**Partnership for Children**

**of Cumberland County**

*2016-17 Smart Start Annual Progress Report*

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Report Overview

This report looks at the collective and individual accomplishments of the 2016-2017 FY Smart Start funded

programs within three main sections.

* This first section begins with summarizing PFC Strategic Direction.
* The second section takes a brief look at progress towards the goals and outcomes adopted by the Partnership’s Board of Directors as well as the Performance-Based Incentive System (PBIS) Standards of the North Carolina Partnership for Children (NCPC).
* The third section presents a detailed summary of each individual program. It includes a brief project description of what population is targeted by that activity, who was served, what services were provided, and what impact was achieved.

The programs funded in FY 2016-2017 continue to demonstrate a positive impact on addressing the issues that affect a child’s readiness for school. Year-end program reports are reviewed and used to assign a Program Implementation score and Program Accomplishment score (both measured as a percent met). These scores represent the degree to which a program is meeting all outputs and outcomes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objectives** | **Program** | **Program Implementation** | **Program Performance** | **Total Composite** |
| **Cross-Sector Engagement** | 1. Planning, Development, and Communications | 9/9 | 1/1 | 10/10 |
| **Strengthen the Early Childhood Continuum of Care** | 1. Program Coordination - Monitoring and Support | 4/4 | 1/1 | 5/5 |
| **Advance Children’s Well-Being** | 1. Assuring Better Child Health & Development | 5/5 | 3/3 | 8/8 |
| **Empower Families** | 1. Autism Outreach & Resource Services | 3/3 | 4/4 | 7/7 |
| 1. Reach Out and Read | 3/3 | 2/2 | 5/5 |
| 1. PFC Family Resource Center | 5/5 | 3/3 | 8/8 |
| **Raising the Quality of Early Care and Education** | 1. DSS Child Care Subsidy, DSS Child Care Subsidy Support /Admin | 3/3 | 1/1 | 4/4 |
| 1. FTCC Child Care Scholarships, FTCC Child Care Scholarships Admin Support | 4/4 | 3/3 | 7/7 |
| 1. PFC Child Care Subsidy, PFC Child Care Subsidy Administration, PFC Child Care Subsidy Non-TANF/CCDF | 4/4 | 3/3 | 7/7 |
| 1. Spainhour/Child’s Play | 4/4 | 1/1 | 5/5 |
| 1. Child Care Resource and Referral | 5/6 | 1/1 | 6/7 |
| 1. High-Quality Maintenance | 3/3 | 1/1 | 4/4 |
| 1. Quality Enhancement Grants | 2/2 | 1/1 | 3/3 |
| **Enhanced Early Care and Education Workforce** | 1. Kindermusik & Music Therapy Connection | 8/8 | 2/2 | 10/10 |
| 1. Professional Development Career Center | 8/8 | 2/2 | 10/10 |
| 1. WAGE$ | 3/3 | 2/2 | 5/5 |
| **TOTAL** |  | 73/74 | 31/31 | 104/105 |

**SECTION I**

**STRATEGIC DIRECTION**



PFC Board of Directors

2016-17 PFC Board of Directors

BOARD OFFICERS

Van W. Gunter, III - Chair

Mayor Chris Rey – Vice Chair

Wendy Lowery - Secretary

Marcus Hedgepeth – Treasurer

BOARD MEMBERS

Christiana Adeyemi

Julie Aul

Amy Cannon

Lisa Childers

Dr. Jeannette Council

Angela Crosby

Hank Debnam

Jim Grafstrom

Marcus Hedgepeth

Lisa Hemstree

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Brenda Jackson

Dr. J. Larry Keen

Angie Malave

Perry Melton

Sharon Moyer

Sarah Smith Pitts

Lorna Ricotta

Jody Risacher

Deborah Sledge

Dr. Deborah Teasley

Dr. Frank Till

Buck Wilson

Krista Caison (D)

Patricia Crouch (D)

Alana Hix (D

James Lawson (D)

Betty Jo Smith (D)

Meg Smith (D)

Shirley Stallings (D)

Wanda Wesley (D)

Charles Morris, Board Director Emeritus

(D) = Designee

# PFC Strategic Direction



Our Vision

Successful children ensure a thriving community and long-term economic prosperity.

Our Mission

Be the driving force to engage partners to achieve lasting positive outcomes for all children, beginning at birth.

Our Values & Principles

1. **Accountable:**We believe that results matter and that a focus on TRANSPARENCY and EXCELLENCE yields improved OUTCOMES and STEWARDSHIP of resources.
2. **Innovative:**We believe we should never accept STATUS QUO in a CHANGING WORLD.
3. **Child & Family-Focused:**We believe in a system of care that is CHILD-CENTERED and FAMILY-OCUSED, with services and supports that are STRENGTHS-BASED and COMMUNITY-BASED.
4. **Collaborative:**We believe in JOINT EFFORT toward COMMON GOALS across all sectors to support families.
5. **Inclusive:**We advocate for policies, practices, and systems that promote FULL and INCLUSIVE participation of children, families, and early childhood professionals.
6. **Respectful:**We ensure that each person who seeks our services is treated with personal RESPECT, COURTESY, COMPASSION, and SENSITIVITY.

# PFC’s Goals, Objectives & Action Steps

Approved April 2016

**GOAL 1: ORGANIZATIONAL DEVELOPMENT: INTERNAL CAPACITY TO REALIZE ITS MISSION AND ACHIEVE GREATER IMPACT**

*Objective 1: Board and Leadership: Deepened management and staff awareness, understanding, knowledge, capacity, and involvement within and across organizational areas.*

* Succession Plan: Develop and adopt a written **Succession Plan**
* Strategic Plan: Develop and adopt a written 3-year strategic plan (2016/17, 2017/18 & 2018/19) including the organization’s vision, mission, values, goals, and priorities, and the actions needed to accomplish the mission
* **Board Composition and Structure: Transition to a** new Board structure with a date for full implementation (calendar year/fiscal year), plus a communications plan about the change
* **PFC Strengthening Initiative:** Enhance the governance and executive leadership capacity of the Partnership

*Objective 2:* Backbone Support: Has the resource and skills to be the backbone organization dedicated to coordinating the various dimensions and collaborators involved in the School Readiness Initiative.

* Operations (Run Internal Process)
* Financial (Manage Resources)
* Learning and Growth (Develop Personnel)

**GOAL 2: ENGAGEMENT: FAMILIES AND COMMUNITIES PLAY A LEADING ROLE**

*Objective 1: Unique & Positive Brand: PFC is recognized as a credible source on the school readiness issue.*

* Strategic Communication: Ensure a consistent understanding of the vision for improving outcomes for children beginning at birth throughout the community. This includes using multiple methods to communicate the message appropriately to different audiences
* Child Promotion: Conduct collaborative child promotion strategies to identify children birth to five. (Instead of Child Find, which is deficit-based, use child promotion to convey that it is the “in thing” for parents to participate)

*Objective 2:* *Cross-Sector Engagement: Representation from key sectors such as education, non-profit, philanthropic, business, civic and community leaders needed to develop and implement the vision to which the Partnership and community hold themselves accountable for achieving.*

* **Mobilizing Resources for Impact** – Stakeholders time, talent, and treasure are aligned & mobilized towards improving overall community level outcomes/indicators including the redirecting or initiation of resources (including knowledge, time, volunteers, skills, financial contributions, or other in-kind services) towards improving a common outcome

*Objective 3: Public and Political Will: Unifying advocacy voices by bringing together individuals, groups, or organizations who agree on a particular issue or goal*

* Constituency Support Based Growth: Increase the number of individuals counted on for sustained advocacy or action on an issue
* Policy & Advocacy Alignment: Policymakers educated about the impact of early childhood initiatives, the need to coordinate these services, and their positive effects on our community

*Objective 4: Investment & Sustainability: Increased public-sector investments in children and families and improve the policies that govern those investments.*

* Fundraiser**:** The Partnership for Children of Cumberland County (PFC) hosts Soirée, our signature fundraiser, in early March
* Shared Services: Strategically expand high-quality, high-value, shared services to maximize funding toward our core mission
* Funder’s Collaborative: Work with funders to establish common grant-making criteria that are research-based and address verified, priority needs in the community

**GOAL 3: STRENGTHEN PARTNERSHIPS: AN INNOVATIVE AND CONNECTED SYSTEM**

***Objective 1: Strengthen The Early Childhood Continuum of Care****: Strengthened and sustained regional and local coalitions to address early childhood system-wide issues and interagency collaboration.*

* **Collaboration & Alignment:** A comprehensive, strategic approach to program design, implementation, financing, and measurement of results
* Partnerships & Alliance: Convene local stakeholders to develop new public-private partnerships while expanding the work of existing public-private partnerships at the community level to integrate improved services and expand birth to five investments (*ABCD Workgroup, Autism Collaborative, Family Resource Center Advisory Team, Child Care Resource and Referral Advisory Workgroup, Forward March Conference, Living in the New Normal, and Behavioral Health Professional Association*)
* Protective Factors Framework: Scaling of evidence-based, parent/caregiver engagement models that increase family protective factors in ECE settings and family support related systems

*Objective 2: Manage And Coordinate Stakeholder Information: Maintain an integrated performance management approach that uses long-term goals in parallel with tracking indicators and annual performance goals.*

* **Community Level Outcomes: Community-level outcomes are selected to ensure accountability to the community**
* **Data Collection & Sharing:** Expand PFC’s evaluation activities to work with other public and community agencies to support the focus on shared outcomes
* **Capacity to Analyze Data: Continue building** the systems and processes that enable the connection and analysis of community level data that drives the continuous improvement process

*Objective 3: Enhanced Individual and Community Capacity: Build the capacity of organizations to achieve mission-driven results.*

* Cross-Service System Professional Development: Fund, oversee, support , and advocate for cross-service system, evidenced-informed, training opportunities to increase access, diversify delivery methods, and improve the knowledge base and strategy utilization for increased family involvement

**GOAL 4: PROGRAMS: HIGH-QUALITY OPPORTUNITIES FOR ALL CHILDREN**

*Objective 1: Advance Children's Well-Being: Prepare children socially, emotionally, physically and intellectually to enter kindergarten ready to succeed.*

* Developmental Screenings: Continue to strengthen cross-system coordination for developmental screening across primary health care, child care/early learning, parent education/home visitation
* Young Child Mental Health Professionals: Increase the number of trained professionals in infant and young children mental health

*Objective 2: Empower Families: Preventive and intervention services are accessible and meet a range of family needs.*

* Positive Parenting Practices: Partners with community partners to adopt policies and practices that are proven effective in building family Protective Factors (e.g., integration into community systems, contracts, and services.)
* Children’s Pre-Reading Skills: Institutionalize language and literacy activities county-wide and use this issue as a point of entry for discussion of other domains of school readiness

*Objective 3:* *Raise the Quality of Early Care and Education: Early care and education programs and providers are linked to the overall service system and community resources.*

* High-Quality Early Care and Education: Invest in service delivery strategies and policy directions grounded in culturally effective evidence-based practices and that produce positive changes in children and families, are measurable, cost-effective, and sustainable.
* Kindergarten Transition: **Bridge the Pre K and Elementary divide by aligning curriculum, standards and teacher expectations pre-K and kindergarten**

*Objective 4: Enhanced ECE Workforce: Increased pool and retention of qualified early educators*

* Early Educators Education Level: Recruit and retain high-quality early educators.
* **Compensation, Benefits, And Turnover Of Early Educators:** Improve compensation to support recruitment and retention of highly-qualified and well-prepared early educators

# Evidence-Based/Informed Activities

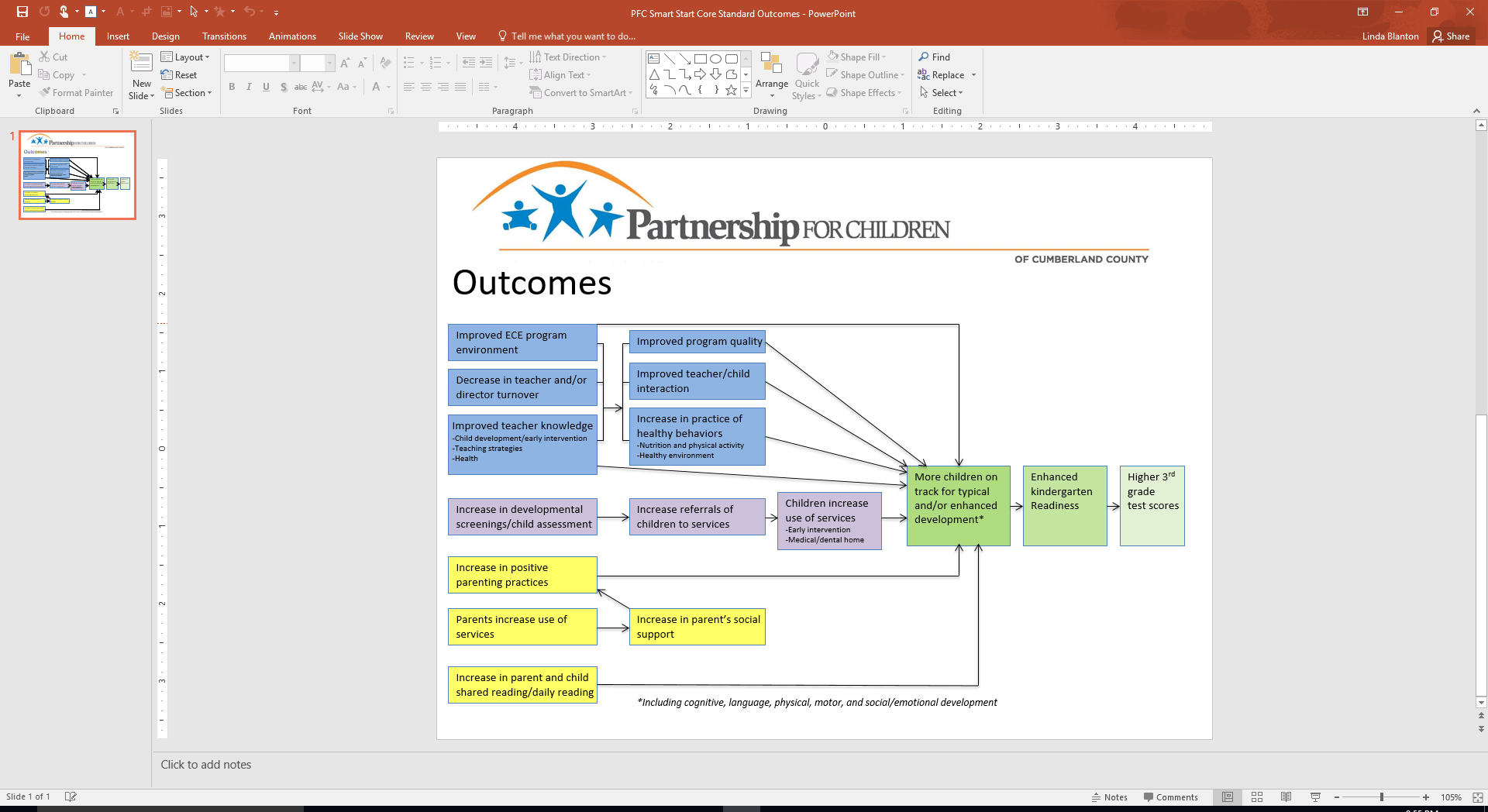
| Objectives | **Activity Title** | **PBIS** | **PSC** | **Program or Practice** | **EB** | **EI** |
| --- | --- | --- | --- | --- | --- | --- |
| **Cross-Sector Engagement** | Planning Development and Communication | PS10 | 5517 | Outreach, Information, and Resources |  |  |
| **Strengthen The Early Childhood Continuum Of Care** | Program Coordination - Monitoring and Support | PS10 | 5603 | Program Coordination and Evaluation |  |  |
| **Manage And Coordinate Stakeholder Information** | Planning Development and Communication | PS10 | 5603 | Program Coordination and Evaluation |  |  |
| **Advance Children's Well-Being** | Assuring Better Child Health & Development | H10 | 5410 | Assuring Better Child Health & Development |  |  |
| **Empower Families** | Autism Outreach & Resource Services | FS10 | 5505 | Circle of Parents |  |  |
| PFC Family Resource Center | FS10 | 5506 | Family Resource Center |  |  |
| 5505 | Nurturing Parenting Program |  |  |
| Reach Out and Read | FS20` | 5523 | Reach Out and Read |  |  |
| **Raise the Quality of Early Care and Education** | Child Care Subsidy | PLA50 | 2341 | Child Care Subsidy |  |  |
| DSS Child Care Subsidy | PLA50 | 2340 | Child Care Subsidy |  |  |
| DSS Child Care Subsidy Support/admin | PLA50 | 2360 | Child Care Subsidy |  |  |
| FTCC Child Care Scholarships | PLA50 | 2341 | Child Care Subsidy |  |  |
| FTCC Child Care Scholarships Admin Support | PLA50 | 2361 | Child Care Subsidy |  |  |
| PFC Child Care Subsidy Administration | PLA50 | 2361 | Child Care Subsidy |  |  |
| PFC Child Care Subsidy Non-TANF/CCDF | PLA50 | 2347 | Child Care Subsidy |  |  |
| Spainhour/Child Play | PLA60 | 2347 | Child Care Subsidy |  |  |
| Child Care Resource and Referral | PLA40 | 3104 | CCRR Consumer Education and Referal |  |  |
| Quality Enhancement Grants | PLA40 | 3101 | Program Quality Enhancements/Maintenance Incentives |  |  |
| CCR&R Technical Assistance |  |  |
| High Quality Maintenance and Support | PLA40 | 3102 | Program Quality Maintenance Incentives |  |  |
| CCR&R Technical Assistance |  |  |
| **Enhanced ECE Workforce** | Professional Development Career Center | EDU10 | 3105 | Education Supports |  |  |
|  |  | Training |  |  |
| Kindermusik & Music Therapy Connection | PLA60 | 3109 | Consultation/Coaching | \* |  |
| WAGES | COMP10 | 3107 | Professional Quality Incentives including WAGE$ |  |  |

# Smart Start Outputs

| Objectives | Projected Outputs | 2016-17 Quarterly Outputs | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| *Q1* | *Q2* | *Q3* | *Q4* | *% Achieved* |
| **Cross-Sector Engagement** | Engaged **8,345** children and their parents with educational outreach experiences | 0 | 3,500 | 0 | 4,845 | 100% |
| Leveraged **444** volunteers contributing **1,255** hours valuing **$61,712** | 0 | 0 | 0 | 444 | 100% |
| 0 | 0 | 0 | 1,255 | 100% |
| 0 | 0 | 0 | $61,712 | 100% |
| **Strengthen The Early Childhood Continuum Of Care** | Advanced the collaboration and alignment of **76** organizations planning and implementing effective models and strategies to address specific community issues/needs | 76 | 4 | 0 | 0 | 105% |
| **Manage And Coordinate Stakeholder Information** | Mobilized **33** Local Partnerships representing **42** counties in a community of practice to improve methods of data sharing and translation | 32 | 0 | 0 | 1 | 100% |
| 41 | 0 | 0 | 0 | 98% |
| **Enhanced Individual and Community Capacity** | Empowered **16** direct service partners through onsite monitoring visits, planning sessions, in-service and consultations | 16 |  |  |  | 100% |
| **Advance Children's Well-Being** | Strengthened the developmental screening and referral practices of **12** medical practices representing **32** providers to implement impacting **13,629** at-risk young children | 12 | 0 | 0 | 10 | 183% |
| 32 | 0 | 0 | 12 | 138% |
| 3,998 | 4,000 | 3,564 | 2,067 | 100% |
| **Empower Families** | Connected **20** families with children with Autism Spectrum Disorders with others who face similar challenges through the Circle of Parents Support Group | 14 | 7 | 2 | 0 | 115% |
| Strengthened positive parenting practices for **30** at-risk parents through the Nurturing Parenting Programs | 12 | 17 | 0 | 0 | 97% |
| Empowered **260** adults with opportunities to borrow books, toys, and learning materials | 50 | 70 | ***74*** | ***64*** | 99% |
| Enhanced the road safety of **205** children who are no longer riding in seats that are installed incorrectly, recalled, out of date or not in working order | 43 | 70 | 53 | 68 | 114% |
| Enriched the home literacy environment by providing books to **1,225** at-risk young children through the medical practice-based Reach Out and Read program | 345 | 293 | 439 | 347 | 116% |
| Enhanced the brain development of **811** at-risk preschoolers through Kindermusik and Music Therapy | 214 | 170 | 245 | 59 | 85% |
| **Raise the Quality of Early Care and Education** | Increased **893** parent’s knowledge of how to identify quality childcare by providing best practice childcare consultation grounded in a parental choice model (CCR&R CER) | 256 | 206 | 295 | 484 | 113% |
| Increased the school readiness of **775** low-income children by offsetting the cost of 4 and 5 star-rated child-care facilities through child-care subsidy program (DSS) | 751 | 3 | 20 | 1 | 100% |
| Increased parents of **38** children ability to meet their educational goals by offsetting the cost of childcare (FTCC) | 24 | 4 | 6 | 4 | 100% |
| Increased parents of **140** children ability to meet their educational goals by offsetting the cost of childcare (PFC Subsidy) | 81 | 26 | 35 | 43 | 1.32% |
| **30%** (6/20) of infant and toddlers have special needs (Spainhour) | 36% (8/22) | 27%  (8/30) | 32%  (11/34) | 32%  (12/38) | 116% |
| Enhanced the skills of  **75** ECE staff through coaching and consultation | 0 | 75 | 0 | 0 | 100% |
| Enhanced the licensed child care settings of **3** child care facilities that received quality enhancement grants(QEG) | 3 | 0 | 0 | 0 | 100% |
| Strengthened the licensed child care settings of **5** child care facilities that received quality maintenance grants(HQM) | 0 | 5 | 0 | 0 | 100% |
| Strengthened the licensed child care settings of **66** child care facilities that received technical assistance(NC PreK) | ***72*** | 0 | 0 | 0 | 109% |
| **Enhanced ECE Workforce** | Advanced **260** direct teaching staff to increase higher education by providing support for college-level course credit(PDCC) | 79 | 0 | 10 | 37 | 55% |
| Empowered **123** teachers by modeling during 7 weekly sessions (Kindermusik & Music Therapy) | 37 | 26 | 36 | 4 | 84% |
| Advanced the progress toward higher education of **259** direct teaching staff from **135** child care facilities impacting **5,250** children through financial incentive(WAGE$) | N/A | 223 | 0 | 41 | 102% |
| N/A | 114 | 0 | 15 | 96% |
| N/A | 4,286 | 0 | 1086 | 102% |

# Smart Start Outcomes

| Objectives | Outcomes | Outcome Measures |
| --- | --- | --- |
| **Strengthen The Early Childhood Continuum Of Care** | Increased coordination of early childhood system | Wilder Inventory Index   * 2016-2017 – 3.98 |
| **Advance Children's Well-Being** | More children on track for typical and/or enhanced development | % of children ages birth-5 with developmental concerns who have been referred for further assessment   * 2015-2016 – 61% (58/95) * 2016-2017 – 100% (25/25) |
| **Empower Families** | Increase in parent social support | Social Emotional Support (Protective Factors Survey)   * 2015-2016 – Pre 3.80; Post 6.13 * 2016-2017 – Pre 3.52; Post 5.85 |
| Increase in positive parenting practices | Expectations of Children (AAPI)-2   * 2015-2016 – Pre- 4.75; Post 6.00 * 2016-2017 – Pre- 5.08; Post 6.13 |
| Parental Empathy (AAPI-2)   * 2015-2016 – Pre- 4.75; Post 8.00 * 2016-2017 – Pre- 4.95; Post 7.65 |
| Use of Corporal Punishment (AAPI-2)   * 2015-2016 – Pre- 5.00; Post 6.50 * 2016-2017 – Pre- 5.96; Post 7.86 |
| Parent-Child Family Roles (AAPI-2)   * 2015-2016 – Pre- 4.25; Post 7.50 * 2016-2017 – Pre- 6.24; Post 7.40 |
| Children’s Power and Independence (AAPI--2)   * 2015-2016 – Pre- 4.75; Post 6.00 * 2016-2017 – Pre- 5.96; Post 7.38 |
| Knowledge of Parenting Practices (NSCS-2)   * 2015-2016 – Pre 7.00; Post 8.75 * 2016-2017 – Pre- 7.08; Post 8.04 |
| Utilization of Nurturing Skills (NSCS-2)   * 2015-2016 – Pre 7.25; Post 8.87 * 2016-2017 – Pre- 6.87; Post 8.46 |
| Increase in frequency of adult and child shared reading | * 2015-2016   + Returning ROR participant 38% (44/115   + New ROR participant 30% (35/115) * 2016-2017   + Returning ROR participant 24% (29/119)   + New ROR participant 16% (8/51) |
| **Raise the Quality of Early Care and Education** | Improved access to high-quality care | Average child subsidized placement (DSS)   * 2014-2015 – 4.22 * 2015-2016 – 4.26 * 2016-2017 – 4.30 |
| Average child subsidized placement (FTCC)   * 2015-2016 - 4.60 * 2016-2017 – 4.51 |
| Average child subsidized placement (PFC)   * 2015-2016 – 4.46 * 2016-2017 – 4.56 |
| Remained in the same facility for at least 6 months or the natural end of each child’s placement.(Spainhour)   * 2015-2016 – 67% (20/30) * 2016-2017 – 100% (38/38) |
| Improved ECE program environment | Parents responding to surveys indicate they have chosen care with a 4 or 5-star license (Survey)   * 2015-2016 – 92% |
| Increase in program quality | Average star rating of participating centers/homes in QEG Incentive   * 2015-2016 – Pre 3.00; – Post 3.20 * 2016-2017 – Pre 3.00; – Post 3.00 |
| Maintain high program quality | Average star rating of participating centers/homes in HQM Incentive   * 2015-2016 – Pre 4.26; – Post 4.32 * 2016-2017 – Pre 4.00; – Post 4.00 |
| Average ECERS-R Score of participating centers   * 2016-2017 – 5.38 |
| **Enhanced ECE Workforce** | Improved teacher knowledge | Earned at least 3 credit hours in early childhood or early childhood related courses with a grade of C or better   * 2015-2016 – 95% (247/260) * 2016-2017 –89% (124/139) |
| Classroom teachers reported they have improved their skills (Survey)   * 2015-2016 – (95%) 37/39 * 2016-2017 – 97% (30/31) |
| Decrease in teacher turnover | Annual Retention Rate of Participants (WAGE$)   * 2015-16 – 89% (215/242) * 2016-2017 –79% (198/251) |



# Smart Start Measures of Impact

*The NC General Assembly mandated that a system be developed by the NCPC to measure local partnerships' performance. In response to this legislation 143B-168.12(a) (7), the NCPC developed what is called the Performance-Based Incentive System or PBIS. In September 2016, NCPC Board approval of Revised PBIS – To be effective July 2017. In December 2016, PFC received PBIS county-level data for both the current and the new indicators to aid local planning. July 1, 2017, the New PBIS indicators were effective*

| **PBIS Criteria**  \*Denotes selected criteria | **15-16** | **14-15** | **13-14** | **12-13** | **11-12** | **10-11** | **09-10** | **08-09** | **07-08** | **06-07** | **05-06** | **04-05** | **03-04** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*H10: Early Intervention – 0-2:** % of children, birth to age 2, will be referred and will have received early intervention services | N/A | N/A | 4.3% | 5.1% | 6.0% | 5.5% | 5.6% | 4.8% | 5.0% | 4.7% | 4.8% | 3.1% | 2.0% |
| **\*H10: Early Intervention – 3-5:** % of children, ages 3-5, will be referred and will have received early intervention services | 3.0 | 3.2% | 3.2% | 3.7% | 4.1% | 3.8% | 4.0% | 4.0% | 5.0% | 5.0% | 5.0% | 5.0% | 6.0% |
| **\*H20: Use of primary Health Care** – Participation ratio for Health Check project counties will be 70%. | N/A | N/A | N/A | 78% | 75% | 75% | 74% | 74% | 73% | 73% | 73% | 73% | 71% |
| **H50: Infant Mortality** | 9.8 | 11.2 | 8.1 | 7.8 | 7.2 | 7.7 | 9.5 | 10.9 | 9.7 | 10.6 | 12.1 | 10.7 | 11.8 |
| **H60: Body Mass Index:** Percent of children birth to age five who are overweight | N/A | N/A | N/A | 9.6% | 9.2% | 9.0% | 5.9% | 7.1% | 7.5% | 7.5% | 7.7% | 9.0% | 9.7% |
| **\*PLA10: Availability:** The percentage of child-care spaces will be equal to 90% of the total number of Children, birth to age 5, with working parents. | 146% | 160% | 164% | 166% | 180% | 198% | 206% | 212% | 260% | 234% | 162% | 110% | 107% |
| **\*PLA20: Regulated Programs** - % of subsidized children are in regulated programs | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 99% | 100% | 100% | 98% | 100% | 99% |
| **PLA 30: % of Low Income in Subsidized Care: one of these programs serves 65% of children whose families earn less than 75% of state median income**: Head Start, Pre-K or subsidized childcare. | N/A | N/A | 77% | 83% | 50% | 52% | 54% | 58% | 51% | 58% | 44% | 45% | 45% |
| **\*PLA40: Child Placement – Average star rating**: Average star rating of child placements (birth to age 5) in regulated programs. | 4.16 | 4.07 | 3.90 | 3.89 | 3.84 | 3.61 | 3.36 | 3.17 | 3.05 | 3.26 | 3.08 | 3.20 | 3.19 |
| **\*PLA40: Child Placement – Average star rating**: % of children in 4 & 5 star facilities | 72% | 69% | 62% | 67% | 64% | 56% | 41% | 33% | 27% | 38% | 34% | 41% | 40% |
| **\*PLA 50: Subsidized placement – Average star rating:**  Average star rating of child placements (birth to age 5) in regulated programs. | 4.44 | 4.36 | 4.19 | 4.15 | 4.13 | 3.87 | 3.64 | 3.36 | 3.16 | 3.29 | 3.09 | 3.34 | 3.55 |
| **\*PLA 50: Subsidized placement – Average star rating:**  % of children in low income families in 4 & 5 star facilities | 90% | 88% | 78% | 83% | 82% | 70% | 57% | 45% | 36% | 43% | 34% | 50% | 39% |
| **\*PLA 60: Subsidy/Special Needs - Average star rating**: 4.00 average star rating of subsidized child placements for children with special/ developmental needs | 4.62 | 4.58 | 4.43 | 4.37 | 4.39 | 4.14 | 4.24 | 3.94 | 3.43 | 3.73 | 3.56 | 3.73 | 3.82 |
| **\*PLA 60: Subsidy/Special Needs - Average star rating** % of special needs children in low income families in 4 & 5 star facilities | 96% | 95% | 96% | 96% | 94% | 90% | 86% | 78% | 57% | 63% | 57% | 66% | 72% |
| **PLA70: Accredited Programs** - % of children in child care facilities - % of children are enrolled in regulated child care programs that are nationally accredited | 12% | 24% | 21% | 20% | 22% | 14% | 15% | 12% | 14% | 15% | 15% | 9% | NA |
| **\*EDU10: Lead Teacher:** % of children enrolled in 1-5 star rated childcare centers that have 5 lead-teacher education points. | 80% | 78% | 70% | 70% | 67% | 63% | 51% | 40% | 33% | 31% | NA | NA | NA |
| **\*EDU10: Lead Teacher:** % of children enrolled in 1-5 star rated child-care centers that have 7 lead-teacher education points. | 56% | 48% | 39% | 34% | 32% | 18% | 17% | 16% | 12% | 8% | NA | NA | NA |
| **EDU 20: Administrator**: % of children enrolled in 1-5 star rated child care centers that have at least 5 administrator education points | 83% | 80% | 77% | 77% | 73% | 66% | 57% | 53% | 45% | 37% | NA | NA | NA |
| **EDU 20: Administrator**: % of children enrolled in 1-5 star rated child care centers that have at least 7 administrator education points | 65% | 63% | 59% | 54% | 46% | 38% | 28% | 24% | 19% | 15% | NA | NA | NA |
| **EDU 30: Family Child Care Provider**: % of children enrolled in 1-5 star rated family child care homes that have at least 5 education points | 60% | 57% | 55% | 53% | 56% | 53% | 47% | 40% | 39% | 42% | NA | NA | NA |
| **EDU 30: Family Child Care Provider**: % of children enrolled in 1-5 star rated family child care homes that have at least 7 education points | 37% | 30% | 31% | 27% | 23% | 21% | 18% | 16% | 15% | 9% | NA | NA | NA |

**SECTION II**

**INDIVIDUAL ACTIVITY REPORTS**



Raising the Quality of Early Care and Education



Advancing the Children’s Well-Being



Early Care and Education Program

**EARLY CARE AND EDUCATION THEORY OF CHANGE FACT SHEET**

Research has established the long-term, positive outcomes of high quality, early childhood interventions for both individual program models and system-wide initiatives, such as Smart Start. There is a strong body of research on the components that are important for high-quality early care and education, such as group size, teacher-child ratio, and quality of instruction. Many of the specific program strategies used by Smart Start and other professionals across the nation are aimed at promoting and supporting these high-quality program components. The strategies are usually provided in combination and more research that controls for or teases apart these specific strategies is needed.

|  |  |
| --- | --- |
| **Child Care Subsidies** | **Child Care Resource and Referral** |
| * High-quality childcare is linked to increased school readiness in young children. Low-income parents spend more on childcare and use on average lower quality care than higher income families. * Therefore, when low-income families are able to access high-quality childcare for their children, they are more likely to become and remain employed, and children are likely to achieve better developmental outcomes. | * Providing parents with more knowledge about the characteristics of high-quality childcare and information about how to access this care as well as providing support and training to practitioners should improve families’ access to better care and improve children’s developmental outcomes. |
| **Consultation/Coaching** | **Education Supports** |
| * Childcare professionals are required throughout their careers to learn new skills and behaviors as the knowledge base changes in their field. * When an expert who knows how to implement the skills and behavior an individual is trying to learn, can work one-on-one in the individual’s specific work context, there is an increased likelihood that the practitioner will make the required changes in their behavior. * The longer the practitioner receives the support, the more likely the targeted practitioner behavior will be sustained over time. | * All professions are built on a foundation of knowledge (e.g., childcare is built on child development theory and research) and skills. * When working with young children, professionals need to understand child development, and skills and strategies that positively influence early childhood learning. * With this knowledge, childcare professionals can provide young children with positive and supportive learning environments that enhance children’s learning and development. |
| **Program Quality Enhancement/Maintenance Incentives** | **ECE Professional Quality Incentives Including WAGE$** |
| * When trying to enhance the quality of services, the use of financial incentives to programs is one mechanism. * Often the improvement of quality incurs additional cost for a center (e.g. training for staff, facility upgrades). * If the center administrator recognizes the benefit of the enhancement, a financial incentive that helps cover some or all of the cost is likely to increase the probability that the change will occur. | * When trying to enhance the quality of services, the use of financial incentives to ECE professionals is one mechanism. * Increasing quality involves improving conditions for ECE professionals, such as providing higher wages or tuition for courses. |

|  |  |  |
| --- | --- | --- |
| **Department of Social Services (DSS) Child Care Subsidy** |  | **Initial Year**  **1995** |

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| --- | --- | --- |
| **Contract Activity Description** | **PSC: 2340** | **PBIS ID: PLA50** |

Financial assistance will be paid on a direct per child basis for the purchase of part- or full-day care and/or rate

enhancements for families eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and

Development Fund (CCDF). This activity will be implemented through the state-level subsidy contract and will be

governed by a Memorandum of Understandingbetween the Local Partnership and the Local Purchasing Agency

(LPA). (Effective 7/1/2016)

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 2360** | **PBIS ID: PLA50** |

This activity will provide services to support the implementation of child-care subsidy including program

administration, family outreach and application, eligibility determination, payment processing, annual

recertification, and reporting, etc. This activity will be implemented through the state-level subsidy contract and will

be governed by a Memorandum of Understanding between the Local Partnership and the Local Purchasing Agency

(LPA) (Effective 7/1/2016).

## *Allocation*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fiscal Year** | **Budget** | | **Actual** | |
| 2015-2016 | $2,230,306 | $178,424 | $2,230,306 | $178,424 |
| 2016-2017 | $2,230,306 | $178,424 | $2,230,306 | $178,424 |
| 2017-2018 | $2,230,306 | $178,424 | $2,230,306 | $178,424 |

## *Target Population*

* Low-income families that fall into one of ten categories Protective Services
  + Work First
  + Children In DSS Legal Custody
  + Child Welfare Services
  + Child Care To Support Full-Time Employment
  + Child Care To Support Part-Time Employment
  + Developmental
  + Child Care To Support Full-Time Education
  + Teen Parent
  + Child Care To Support Part-Time Education
* Eligibility Criteria: Earn less than 200% of the Federal Poverty Level (FPL)

## *Who Was Served?*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Projected Total for Year** | **2015-2016  YTD** | **Q1** | **Q2** | **Q3** | **Q4** | **2016-2017  YTD** |
| # of children receiving TANF eligible child care subsidies or vouchers\* (TRGT348) | 775 | 1,087 | 751 | 3 | 20 | 1 | **775** |
| Number of children in 4-star facility (TRGT746) | 484 | N/A | 484 | N/A | N/A | N/A | **484** |
| Number of children in 5-star facility (TRGT749) | 269 | N/A | 269 | N/A | N/A | N/A | **269** |

## *What Impact Was Achieved?*

| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| --- | --- | --- |
| Improved access to high-quality care: **4.15** Average child subsidized placement\* (TRGT856) | * 2010-2011 – 4.14 * 2011-2012 – 4.17 * 2012-2013 – 4.19 * 2013-2014 – 4.22 * 2014-2015 – 4.22 * 2015-2016 – 4.26 | **4.3** average child subsidized placement |

## *Influence*

* The community has been working together to ensure that eligible children and their families have knowledge of and access to comprehensive childcare subsidy services through a dual subsidy concept in Cumberland County. Subsidy is early care and education (EC&E) provided at a reduced rate or at no cost to the family.
  + Child Care Voucher Program: Provides financial aid to eligible parents or guardians with young children to pay for EC&E programs
  + Subsidized Child Care Program: Receive funds directly from public funds to pay for EC&E programs

## *Impact*

Working families put a large amount of money back into the local economy and tax system through their employment, earnings, and purchase of childcare. The cost of childcare subsidy services is offset by the working families’ ability to pay taxes. Parents with stable child-care arrangements are more focused on the job and make better employees. Receiving subsidized childcare assistance offers children a chance to receive an early childhood education, which leads to increased success in school and less cost to the community and state in terms of remedial service.

## *Leverage*

Funded by a mixture of state (20%) and federal dollars (80%). Parents pay a portion of the child-care cost by paying 10% of their income as a parent fee.

## *Cost of the Program, Per Participant*

$2,230,306/775 (total children) = $2, 878 per child

|  |  |  |
| --- | --- | --- |
| **Fayetteville Technical Community College (FTCC) Child Care Scholarships** |  | **Initial Year**  **1997** |

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 2341** | **PBIS ID: PLA50** |

Financial assistance will be paid on a direct per child basis for the purchase of part- or full-day care and/or rate enhancements for families eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and Development Fund (CCDF). This includes wrap-around care for children attending other publicly funded part-day programs such as NC Pre-K, Head Start, or Developmental Day Schools. Data will be reported to the state-level Smart Start Reporting System on a monthly basis. (Effective 10/31/2016)

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 2361** | **PBIS ID: PLA50** |

This activity will provide services to support the implementation of child care subsidy including program administration; family outreach and application; eligibility determination; payment processing; annual recertification; and reporting, etc. (Effective 10/31/2016)

## *Allocation*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fiscal Year** | **Budget** | | **Actual** | |
| 2015-2016 | $207,260 | $11,550 | $207,260 | $11,550 |
| 2016-2017 | $207,260 | $11,550 | $207,260 | $11,550 |
| 2017-2018 | $207,260 | $11,550 | $207,260 | $11,550 |

## *Target Population*

* FTCC Students with children 0 to 5 years of age not in Kindergarten
* Eligibility Criteria: Qualify for but are unable to receive funding through Cumberland County DSS; earn less than 200% of the Federal Poverty Level (FPL)

## *Who Was Served?*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Projected Total for Year** | **2015-2016  YTD** | **Q1** | **Q2** | **Q3** | **Q4** | **2016-2017  YTD** |
| # of parents whose child qualifies for TANF eligible child care subsidies or vouchers (TRGT578) | 27 | 27 | 20 | 3 | 4 | 2 | 29 |
| # of children receiving TANF eligible child care subsidies or vouchers\* (TRGT348) | 38 | 38 | 24 | 4 | 6 | 4 | 38 |
| # of children receiving subsidy served 4-star facility (TRGT746) | 19 | 15 | 8 | 3 | 2 | 7 | 19 |
| # of children receiving subsidy served 5-star facility (TRGT749) | 20 | 23 | 15 | 1 | 4 | 0 | 20 |

## *What Impact Was Achieved?*

| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| --- | --- | --- |
| Improved access to high-quality care:  4.5 Average child subsidized placement\* (TRGT856) | * 2011-2012 – 4.46 * 2012-2013 – 4.27 * 2013-2014 – 4.35 * 2014-2015 – 4.56 * 2015-2016 – 4.60 | **4.51** average child subsidized placement |
| 25% of parents receiving degrees or certificates of program completion (TRGT214) | * 2011-2012 – 20% (10/51) * 2012-2013 – 16% (8/50) * 2013-2014 – 15% (8/53) * 2014-2015 – 26% (9/34) | **38% (11/29)** of parents receiving degrees or certificates of program completion |
| 75% of parents who were able to retain employment or school enrollment (TRGR176) | * 2011-2012 – 80% (41/51) * 2012-2013 – 84% (42/50) * 2013-2014 – 85% (45/53) * 2014-2015 – 74% (25/34) * 2015-2016 – 48% (13/27) | **62% (18/29)** of parents who were able to retain employment or school enrollment |

## *Influence*

The community has been working together to ensure that eligible children and their families have knowledge of and access to comprehensive childcare subsidy services through a dual subsidy concept in Cumberland County. Subsidy is early care and education (EC&E) provided at a reduced rate or at no cost to the family.

## *Impact*

Allows student parents to remain enrolled in higher education, graduate and find jobs they can keep. Helps young children develop and succeed in school and later in life. Results in people earning a livable wage to cover basic expenses and becoming self-sufficient (livable wage for a family of two is $31,923). FTCC graduates earn an average of an average of $37,760.

## *Leverage*

There is evidence of external funding – Volunteer hours from various community agencies presenting to the parent education group

## *Cost of the Program, Per Participant*

$207,260/38 (total children) = $5,454 per child.

## *Special Story*

"…I am a single mom who recently got out of the army to pursue my dream of becoming a labor and delivery nurse..I was drowning in financial problems, but still had to find a way to push forward and maintain the grades to hopefully enter into the nursing program...As time went on the stress of paying for my son to be in a quality child care facility, but not go bankrupt in the meantime, was always on my mind...I had no idea how I was going to keep my son in a qualified child care facility where he would be safe and maintain my life until a classmate told me about the Parents for Higher Education Program (FTCC Scholarships)...I am beyond grateful for the opportunity to be a part of this wonderful life-changing program... I am forever grateful to FTCC Scholarships and the leadership for selecting me and giving me the opportunity to finish nursing school so I can have the means to take care of my family. Thank you!”

|  |  |  |
| --- | --- | --- |
| **Partnership for Children (PFC) Child Care Subsidy** |  | **Initial Year**  **1997** |

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 2341** | **PBIS ID: PLA50** |

Financial assistance will be paid on a direct per child basis for the purchase of part- or full-day care and/or rate enhancements for families eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and Development Fund (CCDF). Includes wrap-around care for children attending other publicly funded part-day programs such as NC Pre-K, Head Start, or Developmental Day Schools. Data will be reported to the state-level Smart Start Reporting System on a monthly basis. (Effective 10/31/2016)

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 234** | **PBIS ID: PLA50** |

Financial assistance will be paid on a direct per child basis for the purchase of part- or full-day care and/or rate enhancements for families who are not eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and Development Fund (CCDF). Includes wrap-around care for children attending other publicly funded part-day programs such as NC Pre-K, Head Start, or Developmental Day Schools. Data will be reported to the state-level Smart Start Reporting System on a monthly basis. (Effective 10/31/2016)

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 2361** | **PBIS ID: PLA50** |

This activity will provide services to support the implementation of child care subsidy including program administration; family outreach and application; eligibility determination; payment processing; annual recertification; and reporting, etc. (Effective 10/31/2016)

## *Allocation*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Fiscal Year** | **Budget** | | | **Actual** | | |
| 2015-2016 | $366,368 | $60,000 | $35,450 | $366,368 | $60,000 | $35,450 |
| 2016-2017 | $366,368 | $60,000 | $35,450 | $366,368 | $100,000 | $35,450 |
| 2017-2018 | $366,368 | $60,000 | $35,450 | $366,368 | $60,000 | $35,450 |

## *Target Population*

* Homeless, Families in Crisis, Second-round parents (grandparents/kinship caregivers, Teen Parents, College Students; employed working less than 36 hours
* Eligibility Criteria: Qualify for but are unable to receive funding through Cumberland County DSS; earn less than 200% of the Federal Poverty Level (FPL)

## *Who Was Served?*

|  | **Projected Total for Year** | **2015-2016  YTD** | **Q1** | **Q2** | **Q3** | **Q4** | **2016-2017  YTD** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # of children receiving TANF eligible child care subsidies or vouchers\* (TRGT348) | 140 | 118 | 68 | 19 | 28 | 33 | 148 |
| # of children receiving Non-TANF/CCDF child care subsidies or vouchers\* (TRGT581) | 36 | 22 | 13 | 7 | 7 | 10 | 37 |
| # of children receiving subsidy served 4-star facility (TRGT746) | 83 | 60 | 48 | 2 | 22 | 11 | 83 |
| # of children receiving subsidy served 5-star facility (TRGT749) | 104 | 77 | 52 | 8 | 25 | 19 | 104 |

## *What Impact Was Achieved?*

| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| --- | --- | --- |
| Improved access to high-quality care: 4.22 Average child subsidized placement\* (TRGT8 | * 2014-2015 – 4.43 * 2015-2016 – 4.46 | * **4.56** average child subsidized placement |
| 50% of parents receiving degrees or certificates of program completion (TRGT1070) |  | * **30% (8/27)** teen parents receiving degrees or certificates of program completion |
| 50% of parents who were able to retain employment or school enrollment (TRGR176) |  | * **70% (19/27)** teen parents who were able to retain employment or school enrollment |

## *Influence*

The community has been working together to ensure that eligible children and their families have knowledge of and access to comprehensive childcare subsidy services through a dual subsidy concept in Cumberland County. Subsidy is early care and education (EC&E) provided at a reduced rate or at no cost to the family.

## *Impact*

For the kids who have kids, PFC Subsidy offer a chance to stay in school and earn a diploma with the added bonus of offering their young kids early childhood development.

## *Leverage*

2017 Soiree Mission Moment brought in $9,170

## *Cost of the Program, Per Participant*

$426,368/186 (total children) = $2,292

## *Special Story*

This 4th quarter, we were able to work with a single father and his daughter who recently relocated to the United States to improve their living situation.  The father was seeking assistance with childcare because his daughter has epilepsy and developmental disorders and needs to continue with her learning and socialization with other children her age.  Since arriving to North Carolina, the father has not been able to work because of the lack of support, as well as, not having adequate individuals who would be able to care for his daughter with developmental needs. We were able to approve the family for short term child care assistance with no additional fees, and assisted the father with locating a quality child care facility who would be able to meet his daughter's needs.  We also provided him resources throughout the community that could assist him during this transition to regain financial stability.

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| --- | --- | --- |
| **Spainhour/Child’s Play** |  | **Initial Year**  **1993** |

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 2347** | **PBIS ID: PLA60** |

Financial assistance will be paid on a direct per child basis for the purchase of part- or full-day care and/or rate enhancements for families who are not eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and Development Fund (CCDF). Includes wrap-around care for children attending other publicly funded part-day programs such as NC Pre-K, Head Start, or Developmental Day Schools. Data will be reported to the state-level Smart Start Reporting System on a monthly basis. (Effective 10/31/2016)

## *Allocation*

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Budget** | **Actual** |
| 2015-2016 | $91,716 | $91,716 |
| 2016-2017 | $91,716 | $107,002 |
| 2017-2018 | $91,716 |  |

## *Target Population*

**Children** up to 36 months provided an inclusive early intervention setting in a high-quality Developmental Day Care services.

## *Who Was Served?*

|  | **Projected Total for Year** | **2015-2016 YTD** | **Q1** | **Q2** | **Q3** | **Q4** | **2016-2017 YTD** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # of infants receiving non-TANF child care subsidy | 1 | 1 | 2 | 1 | 2 | 2 | 7 |
| # of infants with special needs receiving non-TANF child care subsidy | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| # of toddlers receiving non-TANF child care subsidy (TRGT725) | 13 | 16 | 12 | 1 | 5 | 1 | 19 |
| # of toddlers with special needs receiving non-TANF child care subsidy (TRGT726) | 5 | 13 | 8 | 0 | 3 | 0 | 11 |

## *What Impact Was Achieved?*

| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| --- | --- | --- |
| Improved access to high-quality care:  3.1\_Of the children with special needs, % remain in the same facility for at least 6 months or the natural end of each child’s placement\*.(TRGT1174) | * 2013-2014 – 78% (7/9) * 2014-2015 – 100% (29 /29) * 2015-2016 – 67% (20/30) | Of the children with special needs, **100%** remain in the same facility for at least 6 months or the natural end of each child’s placement. |

## *Influence*

* The community has been working together to ensure that eligible children and their families have knowledge of and access to comprehensive childcare subsidy services through a dual subsidy concept in Cumberland County. Subsidy is early care and education (EC&E) provided at a reduced rate or at no cost to the family.
  + Child Care Voucher Program: Provides financial aid to eligible parents or guardians with young children to pay for EC&E programs
  + Subsidized Child Care Program: Receive funds directly from public funds to pay for EC&E programs
* This is a critical component of the overall community response as the available childcare for children 0-3 years of age with significant special needs is severely limited in Cumberland County.

## *Impact*

* The Blended Classroom program is a proven concept with documented social and educational benefits resulting from young children with disabilities working together in the same educational setting with their non-disabled peers. Some of these benefits include:  1) increased understanding of differences 2) increased self-worth and self-esteem 3) positive impact of peer models 4) increased language development 5) increased readiness skills.

## *Leverage*

* Work closely with Title 1, Child and Adult Care Food Program (CACFP) (food program), Exceptional Children, NC PreK Funds, CDSA, Child Care Aware (Military)

## *Cost of the Program, Per Participant*

* $91,716/30 = $3,057 per child

## *Special Story*

During the summer, we had numerous nursing students visit us from a local community college. One of the nursing students decided after her rotation with us that she wanted to bring her daughter to childcare with us. When her daughter first started with us she was very shy and cried pretty much all day. After a few days the mom told us that she was going to pull her because of her crying. After speaking to the mother and assuring her that it would get better, she decided to leave her daughter in care with us. After about 2 weeks, the little girl became more comfortable and now loves coming to school! She even has no tears when her mom leaves her!

|  |  |  |
| --- | --- | --- |
| **Child Care Resource and Referral** |  | **Initial Year**  **1995** |

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 3104** | **PBIS ID: PLA40** |

The Child Care Resource and Referral (CCR&R) will oversee and provide services to families, childcare providers, and community stakeholders in the forms of public awareness, consumer education and referral, childcare subsidy, technical assistance and professional development. The Partnership for Children of Cumberland County serves as a lead agency facilitating collaboration and participation with Region 5 and the CCR&R Council. Additional services may include a mobile resource van, a car seat program with the provision of car seats, and a lending library for families, childcare providers and practitioners to have access to and borrow learning and instructional materials. The CCR&R hosts external meetings that involve the attendance of persons other than employees, such as the CCR&R Advisory Committee and DCDEE Childcare Consultants and food may be provided. Smart Start funds will support a minimum of 9.0 FTEs, staff development, travel, and contracted services such as temporary workers, trainers, and security. (Effective 10/31/2016)

## *Allocation*

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Budget** | **Actual** |
| 2015-2016 | $583,503 | $557,998 |
| 2016-2017 | $583,503 | $649,153 |
| 2017-2018 | $793,797 |  |

## *Target Population*

Child care providers working in regulated childcare facilities; early care educators, local businesses, and the community at large.

## *Who Was Served?*

|  | **Projected Total for Year** | **2015-2016 YTD** | **Q1** | **Q2** | **Q3** | **Q4** |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # of parents/guardians received referrals\* | 1,100 | 893 | 256 | 206 | 295 | 484 | 1,241 |
| # of infants, toddlers and preschoolers whose families received referrals | 1,506 | 1,187 | 307 | 249 | 357 | 534 | 1,446 |
| # of visitors (parents/ECE professionals) to the lending library | 300 | 383 | 50 | 70 | 74 | 64 | 258 |
| # of child care facilities that have one or more staff using the lending library\* | 65 | 128 | 19 | 29 | 34 | 14 | 96 |
| # of child care facilities served by Lending Library Mobile Resource Van | 12 | 25 | 9 | 6 | 8 | 8 | 31 |
| # of children  receiving car seats | 205 | 310 | 43 | 70 | 53 | 68 | 234 |

## *What Impact Was Achieved?*

| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| --- | --- | --- |
| Improved access to high-quality care: 84% (185/220) of parents responding to surveys indicate they have chosen care with a 4 or 5-star license (TRGT1178) CER Report IV.h & j) | * 2010-2011 – N/A * 2011-2012 – N/A * 2012-2013 – 76% (179/236) * 2013-2014 – 84% (185/220) * 2014-2015- 84**%** (134/234) * 2015-2016- 92**%** | **91%** (162/178) of parents responding to surveys indicate they have chosen care with a 4 or 5 star license (TRGT1178) CER Report IV.h & j) |

## *Influence*

* Contributes to North Carolina’s quality of child care by serving the counties of Anson, Cumberland, Hoke, Montgomery, Moore, Richmond, Robeson, Scotland as CCR&R Region 5 Lead Agency

## *Impact*

* Provides a unique strategic mix of services catering to niche service delivery needs and designed to **improve system performance in achieving better results for children and families**

## *Leverage*

* Provided NC Public Pre-K Program since 2001, Region 5 CCRR since 2010 resulting in lower direct costs, reduce indirect costs, and share common resources with other agencies.

## *Cost of the Program, Per Participant*

* Utilizes the economies of scale and the inherent efficiency of a larger service delivery area in order to produce cost savings to local agencies and/or deliver better service to users.

|  |  |  |
| --- | --- | --- |
| **High-Quality Maintenance** |  | **Initial Year**  **2015** |

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 3102** | **PBIS ID: PLA40** |

Partnership staff will provide quality maintenance services targeting four- and five-star child-care facilities to maintain high quality. Quality maintenance services will be provided in the forms of training and on-site technical assistance. Training may be provided on-site or as community learning events to include a minimum of one conference. Conferences may include refreshments, topic related materials, site rental, and outside presenters. Partnership staff will provide early childhood education curriculum support and technical assistance using an appropriate assessment tool, such as the Environmental Rating Scale. Based on assessment results, Partnership staff will work collaboratively with facility staff to develop action plans related to program standards. Coaching and consultation will be provided in implementing strategies from the action plans and progress will be measured through post assessments. Facilities with service agreements may be provided materials, such as copies of the assessment tool. Smart Start funds will support a minimum of 3.0 FTEs, staff development, and travel. (Effective 10/31/2016)

## *Allocation*

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Budget** | **Actual** |
| 2015-2016 |  | $238,430 |
| 2016-2017 | $190,050 | $239,050 |
| 2017-2018 | $251,276 |  |

## *Target Population*

* Four- and five-star childcare facilities with program scores of 4 or less up for reassessment within 12 months of the beginning of the fiscal year
* Four- and five-star childcare facilities with program scores of 4 or less

## *Who Was Served?*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Projected Total for Year** | **2015-2016  YTD** | **Q1** | **Q2** | **Q3** | **Q4** | **2016-2017 YTD** |
| # of participating childcare facilities with at least one on-site technical assistance visit | 68 | 66 | 0 | 48 | 22 | 0 | 70 |
| # of technical assistance site visits made to child care facilities (TRGT62) | 200 | 42 | 23 | 33 | 135 | 22 | 213 |
| # of childcare facilities with a materials grant | 5 | N/A | 0 | 5 | 0 | 0 | 5 |

## *What Impact Was Achieved?*

| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| --- | --- | --- |
| Average star rating of participating facilities\* | * 2015-2016 – 4.59 | Average star rating of participating facilities is **4.57** |

## *Influence*

* Contributes to North Carolina’s quality of child care by serving the counties of Anson, Cumberland, Hoke, Montgomery, Moore, Richmond, Robeson, Scotland as CCR&R Region 5 Lead Agency

## *Impact*

* Provides a unique strategic mix of services catering to niche service delivery needs and designed to **improve system performance in achieving better results for children and families**

## *Leverage*

* Provided NC Public Pre-K Program since 2001, Region 5 CCRR since 2010 resulting in lower direct costs, reduce indirect costs, and share common resources with other agencies.

## *Cost of the Program, Per Participant*

* Utilizes the economies of scale and the inherent efficiency of a larger service delivery area in order to produce cost savings to local agencies and/or deliver better service to users.

|  |  |  |
| --- | --- | --- |
| **Kindermusik & Music Therapy Connection** |  | **Initial Year**  **1996** |

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 3109** | **PBIS ID: PLA60** |

Kindermusik will provide one-on-one training and coaching in utilizing music in daily lesson plans by modeling during seven weekly sessions for classes of at-risk pre-kindergarten children and their teachers. Each teacher and child will receive "ABC Music & Me" curriculum materials including a parent/child magazine with story and CD allowing parents and children to build upon classroom experiences. Preschool teachers/assistants will learn methods through observing all class presentations so that concepts and musical activities can be integrated into the teacher’s daily lesson plans. The music professional/licensed Kindermusik Instructor will explore ideas and help develop activities with the preschool teacher utilizing music through numbers, shapes, colors, and letters; explore ways to share music in the child's world in the classroom and at home; and may provide follow-up consultation with preschool teachers to explore ways of enhancing daily experiences with the children. A contracted Music Therapist will provide music therapy through one-on-one training and mentoring to improve teacher practice for special needs preschoolers at Dorothy Spainhour and special needs preschoolers in Early Intervention classes. If available, children ages 3 and 4 at Dorothy Spainhour may receive a Kindermusik home kit. (Effective 10/31/2016)

## *Allocation*

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Budget** | **Actual** |
| 2015-2016 | $57,709 | $73,169 |
| 2016-2017 | $57,709 | $62,119 |
| 2017-2018 | $57,709 |  |

## *Target Population*

* Target an estimated 400 preschoolers with at least 2 risk factors
  + Child with special needs as identified in an IEP
  + Child is at-risk and meets specific criteria set forth by the school system to include

## *Who Was Served?*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Projected Total for Year** | **2015-2016  YTD** | **Q1** | **Q2** | **Q3** | **Q4** | **2016-2017  YTD** |
| # of child home kits delivered (TRGT1237) | 400 | 759 | 100 | 150 | 156 | 195 | 454 |
| # of Kindermusik series (7 sessions) (TRGT721) | 25 | 36 | 7 | 10 | 9 | 2 | 28 |
| # of preschool classrooms served by Kindermusik (TRGT714) | 25 | 36 | 7 | 10 | 9 | 2 | 28 |
| # of children served by Kindermusik (TRGT672) | 400 | 562 | 100 | 150 | 137 | 29 | 416 |
| # of children served by Music Therapy (TRGT673) | 134 | 249 | 114 | 20 | 108 | 30 | 272 |
| # of Music Therapy series (8, 16, 25-week sessions) (TRGT720) | 15 | 10 | 7 | 0 | 8 | 0 | 15 |
| # of schools/ child-care facilities with Pre-K classes impacted by Kindermusik (TRGT716) | 25 | 33 | 9 | 7 | 10 | 1 | 27 |
| # of direct teaching staff who attend non-credit based training or workshops\* (TRGT1236) | 94 | 123 | 37 | 26 | 36 | 4 | 103 |

## *What Impact Was Achieved?*

| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| --- | --- | --- |
| 95% reported gained a new skill  Kindermusik - Music Therapy Evaluation Checklist for Classroom Teachers | * Add outcome in FY 2015-2016 * 2015-2016 – 95% ((37/39) | **97% (30/31)** reported gained a new skill |
| 95% of children understood 2 or more of the targeted concepts | * 2010-2011 – 99% (457/261) * 2011-2012 – 100% (575/575) * 2012-2013 – 98% (354/360) * 2013-2014 – 99% (372/377) * 2014-2015- 99% (495/501) * 2015-2016 – 97% (543/558) | **99%** **(407/412)** of children in the classes understand 2 or more of the targeted concepts |

## *Influence*

Based on current research and developmentally appropriate methodologies, the Kindermusik curricula uses music as the vehicle for learning during the first seven years of a child’s life, however, the benefits of music extend well beyond those early years. Reach 55% (400/720) of eligible children.

## *Impact*

Early music experiences can have a significant impact on literacy and reading. According to experts, learning to read depends on acquiring a variety of skills, including phonological processing, oral language, and comprehension. Kindermusik influences these literacy-boosting skills.

Research demonstrates that involvement in music and movement activities from an early age helps children develop good social and emotional skills. Research also links social and emotional development with school-readiness and even with higher academic testing scores. The same skills that foster emotional security and social success – skills like confidence, curiosity, cooperation, self-regulation, and good listening – predict cognitive achievement and academic success as well.

## *Leverage*

Both the Kindermusik Educator and Music Therapist have multiple clients elsewhere with fee for services and other grants.

## *Cost of the Program, Per Participant*

Total Cost $57, 709/Total 534 Children Served = $108

## *Special Story*

“I wanted to add some information about how this program has also benefitted my own daughter.  She had a hematoma at birth that affected speech.  Due to all the techniques I learned with Ms. Kerri I play these songs/music using many skills taught through the years with her.  She was diagnosed with Apraxia of speech at age 2.  She never said any words (no cooing or babbling).  After Speech Therapy she is able to say many words.  Due to this wonderful program (Kindermusik) setting the groundwork of language, patterns, vocabulary, echoes, etc. she is showing so much growth.  The Speech Teacher says that she can speak because of the music she was exposed to as a baby.  Thanks to Kindermusik my child can communicate!”

|  |  |  |
| --- | --- | --- |
| **Professional Development Career Center** |  | **Initial Year**  **2001** |

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 3105** | **PBIS ID: EDU10** |

Professional Development Career Center will provide professional development services and supports to early childhood professionals. The Professional Development Career Center will provide professional development. Services will be provided in the forms of training and technical assistance. Structured learning events, such as conferences and leadership academies for child-care centers and family child-care homes may include refreshments, topic related materials, site rentals, and outside presenters. Technical assistance will include the development of education plans and assistance enrolling in credit-based courses. Financial assistance may be provided to cover the cost of tuition, books, and activity fees. Additional supports may include the provision of educational materials, mentoring, tutoring, and education bonuses for the completion of three semester credits with a 3.0 or better grade point average. Smart Start funds will support the use of the activity management tools, fees associated with certifications/authorizations, a minimum of 4.0 FTEs, staff development, travel, and contracted services in the form of trainers and temps during identified times of need. (Effective 10/31/2016)

## *Allocation*

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Budget** | **Actual** |
| 2015-2016 | $234,998 | $252,788 |
| 2016-2017 | $234,998 | $285,848 |
| 2017-2018 | $268,453 |  |

## *Target Population*

* Child care providers working directly with children or curriculum for children birth to five in regulated childcare centers & family child-care homes

## *Who Was Served?*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Projected Total for Year** | **2015-2016 YTD** | **Q1** | **Q2** | **Q3** | **Q4** | **2016-2017 YTD** |
| # of direct teaching staff who ENROLL in for-credit college-level course (TRGT1015) | 130 | 260 | 79 | 0 | 10 | 37 | 126 |
| #of staff in child care centers attending a college course |  | N/A | 79 | 0 | 10 | 10 | 99 |
| # of family child care home providers attending a college course |  | N/A | 6 | 0 | 0 | 0 | 6 |
| # of license-exempt practitioners attending a college course |  | N/a | 0 | 0 | 0 | 0 | 0 |
| # of child care facilities with at least one staff person who participated for-credit college level course | 50 | 102 | 0 | 60 | 34 | 30 | 124 |
| # of child care professionals who participated in training workshops, CEUs, or credit-bearing coursework | 1,050 | 964 | 222 | 223 | 371 | 237 | 1053 |
| # of training hours delivered/facilitated | 475 | 502 | 105 | 105 | 131 | 142 | 493 |
| # of training sessions delivered/facilitated | 150 | 110 | 34 | 33 | 57 | 61 | 185 |

## *What Impact Was Achieved?*

| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| --- | --- | --- |
| College Coursework Completion: Of the direct teaching staff enroll in credit-bearing courses, **70%** (91/130) will earn at least 3 credit hours in early childhood or early childhood related courses with a grade of C or better.\* (TRGT1669) | * 2013-2014 – 80% (118/147) * 2014-2015 – 91% (118/130) * 2015-2016 – 95% (247/260) | **89% (124/139)** staff with completed college course(s) with a grade of "C" or better |
| DEGREE COMPLETION: At least **4** ECE professionals will obtain an associate or Bachelor of Science degree in Early Childhood or BK program. (TRGT205) | * 2013-2014 – 5 * 2014-2015 – 7 * 2015-2016 - 14 | **8** ECE professionals obtained an Associate or Bachelor of Science degree |

## *Influence*

* Contributes to North Carolina’s quality of child care by serving the counties of Anson, Cumberland, Hoke, Montgomery, Moore, Richmond, Robeson, Scotland as CCR&R Region 5 Lead Agency

## *Impact*

* Provides a unique strategic mix of services catering to niche service delivery needs and designed to **improve system performance in achieving better results for children and families**

## *Leverage*

* Provided NC Public Pre-K Program since 2001, Region 5 CCRR since 2010 resulting in lower direct costs, reduce indirect costs, and share common resources with other agencies.

## *Cost of the Program, Per Participant*

* Utilizes the economies of scale and the inherent efficiency of a larger service delivery area in order to produce cost savings to local agencies and/or deliver better service to users.

## *Special Story*

“Yvonne McNeil is a NC Pre K teacher and owner of Brite Shinning Stars.  One day she entered our office with the hopes of obtaining her BK l licensure.    She was given a period from NC Pre K on when she needed to have this done. She was lost and did not know where to start.  She did not have the funds to obtain this goal and felt as if it would not happen. After speaking with our office and she found out all the options that were available she was in tears.  Mrs. McNeil selected the University of Mount Olive to obtain her licensure.  She said without the support and the assistance Partnership provided her goal was unreachable.  She wanted to give up but we gave her hope and guidance and made sure she did not quit. She has now encouraged her husband to enroll in college to obtain his administration certificate. We are so proud of Mrs. McNeil and excited about her future in early childhood.”

|  |  |  |
| --- | --- | --- |
| **Quality Enhancement Grant** |  | **Initial Year**  **1995** |

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 3101** | **PBIS ID: PLA40** |

Quality enhancement services will be provided to licensed childcare facilities to improve quality with a focus on facilities with less than four stars. Services that address program and education standards will be provided in the forms of training and technical assistance. Partnership staff will provide technical assistance using an appropriate assessment tool. Based on assessment results, Partnership staff will work collaboratively with facility staff to develop action plans. Coaching and consultation will be provided in implementing strategies from the action plans and progress will be measured through post assessments. Facilities with service agreements may be provided materials, such as copies of the assessment tool. Additionally, teaching staff working in facilities with a service agreement to improve their education points on their star rated license may receive a professional development bonus following successful completion of coursework with a grade of3.0 or better. Materials grants may be provided and purchases will be based on needs identified through the assessment process. Facilities with high enrollment and low program standards points will be given priority. Smart Start funds will support a minimum of 5.0 FTEs, staff development, and travel. (Effective 10/31/2016)

## *Allocation*

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Budget** | **Actual** |
| 2015-2016 |  | $436,666 |
| 2016-2017 | $493,291 | $258,791 |
| 2017-2018 | $188,317\* |  |

## *Target Population*

* Child-care providers working directly with children or curriculum for children birth to five in regulated 1-3 star rated child-care centers & family child-care homes in Cumberland County.
* 1-3 star facilities that are up for reassessment within 12 months

## *Who Was Served?*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Projected Total for Year** | **2015-2016  YTD** | **Q1** | **Q2** | **Q3** | **Q4** | **2016-2017  YTD** |
| # of child care facilities participating in activities designed to increase their rating to 3-star or higher\* (SS14) (TRGT274) | 8 | 3 | 3 | 0 | 3 | 0 | 6 |
| # of technical assistance site visits made to child care facilities (TRGT62) | 175 | 417 | 64 | 38 | 46 | 87 | 235 |

## *What Impact Was Achieved?*

| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| --- | --- | --- |
| Average star rating of participating centers/homes | 2015-2016 – Pre **3.00**; – Post **3.20** | **3.00** Average star rating of participating centers/homes |

## *Influence*

* Contributes to North Carolina’s quality of child care by serving the counties of Anson, Cumberland, Hoke, Montgomery, Moore, Richmond, Robeson, Scotland as CCR&R Region 5 Lead Agency

## *Impact*

* Provides a unique strategic mix of services catering to niche service delivery needs and designed to **improve system performance in achieving better results for children and families**

## *Leverage*

* Provided NC Public Pre-K Program since 2001, Region 5 CCRR since 2010 resulting in lower direct costs, reduce indirect costs, and share common resources with other agencies.

## *Cost of the Program, Per Participant*

* Utilizes the economies of scale and the inherent efficiency of a larger service delivery area in order to produce cost savings to local agencies and/or deliver better service to users.

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| --- | --- | --- |
| **WAGE$** |  | **Initial Year**  **2004** |

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| --- | --- | --- |
| **Contract Activity Description** | **PSC: 3107** | **PBIS ID: COMP10** |

The Child Care WAGE$® Project is designed to provide low paid child care professionals with education-based salary supplements. The supplement recipient must work at least 10 hours per week with preschool-aged children (birth to five) in a licensed North Carolina child-care program and s/he must have a formal child-care credential or education beyond a high school diploma. Child-care programs meeting only the accreditation standards of NAEYC may be eligible, with specific partnership approval. The Child Care WAGE$® Project has income caps that affect eligibility. Participants must earn at or below the cap of $13 per hour to be eligible. The partnership may choose from higher rates of $15 or $17 per hour as well.

## *Allocation*

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Budget** | **Actual** |
| 2015-2016 | $374,680 | $374,680 |
| 2016-2017 | $374,680 | $496,680 |
| 2017-2018 | $374,680 |  |

## *Target Population*

* The Child Care WAGE$® Project provides education-based salary supplements to low-paid teachers, directors, and family child-care providers working with children between the ages of birth-five.

## *Who Was Served?*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Projected Total for Year** | **2015-2016 YTD** | **Q1** | **Q2** | **Q3** | **Q4** | **2016-2017 YTD** |
| # of child care facilities who employ at least one Direct Teaching Staff who receives a Professional Development Supplement (TRGT129) | 135 | 136 | 0 | 114 | 0 | 15 | 129 |
| # of child care Direct Teaching Staff receiving education-based salary supplements (TRGT384) | 245 | 259 | 0 | 223 | 0 | 41 | 264 |
| # of children enrolled in child care facilities who employ at least one direct teaching staff who received a professional development supplement | 4,000 | 5,250 | 0 | 4,286 | 0 | 1,086 | 5,372 |

## *What Impact Was Achieved?*

| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| --- | --- | --- |
| Turnover Rate: 25% Annual Retention Rate of Participants (TRGT711) | * 2011-2012 –84% * 2012-2013 – 84% (161/192) * 2013-2014 – 88% (173/196) * 2014-2015 – 88% (172/196) * 2015-2016 – 89% (215/242) | **79% (198/251**) Annual Retention Rate of Participants (TRGT711) |
| $800 Average Six Month Supplement (TRGT712) | * 2011-2012 – $726 * 2012-2013 – $777 * 2013-2014 - $800 * 2013-2014 - $808 * 2015-2016 – $829 | **$1,068** Average Six Month Supplement (TRGT712) |

## *Influence*

* WAGE$ is a funding partnership between Smart Start, the North Carolina Division of Child Development and the Office of Early Learning. For local Smart Start partnerships that choose to pay for the supplements, the Division of Child Development and the Office of Early Learning cover the administrative costs.

## *Impact*

* The Child Care WAGE$® Project impact the community by improving the quality of early care and education. Through graduated salary supplements, the project helps decrease turnover and encourages the continued educational pursuits of the childcare workforce.
* Because these supplements reward teacher education and continuity of care, children ages birth to five benefit from more stable relationships with better-educated teachers.

## *Leverage*

* Project administration paid for with funds from the Division of Child Development and Early Education includes annual recruitment and rolling acceptance of applications.

## *Cost of the Program, Per Participant*

* *$374,680/245= $1,529 per participants*

## *Special Story*

“It encourages me to be a better teacher – open to new ideas, opportunities and activities for the children.” (Cumberland, teacher)

“WAGE$ has helped relieve some of the stress related to work and personal [issues]. … I think that the WAGE$ Project is useful because we all know that sometimes we do not have enough money to provide what we need for the children in the classroom. WAGE$ contributes to assisting in the classroom.” (Cumberland, teacher)

“It’s important to me because I'm not stressed out over my bills, which makes me a better teacher for the children in my care.” (Cumberland, teacher)

“It helps give me peace of mind in being able to cover school related expenses.” (Cumberland, teacher)

“My WAGE$ supplements have meant more financial stability. It helps me pay my rent and put food on the table. There are no words that can describe how WAGE$ has relieved stress from my life. Thank you so much.” (Cumberland, teacher)

Empowering Families



Advancing the Children’s Well-Being



Family Support Programs

**FAMILY/HEALTH SUPPORT THEORY OF CHANGE FACT SHEET**

Family Support/Health programs are community-based services that seek to enhance child health and development and promote school readiness and success by increasing the strength, stability, and involvement of families in their child’s lives while increasing parents’ confidence and competence in their parenting abilities and affording children supportive family environments.

|  |  |
| --- | --- |
| **Reach Out and Read** | **Parent and Family Resource Centers and Programs** |
| * Increasing children’s access to books and encouraging parents to read more often to young children will likely increase children’s literacy experiences. * Parents are likely to view the doctor as an authority and therefore follow through on the “prescription” to read to their children. * Being read to frequently by adults helps children learn new concepts and new words. * Book reading also lets young children learn about the principles of print, such as how pages are turned, that print is read left to right, and that different words have different meanings. Improving the number of words children understand and their knowledge of print material will improve their readiness for school. | Family resource and community-based parent resource programs are premised on the belief that the parenting services, resources, and supports available to parents will promote and develop their parenting knowledge and skills, which in turn are used to promote and enhance child learning and development. |
| **Nurturing Parenting Program** | **Circle of Parents** |
| * The positive and negative impacts of life’s past events shape our cognitive, emotional, and neurological responses to current events. * Nurturing Parenting Program instruction is based on learning approaches that help parents take old patterns of thought and behavior and consciously replace them with newer, healthier parenting patterns. * NPP believes that change occurs in parenting behavior through “reparenting,” where the intervention helps parents learn new knowledge and skills and incorporate the knowledge, understanding, and skills into their daily lives. * Parents learn new ways to view parenting and new ways to interact with their children that reduce the likelihood of abuse and neglect. | * Parenting young children can offer many challenges. Giving parents the opportunity to engage in parenting groups with others who face similar challenges can provide emotional support and opportunities to learn new parenting skills. * When parents hold the leadership roles in these groups, they gain new skills and confidence in themselves that are likely to have a positive influence on their understanding of and interactions with their children. |
| **Assuring Better Child Health and Development (ABCD)** |  |
| * Primary care physicians are often the only professionals seeing young children on a regular basis and are in a unique position to identify children who may be exhibiting signs of developmental disability or delay. * When primary care physicians use a developmental screening tool, they are more likely to identify children who might have developmental challenges. Increasing medical professionals’ awareness of the need for developmental screenings and technical assistance about how to use standardized, validated screening tools should lead to increases in the identification of children who may be exhibiting signs of developmental delay and increase referrals for these children in order for them to receive appropriate Early Intervention services. |  |

|  |  |  |
| --- | --- | --- |
| **Assuring Better Child Health & Development** |  | **Initial Year**  **2015** |

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 5410** | **PBIS ID: H10** |

Cumberland’s ABCD project is working to establish cross-system coordination for developmental screening across primary health care, childcare/early learning, and parent education/home visitation. The Assuring Better Child Health and Development (ABCD) model improves the quality of child development services in primary care medical practices by enhancing developmental screening and referral for children ages birth-5 in the context of the medical home. The project will provide training and on-site technical assistance to medical practice sites to facilitate the identification of children who may benefit from early intervention services. Services will be provided to physicians and their staff at various times to support the integration of standardized, validated developmental screening and referral into designated well-child visits, the provision of information and education to families regarding their child's development, and collaboration with community partners to ensure follow-up to the practices regarding referral and treatment plans. Services will be implemented with model fidelity by a qualified ABCD Coordinator (e.g., child development, social work, public health, nursing, or related field and a minimum of five years of experience in public health or a health-care setting). The project will also develop and disseminate appropriate materials to participating practices including a community resources directory or referral handouts. PFC Planning, Development, and Communication Department facilitate the community planning and monitoring and coordination. Smart Start funds will be used to contract with Carolina Collaborative Community Care (4C) to implement ABCD in Cumberland County. (Effective 10/31/2016)

## *Allocation*

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Budget** | **Actual** |
| 2015-2016 | N/A |  |
| 2016-2017 | $35,163 | $48,825 |
| 2017-2018 | $65,000 |  |

## *Target Population*

* Target 22 primary care practices/medical homes and children ages birth to 5

## *Who Was Served?*

The Assuring Better Child Health and Development (ABCD) model is a proven program approach to screening young children in primary health care settings. ABCD works to increase developmental and autism screening and referral rates for all young children within the medical home, targeting practices serving Medicaid-eligible children. It integrates developmental screening into well-child visits, using a validated tool, such as the Ages and Stages Questionnaire (ASQ) or the Parents Evaluation of Developmental Skills (PEDS). Medical professionals are also taught to use the Modified Checklist for Autism in Toddlers (MCHAT) and refer children needing follow-up to appropriate community services.

|  | **Projected for Year** | **2015-16 YTD** | **2016-17 YTD** | **Q1** | **Q2** | **Q3** | **Q4** | **2017-2018 YTD** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # of *ongoing* chart audits will be performed annually; (new practices = every 6 months; older practices = annually) | 12 |  | 634 | 90 |  |  |  |  |
| # of technical assistance sessions provided (via phone, email, and onsite visits) | 124 | 120 | 240 | 72 |  |  |  |  |
| # of on-site training sessions conducted | 12 |  |  | 0 |  |  |  |  |

## *What Impact Was Achieved?*

| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| --- | --- | --- |
| 90% of reviewed charts will note that children received developmental screenings with a validated screening tool at their most recent well-child visit. | * 2015-2016 - 87% (497/569) * 2016-2017 – 100% (159/159) |  |
| 70% of reviewed charts will note that children received autism-specific screening at designated well-child visits (18 and 24 mos). | * 2015-2016 - 97% (149/153) * 2016-2017 – 98% (52/53) |  |
| 60% of children ages birth-5 with developmental concerns who have been referred for further assessment | * 2015-2016 - 61%(58/95) * 2016-2017 – 100% (25/25) |  |

## *Influence*

PFC and Carolina Collaborative Community Care’s (4C) partnership builds on the quality improvement work occurring community-wide through 4C network and adds intensive training and technical assistance and coaching to targeted medical practices with lower screening rates

## *Impact*

When we increase the use of standardized developmental screening tools in pediatric and family health care settings, then more children who have an identified need are referred to community services and more children referred for developmental assessment or services receive the appropriate follow-up services.

## *Leverage*

Since the existing infrastructure of the primary care system is leveraged, the ABCD intervention has low overheads

## *Cost of the Program, Per Participant*

.x

## *Special Story*

Carolina Collaborative Community Care (4C), one of 14 Community Care of North Carolina networks, has a membership of 90 practices, over 200 providers, and over 64,000 Carolina Access Medicaid enrollees. 4C became an external provider after successful incubation under PFC. The ABCD program will reach all pediatric practices to provide standardization of processes across the pediatric community, as well as assist more children getting identified for and receiving services prior to kindergarten.

|  |  |  |
| --- | --- | --- |
| **Autism Outreach & Resource Services** |  | **Initial Year**  **2000** |

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 5505** | **PBIS ID: FS10** |

The Autism Society of Cumberland County will provide specialized services to children with Autism Spectrum Disorders (ASD) in Cumberland County. This activity will serve children ages B-5 with the Circle of Parent Curriculum. Support services provided may include resource, referral, parent education/training, support groups, workshops, conference scholarships, monthly newsletters, or resource directories. Autism Society of Cumberland County staff, board members, or parent and community volunteers may deliver services. The program will fund full-time Director of Programs and Outreach and Program and Outreach Assistant. Services may be provided at limited daytime and evening hours at various community locations. A childcare worker will be contracted to provide childcare services during weekly support group meetings. An accounting professional will be contracted to provide accounting and payroll and a CPA firm will be contracted to file all Federal and State tax filing requirements. When funding is available, stipends may be provided for children to attend Camp Sunshine, a summer camp for children on the autism spectrum. (Effective 10/31/2016)

## *Allocation*

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Budget** | **Actual** |
| 2015-2016 | $45,000 | $46,500 |
| 2016-2017 | $45,000 | $46,100 |
| 2017-2018 | $45,000 |  |

## *Target Population*

* Target families with children with Autism Spectrum Disorders (ASD) and one other risk factor for Circle of Parent program

## *Who Was Served?*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Projected Total for Year** | **2015-2016  YTD** | **Q1** | **Q2** | **Q3** | **Q4** | **2016-2017  YTD** |
| # of parents/guardians who participate in an ongoing Circle of Parents (CoP) support group (TRGT514) | 20 | 12 | 14 | 7 | 2 | 0 | 23 |
| # of Circle of Parent Support Group meetings (TRGT771) | 35 | 21 | 11 | 5 | 11 | 6 | 33 |
| # of children attending Circle of Parent's Children's Program (TRGT1116) | 15 | 26 | 8 | 4 | 3 | 2 | 17 |

## *What Impact Was Achieved?*

| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| --- | --- | --- |
| Family Functioning/Resiliency (Protective Factors Survey) | * 2012-2013 – Pre 5.07; Post 5.90 * 2013-2014 – Pre 4.15; Post 6.04 * 2014-2015 – Pre 5.02; Post 5.85 * 2015-2016 – Pre 5.40; Post 6.12 | 2016-2017 – Pre 4.42; Post 5.88  N=8 |
| Social Emotional Support (Protective Factors Survey) | * 2012-2013 – Pre 4.61; Post 6.17 * 2013-2014 – Pre 3.96; Post 6.04 * 2014-2015 – Pre 4.81; Post 6.51 * 2015-2016 – Pre 3.80; Post 6.13 | 2016-2017 – Pre 3.52; Post 5.85  N=8 |
| Concrete Support (Protective Factors Survey) | * 2012-2013 – Pre 5.95; Post 5.28 * 2013-2014 – Pre 4.63; Post 5.88 * 2014-2015 – Pre 4.48; Post 5.40 * 2015-2016 – Pre 3.46; Post 4.80 | 2016-2017 – Pre 3.52; Post 5.19  N=8 |
| Nurturing and Attachment (Protective Factors Survey) | * 2012-2013 – Pre 5.54; Post 6.29 * 2013-2014 – Pre- 5.88; Post 6.53 * 2014-2015 – Pre 5.94; Post 6.44 * 2015-2016 – Pre 5.35; Post 6.35 | 2016-2017 – Pre 4.67; Post 5.96  N=8 |

## *Influence*

* The Circle of Parents Program is founded upon concepts that not only strengthen families but strengthen our communities as well. Participation in the program has shown to boost confidence and self-esteem, improve problem-solving skills, and promote self-advocacy and leadership, all factors that contribute to a healthy and thriving community.

## *Impact*

* Social isolation is reduced, feelings of support are increased, and parental stress is reduced.

## *Leverage*

* Smart Start fund is 29% of the ASCC’s total revenue generated by fundraisers, donations, corporate giving programs, and a contract for developmental day services with Alliance Behavioral Healthcare.t, serve 30 families with children birth to age 5 out of 300 families with children birth to age 18.

## *Cost of the Program, Per Participant*

* $45,000/30 = $1,500 per family.

## *Special Story*

In one meeting in February, one of the children that always comes but usually plays by himself was playing tag with another child in the childcare room. When the parents of both families saw this, they decided to start meeting up during weekends or going to the McDonald's playground for play dates.

|  |  |  |
| --- | --- | --- |
| **PFC Family Resource Center** |  | **Initial Year**  **2014** |

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 5506** | **PBIS ID: FS10** |

The PFC Family Resource Center (FRC) will provide a single point of entry to facilitate access to a suite of prevention and intervention services of increasing intensity for parents of children between prenatal and kindergarten entry. The FRC staff will screen parent needs and refer the right model to meet families' needs. The FRC offers three levels of parent education program, primary, secondary, and tertiary. The Primary Education Programs, based on the Community Based Education in the Nurturing Parenting, will be designed to empower individuals and families with new knowledge, beliefs, strategies, and skills to make good and healthy lifestyle choices. The Secondary Prevention-Intervention Programs, contingent on funding, will be designed for at-risk parents and families experiencing mild to moderate levels of individual and family dysfunction. The Tertiary Prevention-Treatment Programs based on the Nurturing Parent Parents & Their Infants, Toddlers& Preschoolers will be offered to families referred for parenting education by Social Services or Family Court for child abuse and neglect. FRC will work with all community partners to bring together resources and activities into an integrated service system that is accessible and responsive. FRC will conduct parenting education services based on the family-centered philosophy and family support principles to ensure that families are supported and strengthened through quality practice. FRC staff will maintain a directory of community services to families and an online parenting workshop calendar. Non-cash grants for books may be given to parents participating in the program. Staffing will include the Facility Operations Manager (up to .25 FTE), the Information Referral Assistant (1 FTE), Nurturing Parent Supervisor (1 FTE), and 2 Nurturing Parent Facilitators (2FTE). Training may be provided on-site or as community learning events and may include refreshments, topic related materials, site rental, and outside presenters. PD&C hosts external meetings that involve the attendance of persons other than employees, such as the Family Resource Advisory Group and food may be provided. (Effective 10/31/2016)

## *Allocation*

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Budget** | **Actual** |
| 2015-2016 | $300,227 | $300,227 |
| 2016-2017 | $300,227 | $261,227 |
| 2017-2018 | $300,227 |  |

## *Target Population*

## *Who Was Served?*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Projected Total for Year** | **2014-2015**  **YTD** | **Q1** | **Q2** | **Q3** | **Q4** | **2016-2017 YTD** |
| # of parents/guardians who participate in home visits (TRGT1) | 30 | 35 | 21 | 0 | 8 | 0 | 29 |
| # of parents or guardians participating in the Nurturing Parenting Program (TRGT686) | 20 | 30 | 4 | 8 | 9 | 0 | 20 |
| # of Nurturing Parent 16-week Series held (TRGT1149) | 3 | 4 | 0 | 1 | 1 | 1 | 3 |
| # organization represented in Strengthening Family Training Workshops | 9 | 9 | 9 | 0 | 0 | 0 | 9 |
| # of organizations represented in FRC Ad-Hoc Advisory Committee | 17 | 17 | 17 | 0 | 0 | 0 | 17 |

## *What Impact Was Achieved?*

| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| --- | --- | --- |
| Positive Change In Attitudes About Empathic Awareness Of Children’s Needs | * 2015-2016 - Pre- 4.75; Post 8.00 | 2016-2017 - Pre- 4.95; Post 7.65  N = 19 |
| Increase Knowledge of Parenting Practices | * 2015-2016 - Pre 7.00; Post 8.75 | 2016-2017 - Pre- 7.50; Post 8.00  N = 19 |
| Increase Utilization of Nurturing Skills | * 2015-2016 - Pre 7.25; Post 8.87 | 2016-2017 - Pre- 6.87; Post 8.46  N = 19 |

## *Influence*

Contributes to successful coping and resilience thereby reducing the impact of toxic environment by building protective factors skills by 1) Convening 28% organizations are members of the SOAR committee; 2) Providing access to 28 organizations under one roof; 36% Non-Profit, Like Mission; 61% For-Profit, Like Mission & 3% For-Profit, Unlike Mission.

## *Impact*

North Carolina's first ever Community Child Abuse Prevention Plan was unveiled at the Board of Commissioners meeting in Cumberland County on November 20th.

## *Leverage*

$254,644 Smart Start Dollars; PFC RC II Rental Income of $273,597; Program Income $194,994

## *Cost of the Program, Per Participant*

$130,502 of Smart Start Dollars divided by 68 PFC staff and Partnering Orgs who meet Smart Start requirements = $1,919

## *Special Story*

“I started this program twice.  The first time I felt like it was not going to make a difference. The second time I came, I did not want to go. This program is long and takes up a lot of time, however, the upside is that it makes you think about the kind of parent you are and want to be.  The program challenges you to look inside yourself and heart, to let you know what you are doing wrong and right.  IT also made me feel like I can parent different from the way that my child rearing.  I love learning new things about how kids feel and think as well as how to show them empathy.  I also love what I learned as it pertains to ways of becoming a better parent.  A lot of things I was doing, I felt were the right things to do, however, my actions are what lead DSS involvement that opened my eyes.  This class made me think of alternate ways to parent my children and to motivate me to get my children back.  The teachers were amazing and taught very well.  I love how the teachers listed and provided input on ways I can control my actions and problem solve rationally in my life.  I think every parent should take this class at least to learn something new.”

|  |  |  |
| --- | --- | --- |
| **Reach Out and Read** |  | **Initial Year**  **2014** |

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 5523** | **PBIS ID: FS20** |

This activity will provide a Project Coordinator to collaborate with medical care practices to provide pre-literacy opportunities for children and their parents. The participating trained medical care providers will voluntarily incorporate Reach Out and Read (ROR), an evidence-based model, into young children's regular pediatric checkups or well-child visits. The medical care providers will implement ROR in their practices according to the National ROR guidelines. During each of the routine visits, children will receive a new, culturally- and developmentally-appropriate book to take home and read with their parents. The medical care providers will discuss the importance of reading, model reading a book aloud to the child, and encourage parent-child interactions as part of pre-literacy and language development. The program begins at the child's 6-month checkup and continues through age 5, with a special emphasis on children growing up in low-income communities. The medical care practice will display a literacy-rich waiting room area that reinforces the doctor’s prescription to read. This activity will also ensure data collection for project evaluation. The medical provider and local partnership will work collaboratively to secure funds for book purchases during FY 15-16 and FY 16-17. (Effective 10/31/2016)

## *Allocation*

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Budget** | **Actual** |
| 2015-2016 | $4,140 | $4,140 |
| 2016-2017 | $4,140 | $4,140 |
| 2017-2018 | $32,300\* |  |

## *Target Population*

* The program begins at the child’s 6-month checkup and continues through age 5, with a special emphasis on children growing up in low-income communities.

## *Who Was Served?*

|  | **Projected Total for Year** | **2015-2016 YTD** | **Q1** | **Q2** | **Q3** | **Q4** | **2016-2017 YTD** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # of annual well-child visits for children aged 6 months – 5 years. | 2450 | 2450 | 690 | 587 | 877 | 623 | 2,744 |
| # of medical practices participating in ROR | 2 | 2 | 2 | 0 | 0 | 0 | 2 |
| # of medical care providers | 9 | 9 | 9 | 0 | 0 | 0 | 9 |

## *What Impact Was Achieved?*

| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| --- | --- | --- |
| **25%** of respondents read to their children daily. | * 37/170 | **22% (37/170)** of respondents read to their children daily. |
| **60%** of respondents already use the recommended reading strategy |  | **57% (97/170)** of respondents already use the recommended reading strategy |

## *Influence*

By operating through primary pediatric care, Reach Out and Read has the greatest reach of all early literacy programs to families with young children  - and the capacity to scale up to reach many more.

## *Impact*

The Key Findings of substantial body of peer-review research on the impact of ROR shows: 1) Parents are 2.5 times more likely to read to their children; 2) Families are 2.5 times more likely to enjoy reading together or have books in the home; and 3) Children's pre-school language development is improved by 3-6 months.

## *Leverage*

To provide resources for the program, donors at national, state and local levels all come together, including in particular Barnes and Nobles, PNC Bank, Kohl’s Cares for Kids, Cumberland Community Foundation Women’s Giving Circle.

## *Cost of the Program, Per Participant*

Since the existing infrastructure of the primary care system is leveraged, the literacy intervention has low overheads.

## *Special Story*

After successful incubation under Planning and Evaluation, Reach Out and Read was awarded to Carolina Collaborative Community Care (4C) which serves all pediatric practices in Cumberland County. Reach Out and Read, a great complement to the Assuring Better Child Health and Development (ABCD) early developmental screening program, has the potential to reach the majority of children birth to five in our community, not just those who may spend part of their day in licensed childcare centers or homes.

Strengthening Early Childhood System



Advancing the Children’s Well-Being



System Support Services

**SYSTEM SUPPORT THEORY OF CHANGE FACT SHEET**

**SYSTEMS BUILDING**

* Systems Building “refers to building a new system or working to improve an existing system that is fragmented, informal, or missing key pieces.” System change processes and initiatives include a number of components and practices that, taken together, are designed to improve the ways in which programs, professionals, families, and community members “work together” to improve services to children and families.
* Coffman describes systems change initiatives as including one or more of the following areas:
  + the context in which political will is designed to change or improve systems development,
  + the key components and practices of high-quality and high-performing programs, services, or interventions,
  + the connections that are made between key players to integrate and align different service programs and organizations,
  + the infrastructure changes necessary to achieve systems change, and
  + taking the systems change to scale so that it is broadly implemented in a targeted area (e.g., local partnership).
* Research on systems building lends research evidence to the effectiveness of these two activities, with the systems building components described in the research directly correlating to program coordination and evaluation, and to outreach, information, and resources.

**PLANNING, COLLABORATION, SERVICE INTEGRATION, ACCOUNTABILITY, & MEASUREMENT**

* Program coordination and evaluation comprise quality improvement and quality assurance activities including data collection and information management, monitoring, evaluation, technical assistance, and training to support effective implementation of programs and strategies.
  + Model fidelity, defined as implementing a program in accordance with the researched program design, is critical to achieving intended results.
  + Program coordination and evaluation can support components of implementation with model fidelity.

**CONSTITUENCY BUILDING AND COMMUNICATION**

* System strategy cannot be wholly successful without some degree of constituency building and communication aimed at educating policymakers and increasing public awareness of community needs and resources.
  + Outreach, information, and resources are strategies to build awareness of early childhood development and resources, to strengthen leadership and relationships that increase cooperation, and resources and activities to improve access to and quality and efficiency of services and outcomes for young children.

|  |  |  |
| --- | --- | --- |
| **Planning, Development, and Communications** |  | **Initial Year**  **1997** |

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 5603** | **PBIS ID: PS10** |

Evaluation, Planning, and Accountability will coordinate policies, procedures, daily practices of service delivery, which includes monitoring of in-house and direct service partner’s activities and/or support for evaluation of the effectiveness of Partnership activities and contract agencies. The Vice President of Evaluation, Planning, and Accountability, with support from Data Management Technicians and an Administrative Specialist, will develop and maintain relationships with service providers and provide services critical to program accountability including (1) Collaboration/coordination with community partners; (2) Review progress of programs toward meeting programmatic goals and objectives outlined in the contract activity description; (3) Development, measurement and reporting of outputs/outcomes and related programmatic data; (4) Collection and dissemination of information on the local early childhood system; to assess child care quality, availability and affordability needs and resources to include family support and health needs and resources; (5) Provision of technical assistance to service providers and grantees regarding data collection and program management; (6) Prepare evaluation on progress made by each project and the Partnership, as a whole, in achieving goals, objectives, benchmarks and outcomes; (7) Researching evidence for effective program delivery; and (8) Implementation and maintenance of centralized information management/centralized database that helps identify gaps in services and opportunities for increased collaboration and funding. Contingent on funding contracted services such as temporary workers, data management, and evaluation, consultants may be utilized. Multiple funding streams will be used to support the staffing, purchase of materials, and coordination of this activity.

## *Allocation*

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Budget** | **Actual** |
| 2015-2016 | $519,754 | $554.017 |
| 2016-2017 | $519,754 | $559,183 |
| 2017-2018 | $519,754 (EPA $329,671; CERD $190,083) |  |

## *Target Population*

* Smart Start program participants, including families of children 0-5 and Child Care Providers, Direct Service Partners, Partnership program staff, Partnership Board, Committee Members, and Community.

## *Who Was Served?*

|  | **Projected Total for Year** | **2015-2016**  **YTD** | **Q1** | **Q2** | **Q3** | **Q4** | **2016-2017 YTD** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # of incubator projects (TRGT921) | 2 | 3 | 3 | 0 | 0 | 0 | 3 |
| # of Organizations Served (TRGT254) | 76 | 77 | 76 | 4 | 0 | 0 | 80 |
| # of Logic Model Developed/Revised (TRGT425) | 13 | 25 | 13 | 0 | 0 | 0 | 13 |
| # of CAD Amendments Submitted (TRGT438) | 14 | 14 | 14 | 0 | 0 | 0 | 14 |
| # of Quarterly Reports Reviewed and Submitted To Fabrik Reporting System (TRGT429) | 48 | 48 | 12 | 12 | 12 | 12 | 48 |
| # of WebEx Sessions Conducted (TRGT444) | 16 | 24 | 4 | 6 | 2 | 4 | 16 |
| # of reports prepared (TRGT328) | 5 | 6 | 3 | 2 | 3 | 2 | 10 |
| # of events hosted and/or community events attended (TRGT454) | 7 | 14 | 2 | 1 | 2 | 2 | 7 |
| # of volunteers engaged | 236 | 296 | 111 | 111 | 111 | 111 | 444 |

## *What Impact Was Achieved?*

|  |  |  |
| --- | --- | --- |
| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| % of targets met by DSP (TRGT448) | * 2012-2013 – 97% (153/157) * 2013-2014 – 94% (116/124) * 2014-2015 – 100% (95/95) * 2015-2016 - 94% (115/123) | 99% (104/105) of targets met by DSP (TRGT448) |

## *Influence*

* Contributes to North Carolina’s Smart Start Initiativeby supporting other Local Partnerships (LPs) with access to cost-effective, user-friendly evaluation methods that can be adapted to meet each of their needs.

## *Impact*

* Increased access to evidence-based/informed practices; Strengthened local collaborations to promote and sustain community involvement; Build capacity of the local community to understand, reproduce and utilize innovative needs and resource assessments.

## *Leverage*

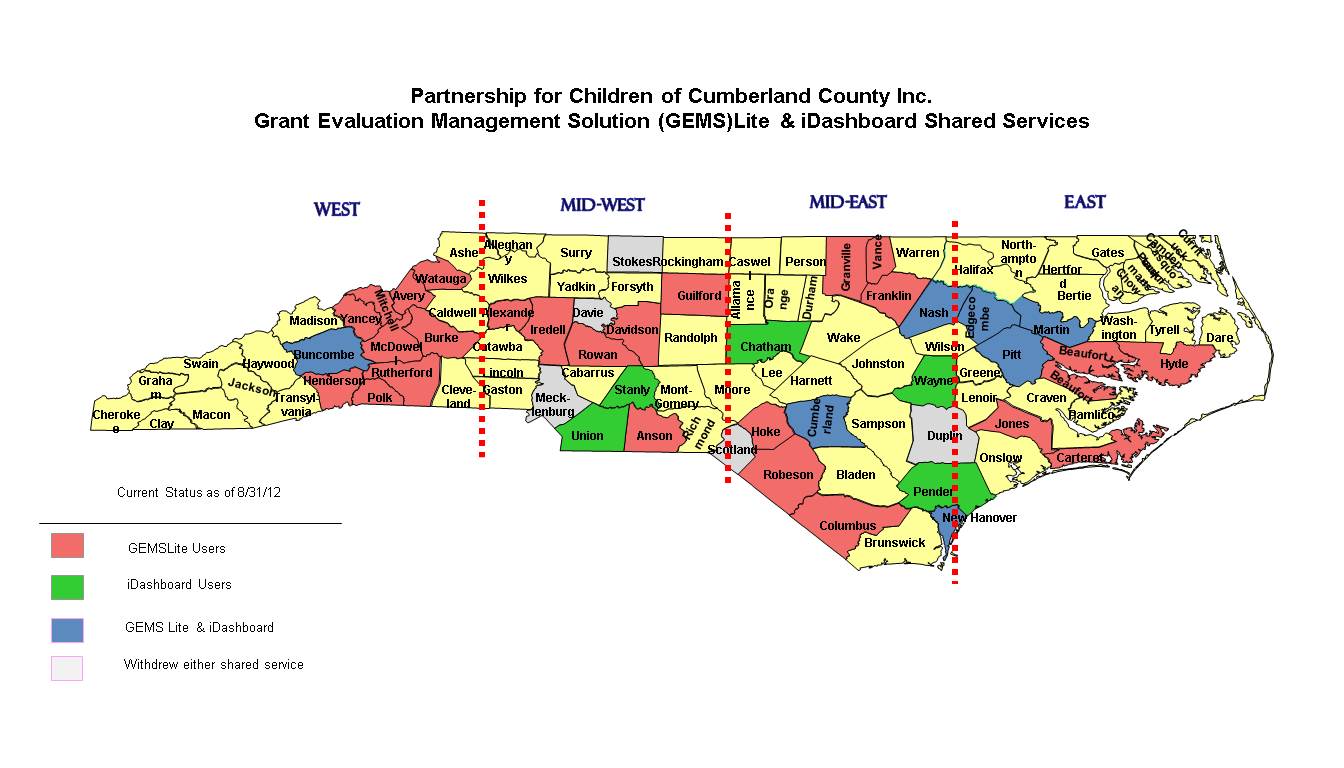
* Provided Grant Evaluation Management Solution (GEMS) shared services since 2007 resulting 2 hours of TA for 67 GL License holders representing 23 Local Partnerships and 30 counties

## *Cost of the Program, Per Participant*

$329,671 of Smart Start Dollars divided by 153 participants [68 PFC staff and 18 DSPs and 67 GL users] who meet Smart Start requirements = $2,155

## *Special Story*

The Race to the Top Data Capacity Building Mini Grant 1 & 2 & 3 enabled 33 other Local Partnerships representing 43 counties join the GEMS Lite and iDashboard Community of Practice. 88% (29/33) Local Partnerships continued with GEMS after the grant period

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|  |  |  |
| --- | --- | --- |
| **Program Coordination – Monitoring & Support** |  | **Initial Year**  **2003** |

|  |  |  |
| --- | --- | --- |
| **Contract Activity Description** | **PSC: 5603** | **PBIS ID: PS10** |

The Program Coordination-Monitoring and Support activity will develop and maintain relationships with service partners, and provide services critical to program accountability including the monitoring of and enforcing compliance with legislative mandates as well as financial and programmatic monitoring of in-house and direct service partners. Grant monitoring is an involved, interactive, and proactive process that include many activities, not just onsite monitoring visits to grant recipient locations. These include desktop monitoring, regular contact with recipient program staff, review of grant recipient reporting, and technical assistance visits. Annually, each DSP (excluding DSP with state contracts) participate in an onsite or desktop monitoring. The program monitoring staff will review programs to ensure that Smart Start requirements are being met and to assess how the program monitoring staff can provide the direct service partner with technical assistance. PFC uses a risk-based approach to prioritize monitoring activities by calculating an annual fidelity score of all DSP (excluding DSP with state contracts). The score determines the frequency of desktop monitoring and the site visit. Each quarter, the program monitoring staff will request that the DSP upload specific data into GEMS Lite. This activity will fund personnel (1 .5 FTE Program Monitoring Coordinator and 1 minimum .5 FTE Fiscal Monitoring Coordinator) who will provide the structure for monitoring direct service providers through formal and informal on-site visits. 1 FTE Grants Manager will be funded to ensure comprehensive monitoring of all CCR&R funded programs (Subsidy, PDCC, QE, NC PreK) to comply with the guidelines as mandated. The Grants Manager will monitor program effectiveness, strategies of service delivery, fiscal/accounting accuracy, and maintenance of required documentation. (Effective 10/31/2016)

## *Allocation*

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Budget** | **Actual** |
| 2015-2016 | $145,554 | $145,554 |
| 2016-2017 | $145,554 | $135,554 |
| 2017-2018 | $145,554 |  |

## *Target Population*

Smart Start program participants, including families of children 0-5 and Child Care Providers, Direct Service Partners, Partnership program staff, Partnership Board, Committee Members, and Community.

## *Who Was Served?*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Projected Total for Year** | **2015-2016 YTD** | **Q1** | **Q2** | **Q3** | **Q4** | **2016-2017 YTD** |
| # of Smart Start Programs Requiring Monitoring (TRGT865) | 12 | 13 | 12 | 0 | 0 | 0 | 12 |
| # of Desktop Monitoring Conducted (TRGT436) | 132 | 66 | 33 | 33 | 33 | 33 | 132 |
| # of Monitoring Visits Completed (TRGT145) | As Needed | 6 | 0 | 0 | 0 | 12 | 12 |
| # of DSP In-service (TRGT114) | 1 | 1 | 1 | 0 | 0 | 1 | 1 |

## *What Impact Was Achieved?*

| **2016-2017 Projected** | **Outcome Trend** | **2016-17 Actual** |
| --- | --- | --- |
| # of programmatic review and/or audit findings (TRGT1195) | * 2010-2011 – 0 * 2011-2012 – 0 * 2012-2013 – 0 * 2013-2014 – 0 * 2015-2016 - 0 * 2016-2017 - 0 | 0 programmatic review and/or audit findings (TRGT1195) |

## *Influence*

* Contributes to North Carolina’s Smart Start Initiativeby supporting other Local Partnerships (LPs) with access to cost-effective, user-friendly evaluation methods that can be adapted to meet each of their needs.

## *Impact*

* Funded programs implement changes that facilitate coordination of services to families; Reportable issues are resolved after technical assistance is provided; Direct Service Providers feel supported by the PMC; No reportable issues from NCPC monitoring

## *Leverage*

* Provided PMC core services in Cumberland County since 2003 and program monitoring for Hoke County since 2013

## *Cost of the Program, Per Participant*

* Utilizes the economies of scale and the inherent efficiency of a larger service delivery area in order to produce cost savings to local agencies and/or deliver better service to users.

## *Special Story*

Unveiled the Quality Assurance Dashboard assure programmatic integrity for the programs and services by monitoring Key Performance Indicators (KPIs).



### 

### Thank you again for your interest in Smart Start!

For more information, please contact

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