



# Charleston County First Steps Partnership *Fiscal Year 2009 Annual Report*

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**Total children in county under  
age 6: 27,763**

**Total Children in county living  
in poverty: 21.9%**

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## Charleston County Highlights

- Nurse Family Partnership implemented in Charleston, Berkeley and Dorchester
- Centers of Excellence demonstrated significant gains in all early childhood domains

## EXECUTIVE DIRECTOR'S MESSAGE

Charleston County First Steps Partnership is proud to share its accomplishments as we improve the quality of early childhood education for our youngest learners. We have an uncompromising commitment to facilitating and promoting high quality early childhood development settings that ensure children are immersed in safe, nurturing and developmentally appropriate and stimulating experiences that prepare them for school success.

Recognizing the impact of an environment on behavior and learning, our interventions are designed to enhance home and child care center environments through the utilization of high-quality parent education, a health component, facility quality enhancement, mentoring, technical assistance, and child care scholarships for low income families.

Along with a balanced, effective approach to intervention, monitoring the impact we make on the lives of the children and families always has been one of our priorities. 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 outcomes focus our work on center-level, child- and family-specific strategies, guided by our overarching purpose: to help children get ready for and thrive in school and in life.

This year, we had to make some tough decisions regarding the programs we offer. Throughout the process, however, the staff and Partnership Board were sure to keep as the focal point the priority needs of the children and families we serve. The end result is our continued provision of high-quality, best practice early childhood education services to the practitioners, parents, and children in Charleston County.

Yours in service,

A handwritten signature in blue ink that reads "James Ella Collins".

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.

## **2008-09 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, 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*

**115 Families Served** – 118 adults and 170 children

#### **PARENTING – PARENTS AS TEACHERS PROGRAM STANDARDS RESULTS**

##### **1. Fidelity to the Model**

**A) Home Visits** – The minimum frequency requirement for home visits (2 visits per month) was 1.5 visits. Our average visit per month was **1.84 visits**. The minimum duration requirement for home visits was 45 minutes per visit. Our average duration per visit was **1.05** hour.

**B) Group Meetings** – Each parent educator (home visitor) held one group meeting per month.

**C) Screenings & Referrals** – screenings included functional hearing, vision and dental checks. All children are screened with Ages and Stages.

**D) Staff Qualifications & Training** – All parent educators are required to have at least a two-year degree in early childhood education or a closely related field and be currently certified in the Born to Learn Curriculum (0-3). Educators whose caseloads include children aged prenatal-3, must be maintain the Born to Learn (3-5) add-on certification.

**E) Ongoing Program Quality Assessment** – Parents as Teachers (PAT) program evaluation, PAT Parent Evaluation, and Parent Educator Performance Evaluations are conducted annually.

## **2. Targeted Services**

At least 90% of enrolled families shall include an age-eligible child meeting one or more of the school readiness risk factors (at the time of enrollment). Ninety seven point thirty nine percent (**97.39%**) of our families enrolled met the criterion.

## **3. Assessment and Data Collection**

At minimum, a baseline and post assessments of the *primary adult client* identified within each enrolled case using the Keys to Interactive Parenting Scale (KIPS) will be conducted. A baseline KIPS assessment shall be completed within 45 days of each client's initial enrollment, with a post assessment conducted 6-9 months later (and at each 12 month interval thereafter). The percentage cases that met requirement, (excluding unborn and cases enrolled < 2 months was **52.83%**

Additionally, each family in which children aged 2 ½ - 5 shall have their interactive literacy behaviors assessed (pre- and post-, following the same timeline described for the KIPS above) by a trained evaluator administering the Adult-Child Interactive Reading Inventory (ACIRI). Note that both instruments are designed as assessments of adult behaviors and thus need not be completed with each adult-child pairing in the household.

## **4. Family Service Plans**

All parent educators (home visitors) develop a well-documented Individual Family Service and Goals Plans between the parent educator and family within 3 months of enrollment within the program, and subsequently update these plans at least semi-annually to gauge progress and goal attainment.

### **TYPES OF ASSESSMENTS used by Parent Educators**

**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 children 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)

**Note that both instruments are designed 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. This is often referred to as “Kips Match or ACIRI Match.”**

### TYPE OF SCREENINGS used by Parent Educators

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

### PARENT AS TEACHERS – PROGRAM RESULTS

Objective #1	Outcome(s)	Output(s)
To improve parent child interaction by better understanding the developmental stages of a child	<b>3.22</b> was the average Pre score for KIPS (scale 1-5) <b>3.75</b> was the average Post score for KIPS <b>.53</b> was the average gain difference ___ was the average matched difference	<b>115</b> families (cases) served <b>170</b> children served  <b>99</b> family cases w/Pre-KIPS assessments  <b>70</b> family cases w/ Pre/Post KIPS Match
Objective #2	Outcome(s)	Output(s)
To improve the literacy behaviors such as enhancing attention to text, promoting interactive reading and supporting comprehension, and using literacy strategies.	<b>1.70</b> was the average <b>Child</b> Pre score for ACIRI (scale 0-3) <b>2.30</b> was the average <b>Child</b> Post score for ACRI <b>.6</b> was the average <b>Child</b> gain difference  <b>1.73</b> was the average <b>Adult</b> Pre score for ACIRI (scale 0-3) <b>2.39</b> was the average <b>Adult</b> Post score for ACRI <b>.7</b> was the average <b>Adult</b> gain difference	<b>68</b> family cases w/Pre-ACIRI assessments <b>46</b> family cases w/Pre/Post ACIRI Match
Objective #3	Outcome	Output(s)
To maintain an adequate success rate for attempted home visits	<b>94%</b> of attempted home visits were successful	<b>1692</b> successful visits conducted (of <b>1801</b> attempted visits)
Objective #4	Outcome(s)	Output(s)
To meet the Parenting Program Standard requirements	<b>80%</b> of families met the minimum frequency requirement for home visits (2 visits per month)  <b>99.13%</b> of families met the minimum duration requirement for home visits (45 minutes minimum)	<b>1.84</b> average visits per family, per month, exceeding program standard of 1.5 visits per month  <b>1.05-hr</b> , average home visit, exceeding Program Standard of 45-minutes per visit
Objective #5	Outcome(s)	Output(s)

To identify developmental delays and connect children to services	<p><b>23%</b> 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><b>23%</b> of children who have no delays after 6 months in the program.</p> <p><b>23%</b> of children who have no delays after 12 months in the program.</p> <p><b>99%</b> of identified children were referred for specific delays.</p>	<p><b>13</b> identified delays at initial assessment.</p> <p><b>3</b> children identified delayed in at least 1 area at the initial assessment to no delays in follow up assessments.</p> <p><b>3</b> children who have no delays after 6 months</p> <p><b>3</b> children who have no delays after 12 months.</p> <p><b>10</b> children were referred for specific delays</p>
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**Objective #5 - Outcome** - children screened were born either premature or with fetal alcohol/ drug syndrome are still receiving services (6- 12 months). This is why there's no change identified.

**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.

**74 Families Served** – 80 adults and 91 children

**ESOL – PROGRAM RESULTS**

*Trident Literacy Association*

Objective #1	Outcome(s)	Output(s)
To improve English literacy for adults	<p><b>56%</b> of adults improved at least one educational functioning level. The remaining students made positive gains within the literacy beginning level.</p> <p>0% of adults were proficient in English oral skills showed an increase of at least one or more educational functioning level as measured by TABE. (Students were not eligible to be tested for TABE.)</p>	<p><b>74</b> families served  <b>80</b> adults served  <b>91</b> children served</p> <p><b>44</b> adults improved at least one functioning level by the BEST Plus Oral Test.</p> <p>80 adults showed a gain one or more skills on the Adult Learner Checklist</p>

<b>Objective #2</b>	<b>Outcome(s)</b>	<b>Output(s)</b>
To improve English literacy for children	<p><b>69%</b> of children improved their PPVT scores</p> <p><b>58% (15 of 26)</b> of pre-tested children portrayed vocabulary skills falling below skills of a 2 year old.</p> <p><b>19% (5 of 26)</b> of the post-tested children remained below a 2 year old level</p> <p><b>38% (10 of 26)</b> out of those children made substantial gains to improve their skills above a 2 year old level.</p> <p><b>10</b> Average gain percentile points.</p>	<p><b>26</b> children were pre and post tested</p> <p><b>18</b> children improved in scores</p> <p><b>15</b> children pre tested demonstrated vocabulary skills falling below skills of a 2 year-old</p> <p><b>5</b> children post tested remained below a 2 year old level</p> <p><b>10</b> children made substantial gains to improve their skills above a 2 year old level</p> <p><b>9</b> Speech Pathologist referral</p>
<b>Objective #3</b>	<b>Outcome</b>	<b>Output(s)</b>
Children meet literacy milestones that ensure school readiness	<b>100%</b> children mastered 10 of 20 literacy milestones (Pre-K Checklist)	<b>32</b> children mastered literacy milestones
<b>Objective #4</b>	<b>Outcome(s)</b>	<b>Output(s)</b>
To identify developmental delays and connect children to services	<p><b>16.9% (9 of 53)</b> of children identified with delays as indicated by the ASQ and referred for services.</p> <p><b>0%</b> of the children identified with delays did not show an improvement in one or more development areas on the ASQ. SLP (Speech – Language Pathologist) explained that one of the children reached the right development age for the articulation errors to be corrected.</p> <p><b>9</b> children indicated a delay when administered the ASQ, but only 3 were post tested.</p> <p><b>6</b> children dropped from program before a post ASQ screening could be conducted. However, all 9 children were connected with a speech pathologist as the main delay was in communication).</p>	<p><b>53</b> children were screened</p> <p><b>9</b> children initially identified with delays</p> <p><b>0</b> children showed improvements in developmental areas</p> <p><b>9</b> children was referred for specific delays</p>

**Objective #2 – Outputs:** The 18 children improved in scores (at least 5 months in passive vocabulary recognition). *Note of clarification:* Depending on the starting level of the child participant, each child improved in the vocabulary recognition skills, but some still remained below a 2 year old level.

**Objective #3 – Outputs** 14 children were age eligible. A pre-assessment of the checklist was administered during registration to children 4 years and above. The post – assessment of the checklist was administered at the conclusion of FY09.

**ESOL – PROGRAM RESULTS**  
*Charleston County School District*

**44 Families Served** – 29 adults and 58 children

<b>Objective #1</b>	<b>Outcome(s)</b>	<b>Output(s)</b>
To improve English literacy for adults	<p><b>80.5%</b> of adults who attended more than 12 hours improved at least one educational functioning level as measured by the Best Plus oral test.</p> <p><b>50%</b> 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 or Best.</p> <p>86% of adults who were pre and post-tested using an adult learner checklist improved at least one skill level.</p>	<p><b>44</b> families served  <b>29</b> adults improved  <b>58</b> children served</p> <p><b>16</b> adults improved at least one educational functioning level (BEST)</p> <p><b>2</b> adults improved at least one educational functioning level (TABE or Best Literacy)</p> <p>19 adults showed a gain of one or more skills (Adult Learner Checklist).</p>
<b>Objective #2</b>	<b>Outcome(s)</b>	<b>Output(s)</b>
To improve English literacy for children	<p><b>66%</b> of children improved their PPVT scores</p> <p><b>53%</b> (8 of 15) pre-tested children portrayed vocabulary skills falling below skills of a 2 year old native English speaker.</p> <p><b>20%</b> (3 of 15) post-tested children demonstrated English vocabulary skills remaining below those of a 2 year old native English speaker.</p> <p><b>62.5%</b> (5 of 8) post-tested children who made gains to improve their English vocabulary skills above that of a 2 year old native English speaker.</p> <p><b>8</b> was the average gain percentile points.</p>	<p><b>15</b> children were assessed</p> <p><b>10 of 15</b> improved their scores</p> <p><b>8 of 15</b> children pre-tested below the level of a 2 year old native English speaker.</p> <p><b>12 of 15</b> children post-tested above the level of a 2 year old native English speaker.</p>
<b>Objective #3</b>	<b>Outcome(s)</b>	<b>Output(s)</b>
Children meet literacy milestones that ensure school readiness	<p><b>100%</b> children mastered 5 of 20 literacy milestones (Pre-K Checklist).</p> <p><b>14</b> was the average number of milestones</p>	<p><b>3</b> children were pre and post-tested with the Pre-K checklist</p>

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<b>Objective #4</b>	<b>Outcome(s)</b>	<b>Output(s)</b>
To identify developmental delays and connect children to services	<p><b>37.7%</b> (17 of 45) of children with delays as indicated by the ASQ.</p> <p><b>33%</b> (2 of 6) of children identified with delays showing an improvement in one or more development delays as indicated by the ASQ.</p> <p><b>11.7%</b> of identified children were referred for specific delays.</p>	<p><b>45</b> children screened</p> <p><b>17</b> children initially identified with developmental delays</p> <p><b>2</b> children showing improvement in development areas</p> <p><b>2</b> children referred for services.</p>

**Objective #1 – Outputs** – Depending on the starting level of the adult participants, not all adults improved 1 educational functioning level by the BEST Plus Oral Test.

**Objective #2 – Outputs** - 15 children were pre and post tested with Peabody Picture Vocabulary Test (PPVT) IV Edition. Age requirement is 2 year old and older. This explains why all children were not assessed with this instrument.

**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, 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.

**128 Families Served** – 131 adults and 150 children

**PEDIATRIC HOME-BASED SERVICES – PROGRAM RESULTS**

<b>Objective #1</b>	<b>Outcome(s)</b>	<b>Output(s)</b>
To increase parental knowledge in child development	<b>93%</b> of parents increased their knowledge by <b>50%</b> in child development	<b>128</b> families were served <b>131</b> adults were served <b>150</b> children were served <b>110</b> Ages and Stages Questionnaires were given to parents <b>596</b> Home Visits were conducted by registered nurses. <b>74</b> Keys to Care giving were given to parents <b>103</b> home visits were conducted by registered nurses
<b>Objective #2</b>	<b>Outcome(s)</b>	<b>Output(s)</b>
To increase parental knowledge about signs and symptoms of illness	<b>93%</b> of parents named at least 3 common signs of illness and can articulate how to respond to each  <b>100%</b> of children received scheduled immunizations	<b>128</b> families were linked to a medical home
<b>Objective #3</b>	<b>Outcome(s)</b>	<b>Output(s)</b>
To identify developmental delays and connect children to services	<b>85%</b> of children who move from being delayed in at least 1 area at the initial assessment to no delays in follow up assessments.  <b>88%</b> of children who have no delays after 6 months in the program.  <b>88%</b> of children who have no delays after 12 months in the program.  <b>11%</b> of children referred for specific delays.	<b>34</b> identified delays at initial assessment  <b>30</b> children who have no delays after 6 months  <b>30</b> children who have no delays after 12 months.  <b>4</b> children were referred for specific delays

## QUALITY CHILD CARE.

### **Facility Quality Enhancement**

**Program description:** *The CCFS Quality Enhancement Initiative is designed to increase the knowledge and skill sets of child care providers. It enhances their program capacity through direct observation of program practices and program enhancement plans are developed. CCFS staff will assess classrooms and centers utilizing the Environmental Rating Scale (ERS), 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 classrooms are assessed, each facility will be provided an overall plan.*

**906 Children Served** – in 17 child care centers

### **CHILD CARE**

#### **PROGRAM STANDARDS RESULTS**

- 1) **TA Visits** – Each center received 2 technical assistance visits per month for 2 hours each visit. pull Data reports and report year-end results.
  - a. Total Site Visits - 211
  - b. Average Site Visits per month – 1.82
  - c. Total Visit Hours – 522.75
  - d. Average Visit Duration (in minutes) – 2.5 hrs. (148.65 mins)
- 2) **Assessments** – Two classrooms at each Center of Excellence receive an Environmental Rating Scale assessment. Each Center of Excellence is expected to assess each student with a pre-test, mid-year and post-test assessment.
- 3) **Classroom Grants** - Once the ERS assessments are completed and improvement plans developed, materials and supplies are order based upon assessment results.
- 4) **Integrated with Child Care Training** –Facility Quality Enhancement has always integrated Center Staff Training & Development as part of the child care program. We have recently collaborated with Head Start and Burke High School to collectively provide public early childhood educational training to the community. This training is free and it includes the centers that have participated in Charleston First Steps Facility Quality Enhancement program in the past. Our current 5 Centers of Excellence receive training monthly. All center staff is required to attend.
- 5). **Work Force Development**- All center staff have taken ECD 101 and received information regarding the TEACH program and encouraged to participate.

**ASSESSMENTS conducted by First Steps staff**

**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**

<b>Objective #1</b>	<b>Outcome(s)</b>	<b>Output(s)</b>
Enhance the quality of child care offered by child care providers	<p><b>75%</b> of classrooms with a pre and post test who showed ANY improvement in the average subscale score.</p> <p><b>50%</b> of classrooms where the average subscales score change was greater than 1.0, which is considered significant.</p>	<p><b>8</b> classrooms were pre and post assessed.</p> <p><b>6</b> classrooms with a pre and post test showed some improvement in the average item score.</p> <p><b>4</b> classrooms where the average subscale score change was greater than 1.0, which is considered significant.</p>
<b>Objective #2</b>	<b>Outcome(s)</b>	<b>Output(s)</b>
To enhance the learning environment to promote developmental practices	<p><b>ITERS:</b></p> <p><b>3.59</b> Average <b>ITERS</b> Pre Score  <b>4.53</b> Average <b>ITERS</b> Post Score            On average, participants with both pre- and post-cores showed a <b>26%</b> improvement</p> <p><b>ECERS:</b></p> <p><b>3.39</b> Average <b>ECERS</b> Pre Score  <b>4.54</b> Average <b>ECERS</b> Post Score            On average, participants with both pre- and post-cores showed <b>34%</b> improvement.</p> <p><b>OVERALL ERS:</b></p> <p><b>3.49</b> Average Pre ERS Score  <b>4.54</b> Average Post ERS Score  <b>1.05</b> ERS Change (Pre-to-Post)</p>	<p><b>4</b> <b>ITERS</b> Pre Assessments  <b>4</b> <b>ITERS</b> Post Assessments</p> <p><b>4</b> <b>ECERS</b> Pre Assessments  <b>4</b> <b>ECERS</b> Post Assessments</p>
<b>Objective #3</b>	<b>Outcome</b>	<b>Output(s)</b>
To provide Technical Assistance to center staff		<p><b>906</b> children enrolled</p> <p><b>211</b> total TA visits provided</p>

		<p><b>1.82</b> average TA visit per month</p> <p><b>522.75</b> Total TA Hours provided for all centers</p> <p><b>2.5</b> hrs. Average TA hours per site</p> <p><b>146.65</b> Average TA Duration per Visit (minutes), exceeds the 45 minute standard monthly requirement</p>
<b>Objective #4</b>	<b>Outcome</b>	<b>Output(s)</b>
Children meet developmental milestones that ensure school readiness	<b>97%</b> of children who made progress in at least 1 of the areas identified where the child is not meeting a milestone on the ELAP or LAP3.	191 children assessed

#### **ASSESSMENTS conducted by the center staff**

**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.

**Gross Motor** – examines the child’s development in large-muscle coordination, strength, and stamina. This involves postural reactions, balance, and ambulation.

**Fine Motor** – focuses on eye-hand coordination skills that involve reaching, grasping, and manipulating objects.

**Cognitive** – addresses intellectual functions such as reasoning, problem solving, and knowledge. Concepts of similarities/differences, size, and position are also assigned to the cognitive area. Some items overlap with language development.

**Language** – divided into two categories for scoring: Receptive Language and Expressive Language. *Receptive (R)* items assess abilities in different areas of language comprehension. *Expressive (E)* items assess the abilities of children to give appropriate oral language responses. Many language tasks involve both receptive and expressive language skills. These items were analyzed and placed in the category reflecting the primary language skill assessment. *Expressive Action (EA)* items that are receptive language items labeled (ES) for Expressive Action that provide additional information about the child’s expressive abilities through motor movement or action.

**Self Help** – examines the child’s ability to cope independently and responsibly with the skills of daily living. This area includes items that involve: feeding, dressing, toileting, and bathing.

**Social Emotional** – focuses on the child’s responsiveness to his/her social environment. This area of development not only reflects the child’s perception and knowledge of his/her personal life, but also it examines interpersonal behaviors such as cooperation, ability to relate to peers, and sensitivity to others.

**LAP-3** – The Learning Accomplishment Profile-Third Edition (LAP-3) is an assessment that covers **36 to 72 month** age range. Like its 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.

**Gross Motor** – examines the child’s development in large-muscle coordination, strength, and stamina. This involves postural reactions, balance, and ambulation. *Skills with play equipment and physical activities such as hopping, skipping, running, and jumping are included.*

**Fine Motor** – focuses on eye-hand coordination skills that involve reaching, grasping, and manipulating objects. *A sequence of fine sensorimotor behaviors using cubes, scissors, clay, puzzles, and toys is included.*

**Pre-Writing** – Written communication constitutes a basic form of communication in our society. For this reason, writing skills are a primary focus of the child’s early schooling. Unfortunately, the prerequisites of fine motor development, which are essential to ensure a successful initial writing experience, have been overlooked by many preschool programs. For this reason, the LAP-3 includes a separate section of pre-writing behaviors that should be observed for effective individualization of instruction. These behaviors address the stages of grasping writing instruments, the role of finger and easel painting, and a hierarchy of pre-writing skills for appropriate developmental levels.

**Cognitive** – addresses intellectual functions such as reasoning, problem solving, and knowledge. The specific skills that are included in this section are basic prerequisites to scholastic functioning; such as, numbers, colors, shapes, money and measurements. Concepts of similarities/differences, size, position, weight, and textures are also assigned to this section. While the overlap with language development has special implications for these concepts, the decision to assign these items to the cognitive scale was based on perceived pre-academic relevance of their content.

**Language** – examines the child’s ability to perform the following functions of language: reporting, questioning, predicting, and relating information; following and giving directions; describing actions, sources of actions, and functions; and expressing needs, feelings, and preferences. This area includes items which address both expressive and receptive aspects of language development.

*Expressive (E)* items are those that require verbal responses. *Receptive (R)* items are those that do not require verbal responses. While many items both receptive and expressive language skills, the Expressive (E) –Receptive (R) distinction is especially relevant for non-verbal children. It is important that the teacher uses creativity in designing appropriate alternative procedures/materials to elicit responses (i.e., nodding, blinking pointing) from the non-verbal child. Any modification should be noted.

**Self Help** - examines the child’s ability to cope independently and responsibly with the skills of daily living. This area includes items that involve: feeding, dressing, toileting, bathing and **grooming**.

**Social Emotional** – focuses on the child’s responsiveness to his/her social environment. This area of development not only reflects the child’s perception and knowledge of his/her personal life, but also it examines interpersonal behaviors such as cooperation, ability to relate to peers, and sensitivity to others, and **helpfulness**.

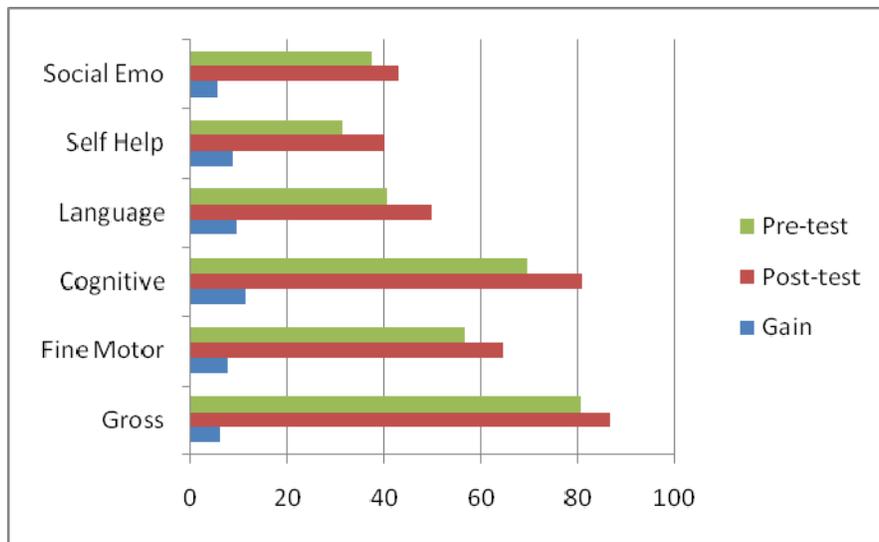
**CENTERS OF EXCELLENCE**

**ELAP AVERAGE OUTCOMES – (3 Centers)**

**Early Learning Accomplishment Profile (ELAP) – All**

(Classrooms: N=20)

<b>DOMAIN:</b>		<b>Gross</b>	<b>Fine Motor</b>	<b>Cognitive</b>	<b>Language</b>	<b>Self Help</b>	<b>Social Emo</b>
<b>Number of Assessments</b>		<b>Average Score in Percent</b>					
Pre Test	119	80.57	56.71	69.46	40.42	31.27	37.28
Post Test	68	86.54	64.39	80.69	49.89	40.13	43.09
<b>GAIN/LOSS:</b>		<b>5.97</b>	<b>7.68</b>	<b>11.23</b>	<b>9.47</b>	<b>8.86</b>	<b>5.51</b>



(Percentages)

**Gross motor** – scored the highest on average in both pre and post

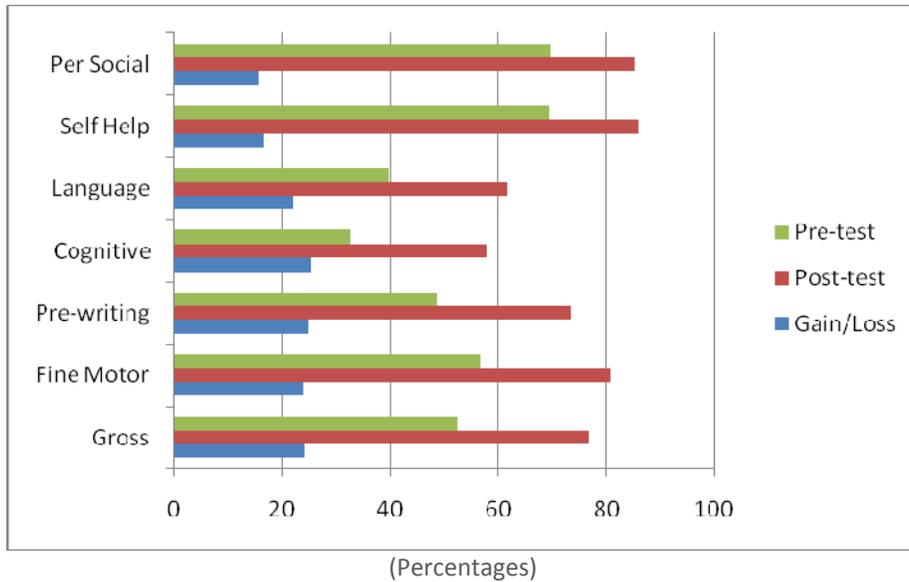
**Cognitive** – scored the second highest on average in both pre and post

**Cognitive** – most significant average gain

**Social Emotional** – less significant average gain

**Learning Accomplishment Profile Third Edition (LAP-3) - All**  
(Classrooms: N=9)

DOMAIN:		Gross	Fine Motor	Pre-writing	Cognitive	Language	Self Help	Per Social
Number of Assessments		Average Score in Percent						
Pre Test	70	52.47	56.70	48.76	32.63	39.81	69.58	69.71
Post Test	72	76.71	80.71	73.51	57.84	61.62	86.11	85.30
<b>GAIN/LOSS:</b>		<b>24.24</b>	<b>24.00</b>	<b>24.75</b>	<b>25.21</b>	<b>21.81</b>	<b>16.53</b>	<b>15.59</b>



**Self help & Personal social** – scored the highest on average in both pre and post  
**Fine motor** – scored the second highest on average in both pre and post  
**Cognitive** – most significant average gain  
**Personal social** – less significant average gain

**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 STANDARDS RESULTS*

**1. Be Integrated with the Partnership’s funded Quality Enhancement Strategy (as applicable)**

We have always integrated both Quality Enhancement and Center Staff Training and Development in order to maximize service intensity and affect demonstrable quality improvements. We have provided at least eight (8) hours of high quality, certified training (stemming from the provider’s Quality Improvement Plan) to each 601 center staffer.

**2. Be Registered with the SC Center for Child Care Career Development (CCCCD)**

All training shall be registered with the Center for Child Care Career Development (CCCCD). The Office of First Steps strongly encourages partnerships to make use of CCCCCD certified trainers as possible. All of our trainings are conducted by certified staff. Staff is certified to conduct trainings and provide technical assistance.

**3. Be Coordinated with Other Training Providers**

We are currently collaborating Head Start and the school district (Burke High School).

### CENTER STAFF TRAINING & DEVELOPMENT – PROGRAM RESULTS

Objective #1	Outcome(s)	Output(s) (if applicable)
To provide Best Practices staff development and training to child care center staff	<p><b>98 %</b> of attendees rated the training workshops as “useful” or “very useful”</p> <p><b>98%</b> of attendees reported that they will use the information provided during the training workshops in the classroom.</p>	<p><b>9</b> Trainings Provided</p> <p><b>35.3</b> Average number of training hours received per center</p> <p><b>4</b> Directors Forums Conducted</p> <p><b>389</b> Total Attendance</p> <p><b>183</b> County Teachers from QE/601 facilities</p> <p><b>206</b> 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 continue to meet the qualifications.*

**51 Children Served**

**CHILD CARE SCHOLARSHIPS-PROGRAM RESULTS**

<b>Objective #1</b>	<b>Outcome(s)</b>	<b>Output(s) (if applicable)</b>
To provide access to childcare scholarships	<b>71%</b> of the children remained in child care the entire year after enrollment.	<b>51</b> 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 37 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 4K Providers were:**                    **Foster Learning Center  
West Ashley Learning Hub  
Sunshine House #29**

**27 children served**

## CDEPP – PROGRAM RESULTS

Objective #1	Outcome(s)	Output(s) (if applicable)
To expand childcare centers provided CDEPP 4K classes		27 children served 3 providers were approved to offer CDEPP 4K classes

## FINANCIAL SUMMARY

<b>Expenditures By Funding Source</b>	
State Appropriation (Fund 10)	\$580,942.00
State Appropriation (Carry Forward Fund 11)	\$33,676.00
E.I.A. Appropriation (Fund 55)	\$69,067.00
E.I.A. Appropriation (Carry Forward Fund 56)	\$2,388.00
Lottery Appropriation (Fund 35)	\$0
C.D.E.P.P. Appropriation (Fund 60)	\$103,644.00
C.O.E. Appropriation (Fund 65)	\$0
N.F.P. Appropriation (Fund 70)	\$0
State Private (Fund 15)	\$9448.80
Local Private (Fund 20)	\$125,421.00
Federal (Fund 30)	\$169,511.00
In-Kind (Fund 25)	\$81,985.00
<b>TOTAL:</b>	<b>\$1,176,083.00</b>

<b>Expenditures By Program / Strategy Name</b>	
Parents As Teachers (2012)	\$187,951.00
Trident Literacy ESOL (2050)	\$54,617.00
ESOL-CCAIE (2051)	\$45,171.00
Countdown to Kindergarten (4062)	\$13,754.00
Child Care Quality Enhancements (6012)	\$159,508.00
Child Care Training & Prof. Development (6052)	\$46,157.00
Scholarship Initiatives-COE (7032)	\$143,134.00
DHEC-Home Services (9051)	\$87,600.00
Nurse Family Partnership (9081)	\$124,073.00
CDEPP 4K (3140)	\$101,645.00
Indirect Programmatic Functions	\$132,730.00
Administrative Functions	\$79,743.00
<b>TOTAL:</b>	<b>\$1,176,083.00</b>

## NOTABLE DONORS

<i>DONOR'S NAME</i>	<i>AMOUNT</i>
Blackbaud	\$1,000.00
	\$
	\$
	\$
<b>TOTAL: \$1,000.00</b>	

*Local Match Percentage for FY 2009: 56.3%*  
*(at least 15% Legislative requirement)*

## COUNTY PARTNERSHIP BOARD OF TRUSTEES

Caroline Banis	DHEC Appointment
Gloria Bell	Legislative Appointment
Gwendolyn Bennett	Legislative Appointment
Charlotte Blasier	Library Appointment
Timothy Bowman	Faith Community
Elizabeth Ciesar	Nonprofit Organization
Dena Davis	Family Education, Training and Support
Cecil Diggs	Faith Community
Phyllis Ford	Charleston County School District
Emily Foster	Childcare & Early Childhood Dev/Educ Provider
Keyonda Garry	Transportation Provider
Jodi Gibson	Early Childhood Education
Elizabeth Huggins	Nonprofit Organization
David Humphreys	Business Community
Julie Hussey	Parent of Preschooler
Dianna Inman	Health Care Provider
Jenise Jefferson	Parent of Preschooler
Mamie Johnson	DSS Appointment

Glennett Jowers	Head Start
<b>Jennifer Liberatos</b>	<b>Childcare &amp; Early Childhood Dev/Educ Provider*</b>
Georgina Ngozi	<b>Early Childhood Education</b>
Roberta Pinckney	Family Education, Training and Support
Lorraine Powers	Legislative Appointment
Monroe Rhodes	Nonprofit Organization
Katie Robertson	Nonprofit Organization
Fouche Sheppard	Business Community
Kathy Simon	Health Care Provider
Cassie Stegman	Pre-K through Primary Educator
Catherine Threadgill	Charleston County Public Library
Doris Twiggs	Early Childhood Education
Anthony Vandross	Transportation Provider
Barbara Zia	Business Community
* Board Chairperson	

## COUNTY DATA SNAPSHOT

In FY09, 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.

First Steps Strategy Areas	Notable Moments
Family Strengthening	<ul style="list-style-type: none"> <li>Implemented Parents As Teachers 2005</li> </ul>
Healthy Start	<ul style="list-style-type: none"> <li>Pediatric Home-Based Services implemented since inception of Charleston First Steps</li> <li>Nurse Family Partnership implemented this year in the tri-county (Charleston, Berkeley and Dorchester) with Region 7 DHEC as the implementing agency. The grant was funded by Blue Cross Blue Shield Foundation was \$1.44M for 3 years.</li> </ul>
Quality Child Care	<ul style="list-style-type: none"> <li><b>Centers of Excellence (COE)</b> was implemented in July 2007. These centers were funded through our regular state appropriation and not special funding</li> </ul>

	<p>designated to the trial and plaintiff school districts.</p> <ul style="list-style-type: none"> <li>• This year we are committed to strengthen our Centers of Excellence by making them our #1 and only priority for our county.</li> <li>• These centers provides a high quality early childhood learning environment that includes: <ul style="list-style-type: none"> <li>○ our certified staff PAT parent educators housed in each COE center;</li> <li>○ our staff provides Technical Assistance in each center monthly (2 visits / 2 hours per month in each center);</li> <li>○ we fund 55 child care scholarships in these centers;</li> <li>○ <b>356</b> is the total enrollment of the five centers.</li> <li>○ scholarship recipients takes precedence in establishing the parent educator’s caseloads;</li> <li>○ each scholarship recipient receives 3 home visits a month (home visits can be held in a designated area in the center and at home, with a minimum of at least 1 visit per month in the home);</li> <li>○ monthly group meeting are held</li> <li>○ we provide materials and supplies (mini grants) in these centers;</li> <li>○ Evidence-based curriculum used by the parent educators</li> <li>○ Evidence-based used in the center classrooms.</li> <li>○ Center Staff is trained to conduct ELAP &amp; LAP3 Assessments on each child</li> <li>○ Health components are currently being re-established to provide physicals for each child</li> <li>○ Our 5 Centers of Excellence are: Preschool Academy, Carousel. Nia Infant and Toddler, Rising Star and New Israel Child Development Center.</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>• Technical Assistance enhanced in centers to meet program standards</li> <li>• We collaborated with Charleston County School District on the Even Start grant. The grant was awarded for 2 years. This would entail us funding a full-time parent educator for this program.</li> </ul>
Child Care Staff Professional Development Benchmarks	<ul style="list-style-type: none"> <li>• <u>All</u> Center of Excellence staff are required to attend monthly training, structured specifically for them</li> </ul>
Early Education	<ul style="list-style-type: none"> <li>• <b>3</b> child care centers in Charleston approved to implemented CDEPP 4-K Program for Berkeley County students. Those centers are Foster’s Daycare Center, West Ashley Learning Hub and Sunshine House. 27 students served.</li> </ul>
Success Stories	<ul style="list-style-type: none"> <li>• <b>25</b> mothers have been encouraged and received support from our parent educators to pursued higher education opportunities, and all are currently enrolled in school. PAT group meetings also were a venue for speakers to come in and assist help them in exploring opportunities.</li> <li>• <b>2</b> teen mothers received child care scholarships and were able to go back to school. They had to other options available to them. They would have dropped out of school. With the support of our PAT parent educators and the child care scholarships we provide, both are back in school and one is currently attending Trident Technical College.</li> <li>• <b>3</b> moms were referred to us from MUSC NICU. We were instrumental in during our parenting home visitation to assist them with other needed community resources.</li> </ul>
Volunteer Time (Board Members)	<ul style="list-style-type: none"> <li>• 27 board members x 15 hrs (board &amp; committee meetings) = <b>405 hours</b></li> <li>• 13 board member x 10 hrs (additional time for community events and/or other meetings) = <b>130 hrs.</b></li> <li>• 2 board members x 20 hrs. (NFP leadership team during grant application) = <b>40 hrs.</b></li> <li>• <b>Total Board Volunteer Time = 575 hours</b></li> </ul>
Notable Grants / Collaboration Efforts	<ul style="list-style-type: none"> <li>• <b>Nurse Family Partnership Grant</b> (grant</li> </ul>

	<p>awarded with DHEC as implementing agency).</p> <ul style="list-style-type: none"> <li>• <b>Even Start Grant</b> application (grant awarded to the school district)</li> <li>• <b>Early Head Start Grant</b> Application with the school district (site visit currently underway)</li> <li>• Our child care staff conducted several presentations Burke High School's Early Childhood Classes do the early childhood domain and</li> </ul>
# Families and Children Served	<ul style="list-style-type: none"> <li>• <b>361</b> families received direct services</li> <li>• <b>1402</b> children were directly served</li> <li>• <b>1153</b> children were indirectly served (non QE centers attending trainings)</li> <li>• <b>2555</b> children were served totally</li> </ul>

**Other notable moments:**

*These are some of our bitter sweet moments*

Non- Standard Strategies

**Pediatric Home-Based Services** - This year was the last year Pediatric Home-Based Program would be offered. This program served pregnant moms and their children up until their second birthday. Now that Nurse Family Partnership is here, and the first time moms can continue to be served through this program until their child's 2<sup>nd</sup> birthday.

**English Speakers of Other Languages (ESOL)** – This year was the last year ESOL Programs would be offered. We have served this population since the onset of Charleston First Steps. We were the last county across the state to fund this program. Some families are still being seen by our bilingual parent educator.

**Countdown to Kindergarten (CTK)** - This was the first year since CTK was not implemented across the state that we did not provide the 8 week home visitation summer program for rising kindergarteners.

*The SC General Assembly created in 1999 the South Carolina First Steps to School Readiness Initiative as a "comprehensive, results-oriented initiative for improving early childhood development by providing, through county partnerships, public and private funds and support for high quality early childhood development and education services for children by providing support for their families' efforts toward enabling their children to reach school ready to learn"...here's what happened next:*

## **Charleston County First Steps Partnership**

### **IMPACT NARRATIVE**

#### **Accomplishments thru June 2005**

##### **Measurable Results**

- Children's language, literacy and cognitive skills increased
- Parent's and child care professionals' knowledge of child development increased and their ability to promote early learning increased
- Adult language and Literacy Proficiency increased
- Parents' and caregiver's knowledge of skills in promoting early childhood health and safety increased

#### **Parenting and Family Strengthening Strategies**

##### **Parent Training**

- 1,144 families, 1043 children, and 58 child care workers were served (includes Fatherhood Initiative).
- 1753 books and educational toys were distributed
- 62% of fathers showed an increase in parenting skills knowledge
- 35% of the overall families increased their parenting skills knowledge.

##### **Collaborations:**

- *AKA*
- *Exchange Club*
- *Parents Anonymous*
- *Father to Father*
- *Project Restore*

##### **Other Family Literacy**

- 323 parents and 330 children participated in the Motherread program.
- 3,904 books and other learning items were distributed to participating families.
- 90% of the families improved their abilities to read to their children.

##### **Collaborations:**

- Charleston County School District

## **Family Literacy**

- 76 parents and 107 children participated
- 1173 books and educational toys were distributed
- Two bilingual PAT Parent Educators were hired to conduct home visits
- 80% of the families increased the amount of time they spend with their child and read to their child
- 85% of parents and teachers reported an increase in parent-child interactions
- 100% of parents reported an increase in involvement in their child's school
- 82% of parents reported an increase in their knowledge and understanding of child development, behavior, and parenting skills

### **Collaborations:**

- Goodwin Elementary provides a program coordinator as in-kind donation
- New Life Community Church offers office space for a nominal fee
- St. James-Santee Child Development Center
- Jane Edwards Elementary School
- ESOL class housed in same area
- Other FS strategies will make referrals
- *Charleston County School District*
- Early Childhood Task Force
- Success By Six Vision Council
- Mayors Commission for Children, Youth, and Families
- Community Forums to be implemented in FY06
- Individual Meeting with Legislative Delegation
- Quarterly Partner Meetings

### **English Speakers of Other Languages**

- 423 families and 471 children participated
- Last fiscal year (2005) 72 participants attained GEDS, HS Diplomas, or moved ahead one functional level
- 63.6% of all parents improved an educational functioning level while attending the ESOL class.
- Children who attended the First Steps child care classes in our first year showed significant gains on the Pre-Kindergarten Checklist and understanding spoken English. By the end of classes:
  - 41% increase in number of children able to name the primary colors
  - 41% increase in number of children able to count from 1-10; 7% from 11-20; 3% higher than 20)
  - 40% increase in number of children able to say/sing the alphabet
  - 29% increase in number of children able to recognize their name in print

- 52% increase in number of children able to say their names and respond to the question, “What is your name?”
- 40% increase in number of children able to identify the front of a book
- 59% increase in number of children who could sit and listen to an entire story
- 29% increase in number of children who read/recognize signs

**Collaborations:**

- Two faith-based organizations [*Trident Literacy Association* Consortium: St. Matthews & Our Lady of Mercy]
- **Charleston County School District**
- Trident DHEC provides referrals
- Developed a consortium that included three organizations which consolidates their data reporting.

*All Family Strengthening Collaborations*

*We have collaborated with Charleston County School District (St. James Santee Elementary (McClellanville), and Jane Edwards Elementary (Edisto Island) and Goodwin Elementary (N. Charleston); Cross Community Church of the Nazarene in North Charleston offered classroom space for the Family Literacy Program to be held from Goodwin Elementary. ESOL classes were also held at the church while early childhood educational classes were being held for children birth to 5 year olds. Other collaborative efforts included the Early Childhood Task Force, Success by 6 Vision Council, Mayors Commission for Children, Youth and Families, and quarterly First Steps Partners (vendors) meetings.*

*Quality Child Care Strategies*

**Facility Quality Enhancement** (Direct service provided by CCFS staff)

- 42 child care facilities received FQE
- 133 of classrooms were pre-post assessed & Technical Assistance Plans developed.
- 1515 hours of Technical Assistance was provided.
- 2 child care providers moved from Registered to Licensed
- 5 child care providers became Enhanced
- 3 providers are working to become accredited once they can find the funds improve playground safety.
- One of our Family Child Care Homes was selected as an ABC Special Needs Model Program for the State of South Carolina. This provider moved from Registered Family Child Care Home to Licensed Group Care ABC Enhanced. (Frasier Christian Learning Center).
- 100% of classrooms have improved the learning environment
- 65% of classrooms assessed improved their ITERS/ECERS scores

**Collaborations:**

- Volunteer Service Delivery
- Retired Center Director of College of Charleston
- Center for Child Care Career Development
- Success By Six Program Administration (referrals)
- Childcare Resource & Referral
- Center Director’s Forum
- Art Contest with children from centers that participate in QE
- Winners presented at Annual Meeting
- Artwork of winners showcased in First Steps Calendar

**Center Staff Training and Development** (Direct service provided by CCFS staff)

- 927 child care staff received training.
- 82% of the directors and teachers improved their knowledge in the topics
- Average monthly attendance ranged between 40-50

**Collaborations:**

- Child Care Center Directors
- College of Charleston Instructors
- Trident Technical College
- Success By Six
- State Department of Education
- Local Child Care Consultants
- Professional Development Conferences
- Input from
- College of Charleston
- State Department of Education
- Trident Technical College
- Frank Porter Graham Child Development Institute
- Center for Child Care Career Development

**Child Care Scholarships**

278 child care scholarships were provided to eligible families.

**Collaborations:**

- DHHS/DSS

Child Care Collaborations

*We have collaborated with the College of Charleston, Childcare Resources and Referrals, State Department of Education, Frank Porter Graham Child Development Institute from the University of North Carolina, Trident Technical College and the Center for Child Care Career Development, community volunteers for service delivery, and all 18 child development centers that participated in Facility Quality Enhancement. The child development centers participated in our first Annual Art*

*Exhibit to encourage creativity in young children. The children's artwork was showcased in the 2005 Charleston County First Steps Calendar. Ads were sold to cover the cost of the calendar and educational tips for parents were included in the calendar along with some of the artwork for the exhibit. Over 1500 calendars were distributed throughout the community.*

*Collaboration with Department of Social Services included center training and childcare scholarships.*

## **Early Childhood Education Strategies**

### **Public Summer Enhancement**

- 243 rising first graders attended summer classes in Charleston County Public Schools.
- Parents played a significant role in the summer program by participating in classes and field trips, and learning the importance of working with their children for school success.

### **Full Day Public 4K**

- Increased the number of children attending quality early childhood education programs by establishing 7.5 new 4-K classes in Charleston County Public Schools in FY 02-03 serving 145 children. The High Scope Curriculum was used in the classrooms.
- Early Childhood Environmental Rating Scale (ECERS) evaluators performed an assessment of all First Steps 4-K classrooms. The average score for all FS classrooms for all seven subscales was 5.8.
- In FY 06, Charleston County First Steps will fund two partial day 4K classrooms in conjunction with the school district, in an effort to decrease the number of children on the waiting list (412).

### **Full Day Private 4K**

- Increased the number of children (20) attending quality early childhood education classes by piloting a 4K classroom in a private child care setting.

### **Partial Day 4K**

- Increased the number of children (40) attending quality early childhood education classes by funding two partial classes of 20 students each.

### **Countdown to Kindergarten Home Visitation Program**

- 100 children have received home visits during the summer by certified teachers

**Collaborations:**

- Charleston County School District
- Head Start
- Children’s Museum

School Transition Collaboration

*We have collaborated with Charleston County School District, Success by 6, and Children’s Museum of the Lowcountry, First Student, and Cold Stone Creamery.*

Health Strategy

**Pediatric Home-Based Services**

- 1,299 families and 1,410 children were served
- 3,781 books and educational toys distributed to families
- 87% families increased their knowledge in growth & development, community resources, and breast feeding techniques.
- Increase number of children who are age appropriately immunized
- Increase knowledge in community resources

**Collaborations:**

- **Trident DHEC**
- Immunization Clinics
- Family Planning Clinics
- Family Support Services
- Children Rehabilitation Services (CRS)
- **Franklin C. Fetter Health Center**
- Lowcountry Pediatrics and Adult Services
- Enterprise Health Center
- 3 Nurses on our Partnership Board
- MUSC (2)
- Trident DHEC (1)
- 1 Health Clinic Executive Director
- Franklin C. Fetter
- Collaborative Relationship
- Success By Six
- Child Advocacy Director

Healthy Start Collaborations

*We have collaborated with Trident DHEC, Franklin C. Fetter Family Health Center and Lowcountry Pediatrics and Adult Services.*

## WHAT WE HAVE LEARNED

- Programs must be taken into the community for easy access to families
- Transportation continues to be an issue. Children 2 and under can not ride on a bus. *Issues using 15 passenger vans.*
- Classes must be available at non-traditional times to make them easily accessible to clients with limited means and limited transportation
- Literacy levels among students are low. Small class sizes are required to support student success.
- Engaging and enrolling Hispanic families in ESL classes continues to be a challenge due to transient life styles.
- Awareness of picking and harvesting time for rural program is important. Participants from Jane Edwards were impacted during picking time.
- Student-Teacher ratio needs to remain 10:1 to ensure success. The majority of students served were low literacy and this requires small group instruction.
- Parents are truly acceptable to improving parenting skills. 2. It's an asset to create a "We can learn from each other" atmosphere. 3. Many parents are not aware of the numerous cultural places and activities in our community. Example: Families were taken on a downtown carriage ride. (First group-The Battery; second group-College of Charleston historic area). This experience was a first for all. 4. Presentations and lessons must be very interesting and beneficial to keep working parents coming.
- We struggled for a while with the feeling that we no longer had the personal touch that made us unique. We have since designed a new tracking system and restructured case management to go back to that personal touch. We also learned that men value marriage. They were very receptive to the marriage information. We also learned that the parent/child bonding sessions are key to having structured visits for some of the fathers. We have also realized that, when possible, we need to involve the family more in the decision making process.
- We really need to look at focusing on the birth - 3 years population, as some of our 4 - 5 years olds were already in a day care or preschool setting and were able to get the increased education they needed each day. If possible have the same nurses do the home visits as this improves the bonding and the keeping of home visit appointments., etc
- Charleston County School District was able to leverage the funds the 7.25 classes received through the Charleston County First Steps Partnership Board into additional classes at several of the schools where the program was implemented. Because of the ability to use funds from several sources, such as school Title 1 funds and school Educational Improvement Act (EIA) funds, additional families and children benefited from CCSD receiving the First Steps grant. When CCSD was told that the First Steps funding would not be available for the 2003-2004 school year it was a great concern. The schools

where the funds were placed were priority schools, in high poverty areas. The need for children from these communities to be in school at age four is urgent, as this is one of the last opportunities to develop literacy and mathematical readiness prior to children entering a formal school setting where performance is even more critical. The impact is actually on 280 children and their families, rather than just the 145 students that First Steps is funding for the 2002-2003 school year.

- Beginning class in August at the same time as other programs and the public schools is crucial for attendance. Had our program started on time, I am confident that we would have been full the entire year and had a waiting list as well. There is a great need for this program and parents are looking for it! It will be even more in demand this year as word has spread about this year's program and success. Many parents were disappointed when they learned that the program at Hope's Treasure Chest had been cancelled. We felt fortunate to have the contact that we did with the parents. It was much easier to understand and relate to the children when we talked to their parents daily. Beginning class in August at the same time as other programs and the public schools is crucial for attendance. Had our program started on time, I am confident that we would have been full the entire year and had a waiting list as well. There is a great need for this program and parents are looking for it! It will be even more in demand this year as word has spread about this year's program and success. Many parents were disappointed when they learned that the program at Hope's Treasure Chest had been cancelled. We felt fortunate to have the contact that we did with the parents. It was much easier to understand and relate to the children when we talked to their parents daily.
- Working with the Head Start programs in Charleston County was challenging. Initially, all correspondence with any participating facility had to be sent to the main office in Moncks Corner. This meant that often centers did not receive monthly newsletters or information about upcoming trainings in time to participate in the trainings. Partway through the project an agreement was reached with the main office that we could send everything directly to each center providing we sent duplicates to Moncks Corner. \* The Head Start classrooms use the High/Scope model for schedules which is very structured and does not allow for 1/3 of the total daily operating hours for Free Play (required by ECERS) which results in a low score in many criteria. They have indicated that, although it is recommended that they change their schedules that will not be done.
- Countdown to Kindergarten – identifying and contacting the children that are most in need should take place in April. This will give the teachers an opportunity who has already established a relationship with the parent to encourage them to participate in the summer program.

## **WHERE ARE WE GOING**

- Regional grant writing collaborations

- More collaborations with early childhood community
  - More county collaborations
  - Established an Advisory Board for charter members completing 6 years of service(maintain the historical information)
  - Community Forums (quarterly)
  - Engaging all county mayors (large counties). Round table discussions
  - Developing more of a presence in the community (monthly articles in newspapers, radio talk shows and TV shows, legislative delegation)
  - Need ongoing PSA for First Steps
- 

## Charleston County First Steps Partnership

### IMPACT NARRATIVE

#### Accomplishments from 2006 to 2008

#### 2006 SCHOOL READINESS STRATEGIES

***Numbers Served:***

2,022 children; 264 adults/families; 19 child care facilities, with 1,700 children total at those facilities; 279 higher adult education levels achieved; 309 health assessments and screenings; 1,574 home visits; 56 trained Center staff; 40 4-K slots, and 5,706 books distributed.

***Total Budget:***

\$1,335,415.00

#### Early Education

**Statewide Goal** – South Carolina First Steps (SCFS) to School Readiness will leverage state, local and private resources to increase the quality and number of children participating in developmentally appropriate pre-kindergarten programs in both public and private sectors. Particular emphasis will be placed on *fidelity* to research-based instructional models and *targeting* of students at-risk of early school failure.

**Partnership Goal** – Increase the number of children attending high quality early childhood education programs by providing in collaboration with school districts two additional full-day 4K classes.

***FY 2006 Results:***

- 40 students participated in the program
- All participating students were targeted for participation on the basis of compounded school readiness risk factors (DIAL-3 screening score in the bottom 25%, free and reduced lunch status, mother's education, etc.).
- Each classroom teacher completed training in both the High/Scope Curriculum and Work Sampling System through the SC Department of Education.
- All CCFS funded programs met South Carolina 4K requirements for curriculum, pupil-teacher ratios, materials, and class size.
- 40 parents participated in home visits.
- One class was held at Mary Ford Elementary School and another at North Charleston Elementary School.

### **Early Education Collaboration**

*This collaboration was with Charleston County School District*

### **Family Strengthening Strategy**

**Statewide Goal** – South Carolina First Steps to School Readiness will work collaboratively with its agency partners, the faith community and private sector to support parents and families in their own efforts to maximize school readiness, general well-being and long-term academic success of the state's young children.

**Partnership Goal** – Address the educational needs and literacy levels of the whole family including English Speakers of Other Languages; provide opportunities to increase the amount of quality time the parents spend with their children; and increase the capacity of parents to be their child's best and most important teacher by implementing home visitation services.

### ***FY 2006 Results:***

#### **Family Literacy Program**

- 58 parents participated in the program
- 82 children participated in the program; child care was provided during the adult classes
- 8 participants attained a GED
- 192 higher adult education levels were achieved
- 20 referrals were made to other community resources
- 4 Certified Parent Educators trained in Parents As Teachers provided home visits
- All four major components of Family Literacy were implemented: Adult Ed., Early Childhood Ed., Interactive Literacy, and Parenting (Parents As Teachers)
- Goodwin Elementary program is held at Cross Community Church of the Nazarene and English Speakers of Other Languages (ESOL) classes are running simultaneously with Family Literacy. The ESOL class is also a First Steps funded class. Participating parents receive home visits and engaged in literacy activities with their children. This program is the only ESOL program where parents receive home visits.

### English for Speakers of Other Languages (ESOL) Program

- *135 adults participated in the program*
- *150 children participated in the program; child care was provided during the adult classes*
- *55 higher adult education levels were achieved*
- *30 referrals were made to other community resources*
- *Pre- and post-measures on the Basic English Skills Test (BEST) showed that participants gained at least one functioning level by the end of the classes*
- *The ESOL class at Cross Community Church was integrated into the Family Literacy Model which allowed that program to be more comprehensive than others, because some of the parents received home visits from a bilingual certified parent educator.*

### Parents as Teachers Home Visitation Program

- *Parents as Teachers was the parenting component of the Family Literacy model*
- *80 families (totaling 82 children served) received home visits from certified parent educators of the Parents as Teachers Home Visitation Program. Using the program model to differentiate intensity by need, 5 of the 80 recipient families received weekly visits, 43 bi-weekly visits, 7 received visits three times per month, while the remaining 25 families received at least one home visit monthly*
- *A total of 1,164 home visits were delivered, providing parents with information and resources to strengthen their role as their child's most important teachers.*
- *44 families were provided with medical and social service referrals*
- *89 screenings were conducted (34 vision; 34 hearing; and 21 dental)*
- *All PAT educators completed training in the Born to Learn Curriculum.*
- *All PAT educators have, at minimum, an associate's level education*
- *59 parents returned to school to earn GEDs after receiving support from PAT educators*
- *8 parents attained their GED through the Family Literacy program*
- *1398 books and age appropriate educational toys were distributed via the home visits with instructions provided to the parents to track the child's developmental growth*

### Family Strengthening Collaborations

#### **FAMILY LITERACY**

*Collaborations included Charleston County School District (St. James-Santee Elementary School (McClellanville), Goodwin Elementary (N. Charleston), Cross Community Church of the Nazarene (N. Charleston) offered classroom space for the Family Literacy program to be held from Goodwin Elementary, and Jane Edwards Elementary School. Early childhood education classes were held for children birth to 5 years old to participating parents in the program.*

## *ESOL*

*Collaborations included Trident Literacy Association, St. Matthews Lutheran, and Charleston County School District. ESOL classes were held at Cross Community Church, St. Matthews Lutheran Church, Midland Park, Jane Edwards Elementary, Lambs Elementary, and Trident Literacy Association. Early childhood education classes were held for children birth to 5 years old to participating parents in the ESOL program.*

## **Child Care Strategy**

**Statewide Goal** – South Carolina First Steps to School Readiness recognizes quality child care as a research-based determinant of school readiness. As such, First Steps will collaborate with parents, the child care community and its agency and community partners to maximize child care quality throughout the state. SCFS will place particular emphasis on assisting parents in their efforts to identify those settings most likely to maximize developmental outcomes, and assisting providers in their own efforts to maximize the learning environments they provide for young children.

**Partnership Goal** – Improve the quality of child care by offering quality enhancement mini grants and assistance to child care providers; provide Center staff training and development; and offer child care scholarships to increase the availability of affordable childcare to parents who work or attend school full-time.

### ***FY 2006 Results:***

- *Quality enhancement grants were offered to 19 childcare providers serving 1700 children directly. These facilities represent 8% of the childcare community in Charleston County. Through intensive technical assistance the following program outcomes were achieved:*
  - *2 began the National Association for the Education of Young Children (NAEYC) accreditation self-study process*
  - *78 staff participated in on-going DSS certified training regarding Health and Safety, Child Development and Curriculum*
  - *78 childcare staff received an average of 27 hours per person in support and assistance around setting up quality learning areas and maximizing use of new materials.*

### **Facility Quality Enhancement Program**

- *19 child care facilities were selected to participate in the quality enhancement initiative; another 15 centers received indirect services such as newsletters and training participation, resulting in a total of 33 participating facilities in fiscal year 2005*
- *1700 children were impacted by this strategy*

- *18 classrooms were assessed using the Infant and Toddler Environmental Rating Scale (ITERS) and Early Childhood Environment Rating Scale (ECERS)*
- *18 classrooms were furnished and stocked with equipment and supplies in order to provide a developmentally appropriate learning environment*
- *514 hours of technical assistance were provided to directors and teachers*
- *2 child care facilities are working with First Steps to complete the accreditation self study process for National Association of Education for Young Children (NAEYC).*
- *19 centers received books used to supply 50 at-risk, low-income children with home libraries. A total of 950 books were provided to develop home libraries. This encourages an increase in reading at home*
- *19 providers received tuition assistance from Charleston County First Steps to attend local professional conferences*
- *100% of the assessed classrooms have improved the learning environment*
- *100% of classrooms assessed improved their ITERS/ECERS scores*
- *Results of the Director Satisfaction Survey showed that 100% of participating directors believe that their centers benefited from the Charleston County First Steps Quality Enhancement Initiative. They reported:*
  - *Their teachers have benefited from the assessment and the technical assistance plan developed for their classroom*
  - *They have been allowed to find resources to improve the quality of care*
  - *Children have become more imaginative in their play*
  - *Their staff sense that others care and are willing to offer their expertise/support/guidance*
  - *Experienced fewer behavior problems*
  - *The learning environment improved with the addition of new equipment, the low shelves allow children to select materials and have more choices of developmentally appropriate materials*
  - *The program has become more hands-on which provides meaningful experiences*

#### Center Staff Training & Development Program

- *19 centers received direct services and 15 centers received indirect services through training participation*
- *A total of 11 training seminars were presented to teachers and directors addressing areas of child development such as: program administration, curriculum-visual arts, infant and toddler/brain development, developmentally appropriate practice, developing lesson plans, assessments: ELAP & LAP3, diversity, outdoor activities, language development, room arrangement, math activities and Creative Curriculum*
- *56 center staff participated in on-going DSS certified training with an average monthly attendance of 50*
- *A lending library is available to provide additional resources to center directors and teachers*

- *Results of the Teacher Satisfaction Survey showed that 100% of participating teachers believe that participation has increased motivation and enthusiasm for their jobs. They reported:*
  - *Developmentally appropriate practice and improvements, room arrangement, room display, and staff/child interactions have motivated teachers to continue to strive further in a high-quality child care environment.*
  - *Health and safety practices have improved through proper hand washing, diapering, sanitation procedures, schedules, classroom communication, curriculum and supervision of children*

### Child Care Scholarship Program

*31 childcare scholarships were awarded to families who participated in First Steps programs*

### Child Care Collaborations

*Collaborations included the College of Charleston, Childcare Resources and Referrals, State Department of Education, Trident Technical College, the Center for Child Care Career Development, and community volunteers for service delivery, and all 19 child development centers that participated in Facility Quality Enhancement. The child development centers participated in our Second Annual Art Exhibit to encourage creativity in young children. The children's artwork was showcased at the Charleston County First Steps Annual Meeting.*

### Healthy Start Strategy

#### Pediatric Home-Based Services Program

**Statewide Goal** – South Carolina First Steps to School Readiness recognizes the importance of a healthy start in maximizing both school readiness and the long-term well-being of the state's children. The initiative will partner with families, the medical community and other stakeholders to leverage resources for and increase awareness of the healthcare, nutrition and early developmental needs of the state's young children.

**Partnership Goal** – Partner and collaborate with community healthcare providers to expand service capacity to families with children birth to five years old who are not insured and non-Medicaid eligible with pediatric home-based services.

#### ***FY 2006 Results:***

- *Services provided included*
  - *early prevention and intervention*
  - *developmental stimulation*

- *recognizing children with special needs*
  - *parent and infant interactions*
  - *cognitive and language development*
  - *basic health related parenting skills*
  - *negotiating the healthcare system*
  - *coordination of related services throughout the county*
- ***59 families were visited a total times***
  - *59 children participated in the program*
  - *57 health assessments and screenings were conducted*
  - *58 home environment assessments were conducted*
  - *59 families were linked to medical homes*
  - *1 referral was made for additional necessary services*
  - *527 books and age-appropriate educational toys were distributed via the home visits with instructions provided to the parents to track the child's growth*
  - *100% of children maintained their well-baby visits*
  - *100% of families enrolled in the program have a medical home*
  - *Home visitation nurses utilized the HOME Inventory as the measurement tool for outcomes. Ages and Stages, Keys to Care Giving, and other tools were used to monitor developmental growth of each child.*

### **Healthy Start Collaborations**

*Collaborations included DHEC and Franklin C. Fetter Health Center.*

### **School Transition Strategy**

**Statewide Goal** – South Carolina First Steps to School Readiness recognizes school entry as a pivotal transition point in each child's educational career. In an effort to ensure strong collaborative relationships between the state's families and schools, the initiative will develop strategies to maximize parents' understandings of state and local expectations and ensure a smooth and beneficial school transition for each child.

**Partnership Goal** –Ensure an educationally beneficial school transition by serving 80 at-risk children in the Countdown to Kindergarten program.

#### ***FY 2006 Results:***

- *80 identified children completed the Countdown program during the summer*
- *91.25% of the children received 7 home visits*
- *96.25 % of the children received 6 home visits*
- *96.25% of the children received 5 home visits*
- *83.75% percent of the children qualified for free lunch*
- *8.75% percent of the children qualified for reduced lunch*

- *Expanded public awareness strategies on the importance of school readiness; provided simple tools for parents, caregivers, and communities to impact children's early school success.*
- *10 weekly sets of school readiness tips were incorporated into the Countdown to Kindergarten program published in The Post and Courier*
- *Of the Countdown participants, families were more likely to be single parent families (Over 50 percent) and nearly 1 of 3 parents did not graduate from high school (30 percent)*
- *Countdown to Kindergarten resulted in improvements in parent-child interactions, including:*
  - *A 32% improvement in families visiting the library with their children*
  - *A 31% improvement in families reading a book to their children*
  - *A 20% improvement in families talking about letters, words or numbers with their children*
  - *An 18% improvement in families drawing, painting, or did other arts and crafts with their children*
  - *A 12% improvement with families singing songs or dancing with their children*
  - *An 11% improvement in families playing with toys, games and other sports with their children*
  - *An 11% improvement in families taking their children with them while doing errands*
  - *An 8% improvement in families keeping a regular morning or bedtime schedule for their children*
  - *A 5% improvement in families involving their children in household chores like cooking, cleaning, setting the table, or caring for pets*

### **School Transition Collaborations**

*Collaborations included parents, certified teachers from our local school district, Children's Museum of the Lowcountry, First Student and other community partners.*

## **2007 SCHOOL READINESS STRATEGIES**

### ***Numbers Served:***

1,932 children; 416 adults/families; 17 child care facilities, 856 children received direct services, an additional children 588 children received indirect services from our trainings, with 1,444 children total at those facilities; 7 child care centers achieved a higher quality status; 355 higher adult education levels achieved; 442 health assessments and screenings; 1,649 home visits; 95 staff trained; and 3,286 books distributed.

### ***Total Budget:***

\$1,247,969 (includes all funding sources)

## **Family Strengthening Strategy**

**Statewide Goal:** South Carolina First Steps to School Readiness will work collaboratively with its agency partners, the faith community and private sector to support parents and families in their own efforts to maximize the school readiness, well-being and long-term academic success of the state's young children.

### ***FY 2007 Results***

**Partnership Goal:** Address the educational needs and literacy levels of the whole family including English Speakers of Other Languages; provide opportunities to increase the amount of quality time the parents spend with their children; and increase the capacity of parents to be their child's best and most important teacher by implementing home visitation services.

### **Family Literacy Program**

#### *Contract with Charleston County School District*

- *70 parents participated in the program*
- *82 children participated in the program; child care was provided during the adult GED classes*
- *2 participants attained a GED*
- *276 higher adult education levels were achieved*
- *77 referrals were made to other community resources*
- *4 Nationally Certified Parent Educators trained in Parents As Teachers provided home visits*
- *All four major components of Family Literacy were implemented: Adult Ed., Early Childhood Ed., Interactive Literacy, and Parenting (Parents As Teachers)*
- *Goodwin Elementary program was held at Cross Community Church of the Nazarene and English Speakers of Other Languages (ESOL) classes were running simultaneously with Family Literacy. The ESOL class was also a First Steps funded class. Participating parents receive home visits and engaged in literacy activities with their children. This program was the only ESOL program where parents receive home visits.*

### **Parents as Teachers Home Visitation- Family Literacy**

#### *First Steps' parent educators*

- *Parents as Teachers was the parenting component of the Family Literacy model*
- *80 families (totaling 82 children served) received home visits from certified parent educators of the Parents as Teachers Home Visitation Program. Using the program model to differentiate intensity by need, 4 of the 80 recipient families received weekly visits, 60 bi-weekly visits, 8 received visits three times per month, while the remaining 25 families received at least one home visit monthly*

- *A total of 574 home visits were delivered, providing parents with information and resources to strengthen their role as their child's most important teachers.*
- *72 families were provided with medical and social service referrals*
- *89 screenings were conducted (44 vision; 45 hearing)*
- *All PAT educators completed training in the Born to Learn Curriculum.*
- *All PAT educators have, at minimum, an associate's level education*
- *75 parents returned to school to earn GEDs after receiving support from PAT educators*
- *2 parents attained their GED through the Family Literacy program*
- *748 books and age appropriate educational toys were distributed via the home visits with instructions provided to the parents to track the child's developmental growth*

### Parents as Teachers Home Visitation- Stand Alone

*First Steps' parent educators*

*Stand-Alone = Parents only receiving home visits*

- *Certified Parent Educators provided home visits to parents who only received parenting services.*
- *30 families (totaling 40 children served) received home visits. Using the program model to differentiate intensity by need, 30 bi-weekly visits, 14 received visits three times per month, while the remaining 10 families received at least one home visit monthly*
- *A total of 206 home visits were delivered, providing parents with information and resources to strengthen their role as their child's most important teacher*
- *10 families were provided with medical and social service referrals*
- *14 screenings were conducted (6 vision; 8 hearing)*
- *All PAT educators completed training in the Born to Learn Curriculum.*
- *All PAT educators have, at minimum, an associate's level education*
- *234 books and age appropriate educational toys were distributed via the home visits with instructions provided to the parents to track the child's developmental growth*

### English for Speakers of Other Language (ESOL)

*Contracted with Charleston County School District & Trident Literacy Association*

- *131 adults participated in the program*
- *160 children participated in the program; child care was provided during the adult classes*
- *79 higher adult education levels were achieved*
- *33 referrals were made to other community resources*
- *Pre- and post-measures on the Basic English Skills Test (BEST) showed that participants gained at least one functioning level by the end of the classes*
- *The ESOL class at Cross Community Church was integrated into the Family Literacy Model which allowed that program to be more comprehensive than others, because some of the parents received home visits from a bilingual certified parent educator.*

### Family Strengthening Collaborations

*FAMILY LITERACY*

*Collaborations included Charleston County School District (St. James-Santee Elementary School (McClellanville), Goodwin Elementary (N. Charleston), Cross Community Church of the Nazarene (N. Charleston) offered classroom space for the Family Literacy program to be held across from Goodwin Elementary. Early childhood education classes were held for children birth to 5 years old to participating parents in the program.*

#### **ESOL**

*Collaborations included Trident Literacy Association, St. Matthews Lutheran, and Charleston County School District. ESOL classes were held at Cross Community Church, St. Matthews Lutheran Church, Midland Park, Lambs Elementary, and Trident Literacy Association. Early childhood education classes were held for children birth to 5 years old to participating parents in the ESOL program.*

### **Child Care Strategy**

**Statewide Goal:** South Carolina First Steps to School Readiness recognizes quality child care as a research-based determinant of school readiness. As such, First Steps will collaborate with parents, the child-care community and its agency and community partners to maximize child care quality throughout the state. Particular emphasis will be placed on assisting parents in their efforts to identify those settings most likely to maximize developmental outcomes, and assisting providers in their own efforts to maximize the learning environments they provide for young children.

#### ***FY 2007 Results***

**Partnership Goal:** Improve the quality of child care by offering quality enhancement mini grants and assistance to child care providers; provide Center staff training and development; and offer child care scholarships to increase the availability of affordable childcare to parents who work or attend school full-time.

### **Facility Quality Enhancement Program**

- *17 child care facilities were selected to participate in the quality enhancement initiative; another 37 centers received indirect services such as newsletters and training participation, resulting in a total of 54 participating facilities in fiscal year 2007*
- *1,444 children were impacted by this strategy*
- *10 classrooms were assessed using the Infant and Toddler Environmental Rating Scale (ITERS) and Early Childhood Environment Rating Scale (ECERS)*
- *10 classrooms were furnished and stocked with equipment and supplies in order to provide a developmentally appropriate learning environment*
- *700 hours of technical assistance were provided to directors and teachers*
- *2 child care facilities are working with First Steps to complete the accreditation self study process for National Association of Education for Young Children (NAEYC).*
- *100% of the assessed classrooms have improved the learning environment*
- *100% of classrooms assessed improved their ITERS/ECERS scores*
- *Results of the Director Satisfaction Survey showed that 100% of participating directors believe that their centers benefited from the Charleston County First Steps Quality Enhancement Initiative. They reported:*

- *Their teachers have benefited from the assessment and the technical assistance plan developed for their classroom*
- *They have been allowed to find resources to improve the quality of care*
- *Children have become more imaginative in their play*
- *Their staff sense that others care and are willing to offer their expertise/ support/guidance*
- *Experienced fewer behavior problems*
- *The learning environment improved with the addition of new equipment, the low shelves allow children to select materials and have more choices of developmentally appropriate materials*
- *The program has become more hands-on which provides meaningful experiences*

### Center Staff Training & Development Program

- *17 centers received direct services and 15 centers received indirect services through training participation*
- *A total of 11 training seminars were presented to teachers and directors addressing areas of child development such as: program administration, curriculum-visual arts, infant and toddler/brain development, developmentally appropriate practice, developing lesson plans, assessments: ELAP & LAP3, diversity, outdoor activities, language development, room arrangement, math activities and Creative Curriculum*
- *95 center staff participated in on-going DSS certified training with an average monthly attendance of 65*
- *A lending library is available to provide additional resources to center directors and teachers*
- *Results of the Teacher Satisfaction Survey showed that 100% of participating teachers believe that participation has increased motivation and enthusiasm for their jobs. They reported:*
  - *Developmentally appropriate practice and improvements, room arrangement, room display, and staff/child interactions have motivated teachers to continue to strive further in a high-quality child care environment.*
  - *Health and safety practices have improved through proper hand washing, diapering, sanitation procedures, schedules, classroom communication, curriculum and supervision of children*

### CHILD CARE SCHOLARSHIPS

*43 childcare scholarships were awarded to families who participated in First Steps programs.*

### CENTERS OF EXCELLENCE

*This year was our first year of implementing our child care Centers of Excellence (COE). We have selected 4 of our 17 child care centers that currently participate in Facility Quality Enhancement. There are nine (9) components of the Centers of Excellence, and they are:*

1. *Child Care Scholarships for at-risk children*
2. *Research-Based Curriculum(Creative Curriculum)*
3. *Age-appropriate assessments (ELAP & LAP3)*
4. *High-quality Parent Education Component*

5. *Health Component (hearing, vision and dental)*
6. *Quality Enhancement Component (currently provided by First Steps)*
7. *Mentoring and Technical Assistance*
8. *Teacher incentives*
9. *Sustainability*

*The Centers of Excellence allows us to enhance Facility Quality Enhancement with the Early Learning Accomplishment Profile (ELAP) & Learning Accomplishment Profile (LAP-3) assessments kits. These kits assist the child care center directors and classroom teachers in providing age appropriate assessments that provide a systematic method for observing children in the birth to 36 month age range (ELAP), and 36-72 month age range with LAP3. These instruments will also be used to track developmental outcomes. After the assessments, these centers provide individual progress on children, overall center reports, and reports by domains of development (gross motor, fine motor, cognitive, language, self-help, social emotional, and pre-writing). Fourteen (14) out of the 17 child care centers have trained to conduct the ELAP & LAP-3 assessment. The Charleston First Steps staff would oversee the assessment process. Some center results have shown significant gains in the developmental profile. The two developmental domains that scored consistently low were cognitive and language. The First Steps staff will provide technical assistance to these centers to help improve the scores in those two domains as well as the others. The seven developmental domains are: gross motor, fine motor, cognitive, language, and self-help, social / emotional and pre-writing.*

*24 Child Care Scholarships were provided this year and Parenting Workshops. These scholarships are administered by Charleston First Steps office and can only be used at the four centers of excellence. The four First Steps Centers of Excellence are:*

1. *Nia Infant and Toddler*
2. *New Israel CDC*
3. *Preschool Academy*
4. *Carousel Early Learning*

#### *Child Care Collaborations*

- *Collaborations included the College of Charleston, Childcare Resources and Referrals, State Department of Education, Trident Technical College, the Center for Child Care Career Development, and community volunteers for service delivery, and all 17 child development centers that participated in Facility Quality Enhancement. The child development centers participated in our Third Annual Art Exhibit to encourage creativity in young children. The children's artwork was showcased at the Charleston County First Steps Annual Meeting.*
- *The 17 Child Care Facilities that participated in our Quality Enhancement Program are:*
  1. *New Israel CDC*
  2. *Carousel Early Learning*
  3. *Preschool Academy*
  4. *Nia Infant & Toddler*
  5. *First African CDC*
  6. *Joy & Learning CDC*
  7. *Septima Clark CDC*
  8. *Hope's Treasure Chest I*
  9. *Hope's Treasure Chest II*
  10. *Rising Star*

11. *Recovery Room*
12. *John & Mattie Washington*
13. *Frasier's Christian Learning*
14. *Lil Angels Palace*
15. *Goodwill CDC*
16. *Sea Island CDC*
17. *Imagine That*

### **Healthy Start Strategy**

**Statewide Goal:** South Carolina First Steps to School Readiness recognizes the importance of a healthy start in maximizing both school readiness and the long-term wellbeing of the state's children. The initiative will partner with families, the medical community and other stakeholders to leverage resources for – and increase awareness of – the healthcare, nutrition and early developmental needs of the state's young children.

**Partnership Goal:** Partner and collaborate with community healthcare providers to expand service capacity to families with children birth to five years old who are not insured and non-Medicaid eligible with pediatric home-based services.

#### ***FY 2007 Results***

- *Services provided included*
  - *early prevention and intervention*
  - *developmental stimulation*
  - *recognizing children with special needs*
  - *parent and infant interactions*
  - *cognitive and language development*
  - *basic health related parenting skills*
  - *negotiating the healthcare system*
  - *coordination of related services throughout the county*
- ***105 families were visited an average of 6 total times***
- *121 children participated in the program*
- *122 health assessments and screenings were conducted*
- *122 home environment assessments were conducted*
- *56 families were linked to medical homes*
- *1 referral was made for additional necessary services*
- *394 books and age-appropriate educational toys were distributed via the home visits with instructions provided to the parents to track the child's growth*
- *100% of children maintained their well-baby visits*
- *100% of families enrolled in the program have a medical home*
- *Home visitation nurses utilized the HOME Inventory as the measurement tool for outcomes. Ages and Stages, Keys to Care Giving, and other tools were used to monitor developmental growth of each child.*

### Healthy Start Collaborations

*Collaborations included DHEC.*

### School Transition Strategy

**Statewide Goal:** South Carolina First Steps to School Readiness recognizes school entry as a pivotal transition point in each child's educational career. In an effort to ensure strong collaborative relationships between the state's families and schools, the initiative will develop strategies to maximize parents' understandings of state and local expectations and ensure a smooth and beneficial school transition for each child.

**Partnership Goal:** Ensure an educationally beneficial school transition by serving 74 at-risk children in the Countdown to Kindergarten program.

#### ***FY 2007 Results***

- *74 identified children completed the Countdown program during summer 2007.*
- *100 percent of the children received five or more home visits.*
- *75% percent of the children were placed in their Countdown home visitor's kindergarten class.*
- *95.65 % of the children qualified for free lunch.*
- *4.35 % of the children qualified for reduced lunch.*
- *Countdown to Kindergarten resulted in improvements in parent-child interactions, including:*
  - *Played toys, games or sports with their child*
  - *Took child with them while doing errands*
  - *Involved the child in household chores like cooking, cleaning, setting the table, or caring for pets*
  - *Read to /listened to the child read from a book.*
  - *Talked about letters, words or numbers with child*
  - *Sang songs or danced with child*
  - *Drew, painted, or did other arts and crafts with child*
  - *Kept a regular morning or bedtime schedule for the child*
  - *Praised the child for accomplishments or doing things that you want him/her to do*
  - *Visited the library with the child*
  - *Attend a house of worship with the child*

### School Transition Collaborations

*Collaborations included parents, certified teachers from our local school district, Children's Museum of the Lowcountry, First Student and other community partners.*

## 2008 SCHOOL READINESS STRATEGIES

### Family Strengthening .

#### PARENT AS TEACHERS – PROGRAM RESULTS

<b>Objective #1</b>	<b>Outcome</b>	<b>Output(s)</b>
To improve parent child interaction by better understanding the developmental stages of a child	<b>3.14</b> was the average Pre score for KIPS (scale 1-5) <b>3.72</b> was the average Post score for KIPS <b>.58</b> was the average gain difference <b>.5</b> was the average matched difference	<b>113</b> families (cases) served <b>162</b> children served  <b>80</b> family cases w/Pre-KIPS assessments  <b>52</b> family cases w/ Pre/Post KIPS Match
<b>Objective #2</b>	<b>Outcome</b>	<b>Output(s)</b>
To improve the literacy behaviors such as enhancing attention to text, promoting interactive reading and supporting comprehension, and using literacy strategies.	<b>1.73</b> was the average <b>Child</b> Pre score for ACIRI (scale 0-3) <b>2.49</b> was the average <b>Child</b> Post score for ACRI <b>.76</b> was the average <b>Child</b> gain difference <b>.67</b> was the average <b>Child</b> matched difference  <b>1.73</b> was the average <b>Adult</b> Pre score for ACIRI (scale 0-3) <b>2.5</b> was the average <b>Adult</b> Post score for ACRI <b>.77</b> was the average <b>Adult</b> gain difference <b>.72</b> was the average <b>Adult</b> matched difference	<b>56</b> family cases w/Pre-ACIRI assessments <b>38</b> family cases w/Pre/Post ACIRI Match
<b>Objective #3</b>	<b>Outcome</b>	<b>Output(s)</b>
To maintain an adequate success rate for attempted home visits	<b>86%</b> of attempted home visits were successful	<b>1349</b> successful visits conducted (of 1563 attempted visits)
<b>Objective #4</b>	<b>Outcome</b>	<b>Output(s)</b>
To meet the Parenting Program Standard requirements	<b>66.37%</b> of families met the minimum frequency requirement for home visits (2 visits per month)  <b>95.58%</b> of families met the minimum duration requirement for home visits (45 minutes minimum)	<b>1.68</b> average visits per family, per month, exceeding program standard of 1.5 visits per month  <b>1.06-hr</b> , average home visit, exceeding Program Standard of 45-minutes per visit
<b>Objective #5</b>	<b>Outcome</b>	<b>Output(s)</b>
To identify developmental delays and connect children to services	<b>33%</b> of children who move from being delayed in at least 1 area at the initial assessment to no delays in follow up assessments.	<b>9</b> identified delays at initial assessment. <b>3</b> children identified delayed in at least 1 area at the initial assessment to no delays in follow up assessments.

	<p><b>33%</b> of children who have no delays after 6 months in the program.</p> <p><b>11%</b> of children who have no delays after 12 months in the program.</p> <p><b>77%</b> of identified children were referred for specific delays.</p>	<p><b>3</b> children who have no delays after 6 months</p> <p><b>1</b> children who have no delays after 12 months.</p> <p><b>7</b> children were referred for specific delays</p>
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## ESOL – PROGRAM RESULTS

### *Trident Literacy Association*

Objective #1	Outcome	Output(s)
To improve English literacy for adults	<p><b>29%</b> 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 educational functioning level as measured by TABE. (Students were not eligible to be tested for TABE.)</p>	<p><b>86</b> families served</p> <p><b>86</b> adults served</p> <p><b>91</b> children served</p> <p><b>16</b> adults improved at least one functioning level.</p>
Objective #2	Outcome	Output(s)
To improve English literacy for children	<p><b>97%</b> of children improved their PPVT scores</p> <p><b>50%</b> of pre-tested children portrayed vocabulary skills falling below skills of a 2 year old.</p> <p><b>15%</b> of the post-tested children remained below a 2 year old level</p> <p><b>86%</b> out of those children made substantial gains to improve their skills above a 2 year old level.</p> <p><b>3.02</b> Average gain percentile points, from <b>4.78<sup>th</sup></b> to percentile to the <b>7.8<sup>th</sup></b></p>	<p><b>33</b> children were pre and post tested</p> <p><b>32</b> children improved in scores</p> <p><b>19</b> children pre tested portrayed vocabulary skills falling below skills of a 2 year old</p> <p><b>5</b> children post tested remained below a 2 year old level</p> <p><b>28</b> children made substantial gains to improve their skills above a 2 year old level</p> <p><b>1</b> Speech Pathologist referral</p>
Objective #3	Outcome	Output(s)
Children meet literacy milestones that ensure school readiness	<b>100%</b> children mastered 10 of 20 literacy milestones (Pre-K Checklist)	<b>32</b> children mastered literacy milestones
Objective #4	Outcome	Output(s)
To identify developmental delays and connect children to services	<b>89%</b> of children who move from being delayed in at least 1 area at the initial assessment to no delays in follow up assessments.	<p><b>9</b> identified delays at initial assessment.</p> <p><b>8</b> children identified delayed in at least 1 area at the initial assessment to no delays in follow up assessments.</p>

	11% of identified children were referred for specific delays.	1 child was referred for specific delay.
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**ESOL – PROGRAM RESULTS, CONTINUED**  
*Charleston County School District*

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

## **FAMILY LITERACY – PROGRAM RESULTS**

*Charleston County School District*

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

## HEALTHY START.

### PEDIATRIC HOME-BASED SERVICES – PROGRAM RESULTS

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

## CHILD CARE.

### FACILITY QUALITY ENHANCEMENT— PROGRAM RESULTS

Objective #1	Outcome	Output(s)
Enhance the quality of child care offered by child care providers	<b>61%</b> of classrooms with a pre and post test who showed ANY improvement in the average item score.	<b>18</b> classrooms were pre and post assessed.  <b>11</b> classrooms with a pre and

	<p><b>22%</b> of classrooms where the average item score change was greater than 1.0, which is considered significant.</p> <p><b>33%</b> of classrooms, by subscale had an average score change of .5 or more on a subscale, which is considered significant</p>	<p>post test showed some improvement in the average item score.</p> <p><b>4</b> classrooms where the average item score change was greater than 1.0, which is considered significant.</p> <p><b>6</b> classrooms, by subscale had an average score change of .5 or more on a subscale, which is considered significant</p>
<b>Objective #2</b>	<b>Outcome</b>	<b>Output(s)</b>
To enhance the learning environment to promote developmental practices	<p><b>3.82</b> Average <b>ITERS</b> Pre Score  <b>4.15</b> Average <b>ITERS</b> Post Score  On average, participants with both pre- and post-cores showed a <b>1.33</b> gain in scores. This is significant.</p> <p><b>4.32</b> Average <b>ECERS</b> Pre Score  <b>4.85</b> Average <b>ECERS</b> Post Score  On average, participants with both pre- and post-cores showed an <b>.57</b> gain in scores. This is significant.</p> <p><b>5.65</b> Average <b>FDCRS</b> Pre Score  <b>6.59</b> Average <b>FDCRS</b> Post Score  On average, participants with both pre- and post-cores showed an <b>8.85%</b> improvement</p> <p><b>Overall Environment Rating Scale Results:</b>  <b>4.45</b> Average Pre ERS Score  <b>4.62</b> Average Post ERS Score  <b>.17</b> ERS Change (Pre-to-Post)</p>	<p><b>13</b> <b>ITERS</b> Pre Assessments  <b>13</b> <b>ITERS</b> Post Assessments</p> <p><b>8</b> <b>ECERS</b> Pre Assessments  <b>6</b> <b>ECERS</b> Post Assessments</p> <p><b>2</b> <b>FDCRS</b> Pre Assessments  <b>1</b> <b>FDCRS</b> Post Assessments</p>
<b>Objective #2</b>	<b>Outcome</b>	<b>Output(s)</b>
To provide Technical Assistance to center staff		<p><b>745</b> children enrolled</p> <p><b>460</b> total TA visits provided</p> <p><b>2.86</b> average TA visit per month, exceeding 2-hour program standard</p> <p><b>807.5</b> Total TA Hours provided for all centers</p> <p><b>96</b> hrs. Average TA hours per site.</p> <p><b>105.33</b> Average TA Duration per Visit (minutes), exceeds the 45 minute standard monthly requirement</p>
<b>Objective #4</b>	<b>Outcome</b>	<b>Output(s)</b>

Children meet developmental milestones that ensure school readiness	<b>94%</b> 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
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### **CENTER STAFF TRAINING & DEVELOPMENT – PROGRAM RESULTS**

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

### **CHILD CARE SCHOLARSHIPS-PROGRAM RESULTS**

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

### **EARLY EDUCATION .**

#### **CDEPP – PROGRAM RESULTS**

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

## SCHOOL TRANSITION .

### COUNTDOWN TO KINDERGARTEN – PROGRAM RESULTS

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



# 2008 School Readiness Risk Profile Charleston County

Total Children Under Six: 27,763

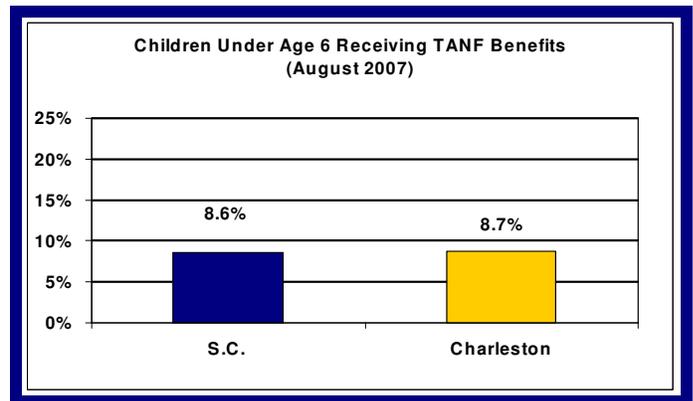
## CHILD POVERTY (Children in Families Receiving TANF Benefits)

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.



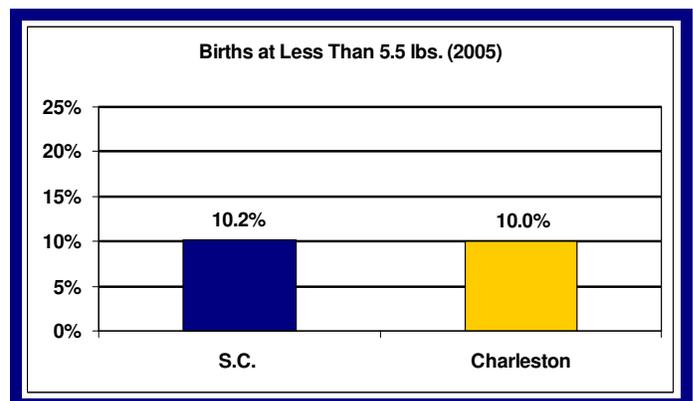
## CHILDREN AT LOW BIRTH WEIGHT (Less Than 5.5 lbs.)

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.



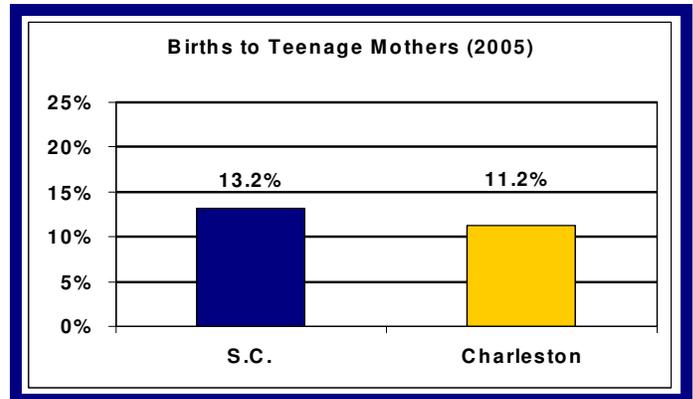
## **BIRTHS TO TEENAGE MOTHERS**

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.



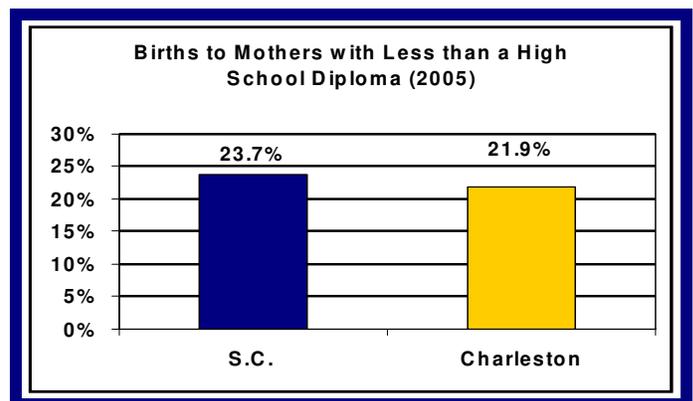
## **BIRTHS TO MOTHERS WITH LESS THAN A HIGH SCHOOL DIPLOMA**

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.



All data provided by the SC Budget and Control Board’s Office of Research and Statistics