



Charleston County First Steps Partnership

Fiscal Year 2008 Annual Report

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Children in county under age 6:
27,763

**Children under age 6
living in poverty:** 8.7%

Charleston County Highlights

- 304 child development assessments completed
- 1584 families and 1737 Children served
- 72% ESOL adult participants improved at least one education functioning level
- Over 150 center staff trained (unduplicated)
- 2,690 books distributed to children in our community

EXECUTIVE DIRECTOR'S MESSAGE

Charleston County First Steps Partnership is proud to share this year's accomplishments in working to improve the quality of early childhood programs in our community. We continue to pursue ways to engage the community at large in this effort. Our ultimate goal is to address the needs of the whole family, and ensure our children arrive at school healthy and ready to learn.

Our philosophy is one of continuous quality improvement as community needs and socio-technological dynamics change. Throughout the year we administered best practice assessment tools to measure the outcomes for all of our programs.

Charleston County First Steps is experiencing healthy mission momentum in the midst of a global awakening to the importance of early childhood education. Monitoring the impact we make on the lives of the children and families, has always been our #1 priority. We are more equipped than ever to identify the difference we make in our community with this year's intensive focus on data collection and reporting. The telling outcomes enable us to focus our work on center-level, child- and family-specific needs, guided by our overarching purpose, to help children get ready for and thrive in school and in life.

Yours in service,

James Ella Collins, Executive Director
Charleston County First Steps

First Steps to School Readiness Strategy Areas

The First Steps initiative approaches children's school readiness needs in five ways:

Family Strengthening: A parent is a child's first and best teacher. First Steps works to help parents become the best parents they can be. First Steps also helps parents further their own education.

Healthy Start: Children's development and ability to learn are profoundly impacted by their health in the earliest years. First Steps works to help families understand children's health needs through education and screenings while also working to help them access needed health services.

Quality Child Care: Quality child care provides immediate and long-term learning benefits for children. First Steps works to expand the availability of quality child-care to families and to enhance the level of quality in existing child-care environments.

Early Education: Research shows that children who participate in high-quality preschool classes are more likely to start school ready to learn, as well as be more successful later in life. First Steps works to expand high-quality 3-year-old and 4-year-old kindergarten opportunities in public and private settings.

School Transition: The transition into kindergarten is a critical time that sets the tone for children's perspectives about the school years, as well their parents' perspectives. Making a strong initial connection between school and home -- and supporting both parents and students during this transition time -- has been shown to impact students' later school success and parents' later involvement during the school years.

2007-08 County Partnership Programs by Strategy

FAMILY STRENGTHENING.

PARENTS AS TEACHERS

Program description: *Parents As Teachers (PAT) is a strength model program. It helps parents to understand what is expected in each stage of development. It offers practical tips on ways to encourage learning, manage challenging behavior, and promote positive parent-child relationships, thereby, improving parenting skills. It is an effective way to refer children to early intervention services: physical, developmental, social and emotional. Each parent educator visits their families a minimum of twice a month and receives staff development by attending various trainings. All First Steps Parent Educators are nationally certified by the Parents As Teachers Program, and use the Born to Learn Curriculum (birth to age five). The parent educators also use the Ages and Stages Questionnaire, KIPS and ACIRI assessment tools. Developmental progress data is kept on all children in the program. Parents are also required to attend group meetings.*

KIPS Assessments – Keys to Interactive Parenting Scale (KIPS) is an assessment tool that **focuses on the parents’ ability to interact with their infants, toddlers or preschoolers. Each score is based on the parent’s ability to relate and interact with the child while participating in a family-fun activity. The assessment indicates the strengths and the areas that need improvement.** The scores are rated from 1-5, with the score of 5 indicating that the parent is facilitating a positive environment for the child(ren) in the home.

ACIRI Assessments - Adult-Child Interactive Reading Inventory (ACIRI) is an assessment tools that helps **focus on the literacy and comprehension skills of the child. The ACIRI is comprised of three categories: (1) enhancing attention to text, (2) promoting interactive reading, and (3) supporting comprehension skills and using literacy strategies. The ACIRI assessment tool helps establish the reading relationship between the child and parent.**

Scoring

- 0 = no evidence of the behavior (0 times)
- 1 = behavior occurs infrequently (1 time)
- 2 = behavior occurs some of the time (2-3 times)
- 3 = behavior occurs most of the time (4 or more times)

ASQ Screenings - Ages and Stages Questionnaire Screening is mainly used to identify developmental delays.

PARENT AS TEACHERS – PROGRAM RESULTS

Objective #1	Outcome	Output(s)
To improve parent child interaction by better understanding the developmental stages of a child	<p>3.14 was the average Pre score for KIPS (scale 1-5) 3.72 was the average Post score for KIPS .58 was the average gain difference .5 was the average matched difference</p>	<p>113 families (cases) served 162 children served</p> <p>80 family cases w/Pre-KIPS assessments</p> <p>52 family cases w/ Pre/Post KIPS Match</p>
Objective #2	Outcome	Output(s)
To improve the literacy behaviors such as enhancing attention to text, promoting interactive reading and supporting comprehension, and using literacy strategies.	<p>1.73 was the average Child Pre score for ACIRI (scale 0-3) 2.49 was the average Child Post score for ACRI .76 was the average Child gain difference .67 was the average Child matched difference</p> <p>1.73 was the average Adult Pre score for ACIRI (scale 0-3) 2.5 was the average Adult Post score for ACRI .77 was the average Adult gain difference .72 was the average Adult matched difference</p>	<p>56 family cases w/Pre-ACIRI assessments 38 family cases w/Pre/Post ACIRI Match</p>
Objective #3	Outcome	Output(s)
To maintain an adequate success rate for attempted home	86% of attempted home visits were successful	1349 successful visits conducted (of 1563 attempted visits)

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visits		
Objective #4	Outcome	Output(s)
To meet the Parenting Program Standard requirements	<p>66.37% of families met the minimum frequency requirement for home visits (2 visits per month)</p> <p>95.58% of families met the minimum duration requirement for home visits (45 minutes minimum)</p>	<p>1.68 average visits per family, per month, exceeding program standard of 1.5 visits per month</p> <p>1.06-hr, average home visit, exceeding Program Standard of 45-minutes per visit</p>
Objective #5	Outcome	Output(s)
To identify developmental delays and connect children to services	<p>33% of children who move from being delayed in at least 1 area at the initial assessment to no delays in follow up assessments.</p> <p>33% of children who have no delays after 6 months in the program.</p> <p>11% of children who have no delays after 12 months in the program.</p> <p>77% of identified children were referred for specific delays.</p>	<p>9 identified delays at initial assessment.</p> <p>3 children identified delayed in at least 1 area at the initial assessment to no delays in follow up assessments.</p> <p>3 children who have no delays after 6 months</p> <p>1 children who have no delays after 12 months.</p> <p>7 children were referred for specific delays</p>

Our records indicate 14 children did not show improvement because: parents left program early, depending on when they entered the program some follow ups would not have been scheduled until this physical year.

ENGLISH SPEAKERS OF OTHER LANGUAGES

***Program description:** Focus on the geographic areas that show the greatest concentration of non-English speaking residents that are not served by other ESOL programs. These are families with low English proficiency and/or low literacy in their native language. Classes are held in places convenient for participants to reach at times they are most likely to be able to attend. Child Development classes are held simultaneously with adult ESOL classes, and time is provided for parent/child interaction and language practice. The classes are designed to teach a focused set of skills, e.g. listening comprehension, speaking, reading and writing in functional context.*

ESOL – PROGRAM RESULTS

Trident Literacy Association

Objective #1	Outcome	Output(s)
To improve English literacy for adults	<p>29% of adults improved at least one educational functioning level. The remaining students made positive gains within the literacy beginning level averaging over 130 points.</p> <p>0% of adults were proficient in English oral skills showed an increase of at least one or more</p>	<p>86 families served</p> <p>86 adults served</p> <p>91 children served</p> <p>16 adults improved at least one functioning level.</p>

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	educational functioning level as measured by TABE. (Some students were not eligible to be tested for TABE.)	
Objective #2	Outcome	Output(s)
To improve English literacy for children	<p>97% of children improved their PPVT scores</p> <p>50% of pre-tested children portrayed vocabulary skills falling below skills of a 2 year old.</p> <p>15% of the post-tested children remained below a 2 year old level</p> <p>86% out of those children made substantial gains to improve their skills above a 2 year old level.</p> <p>3.02 Average gain percentile points, from 4.78th to percentile to the 7.8th</p>	<p>33 children were pre and post tested</p> <p>32 children improved in scores</p> <p>19 children pre tested portrayed vocabulary skills falling below skills of a 2 year old</p> <p>5 children post tested remained below a 2 year old level</p> <p>28 children made substantial gains to improve their skills above a 2 year old level</p> <p>1 Speech Pathologist referral</p>
Objective #3	Outcome	Output(s)
Children meet literacy milestones that ensure school readiness	100% children mastered 10 of 20 literacy milestones (Pre-K Checklist)	32 children mastered literacy milestones
Objective #4	Outcome	Output(s)
To identify developmental delays and connect children to services	<p>89% of children moved from being delayed in at least 1 area at the initial assessment to no delays in follow up assessments.</p> <p>11% of identified children were referred for specific delays.</p>	<p>9 identified delays at initial assessment.</p> <p>8 children identified delayed in at least 1 area at the initial assessment to no delays in follow up assessments.</p> <p>1 child was referred for specific delay.</p>

88% of our adult students represented at the beginning ESL literacy level. This indicates that **88%** of our students function at a low level. They recognize simple signs and phrases; however, they are unable to build fully functional sentences. According to the center of Applied Linguistics, on average, a person will show a functional level gain after receiving between 60 to 100 hours of instruction. The new test is a computerized adaptive test that measures listening comprehension, language complexity and communication. It requires students to use full sentences and fairly complex language while describing pictures or answering questions introduced orally.

It is exceptionally hard to move from the beginning literacy level to low beginner. This level has a span of 400 points. It is highly unlikely for someone who received on average 47 hours of instruction to move from one level to the next.

All our beginning literacy students made positive gains within a level by scoring 132 points, on average, above their pre-test score.

ESOL – PROGRAM RESULTS, CONTINUED
Charleston County School District

Objective #1	Outcomes	Output(s)
To improve English literacy for adults	<p>73% of adults improved at least one educational functioning level. (16 of 22)</p> <p>100% of adult who were proficient in English oral skills showed an increase of at least one or more educational functioning level as measured by TABE. (3 of 3)</p>	<p>27 families served 27 adults 39 children</p> <p>16 adults improved at least one educational functioning level (BEST)</p> <p>3 adults improved at least one educational functioning level (TABE)</p>
Objective #2	Outcomes	Output(s)
To improve English literacy for children	<p>75% of children improved their PPVT scores</p> <p>17% of pre-tested children portrayed vocabulary skills falling below skills of a 2 year old.</p> <p>50% of the post-tested children remained below a 2 year old level</p> <p>50% out of those children made substantial gains to improve their skills above a 2 year old level.</p> <p>8.91 Average gain percentile points, from 13th to percentile to the 21.9th percentile.</p>	<p>12 children were assessed 9 children improved their scores 2 children pre-tested vocabulary skills below a 2 yr. old.</p> <p>1 child post-tested vocabulary skills below a 2 yr. old.</p> <p>1 children scored above a year old level</p> <p>869 books were distributed</p>
Objective #3	Outcomes	Output(s)
Children meet literacy milestones that ensure school readiness	<p>100% children mastered 10 of 20 literacy milestones (Pre-K Checklist)</p>	<p>32 children mastered literacy milestones</p>
Objective #4	Outcomes	Output(s)
To identify developmental delays and connect children to services	<p>25% of the children showed an improvement in one or more developmental areas as identified by the Ages and Stages Questionnaire.</p> <p>25% of identified children were referred for specific delays.</p>	<p>4 developmental delays identified</p> <p>1 Speech Pathologist referral 1 child identified with specific delays.</p>

CHARLESTON COUNTY SCHOOL DISTRICT FAMILY LITERACY

Program description: *This strategy was a full family literacy model including the following four components: Parenting, Interactive Literacy, Adult Education and Early Childhood Education. The Motherhead curriculum was used for child literacy, which includes parent/child time (literacy development, building on their own strengths, discovering new resources, exploring strategies to support child literacy development). The early childhood component was also offered during the times parents were in class. Charleston County School District Adult Education Department provided the adult education component. Goodwin was a full Family Literacy model. Our Goodwin ESOL classes were held at Cross Community Church. A bilingual parent educator provided parenting to the Hispanic population at the Family Literacy – Goodwin site. The ESOL families also participated in the Interactive Literacy component of Family Literacy. The measurement tools for Family Literacy was the TABE for adult education, the Peabody Picture Vocabulary Test for the children.*

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Objective #1	Outcomes	Output(s)
Adults complete their GED/high school equivalency	20% adults received their GED	30 families were served 31 adults 43 children 6 adult GEDS were obtained
Objective #2	Outcome(s)	Output(s)
To improve English literacy for adults	50% of adults improved at least one educational functioning level. (TABE)	24 adults were assessed 12 adults improved their score.
Objective #3	Outcome(s)	Output(s)
To improve English literacy for children	<p>87.5% of children improved their PPVT scores</p> <p>0% of pre-tested children portrayed vocabulary skills falling below skills of a 2 year old.</p> <p>0% of the post-tested children remained below a 2 year old level</p> <p>83% out of those children made substantial gains to improve their skills above a 2 year old level.</p> <p>14.38 Average gain percentile points, from 28th to percentile to the 42.38th percentile. These children improved their test score from the moderately low range to the average low range during the program year indicating growth in vocabulary skills.</p>	<p>8 children were assessed 7 improved their scores</p> <p>2 children pre-tested vocabulary skills below a 2 yr. old.</p> <p>1 child post-tested vocabulary skills below a 2 yr. old.</p> <p>18 children scored above a year old level</p> <p>527 books were distributed to program participants</p>
Objective #4	Outcome(s)	Output(s)
To identify developmental delays and connect children to services	<p>35% of the children showed an improvement in one or more developmental areas as identified by the Ages and Stages Questionnaire.</p> <p>5% of identified children were referred for specific delays.</p>	<p>1 developmental delays identified</p> <p>1 child identified with specific delays.</p>

HEALTHY START.

PEDIATRIC HOME-BASED SERVICES

Program description: *To expand the service capacity for home health visitation to families with children birth to two years old. Collaborative efforts will take place with community healthcare providers, parents and other community agencies. Service deliverables during the home visits include early prevention and intervention, developmental stimulation, recognizing children with special needs, parent and infant interactions, cognitive and language development, increasing basic health related parenting skills, and negotiating the healthcare system. Coordination of related services throughout the county was achieved.*

Keys to Caregiving - The **Keys to Caregiving Program** provides important information about infant behavior, how it impacts caregiving, and how it can help professionals translate this knowledge to parents. This program is designed to teach you about the competencies and capabilities of the newborn infant, their effect on caregiver-infant interaction, and ways to effectively share this knowledge with parents and other caregivers. The Keys to Caregiving Program:

- Builds confidence and competence in parents/caregivers' care of their infants
- Increases caregivers knowledge of the infant's amazing capabilities
- Helps identify strengths and challenges in parenting/caregiving abilities

Keys to Caregiving is designed for all levels of health care professionals working in the community, as well as being directly offered to families pre and post nately. This program is being used with families, paraprofessionals and professionals in many settings, including prenatal classes, child health clinics, home visiting, university curriculums, parenting classes and other community programs.

PEDIATRIC HOME-BASED SERVICES – PROGRAM RESULTS

Objective #1	Outcomes	Output(s)
To increase parental knowledge in child development	100% of parents increased their knowledge by 50% in child development	168 families were served 158 adults were served 197 children were served 148 Ages and Stages Questionnaires were given to parents 74 Keys to Care giving were given to parents 103 home visits were conducted by registered nurses
Objective #2	Outcomes	Output(s)
To increase parental knowledge about signs and symptoms of illness	44% of parents named at least 3 common signs of illness and can articulate how to respond to each 90% of children received scheduled immunizations	168 families were linked to a medical home
Objective #3	Outcomes	Output(s)
To identify developmental delays and connect children to services	96% of children moved from being delayed in at least 1 area at the initial assessment to no delays in follow up assessments. 96% of children who have no delays after 6 months in the program. 96% of children who have no delays after 12 months in the program. 1% of children referred for specific delays.	23 identified delays at initial assessment 22 children who have no delays after 6 months 22 children who have no delays after 12 months. 1 children were referred for specific delays

QUALITY CHILD CARE.

Facility Quality Enhancement

Program description: *Designed to increase the knowledge and skill sets of child care providers. It enhances program capacity through direct observation of program practices. Next, program enhancement plans are developed. CCFS assesses classrooms and centers utilizing the ITERS/ECERS/ FDCRS, the results of which are used to guide development of an Individualized Improvement and Technical Assistance Plan for each classroom. Technical assistance is provided to the teacher and director. Once all classrooms are assessed, each facility will be provided an overall plan.*

The goal is to increase the number of child care centers that move from one level to next, with the ultimate goal of becoming NAEYC accredited. Participating child care centers receive materials and supplies for the classroom, and technical assistance based on their compliance with program criteria and documented needs. Appropriate materials and supplies are ordered to meet the classroom needs.

A lending library has been in place for several years to assist in the professional development of child care providers. The library consists of resource materials; for example, administration and management, curriculum, activities, assessments, inclusion, diversity, child growth and development, ages and stages, and family child care.

ITERS/ECERS/FDCRS Assessments – Environmental Rating Scales used to assess the learning environment to promote developmentally appropriate practices. **ITERS** (Birth to 30 months); **ECERS** (30 to 60 months); and **FDCRS** (multiple ages).

FACILITY QUALITY ENHANCEMENT— PROGRAM RESULTS

Objective #1	Outcome	Output(s)
Enhance the quality of child care offered by child care providers	<p>61% of classrooms with a pre and post test who showed ANY improvement in the average item score.</p> <p>22% of classrooms where the average item score change was greater than 1.0, which is considered significant.</p> <p>33% of classrooms, by subscale had an average score change of .5 or more on a subscale, which is considered significant</p>	<p>18 classrooms were pre and post assessed.</p> <p>11 classrooms with a pre and post test showed some improvement in the average item score.</p> <p>4 classrooms where the average item score change was greater than 1.0, which is considered significant.</p> <p>6 classrooms, by subscale had an average score change of .5 or more on a subscale, which is considered significant</p>
Objective #2	Outcome	Output(s)
To enhance the learning environment to promote developmental	<p>3.82 Average ITERS Pre Score</p> <p>4.15 Average ITERS Post Score</p> <p>On average, participants with both pre- and post-cores showed a 23.82% improvement</p>	<p>13 ITERS Pre Assessments</p> <p>13 ITERS Post Assessments</p>

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practices	<p>4.32 Average ECERS Pre Score 4.85 Average ECERS Post Score On average, participants with both pre- and post-cores showed a -1.39% regression (most centers represented in these scores did not order supplies recommended in their improvement plans)</p> <p>5.65 Average FDCRS Pre Score 6.59 Average FDCRS Post Score On average, participants with both pre- and post-cores showed an 8.85% improvement</p> <p>Overall Environment Rating Scale Results: 4.45 Average Pre ERS Score 4.62 Average Post ERS Score .17 ERS Change (Pre-to-Post)</p>	<p>8 ECERS Pre Assessments 6 ECERS Post Assessments</p> <p>2 FDCRS Pre Assessments 1 FDCRS Post Assessments</p>
Objective #2	Outcome	Output(s)
To provide Technical Assistance to center staff		<p>745 children enrolled</p> <p>460 total TA visits provided</p> <p>2.86 average TA visit per month, exceeding 2-hour program standard</p> <p>807.5 Total TA Hours provided for all centers</p> <p>96 hrs. Average TA hours per site.</p> <p>105.33 Average TA Duration per Visit (minutes), exceeds the 45 minute standard monthly requirement</p>
Objective #4	Outcome	Output(s)
Children meet developmental milestones that ensure school readiness	94% of children who make progress in at least 1 of the areas identified where the child is not meeting a milestone on the ELAP or LAP3.	304 children assessed

ELAP – The Early Learning Accomplishment Profile (ELAP) for developmentally young children is an assessment that covers birth to 36 month age range. This assessment assists teachers, clinicians, and parents in assessing individual skill development in six domains of development: gross motor, fine motor, cognitive, language, self-help, and social emotional.

LAP-3 – The Learning Accomplishment Profile-Third Edition (LAP-3) is an assessment that covers 39 to 72 month age range. Like it’s predecessors, the purpose of the LAP-3 is to assist teachers, clinicians, and parents in assessing individual skill development in seven domains of development: gross motor, fine motor, pre-writing, cognitive, language, self-help, and personal/social.

ELAP/LAP3 AVERAGE OUTCOMES – (17 FQE Centers)

Average ELAP

DOMAIN::	Gross Motor	Fine Motor	Cognitive	Language	Self Help	Social Emo
Pre Test	88.64	75.84	70.53	68.81	65.63	83.85
Post Test	91.43	81.83	75.12	74.25	72.64	75.37
Gain/Loss	3.15	7.90	6.51	7.91	10.68	-10.11

Average LAP3

DOMAIN::	Gross Motor	Fine Moto	Pre-Writing	Cognitive	Language	Self Help	PersSocial
Pre Test	72.25	70.45	56.33	43.46	47.58	73.47	78.47
Post Test	82.11	82.53	72.38	57.63	61.48	85.37	88.21
Gain/Loss	13.64	17.15	28.49	32.60	29.21	16.20	12.40

**CENTERS OF EXCELLENCE
ELAP/LAP3 AVERAGE OUTCOMES – (4 FQE Centers)**

DOMAIN::	Gross Motor	Fine Motor	Cognitive	Language	Self Help	Social Emo
Pre Test	83.98	72.29	65.18	63.38	58.17	78.03
Post Test	93.13	83.82	76.06	74.28	69.89	89.09
Gain/Loss	17.64	15.94	16.68	17.19	20.14	14.17

DOMAIN::	Gross Motor	Fine Moto	Pre-Writing	Cognitive	Language	Self Help	PersSocial
Pre Test	64.35	66.85	56.58	41.98	45.86	75.34	74.66
Post Test	75.70	78.88	67.57	54.88	57.86	83.92	85.39
Gain/Loss	17.64	17.99	19.41	30.74	26.17	11.40	14.38

CENTER STAFF TRAINING & DEVELOPMENT

Program description: *This strategy will increase the availability and improve the accessibility of child care training for providers in Charleston County. The purpose of the trainings is to enhance the provider’s knowledge of children’s growth and development. Financial assistance will be provided for special trainings. Caregivers are also provided with information about the TEACH program, and are encouraged to pursue an Early Childhood Education credential or an Associate in Early Education. Center Staff Training and Development provides ongoing staff development to assist providers in meeting DSS training requirements, increasing the knowledge of child care workers and improving the quality of programs offered in participating child care facilities.*

CENTER STAFF TRAINING & DEVELOPMENT – PROGRAM RESULTS

Objective #1	Outcome	Output(s) (if applicable)
To provide Best Practices staff development and training to child care center staff	<p>85 % of attendees rated the training workshops as “useful” or “very useful”</p> <p>89% of attendees reported that they will use the information provided during the training workshops in the classroom.</p>	<p>8 Trainings Provided</p> <p>26.5 Average number of training hours received per center</p> <p>5 Directors Forums Conducted</p> <p>309 Total Attendance</p> <p>140 County Teachers from QE/601 facilities</p> <p>170 County Teachers from non QE facilities</p>

CHILD CARE SCHOLARSHIPS
Program description: *Provides subsidies for quality child care programs to eligible families and their children. The scholarships increased the availability of affordable childcare to parents who work or are in school full-time. The scholarships can only be used at our Centers of Excellence. These families are participants in our programs. Renewal for the scholarships are made available each year as long as the family remains in the program and continues to meet the qualifications.*

CHILD CARE SCHOLARSHIPS-PROGRAM RESULTS

Objective #1	Outcome	Output(s) (if applicable)
To provide access to childcare scholarships	83% of the children remained in child care the entire year after enrollment.	30 childcare scholarships were funded

EARLY EDUCATION.

S.C. CHILD DEVELOPMENT EDUCATION PILOT PROGRAM (CDEPP)
Program description: *CDEPP offers state-paid tuition of 4-year-old kindergarten classes to eligible students living in the 3 trial and plaintiff school districts involved in the school funding equity lawsuit, Abbeville et al. vs. South Carolina. First Steps oversees CDEPP 4K classes offered in non-public school environments. To qualify for state-paid tuition, a student’s family must qualify for TANF or free/reduced-price lunch, be 4 years old by Sept. 1, 2007, and live in an eligible school district. Three centers in Charleston County participate in the CDEPP program as a geographically contiguous county, serving a number of children who reside in Berkeley County, one of the 37 trial and plaintiff school districts.*

CDEPP Providers were: **Foster Learning Center**
West Ashley Learning Hub
Sunshine House #29

CDEPP – PROGRAM RESULTS

Objective #1	Outcome	Output(s) (if applicable)
To expand childcare centers providing CDEPP 4K classes		23 children served 3 providers were approved to offer CDEPP 4K classes

SCHOOL TRANSITION.

COUNTDOWN TO KINDERGARTEN

Program description: *The partnership will identify eighty (80) students through a simple screening tool. State Certified kindergarten teachers serve 10 students each over the 8-week period. Eligible students receive 2 personal contacts each week by a certified Kindergarten teacher over an eight-week period, with focused learning activities designed to prepare children and their families for classroom success. Participating families will receive a CCFS supplied “Kindergarten Tool Kit” (back pack) from their teacher. The teacher helps parents assist children with activities necessary for Kindergarten.*

COUNTDOWN TO KINDERGARTEN – PROGRAM RESULTS

Objective #1	Outcome	Output(s) (if applicable)
To prepare rising kindergarteners for grade school	100% of children completed all 8 weeks of visits (one of the highest in the state).	80 children served 80 book bags (tool kits) filled with educational materials and supplies provided.
Objective #2	Outcome	Output(s) (if applicable)
To improve parent-child interactions	16% changed before/after parental involvement: <ul style="list-style-type: none"> • <i>Having a conversation with their child</i> • <i>Reading/listening to their child read a book</i> • <i>Visiting the library with their child</i> • <i>Talking about letters, words or numbers with their child</i> 	75% qualified for free lunch 5% qualified for reduced lunch

Financial Summary

Expenditures by Funding Source			
State Appropriation.	\$906,058	State Private	\$6,366
E.I.A. Appropriation	\$60,547	Local Private	\$30,789
Lottery Appropriation	\$	Federal	\$
C.D.E.P.P. Appropriation	\$109,454	In-Kind	\$153,759
C.O.E. Appropriation	\$		



Expenditures by Program/Strategy Name	
Parents As Teachers	\$ 166,561
ESOL - TLA	\$ 39,998
ESOL - CCSD	\$ 12,594
Family Literacy - CCSD	\$ 116,767
Countdown to Kindergarten	\$ 7,900
Childcare Quality Enhancement	\$ 132,878
Childcare Training & Prof. Dev. - Charleston	\$ 45,230
Scholarship Initiative - COE	\$ 109,889
Home-Based Services - DHEC	\$ 103,570
Indirect Programmatic Functions	\$ 119,326
Administrative Functions	\$ 51,345
GRAND TOTAL	\$ 906,058

NOTABLE DONORS

<i>DONOR'S NAME</i>	AMOUNT
Rebate from new laptop	\$ 200
Law Firm (In Kind)	\$ 162
TOTAL:	\$ 362

Local Match Percentage for FY 2008: 21.07%
(at least 15% Legislative requirement)

COUNTY PARTNERSHIP BOARD OF TRUSTEES

Caroline Banis, DHEC Appointment
Gloria Bell, Legislative Appointment
Gwendolyn Bennett, Legislative Appointment
Timothy Bowman, Faith Community
Dena Davis, Family Education, Training, and Support Provider
Cecil Diggs, Faith Community
Phyllis Ford, School District Appointment
Jodi Gibson, Early Childhood Education
David Humphreys, Business Community
Julie Hussey, Parent of Preschooler
Dianna Inman, Health Care Provider
Mamie Johnson, DSS Appointment
Glennett Jowers, Early Childhood Education
Jennifer Liberatos, Child Care & Early Childhood Education (Board Chair)
Amanda Nairn, Pre-K through Primary Educator
Georgina Ngozi, Early Childhood Education
Roberta Pinckney, Family Education and Training
Lorraine Powers, Legislative Appointment
Kathy Simon, Health Care Provider
Cassie Stegman, Pre-K through Primary Educator
Catherine Threadgill, Library Appointment
Anthony Vandross, Transportation
Iroasha Washington, Parent of Preschooler
Barbara Zia, Business Community

COUNTY DATA SNAPSHOT

In FY08, First Steps County Partnerships statewide made it a priority to become increasingly data-driven. County Partnerships successfully began using powerful new components of the First Steps data system, and County Partnerships also utilized data in new ways to drive their FY09 program plans. In addition to enhanced program data tracking, County Partnerships are also focusing on the best available data about children and families to best understand their communities' needs. At the end of FY08 and the beginning of FY09, County Partnerships began an extensive analysis of this data, including data about the risk factors known to impact children's potential school success, such as low birth weight, teen mothers, and families living in poverty. A county-level risk data report is included in the subsequent pages of this report.

Your 2008 School Readiness Risk Profile will be inserted by OFS after this section. For your reference, a PDF of this risk profile was sent to you along with your Annual Report Template

2008 School Readiness Risk Profile

Charleston County

Total Children Under Six: 27,763

CHILD POVERTY (Children in Families Receiving TANF Benefits)

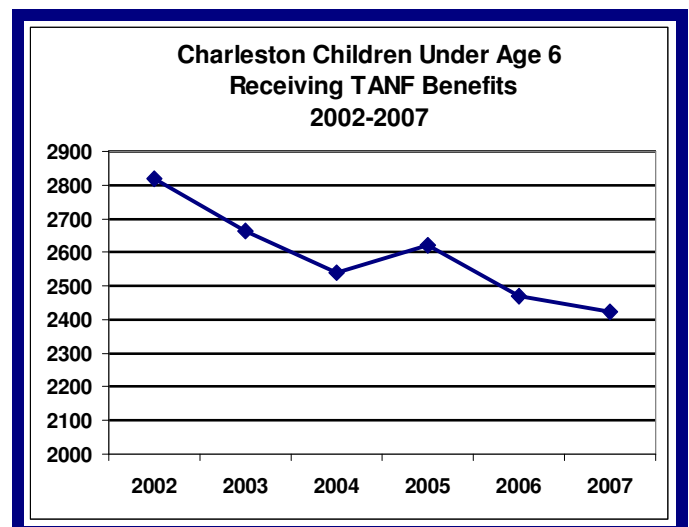
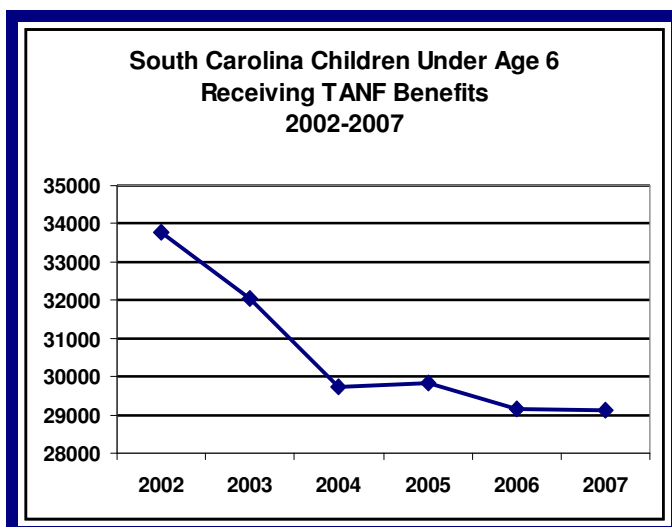
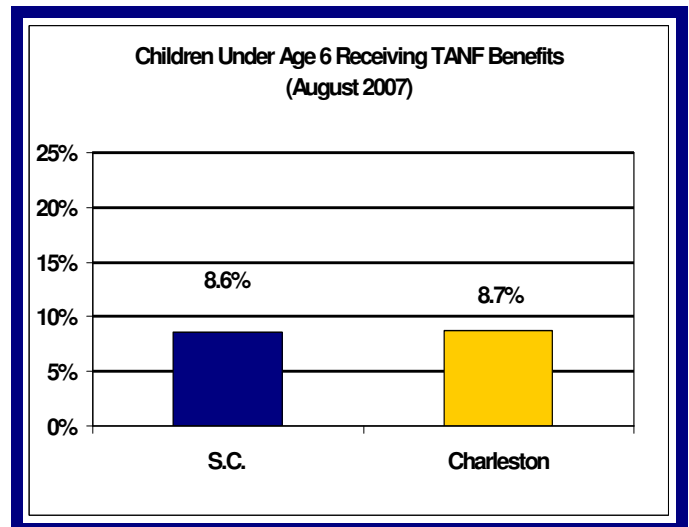
Statewide Average (2007): 8.4%

Charleston County (2007): 8.7%

Fast Fact: Roughly 1 in 11 Charleston County children has an annual family income equivalent to \$10,325 (or less) for a family of four. A recent statewide analysis suggests that 45% of these children will be retained or score at the “below basic” level (PACT) by third grade.

Children in deep poverty often face a wide variety of school readiness obstacles, ranging from inadequate prenatal care and nutrition to low maternal education.

2,421 of Charleston County’s 27,763 children under age 6 received federal Temporary Assistance for Needy Families (TANF) benefits during 2007, indicating a family income at or below 50% of the federal poverty definition.



2008 School Readiness Risk Profile

Charleston County

Total Children Under Six: 27,763

CHILDREN AT LOW BIRTH WEIGHT (Less Than 5.5 lbs.)

Statewide Average (2005): 10.2%

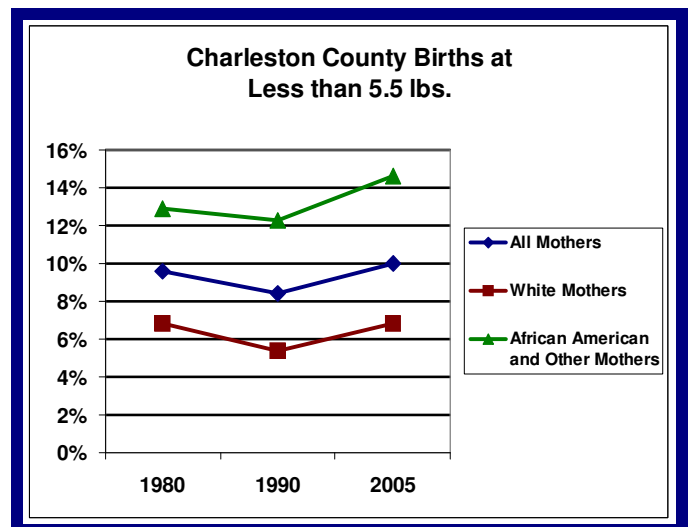
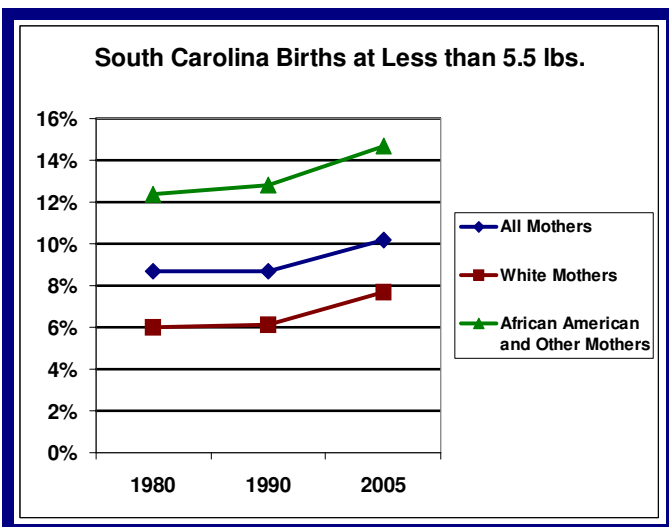
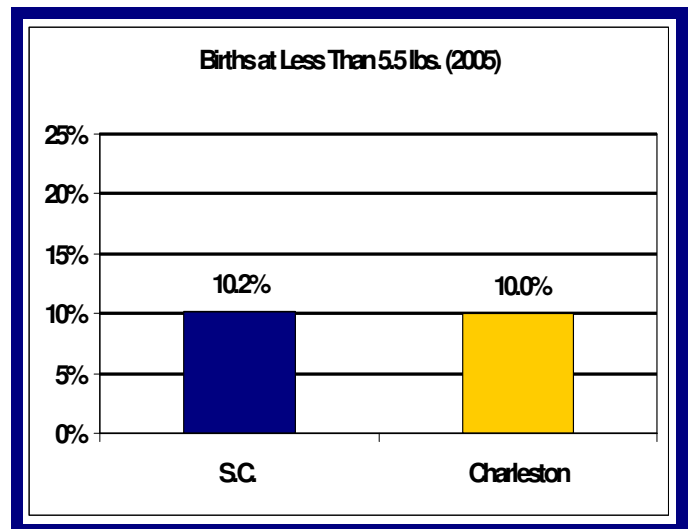
Charleston County (2005): 10.0%

Fast Fact: 1 in 10 Charleston County children is born at a weight less than 5.5 lbs. A recent statewide analysis suggests that at least one-third of these children (36%-52% depending on weight category) will be retained or score at the "below basic" level (PACT) by third grade.

Babies born at low weights are often prone to developmental delays associated with early academic failure.

Many have received inadequate prenatal care and suffer from significant health complications.

480 of the 4,798 children born in Charleston County during 2005 weighed less than 5.5 lbs.



2008 School Readiness Risk Profile Charleston County

Total Children Under Six: 27,763

BIRTHS TO TEENAGE MOTHERS

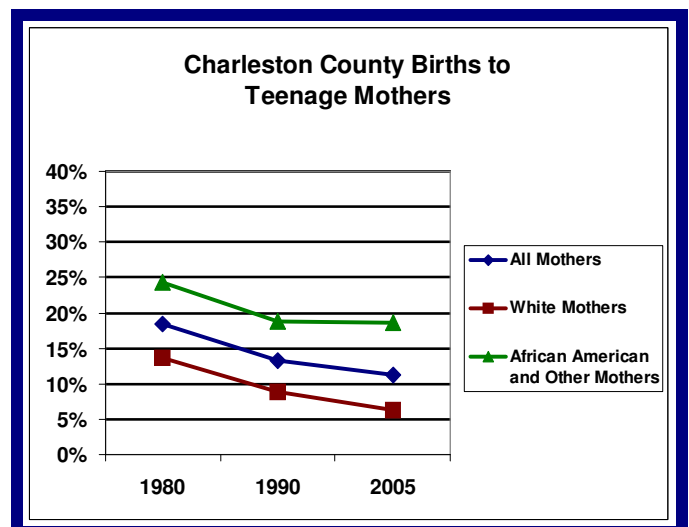
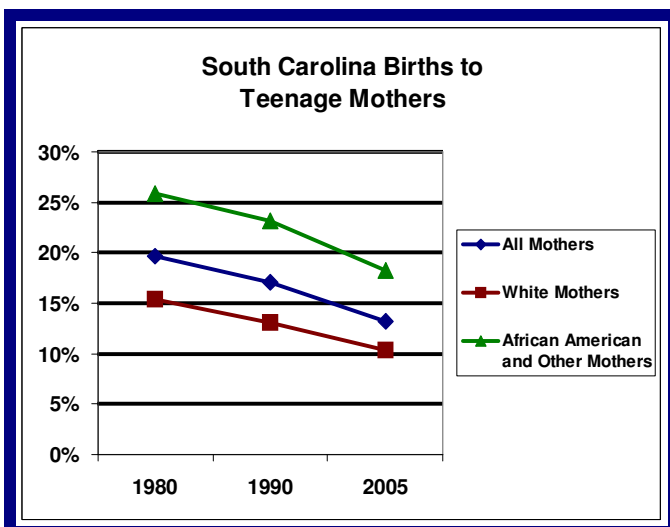
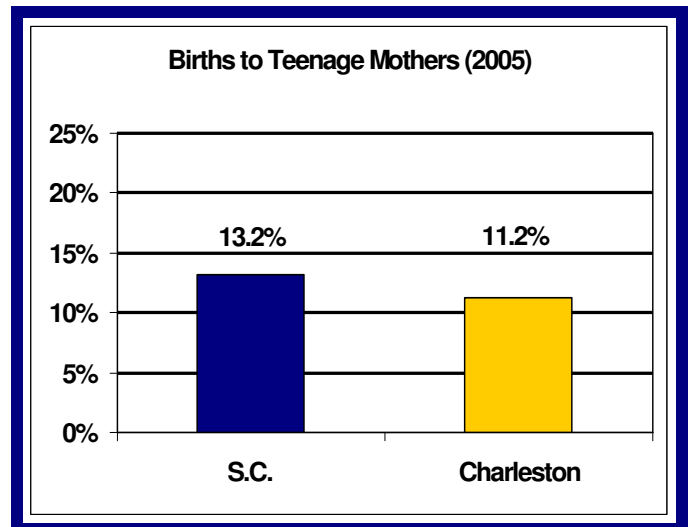
Statewide Average (2005): 13.2%

Charleston County (2005): 11.2%

Fast Fact: Just over 1 in 10 Charleston County births is to a mother under 20 years of age. A recent statewide analysis suggests that 43% of these children will be retained or score at the “below basic” level (PACT) by third grade.

Teenage parents often lack the maturity and knowledge required to optimally fulfill important parental responsibilities, are less likely to advance their own educational attainment and often fail to advance beyond low-income status.

539 of the 4,798 children born in Charleston County during 2005 had teenage mothers.



2008 School Readiness Risk Profile Charleston County

Total Children Under Six: 27,763

BIRTHS TO MOTHERS WITH LESS THAN A HIGH SCHOOL DIPLOMA

Statewide Average (2005): 23.7% Charleston County (2005): 21.9%

Fast Fact: 1 in 5 children in Charleston County is born to a mother possessing less than a high school diploma. A recent statewide analysis suggests that roughly half (48%) of these children will be retained or score at the “below basic” level (PACT) by third grade.

Research suggests that a mother’s own educational attainment is closely linked to the subsequent academic performance of her children.

1,053 of the 4,798 children born in Charleston County during 2005 had mothers with less than a high school diploma.

