



# Further Steps to School Readiness

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2009 Evaluation of the South Carolina First Steps to  
School Readiness Initiatives

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## Summary of Findings

Ultimately all the evaluation questions, data, and information in this evaluation should come back to the four guiding questions which overarched this endeavor. These questions, which were unable to be answered satisfactorily in the 2006 evaluation, are in large measure addressed in this current work. However, even for questions still unanswerable, the lack of data was most often simply due to the short time frame between the changes enacted by the First Steps Board of Trustees, which became effective in August 2007, and this evaluation. In these instances, one or two years of data are not sufficient to make strong conclusions about the impact of intervention programs.

### Who Is Being Served?

Analysis of First Steps participants indicates that First Steps is meeting its initiative to serve the neediest of South Carolinians or in other words, those at the highest risk for not being ready for school. On average, First Steps participants tended to be non-white and have significantly higher rates of Medicaid, TANF, and Food Stamps, and higher free lunch index ratings when compared to non-First Steps 4K and non-First Steps/no-4K children. First Steps children had significantly higher rates of low-birth weight and First Steps mothers had significantly lower rates of education when compared to non-First Steps families. As in the 2006 evaluation, First Steps appears to continue to serve “the neediest of the needy” or the most at-risk.

### What Is the Range and Quality of the Services Being Provided?

Initially the range and quality of services were two separate questions. In this evaluation they are closely connected and therefore are addressed together

The question “What services are being provided?” can also be posited as “Are First Steps funds being spent on well-documented, research-based programs that target and provide effective services to children and families at risk?” Very closely related is the question “Are First Steps services implemented in the right ways?” A consideration of the range of programs that benefit from First Steps funds on child outcomes cannot be separated from an investigation of program quality. Dollars may be reaching target constituents to little or no effect if the quality of programming is inadequate.

First Steps has consistently invested in several types of strategies during the last four years of operation. The largest investments have included over \$21 million dollars enhancing early education, over \$35 million in parenting home visitation strategies, and over \$27 million increasing access to and enhancing the quality of child care. Other types of services received smaller amounts.

This 2009 evaluation focused on three primary strategies that First Steps funds' - four-year-old kindergarten, parenting home visitation strategies, and child care quality enhancement. It additionally addressed the school transition program Countdown to Kindergarten. These three chief strategies, for the most part, use programs that are widely considered to be well-documented and research based. These include Parents as Teachers, Parent-Child Home and other family literacy model programs, and 4-Year-Old Kindergarten among others. First Steps 4K meet this criterion (well-documented and research based) by using one of three specified research-based curriculum models. Nevertheless, it is possible to invest in a documented program without using the program in its fully intended form. Fidelity of implementation requires that the delivery of a program model be in the manner in which it was designed to be delivered (Gresham, MacMillan, Beebe-Frankenberger, & Bocian, 2000). As programs become widely disseminated, there is a tendency for practitioners to alter programs (or assessments) in a manner more conducive to their immediate needs which may adversely affect program outcomes (Johnson, Mellard, Fuchs, & McKnight, 2006). This was clearly evident in the 2006 evaluation.

The effect of the programmatic and evaluation requirements enacted by the First Steps Board of Trustees, which became effective in August 2007, allowed this evaluation to begin to answer questions regarding the range and quality of services. These more stringent requirements, that align with the fidelity requirements of the programs and which were incorporated as contractual requirements for all County Partnerships and their own programmatic vendors, specified that programs such as PAT/PCH be implemented with fidelity. For those programs which have clear fidelity guidelines, most clearly seen in the home visitation strategies, data provided documentation of improved program fidelity. This improved program quality is evidenced by improved participant outcomes.

What cannot be determined is the level of quality and fidelity to curriculum models in First Steps 4K classrooms. While quality is measured in classrooms undergoing quality enhancement it is not evaluated in 4K classrooms. Additionally, fidelity to curriculum models is not appraised. Without quality and fidelity data for both First Steps and non-First Steps 4K, the impact of higher quality and fidelity of implementation cannot be determined.

## **Do the Services Impact the Outcomes of Participants?**

The most crucial concern for many supporters and skeptics alike of the First Steps initiative is its impact on outcomes. Specifically, everyone is interested in child outcomes that relate to school readiness. The question of impact, however, should not just be limited to the assessment of child outcomes and how they are measured. As was discussed in the 2003 and 2006 evaluations and bears repeating, as a comprehensive initiative (as outlined in their enabling legislation) First Steps provides comprehensive services and programs that support and educate families in wide-ranging ways to increase school readiness. An important focus of evaluation therefore needs to be measuring the impact that individual programs have directly on programs, parents, and families. Child care quality improvement needs to be measured to document gains from participation in quality enhancement activities. Parents' knowledge or skills need to be measured directly to document gains for the adult participants. Additionally, the focus of child outcomes should also be on child well-being and child/parent relationships that are more directly linked to the content of the parenting and family literacy programs (e.g. decreased incidents of abuse or neglect, increased levels of parent-child communication/positive interactions, more time spent reading to one's children).

### ***Home Visitation Strategies***

There was evidence in pre-assessment scores that First Steps is able to identify and recruit parents in need of parenting support. Participants saw significant increases in their pre- and post-assessments. Overall, 54% of participants who scored low quality of parenting improved to a moderate quality of parenting. Forty four percent who scored having moderate parenting skills moved to a high-quality of parenting. And, 11.9% who had low quality parenting at pre-test increased their skills to high quality.

Participants saw significant increases in KIPS scores between their pre- and post-assessments. Length of treatment was significantly related to the ability of parents to increase the quality of their parenting skills, families who participated for 4-6 and more than 12 months had the greatest gains. For ACIRI there was a consistent and positive, albeit non-significant, trend from shorter treatment with smaller gains to longer treatment and greater gains. For family literacy, the ACIRI sample size was not sufficient to adequately measure whether length of treatment made a statistically significant difference. However, if the parenting sample were the same size as the family literacy, results would most likely be very similar. The trend in the family literacy sample mirrors the parenting in that gains increase with length of intervention. Nevertheless, while the parenting results can significantly show that length of treatment is important for meaningful gains, the family literacy results can only suggest so.

### ***Child Care Strategies***

Child care centers and family day care providers who participated in First Steps quality enhancement initiatives showed significant improvement in center quality. Three hundred and twelve programs were evaluated with both a pre and post Environmental Rating Scale (ERS) during FYs 2008 and 2009. Gains for all scales on ECERS and ITES were significant if pre/post assessment occurred 6 months or more apart. For family day care providers, the overall score showed significant gains were made between pre/post assessments on the FDCERS.

### ***School Transition: Countdown to Kindergarten***

First implemented during the summer of 2005, Countdown to Kindergarten is a relatively new First Steps strategy. While not the largest strategy funded by First Steps (costing approximately \$495,000 per year), it is one of the few state-wide strategies administered at the state level. The difficulties of implementation and evaluation of new strategies has been a constant theme throughout First Steps history. CTK is no different. While CTK has served approximately 3,100 children through the school transition strategy program curriculum, staff development, and recruitment strategies have been developing and slowly solidifying. Outcome data, not available via a standardized process, is only available through self-report. Rigorous evaluation has yet to occur.

Of self-report data available, home visitors reported significant benefit for themselves and the children and parents they visit. They describe the impact that participation in CTK has had in their understanding of the lives of the students and parents in their classrooms. And, as a result, many home visitors indicated they have made significant changes in their instructional techniques and classroom practices as well as the types of experiences they provide for their students as a direct result of CTK.

Parents whose children participated in CTK reported significant benefits for themselves and their children. At the completion of CTK, parents reported both they and their child had significant increase in familiarity with a kindergarten classroom and parents reported their children as having significant increase in confidence and excitement about attending kindergarten.

Pre/post evaluation of parent's likelihood of participating in specific behaviors that teachers often identify as important showed that post-CTK all identified behaviors saw significant gains. The number and percentage of parents who reported they were likely or extremely like to participate as a result of CTK increased. The largest increase was in parent's willingness to volunteer in the classroom and help out with field trips or special events.

### ***Child Outcomes (4K)***

This analysis used results from SCRA and PACT, as well as data on retention, learning disability status, and speech impairment categorization to examine the impact of First Steps on 5 FYs (FYs 2003-09) of children. Factor analyses were used to create SCRA scales, propensity score matching to create matched comparison groups, and hierarchical linear modeling to calculate odds ratios to compare prekindergarten status on outcomes variables. Four stratifications were used for analysis: 1) First Steps with 4K versus a matched First Steps non-4K; 2) First Steps without 4K versus matched non-First Steps non-4K; and 3) First Steps CDEPP versus matched non-First Steps full-day 4K and non-First Steps non-4K groups; 4) First Steps combined strategies versus full-day 4K. It is important to note the definition of a First Steps 4K child. A First Steps 4K child is any child who received any form of First Steps funding and attended 4K. It is only in the CDEPP program, a relatively recent First Steps initiative that First Steps children who received 4K are clearly in a controlled First Steps 4K environment. All other First Steps 4K children are enrolled in non-First Steps 4Ks. First Steps has no control over the classroom experience of these children. All outcomes should be interpreted with this definition in mind.

For First Steps 4K versus matched non-4K, findings indicated that compared to the matched non-4K children, First Steps children who attended 4K were, in general, not significantly different in 3 outcomes: grade retention up to 4<sup>th</sup> grade; SCRA level at kindergarten and 1<sup>st</sup> grade (except for 1 FY with generally lower levels in language and math); and PACT scores at 3<sup>rd</sup> and 4<sup>th</sup> grade. Compared to matched non-4K children First Steps 4K children were much more likely to be diagnosed as special needs in kindergarten particularly as speech impaired. Speech impairment however decreased with advancement of grade and First Steps 4K tended to close the gap with their counterparts by 4<sup>th</sup> grade.

Findings for First Steps non-4K versus matched non-4K indicated that compared to the matched non-4K children, First Steps non-4K children were, in general, not significantly different in grade retention up to 4<sup>th</sup> grade, SCRA levels in kindergarten and 1<sup>st</sup> grade, PACT scores at 3<sup>rd</sup> and 4<sup>th</sup> grade and speech impairment. Compared to the matched non-4K children First Steps non-4K children had a tendency of being less likely to be diagnosed as learning disabled in kindergarten.

Findings from comparisons between CDEPP and matched full-day and non-4K children were quite promising. They indicated CDEPP children were not significantly different in SCRA outcomes in kindergarten. CDEPP children compared to matched full-day 4K were less likely to be diagnosed with speech impairment or a learning disability but were more likely to be retained in kindergarten. There were no significant differences between non-4K and CDEPP children. Given the relatively short time frame of existence and lack of more than one year of data however, results should be interpreted with great caution.

Combined results from the earliest FYs were presented with caution as there is little knowledge of the quality, duration, and intensity of PAT implementation during these time frames. Nevertheless, for FYs 2004-05, and 2005-06 only ½-day plus PAT indicated any significant results where participation in both programs decreased the odds of scoring on a higher level of SCRA compared to those children only enrolled in full-day 4K. In FY 2006-07 the impact of multiplicity of interventions can be seen. In FY 2006-07 there were significant differences between participation in either full- or ½-day 4K plus PAT when compared to full-day 4K in kindergarten where combined strategies showed increased odds of being on a higher level on approaches to learning. Full-day plus PAT also had significantly increased

odds of being on a higher level compared to full-day 4K on SCRA math scales. This was also true for math in 1st grade when ½-day plus PAT had significantly increased odds of being on a higher level.

Compared to the full-day 4K children, full-day plus PAT First Steps children were not significantly different in their retention rates. Half-day plus PAT however trended toward significantly higher retention for all FYs when compared to full-day 4K. Combined strategy First Steps children in general, were more likely to be diagnosed as speech impaired in kindergarten but were not significantly different in learning disabilities compared to the full-day 4K children.





## Conclusions and Recommendations

Overall, First Steps has made significant improvements since the 2006 evaluation. Changes incorporated into programmatic requirements and data collection improved the integrity of the existing data by significantly decreasing missing client data and allowing child/adult records to be connected. It also allowed partnership client records to more accurately reflect output data.

The implementation of state-wide programmatic requirements and evaluation measures had the most significant impact on the ability of First Steps to document the work it undertakes. The creation of consistent programmatic requirements and assessments allowed for true outcome evaluation. It also forced improvements in program quality. None of this could have occurred without improved communication with both county and agency partnership.

The ability of First Steps county partnerships to continue to identify the neediest families (or the most at-risk) is to be lauded. On the whole, First Steps participants continued to have significantly higher rates of Medicaid, TANF, and Food Stamps, and higher free lunch index ratings when compared to non-First Steps 4K and non-First Steps/non-4K children. First Steps children have significantly higher rates of low-birth weight and First Steps mothers have significantly lower rates of education when compared to non-First Steps families. In all child outcome analyses, First Steps children had high rates of retention (except for CDEPP participants), high rates of diagnosed speech impairments and were more likely to be diagnosed as learning disabled in kindergarten.

The ability to identify the most vulnerable families in need of First Steps parenting was equally impressive. In 2007-08 families with 2 or more risk factors made up 67% of participants whereas in 2008-09 that number increased to 78%. Over 80% of participants who participated for both years had 2 or more risk factors. When combined with pre-assessment evaluations, which indicated the large percentage of parents who scored low quality parenting, it is evident that First Steps is clearly meeting its mission in assisting at-risk parents with "...access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children" (Section 59-152-30).

The lack of high quality data for children in the early years of First Steps continues to effect this evaluation. In the first 3 FYs included in this evaluation First Steps databases had missing data problems that raised concerns regarding whether these databases were representative of all First Steps clients and whether results could be generalized. Additionally, these three fiscal years (2003-04, 2004-05 and 2005-06) still lack specific information regarding the quality, duration, and intensity of interventions.

It is in data collect during the most recent fiscal years (2006-07 and 2007-08) that First Steps is able to demonstrate that funds are being spent on productive returns on investment. The ability to match outcomes to detailed, specific intervention data is extraordinary and non-existent in most state data systems. In these two years of data these specific findings stand out:

1. The impact of home visitation interventions to change parenting skills. Participants saw significant increases in their pre- and post-assessments. Overall, 54% of participants who scored low quality of parenting improved to a moderate quality of parenting. Forty four percent who scored moderate parenting skills moved to a high-quality of parenting, and 11.9% who had low quality parenting at pre-test increased their skills to high quality.
2. The impact of First Steps on child care quality through its child care quality enhancement strategy. Universally, child care centers and providers who participated showed significant increases in pre/post scores of assessed child care quality. Gains were seen for all scales on ECERS, ITERS and FDCERS as a result of quality enhancement strategies.
3. The impact of Countdown to Kindergarten. Through self-report data, all participants whether home visitor or parents report the significant impact this strategy has on professional practice, parent-teacher relationships, and parent participation in and child attitudes toward kindergarten.
4. The potential demonstrated in combined strategies. Except for one scale, child outcomes in FY 2006-07 indicated increased odds of scoring on a higher level on every SCRA scale when PAT is combined with 4K compared to full-day 4K only.
5. The potential demonstrated in the CDEPP initiative. With only one year of data, CDEPP children were not significantly different in the odds of scoring on a higher level on every SCRA scale compared to full-day 4K and non-4K children. They also had significantly lower

speech impairment and learning disability diagnoses. This may demonstrate the potential for implementing public programs in private settings in a less expensive manner with similar results.

### ***Recommendations***

While a great deal of work has been accomplished, potential improvement remains.

First and foremost, First Steps must continue to focus on efforts to improve data collection and continue to build better data systems. Data systems greatly improved between 2006 and 2009 however more work remains. It is recommended that First Steps continue to improve data collection efforts across strategies. First Steps still does not collect all data within one data system. Clearly for evaluation purposes, the ability to link data is of utmost priority. Specifically Countdown to Kindergarten must be incorporated into the First Steps data system.

Home visitation strategies saw clear and marked improvement between the 2006 and 2009 evaluations. First Steps should be commended for the obvious improvements in implementation and data collection. Data collected under the new programs standards for the last two FYs saw improvements in completeness and quality. Quality and fidelity of program implementation saw progress during the two years as well. Eighty five percent of families received more than 2 visitations per month during the FYs under consideration. If program strategy requirements regarding data collection and the quality and fidelity of implementation continue to be enforced until the 2012 evaluation, First Steps will be in a unique position (across the country and in the research literature) to be able document the value of parent home visitation on a large longitudinal sample with high quality data.

Countdown to Kindergarten, as one of the newest strategies implemented by First Steps, is clearly in need of efforts to document its efficacy. This work, as it has evolved since its inception, holds great promise to improve the experience of kindergarten transition for children and their parents. Early school adjustment has been shown to have a long-term impact on children's later school success (Glicksman & Hills, 1981; Lombardi, 1992; Pianta & Cox, 1999). This evaluation was originally intended to include a new data collection to address research questions related to CTK however financial constraints forced a postponement. Until the financial crisis passes, First Steps could improve CTK data

that is already being collected by incorporating CTK data into the First Steps data system to allow for participants to be included in longitudinal and combined strategy analyses.

Improvements were clearly obvious in both the quality and quantity of data collected. Nevertheless specific problems were still obvious. The issue of missing data was still problematic.

Home visitation data had large amounts of unmatched and unqualified KIPS and ACIRI assessments. Though the number of unmatched and unqualified assessments improved in the second year of new program standards, the unqualified rate was still approximately 30%. Further analysis of the data set would be helpful to determine why so many unmatched and unqualified assessments exist.

Quality enhancement data was missing center information. Many classrooms had pre/post ERS assessments but when data was merged with center variables, only 32 centers were able to be linked.

The addition of several variables to the database would be helpful.

1. For home visitation it would be helpful if at each time of assessment with KIPS and/or ACIRI a variable existed which indicated when home visitation began, if it is still in process, and when it ended. This would allow for more specific evaluation of length of treatment related to outcomes. Currently, it is difficult to determine if participants have dropped out of the program or are continuing and have not yet had a final post-assessment.
2. The addition of family information such as incidents of abuse or neglect and time spent reading to one's children would be helpful to ascertain additional impact of home visitation strategies.
3. Similarly to home visitation, quality enhancement evaluation would be strengthened by a variable that indicates when quality enhancement began, if it is still in process, and when it ended. Again, this would allow for more specific evaluation of length of treatment related to outcomes.

The ability to analyze child outcomes has greatly improved since the 2006 evaluation in which significant data problems were encountered. These problems included children not identified in Department of Education databases as well as missing data problems. Generalizations that could be

made regarding First Steps child outcomes were limited. Because of these problems, data collected during the first two years of First Steps were not included in these analyses. Data collection has improved by year with the last two fiscal years showing great promise for future evaluation.

Specific attention needs to be paid to the high incidence of speech impairment for the combined strategies and to the high incidence of retention in all 4Ks and in CDEPP. The incidence of speech impairment for all kindergartners in South Carolina is significantly higher than the national average. Speech and language impairments are evident in approximately 7% of children nationally at school entry (Bartlett, Flax, Logue, 2002). In SC the kindergarten rate is much higher (as evidenced in the CDEPP evaluation at 11.5% for full-day 4K and 5.9% for CDEPP). The reasons for this are unclear and deserve further scrutiny. Further investigation could give insight into the causes and any potential solutions to these issues. It must be noted however that only one year of data exists for CDEPP therefore conclusions must be drawn with caution.

During the recent financial crisis, First Steps and initiatives like it have struggled with the question of how to invest limited funds in ways that are likely to produce the greatest gains. There is a delicate balance that must be struck between the costs associated with creating more programs, deciding which programs to maintain, and insuring that any programs that exist are of high quality. First Steps must continue to collect data that provides direction for these financial, administrative, and policy decisions.

There were no evaluation questions in this work that addressed whether First Steps should be seeking to create new/more interventions. However, the decrease in state investments in the First Steps budget dictates that future expansion will be limited in scope. Unless the state legislature or governor's office provides funding for expansion or deeds control of specific services (and the funds necessary to implement them) to First Steps, expansion will by necessity be limited to private or federal funding. This may be an advantageous position for First Steps allowing it to demonstrate and document its ability to invest limited resources in providing quality services that have evidence of effectiveness for the neediest children.

The decision about which programs First Steps should maintain should clearly be based on demonstrated effectiveness to the neediest children and families in South Carolina. In particular, the

2006 evaluation was unable to demonstrate the value of parenting and home visitation strategies to parents and children and raised serious questions regarding what types of services First Steps should be funding. This evaluation has a different conclusion. There is clear evidence that the parenting/home visitation initiatives evaluated here were effective and impacted the parenting skills and school readiness of children. Efforts should be made to maintain these.

The Child Development Education in Private Settings (CDEPP) strategy is the newest First Step initiative evaluated in this report. CDEPP demonstrated great promise regarding the ability of private programs to provide equivalent 4K services at a lower cost. This strategy should be maintained and evaluation should continue to document whether preliminary results are sustained over a longer time frame.

While not exactly a program, the focus within First Steps to provide multiple interventions to its participants should be continued. This analysis indicated that the number of First Steps participants participating in more than one strategy increased significantly between FYs 2003-04 and 2007-08. This occurred during the same period in which First Steps 4K participants have become more at-risk with increased rates of Medicaid, TANF, Food Stamp receipt, and higher free-lunch index ratings. This approach to intervention may prove to be cost-effective. Results documented the strength of multiple interventions, particularly full-day 4K with parenting, on child outcomes.

The importance of quality and the efforts made to improve quality since the 2006 evaluation cannot be underestimated. It is because of efforts to improve the quality of services and data collection that clear and consistent outcomes were able to be determined. First Steps is to be commended for the scope and depth of changes that were implemented in a very short time frame. These changes allowed for the documentation provided in this report.

# From Implementation to Impact



*An Evaluation of the South Carolina  
First Steps to School Readiness Program  
2006*

## **Executive Summary**



*Conducted by*  
High/Scope Educational Research Foundation





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## About The High/Scope Educational Research Foundation

The High/Scope Educational Research Foundation is an independent, nonprofit 501(c) 3 organization with headquarters in Ypsilanti, Michigan. Founded in 1970, High/Scope's mission is to lift lives through education so everyone can succeed in life and contribute to society. Its vision is widespread participatory education in which students and teachers are partners in shaping the learning experience. To this end, it engages in evaluative research, development of curriculum, training, and assessment materials, and dissemination through educational services and publishing. These activities target teachers and service workers, primarily in early childhood programs and also in elementary schools and out-of-school youth programs. It also disseminates research findings to those who influence children's lives, such as teachers, service workers, parents, administrators, policymakers, academics, and researchers. The Foundation also has initiatives in early childhood literacy and elementary education through movement.



The law creating First Steps not only provided for the establishment and enhancement of services directed toward young children and their families, it also established an evaluation process for monitoring and improving the effectiveness of the First Steps program. Under the law, an evaluation of the program effectiveness of First Steps is to be conducted by an external evaluator, and an evaluation report is to be provided to the South Carolina General Assembly every three years. The legislation also stipulated that the external evaluation be supervised by a three-person committee with two committee members to be appointed by the General Assembly and one by the First Steps Board of Trustees. The members of the three-person committee have worked with the First Steps Board of Trustees and the Office of South Carolina First Steps to oversee the external evaluation presented herein.

The First Steps Board of Trustees contracted with the High/Scope Educational Research Foundation to conduct this external evaluation. The High/Scope Educational Research Foundation is a nonprofit, nonpartisan research organization in Ypsilanti, Michigan that focuses on research in the areas of early childhood development and education. The three-person committee has worked closely with High/Scope researchers to ensure that the evaluation is impartial, comprehensive and instructive, and we endorse this report as possessing each of these qualities. We appreciate the cooperation of the many groups that have contributed to this evaluation. We have enjoyed excellent working relationships with High/Scope, the First Steps Board of Trustees, the Office of South Carolina First Steps and with the county staff, board members and service providers.

This evaluation focuses on the second three years of First Steps, a period during which the initiative began its shift from start-up and initial implementation toward a more focused concentration upon child outcomes. The report details the tremendous successes of the First Steps initiative to date, and outlines important challenges still to be addressed. We hope that all involved in this initiative to improve the school readiness of our children will find the report a useful blueprint for action.

Members of the Three-Person Committee:

Susan Shi  
Patty Kay  
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# Table of Contents

Introduction.....	1
Overview of the Evaluation .....	8
Who Is Being Served? .....	8
What Is the Range of the Services Being Provided? .....	8
What Is the Quality of the Services Being Provided?.....	8
Do the Services Impact the Outcomes of Participants? .....	9
Problems During the Evaluation .....	10
Early Education.....	14
Methods.....	15
Findings.....	16
Quality Enhancement Programs and Child Care Expansion .....	17
Methods.....	19
Findings.....	19
Parenting and Family Strengthening.....	22
Methods.....	23
Findings.....	23
The Added Value of First Steps.....	25
Methods.....	26
Findings.....	26
Recommendations.....	28
Looking to the Future.....	29
Program Investments .....	29
Data Management .....	31
Bureaucracy and Collaboration.....	32
First Steps' Self-Improvement Strategies .....	33
References.....	36



# Introduction

Shortly after being elected governor of South Carolina in November 1998, Governor Jim Hodges began talking with officials from North Carolina about Smart Start, North Carolina's early childhood education and health program. Governor Hodges was eager to launch such a program in South Carolina where one in seven children arrived in first grade unprepared for school. Less than two months into Hodges' administration, South Carolina lawmakers introduced legislation for what would eventually become the state's First Steps to School Readiness Program. First Steps would be

a comprehensive, results-oriented initiative for improving early childhood development by providing, through county partnerships, public and private funds and support for high-quality early childhood development and education services for children by providing support for their families' efforts toward enabling their children to reach school ready to learn (Section 59-152-010 South Carolina Enabling Legislation, 1999).

After debate over funding levels and governance structure, the state House and Senate agreed on a compromise bill that Hodges signed into law on June 28, 1999. The new program was initially funded at \$20 million the first year. The purpose of First Steps as outlined in Section 59-152-20 of the legislation is to

develop, promote, and assist efforts of agencies, private providers, and public and private organizations and entities, at the state level and the community level to collaborate and cooperate in order to focus and intensify services, assure the most efficient use of all available resources, and eliminate duplication of efforts to serve the needs of young children and their families.

The goals of First Steps were identified in section 59-152-30 and are to

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

- 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
- Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so children arrive at school ready to learn
- 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

First Steps is a comprehensive initiative designed to help prepare children for school by providing funding to support early childhood services through community/county collaborations that address the unmet needs of young children and their families. Funding for this initiative originates at the state level, where it is dispersed to the 46 counties that use it to support a range of programs designed to strengthen families and prepare children for school.

First Steps is a community-driven effort. Counties determine their greatest needs and use First Steps funds to support or enhance the services or programs that will bolster the school readiness of its children. This process has resulted in varied strategies. Examples include improving quality through quality-enhancement grants, staff training and professional development, providing child care vouchers or scholarships to low-income families, expanding 4K classes from half day to full day, establishing new 4K classrooms, expanding Head Start programs, providing summer readiness programs to eligible children entering kindergarten in the fall, and improving parenting skills through programs such as Parents as Teachers (PAT), Parent-Child Home (PCH), and Even Start, as well as English as a Second Language (ESL) training and other family literacy models. Health strategies have included collaborating with local Department of Health and Environmental Control offices to provide expanded health home visitation programs, nutrition education, screenings, free prescriptions, free car seats, dental care, and technical assistance for parents and child care providers. Other strategies have included



making programs mobile so as to bring to children and families services such as library programs and health services and attempting to increase public awareness regarding existing services and referral services (Child Trends, 2003b, exec. summary, pp. 17–19).

First Steps began initially serving children, their families, and their communities with state-allocated monies and a required 15% local county match. The first year's allocation was \$20 million. State funding for First Steps increased to \$30 million in fiscal year 2001 then gradually fell to about \$18 million in fiscal year 2005. Total state appropriations have totaled \$94,880,000 between 1999 and 2004. Because First Steps has garnered significant corporate and community support as well as federal funding (more than \$25 million), it has been able to decrease its reliance on state funds from 100% in 1999 to less than 72% in 2004 (South Carolina Office of First Steps, 2005a).

As would be expected, as funding has declined over the years, so have expenditures. Over the past four years, total expenses declined 41%, with spending of state allocated funds decreasing while spending of private donations of cash, services, and materials and federal grants have increased.

Even though allocations and subsequent expenditures have both declined in the past four years, First Steps has consistently invested in several types of programs. Specifically, during its six years of operation, First Steps has invested over \$27 million dollars enhancing early education, over \$36 million strengthening parents and families, over \$8 million increasing access to and enhancing the quality of child care, and just over \$4 million providing health care and other services to children and families.

Over time, First Steps has maintained its commitment to quality enhancement programs, child care expansion, and health programs with steady funding levels. Its investment in family skills and literacy programs have increased. Even though spending on early education has declined, it remains the second largest First Steps investment. Spending on transportation and other programs (e.g., public awareness campaigns) have steadily declined.

The consistent investment over time in programs and services targeting parents, preschool, and child care are a direct reflection of county needs assessments. South Carolina suffers from above-average poverty compared to other states. According to Kids Count data from 2004, 23% of the state's children live in poverty, compared to 18%

nationwide. The median family income for families with children in South Carolina is \$43,000 compared to \$50,050 nationwide. In addition, 35% of the state's children live in families where no parent has full-time, year-round employment (Annie E. Casey Foundation, 2004). Just over half the state's students are eligible for free or reduced-price lunches, the seventh highest percentage among states nationwide (University of South Carolina, 2005). Both South Carolina's infant mortality rate and incidence of low birth weight babies are higher than the national average. Infant mortality is 9.3 per 1,000 births in the state compared to 7.8 per 1,000 births nationwide. In addition, 10% of children are born with low birth weight compared to 7.8% nationwide (Annie E. Casey Foundation, 2004).

South Carolina has some of the poorest student achievement statistics in the country. The state ranked 41 out of 50 states in performance on the National Assessment of Educational Progress (NAEP) fourth-grade reading test and 32 out of 50 on the NAEP fourth-grade math test. In terms of average SAT scores, the state ranked last among the states with an average score of 993 out of 1600 (University of South Carolina, 2005). The state's literacy rate is also quite low, with 25% of adults falling into the lowest of five literacy levels and 56% falling into the lowest two literacy levels, according to 1998 estimates from the National Institute for Literacy (Redder, 1998).

In 2004, 38% of South Carolina children lived in single-parent households, with 31% living with their mothers and 7% living with their fathers. Nationwide, 30% of children lived in single-parent households that year, 24% with their mothers and 6% with their fathers. Also in 2004, 7% of South Carolina children lived in households where grandparents served as caregivers, compared to 4% nationwide. (Annie E. Casey Foundation, 2004). The proportion of children living in households where the household head dropped out of high school is 16% compared to 17% nationwide (Annie E. Casey Foundation, 2004).

In 2004, there were 1,631 licensed child care centers and 1,947 licensed family child care homes in South Carolina (National Child Care Information Center, 2004). Of the child care centers, only 132 (less than 1%) were accredited based on high quality standards established by the National Association for the Education of Young Children

(NAEYC). Clearly, First Steps investments in supporting children and families at risk and improving the quality of available services are well-warranted.

The legislation that created First Steps stipulated that accountability systems be a cornerstone of First Steps to School Readiness. The legislation requires the Office of First Steps to oversee ongoing data collection and to contract for “an in-depth performance audit due January 1, 2003, and every three years thereafter, to ensure that statewide goals and requirements of the First Steps to School Readiness initiative are being met” (Section 59-152-50[6]). Additionally, the “purpose of the evaluation is to assess progress toward achieving the First Steps goals and to determine the impact of the initiative on children and families at the state and local levels” (Section 59-152-160[C]). In order to ensure compliance and cooperation with the evaluation, the legislation also required that “during the course of the evaluation, if an evaluator determines that any state agency has failed to comply with the coordination and collaboration provisions as required in this chapter the final report must reflect that information.” Additionally, the legislation stated that “all County First Steps Partnerships shall cooperate fully in collecting and providing data and information for the evaluation” (Section 59-152-160[C]).

The first evaluation of the First Steps initiative was conducted by Child Trends and released in 2003. That evaluation took place when some counties’ programs had been in existence less than a year, and many others were still in an implementation phase. As a result, the 2003 evaluation focused primarily on the implementation of the First Steps initiative rather than outcomes. The report makes clear that the researchers felt that evaluating outcomes at such an early stage of the development of the First Steps initiative could potentially underestimate the effects of the programs. They attempted to determine whether First Steps had identified research-based best practices, implemented them effectively, and begun to provide them to the appropriate populations (Child Trends, 2003a, p. 11). Major findings from the Child Trends evaluation included the following:

- Administrative structures at the state and county levels were successfully created and county-level needs and resource assessments and strategic planning were conducted.

- During the implementation phase, First Steps adhered to a set of guiding principles that were supported by research in early childhood development. These principles included focusing on the whole child, viewing school readiness as a multidimensional construct, emphasizing community mobilization and collaboration, and meeting specific community needs, among others.
- First Steps engendered a “culture of accountability” regarding expenditures and program implementation. This included adequate financial tracking and detailing of expenditures.
- First Steps had fostered collaboration and built capacity at the state and county levels in a way that should enhance services for young children and their families. First Steps’ programs were based on “best practices” in early education, child care, and parenting and family literacy.
- South Carolina spends substantially less per preschool child through First Steps than the school readiness programs in North Carolina or California. In fiscal year (FY) 2001, North Carolina’s Smart Start spent nearly \$370 per child younger than six. In FY 2001, California’s First Five spent nearly \$280 per child younger than six. First Steps spent just over \$120 per child in FY 2002.
- All counties met their fiscal year 2002 matching contribution with a statewide matching rate of more than 28% – substantially exceeding the enabling legislation’s 15% requirement.

This document summarizes the methods, findings, and subsequent recommendations of the second evaluation of the state of South Carolina’s First Steps to School Readiness Program, which was conducted by the High/Scope Educational Research Foundation.

The Child Trends 2003 evaluation was an implementation evaluation that asked the question “Is First Steps doing the right things in the right ways for the right people?” This High/Scope 2006 evaluation both revisits and moves beyond these research questions and findings. This is an outcomes evaluation that asks not only is First Steps doing the right things in the right ways for the right people but also asks whether the

programs supported by First Steps funding are getting the “right” results—that is, improving the readiness of children for school.

## Overview of the Evaluation

The importance of strategically deciding which parts of an initiative like First Steps to focus on in an evaluation and what strategies to use cannot be overstated. Each individual part presents its own set of challenges to evaluation. Through an interactive process over the course of several months, High/Scope and First Steps staff and board members worked collectively to identify appropriate, necessary, and measurable evaluation questions. Four broad thematic questions shape the evaluation questions being asked and answered. Those questions are discussed below.

### Who Is Being Served?

(Is First Steps serving the right people?) The First Steps initiative's mandate is to provide services to insure that all children are ready for first grade. Within that mission is an emphasis on the state's most disadvantaged children and families since they are more likely to not be ready for school. A basic concern is whether or not dollars are being spent on programs that reach the neediest South Carolinians. "Who is being served?" is a fundamental question in this evaluation.

### What Is the Range of the Services Being Provided?

(Is First Steps providing the right services?) Counties are able to use their First Steps funds to support a wide range of programming. Funds are meant to expand, extend, improve, or increase access to services. Individual counties conduct community needs assessments that guide their investment strategies. The question "What services are being provided?" can also be posited as "Are First Steps funds being spent on well-documented, research-based programs that target and provide effective services to children and families at risk?"

### What Is the Quality of the Services Being Provided?

(Are First Steps services implemented in the right ways?) A consideration of the impact of programs that benefit from First Steps funds on child outcomes cannot be

separated from an investigation of program quality. Dollars may be reaching target constituents to little or no effect if the quality of programming is inadequate.

### **Do the Services Impact the Outcomes of Participants?**

(Are First Steps services getting the right results?) The most crucial concern for many supporters and skeptics alike of the First Steps initiative is its impact on outcomes. Specifically, everyone is interested in child outcomes that relate to school readiness. The question of impact, however, is not just limited to the assessment of child outcomes and how they are measured. Fundamental questions regarding the types of programs, the implementation of those programs, staffing issues, and how all of these factors influence outcomes must be considered as well.

This evaluation focuses on four specific areas of the First Steps experience: early education, child care (which includes quality enhancement programs and child care expansion), parenting and family strengthening (family skills and literacy programs), and the “value-add” of First Steps. Each of these four foci address issues critical to the future by providing insight into the experience and value of the South Carolina First Steps to School Readiness initiative. The first three represent 80% of all First Steps dollars spent in FY 2003. First Steps investments have been concentrated in these areas since the initiative’s inception. In each of them, characteristics of the programs and characteristics and outcomes of program participants are described and/or evaluated. The fourth area of investigation, the added value of First Steps, focuses on a basic policy question: Does the strategy of investing in early childhood care and education programs through First Steps allow for efficiency, effectiveness, or innovation that otherwise might not have happened?

## Problems During the Evaluation

As described in the full report in the data problems discussions, significant problems arose or became evident during the course of this evaluation. General problems which affected our ability to evaluate participant and program outcomes in the areas of early education, parenting and family strengthening, and child care included the following:

- During the first two years of First Steps program implementation 2000–2002, First Steps children were not identified in Department of Education (DOE) or First Steps databases, or data that was collected was incomplete.
- Due to rules and regulations regarding privacy and proprietary issues within the Office of Research and Statistics (ORS), High/Scope was not able to verify the methods used to create the databases provided to it nor were we able to verify the accuracy of these databases.
- First Steps databases, collected by the ORS, have serious missing data problems. Counties have only been required to provide complete records on 50% of their clients. This policy, combined with methods used by the ORS to create unique identification numbers, resulted in uncertainty regarding the exact number of First Steps clients. This raises serious concerns regarding whether databases provided are representative of all First Steps clients and whether results can be generalized. Analysis specific to First Steps clients must be interpreted with caution.

The participant-level questions in early education and parenting and family strengthening were developed with the understanding that pre-existing data as well as new data collection would contribute to the answers. Existing data sources were to include the First Steps data systems, the South Carolina data warehouse, the Program Evaluation Reports (PERS) provided by participating counties, the State DOE databases (which were to include the PRECODE, Early Education ATOM, and the Iowa Test of Basic Skills (ITBS)), as well as the South Carolina Readiness Assessment (SCRA) and Palmetto Achievement Challenge Test (PACT) databases. The SCRA database was to



include evaluations in kindergarten and first grade. The second-grade ITBS scores, 4K Developmental Indicators for the Assessment of Learning, Third Edition (DIAL-3) evaluations, and PACT scores in third grade were also to be provided.

Some of the problems specific to the early education evaluation included:

- Individuals within the DOE were initially reluctant to share data. This resulted in time delays that impacted High/Scope's ability to analyze and clarify data and to potentially look for alternative methods of answering research questions.
- Resistance arose from school districts that were reluctant to allow researchers into classrooms to conduct observations. In some instances, teachers were allowed to opt out of the evaluation by their principals or districts; in other situations, evaluators were turned away upon arrival. By the time permission was obtained to conduct Preschool Quality Assessment (PQA) and Creative Curriculum Implementation Checklist (CCIC) data collection, it was late in the school year and a sufficient number of observations that would allow for extensive analysis could not be completed.
- DIAL-3 data collected by the DOE does not contain the date of evaluation. Without this information it is impossible to properly calculate child age at date of testing and their scores, and to report results. As a result, this data could not be used.
- ITBS data was missing significant amounts of data, making it unreliable. For the two years of data available, 46% and 55% of the language totals and 62% and 78% of the math totals were missing. This data was not used.

Some of the problems specific to the evaluation of the parenting and family strengthening programs included:

- Data was unavailable on some of the programs that First Steps funds in parenting and family strengthening.

- The number and variety of programs funded by First Steps makes evaluation difficult. Small numbers of participants in many programs results in insufficient sample sizes for comprehensive data analysis.
- Due to the still relatively new nature of the First Steps initiative many of the children whose parents participated in the parenting and family strengthening programs are not yet old enough to be included in cohort data.
- Twenty-two percent of the children whose parents participated in parenting and family strengthening programs were able to be identified as age-eligible in the data provided but not every eligible client had cohort data; therefore, the sample used represents 18% of the total identified age identified clients. Each cohort is a data set of all children who attended kindergarten during that school year. Additionally, not included were about 7,000 adult clients (based on the data provided by ORS), who cannot be identified either because they did not have identification numbers (ID) or their ID cannot be matched with any child clients.

Some of the problems specific to the child care evaluation included:

- Navigating multiple bureaucracies to get access to data resulted in time delays which impacted High/Scope's ability to analyze and clarify data and potentially look for alternative methods of answering research questions.
- First Steps has either not been collecting program information about their participants or data collected is not useful for evaluation. For example, when asked to provide a listing of all child care centers who had participated in quality enhancement during the past year First Steps was unable to do so. First Steps state staff contacted individual counties asking for this information which was used for survey distribution.
- First Steps was unable to complete data collection they were responsible for. First Steps was to provide trained evaluators to complete ECERS, ITESR, and FDCRS visits in randomly selected child and family/group child care centers. They were unable to complete a sufficient number of ECERS and ITESR and unable to

complete any FDCRS. This resulted in an inability to analyze child care quality in a meaningful manner.

## Early Education

Increased access to high-quality early education is at the heart of the First Steps initiative. In Section 59-152-30, the First Steps to School Readiness Act stated as one of its goals to “promote high quality preschool programs that provide a healthy environment that will promote normal growth and development” with particular emphasis on “school readiness” and “quality cognitive learning.”

Throughout its existence, on average 29% of First Steps spending has been on supporting and expanding early education. During its six years of operation, First Steps has invested over \$27 million dollars enhancing early education. Strategies used include expanding four-year-old kindergarten (4K) from half day to full day, adding new classrooms, expanding Head Start, and developing summer readiness programs. The evaluation questions related to the First Steps early education programmatic components are as follows:

1. What are the descriptive characteristics of teachers who teach in First Steps-funded 4K classrooms?
2. What are the curricular models implemented in First Steps-funded 4K programs, and what is their level of fidelity of curricular implementation?
3. What is the quality of First Steps-funded 4K programs?

The evaluation questions related to the participants in early education programs are as follows:

4. What are the descriptive characteristics of children who participate in First Steps 4K-funded classrooms?
5. What are the short- and long-term outcomes for children who participate in First Steps 4K-funded programs?
6. Is there a significant difference in outcomes for First Steps children who participate in half- versus full-day 4K?

## Methods

Program level questions were addressed using several methods. Teacher qualifications for both teachers and assistant teachers employed in First Steps-funded classrooms were ascertained using the teacher certification database provided by the South Carolina Department of Education (DOE), the South Carolina data warehouse, and the Program Effectiveness Reports (PERS) provided by First Steps. Information about curricular models, implementation fidelity, and classroom quality were gathered in several ways. Using available information we identified which programs were using which curricular models. It was determined that two curricula most often used in 4K classrooms are High/Scope and Creative Curriculum. Classrooms identified as High/Scope were randomly selected to be evaluated for curricular fidelity using the High/Scope Program Quality Assessment (PQA) and classrooms identified as using the Creative Curriculum were randomly selected to be evaluated using the Creative Curriculum Implementation Checklist (CCIC). Classroom quality in First Steps funded 4Ks was evaluated using the Early Childhood Environment Rating Scale (ECERS).

The participant-level questions were addressed using First Steps data systems, the South Carolina data warehouse, the State DOE databases (which include the PRECODE and the Early Education ATOM), as well as the SCRA and PACT databases. The SCRA database included evaluations in kindergarten and first grade. Additional outcome data was made available to High/Scope by the University of South Carolina (USC). Specifically, the state of South Carolina (partially funded by First Steps) participated during the fall of 2004 in a multi-state evaluation of state-funded preschool conducted by the National Institute for Early Education Research (NIEER) at Rutgers. USC researchers collaborated with NIEER to collect fall 2004 data for that project (see Lamy et al, 2005). That data was shared with High/Scope by USC. For this evaluation, the NIEER preschool children were assessed a second time in the spring of 2005 to examine short-term positive effects on child outcomes of preschool participation.

## Findings

A general lack of sufficient sample sizes hindered the ability to fully describe the programmatic components of 4K and First Steps-funded classrooms and also limits generalizations that can be made. What can be said is that the majority of teachers who teach in 4K are certified in early childhood (65%) and have a master's degree (51%). Rates of early childhood certification and a bachelor's or higher degree earned tend to be higher in First Steps-funded classrooms than in other 4K classrooms. Curricular fidelity and the quality of classrooms indicate that, on average, classrooms are of adequate quality but are not implementing the High/Scope curriculum with a high degree of fidelity.

The analysis of cohort data clearly indicates that children who receive First Steps funds experience more risk factors for school failure than those who do not. They are more likely to be poor and are more often minorities compared to those who do not attend 4K at all. Among First Steps-funded with 4K children, those enrolled in full-day 4K are the most disadvantaged. Overall, however, First Steps-funded children who do not attend 4K are the poorest and most at-risk.

There is evidence that all children who attend 4K increase their language, math, and learning approaches over the course of one preschool year. There is also evidence that 4K produces better long-term outcomes for all children who attend. There is a trend among First Steps children who attend 4K of improvement in their odds of grade retention and they generally scored higher on SCRA compared to non-4K First Steps children. Children who participated in First Steps-funded programs without 4K are most at risk for special needs placement and lower academic achievement compared to both their First Steps-funded with 4K and non-First Steps 4K peers.

There appears to be consistent evidence that enrollment in full-day 4K has positive effects on child outcomes particularly during the kindergarten year. It is clear from these analyses that while, in general, 4K experiences reduce the odds of being retained, full-day 4K has a greater impact in reducing the odds of being retained. A consistent finding within the SCRA and PACT scores is that 4K effects are stronger for minority children than for White children.

## Quality Enhancement Programs and Child Care Expansion

Because of the strong relationship between child care quality and children's development and readiness for school, First Steps has focused a significant portion of its efforts on improving child care experiences for children in South Carolina. During its six years of operation First Steps has spent over \$8 million increasing access to and enhancing the quality of child care in South Carolina. The goals of First Steps to School Readiness in the area of child care are to

- Increase the availability of quality childcare choices for parents as measured by increasing numbers of child care providers operating at higher levels of quality.
- Increase the number of child care vouchers available to SC families for quality child care.
- Increase the school readiness focus in child care settings.
- Increase the leverage of federal and private resources to serve the state's most at-risk children.
- Increase the number of child care workers achieving progress toward early education certification and continued professional development.
- Improve the quality of physical and learning environment in child care settings of all type.
- Expand public and private partnerships in 4K education.

The three primary areas in child care that First Steps focuses on are child care quality enhancement, child care worker professional development, and expanded access to quality child care. Strategies adopted by First Steps include the following:

- Quality enhancement: First Steps provides funds to help child care providers improve their quality by upgrading their child care licensing or ABC-enhanced requirements and by offering technical assistance and mentoring.

- Staff training and development: First Steps provides and funds staff training, development and mentoring to improve quality in child care settings.
- Increased availability of child vouchers: First Steps provides funds to increase the number of child care subsidies to eligible families.

Research questions were developed by focusing on these strategies. The first four research questions are as follows:

1. What types of child care programs receive First Steps funding?
2. What types of technical assistance are available to child care centers as a result of First Step funding?
3. What types or forms of teacher training (enhancements) are provided to programs/staffs?
4. Is there evidence of program quality improvement as a result of the training provided by First Steps funding?

The pivotal question in the child care area is about the types of preschool experiences that children receive in the programs they attend using vouchers. The logic model, while indirect, is research-based, that is, higher quality preschool experiences lead to better child outcomes. The focus here is on the impact of investments in teachers and classrooms.

One of the strategies of First Steps in the area of child care is to increase the number of child care vouchers available to SC families. Thus the remaining research questions are related to that strategy:

5. What are the descriptive characteristics of families receiving First Steps and ABC child care funding (First Steps scholarships, ABC vouchers)?
6. How long does the average recipient receive funding?



## Methods

High/Scope developed a questionnaire that was distributed to all child care centers that, according to county First Steps offices, had participated in quality enhancements and training during the previous year. First Steps office staff provided a listing of the child care centers surveyed. Surveys were mailed directly to each child care center and family/group day care on the list. Responders were provided with self-addressed stamped envelopes to allow the questionnaires to be returned directly to the High/Scope Foundation. Two versions of the child care survey were created, one for child care centers and a separate one for family/group day cares. Questions on both surveys included inquiries regarding background information for the centers (e.g., enrollment, staff qualifications and experiences) and information regarding the center's experiences with First Step quality enhancements and training. Both surveys included questions that addressed the quality of the child care environments.

The Office of First Steps and the South Carolina Office of Research and Statistics data warehouse were utilized to describe the characteristics of families receiving First Steps child care funds. Data Warehouse files were utilized to answer questions regarding client participants. First Steps participants who received ABC vouchers were compared with non-First Steps recipients of ABC vouchers to describe the characteristics of recipients.

## Findings

The evidence presented in this section describes the relationship between quality enhancements, program quality, and the data on child characteristics. There is a link between the provision of quality services provided in child care and the most disadvantaged South Carolinians. Evidence showed that recipients of First Steps child care scholarships and ABC vouchers were disproportionately poor and minority. It highlighted that the First Steps goal of reaching the most at-risk children and families was being achieved.

There was limited, self-reported evidence that the programs those children might attend were improving in quality and that those improvements could be linked to

participation in quality enhancement activities. The strongest evidence came from Richland County, providing specific data that showed improved quality in pre/post training assessments. Results suggested the ability of First Steps quality enhancement to improve child care quality particularly in areas related to cognitive outcomes for children – specifically listening, talking, and learning activities.

Self-reported quality ratings were significantly correlated to the teachers' levels of education, the amount of training received in the last twelve months, and the focus on training in staff meetings. Specifically,

- The higher teachers' level of education the more likely they were to report providing more developmentally appropriate learning experiences and appropriate staff/child interactions.
- The greater the amount of training the classroom teacher had received in the last twelve months the more likely they were to report engaging in more developmentally appropriate activities and/or reported higher quality ratings on daily learning experiences in language, communication, fine motor development, and art.
- The teachers who worked in centers that placed greater importance on staff training or worked in centers that had more resources for staff training reported providing more developmentally appropriate activities and/or reported higher quality ratings on daily learning experiences in language, communication, fine motor development, and art.

Participants in First Steps quality-enhancement initiatives overwhelmingly reported high levels of satisfaction with the quality-enhancement programs that First Steps subsidizes.

Children and families in 2003–2004 who were recipients of First Steps child care expansion initiatives were overwhelmingly minorities, and were recipients of food stamps, Medicaid, and TANF at higher rates than their non-First Steps counterparts. They were significantly more likely to have received free and reduced lunch and to have had more handicapping conditions. Their mothers had significantly lower education levels. It

is clear that First Steps child care expansion recipients were significantly more likely than their non-First Steps peers to be Black or Hispanic, have more health problems and handicapping conditions, and be the poorest of the poor.

While information presented provided support for the argument that quality enhancements improved program quality, this evidence also did not support statements of causality. Data did not allow for definitive statements or broad generalizations to outcomes benefiting the First Steps population of programs and children. It was extraordinarily clear however, that in the areas of child care expansion, First Steps is clearly serving the poorest and neediest families.

## Parenting and Family Strengthening

First Steps has focused a significant portion of its efforts on improving parenting and family strengthening initiatives in South Carolina. During its six years of operation First Steps has spent over \$36 million strengthening parents and families. The goals of First Steps to School Readiness in the area of parenting and family strengthening are to

- Increase family literacy and parent education levels.
- Improve parental employability and employment.
- Increase the effectiveness of parenting related to child nurturance, learning, and interaction, language, health and safety.
- Increase successful parenting and family literacy programs targeting, service integration, and results documentation.
- Increase parent involvement in 4K–12 education settings.

Strategies adopted by First Steps to promote parent and family strengthening have included:

- Parent Education: First Steps funds programs which increase parents ability to stimulate children's intellectual, social, and physical development with parent programs.
- Early Literacy: First Steps funds programs that enhance the abilities of families to read with their children.
- Countdown to Kindergarten: First Steps funds programs aimed at enhancing early parental involvement for children who are screened as at risk for school failure prior to kindergarten entry.

When this evaluation was planned, the intent was to follow a similar pattern in parenting and family strengthening programs that was used in the early education and child care investigations. Specifically, the intent was to ask a set of questions about

program characteristics, including quality, and a set of program participant questions (characteristics and outcomes). A convergence of data problems and the high level of investment in parenting and family strengthening programs within the First Steps initiative dictated a slightly different evaluation agenda. The focus the evaluation in this area is almost exclusively on child outcomes.

## **Methods**

The First Steps data system as well as the South Carolina data warehouse was used to conduct a secondary analysis of parent and child outcomes as well as to describe participants of the parenting and family literacy programs. Two specific analyses were conducted with parenting and family strengthening data. The first looked at the relationship between parenting and family strengthening involvement and child outcomes (grade retention, special needs placement, and SCRA scores). The second is a case study looking at short- and long-term child outcomes as well as adult parenting outcomes using data provided by the Lexington School District 3. Analysis was conducted on several data sets provided by the Office of Research and Statistics as well the state Office of First Steps and several county First Steps programs. Only the results from the most complete data set are reported. The decision to only include one was made because, while other districts and programs generously provided data, results were consistent between them and the smaller data sets provided no new insights into the results.

## **Findings**

It was anticipated that it would be difficult to find a link between parenting and family strengthening programs and academic child outcomes. A serious problem exists in evaluating parent programs and their impact on those types of child outcomes because the link between parenting and family programs and child outcomes is indirect. That is, programs can impact parents' beliefs, knowledge, and practices in ways that are likely to lead to positive child outcomes; however the difficulty is that many factors can affect the size, duration, and nature of the outcomes. These could include the age of a child when his or her parent is involved in the program; the amount, frequency, and length of involvement; and the intensity and comprehensive nature of the program, as well its

quality. One would not expect dramatic short-term changes in child outcomes as a result of parenting and family literacy programs. Instead, over time hopefully child outcomes should be affected by both short- and long-term changes in parent outcomes. In this instance there was little evidence of a relationship between programs and outcomes.

Due to the still relatively new nature of the First Steps initiative many of the children whose parents participated in the parenting and family strengthening programs are not yet old enough to be included in cohort data. Sixty-six percent of the children whose parents participated are not yet old enough to have attended kindergarten. Twelve percent are either too old or are missing age data. Twenty-two percent were able to be identified as age-eligible in the data provided. Although 22% of identified clients are age eligible, not every eligible client had cohort data; therefore data used only represents 18% of the total identified clients. Not included in this table are about 7,000 adult clients (based on the data provided by ORS), who could not be identified either because they did not have ID or their ID cannot be matched with any child clients.

Data that was available indicated that these programs are clearly targeting the most vulnerable families. In every category First Steps participants were poorer and more at risk than their nonparticipating counterparts. The evidence presented here does not consistently indicate significant enhancements for most children of the participants. In fact, some of the evidence suggests a negative relationship between program participation and child outcomes. The reason for this may lie in the fact that many of these programs are working with families and children who, because of their difficult situations, experience more negative outcomes.

The two programs that consistently demonstrated positive outcomes for children were the family literacy programs English as a Second Language (205) and Family Literacy Model Programs (211). Reasons for this may be in the comprehensive nature of family literacy model programs which require activities in four key components: child care, adult education, parenting, and parenting and child interaction. It should be kept in mind, however, that sample sizes were small and not very reliable.

## The Added Value of First Steps

One of the most important components of the First Steps initiative is that the results are achieved through partnerships. Partnerships at the state and local levels and among public and private entities are the cornerstone of the First Steps initiative. Explicit in the original legislative statement is a public policy focus on efficiency and effectiveness. Implicit is an assumption those goals are best achieved by giving local communities the discretion to determine their greatest needs and how funds will be used. The structure of First Steps relies on what is called by policy analysts “bottom-up” (as opposed to top-down) decision making. Advocates of this approach argue that it leads to greater efficiency and effectiveness. It is also argued that it supports innovative problem solving. Contrastingly, a “top-down” perspective argues that initiatives like First Steps can lead to inconsistent services and waste. Both sides agree that as policies go from ideas to actions, the decisions made on the ground mean the success or failure of a program (e.g. see Pressman and Wildavsky, 1973; Lipsky, 1980; Peterson, Rabe, and Wong, 1986; Wilson, 1989). The essential difference is that one side sees the key to success in local control and discretion while the other values a centralized decision-making structure.

For First Steps, the question becomes, has a structure of local decision making and interagency cooperation lead to efficiency, effectiveness, and innovation in the provision of early childhood care and education services across the state? Deeply connected to this question is the fact that First Steps is a funding stream. What is, in fact, the added value of channeling funding first through the state and local First Steps offices instead of investing directly in the agencies implementing the programs that First Steps funds support?

The importance of this “value-add” question became increasingly clear over time as High/Scope gained a nuanced understanding of the political context of the initiative. It also became clear that this evaluation would be incomplete without a focus on the unique relationships that have developed over the course of the life of First Steps, particularly

during the last three years. As a result, evaluation questions and methods were developed to address this area.

Research questions were developed that addressed the unique issues related to county partnerships. They are:

1. How do county First Steps boards of trustees operate? What is their size and methods of communication? What types of assistance do they provide to Executive Directors (EDs)?
2. What is the nature of the relationships between county First Steps offices and the state First Steps office?
3. Does First Steps operate differently than other state departments or programs?
4. How does the existence of First Steps influence how other state departments or programs operate?

## **Methods**

Phone interviews were developed which were used to elicit information from two of the First Steps stakeholders— First Steps Executive Directors (EDs) and local county Board Chairs (BCs). A Web-based survey was used to reach non-First Steps respondents. Interviews addressed issues such as size, methods of operation and communication at the county level as well as relationships between county First Steps offices and the state First Steps office. Other issues addressed whether or not the day-to-day operations of First Steps state and local staff and board members have created a well-run bureaucracy. They were also designed to determine if the structure of the initiative has led to new, better ways of providing services to South Carolinians.

## **Findings**

Has the existence of First Steps with its structure of local decision making and interagency cooperation led to efficiency, effectiveness, and innovation in the provision of early childhood care and education services across the state? This question was at the heart of the addition of “value-add” research questions to the evaluation. Interviews with



local executive directors and board chairs as well as surveys solicited from non-First Steps departments and organizations, indicated mixed answers.

Respondents had many good things to say about First Steps but also had criticisms about how the program is run. Executive Directors had generally less optimistic views than local First Steps county Board Chairs regarding relationships between the state Office of First Steps and the local offices. Affiliated and non-First Steps-affiliated respondents tended to see few differences in how the state First Steps office operates compared to other state departments and programs. This suggested that the decentralized model has not resulted in new bureaucratic efficiencies. It seemed that the layered approach of a state office and then local offices and boards of trustees undermined some of the county-level discretion that resulted in bureaucratic business as usual. Even so, there was evidence that the availability of First Steps funds had allowed some room for innovative approaches both within First Steps and among collaborating partners.

## Recommendations

This executive summary began by reminding readers of the goals and results of the 2003 evaluation; it concludes by revisiting recommendations made in 2003. It is important to highlight those recommendations because many of the issues brought to the forefront in the past continue to be challenges for First Steps in the present. The Child Trends report highlighted four categories for improvement: a focus on the quality of programs; data collection; strengthening procedures and administrative structures in the initiative; and spending. Specific recommendations that are still relevant include:

- First Steps should increase the focus on program quality across the state. Suggested areas for improvement included further training for teacher's aides in 4K classrooms and special focus on child care initiatives to improve quality in centers.
- First Steps should continue to provide training for executive directors and county board partnerships in all areas but with a special focus on fiscal areas, Program Effectiveness Reports (PERs), and the challenges counties faced while implementing First Steps. Many similar challenges were encountered across counties such as a lack of transportation and qualified staff. The report indicated the need to develop mechanisms that would allow counties to share experiences.
- There should be improvements in the standardization and clarity of administrative procedures between the state and the counties.
- First Steps needs to strengthen the evaluation processes. The report identified a need to create a method for tracking family and child receipt of services that ensured consistency in the data collected by the counties and unduplicated counts. It also described the need to appropriately select and develop guidelines for child assessments across programs.
- There needs to be adequate resources to sustain First Steps efforts so as to continue the strengthening of the quality of the programs, data collection, and administration.

## **Looking to the Future**

The work done by High/Scope for First Steps includes two phases: an evaluation phase and a consultative phase. The questions asked and answered here are a part of the evaluation phase. During the second phase of this project, High/Scope will assist the First Steps office and board of trustees with preparation for the 2009 evaluation. Recommendations for change resulting from this evaluation are focused on three areas: program investment; data management; and organization, bureaucracy and collaboration. In some of these areas, First Steps has already documented the recognition of a need for change. For others future initiatives should be considered.

## **Program Investments**

Over the past several years, First Steps has invested the majority of its resources into supporting and expanding 4K, improving access to and the quality of child care, and developing parenting and family literacy programs. This last category has been growing and is currently First Steps largest investment.

First Steps is meeting its legislative mandate to reach the neediest South Carolinians. However, the currently changing context of state-funded preschool initiatives could mean that a priority for serving children at risk of school failure is supplanted by a desire to provide access to quality early childhood education programs to all children and families. Universal preschool in and of itself is an excellent idea. The question for all states, and First Steps in particular, is how to invest limited funds in ways that are likely to produce the greatest gains. There is a delicate balance that must be struck between the cost of creating more programs and insuring that any program that exists is of high quality. Additionally, there is the challenge of deciding on a preschool-focused strategy or a comprehensive services strategy like First Steps (Christina & Nicholson-Goodman, 2005).

It is recommended that First Steps continue to invest its limited resources in providing quality services that have evidence of effectiveness to the neediest children. The strongest evidence of child outcomes in this evaluation comes from the early education analyses. There was a positive, significant impact on child outcomes that can be attributed to 4K attendance. Further, the evidence shows that children benefit more

from a full-day 4K experience than a half-day experience. The positive effects of full-day are magnified for minority children.

Considered together, the early education and parenting child outcomes findings raise issues for future First Steps investments. Consideration needs to be given to what types of programs First Steps will continue to fund in the future. While many programs have great value to children and families, not all of them (particularly parenting and family strengthening) have a clear, direct, and measurable link to the school readiness outcomes measured in this evaluation. If the only concern of First Steps is measurable increases in school readiness, spending should focus less on parenting and family strengthening programs and more on providing quality preschool and child care experiences for children at risk for school failure.

On the other hand, if the goal of First Steps is to continue to provide comprehensive services and programs that support families in an effort to increase school readiness, then the focus of evaluation needs to be measured by the impact that individual programs have directly on parents and families. Parents' knowledge or skills need to be measured directly to document gains for the adult participants. Additionally, the focus of child outcomes should be on child well-being and child/parent relationships that are more directly linked to the content of the parenting and family literacy programs (e.g. decreased incidents of abuse or neglect, increased levels of parent-child communication/positive interactions, more time spent reading to one's children). These measurements of parent and family outcomes need to be collected pre- and post-implementation, using a common set of tools across programs, that are made available directly to First Steps for evaluation purposes to justify expenditures in any particular program.

It is also recommended that First Steps consider limiting the scope and number of parenting and family literacy programs in favor of supporting a smaller number of programs. Investments should be in those programs that have a documented history of providing specific gains for parents and families. With limited funds available, First Steps cannot continue to offer such a wide berth of potential programs. Programs with very low numbers of participants or programs that do not have easily measurable outcomes that

can be tied to family improvement should be eliminated from, or have low priority, in a First Steps investment strategy.

## **Data Management**

As is painstakingly noted throughout the full report, there were answers that could not be given and data analytic techniques that could not be pursued due to a lack of available data. In 2003, Child Trends recommended that First Steps prepare for the 2006 evaluation by putting in place systems to track clients and services, that there be a standardization of data collection tools, and that serious consideration be given to whether the Program Effectiveness Reports (PERs) should continue to be collected. Over the course of this evaluation, it became clear that there is still need for significant improvement in these areas. Recently, First Steps has revised the PERs to address the variable quality and comprehensiveness of information provided by the counties. This is a positive development. However, it is recommended that further consideration be given to whether a better system could be devised.

The issue of missing data must be addressed. Systems currently in place are inadequate to collect, manage, and track First Steps participants longitudinally. That counties have only been required to provide complete records on 50% of their clients makes evaluation almost impossible. This policy combined with methods used by the ORS to create unique identification numbers results in uncertainty regarding the exact number of First Steps clients. Large numbers of adult clients cannot be identified or matched with any child clients in the data. Not included in this analysis were approximately 7,000 of these adult clients. This raises serious concerns regarding the validity of any data that is collected. Counties must be required to complete information on their clients.

Since the 2003 evaluation, there still remains a need for a system that standardizes and validates county and vendor participation data. The need for a standardized set of instrumentation, which can be used to compile program and vendor participation information, must be reiterated here. Additionally, High/Scope recommends a standardization of outcome measures for all participating programs and vendors that will

allow for easier evaluation in 2009. The inconsistent manner in which participants and services are tracked must be improved.

## **Bureaucracy and Collaboration**

The lack of available data was not entirely due to First Steps' inconsistent collection of program and client information. This evaluation was challenged by the Department of Education's reluctance to provide information. In some instances there was an outright refusal to participate. In others there was a slow response time to requests that made completing the work difficult and in some instances impossible. In other cases, department personnel did not actively thwart the work, but neither did they support it when they could have.

While First Steps seems to shine in breaking down borders at the local level, there is work to be done at the state level. It is obvious that there are political rivalries between First Steps and the Department of Education. Assuming the best intentions of all parties, this battle over turf and access to information is based in each agency's commitment to providing high-quality services within the context of a limited amount of resources. It is recommended that as First Steps either maintains or increases its investments in 4K that it works with the Department of Education to build on the strengths of each agency. One strategy may be to look to counties where partnership has been particularly successful and build upon the relationships and lessons learned there.

The state Office of First Steps also needs to reconsider its relationships with county offices. Executive directors offered clear feedback that they are struggling with what they perceive to be a state bureaucracy not in sync with their local needs. It is recommended that the state office provide clearer communication of expectations and guidance on how to meet them. This does not mean creating more layers of reporting. Instead it means simplifying regulations when possible, doing away with rules that are no longer necessary, and installing new expectations of accountability with regards to data collection.

## First Steps' Self-Improvement Strategies

The Office of First Steps and its board of trustees are not unaware of the challenges they face. In recent months they have begun to address problem areas in their policies and practice. Two important documents highlight changes that the state office and the state board of trustees have approved for implementation: the *Blue Print for South Carolina's Children's Update* and the *First Steps 4K Continuous Improvement Plan*.

The *Blue Print for South Carolina's Children's Update*, adopted in January of 2005, listed as problems

- A lack of consistent, statewide priorities that was leading to a diffuse message of First Steps' value to SC.
- An undue emphasis on process and administration leading to a perception of excessive bureaucracy.
- Significant operational "silos" operating within the school readiness community that was limiting collaboration and the most effective use of resources for South Carolina's children.

In adopting this document the First Steps board acknowledged the need for the realignment of the administrative structure of First Steps' statewide organization to reflect state readiness priorities, ensure efficient use of expertise among all school readiness partners, eliminate unnecessary administrative expense, and provide leadership in serving children under 6. The document listed as First Step objectives:

- Evaluate all early childhood education programs, looking for research-based accountability, with the goal of eliminating or redirecting those programs with minimal results.
- Identify and develop collaboration agreements with other public or private entities that can add or strengthen school readiness services within their scope.

- Develop and implement the state’s long-term strategy and action plan for increasing school readiness.
- Ensure that all school readiness initiatives effectively and efficiently utilize public and private resources to increase and improve the readiness of South Carolina’s children.

The second document, *Publicly Funded Prekindergarten in South Carolina: Coordinating Resources for Greater Impact* contains an analysis of, and a series of recommendations for, South Carolina’s publicly funded prekindergarten programs. The document, adopted in December 2005 by the First Steps State Board of Trustees, recommended the following:

- Establish an evidence-based legal definition of “at risk,” to include the requirement that state dollars be used—first and foremost—to serve children whose demographic and/or developmental characteristics fall within its parameters.
- Conduct a demographic audit and matched cohort analysis comparing the attributes of and outcomes derived by students participating in half-day and full-day 4K programs.
- Establish an initial goal of “universal public access” for high-risk four-year-olds (across funding streams and service delivery models).
- Resist the temptation to base important public policy decisions upon over-generalizations of early childhood research findings.
- Utilize the existing legal structure of First Steps—at both the state and county levels—to convene the state’s prekindergarten providers and assist in coordinating their efforts across public funding streams.
- Use state funds to enhance Head Start, not supplant it.
- Redouble efforts to establish common ground with the state’s private providers and develop quality-enhancement initiatives and/or incentives built around areas of broad consensus.



- Examine teacher licensure requirements in an effort to reduce and/or eliminate barriers to the employment of certified early childhood teachers within non-traditional settings.
- Explore the provision of funding incentives to school districts opting to provide prekindergarten programming in private and community-based settings.
- Continue refining the First Steps Public-Private Partnership Model.
- Explore flexible approaches to expansion (as necessary) to avoid both “one size fits all” solutions and minimize the risk to private providers.
- Give careful consideration to providing expanded services to high-risk students before devoting public dollars to universal access for all four-year-old students.
- Explore the provision of income tax deductions to assist families who choose and can afford to pursue prekindergarten programming for their children through non-public means.

Together, both of these documents demonstrate that First Steps has already recognized the potential for changes that will allow it to become a more effective organization. Many of the recommendations in this evaluation have already been identified as problem areas in internal First Steps documents. This bodes well for the future of First Steps. It is an organization that is both dedicated to serving South Carolina’s neediest children and families as well as to continually assessing whether or not they are doing so efficiently and effectively. A comprehensive early childhood initiative like First Steps will always face implementation challenges. In order to fulfill its mission, First Steps must continually assess its policies, practices, and relationships. First Steps is doing just that—and as a result is moving from implementation to impact.

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# First Steps and Further Steps

Early Outcomes and Lessons Learned from  
South Carolina's School Readiness Initiative

1999-2002 Program Evaluation Report  
Executive Summary



Produced by



# Preface

The law creating First Steps not only provided for the establishment and enhancement of services directed toward young children and their families, it also established an evaluation process for monitoring and improving the effectiveness of the First Steps program. Under the law, an evaluation of the program effectiveness of First Steps is to be conducted by an external evaluator, and an evaluation report is to be provided to the South Carolina General Assembly every three years. The legislation also stipulated that the external evaluation be supervised by a three-person committee with two committee members to be appointed by the General Assembly and one by the First Steps Board of Trustees. The members of the three-person committee have worked with the First Steps Board of Trustees and the Office of First Steps to oversee the external evaluation.

The First Steps Board of Trustees contracted with Child Trends to conduct the external evaluation. Child Trends is a nonprofit, nonpartisan research organization in Washington, D.C. that focuses on research and statistics on children and families. The three-person committee has worked closely with Child Trends researchers to ensure that the evaluation is impartial, comprehensive, and instructive, and we endorse this report as having all of these qualities. We appreciate the cooperation of the many groups which have contributed to this evaluation. We have enjoyed excellent working relationships with Child Trends, the First Steps Board of Trustees, the Office of First Steps, and with the county staff, board members, and service providers.

The evaluation focuses on the first three years of First Steps, a period which was dominated by the process of developing and implementing a major statewide initiative. The report includes key accomplishments, challenges, and directions for further steps. We hope that all involved in this initiative to improve the readiness of our children to succeed in school will find the report useful as a guide to the future.

Members of the Three-Person Committee:

David Potter  
Susan Shi  
Dexter Cook

On June 28, 1999, South Carolina launched a comprehensive early childhood initiative called South Carolina First Steps to School Readiness (First Steps). This ambitious and innovative program is one of only a few statewide, multicomponent early childhood initiatives in the country with the aim of improving children's school readiness. The initiative seeks to accomplish this task by improving the efficiency and coordination of existing services to children ages zero to five and their families, and by providing new services where gaps are identified.

The purpose of this report is to fulfill the legislative mandate for an external evaluation of the initiative to be reported to the legislature on January 1, 2003.

## Goals of the First Steps Initiative and Focus of this Evaluation

The First Steps initiative has five goals, as specified in Section 59-152-30 of the legislation. They are:

- 1) Provide parents with access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children;
- 2) Increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems;
- 3) Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development;
- 4) Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn; and
- 5) Mobilize communities to focus efforts on providing enhanced services to support families and their young children to enable every child to reach school healthy and ready to learn.

Collectively, these goals indicate that all young children in South Carolina and their parents should have access to services so that children can develop optimally and arrive at school ready to learn. However, there is also a sense that targeting the most needy population of young children in South Carolina is a priority, since they are the most at-risk of arriving at school not ready to learn. Thus, First Steps has a dual function: to improve the school readiness of all of South Carolina's children and to address the needs of at-risk young children and their families.

The programs implemented by First Steps were generally operational for less than a year during the period the present evaluation covers. Consequently, this first evaluation report is an implementation evaluation of First Steps in its first three years of activities. The evaluation is an investigation of whether First Steps is "doing the right things in the right ways for the right people." That is, has First Steps identified research-based best practices (i.e., the "right things") and implemented them effectively (i.e., the "right ways") to serve the populations for which they were intended (i.e., the "right people")?





## Findings and Conclusions

- All of the administrative structures called for by the legislation (i.e., State Board of Trustees, County Partnership Boards, and State Office of First Steps) are in place. It was a significant challenge to establish all 46 County Partnerships simultaneously. Indeed, it took approximately two years to establish all necessary administrative structures and to conduct county-level needs and resources assessments and strategic planning. Consequently, programs had been serving children and families for at most a year, and in many cases for shorter periods of time during the period covered by this evaluation. The evidence indicates that all administrative structures are now fulfilling their mandated functions.
- First Steps adhered to a set of guiding principles that are supported by research in early childhood development. These principles include:
  - Focus on the whole child;
  - View school readiness as a multidimensional construct;
  - Provide supports for all children;
  - Emphasize community mobilization and collaboration;
  - Provide an array of services;
  - Coordinate services;
  - Follow best practices;
  - Meet specific needs within communities;
  - Emphasize fiscal responsibility; and
  - Require accountability for efficiency, effectiveness, and readiness results.

It is noteworthy that the initial set of principles has not remained hypothetical, but has been drawn upon to guide the actual implementation of the First Steps initiative.

- Programs of each type called for in the legislation have been implemented. Out of total spending at the county level, 37 percent was spent on early education programs, 25 percent on parent education and family strengthening programs, 17 percent on child care programs, and 5 percent on health, transportation and other programs.
- There was substantial variation among the counties in the programs they selected to implement. This is reflected in County Partnerships' strategic plans and spending allocations, and confirms County Partnerships' focus on local needs. However, in some cases, obstacles delayed or prevented the implementation of all planned strategies. This was a particular problem for health strategies.
- In this early period of program implementation, there is evidence that the quality of programs varies both across and within counties. For example, the Program Effectiveness Reports (which provide program implementation information for nearly all First Steps-funded programs) frequently called attention to the need for additional staff training or



# Abstract

expertise. Specific resources were also identified as lacking in some counties (e.g., transportation, qualified bilingual staff, and qualified health professionals).

- First Steps is engendering a "culture of accountability" regarding expenditures and program implementation.
  - Fiscal resources are being adequately tracked within a fiscal management system. There is ongoing and detailed reporting of expenditures.
  - Activities for nearly all programs (350 out of 351) carried out throughout the state were outlined in Program Effectiveness Reports. These reports, while providing an important "window" into First Steps-funded programs, were of varying levels of completeness and quality.
  - The system for tracking the number of children and families served is still evolving. Reasonable estimates were only available for some program types. Efforts are now underway to improve regular reporting of children and families served and services provided. This is an essential step.
- First Steps has fostered collaboration and built capacity at the state and county levels in a way that should enhance services for young children and their families. This was a high priority in the legislation. There are numerous examples at the county level of programs and agencies working in closer coordination, of efforts to improve referral networks, and of joint initiatives by agencies or organizations to improve services for young children and their families. At the state level, First Steps has contributed to such collaborative initiatives as the Child Care Coordinating Council.

## Recommendations

- Now that programs are taking root, there is a need for increasing focus on program quality. Many specific recommendations for enhancing program quality are detailed in the evaluation report and are summarized in the Executive Summary.
- Efforts should be made at the state level to provide advice and assistance on widely encountered challenges in program implementation. There were certain challenges that affected many counties, such as supplantation issues for health programs, lack of transportation, and lack of qualified staff.
- Mechanisms are needed to share experiences across counties so that what has been learned in one county can inform efforts in others. Counties have learned a great deal in implementing programs and have indicated a desire to interact on a regular basis.
- Improvements in standardization and clarity of administrative procedures and requirements should continue. A procedures manual in fiscal management has proven very useful, and such manuals should be developed for other areas.
- There should be continued training for Executive Directors and County Partnership Board members. Substantial investments have already been made in training and technical assistance, but there are ongoing requests for training in specific areas, especially in the fiscal area.



- Continue to strengthen and streamline data collection at all levels. While the fiscal reporting system appears to be adequate for tracking fiscal resources, ongoing program implementation needs to be monitored with streamlined Program Effectiveness Reports. Also, the system recently put into place for tracking family and child receipt of services needs to be closely monitored. In order to insure consistency in the data collected by counties, specifications for each item recorded need to be developed. In particular, unduplicated counts need to be available for the next evaluation report.
- As programs mature, it will be critical to turn to the formulation of an outcomes evaluation focusing on children's school readiness. Guidance will be needed in determining appropriate outcome measures to be used. In particular, careful attention is called for in the selection of child assessments to be used within individual programs and in a statewide evaluation. For a statewide evaluation, if budgets do not permit a state representative sample using direct child assessments, caution will be needed concerning the use of the South Carolina Readiness Assessment (SCRA) data for purposes other than its original intent.
- As First Steps programs become more mature and child outcomes related to school readiness become available, the information on outcomes should be used to guide program choice. That is, only programs that are shown to be effective in promoting school readiness should be sustained in future years.
- Adequate resources will be needed to sustain First Steps efforts and to move forward in terms of strengthening the quality of programs, data collection, and administration of the initiative. Spending by First Steps per child under age six in South Carolina, and per child in poverty in this age range, is substantially less than in the programs to support school readiness in the states of North Carolina and California. A review of spending per young child and per young child in poverty needs to be carried out in order to develop reasonable expectations for how much First Steps can contribute to children's school readiness. Such a review will also be central in determining what can be accomplished in strengthening the First Steps initiative in the ways noted in this evaluation.

# Executive Summary

## Introduction

On June 28, 1999, South Carolina launched a comprehensive early childhood initiative called South Carolina First Steps to School Readiness (First Steps). This ambitious and innovative program is one of only a few statewide, multicomponent early childhood initiatives in the country. The legislation called for an external evaluation of the initiative to be reported to the legislature on January 1, 2003.

This Executive Summary begins by providing an overview of the goals of the South Carolina First Steps to School Readiness initiative, the goals of this evaluation report, and an overview of the characteristics of the young children and families in the state to whom the initiative is addressed. It then provides a summary of key accomplishments, challenges faced, and recommendations in each area reviewed in the full report:

- Establishment of administrative structures and collaborative processes called for in the legislation;
- Overview of fiscal information for First Steps, with a focus on the 2001-02 fiscal year;
- Programs developed by First Steps in the areas of early education, child care, parenting and family strengthening, health and other categories;
- Recommendations for First Steps' further steps.

## Goals of the First Steps Initiative and Focus of this Evaluation

First Steps is intended to improve the school readiness of children ages zero to five in South Carolina. The initiative seeks to accomplish this task by improving the efficiency and coordination of existing services for these children and their families, and by providing new services where gaps are identified.

As mandated by legislation, the South Carolina First Steps to School Readiness Board of Trustees and the Office of South Carolina First Steps to School Readiness (Office of First Steps) were established at the state level to oversee the initiative and provide technical assistance regarding its implementation. County Partnership Boards in each of the state's 46 counties were called upon to perform an

assessment of county needs and resources, to create a strategic plan for programs tailored to meet local needs, and to oversee the implementation of funded programs. The State Board of Trustees and County Partnership Boards include representation from a range of sectors, including agencies serving children and families, members of the state or local legislatures, schools, parents with young children, child care and other service providers, early childhood educators, the business community and the transportation sector. The range of individuals and organizations represented on the State Board of Trustees and County Partnership Boards is intended to foster communication and collaboration among those concerned about and serving young children and their families. Increasing communication and collaboration at both the state and county levels are seen as central to identifying gaps and duplication as well as strengthening services.

As noted by Holmes (2002b) in his report on First Steps' statutory requirements, there are several hallmarks to the First Steps initiative noted in the legislation. One is that it supports school readiness by increasing and improving the coordination of services to young children and their families (Section 59-152-20); second it requires that "collaboration, the development of partnerships, and the sharing and maximizing of resources are occurring before funding for the implementation/management grants...are made available" (Section 59-152-21); and third it requires strong accountability of practices, both fiscal (Section 59-152-150) and programmatic (Section 59-152-160). Accordingly, the contents of this evaluation detail the activities conducted over the first three years of First Steps in establishing the administrative structures required



by the legislation and launching programs for young children and their families. The report also addresses the collaborative efforts undertaken to enhance services.

Although the legislation suggests that child and family outcomes should be the focus of each evaluation report provided for First Steps, evaluation researchers strongly recommend that newly established initiatives direct attention first to evaluating whether programs were implemented in the manner suggested by practice information. This is especially the case if programs were put in place so recently that they are in an initial implementation phase. Studying the effects of a program that is early in the process of becoming established can underestimate effects. The programs implemented by First Steps were generally operational for less than a year during the period the present evaluation covers. Consequently, this first program evaluation report is an implementation evaluation of First Steps in the first three years of activities.

We characterize this initial program evaluation as an investigation of whether First Steps is “doing the right things in the right ways for the right people.” That is, did First Steps identify research-based best practices (i.e., the “right things”) and implement them effectively (i.e., the “right ways”) to serve the appropriate populations for which they were intended (i.e., the “right people”)? Each prevalent program strategy implemented in South Carolina as part of the First Steps initiative was reviewed, along with what is known about best practices for that strategy, with substantial guidance from Effective Practices Reports prepared for the evaluation (Brown and Freeman, 2002; Brown and Swick, 2002; Learner, Leith, & Murday, 2002; Marsh 2002). We describe how the strategies were actually implemented in South Carolina, and compare actual implementation with best practices. This report also includes recommendations for the future.

The primary purpose of this and subsequent evaluations of First Steps is to assess progress toward achieving First Steps goals (Section 59-152-160). Section 59-152-30 of the First Steps to School

Readiness legislation contains the following goals for First Steps:

- 1) Provide parents with access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children;
- 2) Increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems;
- 3) Promote high quality preschool programs that provide a healthy environment that will promote normal growth and development;
- 4) Provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn; and
- 5) Mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school healthy and ready to learn.

Collectively, these goals indicate that all young children in South Carolina and their parents should have access to services so that children can develop optimally and arrive at school ready to learn. However, there is also a sense that targeting the most needy population of young children in South Carolina is a priority, since they are the most at-risk of arriving at school not ready to learn. Thus, First Steps has a dual function: to improve the school readiness of all of South Carolina’s children and to address the needs of at-risk young children and their families.

This set of goals also suggests the types of program strategies that should be included in the First Steps initiative. Specifically, programs should focus on providing parenting support, health services, and high quality early child care and education opportunities. Indeed, the most prevalent program strategies adopted by County Partnerships included 4-year-old kindergarten (4K), summer enrichment, child care, parenting/family strengthening pro-



# Executive Summary

grams, and health programs. In addition, according to Section 59-152-100(A), the coordination, accessibility and affordability of transportation were to be targets of service within First Steps.

## Setting the Context for First Steps: Young Children and Their Families in South Carolina

In 2000 there were over 239,000 families with children under age six in the state of South Carolina, and a total of 318,543 children in that age group. Some groups of young children are at higher risk of being less than fully prepared for school. These include, for example: children living in poor families (20.1 percent); those born to single mothers who lack a high school degree (14.4 percent); those born with low birth weight, or less than 5.5 pounds (9.7 percent); and those who are not fully immunized (13.3 percent of 2-year-olds). Some counties have much higher percentages of children at risk. Poverty rates for children under age six, for example, ranged from as low as 12 percent to nearly one half (48.8 percent).

We turn now to an overview of accomplishments, challenges, and recommendations for the First Steps initiative and the programs it is launching. This executive summary provides an overview of conclusions and recommendations from the full report regarding (1) administrative structures within First Steps; (2) fiscal information; (3) the major programs launched by First Steps in this early period of program implementation; (4) needs for ongoing data collection and for the development of an outcomes evaluation; (5) and resources available to the initiative.

## Administrative Structures and Collaborative Processes

### Overview

As mandated by the legislation, the South Carolina First Steps to School Readiness Board of Trustees

and a state Office of First Steps were established to oversee the initiative and provide technical assistance regarding the implementation of the First Steps initiative at the state and county levels. The legislation also called for the development of 46 First Steps County Partnership Boards to implement the First Steps initiative (see overviews of First Steps history and statutory requirements in background papers prepared by Holmes, 2002a; 2002b). The County Partnerships each established a local county First Steps office to help coordinate and oversee the implementation of the initiative. As envisioned by the legislation and noted by Andrews (2002) in her Effective Practices Report: *Community Capacity Building, Collaboration, and Services Integration*, the administrative structure of First Steps has facilitated collaboration in the provision of services for young children and their families.

### Key Accomplishments

- The administrative bodies are carrying out all assigned functions as mandated in the legislation.
- Each of the administrative bodies has devoted a considerable amount of time and resources to developing infrastructure and leadership at the state and county levels to implement First Steps.
- In the last three years, the Office of First Steps has worked intensively to develop systems and procedures to administer First Steps at the county level.
- The Office of First Steps, through its Technical Assistants, has acted as a facilitator to counties in the various stages of design and implementation of their strategic plans.
- The formation of the Board of Trustees and the County Partnership Boards helped to bring the key stakeholders together to discuss ways to maximize resources and to address gaps in services provided to young children and their families. In addition, the formation of the two boards provided a context in which collaborations across agencies and organizations were more likely to occur.



- The Board of Trustees and the County Partnership Boards have worked closely with the Office of First Steps to accomplish mandated functions, as well as establish goals and objectives for First Steps at the state and county level.

## Challenges and Further Steps

- The Office of First Steps may want to consider increasing the number of regional and statewide meetings among counties. Executive Directors frequently called for regional meetings to share experiences and to collaborate.
- A major investment has been made in strengthening skills and providing technical assistance so that County Partnership Boards can carry out their functions. Trainings and technical assistance continue to be essential to the County Partnership Boards' ability to carry out their roles and responsibilities and function effectively.
- A procedures manual for the fiscal accountability system has proven extremely useful. Manuals for other areas of administrative functioning would be helpful in providing information and standardizing practices.
- It may be fruitful to consider ways to augment the current Technical Assistant position. Currently, Technical Assistants are assigned to specific counties. In this capacity, they provide assistance in a wide range of areas. Yet different Technical Assistants have particular expertise in different areas (e.g., fiscal, legislative, contracts, data collection, programmatic). There is a need to find ways to draw upon the different areas of expertise of the Technical Assistance staff while preserving the linkages between particular Technical Assistants and counties.

## Fiscal Information

### Overview

Total spending on First Steps in fiscal year 2001-02 was \$41,634,305. Of this total, \$39,177,091 was spent on county program and county administrative costs. County spending came from five sources: the state allocation (\$30,593,371), state private contributions (\$418,472), county cash matches (\$62,523), county in-kind matches (\$8,058,809), and federal cash matches (\$43,917). The remaining costs, \$2,457,214, were incurred by the state Office of First Steps for program-related contracts (\$675,387) and administration (\$1,781,827). Thus, spending by the state Office of First Steps was 5.9 percent of total fiscal year 2001-02 spending.

Although spending by the state Office of First Steps increased each year, its share of total First Steps spending decreased from 65.4 percent in fiscal year 1999-2000 to 5.9 percent in fiscal year 2001-02, as total First Steps spending increased from \$2.2 million in fiscal year 1999-2000 to \$41.6 million in fiscal year 2001-02.

### Key Accomplishments

- The fiscal information system permits a clear overview of spending in different program areas. At the county level, out of total spending of \$39,177,091, 37 percent was spent on early education initiatives, 25 percent on parent education and family strengthening initiatives, 17 percent on child care initiatives, 7 percent on county office-based programmatic functions, 2 percent on health initiatives, and 3 percent on other program initiatives, including transportation.
- In keeping with a goal of developing program strategies in light of local needs and resource assessment, there was substantial variation among the counties in how they divided their total spending across the eight types of programs. For

# Executive Summary

example, although statewide, the percentage of spending on early education initiatives was about one-third, the percentage spent by individual counties varied from less than 1 percent in three counties to over 70 percent in three other counties. Similarly, while statewide, the percentage of spending on parent education and family strengthening initiatives was 25 percent, the percentage spent at the county level ranged from 0 percent in three counties to 50 percent or greater in four counties.<sup>1</sup> There were similar differences across counties for other programs.

- All counties met their fiscal year 2001-02 matching contribution with a statewide matching rate of over 28 percent—substantially exceeding the 15 percent requirement.

## Challenges and Further Steps

- County administrative spending funded by the state allocation totaled \$2,816,000 or 9.2 percent of county spending of their allocations from the state in fiscal year 2001-02. This latter figure exceeds by 1.2 percentage points the 8.0 percent cap set for each county for administrative spending out of the state allocation. This overage is, in part, due to a slow start up of programs, which caused total First Steps spending to fall short of planned spending. It is likely that this is a problem specific to the period of program start-up. However, this should be confirmed with ongoing monitoring of administrative spending.
- In interviews with Executive Directors, 46 percent reported that they would like to have more training in fiscal monitoring. The Office of First Steps should consider providing additional training of Executive Directors in budgeting and fiscal management skills.

We turn now to focus on the launching of First Steps programs in each of the four most prevalent program areas funded: early education; child care; parenting and family strengthening; and health. For each area, we provide an overview of First Steps programs, note key accomplishments, briefly sum-

marize best practice information, and indicate recommendations for the future. We also provide a brief overview of programs funded beyond the four major types. The reports of the Effective Practice Experts in each program area were an important source of information on best practice and First Steps programs in each area (Brown & Freeman, 2002; Brown & Swick, 2002; Learner et al., 2002; & Marsh, 2002). Program Effectiveness Reports were reviewed for nearly every First Steps program (Andrews & Sheldon, 2002). In addition, site visits were conducted to 23 programs in 17 counties across the state. Interviews with Executive Directors and county and state documents (e.g., annual reports) also served as valuable sources of information on First Steps programs.

## Early Education: Four-Year-Old Kindergarten (4K) and Summer Readiness

### Overview

First Steps supported early education programs in 40 counties, primarily through expanding four-year-old kindergarten (4K) classes from half-day to full-day, and adding new full- and half-day classes. A few counties also supported classes for children younger than age four. Most of these programs were operated through public schools; others were expanded Head Start programs. Summer readiness programs were also implemented in 29 counties. These were typically designed for children transitioning from kindergarten (5K) to first grade, but some also included four-year-olds transitioning to 5K.

### Key Accomplishments

- There was a substantial increase statewide in the capacity for 4K and summer readiness programs in fiscal year 2001-02. Approximately 3,380 children participated in new or expanded 4K or other school-year preschool programs, and approxi-

<sup>1</sup>Due to coding errors and changes to the coding system that occurred during fiscal year 2001-02, these statistics should be viewed with caution.



mately 4,248 children attended First Steps-supported summer readiness programs.

- First Steps programs were designed to follow best practices for early education, and most (especially the 4K programs) followed one of the developmentally appropriate curricula recognized by the State Department of Education, including High/Scope, Creative Curriculum, and Montessori.
- Parent satisfaction with the 4K programs was very high across the state.

## Best Practices

An examination of First Steps programs in light of what is known about best practices in early education indicates that:

- Group sizes and adult:child ratios in First Steps 4K classes conformed to recommendations by the National Association for the Education of Young Children. Two adults ran classes: a lead teacher and a classroom assistant. With only two exceptions, class sizes were capped at 20, resulting in adult to child ratios of 1:10.
- The majority (87 percent) of First Steps programs were new full-day classes or half-day classes extended to full-day, conforming to current understanding of best practices.
- In public school settings, approximately 60 percent of teachers had a Bachelor's degree and a credential in early childhood education; approximately 31 percent had a Master's degree and an early childhood education credential; only 9 percent held an elementary education, rather than early childhood education, credential. All Head Start lead teachers for whom information was available had Associate's degrees in early childhood.
- Head Start classroom assistants are required to have post-high school education in child development. Public schools have not required training beyond high school for assistants, although such requirements are currently being phased in by the State Department of Education. Among the public

school assistants for whom information was provided, approximately one-fourth reported some education beyond high school. These data suggest that there is room for improvement in the area of educational and training requirements for assistants.

- Almost all First Steps 4K programs used standard, developmentally-appropriate curricula designed for young children, with High/Scope being selected most frequently. Many programs may not have fully implement these curricula, however. Some deviations were planned, based on local assessments of the needs of the children in the community. However, in some programs teachers were not able to complete curriculum training prior to implementation, and the type and amount of training received differed considerably across programs.
- The extent to which First Steps summer readiness programs followed best practices was uneven. Class sizes tended to be small, allowing more individualized attention to students. Most of the teachers were school teachers during the regular academic year, and most were certified in early childhood education. The majority of programs were of reasonably long duration and intensity, running for four or more weeks, either four or five days per week, and for four or more hours per day. However, few programs had sufficient time for planning in order to ensure that developmentally appropriate curricula, demonstrating continuity with school-year practices, could be implemented.

## Challenges and Further Steps

- Training opportunities for teachers should be expanded in order to improve their abilities to implement developmentally appropriate curricula. Classroom assistants should be included in training opportunities as well. The State Department of Education requirement that is being phased in to require classroom assistants to have an



# Executive Summary

Associates' degree, preferably in early childhood education, is a positive step in this direction.

- Increased efforts should be made to encourage systematic evaluations of children's progress, using measures that are age-appropriate, that tap a range of skills and abilities, and that are sufficiently sensitive to change so that program contributions can be detected.
- All aspects of summer readiness programs should receive more attention. Programs are likely to be more effective if they are better-integrated into general planning for early education, allowing greater coordination with school-year programs and more time for curriculum planning and teacher training. The relative brevity of these programs makes it more essential to have well-planned programs that have specific and reasonable goals for children's learning and development.
- There is a need for evaluations of variations in 4K and summer readiness programs. The variations that currently exist across the state provide an excellent opportunity for systematic studies on the effects of factors such as duration and intensity, content/curriculum planning and implementation, teacher and assistant training, and timing of programs.

## Child Care

### Overview

In an effort to improve the quality of child care provided to South Carolina's children in centers and formal home-based settings and to support families' ability to afford quality child care, 44 County Partnerships chose to use First Steps funds to implement child care-related strategies.<sup>2</sup> County Partnerships primarily implemented three types of strategies: quality enhancement grants, staff training and professional development, and child care scholarships for low-income families. The overwhelming majority of these programs had been in place for less than a year as of June 30, 2002, and

many operated for less than six months during fiscal year 2001-02. The approaches used by the County Partnerships were often innovative, something that was sometimes necessary, especially in the area of quality enhancement, because little research has been conducted on the best ways to go about achieving improvements in child care quality. The County Partnerships' strategies, therefore, represent pioneering efforts in improving a state's child care quality.

## Key Accomplishments

### Quality Enhancement Initiatives

- 33 County Partnerships awarded quality enhancement grants to child care providers. All of the initiatives included some degree of technical assistance in using the funds and making improvements, as well as monitoring of grantees' use of the funds. In an additional five counties, quality enhancement initiatives were undertaken that did not involve the awarding of grants. Instead, child care providers applied for, and were accepted to receive, technical assistance as well as materials or supplies. Therefore, a total of 38 counties implemented a quality enhancement initiative.
- In the 33 counties that awarded quality enhancement grants, a total of 470 child care providers received grants.<sup>3</sup> Individual grant amounts ranged from \$500 to \$11,500. In the five counties where child care providers were offered technical assistance and materials (but not grants), a total of 142 child care providers were involved.

<sup>2</sup>The remaining two County Partnerships implemented strategies that involved their counties' child care communities, although they were not classified as child care strategies (one was a library program; the other was a health strategy).

<sup>3</sup>This total does not include the number of child care providers who received grants in one county as the PER for that county reported the number of classrooms (44), rather than the number of child care providers.



Therefore, a total of 612 child care providers were involved in County Partnerships' quality enhancement initiatives.

- 38 of the grantee child care providers improved their status by becoming licensed, ABC Enhanced (through the Advocates for Better Care program), or accredited by the National Association for the Education of Young Children (NAEYC) by June 30, 2002. Given that many grants were in place for six months or less, this is an encouraging initial trend.
- In almost all of the counties where quality enhancement grants were awarded, funds were used to purchase materials, supplies, or equipment. In about half of the counties, the strategies included professional development activities, such as mandatory training sessions organized by the County Partnerships or incentives or encouragement for caregivers to enroll in the Teacher Education and Compensation Helps (T.E.A.C.H.) program. Other activities included improvements in health and safety features of the environment, and facility enhancements.

### Staff Training and Development

- 12 counties offered training for caregivers separately from training that may have been required of child care providers who received quality enhancement grants or technical assistance. Most of the programs offered training sessions from which caregivers could pick and choose (e.g., on health/safety; relationships and interactions with children; children's growth and development; early literacy). In some of the counties, training sessions were certified by the Department of Social Services, so caregivers could attend them to fulfill the hours necessary for licensure. Sessions were taught by instructors from local technical colleges or by child care experts hired by the County Partnerships.
- Two County Partnerships with training initiatives separate from quality enhancement initiatives collaborated with the Teacher Education and

Compensation Helps (T.E.A.C.H.) program to encourage child care providers to attain more formal education.

### Child Care Scholarships

- 24 County Partnerships used First Steps funds to provide child care scholarships to low income families. The majority of the scholarship funding for families began after January 2002, but families will continue to receive funding for a full year. A total of 686 children across the state received First Steps funded child care scholarships.
- 14 County Partnerships' scholarship programs were administered by South Carolina Department of Health and Human Services as an extension of the ABC voucher system. The remaining ten County Partnerships chose to administer scholarships themselves. Families who received First Steps-funded scholarships had to choose child care providers who were ABC Enhanced, equivalent to ABC Enhanced (as determined by an ABC Monitor), or working to become ABC Enhanced through the ABC program or through County Partnerships' quality enhancement initiatives.

### Best Practices

#### Quality Enhancement Initiatives

A great deal of research has been conducted on child care quality (Vandell & Wolfe, 2000). Research has identified elements of quality child care and has also revealed associations between the quality of child care and child development. However, little research has been conducted evaluating and comparing strategies for improving the quality of child care. First Steps quality enhancement initiatives appeared to be pioneering strategies. For example, in site visits to two counties with intensive quality enhancement initiatives, a sequence was articulated for such work, beginning with a focus on improving equipment and educational materials (books, toys) within a child care facility, progressing to a focus on curriculum and activities, and then to the quality of

# Executive Summary

caregiver-child interaction. Program Effectiveness Reports indicated that in many quality enhancement initiatives there was a focus on equipment and materials. A key question appears to be whether work with child care providers within quality enhancement initiatives will regularly progress to a focus on curriculum and activities as well as the quality of caregiver-child interaction.

## Staff Training and Development

The education level and training of caregivers is related to the quality of child care they provide. A key question is whether caregivers should have formal degrees, or whether receiving some amount of training is enough to make a difference in the quality of care they provide. Marsh (2002) notes the importance of education as well as training, and suggests that First Steps' staff training and development efforts should encompass not only training through workshops on specific issues, but also encouragement to complete formal education. At present, a substantial portion of staff training and development within First Steps is occurring through training rather than formal education.

## Child Care Scholarships

Funding for child care through child care subsidies can support child well-being by contributing to families' economic well-being and by exposing children to stimulating and supportive early childhood care and education settings. A key issue is that of the quality of child care for which the subsidy is used. In South Carolina, though steps are taken to assure parental choice for the full range of child care settings, families that receive First Steps-funded child care scholarships must use them in child care that is ABC Enhanced, equivalent to ABC Enhanced, or working to become ABC Enhanced (either by participating in the ABC program or a County Partnership's quality enhancement initiative). In light of the evidence on the linkages between child care quality for children's development, it is important that First Steps child

care scholarships were used to pay for child care meeting certain quality requirements.

## Challenges and Further Steps

- Efforts should be made to engage child care providers at differing levels of quality and in differing types of care in quality enhancement activities: below the level of ABC Enhanced as well as already at that level, and home-based as well as center-based care.
- Helping child care providers purchase equipment and materials was an appropriate first step for County Partnerships that implemented quality enhancement initiatives. It is important to assure that further aspects of quality (especially curriculum and activities, and caregiver-child interaction) will also be addressed.
- Child-staff ratio is an important element of child care quality, particularly for infants and toddlers. While child-staff ratio is very expensive to address, County Partnerships should address it to the extent possible among child care providers with ratios that substantially exceed recommended levels and who are not participating in other quality enhancement initiatives that might improve ratio (such as work towards accreditation).
- Plans for quality enhancement initiatives were more specifically formulated when County Partnerships hired or contracted with child care experts. In instances where the Executive Director does not have an extensive background in child care, County Partnerships may want to hire an outside expert to implement their quality enhancement initiatives.
- The monitoring of the progress of child care providers involved in counties' quality enhancement initiatives was highly variable across the counties. Gains should be measured and documented to show that First Steps initiatives are having an effect.



- County Partnerships should encourage child care providers to seek formal education and degrees in addition to participating in specific workshops.
- County Partnerships should track their training initiatives' attendance information carefully. They should track the number in attendance at each session, as well as the total number of caregivers served in the county (that is, they need to keep track of the number of caregivers who attended more than one session), and number of hours of training completed by caregivers.
- A noteworthy new effort to implement four-year-old kindergarten (4K) programs in private child care centers was recently undertaken in South Carolina. The effects of the initiative on the child care market should be monitored. In addition, it will be important to document what was required to assist child care providers in meeting the program requirements for 4K. Finally, how children in child care 4K programs fare in comparison to children in other 4K programs should be monitored over time.

## Parenting/Family Strengthening Overview

According to a recent comprehensive review of the developmental literature, a positive, consistent relationship between children and primary caregivers (usually the parents) is the foundation for children's cognitive and social development (National Research Council and Institute of Medicine, 2000). When parents are unable to provide a positive and consistent environment for the child due to economic, personal, or environmental circumstances, children's development is jeopardized.

### Key Accomplishments

- In an effort to improve parenting skills and family resources, 44 County Partnerships funded a total of 97 parenting and family strengthening programs between 1999 and 2002.

- The majority of the programs were based on one of three nationally recognized models: Parents as Teachers (PAT), Parent Child Home (PCH), and Family Literacy, or some combination of these three models. In addition, four programs funded by County Partnerships focused on providing families with children's books or encouraging parent-child reading experiences, and five programs focused at least in part on providing parents with English as a Second Language (ESL) training.
- Through First Steps funding, parenting programs were able to serve additional families and children who would otherwise not have been served. Additional staff has now been trained in program models. Although two-thirds of the funded programs were extensions of existing parenting programs, due to the time it took to gain grant approval and funding, and then the additional time to hire and train new staff and recruit new clients, the majority of these programs were actually seeing clients for less than a year as of June 30, 2002. In fact, many First Steps-funded parenting programs operated for less than six months during fiscal year 2001-02, confirming that the parenting/family strengthening strategies were in the early phases of implementation during the first three years of First Steps.

### Best Practices

Research on best practices in parenting/family strengthening can be summarized as follows (Brown & Swick, 2002; *Future of Children*, 1999):

- Only modest effects on child and family outcomes should be expected from home visiting models used alone. Furthermore, effects are only found for families that are highly engaged in home visiting programs.
- For best results, home visiting should be employed in combination with other, comprehensive services, especially services that directly



# Executive Summary

affect children (such as high quality early childhood care and education).

- Although Parents as Teachers is meant to be used with all families, more at-risk families may need intensive services (that is, higher dosages of home visits over a longer duration).
- Family literacy programs, which do combine direct services to children and adults, also do not produce significant effects for child outcomes unless families are highly engaged in the program, the curriculum is meaningful and useful, the staff is stable and capable, and the funding is adequate. Providing individualized home-based services may help increase family participation in group-oriented family literacy services.
- Family literacy programs that are created by combining existing programs and services will only be effective if the quality and coordination of those existing services is high.
- Parenting/family strengthening programs that employ a particular program model should adhere to that model if they hope to produce the intended results. That is, implementation must be true to the model.
- Staff characteristics and qualifications are of major concern. Staff influences both family engagement and the degree to which a curriculum is implemented as intended. Best practice suggests using professional staff, if possible.
- We do not know very much about the role of home visiting programs in rural areas where isolation may be a serious problem. In these circumstances, helping families, as needed, get services for serious problems in family functioning, such as risk of child maltreatment or domestic violence, may be particularly important.

## Challenges and Further Steps

- First Steps' Parents as Teachers and Family Literacy programs were implemented with a high degree of variability with regard to target populations, duration of program, and intensity of program. Many programs deviated from the program

models. Parent Child Home programs were likely to stick more closely to the program model with regard to intensity of home visits, but often augmented the model by adding additional elements.

- Staff had varying levels of education and prior experience coming into the parenting/family strengthening programs, but nearly all staff received the necessary training in a program model (if a model was being used) prior to seeing clients.
- Finding qualified bilingual staff to meet the needs of the Hispanic community was difficult in some areas of South Carolina. This is a particular challenge in need of some innovative solutions.
- Lack of adequate transportation was also a problem that hindered full participation in all aspects of parenting/family strengthening programs.
- Efforts are needed to strengthen the current parenting/family strengthening programs so that effects on family functioning and child outcomes are optimized. In order to accomplish this, it is important to focus on the following implementation and quality issues:
  - Improving recruitment efforts;
  - Matching the program model to the population served;
  - Monitoring dosage, intensity, and duration of services;
  - Engaging qualified staff;
  - Monitoring fidelity to the model, if a model is used; and
  - Using appropriate outcome measures, when the time is right.
- A further possibility for strengthening the potential outcomes of parenting and family strengthening programs for children is combining elements of these programs with high quality early childhood care and education.
- Many parent educators were responsible for creating their own referral resources. A final recommendation is that each county develop a comprehensive directory of services that can be used by



parent educators to help families connect with needed services.

## Health Overview

The South Carolina First Steps to School Readiness Initiative identified health-related factors as important contributors to school readiness. In South Carolina, a number of federal and state initiatives are already in place to address the health status of children. In considering First Steps health programs, it is important first to note that South Carolina has made progress in a number of ways in implementing best practices to address the health status of young children, both through national programs and through programs that the South Carolina Department of Health and Environmental Control has implemented. However, most of the services available are targeted for specific groups, such as Medicaid eligible families. First Steps provides an opportunity to create and expand state health strategies to improve the health status of children.

### Key Accomplishments

Given the legislative requirements and limitations, 31 counties planned to implement 41 health strategies to address factors related to school readiness. However, 24 of the 31 counties were able to implement 33 programs during fiscal year 2001-02.

- Each of the 24 County Partnership Boards attempted to address at least one of the highlighted health care areas in the legislation, although the approaches taken to address health care needs varied widely. The most common approach was to implement health home visitation programs. Other programs included nutrition education, screenings, free prescriptions, free car seats, dental care, and technical assistance and educational activities for parents and child care providers.

- About two thirds (67 percent) of the health programs targeted children and families who were uninsured, non-Medicaid eligible. If duplication or potential supplantation was not an issue, most of the other programs were offered to all children and families.
- County Partnership Boards' close working relationships with local Department of Health and Environmental Control offices, and collaborative efforts within communities, have been important to the identification of the populations to target with health strategies and the effective implementation of health strategies.

### Best Practices

In general, health strategies implemented through the First Steps Initiative matched well with best practices.

- Most health programs had well qualified staff. Seventy-six percent of the health programs implemented had a registered nurse on staff. Many of the nurses had public health backgrounds.
- Most programs planned to adhere to a clearly defined program model, such as the Department of Health and Environmental Control postpartum home visitation program. About half (55 percent) of health programs adhered to a home visitation program model.
- Many of the health strategies that were implemented incorporated efforts focused on connecting children and their families with medical homes, in order to create greater consistency in the receipt of health care services. For example, all home visiting programs incorporated such efforts.
- Health strategies also involved attempts to coordinate and provide comprehensive services by working with the Department of Health and Environmental Control, child care providers, and other services.
- However, few programs addressed childhood injuries, either unintentional or intentional. One exception was a County Partnership that distrib-

# Executive Summary

uted car seats and instructions on how to use them, in addition to working with 52 child care quality enhancement grantees to create customized health and safety plans for their facilities.

- Few programs addressed dental care. One County Partnership health strategy funded preventive dental care. The program trained pediatricians to do oral screening for children from birth to age three.

## Challenges and Further Steps

- First Steps health programs were difficult to implement in this early phase of the initiative for a number of reasons—supplantation concerns, difficulties arranging letters of cooperation from partners, and difficulty recruiting qualified staff in some cases. Given these problems, many programs did not meet their implementation goals for the year, but most were moving toward full operation, sometimes with modified goals and procedures, by the end of the year.
- The First Steps initiative needs to evaluate, at the state level, the highest priority and most feasible health-related issues to address. The initiative may need to limit its focus to specific health strategies in order to maximize the effect that limited First Steps funds can have.
- Counties faced difficulty recruiting and hiring qualified staff. Most counties planned to use registered nurses and other highly qualified professionals with public health backgrounds and extensive experience with pediatric populations for programs such as the postpartum home visits. South Carolina has a nursing shortage. As a result, and particularly because there was some degree of uncertainty about ongoing funding for First Steps programs, it was difficult to recruit nurses to staff programs.
- Based on reports by service providers in the Program Effectiveness Reports, it was difficult for First Steps programs to identify eligible families. First Steps programs that extended or collaborated with other programs and/or providers seemed

to be most successful in terms of actually identifying clients and providing services. Other programs either reported that they provided limited services or no services because they could not identify clients.

- One strategy for focusing First Steps efforts would be to carry out a careful analysis of the gaps in service currently offered by the Department of Health and Environmental Control and existing programs. For example, First Steps might consider expanding programs focusing on preventive dental care. While working to provide health care for the uninsured, non-Medicaid population might be seen as a priority in such an analysis, First Steps would need to work closely with Department of Health and Environmental Control to identify efficient strategies for locating this population.
- Training at the state level in how best to address supplantation issues would be helpful. In addition, counties that have successfully implemented health strategies should share lessons learned with other counties.

## Other Programs

### Overview

The First Steps initiative also funded a set of programs that were not encompassed under the four prevalent program types summarized above. These programs included transportation, library, and community outreach strategies. Transportation is recognized as a potential barrier to the provision and utilization of programs and services. County Partnership Boards found that available library resources for young children were underutilized. In addition, the County Partnership Boards found limited opportunities for service providers to network with each other. Programs summarized here addressed these issues and gaps in services.



## Key Accomplishments

- By making programs mobile, many counties helped to address their transportation needs. Home visiting and mobile library programs, for instance, address transportation problems by bringing services, resources, and materials to where children and their families are located (i.e., homes, child care centers, hospitals).
- The library programs adopted in some counties helped to increase the training of child care providers in the area of child literacy.
- Community outreach programs aimed to enhance the efficiency of existing community services by increasing information available about services in the community and supporting the development of a more effective referral system.

## Challenges and Further Steps

- The lack of available transportation is a problem that has been reported across the state and across programs. Inadequate transportation undermines children's access to needed services and programs.
- Incorporating a transportation component has enhanced accessibility for a number of First Steps programs. Free-standing transportation programs were less frequently implemented.
- Library programs may want to work in collaboration with child care providers or 4K programs. It was difficult for librarians to engage parents of young children unless the program was attached to service providers serving young children.
- The community outreach programs indicated that service providers need opportunities to network and share information. County Partnership Boards may want to consider ways to provide such opportunities.

We turn now to the issue of continuing to strengthen ongoing data reporting within First Steps.

## Making Further Progress in Terms of Data Reporting and Evaluation

### Overview

- Different facets of data collection within First Steps parallel the components of a logic model.
  - Data are being collected to track “inputs” (the resources allocated to different aspects of the initiative);
  - Data are being collected to track “activities” of the initiative (the implementation of specific First Steps programs as well as the effectiveness of administrative structures within First Steps);
  - Data are being collected to track “outputs” (the number of children and families actually served in First Steps programs); and
  - In the future, data will also be collected on “outcomes” (measures of how children and families are affected by participation in First Steps programs).

In general, the challenges associated with data collection within First Steps increase as one progresses from inputs to outcomes. A highly effective data system tracks First Steps inputs (specifically expenditures) through the Universal Management System (Fallon & Jenkins, 2002). Data can be analyzed by county, type of program, and by the specific nature of the spending.

In terms of tracking activities, 350 of the 351 programs funded in fiscal year 2001-02 have been documented using a Program Effectiveness Report. On the one hand, it is a major accomplishment to have a “window” into the implementation of almost all First Steps programs, and information from these reports is extremely illuminating. Collection of these Program Effectiveness Reports was a strenuous process involving staff from the Institute for Families in Society of the University of South Carolina, First Steps Executive Directors and other staff, and pro-



# Executive Summary

gram vendors. On the other hand, while data collection covered nearly every program, numerous challenges were faced. Detailed specifications were not developed in advance so that data elements could be recorded in a consistent manner. Executive Directors and vendors were not informed substantially in advance of this data reporting requirement, and sometimes had difficulty allocating the necessary time to complete the Program Effective Reports (given competing demands) and assembling the necessary information (see discussion in Andrews & Sheldon, 2002).

Turning to outputs, data concerning the number of children and families actually served by First Steps programs are not yet available. The present evaluation report has not been able to provide an overall summary of those served (although such numbers are possible to report for specific programs, especially early elementary programs). An attempt to report reliable count data at the end of the last fiscal year (2001-02) provided a needed opportunity for training and for the development of reporting templates and specifications, but did not result in usable data. A system for reporting “counts” is now in the field. Extensive efforts have gone into piloting, training and creating data reporting specifications for this new system. Vendors have been informed of the requirement that they participate in ongoing data reporting in their contracts for the new fiscal year, and will be better able to anticipate the information required of them. Although the new system was launched a bit later than anticipated, it is expected that usable count data will begin to be available. This should be monitored carefully, with periodic assessments of data quality.

Outcome data on children and families have not yet been collected for the initiative as a whole. This is appropriate, given that First Steps programs had generally been implemented for less than a year at the end of June 2002. It is inappropriate to measure program outcomes with programs that are still working out early implementation issues. However, it will be critical to collect and report on child and

family outcomes for the 2006 evaluation of First Steps.

This section will note challenges and recommendations specific to ongoing data collection regarding First Steps activities and outputs. This section concludes with recommendations regarding the documentation of child and family outcomes in the future.

## Challenges and Further Steps

- Many Executive Directors reported that the information the Office of First Steps sent to their counties on the data collection process was insufficient; counties also felt that they had received conflicting or incomplete information about the data collection process and that the procedures and requirement were changed midstream.
- Several parties (e.g. vendors, Executive Directors, Planning, Implementation and Evaluation consultants) involved in the data collection effort feel that the process needs to be better integrated. There are too many different groups collecting data; as a result, programs and counties may be getting conflicting information and facing competing demands.
- The timing of data reporting is important. In the 2001-02 fiscal year, the data reporting deadlines often coincided with other deadlines (e.g., renewal application).
- Overall, 41 percent of Executive Directors felt that the data reporting requirements were hard to fulfill and close to half (49 percent) felt the data requests took up too much of their time.
- However, the vast majority (93 percent) felt that the data collected were informative for their counties. In addition, the counties have moved forward in developing and acquiring the skills, infrastructure and procedures that are needed for data collection and evaluative efforts. By the summer of 2002, close to three quarters (73 percent) had a data collection system in place. A small number of counties, however, were still struggling and felt they needed further help to get



a system in place that could track the number of children in their counties served by First Steps and the nature of services provided.

A number of steps have already been taken to address these challenges:

- The Office of Research and Statistics has developed new data templates for collecting counts of families and children served on a monthly basis in each county.
- With the guidance of the Office of First Steps, the Office of Research and Statistics has provided one-on-one training to each of the 46 county Executive Directors on how to use the data templates. In addition, a data transfer procedure has been established in each of the counties. The Office of First Steps plans to hold quarterly Executive Director training sessions, which will include further instruction with the goal of refining the data collection system and enhancing the data collection and reporting skills of Executive Directors.
- The Office of First Steps and Office of Research and Statistics have worked together to reduce the number of competing requirements. Moreover, in order to reduce the data reporting burden on vendors and Executive Directors, and focus data collection efforts on data elements that are key to tracking programs and evaluating their progress, the data-reporting template has been streamlined.
- The Office of First Steps has worked to specify in advance the data elements that will need to be collected for each program, thereby eliminating the element of surprise that counties had previously noted.
- The data collection tools (i.e., Excel spreadsheets) have been improved and now include both protective guards that preclude counties or vendors from changing fields, thereby increasing standardization, and data validation checkpoints that will reduce, and possibly eliminate, contradictory or incomplete estimates.

Further steps that could be taken as data reporting continues to be a strong focus within First Steps include the following:

- In order to ensure consistency in the data collected by counties, a question-by-question specification still needs to be developed for such basic concepts as how to define the number of children enrolled in a program and how to define attendance. It should not be assumed that the same approach to defining basic data elements will be used without such specification.
- The Program Effectiveness Reports were a valuable resource for this evaluation, and it is our recommendation that Program Effectiveness Reports continue to be collected annually. However, just as the monthly reporting of counts has had to be carefully reviewed and streamlined, efforts are needed to streamline and abbreviate the existing Program Effectiveness Report forms.

## Looking Towards an Outcome Evaluation

Given severe budgetary constraints, an initial plan to collect direct child assessment data for a representative sample of children in South Carolina entering kindergarten and then again at periodic intervals no longer seems feasible. Questions have been raised about whether it would be possible to use data from the South Carolina Readiness Assessment (SCRA) now being collected state-wide, for reporting on progress of First Steps.

The South Carolina Readiness Assessment is an adaptation of the Work Sampling System; the adaptation was developed based on extensive pilot work within the state. Work Sampling involves ongoing profiling of children's work by teachers based on progress within the classroom on a daily basis, as well as periodic ratings of their progress by their teachers. Teachers rate children's ongoing mastery of specific material, behavior and progress in the classroom context.

The purpose of data gathered using the Work Sampling System is to inform and improve instruc-

# Executive Summary

tion for individual children as well as to provide an in-depth view of children's progress for parents. The Work Sampling System was not developed for purposes of program accountability. Questions remain about reliability, especially agreement of two raters regarding the same children, for ratings collected using this assessment approach. While evidence is available from a number of studies regarding the validity of Work Sampling, the basis for judging reliability (especially agreement by differing observers of the same child) is very limited. Further, other states that have chosen to rely on similar ongoing profiles of children's progress for state data reporting have encountered problems with lack of agreement across different observers of the same children.

It is the recommendation of this evaluation that the state engage in careful review of the issue of reliability, and especially interrater reliability, before relying upon data from the South Carolina Readiness Assessment (SCRA) for a purpose other than informing individual instruction, the purpose for which the measure was developed. One possible strategy that could be considered is sampling a set of kindergarten classrooms across the state (so as to be representative of the state), and providing extensive training to teachers in these classrooms so that they reach and then maintain a criterion of interrater reliability on the South Carolina Readiness Assessment (SCRA) ratings. This would have the added benefit of providing a resource to other teachers within those schools on issues relating to accurate completion of the South Carolina Readiness Assessment (SCRA). Caution should be used in relying upon data from the South Carolina Readiness Assessment (SCRA) without such steps to assure interrater reliability.

Finally, the First Steps legislation called for ongoing tracking of a system of indicators on the development of young children within the state. At the time of this evaluation, only two of the nine indicators called for in the legislation are being tracked on an ongoing basis (immunization and low birth-weight). Extending the collection of indicators data

to fulfill the legislative requirements is an essential goal for the 2006 evaluation. The School Readiness Indicators Initiative in which 17 states are currently participating could be an important resource for extending the collection of indicators data within the state (<http://getting ready.org>).

## Resources

This evaluation indicates that meaningful first steps have been taken in the First Steps initiative to support children's readiness for school. Yet at the same time the evaluation indicates that further steps need to be taken to strengthen the initiative. Adequate resources will be needed to sustain First Steps efforts and to move forward in terms of strengthening administrative practices, the quality of First Steps programs, and evaluation activities.

Spending by First Steps per child under age six in South Carolina, and per child in poverty in this age range, is substantially less than in the programs to support school readiness in the states of North Carolina and California. In fiscal year 2000-01, Smart Start in North Carolina spent nearly \$370 per child younger than six residing in the state in 2000, and over \$2,110 per poor child younger than six (Smart Start, 2002; Bureau of Census, 2002b). In fiscal year 2000-01, using money provided by Proposition 10, California spent nearly \$280 per child younger than six residing in the state in 2000, and approximately \$1,410 per poor child younger than six (California Children and Families Commission, 2002; U.S. Bureau of the Census, 2002a).

In fiscal year 2001-02, if only county spending is included, First Steps spent just over \$120 per child younger than six residing in South Carolina as of 2000 (First Steps Fiscal Accountability System, 2002; U.S. Bureau of the Census, 2002a) and just over \$620 per poor child (First Steps Fiscal Accountability System, 2002; U.S. Bureau of the Census, 2002a). If state Office of First Steps spend-





ing is included, spending rises to \$131 per child and \$662 per poor child.

A review of First Steps spending per young child in the state, and spending per child in poverty needs to be carried out in order to develop reasonable expectations for how First Steps can contribute to children's school readiness. Such a review will also be important in determining what can be accomplished in strengthening the First Steps initiative in the ways noted above. Adequate resources are needed to sustain and strengthen the initiative and thereby to strengthen children's readiness for school.

## Conclusion

First Steps has now put in place the administrative structures required by the legislation, and there is evidence that these are indeed fostering collaboration to strengthen services for young children and their families. First Steps has launched programs for young children and their families that address locally identified needs and are guided by best practice information. The First Steps initiative has continually worked to meet challenges in terms of strengthening training, data collection procedures, and administrative practices. This report provides recommendations that would permit First Steps, given adequate resources, to take further steps, continuing to strengthen programs and practices to foster the school readiness of children in South Carolina.

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## Recommendations of the SC Legislative Audit Council for the BabyNet Early Intervention System, Dec. 6 2012

Recommendation	Status
<p>1. The General Assembly should appropriate all BabyNet funding directly to First Steps to increase accountability for the lead agency with regard to partner agencies and providers.</p>	<p><b>REQUIRES LEGISLATIVE ACTION</b></p> <p>Consolidation of funds, consistent with LAC recommendation, was requested in FY12 and FY13. Funds allocated to DHEC and SC School for the Deaf and Blind were transferred during FY12, via Proviso 89.122, and codified within FY13 General Appropriations Act. Proviso 89.125 of the FY13 General Appropriations Act establishes a uniform fiscal reporting structure.</p> <p>Template has been developed with partner agency input and distributed for first quarter reporting. Agencies will meet December 17, 2012 to review.</p>
<p>2. First Steps should comply with §44-7-2570 (C) of the South Carolina Code of Laws.</p> <p><b>South Carolina Code of Laws, Article 21, SECTION 44-7-2570.</b> Fees for services; insurance.</p> <p>(A) Families must not be charged for early intervention services provided pursuant to this article.</p> <p>(B) Nothing in this section relieves public or private insurance programs, or other persons or agencies required by law to provide or pay for early intervention services, from their financial or legal responsibilities.</p> <p><b><i>(C) Pursuant to Subchapter VIII, Chapter 33, Title 20, U. S. Code Annotated, all financial resources from federal, state, local, and private sources must be coordinated to fund early intervention services. A joint funding plan must be submitted by the department to the Joint Legislative Committee on Children on or before August first of each year. The individual components of the plan as they relate to individual agencies must be incorporated annually into each affected agency's budget request.</i></b></p>	<p>SC First Steps meets regularly with BabyNet partner agencies. The group will identify a joint BabyNet funding plan for FY14, pursuant to §44-7-2570(C).</p> <p>Discussion of individual agency needs has been incorporated into the September/October review of the uniform fiscal reporting template required by Proviso 89.125 of the FY13 General Appropriations Act.</p> <p>Template has been developed with partner agency input and distributed for first quarter reporting. Agencies will meet December 17, 2012 to review.</p>
<p>3. If the General Assembly does not enact recommendation 1 to appropriate all BabyNet funds through First Steps, it should make specific line-item appropriations to state agencies for the BabyNet program.</p>	<p><b>REQUIRES LEGISLATIVE ACTION</b></p> <p>Proviso 89.125 of the FY13 General Appropriations Act will assist in the determination of necessary amounts for FY14.</p>

## Recommendations of the SC Legislative Audit Council for the BabyNet Early Intervention System, Dec. 6 2012

4. First Steps should develop and annually implement a formal methodology to calculate the extent of its compliance with federal regulation 34 CFR 303.124.	<b>COMPLETED</b>  Proviso 89.125 has codified this process for FY13 via uniform fiscal submissions from each agency. Template has been developed with partner agency input and distributed for first quarter reporting. Agencies will meet December 17, 2012 to review.
5. First Steps should prepare and publish each year a financial statement for the complete BabyNet system, including all expenditures and all sources of revenue.	Proviso 89.125 enables this process for FY13 via uniform fiscal submissions from each partner agency. Template has been developed with partner agency input and distributed for first quarter reporting. Agencies will meet December 17, 2012 to review.
6. First Steps should contract with independent accountants to audit its annual financial statements for the BabyNet program. The annual audits should follow generally accepted government auditing standards, including the provision of reasonable assurance that the statements are accurate, that internal controls to prevent fraud and abuse are adequate, and that BabyNet funds have not been spent on non-BabyNet activities.	Planned discussion with State Auditor to explore recommendation in relation to existing state audit processes. Recommendation to Board of Trustees, February 2013.
7. When drafting contracts between First Steps and BabyNet service providers, First Steps should have them reviewed by procurement and legal staff.	All FY12 and 13 contracts have been reviewed by First Steps procurement staff and external legal counsel.
8. First Steps should review contracts between other state agencies and BabyNet service providers before they are finalized.	All partner agencies have been asked for their subcontracts, per LAC recommendation and September 2011 federal regulation.
9. First Steps should require all invoices submitted by BabyNet service providers to contain the signature of the parent/guardian of the child receiving the services.	Effective November 2011, all provider invoices require documentation including parental signature.
10. First Steps should establish a policy of using Medicaid rates for similar services reimbursed with BabyNet early intervention funds.	First Steps policy (adopted September 2011) establishes that, for like services, BabyNet rate will not exceed Medicaid rate of SC Department of Health and Human Services.
11. The General Assembly should amend state law to authorize First Steps to charge a sliding fee, based on family income and size, to families with children in the BabyNet program.	<b>REQUIRES LEGISLATIVE ACTION</b>  Section 44-7-2570 currently prohibits charging families for Part C services. First Steps staff have met with previous system administrators, who caution sliding fee administration may be costly.  Draft legislation has been developed that would update existing early intervention code accordingly.

## Recommendations of the SC Legislative Audit Council for the BabyNet Early Intervention System, Dec. 6 2012

12. First Steps should continue the use of federally-funded technical assistance regarding its General Supervision function and increase the use of assistance in other priority areas where improvement is needed.	Beginning in September 2009, the BabyNet and First Steps staff, Interagency Coordinating Council and legislative staff have been in ongoing contact with technical assistants provided via the U.S. Department of Education. Their assistance has been key to the restructuring of the BabyNet General Supervision system cited to First Steps as a longstanding area of need in 2009.
13. First Steps staff should continue to collect child results data and, when appropriate, use it to make program improvement decisions.	This recommendation matches an existing federal requirement; implemented August 2006. First Steps ability to collect and report this data will be further enhanced by a new data system currently under development for implementation in 2013.
14. First Steps should develop and implement a comprehensive plan to regularly monitor BabyNet service provider performance.	New provider audit process designed in fall of 2011, piloted in 1 <sup>st</sup> and 2 <sup>nd</sup> Q of 2012 for full implementation by December 2012. South Carolina BabyNet "findings of non-compliance" issued to service coordination vendors, October 2011. Performance determinations issued to Service Coordination vendors, June 2012.
15. First Steps should not renew a BabyNet service provider's contract without first measuring the provider's performance over the course of the current contract.	2011-12 modifications to BabyTrac system allow BabyNet to track service delivery compliance by vendor. Initial findings of non-compliance (based upon one full year's performance) September 2013.
16. First Steps should review the BabyNet provider performance monitoring processes of other state agencies in South Carolina to ensure consistency with any comprehensive provider performance monitoring plan developed by First Steps.	Sample file review data completed from state agency partners in November 2011, Additional performance monitoring process in development with technical assistance from US Department of Education, National Data Accountability Center, National Early Childhood Technical assistance Center, and MidSouth Regional Resource Center. New data system will enable additional review.
17. First Steps should research low-cost methods of creating printed materials as well as radio and TV public service advertisements to increase public awareness about BabyNet.	Enhanced child find materials developed July 2011, disseminated through state and local partners, service vendors. New First Steps partnership strategy adding child screening and public information capacity implemented July 2012. Public service announcement developed and finalized, August 2012.  15- and 30-second public service announcements have been developed by Family Connection and released in late September 2012: <a href="http://www.youtube.com/watch?v=9c14dZ1HsAA">http://www.youtube.com/watch?v=9c14dZ1HsAA</a> <a href="http://www.youtube.com/watch?v=NFgpErlZXd4">http://www.youtube.com/watch?v=NFgpErlZXd4</a>



## Recommendations of the SC Legislative Audit Council for the BabyNet Early Intervention System, Dec. 6 2012

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18. First Steps should contact state pediatric, neo-natal, and other associations to investigate offering training to doctors, nurses, and others regarding the referral of children to BabyNet.	Training in development via USC for implementation January 2013; required per 34 CFR 303 of 09.28.2011. New orientation video available to families and partners November 2012.
19. First Steps should update the BabyNet website to increase its readability and usefulness.	The BabyNet website has been updated monthly since August 2011. In addition, the 211 system has been connected to website to ease referral and parental self-identification of community level resources.
20. First Steps should track and publically report the age in months at which children are referred to the BabyNet program.	BabyTrac data system does not allow for such reporting at present. First Steps' ability to collect and report this data will be further enhanced by new data system currently under development (implementation 2013).
21. First Steps should track and publically report the age in months of first BabyNet service.	BabyTrac data system does not allow for such reporting at present. First Steps' ability to collect and report this data will be further enhanced by new data system currently under development (implementation 2013).
22. First Steps should continue to conduct outreach, training, and technical assistance to increase the number of service providers available in South Carolina.	Geographic shortages have been identified as of August 2012; root cause analysis and proposed solutions in process with agency and technical assistance partners.
23. First Steps should develop or obtain a data system that allows for the monitoring of BabyNet children's transition conferences and plans.	BabyTrac data system does not allow for such reporting at present. First Steps' ability to collect and report this data will be further enhanced by new data system currently under development (implementation 2013).
24. First Steps should develop or obtain a data system that allows for the creation and dissemination of electronic versions of children's Individualized Family Service Plans.	BabyTrac data system does not allow for such reporting at present. First Steps' ability to collect and report this data will be further enhanced by new data system currently under development (implementation 2013).