



**SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS
BOARD OF TRUSTEES**

April 10, 2014

**The Brown Building
State House Grounds
Room 252**

2 pm

A g e n d a

- 1. Call to Order**
- 2. Approval of Minutes**
- 3. Committee Reports**
 - A. Program and Grants Committee – Julia-Ellen Davis, Chair**
 - B. Strategic Planning and Evaluation Committee – Lisa Van Riper, Chair**
 - C. Finance and Administration Committee – Judith Aughtry, Chair**
- 4. Director's Report – Susan DeVenny**
- 5. Adjournment**

Upcoming meetings:

**SC Early Childhood Advisory Council, May 22, 2014, 2pm
SC First Steps Board of Trustees, June 26, 2014, 2pm**

**South Carolina First Steps to School Readiness
Board of Trustees Meeting**

Haynesworth, Sinkler, Boyd Offices
1201 Main Street, Columbia
23rd Floor

December 5, 2013
2 p.m.

MINUTES

Voting Directors Present: Mr. Lewis Smoak, Vice-Chair
Ms. Lisa Van Riper, Secretary
Senator Joel Lourie
Representative Jerry N. Govan
Mr. Reece Yandle
Ms. Linda O'Quinn
Ms. Julia-Ellen Davis
Ms. Judith Aughtry
Dr. Francis Rushton
Ms. Julie Hussey
Mr. Rick Noble

Voting Directors Present via telephone:
Ms. Evelyn Patterson

Voting Directors Absent: Governor Nikki Haley, excused
Superintendent Mick Zais, excused
Senator Mike Fair, excused
Representative Rita Allison, excused
Mr. Walter Fleming, excused

Non-Voting Directors Present: Ms. Kelly Cordell, designee for Ms. Lillian Koller, SC DSS
Ms. Rosemary Wilson, designee for Ms. Catherine Templeton, SC DHEC
Ms. Kim Aydlette, designee for Supt. Mick Zais, SCDE
Ms. Jennifer Buster, designee for Ms. Beverly Buscemi, SC DDSN
Ms. Susan Jones, designee for Mr. Robert St. Onge, SC DOT

Ms. Samantha Eastman, designee for Dr. Darrell Staat, SC Technical Colleges

Mr. Tim Ervolina, United Way Association of SC, Inc.

Non-Voting Directors Absent: Mr. John Magill, DMH Director
Mr. Tony Keck, SC DHHS Director
Mr. Bob Toomey, SC DAODAS, excused
Mr. Richard C. Sutton, SC Commission on Higher Education, excused
Ms. Sarah Crawford, designee, SC Office of Research and Statistics, SC Budget and Control Board

Others Present: Dr. Floyd Creech, Former SCFS Trustee
Dr. Bill Brown, University of SC
Dr. Leigh D'Amico, University of SC
Ms. Jenny May, University of SC
Ms. Donna White, The NC Partnership for Children, Inc.
Ms. Susan DeVenny, SC First Steps
Dr. Dan Wuori, SC First Steps
Ms. Mary Anne Mathews, SC First Steps
Ms. Betty Gardiner, SC First Steps
Ms. Kristie Musick, SC First Steps
Ms. Christie Duke, SC First Steps
Ms. Betsy Marshall, SC First Steps
Ms. Debbie Robertson, SC First Steps
Mr. Russell Brown, SC First Steps
Ms. Samantha Ingram, SC First Steps
Ms. Jeanie Herrod, SC First Steps

MINUTES

Call to Order

Mr. Lewis Smoak called the meeting to order on behalf of the chair and asked those joining by phone to identify themselves so that their attendance could be recorded. Mr. Smoak noted the presence of a quorum.

Approval of Minutes

The minutes from the June 20, 2013 and the minutes from the Oct. 23-24, 2013 Board Retreat were unanimously approved.

Committee Reports

Program and Grants Committee

Ms. Julia-Ellen Davis reported that the Program and Grants committee met by conference call and webinar on Dec. 2, 2013 to review recent work team recommendations. The following recommendations were presented to the board for approval:

- 1) The State Board of Trustees should retain its existing practice of setting and applying published criteria for the approval of proposed strategies. (No action required.)
- 2) The State Board of Trustees should develop and promulgate definitions of both “evidence-based” and “evidence-informed” programming and develop suggested lists of approved strategies in both categories. (The Committee endorsed a legislative amendment in current version of S.291 and H3428 to replace the term “promising practice” with the more accurate term “evidence-informed.”)
- 3) The State Board of Trustees should not, however, limit its approvals to the lists developed, but retain an avenue for the proposal of new strategies by the partnerships. (No action required.)
- 4) The State Board of Trustees should define permissible programmatic expenditures in each category, with a target of 70% dedicated to evidence-based programs. (The Committee expressed its desire to ensure flexibility but suggested maintaining the bill’s existing 75%-25% split and adding waiver language. It was noted that the Legislative Committee would make the final decision.)
- 5) The State Board of Trustees should, with feedback from the partnerships and in conjunction with sufficient resources and base funding allocations to each partnership, define a limited set of core functions which will define and unite the “First Steps” brand, without diminishing current program offerings. (No action required.)
- 6) The BOT should formally recognize the work of local partnerships in the area of community engagement/mobilization as a core programmatic offering and establish cost principles accordingly. (The Committee endorsed the concept of incorporating community engagement standards)
- 7) The Board should explore methods used in other states which incorporate state and local population-level outcomes as a measure of outcomes for children. (No action required).

As information, the Program and Grants Committee received updates on the three recommendations of the Technical Assistance Work Team, currently being implemented by staff.

The above recommendations of the Program and Grants committee were unanimously approved by the Board.

Finance and Administration Committee

Ms. Judith Aughtry reported for the Finance and Administration Committee. Ms. Aughtry stated that the committee met with staff and co-chairs of the Funding Work Team on Dec. 3, 2013 to review the team's 16 recommendations.

The committee brought three work team recommendations to the board as proposed next steps:

- 1) Increase First Steps' Formula Communications to Partnerships,
- 2) Explore development of a separate funding source, over and above the State allocations, for promising programs and initiatives, and
- 3) Explore the feasibility of a resource availability factor within the formula.

After discussion, the Board unanimously endorsed the Committee's recommendations to enhance formula communications and explore the feasibility of both a funding source for promising programs and a resource availability factor. Funding Work Team leaders volunteered to meet with the Legislative Committee (upon request) to serve as a resources. All input will be offered with the best interests of children in mind, and in consideration of our unique communities.

Mr. Russell Brown gave a finance summary report, as of November 2013, to the full board.

Director's Report

Ms. Susan DeVenny introduced Ms. Donna White, Deputy Director, of The North Carolina Partnership for Children, Inc. Ms. White presented to the board, "Developing the Resource Guide of Evidence-Based and Evidence-Informed Program and Practices".

After Ms. White's presentation, Ms. DeVenny introduced, Dr. Francis Rushton, SC First Steps Board Member, American Academy of Pediatrics Board Member, and SC QTIP Medical Director. Dr. Ruston gave the board a presentation on the "Quality through Technology and Innovation in Pediatrics" – a partnership between DHHS, SC AAP, USC Institute for Families in Society, SCORE, Care Evolution and Thomson Reuters.

Ms. DeVenny invited the board to an event at Brookland Baptist Child Development Center to celebrate the South Carolina General Assembly's Expansion of CDEPP (First Steps 4K).

With no further business the meeting was adjourned.

Next meeting: April 10, 2014



2014 READ-IN South Carolina

Thursday, April 10, 10 a.m.

10-10:30 a.m.

Parade to the State House

Benedict College Drumline
Herman Jones, Director of Bands

10:30 -11:30

Welcome

Jennifer Wirtzberger, WLTX News 19 Reporter
Mistress of Ceremonies

Presentation of Colors

C.A. Johnson AFJROTC

Pledge of Allegiance

Christina Zapolski — Miss SC USA

Diana Carr

SC Association of School Librarians

Hulen Bivens, Director

SC State Library

Darleen Sutton

SC Teacher of the Year

SPECIAL ANNOUNCEMENT

The Honorable Nikki Haley, Chair State Board of Trustees
SC First Steps

Roll Call of Schools

Jennifer Wirtzberger

OH, THE PLACES YOU'LL GO

By Dr. Seuss

11:30-Noon

Read-In by students

Special Guests:

Sen. Katrina Shealy, USA

Vanessa Mota, Mexico

Sandra Sabo, China

Fairoozan Abdalla, Iraq

Heidi Chavious, Germany

Angelica Quinn, Portugal

Darleen Sutton, USA

Cocky's Reading Pledge



south carolina
STATE LIBRARY



where great stories begin™

JOIN US, SOUTH CAROLINA!

Join Dr. Seuss and the crowd of students, teachers, and readers who will march from the SC Library to the Statehouse to celebrate reading on April 10, 2014 at SC's READ IN.

JOIN OUR 1000 BOOKS BY KINDERGARTEN CAMPAIGN!!

<http://1000booksbeforekindergarten.org/>



State of South Carolina

Governor's Proclamation

- WHEREAS,** appropriate early learning standards are vital to quality education opportunities for the young children of South Carolina; and
- WHEREAS,** comprehensive community-based school readiness programs that work are essential to the future academic success of our youngest learners; and
- WHEREAS,** a broad coalition of school readiness partners, including business, faith, education, health, and nonprofit communities throughout the Palmetto State, is committed to strengthening quality public and private early education and child care choices for parents; and
- WHEREAS,** the incorporation of quality standards for all school readiness partners, public and private, promotes choice for families and more efficient use of resources while supporting the accountability of an effective early learning system in our state; and
- WHEREAS,** with the theme "Early Years are Learning Years," the 2014 observance of the Week of the Young Child calls attention to the significant impact of quality early childhood education opportunities on the future success of our children.

NOW, THEREFORE, I, Nikki R. Haley, Governor of the Great State of South Carolina, do hereby proclaim April 5 - 12, 2014, as

WEEK OF THE YOUNG CHILD

throughout the state and encourage all South Carolinians to work together to support early learning for all children and recognize early childhood professionals for their contributions to children and families in the Palmetto State.



A handwritten signature in black ink, reading "Nikki R. Haley".

NIKKI R. HALEY
GOVERNOR
STATE OF SOUTH CAROLINA



To: First Steps Board of Trustees
From: Julia Ellen Davis, Chair, Program and Grants Committee
Date: April 4, 2014

RE: FY15 Partnership and Program Accountability Standards

The Program and Grants Committee met via conference call and webinar on both Thursday, March 20 and Friday, April 4, 2014 to review proposed changes to the First Steps Partnership and Program Accountability Standards for FY15.

Attached, please find the updated standards draft resulting from our review, which we recommend to the Board for approval Thursday, April 10, 2014.

Substantively, you will find that the most significant update is an increased focus on partnership operations. The standards have been organized into two sections:

- **Section I. Partnership Accountability**
- **Section II. Program Accountability**

Changes of note to Partnership Accountability Standards include:

GOVERNANCE STANDARDS –

- Recommend planning for minimum of 2 yrs. when implementing new strategy
- NEW: Operations Self - Assessment - to be conducted and submitted annually (recommendation of TA work Team)

FISCAL ACCOUNTABILITY STANDARDS –

- Policy on carry forward amount – certified by State Board by October, reallocation deadline to place in budget spending plan by January

COLLABORATION/COMMUNITY ENGAGEMENT

- NEW: Community Education and Outreach Plan – to be conducted and submitted annually

RESOURCE DEVELOPMENT

- Submit resource development plan annually as part of renewal plan (new optional template provided)

Changes of note to the Program Accountability Standards include:

PAT, PCH, Early Steps

- Remove standard regarding \$150/visit calculation – confusing due to issue of state funds vs/ match, most programs report costs per client not per visit, information gathered has not proved useful

FAMILY LITERACY

- Revised standards proposed as per committee work

CHILD CARE QUALITY ENHANCEMENT

- Adding target of facilities participating in publicly funded 4-K
- Requiring 100% of Directors and Lead teachers to have ECD101 (matches ABC requirements)
- Requiring Assessors for ERS to have refresher training every 3 years

CHILD CARE TRAINING

- Added publicly funded 4K programs as potential partners for training collaboration
- Specify follow up to training that requires a post assessment questionnaire administered following training using format provided by the trainer or curriculum model used for the training
- Requires all training be certified except health and safety

CHILD CARE SCHOLARSHIPS

- Requires all parents/guardians receiving child care scholarships to receive at least one hour of training on finding and selecting high quality child care.

COUNTDOWN TO KINDERGARTEN

- Waivers will not be required for children who do not have the CTK visitor as their K teacher, but all children must meet their K teacher at the school they will be attending as part of the program.

NON-PREVALENT STRATEGIES

- Revised renewal application for non-prevalent strategies so that it can be used as the Evaluation Plan for that strategy (no separate template)
- All non-prevalent strategies evaluation plans (as described in their renewal application) will be compiled and reviewed by the Program and Grants Committee
- Compliance with program standards will be determined based on meeting goals and objectives described in their submitted evaluation plans from the previous year

Changes of Note to Standards Monitoring include:

- Continuous Quality Improvement Plans will be issued at renewal but may be modified based on monitoring throughout the year. CQI Plans will be issued to all partnerships and will include Areas of Commendation, Areas for Improvement, and Conditional Approvals.

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

Effective July 1, 2014 – June 30, 2015

This document outlines the standards, or expectations, of local First Steps Partnerships with regard to all programmatic, operational, financial, and administrative activities of the partnership. This document will be attached to the 2014-15 grant agreement between local partnerships and South Carolina First Steps as a condition for receiving an annual funding allocation from the South Carolina First Steps Board of Trustees. It is the responsibility of the local partnership board and staff to comply with all partnership and program accountability standards.

1. Partnership Accountability Standards:

Partnership standards are organized into the following sub-sections:

Governance and Operations
Fiscal Accountability
Collaboration/Community Engagement
Resource Development

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

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

2. Program Accountability Standards:

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

Parents as Teachers
Parent-Child Home Program
Early Steps to School Success
Nurse-Family Partnership
Dolly Parton Imagination Library
Family Literacy
Early Identification and Referral

<p>Child Care Quality Enhancement</p> <p>Child Care Training</p> <p>Child Care Scholarships</p> <p>Four-Year Old Kindergarten</p> <p>Countdown to Kindergarten</p> <p>Non-Prevalent Strategies (<i>for all strategies not listed above</i>)</p>

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

Monitoring and Compliance:

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

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

CQI Plans must be presented to local partnership boards during a partnership board meeting. Continuous Quality Improvement Plans may also be updated or modified by the State Office of First Steps (with notification to the local partnership board and staff), as needed, if additional issues of monitoring or compliance arise during the program year.

Continuous Quality Improvement Plans may include:

Areas of Commendation

Areas in which the local partnership excelled or significantly improved during the program year.

Areas for Improvement

Areas of Improvement will include findings of non-compliance with Partnership Accountability Standards or Program Accountability Standards that, while not severe enough to be a Conditional Approval, are issues that need to be addressed by the local partnership.

Should the partnership not become compliant with one or more Areas for Improvement findings by the end of the program year, the finding(s) may become a Conditional Approval for the program or partnership for the subsequent program year.

Conditional Approvals

Conditional Approvals are findings of non-compliance, issued by the SC First Steps Board of Trustees upon recommendation by the State Office of First Steps, that the local partnership **must address by the end of the program year**. Conditional Approvals will also be attached to the partnership's grant agreement for the coming year as a contractual obligation.

In addition to being presented to the local partnership board as part of the CQI Plan, partnership boards must also adopt a Compliance Plan for each Conditional Approval and implement their plan(s) successfully during the course of the program year.

Conditional Approvals may be issued due to:

- Areas of Improvement findings for which the partnership has not come into compliance with program or partnership accountability standards by the end of the program year, may result in a Conditional Approval for the subsequent program year.
- Non-compliance issues that are determined to have a significant negative impact on program implementation, partnership governance, or fiscal accountability. These issues include, but are not limited to:

Program Accountability Standards:

- Non-implementation of a program strategy that was included in the partnership's Renewal Plan
- Serving less than 75% of projected clients, as proposed in the partnership's Renewal Plan
- *Not meeting standards for client targeting
- *Not meeting standards for staff qualifications
- *Not meeting standards for intensity of services (i.e., home visits, technical assistance visits)
- *Not meeting standards for screenings and assessments
- *Not meeting standards for data collection and evaluation

**For non-prevalent strategies, the strategy information provided in the partnership's Renewal Plan pertaining to strategy objectives, client targeting, staff qualifications, service intensity, screenings and assessments, and data collection and evaluation will serve in place of program standards.*

Partnership Accountability Standards:

- Significant governance issues
- Not meeting the matching funds percentage required by First Steps legislation; not submitting appropriate documentation for matching funds to the Regional Finance Manager
- Not complying with deadlines for contractual or legislative requirements, or with fiscal deadlines relating to submitting reallocations, allocating carry-forward, submitting invoices, and providing requested information to partnership auditors (effective after July 1, 2014)

Partnerships failing to correct Conditional Approvals – or receiving Conditional Approvals for the same strategy area or partnership standard in consecutive years – may be subject to penalties up to and including the suspension of grant funds at the discretion of the First Steps Board of Trustees

SECTION 1:

FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS

FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS GOVERNANCE AND OPERATIONS

REQUIREMENTS FOR FY15:

1. The local partnership board shall exercise leadership with its local and state Early Childhood partners through a functional and effective board. The Board as the governing body shall:

- a) Adhere to the local partnership By-Laws and Operating Procedures and the First Steps Enabling Legislation.
- b) Implement programs strategies in accordance with SC First Steps Policies/Procedures 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).
- ~~b)c)~~ Comply with the terms and conditions contained in the local partnership's annual grant agreement with South Carolina First Steps.
- ~~c)d)~~ Maintain, at a minimum, an Executive and Finance Committee for assessing and implementing responsibilities of the County-Local Partnership Board. Committee and board member rosters shall be published and all meetings are subject to FOIA requirements.
- ~~e)e)~~ Implement Vision 2013 as approved by the the current strategic plan approved by the SC First Steps Board of Trustees.
- f) Maintain all current approved policies/procedures/standards, board minutes, and records of all meetings (e.g. notices, sign-in-sheets, and documentation of conflict of interest as well as Freedom of Information Act).

2. The local partnership board members shall:

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

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

4. The local partnership board and staff shall exercise appropriate stewardship, ~~both financial and programmatic,~~ by adhering to the practices and procedures outlined in the SC First Steps Operations Manual.

5. Data shall be collected and entered timely in the First Steps Data Collection System ~~for~~ on all programs/strategies, according to the First Steps Program Accountability Standards for that strategy. Partnerships must complete program and vendor registration for all funded strategies and begin data entry by September 1 of each program year. Partnership and vendor staff are expected to adhere to the deadlines for timely data submission: within 30 days of the date of service. Data may be used to evaluate overall program performance and sustainability.

6. An equitable work environment that is supportive of organizational productivity, diversity, and stability shall be provided by the local partnership board and staff.

7. The local partnership board [and staff](#) shall not unlawfully discriminate against any person or category of persons for services or employment.
8. The local partnership board [and staff](#) shall prohibit preferential treatment and nepotism with regard to hiring, supervision, and promotion.
9. [The local partnership board and staff shall comply with all contractual and legislative deadlines for submitting documents to the State Office of First Steps.](#)

FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS FISCAL ACCOUNTABILITY

REQUIREMENTS FOR FY15:

1. [The local partnership board and staff shall exercise appropriate fiscal stewardship by adhering to the policies and procedures outlined in the SC First Steps Operations Manual.](#)
2. [The local partnership board and staff shall monitor on an ongoing basis the financial condition of the partnership, to include but not limited to: revenue, expenditures and balances within all strategy areas, budget codes and funding sources.](#)
3. [The local partnership board and staff shall ensure that funds granted to the partnership by the SC First Steps Board of Trustees are spent in a timely manner in service to children pre-birth to school entry within the partnership's service area. Beginning in FY15, the state board will certify available carry-forward per partnership by October 15 and shall issue terms for its use. Local partnership boards shall document reasons for carry-forward funds, and propose plans to the board for approval by January 1.](#)
4. [The local partnership staff should process vendor invoices for payments upon receipt, obtain board member signature if applicable and immediately forward to the Regional Finance Manager for payment. Fees and/or penalties due to late payments are unacceptable.](#)
5. [Financial reports should be presented at all local partnership board meetings.](#)
6. [The local partnership board and staff should review internal financial controls annually.](#)
7. [The local partnership board and staff shall adhere to the fiscal calendar deadlines outlined in the SC First Steps Operations Manual.](#)
- 4-8. [The local partnership board and staff shall respond in a timely manner to all requests from Regional Finance Managers and partnership auditors.](#)

FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS COLLABORATION/COMMUNITY ENGAGEMENT

REQUIREMENTS FOR FY15:

- 1) ~~The County Partnership Board shall document collaboration with other early childhood agencies/organizations to serve the most at-risk children and their families and to:~~
 - ~~Identify improvements to existing services and maximize use~~
 - ~~Fill gaps in service~~
 - ~~Minimize duplication of services~~
 - ~~Improve supports and accommodations for children with special needs and abilities~~
 - ~~Improve service coordination for high-risk children through participation in interagency staffing or child referrals~~
- 2) ~~The County Partnership Board shall engage in and document a minimum of 15 hours in-kind collaboration/support with other County Partnership Boards to maximize First Steps resources and:~~
 - ~~Ensure advocacy support to prioritize services for children under 6~~
 - ~~Facilitate the access to a full array of services in a targeted region~~
 - ~~Mediate barriers within the service delivery system~~
 - ~~Minimize administrative cost of service delivery~~
 - ~~Coordinate child care training and professional development opportunities~~
 - ~~Coordinate board training and planning opportunities~~
- 1) The local partnership board shall participate in and document efforts to mobilize communities and other early childhood agencies/organizations to focus efforts on providing enhanced services to support families and their young children to reach school ready to learn.
- 2) The local partnership board shall develop and submit an annual Community Education and Outreach Plan by the published deadline.
- 1)3) The local partnership board will annually submit its ~~VISION toolkit, noting~~ needs and ~~early childhood program~~ resource assessment ~~capacity in the county~~ as a basis for community-wide planning efforts to support at-risk children. This document shall be made public in the service area of the local partnership and shall be on file with the partnership technical assistant at the state office.

FIRST STEPS PARTNERSHIP ACCOUNTABILITY STANDARDS RESOURCE DEVELOPMENT

REQUIREMENTS FOR FY15:

- 1) The local partnership board shall engage in resource development responsibilities that include:
 - [Develop and submit an updated Resource Development Plan annually as part of the local partnership's Renewal Plan.](#)
 - Assurance of adequate resources to support the local partnership board's strategies/programs.
- 2) The local partnership board shall conduct fundraising activities in an ethical and fiscally responsible manner. A written process shall be developed to address the handling and acknowledgement of contributions and respect for donor confidentiality requests.
- 3) The local partnership board shall:
 - Accurately describe the purpose for fundraising activities.
 - Expend funds for the purpose they were solicited.
 - Maintain accounting segregation for restricted funds.
 - Raise funds in accordance with applicable local, state, and federal requirements.
- 4) The local partnership board will seek opportunities to collaborate with other partnerships and/or agencies/organizations to raise funds to meet the needs of at-risk children.
- 5) [The partnership board and staff shall document in-kind contributions to the partnership in the format specified in the SC First Steps Operations Manual, and provide timely submission of in-kind documentation to the Regional Finance Manager.](#)

SECTION 2:

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS



FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS PARENTS AS TEACHERS (201)

REQUIREMENTS FOR FY15:

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

1) TARGETING:

a) Targeting Clients At-Risk Of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications

b) Targeting By Age (Early Intervention)

At least 70% of newly enrolled client households shall contain an expectant mother and/or a child under thirty-

six months of age. In the event that unique and/or emergency circumstances warrant, Partnerships may enroll additional clients aged three-years or older with the provision of written justification to SC First Steps.

c) Client Retention

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

2) SERVICE DELIVERY:

Fidelity to a published, research-based model

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

a) Home Visit Intensity and Delivery:

- Programs shall match the intensity of their service delivery to the specific needs of each family, with no client to receive less than 2 visits monthly. Clients identified as possessing two (2) or more board-approved risk factors shall receive home visitation up to weekly as the needs and availability of the family dictate. (For purposes of grant renewal, conditional approvals will be issued to Partnerships averaging fewer than 2.0 visits per family, per month.)
- First Steps funded P.A.T. programs shall maintain formal affiliate status via the Parents as Teachers National Center. SC First Steps will continue hosting regular conference calls to assist vendors with tracking and meeting new model requirements. ~~(Note that the PAT National Center will soon require affiliate programs operating on academic calendars to document their year-round service delivery to an as-yet-unspecified proportion of clients. Programs currently operating on academic calendars are asked to begin planning for the incorporation of this national model requirement.) All Affiliate Programs should complete a minimum of 24 visits per year, per family, as is required from the National PAT Center.~~
- In households in which two or more preschool-aged children reside, vendors are permitted – but not required – to conduct separate visits designed to address the development of individual children. Alternately, curriculum information relating to the needs of each child may be combined into a single visit of greater duration.
- While PAT is ideally suited for delivery within the home (and home-based visitation expected as the primary method of service delivery), visits may be approved for delivery at an alternate location (a childcare center, family resource center, etc) as either the documented needs of the family or safety of the visitor dictate. The alternative location must be suitable to delivery of parenting services such that integrity of the session and confidentiality of clients is maintained. Regardless of location, all visits must be one-on-one (First Steps-funded PAT visits may not be delivered in group settings), entail the use of PAT-specific lesson plans and last at least 45 minutes.
- Data on each home visit shall be entered into the FSDC client database system within 14 days of completion. In the event that the Partnership has identified an individual responsible for all client data entry, vendors shall formally submit this information to the Partnership within this same 14 day window for subsequent entry.
- No parent educator may carry a caseload of more than twenty (20) active families. Smaller case loads may be necessary based upon the intensity of services provided (ex: weekly home visits) or as determined by individual family needs. ~~In determining minimum caseload, programs shall take per-visit cost allocation (detailed in Section 4 below) into account.~~

b) Group Connections:

- At least one parent education group meeting will be offered each month (per vendor or area of service if large program) shall be offered, for a total of 12 per program year.

c) Screenings and Referrals:

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

d) Family Assessment and Goal Setting:

- First Steps PAT vendors shall adhere to national model requirements pertaining to use of the Life Skills Progression (LSP), an approved family needs assessment tool. .
- All parenting and family strengthening vendors shall develop well-documented Family Service Plans between the home visitor and families (using the PAT Goal Setting form) within 3 months of the enrollment of each within the program, and subsequently update these plans at least semi-annually to gauge progress and goal attainment.

e) Integrated Service Delivery:

- Partnerships shall utilize the Life Skills Progression and/or other formal and informal needs assessments to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum.
- Each ~~PAT Affiliate First Steps County Partnership~~ shall convene an advisory committee at least twice yearly. These meetings shall incorporate community stakeholders in an effort to identify service gaps, and increase collaborative service referrals. This committee also advises, provides support for and offers input to the affiliate program for planning and evaluation purposes.

f) Staff Qualifications and Training:

- All P.A.T. educators must possess at least a two-year degree in early childhood education or a closely related field and document successful completion of/initial certification in P.A.T.'s *Foundational and Model Implementation Training*. Educators whose caseloads include children aged 3-5, must also maintain the *P.A.T. (3-5)* add-on certification.
- Each P.A.T. program shall be overseen by one or more individuals certified as PAT Supervisors.
- Each parent educator in a First Steps-funded program shall successfully complete (as part of his/her annual recertification and regardless of his/her individual funding source) at least ~~three three~~ hours of ~~annual~~ professional development ~~preferably around early literacy~~ and document the successful completion of all national model requirements related to ongoing professional development hours. Annual training and/or recertification (for both the program and individual staff members) must be documented on-site by each vendor, ~~for annual submission to SCFS~~.
- Each parent educator shall maintain annual re-certification in the Keys to Interactive Parenting Scale (KIPS).

g) Ongoing Program Quality Assessment:

- Each P.A.T. vendor shall participate in the PAT affiliate quality validation every 4th year and make ongoing use of the *PAT Parent Evaluation* (annually), *Parent Educator Performance Evaluation* (annually), *Parent Educator and Supervisor Self-Evaluations* (annually), *Program Evaluation by Parent Educators* (annually) and *Peer Mentor Observation* (optional). Each program must submit an Affiliate Performance Report to PAT and South Carolina First Steps by July of each year.
- Each participating First Steps Partnership shall convene a monthly supervisory meeting of all pertinent program/vendor staff (to include those staff members providing both supervision and direct service to families) to review recruitment, standards compliance, programmatic data and other issues related to strategy success.
- Parent educators shall participate in individualized reflective supervision meetings with their supervisors monthly.

3) ASSESSMENT AND DATA SUBMISSION:

- a) All First Steps-funded vendors shall complete, at minimum, baseline and post assessments of the *primary adult client* identified within each enrolled case using the Keys to Interactive Parenting Scale (KIPS). A baseline KIPS assessment shall be completed within 45 days of each client's initial enrollment, with a post assessment conducted 6-9 months later, at each 12 month interval thereafter and/or within 30 days of planned program completion.. Partnerships shall ensure that each KIPS assessor is currently certified by the authors and shall include all costs associated with this assessment within their budget spending plans.
- b) In addition to the KIPS, each family containing children aged 2½ - 5 shall have their interactive literacy behaviors assessed (pre- and post-, with the initial assessment conducted within 45 days of a child within the household reaching 30 months of age) by a trained evaluator making use of the Adult-Child Interactive Reading Inventory (ACIRI). Each family educator making use of the ACIRI shall document his/her attendance at a First Steps sponsored training on the instrument.
- c) SC First Steps may conduct randomized KIPS/ACIRI reliability monitoring. Sample client videos may be requested for confidential scoring review and shall be maintained on site for potential review for a period spanning four months from the date of original administration.
- d) Note that both the KIPS and ACIRI are utilized as assessments of adult behaviors and thus need not be completed with each adult-child pairing in the household. Post assessments should, however, assess the interactions of the same adult-child pairing observed during the baseline assessment.
- e) Client demographic, program, [connections to services, screening](#) and assessment data shall be collected within the First Steps Data Collection System (FSDC).

4. COST ALLOCATION:

~~For each \$150 budgeted to a parent home visitation strategy, partnerships shall document their successful delivery of at least one home visit.~~

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

REQUIREMENTS FOR FY15 :

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

1) TARGETING:

a) Targeting Clients At-Risk Of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications

b) Targeting By Age (Early Intervention)

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

c) Client Retention

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

2) SERVICE DELIVERY:

Fidelity to a published, research-based model

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

a) Home Visit Intensity and Delivery:

- Parent Child Home (PCH) programs shall be designed to incorporate visits twice weekly for a minimum of 23 weeks or 46 home visits annually across a period of two

years (46 weeks/92 visits total).

- While home visitation models are ideally suited for delivery within the home (and home-based visitation expected as the primary method of service delivery), PCH visits may be approved for delivery at an alternate location (a childcare center, family resource center, etc.) as either the documented needs of the family or safety of the visitor dictate. The alternative location must be suitable to delivery of parenting services such that integrity of the session and confidentiality of clients is maintained. Regardless of location, all visits must be one-on-one (PCH may not be delivered in group settings), entail the use of PCH-specific lesson plans and last at least 30 minutes apiece
- Data on each home visit shall be entered into the FSDC client database system within 14 days of completion. In the event that the Partnership has identified an individual responsible for all client data entry, vendors shall formally submit this information to the Partnership within this same 14 day window for subsequent entry.
- No PCH home visitor may carry a caseload of more than sixteen (16) active families. Smaller caseloads may be necessary based upon the intensity of services provided (or as determined by individual family needs). In determining minimum caseload, programs shall take per-visit cost allocation (detailed in Section 4 below) into account.

b) Screenings and Referrals:

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

c) Staff Qualifications and Training:

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

d) Ongoing Program Quality Assessment:

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

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

e) Family Assessment and Goal Setting:

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

f) Integrated Service Delivery:

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

~~Each First Steps County Partnership funding PCH shall convene an advisory/universal staffing meeting at least twice yearly. These meetings shall incorporate universal staffing guidelines/documents to be distributed by SCFS in an effort to identify service gaps, and increase collaborative service referrals~~

3. ASSESSMENT AND DATA SUBMISSION:

- a) All First Steps-funded vendors shall complete, at minimum, baseline and post assessments of the *primary adult client* identified within each enrolled case using the Keys to Interactive Parenting Scale (KIPS). A baseline KIPS assessment shall be completed within 45 days of each client's initial enrollment, with a post assessment conducted 6-9 months later, at each 12 month interval thereafter and/or within 30 days of planned program completion.. Partnerships shall ensure that each KIPS assessor is currently certified by the authors and shall include all costs associated with this assessment within their budget spending plans.
- b) In addition to the KIPS, each family containing children aged 2½ - 5 shall have their interactive literacy behaviors assessed (pre- and post-, with the initial assessment conducted within 45 days of a child within the household reaching 30 months of age) by a trained evaluator making use of the Adult-Child Interactive Reading Inventory (ACIRI). Each family educator making use of the ACIRI shall document his/her attendance at a First Steps sponsored training on the instrument.
- c) SC First Steps may conduct randomized KIPS/ACIRI reliability monitoring. Sample client videos may be requested for confidential scoring review and shall be maintained on site for potential review for a period spanning four months from the date of original administration.
- d) Note that both the KIPS and ACIRI are utilized as assessments of adult behaviors and thus need not be completed with each adult-child pairing in the household. Post assessments should, however, assess the interactions of the same adult-child pairing observed during the baseline assessment.
- e) Client demographic, program, [connections to services, screening](#) and assessment data shall be collected within the First Steps Data Collection System (FSDC).

4. COST ALLOCATION:

~~For each \$150 budgeted to a parent home-visitation strategy, partnerships shall document their successful delivery of at least one home visit.~~

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

REQUIREMENTS FOR FY15 :

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

1) TARGETING:

a) Targeting Clients At-Risk Of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications

b) Targeting By Age (Early Intervention)

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

c) Client Retention

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

2) SERVICE DELIVERY:

Fidelity to a published, research-based model

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

a) Home Visit Intensity and Delivery:

- Programs shall match the intensity of their service delivery to the specific needs of each family, with no client to receive less than 2 visits monthly. Clients identified as possessing two (2) or more board-approved risk factors shall receive home visitation up to weekly as the needs and

availability of the family dictate. (For purposes of grant renewal, conditional approvals will be issued to Partnerships averaging fewer than 2.0 visits per family, per month.) While the ESSS model is ideally suited for delivery within the home (and home-based visitation expected as the primary method of service delivery), visits may be approved for delivery at an alternate location (a childcare center, family resource center, etc.) as either the documented needs of the family or safety of the visitor dictate. The alternative location must be suitable to delivery of parenting services such that integrity of the session and confidentiality of clients is maintained. Regardless of location, all visits must be one-on-one (ESSS visits may not be delivered in group settings), entail the use of model-specific lesson plans and last at least 45 minutes

- Data on each home visit shall be entered into the ESSS data system by the 5th of the month following service delivery. No home visitor may carry a caseload of more than twenty (20) active families for Home Visitation. (Up to 30 additional families per home visitor may participate in the model's group meetings and transition activities (book bag exchange) for children older than 36 months. ~~In determining minimum caseload, programs shall take per-visit cost allocation (detailed in Section 4 below) into account.~~

b) Group Meetings:

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

c) Screenings and Referrals:

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

d) Staff Qualifications and Training:

- Each home visitor in a First Steps-funded ESSS program shall successfully complete (as part of his/her annual recertification and regardless of his/her individual funding source) at least three hours of annual professional ~~development development approved by SC First Steps~~ and document the successful completion of all national model requirements related to ongoing professional development hours. Annual training (for both the program and individual staff members) must be documented on-site by each vendor ~~for annual submission to SCFS~~.
- Each parent educator shall maintain annual re-certification in the Keys to Interactive Parenting Scale (KIPS).

e) Ongoing Program Quality Assessment:

- ESSS vendors shall utilize the PPVT and HOME Inventory as prescribed by the Early Steps National Model and any other quality assessments as required for evaluation.
- Each ~~ESSS program participating First Steps Partnership~~ shall convene a supervisory meeting of all pertinent program/vendor staff (to include those staff members providing both supervision and direct service to families) no less than quarterly to review recruitment, standards compliance, programmatic data and other issues related to strategy success.

f) Family Service Plans:

- All parenting and family strengthening vendors shall develop well-documented Family Service

Plans between the home visitor and families within 3 months of the enrollment of each within the program, and subsequently update these plans at least semi-annually to gauge progress and goal attainment.

g) Integrated Service Delivery:

- Partnerships shall utilize the ESSS family-centered assessment and/or other formal and informal needs assessments to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum.
- ~~Each First Steps County Partnership shall convene an advisory/universal staffing meeting at least twice yearly. These meetings shall incorporate universal staffing guidelines/documents to be distributed by SCFS in an effort to identify service gaps, and increase collaborative service referrals~~

3. ASSESSMENT AND DATA SUBMISSION:

- a) All First Steps-funded vendors shall complete, at minimum, baseline and post assessments of the *primary adult client* identified within each enrolled case using the Keys to Interactive Parenting Scale (KIPS). A baseline KIPS assessment shall be completed within 45 days of each client's initial enrollment, with a post assessment conducted 6-9 months later, at each 12 month interval thereafter and/or within 30 days of planned program completion.. Partnerships shall ensure that each KIPS assessor is currently certified by the authors and shall include all costs associated with this assessment within their budget spending plans.
- b) In addition to the KIPS, each family must be assessed with the HOME Inventory per ESSS model requirements. .
- c) SC First Steps may conduct randomized KIPS reliability monitoring. Sample client videos may be requested for confidential scoring review and shall be maintained on site for potential review for a period spanning four months from the date of original administration.
- d) Note that the KIPS is utilized as an assessment of adult behaviors and thus need not be completed with each adult-child pairing in the household. Post assessments should, however, assess the interactions of the same adult-child pairing observed during the baseline assessment.
- e) Client demographic information, home visit dates, developmental screening results and KIPS assessment data shall be collected within the First Steps Data Collection System (FSDC).

4. COST ALLOCATION:

~~For each \$150 budgeted to a parent home visitation strategy, partnerships shall document their successful delivery of at least one home visit.~~

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

REQUIREMENTS FOR FY15:

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

- 1) **TARGETING:** First time, low-income mothers (Medicaid eligible or a family income not to exceed 185% of the federal poverty definition).
- 2) **DATA COLLECTION:** Full client and visit data will be submitted via the NFP Efforts to Outcomes (ETO) system, per model guidelines.
- 3) **TRAINING/PROFESSIONAL DEVELOPMENT:** Nurses and supervisory staff will complete all required training, prior to the provision of service and participate in professional development as required by the NFP National Service Office.
- 4) **CURRICULAR FIDELITY:** Nurse Family Partnership services will be delivered with fidelity to each of the model's 18 model elements as defined by the Nurse Family Partnership National Service Office.

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

REQUIREMENTS FOR FY15:

1) 92% Books Rule

Partnerships administering an Imagination Library strategy must devote 92% or more of strategy funds to the procurement of books. Programs seeking a waiver of this 8% cap on non-book related spending must petition the State Board of Trustees, providing a detailed accounting of all strategy-related spending.

2) Use DPIL as a Supplement to More Comprehensive Interventions

Because the Imagination Library incorporates a low-intensity, passive service delivery model it should be used to supplement more comprehensive forms of service as possible, ~~and (in such cases) assessed pre- and post- by trained staff using the Adult-Child Interactive Reading Inventory (ACIRI).~~ For the purposes of meeting the integration requirements established in other standards categories, however, the DPIL will not be considered an intervention to which parenting or scholarships may be linked for credit.

3) Solicitation of Community Support (50% Match Requirement)

A dollar-for-dollar, cash match is required for any state funds committed to the DPIL strategy. (e.g. No more than 50% of the Partnership's total DPIL budget may be derived from state funding.)

4) Data Collection

DPIL strategies are not required to enter case data into the First Steps Data Collection System (FSDC). Partnerships are expected to keep an electronic record of DPIL families with, at minimum, their contact information and beginning and ending dates of program participation.

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS FAMILY LITERACY MODEL (211)

REQUIREMENTS FOR FY15:

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

1) TARGETING:

a) Targeting Clients At-Risk Of Early School Failure (Adult shall have one or more preschool-aged child or is pregnant and expecting a child during the current school year.

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications

Additional FL Risk Factors:

- English is not primary language in the home

b) Client Retention

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

2) SERVICE DELIVERY:

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

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

a) Parent Education:

- Programs shall match the intensity of their service delivery to the specific needs of each family with a minimum of 2 contacts per month. This component shall be delivered using an approved, evidence-based parent education model. Approved models are EHS, PAT, PCHP,

ESSS, Triple P, Incredible Years or another evidence based curriculum model. Clients identified as possessing two (2) or more board-approved risk factors shall receive services as the needs and availability of the family dictates with a minimum of 2 contacts per month.

- At least one parent education large group meeting/training shall be offered each month (per vendor or area of service if large program).

b) Adult Education:

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

c) Early Childhood Education:

- The preschool child client shall be enrolled in a quality early childhood education program (preferably on location where the adult education class is conducted). A quality early childhood education program is defined as a program that is DSS licensed and exceeds minimum licensing requirements (participating in the ABC quality Program at a level B or higher) or has a DSS waiver of approval. If a DSS waiver is granted then a quality environmental rating assessment needs to be done as well by a trained ERS evaluator.

d) Parent/Child Interaction:

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

e) Developmental Screenings and Referrals:

- First Steps Partnership funding a Family Literacy Strategy shall ensure the completion of an age-appropriate developmental screening for each preschool child within the client family with results being shared with parents. This screening may be conducted by the partnership, the early education provider, the parent educator or other community partner as local needs and resources dictate. Examples of most commonly used tools for screening are Ages & Stages-3, Brigance, DIAL-3, etc.
- In the event that a developmental screening indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, *and* (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Vendors shall maintain (within each client file) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Partnerships and their funded vendors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.

f) Family Assessment and Goal Setting:

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

3) ASSESSMENT AND DATA SUBMISSION:

- a) All First Steps-funded vendors shall complete, at minimum, baseline and post assessments of the *primary adult client* identified within each enrolled case using the TABE (Test of Adult Basic Education) and/or the BEST Plus (Basic English Skills Test). The testing schedule should align with adult education assessment policy as set by SCDE.
- b) In addition to the TABE and/or the BEST plus each family shall be assessed using a nationally recognized parenting assessment within 45 days of enrollment. This should be conducted again after 6 to 9 months. Or, the program may opt to use the KIPS (Keys to Interactive Parenting Scale) to measure parenting behaviors.
- c) Each focus child shall have their emerging literacy skills assessed (pre- and post-, with the PPVT (Peabody Picture Vocabulary Test). The assessment shall be conducted by a trained assessor. This is initially done when the child reaches 36 months old and then yearly thereafter. Or, the program may opt to use the ACIRI (beginning at 30 months) to assess the parent/child interactive literacy skills.
- d) Client demographic and all assessment and screening data shall be collected within the First Steps Data Collection System (FSDC) when updated to capture this or kept at the county level where documented and reported at time of renewal.
- e) Adult Outcomes for graduation with a GED, HS diploma or other educational achievement shall be documented within the FSDC as well.

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

REQUIREMENTS FOR FY15:

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

1) SERVICE POPULATION:

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

2) SERVICE DELIVERY:

- a. Public Awareness:
 - i. With guidance from the South Carolina Early Identification Task Force ~~the state~~ BabyNet office,
 1. Coordinating dissemination of public awareness and child find materials directly to families
 2. Coordinating dissemination of public awareness and child find materials for families through local primary referral sources
 - ii. Primary Referral Sources
 1. Parents of infants and toddlers
 2. Boards of Disabilities and Special Needs
 3. Child care and early learning programs
 4. Department of Social Services, Child Protective Services and Foster Care
 5. Domestic violence shelters and agencies
 6. Early Head Start
 7. Family Practice physicians
 8. Health Departments
 9. Homeless shelters
 10. Hospitals
 11. Local Indian tribes, tribal organizations, and consortia
 12. Local school districts
 13. Maternal, Infant, and Early Childhood Home Visiting Program
 14. Neonatal Intensive Care Units
 15. Nurse-Family Partnerships
 16. Pediatricians
 - iii. Public awareness and child find materials must be those developed by the BabyNet Division of South Carolina First Steps to School Readiness to include:
 1. The availability of early intervention services
 2. The procedures for making a referral to BabyNet
 3. The availability of a central directory of early intervention services
 4. The procedures for referring a toddler aged 34.5 months or older with suspected delays in development to the local school district.

- iv. Data: Monthly records regarding the number and nature of public awareness contacts and materials disseminated using the First Steps Data Collection System.
- b. Screenings:
 - i. Participating Partnerships shall document the completion of all physical and developmental screenings to include functional hearing checks, functional vision assessments, use of milestone checklists.
 - ii. Any child ages birth to 36 months with suspected delays in development shall be screened using an age-appropriate developmental screening tool (e.g. Ages & Stages III, Ages and Stages SE, Parent Evaluation of Developmental Status, Battelle Developmental Inventory -2 Screener).
 - iii. Data: Client demographic and developmental screening results will be entered into the First Steps Data Collection System (FSDC).
- c. Referrals:
 - i. In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the Partnership shall refer the family to the local BabyNet System Point of Entry Office. No consent is required to make the referral.
 - ii. Following determination of eligibility for BabyNet, the local BabyNet System Point of Entry Office, [with parental consent](#), will notify the Partnership of each child's BabyNet eligibility status.
 - 1. Children eligible for BabyNet: with the family's consent, Partnership staff who conducted the developmental screening will be included in development of the initial Individualized Family Service Plan as a representative of local early learning resources.
 - 2. Children ineligible for BabyNet: Partnership staff shall contact the family to facilitate referral to appropriate local early learning resources, including but not limited to:
 - a. First Steps County Partnership
 - b. Help Me Grow
 - c. Early Head Start
 - d. [Use BabyNet Central Directory to identify service providers as resources to family and child](#)
 - iii. Data: Client referrals to BabyNet and other community resources will be entered into the First Steps Data Collection System (FSDC).

3) STAFF QUALIFICATIONS AND TRAINING:

All Partnership staff involved in provision of developmental screening, referrals to BabyNet, and participation in development of initial Individualized Family Service Plans shall:

- i. Possess the minimum qualifications of an Associate Degree and 3 years' experience (course work contributions i.e. Psychology, sociology, data management, etc.)
- ii. Successfully participate in training in use of developmental screening tool(s) through either South Carolina First Steps or the Team for Early Childhood Solutions, USC School of Medicine, or other qualified personnel.
- iii. [Successfully complete the training content related to screening and development of Individualized Family Service Plans through the Team for Early Childhood Solutions, USC School of Medicine](#)
- iii.iv. [Attend local early intervention system meetings, also known as BabyNet Coordination Team \(BNCT\) meetings. A listing of these meeting dates is posted on the First Steps web site and intranet.](#)

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

REQUIREMENTS FOR FY15:

First Steps' child care quality enhancement (Q.E.) strategies are intended to produce measurable improvements in the quality of care provided young children, as measured by a program's advancement within South Carolina's existing quality infrastructure (the ABC system) and/or its improvement on an approved program quality measure.

1) TARGETING:

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

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

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

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

Additionally, participant providers will be required to document the completion (or pending/planned completion [within two semesters](#)) of ECD 101 (or comparable coursework) by the director and [100% at least 75%](#) of lead classroom staff as a condition of participation.

2) SERVICE DELIVERY:

a) On-Site Technical Assistance (TA)

Partnerships implementing or contracting to fund quality enhancement strategies will develop a detailed Quality Improvement Plan in partnership with each participating provider - the minimum requirements of which shall be specified by SCFS and which must include on-site technical assistance (TA) as a central component. In all cases, technical assistance shall entail the incorporation of reflective practice principles and a best-practice curriculum model. [Partnerships working with providers that are participants in First Steps 4K \(formerly CDEPP\) must develop the provider's Quality Improvement Plan and provide services in close coordination with the assigned SCFS 4K Technical Assistant.](#)

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

TA needs shall be determined by the providers' self-identified needs, regulatory deficiencies (if any) and/or the results of an approved environmental and/or administrative assessment. First Steps-funded QE strategies shall incorporate on-site technical assistance at least bi-weekly (twice a month) to all participating centers. Partnerships unable to provide at least bi-weekly TA due to staffing limitations shall reduce the number of QE-funded centers to ensure this level of support to each participating center.

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

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

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

b) Equipment and Materials Funds

Equipment/materials funding to centers, if provided, may not exceed [\\$5,000-2,500](#) annually without the approval of SC First Steps. In all cases equipment/materials purchases must be aligned with classroom needs as indicated by the environmental assessment and/or the center's [current](#) Quality Improvement Plan. Equipment/materials funds shall not be awarded independent of training and/or qualified technical assistance. [Equipment/materials funding may not be used to support classrooms funded by the First Steps 4K program without approval by the First Steps 4K Administrator.](#)

c) Coordination with Community Partners/ Integration with Child Care Training

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

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

Partnerships shall provide at least eight (8) hours of high-quality, certified training (stemming directly from the provider's Quality Improvement Plan) to each 601 center staffer. At least half of this training shall relate to a best-practice curriculum model ([Creative Curriculum, High Scope, Montessori or other First Steps-approved curriculum](#)).

d) Workforce Development

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

e) Certification of Technical Assistance Providers Via CCCCD

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 (CCCD). TA shall be limited to the provision of types/categories of service for which they maintain current certification.
- Participation in ongoing professional development with a total of 30 clock hours of training every 3 years. Half of this training shall be in early education and half in technical assistance, [i.e., reflective practice, Quality Improvement Plans, and Environment Rating Scales.](#)

Additionally, each First Steps funded TA provider must document the completion of orientation to: 1) SC Childcare Licensing, 2) the ABC Quality Program, and 3) the [ABC Special Needs Program](#) [South Carolina Child Care Inclusion Collaborative](#) within the past two years.

3) ASSESSMENT AND DATA SUBMISSION:

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

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

Environmental assessments must be conducted by assessors who have:

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

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

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS CHILD CARE TRAINING (605)

REQUIREMENTS FOR FY15:

1) TARGETING:

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

- a. Advancement along the CCCCDC career lattice,
- b. Advancement within the ABC quality system,
- c. Improvement on an approved measure of program quality, and/or
- e.d. A topic-specific focus based on Regional TA Coordination meetings.

2) STRATEGY INTEGRATION:

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

a) The Partnership's own Quality Enhancement Strategy

Partnerships operating a 605 (training) strategy in conjunction with a 601 (quality enhancement) strategy shall explicitly integrate the two in order to maximize service intensity and affect demonstrable quality improvements. In this event, Partnerships shall provide at least eight (8) hours of high-quality, certified training (stemming directly from the provider's Quality Improvement Plan) to each 601 center staffer. At least half of this training shall relate to a best-practice curriculum model (Creative Curriculum, High Scope, Montessori or other First Steps-approved curriculum).

-

- AND/OR -

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

Partnerships offering 605 (training) strategies in the absence of a 601 (quality enhancement) strategy shall be required to demonstrate their explicit integration of this strategy with the training and/or technical

assistance offerings of a community partner organization, and/or one or more neighboring First Steps Partnerships, or in consultation with publicly-funded early care and education programs such as First Steps 4K. Formal integration plans shall be developed for submission to SCFS that demonstrate the parties' efforts to ensure maximization of resources and avoid duplication of effort.

- AND/OR -

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

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

3) SERVICE DELIVERY:

a) In all cases, Partnerships shall:

- Base training upon a local needs assessment process to include input derived from a local directors' network or - if none exists - a called, countywide directors meeting to assess need.
- Actively coordinate any funded training with other state and local entities providing training
- Emphasize multi-session trainings (as opposed to isolated, stand-alone workshops)
- Incorporate measurable training objectives and at least one form of follow-up. At minimum, partnerships shall conduct a follow-up post assessment questionnaire to each training participant within one month following training, using a format obtained from the certified trainer or curriculum model. Other recommendations for training follow-up includesuch as:
 - 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 principlesPartnerships should share information from training follow-up activities with the original trainer(s) to improve practice, arrange for additional training opportunities or refer to CCR&R for follow-up TA.
- Prioritize trainings linked to infant-toddler care and staff-child interactions
- Post all publicly available training opportunities on the CCCCD website and other widely accessible training calendars.

b) Registration/Certification by the Center for Child Care Career Development (CCCCD)

All training shall be, with the exception of health/safety topics, certified at a minimum, registered with the Center for Child Care Career Development (CCCCD). The Office of First Steps strongly encourages partnerships to make use of CCCCD-certified trainers as possible.

c) Charging Participants for Training

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

d) Random Evaluation

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

4) DATA COLLECTION:

Child Care Training strategies are not required to submit participant data within the First Steps Data Collection system (FSDC). However, partnerships are encouraged to use the FSDC to track follow-up visits and other consultation activities with child care providers.

At minimum, partnerships are expected to keep an electronic record of training attendees, their participation in training sessions and follow-up, and the child care providers they represent, and submit all required information to CCCCD for participants to receive DSS credit hours.

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS CHILD CARE SCHOLARSHIPS (703)

REQUIREMENTS FOR FY15:

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

1) TARGETING:

a) Targeting Clients At-Risk Of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment
- Teenage mother/primary caregiver (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications

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

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

2) SERVICE DELIVERY:

a) Administration and Use

First Steps funded scholarships may be administered "in-house" by the Partnership or via DSS. [Regardless of the Partnership's selected method of administration, complete client data must be maintained within the First Steps Data Collection system \(FSDC\).](#)

b) Non-Supplantation

First Steps funds shall not be used to supplant – or in place of – other forms of public funding available to clients' families for the provision of child care tuition. Current or transitional TANF clients must be referred to the SC Department of Social Services for enrollment the ABC voucher program. Age- and income-eligible clients shall be made aware of their service delivery options via Head Start, CDEPP and/or the EIA 4K program.

c) Developmental Screening

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

BabyNet or their local school district for additional evaluation.

d) Monitoring

Partnerships operating in-house scholarships must:

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

Partnerships contracting scholarships through DSS must:

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

e) Eligible Providers

Given First Steps' readiness mission Partnership-funding scholarships shall be limited to use within high quality settings (independent of their chosen method of administration). These programs – to be selected via competitive process – are defined as meeting any one of the following criteria:

- Active participation in a First Steps quality enhancement strategy;
- Exceeding minimum licensing requirements (participation in the ABC Quality Program at Level B or higher); or
- An aggregate Environment Rating Scale rating of 4.0 or higher.

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

f) Integration with Other Readiness Interventions

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

g) Parent Training

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

3) DATA COLLECTION:

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

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS FOUR YEAR OLD KINDERGARTEN

Full Day 4K (314), Half Day 4K (316), and Extended Day/Half to Full Day 4K (317)

REQUIREMENTS FOR FY15:

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

- Each student must be four-years-old on or before September 1, 2014.
- Each student must qualify for enrollment on the basis of at least one of the following factors:
 - Eligibility for free- or reduced-price school lunches;
 - Eligibility for Medicaid;
 - Qualification for services under IDEA Part B as the result of a documented disability or developmental delay

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

Public four-year-old kindergarten programs receiving First Steps funding shall be responsible for the entry of complete student data within the PowerSchool data system. [Client data entry into the First Steps Data Collection system \(FSDC\) is not required.](#)

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS COUNTDOWN TO KINDERGARTEN (406)

REQUIREMENTS FOR FY15:

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

1) TARGETING:

Targeting Clients At-Risk Of Early School Failure

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

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

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

- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications

Additional CTK Transition Risk Factors:

- *An incoming kindergartner who has had an older sibling retained in/before the 3rd grade*
- *An incoming kindergartner who has been recommended for service on the basis of significant social/emotional and/or behavioral difficulties – or those of an older sibling.*
- *An incoming kindergartner who has never been served within a full-time preschool program out of his/her home. (Note that this final factor may be considered in conjunction with one or more additional risks but may not be used to determine eligibility in isolation.)*

2) SERVICE DELIVERY:

a) Adherence to the Countdown to Kindergarten Curriculum

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

b) Placement within the Classroom of the Home Visitor

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

~~Waivers of this requirement may be granted at the discretion of SC First Steps. In the event that such waivers are granted, the CTK curriculum must – without exception – include a facilitated meeting with the child's teacher at the school where the child will be attending kindergarten.~~

c) Curriculum Training

Any teacher who has not attended training on the updated Countdown Curriculum (initially utilized during Summer 2009) must do so prior to the beginning of the program.

3) DATA SUBMISSION AND FISCAL ADMINISTRATION:

a) Outcomes and Data Requirements

The Partnership will be responsible for meeting all data requirements of SCFS within 30 days of receiving data from the teachers ~~(FY14 teacher deadline for submitting data/paperwork is August 19, 2013).~~ CTK client and program information must be entered into the First Steps Data Collection system (FSDC).

b) Partnership Match Requirement

Partnerships agree to meet the SCFS match requirements for CTK.

c) Fiscal Administration and Teacher Payment

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

Visits performed before July 1, ~~2012~~ must be invoiced no later than July 16, ~~2012~~. Visits performed on or after July 1, ~~2012~~ must be invoiced no later than August 20, ~~2012~~. In order to receive payment, teachers must submit all paperwork required by the Partnership and have completed the required number of home visits. If all home visits are not completed, the Partnership may adjust teacher payments accordingly, though teacher pay may not be docked as the result of an "attempted visit" in which the family was available for participation. The Partnership must clearly mark the last invoice as "FINAL". Payments will be made within 30 days after invoice approval.

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS Non-Prevalent Strategies

REQUIREMENTS FOR FY15:

In the event that a partnership wishes to propose a strategy not detailed herein, the following [standards apply process shall be utilized](#):

1. Strategy Approval:

- a) The partnership will submit a [non-prevalent new](#)-strategy form [as part of its annual Renewal Plan submission](#) to SCFS, containing a detailed explanation of the proposed strategy, [chosen curriculum or program model](#), its rationale ([why is the strategy is being proposed](#)), research basis (as appropriate), projected per-client cost and proposed evaluation methodology. [Strategies will be expected to follow chosen curriculum and program models with fidelity.](#)
- b) The partnership shall be provided individualized technical assistance [upon request](#) in an effort to support and strengthen the proposal.
- c) The Program and Grants Committee of the Board of Trustees shall conduct a programmatic review the proposal, and either: a) recommend the proposal for [advancement to the Strategic Planning and Evaluation Committee for its approval](#) [by the state board of the proposed evaluation plan](#), or b) return the proposal to the partnership with recommendations for improvement.
- ~~1) The Strategic Planning and Evaluation Committee shall review and approve the evaluation plan for each strategy recommended by the Program and Grants Committee.~~
- d) Upon approval by [the Program and Grants Committee](#), ~~both committees~~, the strategy will be presented to the full Board (for final approval) ~~as the joint recommendation of the committees.~~
- ~~e) The partnership shall utilize the approved evaluation planning template as their annual method of reporting outcomes to the Board—submitting (at renewal) both output and outcome data as approved.~~

2. Strategy Implementation:

[Partnership non-prevalent strategies will be expected to meet the strategy's goals and objectives as stated in the partnership's Renewal Plan, using output and outcome data as specified in its board-approved Renewal Plan as evidence of achievement.](#)

[Additionally, partnerships shall ensure non-prevalent strategies meet the following criteria:](#)

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



[[Insert Name]] County First Steps
Section I. Administrative Application Renewal
Fiscal Year 2015

Board Chair:
[[Insert name]]
Executive Director:
[[Insert name]]

Contact Information:
[[Insert street address]]
[[Insert city, state zip]]
Phone: [[Insert phone]] FAX: [[Insert fax]]
Email: [[Insert email]]
Web Site: [[Insert web address]]

DEADLINE FOR SUBMISSION: 5:00pm, Friday, May 16, 2014
Prior Approved Extension Requests, 5:00 PM, Friday, May 23, 2014

1. Email the two sections and budget spending plan of your FY15 Renewal Plan to your assigned Technical Assistant (TA) and provide a copy to Samantha Ingram, singram@scfirststeps.org
2. Mail one copy of this page and the last page of this section, with original signatures, and required attachments to: Samantha Ingram, South Carolina First Steps, 1300 Sumter St., Suite 100, Columbia, SC 29201

By signing below, the Board Chair and Executive Director each attest that:

- To the best of our knowledge, all information contained herein is an accurate portrayal of the [[Insert Name]] County First Steps Partnership's programs, activities and expenditures.
- The [[Insert Name]] County First Steps Partnership Board met on [[DATE]] and voted to approve the enclosed funding renewal plan. Meeting minutes reflecting this action are attached.
- [[Insert Name]] County First Steps Partnership Board met on [[DATE]] and reviewed the projected data for FY 2014 and compared it to its actual data. Meeting minutes reflecting this action are attached.
- The FY15 First Steps Program Standards detail requirements governing the operation of funded strategies. By submitting this Grant Application/Renewal to the First Steps Board of Trustees, the [[Insert Name]] certifies its familiarity with these requirements and its commitment to their fulfillment.
- [[Insert Name]] County First Steps Partnership is responsible for entering complete and accurate data for the FY14 program year into the First Steps Data Collection System by **June 10, 2014**. Data should include all service statistics through May 31, 2014 and all pre- and post-assessments for FY14.

Printed Name of Board Chair

Signature of Board Chair

Date

Printed Name of Executive Director

Signature of Executive Director

Date

Required Attachments (Please check all that apply to your Partnership):

For all Partnerships:

- ☐ Signed copy of the partnership's complete FY15 Budget Spending Plan (BSP), including the summary page and all program pages. ***Your FY15 BSP must accurately reflect the contents of your FY15 Renewal Plan – if not, your partnership's Renewal Plan may not be considered for approval.***
- ☐ Board minutes, signed by the Board Chair and Executive Director, reflecting approval of the partnership's FY15 Renewal Plan and FY15 Budget Spending Plan and, if applicable, approval to budget up to 50% of its estimated FY14 state carry-forward funding prior to carry-forward amounts being finalized by the State Office of First Steps.
- ☐ Board minutes reflecting review of FY 14 projected and actual data.
- ☐ Signed Form: *FY15 Fiscal Signatories*
- ☐ Board minutes reflecting adoption of authorized fiscal signatories for FY15
- ☐ Resource Development Plan
- ☐ Written process to accept donations

For Partnerships operating a Child Care Quality Enhancement Strategy:

- ☐ Documentation of TA staff certification from the SC Center for Child Care Career Development (for new employees only)
- ☐ Copy of the main screen from the partnership's Child Care Provider Data, showing that information screens for all child care providers served by a Quality Enhancement strategy have been updated within the past 30 days (*FSDS: Child Care Provider Data Collection Main Page*)

For Partnerships contracting with one or more school districts:

- ☐ Letter from school board chair(s) certifying:
 - the need for First Steps funding for the 2014-2015 school year;
 - that partnership funds will be used to supplement, not supplant, other federal/state/local funding; and
 - what matching resources will be provided to the partnership's strategy(ies).

For Partnerships funding Early Education strategies in one or more school districts:

- ☐ Letter from school district confirming:
 - that the Power School file of each child enrolled in a First Steps funded 4K classroom during FY14 (2013-14) has been flagged to reflect (as appropriate) that his/her classroom was fully/partially funded by SCFS, and
 - the need for First Steps funding to provide/maintain services to children qualifying for free- or reduced-lunch and/or Medicaid during FY15 (2014-15)

Explanation for Strategies Discontinued for FY15

This form should be completed for each activity that is discontinued.

A discontinued strategy is any approved strategy for FY14 that will not be continued in FY15.

- 1. Name of Strategy:**
- 2. Why have you decided to discontinue this strategy?**
- 3. Please provide all projected to serve (renewal plan) in FY14.**
- 4. Please provide all actual served in FY14.**
- 5. Please describe any differences between projected and actual.**
- 6. Please describe expenses charged to this activity in FY14 if there are no service numbers. Were any expenses cost allocated to this activity?**
- 7. At what point did you determine the strategy needed to be discontinued?**
- 8. What challenges and barriers prevented you from being successful?**
- 9. What new approaches did you implement this year to try to make the strategy successful?**

[[INSERT NAME]] FIRST STEPS FY15 STRATEGY SUMMARY

Please include all partnership strategies, including those funded without state dollars

[illegible]

[[INSERT NAME]] FIRST STEPS (CONT.)

FY15 STRATEGY SUMMARY

Please include all partnership strategies that **did not meet** 75% of projected served including those funded without state dollars

Strategy Name	Explanation for Programs Not Serving At Least 75% of Projected Clients/Families in FY 14

COLLABORATION

FY14 CASH/IN-KIND CONTRIBUTIONS TO THE COUNTY PARTNERSHIP

To Be Completed by Local Partnerships Not Meeting the 15% Match Requirement in FY 13

Please complete the following chart for all existing partnerships or collaborations between the County Partnership and outside organizations such as local school district(s), state and local agencies, public and private funders, and other non-profit organizations that provided program and/or referral services to First Steps-funded programs in FY14. *Insert additional rows as needed.* **Documented numbers must match audited amounts in Ethority.**

Partner Name	Documented Yes or no?	Contribution/Role	Name of Strategy(ies) this Contribution Supports	Matching Funds to the County Partnership (if applicable)	
				Cash	In-Kind
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

GOVERNANCE

Please complete this chart for FY14.

Did the Partnership conduct board elections in FY14?	Did your Partnership conduct a board orientation in FY14?		
<input type="checkbox"/> Yes, date of board election: _____ <input type="checkbox"/> No, explain: _____	<input type="checkbox"/> Yes, date: _____ <input type="checkbox"/> No, explain: _____ Percentage of board members having participated in a board orientation: _____ %		
How often does the Partnership Board conduct its meetings?	Does your Partnership Board have approved Conflict of Interest (COI) and Whistleblower policies?		
<input type="checkbox"/> Monthly <input type="checkbox"/> Every other month <input type="checkbox"/> Once a quarter <input type="checkbox"/> Twice a year <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Yes COI, adoption date: _____ <input type="checkbox"/> Yes Whistleblower, adoption date: _____ <input type="checkbox"/> No, explain: _____		
Describe your Partnership Board composition.			
Total # of current board members: _____ Does your board have any vacancies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate which position categories are currently vacant: _____ # of board members currently serving with expired terms: _____			
Does the Partnership Board have a committee structure? (check all that apply)			
<input type="checkbox"/> Executive Committee <input type="checkbox"/> Finance/Budget Committee <input type="checkbox"/> Parenting Family Strengthening Committee <input type="checkbox"/> Child Care Committee <input type="checkbox"/> Grants Committee <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> No Committees			
List the names of your Board officers beside their correct title.			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Chair _____ <input type="checkbox"/> Past Chair _____ <input type="checkbox"/> Vice Chair _____ <input type="checkbox"/> Secretary _____ <input type="checkbox"/> Treasurer _____ <input type="checkbox"/> Asst. Treasurer _____ <input type="checkbox"/> Asst. Secretary _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ </td> <td style="width: 50%; vertical-align: top; padding-left: 20px;"> How many consecutive years has the Chair been serving as Chair? _____ </td> </tr> </table>		<input type="checkbox"/> Chair _____ <input type="checkbox"/> Past Chair _____ <input type="checkbox"/> Vice Chair _____ <input type="checkbox"/> Secretary _____ <input type="checkbox"/> Treasurer _____ <input type="checkbox"/> Asst. Treasurer _____ <input type="checkbox"/> Asst. Secretary _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	How many consecutive years has the Chair been serving as Chair? _____
<input type="checkbox"/> Chair _____ <input type="checkbox"/> Past Chair _____ <input type="checkbox"/> Vice Chair _____ <input type="checkbox"/> Secretary _____ <input type="checkbox"/> Treasurer _____ <input type="checkbox"/> Asst. Treasurer _____ <input type="checkbox"/> Asst. Secretary _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	How many consecutive years has the Chair been serving as Chair? _____		

BOARD MEMBERSHIP COMPOSITION and TERMS
(SC SECTION 59-152-60) (E) THE TERMS OF THE MEMBERS OF A COUNTY FIRST STEPS PARTNERSHIP BOARD ARE FOR TWO YEARS;
HOWEVER, MEMBERSHIP ON THE BOARD MAY NOT EXCEED SIX CONSECUTIVE YEARS.

BOARD MEMBERSHIP COMPOSITION and TERMS
(SC SECTION 59-152-60) (E) THE TERMS OF THE MEMBERS OF A COUNTY FIRST STEPS PARTNERSHIP BOARD ARE FOR TWO YEARS;
HOWEVER, MEMBERSHIP ON THE BOARD MAY NOT EXCEED SIX CONSECUTIVE YEARS.

[illegible]

RESOURCE DEVELOPMENT

Does the Partnership have a board-approved Resource Development Plan?

☐ Yes **(Required Attachment)**

☐ No, explain why you do not have a board adopted Resource Development Plan:

Does the Partnership have a written process or plan to accept donations, as required by the Internal Revenue Service? Does this process include handling donor confidentiality requests?

☐ Yes **(Required Attachment)**

☐ No, explain why you do not have a board adopted policy:

Did the Partnership apply for grants in FY14 (either as the lead applicant or a partner organization)?

☐ Yes, specify:

☐ No

Did the Partnership receive any grants to implement its strategies in FY14 (either as a lead applicant or partner organization)?

☐ No

☐ Yes, as follows:

Name of Grant Received	Amount
	\$
	\$
	\$
	\$
	\$
Total Grants Received in FY14	\$

Did the Partnership raise funds other than grants to implement its strategies in FY14?

☐ No

☐ Yes: Number of fundraising appeals/solicitations in FY14:
Amount raised in FY14: \$

Percentage of board members that contributed and/or solicited funds on behalf of your partnership: %

Percentage of staff members that contributed and/or solicited funds on behalf of your partnership: %

What are the Partnership Board's goals and planned activities for Resource Development in FY15? **Note: If you are submitting a formal resource development plan for FY 2015 on our template, you can respond "see attached plan".**

Local Partnership Board Official Approval Signatures

COUNTY: _____

DATE: _____

Board Chairperson NAME (PRINT):	
TITLE:	Board Chair
SIGNATURE:	

Executive Director (<i>Must be <u>designated</u> by board</i>) NAME (PRINT):	
TITLE:	Executive Director
LIMITATION:	<i>[Please choose an option for each]</i>
Budget Re-Allocation Form	\$ _____ amount or <input type="checkbox"/> no limitations
Invoice Payment Authorization Form	NO CHANGES ALLOWED. Limitation amount set by SCFS.
Contract Authorization	\$ _____ amount or <input type="checkbox"/> no limitations
SIGNATURE:	

Board Member #1 NAME (PRINT):	
TITLE:	
SIGNATURE:	

Board Member #2 NAME (PRINT):	
TITLE:	
SIGNATURE:	

Local partnerships (LP) may choose to require the Board Chair's signature, a Board member's signature or to delegate authority to the Executive Director either entirely or up to a specified amount of funding. LP re-allocation forms will not be approved by SCFS without at least one of the above signatures. The LP board shall determine how many members have signature authority. **Please send a completed copy of this form and a copy of the LP board minutes approving the above authorizations with your renewal plan.**

REMEMBER: Send a copy of this form to your **RFM**



[[Insert Name]] County First Steps
Section II. Program Application Renewal
Fiscal Year 2015

Board Chair:

[[Insert name]]

Executive Director:

[[Insert name]]

Contact Information:

[[Insert street address]]

[[Insert city, state zip]]

Phone: [[Insert phone]] FAX: [[Insert fax]]

Email: [[Insert email]]

Web Site: [[Insert web address]]

Program Section Instructions and Reminders

- SC First Steps will be evaluating all data reports that are referenced within the program sections.
- Delete strategies from your annual plan submission if you will not be doing them in FY15.
- **For each of the following strategies:**
 - Research-based Home Visitation (Non NFP)
 - Nurse-Family Partnership
 - Family Literacy Model
 - Dolly Parton Imagination Library
 - Child Care Scholarships
 - Four Year Old Kindergarten Strategies
 - Countdown to Kindergarten
 - Local partnerships must **fully complete** the form for each strategy that has **NOT** met all of the 3 following conditions:
 - *no conditional approvals in the past 2 years
 - *are not new
 - *and had 75% or more projected clients served
 - Local partnerships must **complete only the green portion** of the program strategy for each recurring strategy that **has met** each of the 3 following conditions:
 - *no conditional approvals in the past 2 years
 - *are not new
 - *and had 75% or more projected clients served
- Local partnerships must complete strategy submissions in full for each of the following strategies:
 - Child Care Quality Enhancement and Data Summary Table
 - Child Care Training and Data Summary Table

- Early Identification and Referral
- **ALL** Other/Non-Prevalent Strategies
- **Any** strategy not meeting 3 conditions noted above

Use the following chart to track your work:

Strategy	A	B	C	Fully complete when:	Complete only green portion when:
	No conditional approvals in the past 2 years	New program	Served 75% or more projected clients		
Research-based Home Visitation (Non NFP)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met (there were conditional approvals in the past 2 years)	<input type="checkbox"/> New <input type="checkbox"/> Not New	<input type="checkbox"/> Met <input type="checkbox"/> Not Met (served less than 75% of projected clients)	Column A: not met Column B: new Column C: not met	Column A: met Column B: not new Column C: met
Nurse-Family Partnership	<input type="checkbox"/> Met <input type="checkbox"/> Not Met (there were conditional approvals in the past 2 years)	<input type="checkbox"/> New <input type="checkbox"/> Not New	<input type="checkbox"/> Met <input type="checkbox"/> Not Met (served less than 75% of projected clients)	Column A: not met Column B: new Column C: not met	Column A: met Column B: not new Column C: met
Family Literacy Model	<input type="checkbox"/> Met <input type="checkbox"/> Not Met (there were conditional approvals in the past 2 years)	<input type="checkbox"/> New <input type="checkbox"/> Not New	<input type="checkbox"/> Met <input type="checkbox"/> Not Met (served less than 75% of projected clients)	Column A: not met Column B: new Column C: not met	Column A: met Column B: not new Column C: met
Dolly Parton Imagination Library	<input type="checkbox"/> Met <input type="checkbox"/> Not Met (there were conditional approvals in the past 2 years)	<input type="checkbox"/> New <input type="checkbox"/> Not New	<input type="checkbox"/> Met <input type="checkbox"/> Not Met (served less than 75% of projected clients)	Column A: not met Column B: new Column C: not met	Column A: met Column B: not new Column C: met
Child Care Scholarships	<input type="checkbox"/> Met <input type="checkbox"/> Not Met (there were conditional approvals in the past 2 years)	<input type="checkbox"/> New <input type="checkbox"/> Not New	<input type="checkbox"/> Met <input type="checkbox"/> Not Met (served less than 75% of projected clients)	Column A: not met Column B: new Column C: not met	Column A: met Column B: not new Column C: met
Four Year Old Kindergarten Strategies	<input type="checkbox"/> Met <input type="checkbox"/> Not Met (there were conditional approvals in the past 2 years)	<input type="checkbox"/> New <input type="checkbox"/> Not New	<input type="checkbox"/> Met <input type="checkbox"/> Not Met (served less than 75% of projected clients)	Column A: not met Column B: new Column C: not met	Column A: met Column B: not new Column C: met
Countdown to Kindergarten	<input type="checkbox"/> Met <input type="checkbox"/> Not Met (there were conditional approvals in the past 2 years)	<input type="checkbox"/> New <input type="checkbox"/> Not New	<input type="checkbox"/> Met <input type="checkbox"/> Not Met (served less than 75% of projected clients)	Column A: not met Column B: new Column C: not met	Column A: met Column B: not new Column C: met
Child Care Quality Enhancement and Data Summary Table	Fully complete				
Child Care Training and Data Summary Table	Fully complete				
Early Identification and Referral	Fully complete				
Other:	Fully complete				
Other:	Fully complete				

**SECTION 1A: RESEARCH-BASED HOME VISITATION (Non-NFP)
FY15 GRANT APPLICATION/RENEWAL**

Complete this table for *each* PAT (201), PCH (206), Early Steps (213), or other non-NFP Home Visitation Strategy. Nurse-Family Partnership (214) strategies should be included in Section 1B.

*Recurring programs without conditional approvals in the past 2 years will only need to complete items marked in **green**. Others with conditional approvals, new strategies, or less than 75% difference in projected/served must complete in its entirety.*

RESEARCH-BASED HOME VISITATION STRATEGY Parents as Teachers (201), Parent Child Home (206), Early Steps (213), or other Parenting Home Visitation Strategy	
Proposed FY15 Strategy Name:	Program Code:
Briefly describe the strategy for implementation during FY15.	
If this is a new strategy or if you anticipate a change of vendor, please describe your rationale for proposing the strategy (based on your local needs and resource assessment) and/or change.	
List the current vendor(s) for this strategy.	
Is this strategy/program implemented by another agency/organization that provides services to your county? <input type="checkbox"/> No <input type="checkbox"/> Yes, List: If yes, how does this strategy fill gaps in services for high-risk children and avoid service duplication? You may refer to Section 2 of your Vision Tool Kit in preparing your response.	What types of collaborations were used to implement this strategy in FY14? <input type="checkbox"/> Joint strategy planning/implementation (excluding vendor contracts) <input type="checkbox"/> Joint staffing <input type="checkbox"/> Joint grant application/implementation <input type="checkbox"/> Deliverance of joint training for early childhood professionals <input type="checkbox"/> Co-location or other administrative savings <input type="checkbox"/> Other, specify: Percentage of FY14 strategy budget provided by non-First Steps funds: %
FY14 Clients/Families Projected to Serve: <i>(As projected in the FSDC)</i>	FY14 Client/Families Records Entered: <i>(Clients entered within FSDC as of April 30, 2014)</i>
Adults: Children: Total Projected Cases: <input type="checkbox"/> N/A – New Strategy	Adults: Children: Total Cases: <input type="checkbox"/> N/A – New Strategy
Did the Partnership serve at least 75% of its Projected Clients/Families during FY14? <input type="checkbox"/> Yes <input type="checkbox"/> No – Please explain:	

Did your parent educators/home visitors meet staff qualifications and training requirements in FY14 (FY14 Program

Standards, Section F).

List names of parent educators/home visitors, by vendor:

- ☐ Yes, documentation of current certification in the program model, KIPS, ASQ, ACIRI, and LSP is available and on file for each staff member.
- ☐ No, Please explain:

Did 100% of clients/families possess one or more BOT priority risk factors?

Report: Risk Factor Report (Vendor Level)

- ☐ Yes
- ☐ No, % With Risk Factor(s):

Did at least 60% of clients/families possess two or more risk factors?

Report: Risk Factor Report (Vendor Level)

- Yes**
- ☐ No, % With Risk Factor(s):

If the program did not meet FY14 Program Standards for BOT priority risk factors (FY14 Program Standards/Grant Agreement), please explain below.

Describe your plans to enhance targeting (as necessary) to meet FY15 program standards, as follows: a) 100% of client families must possess at least one BOT priority risk factor; and b) at least 60% of client families shall possess two or more BOT priority risk factors; and c) at least 70% of newly enrolled client families shall contain an expectant mother and/or a child younger than 36 months. You may refer to Section 3 of your Vision Tool Kit in preparing your response.

Did the strategy meet the requirement for average visits per month (2.0 for non-PCH programs, 6.0 for PCH) during FY14?

Report: Parenting Home Visit Intensity (Vendor Level)

- ☐ Yes, Avg. Visits per Month:
- ☐ No, Avg. Visits per Month:

If this strategy did not meet program requirements for frequency of home visits, please explain how the program will increase service intensity to serve high-risk clients, according to the needs of each family.

Did this strategy successfully retain clients in the program during FY14?

- ☐ Avg. months served during the current program year:

Report: Parenting Home Visit Intensity (Vendor Level)

- ☐ # of Cases served 9 or months at any point in time:

Report: Retention (Vendor Level)

Did this strategy meet FY14 standards for average cost per visit of \$150 or less? (last year for standard)

Report: Parenting Home Visit Intensity (Vendor Level)

Total visits as of April 30, 2014:

Total partnership funds budgeted through April 30, 2014: \$

Cost per visit (divide funds budgeted by total visits): \$

If the cost per visit exceeds \$150, explain how the partnership will meet this standard in FY14 through collaborations and/or cost reductions*:

**Final determination of conditional approvals for this standard will be made in August 2014.*

If clients have been served less than six months on average during the current year, or if the strategy shows a low number of clients with less than 9 months of service, please explain below and describe how the partnership will work to improve client retention in FY15.

Did this strategy offer group meetings at least monthly for all client/families? <input type="checkbox"/> Yes <input type="checkbox"/> No – Please explain: <input type="checkbox"/> Not Applicable	Did this strategy integrate services with one or more First Steps strategies? With services of partner agencies? <i>Report: Connections in Effect this FY</i> <input type="checkbox"/> Yes: % of cases connected to child care scholarships: # of client families: % of cases connected to other intensive interventions: # of client families: Briefly summarize the types of interventions this strategy connected families to, and whether these interventions were operated by the county partnership or a local partner. <input type="checkbox"/> No – Please describe how this strategy will provide coordinated interventions to client families, per FY15 program standards:	
OUTCOMES DATA (You may include assessments completed after April 30, 2014 in this section.) <i>Report: KIPS/ACIRI Program Accountability (Vendor Level)</i>		
Were 75% or more of FY14 client families assessed at appropriate intervals with the KIPS, per SCFS Program Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were 75% or more of FY14 client families with age-eligible children assessed at appropriate intervals with the ACIRI, per SCFS Program Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If less than 75% of your county's total number of FY13 client/families received appropriate assessments, please explain below. Include a description of the actions you plan to ensure that all clients will be assessed as required during FY15.		
FY15 Projections		
FY15 Clients/Families Projected to Serve: Total Projected Adults: Total Projected Children: Total Projected Cases:	FY15 Strategy Funding: 1. FY15 Strategy Budget (all funds) from your Renewal BSP*: Do you anticipate using a significant amount of carry-forward to fund this strategy in FY15? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Amount of FY15 First Steps allocation funds (Fund 10) committed to this strategy:	
		\$ * <i>*Note: up to 50% of estimated carry-forward from FY14 may be budgeted in the Partnership's Renewal BSP. Partnerships are solely responsible for the accuracy of their carry-forward estimate.</i> \$ Fund 10 only

SECTION 1B: RESEARCH-BASED HOME VISITATION (NFP)
FY15 GRANT APPLICATION/RENEWAL

Complete this table for Nurse-Family Partnership (214) strategies. Public (2141), Private (2140) and In-House (2142) strategies should be reported together in the following table.

*Recurring programs without conditional approvals in the past 2 years will only need to complete items marked in **green**. Others with conditional approvals, new strategies, or less than 75% difference in projected/served must complete in its entirety.*

NURSE-FAMILY PARTNERSHIP	
Proposed FY15 Strategy Name:	FY15 Program Code(s):
Briefly describe the strategy as proposed for implementation during FY15. Be sure to describe all program elements as outlined below:	
<p>Target population and recruitment strategy:</p> <p>Service delivery plan:</p> <p>Staffing and staff qualifications:</p> <p>Assessment and data collection:</p> <p>Community Advisory Board activities:</p> <p style="background-color: #000000; color: white; padding: 2px;">If this is a new strategy, please describe your rationale for proposing the strategy (based on your local needs and resource assessment).</p> <p style="background-color: #000000; color: white; padding: 2px;">Please list the implementing agency for this strategy:</p> 	
Is this strategy/program implemented by another agency/organization that provides services to your county?	What types of collaborations were used to implement this strategy in FY14?
<input type="checkbox"/> No <input type="checkbox"/> Yes, List: <p>If yes, how does this strategy fill gaps in services for high-risk children and avoid service duplication? You may refer to Section 2 of your Vision Tool Kit in preparing your response.</p>	<input type="checkbox"/> Joint strategy planning/implementation (excluding vendor contracts) <input type="checkbox"/> Joint staffing <input type="checkbox"/> Joint grant application/implementation <input type="checkbox"/> Deliverance of joint training for early childhood professionals <input type="checkbox"/> Co-location or other administrative savings <input type="checkbox"/> Other, specify: <p>Percentage of FY14 strategy budget provided by non-First Steps funds: %</p>

FY14 Clients/Families Projected to Serve: (As projected in the LP's FY14 Renewal Plan)		FY14 Client/Families Served:	
Adults: Children: Total Projected Families/Cases: <input type="checkbox"/> N/A – New Strategy		Adults: Children: Total Families/Cases: <input type="checkbox"/> N/A – New Strategy	
Did the Partnership serve at least 75% of its Projected Clients during FY14?			
<input type="checkbox"/> Yes <input type="checkbox"/> No – Please explain:			
RESULTS for FY14			
Please state the FY14 Strategy Objectives, the Outcome Measure(s) you proposed to measure client progress, and the results to date based on those measures. Insert additional rows as needed.			
Objective 1: Outcome Measure(s): Results to Date:			
Objective 2: Outcome Measure(s): Results to Date:			
Objective 3: Outcome Measure(s): Results to Date:			
If pre/post assessments were used for this strategy in FY14, please summarize your results below. Insert additional rows as needed.			
ASSESSMENT #1		ASSESSMENT #2	
Assessment Name:		Assessment Name:	
Average Pre-Score		Average Pre-Score	
Average Post-Score		Average Post-Score	
Difference (Pre- to Post)		Difference (Pre- to Post)	
Do you feel that the outcome data depicted above adequately reflects the effectiveness of your program? Briefly describe any planned programmatic changes for FY14 and the rationale:			
FY15 Projections			
FY15 Clients/Families Projected to Serve:		FY15 Strategy Funding:	
Adults: Children: Families/Cases:	1. FY15 Strategy Budget (all funds) from your Renewal BSP*: Do you anticipate using a significant amount of carry-forward to fund this strategy in FY15? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <small>*Note: up to 50% of estimated carry-forward from FY14 may be budgeted in the Partnership's Renewal BSP. Partnerships are solely responsible for the accuracy of their carry-forward</small>	

		<i>estimate</i>
	2. Amount of FY15 First Steps allocation funds (Fund 10) committed to this strategy:	\$ Fund 10 only

Strategy Objectives:

What do you hope to *accomplish* by funding this strategy in FY15? Provide one or more objectives, depicting *client outcomes*. Each objective should include a verb (e.g. increase, decrease, improve, enhance, etc.) to describe the desired results *to be measured in terms of client benefits*.

Outcome Measures:

How will you measure client *outcomes* for the objectives listed above during FY15? What tools or methods will you use to gauge client progress? Please be sure to distinguish between outputs and outcomes.

SECTION 2: FAMILY LITERACY MODEL FY15 GRANT APPLICATION/RENEWAL

Complete this table for *each* Family Literacy Model (211) Strategy.

*Recurring programs without conditional approvals in the past 2 years will only need to complete items marked in **green**. Others with conditional approvals, new strategies, or less than 75% difference in projected/served must complete in its entirety.*

FAMILY LITERACY MODEL					
Family Literacy Model (211)					
Proposed FY15 Strategy Name:	FY15 Program Code:				
Family Literacy Model					
Briefly describe the strategy as proposed for implementation during FY15.					
<p>Description:</p> <p>Family Literacy Component(s) to be funded by the Partnership:</p> <p>Percentage of total Family Literacy Program budget that is being funded by the Partnership: _____ %</p> <p>If this is a new strategy or if you anticipate a change of vendor, please describe your rationale for proposing the strategy (based on your local needs and resource assessment) and/or change.</p> 					
List the current vendor(s) for this strategy.					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #333333; color: white;"> <th style="width: 50%; padding: 2px;">Is this strategy/program implemented by another agency/organization that provides services to your county?</th> <th style="width: 50%; padding: 2px;">What types of collaborations were used to implement this strategy in FY14?</th> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> No <input type="checkbox"/> Yes, List: <p>If yes, how does this strategy fill gaps in services for high-risk children and avoid service duplication? You may refer to Section 2 of your Vision Tool Kit in preparing your response.</p> </td> <td style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> Joint strategy planning/implementation (excluding vendor contracts) <input type="checkbox"/> Joint staffing <input type="checkbox"/> Joint grant application/implementation <input type="checkbox"/> Deliverance of joint training for early childhood professionals <input type="checkbox"/> Co-location or other administrative savings <input type="checkbox"/> Other, specify: <p>Percentage of FY14 strategy budget provided by non-First Steps funds: _____ %</p> </td> </tr> </table>		Is this strategy/program implemented by another agency/organization that provides services to your county?	What types of collaborations were used to implement this strategy in FY14?	<input type="checkbox"/> No <input type="checkbox"/> Yes, List: <p>If yes, how does this strategy fill gaps in services for high-risk children and avoid service duplication? You may refer to Section 2 of your Vision Tool Kit in preparing your response.</p>	<input type="checkbox"/> Joint strategy planning/implementation (excluding vendor contracts) <input type="checkbox"/> Joint staffing <input type="checkbox"/> Joint grant application/implementation <input type="checkbox"/> Deliverance of joint training for early childhood professionals <input type="checkbox"/> Co-location or other administrative savings <input type="checkbox"/> Other, specify: <p>Percentage of FY14 strategy budget provided by non-First Steps funds: _____ %</p>
Is this strategy/program implemented by another agency/organization that provides services to your county?	What types of collaborations were used to implement this strategy in FY14?				
<input type="checkbox"/> No <input type="checkbox"/> Yes, List: <p>If yes, how does this strategy fill gaps in services for high-risk children and avoid service duplication? You may refer to Section 2 of your Vision Tool Kit in preparing your response.</p>	<input type="checkbox"/> Joint strategy planning/implementation (excluding vendor contracts) <input type="checkbox"/> Joint staffing <input type="checkbox"/> Joint grant application/implementation <input type="checkbox"/> Deliverance of joint training for early childhood professionals <input type="checkbox"/> Co-location or other administrative savings <input type="checkbox"/> Other, specify: <p>Percentage of FY14 strategy budget provided by non-First Steps funds: _____ %</p>				
FY14 Clients/Families Projected to Serve: (As projected in the LP's FY14 Renewal Plan)	FY14 Client/Families Records Entered: (Clients entered within FSDC as of April 30, 2014)				
<p>Adults: Children: Total Projected Cases: <input type="checkbox"/> N/A – New Strategy</p>	<p>Adults: Children: Total Cases: <input type="checkbox"/> N/A – New Strategy</p>				
Did the Partnership serve at least 75% of its Projected Clients/Families during FY14?					
<input type="checkbox"/> Yes <input type="checkbox"/> No – Please explain:					

Number of Adult Clients who set a goal of completing their H.S. Diploma or G.E.D. during FY14 <i>(FSDC Case Info)</i>		Number of Adult Clients who completed their H.S. Diploma or G.E.D. during FY14 <i>(FSDC Case Info):</i>	
OUTCOMES DATA			
(You may include assessments completed after April 30, 2014 in this section. <i>Report: Other Assessment/Screening</i>)			
Average PPVT Pre-Score			
Strategy Average Pre-Score:			
Average PPVT Post-Score <i>(total and by vendor)</i>			
Overall Average:			
PPVT Difference (Pre- to Post)			
Overall Difference FY14:			
If the program has measured any additional client outcomes, please describe them below.			
FY15 Projections			
FY14 Clients/Families Projected to Serve:		FY14 Strategy Funding:	
Total Projected Adults: Total Projected Children: Total Projected Cases:		1. FY15 Strategy Budget (all funds) from your Renewal BSP*: Do you anticipate using a significant amount of carry-forward to fund this strategy in FY15? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ * <i>*Note: up to 50% of estimated carry-forward from FY14 may be budgeted in the Partnership's Renewal BSP. Partnerships are solely responsible for the accuracy of their carry-forward estimate.</i>
		2. Amount of FY15 First Steps allocation funds (Fund 10) committed to this strategy:	\$ Fund 10 only

SECTION 3: DOLLY PARTON IMAGINATION LIBRARY (DPIL) **FY15 GRANT APPLICATION/RENEWAL**

Please complete this table for *each* Dolly Parton Imagination Library (212) strategy proposed for FY15.

*Recurring programs without conditional approvals in the past 2 years will only need to complete items marked in **green**. Others with conditional approvals, new strategies, or less than 75% difference in projected/served must complete in its entirety.*

DOLLY PARTON IMAGINATION LIBRARY Dolly Parton Imagination Library (212)	
Proposed FY15 Strategy Name:	FY15 Program Code:
Dolly Parton Imagination Library (DPIL)	
Briefly describe the strategy as proposed for implementation during FY15, to include the integration of DPIL services with other Partnership strategies as applicable.	
If this is a new strategy or if you anticipate a change of vendor, please describe your rationale for proposing the strategy (based on your local needs and resource assessment) and/or change.	
List the current vendor(s) for this strategy:	
Is this strategy/program implemented by another agency/organization that provides services to your county?	What types of collaborations were used to implement this strategy in FY14?
<input type="checkbox"/> No <input type="checkbox"/> Yes, List: If yes, how does this strategy fill gaps in services for high-risk children and avoid service duplication? You may refer to Section 2 of your Vision Tool Kit in preparing your response.	<input type="checkbox"/> Joint strategy planning/implementation (excluding vendor contracts) <input type="checkbox"/> Joint staffing <input type="checkbox"/> Joint grant application/implementation <input type="checkbox"/> Deliverance of joint training for early childhood professionals <input type="checkbox"/> Co-location or other administrative savings <input type="checkbox"/> Other, specify:
FY14 Clients/Families Projected to Serve: <i>(As projected in the LP's FY14 Renewal Plan)</i>	FY14 Client/Families Served to Date:
Children: <input type="checkbox"/> N/A – New Strategy	Children: <input type="checkbox"/> N/A – New Strategy
Did the Partnership serve at least 75% of its Projected Families/Clients during FY14?	
<input type="checkbox"/> Yes <input type="checkbox"/> No – Please explain:	
Are at least 92% of the CP's expenditures on the procurement of books?	
<input type="checkbox"/> Yes <input type="checkbox"/> No – If less than 92%, please explain:	
Please describe your efforts to fund the DPIL in conjunction with community partners (as applicable). Include the amount of private or community funding generated for the strategy during FY14.	

FY15 Projections		
FY15 Clients/Families Projected to Serve:	FY15 Strategy Funding:	
Total Projected Children:	1. FY15 Strategy Budget (all funds) from your Renewal BSP*: Do you anticipate using a significant amount of carry-forward to fund this strategy in FY15? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ * <i>*Note: up to 50% of estimated carry-forward from FY14 may be budgeted in the Partnership's Renewal BSP. Partnerships are solely responsible for the accuracy of their carry-forward estimate.</i>
	2. Amount of FY15 First Steps allocation funds (Fund 10) committed to this strategy:	\$ Fund 10 only

SECTION 4: CHILD CARE QUALITY ENHANCEMENT **FY15 GRANT APPLICATION/RENEWAL**

Complete this table for *each* Child Care Quality Enhancement (601) strategy.

CHILD CARE QUALITY ENHANCEMENT Child Care Quality Enhancement (601)	
Proposed FY15 Strategy Name:	FY15 Program Code:
Briefly describe the strategy as proposed for implementation during FY15.	
If this is a new strategy or if you anticipate a change of vendor, please describe your rationale for proposing the strategy (based on your local needs and resource assessment) and/or change.	
List the current vendor(s) for this strategy.	
Is this strategy/program implemented by another agency/organization that provides services to your county? <input type="checkbox"/> No <input type="checkbox"/> Yes, List: If yes, how does this strategy fill gaps in services for high-risk children and avoid service duplication? You may refer to Section 2 of your Vision Tool Kit in preparing your response.	What types of collaborations were used to implement this strategy in FY14? <input type="checkbox"/> Joint strategy planning/implementation (excluding vendor contracts) <input type="checkbox"/> Joint staffing <input type="checkbox"/> Joint grant application/implementation <input type="checkbox"/> Deliverance of joint training for early childhood professionals <input type="checkbox"/> Co-location or other administrative savings <input type="checkbox"/> Other, specify: Percentage of FY14 strategy budget provided by non-First Steps funds: %
Effective July 1, 2010, all First Steps-funded TA providers must be certified through the SC Center for Child Care Career Development and keep their certification current. Please document your partnership's compliance with this requirement below for each staff member.	
Name(s) of Child Care TA Staff: <input type="checkbox"/> All CCCCDCD certifications are current. Documentation of certification/re-certification from CCCCDCD is available and on file for each staff member. <input type="checkbox"/> The following TA provider(s) have their initial certification pending or have expired certifications needing renewal: <input type="checkbox"/> TA provider(s) to be hired. Number of positions:	
FY14 Clients/Families Projected to Serve: <i>(As projected in the FSDC)</i>	FY14 Client/Families Records Entered: <i>(Clients entered within FSDC as of April 30, 2014)</i> Report: Child Care QE Intensity Summary
Child Care Facilities: <input type="checkbox"/> N/A – New Strategy	Child Care Facilities: <input type="checkbox"/> N/A – New Strategy
Did the Partnership serve at least 75% of its Projected Child Care Facilities during FY14?	
<input type="checkbox"/> Yes <input type="checkbox"/> No – Please explain:	

<p>Briefly describe the manner in which participating Q.E. providers were selected/targeted during FY14 through a competitive process and when, and how this process will be accomplished in FY15 to target providers that: 1) meet program standards for serving high-risk children; and 2) will document the completion, or planned completion, of ECD101 or its equivalent by the director and at least 100% of lead classroom staff.</p>		
<p>What percentage of staff from your 601 child care facilities participated in 8 or more hours of Child Care Quality Training by your partnership during FY14?</p>		
<p>If less than 75% of staff from your 601 facilities participated in 8 or more hours of Child Care Quality Training by your partnership, please describe your plans to improve integration of 601 and 605 strategies during FY15.</p>		
<p>%</p>		
<p align="center">OUTCOMES DATA (You may include assessments completed after April 30, 2014 in this section.) <i>Report: Child Care ERS Assessment Accountability Report</i></p>		
<p>Number of facilities that met FY14 program standards for frequency of ERS assessments:</p>		
<p>If less than 75% of participating FY14 child care facilities received ERS assessments at appropriate intervals, please explain below. Include a description of the actions you plan to ensure that all facilities will be assessed as required during FY15.</p>		
<p>Did all participating child care providers receive at least bi-weekly (twice a month) TA visits? <i>Report: Child Care QE Intensity Summary</i></p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>If not all participating providers received twice monthly TA visits from your partnership, describe activities that will ensure all QE providers receive bi-weekly visits during FY15.</p>		
<p align="center">FY15 Projections</p>		
<p>FY15 Clients/Families Projected to Serve:</p>		<p>FY15 Strategy Funding:</p>
<p>Child Care Facilities:</p>	<p>1. FY15 Strategy Budget (all funds) from your Renewal BSP:</p> <p>Do you anticipate using a significant amount of carry-forward to fund this strategy in FY15? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>\$ *</p> <p><i>*Note: up to 50% of estimated carry-forward from FY14 may be budgeted in the Partnership's Renewal BSP. Partnerships are solely responsible for the accuracy of their carry-forward estimate.</i></p>
	<p>2. Amount of FY15 First Steps allocation funds (Fund 10) committed to this strategy:</p>	<p>\$ Fund 10 only</p>

Please ensure that all facility, enrollment, and staff information is complete and up to date for each provider. Attach a printout of the Child Care Provider Data Collection Main Page for your county from the First Steps Data System. The column titled "Most Recent Center Info" should reflect updating within the past 30 days.

FY14 CHILD CARE QUALITY ENHANCEMENT DATA SUMMARY

Report: Child Care QE Intensity Summary

Name of Child Care Facility	Child Care Type (Family, Group, or Center)	# Yrs. in FS QE	# Children 0-5 Enrolled at the Facility	# Child Care Staff Employed at the Facility	ABC Level (C, B, BB, A, or N/A)	Has this provider increased one or more ABC levels as a result of First Steps QE? If so, what was their starting level?	Total TA Hours	Avg. TA Visits per Month	Avg. Min. per TA Visit	# Class-rooms assessed		Avg. PRE-ERS Score	Avg. POST-ERS Score **	FY13 ERS CHANGE (Pre- to Post)	MATCHED FY13 ERS CHANGE (Pre- to Post)	Amount of QE Funds Spent to Date
										Pre	Post					
																\$
																\$
																\$
																\$
																\$
																\$
																\$
																\$
																\$
																\$
																\$
																\$
																\$
																\$
Total QE Funds Spent to Date																\$

**You may include all assessments completed to date.

SECTION 5: CHILD CARE TRAINING

FY15 GRANT APPLICATION/RENEWAL

Complete this table for *each* Child Care Training (605) strategy.

CHILD CARE TRAINING	
Child Care Training (605)	
Proposed FY15 Strategy Name:	Proposed FY15 Program Code:
If this is a new strategy or if you anticipate a change of vendor, please describe your rationale for proposing the strategy (based on your local needs and resource assessment) and/or change.	
List the current vendor(s) for this strategy:	
Who are the main providers of child care training in your county and region in FY14, as outlined in your Child Care Training Plan?	Describe collaborations with these providers during FY14, and whether these results differed from your Child Care Training Plan:
FY14 Clients Projected to Serve: (As projected in the CP's FY13 Renewal Plan)	FY14 Clients Served to Date: (Training attendance records as of April 30, 2014)
*Should match FY 14 Renewal Plan Adults: <input type="checkbox"/> N/A – New Strategy Training Hours:	*Should match data summary table Total Adults: <input type="checkbox"/> N/A – New Strategy Total Training Hours:
Did the Partnership serve at least 75% of its Projected Clients/Families during FY14?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No – Please explain:	
Please describe how this strategy supported the following child care training goals in FY14, as outlined in the First Steps Program Standards. You may refer to your Child Care Training Plan in preparing your response.	
1) Advancement along the CCCCD career lattice:	
2) Advancement within the ABC quality system:	
3) Improvement on an approved measure of program quality:	

Please describe how this strategy supported the following priorities for child care training in FY14, as outlined in the First Steps Program Standards. You may refer to your Child Care Training Plan in preparing your response.

Multi-session trainings (as opposed to isolated, stand-alone workshops):

Incorporate measurable training objectives and describe follow-up:

Prioritize trainings linked to infant-toddler care and staff-child interactions:

FY15 Projections

FY15 Clients/Families
Projected to Serve:

FY15 Strategy Funding:

Adults:

**Training:
Hours**

1. FY15 Strategy Budget (all funds) from your Renewal BSP*:

Do you anticipate using a significant amount of carry-forward to fund this strategy in FY15?

☐ Yes ☐ No

\$ *

**Note: up to 50% of estimated carry-forward from FY14 may be budgeted in the Partnership's Renewal BSP. Partnerships are solely responsible for the accuracy of their carry-forward estimate.*

2. Amount of FY15 First Steps allocation funds (Fund 10) committed to this strategy:

\$ Fund 10 only

Per FY15 program standards, briefly describe your plans for conducting a local, inter-agency needs assessment for child care training (refer to Section 1 of the Child Care Training Plan, due to SCFS by July 31, 2014):

Does your partnership plan to charge participants to attend training in FY14?

☐ Yes

☐ No

If yes, please explain your rationale, fee structure, and max. fees for all types of training offered:

Briefly describe your plans for Child Care Training in FY15, particularly changes and/or improvements from the current year in the areas of collaboration and supporting First Steps goals and priorities for child care training, in particular:

- Emphasizing certified training
- Emphasizing multi-session training as opposed to stand-alone training (single workshops) and one-hour training
- Following up with participants to ensure training is put into practice.

Note: Partnerships allocating significant staff time to 605 strategies should justify this investment in their explanation.

Include a more detailed description in your FY15 Child Care Training Plan, due to SCFS by July 31, 2014.

FY14 CHILD CARE TRAINING STRATEGY DATA SUMMARY

(Complete this form for all training either hosted or sponsored/co-sponsored by your partnership)

July 1, 2013– June 30, 2014

Name and Date of Training Session	CCCCD Topic Area(s) A-F (see below)	Age Group Targeted (Infant/Toddler, Preschool, or All)	# CCCCC Certified Training Hrs. per Participant	# CCCCC Registered Training Hrs. per Participant	Follow-up Provided? Yes or No	Name of Organization(s) Providing Training, Including the County Partnership if Applicable	Integrated with 601 (Y/N) if Applicable	Attendance			
								Total Attendance	County teachers from QE/601 Facilities	County teachers from non-QE Facilities	Teachers from outside your county
									(if known)	(if known)	(if known)
*TOTAL Training Hours						*TOTAL Attendance			(if known)	(if known)	(if known)

How does the above summary differ from your FY14 Child Care Training Plan?

CCCCD Topic Area Codes: A=Growth and Development; B=Curriculum; C=Child Guidance; D=Professional Development; E=Health and Safety; F=Program Administration

SECTION 6: CHILD CARE SCHOLARSHIPS

FY15 GRANT APPLICATION/RENEWAL

*Recurring programs without conditional approvals in the past 2 years will only need to complete items marked in **green**. Others with conditional approvals, new strategies, or less than 75% difference in projected/served must complete in its entirety.*

<h2 style="margin: 0;">CHILD CARE SCHOLARSHIPS</h2> <p style="margin: 0;">Child Care Scholarships (703) and Endowed Scholarships (705)</p>	
Proposed FY15 Strategy Name(s):	FY15 Program Code(s):
Briefly describe your partnership's scholarship strategy/ies as proposed for implementation during FY15. Include both "regular" and endowed scholarships, if applicable:	
If this is a new strategy or if you anticipate a change of vendor, please describe your rationale for proposing the strategy (based on your local needs and resource assessment) and/or change.	
FY14 Clients/Families Projected to Serve: Children in 703x: Children in 705x: N/A – New Strategy	FY14 Clients/Families Served: <i>Report: Scholarships</i> Children in 703x: Children in 705x: <input type="checkbox"/> N/A – New Strategy
Did the Partnership serve at least 75% of its Projected Clients during FY14?	
<input type="checkbox"/> Yes <input type="checkbox"/> No – Please explain:	
Did 100% of clients/families possess two or more BOT priority risk factors?	Number of monitoring visits conducted during FY14 (as of April 30, 2014).
<input type="checkbox"/> Yes <input type="checkbox"/> No, % With Risk Factor(s):	
If any of your FY14 clients did not possess two or more BOT priority risk factors (FY14 Program Standards/Grant Agreement) and you did not obtain waivers for these clients from your SCFS TA, please describe your plans to improve targeting during FY15.	
Beginning in FY14, scholarship children must receive an age-appropriate developmental screening. How many scholarship children received an ASQ screening in FY14? <i>Report: ASQ Report (Vendor Level)</i>	What connections to additional services were made for children identified with one or more developmental delays?
Children in 703x: Children in 705x: Number of children with one or more potential delays identified using ASQ:	
Per program standards, partnerships are strongly encouraged to connect scholarship clients with one or more additional interventions. Did this strategy integrate services with one or more First Steps strategies? With services of partner agencies? <i>Report: Connections in Effect this FY</i>	
% of cases connected to other intensive interventions: # of client families:	
Briefly summarize the types of interventions this strategy connected scholarship families to, and whether these interventions were operated by the county partnership or a local partner.	

Please list the providers that received partnership funds for child care scholarships in FY15.

Report: Scholarships

Name of Child Care Provider	# of Scholarships 703x/705x	Quality Indicator (check all that apply):		
		Part of First Steps QE (601) Strategy	Level B or Higher	ERS of 4.0 or Higher
	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any child care provider listed above did not meet one or more quality indicators per program standards, please justify the placement of First Steps scholarship children and plans to assist the provider in meeting quality standards for the receipt of First Steps-funded child care scholarships:

Do any of the Partnership's child care scholarships have 50% or more funds remaining (unspent), or are any "pending?" (As of April 30, 2014)

- ☐ No
☐ Yes: Number of scholarships with 50% or higher unspent balance:
Number of pending scholarships:

Please explain any scholarships that are pending or have large unspent balances and describe your plans to improve the use of scholarship funds in FY15.

FY15 Projections

FY15 Clients/Families Projected to Serve:	FY15 Strategy Funding:
Children:	<div> 1. FY15 Strategy Budget (all funds) from your Renewal BSP*: </div> <div> \$ * </div> <div> Do you anticipate using a significant amount of carry-forward to fund this strategy in FY15? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> 2. Amount of FY15 First Steps allocation funds (Fund 10) committed to this strategy: </div> <div> \$ Fund 10 only </div>

*Note: up to 50% of estimated carry-forward from FY14 may be budgeted in the Partnership's Renewal BSP. Partnerships are solely responsible for the accuracy of their carry-forward estimate.

SECTION 7: FOUR YEAR OLD KINDERGARTEN STRATEGIES **FY15 GRANT APPLICATION/RENEWAL**

Please complete this table for *each* Four Year Old Kindergarten (314, 316, and 317) strategy proposed for FY15. This section *does not apply* to the Child Development Education Pilot Program, which is state administered.

*Recurring programs without conditional approvals in the past 2 years will only need to complete items marked in **green**. Others with conditional approvals, new strategies, or less than 75% difference in projected/served must complete in its entirety.*

FOUR YEAR OLD KINDERGARTEN Full Day 4K (314), Half Day 4K (316), and Extended Day/Half to Full Day 4K (317)	
Proposed FY15 Strategy Name:	FY15 Program Code:
Briefly describe the strategy as proposed for implementation during FY15:	
If this is a new strategy or if you anticipate a change of vendor, please describe your rationale for proposing the strategy (based on your local needs and resource assessment) and/or change.	
Please list the current vendor(s) for this strategy:	
Is this strategy/program implemented by another agency/organization that provides services to your county? <input type="checkbox"/> No <input type="checkbox"/> Yes, List: If yes, how does this strategy fill gaps in services for high-risk children and avoid service duplication? You may refer to Section 2 of your Vision Tool Kit in preparing your response.	What types of collaborations were used to implement this strategy in FY14? <input type="checkbox"/> Joint strategy planning/implementation (excluding vendor contracts) <input type="checkbox"/> Joint staffing <input type="checkbox"/> Joint grant application/implementation <input type="checkbox"/> Deliverance of joint training for early childhood professionals <input type="checkbox"/> Co-location or other administrative savings <input type="checkbox"/> Other, specify: Percentage of FY14 strategy budget provided by non-First Steps funds: %
FY14 Clients/Families Projected to Serve: <i>(As projected in the LP's FY14 Renewal Plan)</i>	FY14 Clients/Families Served:
Classrooms: Children: <input type="checkbox"/> N/A – New Strategy	Classrooms: Children: <input type="checkbox"/> N/A – New Strategy
Did the Partnership serve at least 75% of its Projected Clients during FY14?	
<input type="checkbox"/> Yes <input type="checkbox"/> No – Please explain:	
Please attach a letter from each school district receiving 4K funding from the Partnership, confirming: 1) that the Power School file of each child enrolled in a First Steps funded 4K classroom during FY14 (2013-14) has been flagged to reflect (as appropriate) that his/her classroom was fully/partially funded by SCFS, and 2) the need for First Steps funding to provide/maintain services to <u>children qualifying for free- or reduced-lunch and/or Medicaid during FY15 (2014-15).</u>	
Do you feel that the data depicted above adequately reflects the effectiveness of your program? Briefly describe any planned programmatic changes for FY15 and the rationale.	

FY15 Request and Projections		
FY15 Clients/Families Projected to Serve:	FY15 Strategy Funding:	
Classrooms: <input type="text"/>	1. FY15 Strategy Budget (all funds) from your Renewal BSP*:	\$ <input type="text"/> *
Children: <input type="text"/>	Do you anticipate using a significant amount of carry-forward to fund this strategy in FY15? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>*Note: up to 50% of estimated carry-forward from FY14 may be budgeted in the Partnership's Renewal BSP. Partnerships are solely responsible for the accuracy of their carry-forward estimate.</i>
	2. Amount of FY15 First Steps allocation funds (Fund 10) committed to this strategy:	\$ <input type="text"/> Fund 10 only

SECTION 8: COUNTDOWN TO KINDERGARTEN FY15 GRANT APPLICATION/RENEWAL

Please complete this table if Countdown to Kindergarten (406) is proposed for FY15.

*Recurring programs without conditional approvals in the past 2 years will only need to complete items marked in **green**. Others with conditional approvals, new strategies, or less than 75% difference in projected/served must complete in its entirety.*

COUNTDOWN TO KINDERGARTEN (CTK)	
Countdown to Kindergarten (406)	
Proposed FY15 Strategy Name:	FY15 Program Code:
Briefly describe the strategy as proposed for implementation during FY15:	
<p>Is this strategy/program implemented by another agency/organization that provides services to your county?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, List:</p> <p>If yes, how does this strategy fill gaps in services for high-risk children and avoid service duplication?</p>	<p>What types of collaborations were used to implement this strategy in FY14?</p> <p><input type="checkbox"/> Joint strategy planning/implementation (excluding vendor contracts) <input type="checkbox"/> Joint staffing <input type="checkbox"/> Joint grant application/implementation <input type="checkbox"/> Deliverance of joint training for early childhood professionals <input type="checkbox"/> Co-location or other administrative savings <input type="checkbox"/> Other, specify: Percentage of FY14 strategy budget provided by non-First Steps funds: %</p>
<p>CTK Summer 2013 Clients Projected to Serve: <i>(As projected in the LP's Renewal Plan)</i></p> <p>Children: <input type="checkbox"/> N/A – New Strategy</p>	<p>CTK Summer 2013 Clients Served:</p> <p>Children: <input type="checkbox"/> N/A – New Strategy</p>
<p>Did the Partnership serve at least 75% of its Projected Clients during 2013?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Please explain:</p>	<p>What percentage of CTK families received all 6 home visits in 2013? <i>Report: Countdown to Kindergarten</i></p> <p style="text-align: center;">%</p>
<p>Did 100% of clients/families possess one or more CTK risk factors in 2013? <i>Report: Risk Factor Report (Vendor Level)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, % With Risk Factor(s):</p>	<p>Did at least 60% of clients/families possess two or more CTK risk factors in 2013? <i>Report: Risk Factor Report (Vendor Level)</i></p> <p>Yes <input type="checkbox"/> No, % With 2 or More Risk Factor(s):</p>
<p>How successful was your partnership in placing CTK children with home visitors who became their kindergarten teacher in Fall 2013? <i>(Report: Countdown to Kindergarten)</i> What changes, if any, are you planning to improve this process?</p>	

FY15 Projections		
FY15 Clients/Families Projected to Serve:	FY15 Strategy Funding:	
Children:	1. FY15 Strategy Budget (all funds) from your Renewal BSP*: Do you anticipate using a significant amount of carry-forward to fund this strategy in FY15? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ * <i>*Note: up to 50% of estimated carry-forward from FY14 may be budgeted in the Partnership's Renewal BSP. Partnerships are solely responsible for the accuracy of their carry-forward estimate.</i>
	2. Amount of FY15 First Steps allocation funds (Fund 10) committed to this strategy:	\$ _____ Fund 10 only

SECTION 9: EARLY IDENTIFICATION AND REFERRAL **FY15 GRANT APPLICATION/RENEWAL**

Please complete this table if Early Identification and Referral (909) is proposed for FY15.

EARLY IDENTIFICATION AND REFERRAL	
Proposed FY15 Strategy Name:	FY15 Program Code:
Briefly describe the strategy as proposed for implementation during FY15. Be sure to describe all program elements as outlined below:	
1. Target population and recruitment strategy: 2. Service delivery plan: a) <u>Public Awareness</u> b) <u>Screenings</u> c) <u>Referrals to BabyNet and Other Community Resources</u> 3. Staffing and staff qualifications: 4. Assessment and data collection:	
If this is a new strategy or if you anticipate a change of vendor, please describe your rationale for proposing the strategy (based on your local needs and resource assessment) and/or change.	
Please list the current vendor(s) for this strategy:	
Is this strategy/program implemented by another agency/organization that provides services to your county? <input type="checkbox"/> No <input type="checkbox"/> Yes, List: If yes, how does this strategy fill gaps in services for high-risk children and avoid service duplication? You may refer to Section 2 of your Vision Tool Kit in preparing your response.	What types of collaborations were used to implement this strategy in FY14? <input type="checkbox"/> Joint strategy planning/implementation (excluding vendor contracts) <input type="checkbox"/> Joint staffing <input type="checkbox"/> Joint grant application/implementation <input type="checkbox"/> Deliverance of joint training for early childhood professionals <input type="checkbox"/> Co-location or other administrative savings <input type="checkbox"/> Other, specify: Percentage of FY14 strategy budget provided by non-First Steps funds: %

FY14 Clients/Families Projected to Serve: (As projected in the FSDC)	FY14 Client/Families Served: (Clients entered within FSDC as of April 30, 2014)
Adults: Children: Total Projected Families/Cases: <input type="checkbox"/> N/A – New Strategy	Adults: Children: Total Families/Cases: <input type="checkbox"/> N/A – New Strategy
Did the Partnership serve at least 75% of its Projected Clients during FY14?	
<input type="checkbox"/> Yes <input type="checkbox"/> No – Please explain:	
Child Find Activities <i>FSDC Outputs System. Report: Fiscal Year w/ Total & Averages</i>	
Number of primary referral source contacts: Did all categories of primary referral sources receive at least one contact? <input type="checkbox"/> Yes <input type="checkbox"/> No, List: Are the County Partnership's programs and services, including developmental screenings, entered into the BabyNet Central Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No, Date to be completed:	Number of materials distributed: Did all categories of primary referral sources receive BabyNet materials for distribution? <input type="checkbox"/> Yes <input type="checkbox"/> No, List:
Number of 9092 clients referred from primary referral sources: Did all categories of primary referral sources refer clients to the partnership for screening? <input type="checkbox"/> Yes <input type="checkbox"/> No, List:	
If the partnership was not successful in generating Child Find participation from all categories of primary referral sources, please describe the partnership's strategy to improve participation and referrals in FY15.	

OUTCOMES for FY14	
ASQ Screenings <i>Report: ASQ Report</i>	BabyNet Referrals <i>Report: 9092 Report</i>
Number of children screened using ASQ: Number of children with one or more potential delays identified using ASQ:	Number of children referred to BabyNet by the partnership: Number of children referred to BabyNet by the partnership who were found eligible: <u>Types of referrals received by the partnership from the local BabyNet office:</u> <input type="checkbox"/> Eligibility decisions regarding children referred by the partnership to BabyNet. # of referrals received: <input type="checkbox"/> Children ineligible for BabyNet who were not referred to BabyNet by the local partnership, whose parents consented to be referred to First Steps. # of referrals received:
Connections to Community Resources <i>Report: 9092 Report</i>	
Number of total 9092 cases connected to community resources other than BabyNet: Percentage of total cases: %	
Number of 9092 cases <u>eligible for BabyNet</u> also connected to community resources by the partnership: Percentage of all 9092 BabyNet-eligible cases that were also connected to other services: %	
Number of 9092 cases <u>ineligible for BabyNet</u> also connected to community resources by the partnership: Percentage of all 9092 BabyNet-ineligible cases that were connected to other services: %	
Briefly summarize the types of interventions this strategy connected families to, and whether these interventions were operated by the county partnership or a local partner.	

Did First Steps staff participate in BabyNet IFSP meetings? *Report: 9092 Report*

- ☐ Yes, number of clients:
☐ No – Please explain:

Do you feel that the outcome data depicted above adequately reflects the effectiveness of your program? Briefly describe any planned programmatic changes for FY15 and the rationale:

FY15 Projections

FY15 Clients/Families Projected to Serve:	FY15 Strategy Funding:	
Adults: Children: Families/Cases:	1. FY15 Strategy Budget (all funds) from your Renewal BSP*: Do you anticipate using a significant amount of carry-forward to fund this strategy in FY15? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ * <i>*Note: up to 50% of estimated carry-forward from FY14 may be budgeted in the Partnership's Renewal BSP. Partnerships are solely responsible for the accuracy of their carry-forward estimate.</i>
	2. Amount of FY15 First Steps allocation funds (Fund 10) committed to this strategy:	\$ Fund 10 only

SECTION 10: OTHER/NON-PREVALENT STRATEGIES

FY15 GRANT APPLICATION/RENEWAL

Complete this table for *each additional strategy* proposed by the County Partnership for FY15 (be as detailed as possible). This section applies to *any strategy* not specifically detailed in Sections 1-9.

Examples: Mother Read/Father Read (202); Other Family Literacy (204); English for Speakers of Other Languages (205); Healthy Families (207); Fatherhood Initiatives (208); Library Based Programs (209); Early Education for Children Under 4 (318); Head Start Programming (321); Summer Program (402); Enhanced Program (404); Community Education (802) or Health-Based Services (900 series).

OTHER/NON-PREVALENT STRATEGIES	
Proposed FY15 Strategy Name:	FY15 Program Code:
<p>Briefly describe the strategy as proposed for implementation during FY15. Be sure to describe all program elements as outlined below:</p> <p>Strategy Summary and description of the proposed model (if applicable):</p> <p>Target population and recruitment strategy:</p> <p>Service delivery plan:</p> <p>Staffing and staff qualifications:</p> <p>Assessment and data collection:</p> <p>If this is a new strategy or if you anticipate a change of vendor, please describe your rationale for proposing the strategy (based on your local needs and resource assessment) and/or change.</p> <p>Please list the current vendor(s) for this strategy:</p>	

Is this strategy/program implemented by another agency/organization that provides services to your county? <input type="checkbox"/> No <input type="checkbox"/> Yes, List: If yes, how does this strategy fill gaps in services for high-risk children and avoid service duplication? You may refer to Section 2 of your Vision Tool Kit in preparing your response.		What types of collaborations were used to implement this strategy in FY14? <input type="checkbox"/> Joint strategy planning/implementation (excluding vendor contracts) <input type="checkbox"/> Joint staffing <input type="checkbox"/> Joint grant application/implementation <input type="checkbox"/> Deliverance of joint training for early childhood professionals <input type="checkbox"/> Co-location or other administrative savings <input type="checkbox"/> Other, specify: Percentage of FY14 strategy budget provided by non-First Steps funds: %	
FY14 Clients/Families Projected to Serve: <i>(As projected in the LP's FY14 Renewal Plan)</i> Adults: Children: Total Projected Families/Cases: <input type="checkbox"/> N/A – New Strategy		FY14 Client/Families Served: Adults: Children: Total Families/Cases: <input type="checkbox"/> N/A – New Strategy	
Did the Partnership serve at least 75% of its Projected Clients during FY14? <input type="checkbox"/> Yes <input type="checkbox"/> No – Please explain:			
RESULTS for FY14			
Sample Objective: Increase library usage by parents of young children. (Specific and measurable) Sample Output: 5 new library cards were issued. (clients served, home visits conducted, referrals made, etc.) Sample Outcome: 75% of parents served report visiting the library at least twice a month during their participation. (What type of measurable change/impact occurs as a result of this strategy?) Please state the FY14 Strategy Objectives, the Output(s) or counts; the Outcome Measure(s) you proposed to measure client progress; and the results to date based on those measures. <i>Insert additional rows as needed.</i>			
Objective 1: Output(s): Outcome Measure(s): Results to Date:			
Objective 2: Output(s): Outcome Measure(s): Results to Date:			

Objective 3: Output(s): Outcome Measure(s): Results to Date:		
If pre/post assessments were used for this strategy in FY14, please summarize your results below. <i>Insert additional rows as needed.</i>		
ASSESSMENT #1	ASSESSMENT #2	
Assessment Name:	Assessment Name:	
Average Pre-Score	Average Pre-Score	
Average Post-Score	Average Post-Score	
Difference (Pre- to Post)	Difference (Pre- to Post)	
Do you feel that the outcome data depicted above adequately reflects the effectiveness of your program? Briefly describe any planned programmatic changes for FY15 and the rationale:		
FY15 Projections		
FY15 Clients/Families Projected to Serve:	FY15 Strategy Funding:	
Adults: Children: Families/Cases:	1. FY15 Strategy Budget (all funds) from your Renewal BSP*: Do you anticipate using a significant amount of carry-forward to fund this strategy in FY15? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ * <i>*Note: up to 50% of estimated carry-forward from FY14 may be budgeted in the Partnership's Renewal BSP. Partnerships are solely responsible for the accuracy of their carry-forward estimate.</i>
	2. Amount of FY15 First Steps allocation funds (Fund 10) committed to this strategy:	\$ Fund 10 only

Projected Evaluation Plan for FY15

Sample Objective: Increase library usage by parents of young children. (Specific and measurable)
Sample Output: 5 new library cards were issued. (clients served, home visits conducted, referrals made, etc.)
Sample Outcome: 75% of parents served report visiting the library at least twice a month during their participation.
(What type of measurable change/impact occurs as a result of this strategy?)

Please state the FY14 Strategy Objectives, the Output(s) or counts; the Outcome Measure(s) you proposed to measure client progress; and the results to date based on those measures. *Insert additional rows as needed.*

Objective 1:

Output(s):

Outcome Measure(s):

Results to Date:

Objective 2:

Output(s):

Outcome Measure(s):

Results to Date:

Objective 3:

Output(s):

Outcome Measure(s):

Results to Date:

Note: The projected evaluation plan will be reviewed by the Program and Grants Committee.



To: First Steps Board of Trustees
From: Lisa Van Riper, Chair, Strategic Planning and Evaluation Committee
Date: April 4, 2014

RE: 2014 Evaluation

The Strategic Planning and Evaluation Committee met on Friday, March 21, 2014 to review the proposed external evaluation plan of First Steps' contracted external evaluator Compass Evaluation and Research of Durham, NC. The award to Compass was made via competitive bid process in fall of 2013. Drs. Anne D 'Agostino and Sarah Heinemeier will serve as principal investigators.

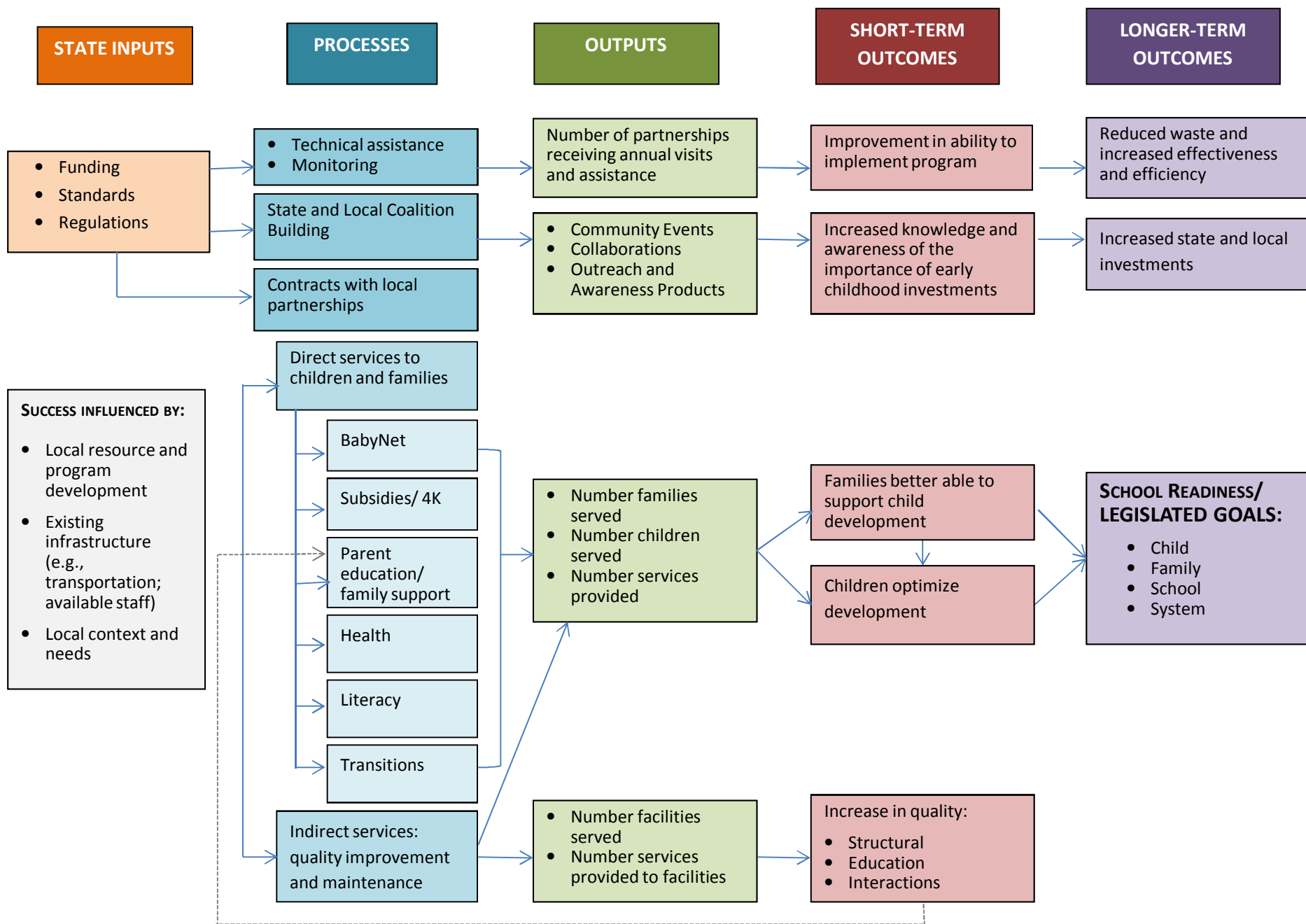
The 2014 report, due to the Board in October, will be designed to measure First Steps – at the systemic level – against its legislative goals. Pursuant to the recommendation of the Legislative Audit Council (and consistent with language in H.3428), the committee will also be establishing a proposed cycle whereby each of First Steps' prevalent program investments will be evaluated individually. Accordingly Compass' work will be focused on systemic progress, while these subsequent reports will address client outcomes by program.

A set of slides detailing the report's proposed evaluation questions and logic model are attached for your information.



Evaluation of South Carolina First Steps 2014

Compass Evaluation and Research,
Durham NC



Evaluation Purpose

- Is the system working? What components work well? What components need improvement? What is the influence of local context and development?
- Evaluation will:
 - Assess the extent to which, as a collection of cross-county investments, the initiative met legislated goals and objectives.
 - Address the contribution of all strategies towards policy-relevant goals of improved school readiness, improved child outcomes, and strengthened parenting capacity.
 - Assess First Steps as both a statewide initiative and as a collection of 46 county partnerships, each of which maintains locally-responsive investments.



Evaluation will not...

- Independently evaluate each program
 - Legislative Audit Council recommended establishing a separate schedule of program-specific evaluations



Evaluation Questions

SERVICES AND OUTCOMES QUESTIONS

1. What is the nature and diversity of programming provided statewide? To what extent and how do investments vary statewide?
2. To what extent do programs target and enroll children and families most-in-need of services? To what extent does enrollment vary statewide, if at all?
3. To what extent are programs implemented with a high degree of fidelity to program models or guidelines (such as evidence-based practices)?



Evaluation Questions

SERVICES AND OUTCOMES QUESTIONS

4. To what extent have program investments satisfied legislative requirements to:
 - provide parents with access to the support they might seek to strengthen their families and to promote the optimal development of their preschool children?
 - increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems?
 - promote high quality preschool programs that provide a healthy environment that will promote normal growth and development?



Evaluation Questions

SERVICES AND OUTCOMES QUESTIONS

5. To what extent have program investments satisfied legislative requirements to:
 - provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn? And
 - mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school healthy and ready to learn?



Evaluation Questions

SYSTEMS QUESTIONS

6. To what extent have program investments contributed to school readiness?
7. To what extent have program investments contributed to healthy births, child health and well-being, and overall child development?
8. To what extent have program investments contributed to and strengthened parenting skills and capacity?
Family literacy and literacy engagement with children?
Parent engagement and intentional parenting strategies?



Evaluation Questions

SYSTEMS QUESTIONS

9. To what extent are local counties providing effective and efficient support services, such as transportation, health, family planning, etc.?
10. What, if any, value-added has resulted from First Steps investments?



Partnership Survey and Stakeholder Interviews

- Focus on systems development, scope, challenges, and value-added
- Local partnerships:
 - Online (web-based) survey
 - Some standard, some county-specific questions
 - Data collected May-July 2014
- Stakeholder interviews:
 - Work with First Steps to develop interview pool
 - Interviews conducted June-July 2014

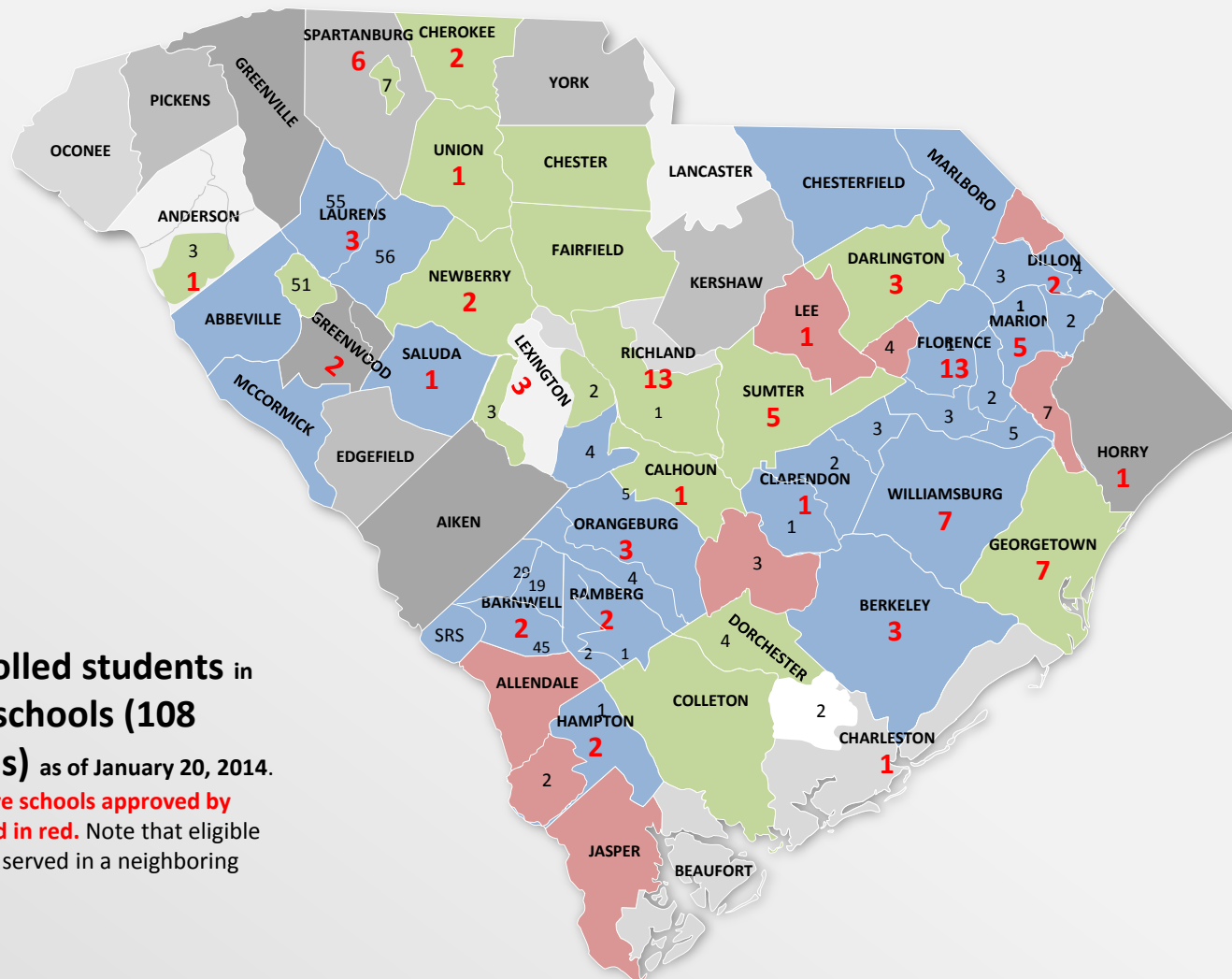


Reporting

- Interim report on 2010 evaluation and 2013 LAC recommendations
- Full evaluation report template drafted in collaboration with First Steps
- Full report completed September 2014
 - Presented to First Steps October 2014



Expansion 2013-2014



**1,318 enrolled students in
93 active schools (108
classrooms) as of January 20, 2014.**

Number of active schools approved by county indicated in red. Note that eligible children may be served in a neighboring county.