2022-2023

Program and Operational Guidelines

FIRST STEPS
SOUTH CAROLINA

Adopted by the SC First Steps Board of Trustees on December 5, 2022

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This document outlines the guidelines for local First Steps Partnerships with regard to programmatic, operational, financial, and administrative activities of the partnership. This document will be attached to the 2022-2023 grant agreement between local partnerships and South Carolina First Steps as a condition for receiving an annual funding allocation from the South Carolina First Steps Board of Trustees. It is the responsibility of the local partnership board and staff to comply with all program and operational guidelines (Section 19. Section 59-152-160(A)).

Operational Guidelines

Operational guidelines are organized into the following sub-sections:

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

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

Operational guidelines and supporting documents will be reviewed with board members and staff on at least an annual basis.

Program Guidelines

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

1. Parenting
2. Early Care and Education
3. School Transitions
4. Health

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

All programs are classified (at minimum) as one of the following:

- Evidence-Based Program Strategy
- Evidence-Informed Program Strategy
- High-Intensity Program Strategy

Local Partnerships are encouraged to provide at least one Evidence-Based and High-Intensity Program Strategy.

Monitoring and Compliance

On behalf of the First Steps Board of Trustees, the State Office of First Steps will monitor local partnerships 152-160(A)).

SECTION 10. Section 59-1 52-50

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

SECTION 12. Section 59-152-70

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

SECTION 19. Section 59-152-160

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

On-Site Monitoring

Once every five years, a Local Partnership can be audited at random by the State Office of First Steps.

Review of the Formula Funding Grant

Application the State Office of First Steps will provide feedback to local partnerships regarding partnership functioning and performance, including progress toward achieving the objectives within the partnership's Comprehensive Plan. This feedback may include:

Corrective Action Plans

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

First Steps Operational Guidelines

Operations and Governance

Operations

At minimum, the Local Partnership Board and Staff shall:

1. Exercise appropriate operational stewardship by adhering to the practices and procedures outlined in the SC First Steps Legislation (Section 12. Section 59 152 70 (6)), local partnership by- laws, local partnership grant agreement, and SC First Steps Operations Manual.
2. Comply with all contractual and legislative deadlines for submitting documents to the State Office of First Steps, including but not limited to:
   - An Annual Report by October 1 (Section 12. Section 59-152-70(A)(8));
   - An annual Formula Funding Grant Application by the published deadline (Section 13. Section 59- 152-90(B)),
   - A Needs and Resources Assessment every three years (Section 12. Section 59-152-70(A)(5));
   - And A three-year Comprehensive Plan (Section 12. Section 59-152-70(A)(2)).
3. Participate and cooperate fully in all internal and independent evaluations of the First Steps initiative (Section 19. Section 59-125-160(A-C)).
4. Data shall be collected and entered timely in the First Steps Data Collection System for all programs/strategies, according to the First Steps operational guidelines for that strategy. Partnerships must complete program and vendor registration for all funded strategies, enter projected to serve numbers for each strategy, and begin data entry by September 1 of each program year. Partnership and vendor staff are expected to adhere to the standard for timely data submission, based on the date of service, within 7 days for case level data (enrollment, home visits, group connections, assessments, etc.) and 30 days for programs that utilize the outputs data reporting (childcare training, DPIL, NFP, etc.).
5. A consent and authorization form must be completed and kept on file for all cases entered into the First Steps Data Collection System. Cases enrolled in programs for more than one year should complete a new consent form annually.
6. SC First Steps reserves the right to view partnership and vendor data in the system at any time, including but not limited to the following data checkpoints: 10 business days after Quarter 1 (Oct. 14); 10 business days after Quarter 2 (Jan. 16); 10 business days after Quarter 3 (April 17); and 10 business. days after Quarter 4 (July 17). Data will be used to evaluate overall program performance and sustainability.
7. Make every effort to participate in scheduled meetings and teleconferences/webinars with SC First Steps. In the event the partnership executive director is unable to attend, a board member or staff member should attend if possible. Partnerships are responsible for the content presented.
8. Ensure an equitable work environment that is supportive of organizational productivity, diversity, and stability.
   - Partnerships shall adhere to the State Office Hiring Policy, as outlined in the partnership grant agreement.
   - The local partnership board and staff shall not unlawfully discriminate against any person or category of persons for services or employment.
   - The local partnership shall comply will all applicable federal and state laws and regulations regarding employee discrimination and workplace policies, as outlined in the partnership's annual grant agreement with SC First Steps.
   - The local partnership board and staff shall prohibit preferential treatment and nepotism with regard to hiring, supervision, and promotion. Per the Conflict of Interest Policy, no immediate family member may work under a partnership employee's supervision or chain of command.
   - The partnership shall have human resource policies adopted by the partnership board.
   - Partnerships shall provide to all partnership employees a copy of the partnership's current human resource policies, Whistleblower Policy and the SC First Steps Conflict of Interest policy. It is recommended that these policies be reviewed with staff. It is also recommended that COI and Whistleblower policies be shared with staff of vendor-operated programs.
   - The partnership board must approve any salary increase for the partnership director, per the partnership's grant agreement with SCFS.
   - The partnership shall abide by the Dual Partnership Employment policy contained in the partnership's grant agreement with SCFS.
9. Partnerships and all its employees, agents, contractors and representatives shall safeguard confidential information and comply with all Confidentiality/Safeguarding Information requirements contained in the partnership's grant agreement

with SCFS. Per the partnership grant agreement, partnership employees shall sign annually the Confidentiality Form attached to the partnership grant agreement, and it is recommended that partnership board members and vendor staff also sign a Confidentiality Form annually.

Governance and Oversight

The local partnership board shall:

1. Operate in accordance with local partnership bylaws, the current First Steps legislation, and with all applicable state and federal laws pertaining to non-profit organizations and ensure the partnership board and staff meet all requirements to maintain the partnership's non-profit status with the IRS.
2. Maintain continuous Directors' and Officers' Liability, Comprehensive General Liability (including bodily injury, property damage, personal injury, and sexual abuse and molestation rider), and Workers' Compensation Employee Liability insurance with the corresponding limits of liability listed in the partnership's annual grant agreement.
3. Provide Planning and Oversight
   - Coordinate a collaborative effort at the county or multicounty level to identify area needs related to the First Steps legislative goals, and develop a strategic long-term plan (i.e., Comprehensive Plan) for meeting those needs (Section 12. Section 59-152-70(A)(2)). The partnership's Comprehensive Plan should align with the priorities identified in the state strategic plan adopted by the SC First Steps Board, as well as the state board's adopted readiness benchmarks (Profile of the Ready Kindergartner) and the First Steps legislative goals. Per Section 59-152-70, Comprehensive Plans shall include the three core functions of local partnerships (local portal, community convener, and support for state level priorities). Comprehensive Plans shall be for three years' duration, to align with legislative requirements for updating community needs and resources assessments every three years. Local partnership Comprehensive Plans, as well as any annual updates, are to be posted to the SC First Steps web site by December 1 each year, per First Steps legislation (Section 12. Section 59-152-70(A)(8)). To meet this requirement, future Comprehensive Plans will be due to SC First Steps on or before November 1 in the year in which the partnership's current plan expires.
   - Oversee program strategies in accordance with SC First Steps Partnership and Operational Guidelines, exercise due diligence when selecting program strategies and, when establishing new program strategies, commit to allowing sufficient time for successful implementation (min. 2 years recommended).
4. Ensure effective board functioning:
   - Meet as a full board at least once every fiscal quarter, with one full board meeting each year designated as the Annual Meeting.
   - Maintain all current approved policies/procedures/standards for conducting meetings and elections and disclosing records comparable to those provided for in the Freedom of Information Act and IRS disclosure requirements.
   - Maintain records of meeting announcements, sign-in sheets and minutes for all full board and committee meetings. Electronic copies of board minutes for the prior fiscal year will be submitted to SCFS, on behalf of the state board, by July 15 (Section 12. Section 59-152-70(A)(7)).
   - Follow the Records Retention Policy/Schedule contained in their grant agreement with SCFS, as well as the retention policy for Corporate Records contained in the partnership by-laws.
   - Review, adopt, and sign an Annual Board Member Agreement that at minimum includes an annually reviewed and adopted:
     a. Conflict of Interest Policy (must align to the policy contained in the partnership's current year grant agreement with SCFS). Prior to every vote taken by the board, members must abstain from voting if the issue being considered would result in a conflict of interest. The abstention must be noted in the minutes of the meeting (Section 11. Section 59-152-60(G)).
     b. Conflict of Interest Disclosure Forms must be completed annually by all board and staff and kept on file at the local partnership.
     c. Confidentiality Form (contained in annual grant agreement).
     d. Whistleblower Policy.
     e. Attendance Policy outlining minimum board meeting attendance requirements, to include definitions of unexcused and excused absences and no more than three (3) consecutive unexcused absences, per partnership bylaws.
5. Practice Ongoing Board Development/New Member Orientation:
   - Use Board Matrix/Planning Documents/Board Evaluation Tools to annually assess the composition and functioning of the board to identify gaps and develop recruitment strategies. Partnership boards must

abide by the composition requirements contained in the First Steps legislation (Section 59-152-60(C)(1-3))

- Hold annual elections for partnership board officers (Chair, Vice Chair, Secretary). Officer terms are for one year. Board chair and vice chair terms cannot exceed 4 years (4 consecutive, one-year terms).
- Ensure Board Members adhere to a current term on the board not to exceed 8 years (2 consecutive four-year terms) and regularly attend meetings in accordance with local partnership By-Laws.
- Provide new members a comprehensive board orientation that addresses, at minimum:
  a. First Steps mission/vision, structure, policies/procedures/standards for operation.
  b. Local partnership administrative, financial and planning documents, including a summary of current program strategies.
  c. Nonprofit Board Member Roles and Responsibilities.
- Publish board member rosters in the Partnership's Annual Report and ensure they are reported annually to the partnership's legislative delegation and be on file with the Office of First Steps (Section 11. Section 59-152-60(A).

Fiscal Accountability

1. The local partnership board and staff shall exercise appropriate fiscal stewardship, including the use of private and non-state funds, by adhering to the policies and procedures outlined in the SC First Steps Legislation (Section 18. Section 59-152-150(A)), local partnership by-laws, local partnership grant agreement, and SC First Steps Operations Manual.
2. The local partnership board and staff shall monitor on an ongoing basis the financial condition of the partnership, to include but not limited to: revenue, expenditures and balances within all strategy areas, budget codes and funding sources. The local partnership board and staff shall comply with requirements for limiting administrative expenditures to at or below the rate established by the SC First Steps Board of Trustees. The maximum administrative rate for local partnerships, set by the SC First Steps Board of Trustees effective July 1, 2017, is 13% of expenditures of state funds allocated to the local partnership by SC First Steps.
3. The local partnership board and staff shall comply with fiscal policies set by the SC First Steps Board of Trustees for state funding of evidence-based and evidence-informed programs, per First Steps legislative requirements.
4. The local partnership board and staff shall ensure that funds granted to the partnership by the SC First Steps Board of Trustees are spent in a timely manner in service to children pre-birth to school entry within the partnership's service area. Partnerships shall monitor their formula allocated budget and expenditures closely to estimate the partnership's projected carry forward budget and submit a plan for how carry forward will be used in the next fiscal year as part of the partnership's board-approved Formula Funding grant application. The SC First Steps Finance Office will certify and notify partnerships of all prior fiscal year available carry forward budgets between October 1st and October 15th. Each partnership must submit budget reallocation requests to OFS before December 31 to add all carry forward to its Budget Spending Plan. Partnerships whose certified carry forward amount is 15% or more than its original formula allocated budget OR have changed their use of carry forward funds since their last approved budget change, must submit updated board minutes reflecting these changes.
    - For the first year, Partnerships whose certified carry forward budget exceeds 15% of the prior fiscal year's formula allocated budget will receive a corrective action plan AND must submit written justification to their SC First Steps Program Officer with a plan to be approved by the SC First Steps Board of Trustees (Program and Grants Committee) to reduce their amount of carry forward budget to under 15% for the next fiscal year.
    - For the second consecutive fiscal year, Partnerships whose carry forward budget exceeds 15% will remain under corrective action plan AND will be subject to potential withholding of their excess carry forward funds at the discretion of the SC First Steps Board of Trustees.
5. The local partnership staff should process vendor invoices for payments upon receipt, obtain board member signature according to the SC First Steps Operations Manual and immediately forward to the contracted finance manager for payment. Fees and/or penalties due to late payments are unacceptable and will be captured in a separate model code and monitored by SC First Steps Finance staff.
6. The local partnership board and staff shall exercise appropriate stewardship and due care in the selection, implementation, and monitoring of all contractors and the administration of all contracts. It is the partnership's responsibility to ensure contractors comply will all programmatic and financial requirements contained in the partnership and program guidelines, partnership grant agreement with SC First Steps, and the SC First Steps Operations Manual.
7. Financial reports should be presented at all local partnership board meetings.
8. The local partnership board and staff should review internal financial controls annually.
9. The local partnership board and staff shall adhere to the fiscal calendar deadlines outlined in the SC First Steps Operations Manual. In summary, funds must be obligated by June 30, invoices and reallocations submitted by July 31, and documentation of in-kind match submitted by July 31. Local partnerships must adhere to the SC First Steps written financial year-end closing process. Books will be closed on August 15 and any changes after then will be applied to the next fiscal year.
10. Local partnerships shall submit a 12-week time allocation study for executive directors and staff with shared costs across programs, administration, and core services by April 15 on an annual basis.
11. The local partnership board and staff shall respond in a timely manner to all requests from the contracted finance manager. The contracted finance manager shall support local partnerships' financial operations as outlined in its contract with SC First Steps.

12. A financial audit shall be conducted annually to include implementing a corrective action plan to address issues, concerns, or recommendations in the identified area of partnerships activities as called for in the audit. The local partnership board and staff shall respond in a timely manner to requests from the independent contracted auditors. The auditor shall periodically conduct on-site visits to the local partnership to test internal procedures and controls.
13. For equipment or furnishing costing $1,000 or more, the partnership shall implement controls and procedures contained in its partnership grant agreement (13: Title to Equipment). This equipment and furnishing must be coded-classified in accordance with the SC First Steps Operations Manual, Chapter 5, Model Titles and Codes, Equipment and Furnishing – Purchased, code 5401.

Core Functions

1. A First Steps Partnership Board shall, among its other powers and duties:
   - coordinate a collaborative effort at the county or multicounty level which will bring the community together to identify the area needs related to the goals of First Steps to School Readiness; develop a strategic long-term plan for meeting those needs; develop specific initiatives to implement the elements of the plan; and integrate service delivery where possible; and
   - coordinate and oversee the implementation of the comprehensive strategic plan including, but not limited to, direct service provision, contracting for service provision, and organization and management of volunteer programs.
2. Effective July 1, 2016, each partnership's comprehensive plan shall include the following core functions:
   - service as a local portal connecting families of preschool children to community-based services they may need or desire to ensure the school readiness of their children;
   - serve as a community convener around the needs of preschool children and their families;
   - support of state-level school readiness priorities as determined by the State Board;
   - community mobilization;
   - needs assessment every 3 years; and
   - collect information and submit an annual report by October first to the First Steps to School Readiness Board of Trustees, and otherwise participate in the annual review and the three-year evaluation of operations and programs. Before December 1, 2017, and annually before December first thereafter, the Office of South Carolina First Steps shall publish each local partnership's comprehensive plan and annual report on the office's website. Reports must include, but not be limited to:
     i. determination of the current level and data pertaining to the delivery and effectiveness of services for young children and their families, including the numbers of preschool children and their families served;
     ii. strategic goals for increased availability, accessibility, quality, and efficiency of activities and services for young children and their families which will enable children to reach school ready to succeed; monitoring of progress toward strategic goals;
     iii. report on implementation activities;
     iv. recommendations for changes to the strategic plan which may include new areas of implementation;
     v. evaluation and report of program effectiveness and client satisfaction before, during, and after the implementation of the strategic plan, where available; and
     vi. estimation of cost savings attributable to increased efficiency and effectiveness of delivery of services to young children and their families, where available.

Core Function Categories

Local Portal Activities

Effective July 1, 2016, the local partnership **shall serve as a local portal connecting families of preschool children to community-based services they may need or desire to ensure the school readiness of their children** (Section 12. Section 59-152-70(4)(a)). These services shall be represented in the partnership's Comprehensive Plan and include, at minimum:

- **Accessibility** Dedicated physical space within the partnership's county and with appropriate signage that is accessible to the public and clients they serve. Additionally, this official Local Partnership address must have a set weekly schedule and publicized hours. The Local Partnership shall adhere to publicized office hours.
- **Responsiveness to requests for assistance** Phone access must be available during regular business hours each week that includes voice mail and the capability to receive and return messages (phone, text, email, etc.) in a timely manner.
- **Referrals** Activities must include, but are not limited to:
  i. Maintaining an up-to-date inventory of available programs and services for referring families. An up-to-date list of community resources should be available to clients, community partners, and the state office of First Steps at all times; including, providing local/regional resource directories (print and/or online) of local partnerships programs/services and community resources.
  ii. Sharing information about the First Five SC portal with families and receiving applications and referrals from First Five SC portal.

iii. Partnership staff and volunteers who provide these services shall possess the requisite knowledge of and relationships with providers to connect families.
iv. Making referrals by phone, online resources, and/or social media for children 0-5 and families not enrolled in First Steps services
v. Connecting to services and programs not provided by First Steps *(E.g. Benefit Bank; Medicaid; Parent and Family Resource Center; Federal & State Emergency Aid; Disaster Assistance); etc.)*

- **Developmental Screenings** Provide developmental screenings to prioritize family's needs and referrals for children 0-5 and families not enrolled in First Steps services

Community Convener

As a component of community mobilization, starting July 1, 2016, local partnerships shall serve as a **community convener around the needs of preschool children and their families** (Section 12. Section 59-152-70(4)(b)). This function shall be represented in the partnership's Comprehensive Plan and include, at minimum:

- The partnership board should identify one or more unmet needs impacting preschool children and their families from: their most recent Needs and Resources Assessment; and/or school readiness priorities outlined in the SC First Steps Board's Strategic Plan.
- The partnership leading or serving as a collaborating partner in establishing and coordinating a community-wide effort to address the identified need(s), with the active involvement of partnership board members and staff.
- Local Team Meetings: it is recommended that the local partnership convene, at least annually, a meeting between partnership staff and a member of the SCFS local partnership Program Officer team, including (if applicable) representatives from state First Steps programs located within the partnership's service area, for the purpose of improving coordination and collaboration across state and local First Steps programs and with other programs and services in the community (Section 12. Section 59-152-70 (A)(4)(c)). Partnerships are encouraged to expand these meetings to include representatives from partner organizations and other community stakeholders. Activities may include but are not limited to:
    i. Convening of state and community partnerships, local 4K, and First Steps 4K
    ii. Advocating for the well-being of children 0--5 through meeting with legislative members and other local and state entities within the county
    iii. Public forums (i.e. surveys, focus groups, trainings) targeting parents, other community agencies, and/or school districts and teachers
- Goals and objectives for the partnership's role as a community convener, as determined by the partnership board and Executive Director. Progress reports documenting the success of convener activities should be made available to the partnership board and the public at least quarterly.
- Participation in local/county/regional coalitions, committees etc. of child-serving agencies and organizations

Supporting State Level Priorities

Effective July 1, 2016, the local partnership shall support the state-level school readiness priorities as determined by the State Board (Section 12. Section 59-152-70(A)(c)). These priorities shall be represented in the partnership's Comprehensive Plan and must include:

- Increasing community awareness, education and outreach for programs and activities based on school readiness benchmarks as established by the State Board (Section 1. Section 59 -152- 32(A((2)), e.g., Profile of the Ready Kindergartner and the South Carolina Early Learning Standards
- Programs and activities based on priorities in the SC First Steps Strategic Plan approved by the state First Steps board and legislative goals of SC First Steps (Section 1. Section 59 -152- 32(A((2))
- Support and collaboration with state First Steps programs, including First Steps 4K programs
- Supporting the implementation of the Kindergarten Readiness Assessment (KRA) to include sharing local school district KRA results with stakeholders, including teachers and parents of programs supported with First Steps funds (Section 1. Section 59 -152-33(D))
- Other state level priorities as determined by the State Board
- Utilizing First Five county level log-ins to identify potential clients and generate recruitment plans to increase enrollment for First Steps programs
- Encouraging families to utilize First Five SC to access publicly funded resources that promote the well-being of children

Mobilizing Local Communities

The local partnership board and staff shall participate in and document efforts to mobilize communities (all stakeholder groups including but not limited to: families, community leaders, businesses, faith-based organizations, civic organizations, elected officials and government agencies, health care entities, school personnel and other early childhood agencies/organizations) to focus efforts on providing enhanced services to support families and their young children so as

to enable every child to reach school healthy and ready to succeed (Section 8. Section 59-152-30(5)). Community action may include but is not limited to: developing and distributing public education materials that promote the partnership's mission, available programs, and community resources; and sponsoring and/or co-sponsoring community events that promote school readiness.

3. Community Education and Outreach Plan
    - The local partnership board shall develop an annual Community Education and Outreach Plan to raise awareness, knowledge, engagement, participation and support for early childhood programs and services, including First Steps and in support of required Core Functions Partnerships shall engage in online and social media and to have a social media policy as a part of their plan.
    - Plan components include:
        i. Increasing awareness and engagement of target audiences in supporting early childhood programs and the Profile of the Ready Kindergartner
        ii. Supporting the partnership's core function as a local portal
        iii. Supporting the partnership's core function as a community convener
        iv. Supporting the partnership's core function to address one or more state-level school readiness priorities
        v. Increasing the knowledge and skills, and/or changing behaviors of target audiences in one or more areas of school readiness, child development best practices, etc. Refer to the Community Education and Outreach Plan Template for additional strategies/activities and examples
        vi. Outreach to target audiences to increase their participation in programs and services supporting children 0-5 and their families
        vii. Designating a point of contact to access lead information for potentially eligible families from First Five SC
        viii. Increasing financial and other support for early childhood programs and services
        ix. Engaging target audiences in working to improve community performance on school readiness benchmarks (Profile of the Ready Kindergartner, Palmetto Basics) and/or the state's readiness assessment
    - Maintain data collection records on Core Function and Community Education/Outreach activities. SC First Steps will provide a template for annual reporting of Core Function outputs. Cases Data entry may be required if Core Function activities are to include ongoing services to children and families.
4. The local partnership board shall update its community Needs and Resources Assessment every three years, in accordance with First Steps legislation (Section 12. Section 59-152-70(A (5)) as a basis for community-wide planning efforts to support at-risk children and the partnership's Comprehensive Plan. This document shall be submitted to SCFS by December 31 of the year in which the previous needs and resources assessment expires.
5. Within the Formula Funding Grant Application and Budget Spending Plan, the partnership must provide information regarding the activities to be funded in support of Core Functions. Local partnerships are to appropriate not more than 12% of state funds for these purposes.
6. Partnerships providing – or seeking to provide - services within another First Steps partnership's designated coverage area are required to communicate and collaborate with the affected partnership(s) and to document these collaborative efforts formally.

Resource Development

1. The local partnership board shall engage in resource development responsibilities that maximize the use of in-kind (volunteers, goods, services, and facilities) and cash contributions to the partnership. Partnerships must document a minimum 15% match (cash and/or in-kind) to state funds appropriated to the partnership in the current fiscal year by SC First Steps (Section 16. Section 59-152-130(A)). While the Board of SC First Steps may or may not choose to grant a 15% match waiver for a first-year request, the Board will not grant a 15% match waiver for 2 consecutive years. If the Board of Trustees does not grant a match waiver, the State Office of First Steps will recapture from the local partnership's current year state funds the amount equal to the matching funds due, but not raised to meet the 15% match requirement at the conclusion of the prior fiscal year
   Responsibilities include:
   - Develop and submit an updated Resource Development Plan annually as part of the local partnership's Formula Funding Grant Application, which includes shared responsibility for resource development by board members and staff.
   - Assurance of adequate resources to support the local partnership board's strategies/programs.
2. The local partnership board shall conduct fundraising activities in an ethical and fiscally responsible manner. A written process shall be developed to address the handling and acknowledgment of contributions and respect for donor confidentiality requests.
3. The local partnership board shall:
   - Accurately describe the purpose for fundraising activities.
   - Expend funds for the purpose they were solicited.
   - Maintain accounting segregation for restricted funds.
   - Raise funds in accordance with applicable local, state, and federal requirements.
4. The local partnership board will seek opportunities to collaborate with other partnerships and/or agencies/organizations to raise funds to meet the needs of at-risk children.
5. The partnership board and staff shall document in-kind contributions to the partnership in the format specified in the SC First Steps Operations Manual and provide timely submission of in-kind documentation to the Finance Manager. All in-kind documentation and budget reallocations of in- kind funds must comply with fiscal year-end deadlines (Section 16. Section 59-152-130(B)).

First Steps Program Guidelines

General Program Guidelines

1. Implement program strategies in accordance with SC First Steps Partnership and Program Guidelines, exercise due diligence when selecting program strategies and, when establishing new program strategies, commit to allowing sufficient time for successful implementation (min. 2 years recommended).
2. Program strategies, including those funded by private and non-state funds, must support one or more First Steps goals (Section 13. Section 59-152-90(C)(c); Section 18. Section 59-152-150(C)) and address unmet needs identified in the partnership's needs and resource assessment and Comprehensive Plan. Partnership funds granted by the SC First Steps Board must comply with provisions for use of grant funds contained in the First Steps legislation (Section 14. Section 59-152-100(A)).
3. Program strategies must utilize the SC First Steps to School Readiness benchmarks and objectives (Profile of the Ready Kindergartner) (Section 13. Section 59-152-90(C)(b)).
4. At least 75% of state funds appropriated for programs must be used by the local partnership for "evidence-based" programs. Not more than 25% of state funds appropriated for programs to a local partnership may be used for "evidence-informed" programs (Section 14. Section 59-152-100(B)). Per First Steps legislation, this provision is based upon the list of evidence-based and evidence-informed programs adopted by the SC First Steps Board of Trustees, posted to the SC First Steps web site.
5. Program strategies must be adequately resourced (staff, funding).
6. Partnerships must closely monitor program vendors/contractors to ensure compliance with operational guidelines. Partnerships should review contract provisions and the scope of work each year to ensure all program model components and operational guidelines are addressed. Vendor contracts for program strategies shall include as an attachment, the applicable current year's First Steps program guidelines for that strategy.
7. State funds appropriated for Partnership services are intended for use within the geographical boundaries of each individual partnership. Partnership strategies may - on a limited basis and with approval by the partnership's board - serve clients not geographically located within the partnership's service area if strong justification exists for such services to be provided. Examples include but are not limited to: high-risk families living just outside the county but within close proximity to partnership programs; and child care providers not located within the county but serving a substantial number of high-risk children from the partnership's service area. In such cases, partnership staff are required to inform, coordinate, and collaborate with the local First Steps partnership in which the client is located.
8. Partnership executive directors and staff must ensure complete and accurate data is collected to measure program results and client satisfaction, including accurate and complete data entered in the First Steps Data Collection System as required.
9. Program strategies using local district resources within a school district must be conducted only with approval of the district's board of trustees (Section 14. Section 59-152-100(D)).
10. Partnership staff and volunteers who work directly with children shall be subject to SLED checks prior to hiring. Contractors must be able to provide this documentation upon request.
11. Per the partnership's grant agreement with SC First Steps, partnerships are responsible for reporting suspected child abuse, neglect or dependency, as defined and required by applicable law.
12. Partnerships shall keep a waiting list of all program applicants who cannot be served due to the program's reaching its service capacity.

Family Cafe' (185)

Evidence Informed Strategy

Cafés are structured discussion groups that use the principles of adult learning and family support. They are highly sustainable with training reinforcement, institutional support, and a commitment to an approach that engages and affirms parents as leaders. Participants leave Family Cafés feeling inspired, energized, and excited to put into practice what they've learned."

The foundation of the Family Café is created through the utilization of Protective Factors. These factors are seen as positive countering events and have been known to reduce incidences of child abuse and neglect. **Family Café in a Box Protective Factors are:**

- Resilience: Parent Resilience
- Relationships: Positive Social Connections
- Support: Concrete Support in Times of Need
- Knowledge: Knowledge of Parenting and Child Development
- Communication: Social and Emotional Competent

Unit of Delivery = Families

Targeting

Targeting Clients At-Risk of Early School Failure

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

Readiness Risk Factors:

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible families whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active-duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)

- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Client Retention

- At least 75% of participating families (minimum of 10 families per cohort) must complete 7 sessions.

Frequency of Service

Implementation of the Family Café Model requires a minimum:

- 10 families per cohort (parents and caregivers to children ages 0 to 5 years old)
- 2 cohorts a year (20 + families)
- 7 session per cohort.

Recruitment

The local partnership should utilize AmeriCorps Member(s) to recruit eligible families to participate in Family Cafes as stated in the Targeted Grant Application.

Service Delivery

Model Fidelity

Local Partnerships will focus their efforts on providing enhanced core services to support families and enable children to reach school healthy and ready to succeed by: being a community convener around the needs of preschool children and their families; serving as a local portal to connect families of preschool children to community-based services; and supporting the state-level school readiness priorities as determined by the State Board.

Service Delivery

- Each cohort should complete a maximum of seven, two-hour sessions (virtual or in-person), facilitated by South Carolina First Steps AmeriCorps Members. All activities will come from the Be Strong Family Café in a Box curriculum.
- AmeriCorps Members must:
  a. maintain attendance records, sign-in sheets, a list of Community Advocates attending each session, and materials provided
  b. serve meals and provide childcare at each session
  c. provide incentives
- In addition to working with SCFS AmeriCorps Members, cohorts will also be serviced by Community Advocates at every session. Community Advocates should attend each session for the purpose of sharing information and community resources with program participants. Community Advocates may include, but are not limited to: officials from local state agencies, nonprofits, school district personnel, etc. Community Advocates must:
  a. distribute materials regarding community resources and support services

Connections (Referrals)

- Partnerships shall utilize formal or informal needs assessments to refer/link families to additional interventions as necessary and beneficial.
- Given the risk factor profile of clients/families served by First Steps, it is expected that a majority of clients will be connected to services in addition to this program. Pre-existing connections made prior to the client's involvement with First Steps may count toward this standard.
- **70% of families served must have at least one successful connection per program year.**
- SCFS AmeriCorps Members shall maintain (within the designated First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral
- Referrals and successful connections shall be entered (within the First Steps Data Collection System) within 7 days of referral.

Staff Qualifications and Training

- The Family Café' is a Peer-to-Peer model and all sessions should be facilitated by a SCFS AmeriCorps Member who has

completed curriculum training sponsored by Be Strong Families. When training is completed through Be Strong Families, the participant must submit a certificate of completion to the Core Functions Program Lead and SCFS AmeriCorps Program Coordinator. At least one (1) partnership facilitator must be trained in the Family Café model by Be Strong Families and must submit certification of training completion. Being a parent of a young child supports the implementation of program reflection practices, however, it is not a requirement.

- Minimally qualified SCFS AmeriCorps Members must be able to establish a good rapport with Family Café participants.
- Café facilitators, and at least one other staff member within the participating partnership, must attend the Be Strong Café' Training, prior to serving families. If a facilitator is unable to attend the Be Strong Café' Training, the partnership will be responsible for making sure the facilitator receives the necessary training to implement the model with fidelity.
- Each member should have knowledge of both the language and culture of the community served.

Ongoing Program Quality Improvement and Professional Development

This is a pilot and county partnerships will be required to participate in quarterly discussions with the SCFS State Office to determine best practices as well as gather information about individual experiences with the Family Café.

Assessments

- Following each cohort, families will be assessed using the Be Strong National Office Evaluation in session 7. Once completed, the local partnership must submit the completed evaluation to the SCFS State Office to be submitted to the Be Strong National Office. (Evaluations must be submitted to SCFS State Office within 10 days of assessment.)
- Quarterly meetings will be held with participating local partnerships and the SCFS State Office to support implementation, SCFS AmeriCorps Members, and debrief on the project. The meeting agenda will include reports on program outcomes, implementation successes and challenges, and the level of resources needed (money, staffing, etc.) for successful implementation.

Data Submission & Minimum Qualifications

	Description	**Requirement**	**Data Entry**	**Report/Other Data Storage**
Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent.	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data will be entered within 7 days of a family's enrollment.	Case Visit Summary and Projected to Serve
Targeting	Risk Factors	**100% of families** must possess <u>at least one</u> risk factor At least **60% of families** <u>should have two (2) or more</u> readiness risk factors	Data will be entered within **7 days** of enrollment.	Risk Factor Report
Service Delivery	Group Meetings	**Data Required** 1. # Group Meetings 2. Total Attendance 3. Enrollee Attendance 4. Guest Attendance 5. Curriculum Topic	Data will be entered within **7 days** of group meetings.	Total Attendance (Enrollees/Guests) - Case Data Entry Screen To isolate enrollee attendance run the Group Meeting Detail Report.
Connections ("Referrals")	SCFS AmeriCorps Members shall	**70%** of families served must have at least one successful connection per program year.	Data will be entered within **7**	Connection Detail Report

	maintain (within the designated First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.	To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	**days** of initial referral and within **7 days** of follow-up.	
Assessment	Be Strong Assessment	Families will be assessed using the Be Strong National Office Evaluation in session 7.	Data will be submitted to SCFS State Office within **10 days** of assessment.	Partnerships must keep records on site.

Parenting Program Guidelines

Parents As Teachers (201)

Evidence-Based & High Intensity Strategy

Parents as Teachers promotes the early development and health of children by supporting and engaging their parents and caregivers. As a result of its presence in communities, children receive developmental screenings, parents have access to resources, and families gain the opportunity to participate in home visits and group socialization.

Local partnerships funding Parents as Teachers (PAT) shall work in collaboration with SC First Steps (in its capacity as South Carolina's State Office for Parents as Teachers) to ensure full compliance with national model guidelines. (Fidelity of implementation in SC includes meeting the 21 Essential Requirements of the Evidence Based Model along with a few SC-specific additions.) First Steps' home visitation strategies are designed to equip adults with the knowledge and skills necessary to promote the school readiness, healthy development, and long-term success of their preschool-aged children.

The following guideline includes both the expected Measurement Criteria for PAT National Center and SC First Steps minimum requirements. The Measurement Criteria for PAT National Center are included in Appendix A.

Unit of Delivery = Families

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)

- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Targeting By Age (Early Intervention)

- At least 70% of newly enrolled families shall contain an expectant mother and/or a child under thirty-six months of age.
- If *unique and/or emergency* circumstances warrant, Partnerships may enroll families with children aged three-years or older. Written justification from SC First Steps is required.

Client Retention

- Each partnership must demonstrate the retention of 75% of its families across nine or more months of program participation.
- **Pursuant to national model guidelines PAT affiliates must be designed to provide at least two full years of service to eligible families. (ER 1)**

Service Delivery

Model Fidelity

In order to guarantee high-quality services and the validity of agency-wide evaluation efforts, parent educators must ensure that Parents as Teachers is implemented to fidelity and complies with the following:

Home Visit Intensity and Delivery

- **Programs shall match the intensity of their service delivery to the specific needs of each family and the caseload requirements of the parent educator. No family should be offered less than 2 visits per month.**
- **Families identified as possessing two (2) or more board-approved risk factors (family stressors) must receive visits 2 per month up to weekly as the needs and availability of the family dictate. (ER 12)**
- For purposes of grant renewal, conditional approvals may be issued to Partnerships averaging fewer than 2.0 visits per family, per month. **For each family served, a 1.8 average is considered the minimal threshold for visits per month, 2.0 is the targeted expectation, and 2.5 and above is considered outstanding intensity.**
- First Steps funded PAT programs must maintain formal affiliate status via the Parents as Teachers National Center. SC First Steps and/or PAT National SC Implementation Specialist will host regular supportive conference calls or webinars to assist affiliates with tracking and meeting all model requirements. Supervisors are expected to attend these webinars each month. **(ER8)**
- **All Affiliate Programs should complete a minimum of 24 visits per year, per family, as is required by the National PAT Center. (ER 12)**
- In households in which two or more preschool-aged children reside, parent educators are permitted – but not required – to conduct separate visits designed to address the development of individual children. Alternately, curriculum information relating to the needs of each child may be combined into a single visit of greater duration. **All children in the home under age 6 shall be served by the program.**
- While PAT is ideally suited for delivery within the home (and home-based visitation expected as the primary method of service delivery), visits may be approved for delivery at an alternate location (a childcare center, family resource center, etc.) as either the documented needs of the family or safety of the visitor dictate. The alternative location must be suitable to delivery of parenting services such that integrity of the session and confidentiality of families is maintained. **Regardless of location, all visits must be one-on-one (First Steps-funded PAT visits may not be delivered in group settings); and entail the use of PAT-specific foundational plans and planning forms and last at least 45 minutes.** At a family's discretion and supervisor approval virtual and telecommunication visits will also be considered acceptable and count as a home visit.
- **Parent educators must use the foundational visit plans, planning guide, and personal visits from the curriculum to design and deliver personal visits to families. (ER 11)**
- **Beginning July 2021 all PAT 2020 forms shall be used while delivering the model per PAT National Requirements**.
- Case Visit Data Entry
  a. At the start of each fiscal year, parent educators can roll over families and begin entering family visits and other required data. Data entries will be checked quarterly (Quarterly Progress Reports) to ensure model fidelity.
  b. Data on each home visit shall be entered into the FSDC database within 7 days of completion.

c. In the event that the Partnership has identified an individual responsible for all data entry, data must be formally submitted to the Partnership within this same 7 day window for subsequent entry.

Caseload Size

- **No parent educator may carry a caseload of more than twenty (20) active families**. *Smaller caseloads may be necessary based upon the intensity of services provided (ex: weekly home visits) or as determined by individual family needs.*
  a. **Parent educators working 32 or more hours per week** should serve no less than 15 families, unless approved by South Carolina First Steps Director of Parenting.
  b. **Parent educators working less than 32 hours per week** shall serve no less than 10 – 12 families, unless approved by South Carolina First Steps Director of Parenting.
- **No supervisor or lead parent educator may be assigned more than 12 Parent Educators, regardless of whether the parent educators are full or part time employees. (ER 5)**
- **Supervisors/Lead Parent Educators who are also serving families should serve 10 families or less, depending on the number of parent educators supervised.** For example, if a Supervisor/ Lead Parent Educator supervises 6 or more parent educators then she/he should serve no more than 5 families.

Group Connections

- **Each affiliate needs to offer families at least one group connection activity per month, for a total of at least 12 per program year. (ER 14)**

Screenings

- **Parent educators shall document the completion of all model-related health and developmental screenings to include hearing, vision, dental checks, etc. This should be completed by 7 months of age or within 90 days of enrollment and annually thereafter. (ER 15)**
- Parent educators shall seek to ensure that each participating family connects with a pediatric medical home and other community services as appropriate.
- **Each child shall be assessed using the age-appropriate developmental screening tools Ages & Stages 3 and Ages and Stages SE2, within 90 days of enrollment and annually thereafter. (ER 16)**
  a. Child Development Surveillance shall take place during each personal visit and shall be recorded on the PAT Milestone Check Form or CDC Milestones. (ER 17)
  b. If a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the parent educator shall collaborate with parents/guardians to seek the consensual provision of these results to:
    i. child's pediatric care provider
    ii. either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation.
  c. Parent educators will recommend activities to assist with the areas of possible concern. Referrals should be entered in the First Steps Data Collection System within 7 days of developmental screening.
    i. If a child scores in the monitoring range on ASQ3 and/or ASQ:SE2 in two or more categories and/or if there is a parental concern on the screening questionnaire, the parent educator will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, and rescreen the child within 6 months.
    ii. The parent educator will continue to monitor the child's development and rescreen the child within 90 days of referred intervention.
    iii. Children receiving assistance through BabyNet they do not need to be screened by Local County Partnership until BabyNet services have ended.
- **Parent Educators must screen at least 80% of eligible children in the ASQ3 and ASQ:SE2.**
- Partnerships and their staff shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established.

Connections (Referrals)

- Parent educators shall utilize readiness risk factors to refer and connect families to services that they may need or want to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of families served by First Steps, it is expected that most families will be connected to services in addition to this program. Pre-existing connections made prior to the family's involvement with First Steps

may count toward this standard.
- **70% of families served must have at least one successful connection per program year.**
- Client screenings and referrals based on those screening results shall be entered (within the First Steps Data Collection System) within 7 days of referral.

Family Assessment (LSP) and Goal Setting

- Parent educators shall adhere to national model requirements pertaining to use of the Life Skills Progression (LSP), an approved family needs assessment tool. **The initial LSP should be completed within 120 days of enrollment and then completed at and annually thereafter on the focus parent/ caregiver and is used for parent educator Information only. (ER 9)** All LSP items shall be entered into the First Steps designated data system. **Parent educators must administer the LSP to at least 75% of active parents.**
- Partnerships shall utilize the Life Skills Progression and/or other formal and informal needs assessments to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum. All referrals to other services shall be entered into the First Steps Data System.
- **All parenting and family strengthening caseworkers shall develop well-documented Family Goal Plans between the home visitor and at least 60% of families (using the PAT Goal Setting form) within 3 months of the enrollment of each within the program, and subsequently update these plans at least semi-annually to gauge progress and goal attainment. (ER 10)**

Advisory Committee and Community Stakeholders

- **Each PAT Affiliate shall convene an advisory committee at least twice yearly. (ER 3)** These meetings shall incorporate community stakeholders to identify service gaps and increase collaborative service referrals. This committee also advises, provides support for, and offers input to the affiliate program for planning and evaluation purposes.

Staff Qualifications and Training

- **All parent educators and supervisors in SC, including AmeriCorps members, must possess at least a high school diploma or equivalency with two years of related supervised work experience with young children and/or parents or two-year degree in early childhood education or closely related field.**
- **Each PAT Affiliate shall be overseen by one or more individuals certified as PAT Supervisors. New Supervisors shall attend the Foundational Curriculum and Model Implementation Training. (ER 6)**
- New parent educators must document successful completion of/initial certification in PAT's Foundational and Model Implementation Training.
- **Parent educators with caseloads that include children aged 3-5 must also maintain the Foundational 2 (3-5) certification. (ER 2 and ER 6)**
- **Each parent educator shall successfully complete his/her annual recertification and an additional twenty hours of professional development. (ER 8)**
- Each parent educator shall complete training in ASQ-3, ASQ:SE-2, LSP, ACIRI and HFPI.
- All training (for both program and individual staff members) must be documented on-site.

Ongoing Program Quality Improvement and Professional Development

- Each parent educator shall participate in the PAT affiliate National Quality Endorsement process every 5th year and make ongoing use of:
  a. the PAT Parent Evaluation (annually),
  b. Parent Educator Performance Evaluation (annually),
  c. Parent Educator and Supervisor Self-Evaluations (annually),
  d. Program Evaluation by Parent Educators (annually)
  e. Peer Mentor Observation (optional).
- *Each program must submit an Affiliate Performance Report to PAT and South Carolina First Steps by the 3rd Friday of July*. **All Performance Measurement Reports generated by PAT National and State Offices are to be used to develop Continuous Quality Improvement Plans. (ER 19) and (ER 20)**
- Each participating First Steps Partnership PAT program shall convene a monthly staff meeting of all pertinent program personnel and staff (to include those staff members providing both supervision and direct service to families) to review recruitment, standards compliance, programmatic data and other issues related to strategy success. **A minimum of 2 hours of staff meetings per month for part-time and full-time parent educators. (ER 4)**

- **Full-time parent educators shall participate with their supervisor in individualized reflective supervision meetings at a minimum of 2 hours per month. No less than 18 hours of individualized reflective super-vision during the program year is expected.**
- **Part-time parent educators shall participate at a minimum of one hour of reflective supervision per month. (ER 4)**
- Supervisors who provide home visits to families as a parent educator must also engage in reflective supervision.

Assessments

- **Healthy Families Parenting Inventory (HFPI)**
  All PAT Affiliates shall complete, at minimum, baseline and post assessments of the primary adult identified within each enrolled case using the Healthy Families Parenting Inventory (HFPI). The initial HFPI should be completed within 90 days of enrollment and every six months thereafter until program exit. (ER 21)
- **Adult-Child Interactive Reading Inventory (ACIRI)**
  Each family containing children aged 30 months or older shall have their interactive literacy behaviors assessed by a trained evaluator using the Adult-Child Interactive Reading Inventory (ACIRI). Each parent educator making use of the ACIRI shall document his/her attendance at a First Steps sponsored training on the instrument.
  a. An initial ACIRI shall be performed within 45 days of enrollment if the child is 30 months or older; the initial ACIRI should be done immediately after (within 15 days but not before) the child's 30-month birthday.
  b. Thereafter, ACIRI should be done at the following intervals during the first program year of enrollment: A 2nd ACIRI should be done before the current year's data deadline if the case was enrolled by December 31 AND the child was age eligible for ACIRI by December 31. If not, then a 2nd ACIRI is not required for data compliance, but highly recommended if there is any reason to believe the family may leave the program before the next program year starts.
  c. For the 2nd and subsequent years of enrollment, an ACIRI needs to be scheduled for the beginning and end of the program year (prior to the data deadline) IF the case only received one ACIRI during the first year of enrollment. If the case received 2 or more ACIRIs during the first year of enrollment, only one ACIRI is required per year thereafter.
  d. Regardless of how long a family has been served, or how long it has been since the family last received an ACIRI assessment, it is important to assess the family one final time within 30 days of exiting the program, if possible.
- Note that the ACIRI is utilized as an assessment of adult behaviors and thus need not be completed with each adult-child pairing in the household. Post assessments should, however, assess the interactions of the same adult-child pairing observed during the baseline assessment.
- Monitoring and minimum requirements:
  a. SC First Steps may conduct randomized HFPI/ACIRI reliability monitoring.
  b. **Parent educators must assess at least 75% of active, eligible parents in HFPI and in ACIRI**.
- **All PAT Affiliates shall complete as a second outcome the American Academy of Pediatrics' Bright Futures schedule of recommended dates for well-child visits as documented in the PAT Child Health Record. This will be entered into the First Steps Data Collection System to determine the percentage of children who received the last recommended well-child visit on the Bright Futures Schedule. (ER 21)**

Data Submission & Minimum Qualifications

	Description	Requirements	Data Entry	Report/Monitoring
Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent.	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data will be entered within 7 days of a family's enrollment.	Case Visit Summary and Projected to Serve

Targeting	Risk Factors	**100% of families** must possess at least one risk factor At least **60% of families** should have two (2) or more readiness risk factors	Data will be entered within **7 days** of enrollment.	Risk Factor Report
	Targeting by Age	**At least 70%** of newly enrolled families shall contain an expectant mother and/or a child under thirty-six months of age.		
	Client Retention	**75%** of families must remain enrolled for nine or more months of program.		Retention Report
Service Delivery	Home Visits	**Minimal threshold for visits (average)** 1.8 visits per month **Minimal threshold for visit duration (average)** 45 mins. – 1 hr **Targeted expectation for visits (average)** 2.0 visits per month **Outstanding intensity (average)** 2.5 visits per month	Data will be entered within **7 days** of the home visit.	Parenting Intensity Summary
	Group Meetings	**Data Required** 6. # Group Meetings 7. Total Attendance 8. Enrollee Attendance 9. Guest Attendance 10. Curriculum Topic	Data will be entered within **7 days** of group meetings.	Total Attendance (Enrollees/Guests) - Case Data Entry Screen To isolate enrollee attendance run the Group Meeting Detail Report.
Developmental Screenings	**Each client child shall be assessed using the Ages & Stages 3 and Ages and Stages SE2**.	**At least 80% of children must be screened using the ASQ and the ASQ:SE within 90 days of enrollment.**	Data will be entered within **7 days** of screening.	ASQ Report
Connections	"Referrals"	**70%** of families served must have at least one successful connection per program year. To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	Data will be entered within **7 days** of initial referral and within **7 days** of follow-up.	Connection Detail Report

Assessments	Life Skills Progression (LSP)	The initial LSP is completed within **120 days** of enrollment. Parent educators must administer the LSP to **at least 75%** of active parents.	Data will be entered within **7 days** of the assessment.	Case Data Entry Screen – LSP Dashboard
	Family Goal Plans	Family Goal Plans must be developed and documented for **at least 60%** of families within **3 months** of the enrollment.	Family Goal Plans cannot be entered into the First Steps Data Collection System.	Partnerships must keep records on site.
	Healthy Families Parenting Inventory (HFPI)	Parent educators must assess at **least 75%** of parents using the HFPI assessment within 90 days of enrollment	Data will be entered within **7 days** of HFPI assessment.	HFPI Report
	Adult-Child Interactive Reading Inventory (ACIRI)	Parent educators must assess **at least 75%** parents using the ACIRI assessment at scheduled intervals after the child is 30 months old.	Data will be entered within **7 days** of ACIRI assessment.	KIPS/ACIRI Accountability Report

At least annually, the affiliate gathers and summarizes feedback from families about the services they've received, using the results for program improvement. This summary information shall be shared with the SCFS State Office for purposes of providing support to affiliates. (ER 19)

Motheread/Fatheread (202)

Evidence-Based Strategy

Motheread/Fatheread is a literacy intervention used to improve literacy outcomes for children by increasing the quality and frequency of parent–child shared reading activities in the home. Adults and children can learn to use the power of literacy to discover more about themselves, their families, and their communities. Curricula includes classes for parents, other adults, early childhood professionals, adult educators, and childcare instructors.

Unit of Delivery = Adults

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Client Retention

- In order for a literacy intervention to be effective, it is critical that families remain in the program long enough to engage in most planned activities. **Each partnership will be required to demonstrate that 75% Motheread/Fatheread families have completed at minimum of 20 hours of instruction.**
- **Groups last 8 to 10 weeks.**

Service Delivery

Model Fidelity

In order to ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, group facilitators shall ensure that Motheread/Fatheread is implemented to fidelity and comply with the following:

Intensity and Delivery

- **Group meetings must adhere to the Motheread/Fatheread Teacher's Guide.**

Group Size

- **All groups must range between 5 to 15 participants**

Screenings

- **Each participating child will be assessed using an age-appropriate developmental screening tool (e.g. Ages and Stages 3, Ages and Stages SE-2, or other validated, approved screening tool). If a Local Partnership wishes to use a developmental screening tool other than Ages and Stages 3, Ages and Stages SE-2, they must receive special permission from the SC First Steps Director of Parenting.**
- If the score indicates that the child's development is on track, the group facilitator shall continue program offerings as scheduled, communicate with parents/guardians about the child's development, and offer activities for continued development
- If a child's score(s) fall in the monitoring range, as indicated by the screening tool, and/or if there is a parental concern on the screening, the group facilitator will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, and rescreen the child within 6 months.
- If the screening indicates a possible delay, the group facilitator shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation.
- **At least 80% of Motheread/Fatheread participants will be screened within 30 days of enrollment in the program.**
- Partnerships and their group facilitators shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up to ensure that appropriate connections have been established.
- Group facilitators shall maintain (within the designated First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral. In addition, caseworkers will recommend activities within the areas of possible concern, continue monitoring the child's development, and rescreen the child within 90 days post completion of referred intervention.

Connections (Referrals)

- Group facilitators shall utilize readiness risk factors to refer and connect families to services that they may need or want to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of families served by First Steps, it is expected that most families will be connected to services in addition to this program. Pre-existing connections made prior to the family's involvement with First Steps may count toward this standard.
- **70% of families served must have at least one successful connection per program year.**
- Referrals and successful connections shall be entered (within the First Steps Data Collection System) within 7 days of referral.

Staff Qualifications and Training

- Motheread/Fatheread group facilitators must complete the three-day Motheread Institute before implementing the program.

Assessments

- First Steps programs shall administer client satisfaction surveys at least annually, and use data collected for program improvement.
- All group facilitators must complete, at minimum, baseline and post assessments of the primary adult client identified within each enrolled case using the TABE (Test of Adult Basic Education). The testing schedule should align with adult

education assessment policy as set by SCDE. This is only required if the program is delivered within a Family Literacy Program.

- Other assessments of the Motheread/Fatheread Program shall be administered in accordance with instruction in the Motheread/Fatheread Teacher's Guide. They include the "Daily Out of Class Record" Log and "End of Class Evaluation Form".

Data Submission & Minimum Qualifications

	Description	Requirements	Data Entry	Report/Monitoring
Targeting Clients At – Risk of Early School Failure	Risk Factors	100% of families must possess at least one risk factor At least 60% of families should have two (2) or more of the readiness risk factors	Data will be entered within 7 days of a family's enrollment.	Risk Factors Report
Client Retention	Retention Requirement	Each partnership will be required to demonstrate that **75%** Motheread/Fatheread families have completed at minimum of 20 hours of instruction.	N/A	Retention Report
Intensity and Delivery	Group Meetings **Group sizes must range from 5 to 15 participants.**	**Data Required** 1. # Group Meetings 2. Total Attendance 3. Enrollee Attendance 4. Guest Attendance 5. Curriculum Topic	Data on program activities (other than home visits) will be within **7 days** of completion.	Total Attendance (Enrollees/Guests) - Case Data Entry Screen To isolate enrollee attendance run the Group Meeting Detail Report.
Developmental Screenings	**Each client child shall be assessed using the Ages & Stages 3 and Ages and Stages SE2**. *An alternate screening tool may be used, if approved by the Director of Parenting.*	**At least 80% of children must be screened within 90 days of enrollment.** **Minimum Screening Requirement** Ages & Stages 3 (ASQ-3) 80% Ages and Stages SE2 (ASQ:SE2) 80%	Data will be entered within **7 days** of screenings.	ASQ Report
Connections	"Referrals"	**70%** of families served must have at least one successful connection per program year. To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	Data will be entered within **7 days** of initial referral and within **7 days** of follow-up.	Connection Detail Report
Assessments	Client Satisfaction Survey	**Surveys should be administered annually.**	The FSDC does not allow for electronic uploads. Hard copies of client	Partnerships must keep records on site.

			satisfaction surveys must be made available upon request.	
	TABE (Test of Adult Basic Education)	**TABE (Test of Adult Basic Education)** – Pre/post assessments The TABE assessment is only required when Motheread/Fatheread is delivered in collaboration with the Family Literacy Model.	The FSDC does not allow for electronic uploads. Hard copies of TABE assessment must be made available upon request.	Partnerships must keep records on site.
	Other Assessments	Other assessments of shall be administered in accordance with instruction in the Motheread/Fatheread Teacher's Guide (**"Daily Out of Class Record" Log and "End of Class Evaluation Form"**).	Hard copies must be made available upon request.	Partnerships must keep records on site.
Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent.	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data will be entered within **5 days** of a family's enrollment.	Case Visit Summary and Projected to Serve

Parent Child + (206)

Evidence-Based & High Intensity Strategy

Parent Child+ works one-on-one with families who, despite facing significant life challenges, are committed to building a brighter future for their children and themselves. Over the course of two years, families receive 92 home visits and acquire a library of high-quality books, educational toys, and curricular guide sheets with tips on development, learning, and play.

Successful implementation in SC includes meeting PC+ requirements along with additional SC-specific additions. The PC+ requirements are included for clarity.

Unit of Delivery = Families

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Targeting By Age (Early Intervention)

- PC+ is designed for families with children ages 16-48 months of age, who are facing significant obstacles to school and life success, including poverty, low literacy, limited education, language barriers, geographic isolation, and/or homelessness.
- At least 70% of enrolled families must contain a child between 16-36 months.
- A family can receive PC+ services as a unit only once (one time PC+ rule). Families can only be re-enrolled with the permission of SC First Steps. All requests, including a detailed justification, must be submitted to the SC First Steps Director of Parenting for approval.

Client Retention

Each partnership will be required to demonstrate its long-term retention of 75% of its families across two years of program participation.

Service Delivery

Model Fidelity

In order to ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, home visitors shall ensure that Parent Child + is implemented to fidelity and comply with the following:

- **Parent Child+ (PC+) programs must incorporate visits twice weekly for a minimum of 23 weeks or 46 home visits annually across a period of two years (46 weeks/92 visits total).**

Caseload Size

- No PC+ home visitor may carry a caseload of more than sixteen (16) active families. Smaller caseloads may be necessary based upon the intensity of services provided (or as determined by individual family needs).

Visit Delivery

- While home visitation models are ideally suited for delivery within the home (and home-based visitation expected as the primary method of service delivery), PC+ visits may be approved for delivery at an alternate location (a childcare center, family resource center, etc.) as either the documented needs of the family or safety of the visitor dictate. The alternative location must be suitable to delivery of parenting services such that integrity of the session and confidentiality of families is maintained. Regardless of location, all visits must be one-on-one (PC+ may not be delivered in group settings), entail the use of PC+-specific lesson plans and last at least 30 minutes apiece. At a family's discretion and supervisor approval virtual and telecommunication visits will also be considered acceptable and count as a home visit.
- Over the two-year period, families must acquire: 46 high quality books and educational toys; and 46 curricular guide sheets with tips on vocabulary-building, engaging conversation, skill development, social-emotional development, imaginative play, and literacy, music, and art activities.
- Data on each home visit shall be entered into the First Steps designated database within 7 days of completion. If the Partnership has identified an individual responsible for all data entry, home visitors shall formally submit this information to the Partnership within this same 7 day window for subsequent entry.

Screenings

- Each participating child will be assessed using an age-appropriate developmental screening tool (e.g. Ages and Stages 3, Ages and Stages SE-2, Brigance, DIAL-3, or other validated, approved screening tool). **If a Local Partnership wishes to use a developmental screening tool other than Ages and Stages 3, Ages and Stages SE-2, they must receive special permission from the SC First Steps Director of Parenting.**
- If the score indicates that the child's development is on track, the home visitor shall continue program offerings as scheduled, communicate with parents/guardians about the child's development, and offer activities for continued development.
- If a child's score(s) fall in the monitoring range, as indicated by the screening tool, and/or if there is a parental concern on the screening, the home visitor will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, and rescreen the child within 6 months.

- If the screening indicates a possible delay, the home visitor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation.
- **At least 80% of child participants should be screened within 90 days of enrollment.**
- Partnerships and their funded home visitors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Client screenings and referrals based on those screening results shall be entered into the FSDC within 7 days of screening and/or referral.

Connections (Referrals)

- Partnerships or PC+ home visitors shall utilize the PC+ family-centered assessment and/or other formal and informal needs assessments to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum. In addition, home visitors shall utilize readiness risk factors to refer and connect families to services they may need or want to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of children, adults, and families served by First Steps, it is expected that most families will be connected to services in addition to this program. Pre-existing connections made prior to the family's involvement with First Steps may count toward this standard. Active and sustained efforts to connect families to pediatric medical homes shall be a priority.
- **70% of families served must have at least one successful connection per program year.**
- Home visitors shall maintain (within the designated First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Referrals and successful connections shall be entered (within the First Steps Data Collection System) within 7 days of referral.

Family Assessment and Goal Setting

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

Staff Qualifications and Training

- **All PC+ home visitors must possess at least a high school diploma or equivalency with two years of related supervised experience, or a two-year degree in early childhood education or a closely related field and document successful completion of 16 hours of training prior to their first home visit.** If recruiting an AmeriCorps member, a high school diploma or equivalency is required.
- **Each PC+ home visitor shall meet the minimum education requirements above and be trained and supervised by a site coordinator approved by the PC+P National Center. Partnerships must employ at least one Site Coordinator trained by the PC+ National Center or a certified local trainer (with sites serving 60 or more families employing a second Site Coordinator).**

Ongoing Program Quality Improvement and Professional Development

- **Family Goal Setting** PC+ home visitors shall utilize Parent and Child Together (PACT) Observations to guide family goal setting and evaluate changes in parent behavior, as required, report all required data within the national PC+ Management Information System and administer the Evaluation of Child Behavior Traits (CBT) as required.
- **Supervision** Each participating PC+ program shall convene a supervisory meeting of all pertinent program personnel, home visitors and staff (to include those staff members providing both supervision and direct service to families) no less than quarterly to review recruitment, standards compliance, programmatic data and other issues related to strategy success.

Assessments

- **All participating families shall receive the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) within 45 days of enrollment, and every 6 months thereafter until program exit.** The PICCOLO

assessment shall be entered into the First Steps designated data system within 7 days.

- Thereafter, ACIRI should be done at the following intervals during the first program year of enrollment: A 2nd ACIRI should be done before the current year's data deadline if the case was enrolled by December 31 AND the child was age eligible for ACIRI by December 31. If not, then a 2nd ACIRI is not required for data compliance, but highly recommended if there is any reason to believe the family may leave the program before the next program year starts.
- For the 2nd and subsequent years of enrollment, an ACIRI needs to be scheduled for the beginning and end of the program year (prior to the data deadline) IF the case only received one ACIRI during the first year of enrollment. If the case received 2 or more ACIRI during the first year of enrollment, only one ACIRI is required per year thereafter. Regardless of how long a family has been served, or how long it has been since the family last received a ACIRI, it is important to assess the family one final time within 30 days of exiting the program, if possible.
- SC First Steps may conduct randomized PICCOLO/ACIRI reliability monitoring. Sample client videos may be requested for confidential scoring review and shall be maintained on site for potential review for a period spanning four months from the date of original administration.
- Note PICCOLO and ACIRI are utilized as assessments of adult behaviors and thus need not be completed with each adult-child pairing in the household. Post assessments should, however, assess the interactions of the same adult-child pairing observed during the baseline assessment.
- **All home visitors must assess at least 75% of active, eligible parents in PICCOLO and in ACIRI.**

Data Submission & Minimum Qualifications

	Description	Requirements	Data Entry	Report/Monitoring
Targeting Clients At – Risk of Early School Failure	Risk Factors	100% of families must possess at least one risk factor At least 60% of families should have two (2) or more of the readiness risk factors	Data will be entered within 7 days of a family's enrollment.	Risk Factors Report
Targeting By Age	Age Requirement for Participating Children	• PC+ is designed for children 16-48 months. • At least **70%** of enrolled families must contain a child between 16-36 months.	A family can only receive PC+ services as a unit once.	**N/A**
Client Retention	Retention Requirement	Each partnership will be required to demonstrate its long-term retention of **75%** of its families across two years of program participation.	N/A	Retention Report
Service Delivery	Caseload Size	A home visitor's caseload must be less than or equal to **16 families**.	N/A	N/A
	Home Visitation	**Visit requirements** 1. 2 visits per week 2. 6 visits per month 3. Visit duration = 30 minutes plus per visit	Data on each home visit will be entered into the FSDC database within **7 days** of completion.	Parenting Intensity Summary
	Books, Education Toys, & Curricular Guide Sheets	1. 46 high quality books and educational toys 2. 46 curricular guide sheets	N/A	Partnerships must keep records on site.

Developmental Screenings	Each client child shall be assessed using the Ages & Stages 3 and Ages and Stages SE2. *An alternate screening tool may be used, if approved by the Director of Parenting.*	**At least 80% of children must be screened using the ASQ and the ASQ:SE within 90 days of enrollment**	Data will be entered within **7 days** of developmental screening.	ASQ Report
Connections	"Referrals"	**70%** of families served must have at least one successful connection per program year. To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	Data will be entered within **7 days** of initial referral and within **7 days** of follow-up.	Connection Detail Report
	Life Skills Progression (LSP)	**Administered annually.**	Data will be entered within **7 days** of the assessment.	Case Data Entry Screen – LSP Dashboard
Assessments	Family Goal Plans	Family Goal Plans must be developed **within 3 months** of a family's enrollment.	Report all required data within the national PC+ Management Information System. FSDC data entry not required.	Partnerships must keep records on site.
	Parenting Interactions with Children: Checklist of Observations (PICCOLO)	Dosage: PICCOLO should be administered within **45 days of enrollment** and **6 months thereafter.** Home visitors must assess **at least 75%** of eligible parents.	Data will be entered within **7 days** of PICCOLO assessment.	Other Assessment Report
	Adult-Child Interactive Reading Inventory (ACIRI)	Parent educators must assess **at least 75%** parents using the ACIRI assessment at scheduled intervals after the child is 30 months old.	Data will be entered within **7 days** of ACIRI assessment.	KIPS/ACIRI Accountability Report
Client Level	Client	Client demographic data is used	Data will be	Case Visit Summary and

Data	demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent.	to measure total enrollment. Total Enrollment = Number of children, adults, and families	entered within **7 days** of a family's enrollment.	Projected to Serve

Healthy Families America (207)

Evidence-Based & High Intensity Strategy

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

Unit of Delivery = Families

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Targeting By Age (Early Intervention)

- Families should be enrolled prenatally through two weeks of their child's birth (up to 20% of families can be enrolled outside of this timeframe).
- If unique and/or emergency circumstances warrant, Partnerships may enroll additional families with children aged three-months or older with the provision of written justification to SC First Steps.

Client Retention

- Services are offered for a minimum of three years and can extend to five years after the birth of the baby.
- At least 75% of families must receive 75% of expected home visits. Family progress is used to determine if a family should receive less frequent home visits.

Service Delivery

Model Fidelity

In order to ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, home visitors shall ensure that Healthy Families America is implemented to fidelity and comply with the following:

Visit Delivery

- **Partnerships implementing HFA shall offer at least one 60–minute home visit per week after the first six months of a child's birth. After the first six months, visits may be less frequent and continue until the child is 3 to 5 years of age.**
- An HFA Service Plan must be developed to address family needs throughout the course of services.
- Data on home visits and program activities (other than home visits) must be entered into the data collection system designated by First Steps within 7 days of the visit and/or activity.
- In the event that the Partnership has identified an individual responsible for all client level data entry, the individual shall formally submit this information to the Partnership within this same 7 day window for subsequent entry (7 days for home visits).

Screenings

- Each participating child will be assessed using an age-appropriate developmental screening tool (e.g. Ages and Stages 3, Ages and Stages SE-2, Brigance, DIAL-3, or other validated, approved screening tool). **If a Local Partnership wishes to use a developmental screening tool other than Ages and Stages 3, Ages and Stages SE-2, they must receive special permission from the SC First Steps Director of Parenting.**
- If the score indicates that the child's development is on track, the home visitor shall continue program offerings as scheduled, communicate with parents/guardians about the child's development, and offer activities for continued development
- If a child's score(s) fall in the monitoring range, as indicated by the screening tool, and/or if there is a parental concern on the screening, the home visitor will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, and rescreen the child within 6 months.
- If the screening indicates a possible delay, the home visitor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. In addition, caseworkers will recommend activities within the areas of possible concern, continue monitoring the child's development, and rescreen the child within 90 days post completion of referred intervention.
- **At least 80% of child participants should be screened within 90 days of enrollment.**
- Partnerships and their home visitors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established.
- Developmental screenings and referrals based on screening results shall be entered into the FSDC within 7 days of screening and/or referral.

Connections (Referrals)

- Home visitors shall utilize readiness risk factors to refer and connect families to services that they may need or want to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of families served by First Steps, it is expected that most families will be connected to services in addition to this program. Pre-existing connections made prior to the family's involvement with First Steps may count toward this standard. Active and sustained efforts to connect families to pediatric medical homes shall be a priority.
- **70% of families served must have at least one successful connection per program year.**
- Home visitors shall maintain (within the designated First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Referrals and successful connections shall be entered (within the First Steps Data Collection System) within 7 days of

referral.

Staff Qualifications and Training

- All training and technical assistance is provided by the HFA national office. Core training for direct service staff and supervisors is required; advanced supervisor and wraparound training (for home visitors is also available (http://www.healthyfamiliesamerica.org/core-training/).
- Ongoing access to high quality supervision is also necessary to support program delivery. HFA model fidelity requires that home visitors understand, acknowledge, and respect the cultural differences of families receiving services.
- All staff receive Orientation training on specific topics prior to working with families. These trainings are typically provided by HFA supervisor and/or Program Manager.
- All staff receive wraparound training topics (topics outlined in best practice standards) within 3 months, 6 months and 12 months of hire. These trainings are available to HFA affiliates through 35 hours of distance learning modules. Sites are also encouraged to receive training locally from community partners (i.e., domestic violence shelters, mental health facilities, etc.).
- All staff must receive ongoing training based on their current skill set to build skills and competencies. These trainings are typically achieved through conferences, webinars, and trainings offered at local or state level.
- HFA requires ongoing access to high quality supervision.

Assessments

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

Data Submission & Minimum Qualifications

	Description	Requirements	Data Entry	Report/Monitoring
Targeting Clients At – Risk of Early School Failure	Risk Factors	100% of families must possess at least one risk factor At least 60% of families should have two (2) or more of the readiness risk factors	Data will be entered within 7 days of a family's enrollment.	Risk Factors Report
Targeting By Age	Family Eligibility	Families should be enrolled prenatally through two weeks of their child's birth (up to 20% of families can be enrolled outside of this timeframe).	N/A	N/A
Client Retention		Services are offered at a minimum of three years and up to five years after the birth of the baby.	N/A	N/A
	Retention Requirements	At least **75%** of families must receive **75%** of expected home visits.	N/A	Retention Report

Service Delivery	Home Visitation	**Visit requirements** 1. HFA shall offer at least one 60–minute home visit per week after the first six months of a child's birth. 2. After the first six months, visits may be less frequent and continue until the child is 3 to 5 years of age.	Data on each home visit will be entered into the FSDC database within **7 days** of completion.	Parenting Intensity Summary
Developmental Screenings	**Each client child shall be assessed using the Ages & Stages 3 and Ages and Stages SE2**. *An alternate screening tool may be used, if approved by the Director of Parenting.*	**At least 80% of children must be screened using the ASQ and the ASQ:SE within 90 days of enrollment**	Data willbe entered within **7 days** of developmental screening.	ASQ Report
Connections	"Referrals"	**70%** of families served must have at least one successful connection per program year. To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	Data will be entered within **7 days** of initial referral and within **7 days** of follow-up.	Connection Detail Report
Assessments	Client Satisfaction Surveys	**Administered annually.**	The FSDC does not allow for electronic uploads. Hard copies of client satisfaction surveys must be made available upon request.	Partnerships must keep records on site.
	CHEERS (Cues, Holding Empathy, Expression Rhythmicity/Reciprocity, Smiles)	All assessments required by HFA are to be administered as set forth in standards. These include CHEERS (Cues, Holding Empathy, Expression	The FSDC does not allow for electronic uploads. Hard copies of CHEERS assessment must be made	Partnerships must keep records on site.

		Rhythmicity/Reciprocity, Smiles).	available upon request.	
Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent.	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data will be entered within **7 days** of a family's enrollment.	Case Visit Summary and Projected to Serve

Family Literacy Model (211)

Evidence-Informed Strategy

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

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

Unit of Delivery = Adults

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Client Retention

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

Service Delivery

Model Fidelity

In order to ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, caseworkers shall ensure that the Family Literacy Model is implemented to fidelity and comply with the following:

Intensity and Delivery

a. Parent Education

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

b. Adult Education

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

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

d. Parent/Child Interactions

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

Screenings

- Each participating child will be assessed using an age-appropriate developmental screening tool (e.g. Ages and Stages 3, Brigance, DIAL-3, or other validated, approved screening tool). **If a Local Partnership wishes to use a developmental screening tool other than Ages and Stages 3 they must receive special permission from the SC First Steps Director of Parenting.**
- If the score indicates that the child's development is on track, the caseworker shall continue program offerings as scheduled, communicate with parents/guardians about the child's development, and offer activities for continued development
- If a child's score(s) fall in the monitoring range, as indicated by the screening tool, and/or if there is a parental concern on the screening, the caseworker will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, and rescreen the child within 6 months.

- If the screening indicates a possible delay, the caseworker shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation.
- **At least 80% of child participants should be screened within 90 days of enrollment.**
- Partnerships and their caseworkers shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Client screenings and referrals based on those screening results shall be entered into the FSDC within 7 days of screening and/or referral.

Connections (Referrals)

- Caseworkers shall utilize readiness risk factors to refer and connect families to services they may need or want to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of children, adults, and families served by First Steps, it is expected that most families will be connected to services in addition to this program. Pre-existing connections made prior to the family's involvement with First Steps may count toward this standard. Active and sustained efforts to connect families to pediatric medical homes shall be a priority.
- **70% of families served must have at least one successful connection per program year.**
- Caseworkers shall maintain (within the designated First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Referrals and successful connections shall be entered (within the First Steps Data Collection System) within 7 days of referral.

Family Assessment and Goal Setting

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

Assessments

- Healthy Families Parenting Inventory (HFPI)
  Caseworkers shall complete, at minimum, baseline and post assessments of the primary parent identified within each enrolled case using the Healthy Families Parenting Inventory (HFPI). The initial HFPI should be completed within 90 days of enrollment and every six months thereafter until program exit.
- Regardless of how long a family has been served, or how long it has been since the family last received a HFPI, it is important to assess the family one final time within 30 days of exiting the program, if possible.
- Adult-Child Interactive Reading Inventory (ACIRI)
  Each family containing children aged 30 months or older shall have their interactive literacy behaviors assessed by a trained evaluator using the Adult-Child Interactive Reading Inventory (ACIRI). Each parent educator making use of the ACIRI shall document his/her attendance at a First Steps sponsored training on the instrument.
  a. An initial ACIRI shall be performed within 45 days of enrollment if the child is 30 months or older; the initial ACIRI should be done immediately after (within 15 days but not before) the child's 30-month birthday.
  b. Thereafter, ACIRI should be done at the following intervals during the first program year of enrollment: A 2nd ACIRI should be done before the current year's data deadline if the case was enrolled by December 31 AND the child was age-eligible for ACIRI by December 31. If not, then a 2nd ACIRI is not required for data compliance, but highly recommended if there is any reason to believe the family may leave the program before the next program year starts.
  c. For the 2nd and subsequent years of enrollment, an ACIRI needs to be scheduled for the beginning and end of the program year (prior to the data deadline) IF the case only received one ACIRI during the first year of enrollment. If the case received 2 or more ACIRIs during the first year of enrollment, only one ACIRI is required per year thereafter.
  d. Regardless of how long a family has been served, or how long it has been since the family last received an ACIRI assessment, it is important to assess the family one final time within 30 days of exiting the program, if possible.
- Note that both the HFPI and ACIRI are utilized as assessments of adult behaviors and thus need not be completed with each adult-child pairing in the household. Post assessments should, however, assess the interactions of the same adult-child pairing observed during the baseline assessment.
- Monitoring and minimum requirements:

a. SC First Steps may conduct randomized HFPI/ACIRI reliability monitoring.
b. Parent educators must assess at least 75% of active, eligible, parents in HFPI and in ACIRI.

Data Submission & Minimum Requirements

	Description	Requirements	Data Entry	Report/Monitoring
Targeting Clients At – Risk of Early School Failure	Risk Factors	100% of families must possess at least one risk factor At least 60% of families should have two (2) or more of the readiness risk factors	Data will be entered within 7 days of a family's enrollment.	Risk Factors Report
Client Retention	Retention Requirement	**At least 75%** of families should receive 120 hours of program curriculum. If one component is completed in a shorter time span, the family shall continue to participate in the other three components for as long as needed.	N/A	N/A
Service Delivery	Modules	1. Parent Education 2. Adult Education 3. Early Childhood Education 4. Parent/Child Interactions	Data will be entered into the FSDC database within **7 days** of completion.	Total Attendance (Enrollees/Guests) - Case Data Entry Screen To isolate enrollee attendance run the Group Meeting Detail Report.
Developmental Screenings	**Each client child shall be assessed using the Ages & Stages 3 and Ages and Stages SE2**. *An alternate screening tool may be used, if approved by the Director of Parenting.*	**At least 80% of children must be screened using the ASQ and the ASQ:SE within 90 days of enrollment**	Data will be entered within **7 days** of developmental screening.	ASQ Report
Connections	"Referrals"	**70%** of families served must have at least one successful connection per program year. To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	Data will be entered within **7 days** of initial referral and within **7 days** of follow-up.	Connection Detail Report

Assessments	Healthy Families Parenting Inventory (HFPI)	Parent educators must assess at **least 75%** of parents using the HFPI assessment within 90 days of enrollment	Data will be entered within **7 days** of HFPI assessment.	HFPI Assessment
	Adult-Child Interactive Reading Inventory (ACIRI)	Parent educators must assess **at least 75%** parents using the ACIRI assessment at scheduled intervals after the child is 30 months old.	Data will be entered within **7 days** of ACIRI assessment.	KIPS/ACIRI Accountability Report
Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent. **If the partnership funds ONLY the parent education component of Family Literacy as an evidence-based model, that household data shall be entered in the FSDC under the respective parenting program code; otherwise, household data and participation in parenting activities will be entered under the Family Literacy program code (211) and connections entered to other program components funded by the local partnership. For budget purposes, early education expenditures, if evidence-based, should be separated into the appropriate Early Education program code but separate cases data entry outside of 211 is not required.**	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data will be entered within **5 days** of a family's enrollment.	Case Visit Summary and Projected to Serve

Dolly Parton Imagination Library (212)

Evidence-Based Strategy

Unit of Delivery = Children

Targeting

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

75% Books Rule

Partnerships administering an Imagination Library strategy must devote 75% or more of strategy funds to the procurement of books. Programs seeking a waiver of this 25% cap on non-book related spending must petition the State Board of Trustees, providing a detailed accounting of all strategy-related spending.

USE DPIL as a Supplement to More Comprehensive Interventions

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

Solicitation of Community Support (25% minimum match requirement)

Due to DPIL's requirement that services be provided to any age-eligible child within the partnership's service area – i.e., the partnership may not restrict DPIL enrollment to children at risk for not being ready for school - a cash match of at least 25% is required for state funds committed to the DPIL strategy for the procurement of books.

Data Collection

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

Early Steps to School Success (213)

Evidence-Based & High Intensity Strategy

Save the Children's Early Steps to School Success (ESSS) Program is designed to provide high-quality early childhood development services to young children and families living in under-resourced and underserved communities. Key components include home visits that focus on healthy pregnancy and early childhood development; a book bag exchange; fostering positive connections between families and schools; supporting school transitions; and connecting families to services and resources.

Partnerships funding Early Steps to School Success shall work in collaboration with SC First Steps to ensure full compliance with national model guidelines. Fidelity of implementation in SC includes meeting ESSS requirements along with a few SC First Steps specific additions. The following guideline includes both the ESSS compliance standards and SC First Steps minimum requirements.

Unit of Delivery = Families

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid

- A pregnant or postpartum individual who is eligible for Medicaid

Targeting By Age (Early Intervention)

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

Client Retention

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

Service Delivery

Model Fidelity

In order to ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, home visitors shall ensure that Early Steps to School Success is implemented to fidelity and comply with the following:

Caseload Size

Every home visitor is required to have 20 children enrolled on their caseload. (Up to 30 additional children per home visitor may participate in the model's group meetings and transition activities (book bag exchange) for children older than 36 months.)

Home Visit Intensity and Delivery

- Programs shall match the intensity of their service delivery to the specific needs of each family and the number of families assigned to each home visitor. **No family should be offered less than 2 visits per month.**
- Families identified as possessing two (2) or more board-approved risk factors (family stressors) shall receive up to weekly home visits as the needs and availability of the family dictate.
- **For purposes of grant renewal, conditional approvals may be issued to Partnerships averaging fewer than 2.0 visits per family, per month. For each family served, 1.8 average is considered the minimal threshold for visits per month, 2.0 is the targeted expectation, and 2.5 and above is considered outstanding intensity.**
- While the ESSS model is ideally suited for delivery within the home (and home-based visitation expected as the primary method of service delivery), visits may be approved for delivery at an alternate location (a childcare center, family resource center, etc.) as either the documented needs of the family or safety of the visitor dictate. The alternative location must be suitable to delivery of parenting services such that integrity of the session and confidentiality of clients is maintained. a family's discretion and supervisor approval virtual and telecommunication visits will also be considered acceptable and count as a home visit.
- **Regardless of location, all visits must be one-on-one (ESSS visits may not be delivered in group settings), and at least 1 hour.**
- Data on home visits and program activities (other than home visits) must be entered into ESSS data system and the data collection system designated by First Steps within 7 days of the visit and/or activity.

Group Meetings

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

Screenings

- Home visitors shall document the completion go the ESSS Home Inventory within 90 days of enrollment and at least annually thereafter.
- Home visitors shall seek to ensure that each family is connected with a pediatric medical home and other community services as appropriate.
- Each participating child will be assessed using an age-appropriate developmental screening tool (e.g. Ages and Stages 3, Ages and Stages SE-2, Brigance, DIAL-3, or other validated, approved screening tool). **If a Local Partnership wishes to use a developmental screening tool other than Ages and Stages 3, Ages and Stages SE-2, they must receive special permission from the SC First Steps Director of Parenting.**

- If the score indicates that the child's development is on track, the home visitor shall continue program offerings as scheduled, communicate with parents/guardians about the child's development, and offer activities for continued development.
- If a child's score(s) fall in the monitoring range, as indicated by the screening tool, and/or if there is a parental concern on the screening, the home visitor will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, and rescreen the child within 6 months.
- If the screening indicates a possible delay, the home visitor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation.

- **At least 80% of child participants should be screened within 90 days of enrollment.**
- Partnerships and their home visitors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.
- Screenings and referrals based on screening results shall be entered into the FSDC within 7 days of screening and/or referral.

Connections (Referrals)

- Home visitors shall utilize risk factors to refer and connect families to services that they may need or want to strengthen their families and provide optimal development for their preschool children. In addition, home visitors shall also use the ESSS Home Inventory to refer/link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum.
- Given the risk factor profile of families served by First Steps, it is expected that most families will be connected to services in addition to this program. Pre-existing connections made prior to the family's involvement with First Steps may count toward this standard.
- **70% of families served must have at least one successful connection per program year.**
- Attempted and successful connections (interventions and referrals) shall be entered into the FSDC within 7 days of the connection, and within 7 days of follow-up. Pre-existing connections should be entered within 7 days of client entry into the program.

Family Assessment and Goal Setting

All home visitors shall develop, well-documented, Family Goal Plans between the home visitor and families. Plans must be made within 3 months of the enrollment and updated at least semi-annually to gauge progress and goal attainment.

Staff Qualifications and Training

- **Home visitors must possess at least a high school diploma, equivalency with two years of related supervised experience, a two-year degree in early childhood education, and/or a closely related field. Successful completion of required 16 hour training must be documented prior to their first home visit. If recruiting an AmeriCorps member, a high school diploma or equivalency is required.**
- Each home visitor must successfully complete at least four hours of professional development each month. This shall be documented and approved by Save the Children. Annual training (for both the program and individual staff members) must be documented onsite by each Partnership.

Ongoing Program Quality Improvement and Professional Development

- Each ESSS program shall convene a supervisory meeting of all pertinent program/staff (to include those staff members providing both supervision and direct service to families) no less than quarterly to review recruitment, guideline compliance, programmatic data and other issues related to strategy success.

Assessments

- Each ESSS home visitor must complete, at minimum, baseline and post assessments of the primary adult client identified within each enrolled case using the Healthy Families Parenting Inventory (HFPI). Unless another parenting skills inventory is required by the Early Steps National Model (Peabody Picture Vocabulary Test Fourth Edition (PPVT-4); HOME Inventory).
- The initial HFPI (or alternative assessment) should be completed within 90 days of enrollment and every six months

thereafter until program exit.

- Regardless of how long a family has been served, or received their last HFPI assessment, families must be assessed one final time within 30 days of exiting the program, if possible.
- SC First Steps may conduct randomized HFPI reliability monitoring. Sample client videos may be requested for confidential scoring review and shall be maintained on site for potential review for a period spanning four months from the date of original administration.
- Home visitors must assess at least 75% of active, eligible clients in HFPI.

Data Submission & Minimum Requirements

	Description	Requirements	Data Entry	Report/Monitoring
Targeting Clients At – Risk of Early School Failure	Risk Factors	100% of families must possess at least one risk factor At least 60% of families should have two (2) or more of the readiness risk factors	Data will be entered within 7 days of a family's enrollment.	Risk Factors Report
Targeting By Age (Early Intervention)	Requirements for Children & Mothers	ESSS home visitation is designed for expectant mothers and/or children under 36 months of age. Supplemental group meetings and transition activities may be incorporated for children older than 36 months.	Data will be entered within **5 days** of a family's enrollment.	N/A
Client Retention	Retention Requirement	**At least 75%** of families shall participate in home visitation for nine or more months.	N/A	Retention Report
Service Delivery	Home Visitation	For each family served, **1.8 average is considered the minimal threshold for visits per month**, 2.0 is the targeted expectation, and 2.5 and above is considered outstanding intensity. Minimal threshold for visit duration = at least 1 hour.	Data on each home visit must be entered into the FSDC database within **7 days** of completion.	Parenting Intensity Summary
	Group Meetings	**Data Required** 1. # Group Meetings 2. Total Attendance 3. Enrollee Attendance 4. Guest Attendance 5. Curriculum Topic	Data will be entered within **7 days** of completion.	Total Attendance (Enrollees/Guests) - Case Data Entry Screen To isolate enrollee attendance run the Group Meeting Detail Report.
Developmental Screenings	Each client child shall be assessed using	**At least 80% of children must be screened using the ASQ**	Data will be entered within **7 days** of	ASQ Report

	the Ages & Stages 3 and Ages and Stages SE2. *An alternate screening tool may be used, if approved by the Director of Parenting.*	**and the ASQ:SE within 90 days of enrollment**	developmental screening.	
Connections	"Referrals"	**70%** of families served must have at least one successful connection per program year. To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	Data will be entered within **7 days** of initial referral and within **7 days** of follow-up.	Connection Detail Report
Assessments	Family Goal Plans	All home visitors shall develop well-documented Family Goal Plans between the home visitor and families within 3 months of the enrollment.	FSDC data entry not required.	Partnerships must keep records on site.
	Early Steps for School Success HOME Inventory	All families must receive a HOME assessment within **90 days** of enrollment and at least annually thereafter.	FSDC data entry not required.	Partnerships must keep records on site.
	Healthy Families Parenting Inventory (HFPI)	Parent educators must assess at **least 75%** of parents using the HFPI assessment within 90 days of enrollment	Data will be entered within **7 days** of HFPI assessment.	HFPI Report
Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent.	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data will be entered within **7 days** of a family's enrollment.	Case Visit Summary and Projected to Serve

Nurse Family Partnership (214)

Evidence-Based & High Intensity Strategy

Nurse-Family Partnership (NFP) is a home visiting model that is client-centered and driven by client identified goals. Nurse home visitors use input from parents, nursing experience, nursing practice, and model-specific resources to promote low-income, first-time mothers' health during pregnancy, care of their child, and own personal growth and development.

Partnerships' funding Nurse Family Partnership (NFP) strategies shall work in collaboration with SC First Steps (in its capacity as South Carolina's NFP sponsor agency) to ensure full compliance with national model guidelines.

Unit of Delivery = Families

Targeting

Intended Population

- NFP targets low-income, first-time mothers and their children. Low-income is defined as Medicaid eligible and/or a family income that does not exceed 185% of the federal poverty definition.
- NFP requires a client to be enrolled in the program prior to the end of the women's 28th week of pregnancy.

Client Retention

- Services are delivered until the child is 2 years old.

Service Delivery

Model Fidelity

Nurse Family Partnership services will be delivered with fidelity to each of the model's 18 core elements as defined by the Nurse Family Partnership National Service Office.

Staff Qualifications and Training

Nurses and supervisory staff will complete all required training, prior to the provision of service and participate in professional development as required by the NFP National Service Office.

Data Submission

- Full client and visit data will be submitted via the NFP Efforts to Outcomes (ETO) system, per model guidelines
- Local partnerships are required to enter aggregated data reports into the FSDC outcomes for NFP.

	Description	Requirements	Data Entry	Report/Monitoring
Client Retention	Retention Requirement	Services are delivered until the child is 2 years old.	N/A	N/A
Service Delivery	Nurse(s) delivery of model, data provided to LP	Data should be entered in the NFP ETO system.	Quarterly Report and Annual Report entered within 14 days of receipt (provided by implementing agency)	Quarterly NFP Outcomes Report
Assessments	Only assessments prescribed by the NFP model as administered by			

	Nurse(s) are required.			
Referrals	Only referrals prescribed by the NFP model as administered by Nurse(s) are required.			
Required Outcomes variables entered in the FSDC (LPs may enter additional information, if available)		• Number of adults served • Number of children served • Number of referrals made • Number of home visits (per month or per quarter) • Average length of visits		

Incredible Years® (215)

Evidence-Based & High Intensity Strategy

Incredible Years®(IY) is an evidence-based parenting program for families with children ages 0 – 12. (Children over 5 years of age cannot be served by SC First Steps.) The program seeks to prevent and treat a child's behavior problems by enhancing their social, emotional, and academic competence. Curriculum outcomes may include but are not limited to: improved child social skills, emotional literacy, self-regulation, problem solving, school readiness, improved parenting skills and parent-child-teacher relationships.

Unit of Delivery = Families

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible families whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Targeting By Age

Family enrollment is determined according to age:

a. **Parents and Babies Program (0-12 months)**
b. **Toddler Basic Program (ages 1-3)**
c. **Preschool Basic Program (ages 3-6)**

d. Advanced Program (ages 4-12)

Group Size

- If children fall into the clinical range on disruptive behavior disorders or if parents exhibit multiple risk factors, groups should be limited to 6-7 families.
- For families referred for moderate level risk (child or parent), group size can span from 6-10 families.

Client Retention

- Each partnership will be required to demonstrate the retention of 75% of its families across the pre-determined program duration.

Service Delivery

Model Fidelity

In order to ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, group facilitators shall ensure that Incredible Years is implemented to fidelity and comply with the following:

Group Sessions

- Each group must be operated by two trained group facilitators.
- Group facilitators must adhere to the Incredible Years materials/curriculum when implementing group sessions. Curriculum structure and materials outline expectations for planning, delivery, follow-up, and monitoring program activities.
- Group Types:
  Parents and Babies Program (0-12 months)
  a. The Parents and Babies Program teaches parents how to: (1) provide emotional security to their children; and (2) encourage their babies physical and language development.
  b. Each group meeting should encourage peer support, the use of video vignettes to stimulate group discussion, and shared learning around parenting skills.
  c. 9-12 weekly two-hour group sessions
  Toddler Basic Program (ages 1-3)
  a. The Toddler Basic Program teaches parents how to: (1) help toddlers feel emotionally secure; (2) encourage toddler's language, social, and emotional development; (3) establish behavioral norms; (4) handle separations and reunions; and (5) use positive discipline.
  b. Each group meeting should encourage peer support, the use of video vignettes to stimulate group discussion, and shared learning around parenting skills.
  c. 13 weekly two-hour group sessions
  Preschool Basic Program (ages 3-6)
  a. The Preschool Basic parenting program strengthens parent-child interactions and attachment, reducing harsh discipline and fostering parents' ability to promote children's social, emotional, and language development. Parents also learn how to build school readiness skills.
  b. Each group meeting should encourage peer support, the use of video vignettes to stimulate group discussion, and shared learning around parenting skills.
  c. 18-20 weekly two hour group sessions
  Advanced Program (ages 4 to 12)
  a. The Advanced Program builds on the Preschool and School Age Basic Programs by focusing on parents' interpersonal issues such as effective communication and problem-solving skills, anger and depression management, and ways to give and get support.
  b. 9-11 weekly two hour group sessions
- **Session Checklists** Group leaders' must complete session checklists and evaluations after each group session.
- **Make up Sessions** Group leaders must provide make up sessions when a family is unable to attend session.
- Data on program activities (other than home visits) shall be entered into the FSDC database within 7 days of completion. In the event that the Partnership has identified an individual responsible for all data entry, group facilitators shall formally submit this information to the Partnership within this same 7 day window for subsequent entry.

Other Supporting Activities

- Calls to parents between sessions.

- Individual parent - child coaching as needed.
- Supplemental Home Coaching – The IY curriculum includes a one-on-one home visit based parent-coach model that can be used alongside babies, toddler, and preschool weekly sessions. IY eligibility criteria must be met for a family to quality for supplemental services. Home coaching sessions shall be entered within 7 days of the visit.
- Other programs, the Attentive Parenting Program (universal prevention program) and the Autism Parent Program are available for targeted populations. The IY Series also includes program for training teachers (1-8 years), day care providers and children with a social and emotional curriculum.

Screenings

- Each participating child will be assessed using an age-appropriate developmental screening tool (e.g. Ages and Stages 3, Ages and Stages SE-2, Brigance, DIAL-3, or other validated, approved screening tool). **If a Local Partnership wishes to use a developmental screening tool other than Ages and Stages 3, Ages and Stages SE-2, they must receive special permission from the SC First Steps Director of Parenting.**
    - If the score indicates that the child's development is on track, the group leader shall continue program offerings as scheduled, communicate with parents/guardians about the child's development, and offer activities for continued development
    - If a child's score(s) fall in the monitoring range, as indicated by the screening tool, and/or if there is a parental concern on the screening, the group leader will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, and rescreen the child within 6 months.
    - If the screening indicates a possible delay, the group leader shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation.
- At **least 80% of child participants should be screened within 90 days of enrollment.**
- Partnerships and their group leaders shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Developmental screenings and referrals based on those screening results shall be entered into the FSDC within 7 days of screening and/or referral.

Connections (Referrals)

- Group leaders shall utilize risk factors to refer and connect families to services that they may need or want to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of families served by First Steps, it is expected that most families will be connected to services in addition to this program. Pre-existing connections made prior to the family's involvement with First Steps may count toward this standard. Active and sustained efforts to connect families to pediatric medical homes shall be a priority.
- **70% of families served must have at least one successful connection per program year.**
- Group leaders shall maintain (within the designated First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Referrals and successful connections shall be entered (within the First Steps Data Collection System) within 7 days of referral, and 7 days within follow-up on referral.

Staff Qualifications and Training

- Each group must be led by two trained facilitators and at least one of them must have a MA degree. If a MA level group facilitator is not available, exceptions may be made - BA level group leaders with extensive experience working with families. Extensive experience is defined as, but not limited to: the ability to collaborate with parents, an understanding of child development, and knowledge of the cognitive social learning theory.
- IY has different requirements for varying levels of certification. At minimum, a IY group facilitator must attend an authorized IY training workshop, study therapist manuals, books and DVDs, and participant in an on-going peer review, consultation, and supervision.
- Baby Parent Group Leader Training is a 2-day training is for group facilitators seeking training in the Baby program. Basic Parent Group Leader is a 3-day Training, and it covers the 2-8 age range. The training equips group facilitators to lead 3 different protocols: Toddler, Preschool Basic, and early years portion of the School Age parent programs (for parents of children ages 6-8 years old). Advanced Parent Group Leader requires a 2-day Training and is offered once group facilitators have become comfortable with the Basic program methods. It is required that participants in the Advanced training have already received the 3-day Basic training. Participants in this workshop have ideally completed the

accreditation/certification process for the Basic program(s). The Attentive Parenting Group Facilitator requires a 2-day training and is designed to promote positive parenting strategies to parents of children ages 2-6 years old. It is required that participants in the Attentive Parenting training have already received the 3-day Basic training and be used as a booster or follow up review to sustain changes and explore in more depth teaching children self- regulation and problem-solving methods.

Ongoing Program Quality Improvement and Professional Development

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

Assessments

- Group facilitators are required to collect weekly parent evaluations and a post-group final evaluation and session protocols.
- First Steps programs shall administer client satisfaction surveys at least annually, and use data collected for program improvement.
- In addition, group facilitators at minimum must conduct a baseline and post assessments of the primary adult identified within each enrolled case using the Healthy Families Parenting Inventory (HFPI). The initial HFPI should be completed within 90 days of enrollment and every six months thereafter until program exit
- Regardless of how long a family has been served, or how long it has been since the family last received a HFPI, it is important to assess the family one final time within 30 days of exiting the program, if possible.
- SC First Steps may conduct randomized HFPI reliability monitoring. Sample client videos may be requested for confidential scoring review and shall be maintained on site for potential review for a period spanning four months from the date of original administration.
- Group facilitators must assess at least 75% of active, eligible parents in HFPI.

Data Submission & Minimum Requirements

	Description	Requirements	Data Entry	Report/Monitoring
Targeting Clients At – Risk of Early School Failure	Risk Factors	100% of families will possess at least one risk factor At least 60% of families will have two (2) or more of the readiness risk factors	Data will be entered within 7 days of a family's enrollment.	Risk Factors Report
Targeting By Age	Family Eligibility	Family enrollment is determined by age: **a. Parents and Babies Program (0-12 months)** **b. Toddler Basic Program (ages 1-3)** **c. Preschool Basic Program (ages 3-6)** **d. Advanced Program (ages 4-12)** If children fall into the clinical range on disruptive behavior	Data will be entered within **7 days** of a family's enrollment.	N/A

		disorders or if parents exhibit multiple risk factors, then groups should be limited to 6-7 families. If families are referred for moderate level risk (child or parent), group size can range from 6-10 families.		
Client Retention	Retention Requirement	**At least 75%** of families will complete pre-determined program duration.	N/A	Retention Report
Service Delivery	Group Meetings	**Data Required** 1. # Group Meetings 2. Total Attendance 3. Enrollee Attendance 4. Guest Attendance 5. Curriculum Topic **Group Types** Parents and Babies Program (0-12 months) Toddler Basic Program (ages 1-3) Preschool Basic Program (ages 3-6) Advanced Program (ages 4 to 12)	Data will be entered within **7 days** of completion.	**R** Total Attendance (Enrollees/Guests) - Case Data Entry Screen To isolate enrollee attendance run the Group Meeting Detail Report.
	Supplemental Activities	• Calls to parents between sessions. • Individual parent - child coaching as needed. • Supplemental Home Coaching	Data on each activity will be entered within **7 days** of completion.	Case Data Entry Screen
Developmental Screenings	Each client child shall be assessed using the Ages & Stages 3 and Ages and Stages SE2. *An alternate screening tool may be used, if approved by the Director of Parenting.*	**At least 80% of children must be screened using the ASQ and the ASQ:SE within 90 days of enrollment**	Data will be entered within **7 days** of developmental screening.	ASQ Report
Connections	"Referrals"	**70%** of families served must have at least one successful connection per program year.	Data will be entered within **7 days** of initial referral	Connection Detail Report

		To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	and within **7 days** of follow-up.	
Assessments	Parent evaluations	**Weekly**		Partnerships must keep records on site.
	Post Group Evaluation	**Final session requirement**		Partnerships must keep records on site.
	Healthy Families Parenting Inventory (HFPI)	Parent educators must assess at **least 75%** of parents using the HFPI assessment within 90 days of enrollment	Data will be entered within **7 days** of HFPI assessment.	HFPI Report
Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent.	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data will be entered within **5 days** of a family's enrollment.	Case Visit Summary and Projected to Serve

Raising A Reader (217)

Evidence-Informed Strategy

The mission of Raising a Reader (RAR) is to engage families in a routine of daily "book-cuddling" with their children to foster healthy brain development, parent-child bonding, and early literacy skills critical for school success. RAR has been shown to be effective in increasing children's oral language and reading comprehension when implemented in conjunction with parent literacy training.

The central components of RAR are informal professional development for early childhood educators, a weekly book rotation, parent engagement, child-driven literacy experiences, and library connections. It is intended to be implemented as a family literacy supplement to a center- or home-based early learning and development program such as Head Start/Early Head Start, childcare, home visitation, or family literacy.

Unit of Delivery = Children

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible families whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid

- A pregnant or postpartum individual who is eligible for Medicaid

Targeting By Age

- RAR's intended audience is children 30 months and above, their caregivers, and early childhood educators.

Client Retention

- Families are eligible for RAR for as long as their child(ren) are enrolled at a host site (childcare centers, Head Start, preschools).

Service Delivery

Model Fidelity

In order to ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, RAR coordinators shall ensure that Raising a Reader is implemented to fidelity and comply with the following:

Intensity and Delivery

- Each local partnership must secure and maintain affiliate status throughout the duration program. Services are to be delivered following program guidelines and include parent literacy components as described below:
  - Weekly book rotation (RAR red book bags with 3-4 books depending on child age.)
  - Classroom activities
  - Raising a Reacher curriculum and associated program activities
  - Regular contact with RAR parents
  - Meaningful relationships with libraries
- Data on program activities (other than home visits) shall be entered into the FSDC client database system within 7days of completion. Home visits shall be entered within 7 days. In the event that the Partnership has identified an individual responsible for all client data entry, RAR coordinators shall formally submit this information to the Partnership within this same 7 day window for subsequent entry (7 days for home visits).

Group Connections or Other Supporting Activities

- Group connections and/or other supporting activities include any supplemental activities of the program that are in addition to core services, if applicable (example: group connections for PAT). These group connections and/or other supporting activities do not include screenings, referrals, or assessments as they are included elsewhere in the standards.

Integrated Service Delivery

- The RAR coordinator assures that families are meaningfully connected to the library by ensuring that parents receive information about the library and a library card application and are invited to attend a library event.
- Blue book bags (for carrying library books and gentle reminders for families to continue borrowing books and maintain book sharing routines) are introduced and provided to each child once during his/her participation in RAR.

Staff Qualifications and Training

- As per the RAR Affiliate Agreement, all RAR coordinators must attend an RAR National Coordinator Training. All implementers must attend two trainings conducted by a coordinator. These trainings must include a kickoff orientation and implementer skill building training as outlined in the RAR Affiliate Agreement. All implementers must receive onsite coaching at least once a year as part of a coordinator site visit.
- Appropriate personnel should also be trained in any screenings or assessments used by the program.

Ongoing Program Quality Improvement and Professional Development

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

parent survey, site rubric and/or other tools can be used to assess implementation of the RAR program.

Data Submission & Minimum Requirements

	Description	Requirements	Data Entry	Report/Monitoring
Targeting Clients At – Risk of Early School Failure	Risk Factors	100% of families must possess at least one risk factor At least 60% of families should have two (2) or more of the readiness risk factors	Data willbe entered within 7 days of a family's enrollment.	Risk Factors Report
Targeting By Age	Child Eligibility	RAR's intended audience is children 30 months and above, their caregivers, and early childhood educators.	Data will be entered within **5 days** of a family's enrollment.	**R**N/A
Client Retention	Retention Requirement	Families eligible for RAR for as long as their child(ren) are enrolled at a host site (childcare centers, Head Start, preschools).	N/A	Retention Report
Service Delivery	RAR Activities	• Weekly book rotation (RAR red book bags with 3-4 books depending on child age.) • Classroom activities • Raising a Reader curriculum and associated program activities • Regular contact with RAR parents • Meaningful relationships with libraries	Data will be entered within **7 days** of activity. completion.	Outputs Summary Report **– what is entered and where?**
	Groups Connections or Other Supporting Activities	Include any supplemental activities of the program that are in addition to the program's core service, if applicable (example: group connections for PAT).	N/A	Partnerships must keep records on site.

Raising A Reader Enhanced (218)

Evidence-Based & High-Intensity Strategy

The mission of Raising a Reader (RAR) is to engage families in a routine of daily "book-cuddling" with their children to foster healthy brain development, parent-child bonding, and early literacy skills critical for school success. RAR-Enhanced has been shown to be effective in increasing children's oral language and reading comprehension when implemented in conjunction with parent literacy training.

Central components include informal professional development for early childhood educators, a weekly book rotation, parent engagement, child-driven literacy experiences, and library connections. It is intended to be implemented as a family literacy supplement to a center- or home-based early learning and development program such as Head Start/Early Head Start, childcare, home visitation, or family literacy.

Unit of Delivery = Families

Targeting

Targeting Clients At-Risk of Early School Failure

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

Readiness Risk Factors:

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting.
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Targeting By Age

- With the understanding that RAR-E enrollment is open to all age-eligible children (birth to 8 years), partnerships are encouraged to target RAR-E enrollment to children 3 and under.

Client Retention

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

Service Delivery

Model Fidelity

To ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, RAR-E coordinators must ensure that RAR-E is implemented with fidelity to its published, research-based model, and complies with following:

Intensity and Delivery

- Each local partnership must secure and maintain affiliate status throughout the duration program. Services are to be delivered following program guidelines and include parent literacy components as described below:
  - Weekly book rotation (RAR red book bags with 3-4 books depending on child age.)
  - Classroom activities
  - Raising a Reacher curriculum and associated program activities
  - Regular contact with RAR parents
  - Meaningful relationships with libraries
- Data on program activities (other than home visits) shall be entered into the FSDC client database system within 7days of completion. Home visits shall be entered within 7 days. In the event that the Partnership has identified an individual responsible for all client data entry, RAR-E coordinators shall formally submit this information to the Partnership within this same 7 day window for subsequent entry (7 days for home visits).

Group Connections or Other Supporting Activities

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

Screenings

- Each participating child will be assessed using an age-appropriate developmental screening tool (e.g. Ages and Stages 3, Ages and Stages SE-2, Brigance, DIAL-3, or other validated, approved screening tool). **If a Local Partnership wishes to use a developmental screening tool other than Ages and Stages 3, Ages and Stages SE-2, they must receive special permission from the SC First Steps Director of Parenting.**
  - If the score indicates that the child's development is on track, the RAR-E coordinator shall continue program offerings as scheduled, communicate with parents/guardians about the child's development, and offer activities for continued development
  - If a child's score(s) fall in the monitoring range, as indicated by the screening tool, and/or if there is a parental concern on the screening, the RAR-E coordinator will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, and rescreen the child within 6 months.
  - If the screening indicates a possible delay, the RAR-E coordinator shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation.
- **At least 80% of child participants should be screened within 90 days of enrollment.**
- Partnerships and their RAR-E coordinators shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that

appropriate connections have been established.
- Developmental screenings and referrals based on screening results shall be entered into the FSDC within 7 days of screening and/or referral.

Connections (Referrals)

- RAR-E coordinators shall utilize risk factors to refer and connect families to services that they may need or want to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of families served by First Steps, it is expected that most families will be connected to services in addition to this program. Pre-existing connections made prior to the family's involvement with First Steps may count toward this standard. Active and sustained efforts to connect families to pediatric medical homes shall be a priority.
- **70% of families served must have at least one successful connection per program year.**
- RAR-E coordinators shall maintain (within the designated First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Referrals and successful connections shall be entered (within the First Steps Data Collection System) within 7 days.

Integrated Service Delivery

- The RAR-E coordinator assures that families are meaningfully connected to the library by ensuring that parents receive information about the library and a library card application and are invited to attend a library event.
- Blue book bags (for carrying library books and gentle reminders for families to continue borrowing books and maintain book sharing routines) are introduced and provided to each child once during his/her participation in RAR.

Staff Qualifications and Training

- As per the RAR Affiliate Agreement, all RAR-E coordinators must attend an RAR National Coordinator Training. All implementers must attend two trainings conducted by a coordinator. These trainings must include a kickoff orientation and implementer skill building training as outlined in the RAR Affiliate Agreement. All implementers must receive onsite coaching at least once a year as part of a coordinator site visit.
- Appropriate personnel should also be trained in any screenings or assessments used by the program.

Ongoing Program Quality Improvement and Professional Development

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

Assessments

- Family literacy strategies require partnerships to measure pre-to-post change in language and literacy outcomes, per the goals of the program model. The RAR Affiliate Agreement lists the following assessments as appropriate for use with the model: DIBELS, PPVT, Creative Curriculum, and PALS.
- RAR Parent Surveys (baseline and follow-up or retrospective surveys) are to be administered to determine behavior change in parents and children.
- First Steps programs shall administer client satisfaction surveys at least annually, and use data collected for program improvement.

Additional Assessments

- If an implementer is using RAR to support an evidence-based high-intensity parenting strategy, other assessments associated with that model may be used.
- Programs are also encouraged, but are not required, to use the Adult-Child Interactive Reading Inventory (ACIRI) as a means of assessing both parent and child changes in literacy behaviors.
- Client assessments shall be entered in the FSDC within 7 days of administration.

Data Submission & Minimum Requirements

	Description	Requirements	Data Entry	Report/Monitoring
Targeting Clients At – Risk of Early School Failure	Risk Factors	100% of families must possess at least one risk factor At least 60% of families should have two (2) or more of the readiness risk factors	Data will be entered within 7 days of a family's enrollment.	Risk Factors Report
Targeting By Age	Child Eligibility	RAR-E's intended audience is young children, their caregivers, and early childhood educators.	Data willbe entered within **7 days** of a family's enrollment.	N/A
Client Retention	Retention Requirement	Families are involved in RAR-E for as long as their child(ren) are enrolled in the host site (childcare centers, Head Start, preschools).	N/A	Retention Report
Service Delivery	Activity Types	• Weekly book rotation (RAR red book bags with 3-4 books depending on child age.) • Classroom activities • Raising a Reacher curriculum and associated program activities • Regular contact with RAR parents • Meaningful relationships with libraries	Data will be entered within **7 days** of activity.	Outputs Summary Report
	Groups Connections or Other Supporting Activities	Minimum of 5 parent sessions per year which includes 30 min of didactic and demonstrative instruction and 30 minutes for parents to practice reading to their children using the new shared reading techniques learned in training. Include supplemental activities of the program in addition to the	Data will be entered within **7 days** of activity. completion.	For Groups Total Attendance -Case Data Entry Screen To isolate enrollee attendance run the Group Meeting Detail Report. For Other Supporting Activities Partnerships must keep records on site.

		program's core service, if applicable (example: group connections for PAT).		
Developmental Screenings	Each client child shall be assessed using the Ages & Stages 3 and Ages and Stages SE2. *An alternate screening tool may be used, if approved by the Director of Parenting.*	**At least 80% of children must be screened using the ASQ and the ASQ:SE within 90 days of enrollment**	Data willbe entered within **7 days** of developmental screening.	ASQ Report
Connections	"Referrals"	**70%** of families served must have at least one successful connection per program year. To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	Data will be entered within **7 days** of initial referral and within **7 days** of follow-up.	Connection Detail Report
Assessments	RAR-E Parent Surveys	**Weekly**	Surveys cannot be entered into the First Steps Data Collection System**.**	Partnerships must keep records on site.
	DIBELS, PPVT, Creative Curriculum, and PALS.	Family literacy strategies require partnerships to measure pre-to-post change in language and literacy outcomes, per the goals of the program model. The RAR Affiliate Agreement lists the following assessments as appropriate for use with the model: DIBELS, PPVT, Creative Curriculum, and PALS.	Assessments cannot be entered into the First Steps Data Collection System.	Partnerships must keep records on site.
	Adult-Child Interactive Reading Inventory (ACIRI	**OPTIONAL**: Parent educators must assess **at least 75%** parents using the ACIRI assessment at scheduled intervals after the child is 30 months old.	**OPTIONAL:** Data will be entered within 7 days of ACIRI assessment	KIPS/ACIRI Accountability Report

Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent.	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data will be entered within **5 days** of a family's enrollment.	Case Visit Summary and Projected to Serve

Reach Out and Read (219)

Evidence-Based

Reach Out and Read (ROR) is a nonprofit organization that seeks to improve family literacy through pediatric care settings. The program gives young children in low-income families a foundation for success by incorporating books into pediatric care settings and encouraging families to read aloud together. Intended outcomes are more frequent reading at home and improvements in children's language development.

Unit of Delivery = Children

Targeting

Targeting Clients At-Risk of Early School Failure

- The ROR intervention seeks to serve low-income families with children from birth to 5 years of age and receiving services from a primary pediatric setting. Since ROR is delivered in primary care settings, partnerships must have strong relationships with physicians engaging in program delivery.
- Clinics should target:
  a. Most at-risk families
  b. Low literacy families (families with little to no reading at home and/or lack of enjoyment in reading)

Targeting by Age

- Reach Out and Read is intended to serve families until children enter school.

Client Retention

- Although there is no minimum length of time for the program, research has shown that the longer families are involved with the program, the more positive effects are seen.

Service Delivery

Model Fidelity

In order to ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, caseworkers shall ensure that Reach Out and Read is implemented to fidelity and comply with the following:

Intensity and Delivery

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

d. Help to complete the semi-annual Progress Reports; and
e. Ensue a literacy-rich environment
f. Coordinate volunteer readers (if any)
g. Communication with the RORC team/Program Specialist
h. Support the RORC annual parent survey process

Integrated Service and Delivery

- Program staff shall utilize client risk factors, screening/assessment results when provided by physicians (when applicable), and results of client interactions, to refer and connect clients to services that they may need or want to strengthen their family's development.

Assessments

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

Data Submission

- Data collected generates reports that are requested from Reach Out and Read State Program Director on a quarterly basis.

	Description	Requirements	Data Entry	Report/Monitoring
Targeting Clients At – Risk of Early School Failure	Risk Factors	The ROR intervention seeks to serve low-income families with children from birth to 5 years of age and receiving services from a primary pediatric setting.	N/A	Report N/A
	Book Distribution	Clinic must follow all expectations of Reach Out and Read, including provider training, collecting routine data and determining the number of books that will be supplied.	N/A	**Report** N/A
Assessments	Progress Reports	**Semi-annual progress reports.**	N/A	Partnerships must keep records on site.
	Parent Feedback Surveys	**Semi-annual**		Partnerships must keep records on site.
	Medical Consultant Surveys	**Semi-annual**		Partnerships must keep records on site.
Data Measures	Participants Served	Number of Children Served	Outputs Data will be entered into the FSDC quarterly.	Outputs Summary Report
	Books	Number of Books Given	Outputs Data will be entered into the FSDC quarterly.	Outputs Summary Report

Strengthening Families (Preschool 3-5; SFP; 220)

Evidence-Based & High-Intensity Strategy

The Strengthening Families Program (SFP) is a nationally and internationally recognized parenting and family strengthening program for high-risk families. By participating in SF's 14-session parent training program, families have shown significant improvement in parenting skills, family relationships, problem behaviors, delinquency and alcohol and drug abuse in children, social competencies, and school performance.

Partnerships funding this strategy must adhere to national model guidelines.

Unit of Delivery = Families

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Targeting By Age

- 100% of newly enrolled households must contain one or more children between the ages of 0 and 5. Partnerships may not enroll children 6 and over.

Client Retention

- It is critical that families remain in the program long enough to benefit from the planned intervention. Each partnership will be required to demonstrate the successful, long-term retention of 75% of its families across their pre-determined program duration.

Program duration:

- Infant and Toddler, SFP Birth – 3, 14 sessions
- Pre-school children, SFP 3 – 5 years, 14 sessions

Service Delivery

Model Fidelity

To ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, group facilitators shall ensure that Strengthening Families (Preschool 3-5) is implemented to fidelity and comply with the following:

Group Intensity and Delivery

- **Programs shall offer group-based services once a week. Groups last 2.5 hours each week includes dinner together, parent class & children's class, and family time to close the session. The duration of services will span over 14 weeks. Retrospective pre assessment is given at session 4, post assessment is given at session 13. Last session is designated to graduation.**
- Program curriculum includes:
  a. Children's sessions – Children's sessions are built around developmental activities that foster positive parent-child interactions and other approaches to learning as specified by SFP curriculum.
  b. Parenting sessions – Parenting sessions provide detailed training in child growth, healthy development, and positive interactions with children.
  c. Family sessions – Family sessions incorporate experiential exercises that allow parents and children to practice what they learned in either their parenting or children's sessions.
- Staffing structure: 2 group facilitators must be present at each parenting group, with an additional two facilitators leading child group activities, and 1 program coordinator.

Screenings

- **Each client child shall be assessed using the age-appropriate developmental screening tools Ages & Stages 3 and Ages and Stages SE2, in week 4 of 14 week curriculum.** If a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the group facilitator shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Group facilitators shall maintain (within the First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral. In addition, the group facilitator will recommend activities to assist with the areas of possible concern, continue monitoring the child's development.
- **If a child scores in the monitoring range on ASQ3 and/or ASQ:SE2** in two or more categories and/or if there is a parental concern on the screening questionnaire, the group facilitator will recommend activities to assist with the areas of possible concern, continue monitoring the child's development.
- **Strengthening Family group facilitators must screen at least 80% of eligible clients in the ASQ3 and ASQ:SE2.**
- Partnerships and their group facilitators shall ensure active collaboration with other parenting and family support services in their communities, refer families to services as necessary, and follow up as feasible to ensure that appropriate connections have been established.

Connections (Referrals)

- Group facilitators shall utilize risk factors to refer and connect families to services that they may need or want to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of families served by First Steps, it is expected that most families will be connected to

services in addition to this program. Pre-existing connections made prior to the family's involvement with First Steps may count toward this standard. Active and sustained efforts to connect families to pediatric medical homes shall be a priority.
- **70% of families served must have at least one successful connection per program year.**
- Caseworkers shall maintain (within the designated First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Referrals and successful connections shall be entered (within the First Steps Data Collection System) within 7 days of referral.

Integrated Service Delivery

- SPF group facilitators must complete Participant Progress forms following each session.

Staff Qualifications and Training

- Each SPF group facilitator shall attend a two-to-three-day training covering the following topics: underlying theoretical concepts, program mechanics, recruitment and retention of families, overview of the curriculum, facilitation groups, ethical situations, and role plays. In addition, each group leader shall be trained to lead both parenting and children's sessions. Training is provided by HH Training & Consulting, LLC.

Ongoing Program Quality Improvement and Professional Development

- Supervisors hold a weekly staff meeting with program staff to provide reflective supervision and weekly individualized reflective supervision meetings to review client recruitment and retention, guideline compliance, and programmatic data reviews.

Assessments

- **For parent** Retrospective pre assessment is given at session 4, post assessment is given at session 13.
- **For child** Each birth to 3 shall be rescreen using the age-appropriate developmental screening tools Ages & Stages 3 and Ages and Stages SE2, at the end of session 14.

Data Submission & Minimum Requirements

	Description	Requirements	Data Entry	Report/Monitoring
Targeting Clients At – Risk of Early School Failure	Risk Factors	100% of families must possess <u>at least one</u> risk factor At least 60% of families should have <u>two (2) or more of the readiness risk factors</u>	Data will be entered within 7 days of a family's enrollment.	Risk Factors Report
Targeting By Age	Child Eligibility	• 100% of newly enrolled households must contain one or more children between the ages of 0 and 5. • Partnerships may not enroll children 6 and over.	Data will be entered within **7 days** of a family's enrollment.	N/A

Client Retention	Retention Requirement	**At least 75%** of families shall complete pre-determined program duration.	Program duration: • Infant and Toddler, SFP Birth – 3, 14 sessions • Pre-school children, SFP 3 – 5 years, 14 sessions	Retention Report
Service Delivery	Group Meetings Staffing structure: 2 group leaders to facilitate parenting groups, two group leaders for children's group, and 1 program coordinator.	**Data Required** 1. # Group Meetings 2. Total Attendance 3. Enrollee Attendance 4. Guest Attendance 5. Curriculum Topic **Group Frequency and Duration** Programs shall offer group-based services once a week. Groups last 2.5 hours each week includes dinner together, parent class & children's class, and family time to close the session. The duration of services will span over 14 weeks.	Data will be entered within **7 days** of completion. .	Total Attendance -Case Data Entry Screen To isolate enrollee attendance run the Group Meeting Detail Report.
Developmental Screenings	Each client child shall be assessed using the Ages & Stages 3 and Ages and Stages SE2.	**At least 80% of children must be screened using the ASQ and the ASQ:SE during the 4th week of the curriculum series**	Data will be entered within **7 days** of developmental screening.	ASQ Report
Connections	"Referrals"	**70%** of families served must have at least one successful connection per program year. To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	Data will be entered within **7 days** of initial referral and within **7 days** of follow-up.	Connection Detail Report
Assessments	Pre/Post Assessments	**Timeline** • Pre-assessment > session 4	Surveys cannot be entered in the First Steps	Partnerships must keep records on site.

		• Post-assessment > session 13	Data Collection System.	
Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent.	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data should be entered within **7 days** of a family's enrollment.	Case Visit Summary and Projected to Serve

Positive Parenting Program (Triple P) Multi-Level 1, 2, 3 (221)

Evidence-Based Strategy

The Positive Parenting Program (Triple P) is a parent training program designed for parents with children ages 0-12. Triple P parent trainings help parents:

- Manage misbehavior and encourage positive changes
- Establish rules and routines for their children and family
- Participate in self-care
- Feel confident in their parenting skills

Multi-level Triple P ranges from Universal (Level 1), which involves media and informational strategies, Selected (Level 2), which is brief consultation with parents and/or parenting seminars with large groups of parents, Primary Care (Level 3), which is four brief consultations of active skills training.

Unit of Delivery = Adults

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Service Delivery

Model Fidelity

- Level 1 Triple P is a communications strategy that includes attending community events, the use of social media, local newspapers, school newsletters, mass mailings to family households, presence at community events, and website information.
- Level 2 is a "light touch", with brief one-time assistance which could be seminars (can attend one or all 3 sessions of seminar) and/or one-on-one consultation with a primary care practitioner.
- Level 3 is targeted counseling for parents that consists of a brief program (~80-120 minutes over 1-4 sessions).
- In order to ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, group facilitators shall ensure that each First Steps-funded strategy is implemented with fidelity to its published, research-based model.

Intensity and Delivery

- Obtain Triple P accreditation; the training and accreditation takes 6 to 8 weeks.
- Level 3 Triple P generally consists of four 20 or 30-minute sessions over 1 – 2 months or a single session 2-hour group discussion.
- The Triple P curriculum will be implemented as outlined in the Triple P Practitioner's Manual.
- Level 3 group sessions should not exceed 10 participants.

Screenings

- All families receiving Triple P intervention(s) should receive information about the importance of developmental screenings and connections with services and resources.

Integrated Service Delivery

- Intake forms (provided with the Triple P manual, as applicable) must be completed with the parent (and, as appropriate, with the child, teacher, etc.) prior to the implementation of Triple P.

Staff Qualifications and Training

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

Assessments

- First Steps programs shall administer client satisfaction surveys at least annually, and use data collected for program improvement.

Data Submission & Minimum Requirements

	Description	Requirements	Data Entry	Report/Monitoring
Targeting Clients At – Risk of Early School Failure	Risk Factors	100% of families must possess at least one risk factor At least 60% of families should have two (2) or more of the readiness risk factors	Data will be entered within 7 days of a family's enrollment.	Risk Factors Report
Intensity and Delivery	Accreditation & Implementation	• Obtain Triple P accreditation; the training and	Data will be entered within	Partnerships must keep records on site.

		accreditation takes **6 to 8 weeks.** • Level 3 Triple P generally consists of four **20 or 30-minute sessions over 1 – 2 months or a single session 2-hour group discussion.** • The Triple P curriculum will be implemented as outlined in the Triple P Practitioner's Manual. • **Level 3 group sessions should not exceed 10 participants.**	**7 days** of activity.	**For groups:** Total Attendance -Case Data Entry Screen To isolate enrollee attendance run the Group Meeting Detail Report.
Assessments	Client Satisfaction Surveys	**Surveys should be administered at least annually.**	Surveys cannot be entered in the First Steps Data Collection System**.**	Partnerships must keep records on site.

Positive Parenting Program (Triple P) Level 4 (222)

Evidence-Based & High Intensity Strategy

Level 4 Triple P (Positive Parenting Program) is a parent training program designed for parents with children ages 0-12. Unlike Multi-level Triple P, Triple P Level 4 uses an evidence-based curriculum to equip families with skills to help children with challenging behaviors and better function across multiple settings. Parents may receive this intervention through individualized one-on-ones with Triple P parent trainers, and/or group sessions. Additionally, Triple P parent trainings can help parents:

- Manage misbehavior and encourage positive changes
- Establish rules and routines for their children and family
- Participate in self-care
- Feel confident in their parenting skills

Parent Literacy
Level 4 Triple P is the acceptable version of the model for the purposes of offering evidence-based parent education as part of a four-part Family Literacy program.

Unit of Delivery = Adults

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5

years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Client Retention

Level 4 Triple P is delivered in 10 sessions for an individual family, or in group-based sessions over an 8-week period.

Service Delivery

Model Fidelity

To ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, group facilitators shall ensure that Triple P Level 4 is implemented with fidelity and complying with the following:

Intensity and Delivery

- Level 4 is ten individualized 1-hour weekly sessions. If implemented as group sessions, they are conducted within 8 weeks: 5 face to face meetings in weeks #1, #2, #3, #4, and #8; and 20 minute individual telephone consultations in weeks #5, #6, and #7. Sessions can be delivered over more than one visit or group meeting to allow adequate time to meet all components of the Session Checklists
- The Triple P curriculum will be implemented as outlined in the Triple P Practitioner's Manual
- Level 4 group sessions should not exceed 12 parents.

Screenings

- Each participating child will be assessed using an age-appropriate developmental screening tool (e.g. Ages and Stages 3, Ages and Stages SE-2, Brigance, DIAL-3, or other validated, approved screening tool). **If a Local Partnership wishes to use a developmental screening tool other than Ages and Stages 3, Ages and Stages SE-2, they must receive special permission from the SC First Steps Director of Parenting.**
- If the score indicates that the child's development is on track, parent trainers shall continue program offerings as scheduled, communicate with parents/guardians about the child's development, and offer activities for continued development
- If a child's score(s) fall in the monitoring range, as indicated by the screening tool, and/or if there is a parental concern on the screening, the parent trainer will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, and rescreen the child within 6 months.
- If the screening indicates a possible delay, the parent trainer shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation.
- **At least 80% of child participants should be screened within 90 days of enrollment.**
- Partnerships and their parent trainers shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Client screenings and referrals based on those screening results shall be entered into the FSDC within 7 days of screening and/or referral.

Connections (Referrals)

- Parent trainers shall utilize risk factors to refer and connect families to services that they may need or want to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of families served by First Steps, it is expected that most families will be connected to services in addition to this program. Pre-existing connections made prior to the family's involvement with First Steps may count toward this standard. Active and sustained efforts to connect families to pediatric medical homes shall be a priority.
- **70% of families served must have at least one successful connection per program year.**
- Parent trainers shall maintain (within the designated First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Referrals and successful connections shall be entered (within the First Steps Data Collection System) within 7 days of referral.

Integrated Service Delivery

- Intake forms (provided with the Triple P manual) must be completed with the parent (and, as appropriate, with the child, teacher, etc.) prior to the implementation of Triple P.

Staff Qualifications and Training

- To deliver Triple P Interventions, parent trainers must have a background in child development or family functioning and have completed both training and accreditation for Level 4. All training and materials to deliver the program to parents must be obtained through Triple P America, the organization responsible for training and dissemination of Triple P in the United States. Minimum education requirement for staff is a high school diploma or equivalency with two years of relevant supervised work experience. If AmeriCorps member is recruited, a minimum education requirement is a high school diploma or equivalency with two of relevant supervised work experience along with all identified Triple P training aligned with staff training expectations.
- Each participating partnership must obtain Triple P accreditation. Training for accreditation takes between 6 to 8.

Assessments

- All Triple P parent trainers shall complete, at minimum, baseline and post assessments of the Strengths and Difficulties Questionnaire and Impact Supplement (2 to 4 Years; SDQ-IS), available here. Select "Double-sided version with impact supplement – P 2-4 SDQ and impact supplement for the parents of 2 – 4 year olds." Scoring instructions are here. The initial SDQ-IS should be completed within 45 days of enrollment if the child is at least 2 years of age. If the child is less than 2 years old at enrollment, the initial SDQ-IS should be done immediately after (not before) the child's 2- year birthday.
- All Triple P parent trainers shall complete, at minimum, baseline and post assessments of the Parenting Scale (available through Triple P Provider Network website). The baseline assessment is to be completed within 45 days of enrollment in the program. Scoring software (ASRA) is also available through the Triple P Provider Network website.
- The SDQ-IS and Parenting Scale are considered minimally sufficient assessments for implementation fidelity of Triple P. Other assessments are suggested. These include the Being a Parent Scale, Parent Problem Checklist, Relationship Quality Index, Depression Anxiety Stress Scales, and the Family Assessment device – General Functioning Scale. It is recommended that these measures be administered prior to Session 1 and immediately following termination. If the assessment is available to enter in the SCFS data system, results should be entered within 7 days of date of administration.
- First Steps programs shall administer client satisfaction surveys at least annually, and use data collected for program improvement

Data Submission & Minimum Requirements

	Description	Requirements	Data Entry	Report/Monitoring
Targeting Clients At – Risk of Early School Failure	Risk Factors	100% of families must possess at least one risk factor At least 60% of families should have two (2) or more of the readiness risk factors	Data will be entered within 7 days of a family's enrollment.	Risk Factors Report
Intensity and Delivery	Group Meetings	• 10 group sessions • Groups should not exceed 12 parents and/or 10 individualized sessions	Data shall be entered within **7 days** of activity.	Partnerships must keep records on site. **For groups:** **Report** Total Attendance - Case Data Entry Screen To isolate enrollee attendance run the Group Meeting Detail Report.

Developmental Screenings	Each client child shall be assessed using the Ages & Stages 3 and Ages and Stages SE2. *An alternate screening tool may be used, if approved by the Director of Parenting.*	**At least 80% of children must be screened using the ASQ and the ASQ:SE within 90 days of enrollment**	Data will be entered within **7 days** of developmental screening.	ASQ Report
Connections	"Referrals"	**70% of families** served must have at least one successful connection per program year. To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	Data will be entered within **7 days** of initial referral and within **7 days** of follow-up.	Connection Detail Report
Assessments	Client Satisfaction Surveys	**Surveys should be administered at least annually.**	The First Steps Data Collection System does not allow for survey uploads. Please supply a copy of completed surveys upon request.	Partnerships must keep records on site.

Nurturing Parenting (223)

Evidence-Based & High Intensity Strategy

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

Unit of Delivery (Home Visitation) = Families
Unit of Delivery (Group Based Interventions) = Adults

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Additional Targeting Criteria

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

Service Delivery

Model Fidelity

In order to ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, home visitors and group facilitators shall ensure that Nurturing Parenting is implemented to fidelity and comply with the following:

Intensity and Delivery

Home Visitation

- In order for home visitation to be effective, it is critical that client families remain in the program long enough to benefit from the planned intervention. Each partnership will be required to demonstrate the successful, long-term retention of 75% of its clients across their pre-determined program duration.
- Programs shall offer home visits twice each month that shall last from 50 to 90 mins.
- Services participating families receive are based on the initial intake assessment and which program model is chosen for the family. If the family is on the waiting list for services, they will be directed to other program services offered by the Partnership.
- Services will be offered in the home for home visitation and outside of the home for group-based or individualized services. At a family's discretion and supervisor approval virtual and telecommunication visits will also be considered acceptable and count as a home visit.
- The Nurturing Parenting Program Curriculum will be utilized for all program services.
- All Nurturing Parenting Program data for Home based curricula shall be entered into the FSDC client database system within 7 days of completion.

Group Based Interventions

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

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

Each partnership will be required to demonstrate its successful, long-term retention of 75% of its clients across their pre-determined program duration.

Home Visitation & Group Based Interventions

- Programs shall offer group-based or individualized interventions weekly. The duration of the services will vary based on the above specified model that is determined at the time of intake. Group sessions shall last from 1.5 hours to 3 hours, and individualized sessions that shall last from 50 to 90 minutes.
- Services participating families receive are based on the initial intake assessment and which program model is chosen for the family. If the family is on the waiting list for services, they will be directed to other program services offered by the Partnership.
- Services will be offered in the home for home visitation and outside of the home for group-based or individualized services. At a family's discretion and supervisor approval virtual and telecommunication visits will also be considered acceptable and count as a home visit.
- The Nurturing Parenting Program Curriculum will be utilized for all program services.
- All Nurturing Parenting Program data for Group sessions curricula shall be entered into the FSDC client database system within 7 days of completion.

Screenings

- **Each child participants will be assessed using an age-appropriate developmental screening tool (e.g. Ages and Stages 3, Ages and Stages SE-2.**
    - If a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the home visitor and/or group facilitator shall collaborate with parents/guardians to seek the

consensual provision of these results to: (a) the child's pediatric care provider, and (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Home visitors and group facilitators shall maintain (within the First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral
    - In addition, the home visit or group facilitator will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, and rescreen the child within 90 days post completion of referred intervention or offer the next ASQ due to the parent to complete and take to the child's next well-child visit if the family will exit before the 90 day period ends.
    - **If a child scores in the monitoring range on ASQ3 and/or ASQ:SE2** in two or more categories and/or if there is a parental concern on the screening questionnaire, the home visitor and/or group facilitator will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, or offer the next ASQ for the parent to complete and take to the child's next well-child visit if the family has not exited before the 6 month period
    - **At least 80% of child participants should be screened within 30 days of enrollment.**
- A child is exempt from being screened by a First Steps Local Partnership, if they have been: removed from the home of the participating parent, screened by an outside agency, and/or previously diagnosed with a disability.
- If an outside agency has completed a developmental screening for participating child, supporting documentation must be requested and saved to the family file.
- All client screenings and shall be entered into the FSDC within 7 days of receiving screening results.

Connection(Referrals)

- Home visitors and group facilitators shall utilize risk factors to refer and connect families to services that they may need or want to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of families served by First Steps, it is expected that most families will be connected to services in addition to this program. Pre-existing connections made prior to the family's involvement with First Steps may count toward this standard. Active and sustained efforts to connect families to pediatric medical homes shall be a priority.
- **70% of families served must have at least one successful connection per program year.**
- Home visitors and group facilitators shall maintain (within the designated First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Referrals and successful connections shall be entered (within the First Steps Data Collection System) within 7 days of referral.

Goal Setting and Progress Monitoring)

- All program staff shall develop and complete for each family, a well-documented Family Goal Plan by session 4 of the group-based, the individualized services weekly session, and/or the home visitation sessions and subsequently update these plans with each family two sessions before they the program.

Integrated Service Delivery and Referrals

- Partnerships shall utilize the Nurturing Skills Competency Scale to assess each family and then to refer/ connect families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum.

Staff Qualifications and Training

- All program staff and supervisors in SC must possess at least a high school diploma with two years of related work experience or two-year degree in early childhood education or a closely related field and document successful completion of Nurturing Parenting Program training by certified national certified trainer with a training emphasis on birth to 5 population. If an AmeriCorps member is recruited, a high school diploma is required along with successful completion of the certification in the Nurturing Parenting Program training by national certified trainer with a training emphasis on birth to 5 population.
- All program staff will be trained in the Ages and Stages Questionnaire 3 and Ages and Stages Questionnaire SE2 Developmental Screenings.
- All program staff will be trained in the Adult-Adolescent Parenting Inventory (AAPI) and the Nurturing Skills Competency Scale (NSCS).

Ongoing Program Quality Improvement and Professional Development

- Supervisors will hold a weekly staff meeting with program staff to provide reflective supervision and individualized reflective supervision meetings to review client recruitment and retention, standards compliance, and programmatic data reviews. All supervisors will develop staff meeting agendas and meeting minutes to be kept in the partnership's programmatic files.
- Client case files are reviewed quarterly to ensure program fidelity to the model. Documentation shall be maintained to show program quarterly monitoring results. Results shall be used for program quality improvement areas to be addressed during staff meetings and reflective supervision.
- Supervisors shall attend/observe home visits with each program staff member at least twice each program year and observe parenting groups bi-monthly. Results will be used to improve model fidelity, staff meeting agenda items, and reflective supervision.

Assessments

- First Steps programs shall administer client satisfaction surveys at least annually, and use data collected to improve model fidelity.
- Parents will complete the Adult-Adolescent Parenting Inventory (AAPI) to assess the child rearing attitudes of the parents, with a pretest at intake, and a posttest annually or prior to exiting the program. AAPI assessment will be utilized with all families.
- Parents will complete the Nurturing Skills Competency Scale (NSCS) to assess their knowledge of parenting skills, and to collect demographic information. This assessment will be completed as a pretest at intake before starting program services, and a posttest annually or prior to exiting the program. The Long Version of the NSCS assessment will be utilized with all families.

Data Submission & Minimum Requirements

	Description	Requirements	Data Entry	Report/Monitoring
Targeting Clients At – Risk of Early School Failure	Risk Factors	100% of families must possess at least one risk factor At least 60% of families should have two (2) or more of the readiness risk factors	Data will be entered within 7 days of a family's enrollment.	Risk Factors Report
Additional Targeting Criteria	Family Eligibility	Families with children prenatal up to five years of age will be provided services.	Data will be entered within **7 days** of a family's enrollment.	N/A
Client Retention	Home Visitation & Group Meetings	**At least 75%** of families shall complete pre-determined program duration.	N/A	Retention Report
Service Delivery	Home Visitation	**Programs shall offer home visits twice each month that shall last from 50 to 90 mins.**	Data will be entered within **7 days** of the home visit.	Parenting Intensity Summary
	Group Meetings	**Data Required** 1. # Group Meetings 2. Total Attendance 3. Enrollee Attendance 4. Guest Attendance 5. Curriculum Topic	Data will be entered within **7 days** of the group meeting. If the Partnership has identified an individual	Total Attendance -Case Data Entry Screen To isolate enrollee attendance run the Group Meeting Detail Report.

		Group Frequency and Duration • Primary – Prevention Education Program – 5 to 18 sessions • Secondary – Prevention Invention Program – 12 to 20 sessions • Tertiary – Prevention Treatment Program – 15 to 27 sessions • Comprehensive Programs – 27 to 55 sessions	responsible data entry, data must be submitted to the Partnership within **7 days**.	
Developmental Screenings	Ages and Stages 3 (ASQ-3) Ages and Stages SE-2 (ASQ:SE2)	**At least 80% of children must be screened using the ASQ and the ASQ:SE within 90 days of enrollment**	Data will be entered within **7 days** of developmental screening.	ASQ Report
Connections	"Referrals"	**70%** of families served must have at least one successful connection per program year. To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	Data will be entered within **7 days** of initial referral and within **7 days** of follow-up.	Connection Detail Report
Goal Setting and Progress Monitoring	Group Meetings & Home Visitation	All program staff shall develop and complete for each a well-documented **Family Goal Plan by session 4** of the group-based, and/or the home visitation sessions.	N/A	Partnerships must keep records on site.
Integrated Service Delivery	Group Meetings & Home Visitation	Partnerships shall utilize the Nurturing Skills Competency Scale to assess each family.		
Assessments	Adult-Adolescent Parenting Inventory (AAPI)	Home visitors and group facilitators must assess **at least 75%** parents using the AAPI.	Data will be entered within **7 days** of AAPI assessment.	Other Assessments Report
	Nurturing Skills Competency Scale (NSCS)	Home visitors and group facilitators must assess **at least 75%** parents using the NSCS.	Data will be entered within **7 days** of NSCS assessment.	Other Assessments Report

Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent.	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data will be entered within **7 days** of a family's enrollment.	Case Visit Summary and Projected to Serve

LENA Home (Language Environment Analysis Home-based) (224)

Evidence-Based & High Intensity Strategy

Language Environment Analysis (LENA) Home is a parenting intervention that combines 13 interactive parenting sessions with an innovative LENA "talk pedometer" technology. The program is designed for families with young children showing low levels of vocabulary and communication. LENA Home technology has been proven to be a success by researchers, clinicians, interventionist worldwide.

LENA Home was designed to supplement other parenting home visitation programs to supplement the curriculum, but it can be implemented as a stand-along strategy.

Unit of Delivery = Families

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Additional Targeting Criteria

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

Client Retention

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

Service Delivery

Model Fidelity

To ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, home visitors shall ensure that LENA Home is implemented to fidelity and comply with the following:

Intensity and Delivery

- As per the implementation method that demonstrated desired outcomes, the LENA strategy is to be implemented, at a minimum, as a, 3-month intensive feedback and support program for parents utilizing LENA for in-home audio recording and reports. Home visits are to be conducted weekly.
- Feedback and support during implementation must include (a) LENA-based feedback reports based on 10 recordings for parents regarding their home language environments, (b) educational materials providing information to parents on improving their child's language environment, and (c) coaching support by a trained staff member.
- Services are to be delivered in the families' homes
- The LENA Home program provides an outline curriculum to be implemented for the home visits.
- Data on program activities (other than home visits) shall be entered into the FSDC client database system within 30 days of completion. Home visits shall be entered within 7 days. If the Partnership has identified an individual responsible for all client data entry, the individual shall formally submit this information to the Partnership within this same 7 day window for subsequent entry (7 days for home visits).

Screenings

- Home visitors shall seek to ensure that each participating client family relates to a pediatric medical home and other community services as appropriate.
- Each client shall be assessed using the LENA Snapshot as outlined in the LENA Home manual.
- Client screenings and referrals based on screening results shall be entered into the FSDC - Other Assessments/Screenings section - within 30 days of the event.
- Child Development Surveillance shall take place during each personal visit. If a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the home visitor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Home visitors shall maintain (within the First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Partnerships and their home visitors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. 60% of families that receive at least one personal visit shall be connected to at least one community resource in the program year, per PAT model standards. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.

Connection (Referrals)

- Home visitors shall utilize risk factors to refer and connect families to services that they may need or want to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of families served by First Steps, it is expected that most families will be connected to services in addition to this program. Pre-existing connections made prior to the family's involvement with First Steps may count toward this standard. Active and sustained efforts to connect families to pediatric medical homes shall be a priority.
- **70% of families served must have at least one successful connection per program year.**
- Home visitors shall maintain (within the designated First Steps Data Collection System) referral records to include

information on the outcome/disposition of each First Steps-initiated referral.
- Referrals and successful connections shall be entered (within the First Steps Data Collection System) within 7 days of referral.

Staff Qualifications and Training

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

Assessment

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

Data Submission & Minimum Requirements

	Description	Requirements	Data Entry	Report/Monitoring
Targeting Clients At – Risk of Early School Failure	Risk Factors	100% of families must possess at least one risk factor At least 60% of families should have two (2) or more of the readiness risk factors	Data will be entered within 7 days of a family's enrollment.	Risk Factors Report
Additional Targeting Criteria	Family Eligibility	LENA has been found to be particularly effective for parents with below average ratings on automated language measures.	N/A	N/A
Client Retention	Program Duration	LENA-Home is a 10-session home visitation program.	N/A	Retention Report
Intensity and Delivery	Home Visitation	• LENA is to be implemented, at a minimum, as a, 3-month intensive program LENA in-home audio recording/reports. • Home visits are to be conducted weekly.	Data will be entered within **7 days** of the home visit.	Parenting Intensity Summary

Screening(s)	LENA Snapshot	Each client shall be assessed using the LENA Snapshot as outlined in the LENA Home manual.	LENA Snapshots cannot be entered in the First Steps Data Collection System**.**	Partnerships must keep records on site.
Connections	"Referrals"	**70%** of families served must have at least one successful connection per program year. To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	Data will be entered within **7 days** of initial referral and within **7 days** of follow-up.	Connection Detail Report
Assessments	Client Satisfaction Surveys	**At least annually.**	Client satisfaction surveys cannot be entered in the First Steps Data Collection System**.**	Partnerships must keep records on site.
	Parent Surveys (Child Language – Focused Questionnaires)	• Parent surveys are provided by LENA. • **Administered at a minimum at baseline and then 3-month intervals.**	Parent surveys cannot be entered in the First Steps Data Collection System**.**	Partnerships must keep records on site.
	Measures of Home Language Environments	Measures of the home language environments are obtained with the LENA software. **Measurements** • Number of adult words spoken near the children daily (AWC) • Number of conversational turns (CTs) engaged in with the children daily, and 3) time spent reading daily. • Time spent reading daily.	Measurements cannot be entered in the First Steps Data Collection System**.**	Partnerships must keep records on site.
	LENA'S Language Assessment (Snapshot)	LENA's language assessment (Snapshot) is to be administered as prescribed in the LENA Home Outline of Coaching Sessions.	LENA'S Language Assessment (Snapshot) cannot be entered in the First Steps Data Collection System**.**	Partnerships must keep records on site.

		Recommended Schedule • Sessions #2 • Session #5 • Session #8		
Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent.	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data will be entered within **7 days** of a family's enrollment.	Case Visit Summary and Projected to Serve

Home Instruction for Parents of Preschool Youngsters (225)

Evidence-Based & High Intensity Strategy

HIPPY (Home Instruction for Parents of Preschool Youngsters) is a home visiting program that supports parents in their role as a child's first teacher. Every week for 30 weeks, a trained AmeriCorps parent educator will families of young child in their homes. Visits are guided by curriculum designed to equip parents with the skills and tool necessary to succeed in their role as their child's first teacher. While the program is designed for 4-year-old children, it is also beneficial for low-income families, parents and caregivers with limited education, families with a history of child abuse and/or involvement with the child welfare system, and families experiencing language barriers.

Unit of Delivery = Families

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Targeting By Age (Early Intervention)

- HIPPY is designed for families with children 2 – 6 years of age, facing various barriers such as limited education, poverty, language and/or isolation.
- First Steps currently enrolls:
  - Parents of children enrolled in First Steps funded 4K center/classroom (priority - child slots funded through First Steps).
  - Parents of four-year-old children enrolled at home-based or center-based childcare setting.
  - Parents of four-year-old children not attending any type of 4K or childcare program.
  - With the use of "soft borders," families in neighboring counties (communication and memorandum of understanding with the Executive Director's from both counties, is required prior to recruitment).
- Do not enroll children receiving services outside of those listed above without prior approval from First Steps.
- *AmeriCorps Members will only recruit families with four-year-old child(ren).*

Client Retention

- In order for home visitation to be effective, it is critical that families remain in the program long enough to benefit from the planned intervention. Pursuant to national model guidelines HIPPY programs will provide 30 weeks of activities for parents to use in instructing their children.
- Each partnership will be required to demonstrate its successful, long-term retention of at least eighty percent (80%) of children enrolled complete at least 26 weeks, annually.
- Since participating families are SCFS 4K enrolled, they will receive only one year of service prior to entering 5K.

Service Delivery

Model Fidelity

To ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, home visitors shall ensure that HIPPY is implemented to fidelity and comply with the following:

Home Visit Intensity and Delivery

- Ensure each child annually receives an activity packet and a set of story books; a set of geometric shapes with replacements as needed. Ensure each home visitor has access to a Home Visitor Guide and two activity packets (as indicated), a set of story books, and a set of geometric shapes.
- Enroll children at age 3 and use the Age 3 Curriculum. Children enrolled in the HIPPY AmeriCorps program will enroll at age 4 and use the Age 4 Curriculum.
- Monitor records at least twice a month to ensure parents are working with their children five days per week and that the average number of minutes worked per day is reasonable for the age of the child.
- If the number of minutes is consistently much less or greater than the average 15-20 minutes per day, determine the cause and if a referral, or other intervention, is needed.
- When monitoring records, Home Visitors must review a minimum of 10% of enrolled families' weekly packets or a minimum of 10 randomly selected files. When completing the review: Pull Pages from 10%, or a minimum of 10, randomly selected files, AND/OR A note indicates the reason for each missing page.

Role Play

- Role play is used throughout the HIPPY program by all participants based on a cycle that begins with the coordinator and staff.

Applying Role Play in Home Visits

- The coordinator and home visitors role play the activity packet specified for that week during
- the weekly training meeting. During role play, the purpose of the activities and the developmental significance for children is explained.
- Each home visitor then engages in the same activities with their child, or with a practice child, in order to gain first-hand experience in how children may react to the activities.
- Finally, the home visitors implement the activities one-on-one with their assigned parents. Note: The home visitor role plays the activities with the parent and does not work directly with the child. The parent is then left with a clean packet containing five days' worth of activities in which to engage with their child.
- Coordinator and home visitors repeat the role play cycle weekly with the activity packet for the week and discuss the previous weeks' activities at the weekly training meeting.

Home Visits

- The first home visits each program year are for interested families, providing them with a comprehensive understanding of the program, and obtaining intake information for the application process.
- When possible, the initial visit will be conducted by the HIPPY coordinator or trained supervisor; the home visitor is encouraged to also join on the first visits with parents.
- The curriculum is delivered through home visits for the first 4-6 weeks before incorporating group meetings with home visits.
- Home visitors meet with parents in their home at least 90% of the time. At a family's discretion and supervisor approval virtual and telecommunication visits will also be considered acceptable and count as a home visit.
- Parents are visited in their home 45-60 minutes by their assigned home visitor. The focus of
- the home visit is the parent, or primary caregiver, who learns from the home visitor how to use the HIPPY curriculum with their child in the home. The child should not be present. If the child is present, strategies need to be employed to engage the child in independent play so that full attention can be given to the parent.
    1. Role playing the HIPPY curriculum with parents is the main activity during the visit.
    2. The length of home visits must also accommodate reviewing the past week's work, collecting a sample of the child's work; discussing any challenges the parent and child encountered when completing the previous week's activity, and addressing any other challenges the family may face (i.e., information regarding community services).
    3. The home visitor leaves the parent with the new weekly materials and a reminder of any upcoming parent meetings or community events.
- The HIPPY Coordinator or trained supervisor will accompany home visitors at least 3 times per year in the home of each participating family to observe the interaction between the home visitor and the family, provide supervision, and support home visitors. This practice also increases rapport between coordinators and parents.

Group Connections

- Group meetings must begin within four to six weeks after home visits have started, last approximately two hours, and be held in an accessible facility within the target neighborhood a minimum of six times during the HIPPY program year.
- Group meetings offer educational enrichment, information and activities that meet the needs of the parents.
- Enrichment activities are provided for children during group meetings.

Screenings

- **Each client child shall be assessed using the age-appropriate developmental screening tool Ages & Stages 3 and Ages and Stages SE2 within 30 days of enrollment.** If a developmental screening (conducted in association with any First Steps funded program) indicates a possible developmental delay, the HIPPY parent educator shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. HIPPY parent educators shall maintain (within the First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- In addition, the HIPPY parent educator will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, and rescreen the child within 60 days post completion of referred intervention.
- **If a child scores in the monitoring range on ASQ3 and/or ASQ:SE2** in two or more categories and/ or if there is a parental concern on the screening questionnaire, the HIPPY parent educator will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, and rescreen the child within 6 months.
- If a family is rolled over from the previous program year, the target child will not have to be screened (ASQ3 and ASQ:SE2) for the new program year. If a new target child has been identified, ASQ3 and ASQ:SE2 are required.
- **Developmental screenings must be conducted on at least 80% of eligible clients.**
- Partnerships and their HIPPY parent educators shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established.
- HIPPY parent educators must ensure that each family is connected with a pediatric medical home and other community services as appropriate.

Connections

- HIPPY parent educators shall utilize risk factors to refer and connect families to services that they may need or want to strengthen their families and provide optimal development for their preschool children.

- Given the risk factor profile of families served by First Steps, it is expected that most families will be connected to services in addition to this program. Pre-existing connections made prior to the family's involvement with First Steps may count toward this standard. Active and sustained efforts to connect families to pediatric medical homes shall be a priority.
- **70% of families served must have at least one successful connection per program year.**
- HIPPY parent educators shall maintain (within the designated First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Referrals and successful connections shall be entered (within the First Steps Data Collection System) within 7 days of referral.

Family Assessment and Goal Setting

- Partnerships or HIPPY parent educators shall utilize the Survey of Parenting Involvement assessment to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum.
- In addition, Teaching Strategies GOLD®, an authentic, ongoing observational system, is routinely administered to all SCFS 4K students. Assessment results will help guide HIPPY parent educator planning.

Staff Qualifications and Training

- Each HIPPY parent educator must attend preservice training.
- Parent educators must have at least a bachelor's degree. (If course work has not included child development, the coordinator has obtained 24 contact hours of training in early childhood development.)
- HIPPY parent educators must be HIPPY parents, former HIPPY parents, or are knowledgeable of the language and culture of the community served.
- HIPPY parent educators must be able to read, write and speak well in the language of the curriculum they will use with assigned parents.
- A professional development plan based on performance evaluations and career goals must be established for each HIPPY parent educator.

Only AmeriCorps members (HIPPY parent educators) trained in the HIPPY curriculum can deliver home visits. No other services can be offered using AmeriCorps dollars.

Ongoing Program Quality Improvement and Professional Development

- The quality assurance process begins with program self-assessment, and subsequently findings are validated by a national trainer. Each site that demonstrates quality programming by meeting all Standards of the HIPPY Model and defined contractual obligations will earn Accreditation status. Accreditation status is awarded with a three-year certification that is valid for as long as programming remains fundamentally the same. Detailed information regarding Accreditation is outlined in the HIPPY Model, Guidance, and Accreditation Manual.
- A program coordinator must evaluate each HIPPY parent educator's performance at least three (3) times a year. Evaluations should be based on home visits, group and staff meeting observations.
- A program coordinator must establish a weekly training schedule for HIPPY parent educators. Training should include child development concepts and terminology utilizing the Coordinator Guide.

Assessment

- All HIPPY parent educators shall complete, at minimum, the HIPPY Survey of Parenting Involvement
- Pre-Assessment at time of enrollment, and post-assessment at the 30 week visit (or sooner if a family leaves the program prior to 30 weeks).

Data Submission & Minimum Requirements

	Description	Requirements	Data Entry	Report/Monitoring
Targeting Clients At – Risk of Early School Failure	Risk Factors	100% of families must possess at least one risk factor At least 60% of families should have two (2) or more of the readiness risk factors	Data will be entered within 7 days of a family's enrollment.	Risk Factors Report
Targeting By Age (Early Intervention)	Recruitment	AmeriCorps Members will recruit families with four-year-old child(ren).	N/A	N/A
	Enrollment Rules	• Parents of children enrolled in First Steps funded 4K center/classroom (priority). • Parents of four-year-old children enrolled at home-based or center-based childcare setting. • Parents of four-year-old children not attending any type of 4K or childcare program. • With the use of "soft borders," families in neighboring counties	N/A	N/A
Client Retention	Program Duration	HIPPY programs will provide **30 weeks** of activities for parents to use in instructing their children.	N/A	N/A
	Retention Requirement	**At 80% of children enrolled, must complete at least 26 weeks, annually.**	N/A	Retention Report
Service Delivery	Home Visits	• The curriculum is delivered through home visits for the **first 4-6 weeks** before incorporating group meetings with home visits. • Parents are visited in their home **45-60 minutes** by their assigned home visitor. • Home visitors meet with parents in their home **at least 90%** of the time.	Data will be entered within **7 days** of the home visit.	Parenting Intensity Summary
	Role Playing	Role playing the HIPPY curriculum with parents is the main activity during the visit.	Curriculum	N/A
	Group Meetings	**Data Required** 1. # Group Meetings 2. Total Attendance 3. Enrollee Attendance	Data will be entered within **7 days** group activity.	Total Attendance - Case Data Entry Screen

		4. Guest Attendance 5. Curriculum Topic **Group Frequency and Duration** Group meetings must begin within **four to six weeks** after home visits have started, last approximately **two hours**, and be held in an accessible facility.	.	To isolate enrollee attendance run the Group Meeting Detail Report.
Developmental Screenings	Ages and Stages 3 (ASQ-3) Ages and Stages SE-2 (ASQ:SE2)	**At least 80% of children must be screened using the ASQ and the ASQ:SE within 90 days of enrollment**	Data will be entered within **7 days** of developmental screening.	ASQ Report
Connections	"Referrals"	**70%** of families served must have at least one successful connection per program year. To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	Data will be entered within **7 days** of initial referral and within **7 days** of follow-up.	Connection Detail Report
Family Assessment and Goal Setting	Survey of Parenting Involvement Teaching Strategies GOLD	• Partnerships or shall utilize the Survey of Parenting Involvement assessment to refer/ link families to additional interventions. • Teaching Strategies GOLD®, an authentic, ongoing observational system, is routinely administered to all SCFS 4K students.	Survey and Teaching Strategy GOLD results cannot be entered in the First Steps Data Collection System**.**	Partnerships must keep records on site.
Assessments	HIPPY Survey of Parenting Involvement	**Timeline** • Pre-Assessment at time of enrollment • Post-assessment at the 30 week visit (or sooner if a family leaves the program prior to 30 weeks).	Surveys cannot be entered in the First Steps Data Collection System**.**	Partnerships must keep records on site.
Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent.	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data will be entered within **7 days** of a family's enrollment.	Case Visit Summary and Projected to Serve

Supporting Care Providers Through Visits (SCPV 226)

Evidence-Informed Strategy

Supporting Care Providers through Visits (SCPV) strives to give care providers research-informed information and evidence-informed practices that are supportive and educational. In addition to helping care providers better serve, the SCPV curriculum offers materials (Parent Pages) to help parents be better teachers in the home.

Care providers play a critical role in the healthy development of children.

Unit of Delivery = Providers

Targeting

Targeting Registered Family Child Care Home Providers and ABC-Quality Monitored Family, Friends, and Neighbors Providers

Each participating Family Child Care Home and Family, Friends, and Neighbors Provider shall be identified by the local partnership in the county where the provider is located. In order to participate, the following must apply:

- Provider must complete and submit a Provider Consent Form and submit Parent Consent/Family Enrollment Forms (parent participation is optional).
- Family Child Care Home Providers must be a registered with SC DSS and serve no more than 6 children.
- A Registered Family Child Care Home provides care for up to 6 children at any given time within the home of the child care provider. A Registration is required if a person provides care to more than one unrelated family of children on a regular basis (more than two days a week).
- Family, friends, and neighbor child care homes can only be served if they are listed with ABC Quality. If the FFN provider is not listed with ABC Quality, a Local Partnership can submit a written justification to SC First Steps for approval to serve the provider.

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)

- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Client Retention

- For provider visits to be effective, it is critical that participating providers remain in the program long enough to benefit from the planned intervention. The minimum retention target for providers is 9 months but can be longer depending on provider interest and provider educator availability.

Service Delivery

Model Fidelity

To ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, provider educators shall ensure that SCPV is implemented with fidelity to model. “Fidelity” is defined as complying with model specifications relating to:

Provider Intensity and Delivery

- **Programs shall match the intensity of their service delivery to the specific needs of each provider, with no provider being offered less than 2 visits monthly. (For each provider served, 1.8 average is considered the minimal threshold for visits per month, 2.0 is the targeted expectation, and 2.5 and above is considered outstanding intensity.)**
- **All SCPV Programs should complete a minimum of 24 visits per year, per provider, as outlined by the SCPV Curriculum.**
- Provider educators shall use the personal visit plans, special topics, personal visit records, and service record forms from the curriculum to design, deliver, and document personal visits to providers.
- Data on each care provider visit shall be entered into the FSDC provider database system within 7 days of completion. If the Partnership has identified an individual responsible for all client data entry, individuals shall formally submit this information to the Partnership within this same 7 day window for subsequent entry.
- No provider educator may carry a caseload of more than five (5) active providers.
- Completed personal visit plans from the SCPV curriculum provided by the Provider Educator count as registered training credit hours with SC Endeavors. Provider educators shall submit documentation of completion of SCPV visit plans to SC First Steps for the provider to receive SC Endeavors training credit.
- To the extent possible, provider educators should share information about trainings and follow-up activities with the provider or refer to CCR&R for follow-up assistance in order to help the provider maintain the requirements to be a DSS registered provider.

Group Connections

- At least one group connection shall be offered monthly per program year.
- Providers can join PAT families for their group connections, attend a provider only group, or group connections in neighboring counties. Group setting must be documented along with group attendance.

Screenings

- **Each provider educator shall ensure that the opportunity for child developmental screenings using the Ages and Stages Questionnaire (ASQ-3) is made available to all participating childcare providers and/or consenting parents within 90 days of enrollment and annually thereafter.** Family participation in ASQ-3 screening is voluntary and can be self-administered by the parent/caregiver or administered by the provider or provider educator. If a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the provider educator shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child’s pediatric care provider, and (b) either BabyNet (ages 0-3) or the child’s zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Provider educators shall maintain (within the First

Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral. In addition, the provider educator will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, and rescreen the child within 90 days post completion of referred intervention.

- **If a child scores in the monitoring range on ASQ3** in two or more categories and/or if there is a parental concern on the screening questionnaire, the provider educator will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, and rescreen the child within 6 months.
- Partnerships and their provider educators shall ensure active collaboration between parenting family support services and the surrounding community. Provider educators will provide information to childcare and FFN providers to facilitate family referrals to service as necessary and follow up as feasible to ensure that appropriate connections have been established.
- **Developmental screenings must be conducted on at least 80% of eligible clients.**

Provider Assessment and Goal Setting

- Each provider must complete and submit the Pre Care Provider Survey at the beginning of the program year or within 45 days of enrollment, and the Post Care Provider Survey at the end of the program year or at the time of discontinuation of services.
- Goal setting and curriculum delivery should be informed by provider response to the Vision for Growth and General Practice and Activity Information sections of the Care Provider Survey.
- Providers should participate in activities with their children and apply child development strategies as outlined in goal setting sessions.

Staff Qualifications and Training

- All provider educators must have documented successful completion of/initial certification in PAT's Foundational and Model Implementation Training and the Supporting Care Providers through Visits (SCPV) Curriculum.
- Provider educators shall participate in annual training opportunities specific to the SCPV program.

Ongoing Program Quality Improvement and Professional Development

- Provider educators shall include discussion of their SCPV work during their individualized reflective supervision meetings at a minimum of 2 hours per month. No less than 18 hours of individualized reflective supervision during the program year is expected. Part-time Parent Educators shall participate at a minimum of one hour of reflective supervision per month.
- The program coordinator evaluates each home visitor's performance at least three (3) times a year, based on home visits, group and staff meeting observations.
- The program coordinator establishes a weekly schedule to train staff in the curriculum to include child development concepts and terminology utilizing the Coordinator Guide.

Materials Funds

- A minimum of 50% of the incentive funding received by the Partnership must be used to directly benefit the participating child care providers and parents. The remaining funds are available to the Partnership to help with the cost of delivering services. The program coordinator evaluates each home visitor's performance at least three (3) times a year, based on home visits, group and staff meeting observations.
- SCPV grant funds are intended to purchase program and curriculum materials or other program related items such as books, educational toys, art supplies, rugs, chairs, etc.
- Capital expenses are not permitted. For playground equipment such as swing sets, it cannot be anything that requires installation or fixed attachment to the ground or a structure. However, outdoor items like balls, hula hoops, games, etc. are acceptable.
- Materials purchased must be aligned with provider needs as indicated during visits or by the Pre or Post Care Provider Survey, environmental assessment (FCCERS) and/or other approved assessment.

Assessment

- Environmental or other assessments must be conducted by assessors who have successfully completed the ERSI FCCERS training (or other required training).
- Each home-based provider benefiting from SCPV funding shall receive a baseline assessment with the FCCERS (or other approved assessment) within 90 days of the initiation of service, with a post assessment conducted at the end of the

program year or earlier if a provider leaves the program, and annually thereafter if a home-based provider is served across multiple program years. Provider educators will receive assessment results from the accessors and are responsible for reviewing them with the care provider.

- At least annually, the provider educator gathers and summarizes feedback from providers about the services they've received, using the results for program improvement. This summary information shall be shared with the SCFS State Office for purposes of providing support to SCPV programs.
- The First Steps State Office will provide a directory of trained assessors and aid in scheduling assessments if needed.

Data Submission & Monitoring

- How to enter a new case each provider/child(ren) must be entered into the client demographic portal of the First Steps Data Collection System (FSDC). When entering client demographic data, each provider should be entered as a "parent" to create a new case number. Once entries are complete, children in their care should be entered under the same record. A parent must provide written consent before a child can be entered in the First Steps Data Collection System (FSDC).
- Data Collection The following data must be collected within the First Steps Data Collection System (FSDC): Provider/child client demographic data, provider visits, group connections, program referrals, connections to services, developmental screenings, assessments, and risk factors
- Monitoring Local First Steps Partnerships shall monitor progress of each provider and ensure model fidelity with: Cases Visit Summary and Projected to Served, Parenting Home Visit Intensity Summary, Parenting Home Visit Intensity, Group Meeting Detail, Connection Detail, ASQ, Assessment Entry Screen, and Risk Factors Reports.

Ready 4K (230)

Evidence-Based Strategy

Ready4K is a family engagement curriculum delivered via text messages. Parents and caregivers receive weekly fun facts and easy tips on how to promote their children's development by building on existing family routines. At the core of Ready4K is small, easy-to-implement activities that reduce the difficulty parents/caregivers might have supporting their child's literacy development. Research results show parent/caregiver reporting more involvement in literacy activities and children showing gains in preliteracy skills, particularly those children with the lowest baseline scores.

A research study evaluating its efficacy implemented a 32-week text messaging curriculum designed to support children's literacy development. Parents/caregivers received three text messages a week.

Unit of Delivery = Families

Targeting

- With the understanding that Ready4K enrollment is open to all age-eligible children, partnerships are encouraged to target families with at least one risk factor at the time of enrollment.
- Partnerships should consider partnering with local 4K providers to identify eligible children.

Service Delivery

Model Fidelity

In order to ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, case workers shall ensure that Ready 4K is implemented with fidelity to its model. "Fidelity" is defined as complying to the following:

Intensity and Delivery

- Obtain and maintain affiliate status with the program model.
- Service is to be delivered following program standards and including the intensity and delivery specifications from the researched implementation, described below
- Adhere to the 32-week text messaging curriculum; that is, all parents/caregivers receive the full dosage of the curriculum.
- Parents/caregivers receive three text messages a week.
- Supplement to more comprehensive strategies because Ready4K incorporates a low-intensity, passive service delivery model, it should be used to supplement more high intensity program strategies as possible.

Assessment

- Parent satisfaction surveys are to be administered in accordance with Ready4K instructions. It should be administered, at minimum, upon enrolling in Ready4K and upon aging out or exiting the program.
- As applicable, client assessments shall be entered in the FSDC within 7 days of administration.

Data Submission

Partnerships shall keep an electronic record of Ready4K families with, at minimum, the child's full name and birthdate, the family's contact information, and beginning and ending dates of program participation and will submit data to SCFS quarterly for evaluation purposes.

Attachment and Biobehavioral Catch-Up – Infant (231)

Evidence-Based & High Intensity Strategy

The Attachment and Biobehavioral Catch-up (ABC) is a home-visiting parenting program developed by Dr. Mary Dozier to help caregivers nurture and respond sensitively to their infants and toddlers to foster their development and form strong and healthy relationships.

Unit of Delivery = Families

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Targeting By Age (Early Intervention)

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

Client Retention

For home visitation to be effective, it is critical that client families remain in the program long enough to benefit from the planned intervention. Each partnership will be required to demonstrate the successful, long-term retention of 75% of its home visitation family clients that completed the 10 sessions of this program.

Service Delivery

Model Fidelity

To ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, home visitors must ensure that Attachment and Biobehavioral Catch – Up – Infant is implemented with fidelity to its model. "Fidelity" is defined as complying with the following:

Home Visit Intensity and Delivery

- Programs shall provide 1-hour weekly sessions for the duration of this 10-week intervention.
- While ABC is ideally suited for delivery within the home (and home-based visitation expected as the primary method of service delivery), visits may be approved for delivery at an alternate location (a childcare center, family resource center, etc.) as either the documented needs of the family or safety of the visitor dictate. The alternative location must be suitable to delivery of parenting services such that integrity of the session and confidentiality of clients is maintained. Regardless of location, all visits must be one-on-one (First Steps-funded ABC visits may not be delivered in group settings); entail the use of ABC-specific session plans and forms and last at least 45 minutes. Virtual visits are also considered acceptable and count as a valid session.
- ABC parent coaches shall use the session plans and curriculum to design and deliver the intervention to families.
- A full-time ABC parent coach may carry a caseload maximum of 15 active families. Those funded through Connected Families have a projected to serve of 3 cases completed with fidelity during the ABC parent coach's certification training year. After model certification is completed, each ABC parent coach has a projected to serve of 12 families per year.
- ABC parent coaches will receive clinical and coding supervision throughout their training year provided by SCIMHA. After certification ABC coaches shall continue to receive reflective supervision from their regular supervisor, even if the supervisor is not ABC trained. The SCIMHA's community of practice will meet monthly for one hour and serve as an important resource to keep ABC parent coaches connected and networking to successfully sustain the model implementation in the state.

Screenings and Family Assessment

- ABC required tool is:
  - Infant Crying and semi-structural play assessment: pre and post
- ABC additional voluntary tools are:
  - Center for Epidemiologic Studies Depression Scale (CES-D): pre and post
  - Adverse Childhood Experience for parent: pre
- Each child not already receiving other SCFS services that include developmental screening, shall be assessed using the Ages & Stages 3 and the Ages and Stages SE-2. In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the home visitor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) BabyNet (ages 0-3). Home visitors shall maintain (within the First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.

Connection (Referrals)

- Home visitors shall utilize risk factors to refer and connect families to services that they may need or want to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of families served by First Steps, it is expected that most families will be connected to services in addition to this program. Pre-existing connections made prior to the family's involvement with First Steps may count toward this standard. Active and sustained efforts to connect families to pediatric medical homes shall be a priority.
- **70% of families served must have at least one successful connection per program year.**
- Home visitors shall maintain (within the designated First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Referrals and successful connections shall be entered (within the First Steps Data Collection System) within 7 days of referral.

Integrated Service Delivery and Referrals

- All referrals to other services shall be entered into a data system.

Staff Qualifications and Training

- All ABC parent coaches in SC must possess at least a high school diploma or equivalency with two years of related supervised work experience with young children and/or parents or, two-year degree in early childhood development or closely related field.
- Each ABC parent coach shall be overseen by one or more individuals certified as ABC Supervisors approved by the model developers during their training year. After certification is completed, ABC parent coaches shall receive reflective supervision from their regular supervisor and participate in SCIMHA's ABC community of practice for additional support.
- All new ABC parent coaches must have document successful completion of initial training in ABC before starting to see family clients.
- Each ABC parent coach shall successfully complete his/her year-long certification successfully carrying at least 3 cases to fidelity.
- Each ABC parent coach shall complete the recertification process every 2 years to ensure model fidelity. The recertification process requires ABC Parent Coaches to send videos of their 10 most recent sessions. The coaches then code 5-minute segments of the videos for fidelity. There is no charge. If an ABC Parent Coach is not meeting coding standards, the recertification manager will ask them to go through the video review process again. This time, after each video is submitted, the recertification manager will review the video with the ABC Parent Coach and provide feedback and coaching. If improvement shows by the 10th video, they are recertified. There is a $500 cost associated with this process.
- All training must be documented on-site by the ABC parent coach.
- All ABC parent coaches providing services to families in the Connected Families program shall attend all specific trainings and meetings about the tailored service delivery of the Parent as Teaches – Connected Families program.

Ongoing Program Quality Improvement and Professional Development

- First Steps funded ABC programs shall participate in the ABC community of practice hosted by South Carolina Infant Mental Health Association (SCIMHA), the hub of ABC in the state of South Carolina. SCIMHA will host regular supportive conference calls or webinars to assist ABC parent coaches with tracking and meeting all model requirements.
- All full-time ABC parent coaches shall participate with their supervisor in individualized reflective supervision meetings at a minimum of 2 hours per month. No less than 18 hours of individualized reflective supervision during the program year is expected. Part-time ABC parent coach shall participate at a minimum of one hour of reflective supervision per month.

Data Submission

- Client demographic data, visits, program referrals, connections to services, screenings, assessments, and family needs assessment data shall be collected within the First Steps Data Collection System (FSDC). At least annually, the affiliate gathers and summarizes feedback from families about the services they've received, using the results for program improvement. This summary information shall be shared with the SCFS State Office for purposes of providing support to affiliates.
- During the certification training year, data on each home visit shall be entered into the ABC website from the University of Delaware database weekly prior to each supervision session.
- After certification, ABC parent coaches need to continue to upload all required pre- and post-session documentation into the ABC website from the University of Delaware. This documentation includes family's demographic information, pre and post scores from the CES-D screening, ACES scores, and the participants pre and post surveys. Some additional follow-up questions will be requested by SCIMHA as needed. Video of sessions will be saved in a secure manner by the ABC parent coach and uploaded into the model developers' system only for recertification every 2 years.
- Quarterly Data Checks will be provided to ensure that home visitors are able to roll over families, get their program registered and begin entering family visits and other required data.

LENA Start (Language Environment Analysis – Group Based) (227)

Evidence-Based & High Intensity Strategy

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

Unit of Delivery = Adults

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Additional Targeting Criteria

- Below average ratings on automated language measures.

Client Retention

- LENA-Start is a 10-sesion group-based literacy program. Each partnership will be required to demonstrate the long-term retention of 75% of its clients across program duration.

Service Delivery

Model Fidelity

To ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, group facilitators must ensure LENA Start is implemented with fidelity to its model. “Fidelity” is defined as complying with:

Intensity and Delivery

a. Intervention delivery protocol:
    - Programs should offer, at minimum, 10 sessions to participating parents. Group sessions are to be conducted weekly and/or with no more than 2 weeks between visits. In addition, to ensure that parents receive the appropriate dosage sessions should be held no more than 14 days apart for ~5 months.
    - Group sessions will also provide intensive feedback and support for parents’ utilizing LENA devices for in-home audio recording and reports.
    - Feedback and support for parents during implementation must include (a) LENA-based feedback reports (based on 7 recordings beginning with week 3), (b) educational materials on how parents can improve their child’s language environment, and (c) coaching by a trained staff member.

a. Data on group sessions shall be entered into the First Steps Data Collection System within 7 days.

Screenings and Family Assessment

- Each participating child will be assessed using an age-appropriate developmental screening tool (e.g. Ages and Stages 3, Ages and Stages SE-2, Brigance, DIAL-3, or other validated, approved screening tool). **If a Local Partnership wishes to use a developmental screening tool other than Ages and Stages 3, Ages and Stages SE-2, they must receive special permission from the SC First Steps Director of Parenting. At least 80% of LENA Start child participants will be screened within 30 days of enrollment in the program.**
- If the score indicates that the child’s development is on track, the group facilitator shall continue program offerings as scheduled, communicate with parents/guardians about the child’s development, and offer activities for continued development
- If a child’s score(s) fall in the monitoring range, as indicated by the screening tool, and/or if there is a parental concern on the screening, the group facilitator will recommend activities to assist with the areas of possible concern, continue monitoring the child’s development, and rescreen the child within 6 months.
- If the screening indicates a possible delay, the group facilitator shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child’s pediatric care provider, and (b) either BabyNet (ages 0-3) or the child’s zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation.
- **At least 80% of child participants should be screened within 90 days of enrollment.**
- Partnerships and their funded group facilitators shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Developmental screenings and referrals based on those screening results shall be entered into the FSDC within 7 days of screening and/or referral.

Connection(Referrals)

- Group facilitators shall utilize risk factors to refer and connect families to services that they may need or want to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of families served by First Steps, it is expected that most families will be connected to services in addition to this program. Pre-existing connections made prior to the family’s involvement with First Steps may count toward this standard. Active and sustained efforts to connect families to pediatric medical homes shall be a priority.
- **70% of families served must have at least one successful connection per program year.**
- Group facilitators shall maintain (within the designated First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Referrals and successful connections shall be entered (within the First Steps Data Collection System) within 7 days of referral.

Staff Qualifications and Training

- LENA Start requires online training (in the form of a webinar) regarding the LENA Start program and how to use LENA devices.
- Because the LENA Start training is relatively brief and the curriculum is in the form of a brief outline, it is strongly recommended that staff implementing LENA Start also have at least two years of experience in home visitation and/or group meeting delivery.

Assessments

- First Steps programs shall administer client satisfaction surveys at least annually, and use data collected for program improvement.
- Parent surveys (provided by LENA Start) that assess child language must be administered at baseline (session 1) and then at completion of the group sessions (session 10).
- LENA's language assessment (Snapshot) is to be administered as prescribed in the LENA Start Outline of Coaching Sessions. It is to be administered no more than once per month. The recommended schedule is at Sessions #1, #5, and #9. There is an option to continue to offer the Snapshot to families monthly, through age 36 months.
- Measures of the home language environments are obtained with the LENA software. They are standardized scores for: 1) the number of adult words spoken near the children daily (AWC), 2) the number of conversational turns (CTs) engaged in with the children daily, and 3) time spent reading daily. Data collected from the device will be used to provide weekly feedback to parents/caregivers.

Data Submission & Minimum Requirements

	Description	**Requirements**	**Data Entry**	**Report/Monitoring**
Targeting Clients At – Risk of Early School Failure	Risk Factors	100% of families must possess at least one risk factor At least 60% of families should have two (2) or more of the readiness risk factors	Data will be entered within 7 days of a family's enrollment.	Risk Factors Report
Additional Targeting Criteria	Family Eligibility	Below average ratings on automated language measures.	N/A	N/A
Client Retention	Program Duration	LENA-Home is a 10-session group-based literacy programs.	N/A	Retention Report
Intensity and Delivery	Group Meetings	**Data Required** 1. # Group Meetings 2. Total Attendance 3. Enrollee Attendance 4. Guest Attendance 5. Curriculum Topic **Group Frequency and Duration** Group meetings must be conducted weekly.	Data will be entered within **7 days** group activity.	**Report** Total Attendance -Case Data Entry Screen To isolate enrollee attendance run the Group Meeting Detail Report.
Developmental Screening	ASQ-3 (Preferred) ASQ:SE2 (Preferred) *An alternate screening tool may be used, if approved by the*	**At least 80% of children must be screened using the ASQ and the ASQ:SE within 90 days of enrollment**	Data will be entered within **7 days** of developmental screening.	ASQ Report

	Director of Parenting.			
Connections	"Referrals"	**70%** of families served must have at least one successful connection per program year. To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	Data will be entered within **7 days** of initial referral and within **7 days** of follow-up.	Connection Detail Report
Assessments	Client Satisfaction Surveys	**At least annually.**	Client satisfaction surveys cannot be entered in the First Steps Data Collection System**.**	Partnerships must keep records on site.
	Parent Surveys (provided by LENA Start)	**Parent surveys** (provided by LENA Start) must be <u>administered</u> at *session 1* and then at *session 10*.	Parent surveys cannot be entered in the First Steps Data Collection System**.**	Partnerships must keep records on site.
	LENA'S Language Assessment (Snapshot)	LENA's language assessment (Snapshot) is to be administered as prescribed in the LENA Home Outline of Coaching Sessions. **Recommended Schedule** • Sessions #1 • Session #5 • Session #9 through age 36 months.	LENA'S Language Assessment (Snapshot) cannot be entered in the First Steps Data Collection System**.**	Partnerships must keep records on site.
	Measures of Home Language Environments	Measures of the home language environments are obtained with the LENA software. **Measurements** • Number of adult words spoken near the children daily (AWC) • Number of conversational turns (CTs) engaged in with the children daily, and 3) time spent reading daily. • Time spent reading daily.	Measurements cannot be entered in the First Steps Data Collection System**.**	Partnerships must keep records on site.
Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data will be entered within **7 days** of a family's enrollment.	Case Visit Summary and Projected to Serve

	numbers, and proof of consent.			

Supplemental to Evidence-Based Strategies (STEB; 250)

Evidence-Informed Strategy

Sometimes strategies that have met SCFS evidence-based criteria can be supported by supplemental resources and activities. Although they are not a part of implementation fidelity, these resources and activities can support the evidence-based strategies in important ways. Examples are incentives for program participation and providing developmentally appropriate activities for children while families engage in evidence-based strategies. Typically, Supplemental-to-Evidence-Based (STEB) strategies are implemented when the evidence-based strategy is funded by another entity.

TARGETING

Clients enrolled in evidence-based programming, must meet SCFS age-eligibility requirements, and would benefit from indirect supports from Local Partnerships.

STRATEGY INTEGRATION

- Each Partnership STEB strategy shall be explicitly integrated with a high intensity, evidence-based strategy.
- Each Partnership shall justify how the STEB strategy activities and/or resources supports and/or enhances the evidence-based strategy in key ways.

DATA SUBMISSION

- Efforts should be made to administer client satisfaction surveys at least annually. The data collected should be used for program improvement.
- Individual case data for the evidence-based programming that STEB supports are typically entered in data systems provided by program funders and are not housed in the First Steps Data Collection (FSDC) System. However, supplemental services funded by South Carolina First Steps must be noted and reported. The activities of STEB strategies shall be entered as monthly outputs data in FSDC system. Data will include the number of children served (0 to 5 years only), number of families served, number of goods given, and other types of data relevant to the particular services and goods offered. Prior to implementation of this strategy, approval from SCFS on connecting program and data expectations must be in place.
- Partnerships shall keep an electronic record of STEB families with, at minimum, the child's full name and birth- date, the family's contact information, and beginning and ending dates of program participation and make this electronic information available to SCFS for evaluation purposes upon request.
- Data will be entered in a timely manner so that Quarterly Data Checks show accurate information.
- Keep program records of distributed goods.

Early Care and Education Guidelines

Public School for Four-Year-Old Kindergarten

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

Evidence-Based Strategies

Units of Delivery

- Full Day 4K (314) = Children
- Half Day 4K (316) = Children
- Extended Day/Half to Full Day 4K (317) = Families

Service Delivery

Independent of vendor, SC First Steps funded 4K classrooms shall adhere to the following student enrollment criteria during FY22 (2021-22 school year):

- Each student must be four-years-old on or before September 1, 2020.
- Each student must qualify for enrollment on the basis of at least one of the following factors:
- Eligibility for free- or reduced-price school lunches;
- Eligibility for Medicaid;
- Qualification for services under IDEA Part B as the result of a documented disability or developmental delay

In the event that more students seek to enroll than available space permits, students qualifying for service on the basis of income (free- or reduced price lunch or Medicaid) shall be prioritized (at the time of acceptance) on the basis of family income as expressed as a percentage of the federal poverty guidelines, with the lowest family incomes given highest priority. Public four-year-old kindergarten programs receiving SC First Steps funding shall be responsible for the entry of complete student data within the PowerSchool data system, including a First Steps designation within each child's PowerSchool record. Client data entry into the First Steps Data Collection system (FSDC) is not required.

Other Early Education

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

Evidence-Based Strategies

Units of Delivery

- Early Education for Children Under 4 (318) = Children
- Special Needs 4K (319) = Children
- Early Head Start/Head Start (321) = Families
- Enhanced 4K Early Education (322) = Children

Supported Program Models

- Head Start/Early Head Start:
  Partnership-supported programs shall adhere to the Head Start Performance Standards and comply with all requirements of the federal Office of Head Start.
- Non-Public School 4K:
  Partnership-supported programs shall comply with First Steps 4K standards.
- Other Early Education Programs:
  Programs must be DSS licensed and exceed minimum licensing requirements (participating in the ABC Quality Program at a level B or higher) or have a DSS waiver of approval. If a DSS waiver is granted then a quality environment rating assessment needs to be done as well by a trained ERS evaluator. Programs shall implement research-based curricula and developmentally appropriate practices that support school readiness.

Screenings and Assessments

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

Data Collection

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

Enhanced Early Education (320)

Evidence-Based Strategy

Enhanced Early Education with Book Distribution

The Enhanced Early Education strategy seeks to enhance services offered by early childhood classrooms (children aged 3 through 5) through supplemental materials and books distribution to classrooms. These enhancement resources provide important support to students and their families, and are not otherwise provided by their school district, the childcare provider, or other entity.

Unit of Service = 1 Child

Targeting

Classrooms that receive Enhanced Early Education resources, must have students that meet SCFS age-eligibility requirements (children aged 3 through 5).

Service Delivery

- In all cases, this portion of the Enhanced Early Education strategy must include materials and resource distribution to the focus classrooms, as detailed in these guidelines. Materials and books distribution are defined as the following:
  a. Materials Distribution: Partnerships purchase supplemental materials for early childhood classrooms to enhance and support learning activities. Materials may also be distributed to children to take home to extend classroom learning in the home environment.
  b. Book Distribution: Partnerships may distribute take-home books to children in focus classroom to promote shared reading time and foster healthy brain development, parent-child bonding, and early literacy skills.
- **Non-Supplantation** If Enhanced Early Education takes place in a school district setting, SC First Steps funds shall not be used to supplant – or in place of – any other resources or materials that would otherwise be provided by the school district. A letter from the school district must be provided annually stating that school district funds would not otherwise be spent on providing the materials and services delivered by the First Steps Local Partnerships through the Enhanced Early Education strategy.
- This strategy requires regular check-ins (bi-monthly) with the classroom teacher or school administrator to ensure that materials distributed are aligned to classroom learning. Materials and books must receive prior approval by the classroom teacher before purchase and distribution. If the local partnership has a Quality Enhancement or Quality Counts (602) strategy, it is recommended that the local partnership child care technical assistance provider is involved in the selection of materials and books to the classroom in coordination with the classroom teacher.

Assessment

- Client satisfaction surveys (e.g., families served, early childhood teachers whose classrooms receive services) must be administered at least annually. The data collected should be used for program improvement.

Data Submission and Monitoring

- **Data Collection** Data will include the number of children served (0 to 5 years only), number of families served, number of goods given, and other types of data relevant to the services offered. Prior to implementation of this strategy, approval from SCFS on connecting program and data expectations must be in place.
- **Monitoring** Electronic information should be made available to SCFS for evaluation purposes upon request.

Enhanced Early Education with Onsite Tutoring

Enhanced Early Education Onsite Tutoring must be paired with Enhanced Early Education (320) materials and resource distribution to the early childhood classrooms (children aged 3 through 5) and adhere to all guidelines for this strategy detailed in the Enhanced Early Education (320) program guidelines. In this context, tutoring is defined as one-on-one or small group instruction that supports classroom instruction. These program guidelines detail the specific service delivery,

assessment, and data submission requirements of operating Enhanced Early Education with Onsite Tutoring.

Unit of Service = 1 Child

Targeting

Children that receive Enhanced Early Education Onsite Tutoring, must meet SCFS age-eligibility requirements (children aged 3-5). At least 60% of clients shall be identified on the basis of two (2) or more of the readiness risk factors below (with 100% of client families possessing at least one risk factor at the time of enrollment):

Readiness Risk Factors:

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Service Delivery

- **Intensity and Delivery** Onsite tutoring must be delivered to students aged 3 through 5 in classrooms receiving Enhanced Early Education materials and resources. Partnership shall:
  a. Serve students enrolled in 3K, 4K, and/or 5K classrooms. Students must be under 6 years old when receiving in person, onsite tutoring services (i.e., must meet SCFS age eligibility requirements).
  b. Enroll students that the classroom teacher has prioritized as most in need of services and support, as identified by SC First Steps risk factors and/or student assessment information (ex., Measure of Academic Progress Test (MAP), the Phonological Awareness Literacy Screening (PALs), and/or World- Class Instructional Design and Assessment (WIDA) scores).
  c. Provide one-on-one or small group sessions at least once a week to participating students.
  d. Meet with classroom teacher at least bi-monthly to discuss children's progress and plan for future tutoring sessions based on student needs.
  e. Ensure tutoring support adheres to the research-based curriculum model used by the classroom. The classroom

teacher shall determine and specify the focus of the tutoring session based on the specific need-areas of the child.

- **Non-Supplantation** If Onsite Tutoring occurs in a school district setting, SC First Steps funds shall not be used to supplant – or in place of – any tutoring or intervention services that would otherwise be provided by the school district. A letter from the school district must be provided annually stating that school district funds would not otherwise be spent on providing the onsite tutoring services delivered by the First Steps Local Partnerships through the Enhanced Early Education strategy.

Assessment

- An appropriate pre-and post-assessment, and/or ongoing assessment, measuring student learning or growth should be administered at the beginning and at the conclusion of the school year (ex., PALs, MAP).
- Efforts should be made to administer client satisfaction surveys (e.g., families served, early childhood teachers whose classrooms receive services) at least annually. The data collected should be used for program improvement. Electronic information should be made available to SCFS for evaluation purposes upon request.

Data Submission and Monitoring

- **Data Submission** If a Partnership engages in one-on-one onsite tutoring with children, the following data must be collected within the First Steps Data Collection System (FSDC): Child client demographic data, classroom tutoring sessions, program referrals, connections to services, pre- and post- assessment scores, and risk factors.
- **Monitoring** Local First Steps Partnerships shall monitor progress of each provider and ensure model fidelity with: Cases Visit Summary and Projected to Served, Connection Detail, and Risk Factors Reports.

Enhanced Early Education with Parent Workshops

Enhanced Early Education Parent Workshops must be paired with Enhanced Early Education (320) materials and resource distribution to the focus early childhood classrooms (children aged 3 through 5) and adhere to all guidelines for operating Enhanced Early Education with Parent Workshops.

Targeting

Classrooms that receive Enhanced Early Education resources, must have students that meet SCFS age-eligibility requirements (children aged 3 through 5).

Service Delivery

- In all cases, when Parent Workshops are a component of the Enhanced Early Education strategy, the Partnership shall:
  a. Develop workshops using input derived from participating school administrators, teachers, and families.
  b. Incorporate measurable objectives and at least one form of follow-up. At minimum, partnerships shall conduct a follow-up post assessment questionnaire to each participant.
- **Non-Supplantation** If Parent Workshops take place in a school district setting, SC First Steps funds shall not be used to supplant – or in place of – any other parent workshops or activities that would otherwise be provided by the school district. A letter from the school district must be provided annually stating that school district funds would not otherwise be spent on providing the parent workshops delivered by the First Steps Local Partnerships through the Enhanced Early Education strategy.

Staff Qualifications and Training

Individuals who deliver Parent Workshops must demonstrate expertise in the topic area as demonstrated by educational qualifications and experience.

Assessment

- Client satisfaction surveys must be administered to participating families after every parent workshop. The data collected should be used for program improvement. Electronic information should be made available to SCFS for evaluation purposes upon request.

Data Submission and Monitoring

- **Data Collection** Partnerships will enter monthly outputs data for parent workshops in the FSDC under the Enhanced Early Education strategy, including the number of parents attending workshops.

- **Monitoring** Partnerships are expected to keep an electronic record of topics covered in each parent workshop, workshop attendance, follow-ups, and the schools and classrooms served. Electronic information should be made available to SCFS for evaluation purposes upon request.

Enhanced Early Education with Enrichment Activities

Enrichment Activities must be paired with Enhanced Early Education (320) materials and resource distribution to the early childhood classrooms (children aged 3 through 5) and adhere to all guidelines for this program. Onsite enrichment activities are targeted, planned experiences where students can extend their learning to improve or enhance skills and knowledge. These program guidelines detail the specific service delivery, assessment, and data submission requirements of operating Enhanced Early Education with Enrichment Activities.

Service Delivery

- When enrichment activities are a component of the Enhanced Early Education strategy, the Partnership shall:
  a. Utilize a needs assessment process to develop and implement enrichment curriculum. Input should be derived from school administrators, teachers, and families.
  b. Consult classroom teachers to determine and specify the focus of enrichment activities. Enrichment activities must mirror the needs of students in the classrooms and align with classroom learning.
  c. Incorporate measurable objectives to help monitor onsite activities.
- **Non-Supplantation** If enrichment activities take place in a school district setting, SC First Steps funds shall not be used to supplant – or in place of – any other enrichment activities that would otherwise be provided by the school district. A letter from the school district must be provided annually stating that school district funds would not otherwise be spent on providing the enrichment activities delivered by the First Steps Local Partnerships through the Enhanced Early Education strategy.

Assessment

- Client satisfaction surveys should be administered to early childhood teachers whose classrooms receive services after every onsite enrichment activity. The data collected should be used for program improvement.

Data Submission and Monitoring

- **Data Collection** Partnerships will enter monthly outputs data for enrichment activities in the FSDC, including the number of students participating in the enrichment activities.
- **Monitoring** Partnerships are expected to keep an electronic record of the enrichment activity that occurred, dates that the enrichment activity, and the schools and classrooms served. Electronic information should be made available to SCFS for evaluation purposes upon request.

Child Care Quality Enhancement (Coaching/Consultation and Mentoring) (601)

Evidence-Based Strategy

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

Unit of Delivery > Provider

Targeting

- Each participating provider shall be identified via competitive application (the minimum components of which will be specified by SCFS) with priority to providers:
  - Participating in the USDA Child and Adult Care Food Program and documenting that at least 30% of enrolled students qualify for free meals/snacks (130% of federal poverty), - OR -
  - Located within the school attendance zone of (and/or enrolling primarily children attending) an individual elementary school rated "Below Average" or "At Risk" (Unsatisfactory) during the preceding three-year period, - OR -
  - In which 10% or more of enrolled students are SC voucher recipients, - OR -
  - Participating in a publicly-funding early care and education program (such as First Steps 4K)
- Family and Group Child Care Homes may qualify under the criteria above or through their documentation that at least 30% of enrolled students have a family income of 130% of poverty or below.
- Centers participating in First Steps-funded quality enhancement projects must permit the on-site delivery of "natural environment" services/therapies to children eligible under the Individuals with Disabilities Education Act (IDEA).
- Additionally, participant providers will be required to document the completion (or pending/ planned completion within two semesters) of ECD 101 (or comparable coursework) by the director and 100% of lead classroom staff as a condition of participation. Documentation of staff education levels and certifications are to be entered in the FSDC.

Service Delivery

On-Site Technical Assistance (TA)

- Technical Assistance (TA) is defined as "the provision of targeted and customized support by a professional(s) with subject matter and adult learning knowledge and skill to develop and strengthen processes, knowledge application, or implementation of service by recipients." The goals of technical assistance are to provide the following: 1) individualized information and 2) personalized skill building opportunities in order to enhance child care providers' abilities to support the growth and development of young children. Technical Assistance through QE strategies must include **consultation/ coaching** and/or **mentoring**.
- Consultation, Coaching, and Mentoring are described below:
  - **Consultation** is defined as a collaborative, problem-solving process between an external consultant with specific expertise and adult learning knowledge and skills and an individual or group from one program or organization. Consultation facilitates the assessment and resolution of an issue-specific concern—a program-/organizational-, staff-, or child-/family-related issue—or addresses a specific topic.
  - **Coaching** is defined as a relationship-based process led by an expert in early care and education and adult learning knowledge and skills, who often serves in a different professional role than the recipient(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal setting and achievement for an individual or group. QE strategies are required to include the following coaching components:

Coaching Component	Description
Action Planning	Technical Assistants will develop a detailed Quality Improvement Plan for each participating provider and/or classroom(s) in partnership with director, teachers and staff

	(*more details in Section B*)
Action in the Early Childhood Setting	Technical Assistants provide support to teacher/staff based on the components of the Quality Improvement Plan (e.g., resource-sharing, classroom organization, observation and feedback, preparing materials, modeling, role-play, etc.)
Feedback	Coach provides feedback based on teacher/staff implementation of Quality Improvement Plan
Reflection	Teacher/Staff and Technical Assistant reflect on practices and work together to track progress; this includes assessing whether or not goals, contained in the Quality Improvement Plan, were met.

Technical assistants are required to provide consultation/coaching at least twice monthly as part of their technical assistance services, via employee or contracted staff who are certified as technical assistance providers with SC Endeavors.

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

- Registered family home providers receiving SC First Steps QE funds shall document their voluntary completion of 15 hours of professional development annually, mirroring the DSS requirements for licensed, center-based providers.
- TA needs shall be determined by the providers' self-identified needs, regulatory deficiencies (if any) and/or the results of an approved environment and/or administrative assessment. First Steps-funded QE strategies shall incorporate on-site consultation/coaching at least bi-weekly (twice a month) to all participating centers. Partnerships unable to provide at least bi-weekly consultation/coaching due to staffing limitations shall reduce the number of QE-funded centers to ensure this level of support to each participating center.
- Technical assistance visits (consultation, coaching and mentoring) shall be planned, purposeful, and logged within the First Steps Data Collection (FSDC) System no less than monthly. These visits, which may span several hours in duration and entail multiple individual classroom visits, may be supplemented (but not replaced) by additional phone consultation, e-mail correspondence, and/or shorter drop-in visits. Two or more visits to the same site on a single day shall be considered a single visit of increased duration. If topical, on-site consultation may be appropriately considered for provider training credit through the SC Endeavors, TA staff shall take responsibility for the advanced submission of all appropriate training outlines.
- The SC First Steps Child Care Quality Enhancement program emphasizes a relationship-based technical assistance approach to support the professional growth and development of the child care provider staff. It is strongly recommended that SC First Steps Quality Enhancement programs commit to working with a child care provider for two to three fiscal years, contingent upon both parties adhering to the Memorandum of Agreement.
- SC First Steps Partnerships offering QE strategies may choose to provide limited, periodic TA to non-QE centers provided: 1) these services are supplemental to the standard QE programming described herein; 2) the consultation provided addresses the attainment of specific goals (such as NAEYC accreditation, maintenance of previous QE gains, etc.); 3) these services support First Steps 4K or other publicly-funded early care and education programs; and 4) no QE grant funds are provided to these centers.

Quality Improvement Plans

- Partnerships implementing or contracting to fund QE strategies will develop detailed Quality Improvement Plans in partnership with each provider. These plans should be updated on an ongoing basis with records of site visits, deadlines,

and completion dates for when goals are accomplished. The minimum components of Quality Improvement Plans are the following:
  - Data from the baseline assessment of the classroom(s) served by the appropriate Environmental Rating Scale (ERS) (more details in Section 3)
  - Goals and objectives for the classroom(s) and/or provider based on data from the baseline assessment(s) that are specific, actionable, measurable, and time-bound
  - Strategies that the Technical Assistant will use to support the director, teacher(s), and/or staff
  - Professional development/training options for director, teacher(s), and/or staff

  Quality Improvement Plans should also include goals related to the self-identified needs of the director, teacher, and/or staff.
- Quality Enhancement strategies shall collaborate with other agencies and organizations serving providers, in order to coordinate and enhance services. Partnerships working with providers that are participants in First Steps 4K (formerly CDEPP) and/or receive technical assistance support from other state programs should develop the classroom's Quality Improvement Plan and provide services in coordination with the other partner organizations' technical assistants assigned to the provider. Partnerships are strongly encouraged to utilize the TAP Data System operated by SC Endeavors., to indicate providers they are working with and check the status of partner organizations' activities with providers.

Equipment and Materials Funds

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

Coordination with Community Partners/Integration with Child Care Training

- In developing the Partnership's quality enhancement efforts, each will be required to explicitly coordinate their efforts with other state/community-level entities offering similar child care technical assistance services in the county including attending regional Technical Assistance Coordination Team meetings. Formal, county-wide (and/or regional) quality enhancement and training plans will be developed (and filed with SCFS) to ensure the maximization of resources and avoid duplication of effort.
- Partnerships will plan and offer training for participating child care providers based on needs identified within each center's Quality Improvement Plan(s) with an emphasis on diversity, equity, and inclusion. As a condition of participation, the center director must participate regularly in the center's on-site visits and in at least 50% of staff training provided. Child care staff from QE centers shall be required to attend relevant training as a condition of their centers' participation. SCFS TA staff shall make every effort to register content-specific consultation as provider training as appropriate. Trainings offered to client providers shall be attended by the partnership's technical assistance provider(s).
- Partnerships shall offer at least eight (8) hours of high-quality, certified training (stemming directly from the provider's Quality Improvement Plan(s)) to each 601 center staffer. Training provided shall address gaps in content and pedagogical practices related to the South Carolina Early Learning Standards and will provide a focus on diversity, equity, and inclusion issues.

Workforce Development

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

Certification of Technical Assistance Providers Via SC Endeavors

- Each First Steps-funded technical assistance provider must demonstrate his/her professional competence through:
  - Certification as a South Carolina Technical Assistance Provider SC Endeavors. TA shall be limited to the provision of types/categories of service for which they maintain current certification.
  - If the individual is not a SC Endeavors Certified TAP, he/she must have the credentials to apply for certification or

have the education (at least Associates in Early Childhood Education or related field) and at least two years' experience in the field of Early Childhood education needed to successfully perform the duties of the role. If the Local Partnership hires an individual without TAP certification, the State Office of First Steps will assist the Local Partnership in additional onboarding and training of the new staff member; and help the staff member to work toward obtaining TAP certification. A partnership may seek a waiver in writing from its SC First Steps Program Officer in the event that an individual does not currently hold an SC Endeavors TAP certification.
    - Participation in ongoing professional development with a total of 30 clock hours of training every 3 years. Half of this training shall be in early education and half in technical assistance, i.e., reflective practice, Quality Improvement Plans, and Environment Rating Scales.
- Additionally, each SC First Steps funded TA provider must document the completion of orientation to: 1) SC Childcare Licensing, 2) the ABC Quality Program, and 3) the South Carolina Child Care Inclusion Collaborative within the past two years. This orientation will be coordinated through the State Office of First Steps. SC First Steps funded TA providers must also support the implementation of the state's ABC Quality Framework and shall receive training ABC Quality's Intentional Teaching Tool (ITT) assessment as it becomes available.
- Each FS-funded TA provider's credentials and certifications must be current in the FSDC.
- SC First Steps TA providers must attend network trainings as provided by the State Office of First Steps.

Assessment and Data Submission

- Timely submission of technical assistance visits and assessments into the FSDC is expected of all QE strategies. Partnerships shall ensure the submission of complete center data for each focus provider within 30 days of program initiation, and maintain current center, enrollment, and staff information within the FSDC. When onboarding a new provider to the QE strategy, an orientation period is recommended to conduct baseline assessments, provide training on the appropriate Environment Rating Scale (ERS), and build rapport with staff.
- Each focus classroom (i.e., classrooms visited regularly by the TA provider) and/or home-based provider benefiting from SC First Steps QE funding shall receive a baseline assessment with the appropriate ERS within 90 days of the initiation of technical assistance, with a post assessment conducted at least 6 months later (prior to the end of the program year), and annually thereafter in the event that a single classroom or home-based provider is served across fiscal multiple fiscal years. In the event that technical assistance is provided on a center-wide basis (entailing three or more focus classrooms), at least 1/3 of all classrooms shall be assessed according to the timeline above.
- Environment assessments must be conducted by assessors who have:
    1) Completed at least 3 days of training from the Environment Rating Scale Institute (ERSI, Chapel Hill, NC) in the appropriate ER scale.
    2) Participated as required in any ERS reliability measures established by SC First Steps.
    3) Participated in bi-annual online ERS Refresher training or additional ERS training through the ERSI within the past three years.
- The baseline and post assessments **must** be completed by an assessor who meets the criteria listed above and is <u>not</u> the assigned TA provider for the classroom.
- Partnerships whose QE strategies entail assistance and/or coaching in the administrative arena shall likewise incorporate pre- and post- assessments using the Program Administration Scale (PAS).
- In addition to completion of the appropriate ERS assessments, Partnerships may incorporate additional assessments (CLASS, TPITOS, TPOT) that address the focus of their QE assistance.

Quality Counts (601)

Evidence-Based Strategy

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

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

Unit of Delivery > Provider

Targeting

- Each participating provider shall be identified via competitive application (the minimum components of which will be specified by SCFS) with priority to providers:
  - Participating in the USDA Child and Adult Care Food Program and documenting that at least 30% of enrolled students qualify for free meals/snacks (130% of federal poverty), - OR -
  - Located within the school attendance zone of (and/or enrolling primarily children attending) an individual elementary school rated "Below Average" or "At Risk" (Unsatisfactory) during the preceding three-year period, - OR -
  - In which 10% or more of enrolled students are SC voucher recipients, - OR -
  - Participating in a publicly-funding early care and education program (such as First Steps 4K)
- Family and Group Child Care Homes may qualify under the criteria above or through their documentation that at least 30% of enrolled students have a family income of 130% of poverty or below.
- Centers participating in First Steps-funded quality enhancement projects must permit the on-site delivery of "natural environment" services/therapies to children eligible under the Individuals with Disabilities Education Act (IDEA).
- Additionally, participant providers will be required to document the completion (or pending/ planned completion within two semesters) of ECD 101 (or comparable coursework) by the director and 100% of lead classroom staff as a condition of participation. Documentation of staff education levels and certifications are to be entered in the FSDC.

Service Delivery

The Continuous Quality Improvement Framework

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

Pre-Service Training

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

Initial Planning Meeting and Assessment

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

requirements. At this meeting, a program vision statement is developed and documented.

- After the initial meeting, a comprehensive assessment of the child care center/program is conducted. The assessment addresses Quality Counts' five quality standards, which are:
  1. Ratio and group size
  2. Learning environments (50% of classrooms receive a baseline Environment Rating Assessment by a reliable rater – *see Section 3, Assessment*)
  3. Staff Qualifications
  4. Family Engagement
  5. Program Administration
- Points are awarded for each area according to a scoring rubric, the cumulative score of which will determine the center/program's star rating on a one to five star scale.

On-site Technical Assistance (TA)

- Relationship-based Technical Assistance (TA) is the center of the Quality Counts Model. Technical assistance is defined as "the provision of targeted and customized support by a professional(s) with subject matter and adult learning knowledge and skill to develop and strengthen processes, knowledge application, or implementation of service by recipients." The goals of technical assistance are to provide the following: 1) individualized information and 2) personalized skill building opportunities in order to enhance child care center/programs' abilities to support the growth and development of young children. Technical Assistance through Quality Counts must include coaching, as described below, by a certified technical assistant.
- **Coaching** is defined as a relationship-based process led by an expert in early care and education and adult learning knowledge and skills, who often serves in a different professional role than the recipient(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal-setting and achievement for an individual or group.
- Technical Assistance needs shall be determined by the center/programs' regulatory deficiencies (prioritized), self-identified needs, and the center/program's star rating.
- Technical assistance visits shall be planned, purposeful, and logged within the FSDC system no less than monthly. Visit frequency shall be determined by the center/program's star rating level, the size of the center/program, and the technical assistance needs.
- The following visit frequency is recommended for each star level:
  - 1-2 Star: 2-3 visits per month
  - 3 Star: Bi-weekly (2 visits per month)
  - 4 Star: Monthly
  - 5 Star: 1 visits per quarter (or more if requested by the program director) and phone call every 6 weeks
- These visits, which may span several hours in duration and entail multiple individual classroom visits, may be supplemented (but not replaced) by additional phone consultation, e-mail correspondence, and/or shorter drop-in visits. In the event that topical, on-site consultation may be appropriately considered for training credit through , TA staff shall take responsibility for the advanced submission of all appropriate training outlines.

Quality Improvement Plans

- Quality Counts TAs implementing Quality Counts will develop detailed Quality Improvement Plans for the child care center/program in partnership with each director after the center/program receives its star rating. These plans should be updated on an ongoing basis with records of site visits, deadlines, and completion dates for when goals are accomplished. Priority will be made to address regulatory issues and/or other serious issues of health and safety. The minimum components of Quality Improvement Plans are the following:
  - A program vision statement developed at the initial planning meeting between the center/program director and the partnership Executive Director or the Quality Counts Program Director.
  - Goals and action steps for the center/program based on data from the initial assessment that addresses the five Quality Counts standards that are specific, actionable, measurable, and time-bound. Goals may be program-wide or individualized by classroom.
  - Trainings, strategies, and resources that the Technical Assistant will use to support the director, teacher(s), and/or staff.
- Quality Counts strategies shall collaborate with other agencies and organizations serving center/programs, in order to coordinate and enhance services. Partnerships working with center/programs that are participants in First Steps 4K (formerly CDEPP) and/or receive technical assistance support from ABC Quality, Child Care Resource and Referral (CCR&R) or SC Program for Infant and Toddler Care (SCPITC) should develop the classroom's Quality Improvement Plan and provide services in coordination with the assigned SCFS 4K Coordinator, ABC Quality Coach, CCR&R Coach or SCPITC Coach. Strategies are strongly encouraged to utilize the TAP Data System operated by the Center for Child Care Career

Development and used by CCR&R and the Child Care Inclusion Collaborative, to indicate center/programs they are working with and check the status of partner organizations' activities with center/programs.

Integration with Child Care Training

- Partnerships will plan and offer training for all participating child care center/programs based on needs identified within each center/program's Quality Improvement Plan(s). Specified trainings for individual center/programs may be offered as determined by the Technical Assistant.
- As a condition of participation, the center/program director must participate regularly in the center/program's on- site visits and in at least 50% of staff training provided. Child care staff from Quality Counts center/programs shall be required to attend relevant training as a condition of their center/programs' participation. Quality Counts TA staff shall make every effort to register content-specific consultation as center/program training as appropriate. Trainings offered to client center/programs shall be attended by the partnership's technical assistance provider(s).
- Partnerships shall provide at least eight (8) hours of high-quality, certified training (stemming directly from the center/program's Quality Improvement Plan(s)) to each director, teacher, and teaching assistant. One training session, to take place after initial comprehensive assessment and star rating determination, must address the Environment Rating Scales. Training provided shall address gaps in content and pedagogical practices related to the South Carolina Early Learning Standards and will provide a focus on diversity, equity, and inclusion issues.

Director Network

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

Quality Improvement Grant

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

Coordinator with Community Partners

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

Career Consultation

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

Qualification of Technical Assistance Providers

- Each First Steps-funded technical assistance provider must demonstrate his/her professional competence through:
  - Certification as a South Carolina Technical Assistance Provider through SC Endeavors. TA shall be limited to the provision of types/categories of service for which they maintain currentcertification.
  - Participation in ongoing professional development with a total of 30 clock hours of training every 3 years. Half of this training shall be in early education and half in technical assistance, i.e., reflective practice, Quality Improvement Plans, and Environment Rating Scales.
  - 5 years' experience in an Early Childhood setting.
  - 4 year degree in Early Childhood or a related field (if qualification is not met, candidate my hold an Associates' Degree in Early Childhood or related field and be working toward completion of 4 year degree).
- Additionally, each SC First Steps funded TA provider must document the completion of orientation to: 1) SC Childcare Licensing, 2) the ABC Quality Program, and 3) the South Carolina Child Care Inclusion Collaborative within the past two years. This orientation will be coordinated through the State Office of First Steps. Each FS- funded TA provider's credentials and certifications must be current in the FSDC.
- SC First Steps funded TA providers must also support the implementation of the state's ABC Quality Framework and

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

Assessment and Data Submission

- Timely submission of technical assistance visits and assessments into the FSDC is expected. Partnerships shall ensure the submission of complete center/program data for each focus center/program within 30 days of program initiation and maintain current center enrollment and staff information within the FSDC.
- For each participating child care center, 50% of the classrooms, to be randomly selected, shall receive a baseline assessment with the appropriate Environment Rating Scale (ERS) within 2-4 weeks of enrollment in Quality Counts. Technical Assistance begins after the ERS assessments are complete and a Quality Improvement Plan (QIP) is developed.
- Future ERS assessments will be completed according to the star rating of the center/program, as part of the comprehensive assessment addressing Quality Counts' five quality standards. All ERS assessments after the initial assessment will be completed according to the following schedule, as part of Quality Counts' five standard comprehensive assessment:
  - Center/programs rated one to three stars will be assessed in the appropriate ERS every 12 months.
  - Center/programs rated four stars have a choice to be assessed in the appropriate ERS every 12 months OR every 18 months.
  - Center/programs rated five stars will be assessed in the appropriate ERS every 18 months.
- Environment assessments must be conducted by assessors who have:
  1. Completed at least 3 days of training from the Environment Rating Scale Institute (ERSI, Chapel Hill, NC) in the appropriate ER scale.
  2. Participated as required in any ERS reliability measures established by SC First Steps.
  3. Participated in bi-annual online ERS Refresher training or additional ERS training through the ERSI within the past three years.
- The baseline and post assessments ***must*** be completed by an assessor who meets the criteria listed above and is not the assigned TA for the center/program.
- If a center/program demonstrates no growth in their cumulative star rating points in two years of program participation, the center/program will be terminated from the Quality Counts program.

Child Care Training (605)

Evidence-Based Strategy

Unit of Delivery = Adult

Targeting

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

- Advancement along the SC Endeavors career lattice,
- Advancement within the ABC Quality system,
- Improvement on an approved measure of program quality, and/or
- A topic-specific focus based on Regional TA Coordination meetings.

Strategy Integration

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

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

- AND/OR -

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

- AND/OR -

- A Training/Coaching Plan centered on a research-based curriculum or model, with SCFS approval.
  1. Trainer and coaches must be certified in proposed curriculum/model
  2. Reflective practice principles must be employed
  3. A training and coaching plan shall include pre- and post-assessments, individual goal setting and periodic reviews with all staff and centers participating in this training/coaching program.

Service Delivery

In all cases, Partnerships shall:

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

- Learning community of staff designed to discuss and support work in classroom
- On-site visits by original training provider
- Completion of interim assignments between meetings of multi-session trainings
- Visit to a model center exemplifying training principles
- Partnerships should share information from training follow-up activities with the original trainer(s) to improve practice, arrange for additional training opportunities or refer to CCR&R for follow-up TA.

- Prioritize trainings linked to infant-toddler care and staff-child interactions, and culturally- responsive practice.
- Post all publicly available training opportunities on SC Endeavors website (https://scendeavors. org/) and other widely accessible training calendars.

Integration with an Evidence-Based Child Care Scholarship Strategy

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

Certification by SC Endeavors

- All training shall be, with the exception of health/safety topics, certified with SC Endeavors.
- In order for a waiver to be approved and for the partnership to receive certified training hours credit through SC First Steps for non-certified training hours, the trainer has to be highly qualified (i.e., must have expertise in the topic area that he/she is delivering training) and the training has to be developmentally appropriate to address the needs of Early Childhood professionals.
- A partnership may seek a waiver in writing from its SC First Steps Program Officer in the event that a training does not meet the SC Endeavors certification requirements for a justifiable reason. This waiver should be obtained prior to the training date.

Charging Participants for Training

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

Random Evaluation

- In partnership with the SC Center for Child Care Career Development, SC First Steps may distribute follow-up training evaluations

Assessment and Data Submission

- Participant data is not required to be submitted in the FSDC system for Child Care Training strategies. However, partnerships will use the FSDC's child care module to track follow-up visits and other consultation activities with child care providers. Partnerships will also enter monthly outputs data for child care training in the FSDC.
- Partnerships are expected to keep an electronic record of training attendees, their participation in training sessions and follow-up, and the child care providers and children served, and submit all required information to SC Endeavors for participants to receive DSS credit hours.

Child Care Scholarships (703)

Evidence-Based -OR- Evidence-Informed Strategy

Expenditures on child care scholarships shall be considered evidence-based when connected to one or more additional evidence-based programs. Note additional requirements for linking to a Child Care Training strategy in Section 3, B) in the Child Care Training guidelines.

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

SUMMARY

As of July 1, 2022, SC First Steps Local Partnerships no longer purchase child care vouchers through the SC DSS Voucher program. SC First Steps Evidence-Based Vouchers are a special voucher category designated by SC DSS exclusively for SC First Steps Local Partnerships. To qualify for a SC First Steps Evidence-Based Voucher, First Steps Local Partnership client parents or caregivers must be enrolled in an evidence-based program through the Local Partnership.

Unit of Delivery > Child

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)

- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

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

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

Service Delivery

Administration and Use

Child Care Scholarship clients must participate in a First Steps evidence-based program to receive First Steps-designed Evidence Based Voucher via SC DSS. Clients will qualify for a First Steps-designed SC Voucher will not have to meet any additional SC DSS qualifying criteria. Scholarships connected to DSS via the Local Partnership must limit use to providers who are enrolled in the ABC Quality program and accept SC Vouchers.

If a First Steps Local Partnership operates an in-house scholarship program, they must demonstrate non-supplantation of SC First Steps funds (see Section B) and receive approval from SC First Steps for operating "in-house" scholarships.

Non-Supplantation

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

Developmental Screening

SC First Steps partnerships funding child care scholarships shall ensure the completion of the age-appropriate developmental screening Ages and Stages Questionnaire – 3rd Edition (ASQ-3) for each scholarship recipient – with results to be shared with parents. The ASQ-3 shall be administered within the first 90 days of receiving a child care scholarship for the current program year. If an ASQ-3 screening indicates one or more delays or potential delays, a follow-up screening shall be conducted within 90 days and referrals made (as appropriate) to either BabyNet or their local school district for additional evaluation. The ASQ-3 screening must be conducted on at least 80% of eligible clients. Scholarship recipients made be considered exempt from this developmental screening requirement if they are receiving services under IDEA or Head Start, or are enrolled in a developmental surveillance program such as Help Me Grow. Such exemptions shall be indicated in the First Steps Data Collection system.

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

Monitoring

Partnerships connecting clients to SC First Steps Evidence-Based Vouchers through SC DSS must:

- Review scholarship reports from DSS to ensure all scholarship funds are being used and that qualified applicants are connected to a provider and receiving services in a timely manner (i.e., no "pending" scholarships);

Partnerships operating in-house scholarships must:

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

Integration with Other Readiness Interventions

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

Parent Training

- Child care scholarship parents/guardians who are new to the program in the current fiscal year shall receive at least one hour of training on the benefits of high quality child care.

Data Collection

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

School Transition Program Guidelines

Countdown to Kindergarten (406)

Evidence-Informed & High Intensity Strategy

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

Unit of Delivery = Children

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible families whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Additional CTK Transition Risk Factors

- Given the program's unique role in supporting school transition, several additional risk factors are associated with eligibility for this service. (CTK-specific transition risk factors are noted in italic text in the list below, and do not extend to

other First Steps-funded strategies.)
- An incoming kindergartner who has had an older sibling retained in/before the 3rd grade
- An incoming kindergartner who has been recommended for service based on significant social/emotional and/or behavioral difficulties – or those of an older sibling.
- An incoming kindergartner who has never been served within a full-time preschool program out of his/her home.
- An incoming kindergartner who is the oldest child in the family; that is, this is the first opportunity for the family to be involved in their child(ren)'s school.

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

Client Retention

- For home visitation to be effective, it is critical that client families remain in the program long enough to benefit from the planned intervention. It is also important to understand, from a research perspective, how the number of client visits is linked with outcomes.
- Partnerships are encouraged to assure that most participating families receive 6 visits prior to exiting the program.
- Data on all families, if parental consent was obtained and records are available - regardless of the number of visits received and when they exited the program - must be entered in the FSDC.

Service Delivery

Adherence to the Countdown to Kindergarten Curriculum

- While the CTK curriculum offers substantial opportunity for personalization by individual teachers, each must adhere to its general format and ensure the delivery of each published lesson.
- Per the CTK curriculum model, every effort should be made so that no family receive less than five (5) visits. The partnership shall make every effort to secure transportation services so that families can attend the final CTK visit to the child's school.

Note grant amendments may contain requirements for Service Delivery not outlined in Program Guidelines. An example, assuring Countdown teachers are children's soon-to-be kindergarten teacher or teaching assistant.

Placement within the Classroom of the Teacher

- Countdown to Kindergarten is explicitly designed to connect children and families to the teachers with whom they will be working during the coming year. Therefore, the expectation is that the Countdown home visitor is also the child's soon-to-be kindergarten teacher or soon-to-be kindergarten teaching assistant. For some outside grants, it is required that 80% of enrolled children are assigned to their Countdown teacher's classroom in the upcoming school year. Partnerships must take steps to ensure the placement of CTK client children in the classrooms of their home visitors.
- The CTK curriculum must – without exception – include a meeting with the child's teacher at the school where the child will be attending kindergarten.
- When the child's CTK teacher is not his/her soon-to-be kindergarten teacher AND the family's home language is not English, the CTK home visitor must be fluent in the family's home language to ensure the curriculum is implemented in a culturally and linguistically appropriate manner. In addition, when available, toolkit contents are to be provided in the child's home language. The home visitor will work with the child's 5K teacher(s) to ensure that the dual language learner children receive ongoing transition materials and supports that are culturally and linguistically responsive.

Countdown to Kindergarten Family Visits

- The Countdown family visits can be scheduled flexibly, based upon the family and Countdown Teacher's schedules. The visits must be made the summer before the child enters kindergarten.
- No more than one visit can be made per day, and no more than two visits are to be made per week. Although home visits are encouraged, at times it might be necessary or prudent to hold the family visits elsewhere. In all instances, parents/caregivers are to be in attendance on all visits and for their duration.

Supports for children/families with specific needs – Dual Language Learner Families and Students with Disabilities

- The role of the Kindergarten Teacher is to increase family awareness of kindergarten expectations, create a positive relationship with the family, and assure a smooth transition to school. Support specialists will work with the kindergarten teacher to provide the home visits and additional supports to assure that child and family make a smooth transition to

kindergarten and that their needs are met.

- Dual Language Learner Families
  - A home visitor fluent in the family's home language (Bilingual Home Visitor) collaborates with the Kindergarten Teacher to assure that the transition to kindergarten is smooth.
  - The role of the Bilingual Home Visitor is to build trust with the family, support the family's relationships with the Kindergarten Teacher and school, and assist in helping the family secure needed resources.
  - Within the first 6 weeks of the start of school, the Bilingual Home Visitor makes two follow-up home visits to assure that family needs are met and the transition to kindergarten has been smooth.
  - When available, toolkit books will be provided to the family in their home language.
- Students with Disabilities
  - The role of the Disabilities Specialist is to build trust with the family, support the family's relationships with the Kindergarten Teacher and school, and assist in helping the family secure needed resources.
  - A specialist with training in and experience with young children with disabilities (Disabilities Specialist) will collaborate with the Kindergarten Teacher to assure that the transition to kindergarten is smooth.
  - Within the first 6 weeks of the start of school, the Disabilities Specialist makes two follow-up phone calls to the family to assure their needs are met and the transition to kindergarten has been smooth.
  - One valuable resource for support students with disabilities is Family Connection of South Carolina. Disabilities Specialists and Countdown Teachers working with children with disabilities are encouraged to explore their offerings.
  - If adaptative materials of the toolkit are needed to accommodate the disability, every effort should be made to provide them.

Countdown to Kindergarten

- All teachers must successfully complete the Countdown to Kindergarten online training (including the final exam) prior to implementing the program. This includes Bilingual Home Visitors and Disabilities Specialists, who partner with the kindergarten teacher to implement the program.

Ongoing Program Quality Improvement and Professional Development

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

Data Submission and Fiscal Administration

Outcome and Data Requirements

- The Partnership will be responsible for meeting all data requirements of SCFS within 30 days of receiving data from the teachers.
- CTK client and program information must be entered into the First Steps Data Collection system (FSDC) within the program year that begins July 1, regardless of whether program activities (home visits) occurred prior to July 1.
- Projected to Serve for Countdown to Kindergarten is to be entered for the fiscal year of the beginning of the summer of implementation. For example, for Summer 2023 CTK, Projected to Serve is to be entered for FY23. Data for Summer 2023 CTK is to be entered for FY24.
- Partnership staff is responsible for obtaining and entering (if not completed online) all survey responses. Partnerships will use the CTK surveys provided by SC First Steps.

Fiscal Administration and Teacher Payment

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

Countdown to 4K (407)

Evidence-Informed & High Intensity Strategy

Countdown to 4K is a summer home visitation strategy designed to link incoming 4K students and their families with, ideally, the individual who will serve as their 4K teacher or 4K teaching assistant during the coming year.

Unit of Delivery = Children

Targeting

Targeting Clients At-Risk of Early School Failure

At least 60% of CT4K families shall be identified based on two (2) or more of the readiness risk factors below (with 100% of families possessing at least one risk factor at the time of enrollment):

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible families whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Additional CTK Transition Risk Factors

- Countdown to 4K (CT4K) shall be targeted toward families of children most likely to experience early school failure. Given the program's unique role in supporting school transition, several additional risk factors are associated with eligibility for this service. (CT4K-specific transition risk factors are noted in italic text in the list below, and do not extend to other First Steps-funded strategies.)

- An incoming kindergartner who has had an older sibling retained in/before the 3rd grade
- An incoming kindergartner who has been recommended for service based on significant social/emotional and/or behavioral difficulties – or those of an older sibling.
- An incoming kindergartner who has never been served within a full-time preschool program out of his/her home.
- An incoming kindergartner who is the oldest child in the family; that is, this is the first opportunity for the family to be involved in their child(ren)'s school.

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

Client Retention

- For home visitation to be effective, it is critical that client families remain in the program long enough to benefit from the planned intervention. It is also important to understand, from a research perspective, how the number of client visits is linked with outcomes.
- Partnerships are encouraged to assure that most participating families receive 6 visits prior to exiting the program.
- Data on all families, if parental consent was obtained and records are available - regardless of the number of visits received and when they exited the program - must be entered in the FSDC.

Service Delivery

Adherence to the Countdown to 4K Curriculum

- While the CT4K curriculum offers substantial opportunity for personalization by individual teachers, each must adhere to its general format and ensure the delivery of each published lesson.
- Per the CT4K curriculum model, every effort should be made so that no family receive less than five (5) visits. The partnership shall make every effort to secure transportation services so that families can attend the final CT4K visit to the child's school.

Note grant amendments may contain requirements for Service Delivery not outlined in Program Guidelines. An example, assuring Countdown teachers are children's soon-to-be 4K teacher or teaching assistant.

Placement within the Classroom of the Teacher

- Countdown to 4K is explicitly designed to connect children and families to the teachers with whom they will be working during the coming year. Accordingly, Partnerships must take steps to ensure the placement of CT4K client children in the classrooms of their home visitors. The expectation is that the Countdown home visitor is also the child's soon-to-be 4K teacher or soon-to-be 4K teaching assistant. For some outside grants (PDG, ESSER), it is required that 80% of enrolled children are assigned to their Countdown teacher's classroom in the upcoming school year.
- The CT4K curriculum must – without exception – include a meeting with the child's teacher at the school where the child will be attending 4K.
- When the child's CT4K teacher is not his/her soon-to-be 4K teacher AND the family's home language is not English, the CT4K home visitor must be fluent in the family's home language to ensure the curriculum is implemented in a culturally and linguistically appropriate manner. In addition, when available, toolkit contents are to be provided in the child's home language. The home visitor will work with the child's 5K teacher(s) to ensure that the dual language learner children receive ongoing transition materials and supports that are culturally and linguistically responsive.

Countdown to 4K Family Visits

- The Countdown family visits can be scheduled flexibly, based upon the family and Countdown Teacher's schedules. The visits must be made the summer before the child enters 4K. No more than one visit can be made per day, and no more than two visits are to be made per week. Although home visits are encouraged, at times it might be necessary or prudent to hold the family visits elsewhere. In all instances, parents/caregivers are to be in attendance on all visits and for their duration.

Supports for children/families with specific needs – Dual Language Learner Families and Students with Disabilities

- The role of the 4K Teacher is to increase family awareness of 4K expectations, create a positive relationship with the family, and assure a smooth transition to school. Support specialists will work with the 4K teacher to provide the home visits and additional supports to assure that child and family make a smooth transition to 4K and that their needs are met.
- Dual Language Learner Families

    - A home visitor fluent in the family's home language (Bilingual Home Visitor) collaborates with the 4K Teacher to assure that the transition to 4K is smooth.
    - The role of the Bilingual Home Visitor is to build trust with the family, support the family's relationships with the 4K Teacher and school, and assist in helping the family secure needed resources.
    - Within the first 6 weeks of the start of school, the Bilingual Home Visitor makes two follow-up home visits to assure that family needs are met and the transition to 4K has been smooth.
    - When available, toolkit books that are also available in the family's home language must be provided.
- Students with Disabilities
    - A specialist with training in and experience with young children with disabilities (Disabilities Specialist) collaborates with the 4K Teacher to assure that the transition to 4K is smooth.
    - The role of the Disabilities Specialist is to build trust with the family, support the family's relationships with the 4K Teacher and school, and assist in helping the family secure needed resources.
    - Within the first 6 weeks of the start of school, the Disabilities Specialist makes two follow-up phone calls to the family to assure their needs are met and the transition to 4K has been smooth.
    - One valuable resource for support students with disabilities is Family Connection of South Carolina. Disabilities Specialists and Countdown Teachers working with children with disabilities are encouraged to explore their offerings. If adaptative materials of the toolkit are needed to accommodate the disability, every effort should be made to provide them.
    - If adaptative materials of the toolkit are needed to accommodate the disability, every effort should be made to provide them.

Countdown to 4K Training

All teachers must successfully complete the Countdown to 4K online training (including the final exam) prior to implementing the program. This includes Bilingual Home Visitors and Disabilities Specialists, who partner with the 4K teacher to implement the program.

Ongoing Program Quality Improvement and Professional Development

Each Countdown teacher must participate in reflective supervision and professional development, by, at a minimum, logging on and reviewing the discussion on the Countdown to 4K teacher electronic forum as outlined in the Countdown to 4K Memorandum of Agreement for Countdown teachers.

Data Submission and Fiscal Administration

Outcome and Data Requirements

- The Partnership will be responsible for meeting all data requirements of SCFS within 30 days of receiving data from the teachers.
- CT4K client and program information must be entered into the First Steps Data Collection system (FSDC) within the program year that begins July 1, regardless of whether program activities (home visits) occurred prior to July 1.
- Projected to Serve for Countdown to 4K is to be entered for the fiscal year of the beginning of the summer of implementation. For example, for Summer 2023 CT4K, Projected to Serve is to be entered for FY23.
- Data for Summer 2023 CT4K is to be entered for FY24. Partnership staff is responsible for obtaining and entering (if not completed online) all survey responses. Partnerships will use the CT4K surveys provided by SC First Steps.

Fiscal Administration and Teacher Payment

The Partnership will be responsible for ensuring that each CT4K teacher adheres (in all regards) to his/her CT4K Memorandum of Agreement.

Beginning Opportunities Offered for Student Transition (BOOST; 408)

Evidence-Informed & High Intensity Strategy

Beginning Opportunities Offered for Student Transition (BOOST) is an early childhood education program to help prepare children for traditional 4K classrooms. It engages parents/caregivers and children in Montessori-based activities so that parents/caregivers receive coaching and modeling to support the children at home with similar activities.

Unit of Delivery = Children

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible families whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid
- A pregnant or postpartum individual who is eligible for Medicaid

Client Retention

- BOOST is delivered in 8-week sessions. Maximum enrollment is 10 child-parent/caregiver dyads. The dyads can re-enroll for future 8-week sessions, depending on availability.

Service Delivery

Intensity and Delivery

- BOOST is delivered in 8-week sessions. Each session is two hours per day in length. Ideally, sessions are two days per consecutive week. Screenings and evaluations are to be conducted in addition to the 8-week sessions.
- The classroom design and curriculum are Montessori based, so the lessons are guided by the child. Children are offered lessons based on their individual interests and ability. Once a lesson is mastered by the child, they are to be introduced to an expansion of the lesson and/or additional lessons that graduate in difficulty, keeping the child engaged, challenged, and focused. These experiences will be both individual and small groups. Language and literacy will a primary focus, as well as self-help skills promoting independence and choice.

Screenings and Referrals

- Client screenings and referrals based on screening results shall be entered into the FSDC within 7 days of the event.
- Program staff shall seek to ensure that each participating family is connected with a pediatric medical home and other community services as appropriate.
- Each child shall be assessed using an age-appropriate developmental screening tool (e.g. Ages & Stages, Brigance, etc.) within 60 days of enrollment. If a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the BOOST teacher shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Home visitors shall maintain (within the First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- In addition, the BOOST teacher will recommend activities to assist with the areas of possible concern, continue monitoring the child's development, and rescreen the child within 60 days post completion of referred intervention.
- **Developmental screenings must be conducted on at least 80% of eligible clients.**
- Partnerships and their BOOST teacher shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.
- Due to the short duration of the program, it is preferred that the screening be conducted at the program's start to provide sufficient time for referrals and follow-up.

Connection (Referrals)

- BOOST teachers shall utilize risk factors to refer and connect families to services that they may need or want to strengthen their families and provide optimal development for their preschool children.
- Given the risk factor profile of families served by First Steps, it is expected that most families will be connected to services in addition to this program. Pre-existing connections made prior to the family's involvement with First Steps may count toward this standard. Active and sustained efforts to connect families to pediatric medical homes shall be a priority.
- BOOST teachers shall maintain (within the designated First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral.
- Referrals and successful connections shall be entered (within the First Steps Data Collection System) within 7 days of referral.

Staff Qualifications and Training

- BOOST teachers must hold current accreditation from the Montessori Accreditation Council for Teacher Education.

Assessment

- First Steps programs shall administer client satisfaction surveys at least annually, and use data collected for program improvement.
- To request an exemption of this requirement, contact SC First Steps. Family Literacy programs shall comply with the model's assessment requirements, per the First Steps Program Guidelines.
- Client assessments shall be entered in the FSDC within 30 days of administration.

Data Submission and Fiscal Administration

	Description	Requirements	Data Entry	Report/Monitoring
Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent.	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data will be entered within 7 days of a family's enrollment.	Report Case Visit Summary and Projected to Serve
Targeting Clients At – Risk of Early School Failure	Risk Factors	**100%** of families must possess at least one risk factor At least **60%** of families should have two (2) or more of the readiness risk factors	Data will be entered **within 7 days** of a family's enrollment.	Risk Factors Report
Client Retention	Program Duration	BOOST is delivered in 8-week sessions. Maximum enrollment is 10 child-parent/caregiver dyads. The dyads can re-enroll for future 8-week sessions, depending on availability.	N/A	Retention Report
Intensity and Delivery	8-week sessions	• Each session is two hours per day in length. • Ideally, sessions are two days per consecutive week. • Screenings and evaluations are to be conducted in addition to the 8-week sessions.	Data will be entered within **7 days** group activity.	Total Attendance - Case Data Entry Screen To isolate enrollee attendance run the Group Meeting Detail Report.
Developmental Screening	Age-appropriate developmental screening	Each child shall be assessed using an age-appropriate developmental screening tool (e.g. Ages & Stages, Brigance, etc.) within 60 days of enrollment.	Data will be entered within **7 days** of developmental screening.	Reports may vary depending on the developmental screening selected by the partnership.
Connections	"Referrals"	BOOST teachers shall utilize risk factors to refer and connect families to services that they may need or want to strengthen their families and provide optimal development for their preschool children.	Referrals and successful connections will be entered (within the First Steps Data Collection System) within **7 days** of referral.	Connection Detail Report
Assessments	Client Satisfaction Surveys	**At least annually.**	Client satisfaction surveys cannot be entered in the First Steps Data Collection System**.**	Partnerships must keep records on site and make them available upon request.
	Client Assessments	**Required assessments determined by the model.**	Client assessments shall be entered in the	Reports may vary depending on the developmental

			FSDC within **7 days** of administration.	screening selected by the partnership.

To request an exemption of this requirement, contact SC First Steps. Family Literacy programs shall comply with the model's assessment requirements, per the First Steps Program Guidelines.

Health Program Guidelines

Weekend Backpacks/Nutrition Program (903)

Evidence-Informed

The First Steps' weekend backpack programs provide preschool children with nutritious, kid-friendly meals on weekends and holidays when school is not in session. "Backpacks" are distributed at school(s) in the community in partnership with local partnerships and other organizations.

Unit of Service = 1 Child

Targeting

Targeting Clients At-Risk of Early School Failure

The program is designed to serve preschool children (ages 3-5) at risk of food insecurity. Determination of food insecurity is made by education partners that work directly with the children and families.

Service Delivery

Children enrolled in the program receive food packages on Fridays (for weekends) and holidays during the school year.

Data and Evaluation

	Description	Requirement	Data Entry	Report/Monitoring
Program Delivery	Number of children served		Data will be entered within7 days of encounter(s)(outputs)	Outputs
	Number of families served		Data will be entered within 7 days of encounter(s)(outputs)	Outputs
	Number of materials (backpacks) distributed		Data will be entered within 7 days of encounter(s)(outputs)	Outputs
Assessments	None completed			
Referrals	None completed			

Early Identification and Referral (909)

Evidence-Informed & High Intensity Strategy

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

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

Unit of Delivery = Children

Targeting

Targeting Clients At-Risk of Early School Failure

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

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible families whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.
- Child was removed for behavioral reasons from one or more childcare, Head Start or preschool setting
- A young child who is eligible for Medicaid

- A pregnant or postpartum individual who is eligible for Medicaid

Service Delivery

Screenings

Any child ages birth to 5 years with suspected delays in development shall be screened using an age-appropriate developmental screening tool (e.g. Ages & Stages III, Ages and Stages SE-2, Parent Evaluation of Developmental Status, Battelle Developmental Inventory-2 Screener).

1. Additional screenings, for example autism spectrum disorders, functional hearing and vison assessments, and/or use of milestone checklists, are encouraged for comprehensive screenings. All assessments administered shall be documented and administered in accordance with assessment instructions. For example, the Modified Checklist for Autism in Toddlers (M-CHAT), a validated autism development screening tool for toddlers between 16 and 30 months of age, is to be administered at 18 and 24 months of age.
2. Comprehensive screenings also include gathering key information from all sources, including, but not limited to, family history, observations, and reports from teachers, child care providers and others who know the child well.

Developmental Surveillance

Developmental Surveillance Is a crucial component of this strategy. This means that at-risk infants and toddlers not known to be eligible for special health or educational services are re-screened at frequent intervals as appropriate.

Navigational Support

Navigational Support is required. This includes referrals based on screening results and guiding parents/caregivers through institutional processes to obtain needed services for their children.

1. Program staff shall utilize client risk factors, as well as screening/assessment results and results of client interactions, to refer and connect clients to services they may need or want in order to strengthen their families and provide optimal development for their preschool children.
2. Given the risk factor profile of clients/families served by First Steps, it is expected that most clients (60% minimum) will be connected to needed services, Pre-existing connections made prior to the client's involvement with First Steps may county toward this standard.
3. Attempted and successful connections (interventions and referrals) shall be entered into the FSDC within 30 days of the connection. Pre-existing connections should be entered within 30 days of client entry into the program.

Coordination with BabyNet System Point of Entry Offices

1. For children aged 0 to 34.5 months: In the event that a developmental screening or assessment indicates a possible developmental delay, the Partnership shall refer the family to the local BabyNet System Point of Entry Office. The referral must be made as soon as possible, but no later than 7 days after the possible delay has been identified. No consent is required to make the referral, but a conversation with the family prior to making the referral usually helps facilitate the process. For children 34.5 to 60 months: In the event that a developmental screening) indicates a possible developmental delay, the Partnership shall refer the family to the local school district to determine eligibility for IDEA Part B services. Written parental consent is required.
2. In those cases in which the child is between the ages of 30 and 34.5 months referrals to both the local BabyNet System Point of Entry Office AND the local school are recommended.
    - Ideally, the local BabyNet System Point of Entry Office, with parental consent, will notify the Partnership of each child's BabyNet eligibility status. In the case in which children were determined to be ineligible for BabyNet, Partnership staff shall connect the family to facilitate referral to appropriate local early learning resources, including but not limited to:First Steps Local Partnership services
    - Help Me Grow
    - Early Head Start
3. Partnerships are encouraged to arrange with the local BabyNet SPOE Office to receive information on ALL children found ineligible for BabyNet within the partnership's service area, if the family provides consent. Similarly, partnerships are encouraged to arrange with the local school district to receive information on ALL children found ineligible for IDEA Part B services and younger than six years of age within the partnership's service area, with family consent.

Community Resources

- Partnerships are strongly encouraged to refer children and families to other community services, as appropriate. Family needs might be in areas other than those directly related to children's suspected delays. Examples might be referrals for

food, medical, and housing assistance, along with library resources.

- An important component of this strategy is that Partnerships provide parents with information and strategies to help them both monitor and promote healthy child development.
- Partnerships are encouraged to promote public awareness of services available and the importance of universal developmental screenings.

Staff Qualifications and Training

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

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

Data Submission and Fiscal Administration

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

Healthy Steps (910)

Evidence-Based & High Intensity Strategy

Healthy Steps is an evidence-based, team-based pediatric primary care program that serves children birth to three. The program model consists of 8 core components that promote the health, well-being, and school readiness of babies and toddlers, with an emphasis on families living in low-income communities.

The program is led by the Healthy Steps Specialist, who joins the pediatric primary care team to ensure universal screening, successful interventions, referrals, and overall familial health. The 8 core components of the Healthy Steps Model consists of the following 8 Core Components: 1) Child Development, Socio-emotional, and Behavioral Screening; 2) Screening for Family Needs (i.e., maternal depression, other risk factors, social determinants of health); 3) Child development support line (i.e., phone, text, email, online portal); 4) Child Development and Behavior Consults; 5) Care Coordination and Systems Navigation; 6) Positive Parenting Guidance and Information; 7) Early Learning Resources; and 8) Ongoing Preventive Team Based Well-Child Visits.

Unit of Delivery = Families

Targeting

Targeting Clients At-Risk of Early School Failure

School readiness risk factors targeted by Healthy Steps include those associated with family need (poverty, maternal/caregiver risk factors) and child development risk factors (developmental delay, behavioral concerns).

Additional Targeting Criteria
The Healthy Steps model seeks to serve children 0 to 3 and families and is designed to be integrated into pediatric primary care or family medicine clinics throughout the nation.

Client Retention
- Healthy Steps is intended to serve families of children up until age 3.
- All families receive Healthy Steps Universal Services. Families with additional needs will receive tier 2 (short-term supports for mild concerns) or tier 3 (comprehensive serves for families most at risk). Although there is no minimum length of time for the program, research has shown that the longer families are involved with the program, the more positive effects are seen.

Service Delivery

Model Fidelity
To ensure the delivery of high-quality services and the validity of agency-wide evaluation Healthy Families must be implemented with fidelity to its published, research-based model:

Intensity and Delivery

a. Clinic Responsibilities:
- Clinics must be assessed for readiness in partnership with the Healthy Steps National Office, and then apply for and be approved by the Healthy Steps National Office
- Clinics must follow all expectations of Healthy Steps National Office, including:
  a. Healthy Steps Institute training
  b. developing and maintaining an Implementation Plan
  c. achieving fidelity
  d. Annual Site reporting
- Clinics/community partners must communicate with the Healthy Steps National Office to:
  a. Complete an initial consultation and Practice Assessment
  b. Comply with all Healthy Steps intervention requirements and agreements, as outlined in MOA

c. Continue consultation regarding fidelity and sustainability
d. Finalize implementation plan
e. Provide annual reports

- In the application phase, clinics will identify a Physician Champion (pediatric care MD or NP who will champion the cause) and
    i. Ensure that Healthy Steps (HS) best practices are implemented throughout the pediatric or family practice department;
    ii. Ensure that most, preferably all, team members attend Healthy Steps Institute training,
- Clinics will obtain written consent that allows a Healthy Steps Specialist to share the clients Protected Health Information with the SC Office of Revenue and Fiscal Affairs and SC First Steps for evaluation purposes only from all clients receiving Healthy Steps services.
- Clinics will share clinic-level outcomes with SC First Steps, including, but not limited to, agreed upon HEDIS metrics, upon request.
- **Healthy Steps Specialists** Identify and hire a **Healthy Steps Specialist (HSS)** --a staff member with early childhood development experience (i.e., social workers, psychologists, early childhood educators, nurses), preferably with an infant and early childhood mental health/development background with support from the Local First Steps Partnership.
    - The HSS (and any other provider) will enter all data for children receiving Healthy Steps services, to include the patient's medical record or electronic health record number, into Welly, the Healthy Steps data management system. Training will be provided on Welly by Healthy Steps national office.
    - The HSS, in coordination with, and supervision from, the Medical Provider will:
        i. Support the medical practice and be responsible for administrative aspects of fulfilling the HS model
        ii. Participate fully in the Healthy Steps Institute and become certified in the HSS model
        iii. Carry out all HSS duties to include tier 1, tier 2, and tier 3 services, as needed, for all families with children 0-3 in the clinic
        iv. Maintain connections with community agencies for referrals and consulting
        v. Participate in regular HS team meetings as scheduled, to include reflective supervision meetings with identified responsible parties
        i. Complete all reporting requirements for both Healthy Steps National and SCFS

b. Local Partnerships responsibilities:

- Support the HSS with making up-to-date referrals to community and consulting resources that support HS families
- Collect and review output and qualitative data from the quarterly and annual HS reports.
- Participate in monthly SCFS HS team meetings, and other statewide meetings, to discuss progress and provide support across implementing sites.
- Support Healthy Steps families through the HSS with wrap around services to include, but not limited to:
    a. making referrals and connections to community resources,
    b. community convening of pediatric healthcare service providers (Community Café's)
    c. mobilizing community support to ensure consistent and coordinated pediatric medical care,
    d. increased well-child visits, immunization, and oral health recommendations,
    e. improved access to screening, identification, and referral for needed health, early intervention, and/or disability services
- Assist and support the HSS in eliminating barriers and other challenges associated with program implementation based on report reviews and team meetings.
- Prioritize the implementation of other services, focusing on South Carolina's Birth through Five Plan strategies, Reach Out and Read, and others, to health care providers partnering in Healthy Steps.

Screenings and Assessments

- Developmental, social-emotional, autism and maternal depression screenings are critical components of the Healthy Steps model. All children 0-3, and families, that are patients in a participating clinic will receive screenings and other assessments according to the model protocol. The Healthy Steps model allows for 3 years to achieve fidelity standards.

Staff Qualifications and Training

- The Healthy Steps Specialist should be an individual with early childhood development experience (i.e., social workers, psychologists, early childhood educators, nurses), preferably with an infant and early childhood mental health/development background. Trainings specific to the Healthy Steps model will be provided by the Healthy Steps National Office as part of the Healthy Steps Institute and ongoing technical assistance. Monthly meetings will be held

with the South Carolina First Steps Healthy Steps Implementation Team. Additional trainings may be determined and implemented as needed.

Integrated Service Delivery and Connections to Resources

- To best provide resources to families, program staff shall utilize client risk factors, along with screening/assessment results and results of client interactions. In addition, this information will guide decisions to refer and connect clients to services they may need or want to enhance family decision-making and optimal child development.
- Given the risk factor profile of clients/families served by First Steps, it is expected that **most clients** will be connected to services in addition to this program. Healthy Steps National reports that 10-20% of clients will receive Tier 2 services and an additional 10-20% will receive Tier 3 services. If sites have capacity, all clients can receive Tier 2 and/or 3 services.
- Any client in another local partnership program who also benefits from Healthy Steps (if known) shall have Healthy Steps entered as an intervention within the FSDC for connections.

Data Submission and Evaluation

	Description	Requirements	Data Entry	Report/Monitoring
Program Delivery	HSS delivery of model, data reported to LP		Quarterly Report and Annual Report entered within 14 days of receipt	Quarterly HS Outcomes Report
	LP Community Café- 1 per quarter		HS Community Café tracking sheet, data entered within 7 days of event	Quarterly Tracking Form report
Assessments	None completed outside of HS model as administered by HSS			
Referrals	None completed outside of HS model as administered by HSS			

Family Connects (911)

Evidence-Based & High Intensity Strategy

Family Connects is a nurse-based approach to supporting newborns and their families through nurse home visits, connecting families to services in the community, and supporting families with an individual approach to care. All families with children birth up to 6 months are eligible for services. Family Connects works with communities to establish implementation and sustainability plans, help establish community networks, and provides training for nurses who will conduct home visits.

Unit of Service = 1 Family

Targeting

Targeting Clients At-Risk of Early School Failure

- The Family Connects model seeks to serve all children and families birth to 6 months of age and is designed to be integrated into community services.

Client Retention

- Family Connects is intended to serve families 3 weeks after the birth of the child, with a short-term follow-up 9-12 weeks post-partum.
- The Family Connects model has no long-term retention requirement.

Service Delivery

Model Fidelity

To ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, individuals responsible for data entry shall ensure that Family Connects is implemented with fidelity to its published, research-based model. “Fidelity” is defined as complying with model specifications relating to:

Intensity and Delivery

- Establishing a Family Connects Site
  a. To establish a Family Connects site, a partnership must establish a relationship with a medical/healthcare system.
  b. The Family Connects site must be engaged, assessed for readiness in partnership with Family Connects International and then apply for and be certified by the Family Connects International Office. Start-up to certification is usually a 2-year process.
  c. FC Sites must follow the expectations of Family Connects International, including FCI training, developing and maintaining an Implementation Plan, achieving fidelity, and data monitoring and reporting.
  d. Sites will also identify several key positions to lead the Family Connects Program:
  An Executive Director (can be % time), A Community Alignment Specialist, Nursing Supervisor, Nurse Home Visitor(s), and other support staff as needed, including a partnership with a Medical Director (MD).
  e. FCI also requires that program sites include a community alignment specialist to identify community resources and align the program with those resources.
- Family Connects can be housed in a variety of settings, but usually includes a nurse supervisor and nurse home visitors, a community alignment specialist, and other roles depending on the size of the delivery area.
- Site/community partners must communicate with Family Connects International to:
  a. Develop and maintain a community advisory board (CAB)
  b. Develop a plan for implementation
  c. Comply with all FCI intervention requirements and agreements, as outlined in MOA
  d. Continue consultation regarding fidelity and sustainability
  e. Finalize implementation plan
  f. Provide annual reports

Connections (Referrals)

- Nurses shall refer and connect families to services that they need may need or want to strengthen their families and provide optimal development for their preschool children.
- **50% of families served must have at least one successful connection per program year.**
- Client screenings and referrals based on those screening results shall be entered (within the First Steps Data Collection System) within 7 days of referral.

Staff Qualifications and Training (as stated on HomVEE)

- Staff includes nurse home visitor(s), a nurse supervisor, a medical director, a data manager, and a program support coordinator.
- Nurse home visitors and nurse supervisors must be registered nurses with an active license in their state. FCI recommends but does not require that nurse home visitors and data managers hold a bachelor's degree and that nurse supervisors and program directors (if applicable) hold a master's degree. Community alignment specialists must hold a bachelor's degree, although a master's degree is preferred, and program support coordinators must hold a high school diploma, although a bachelor's degree is preferred.
- Nurse home visitors and nurse supervisors must receive pre-service training of the Family Connects model. In-service training is also included as part of the Family Connects International model.

Integrated Service Delivery

- Family Connects is a universal program, meaning that it will be offered to all families with a live birth in the catchment area during the program period.
- Given the risk factor profile of clients/families served by First Steps, it is expected that all will be connected to services in addition to this program. Pre-existing connections made prior to the client's involvement with First Steps may count toward this standard.

Data and Evaluation

	Description	Requirements	Data Entry	Report/Monitoring
Service Delivery	Site visit and follow up visit data	Nurses must deliver FCI Report related data to Local Partnership	Quarterly Report and Annual Report will be entered within 14 days of receipt	Outcomes Report
	Suggested Variables (from FCI Monthly KPI Snapshot; can be provided by partnership)	• Scheduling Rate • Completion Rate • Population Reach • Total Matrix Risks Identified • Risk and Non-Risk Referrals • PVC Closure • Referral Connection Rate		
Assessments	None completed outside of FCI model as administered by Nurse(s)			
Referrals	Referrals to community resources	**50%** of families served must have at least one successful connection per program year.	Data will be entered within 7 days of initial referral and within 7 days of follow-up.	

Other Health Strategies (90X)

Evidence-xxxx Strategy

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

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

2. Strategy Implementation:

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

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

    a) Target children most in need of services, using board-approved risk factors in absence of specific targeting criteria within the chosen program model

    b) Deliver services with fidelity to the chosen curriculum or program model

Appendices

Appendix A

Essential Requirement for Parents as Teachers (201)

Parents as Teachers.

Essential Requirements *Beginning July 2020*

Essential Requirements			
2020 Essential Requirements	**Measurement Criteria**	**What Is Different?**	**What is optimal?[1]**
1. The affiliate is designed to provide at least two years of services to families with children between prenatal and kindergarten entry.[2]	The affiliate confirms that it is designed to be able to provide at least two years of services to families with age-eligible children.[3]	Wording refined to clarify that this requirement is about design. See footnote.	It is optimal for the affiliate to be designed to offer more than two years of services.
2. The minimum qualifications for parent educators are a high school diploma or equivalency and two years' previous supervised work experience with young children and/or parents.	100% of the affiliate's parent educators have at least a high school diploma, GED, or equivalent degree in countries outside the United States.	No change	It is optimal for parent educators to have a bachelor's degree or beyond.
3. Each affiliate has an advisory committee that meets at least every six months. (It can be part of a larger committee, community network, or coalition as long as the group includes a regular focus on the affiliate).	The affiliate conducts at least two advisory committee meetings during the program year.	No change	It is optimal for an affiliate's advisory committee to meet more than every six months, for example quarterly.
4. Each month, parent educators working more than .5 FTE participate in a minimum of two hours of individual reflective supervision and a minimum of two hours of staff meetings and parent educators working .5 FTE or less participate in a minimum of one hour of reflective supervision and two hours of staff meetings. In order to support high-quality services to families, this requirement includes supervisors who carry a caseload.	On average, parent educators working more than .5 FTE and supervisors that carry a caseload equivalent to more than .5 FTE receive at least 75% of the required individual reflective supervision hours per month (at least 1.5 hours per month). On average, parent educators working .5 FTE or less and supervisors who carry a caseload equivalent to .5 FTE or less receive at least 75% of the required individual reflective supervision hours per month (at least .75 hours per month). At least 18 hours of staff meetings occur during the program year.	No change	It is optimal for new parent educators to receive additional individual reflective supervision during their first year of employment.

[1] In some cases, there are best practice recommendations beyond the Essential Requirement. The affiliate should make every effort to meet these best practice recommendations.
[2] Because families can enroll when their children are different ages, not every family may receive at least two years of services.
[3] Age eligible refers to the programs design and requirements around who is served. PAT services are able to be delivered to families with children prenatally until kindergarten entry.

Essential Requirements			
2020 Essential Requirements	**Measurement Criteria**	**What Is Different?**	**What is optimal?[1]**
5. Each supervisor, mentor, or lead parent educator is assigned no more than 12 parent educators, regardless of whether the parent educators are full-time or part-time employees. The number of parent educators assigned to the supervisors is decreased proportionately when the supervisor is not full-time.	100% of an affiliate's 1.0 FTE* supervisors are assigned a maximum of 12 parent educators. The number of parent educators assigned to a supervisor that is not full-time is adjusted proportionately. **1.0 FTE is defined here as 40 hours/week.*	Refined measurement criteria to include adjustment in number of parent educators assigned to a supervisor that is not full time. Also defined 1.0 FTE.	It is optimal for the affiliate to maintain a supervisor to parent educator ratio of 1:6 (or less).
6. All new parent educators in an organization who will deliver Parents as Teachers services to families attend the Foundational and Model Implementation Trainings before delivering Parents as Teachers; new supervisors attend both Foundational and Model Implementation Trainings.	100% of parent educators and supervisors have attended the required PAT trainings.	No change	
7. All parent educators and supervisors who carry a caseload are observed delivering a personal visit at least once during the program year, conducted by a supervisor or lead parent educator using a structured observation tool.	100% of parent educators and supervisors who carry a caseload and who provided full PAT model services for the full program year are observed delivering a personal visit at least once during the program year conducted by a supervisor or lead parent educator using a structured observation tool.	This was changed from a Quality Standard to an Essential Requirement.	It is optimal for parent educators to receive personal visit observations twice annually. It can be beneficial for one of these observations to include developmental screening.

Parents as Teachers.

Essential Requirements			
2020 Essential Requirements	**Measurement Criteria**	**What Is Different?**	**What is optimal?[1]**
8. Parent educators obtain competency-based professional development and training and renew certification with the National Center annually.	100% of model affiliate parent educators are up to date with their certification. Twenty hours of professional development are required for recertification for all parent educators. In addition to local training opportunities, professional development during staff meetings, participation in PAT national webinars, and online courses all count toward the required hours.	The number of professional development hours required annually will increase for parent educators in their second year and beyond.	
9. Parent educators complete and document a family-centered assessment within 120 days of enrollment, and then annually thereafter, using a method that addresses the Parents as Teachers required areas.	Family-centered assessment is conducted using a PAT-approved method. At least 60% of families enrolled more than 120 days have an initial family-centered assessment completed within 120 days of enrollment and at least 60% of families that received at least one visit during the program year have a family-centered assessment completed during the program year.	The timeframe for completion of initial FCA will be increased from 90 days to within 120 days of enrollment. This will allow time to synthesize the information gathered within 90 days of enrollment, including the Parent/Guardian, Child and Family Information Records, as well as developmental screening and health review.	
10. Parent educators develop and document goals with each family they serve.	At least 60% of the families that received at least one visit during the program year have at least one documented goal during the program year.	No change	It is optimal to develop at least one goal with each family within 90 days of enrollment.

Parents as Teachers.

Essential Requirements			
2020 Essential Requirements	**Measurement Criteria**	**What Is Different?**	**What is optimal?[1]**
11. Parent educators use the *Foundational Personal Visit Plans* and *Personal Visit Planning Guide* from the *Foundational Curriculum* to design and deliver personal visits to families.	Parent educators plan for each visit, documenting the planning process in a *Foundational Personal Visit Plan* or *Personal Visit Planning Guide*.	No change	
12. Families with one or fewer stressors receive at least 12 personal visits annually and families with two or more stressors receive at least 24 personal visits annually.	At least 60% of families with one or fewer stressors receive at least 75%of the required number of visits* in the program year and at least 60% of families with two or more stressors receive at least 75% of the required number of visits in the program year. **As documented by Personal Visit Records.*	No change	It is optimal for families to receive more than 75% of the required number of visits.
13. Full-time first year parent educators complete no more than 48 visits per month during their first year and full-time parent educators in their second year and beyond complete no more than 60 visits per month. The number of visits completed monthly is decreased proportionately when a parent educator is part-time. In addition, a number of factors need to be considered when establishing the maximum number of visits completed monthly, including: staff responsibilities, travel time for visits, and data collection responsibilities.	Full-time first year parent educators complete no more than 48 visits per month. Full-time parent educators in their second year and beyond complete no more than 60 visits per month.	No change	It is optimal for full-time first year parent educators to complete no more than 40 visits per month during their first year and full-time parent educators in their second year and beyond to complete no more than 50 visits per month, with proportionate adjustment when a parent educator is part-time.

Parents as Teachers.

Essential Requirements			
2020 Essential Requirements	**Measurement Criteria**	**What Is Different?**	**What is optimal?[1]**
14. Affiliates deliver at least 12 group connections across the program year.	The affiliate delivers at least nine (75%) group connections* during the program year. In order to count a group connection, at least one family must have attended. The families in attendance may or may not already be enrolled in PAT services. For example, a family may be in attendance as part of the affiliate's recruitment efforts. **As documented by Group Connection Planning Guides and Records*	Measurement criteria updated so that attendance of at least one family is necessary to count a group connection.	
15. Child health review is completed within 90 days of family enrollment or child's birth, and at least annually thereafter. Completion of the *Child Health Record*, which consists of health status, safety, vision, and hearing elements, constitutes a complete health review.	At least 60% of children receive a complete child health review within 90 days of enrollment or birth and at least 60% of children received a complete annual child health review during the program year.	The option to complete the initial child health review by seven months of age will not be part of this Essential Requirement. The seven-month timeframe was related to the functional vision assessment that is no longer part of the Essential Requirement.	It is optimal for enrolled children to also receive instrument based hearing and vision screening.
16. Child developmental screening takes place for all children within 90 days of family enrollment or child's birth, and then at least annually thereafter. Developmental domains that require screening include language, cognitive, social-emotional, and motor development.	At least 60% of children receive a complete child developmental screening within 90 days of enrollment or birth and at least 60% of children receive a complete annual child developmental screening during the program year.	No change	It is optimal for developmental screening to take place at least every six months.

Parents as Teachers.

Essential Requirements			
2020 Essential Requirements	**Measurement Criteria**	**What Is Different?**	**What is optimal?[1]**
17. Child developmental surveillance takes place during each personal visit.	Parent educators review the PAT *Milestones Record* for each enrolled child before the visit and update each enrolled child's record after the visit when there are newly emerging or achieved milestones.	Updated wording clarifies the Milestones are reviewed before the visit and updated following the visit for each child that has a newly emerging or achieved milestone.	
18. Parent educators connect families to resources that help them reach their goals and address their needs.	At least 60% of families that received at least one visit during the program year are connected to at least one community resource during the program year.	No change	It is optimal for families to be connected to multiple community resources each year.
19. At least annually, the affiliate gathers and summarizes feedback from families about the services they have received through the four model components, using the results for program improvement.	The affiliate gathers and summarizes feedback from families about the services they have received at least once during the program year and uses the results for program improvement.	The addition of "four model components" clarifies that feedback should be obtained about all four components of the PAT model. The PAT *Parent Satisfaction Survey* will be updated to address all four components of the model.	

Parents as Teachers.

Essential Requirements

2020 Essential Requirements	Measurement Criteria	What Is Different?	What is optimal?[1]
20. The affiliate annually reports data on service delivery and program implementation through the APR; affiliates use data in an ongoing way for purposes of continuous quality improvement, including participating in the Quality Endorsement and Improvement Process every five years.	The affiliate uses the PAT Records (2017 or newer), presented in the *Data In Motion Manual* through one of the approved options below,* to record and report data on service delivery and program implementation, submits the Affiliate Performance Report (APR) annually, and participates in the Quality Endorsement and Improvement Process when designated by PATNC. **Approved options* *1. PAT Penelope* *2. PAT Records (2017 or newer version)* *3. Data system that has a licensing agreement with PATNC and contains all items in the PAT Records (2017 or newer version)* *4. Program specific forms or database that contains all items in the PAT Records (2017 or newer version)*	PAT affiliates must begin using the PAT Records (2017 or newer version) by July 2019. This addition to the Essential Requirement Measurement Criteria clarifies the acceptable options for use of the PAT Records.	
21. Affiliates measure at least two outcomes with eligible families and report summary data and how they are using the data on the APR. One outcome is from a list of PAT approved tools that measure parenting skills, practices, capacity, or stress assessment and the second outcome is from an approved list of measures.	At least 60% of eligible families annually participate in an assessment of parenting skills, practices, capacity, or stress using an approved tool. At least one additional PAT approved outcome measure is assessed and reported for eligible families. Affiliates report in the APR how they are using the data.	Wording updated in the Essential Requirement for clarification.	

Appendix B

Data Entry Guidance for Parents as Teachers (201)

Parents As Teachers (201)
Evidence-Based & High Intensity Strategy

Evidence Based & High Intensity Strategy

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

Partnerships funding Parents as Teachers shall work in collaboration with SC First Steps (in its capacity as South Carolina's State Office for Parents as Teachers) to ensure full compliance with national model guidelines. *Fidelity of implementation in SC includes meeting the 21 Essential Requirements of the Evidence Based Model along with a few SC-specific additions.* The following guidelines include a mix of both; however, the expected Measurement Criteria for PAT National Center is attached for clarity.

Unit of Delivery = Families

Questions, concerns, and operational supports will be handled by:

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Delores Rock
Program Coordinator
Important Contact
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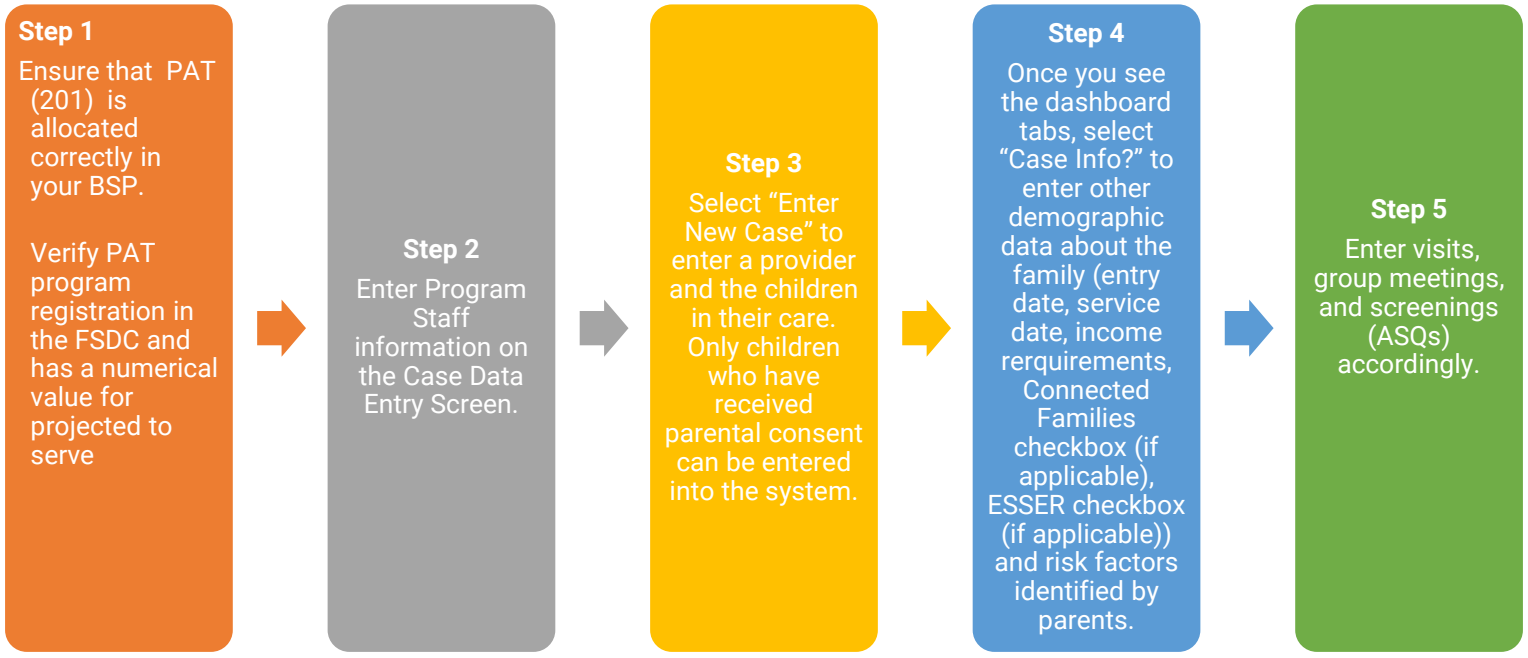
Inputs

- Family client demographic data
- Visits
- Group connections
- Program referrals
- Connections to services
- Developmental screenings
- ACIRI
- HFPI
- LSPs
- Well-Child Visit
- Risk factors (at least 1 = 100%; at least 2 = 60%)

Monitoring

Local First Steps Partnerships shall monitor progress of each provider and ensure model fidelity with: Cases Visit Summary and Projected to Served, Parenting Home Visit Intensity Summary, Group Meeting Detail (Case Data Entry), Connection Detail, ASQ, Assessment Entry Screen, and Risk Factors Reports

Data Flow Map



Parent Child + (206)

Evidence-Based & High Intensity Strategy

Evidence Based & High Intensity Strategy

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

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

Unit of Delivery = Families

Targeting By Age (Early Intervention)

- PC+ is designed for children 16-48 months of age. At least 70% of enrolled families must contain a child between 16-36 months.
- There is a "one time" rule for PC+. As a result, a family can only receive PC+ services as a family unit one time. Re-enrollment of a family may be sought by providing detailed justification to SC First Steps.

Client Retention

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

Questions, concerns, and operational supports will be handled by:

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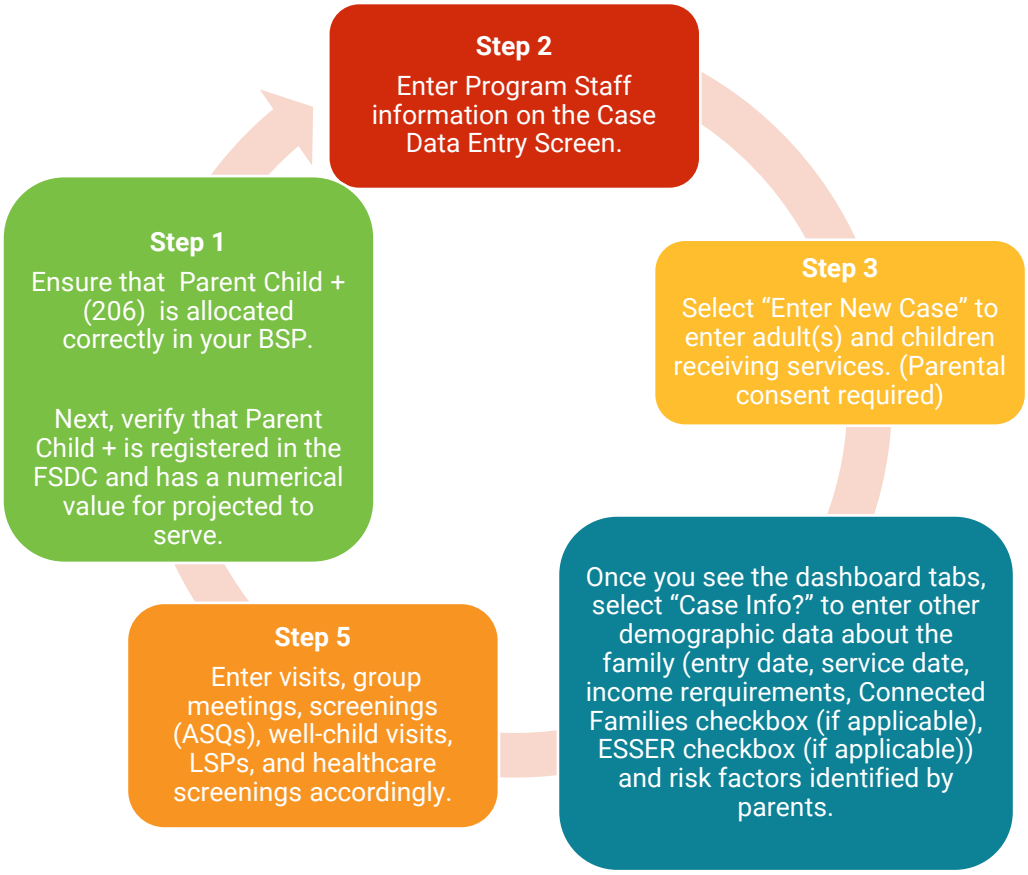
Project Lead
P. 803-734-0397
E. Gbeebe@scfirststeps.org

Data Flow Map



Early Steps to School Success Guidelines from Save the Children

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

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

Pre-Birth - 3 Home Visiting Component

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

3-5 Book Bag Exchange Component

- □ 30 3-5 year olds are enrolled in the 3-5 Book Bag Exchange component.
  - Children transitioning from the Home Visiting component must be given priority for enrollment in the 3-5 Book Bag Exchange.
- □ The program partners with Head Start, preschool or community child care providers to provide the 3-5 Book Bag Exchange.
- □ A weekly exchange of book bags occurs throughout the entire school year for children enrolled in the 3-5 Book Bag Exchange. Book sharing and literacy activities done in the home is tracked.
- □ The Book Bag Exchange includes a weekly 'read aloud'.

"Transition to School" Support

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

Parent-Child Groups

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

Community Connections

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

Staff Training and Support

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

Supervisory Expectations for Partners

- □ Participate in orientation and training activities, site visits and program implementation support from Save the Children staff and its contractors, and in an ongoing program evaluation.
- □ Hire an Early Childhood Coordinator whose language reflects that of the population being served. Ex. An Early Childhood Coordinator who provides services to families who are monolingual Spanish, must be bilingual.
- □ Provide adequate space and supplies to the ECC. This must include:
  - A computer with wireless internet access
  - An accessible telephone and readily available telephone line
  - Space for parent/child group meetings/events
  - Adequate storage space
  - Access to purchasing appropriate infant/toddler supplies and materials within district guidelines and budget codes
- □ Provide an orientation to the Early Childhood Coordinator (ECC) upon hire that includes:
  - Information on school benefits including leave and health insurance
  - Information on completing time sheets
  - Information on submitting for mileage reimbursement monthly
  - Information on district policies for reporting child abuse and neglect
- □ Utilize the ECC for ESSS functions only. ECC responsibilities do not include acting as a substitute teacher at any given time during the school day, assisting with bus or lunch duties, running sports or other extra-curricular activities, using preparation/planning time for other non-early childhood activities (e.g., monitoring assemblies, assisting with non-early childhood related classroom activities).
- □ Provide an environment that provides the ECC with a flexible schedule to accommodate the needs of families with young children receiving services in a home-based environment. This may include making evening or weekend visits/groups and providing services on days that schools are closed.
- □ Provide ongoing supervision and support to the ECC that must include:
  - Regular meetings between the ECC and Site Supervisor
  - Observation by the Site Supervisor of at least 2 home visits per year conducted by the ECC
  - Observation by the Site Supervisor of at least 1 parent/child group per year conducted by the ECC
  - Regular meetings between Save the Children ESSS Program Specialist and Site Supervisor
  - An annual review of the ECC's performance completed by their supervisor.
- □ Conduct a quality check (Parent Satisfaction Survey) with all families semi-annually.
- □ Monthly, Site Supervisors will compare mileage reimbursement requests, and sign-in/sign- out logs with home visit documentation (Family Planning Forms) signed by parents.
- □ Notify Save the Children when there are changes or issues at the site that affect ongoing supervision, management, and/or continuity or quality of regular programming.
- □ Participate in a Program Quality Assessment (PQA) at the site at least every two years.

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

Incredible Years (215)

Evidence-Based & High Intensity Strategy

Evidence Based & High Intensity Strategy

Incredible Years®(IY) is an evidence based parenting program for families with children ages 0 – 12. (Children over 5 years of age cannot be served by SC First Steps.) The program seeks to prevent and treat a child's behavior problems by enhancing their social, emotional, and academic competence. Curriculum outcomes may include but are not limited to: improved child social skills, emotional literacy, self-regulation, problem solving, school readiness, improved parenting skills and parent-child-teacher relationships.

Unit of Delivery = Families

Questions, concerns, and operational supports will be handled by:

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Project Lead
P. 803-734-0397
E. Gbeebe@scfirststeps.org

Eligibility and Group Types

Family enrollment is determined according to age:

a. **Parents and Babies Program (0-12 months)**
b. **Toddler Basic Program (ages 1-3)**
c. **Preschool Basic Program (ages 3-6)**
d. **Advanced Program (ages 4-12)**

Group Types:

Parents and Babies Program (0-12 months)

a. The Parents and Babies Program teaches parents how to: (1) provide emotional security to their children; and (2) encourage their babies physical and language development.
b. Each group meeting should encourage peer support, the use of video vignettes to stimulate group discussion, and shared learning around parenting skills.
c. 9-12 weekly two-hour group sessions

Toddler Basic Program (ages 1-3)

a. The Toddler Basic Program teaches parents how to: (1) help toddlers feel emotionally secure; (2) encourage toddler's language, social, and emotional development; (3) establish behavioral norms; (4) handle separations and reunions; and (5) use positive discipline.

b. Each group meeting should encourage peer support, the use of video vignettes to stimulate group discussion, and shared learning around parenting skills.

c. 13 weekly two-hour group sessions

Preschool Basic Program (ages 3-6)

a. The Preschool Basic parenting program strengthens parent-child interactions and attachment, reducing harsh discipline and fostering parents' ability to promote children's social, emotional, and language development. Parents also learn how to build school readiness skills.

b. Each group meeting should encourage peer support, the use of video vignettes to stimulate group disussion, and shared learning around parenting skills.

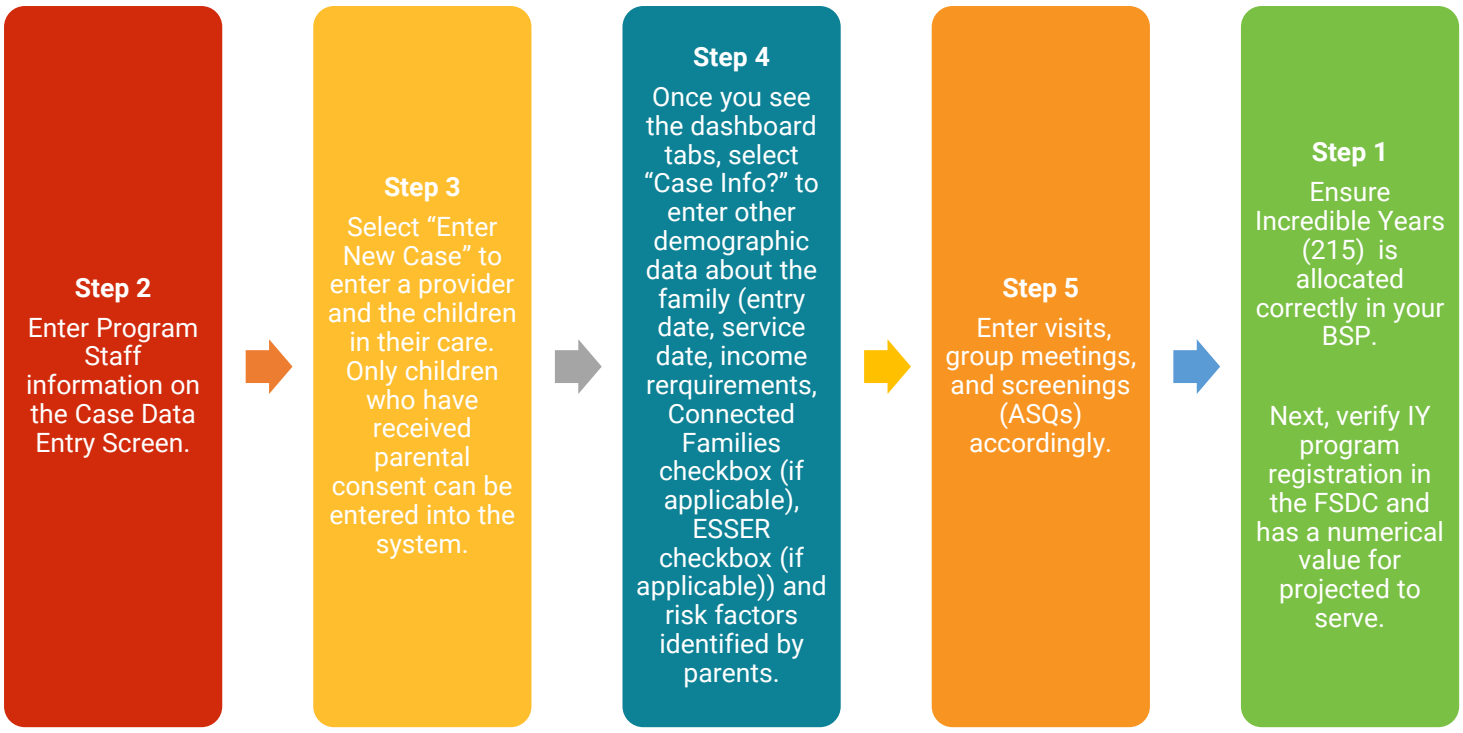
c. 18-20 weekly two hour group sessions

Advanced Program (ages 4 to 12)

a. The Advanced Program builds on the Preschool and School Age Basic Programs by focusing on parents' interpersonal issues such as effective communication and problem-solving skills, anger and depression management, and ways to give and get support.

b. 9-11 weekly two hour group sessions.

Data Flow Map



Targeting By Age	Family Eligibility	Family enrollment is determined by age:	Data should be entered	Report N/A

		e. **Parents and Babies Program (0-12 months)** f. **Toddler Basic Program (ages 1-3)** g. **Preschool Basic Program (ages 3-6)** h. **Advanced Program (ages 4-12)** **If children fall into the clinical range on disruptive behavior disorders or if parents exhibit multiple risk factors, then groups should be limited to 6-7 families. If families are referred for moderate level risk (child or parent), group size can range from 6-10 families.**	**within 5 days of a family's enrollment.**	
Client Retention	Retention Requirement	**At least 75%** of families shall complete pre-determined program duration.	N/A	**Report** Retention Report
Service Delivery	Group Meetings	**Data Required** 6. # Group Meetings 7. Total Attendance 8. Enrollee Attendance 9. Guest Attendance 10. Curriculum Topic **Group Types** Parents and Babies Program (0-12 months) Toddler Basic Program (ages 1-3) Preschool Basic Program (ages 3-6) Advanced Program (ages 4 to 12)	Data shall be entered within **7 days** of completion. If the Partnership has identified an individual responsible data entry, data must be submitted to the Partnership within **7 days**.	**Report** Total Attendance (Enrollees/Guests) - Case Data Entry Screen To isolate enrollee attendance run the Group Meeting Detail Report.
	Supplemental Activities	• Calls to parents between sessions. • Individual parent - child coaching as needed. • Supplemental Home Coaching	Data on each activity shall be entered within **7 days** of completion.	**Report** Case Data Entry Screen
Developmental	Each client child shall	ASQ-3 80%	Data should	**Report** ASQ Report

Screenings	be assessed using the Ages & Stages 3 and Ages and Stages SE2. *An alternate screening tool may be used, if approved by the Director of Parenting.*	ASQ:SE2 80%	be entered within **7 days** of developmental screening.	
Connections	"Referrals"	**70%** of families served must have at least one successful connection per program year. To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	Data should be entered within **7 days** of initial referral and within **7 days** of follow-up.	**Report** Connection Detail Report
Assessments	Parent evaluations	**Weekly**		**Report** N/A Partnerships must keep records on site.
	Post Group Evaluation	**Final session requirement**		**Report** N/A Partnerships must keep records on site.
	Healthy Families Parenting Inventory (HFPI)	Parent educators must assess at **least 75%** of eligible parents using the Healthy Families Parenting Inventory (HFPI).	Data should be entered within **7 days** of HFPI assessment.	**Report** HFPI Report
Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent.	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data should be entered within 7 **days** of a family's enrollment.	**Report** Case Visit Summary and Projected to Serve

Appendix 6

Data Entry Guidance for Nurturing Parenting (223)

Nurturing Parenting (223)

Evidence-Based & High Intensity Strategy

Evidence Based & High Intensity Strategy

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

Unit of Delivery (Home Visitation) = Families

Unit of Delivery (Group Based Interventions) = Adults

Questions, concerns, and operational supports will be handled by:

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Director of Parenting Programming
Project Lead
P. 803-734-0397
E. Gbeebe@scfirststeps.org

Intensity and Delivery

Group Based Interventions

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

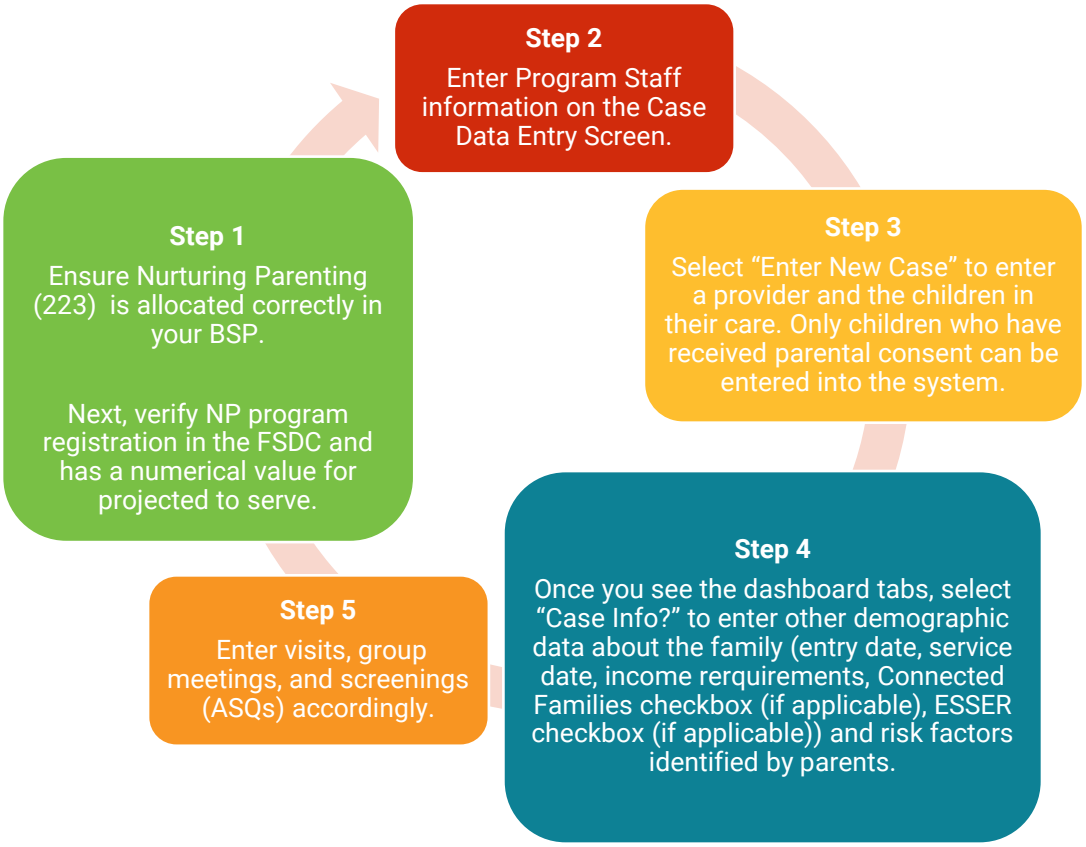
- Primary – Prevention Education Program – 5 to 18 sessions
- Secondary – Prevention Invention Program – 12 to 20 sessions
- Tertiary – Prevention Treatment Program – 15 to 27 sessions
- Comprehensive Programs – 27 to 55 sessions

Each partnership will be required to demonstrate its successful, long-term retention of 75% of its clients across their pre-determined program duration.

Home Visitation & Group Based Interventions

- Programs shall offer group-based or individualized interventions weekly. The duration of the services will vary based on the above specified model that is determined at the time of intake. Group sessions shall last from 1.5 hours to 3 hours, and individualized sessions that shall last from 50 to 90 minutes.
- Services participating families receive are based on the initial intake assessment and which program model is chosen for the family. If the family is on the waiting list for services, they will be directed to other program services offered by the Partnership.
- Services will be offered in the home for home visitation and outside of the home for group-based or individualized services. At a family's discretion and supervisor approval virtual and telecommunication visits will also be considered acceptable and count as a home visit.
- The Nurturing Parenting Program Curriculum will be utilized for all program services.
- All Nurturing Parenting Program data for Group sessions curricula shall be entered into the FSDC client database system within 7 days of completion.

Data Flow Map



Data Submission and Minimum Requirements

Targeting Clients At – Risk of Early School Failure	Risk Factors	**100% of families** must possess at least one risk factor **At least 60% of families** should have two (2) or more of the readiness risk factors	Data should be entered within **5 days** of a family's enrollment.	**Report** Risk Factors Report
Additional Targeting Criteria	Family Eligibility	Families with children prenatal up to five years of age will be provided services.	Data should be entered within **5 days** of a family's enrollment.	**Report** N/A
Client Retention	Home Visitation & Group Meetings	**At least 75%** of families shall complete pre-determined program duration.	N/A	**Report** Retention Report
Service Delivery	Home Visitation	**Programs shall offer home visits twice each month that shall last from 50 to 90 mins.**	Data shall be entered within **7 days** of the home visit.	**Report** Parenting Intensity Summary

	Group Meetings	**Data Required** 6. # Group Meetings 7. Total Attendance 8. Enrollee Attendance 9. Guest Attendance 10. Curriculum Topic **Group Frequency and Duration** • Primary – Prevention Education Program – 5 to 18 sessions • Secondary – Prevention Invention Program – 12 to 20 sessions • Tertiary – Prevention Treatment Program – 15 to 27 sessions • Comprehensive Programs – 27 to 55 sessions	Data shall be entered within **7 days** of the group meeting. If the Partnership has identified an individual responsible data entry, data must be submitted to the Partnership within **7 days**.	**Report** Total Attendance - Case Data Entry Screen To isolate enrollee attendance run the Group Meeting Detail Report.
Developmental Screenings	Ages and Stages 3 (ASQ-3) Ages and Stages SE-2 (ASQ:SE2)	**Minimum Requirement** ASQ-3 = 80% ASQ:SE2 = 80%	Data should be entered within **7 days** of developmental screening.	**Report** ASQ Report
Connections	"Referrals"	**70%** of families served must have at least one successful connection per program year. To determine the number of successful connections, home visitors must follow-up on initial referrals **within 10 days.**	Data should be entered within **7 days** of initial referral and within **7 days** of follow-up.	**Report** Connection Detail Report
Goal Setting and Progress Monitoring	Group Meetings & Home Visitation	All program staff shall develop and complete for each a well-documented **Family Goal Plan by session 4** of the group-based, and/or the home visitation sessions.	N/A	**Report** N/A Partnerships must keep records on site.
Integrated Service Delivery	Group Meetings & Home Visitation	Partnerships shall utilize the Nurturing Skills Competency Scale to assess each family.		
Assessments	Adult-Adolescent Parenting	Home visitors and group facilitators must assess	Data must be entered within **7**	**Report** Other Assessments Report

	Inventory (AAPI)	**at least 75%** parents using the AAPI.	**days** of AAPI assessment.	
	Nurturing Skills Competency Scale (NSCS)	Home visitors and group facilitators must assess **at least 75%** parents using the NSCS.	Data must be entered within **7 days** of NSCS assessment.	**Report** Other Assessments Report
Client Level Data	Client demographic data includes names, birthdates, gender, ethnicity, Medicaid numbers, and proof of consent.	Client demographic data is used to measure total enrollment. Total Enrollment = Number of children, adults, and families	Data should be entered within **5 days** of a family's enrollment.	**Report** Case Visit Summary and Projected to Serve

Appendix 5

Data Entry Guidance for Supporting Care Providers through Visits

Supporting Care Providers through Visits (226)

Evidence-Informed Strategy

Evidence Informed Strategy

The goal of Supporting Care Providers through Visits (SCPV) is to give care providers research-informed information and evidence-informed practices that are supportive and educational.

Care providers – those who are with children while their parents work or who step in when parents are otherwise unable to care for their children – play a critical role in the healthy development of children.
To ensure model fidelity Local Partnerships operating the SCPV program can use the South Carolina First Steps SCPV Program Guideline. Program implementation and data entry requirements are both included.

Unit of Delivery = Providers

Questions, concerns, and operational supports will be handled by:

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Inputs

- Family client demographic data
- Visits
- Group connections
- Program referrals
- Connections to services
- Developmental screenings
- FCCERS Assessment (FSDC)
- Pre and post surveys (Electronic Record)
- Risk factors (at least 1 = 100%; at least 2 = 60%)

Monitoring

Local First Steps Partnerships shall monitor progress of each provider and ensure model fidelity with: Cases Visit Summary and Projected to Served, Parenting Home Visit Intensity Summary, Group Meeting Detail (Case Data Entry), Connection Detail, ASQ, Assessment Entry Screen, and Risk Factors Reports

Data Flow Map