) Teacher: Child ratios and Group Size, 3) Staff Qualifications, 4) Program Management, and 5) Family Engagement. The total score of the assessment is then translated into a star rating level and programs are rated on a 1-5 star scale. Program success is measured by the center/program's progress in the five standards and advancement in their star rating level.

#### 1) TARGETING:

Each participating center/program shall be identified via competitive application (the minimum components of which will be specified by SCFS) with priority to center/programs:

- Participating in the USDA Child and Adult Care Food Program and documenting that at least 30% of enrolled students qualify for free meals/snacks (130% of federal poverty), - OR -
- Located within the school attendance zone of (and/or enrolling primarily children attending) an individual elementary school rated "Below Average" or "At Risk" (Unsatisfactory) during the preceding three-year period, - OR -
- In which 10% or more of enrolled students are SC voucher recipients, - OR -
- Participating in a publicly-funding early care and education program (such as First Steps 4K)

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

Center/programs participating in First Steps-funded Quality Counts must permit the on-site delivery of "natural environment" services/therapies to children eligible under the Individuals with Disabilities Education Act (IDEA).

Additionally, each staff member of participating center/program will be required to document the completion (or pending/planned completion within two semesters) of ECD 101 (or comparable coursework) by the director and 100% of lead classroom staff as a condition of participation. Documentation of staff education levels and certifications are to be entered in the First Steps Data (FSDC) Collection System.

#### 2) SERVICE DELIVERY:

##### a) The Continuous Quality Improvement Framework

Continuous quality improvement (CQI) is a framework used to guide intentional quality improvement. Support to Quality Counts participating center/programs is ongoing, following the CQI loop, where Quality Counts Technical Assistants (TA), child care program directors and staff continually assess and make improvements to services for children and families. The collaboration of technical assistants, child care directors and staff is expected to build their capacity to identify areas of improvement and develop solutions that work for the unique setting and culture of each participating child care program. The focus on intentional and systematic quality improvement activities aligns with and supports the goals and structure of South Carolina's quality rating and improvement system



(QRIS), ABC Quality, with Technical Assistants working with child care center/programs to address the program's specific needs.

**b) Pre-Service Training**

Each participating SC First Steps local partnership Executive Director and TA(s) must attend orientation training on the Quality Counts model prior to initiating the program with child care center/programs.

**c) Initial Planning Meeting and Assessment**

The Quality Counts CQI process begins with an initial meeting the Quality Counts Program Director or Partnership Executive Director with the child care center/program director and/or owner. The Quality Counts CQI process is detailed at the meeting including discussion and signing of a Memorandum of Agreement of participation expectations and requirements. At this meeting, a program vision statement is developed and documented.

After the initial meeting, a comprehensive assessment of the child care center/program is conducted. The assessment addresses Quality Counts' five quality standards, which are:

1. Ratio and group size
2. Learning environments (50% of classrooms receive a baseline Environment Rating Assessment by a reliable rater – see *Section 3, Assessment*)
3. Staff Qualifications
4. Family Engagement
5. Program Administration

Points are awarded for each area according to a scoring rubric, the cumulative score of which will determine the center/program's star rating on a one to five star scale.

**d) On-Site Technical Assistance (TA)**

Relationship-based Technical Assistance (TA) is the center of the Quality Counts Model. Technical assistance is defined as "the provision of targeted and customized support by a professional(s) with subject matter and adult learning knowledge and skill to develop and strengthen processes, knowledge application, or implementation of service by recipients." The goals of technical assistance are to provide the following: 1) individualized information and 2) personalized skill building opportunities in order to enhance child care center/programs' abilities to support the growth and development of young children. Technical Assistance through Quality Counts must include coaching, as described below, by a certified technical assistant.

**Coaching** is defined as a relationship-based process led by an expert in early care and education and adult learning knowledge and skills, who often serves in a different professional role than the recipient(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal-setting and achievement for an individual or group.

Technical Assistance needs shall be determined by the center/programs' regulatory deficiencies (prioritized), self-identified needs, and the center/program's star rating.

Technical assistance visits shall be planned, purposeful, and logged within the FSDC system no less than monthly. Visit frequency shall be determined by the center/program's star rating level, the size of the center/program, and the technical assistance needs.

The following visit frequency is recommended for each star level:

- 1-2 Star: 2-3 visits per month
- 3 Star: Bi-weekly (2 visits per month)
- 4 Star: Monthly
- 5 Star: 1 visits per quarter (or more if requested by the program director) and phone call every 6 weeks

These visits, which may span several hours in duration and entail multiple individual classroom visits, may be supplemented (but not replaced) by additional phone consultation, e-mail correspondence, and/or shorter drop-in visits. In the event that topical, on-site consultation may be appropriately considered for training credit through the CCCCD, TA staff shall take responsibility for the advanced submission of all appropriate training outlines.

**e) Quality Improvement Plans**

Quality Counts TAs implementing Quality Counts will develop detailed Quality Improvement Plans for the child care center/program in partnership with each director after the center/program receives its star rating. These plans should be updated on an ongoing basis with records of site visits, deadlines, and completion dates for when goals are accomplished. Priority will be made to address regulatory issues and/or other serious issues of health and

safety. The minimum components of Quality Improvement Plans are the following:

- A program vision statement developed at the initial planning meeting between the center/program director and the partnership Executive Director or the Quality Counts Program Director.
- Goals and action steps for the center/program based on data from the initial assessment that addresses the five Quality Counts standards that are specific, actionable, measurable, and time-bound. Goals may be program-wide or individualized by classroom.
- Trainings, strategies, and resources that the Technical Assistant will use to support the director, teacher(s), and/or staff.

Quality Counts strategies shall collaborate with other agencies and organizations serving center/programs, in order to coordinate and enhance services. Partnerships working with center/programs that are participants in First Steps 4K (formerly CDEPP) and/or receive technical assistance support from ABC Quality, Child Care Resource and Referral (CCR&R) or SC Program for Infant and Toddler Care (SCPITC) should develop the classroom's Quality Improvement Plan and provide services in coordination with the assigned SCFS 4K Coordinator, ABC Quality Coach, CCR&R Coach or SCPITC Coach. Strategies are strongly encouraged to utilize the TAP Data System operated by the Center for Child Care Career Development and used by CCR&R and the Child Care Inclusion Collaborative, to indicate center/programs they are working with and check the status of partner organizations' activities with center/programs.

#### **f) Integration with Child Care Training**

Partnerships will plan and offer training for all participating child care center/programs based on needs identified within each center/program's Quality Improvement Plan(s). Specified trainings for individual center/programs may be offered as determined by the Technical Assistant.

As a condition of participation, the center/program director must participate regularly in the center/program's on-site visits and in at least 50% of staff training provided. Child care staff from Quality Counts center/programs shall be required to attend relevant training as a condition of their center/programs' participation. Quality Counts TA staff shall make every effort to register content-specific consultation as center/program training as appropriate. Trainings offered to client center/programs shall be attended by the partnership's technical assistance provider (s).

Partnerships shall provide at least eight (8) hours of high-quality, certified training (stemming directly from the center/program's Quality Improvement Plan(s)) to each director, teacher, and teaching assistant. One training session, to take place after initial comprehensive assessment and star rating determination, must address the Environment Rating Scales. Training provided shall address gaps in content and pedagogical practices related to the South Carolina Early Learning Standards and will provide a focus on diversity, equity, and inclusion issues.

#### **g) Director Network**

All center/program directors must participate in quarterly networking meetings coordinated and facilitated by the local partnership. Topics will be based on trends across center/programs, Quality Counts standards, Quality Improvement Plans, and self-identified needs of directors.

#### **h) Quality Improvement Grant**

A Quality Improvement Grant to center/programs, if provided, may not exceed \$5,000 annually for each center/program served, without the approval of SC First Steps. In all cases, purchases must be aligned with classroom needs as indicated by the environment assessment and the center/program's current Quality Improvement Plan.

#### **i) Coordination with Community Partners**

In developing the local partnership's quality enhancement efforts, each will be required to explicitly coordinate their efforts with other state/community-level entities offering similar services in the county and region including attending regional Technical Assistance Coordination Team meetings.

#### **j) Career Consultation**

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

#### **k) Qualification of Technical Assistance Providers**

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

- Certification as a South Carolina Technical Assistance Provider through the Center for Child Care Career Development (CCCCD). TA shall be limited to the provision of types/categories of service for which they maintain current certification.
- Participation in ongoing professional development with a total of 30 clock hours of training every 3 years. Half of this training shall be in early education and half in technical assistance, i.e., reflective practice, Quality Improvement Plans, and Environment Rating Scales.
- 5 years' experience in an Early Childhood setting.
- 4 year degree in Early Childhood or a related field (if qualification is not met, candidate may hold an Associates' Degree in Early Childhood or related field and be working toward completion of 4 year degree).

Additionally, each SC First Steps funded TA provider must document the completion of orientation to: 1) SC Childcare Licensing, 2) the ABC Quality Program, and 3) the South Carolina Child Care Inclusion Collaborative within the past two years. This orientation will be coordinated through the State Office of First Steps. Each FS-funded TA provider's credentials and certifications must be current in the FSDC.

SC First Steps funded TA providers must also support the implementation of the state's ABC Quality Framework and shall receive training ABC Quality's Intentional Teaching Tool (ITT) assessment as it becomes available. SC First Steps TA providers must attend quarterly check-in meetings with other local partnerships implementing Quality Counts and attend child care quality enhancement network trainings as provided by the State Office of First Steps.

### **3) ASSESSMENT AND DATA SUBMISSION:**

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

For each participating child care center, 50% of the classrooms, to be randomly selected, shall receive a baseline assessment with the appropriate Environment Rating Scale (ERS) within 2-4 weeks of enrollment in Quality Counts. Technical Assistance begins after the ERS assessments are complete and a Quality Improvement Plan (QIP) is developed.

Future ERS assessments will be completed according to the star rating of the center/program, as part of the comprehensive assessment addressing Quality Counts' five quality standards. All ERS assessments after the initial assessment will be completed according to the following schedule, as part of Quality Counts' five standard comprehensive assessment:

- Center/programs rated one to three stars will be assessed in the appropriate ERS every 12 months.
- Center/programs rated four stars have a choice to be assessed in the appropriate ERS every 12 months OR every 18 months.
- Center/programs rated five stars will be assessed in the appropriate ERS every 18 months.

Environment assessments must be conducted by assessors who have:

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

The baseline and post assessments **must** be completed by an assessor who meets the criteria listed above and is not the assigned TA for the center/program.

If a center/program demonstrates no growth in their cumulative star rating points in two years of program participation, the center/program will be terminated from the Quality Counts program.

# FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS CHILD CARE TRAINING (605)

## REQUIREMENTS FOR FY20:

### SCFSBOT Designation: Evidence-Based

#### **1) TARGETING:**

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

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

#### **2) STRATEGY INTEGRATION:**

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

##### **a) The Partnership's own Quality Enhancement Strategy**

Partnerships operating a 605 (training) strategy in conjunction with a 601 (Quality Enhancement) strategy shall explicitly integrate the two in order to maximize service intensity and affect demonstrable quality improvements. In this event, Partnerships shall provide at least eight (8) hours of high-quality, certified training (stemming directly from the provider's Quality Improvement Plan) to each 601 center staffer.

- AND/OR -

##### **b) A regional/community-based quality enhancement effort.**

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

- AND/OR -

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

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

#### **3) SERVICE DELIVERY:**

##### **a) In all cases, Partnerships shall:**

- Base training upon a local needs assessment process to include input derived from a local directors' network or - if none exists - a called, countywide directors meeting to assess need. Training provided shall address gaps in content and pedagogical practices related to the South Carolina Early Learning Standards.
- Actively coordinate any funded training with other state and local entities providing training
- Emphasize multi-session trainings (as opposed to isolated, stand-alone workshops)
- Incorporate measurable training objectives and at least one form of follow-up. At minimum, partnerships shall conduct a follow-up post assessment questionnaire to each training participant within one month following training, using a format obtained from the certified trainer or curriculum model. Other recommendations for training follow-up include:
  - Director-guided technical assistance supported by the partnership
  - Learning community of staff designed to discuss and support work in classroom
  - On-site visits by original training provider

- Completion of interim assignments between meetings of multi-session trainings
- Visit to a model center exemplifying training principles

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

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

**b) Integration with an Evidence-Based Child Care Scholarship Strategy**

If the partnership's Child Care Training strategy is the only evidence-based program linked to the partnership's Child Care Scholarships strategy, then the partnership's Child Care Scholarships strategy may be considered evidence-based if providers (centers or home-based providers) receiving scholarship funding agree that the director and lead teachers attend 8 or more hours annually of high quality training offered by, or endorsed by, the local partnership.

**c) Certification by the Center for Child Care Career Development (CCCCD)**

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

A partnership may seek a waiver in writing from its SC First Steps Program Officer in the event that a training does not meet the CCCCDC certification requirements for a justifiable reason. This waiver should be obtained prior to the training date.

**d) Charging Participants for Training**

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

**e) Random Evaluation**

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

**4) DATA COLLECTION:**

Child Care Training strategies are not required to submit participant data within the First Steps Data Collection system (FSDC). However, partnerships will use the FSDC's child care module to track follow-up visits and other consultation activities with child care providers. Partnerships will also enter monthly outputs data for child care training in the FSDC.

Partnerships are expected to keep an electronic record of training attendees, their participation in training sessions and follow-up, and the child care providers and children served, and submit all required information to CCCCDC for participants to receive DSS credit hours.

# FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS CHILD CARE SCHOLARSHIPS (703)

## REQUIREMENTS FOR FY20:

### SCFSBOT Designation: Evidence-Based OR Evidence-Informed

Expenditures on child care scholarships shall be considered evidence-based when formally linked with one or more additional evidence-based programs. Note additional requirements for linking to a Child Care Training strategy in section 3.b) above.

Stand-alone scholarship expenditures, without formal connections to evidence-based companion strategies, shall be considered evidence-informed.

### **SUMMARY:**

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

### **1) TARGETING:**

#### **a) Targeting Clients At-Risk Of Early School Failure**

Each SC First Steps-funded scholarship client shall possess two or more Board-identified risk factors:

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications
- English is not primary language spoken in the home
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.

The following condition, while not considered part of SC First Steps' targeting criteria, is an additional characteristics that can put children at potentially higher risk for early school failure:

**Additional high-risk characteristic tracked by First Steps-funded programs:**



- 
- Child was removed for behavioral reasons from one or more child care, Head Start or preschool settings.

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

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

## **2) SERVICE DELIVERY:**

### **a) Administration and Use**

SC First Steps funded scholarships may be administered “in-house” by the Partnership or via DSS.

### **b) Non-Supplantation**

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

### **c) Developmental Screening**

SC First Steps partnerships funding child care scholarships shall ensure the completion of the age-appropriate developmental screening Ages and Stages Questionnaire – 3<sup>rd</sup> Edition (ASQ-3) for each scholarship recipient – with results to be shared with parents. The ASQ-3 shall be administered within the first 90 days of receiving a child care scholarship for the current program year. If an ASQ-3 screening indicates one or more delays or potential delays, a follow-up screening shall be conducted within 90 days and referrals made (as appropriate) to either BabyNet or their local school district for additional evaluation. Scholarship recipients made be considered exempt from this developmental screening requirement if they are receiving services under IDEA or Head Start, or are enrolled in a developmental surveillance program such as Help Me Grow. Such exemptions shall be indicated in the First Steps Data Collection system.

Additional screenings, such as health screenings and the ASQ:SE2, are encouraged. Screenings may be conducted by the partnership, the child care provider, or another community partner as local needs and resources dictate.

### **d) Monitoring**

#### ***Partnerships operating in-house scholarships must:***

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

#### ***Partnerships contracting scholarships through DSS must:***

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

### **e) Eligible Providers**

Given First Steps’ readiness mission, partnership-funded scholarships shall be limited to use within high quality settings (independent of their chosen method of administration). These child care providers – to be selected via competitive process – are defined as meeting any one of the following criteria:

- Active participation in a SC First Steps Quality Enhancement strategy;

- Exceeding minimum licensing requirements (participation in the ABC Quality Program at Level B or higher); or
- An aggregate Environment Rating Scale rating of 4.0 or higher, administered within the past 12 months.

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

**f) Integration with Other Readiness Interventions**

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

**g) Parent Training**

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

**3) DATA COLLECTION:**

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

**FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS  
PUBLIC SCHOOL FOUR YEAR OLD KINDERGARTEN  
Full Day 4K (314), Half Day 4K (316), and Extended Day/Half to Full Day 4K (317)**

**REQUIREMENTS FOR FY20:**

**SCFSBOT Designation: Evidence-Based**

Independent of vendor, SC First Steps funded 4K classrooms shall adhere to the following student enrollment criteria during FY20 (2019-20 school year):

- Each student must be four-years-old on or before September 1, 2019.
- Each student must qualify for enrollment on the basis of at least one of the following factors:
  - Eligibility for free- or reduced-price school lunches;
  - Eligibility for Medicaid;
  - Qualification for services under IDEA Part B as the result of a documented disability or developmental delay

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

Public four-year-old kindergarten programs receiving SC First Steps funding shall be responsible for the entry of complete student data within the PowerSchool data system, including a First Steps designation within each child's PowerSchool record. Client data entry into the First Steps Data Collection system (FSDC) is not required.

# FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS OTHER EARLY EDUCATION

Early Education for Children Under 4 (318), Special Needs 4K (319), Enhanced Early Education Program (320), Early Head Start/Head Start (321), Enhanced 4K Early Education (322)

## REQUIREMENTS FOR FY20:

SCFSBOT Designation: Evidence-Based

### 1) SUPPORTED PROGRAM MODELS

#### a) Head Start/Early Head Start

Partnership-supported programs shall adhere to the Head Start Performance Standards and comply with all requirements of the federal Office of Head Start.

#### b) Non-Public School 4K

Partnership-supported programs shall comply with First Steps 4K standards.

#### c) Other Early Education Programs

Programs must be DSS licensed and exceed minimum licensing requirements (participating in the ABC Quality Program at a level B or higher) or have a DSS waiver of approval. If a DSS waiver is granted then a quality environment rating assessment needs to be done as well by a trained ERS evaluator. Programs shall implement research-based curricula and developmentally appropriate practices that support school readiness.

### 2) SCREENING AND ASSESSMENT:

For all funded programs, partnerships shall ensure the completion of the age-appropriate developmental screening Ages and Stages Questionnaire – 3<sup>rd</sup> Edition (ASQ-3) for each enrolled child – with results to be shared with parents. The ASQ-3 shall be administered within the first 90 days of enrollment for the current program year. If an ASQ-3 screening indicates one or more delays or potential delays, a follow-up screening shall be conducted within 90 days and referrals made (as appropriate) to either BabyNet or their local school district for additional evaluation. Children may be considered exempt from this developmental screening requirement if they are receiving services under IDEA or Head Start, or are enrolled in a developmental surveillance program such as Help Me Grow. Such exemptions shall be indicated in the First Steps Data Collection system.

Progress monitoring and assessment should be conducted as indicated by the curriculum model and individual program. Early education programs implemented as part of a Family Literacy strategy shall comply with the assessment requirements in section 3.c) of the Family Literacy program standards.

### 3) DATA COLLECTION:

Client data, screenings and assessments shall be entered in the FSDC, unless data is entered in another client data system (Child Plus, etc.) approved by SC First Steps.

# FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS COUNTDOWN TO KINDERGARTEN (406)

## REQUIREMENTS FOR FY20:

### SCFSBOT Designation: Evidence-Informed

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

#### **1) TARGETING:**

##### **a) Targeting Clients At-Risk Of Early School Failure**

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

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications
- English is not primary language spoken in the home
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)  
Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.

##### **Additional CTK Transition Risk Factors:**

- *An incoming kindergartner who has had an older sibling retained in/before the 3<sup>rd</sup> grade*
- *An incoming kindergartner who has been recommended for service on the basis of significant social/emotional and/or behavioral difficulties – or those of an older sibling.*

- *An incoming kindergartner who has never been served within a full time preschool program out of his/her home.*
- *An incoming kindergartner who is the oldest child in the family; that is, this is the first opportunity for the family to be involved in their child(ren)'s school.*

*Note that the last two factors (child has not attended full-time preschool and/or is oldest child in the family) may be considered in conjunction with one or more additional risks but may not be used to determine eligibility in isolation.*

The following condition, while not considered part of SC First Steps' targeting criteria, is an additional characteristic that can put children at potentially higher risk for early school failure:

**Additional high-risk characteristic tracked by First Steps-funded programs:**

- Child was removed for behavioral reasons from one or more child care, Head Start or preschool settings.

**2) SERVICE DELIVERY:**

**a) Adherence to the Countdown to Kindergarten Curriculum**

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

Per the CTK curriculum model, no family should receive less than five (5) visits. The partnership shall make every effort to secure transportation services so that families can attend the final CTK visit to the child's school.

Home visitors are encouraged to deliver the curriculum in the primary language of the family.

**b) Placement within the Classroom of the Home Visitor**

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

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

Partnerships shall ensure that, in the event the CTK home visitor is not the 5K teacher, the CTK home visitor communicates with each 5K teacher about their students' participation in the CTK program and the follow-up teacher survey they will receive.

**c) Countdown to Kindergarten Training**

All home visitors must complete the Countdown to Kindergarten online training prior to implementing the program.

**Ongoing Program Quality Improvement and Professional Development**

Each Countdown home visitor must participate in reflective supervision and professional development, by, at a minimum, logging on and reviewing the discussion on the Countdown to Kindergarten home visitor electronic forum as outlined in the Countdown to Kindergarten Memorandum of Agreement for Countdown home visitors.

**3) DATA SUBMISSION AND FISCAL ADMINISTRATION:**

**a) Outcomes and Data Requirements**

The Partnership will be responsible for meeting all data requirements of SCFS within 30 days of receiving data from the teachers. CTK client and program information must be entered into the First Steps Data Collection system (FSDC) within the program year that begins July 1, regardless of whether program activities (home visits) occurred prior to July 1. Partnership staff is responsible for obtaining complete pre- and post-surveys from CTK parents. Each partnership will be required to assure that 75% of parent pre- and post-surveys have been entered into the survey website. Partnerships are also responsible for sending and obtaining complete teacher surveys from 5K teachers who have one or more CTK children enrolled in their classroom, again, with the expectation that 75% of teachers submit survey responses in the survey website. Partnerships will use the CTK surveys provided by SC First Steps. Names and email addresses of 5K teachers who were NOT also the child's CTK home visitor are to be entered in the data system before October 31 each year.

**b) Partnership Match Requirement**

Partnerships agree to meet the SCFS match requirements for CTK.

**c) Fiscal Administration and Teacher Payment**

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

**FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS  
Other Strategies**

**REQUIREMENTS FOR FY20:**

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

**1. Strategy Approval (for NEW strategies):**

- a) The partnership will submit, in addition to its Formula Funding Grant Application submission to SCFS, a detailed explanation of the proposed strategy, chosen curriculum or program model, its rationale (why is the strategy is being proposed), research basis (as appropriate), projected per-client cost and proposed evaluation methodology. Strategies will be expected to follow chosen curriculum and program models with fidelity.
- b) The partnership shall be provided individualized technical assistance upon request in an effort to support and strengthen the proposal, if needed.
- c) The strategy's research basis will be evaluated by SC First Steps for designation as either evidence-based or evidence-informed, based on processes adopted by the SCFS Board of Trustees.
- d) The Program and Grants Committee of the state board will review the strategy for approval and EB/EI designation, based on staff recommendation.
- e) Upon approval by the Program and Grants Committee, the strategy will be presented to the full Board for final approval.
- f) If the strategy receives evidence-based designation by the SCFSBOT, the partnership and SC First Steps staff will collaborate on drafting program standards that will be incorporated into this document upon state board approval.

**2. Strategy Implementation:**

Partnership strategies will be expected to meet the strategy's goals and objectives, using output and outcome data as specified in its strategy plan.

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

- a) Target children most in need of services, using board-approved risk factors in absence of specific targeting criteria within the chosen program model
- b) Deliver services with fidelity to the chosen curriculum or program model
- c) Use qualified staff that meet the minimum education and training requirements of the chosen curriculum or program model
- d) Maintain detailed data collection records, and enter timely data in the First Steps Data Collection System (FSDC), if required. The State Office of First Steps will notify partnerships what data needs to be entered in the FSDC.



## Essential Requirements Beginning July 2018

An organization must adhere to the Essential Requirements to become and remain a Parents as Teachers affiliate. New affiliates' program design for meeting these requirements is demonstrated through the Affiliate Plan. Data that addresses these requirements is reported annually on the Affiliate Performance Report (APR). These requirements represent the minimum or maximum levels needed for model fidelity. Additional resources such as the *Model Implementation Guide*, the Quality Standards, and TA Briefs provide guidance and best practices recommendations for high-quality replication of the Parents as Teachers model.

Essential Requirements	Measurement criteria
1. Affiliates provide at least two years of services to families with children between prenatal and kindergarten entry.	An affiliate is designed to provide at least two years of services to families with children between prenatal and kindergarten entry.
2. The minimum qualifications for parent educators are a high school diploma or equivalency and two years' previous supervised work experience with young children and/or parents.	100% of an affiliate's parent educators have at least a high school diploma, GED, or equivalent degree in countries outside the United States.
3. Each affiliate has an advisory committee that meets at least every six months. (It can be part of a larger committee, community network, or coalition as long as the group includes a regular focus on the Parents as Teachers affiliate).	An affiliate conducted two advisory committee meetings during the program year covered by the most recent APR.
4. Each month, parent educators working more than .5 FTE participate in a minimum of two hours of individual reflective supervision and a minimum of two hours of staff meetings and parent educators working .5 FTE or less participate in a minimum of one hour of reflective supervision and two hours of staff meetings.  <i>In order to support high-quality services to families, this requirement includes supervisors who carry a caseload.</i>	On average, parent educators working more than .5 FTE and supervisors that carry a caseload equivalent to more than .5 FTE received at least 75% of the required individual reflective supervision hours per month (at least 1.5 hours per month).  On average, parent educators working .5 FTE or less and supervisors who carry a caseload equivalent to .5 FTE or less received at least 75% of the required individual reflective supervision hours per month (at least .75 hours per month).  At least 18 hours of staff meetings occurred during the program year covered by the most recent APR.

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<p><b>5.</b> Each supervisor, mentor or lead parent educator is assigned no more than 12 parent educators, regardless of whether the parent educators are full-time or part-time employees.</p> <p><i>The number of parent educators assigned to the supervisors is adjusted proportionately when the supervisor is not full-time. For example, a .75 FTE supervisor would have a maximum of nine parent educators; a .5 FTE would have a maximum of six parent educators; a .25 FTE would have a maximum of three parent educators.</i></p>	<p>100% of an affiliate's 1.0 FTE supervisors are assigned a maximum of 12 parent educators.</p>
<p><b>6.</b> All new parent educators in an organization who will deliver Parents as Teachers services to families attend the Foundational and Model Implementation Trainings before delivering Parents as Teachers; new supervisors attend both Foundational and Model Implementation Trainings.</p>	<p>100% of parent educators and supervisors have attended the required PAT trainings.</p>
<p><b>7.</b> Parent educators obtain competency-based professional development and training and renew certification with the national office annually.</p>	<p>100% of model affiliate parent educators are up to date with their certification.</p>
<p><b>8.</b> Parent educators complete and document a family-centered assessment within 90 days of enrollment and then at least annually thereafter, using a method that addresses the Parent as Teachers required areas.</p>	<p>Family-centered assessment was conducted using a PAT-approved method.</p> <p>At least 60% of families enrolled more than 90 days had an initial family-centered assessment completed within 90 days of enrollment during the program year covered by the most recent APR.</p> <p>At least 60% of families that received at least one personal visit had completed a family-centered assessment in the program year covered by the most recent APR.</p>
<p><b>9.</b> Parent educators develop and document goals with each family they serve.</p>	<p>At least 60% of the families that received at least one personal visit had at least one documented goal during the program year covered by the most recent APR.</p>
<p><b>10.</b> Parent educators use the Foundational Personal Visit Plans and Personal Visit Planning Guide from the Foundational Curriculum to design and deliver personal visits to families.</p>	<p>Parent educators plan for each visit, documenting the planning process in a Foundational Personal Visit Plan or Personal Visit Planning Guide.</p>

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<p><b>11.</b> Families with one or fewer stressors receive at least 12 personal visits annually and families with two or more stressors receive at least 24 personal visits annually.</p>	<p>At least 60% of families with one or fewer stressors received at least 75% of the required number of visits in the program year covered by the most recent APR.</p> <p>At least 60% of families with two or more stressors receive at least 75% of the required number of visits in the program year covered by the most recent APR.</p>
<p><b>12.</b> Full-time first year parent educators complete no more than 48 visits per month during their first year and full-time parent educators in their second year and beyond complete no more than 60 visits per month.</p> <p><i>The number of visits completed monthly is adjusted proportionately when a parent educator is part-time. In addition, a number of factors need to be considered when establishing the maximum number of visits completed monthly, including: staff responsibilities, travel time for visits, and data collection responsibilities.</i></p>	<p>Full-time first year parent educators complete no more than 48 visits per month in the program year covered by the most recent APR.</p> <p>Full-time parent educators in their second year and beyond complete no more than 60 visits per month in the program year covered by the most recent APR.</p>
<p><b>13.</b> Affiliates deliver at least 12 group connections across the program year.</p>	<p>At least nine of the 12 (75%) required group connections were delivered in the program year covered by the most recent APR.</p>
<p><b>14.</b> Child health screening is completed by 7 months of age, or within 90 days of enrollment, and at least annually thereafter. Completion of the Child Health Record, which consists of health status, safety, vision, and hearing elements, constitutes a complete health screening.</p>	<p>At least 60% of children received a complete child health screening by 7 months of age or within 90 days of enrollment in the program year covered by the most recent APR.</p> <p>At least 60% of children received a complete annual child health screening in the program year covered by the most recent APR.</p>
<p><b>15.</b> Child developmental screening takes place for all children within 90 days of enrollment or birth, and then at least annually thereafter. Developmental domains that require screening include language, cognitive, social-emotional, and motor development.</p>	<p>At least 60% of children received a complete child developmental screening within 90 days of enrollment or birth in the program year covered by the most recent APR.</p> <p>At least 60% of children received a complete annual child developmental screening in the program year covered by the most recent APR.</p>
<p><b>16.</b> Child developmental surveillance takes place during each personal visit and is recorded after each personal visit, using the Milestones to monitor child development.</p>	<p>Parent educators review and update (as applicable) the Milestones record for each enrolled child after each visit.</p>



<p><b>17.</b> Parent educators connect families to resources that help them reach their goals and address their needs.</p>	<p>At least 60% of families that received at least one personal visit were connected by their parent educator to at least one community resource in the program year covered by the most recent APR.</p>
<p><b>18.</b> At least annually, the affiliate gathers and summarizes feedback from families about the services they've received, using the results for program improvement.</p>	<p>An affiliate gathered and summarized feedback from families about the services they have received at least once during the program year covered by the most recent APR and used the results for program improvement.</p>
<p><b>19.</b> The affiliate annually reports data on service delivery and program implementation through the APR; affiliates use data in an ongoing way for purposes of continuous quality improvement, including participating in the Quality Endorsement and Improvement Process every five years.</p>	<p>An affiliate submitted the most recent APR and participated in the Quality Endorsement and Improvement Process when designated or selected by Parents as Teachers National Center.</p>
<p><b>20.</b> Programs will pick two* outcomes to measure with eligible families. One outcome will be from a list of approved tools that measure parenting skills, practices, capacity, or stress assessment and the second outcome will be from an approved list of measures. It is important to select outcomes that align with the program goals. Programs will also report on the APR how they are using the data.  *See <i>Outcomes Essential Requirement Guidance</i> for more information.</p>	<p>At least 60% of eligible families annually participate in an assessment of parenting skills, practices, capacity, or stress using an approved tool.</p> <p>At least one additional approved outcome measure is assessed and reported for eligible families.</p> <p>Programs report in the APR how they are using the data from a set of response options (e.g., continuous quality improvement or advocacy).</p>

## ATTACHMENT 2:



### ESSS Program Standards

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

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

#### **Pre-Birth - 3 Home Visiting Component**

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

#### **3-5 Book Bag Exchange Component**

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

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

### **“Transition to School” Support**

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

### **Parent-Child Groups**

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

### **Community Connections**

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

### **Staff Training and Support**

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

### **Supervisory Expectations for Partners**

- Participate in orientation and training activities, site visits and program implementation support from Save the Children staff and its contractors, and in an ongoing program evaluation.
- Hire an Early Childhood Coordinator whose language reflects that of the population being served. Ex. An Early Childhood Coordinator who provides services to families who are monolingual Spanish, must be bilingual.
- Provide adequate space and supplies to the ECC. This must include:
  - A computer with wireless internet access
  - An accessible telephone and readily available telephone line
  - Space for parent/child group meetings/events
  - Adequate storage space
  - Access to purchasing appropriate infant/toddler supplies and materials within district guidelines and budget codes



- Provide an orientation to the Early Childhood Coordinator (ECC) upon hire that includes:
  - Information on school benefits including leave and health insurance
  - Information on completing time sheets
  - Information on submitting for mileage reimbursement monthly
  - Information on district policies for reporting child abuse and neglect
  
- Utilize the ECC for ESSS functions only. ECC responsibilities do not include acting as a substitute teacher at any given time during the school day, assisting with bus or lunch duties, running sports or other extra-curricular activities, using preparation/planning time for other non-early childhood activities (e.g., monitoring assemblies, assisting with non-early childhood related classroom activities).
  
- Provide an environment that provides the ECC with a flexible schedule to accommodate the needs of families with young children receiving services in a home-based environment. This may include making evening or weekend visits/groups and providing services on days that schools are closed.
  
- Provide ongoing supervision and support to the ECC that must include:
  - Regular meetings between the ECC and Site Supervisor
  - Observation by the Site Supervisor of at least 2 home visits per year conducted by the ECC
  - Observation by the Site Supervisor of at least 1 parent/child group per year conducted by the ECC
  - Regular meetings between Save the Children ESSS Program Specialist and Site Supervisor
  - An annual review of the ECC's performance completed by their supervisor.
  
- Conduct a quality check (*Parent Satisfaction Survey*) with **all** families semi-annually.
  
- Monthly, Site Supervisors will compare mileage reimbursement requests, and sign-in/sign-out logs with home visit documentation (*Family Planning Forms*) signed by parents.
  
- Notify Save the Children when there are changes or issues at the site that affect ongoing supervision, management, and/or continuity or quality of regular programming.
  
- Participate in a Program Quality Assessment (PQA) at the site at least every two years.

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