North Carolina
Smart Start
Evaluation Notebook

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S mart Start is an ever-evolving initiative. Please note that some evaluation-related terms used in this notebook (such as goal, objective, and benchmark) have recently been replaced by other terms (such as program standard, program objective, minimum and high-performing standards). This notebook will be updated over the next several months as these new terms take their place in our Smart Start work.

Please call or email us at the FPG Smart Start Evaluation Team if you have questions about Smart Start evaluation terms.

February 2002

Introduction and Acknowledgements

The vision for this notebook was born from a core group of Smart Start evaluators in partnership with members of the Frank Porter Graham Smart Start Evaluation Team. Our goal has been to pull together ideas and materials that have been developed about Smart Start evaluation. This notebook is organized according to Smart Start needs and addresses Smart Start evaluation topics.

This notebook is designed to:

- ◆ Orient partnership evaluators and staff who are new to Smart Start
- ◆ Serve as a reference for staff members already working with Smart Start evaluation
- ◆ Serve as a central collection of information related to the process of Smart Start evaluation

This notebook is also designed to be a "living document." We will disseminate new Smart Start evaluation information and materials as they become available; you can replace old and add new pages in this 3-ring binder.

This notebook is not a generic manual about program evaluation, nor is it inclusive of all handouts, presentations, and materials that relate to Smart Start evaluation. Please consult us if you have specific questions that are not addressed in this notebook.

All or part of this book may be reproduced with appropriate references and distributed. Please include the Frank Porter Graham Smart Start Evaluation Assistance Team reference (as seen in the header) or the appropriate reference for other materials on each page that is reproduced and distributed.

Good luck with your work in evaluating Smart Start in your partnership. Please contact us if you have questions or comments about this Smart Start Evaluation Notebook.

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The Frank Porter Graham Smart Start Evaluation Assistance Team
December, 2000

Many people have been instrumental in the vision for and production of this notebook: Laura Agnew, Rhode Bicknell, Tristan Bruner, Donna Bryant, Henry Lister, Kelly Maxwell, Jill Parker, Emily Patterson, Ellen Peisner-Feinberg, Gail Summer, Sharon Thompson, Amy Whitcher.

Smart Start Evaluation Technical Assistance
from the Frank Porter Graham Child Development Institute

The FPG Smart Start Evaluation Assistance Team provides evaluation technical assistance to local Smart Start partnerships in many different ways.

1. Browse our web site.
Evaluation information is posted on the FPG Smart Start Evaluation Team web site:
www.fpg.unc.edu/smartstart

2. Join the List Serve.
Subscribe to the Program Coordinator/Evaluator list serve (smartstartpc on MSN Communities). Find it on Smart.Net or ask Cynthia Turner at NCPC (email cturner@smartstart-nc.org) for an invitation to subscribe. We use the list serve to communicate about the Smart Start Quarterly Report, other evaluation news and events, and to share ideas.

3. Call or email us.
FPG staff are available via email or telephone for any question - small or big - on any Smart Start evaluation topic (quarterly reports, outcomes, measurement tools, PBIS, etc.). See our contact information below.

4. Look in the Notebook.
Refer to the Smart Start Evaluation Notebook, which is filled with definitions, ideas, worksheets, and resources. Each partnership office has two printed copies; the Notebook is also available on our web site:
www.fpg.unc.edu/smartstart/assistance.html#notebook

5. Come meet with us.
New partnership staff are invited to come meet with us in Chapel Hill for a one-on-one orientation to Smart Start evaluation.

6. Attend a session.
We provide training sessions and Smart Start Evaluator Meetings, focusing on such topics as: writing measurable outcomes, conducting needs assessments, and using the SSQR computer system. We announce upcoming sessions or meetings on our web site, on the Smart Start list serve, and on Smart.Net.

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Chapter 1 - Overview of Smart Start Evaluation

A useful definition of evaluation:

> *Program evaluation is the systematic collection of information about the activities, characteristics, and outcomes of funded programs to make judgements about the program, improve program effectiveness, and/or inform decisions about future programming.*
>
> *from Michael Q. Patton (1997)* Utilization-Focused Evaluation

Components of an Evaluation System

	For more, see:
1. Form an Evaluation Committee, then: Hire or assign staff/direct service provider to: assist with planning, find baseline information, determine needs and resources, and conduct evaluation.	Developing Evaluation Capacity – Chapter 4 Foundations of Smart Start Evaluation – Chapter 3
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What's Unique (And Difficult) About Evaluating Smart Start

Smart Start is North Carolina's early childhood initiative for children birth through 5 years and their families with the goal being to help all children enter school healthy and ready to succeed. Smart Start is a comprehensive community-based initiative which means that there are many participants and contexts in which Smart Start operates. Smart Start is a public-private partnership designed to encourage agencies and groups with different visions and goals to work together. Smart Start is based on the tenet that local communities can best determine and address their own needs within the framework of providing high-quality child care, health care and family support services.

Smart Start is not a single, easily-defined intervention that serves a single, easily-defined population. It is not easy to even identify which children and families benefit from Smart Start, since there are so many different programs that receive Smart Start funding – and families often don't realize that they are benefiting from Smart Start. Plus, Smart Start funding, goals and activities vary by partnership and vary year to year.

Smart Start evaluation must address the many different people and programs who are involved in a variety of ways. Here are some of the ways that Smart Start evaluation is unique (and difficult):

➢ Smart Start is comprised of many goals, objectives, programs, and services that impact children, families, child care teachers and programs, other service providers, communities, and systems of service delivery. Often partnerships must prioritize which goals and objectives to address and evaluate.

➢ Because of Smart Start's collaborative and community wide focus, it can be difficult to show causal relationships between Smart Start services and outcomes for children and families. Further, it's very hard to keep track of children who benefit from many different Smart Start services over several years to evaluate longer-term outcomes for children and families.

➢ Partnerships evaluate progress toward Smart Start goals and objectives on three levels:

✓ Progress toward impacting county-wide early childhood issues

✓ Progress toward addressing Smart Start partnership needs or target populations

✓ Progress toward meeting individual activity, program or project goals

➢ Each partnership is responsible for developing its own set of goals, activities, and ways to measure progress, based on local realities and needs. While each partnership's strategic plan is different, all partnerships operate under the Smart Start framework – to help children be healthy and ready to succeed in school by improving child care quality, affordability and availability, and by helping children and families access available health care and family support services. While each partnership's evaluation plan and implementation is unique, much can be shared among partnerships.

...Smart Start is not a single, easily-defined intervention that serves a single, easily-defined population.

Defining Basic Smart Start Evaluation Terms

This section covers the terms below as they are used and defined by the North Carolina Partnership for Children (NCPC). Also included is an abbreviated version of the North Carolina Partnership for Children Program Performance Standards.

Goal • Objective • Benchmark • Outcome • Output

Understanding evaluation terms can be confusing. Evaluators often use the same term but have different meanings in mind. In the Smart Start framework, goals, objectives, benchmarks, outcomes and outputs are components of a local partnership's strategic plan. The way these components are defined and developed has implications for evaluation.

A **goal** is the end towards which Smart Start funded activities are directed.

Goals are ambitious statements of a desired end and lead efforts towards achieving a local partnership's vision. *The term goal often is used interchangeably with the term "**performance standard**"* (NCPC Program Performance Standards).

Another way of looking at goals: What big global results or changes do you want to see for children, families, teachers, communities, or systems?

Example: Every child in Happy County has access to a high quality early childhood program.

An **objective** is a statement of a local partnership's aim or a strategic position to be obtained. An objective should be measurable.

Objectives are county or regional-level in scope and are necessary to achieving a local partnership's goal(s). (NCPC)

Another way of looking at objectives: Objectives are steps that tell in detail how goals will be accomplished.

Example: All teachers working in early childhood programs in Happy County will have a bachelor's degree in Early Childhood or a related field.

A **benchmark** is a specific, measurable statement of progress towards achieving a <u>county-level</u> objective (NCPC Program Performance Standards)*.*

Another way of looking at benchmarks: Benchmarks tell you how far you've come towards achieving your partnership's goals and objectives.

When setting benchmarks, partnerships answer three questions at the same time:

1) What are the county-wide changes that need to occur?

2) What is a realistic role the partnership can play in meeting those county-wide needs?

3) How much change can we expect to see in a specified time period?

Other questions to consider when developing benchmarks:

- **?** What particular goals and objectives is the partnership most interested in focusing on?

- **?** Who are the necessary collaborators for achieving benchmarks?

- **?** What is the partnership's capacity (time, personnel, available funds or ability to leverage other funds, good existing relationships, etc.) to evaluate and to work with key collaborators?

- **?** What baseline data are available to use to show progress toward reaching the benchmark over time?

- **?** Is the data source for that information well documented so that someone new to the partnership at a later date can determine how to measure progress toward the benchmark? Or is there a regular method of data collection planned to update progress toward the benchmark?

Example: By <date>, the percentage of early childhood teachers that have a bachelor's degree in Early Childhood will increase from 6% (3 out of 50 in <date>) to 10% (5 out of 50).

Data source: Happy County PFC work force study – <date>.

For more about benchmarks and a benchmark planning worksheet, see Chapter 6

An **outcome** is a specific, measurable result for recipients of Smart Start funded activities.

Outcomes answer the question "what has changed for recipients as a result of participating in an activity" and are directly related to recipients' needs. Outcomes refer specifically to results that *occur at the activity level* (NCPC). Outcomes should be measured annually.

Another way of looking at outcomes: What behaviors, attitudes, or gains in knowledge will be changed as a result of the activity?

Make sure you answer the "so what" question: "so what" that teachers attended workshops, or that families attended storytelling sessions. How have these experiences resulted in increased knowledge, changed attitudes, or changed behaviors?

Example: The Happy County Substitute Teacher Program will provide substitutes for 10 early childhood teachers to attend college level courses in order for the teachers to get their bachelors degrees. 50% (5 out of 10) of the teachers will have completed enough coursework to get the BA degree by <date – one year from now>. The other 50% will need more time to complete their studies.

For more about outcomes and an outcome planning worksheet, see Chapter 6

Outputs are the "counts" or numbers served or products produced by an activity. (NCPC)

Examples:

Ten substitute teachers were employed for 30 days each so that teachers had the opportunity to pursue their education.

Ten teachers were given enough time away from their child care programs to pursue their bachelors degrees.

Five teachers completed 9 credit hours each toward their bachelors degrees.

Five teachers completed 6 credit hours each toward their bachelors degrees.

Ten activity packets compiled by the teachers in their courses were donated to the lending library.

For more about outputs and reporting, see Chapter 7

North Carolina Partnership for Children Smart Start Program Performance Standards (abbreviated)

I. Program Standard:
Every child has access to a high quality early childhood program

- Teacher education (AA or BA degree in early childhood or related field)

- Early childhood program standards (level of rated license or national accreditation)

- Compensation of early childhood work force (at a rate comparable to teaching staff in public school)

- Stability of early childhood work force (teacher longevity or turnover)

II. Program Standard:
Early childhood education is available to every child who needs it
- Sufficient supply (all ages, shift-care, geography, special needs)

- Accessible (location, transportation)

III. Program Standard:
Early childhood programs are affordable for all families who want and need them
- Subsidies for low-income or special needs families

- Families spend no more than 10% of gross income on childcare for one child

IV. Program Standard:
Every child has access to comprehensive medical care
- Identified source of primary medical and dental care

- Access to comprehensive, integrated, specialized care

- Coordinated care

- Safe and healthy child care environments

V. Program Standard:
Families will have the information and resources they need to be able to support the emotional, intellectual, and physical development of their children
- Available services

- Accessible services

- Coordinated (with other family support services, with health services, with quality early childhood services)

Strategic Planning and Smart Start Evaluation

The diagram on the following page shows the steps a partnership can take to develop goals, objectives, benchmarks, activity outcomes and outputs for their strategic plan. Evaluation is woven into every step, from determining needs to assessing outcomes.

Determining **needs** can tell your partnership about conditions for children in your county. Then appropriate **goals** can be set to address the identified **needs**. You can decide how much of a need can be met through partnership funds, and how the rest of the need can be met by drawing together other area services. **Objectives** will detail the steps to reach the goals.

Benchmarks are written to reflect how much change the partnership can hope to see for each **objective** in a specific timeframe. Activities that a partnership funds will have stated **outcomes** that show the changes that they hope to achieve. **Outputs** state the number of people impacted and resulting products for each activity.

A big part of the evaluation process involves collecting and summarizing information. For example, partnerships collect information from each funded activity to report activity outputs quarterly and activity outcomes annually. Further, partnerships have to decide how to allocate scarce resources to collect and report benchmark data every few years.

When evaluation information is collected and summarized, partnerships begin the process of determining which existing and what new activities to fund. It is important to know if existing activities have been successful in meeting identified needs. Perhaps the need no longer exists, or has been reduced to the point that new activities can be addressed to fund other needs. Perhaps the activity was successful in addressing the need, but the need still exists so the activity can be expanded or repeated at another agency. Perhaps an activity has repeatedly not met its goals and needs help to get back on track.

> *...evaluation is woven into every step, from determining needs to assessing outcomes...*

These decisions cannot be thoughtfully made without good evaluation data gathered in an accurate and timely manner.

This diagram illustrates how goals, objectives, benchmarks, outcomes and outputs fit into outcomes-based planning and evaluation.

Determine Needs
What are the current realities for children and families in our county?

Adopt Goals
What are the desired long term results?

Set Objectives
How will we reach our goals?
What are the specific, measurable changes?

Set Benchmarks
How will we measure progress towards our objectives?

Allocate Resources for Activities
How will our funded activities show that benchmarks are being met and helping us reach our goals?

Define Activity Outcomes and Outputs
Which specific changes will our funded activities result in?
How many people will be impacted and what products do we expect from our funded activities?

Measure Activity Outcomes and Outputs
Are the stated outcomes and outputs being achieved?
Is an accurate timely reporting system in place?

Review Progress Towards Benchmarks and Objectives
Did desired changes occur? If not, why not?

Use Evaluation Information
Now that conditions have changed, what are the current realities in the community? Do goals, objectives and activities need to be refined?

Smart Start Outcomes-based Planning & Evaluation Model #2

The diagram on the following page is another way of looking at the process of outcomes-based planning and evaluation. The components of this model are the same as the components listed on the previous page.

Needs help define goals and objectives. Goals and objectives can be defined on a county or partnership level. Goals and objectives define which activities help meet the goals. If an activity is included in a strategic plan that does not connect to goals and objectives, maybe a new or revised goal or objective is needed – or maybe the activity does not belong in this package. Progress toward meeting goals and objectives is measured by setting benchmarks and collecting benchmark progress information. As benchmark data are collected, goals and objectives may be revised. Similarly, progress toward meeting activity outcomes is measured and may help refine activity strategies. Activity outputs and monitoring reports may also contribute toward activity outcome information. And, activity outcomes will most likely contribute toward benchmarking progress. These reports of progress in turn inform the current status of needs and the setting of goals and objectives begins again.

As each step of planning and evaluation is considered, a partnership must decide the following about each goal, objective, activity, benchmark, and outcome:

- **What** – each component will consist of or be defined as,

- **Why** – each component is important to include,

- **How** – each component will be implemented,

- **Who** – is responsible for the component definition and measurement,

- **Where** – is the responsibility for each component (e.g., with the partnership or with a direct service provider?)

- **When** – each component is due or will be measured.

Smart Start Outcomes-based Planning & Evaluation

FOR EACH STEP:
WHAT
WHY
HOW
WHO
WHERE
WHEN

FIRST determine

County Needs

define

County Goals & Objectives
Smart Start Partnership Goals & Objectives

define

refine

County Benchmarks
Smart Start Partnership Benchmarks

define
refine

Smart Start Projects/Activities

define
refine

define

new goal?

contribute

Smart Start Project Outcomes

define
refine

maybe

Smart Start Project Outputs
Smart Start Project Monitoring

inform progress

Smart Start Evaluation Notebook
December, 2000
Frank Porter Graham Child Development Institute · UNC - Chapel Hill · Smart Start Evaluation Assistance Team

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Chapter 2 - Using Smart Start Evaluation

There are as many uses for Smart Start evaluation as there are people involved in Smart Start. Local partnerships need to identify the key uses of evaluation information – the earlier in planning evaluation activities the better, which is why this chapter comes at the beginning of the notebook.

However, it is never too late to stop and consider evaluation needs. Several partnerships have been successful in reassessing evaluation efforts midstream and redesigning more defined evaluations.

For example, one partnership decided, after several years of implementation, to target their funding efforts and evaluations to 10 to 15 well-defined results for children and families. Examples of those results included: reduced teacher turnover, increased teacher education levels, and increased family knowledge about child development. All of their evaluation efforts sought to answer questions about progress towards those 10 to 15 results.

Three important considerations when planning evaluation efforts:

1. **WHO** are the intended users of Smart Start evaluation information – the Board, direct service providers, the general public?

2. **WHAT** evaluation questions do the intended users have?

3. What **FORMAT** will be most effective for presenting results to the intended users?

> *If you don't spend time seeking the answers to the above questions, you run the risk of spending time and money on reports that nobody reads...*

If you don't spend time seeking the answers to the above questions, you run the risk of spending time and money on reports that nobody reads, as well as frustrating the Board and local supporters.

Following are some groups likely to use Smart Start evaluation information. Although possible questions are provided, **we recommend you ask each intended audience to form their own evaluation questions. The evaluation will be more useful and you will have greater success gaining participation when intended users feel their questions are being answered.** (In the evaluation jargon, you will be conducting a *participatory evaluation*.)

Activity Level

Audience: Local Smart Start direct service providers

Intended use of evaluation information:

➡ Help direct service providers provide quality, effective services.
➡ Help direct service providers learn what works well and what doesn't.
➡ Help streamline implementation of services.

Possible questions:

? Which families, teachers, children receive services, and which ones do not? Or, is this program reaching its intended target population?

Answering this question will involve keeping records of service recipients. Answers might reveal that the majority of the families live in certain neighborhoods or have similar needs, or that the majority of the teachers work at one or two high quality centers (thus showing the need for different outreach approaches).

? How many units of service are delivered? Is there a threshold in the average number of units of service delivered before intended results are achieved?

For example, do the majority of teachers attend an average of three training workshops before changes in environmental rating scores occur? Do the majority of families require four home visits before committing to program participation?

? How do families, teachers, directors view the quality of services provided? Are the hours, location, cost, or transportation, benefits or barriers in accessing services? Is program staff friendly and helpful? How do families, teachers, directors state the program has impacted their lives? What are they doing differently as a result of services?

Ideas for the Smart Start evaluator:

✓ Help direct service provider form evaluation questions.

✓ Organize evaluation questions and tasks into an evaluation plan for each direct service provider.

✓ Provide technical assistance in setting up data bases or record keeping systems.

✓ Help direct service provider find resources for evaluation.

✓ Ensure the evaluation results are communicated to partnership Board, NCPC, the community at large, etc.

Partnership Level

Audience: Local partnership Board

Intended use of evaluation information:

➡ Help make funding decisions.
➡ Learn about progress towards partnership goals, objectives and benchmarks – are conditions for children, families, and child care providers improving in your partnership?
➡ Learn what programs or types of programs are more successful than others in your county.
➡ Learn about the continuing needs and assets of families, children, and child care providers for planning purposes.

Possible questions:

❓ Are funded projects reaching their intended audience(s)?

❓ What results have been achieved?

❓ What are families, children, child care teachers or programs doing differently as a result of Smart Start funding?

❓ How has each funded project impacted or contributed towards partnership benchmarks – has the funded project contributed to increased teacher education levels, raised child care license levels, improved families' access and use of resources, increased parent understanding of child development, etc?

❓ What is the status of children, families, teachers, and child care programs in your county? How has it changed over time?

Ideas for the Smart Start evaluator:

✓ Help the partnership Board members form their own evaluation questions.

✓ Collect, summarize, and report data that answer the Board's questions.

✓ Track data about progress towards partnership benchmarks over time.

✓ Provide leadership for Board committee(s) dealing with evaluation.

Community Level

Audience: Local community

Possible uses of evaluation information:

➡ Gain local community support (e.g., financial, participation in programs) for Smart Start.

➡ Increase collaborative efforts.

➡ Increase knowledge of steps that lead to positive outcomes for children – e.g., quality child care, literacy, etc.

➡ Inform community of changes over time for children, families and child care teachers.

Possible questions:

❓ What are the main early childhood issues in your community and how has Smart Start addressed those issues?

❓ What new resources has Smart Start brought to the community?

❓ What concrete changes have occurred (e.g., six new child care programs)?

❓ Who can participate in Smart Start funded projects; how can community members find out about Smart Start?
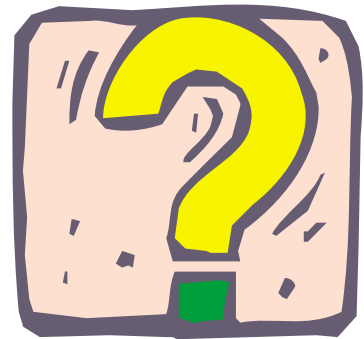
Ideas for the Smart Start evaluator:

✓ Consider holding focus groups or community forums to gauge community awareness, support, and feedback for your partnership's activities.

✓ Solicit family involvement and input, such as individual stories.

✓ Provide information/data for community awareness efforts such as newspaper articles, brochures, etc.

✓ Compile evaluation findings for different segments of your community, such as local legislators, church leaders, etc.

✓ Participate in collaborative evaluation efforts with agencies such as the United Way.

State Level

Audience: North Carolina Partnership for Children

Intended use of evaluation information:

➡ Provide the NC General Assembly with information they need to make funding decisions.

➡ Provide the general public with state level information about progress towards Smart Start goals.

➡ Learn what activities are more likely to result in positive outcomes for children, families, child care teachers and programs.

Possible questions:

❓ How many children, families, teachers are impacted by Smart Start programs?

❓ How is Smart Start making a difference in the lives of children and families? How is Smart Start impacting communities?

❓ What collaborations have occurred because of Smart Start?

❓ How is Smart Start resulting in positive outcomes for children, families, and child care teachers or programs?

Ideas for the Smart Start evaluator:

✓ Collect data for and complete the NCPC Quarterly Report.

✓ Train direct service providers to collect success stories about how Smart Start has impacted families and children involved in their programs.

✓ Assist direct service providers with developing systems to collect unduplicated counts.

✓ Assist direct service providers with developing systems to collect program outcome data.

Notes

Chapter 3 - Foundations of Smart Start Evaluation

Another useful definition of evaluation:

> *The main purpose is impact assessment. Partnerships need to know if programs are working. Second purpose is accountability. Are programs doing what they said they would do? Third purpose is to ensure lessons are learned in a systematic way and applied to future programs, policies, etc. Fourth, evaluation should become an ongoing part of all programs; the capacity for programs to self-evaluate should be developed.*
>
> *From Connell, Kubisch, Schorr, and Weiss* (1995),
> New Approaches to Evaluating Community Initiatives.

The Importance of Evaluation

Evaluation is an ESSENTIAL component of effective decision making. When evaluation is part of a partnership's or program's ongoing life, learning is valued because it provides the information necessary for continuous improvement.

Purposes and Benefits of Smart Start Evaluation

➢   Helps programs result in positive outcomes for young children and their families

➢   Improves the quality of funded programs and services

➢   When evaluation becomes routine program practice, the capacity of the program is strengthened

➢   Determines if progress toward targeted goals, objectives, and benchmarks is occurring

➢   Alerts staff of problems or potential problems

➢   When a participatory approach is used, evaluation can strengthen a partnership's relationship with funded programs

➢   Targets effective services for expansion

➢   Obtains support/funding from the general public, businesses, and other potential funders

➢   Attracts new participants and increase participant involvement

➢   Helps fill gaps in community service system
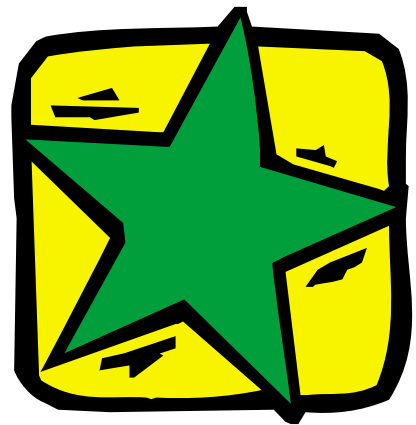
Why is the Evaluation Process so Difficult?

- Service delivery to young children and their families is a priority (rather than evaluation).

- Partnership and program staff have heavy workloads with administrative and service delivery responsibilities. Staff often assume evaluation will greatly increase their workload.

- Service delivery is believed to be inherently "good" and evaluation, therefore, is not necessary.

- Evaluation is a developing concept in the field of human services. Staff's knowledge of and expertise with program evaluation is developing, as well.

- Evaluation may have a negative connotation due to individuals' past experiences. These experiences influence their level of investment in future evaluation efforts.

- Evaluation may elicit a fear response – fear of losing program funding, fear of losing jobs, fear of constructive feedback, fear of the unknown.

Strategies for Increasing Evaluation "Buy-in" from Partnership and Program Staff

- Secure support for evaluation from the Executive Director and Board Chair.

- Consider developing an Evaluation Committee.

- Encourage partnership Boards to commit to a philosophy of continuous improvement by following outcomes-based strategic planning.

- Develop trusting relationships based on mutual respect with partnership and program staff.

- Reinforce the benefits of evaluation.

- Produce timely and useful evaluation reports.

- Secure adequate resources to support effective evaluation efforts including funding, time, staff, and support.

- Accept that evaluation is a developmental process and that developing an "evaluation culture" within a partnership takes time.

- Accept that not everyone will value or support evaluation, regardless of how much effort is put into the process. But, keep trying!
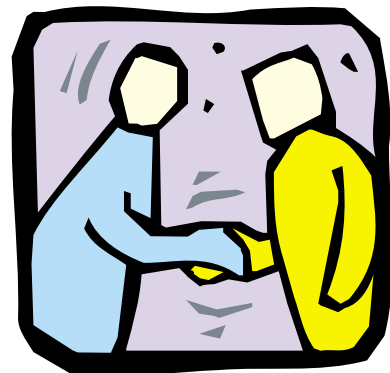
How Local Partnerships Approach Evaluation

There are several factors that influence each partnership's unique approach to evaluation.

How long the partnership has been in existence – it often takes a few years to develop a more complex system of evaluating partnership benchmarks and program outcomes.

Availability of qualified personnel – it can take time for a partnership to find the right combination of in-house staff and/or contracted services best suited for their needs.

Leadership interest and buy-in – some Boards and/or Executive Directors have burning evaluation questions; others may need to develop an understanding of the need for good evaluation before there is sufficient support for a range of evaluation activities.

Commitment of Resources – some Boards and/or Directors are comfortable committing adequate funds for evaluation; others may need demonstration of the usefulness of evaluation to agree that evaluation is part of the regular Smart Start budget.

The following table illustrates the range of possible evaluation tasks partnerships undertake.

All Partnerships	Complete NCPC Quarterly Report; monitor program activities; conduct site visits; report program activity outcomes to local partnership Board
Beginning/ Intermediate Evaluation Tasks	Conduct needs assessments; develop evaluation plans for program activities; format direct service provider reports; provide evaluation technical assistance to direct service providers; provide leadership for Evaluation or Planning Committee
Advanced or Complex Evaluation Tasks	Collect, analyze, and report data regarding progress towards benchmarks over time. Ensure that evaluation is part of strategic planning; advocate for and use funding strategies that enhance the collection of good evaluation data. Review activity proposals to ensure that the evaluation information is appropriate and that resources for evaluation are included; develop a Request for Proposals (RFP) that specifies the type of evaluation data required (e.g., improved child/teacher interaction measured by a standardized instrument). Look at evaluation from a systems approach – participate in the development of a single set of county wide benchmarks with other agencies in your community; use uniform evaluation methods across activities.

Ethical Considerations when Planning Evaluation

Evaluation deals with real people in real programs. Often the children impacted by Smart Start programs are too young to express their needs or their families may not feel confident in voicing concerns. Evaluation results may have serious consequences for children, families, and child care providers. Evaluators have an obligation to keep ethical considerations at the forefront when planning and conducting program evaluations.

> *Evaluators have an obligation to keep ethical considerations at the forefront when planning and conducting program evaluations.*

Honesty - People who participate in an evaluation have the right to know why the information is being collected and its intended use. Evaluators should never lie to the respondents or cover up the purpose of the study. People should have enough information about the study to decide whether or not to participate.

Informed Consent - Individuals have the right to participate or not, and it is the obligation of the evaluator to respect their judgements. Written consent should be collected from each respondent prior to the onset of the evaluation. A copy of the consent form should always be given to participants. *(See sample Consent Form)*

Respect – The evaluator should have respect for all respondents and treat them as she/he would want to be treated. The evaluator will likely intrude into the work domain of staff and interrupt routines. Often evaluators observe staff in action and bombard them with questions. This can cause respondents a great deal of stress if the evaluator is not sensitive to their needs. It is imperative that the evaluator monitors his/her own actions and behavior so as not to negatively affect the existing environment. *(See Classroom Observation Etiquette and Guidelines)*

Confidentiality and Anonymity – All information collected during a study should be held in strict confidence. No one but the evaluation team should have access to any information about particular individuals. The only information released in reports should refer to aggregates or summaries of individuals in large enough groups so that no single person can be identified. If a report includes quotes from interviews or observations, the identity of the respondent should be masked unless the person gives specific permission to be identified. *(See sample Confidentiality Procedures)*

Usually evaluations promise participants that their responses will be confidential so that people will feel free to answer questions honestly. It is critical that such promises be kept. During the planning period, procedures must be instituted to safeguard confidentiality. All members of the evaluation team should receive training in ethical standards. Plans should be made to remove names from interviews and questionnaires and promptly replace them with code numbers. All information should be stored under lock and key, and no documents should be left on desks where others can scan them.

This information was adapted from Carol H. Weiss (1998), *Evaluation*.

Classroom Observation Etiquette and Guidelines

The directors and teachers at child care centers and family child care homes are wonderfully cooperative by allowing data collectors across the state to observe in their classrooms, with the understanding that the efforts will ultimately benefit the child care profession. In turn we should be respectful of the programs' needs to continue to operate effectively, and the rights of the children and adults in the program. The following guidelines are designed to make the observation experience pleasant for the care givers, while providing an environment conducive to the collection of useful data.

- Make arrangements with the director and staff ahead of time. If there will be more than one observer make sure the staff are aware and comfortable with that arrangement.

- Bring only what you need into the classroom. It is difficult to keep up with pocketbooks or briefcases while you are observing.

- When you arrive at the center, introduce yourself to the director if she/he is available. Once in the classroom, introduce yourself to all staff.

- Observers should not interfere with classroom activities in any way. Please be as unobtrusive as possible.

- You may sit in a chair or on the floor so children are not intimidated by your height. In other words, "get small." Please do not sit on other furniture such as shelves or tables, or on the children's chairs near an activity table.

- Please refrain from talking while you are in the classroom. Take notes on a pad and/or on your score sheet to help in scoring and forming questions that need to be asked of the staff or discussed later.

- You may acknowledge children if they approach you, but do not otherwise take part in classroom activities. Try to limit your conversations with them. You can tell the children that you are visiting their classroom to see what their room is like and to watch the children play. In most cases that will satisfy their curiosity.

- Please move if you are in the way of teachers or children.

- Try to keep a neutral facial expression so that the children and/or staff are neither draw to you nor concerned about your response to them. Remember the staff will likely be nervous in your presence.

- If the measurement requires you to look through cabinets or closed spaces, first get the teacher's permission. You may look at materials on open shelves and in storage bins.

- Recognize that teachers will be involved with the children during your visit. If there are questions that you cannot answer through observations and you need assistance from the teacher, be sure to set up a convenient time in advance (e.g., at nap or during a break/lunch).

- Please remember to thank the staff and director for their participation.

- **Everything you see or hear is confidential.** Do not repeat anything about the staff, children, or facility that could be traced back to your observation.

Confidentiality Procedures and Data Collector Agreement - SAMPLE

Statement of Policy and Procedures for Maintaining Confidentiality
created by Kelly L. Maxwell for the
North Carolina School Readiness Assessment
Frank Porter Graham Child Development Institute
University of North Carolina at Chapel Hill
07/06/2000

> ***Every person has, in most aspects of life, a right to privacy that only that person can give permission to violate.***
>
> *From* Ethical Principles in the Conduct of Research with Human Participants

Statement of Policy

      Researchers at the Frank Porter Graham Child Development Institute are firmly committed to the principle that the confidentiality of each individual's data obtained through research projects must be protected. This principle applies whether or not any specific guarantee of confidentiality was given at the time of the data collection.

General Procedures for Maintaining Confidentiality

      Through consent procedures, researchers make a commitment to protect the privacy of subjects. Maintaining this commitment becomes the responsibility of each staff member of the research project.

      The following guidelines delineate the responsibilities of staff members in maintaining confidentiality. These guidelines are broad based but may not address all confidentiality issues that arise in your work. When issues arise that are not covered by this policy, you **must** contact either the Principal Investigator or the Project Coordinator, who will decide how the issue should be handled. You should **never** make these decisions on your own.

1. All project staff, including those directly employed by UNC and those with whom UNC has contracted, shall sign the *Confidentiality Pledge*.

2. All project staff shall keep confidential: (a) the names of all survey respondents, interviewees, and other subjects; (b) all information or opinions collected during surveys, interviews, and/or observations linked to a particular individual; and (c) any information about people learned incidentally during data collection. The **only** exception to this rule is in the instance of abuse and neglect. North Carolina law requires any individual who suspects abuse or neglect to report his or her suspicions to the Department of Social Services. Procedures regarding abuse and neglect concerns are described in another document, *Statement of Procedures for Child Abuse and Neglect*.

   Implications:
   a) Participants in the North Carolina School Readiness Assessment for whom confidentiality must be maintained include children, families, school staff, and other service providers.

b) Information is always "owned" by the subject/research participant: the research participant decides what information will be disclosed and to whom it will be disclosed. When researchers ask for permission to collect data from the participant, they promise that the information will be summarized, analyzed, and reported in a way in which individual responses cannot be identified. Data that can be linked to an individual shall never be shared with non-project staff without first obtaining written permission to do so from the research participant. If someone ever requests copies of or information about individual data, the research participant must provide written permission before the data/information are released.

3. All data, including personal notes and summaries, containing personal identifiers (e.g., names, addresses, phone numbers) shall be kept in a locked cabinet and/or room when not being used in project activities. Access to the data shall be limited to only those persons who are working on the project and who have signed the study's confidentiality pledge. Project staff members shall not share raw data or summaries of data with anyone unless authorized to do so by the Principal Investigator or Project Coordinator.

4. Computer files that contain personal identifiers shall be kept confidential.

   Implications:

   a) If you include personal identifiers (e.g., names or detailed descriptions) of participants in documents created on a computer, those documents must be protected. You can protect a file on your hard drive with a password that limits access to the file. You can also protect a file by saving it on a floppy disk instead of a hard drive and keeping the floppy disk in a locked compartment (e.g., locked file cabinet).

5. When data containing personal identifiers are being used or discussed, project staff will ensure that data remain confidential by working in a private location and keeping information out of public view at all times.

   Implications:

   a) Always use an office or other private space to work on tasks requiring the use of data (including personal notes) containing personal identifiers.

   b) If you are working on something that contains personally identifying information and need to leave--even for just a minute--lock your office door or lock the confidential materials in a file cabinet or drawer.

   c) If you are working on something that contains personally identifying information and someone not authorized to see the data enters the office, remove the confidential information, turn the materials over, or place something on top of the materials to prevent the person from seeing them.

   d) Never discuss information about individual subjects in public places. In a public conversation, even if you did not use someone's name it is possible that you could accidentally provide enough descriptive information for someone to identify the person to whom you are referring. Conversations about individual subjects should always occur in a private office where no one can overhear the conversation.

e) If you are talking on the phone to North Carolina School Readiness Assessment project staff about confidential information (e.g., names of subjects), use a phone that is in a private office so that others cannot hear the conversation. You should also close your office door during confidential conversations. If at any time you believe someone is able to hear your conversation, discontinue discussing the confidential information and reschedule the phone call, if needed.

6. Only information relevant to a specific research purpose and to the particular communication should be included in written and oral reports.

   Implications:

   a) Your notes from school meetings should not contain detailed personal information. For example, if two people are arguing about something personal, do not describe the argument in detail. Instead, provide a general description of the incident in your notes (e.g., "an interpersonal conflict between Sue and Bill interrupted the meeting's agenda").

7. Much of the information collected for the North Carolina School Readiness Assessment will be entered into computerized datasets. Prior to entering raw data into a dataset, identification numbers shall be assigned to individual respondents. Personal identifiers such as name, address, and social security number shall not be a part of the dataset. When a separate file is established to link the identification numbers to individual respondents, this separate file shall be kept locked when not being used in project activities.

8. When records with identifiers are to be transmitted to another party, confidentiality must be maintained.

   Implications:

   a) When transporting data containing personally identifying information in a car, always keep the data in the trunk of a locked car. It is important to keep the information in the trunk because items out of view are less likely to be stolen.

   b) When sending information to another person (through the mail, by fax, by phone, or in person) always make sure the person has permission to receive the information before you send it. If you are not sure the person has permission to receive the information, you must contact the Principal Investigator or the Project Coordinator to receive authorization.

   c) In most cases, you should not fax anything that contains personally identifying information. If you have to fax something containing a personal identifier, call the fax recipient before you fax the document to ensure that he/she will be able to pick up the fax immediately. The fax recipient must agree to wait by the fax machine to pick up the fax immediately. If the person cannot do this, do not send the fax. Also verify the fax number and enter it carefully in order to minimize the likelihood that the document will be faxed to a wrong (and unauthorized) person.

   d) Do not e-mail anything containing confidential information because people who do not have permission to access the confidential data may be able to access the e-mail message.

9. Do not throw away documents containing personal identifiers. Instead, shred the documents so that the personal identifiers are no longer recognizable.

10. If data containing personal identifiers are collected on audiotapes (e.g., recording personal notes, interviewing subjects), the audiotapes must be destroyed within 30 days of the date of transcription (i.e., within 30 days from the time the information from the tape is transferred to a computer text file).

11. The Project Coordinator shall ensure that all project personnel involved in handling data are instructed in these procedures, have signed this pledge, and comply with these procedures throughout the study.

(Statement of Policy and Procedures for Maintaining Confidentiality)

STOP AND ASK YOURSELF
THREE QUESTIONS BEFORE YOU ACT

1. What information do I have permission to collect?

Only gather the information that you have permission to collect and do not ask for other kinds of information. For example, when talking with a teacher about her teaching style, do not ask for her perceptions of the school governance committee because it is not part of the data that the individual agreed to provide.

2. With whom do I have permission to share the information I collect?

Only talk to the people with whom you have permission to talk. If the principal asks you about your observation in Ms. Smith's classroom, do not discuss your observation unless you have received written permission to do so from the teacher. Only talk about information for a specific research purpose and only to project staff and others with whom you are authorized to do so.

3. Who do I have permission to talk about?

Only talk about the people you have permission to talk about. For example, if you have permission to discuss a student with her teacher, you cannot talk with the teacher about another student in the class without first receiving permission from that student's parents.

****

(Statement of Policy and Procedures for Maintaining Confidentiality)

CONFIDENTIALITY PLEDGE

- I hereby certify that I have carefully read and will cooperate fully with the North Carolina School Readiness Assessment's Statement of Policy and Procedures for Maintaining Confidentiality.

- I will keep completely confidential all information, except that pertaining to abuse and neglect, arising from the study concerning individual respondents to which I gain access.

- I will not discuss, disclose, disseminate, or provide access to data and identifying information except as authorized by the Project Coordinator.

- I will comply with any additional procedures established.

- I will devote my best efforts to ensure that there is compliance with the required procedures by personnel whom I supervise.

- I understand that violation of this pledge is sufficient grounds for disciplinary action, up to and including dismissal.

- I also understand that violation of the privacy rights of individuals through such unauthorized discussion, disclosure, dissemination, or access may make me subject to criminal or civil penalties.

- I give my personal pledge that I shall abide by this assurance of confidentiality.

    Print Name: _____

    Signature: _____

    Date: ___ / ___ / ___

Consent Form for Parents - SAMPLE

- The Quality and Engagement Study is designed to find out more about what children do in child care classrooms of different quality.
- The study involves observation of your child's classroom and your child's involvement in classroom activities.
- A research assistant will administer the Battelle Developmental Inventory to your child in his or her classroom. Your child's teacher will also be interviewed to obtain additional information about your child's development.
- You will complete several brief questionnaires about your home, your family, and your child's typical behavior at the beginning of the study.
- Your child's teacher will also complete questionnaires about your child's typical behavior.
- Information collected by the Quality and Engagement Study is confidential and no personally identifying information will be published.
- Participation in this study is optional and you can withdraw at any time.
- You can skip any questions you want to.
- Whether you participate or not will have no effect on you, your child and your child's school.
- If you have any concerns about your rights as a research participant, or if you feel that your rights have been violated, you can contact *<evaluator name and contact information here>*.

☐ I **agree** to participate in the Quality and Engagement Study.

Child's First and Last Name (please print)	Name of Child Care Center
Parent's First and Last Name (please print)	Name of Child's Lead Caregiver
Parent's Signature	Date

☐ I **prefer not** to participate in the Quality and Engagement Study.

Please give us the following information so that we will not contact you again about this study.

Child's First Name and Last Initial	Name of Child Care Center

If you have any questions about this study, please contact *<evaluator name and contact information here>*.

Program Evaluation Standards

The following standards were developed for the American Evaluation Association (AEA), a professional organization for evaluators. They provide a good example of best practices for evaluation.

Summary of the Standards

Utility Standards

The utility standards are intended to ensure that an evaluation will serve the information needs of intended users.

U1 Stakeholder Identification--Persons involved in or affected by the evaluation should be identified, so that their needs can be addressed.

U2 Evaluator Credibility--The persons conducting the evaluation should be both trustworthy and competent to perform the evaluation, so that the evaluation findings achieve maximum credibility and acceptance.

U3 Information Scope and Selection--Information collected should be broadly selected to address pertinent questions about the program and be responsive to the needs and interests of clients and other specified stakeholders.

U4 Values Identification--The perspectives, procedures, and rationale used to interpret the findings should be carefully described, so that the bases for value judgments are clear.

U5 Report Clarity--Evaluation reports should clearly describe the program being evaluated, including its context, and the purposes, procedures, and findings of the evaluation, so that essential information is provided and easily understood.

U6 Report Timeliness and Dissemination--Significant interim findings and evaluation reports should be disseminated to intended users, so that they can be used in a timely fashion.

U7 Evaluation Impact--Evaluations should be planned, conducted, and reported in ways that encourage follow-through by stakeholders, so that the likelihood that the evaluation will be used is increased.

Feasibility Standards

The feasibility standards are intended to ensure that an evaluation will be realistic, prudent, diplomatic, and frugal.

F1 Practical Procedures--The evaluation procedures should be practical, to keep disruption to a minimum while needed information is obtained.

F2 Political Viability--The evaluation should be planned and conducted with anticipation of the different positions of various interest groups, so that their cooperation may be obtained, and so that possible attempts by any of these groups to curtail evaluation operations or to bias or misapply the results can be averted or counteracted.

F3 Cost Effectiveness--The evaluation should be efficient and produce information of sufficient value, so that the resources expended can be justified.

Propriety Standards

The propriety standards are intended to ensure that an evaluation will be conducted legally, ethically, and with due regard for the welfare of those involved in the evaluation, as well as those affected by its results.

P1 Service Orientation--Evaluations should be designed to assist organizations to address and effectively serve the needs of the full range of targeted participants.

P2 Formal Agreements--Obligations of the formal parties to an evaluation (what is to be done, how, by whom, when) should be agreed to in writing, so that these parties are obligated to adhere to all conditions of the agreement or formally to renegotiate it.

P3 Rights of Human Subjects--Evaluations should be designed and conducted to respect and protect the rights and welfare of human subjects.

P4 Human Interactions--Evaluators should respect human dignity and worth in their interactions with other persons associated with an evaluation, so that participants are not threatened or harmed.

P5 Complete and Fair Assessment--The evaluation should be complete and fair in its examination and recording of strengths and weaknesses of the program being evaluated, so that strengths can be built upon and problem areas addressed.

P6 Disclosure of Findings--The formal parties to an evaluation should ensure that the full set of evaluation findings along with pertinent limitations are made accessible to the persons affected by the evaluation, and any others with expressed legal rights to receive the results.

P7 Conflict of Interest--Conflict of interest should be dealt with openly and honestly, so that it does not compromise the evaluation processes and results.

P8 Fiscal Responsibility--The evaluator's allocation and expenditure of resources should reflect sound accountability procedures and otherwise be prudent and ethically responsible, so that expenditures are accounted for and appropriate.

Accuracy Standards

The accuracy standards are intended to ensure that an evaluation will reveal and convey technically adequate information about the features that determine worth or merit of the program being evaluated.

A1 Program Documentation--The program being evaluated should be described and documented clearly and accurately, so that the program is clearly identified.

A2 Context Analysis--The context in which the program exists should be examined in enough detail, so that its likely influences on the program can be identified.

A3 Described Purposes and Procedures--The purposes and procedures of the evaluation should be monitored and described in enough detail, so that they can be identified and assessed.

A4 Defensible Information Sources--The sources of information used in a program evaluation should be described in enough detail, so that the adequacy of the information can be assessed.

A5 Valid Information--The information gathering procedures should be chosen or developed and then implemented so that they will assure that the interpretation arrived at is valid for the intended use.

A6 Reliable Information--The information gathering procedures should be chosen or developed and then implemented so that they will assure that the information obtained is sufficiently reliable for the intended use.

A7 Systematic Information--The information collected, processed, and reported in an evaluation should be systematically reviewed and any errors found should be corrected.

A8 Analysis of Quantitative Information--Quantitative information in an evaluation should be appropriately and systematically analyzed so that evaluation questions are effectively answered.

A9 Analysis of Qualitative Information--Qualitative information in an evaluation should be appropriately and systematically analyzed so that evaluation questions are effectively answered.

A10 Justified Conclusions--The conclusions reached in an evaluation should be explicitly justified, so that stakeholders can assess them.

A11 Impartial Reporting--Reporting procedures should guard against distortion caused by personal feelings and biases of any party to the evaluation, so that evaluation reports fairly reflect the evaluation findings.

A12 Metaevaluation--The evaluation itself should be formatively and summatively evaluated against these and other pertinent standards, so that its conduct is appropriately guided and, on completion, stakeholders can closely examine its strengths and weaknesses.

This document may be found on the World Wide Web at:
http://www.eval.org/EvaluationDocuments/progeval.html
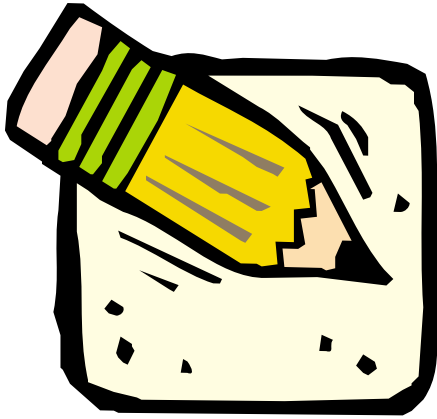
Notes

Chapter 4 - Developing Evaluation Capacity

Building evaluation capacity within a partnership and within funded activities is a developmental process that may take years to be fully realized. Even though evaluation should be the basis for effective decision making and at the forefront of the strategic planning process, often it is "put on the back burner." A partnership must make a commitment to include evaluation.

Typically, the evaluation development growth pattern in Smart Start partnerships begins with evaluation being the responsibility of the Executive Director, possibly having help from an administrative assistant who handles quarterly reporting responsibilities. Perhaps an interested Board member or the Executive Director decides to push evaluation along by creating a Board Committee. Soon the Executive Director's work demands of running the partnership increase, so a part-time evaluator is hired to take over the quarterly reporting responsibilities. Then the evaluator position increases to full-time due to expanding partnership evaluation responsibilities.

Some typical evaluation tasks include:

- providing evaluation technical assistance and training to each funded activity

- providing basic evaluation training to the Board

- developing and leading an Evaluation Committee

- conducting needs assessments

- helping the partnership set benchmarks and outcomes

- helping funded activities develop evaluation plans

- monitoring activity reporting for accuracy

- conducting site visits

- collecting and analyzing data

- reporting results

- assisting the partnership with the ongoing revision of the strategic plan based on evaluation results

- assisting the partnership with the ongoing revision of goals and objectives based on evaluation results

- ...so much more!

The **reality** is that partnerships that have made evaluation a priority, i.e., developed an "evaluation culture", are better able to be proactive with planning, more effective with service delivery to young children and their families, and more effective in making progress toward partnership goals.

Adequate Resources

The **best way** to develop and foster an "evaluation culture" within a partnership is to provide **adequate resources**, which include:

Human Resources – hire a qualified staff evaluation coordinator and/or contract with an external evaluator *(see sections on evaluation personnel, a sample job description and a sample RFP in this chapter).*

Organize an Evaluation Committee composed of committed and knowledgeable volunteers. Consider recruiting Board members, researchers, project representatives, and program participants.

Time – allow staff adequate time to conduct and complete evaluation projects. Most evaluation activities are extremely time intensive. Direct service providers also need time to develop and maintain evaluation systems within their programs.

Funding – the general rule of thumb for funding evaluation is an allocation of 5%-15% of the program's total budget. Some evaluation work can be done for less, but it may not be adequate to provide the quality or depth of information partnerships and activities need in order to make well-informed decisions. **Partnerships may use direct service funds for evaluation projects.** Many partnerships use private funds to supplement the evaluation budget.

Training – evaluators need opportunities for professional development. Numerous training and professional development events are available to evaluators, including Frank Porter Graham Child Development Institute's evaluators' meetings and conferences, and membership in the American Evaluation Association. An extensive list of other evaluation resources is available later in this Notebook *(see Evaluation Resources, Chapter 8).* Opportunities for regular meetings and collaboration with other Smart Start evaluators is a must.

Support – the most valuable resource is the support of the Executive Director and Board leaders!!

Evaluation Personnel: Staff or Contractor

There is no right or wrong answer to the question of whether to have a contract or a staff evaluator. There are pros and cons to either arrangement, and several partnerships combine the use of both staff and contract evaluators. For those partnerships that use a combination, typically staff evaluators perform ongoing tasks such as quarterly reporting, and contractors perform specialized tasks such as conducting a study. Below are several factors to consider:

Administrative Confidence – Partnership administrators must have confidence in the professional skills of the evaluation staff. Sometimes, partnership personnel are impressed only by the credentials and reputations of academic researchers. Conversely, they may view evaluation contractors as too remote from the realities, too ivory tower and abstract, to produce information of practical value. Often it is important to ensure public confidence by engaging evaluators who have no stake in the program to be studied.

Objectivity - Objectivity requires that evaluators be insulated from the possibility of biasing their data or its interpretation by a desire to make the program look good (or bad). Safeguarding the study against bias is important. While no researcher/evaluator, inside or out, is totally objective, partnerships should seek conditions that minimize biases for or against the program. A good test of whether they have succeeded is whether the final report is respected as a valid account by program stakeholders with conflicting interests.

Understanding of the Program – Knowledge of what is going on in the program is vital. Evaluators need to know the real issues facing the program and the real events that are taking place in the program if their evaluation is to be relevant. Staff evaluators are likely to see and hear a great deal about what goes on. Evaluation contractors can find out about program processes if they make the effort and are given access to sources of information.

Potential for Utilization – Utilization of results often requires that evaluators take an active role in moving from evaluation data to interpretation of the results in a policy context. Staff evaluators have many opportunities to bring evaluation results and recommendations to the attention of stakeholders. But sometimes it is evaluation contractors who are able to convince the stakeholders to pay attention to the evaluation.

Autonomy – Staff evaluators generally take the program's basic assumptions and organizational arrangements as a given and conduct their evaluation within the agency's existing framework. The evaluation contractor is able to exercise more autonomy and has the chance to raise issues that might be uncomfortable for a staff evaluator to raise.

Capacity Building – Developing evaluation capacity at the local partnership level involves more than simply hiring a staff and/or contract evaluator. It also takes support for and understanding of program evaluation from top-level administrators. Both staff and contract evaluators can provide training opportunities for partnership personnel, Board members, and project staff through presentations, workshops, and one-on-one work sessions.

Balance – All these considerations, plus others such as costs and previous commitments, have to be balanced. The partnership must weigh the presenting factors in each case. Often a combination of a staff evaluator and evaluation contractor is ideal.

This information was adapted from Carol H. Weiss (1998), *Evaluation.*

Steps in Finding and Hiring an Evaluator

1. First, partnership staff and Board should:

- Decide what the partnership wants to know and what information will help—Are some goals/objectives/outcomes more central or important? Should the big budget programs be evaluated even if others cannot be? Is evidence for a controversial program needed more than for a generally accepted program? Can existing data be more readily obtained for some programs? Is good baseline data needed now before the service system changes?

- Decide whether the partnership wants a comprehensive evaluation or a smaller, more focused evaluation

- Decide who is to be evaluated (for example, the partnership, the Board, programs, or children)

- Decide whether the partnership wants an evaluator or a data collector

- Decide what resources can be allocated to evaluation. (Remember evaluation services can be categorized as direct services).

2. Write and send out the Request for Proposals (RFP).

- Remember that the RFP can contain requests to prospective evaluators to help make some of the decisions listed in #1. For example, the RFP can ask respondents to describe and justify a model for an evaluation plan that could help the partnership decide whether to conduct a comprehensive evaluation or a more focused evaluation.

- Be sure to ask respondents to include copies of evaluation reports that have been completed for past evaluation work. It is not enough to see samples of what <u>can</u> be done—it is critical to see applicants' examples of real evaluation reports, perhaps with identifying information marked out.

- Where can you find prospective evaluators? Consider what organizations or agencies exist in your community that already employ people with the needed skills to conduct evaluations. For example, Department of Social Services offices, Health Departments, and colleges or universities often employ people with appropriate skills.

3. Review the responses to your RFP

It is best to have a standard checklist of critical components of an RFP so that all proposals can be reviewed consistently. Ratings for each item on the checklist might be: YES component included, component PARTIALLY included, NO component not included, and component NOT APPLICABLE.

Some of the critical components for an evaluation RFP include:
- Specific timeline of tasks to be accomplished

- Narrative describing what will be done

- Narrative that is clearly written and meaningful and relevant in content

- Specific information about what data will be collected, how data will be collected, and what will be done with the data

- Specific information about products or reports that will result

- Assurance of no conflict of interest on the part of the evaluator in work with direct service providers

- Assurance of knowledge of confidentiality issues, including keeping data securely locked, keeping records anonymously or securing appropriate permission to collect data with identifying information included, and not disclosing any information collected except in the context in which results are planned

- A client list (or, if a client list not available, both short term and long term references)

4. Interview Prospective Evaluators

Evaluators may make a presentation to accompany the RFP. A formal interview should also be conducted. Qualities that would be considered positive to find in an evaluator include:

- Ability to work independently

- Ability to attend to detail

- Ability to work under pressure with deadlines, a willingness to work overtime at these times

- Problem solving skills

- Analytical skills

- Ability to summarize data and reports

- Familiarity with computers and relevant software

- Good communication skills – both oral and written – to effectively present results

- A philosophy of research and evaluation that includes seeing research and evaluation as being valuable and positive

- A background that includes experience in areas such as evaluation, business, mathematics – some area that shows experience with computers, data and numbers

- A background that includes education at the undergraduate or graduate level in such areas as psychology or education, tests and measurements, evaluation or research design, statistics

- Some knowledge of early childhood issues, so that measurement tools can be appropriately designed, results can be interpreted in the correct context, and the evaluator will have credibility with the service community

5. This is a critical step in selecting the best person for your job: Contact references from the client list or reference list and review examples of reports that have been completed for previous evaluation work.

Smart Start Format for a New Activity for Evaluation - SAMPLE

Check the appropriate line
___ 30% subsidy requirement
___ additional child care related
___ Health and Safety
___ Family Support
_X_ Discretionary

I.   Activity Title: Program Evaluation

II.   Activity Purpose Service Code: 5602

III.   Brief Activity Abstract

The Program Evaluation Activity will provide adequate tools to measure and report the progress of programs and activities funded by the Happy County Smart Start Partnership. A contractual relationship will be entered into with a professional program evaluator who will work closely with the local partnership and direct service providers to ensure accountability, build capacity and monitor effectiveness of the program. The program evaluator will be the liaison between the local partnership, the direct service providers and the state partnership concerning reporting, and measuring progress toward Happy County's goals and objectives.

IV.   NCPC Performance Standard(s) or Local Partnership Goal(s) Addressed by this Activity:

Every activity of the Happy County Smart Start will help young children and their families move toward being healthy and ready to succeed in school.

V.   NCPC or Local Partnership Objective(s) Addressed by this Activity:

Information needed to plan, design, evaluate and substantiate the performance of the Happy County Smart Start Partnership and its projects will be obtained and made useful and available.

VI.   Benchmark:

By <date>, the collected information will be ready for use by the Board for strategic planning of outcome driven activities.

VII.   Full Description of this Activity:
   A.   Describe the service to be delivered:

   1. Develop Program Evaluation Plans to ensure that each activity is reaching its outcomes and the goals and objectives of the partnership by providing a mechanism for accountability, building capacity and monitoring effectiveness of its programs.

   2. Professional program evaluation will benefit all children and families being served by current and future Happy County Smart Start Programs.

   3. The Happy County Smart Start Partnership will enter into a contractual relationship with a professional program evaluator who will be charged with implementing program evaluation.

   The evaluator will create an individualized quarterly report form for each program that collects and summarizes data, provides a system for reporting and is able to be completed in a timely manner. Technical assistance will be provided to service providers, the partnership Board and staff in the development and use of the Quarterly Report.

   The program evaluator will develop and find current data by collaborating with schools, agencies and community service agencies. He/She will develop a database to show needs of county children 0-5 and their families and to track change over time.

   The program evaluator will be a liaison for the local partnership with the North Carolina Partnership for Children and the Frank Porter Graham Child Development Institute – keeping the local partnership informed of issues and information that impact evaluation.

   Monthly reports will be provided to the local partnership Board on the status of evaluation as a whole and in all current projects.

   The program evaluator will provide technical assistance to the local partnership Evaluation Committee and Board to build evaluation capacity.

   A year-end report will be provided to the local and state partnership in a timely manner.

   Technical assistance will be provided to existing and new projects in developing outcomes and evaluation plans that will include onsite visits.

   Technical assistance will be provided to help the local partnership refine goals, objectives and benchmarks.

   4.   An independent contractor (or staff evaluator) will be hired to perform program evaluation. The Executive Director of the Happy County Smart Start Partnership will supervise the evaluator.

B. What collaborations were necessary to implement this activity?

The Evaluation Committee of the local partnership met with a representative from Frank Porter Graham Child Development Institute and the planning specialist from the North Carolina Partnership for Children. The Evaluation Committee includes representatives from the Happy County School System, the Happy Preschool Interagency Coordinating Council, the local public library, Head Start, SCAN, a preschool teacher and a community parent.

1. There are no similar activities in Happy County

2. The Happy County Smart Start Board of Directors recognized the need for an evaluator (staff or contracted).

B. Please provide a timeline for implementing this activity.

August 1	Put out RFP for Bid
September 1 -10	Evaluate Bid Proposals and Interview
September 15	Evaluation Contractor Hired (*or staff member in place for evaluation*)

VIII. Outputs

- Two site visits per contract will be made for technical assistance
- Four quarterly reports will be generated
- Four state evaluation meetings will be attended
- Monthly reports will be made to the Happy County Smart Start Board
- Monthly local partnership evaluation meetings will be attended
- An annual evaluation report will be produced

VIII. Activity Outcomes:

A. Timely, complete and accurate monthly and quarterly reports will be secured from each direct service provider.
B. Timely, complete and accurate quarterly reports will be sent to the Frank Porter Graham Child Development Institute.
C. By <date> 75% of the needs data will be in its most current form.
D. By <date> 80% of the direct service providers will be pleased with the technical assistance provided and will demonstrate some knowledge of program evaluation.
E. By <date> 80% of the local partnership Board will be pleased with the technical assistance provided and will demonstrate some knowledge of program evaluation.
F. By <date> approved partnership activities will be outcome driven.

IX. **Evaluation Plan:**
  A. Data Collection
    1. The Evaluator will provide a summary of activities to the Executive Director.
    2. An annual satisfaction and knowledge survey will be conducted by the evaluator under the direction of the Executive Director and the Evaluation Committee.
    3. A system to monitor outcome driven activities will be developed by the evaluator and Evaluation Committee.
    4. Databases will be developed to contain updated data

  B. Utilization of Data
    1. Information will be gathered to see if activities are meeting the goals and mission of the partnership.
    1. Information gathered by the evaluator and evaluation tools will be presented to the Evaluation Committee and local partnership at monthly meetings in report form to show data gathered and progress

  C. Timeline for collecting, analyzing and reporting
    1. Information and data will be collected, analyzed and reported monthly, quarterly and annually to the local partnership Evaluation Committee and Board.
    2. Information and data collected and analyzed will be reported quarterly and annually to the NC Partnership for Children.

X. **Projected Line Item Budget and Narrative:**
This activity will be a contracted service and bids will be let, or this activity will be conducted by an in-house staff person.

Request for Proposals - SAMPLE

Evaluation of Smart Start Activities

The ABC County Partnership for Children is seeking a qualified candidate, through a competitive bid process, to conduct comprehensive ongoing evaluation of all ABC County Partnership for Children activities. The ABC County Partnership for Children currently has contracts with seven community agencies comprising 20 different activities. The successful applicant will be required to provide technical assistance to all direct service providers with developing: measurable outcomes, evaluation plans, and appropriate information-gathering/evaluation tools. The goal of this evaluation project is to provide information on an ongoing basis to the ABC County Partnership for Children for program planning, program development, and the monitoring of services provided to families and young children through funded activities.

The applicant should propose a strategy that incorporates:

- individual technical assistance for each direct service provider to develop measurable outcomes that relate to the goals and objectives of the ABC County Partnership for Children
- development of an evaluation plan for each direct service provider
- development of a partnership evaluation plan
- development and maintenance of a partnership data base and data analysis system

Interested applicants must submit, along with their proposal:

1. a documented history of successful evaluation projects and/or work in progress
2. resume/vita
3. three letters of recommendation from individuals who have direct knowledge of the quality of the applicant's past evaluation work
4. other letters of support as deemed appropriate and necessary by the applicant

Interested applicants must submit the completed proposal and budget package (i.e., line item and budget narrative) to the ABC County Partnership for Children by <date>. Proposals may be mailed or hand delivered to the ABC County Partnership for Children, 123 Family Way, Raleigh, NC 54321. Materials and application technical assistance may be obtained by calling the Partnership office at (000) 000-0000.

Job Description - SAMPLE

EVALUATION COORDINATOR

PURPOSE

The Evaluation Coordinator assists the Executive Director and works with state and local groups to plan, evaluate and monitor programs funded by the partnership. The Evaluator will measure and report to the Board on:
- Progress made by each activity based on goals and objectives or indicators developed by the partnership Board, the NC Partnership for Children, and other funders.
- Short- and long-range outcomes and benchmarks from the partnership strategic plan.
- Changes in the needs, resources, and systems of care for young children.
- Program design models and planning processes used in the development of needed program services.

QUALIFICATIONS

- A minimum of a Bachelor's degree, Master's preferred, in any of the following areas: early childhood education, psychology, social work, education, public health, planning, or a related social science;
- Experience in programs serving young children and families, as well as experience in program evaluation, statistics, data analysis, and training groups in self-evaluation;
- Demonstrated ability to use computer software, including MS Office (Excel, Word, Access, & PowerPoint) as well as other statistical packages or database programs;
- Demonstrated ability to present information effectively in writing and orally;
- Demonstrated ability to communicate and work effectively with people from diverse backgrounds.

DUTIES AND RESPONSIBILITIES

- Assist with the evaluation and development of early childhood services for Happy County; including research of program models, design of strategic planning processes, and review of all program activity plans or proposals.
- Assist the Executive Director with maintaining overall program perspective and program development needs as they arise; including sharing all pertinent program information and discussion of program related issues in a timely manner.
- Evaluate and monitor all program grantees and their projects/activities, by measuring the degree to which each is meeting partnership goals/benchmarks, and provide useful feedback to guide projects toward meeting partnership expectations.

This task includes consolidating and establishing baseline data and designing a system to coordinate and schedule data gathering across projects.

- Develop, collect, and review quarterly reports on projects and prepare partnership Quarterly Report to NCPC.
- Under supervision of the Executive Director, participate in all statewide data gathering.
- Regularly summarize and analyze data and write reports on progress toward partnership goals. Quarterly fact sheets, special reports, newsletters, press releases, and annual reports to the Board, funders, or the community must be prepared.
- Assist direct service providers in developing and conducting appropriate and effective evaluation and monitoring strategies; report to the Executive Director on the adequacy of those strategies; and help direct service providers revise data gathering and reporting as needed.
- Under supervision of the Executive Director, meet with direct service providers at least once during the first month, and regularly thereafter to assess evaluation and monitoring.
- Serve as evaluation liaison with the Board and committees.
- Serve as staff support for the Program Planning & Evaluation Committee.

POSITION STATUS: Permanent Full Time

SUPERVISION: Directly responsible to the Executive Director and indirectly responsible to the Board of Directors.

SALARY RANGE: $27,000 - $37,000
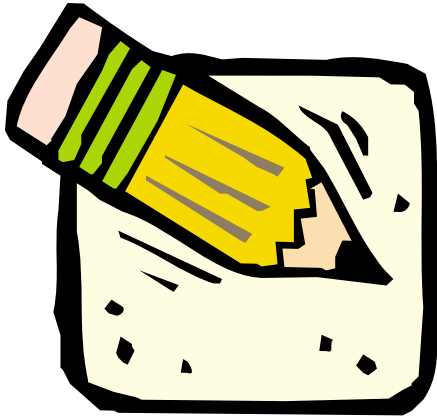
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Chapter 5 - Baseline Data and Needs & Resources Assessment

Baseline Data

Baseline is the period before an intervention begins -- the condition prior to implementation of program services. Data or information gathered during this time are the baseline data.

What is the baseline for Smart Start programs?

The baseline for Smart Start programs is the point **before** funding alters the current condition as it exists for young children and their families. Baseline data can be collected at any of the levels at which Smart Start is evaluated: partnership/county level, program/activity level and state level. Data can be collected through needs and resources assessments, surveys, pretests, focus groups, interviews, and observations. Baseline data can also come from secondary or existing data sets from local, county, state or national sources.

Why is it important to collect baseline data?

By collecting baseline data, you can then define a starting point from which changes can be measured.

When should collection of baseline data begin?

Collection of baseline data should begin **prior** to the interventions. County level needs and resources assessments should be conducted as a lead-in to strategic planning. For new activities, baseline data should be collected from the target population during the program planning or start-up phase. For established programs that are considering expansion or modifications, baseline data should be gathered before changes are implemented.

What if I've missed the "pre-intervention phase" for collecting baseline data?

In the ideal world, baseline data should always be collected prior to the intervention. In the real world, our programs are often off and running before we've had a chance to document the status of the service recipients. What to do? Collect information just as soon as possible and acknowledge when you report results that it's not pre-intervention baseline data, but rather data that reflect the status of service recipients at a particular point in time. Or, see if there are any existing data available in NC, your county or the program that might reflect the pre-intervention status of your target population. As a last resort, you can always ask people to report what they remember as their pre-intervention status – of course, this information is subject to "program effects" and people may remember their status as either better or worse than it really was due to their current status.

What types of baseline data are important?

It depends on a partnership's particular areas of interests and the goals, objectives, benchmarks, and activity outcomes defined by each partnership.

Data that are important to all partnerships:

Since Smart Start partnerships have some goals, objectives, benchmarks and activities <u>in common</u> with other partnerships, there are some county-level data that all partnerships will want to have available as baseline data.

- Number of children 0-5
- Number of regulated child care centers and family child care homes at each star level from the NC regulatory system
- Number of children 0-5 total enrolled in regulated care
- Number of children 0-5 in centers and homes enrolled at each star level of NC licensing system
- Number of subsidized children enrolled at each star level
- Number of nationally accredited (e.g., NAEYC, NAFCC) child care centers and homes
- Number of subsidized children 0-5 enrolled in regulated care
- Number of children 0-5 on subsidy waiting lists
- Number of child care spaces
- Number of unfilled child care spaces
- Number of children 0-5 receiving early intervention services
- Number of child care teachers/directors
- Teacher/director education levels
- Teacher/director salary levels

Other data partnerships may want to use for baseline data:

Since Smart Start partnerships have many goals, objectives, benchmarks and activities that are <u>different</u> from other partnerships, there is other county-level information that some partnerships may want. Your partnership may have other data needs not included on this list.

- Population of the county/region
- Number of families with children 0-5
- Number of children 0-5 and their families living in poverty
- Median income
- Number of children enrolled in kindergarten
- Number of children entering kindergarten with unmet dental, vision, hearing, and development needs
- Health Check participation ratio
- Percent of women receiving prenatal care in the first trimester
- Infant mortality rates
- Substantiated child abuse and neglect rates
- Number of primary care physicians per child
- Childhood overweight rates
- Elevated lead levels
- Percent of infants identified with problems on universal newborn hearing screen
- Immunization rates at 2 years and school entry
- Adult education rates

Where can partnerships find this information?

Much of this information can be obtained from existing data sets located in state or local agencies, or from various web sites, such as: county Department of Social Services, county Health Department, local Child Care Resource and Referral, public schools, NC Division of Child Development, NC State Center for Health Statistics, NC Child Advocacy Institute, and the US Census Bureau. (For a more complete list of resources and web addresses, see Evaluation Resources.) Also, partnerships can collect baseline data by using data collection instruments and/or creating their own instruments, through on-site observations or focus groups, and from information already being collected by service providers.

Many partnerships conduct a **needs and resources assessment** to collect baseline data or to measure progress toward achieving benchmarks…

Needs and Resources Assessment

The first step in the strategic planning process is to determine the scope of needs and resources in your Smart Start partnership. Through this process, a partnership seeks to answer the questions: *What is the status of child care (quality, accessibility, affordability), family support, and health services in our county? What are the current realities in our county for young children and their families?*

A worksheet for conducting an assessment of needs and resources is included at the end of this chapter.

What is a needs and resources assessment?

If the need for human services is assumed or simply believed evident, and success is measured solely by provision of services -- then how we do know about results, changes and benefits for children and families?

> Conducting a needs and resources assessment is the process of collecting and using data to document needs, areas needing improvement, gaps in services, resources, assets, and strengths. A needs and resources assessment can be said to be the determination "of whether there is sufficient need to justify the funding of a new program"
>
> *Royse and Thyer (1996),* Program Evaluation – An Introduction.

Why conduct a needs and resources assessment?

Information gathered from a needs and resources assessment can be used for many purposes:

- Provide the ground work for a strengths-based and outcomes-based planning process
- Identify areas that need immediate action and those that need more in-depth assessment
- Identify needs of specific populations or geographical areas of the county
- Justification for program development, resource allocation, and funding decisions
- Provide information about community, system and program assets, capacity limits, and barriers to services
- Provide baseline data for benchmarks, and, over time, data about progress toward achieving benchmarks

How do you plan a needs and resources assessment?

1. Determine...
   the purpose of the assessment and the target population,
   the intended use for the information,
   the resources available (including time, funds, personnel, expertise),
   any limitations to the study
2. Identify the specific information you need to acquire
3. Determine if the information already exists or can be obtained with your resources
4. Plan the assessment including instruments, methods to collect information, methods to process and analyze data, and a plan for reporting needs and resources results.

How do you determine the purpose of your needs and resources assessment?

The local partnership Board, committees and/or Executive Director should clearly identify the information they want to know about young children and conditions in the county or community. The purpose of the assessment should address the uniqueness of your community and also tie into Smart Start's goal of helping young children to be healthy and ready to succeed when they enter school.

Further, the target population should be determined – do we want to know about all children and families, Hispanic children and families, children with disabilities and their families, or children and families in the northern isolated area of our county? Do we want a random sample or a selected sample?

Who is going to use the information collected from the needs and resources assessment?

- Local Partnership Executive Directors, Boards of Directors and Program Committees: A primary use for a Smart Start needs and resources assessment is to guide local Smart Start Directors, Boards and committees in their work to develop and prioritize goals, decide which activities to fund and evaluate progress toward achieving goals.

- County partners such as potential and current direct service providers, county agencies, county commissioners, and other local funders and planners: Smart Start's collaborating county partners can use data from Smart Start needs and resources assessments to help set program goals, remediate gaps and duplications in services, and plan for systems change. In turn, local partnerships can utilize assessments its partners conduct.

- State-level stakeholders such as NCPC, legislators, state agencies, and the public: Smart Start's state-level partners can also use data from Smart Start needs and resources assessments to help set state-wide goals, make budget decisions, and plan for state-level systems change.

What resources are available to conduct the needs and resources assessments?

The Smart Start Executive Director and the Board of Directors will need to consider available resources and project costs, time constraints, personnel and expertise available, and any limitations or constraints to help decide how to conduct a needs and resources assessment. The quickest, easiest, and least expensive information can usually be gathered from existing sources. However, existing information may not address a partnership's purpose and target population or intended use. If data must be collected, are personnel available for the work? Is expertise available to help design or locate instruments, or to analyze data? How much money is available to fund the assessment? When are the assessment results needed?

Once we know what specific information we want and that existing data will not be sufficient to answer the questions, how do we gather the assessment information?

In order to get the most complete picture of needs, try to gather data from more than one source.

- Consumers – those who will be impacted by the desired change stated in your goals and benchmarks. For example, in a Child Care Workforce Study, the child care providers are the primary consumers for quality enhancement services, salary supplements, and teacher education programs. And parents are the consumers of child care services whose children will benefit from the providers participating in these programs. Most often, families would be the primary consumers for family support or health services.

- Key Informants – Service providers who know how programs are implemented can help determine barriers from within the service delivery system. Agency directors who have knowledge of funding and program operations can help determine feasibility. Due to their firsthand knowledge, parents and community leaders, such as clergy, can speak about the needs of a particular community or neighborhood.

- Existing data sources – Statistical profiles of your community are available through the State Data Center, NC Division of Child Development, State Center for Health Statistics, NC Child Advocacy Institute, and through local agencies such as the Health Department and Department of Social Services. Available information may include demographics of an area, rates of service use and waiting list data.

Determine the type of information needed from each source to help select a method of data collection.

If you want to know:	*Use:*
just the facts	✓ existing data sources ✓ surveys
facts and opinions	✓ existing data sources ✓ surveys
facts, opinions, and discussion	✓ existing data sources ✓ surveys ✓ focus groups
facts, opinions, discussion, and problem-solving	✓ existing data sources ✓ surveys ✓ focus groups ✓ work groups
facts, opinions, discussion, problem-solving, and action	✓ existing data sources ✓ surveys ✓ focus groups ✓ work groups ✓ task forces or committees

As you decide which methods of data collection will best provide the information your partnership wants, also think about participation restraints of your target population or information source. For example, focus groups may be more successful when a target population already comes together for a group meeting, like parenting classes or a Head Start Parent Advisory Group. Transportation, child care and incentives may be necessary to encourage participation. Will your local service providers be more available to attend a lunch meeting, complete a written survey, or provide a phone interview?

Select a sampling strategy.

- Total Population Sample – The best data to represent a population comes from providing everyone in the population an opportunity to participate in the study. However, your population must be small enough for the study to be feasible. For example, if you have 50 or fewer child care centers, you could survey all of them. In smaller counties, it is often possible to conduct a broad assessment of needs and resources.

- Random Sample – Everyone in the population has an equal chance of being a part of the study. An example is every tenth person in the telephone book for a random sample of citizens in your county (who have listed phone numbers) or every third child care center in an alphabetical list. Those who complete the data collection (e.g., survey or observation) make up the actual sample.

- Random Stratified Sample – This method is effective when you want to assure an equal representation from different segments of the population in your random sample. For example, you want equal representation of centers of different sizes or locations or of families from different races or neighborhoods. Divide the population according to your stratifying variables, and then randomly select a proportion of each subgroup.

- Targeted Sample – Sometimes you want information from a particular group of your population. You may want to assess needs with your county's Hispanic families or with all families who participated in the Parents as Teachers program or whose children were screened through a Smart Start screening service.

Collect the data.

Use local partnership staff, temporary employees, service providers, Board members, and community volunteers to help collect the information. Be sure to provide clear instructions to the data collectors about the methods to use to help assure that quality data are collected. Contact the FPG Evaluation Assistance Team for help with selecting or developing instruments and data collection methods.

The bottom line:

More is not always better. The key to a good needs and resources assessment is to target:
- specific questions
- specific sources for the answers, and
- the most effective method to obtain the answers.

Tips from experienced needs and resources assessors

1. In a **large urban community**, you may want to consider the following:
   - Target areas where you have information about inadequate or unavailable services.
   - Gather data through samples rather than surveying an entire population.
   - Divide the larger area into smaller communities or sections and target your questions to assess the needs of smaller locations, such as neighborhoods, townships or districts.
   - Divide the larger population into smaller segments. For example, rather than consider all children ages 0-5 in Happy County, think about children 0-5 in child care, children 0-5 not in child care, children 0-5 with special needs, children 0-5 living in poverty, etc.

2. In **rural farming communities** populations are often small and spread among a large area. Consider all segments of your target population. Broad random sample surveys across a county may not capture the needs of certain subgroups such as military families or teen parents. You may want to target interviews or surveys to ensure you get information from the desired source. However, do not discount random sample surveys if feasible because they can provide community-level data that can be compared to data from the state as well as your targeted data.

3. In communities where there is a **history of conflict** or competition among human service agencies, you may want to gather information through surveys or interviews rather than obtain data biased by certain group dynamics. This is not always something known or controllable. Conflict among service providers or agencies is often discovered through the group process, in which case you have identified a need for working on issues of collaboration.

4. In a community with **several high quality child care sites** you may want to consider gathering more specific data from sites that have only a 1 or 2 star rating or sites that serve a high subsidy or low income population.

What do you do with the needs and resources assessment information?

You will want all information compiled in a report which answers the original questions developed by your Executive Director, Board and committees. This report should be available for all Board and committee members, community leaders, state or county partners, and anyone involved in Smart Start strategic planning or program development.

The information should be summarized and presented in a format that is clear, concise, and fair to the results. Simple bar charts and pie charts are effective illustrations of differences and proportions. Tables are effective in presenting lots of numbers. Often a Board member has experience summarizing and presenting results and can be a good resource for advice and help in creating an effective report.
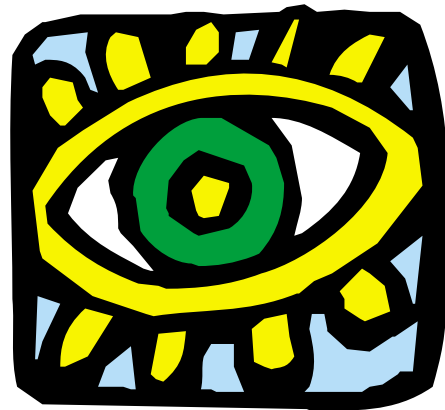
Examples of Specific Types of Smart Start Needs and Resources Assessments

Smart Start needs and resources assessments are often conducted along the lines of the three core service areas: child care, family support and health services. These are suggestions of some of the types of assessments you may want to conduct and specific ideas about the information your partnership might want to gather.

CHILD CARE ASSESSMENTS

Workforce

<u>Characteristics of Child Care Centers and Family Child Care Homes</u> – type of center (e.g., Head Start, public preschool, church-sponsored, franchise, independent), profit status, license type/rating, location, population served (e.g., ages, area), services offered (e.g., before/after school, sick care, screenings), hours of operation, cost and availability of care, number of children enrolled including specific populations (subsidy, special needs, language barriers, etc.), parent fees, parent involvement

<u>Staffing</u> – number of lead teachers and assistant teachers, demographics of staff, education and experience, turnover rate, salaries and benefits, working hours, knowledge of policies and developmentally appropriate practices, opinions (strengths and concerns)

<u>Resources</u> – training and education resource availability and accessibility for child care providers, types and accessibility of programs to support all aspects of child care businesses

Child Care Quality

Child care environment (e.g., materials and equipment, children's use of materials, health and safety, room arrangement, personal care routines, activities, program structure), provider/child relationships, parental involvement and knowledge of quality indicators.

Child Care Accessibility

Mapping child care availability (e.g., available spaces according to types of care and age, waiting lists) and cost by geographic area including comparisons with income and employment demographics for the area, subsidy waiting list, transportation resources and limitations, the average time that parents spend locating care, child turnover rates, area business and industry needs (e.g., 2nd and 3rd shift care, weekend hours, on site care, part-time hours).

HEALTH ASSESSMENTS

Resource Availability and Accessibility

<u>TIP</u>: A large amount of health assessment information may be available to you through your local Health Department, as they are required to conduct a Community Diagnosis Assessment every two years. Healthy Carolinian Task Forces exist in many communities and would be another great resource to assist in your assessment process.

Your local partnership may want to collect health data such as:

Numbers of dentists, pediatricians and other providers who accept Medicaid; health and screening service locations, barriers, and waiting list; transportation options; service eligibility or other limitations; rates of immunizations and use of well child care; use of health screening services; rates of special needs and significant health problems identified prior to kindergarten; insurance coverage and the number of young children who are uninsured

FAMILY SUPPORT ASSESSMENTS

Resource Availability and Utilization

Often, there is no one source of comprehensive, community-wide family support needs and resources data. In addition, family support programs appear in a variety of shapes and sizes from a small family resource center with part-time staff serving a single neighborhood to the multitude of support services offered through the local Department of Social Services. Many family support programs are open to the public, but some are open only to families who are referred and meet specific criteria. Because of this variety, it is important to begin with an **updated resource list**. These are often developed through Chambers of Commerce, United Way, local libraries or resource and referral agencies.

Accessibility of Resources

Hours of operation, location, transportation options, cost, eligibility restrictions, waiting list, and barriers such as staff treatment or perceived stigma associated with agency or service.

Unmet Needs

Services that are not available or are inadequate in supply or quality, populations that are underserved or in need of specific services that are not available in the local community.

Funding Resources

Current sources of funding for family support projects.

Assessment of Family Functioning

Interactions between parent & child and parent & parent, parent's knowledge of child development, frequency and/or quality of family activities, available family support system, community involvement.

Needs and Resources Assessment Planning Worksheet

Questions to Guide Planning and Conducting a Needs and Resources Assessment

How to design a needs and resources assessment:
- ⇒ determine purpose
- ⇒ define use
- ⇒ allocate resources (time, money, personnel, expertise)
- ⇒ consider limitations
- ⇒ identify information needed and where it can be obtained
- ⇒ decide, plan & implement methods

- Why do you need a needs and resources assessment?
  (set goals, priorities, resource allocation, specific population, baseline data)

- How will you use the information from this particular study?
  (Smart Start examples: child care workforce assessment; child care quality, availability, accessibility, or affordability assessment; family resource availability and accessibility assessment; health resource availability and accessibility assessment)

- Who will use the information?
  (partnership Board or committees, service providers, funders)

- Who will conduct your needs and resources assessment? How much time does this person have available? What are the time constraints of your partnership? How much expertise is available? What supplies, materials and equipment are available?

- Who will write the report? What type of report will you need?
  (written, verbal, comprehensive, summary)

- How much money do you have to spend on your needs and resources assessment? Do you have money for incentives to encourage response? What additional sources for funding or collaboration are possible?

- Based on your answers to previous questions, what type of information will you gather? From what sources?

- Based on your answers to previous questions, what methods will you use to collect information? (existing data, group interviews, one-to-one interviews, surveys, observation)

- What is the scope of the assessment and what sampling methods will you use? *(whole county, general population sample, entire program population, sample of Smart Start participants - random sample or selected sample)*

- How many responses do you need?

- Based on your answers to previous questions, how will you access or collect the information? *(plan of action involving who, what, where, when)*
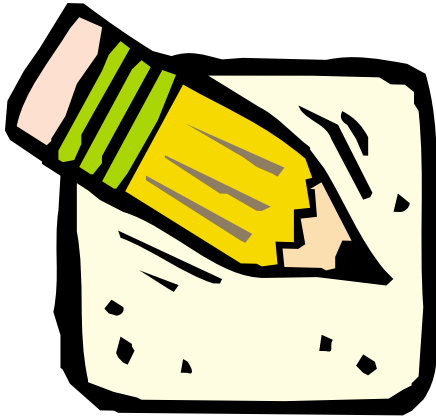
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Chapter 6 - Developing Smart Start Benchmarks and Activity Outcomes

Partnership Benchmarks

After your partnership has documented the needs of children and families and has developed goals and objectives to address those needs, you can begin determining benchmarks.

Benchmarks measure progress towards achieving county-wide objectives.

A benchmarks worksheet is included at the end of this section.

The worksheet lists a series of questions to guide you through the benchmark setting process.

Other questions to consider:

What change do you want to take place?

This is usually a change in knowledge, attitude, or behavior. It can also include a change in a broad measure of certain conditions, like the number of high quality child care programs or the number of two-year-olds with up to date immunizations.

Who will be impacted by the change?

The more specific you are in identifying your target population, the more likely you will be to collect information that will tell you whether or not the change occurred.

Is the benchmark specific enough?

Based on opinions or feedback from direct service providers, you may have a benchmark such as increasing the number of families who access resources. Specify which families would benefit from services (e.g., Hispanic families, families in the northern end of the county, etc.), and how many of the families you want to target (all? or some proportion?).

What's a realistic amount of change to expect and for what time period?

This can be difficult to know. Often partnerships make a best guess; then implement services and measure changes for a year or two before learning a realistic rate of change.

How much time is needed for developing benchmarks?

Another challenge partnerships face is not allowing enough time to develop benchmarks. Meaningful benchmarks that are embraced by your Board, service providers, and community cannot be determined in a one or two hour meeting. Partnerships that have set realistic benchmarks with broad buy-in have spent many months doing so.

Who should be involved in developing benchmarks?

Many partnerships use Board committees such as an evaluation or strategic planning committee to set benchmarks. Sometimes a staff member will gather and present needs assessment data for the committee and then draft benchmarks for committee review. In other partnerships, especially those with few staff, committees collect and review data about needs; draft benchmarks are presented to staff for refinement; and then the benchmarks are presented to the Board for discussion and approval.

Some partnerships involve the community in the review of benchmarks by presenting benchmarks to direct service providers at regularly scheduled meetings. Benchmarks can be presented to families for feedback through focus groups or community forums. You might consider involving community members who have knowledge about particular issues to review benchmarks in their area of expertise. This can be especially helpful in ensuring that benchmarks are realistic. For example, you might ask the Health Department Director to review the health related benchmarks and the Child Care Resource and Referral Director or a community college representative to review the benchmarks related to child care teacher education.

How many benchmarks should be developed?

While there is no single "correct" number of benchmarks, partnerships should consider how many benchmarks can realistically be measured. Some partnerships choose to have a few benchmarks that target particular areas of concern in their county. Others have a few broadly defined benchmarks, while still others list many narrowly defined benchmarks. In addition to being **measurable, realistic, and timely**, it is important is that your partnership set benchmarks that your Board believes will measure meaningful changes for children and families in your community.

Statewide Benchmarks to Measure Progress

Even though each partnership has its own goals, objectives and activities, are local partnerships developing similar benchmarks?

Yes. Many local partnerships are developing similar benchmarks, especially in the area of child care quality and teacher education. This is related to the fact that most partnerships fund a very similar package of activities to meet the goals and objectives of improving child care quality and teacher education levels.

Following are lists of abbreviated benchmarks in the three service areas and suggestions for methods of collecting the data or sources of data.

Remember, your complete benchmarks will include a timeline, baseline information and the amount of change you expect to see. For example: "As of <date>, there are 20 centers out of a total of 100 centers in our county with a 3 or higher star rating. We hope to have 25 centers (5% increase) with a 3 or higher star rating by <date – 2-5 years later>."

Possible Benchmarks

PLEASE NOTE:
The benchmarks listed below are suggestions. Each partnership must decide which ones make sense for their county based on identified needs. Also, a partnership might have a particular identified need that is not reflected in the following list and will want to develop its own benchmark.

Child Care Related

Child Care Related: Child Care Quality

possible benchmark	*data source*
Increase in licensing level of facilities: A-AA → 5-star rated license	*NC Division of Child Development*
Increase in number of NAEYC centers	*NC Division of Child Development*
Increase in number of spaces in NAEYC-accredited centers per 100 children	*NC Division of Child Development*
Decrease in child/adult ratio	*survey of child care facilities*
Increase in mean level of teacher education	*survey of child care facilities*
Increase in mean level of director education	*survey of child care facilities*
Increase in percent of teachers/directors enrolled in college-level courses or who already have a degree	*survey of child care facilities*
Increase in percent of teachers/directors engaged in specialized training program	*survey of child care facilities*

Decrease in teacher turnover rate	*survey of child care facilities*
Increase in mean wages of child care teachers	*survey of child care facilities*
Increase in percent of child care teachers who earn salaries equivalent to public school teacher salaries for equivalent education and experience	*survey of child care facilities*
Increase in percent of child care teachers with health care benefits	*survey of child care facilities*
Increase in child care center classroom quality	*on-site observations*
Increase in family child care home quality	*on-site observations*

Child Care Related: Availability

Increase in number of center-based spaces available per 100 children, by age group	*NC Division of Child Development*
Increase in number of spaces in 3-star facilities per 100 children	*NC Division of Child Development*
Increase in number of NAEYC centers	*NC Division of Child Development*
Increase in number of spaces in NAEYC-accredited centers per 100 children	*NC Division of Child Development*
Increase in number of children receiving subsidized care	*NC Division of Child Development and NC Department of Social Services*
Increase in number of home-based spaces available per 100 children, by age group	*NC Division of Child Development*

Child Care Related: Affordability

Increase in number of children receiving subsidized care	*NC Division of Child Development and NC Department of Social Services*
Mean child care fees by age group	*survey of child care facilities*

Family Support Services

Family Support Services: Family Functioning

Improvement in family interactions – parent to child, parent to parent	*requires measurement tool*
Increase in knowledge of child development by parents	*requires measurement tool*
Improvement in family functioning	*requires measurement tool*
Increase in family resources	*requires measurement tool*

Increase in frequency and/or quality of family activities that promote learning for young children, such as literacy efforts, home environment factors, use of services like the library, proper TV use	*requires measurement tool*

Family Support Services: Service Systems for Family Support

Expanded use of program services	*review of client records to see who is using the service and how that changes and expands over time*
Increase in family satisfaction with services	*requires measurement tool*
Increase in number (and %) of family service practitioners who have the Family Support Credential	*NC Family Resource Coalition*
Increase in number (and %) of family service programs that follow the Family Support Principles	*NC Family Resource Coalition*
Increase in level of parental participation/support in family programs	*could be measured by parent participation on the governing board, or by parent participation in agency programs*
Increase in level of funds and other resources that the family resource center or family program receives from sources other than Smart Start. This indicates long-term sustainability of the program and allows programs to serve needs beyond the scope of young children	*agency survey or agency financial documents*

Family Support Services: Community Building and Support for Families

Increase in number of agencies that provide services or resources to families	*community resource guide*
Increase in effectiveness of community outreach/advertising/referral efforts	*family interviews/surveys, agency survey, agency records*
Increase in utilization of community resources	*agency survey*
Increase in number of parents involved in citizen action and advocacy groups	*family interviews/surveys, surveys of groups, media reports*
Increase in number of public forums, town meetings, and task forces related to improving the lives of young children and families	*family interviews/surveys, surveys of groups, media reports*
Increase in amount of funds spent to improve the lives of young children and families	*budget reviews, agency surveys*

Health Services

Increase in number of children with medical care source other than hospital ER	*county health department—number of children < 6 served and Medicaid enrollment; county hospitals—number of children < 6 served; private pediatric practices—number of children < 6 served*
Decrease in percent of children entering kindergarten with uncorrected health needs (vision, speech, hearing, dental, or showing unusual body mass or size)	*local school system special services department, NC Kindergarten Health Assessment forms from individual student records on file at each elementary school*
Increase in percent of children with health insurance	*county Health Choice coordinator, Health Choice enrollment through NC DHHS, private pediatric practice reports, hospital billing reports, county health department–record of children under 6 enrolled in Medicaid, 2-year state-level census report of insurance status*
Increase in percent of kindergartners fully immunized and percent of 2 year olds fully immunized	*county health department immunization records, NC Kindergarten Health Assessment forms from individual student records on file at each elementary school, local pediatricians*
Decrease in number children abused or neglected per 1000 persons under the age of 18	*county Department of Social Services*
Increase in number and percent of children 1 and 2 years old screened for lead	*county health department*
Increase in percent playgrounds at licensed childcare sites in compliance with safety guidelines	*Safety Factor checklist applied by NC Division of Child Development child care consultants*

Benchmarks Worksheet

Questions to Guide Writing and Measuring County or Partnership Benchmarks

Your BENCHMARK (results, changes and benefits for children birth – five and their families, and child care providers) defines progress toward or achievement of a Smart Start goal and objective.

Start with COUNTY-LEVEL or PARTNERSHIP-LEVEL GOAL(S) and OBJECTIVE(S). List the goal(s) and objective(s). List the needs data that correspond to each objective.

Answer these questions:

Review each goal and objective one at a time -- How does the project help children arrive at school "ready to learn?" What results, changes or benefits do you expect for children and families (or child care providers) in your county? What do you want to see happen for children and families who participate in your Smart Start funded projects?

After you have stated the changes that you hope will occur, add a time frame (usually a 2-5 year period) and an expected level of change. The level of expected change may be an estimate and will need to be revised as you collect data to show how you are progressing.

Once you have identified a county or partnership level benchmark(s), you will decide how to MEASURE the benchmark(s). *Answer these questions:*

What shorter term and/or longer-term information would help you know if you are achieving or making progress toward the benchmark(s)?

Which of your Smart Start funded projects and activities will result in changes and benefits that relate to this goal, objective(s) and benchmark(s)? Does any of the information being collected to measure project outcomes help with measurement of the benchmark(s)? Are you collecting similar outcome data across all projects that relate to this goal, objective(s) and benchmark(s)?

What other agencies and groups in your community provide services that will also contribute to the changes and benefits that relate to this goal, objective(s) and benchmark(s)? Are other groups collecting outcome data for their projects that relate to this goal, objective(s) and benchmark(s)? Does any of the information being collected by the other groups to measure project outcomes help with measurement of the benchmark(s)?

What existing data (that which is already collected by someone else) are available to help measure progress toward the benchmark(s)? How can you access the information?

What additional data do you need to measure progress toward the benchmark(s)? Where would these data come from? Who will you include in your sample (general population versus Smart Start participants, all or sample)? How will you collect the information (existing or created instrument, survey or interview or observation)?

How will you summarize the information you access or collect to answer your questions about achievement or progress toward project benchmark(s) (text, tables, charts)?

What resources can you devote to data collection and summary (funds, staff, participants)? Who will collect and summarize the data? How often (before and after, end of each year, every six months)?

Finally, here are some KEY IDEAS to keep in mind:

Organize and answer these evaluation questions BEFORE you begin to implement Smart Start services so you can collect data along the way. There is nothing harder (or impossible) than trying to recreate data after the fact.

The partnership is looking for data that show results, changes or benefits—this means looking beyond counts of how many people participated in a service. This means looking for more than satisfaction with service—looking instead for evidence of the impact of the service.

Since the partnership is looking for data that show evidence of change, results collected over time are fine. Your evaluation does not need to involve a control group or statistical significance against comparisons. You do need a baseline from which to measure change (may come from needs assessment data).

When you think about the results, changes or benefits, consider whether you will measure these impacts at the county level or at the partnership level—that is, will you measure change across all members of your county regardless of whether or not they received Smart Start services, or will you measure change across a more limited group from your county: those who participated in Smart Start services? Sometimes it is not possible to identify who participated in Smart Start services. You may want to measure impact at the county level.

Bounce ideas off an "outsider" (someone not intimately involved with the project) or your Executive Director or an Evaluation Committee. Their perspective may help you see aspects that you might otherwise overlook.

When it is all said and done, you want the results to "tell a story" about the impact of your Smart Start partnership on the lives of children and families in your county. Your numerical data could tell the story. You could also collect anecdotes or success stories to help supplement your numerical data.

Activity Outcomes

In addition to measuring progress towards achieving county-wide objectives, partnerships measure outcomes of funded activities. *Activity outcomes are specific, measurable results for participants of Smart Start funded activities*.

An activity outcome setting worksheet is included at the end of this chapter.

The worksheet lists a series of questions to guide you through the activity outcome setting process. Other questions to consider:

How are benchmarks and activity outcomes alike? How are they different?

Like benchmarks, activity outcomes measure changes in knowledge, attitude, or behavior.

Sometimes it is possible that an activity outcome and a benchmark are similar. For example, there may be a benchmark to increase the number of three-star rated centers by 10% in a two-year period. A partnership may fund one activity whose outcome is to increase the number of three-star rated centers by 5 in one year. In this case, the benchmark and activity outcome are similar.

Activity outcomes measure changes in individual children, teachers, or families in a one-year period from one program. Benchmarks measure the sum of those changes over a longer period of time and for multiple activities.

Does every activity outcome have to measure some aspect of a benchmark?

No. You might develop important process measures for an activity, such as 90% of the intended target population will be reached or 80% of teachers will attend three or more sessions. These may be important for your partnership to track but do not directly contribute towards measuring a benchmark. Presumably, other outcomes from this activity WILL relate to a specific benchmark.

Who should be involved in developing activity outcomes?

Many partnerships have found success in taking a team approach to developing activity outcomes. A dialogue between partnership staff (or contracted evaluator) and the direct service provider about what the program is trying to achieve and how those achievements can be measured may help clarify program direction. These discussions often reveal additional activity outcomes that hadn't been considered before.

When finalizing activity outcomes, it is best to have present the person who is responsible for delivering services and the person who gathers data and completes reports. When working with large agencies, such as the Department of Social Services, try to have all the people who contribute to the report present.

Some evaluators use an evaluation plan to help direct service providers (DSPs) develop activity outcomes (*for a sample evaluation plan, see Chapter 7*). Direct service providers who have received funds for several years and are accustomed to Smart Start evaluation may have learned to develop their own evaluation plans.

How many outcomes should each activity have?

While there is no single "correct" number of outcomes per activity, the task of measuring outcomes must be realistic. Most activities will need one to three outcomes to measure progress toward activity goals.

When developing outcomes, also keep in mind:

Direct service provider capacity – how much time, available staff, knowledge, etc. does the direct service provider have to collect data and report outcomes? If data collection is as easy as possible (especially if outcomes use data already collected), DSPs are more likely to participate. You can also advocate that the direct service provider increase capacity to evaluate important outcomes by requesting necessary resources in their budget, such as extra staff or consultants, software, staff training, etc.

How important is the outcome to your partnership? How important is it to the direct service provider?

Be sure to have outcomes that address the major impact that you are hoping the activity will produce. For example, if you want to know how effective a Technical Assistance (TA) program was in changing licensing levels, make sure you have a plan to gather those data. You may not really need to know how many teachers have ordered new developmentally appropriate materials for their classrooms. If it's not something your Board or the DSP is interested in knowing, then don't require direct service providers to collect the data.

Outcomes Worksheet

Questions to Guide Writing and Measuring Activity Outcomes

First, focus on ACTIVITY OUTCOMES (results, changes, and benefits of Smart Start funded activities) -- NOT OUTPUTS alone (numbers impacted). GO BEYOND SATISFACTION ("how much did you like the service?"). Answer these questions:

What is the point of the project? What is the project meant to do?

What identified need will it address?

"So what?" What results, changes or benefits do you expect for children, their families or child care providers? What do you want to see happen for children and their families?

How does the project help children arrive at school "ready to learn?" How does the project contribute toward achievement of or progress toward county or partnership level goals?

Once you have identified a project outcome(s), you will decide how to MEASURE the outcome(s). *Answer these questions:*

What shorter term and/or longer-term information would help you know if you are achieving or making progress toward the outcome(s)?

What existing data (that which is already collected by someone else) are available to help measure progress toward the outcome(s)? How can you access the information?

What additional data do you need to measure progress toward the outcome(s)? Where would these data come from? Who will you include in your sample (general population versus Smart Start participants, all or sample)? How will you collect the information (existing or created instrument, survey or interview or observation)?

How will you summarize the information to answer your questions about achievement or progress toward project outcome(s) (text, tables, charts)?

What resources can you devote to data collection and summary (funds, staff, participants)? Who will collect and summarize the data? How often (before and after, end of each year, every six months)?

Finally, here are some KEY IDEAS to keep in mind:

Organize and answer these evaluation questions BEFORE you begin to implement the project so you can collect data along the way. There is nothing harder (or impossible) than trying to recreate data after the fact.

The partnership is looking for data that show results, changes or benefits—this means looking beyond counts of how many people simply participated in a project. This means looking for more than satisfaction with service—looking instead for evidence of the impact of the service.

Since the partnership is looking for data that show evidence of change—pre-post results or results collected over time are fine. Your evaluation does not have to involve a control group or statistical significance against comparisons.

Bounce ideas off an "outsider" (someone not intimately involved with the project) or your Executive Director or an Evaluation Committee. Their perspective may help you see aspects that you might otherwise overlook.

When it is all said and done, you want the results to "tell a story" about the impact of the project on the lives of children and families. Your numerical data could tell the story. You could collect anecdotes or success stories to help supplement your numerical data.

Connecting Measurable Outcomes to Partnership Benchmarks

In this chapter we have discussed benchmarks and outcomes. Now it's time to put them together. In the planning process your partnership has determined the needs of children and families in your county, and has set goals that you would like to reach. You have determined mile-posts along the road to reaching those goals with your measurable benchmarks. Ideally, now would be the time to decide what kind of activities to fund to help your partnership move in the direction of your mile-posts – or benchmarks. Realistically, at this point in time, all Smart Start partnerships are currently funding several activities, so it is time to decide which activities relate to each of your benchmarks.

Staying with the driving metaphor, you want to know what is going to help get your car from mile-post A (where you are now) to mile-post B – your benchmark. If you have a benchmark about raising the average star rating of centers in your county, then you will probably be funding activities that you expect will help centers improve their star rating. You may be funding several activities that will affect this benchmark and if you know which activities these are, then you can monitor your progress toward the benchmark by watching the progress of each of the related activities. The activity outcomes will be measured on an annual basis and most often the benchmark miles posts are set a few years down the road.

If you do not see progress toward reaching your benchmark, it is time to look at the activities that you have funded and ask:
a) are they reaching their measurable outcomes? And if not, why?
b) are their measurable outcomes truly going to affect the designated benchmark?

If all of your activities are producing their outcomes, and some progress toward the benchmark is being made, but you know that you will not reach mile-post B in the time frame you had hoped for then you can ask:

a) can we afford to fund more of the activities that are making the biggest difference?
b) can we add activities that might be needed to really make progress?
c) are some activities, whether or not they are meeting their outcomes, really not making the best use of our limited funds as we try to move toward mile-post B?

You may find that you are funding an activity that does not look like it will move any of your benchmarks forward, even if it reaches it's measurable outcomes. In that case you can ask:

a) can we change this activity to make it produce results that will move us in the direction we want to go?
b) why are we funding this activity?

There is also the possibility that your benchmark or mile-post was too far to reach in your time period. In that case, you will now have an understanding of how to readjust your expected distance knowing how far you have come in one year.

The following example and worksheet offer one method of thinking through the process of connecting your benchmarks and outcomes. It is designed to have one activity per worksheet. Activities that share a common benchmark will have similar information in the top box. Those worksheets that share a common benchmark can all be kept together and reviewed as a group.

Connecting Measurable Outcomes to Partnership Benchmarks - SAMPLE
(example for one activity)

Benchmark Box

Current Reality/Stated Need: As of July 1, 2001 Happy County has 20 regulated child care centers. The average star rating for all 20 centers is 2.6.*   10 centers have received a 1 or a 2 star rating.
Data Source & Collector: DCD Regulatory database – grid of county centers by Stars maintained by county evaluator.

Goal/Program Standard: Every child has access to a high quality early childhood program.

Objective: Every early childhood program has at least a three-star rated license or is progressing toward the attainment of a three-star rated license.

Benchmark: By June 30, 2003, the average star rating of care in Happy County in regulated child care centers will be 3.25. The 10 lowest rated of our 20 centers will raise their star rating by at least one point.
Data Source & Collector: DCD Regulatory database – grid of county centers by Stars maintained by county evaluator.

Activity Box

Activity A: Provide funds for materials and technical assistance to 10 of Happy County's 20 centers to improve quality of care as measured by the overall ECERS score.

Activity Outcome(s): By June 30, 2002 70% (7 out of 10) of the participating centers will be providing higher quality care as measured by a one point increase in the center's total ECERS score (implies pre and post tests).
Data Source & Collector: ECERS assessment by trained data collector who is not the person providing the technical assistance to the center.

Activity Output(s):
NCPC/FPG Smart Start Quarterly Progress Report:
II. Child Care Quality
B. Early Childhood Program Standards – Quality Enhancement Activities
1-2. No. of Teachers Directors = 30 teachers/10 directors
3-4. No. of children impacted = 375 children enrolled in classes benefited
5-6. No. of Centers/Homes impacted = 10 centers
Data Source & Collector: Consultant providing TA to the centers.

Use a new worksheet for other activities that have the same benchmark.
For example, Activity B: Teacher Education will have the same information in the benchmark box, but will have different information in the activity box.
Keep all worksheets together that impact one benchmark for use when measuring progress toward the benchmark.

 * Determining County Star Average:
Star ratings of 20 centers 7/1/2001: 1,1,1,1,1,2,2,2,2,2,3,3,3,3,3,4,4,4,5,5 = 52/20 = 2.6
Star ratings of 20 centers 6/30/2002: 2,2,3,3,3,3,3,3,3,3,3,3,3,3,3,3,4,4,4,5,5 = 65/20 = 3.25

Worksheet for Connecting Measurable Outcomes to Partnership Benchmarks
(use one sheet for each activity)

Benchmark Box

Current Realities/Stated Need: _____
_____
_____

Data Source & Collector: _____
_____
_____

Goal/Program Standard: _____
_____
_____

Objective: _____
_____
_____

Benchmark: _____
_____
_____

Data Source & Collector: _____
_____

Activity Box

Activity A: _____
_____
_____

Activity Outcome(s): _____
_____
_____

Data Source & Collector: _____
_____
_____

Activity Output(s): _____
_____
_____

Data Source & Collector: _____
_____

Smart Start Performance-Based Incentive Standards (PBIS)

The following section of the Evaluation Notebook includes information and documents about the Performance-Based Incentive System (PBIS), which is designed and managed by the North Carolina Partnership for Children. In a November 2000 Memorandum, Smart Start Executive Director Karen Ponder explains the necessity and development of the PBIS. This memorandum, and other PBIS documents, are copied in this Evaluation Notebook for your reference, but may contain information that has changed or no longer applies. For clarity and context, some documents are marked with an original release date. Note also that, as of this Notebook printing date (February 2002), a few PBIS items were under revision - these items are also marked accordingly.

Those who have access to the password-protected Smart.net web site can find PBIS materials and information there (click on Program & Planning from the main page).

For more information about the Performance-Based Incentive System, contact Sue Ruth, Program and Planning Director at the North Carolina Partnership for Children, at 919-821-7999.

Here is a list of the PBIS materials provided in this Notebook, and a brief description of each:

❖ **PBIS Introduction Memorandum (11/02/2000)**
   Provided an explanation of the development of PBIS and invited Local Partnership Board and Staff members to provide feedback on the materials.

❖ **PBIS Frequently Asked Questions**
   Distributed with the Memorandum.

❖ **PBIS Standards**
   Defines minimum baseline requirement standards as well as high-performing standards for local partnerships, in the areas of Administration, Family Support, Health, and Early Care & Education.

❖ **PBIS Growth Model**
   Designed to address the progress of partnerships not meeting the minimum standard for individual PBIS criterion.

❖ **PBIS Data Collection Fact Sheet (07/25/2001)**
   Lists data sources and general methodology for determining local partnership progress in each PBIS criterion.

PBIS Introduction Memorandum

North Carolina Partnership for Children

MEMORANDUM

To: Local Partnership Board Members and Staff

From: Karen W. Ponder, Executive Director

Date: November 2, 2000

Subject: Performance-Based Incentive System

Smart Start was created in 1993 to ensure that every child in North Carolina has an opportunity to enter school healthy and prepared for success. With your help, great strides have been made toward reaching that goal. Smart Start is now funded in all 100 counties and we're anticipating reaching full funding next year. We are now at a critical point in the development of Smart Start.

Over the past 7 years we have reported our results in a variety of ways, particularly by the numbers of services that have been provided to young children and their families. But what are the true results for children of all the services we have provided? It is time in the development of Smart Start to prove to the Legislature and the public that every county is getting results for young children with tangible data that can be verified.

The Legislature has mandated that the NCPC measure the performance of local partnerships. In response to that mandate, over a year ago the state partnership organized a Design Team to create the best system of measurement possible, taking into consideration the unique nature of Smart Start. The Team is made up of local partnership directors, staff and board members, state-level stakeholders, national-level experts as well as NCPC staff and board members. Before beginning the design work, promising practices and advice were sought from other states and national research organizations that have expertise in this area.

The Design Team organized their work into four teams— early care and education, health, family support and administration. Consideration was given to the different lengths of time that partnerships have participated in Smart Start as well as the different

levels of funding. As a result, a baseline requirement or minimum standard was defined as well as a high performing level where incentives will be applied.

Now that the Design Team has completed their recommendations for the criteria that will be measured, we need your participation in this development process. Attached to this letter is a draft copy of the criteria and performance standards for your review. We are asking you to review these carefully and give the Design Team any feedback you may have prior to a final proposal that will go to the NCPC Board for approval.

A question and answer document is included in this packet. We hope it will answer many of your questions. In addition, we have included the rationale behind the criteria selected as well as a feedback survey form.

The Design Team welcomes your comments and suggestions in writing. Please direct these to Darin Austin, the PBIS Project Manager, at dsaustin@smartstart-nc.org no later than **December 15, 2000**.

We seek your involvement and thank you for your participation in this important work for the future of our children. They deserve our very best efforts.

*   The Performance-Based Incentive System (PBIS) was developed in part through funding by AT&T.

PBIS Frequently Asked Questions

North Carolina Partnership for Children

SMART START PERFORMANCE-BASED INCENTIVE SYSTEM (PBIS) FREQUENTLY ASKED QUESTIONS

Overview

1. What is the purpose of the Performance-Based Incentive System (PBIS)?
The goal of the Performance-Based Incentive System (PBIS) is to ensure good results for young children and their families through Smart Start in every county in North Carolina. PBIS provides a mechanism whereby local partnerships can be rewarded for excellent results and where local partnerships that are not achieving results will be assisted with more intensive technical assistance.

2. Why is this system being developed now?
The General Assembly has mandated that a system must be developed to measure the performance of local partnerships. Smart Start is now funded in all 100 counties and full funding is within reach. All local partnerships have had funding and enough time to begin the development of a system of early care and education. Now is the time to develop the system that will report results.

3. Is this system approved by the NC General Assembly?
The General Assembly mandated that a system should be developed by the North Carolina Partnership for Children to measure local partnership performance. The authorizing legislation follows.

143B-168.12(a) (7)
"The North Carolina Partnership may adjust its allocation on the basis of local partnerships' performance assessments. In determining whether to adjust its allocations to local partnerships, the North Carolina Partnership shall consider whether the local partnerships are meeting the outcome goals and objectives of the North Carolina Partnership and the goals and objectives as set forth by the local partnerships in their approved annual program plans.

The North Carolina Partnership may use additional factors to determine whether to adjust the local partnerships' allocations. These additional factors shall be developed with input from the local partnerships and shall be communicated to the local partnerships when the additional factors are selected. These additional factors may include board involvement, family and community outreach, collaboration among public and private agencies, and family involvement.

On the basis of performance assessments, local partnerships annually shall be rated 'superior', 'satisfactory', or 'needs improvement'. Local partnerships rated 'superior' may receive, to the extent funds are available, a ten percent (10%) increase in their annual funding allocation. Local partnerships rated 'needs improvement' may receive up to ninety percent 90%) of their annual funding allocation.

The North Carolina Partnership may contract with outside firms to conduct the performance assessments of local partnerships."

In response to this legislation, the North Carolina Partnership for Children developed the Performance-Based Incentive System. The "minimum" and "high-performing" standards equate to "satisfactory" and "superior", respectively, in the legislation.

4. What are the guiding principles used in designing the PBIS?
Local partnerships must be involved in designing the overall incentive system
The system must be flexible
The system should address equity issues
The system should reward performance as well as impose sanctions
The system must establish minimum standards of performance
Data should be objectively collected, valid and reliable

5. Who was on the Design Team for the development of PBIS?
The Design Team was made up of Local Partnership Board Members, NCPC Board Members and Staff, Frank Porter Graham Researchers and Evaluators, Division of Child Development Staff, and National Experts and Researchers.

Individuals included:

Thabiti Anyabwile, former NCPC Training Director
Joyce Baffi, NCPC Deputy Director
Roger Bailey, Davidson Co. Partnership for Children Director
Peggy Ball, DCD Interim Director
Kathleen Bernier, FPG Evaluator and Researcher
Linda Blanton, Cumberland County
Sandy Brennaman, Consultant and Cleveland Board
Donna Bryant, FPG Evaluator and Researcher
Dick Clifford, FPG Researcher
Gale Cruise, Stokes Partnership ED
Angela Deal, Burke Partnership ED
James Dodson, NCPC IT Director
Jana Fleming, FPG Evaluator and Researcher
Cheryl Hayes, Finance Project Director, Washington DC
Connie Holton, NCPC Finance Director
Erica Holton, NCPC Contracts Specialist

Olson Huff, Pediatrician and NCPC Board
Judy Langford, Consultant and Facilitator
Henry Lister, Wake Co. Partnership for Children Evaluator
Schatzi McCarthy, NCPC Planning Manager
Jenny Megginson, Chatham Partnership ED
Duncan Munn, DHHS- Developmental Disabilities Director
Marsha Munn, NCPC Program Manager
Ron Penney, DCD Finance Director
Karen Ponder, NCPC ED
Michele Rivest, Orange Partnership ED
Sue Russell, Child Care Services Association Director and NCPC Board
John Shively, Kansas City
Tony Solari, NCPC Policy Analyst
Julie Tunney, Beaufort Partnership ED
Joy Sotolongo, FPG Evaluator
Dr. Abe Wandersman, University of South Carolina
Chris VanNess, Kansas City
Sara Watson, Finance Project Consultant, Washington DC

6. How and when will this be implemented?
The implementation plan is not yet complete but once it begins, it will include a one-year hold harmless period in which the criteria and standards will be field tested and necessary adjustments made.

7. How will the PBIS be funded?
The funding will be addressed in the full implementation plan. Various options are currently being studied.

8. After discussion of performance criteria, what are the next steps?
Once the Design Team receives feedback on the criteria, appropriate adjustments will be made and the Design Team's recommendation will go to the NCPC Board for approval. Following approval by the board and the gathering of necessary data for evaluation, the implementation will begin with a one year hold harmless period.

9. If I disagree with some of the measurements and criteria, can or will they be changed?
The PBIS Design Team will consider all comments and suggestions that are received in writing by the deadline. Appropriate changes will be made before they are approved by the NCPC Board.

10. What happens if partnerships do not achieve a minimum level of results?
Since the overall goal of PBIS is to achieve results for children, partnerships that do not achieve a minimum level of results will be provided assistance to improve their performance. The assistance will be progressive beginning with very focused technical assistance. If no progress is made, a formal corrective action plan will be put in place. If no progress is made after this plan is put in place, funding may be decreased as outlined in the legislation. The final response to no results will be a temporary transfer of the administrative responsibilities to the North Carolina Partnership for Children.

11. How will the actual values for these indicators be reported to the public?
A report of the results must be given to the General Assembly on an annual basis and consequently is available to the general public.

12. How will data be collected to ensure consistency and equity in evaluation across LPs?
Statewide databases will be used as well as standardization of the survey instruments.

13. How should local partnerships involved in strategic planning use these proposed criteria?
All of the criteria are based on the Smart Start core services and the performance standards. Therefore there should be no inconsistency in a local partnership's strategic plan and the PBIS criteria.

14. How will the new statewide school readiness measurement system be connected to the PBIS?
There should be a direct connection since everything we're doing through Smart Start should be preparing children for school success. PBIS will measure our success in achieving system results that lead to better school readiness. If children are then assessed and found not to be ready for success in school, local partnerships and the community will need to re-examine their services and levels of collaboration to see what else is needed or what needs to be changed.

15. Are these true standards of excellence or will these standards be raised overtime?
These standards were created in the Fall of 2000, looking at where North Carolina's children, families and child care providers were, examining the program goals and setting achievable high standards. These standards of excellence and minimum standards will be re-evaluated every two years and re-established until we have reached all of the NCPC program goals.

16. How will ongoing research and evaluation efforts in and of Smart Start affect the minimum standards and standards of excellence?
As part of our efforts for continuing quality improvement, NCPC is committed to on-going research, evaluation and development to inform all of our practices. Possible outcomes include refined measures, new measures, new data sources and collection measures and substantiation for promising practices.

<u>**Administration**</u>

17. Aren't the audit results too old to be useful?
We realize that using audit results may not be ideal. However, these reports are the best information available in that the results are standardized and consistent for all partnerships. Furthermore, the audit reports carry weight in the eyes of the general public because they are performed by an independent outside agency. As a result, these audit results are most closely identified in the eyes of the public with the local partnerships' ability to effectively manage the financial aspects of the Smart Start program.

Family Support

18. Many partnerships and their service providers already do satisfaction telephone or mail surveys. How will these efforts be coordinated so as not to burden families?
The field tests in November will provide the opportunity for NCPC and local partnerships to learn how to coordinate survey strategies that can minimize or eliminate redundant questioning. The indicators proposed for PBIS are few in number and ultimately could be collected in the course of more in-depth regular program evaluation.

Practical lessons on this issue from five different partnerships will be incorporated into the implementation plans for PBIS. These plans will include systematic methods for developing and implementing this requirement in each partnership, fitting their respective program and evaluation needs and capabilities.

The Family Support Committee of the PBIS project is now working with staff from the Division of Social Services to integrate surveys and other evaluation efforts aimed at family support. We anticipate that this effort can also cut down on duplication of family surveys, improve comprehensiveness in reporting for programs with multiple funding sources, and focus on needed joint evaluation projects.

19. In the area of family support, why require uniform general indicators of family perceptions and capabilities even though county and family circumstances and needs as well as service programs vary so much?
We have carefully chosen a few core measures that simply represent key aspects of families' needs and experiences with family support activities. These indicators are consistent with commonly accepted family support principles and are intended to give a useful and relevant snapshot of this complex area.

We are developing further plans for systematic research and demonstration to refine our knowledge of measuring family support in concert with states and research organizations from around the nation. Our plans are to develop measures that are useful both at the family and service level as well as for public consumption. In-depth evaluation will always be required to "prove" the effectiveness of individual programs—we are attempting to build a framework for such efforts as well as to connect them to the well-being of children within communities.

20. Why should local partnerships be measured on the extent to which documented needs match up to the percentages of Smart Start funds allocated to different areas, e.g., family support?
Local partnerships are accountable for how their budget priorities address local needs. Although the Smart Start funding cannot support every community effort aimed at particular issues such as family stability or violence, these funds are important investments. The local partnership boards' decisions can leverage other funds for such priorities as well as foster partnerships to address common needs of the community.

This indicator is to highlight the thought process and documentation related to priorities, not to prescribe particular target issues or a numerical formula. This minimum requirement simply asks that local partnerships examine the well being of families using available data and to relate this

evidence to their decisions about program priorities. This indicator also includes the specific measures identified in the Health section.

The incentive opportunity for the partnership in this area is to adopt goals for which progress will be measured over time with countywide measures. Smart Start partnerships that accept the challenge to work for measurable community change in areas such as violence, literacy, abuse, living wages, etc., will be rewarded for success when funds are available.

21. In the Family Support area, how will local partnerships and direct service providers be able to follow up with families regarding concerns expressed in the post card survey?
Responses will be tabulated for each program and reported in summary form to each partnership. Where there are specific concerns that warrant special attention and enough information to direct a response, they will be shared with the partnership office immediately.

A short statement about the purpose of the post card highlights its use to describe the status of families rather than conduct an in-depth evaluation of the family support program. However, the post cards will have an appropriate telephone number and encourage respondents to call for further information or assistance in problem solving related to their services.

Families surveyed will be given a summary report of the findings and local partnerships and service contractors will be encouraged to tell families what the results mean to them.

22. How can partnerships be accountable for changes in the lives of families or health status if most of our money must be spent in child care?
The mission of a local partnership is to design a system of care and education for children 0-5. This plan should be comprehensive and address health needs as well as family support needs related to young children. Smart Start funding primarily addresses the needs of children related to child care but Smart Start funding is only a part of the funding that is needed to meet all the needs of children. Local Partnership Boards are charged with bringing everyone to the table to solve the problems and much more money is available collectively to affect all the needs. Local Boards must be deliberate in identifying the needs and seeking additional funds to meet them.

23. Will local partnerships be held accountable for health and family support standards if they choose not to spend Smart Start dollars to one or both of these areas?
Yes, local partnerships were created to serve as the coordinators and planners of services for young children. Smart Start dollars are only a part of funding that helps to meet the needs, including health and family support.

PBIS Standards

A. Administration

NCPC shall hold the local partnerships accountable for the financial and programmatic integrity of the programs and services.

Administration Criteria	Minimum Standard	High Performing Standard	Data Source
1. Compliance: Financial Audit Status	Two or fewer internal control deficiencies, no material weaknesses, and no reportable non-compliance issues[1] (Note: Eligibility to receive incentives in other areas requires - No internal control deficiencies, no material weaknesses and no reportable non-compliance issues in the most recent audit report.)	N/A	NCPC (Local Partnership Audit Results)

NOTE: The performance criteria in the areas of Evaluation and Collaboration are to be determined.

[1] The American Institute of Certified Public Accountants defines these terms as follows:

- An *internal control deficiency* involves a matter relating to significant deficiencies in the design or operation of the internal control over financial reporting that could adversely affect the Partnership's ability to record, process, summarize and report financial data consistent with the assertions of management in the financial statement.

- A *material weakness* is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statement being audited may occur and not be detected within a timely period by employees in the normal course of performing their financial functions.

- An instance of *reportable noncompliance* involves noncompliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of the financial statement amounts.

B. Family Support*

Program Standard: Every child has access to child care

Program Objective: Subsidized child care is available to at least 75% of children 0-5 living in families earning less than 75% of the median income.

Program Objective: Families are able to find needed and appropriate services.

Family Support Criteria	Minimum Standard	High Performing Standard	Data Source
1. % of low income children served in subsidized regulated child care	65% of children whose families earn less than 75% of state median income are served by one of these programs: Head Start, Pre-K, or subsidized child care	75% of children whose families earn less than 75% of state median income are served by one of these programs: Head Start, Pre-K, or subsidized child care	DCD subsidy Reimbursement Database Census or Urban Institute data NC Dept. of Public Instruction
2. Family perceptions of child care needs met and the effectiveness of referral service	To be determined	To be determined	Local CCR&R agencies NC CCR&R Network

*<u>Note:</u> The family support criteria focuses on early care and education subsidy support for families. Additional work is being performed in the area of Family Support. The long-term plan is to identify criteria based on family support principles or programs for which data can be measured state-wide. (Note was revised 9/6/01)

C. Health

Program Standard: Every child is safe and healthy.

Program Objective: All young children have a primary medical and dental care source, with access to comprehensive, integrated, specialized care as necessary. All care, including preventive screenings, will be coordinated with the child's primary health care provider.

Health Criteria	Minimum Standard	High Performing Standard	Data Source
1. Early intervention for children with or at risk for special needs (Mandatory)	Developmental: 3% of the total birth through age 2 population will have been identified and will have received early intervention services 3% of the total three to five year old population will have been identified and will have received early intervention services	Developmental: 5% of the total birth through age 2 population will have been identified and will have received early intervention services 5% of the total three to five year old population will have been identified and will have received early intervention services	NC Dept. Health and Human Services, Division of Women's and Children's Health NC Dept. of Public Instruction
2. Use of primary health care (preventive health services) (Mandatory)	Medicaid children will utilize primary health care Participation ratio for Health Check project counties will be 70%. Participation ratio for non-project counties will be 60%	Medicaid children will utilize primary health care Participation ratio for Health Check project counties will be 80% (goal for the Division of Medical Assistance). Participation ratio for non-project counties will be 70%	Health Check Participation Report, Division of Medical Assistance

Special Needs Definition

Children under 3- Must have 20% delay in any one of 5 developmental areas (motor, cognitive, language, social-emotional, self-help) OR
Any 3 risk indicators such as low birthweight, prematurity, maternal substance abuse OR
Demonstrate atypical development or emotional/behavioral problems
And be assessed or evaluated by an interagency, interdisciplinary team and found to be in need of early intervention.
Children 3, 4, or 5 years of age-
    Must have 25 % delay in any two of the developmental domains listed above AND
    A documented disability such as mental retardation, cerebral palsy, autism

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Early Intervention Services Definition Early intervention refers to a group of specific, related services such as multidisciplinary evaluations, child service coordination, speech, physical, or occupational therapy, family training, and early childhood education. The actual numbers and intensity of services varies tremendously and is based on each child's unique needs as documented in an Individualized Family Service Plan (IFSP).

Health Criteria (cont.)	Minimum Standard	High Performing Standard	Data Source
3. Vision (Optional)	The percentage of kindergarten children who enter school with good or corrected vision will be X%	The percentage of kindergarten children who enter school with good or corrected vision will be X%	Prevent Blindness – Kenneth Royall Screening Program (Note: Baseline kindergarten data is being collected FY00/01; standards will be set when baseline data is complete.)
4. Dental (Optional)	To identify and treat children with tooth decay The percentage of kindergarten children who enter school with untreated tooth decay will be at or below the statewide average of 23% (1999 data)	To prevent the need for treatment of tooth decay The average number of decayed, missing or filled teeth in preschool children will be 1.3 or fewer (Healthy Carolinians Goal)	Oral Health Section
5. Infant Mortality (Optional)	The rate of infant deaths within the first year of life will be at or below the current statewide average of 9.1 per 1000 live births (1999 data)	The rate of infant deaths within the first year of life will be at or below 7.41 per 1000 live births (Healthy Carolinians Goal)	State Center for Health Statistics www.schs.state.nc.us/SCHS
6. Body Mass Index (Optional)	The percent of children who are overweight will be at or below the current statewide average of 12.27% (1999 data)	The percent of children who are overweight will be at or below 10% (Healthy Carolinians Goal)	State Center for Health Statistics

7.	Elevated Lead Levels (Optional)	The percent of 1 and 2 year old children with blood level levels greater than or equal to 10 micrograms per deciliter will be at or below the statewide average of 2.9% (1999 data)	The percent of 1 and 2 year old children with blood level levels greater than or equal to 10 micrograms per deciliter will be at or below .5% (Healthy Carolinians Goal)	Division of Public Health, Children's Environmental Health Branch www.deh.enr.state.nc.us/ehs/children
8.	Child Abuse and Neglect (Optional)	To be determined	To be determined	

Health measures to include if county-level data becomes available:

- Use of primary, preventive care among all children 0-5 (i.e., private pay, Heath Choice, etc.)

- Insurance coverage for children 0-5

- Two-year old immunization rates

- Decreased incidences of infectious disease in child care settings

- Decreased incidences of playground accidents in child care settings

D. Early Care and Education

Early Care & Education Criteria	Minimum Standard	High Performing Standard	Data Source
1. Early Childhood Care	Program Standard:: Every child has access to a high quality early childhood program Program Objective: Every child care program is nationally-accredited or has a four or five star license		
a. * Child placements	3.25 average star rating of child placements (0-5) in regulated programs (including centers and homes and facilities that operate under notices of compliance) or 50% of children in 4-5 star facilities	50% of children in 4-5 star facilities and 3.25 average star rating of child placements (0-5) in regulated programs (including centers and homes and facilities that operate under notices of compliance)	DCD Regulatory Database
b. * Subsidized child placements	3.25 average star rating of subsidized child placements in programs including centers, homes and regulated part day preschool or 60% of children in 4-5 rated star facilities	60% of subsidized children in 4-5 rated star facilities and 3.25 average star rating of subsidized child placements in programs including centers, homes and regulated part day preschool	DCD Regulatory and Subsidy Reimbursement Databases R&R data on part day pre-school
c. ** Nationally accredited early education programs	6% - centers 6% - homes % of children in early education programs that are nationally accredited (including centers and homes)	20% - centers 20% - homes % of children in early education programs that are nationally accredited (including centers and homes)	NAEYC NAFCC R&R data on part day pre-school

* Any county with 10% of children in Notice of Compliance (NOC) centers may appeal to have the proportion of children in excess of 10% excluded from the average star rating calculation.

** For counties with less than 300 children under five in regulated centers, regulated homes or part day preschools, the percentage of compliance can be calculated for all types of care taken together.

Early Care & Education Criteria (continued)	Minimum Standard	High Performing Standard	Data Source
d. ** Subsidized child placements with special/developmental needs	4.00 average star rating of subsidized child placements for children with special/ developmental needs (includes developmental day and all child care early education programs) or 75% of children with special / developmental needs in 4-5 star facilities	75% of children with special / developmental needs in 4-5 star facilities and 4.00 average star rating of subsidized child placements for children with special/ developmental needs (includes developmental day and all child care early education programs	DCD Subsidy Reimbursement Database
e. Regulated programs	90% of subsidized children in regulated programs	97% of subsidized children in regulated programs	DCD Subsidy Reimbursement Database
2. Staff Education	Program Standard: Every child has access to a high quality early childhood program Program Objective: All teachers working in early childhood programs have an associates or bachelors degree in early childhood education or child development or they are enrolled in a degree program leading towards attainment of such a degree		
a. Teacher education (regulated programs only)	30% of providers/teachers with at least a 2 year degree in ECE or its equivalent OR 60 % of providers/teachers*** completed at least 6 sch in an ECE or CD program at a regionally accredited institution of higher education in the last 12 months	40% of providers/teachers with at least a 2 year degree in ECE or its equivalent OR 60 % of providers/teachers*** completed at least 6 sch in an ECE or CD program at a regionally accredited institution of higher education in the last 12 months	Statewide Workforce Study AND / OR DCD Education Registry in the future
b. Director Education	50% at Level II Admin. Credential or higher or equivalent	50% at Level III Admin Credential or equivalent or 75% at Level II Admin. Credential	State Workforce Study DCD Education Registry in the future

STAFF EDUCATION CLARIFICATION NOTES:
The equivalencies to an EC&E two year degree are:
BA/BS in ECE/CD or related field
AAS in any field plus at least 18 sch or 27 qch in ECE/CD
90 sch toward BA/BS in ECE/CD
** For counties with less than 300 children under five in regulated centers, regulated homes or part day preschools, the percentage of compliance can be calculated for all types of care taken together

sch = semester credit hours
qch = quarter credit hours
ECE = Early Childhood Education
CD = Child Development
*** (Required % determined by subtracting the % of teachers meeting the degree requirement from 60%) (high performing must have half of 60% with a 2 year degree)

Early Care & Education Criteria (continued)	Minimum Standard	High Performing Standard	Data Source
c. Family Child Care (regulated provider education programs only)	30% of providers/teachers with at least a 2 year degree in ECE or its equivalent

OR

60 % of providers/teachers*** completed at least 6 sch in an ECE or CD program at a regionally accredited institution of higher education in the last 12 months | 40% of providers/teachers with at least a 2 year degree in ECE or its equivalent

OR

60 % of providers/teachers*** completed at least 6 sch in an ECE or CD program at a regionally accredited institution of higher education in the last 12 months | Statewide Workforce Study

AND / OR

DCD Education Registry in the future |

*** (Required % determined by subtracting the % of teachers meeting the
    degree requirement from 60%) (high performing must
have half of 60%
      with a 2 year degree)

Early Care & Education Criteria (continued)	Minimum Standard	High Performing Standard	Data Source
3. Teacher Compensation & Stability (regulated programs only)	**Program Standard:** Every child has access to a high quality early childhood program Program Objective: Teachers working directly with children in early childhood programs are compensated at a rate that is comparable to teaching staff with comparable education in public schools (measured at the county rate)		
a. Median Teachers Salaries	The median salary plus supplement for teachers with a 2 year degree in ECE or its equivalent equal to or greater than $8.00 per hour The median salary plus supplement for teachers with a 4 year degree in child development or its equivalent equal to or greater than $10.00 per hour	The median salary plus supplement for teachers with a 2 year degree in ECE or its equivalent equal to or greater than $8.50 per hour The median salary plus supplement for teachers with a 4 year degree in child development or its equivalent equal to or greater than $11.00 per hour	Statewide Workforce Study
b. Health Insurance	At least 80% of teachers and family child care providers will have health insurance of some kind	At least 85% of teachers and family child care providers will have health insurance of some kind	Statewide Workforce Study
c. Sick Leave	At least 70% of child care centers give some sick leave	At least 80% offer permanent teaching staff sick leave of at least 6 days a year	Statewide Workforce Study

Early Care & Education Criteria (continued)	Minimum Standard	High Performing Standard	Data Source
4. Availability (regulated programs only)	Program Standard:	Early childhood education is available to every child who needs it	
	Program Objective:	A sufficient supply of childcare exists that is appropriate for the individual child and accessible to the families who need and want it. Families are able to find and access early childhood programs that are needed and appropriate for the individual family's need	
% of regulated child care spaces	The percentage of child care spaces will be equal to 90% of the total number of children by age with working parents	The percentage of child care spaces will be equal to 100% of the total number of children by age with working parents	DCD Regulatory Database Census or Urban Institute

Early Care & Education Criteria Selection Requirements

Local partnerships may choose to meet 10, 9, 8, or 7 of the 13 EC&E performance criteria. Local partnerships that choose to meet more of the criteria will have fewer mandatory criteria to meet. The chart below illustrates how this works.

EC&E Criteria Requirement Levels	# of Mandatory Criteria	Mandatory Criteria Item #'s	# of Remaining EC&E Criteria to be Selected	Remaining EC&E Criteria Item #'s
10	3	1a, 1b, 2a	7 of 10	1c, 1d, 1e, 2c, 3b, 3c, 4, 2b, 3d, 3a
9	4	1a, 1b, 2a + 3a	5 of 9	1c, 1d, 1e, 2c, 3b, 3c, 4, 2b, 3d
8	5	1a, 1b, 2a + 3a + 3d	3 of 8	1c, 1d, 1e, 2c, 3b, 3c, 4, 2b
7	6	1a, 1b, 2a + 3a + 3d + 2b	1 of 7	1c, 1d, 1e, 2c, 3b, 3c, 4

1) To qualify for incentives, local partnerships must meet their selected criteria at the high performing standard.
2) Levels of incentives will be determined based on the number of high performing standards met. Level of intervention will be based on the number of minimum standards not met.

PBIS Growth Model

document dated
06/13/2001

Introduction

The Performance-Based Incentive System (PBIS) is an annual performance evaluation system that will allow an objective evaluation of Smart Start outcomes and will give the North Carolina Partnership for Children the ability to report statewide results. It is critical in today's environment of budget shortfalls and increased focus on accountability that objective performance measures be in place. The Growth Model is designed to address the progress of partnerships **not meeting the minimum standard** for individual PBIS criterion.

Two fundamental principles of PBIS are that <u>all</u> local partnerships must be evaluated on the <u>same</u> statewide criteria and that there are minimum statewide standards to which every partnership must be held accountable. For each criterion, data sources have been identified that are measurable and are available for every county.

The Growth Model provides local partnerships additional time to reach the minimum standards set by the Performance-Based Incentive System (PBIS) and takes into account factors impacting their development. This concept applies to each PBIS criteria for which the partnership is below the minimum standard. It takes into consideration the % below the minimum standard, the % of need funded and the % of the county's median family income to determine the length of time partnerships are granted to reach the minimum. <u>The Growth Model also specifies an expected annual growth</u>. The PBIS Design Team felt strongly that if extended time was granted to meet the minimum that an expected annual growth would be identified in the model. It was determined that a hold harmless period was not defensible given the amount of time local partnerships have had and will have in the Growth Model to reach the minimum standard.

The evaluation component of PBIS will consist of two phases. The first phase is the "Growth Phase" and the second phase is the "Prescriptive Technical Assistance Phase."

Many of the criteria in the Early Care and Education category of PBIS (see pages 7 through 9 in **Attachment A**) are measured through the Statewide Work Force Study. Due to the length of time to complete and the cost of the study, it will only be done every two (2) years.

Growth Phase

The Growth Phase is a "grace" period for the county as long as it achieves the expected annual growth. The duration of the Growth Phase is identified for <u>each criterion</u> as Group A, Group B or Group C as defined below:

Group A   IF a county is below the minimum standard for an individual criterion (with the exception of those measured by the Work Force Study),

          THEN, one (1) year is granted to reach the minimum.

Group B   1. IF a county is more than 20% below the minimum standard for an individual criterion,
                        AND
The county is funded at less than 60% of "need" as defined in Smart Start formula,
                                OR
The median family income of the county is less than 75% of the statewide median family income. (See **Attachment B** for median family income of each county as of 12/31/00.)

2. IF a county is below the minimum standard for an individual criterion measured by the Work Force Study and does not fall within Group B(1) or Group C

THEN, two (2) years are granted to reach the minimum. Improvement of at least 40% must be achieved in the first year and the remaining 60% in the second year.

Group C   If a county is more than 20% below the minimum standard,
                        AND
The county is funded at less than 60% of "need" as defined in Smart Start formula,
                        AND
The median family income of the county is less than 75% of the statewide median family income.

THEN, three (3) years are granted to reach the minimum. Improvement of at least 20% must be achieved in the first year, 40% in each of the second and third years.

Prescriptive Technical Assistance Phase

At the end of the Growth Phase if a county has not met the minimum standard for any criteria, the "Prescriptive Technical Assistance Phase" automatically begins.   (See **Attachment C** for a chart of the Phases.)

Increased levels of Technical Assistance will be provided during the Growth Phase year(s) and will become mandatory during the Prescriptive Technical Assistance Phase. (See **Attachment D** for explanation of the levels of technical assistance to be provided.)

<u>Multi-County Partnerships</u>

The results for each criterion will be measured by county. The Growth and Perspective Technical Assistance Phases will be focused on each county's results as well as corrective measures.

The sole criterion in the PBIS Administration category (see page 1 of **Attachment A**) is related to the audit report. The audit results will apply to all counties.

Implementation Guidelines

- Each criterion can have a different growth expectation depending upon the percentage the county is below the minimum.
- Technical assistance will be provided during all phases of the implementation.
- Whenever the minimum is reached for particular criteria, the county is no longer in the Growth Model for that criterion.
- Depending upon the funding level and family income factors in the county; a partnership can have from 3 to 5 years beyond 2001-02 to reach the minimum before the North Carolina Partnership for Children takes any organizational or funding actions.

Potential impact of not meeting the minimum standard after the "Prescriptive Technical Assistance Phase"

The North Carolina General Statute § 143B-168.12 M3 authorizes NCPC to "suspend all funds to the Partnership" or to "assume the managerial responsibilities for the partnership's programs and services" when a "partnership is not fulfilling its mandate to provide programs and services to meet the developmental needs of children." Therefore, if a local partnership fails to achieve the PBIS minimum standards after the Growth Phase and the Technical Assistance Phase, the North Carolina Partnership for Children will take one or more of the following actions:

- Suspend funding to the local partnership for the applicable county.
- Temporarily have NCPC assume the partnership's managerial responsibilities for the applicable county.
- Contract with another partnership to manage the county's operations.
- Assist with regionalization plans to leverage the collective strength of two or more partnerships.

Conclusion

Accountability and a proven record of results are absolutely necessary for the continued success and funding of Smart Start. PBIS is the best mechanism we have for reporting our successes and results in an objective manner using statewide data collected by others. Unfortunately, self-reported data is not given the credibility or reliability that data collected by outsiders is given. Therefore it is critical that we all focus our efforts on meeting and exceeding the minimums in order to prove our effectiveness in an objective way to all those who may question us. While we recognize the varying factors that impact the achievement of these goals, it is Smart Start's responsibility and mandate to achieve the best results for the children of North Carolina.

PBIS Data Collection Sources

**Performance-Based Incentive System (PBIS)
Data Collection Fact Sheet**

Listed below for each PBIS criterions currently being reported are the data sources and general methodology.

A. Administration

>   Data source
> - North Carolina Partnership for Children (NCPC) LP audit results for the year end 6/30/00.
> - Not Available (NA) was used if audit reports were not complete.
>
>   General Methodology
> - The audit results are obtained straight from the audit report.

B. Family Support

> - Data sources are still being defined.

C. Health

>   1. Early Intervention for children with or at risk for special needs.
>   **Data sources**
>   - NC Department of Health and Human Services, Division of Women's and Children's Health supplied statistics on the population of birth through age two children who have been identified and will receive early intervention services.
>   - This data includes Infant-Toddler Program population (eligible, unduplicated) served Jul-Dec 2000.
>   - Data collection for the next collection time period will not be complete until after 7/2001.
>   - NC Department of Public Instruction (DPI) supplied statistics on the population of age three through five children who have been identified and will receive early intervention services.
>   - The data was collected as of April 1, 2001 and reported on 6/6/2001.
>   - Any city level school district data was added to the county that the city resides. This was done using a DPI supplied school district list.

- Per DPI this data represents the most encompassing population of special needs children. There may be a small number of duplication based on the data collection methods.
- The Office of State Budget Planning and Management/Office of State Planning supplied population statistics on the population of birth through age five.
- This was "Projected County Totals" for July 1, 2001 by County for age groups. The age groups 0 - 5 were used. The web site for this is http://www.ospl.state.nc.us/demog/c01sage.html

General Methodology

- Divide the 0 – 2-year-old early intervention population by the projected total 0 – 2-year-old population to obtain the benchmark for the first half of this criterion.
- Divide the 3 –5-year-old early intervention population by the projected total 3 – 5-year-old population to obtain the benchmark for the second half of this criterion.
- Compare the two benchmarks to the criteria.

2. Use of primary health care.

Data Sources

- Department of Medical Assistance (DMA) provided Health Check Participation data in the form of a report.
  o This report includes data for FFY 1999/2000 data run on 3/1/2001
  o The report encompasses all counties.
  o Not all counties are official 'project' counties. These counties are duly marked on the PBIS reports.
  o Health Check 'project' counties were identified as of 01/23/2001 through DMA.

General Methodology

- Extract age groups <1 through 5.
- Divide the number of eligible individuals who received at least 1 initial or periodic screening by the total number of individuals eligible for Health Check.

D. Early Care and Education

1. A. Child Placements.

Data sources

- The Division of Child Development (DCD) provided a report on the licensed facilities in North Carolina. This provided basic demographic data along with the facility identification number.
- DCD supplied their "Monthly Statistics" report. This report provides enrollment by county/facility type/facility/shift. For the baseline report this data was gathered on 7/2/2001.
  o The report is as of a particular 'run date'. It includes all the data that has been entered into the system up to the point in time when the report was executed.
  o There are situations in which dates are backdated with effective dates. Note: The data on the PBIS reports is as up to date as the data in the system as of the run date.

> o   The PBIS report includes enrollment numbers from all three shifts.
> o   The enrollment numbers were used, not maximum available slots.
> o   DCD has provided translations for non-star licenses into their star equivalent.

Current Rating	Star Based Rating
A License	☆
AA License	☆☆☆
FCCH L	☆
1 Star License	☆
2 Star License	☆☆
3 Star License	☆☆☆
4 Star License	☆☆☆☆
5 Star License	☆☆☆☆☆
Special Provisional License (GS110 SP,)	☆
Relig. Spons NOC (GS110 C & GS110 FCCH L)	☆ (up to 10%. After 10% enrollment counts above 10% are removed from the overall county population)
Provisional License (PGS110 C, SPROV, SPROV C)	☆
Temporary License	Remove enrollment counts from overall county population
Probationary License	☆
Other	Zero Stars

General Methodology

- This has three basic steps. 1. Translate Non-star licenses into stars. 2. Remove any unused populations. 3. Calculate the star weighted average.
- Step 1 is done by reviewing all non-stars and applying the proper translation
- Step 2 is done based on the translation rules from DCD and the footnote to the PBIS criteria regarding GS110 (NOC) facilities.
- Step 3 is done by multiplying the number of children enrolled at each star level by the number of stars, adding these items together and dividing by the number of children enrolled. The formula is below.
  ((Children in 1 Star * 1) + (Children enrolled in 2 Stars * 2)+ (Children enrolled in 3 Star * 3) + (Children enrolled in 4 Star * 4) + (Children enrolled in 4 Star * 4) + (Children enrolled in 5 Star * 5))/Total Useable Enrollment
- The high performing criteria added the four and five star enrollment number then divided by the Total Useable Enrollment.

1. B. Subsidized Child Placements.

Data sources

- The Division of Child Development (DCD) provided data of the number of subsidy claims paid through their subsidy system.
    - This data is a custom set of queries run at the request of NCPC.
    - The data is effective as of 6/30/2001 with a run/execution date of 7/9/2001.
    - This data reflects only children for whom subsidy expenditures were made through DCD's Subsidized Childcare Reimbursement System.
    - This data includes as many children as possible from birth through age five.
    - The data is based on the county of residence of the child not the facility.
    - Facilities that do not have their star rating were awarded a one star rating.
    - Resource and Referral data was not utilized.
    - There are six state level contractors that provide data to DCD in addition to local county level reporting. These state level numbers were added to the county level data.

General Methodology

- The star weighted average was calculated using the standard formula with the subsidy population. That is done by multiplying the number of subsidized children enrolled at each star level by the number of stars, adding these items together and dividing by the number of subsidized children enrolled. The formula is below.
((Subsidized Children in 1 Star * 1) + (Subsidized Children enrolled in 2 Stars * 2)+ (Subsidized Children enrolled in 3 Star * 3) + (Subsidized Children enrolled in 4 Star * 4) + (Subsidized Children enrolled in 4 Star * 4) + (Subsidized Children enrolled in 5 Star * 5))/Total Useable Enrollment
- The high performing criteria added the four and five star subsidy enrollment number then divided by the Total Subsidy Enrollment.

1. C. Nationally Accredited Early Education Programs.

Data sources

- The National Association for the Education of Young Children (NAEYC) supplied a list of accredited facilities in North Carolina.
    - This data was obtained from their web site - http://www.naeyc.org/
- The National Association for Family Childcare (NAFCC) supplied a list of individual childcare providers who are nationally accredited.
- This data was obtained from their web site - http://www.nafcc.org/accred/accred.html
    - The Division of Child Development (DCD) provided a report on the licensed facilities in North Carolina. This provided basic demographic data along with the facility identification number.
    - DCD supplied their "Monthly Statistics" report. This report enrollment by county/facility type/facility/shift. For the baseline report this data was gathered on 7/2/2001
        - The report is as of a particular 'run date'. It includes all the data that has been entered into the system up to the point in time when the report was executed.

- o It has been identified that there are situations in which dates are backdated with effective dates. Note: The data on the PBIS reports is as up to date as the data in the system.
- o The PBIS report includes enrollment numbers from all three shifts.
- o Resource and Referral data was not included.

General Methodology
- The steps for compiling this criterion are as follows.
  1. Match every center on the NAEYC and NAFCC list with the DCD facility list to obtain a Facility ID.
     Matches were attempted based on facility/persons name, phone number and address.
  2. If no match was made in step 1, phone calls were made in an attempt to contact the facility. If contact was made inquiries as to the facilities/persons DCD reporting status were done. Attempts were made to obtain the facilities/persons DCD facility ID.
     Confirmation of enrollment was made also.
     If no contact was made messages were left on answering machines if they were available.
     There were two attempts made to contact facilities.
  3. Once a facility ID was found the enrollment was extracted from the DCD Monthly Statistics Report.
  4. Total enrollment by centers and homes was compiled from the DCD Monthly Statistics Report.
  5. Average enrollment was calculated.
- The average enrollment was calculated using the following formulas
  - o Number of Children Enrolled in NAFCC facilities/Total Center Enrollment
  - o Number of Children Enrolled in NAFCC facilities/Total Home Enrollment.

1. D. Subsidized child placement with special/developmental needs.
Data sources
- The Division of Child Development (DCD) provided data the number of subsidy claims paid through their subsidy computer system for children identified with special needs.
  - o This data is a custom set of queries run at the request of NCPC.
  - o The data is effective as of 6/30/2001 with a run/execution date of 7/9/2001.
  - o This data reflects only special needs children for whom subsidy expenditure were made through DCD's Subsidized Child Care Reimbursement System.
  - o This data includes as many children as possible from birth through age five.
  - o The data is based on the county of residence of the child not the facility.
  - o Facilities that do not have their star rating were awarded a one star rating.
  - o There are six state level contractors that provide data to DCD in addition to local county level reporting. These state level numbers were added to the county level data.

General Methodology

- The star weighted average was calculated using the standard formula with the special needs subsidy population. That is done by multiplying the number of special needs subsidized children enrolled at each star level by the number of stars, adding these items together and dividing by the number of special needs subsidized children enrolled. The formula is below.
  ((Special Needs Subsidized Children in 1 Star * 1) + (Special Needs Subsidized Children enrolled in 2 Stars * 2)+ (Special Needs Subsidized Children enrolled in 3 Star * 3) + (Special Needs Subsidized Children enrolled in 4 Star * 4) + (Special Needs Subsidized Children enrolled in 4 Star * 4) + (Special Needs Subsidized Children enrolled in 5 Star * 5))/Total Useable Enrollment
- The high performing criteria added the four and five star Special Needs subsidy enrollment number then divided by the Total Special Needs Subsidy Enrollment.

Notes
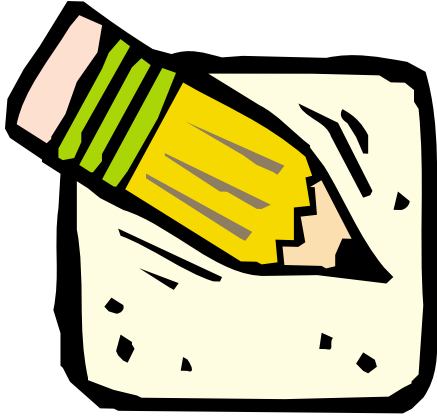
Chapter 7 - Working with Direct Service Providers

Local partnerships are composed of many layers. Not only does the Board operate as a collaborative partnership, but in order for Smart Start goals to be achieved, close partnership with direct service providers (DSPs) is needed. When working with direct service providers, it can be helpful to remember they might be overworked, have other reporting duties in addition to Smart Start, and often would rather focus on providing services than evaluation. However, most direct service providers are sincerely interested in learning how services have impacted the children, families, or teachers they work with. Keeping discussions focused on the mission – positive outcomes for young children and those who care for them – will help!

Monitoring

Part of working with direct service providers is monitoring the work that they do. Contact your partnership's regional planning consultant at NCPC for a complete guide to monitoring DSPs. Areas include financial, administrative, programmatic and evaluation.

Reporting Systems

Included in the Smart Start legislation is a requirement for Quarterly Reports. Local partnerships design their quarterly reports to collect information for both the General Assembly (or the North Carolina Partnership for Children) Report and the local Board. The following worksheets and lists have been developed over the past several years to help local partnerships with Quarterly Reporting. Contact the members of the Frank Porter Graham Child Development Institute Evaluation Assistance Team if you have any questions.

Terms and Definitions for Smart Start Reports

Counts

Counts are used for NCPC's Report to the General Assembly, legislative requests, the Division of Child Development, newspaper articles, local partnership reports, and local partnership community awareness materials.

All counts apply to **children ages 0-5 years**, and those who care for children 0-5 years (teachers and families). Do not count children over the age of five.

Typically direct service providers provide counts to the local partnership. It is recommended that partnerships create individual reporting forms for each direct service provider. On the form, direct service providers report counts, outcomes, and narratives for NCPC/FPG's Quarterly Report, as well as any other evaluation information for the local partnership.

When the local partnership receives reports from the direct service providers, they need to compile the information into the Quarterly Report. Partnerships should check over the counts, to make sure they are unduplicated for each activity. If more than one activity or program applies to a count category, then the local partnership needs to devise a system of unduplicating counts across the programs that apply to the count box.

Unduplicated

Smart Start counts the number of people, not the number of services. Each program or activity needs to submit unduplicated counts to the local partnership. Within each count box, counts are unduplicated. If more than one program or activity feeds into one count box, then partnerships need to devise a system for unduplicating counts across programs.

However, it is okay to count the same person in different counts boxes (example: once in teacher education college credit and once in compensation and stability of the work force). This shows how Smart Start has multiple impacts within a community.

Current Quarter

Unduplicated number of teachers, children, or centers/homes impacted by Smart Start programs within the three months of the current quarter. Do not just count new teachers, children, etc. Count all (new and continuing) who received services within the three month quarter; count them one time, no matter how many times they received services in that quarter.

Year-To-Date

Unduplicated number of people impacted by Smart Start services between July 1 and the end of the current quarter. Do not add together current quarters for year-to-date, unless completely different people receive services each quarter. Anyone who received Smart Start services at least once since July 1 should be captured in the year-to-date box. If they have received services many times, they are still counted only once. Because year-to-date includes those served from July 1 on, it is a cumulative number, adding any new counts to the previous quarter's year-to-date. This does not mean that only new counts are reported under current quarter; current quarter includes all who received services during the quarter.

Narratives

The narrative section of the report tells the story behind the numbers. It has many uses: NCPC's Report to the General Assembly, legislative requests, Frank Porter Graham research reports, newspaper articles, local partnership newsletters and community awareness materials. Narratives can either be success stories about individuals impacted by Smart Start, or success stories about local partnership initiatives. They can include statistics that describe changes in activity outcomes or partnership benchmarks. Partnerships should give careful attention to the narrative section, as this section is almost always combined with the numbers to illustrate Smart Start's impact.

Outcomes

Outcomes are one-year measures of the impact of each Smart Start activity. They measure a change in behavior, knowledge, or status as a result of Smart Start activities. They capture the end result of the activity, or what the activity aims to have happen at the end of a year. Typically they answer the question: what happened as a result of delivering services?

Basic Components of a Program Reporting System

1. The partnership has developed and is using individualized reports for each project to collect information at least quarterly.

2. Information collected by the partnership about each project includes **at least**: unduplicated numbers of people served, progress toward meeting project goals and objectives (benchmarks and outcomes), stories demonstrating the impact/success of the project, and private cash/in-kind contributions to the project.

3. There is an on-going qualified person (or persons) who is (are) responsible for coordinating the dissemination, collection, and compilation of the individualized reports from the direct service providers for the partnership.

4. The partnership has a defined and organized system for disseminating and receiving the individualized reports, which includes ensuring that reports sent to and received from direct service providers are complete and timely.

5. The partnership has a defined and organized system for verifying information from the individualized reports, which includes ensuring that direct service providers report accurate information and unduplicated (as possible) counts of clients within their funded programs.

6. The partnership has a defined and organized system for managing the information collected from the individualized reports, which includes the use of a system to compile and synthesize information from all the direct service providers without duplicating counts (as possible) among different projects.

7. The partnership provides technical assistance to the direct service providers to help them complete the individualized reports in an accurate and timely manner.

Steps for Developing a Reporting System

Step One

Collect information from direct service providers.

- From proposal

- From discussions with direct service providers

- From site visits

Decide which quarterly report counts apply to this project; there could be more than one quarterly report category or count for a project. For example,

- A family support home visiting program could produce counts for these categories: *number of parents receive intensive support, number of parents receive transportation, and number of children receive developmental screening.*

Decide what OTHER information you think is important to collect from direct service providers. This can include:

- Demographics of program participants -- to ensure that the program is reaching intended population.

- Units of service – numbers of classes offered; average daily usage for child care transportation, number and type of outreach efforts (especially for new programs)

- Client satisfaction information – answer questions about how program services are delivered and what kind of impact participants feel the program has made (usually obtained on an annual basis).

- Outcomes – what happened as a result of this program (obtained on an annual basis).

Step Two

Compile all of the above information into an **evaluation plan**, developed individually for each direct service provider. An evaluation plan is a good way to organize evaluation information. Other benefits of developing an evaluation include:

- Provides a written copy of expectations about the evaluation process;

- Offers an opportunity to DISCUSS and JOINTLY PLAN with the direct service provider, which can then…

- Increase direct service provider's ownership in the evaluation process;

- Serves as a vehicle to organize and clarify evaluation information;

- Allows opportunity to discuss and address direct service provider's capacity to evaluate Smart Start programs, which can then…

- Helps the partnership evaluator plan for future evaluation technical assistance with the direct service provider.

When you meet with the direct service provider to develop the evaluation plan, keep these items in mind:

- Ask service **provider to describe what their program is trying to achieve** – what changes they expect for the children, families, teachers they serve. Use good communication skills – listen, don't interrupt, ask for clarification, test any assumptions you have about who they serve, how they collect data, and what they're trying to achieve.

- If the response includes a lot of discussion about PROVIDING services, keep asking – SO NOW THAT YOU'VE PROVIDED THESE SERVICES, **what reasonable changes do you expect?** Emphasize reasonable; often providers are relieved when you edit outcomes to be more reasonable – it relieves accountability anxiety. Help the provider understand and decide: here is what the General Assembly wants to know; here is what our Board wants to know; is there anything else you want these audience to know, anything else you want to know?

- Talk about **your partnership benchmarks and the relationship between program outcomes and those benchmarks.** There is often a big disconnect between these two measures for many activities. The process of developing these plans can allow you to discuss this with your staff and Board. When a disconnect occurs, (1) program needs to modify approach, or (2) benchmark needs to be modified, or (3) partnership consider if continued funding is warranted.

- Make edits to the evaluation plan as you go; note where **technical assistance** is needed.

- **Problem solve data collection methods** – where is a sign-in list needed, where will an existing one work? Ask what is already have in place that might serve Smart Start purposes. Are there staff or volunteers who can help? Is there a need to budget for outside help – temps, students, professionals? When is the best time to collect info – e.g., at the last meeting of an existing support group, when parents come in to recertify subsidies? Ask: WHAT CAN WE DO TO HELP MAKE THIS AS EASY AS POSSIBLE?

- If possible, show draft copies of the **individually formatted report**. Explain: here is where you report numbers, here is where narratives are reported, etc. Go over unduplicated counts; current and year-to-date.

- Have providers **sign the plan** when it is completed.

Step Three

Format direct service provider reports.

- Include partnership goals, objectives and benchmarks on the reports.

- Include on the report: NCPC counts, other information for your partnership, and expected outcomes (You will have included these items on the evaluation plan and can lift them directly from the plan onto the report.)

- Format reports at the beginning of the fiscal year and give to direct service provider to use all year with a calendar of due dates. Reports will be due to the FPG Center on the third Friday of the month after the quarter. Allow direct service providers at least 5 –10 days to compile reports, get answers to questions, follow-up on late reports, etc.

- Or, you can send reports to direct service providers each quarter, as a way of keeping regular communication.

Step Four

Train direct service providers to use reports.

- Train direct service providers to get unduplicated counts (see the Worksheet to Unduplicate Counts.) Be persistent with those direct service providers who are accustomed to counting units of service. Help them understand that knowing how many teachers/children/parents is good information for them to know as well. Try to learn how they obtain their counts and help them find a point where it might be easy to count children/parents/teachers. Help build direct service provider capacity by encouraging them to learn how to use databases (often software and training can be part of contract budget).

- Train direct service providers to how to compile Current and Year-To-Date counts. Use FPG worksheets as a guide.

- Train direct service providers to know what information should be included in the narrative section, especially stories.

- Training can take place in a group at the beginning of the fiscal year and one-on-one as needed throughout year. Put written report instructions in a direct service provider policy and procedures notebook, or attach to report. Include examples of well-written stories.

- Let direct service providers know how you USE reports: for the General Assembly to obtain funding, for your Board for both funding decisions and community planning, for the media, etc.

- Help direct service providers realize how they can use information from Quarterly Reports for their local reporting needs.

Step Five

Compile direct service provider reports for NCPC Quarterly Report

- Allow staff time for this task!

- Use a system (the FPG spreadsheet example is one.). Use a Microsoft Excel spreadsheet: one worksheet for NCPC counts; one worksheet to monitor individual direct service provider counts/outcomes; one worksheet to track partnership benchmarks.

- Make sure your counts are unduplicated ACROSS programs as well as WITHIN programs. For example, are the same teachers participating in a CPR workshop and a story-telling workshop? Or, does a storytelling project reach some of the same children who participate in music activities contracted by a different agency? This can be tricky -- ideally this should be considered when making funding decisions. Sometimes duplication ACROSS programs is intentional; then you can try to set up a system so direct service providers are responsible for unduplicated counts. Having direct service providers attach participant lists, or at least dates, location, and number of participants to their reports can help solve this problem.

- Develop a system for compiling the same outcome information over time, especially child care quality improvement information, so you can include in your quarterly reports changes in license/accreditation status, teacher education levels, % of subsidy children enrolled in quality care, etc.

Step Six

Build your and your direct service provider's capacity to evaluate.

- Budget adequate staff time at your partnership to complete reports

- Invest in staff training to use spreadsheets, etc.

- Help your Board understand the importance of evaluation. Create a Board Evaluation Committee to advocate for partnership resources allocated towards evaluation.

- When reviewing direct service provider budgets, make adequate resources have been allocated to plan for and collect evaluation information.

Logic Model for Smart Start Activities   FY 2002-03 - SAMPLE

Partnership: Happy County
Activity Title: Quality Improvement
Date: mm/dd/yy
Contact (name, email, phone):

Identified Need this Activity Addresses	Activity Service Components		Projected Outputs	Projected Outcomes
	Component	Who is directly impacted by service		
Average star placement for children in Happy County centers is 2.5 (Sept. 01)	On site consultation using pre/post ECERS	Centers and teachers	II. B. 1-6 Early Childhood Program Standards: 15 centers 45 teachers 225 children	As of June 30, 2003, ECERS scores will increase by a minimum of 1 point in each of the sub-scales targeted for improvement for a minimum of 85% (12) of the 15 centers receiving services.
	Quality improvement grants		pre enrollment license status for each center no. of grants amount of grant per center	As of June 30, 2003, 75% (11) of the 15 centers enrolled in the Quality Enhancement Program will meet the requirements for a 3 star or better license.
10% of center based providers in Happy County have a 2 year degree in ECE (Sept. 01)	Assist teachers with enrolling at Happy County Community College	Teachers	I. A. teacher education college credit 15 teachers 5 centers 75 children	As of June 30, 2003, 85% (12) of the 15 teachers enrolled at HCCC will complete 6 semester credit hours (sch) of early childhood education coursework.

Evaluation Plan for Smart Start Activities   FY _____   - INSTRUCTIONS

Partnership:
Activity Title: Activity ID: Allocation:
Date:
Contact:
Program Standard this activity addresses:
PBIS Indicator this activity addresses:

Activity Description – list components:

	What data will be collected?	Who will collect data?	How will it be collected?	When will data be collected?
Outputs: (From logic model) How many people will be impacted by this activity?	Make clear for contractor exactly what they will report to you. Make sure no.'s served fit into Smart Start Report categories where appropriate.	What are partnership responsibilities and what are contractor responsibilities and who in each agency will fulfill those duties?	Explore with contractor how data will be obtained – sign in lists, databases, instruments, parent surveys, etc. Will data be collected in writing, by interview, in person, by phone, by mail? Do measurement tools exist or need to be developed/identified?	Smart Start Reports are due to FPG the third Friday of the month following the end of the quarter.
Outcomes: (From logic model) How will participants change in behavior, attitudes or knowledge?	What information do you need to show the change that has occurred?	What are partnership responsibilities and what are contractor responsibilities and who in each agency will fulfill those duties?	How will data will be obtained – sign in lists, databases, instruments, parent surveys, etc? Will data be collected in writing, by interview, in person, by phone, by mail? Will data be kept on spreadsheet, other? Do measurement tools exist or need to be developed/identified? Who will compile and analyze data? Who will report data? How?	Projected Outcomes for the current year and Actual Outcomes for the previous year are to be reported by October of the current year.

Next steps:
What steps do the partnership staff and contractor need to follow in order to carry out the plan?

I was present at the formation of this evaluation plan and agree to submit the above information to the Partnership in a timely manner.   Contractor signature and date: _____

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Evaluation Plan for Smart Start Activities   FY _____   - Page 1 of 2

Partnership:
Activity Title: Activity ID: Allocation:
Date:
Contact:
Program Standard this activity addresses:
PBIS Indicator this activity addresses:

Activity Description – list components:

Outputs	What data will be collected?	Who will collect data?	How will it be collected?	When will data be collected?

Next steps:
I was present at the formation of this evaluation plan and agree to submit the above information to the Partnership in a timely manner.   Contractor signature and date: _____

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Evaluation Plan for Smart Start Activities   FY _____ - Page 2 of 2

Partnership:
Activity Title: Activity ID: Allocation:
Date:
Contact:
Program Standard this activity addresses:
PBIS Indicator this activity addresses:

Activity Description – list components:

Outcomes	What data will be collected?	Who will collect data?	How will it be collected?	When will data be collected?

Next steps:

I was present at the formation of this evaluation plan and agree to submit the above information to the Partnership in a timely manner.   Contractor signature and date: _____

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Directions for Completing the Counts Section of the Quarterly Report

Here are a few general directions for completing the Counts section of the Quarterly Report:
All counts pertain to **children 0-5 years** and the teachers or families who care for children 0-5 years.

1. You will enter **both a <u>current</u> quarter count and a <u>year-to-date</u> count.** Current quarter means all children, families, or teachers involved in Smart Start programs in the three months of the current quarter (*see Reporting Schedule below*). Year-to-date means all children, families, or teachers involved in Smart Start programs since July 1st of this year. In this first quarter, current and year-to-date should be the same.

2. Make sure **that each program submits an unduplicated number for each count box. Unduplicated current** means: each child, family, or teacher who receives services in that quarter is counted only once, no matter how many times within the quarter they received services. If a family received four home visits, count them once. If a teacher attends three workshops, count the teacher, the children impacted, and the center or home where that teacher works, one time.

3. **Unduplicated year-to-date** means: each child, family, or teacher who has received one or more services within each count box since July 1st is counted one time only.

4. If more than one program applies to one count box, make sure those numbers are **unduplicated across programs.** If you can't give an exact number, first ask, how likely is it that the same people are participating in both programs? If the answer is very unlikely, then assume the numbers are unduplicated. If it is likely, but you don't know exactly how many are duplicated, find a way to systematically estimate the percent of duplication and subtract that percent from the total number. This is usually done by asking the service providers how many families (children or teachers) are using the same services.

5. You will note that we do not ask if numbers are duplicated on the first quarter report; please do everything possible not to report a duplicated number. It is okay to report an estimated unduplicated number if you have been systematic in your estimation.

6. It is **okay to report the same children, families, or teachers in different count boxes**; this shows how Smart Start provides multiple services to the same child or family.

Quarterly Reporting Schedule

	Quarterly period	Report due to FPG Center
Quarter 1	July 1 – September 30	5:00 p.m., 3rd Friday* in October
Quarter 2	October 1 – December 31	5:00 p.m., 3rd Friday* in January
Quarter 3	January 1 – March 31	5:00 p.m., 3rd Friday* in April
Quarter 4	April 1 – June 30	5:00 p.m., 3rd Friday* in July

* 3rd Friday of month is Friday of third full week of month, usually around the 21st or 22nd of month

Unduplicated Counts Worksheet

Quarter 1	Quarter 1 Current	Count one time anyone who received one or more services July 1 – Sept. 30
	Quarter 1 Year to Date	Same as Quarter 1 Current: anyone who received one or more services July 1 – Sept. 30

Quarter 2	Quarter 2 Current	Count one time anyone who received one or more services Oct. 1 - Dec. 31 Quarter 1 Current *minus* drop outs *plus* new ——————— = Quarter 2 Current
	Quarter 2 Year to Date	anyone who received one or more services July 1 - Dec. 31 Quarter 1 Year To Date *plus* Quarter 2 New ——————— = Quarter 2 Year To Date

Quarter 3	Quarter 3 Current	Count one time anyone who received one or more services Jan 1 - March 31 Quarter 2 Current *minus* drop outs *plus* new ——————— = Quarter 3 Current
	Quarter 3 Year to Date	anyone who received one or more services July 1 - March 31 Quarter 2 Year to Date *plus* Quarter 3 New ——————— = Quarter 3 Year to Date

Quarter 4	Quarter 4 Current	Count one time anyone who received one or more services April 1 - June 30 Quarter 3 Current *minus* drop outs *plus* new ——————— = Quarter 4 Current
	Quarter 4 Year to Date	anyone who received one or more services July 1 – June 30 Quarter 3 Year to Date *plus* Quarter 4 New ——————— = Quarter 4 Year to Date

Counts Chart

	CONTINUING (Number contacted in current quarter who were also contacted in immediate previous quarter)	NEW (Number contacted for the first time this current quarter)	Current Quarter Total (Continuing + NEW)	YTD Total (Previous Quarter's YTD + New)
Quarter 1 July 1 - Sept 30	No Continuing for Qtr 1 - all are new			YTD for Q1 = TOTAL for Q1
Quarter 2 Oct 1 - Dec 31				YTD for Q2 = Q1 YTD + Q2 NEW
Quarter 3 Jan 1 - Mar 31				YTD for Q3 = Q2 YTD + Q3 NEW
Quarter 4 April 1 - June 30				YTD for Q4 = Q3 YTD + Q4 NEW

Counts Chart - SAMPLE

	CONTINUING (Number contacted in current quarter who were also contacted in immediate previous quarter)	NEW (Number contacted for the first time this current quarter)	Current Quarter Total (Continuing + NEW)	YTD Total (Previous Quarter's YTD + New)
Quarter 1 July 1 - Sept 30	No Continuing for Qtr 1 - all are new	117	117	117 YTD for Q1 = TOTAL for Q1
Quarter 2 Oct 1 - Dec 31	66	46	112	163 YTD for Q2 = Q1 YTD + Q2 NEW
Quarter 3 Jan 1 - Mar 31	76	57	133	220 YTD for Q3 = Q2 YTD + Q3 NEW
Quarter 4 April 1 - June 30	83	75	158	295 YTD for Q4 = Q3 YTD + Q4 NEW

Training Worksheet on Unduplicated Counts

(see Responses at the end of this worksheet)

Counting Current Quarter and Year to Date – within one program

Happy Family Partnership
Parents as Teachers Program

Quarter Current: .....count each family who received one or more services during the current quarter

Year to Date: ....count each family who received one or more services since July 1 one time

---

Quarter 1
Jul: 15 families participate
Aug: 0 new, 0 drop out
Sep: 2 new

     Quarter 1 Current:.. ___[A]___
     Quarter 1 Year to Date:... ___[B]___

Quarter 2
Oct: began quarter with 17, 1 family dropped out first week of quarter
Nov: 2 new
Dec: 0 new, 0 drop outs

     Quarter 2 Current:... ___[C]___
     previous quarter Current – drop out + New
     Quarter 2 Year to Date:... ___[D]___
     previous quarter YTD + New

Quarter 3
Jan: 0 new, 4 families drop out
Feb: 0 new, 0 drop out
Mar: 0 new, 0 drop out

     Quarter 3 Current:.. ___[E]___
     previous quarter Current – drop out + New
     Quarter Three Year to Date: .... ___[F]___
     previous quarter YTD + New

Quarter 4
Apr: 0 new, 4 drop out
May: 0 new, 0 drop out
Jun: 1 new, 0 drop out

Quarter 4 Current:...___[G]____
previous quarter Current – drop out + New
Quarter 4 Year to Date:.. ___[H]____
previous quarter YTD + New

How these numbers would look if you only saw New and Year to Date:

Quarter	New	Year to Date
1	[I]	[J]
2	[K]	[L]
3	[M]	[N]
4	[O]	[P]

What you would NOT see:
How many families dropped out ___[Q]___
How many families the program was serving at the end of the year ___[R]___

Counting One Program in More Than One Counts Category

Happy Family Partnership's Parents as Teachers Program offers weekly home visits, developmental screening, and helps parents make sure their child's immunizations are up to date.

What counts categories or boxes apply to this program? [S]

Unduplicating Across Several Programs for One Counts Category

Count category: No. of families receive intensive support

Program	Q1 Current	Q1 YTD	Q2 Current	Q2 YTD
Parents as Teachers	17	17	18	19
Shelter Support	5	5	5	5
Positive Discipline Series	25	25	25	50
Unduplicated Across Programs	[T]	[U]	[V]	[W]

Quarter 1: Parents as Teachers indicates in her report that 5 mothers participated in the Positive Discipline Series.

Quarter 2: Shelter Director indicates on report that 2 moms attended the Positive Discipline Series.

The numbers given for each quarter represent numbers reported from the individual programs; what number would you use as the unduplicated number across programs – for the quarterly report? [enter in grid, above]

Responses
[A]...................................17
[B]...................................17
[C] 18
[D] 19
[E]...................................14
[F]...................................19
[G] 11
[H] 20
[I][J] ....17 , 17
[K][L]...............................18 , 19
[M][N] ....14 , 19
[O][P]...............................11 , 20
[Q] 9
[R] 11
[S]...................................Family Support Intensive Services
[T][U][V][W] ....42 , 42 , 46 , 67

Fiscal Year 2001-2002 NCPC Quarterly Report Categories

I. Child Care Quality – Teacher Education

This category includes counts for teacher education activities that result in college credit. Examples of activities included in these counts are: funding community college classes, tuition and fees assistance, technical assistance that results in teachers increasing education levels.

A. Teacher Education – College Credit or Credential

Counts for Smart Start teacher education activities that result in college credit	1.-2. No. of Teachers/Directors		3.-4. No. of Children in classrooms where teachers/directors are participating		5.-6. No. of Centers and Homes where teachers are participating	
	1. current	2. YTD	3. current	4. YTD	5. current	6. YTD

This category includes counts for teacher training and workshops that do NOT result in college credit. Examples include training such as music or literacy workshops. Do NOT count health and safety related training here (count it in VI. C).

B. Teacher Training – Workshops or Other Training (non college credit or credential)

Counts for Smart Start teacher training and/or workshops	1.-2. No. of Teachers/Directors		3.-4. No. of Children in classrooms where teachers/directors are participating		5.-6. No. of Centers and Homes where teachers are participating	
	1. current	2. YTD	3. current	4. YTD	5. current	6. YTD

II. Child Care Quality – Early Childhood Program Standards

A. Early Childhood Program Standards– Bonus and Incentives

Include counts for bonus and incentive activities; bonus and incentives are allocations for the purchase of services for the purposes of maintaining or improving quality. Examples of criteria for bonus and incentives include: staff salaries, educational incentives, costs to maintain child/staff ratio, etc.

Counts for quality bonus and/or incentives	1.-2. No. of Children impacted by quality bonus and/or incentives		3.-4. No. of Centers and Homes impacted by quality bonus and/or incentives	
	1. current	2. YTD	3. current	4. YTD

B. Early Childhood Program Standards – Quality Enhancement Activities

Include counts for only for those activities with the intended outcome of increased license status.

Counts for Smart Start activities designed to increase license status such as environmental rating scales, on-site consultation, quality enhancement grants	1.-2. No. of Teachers/Directors		3.-4. No. of Children impacted		5.-6. No. of Centers and Homes impacted	
	1. current	2. YTD	3. current	4. YTD	5. current	6. YTD

III. Child Care Quality – Compensation and Stability of Early Childhood Work Force

This category includes counts for activities such as WAGES and other salary or benefits enhancement efforts, or other efforts designed to reduce teacher turnover.

Counts for Smart Start activities designed to increase stability of the early childhood work force	1.-2. No. of Teachers/Directors		3.-4. No. of Children in classrooms where teachers are participating		5.-6. No. of Centers and Homes impacted	
	1. current	2. YTD	3. current	4. YTD	5. current	6. YTD

IV. Child Care Availability

This category includes counts for activities designed to increase the supply of child care.

B. Creating new spaces *(Report only spaces newly created in FY 01-02)*	1.-2. No. of new spaces created for Pre-K children		3.-4. No. of new spaces created for children with special needs		5.-6. No. of other new spaces (e.g., infant slots, 3rd shift, etc.)		7.-8. Total No. of new spaces	
	1. current	2. YTD	3. current	4. YTD	5. current	6. YTD	7. current	8. YTD

C. Maintaining spaces *(Report spaces created by Smart Start in previous years, and Smart Start continues to maintain the spaces.)*	1.-2. No. of spaces maintained for Pre-K children		3.-4. No. of spaces maintained for children with special needs		5.-6. No. of other spaces maintained (e.g., infant slots, 3rd shift, etc.)		7.-8. Total No. of maintained spaces	
	1. current	2. YTD	3. current	4. YTD	5. current	6. YTD	7. current	8. YTD

V. Child Care Affordability

This category includes counts for subsidies and scholarships.

Counts for Smart Start activities such as child care subsidy and/or scholarships	1.-2. No. of children with special needs receive subsidized child care		3.-4. No. of children (not including those with special needs) receive subsidized child care		5.-6. No. of children (not those listed in preceding two boxes) receive subsidized short term, crisis child care	
	1. current	2. YTD	3. current	4. YTD	5. current	6. YTD

VI. Health

This category includes counts for health related activities such as screenings, immunization support, parent education, breast feeding support, prenatal support, health insurance, promoting access to medical home, etc. Do NOT count the number of materials disseminated or the number of referrals; do count support efforts that directly result in children receiving services.

A. Health – Screening

Counts for Smart Start child screening activities	1.-2. No. of children receive vision screening		3.-4. No. of children receive speech/language and/or other developmental screening		5.-6. No. of children receive hearing screening		7.-8. No. of children receive dental screening or treatment		9.-10. Unduplicated no. of children across screenings reported in previous boxes 1-8 (you may need to estimate)	
	1. current	2. YTD	3. current	4. YTD	5. current	6. YTD	7. current	8. YTD	9. current	10. YTD

B. Health – Access and Use

Counts for Smart Start activities designed to promote access and use of health care	1.-2. No. of children impacted by immunization support		3.-4. No. of children impacted by support to increase health insurance enrollment		5.-6.a. No. of Medicaid children impacted by Smart Start efforts to ensure use of primary, preventive care		5.-6.b. No. of non-Medicaid children impacted by Smart Start efforts to ensure use of primary, preventive care		5.-6.c. Total no. of children impacted by Smart Start efforts to ensure use of primary, preventive care (a+b)	
	1. current	2. YTD	3. current	4. YTD	5a. current	6a. YTD	5b. current	6b. YTD	5c. current	6c. YTD

B. Health – Access and Use, continued

Counts for Smart Start activities designed to promote access and use of health care	7.-8. No. of children with special needs receive therapies or interventions		9.-10. No. of families receive health related services	
	7. current	8. YTD	9. current	10. YTD

C. Health – Child Care Related

Counts for Smart Start activities designed to improve health and safety in child care settings	1.-2. No. of teachers/directors impacted by health/safety training, consultation, etc.		3.-4. No. of children impacted by health/safety training, consultation in a child care setting		5.-6. No. of child care centers and homes impacted	
	1. current	2. YTD	3. current	4. YTD	5. current	6. YTD

VII. Family Support

This category includes counts for parent education and other family support activities. Only count families from programs/activities that have participant lists. Do NOT count public awareness activities like health fairs.

A. Family Support – Intensive Services

Counts for Smart Start intensive family support activities (e.g., Parents as Teachers, ongoing classes or support groups)	1.-2. No. of families participating in intensive family support		3.-4. No. of children impacted by intensive family support (include ongoing, intensive enrichment, like WINGS, when it occurs in a community setting)	
	1. current	2. YTD	3. current	4. YTD

B. Family Support – Non-Intensive Services

Counts for Smart Start non-intensive family support activities (e.g., one time workshop or enrichment)	1.-2. No. of families participating in non-intensive family support		3.-4. No. of children impacted by non-intensive family support	
	1. current	2. YTD	3. current	4. YTD

C. Family Support – Other Services

Counts for other Smart Start family support activities such as transportation and child care resource and referral	1.-2. No. of children and/or families receive transportation to child care or other services		3.-4. No. of families receive direct (in-person or telephone contact) child care resource and referral	
	1. current	2. YTD	3. current	4. YTD

What if I'm not sure where my partnership's activities fit within these categories?
Contact the FPG Center Evaluation Assistance Team staff.

Guide for Reporting Narratives for Quarterly Report

I. Topics for Narrative Section – Choose 1 to 3 Topics

Child Care Quality
Child Care Availability/Accessibility
Child Care Affordability
Family Support
Health
Child with Special Needs
Kindergarten Readiness
Collaboration

Anything else you want the General Assembly and the Governor to know

II. What to Write About
Use the following as a guide when writing about a particular topic from section I.

BE BRIEF – a few paragraphs or even one short paragraph is fine. Label each narrative according to the topics listed in Section I. If more than one topic applies, list all that apply at the top of the page.

1. **Explain the need** in your community that led to the provision of Smart Start services (i.e., not enough pediatricians, few AA Centers, fragmented family support programs)
2. **Explain what Smart Start did to address the need** (e.g., funded a pediatrician, provided on-site quality improvement, developed a family support collaborative – describe program in simple terms)
3. **Tell about the impact of meeting the need**.
   - Impact can be told as a success story about individual children, families, child care programs or teachers.
   - Impact can also be described as measurable changes (i.e. progress towards benchmarks or outcomes), such as increased immunization rates, increase in the % children enrolled in quality child care programs, more families using family support programs.

Tips
Think about **who** will be reading the narrative section: the General Assembly, the general public. Assume the reader will know nothing about your programs and young children. Describe services in lay terms, and spell out acronyms (e.g., CCR&R).
Whenever possible, talk about conditions before Smart Start and how program(s) have changed those conditions.
Use tables, charts, and graphs.
Thank you letters from parents or teachers make good stories (remember to ask permission).

Smart Start Direct Service Provider Report - SAMPLE

Health Consultant

Partnership/contact Person/phone number	

Name of agency	
Contact Person	
Phone Number	

How many children received screening services?

Type of Screening:	Jul-Sep Current	Jul-Sep YTD	Oct-Dec Current	Jul-Dec YTD	Jan-Mar Current	Jul-Mar YTD	Apr-Jun Current	Jul-Jun YTD
Vision								
Speech/ Development								
Hearing								
Dental								
Unduplicated # of children								

Jul-Sep Current	Jul-Sep YTD	Oct-Dec Current	Jul-Dec YTD	Jan-Mar Current	Jul-Mar YTD	Apr-Jun Current	Jul-Jun YTD
How many children were impacted by immunization support?							
How many children were impacted by support to increase health insurance enrollment?							
How many children were impacted by support to ensure use of medical home?							
How many children with special needs received therapies or interventions?							
How many families received health related services?							

Do NOT count number of letters mailed;
DO count number of children receiving services as a result of letters mailed

Smart Start Contractor Report - SAMPLE

How many teachers or director received health/safety training?

Jul-Sep Current	Jul-Sep YTD	Oct-Dec Current	Jul-Dec YTD	Jan-Mar Current	Jul-Mar YTD	Apr-Jun Current	Jul-Jun YTD

How many children were enrolled in centers and homes were impacted by the child care health consultant?

Jul-Sep Current	Jul-Sep YTD	Oct-Dec Current	Jul-Dec YTD	Jan-Mar Current	Jul-Mar YTD	Apr-Jun Current	Jul-Jun YTD

How many centers and homes were impacted by the child care health consultant?

Jul-Sep Current	Jul-Sep YTD	Oct-Dec Current	Jul-Dec YTD	Jan-Mar Current	Jul-Mar YTD	Apr-Jun Current	Jul-Jun YTD

List other information YOUR PARTNERSHIP wants to know about this program.
Possible items: No. of contacts per center or home, no. of parents contacted about immunization records updates, no. of workshops offered

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Directions:
We want to know how many *individual* children, teachers, or child care programs receive Smart Start services. In order to collect this information, you will need to keep a list or database of centers/homes served, including the number of children enrolled and the number of teachers/directors impacted by services.

For Current, count each teacher/director, child care program, and child impacted by services at any time during the three-month period ONE TIME. If the consultant visited a center in August and Sept., count them one time under Jul-Sep. Current. If the consultant offered a training at the same center in October, count them again one time under Oct.-Dec. Current.

For Year-to-Date (YTD), at the end of each quarter, count ONE TIME each center/home, teacher/director, and child who received services since July 1.

Smart Start Contractor Report - SAMPLE

Program Outcomes

List Measurable Program Outcomes	Progress Towards Achieving Outcomes
Example: Of those child care programs receiving services, 90% of the children will be up to date with immunizations.	*Example:* As of <date> of the 100 children impacted have up to date immunization records. In July, only 75 out of 100 children were current with their immunizations, representing an increase of 15%.

Please share any stories about how Smart Start child care health and safety consulting has impacted the lives of children or families that you serve.
Don't use names, but do tell us how old the child is. Have more children been up to date with immunizations? Has the incidence of contagious disease decreased due to improved practices? How has this service improved the lives of children and families in your community?

Form to Compile DSP Reports - SAMPLE

I. Child Care Quality - Teacher Education

I. A. Teacher Education - College Credit	Q1 Current	Q1 YTD	Q2 Current	Q2 YTD	Q3 Current	Q3 YTD	Q4 Current	Q4 YTD
1.-2. No. of Teachers/Directors								
Sum of Program A - C undup. **(this sum goes on Q. Report)								
3.-4. Children impacted by Teacher Education - College Credit								
Sum of Program A - C** undup (this sum goes on Q. Report)								
5.-6. Centers and Homes Impacted by Teacher Education - College Credit								
Sum of Program A - C** undup (this sum goes on Q. Report)								

** unduplicated across Programs

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	Q1 Current	Q1 YTD	Q2 Current	Q2 YTD	Q3 Current	Q3 YTD	Q4 Current	Q4 YTD
I. B. Teacher Education - Workshops or other Training (non-college credit)								
1.-2. Teachers - Training/Workshops (non-college credit)								
Sum of Program A - C ** -- duplications								
I. B. Teacher Education - Workshops or other Training (non-college credit)								
3.-4. No. of children impacted by training/workshops								
Sum of Program A - C ** undup (*this sum goes on Q. Report*)								
5.-6. No. of Centers and Homes impacted by training/workshops								
Sum of Program A - C ** undup (*this sum goes on Q. Report*)								

**** unduplicated across Programs**

Smart Start Participant List Worksheet

Quarter 1

for teacher training programs

Partnership: Happy Days Partnership

Program or Activity: CCR&R Training Program

Name	Teacher (T) Director (D)	Name of Center/Home	No. of children (in class if teacher) (in center/home if director)	Age of Children in Class	Date of Training	Teacher from your CLASS in attendance?
Mrs. Jones	T	Happy Days Center	15	4 y.o.	7/7/00	Yes /Mrs. Smith
Mrs. Smith	T	Happy Days Center	15	4 y.o.	7/7/00	Yes/Mrs. Jones
Mrs. Smiles	T	Fonzie's Center	10	2 y.o.	7/7/00	No
Mr. Lovekids	T	Joanie's Jumpers	14	3 y.o.	8/24/00	No
Mrs. Smith	T	Happy Days Center	15	4 y.o.	8/24/00	No

Additional information you might want to include:
- o   mailing address
- o   phone/email
- o   checklist of partnership activities the teacher might also be participating in
- o   checklist of partnership activities the teacher might want more information about

Example: Unduplicating Counts Within One Program

Happy Days Partnership
CCR&R Training Program Report Worksheet – Quarter 1

Refer to the sample sign-in sheet

Quarter 1 Current – Teachers/Directors
3 teachers in July
1 new teacher in August; 1 continuing (Mrs. Smith)

4 teachers Quarter 1 Current
4 teachers Quarter 1 YTD

Quarter 1 Current – Children
25 unduplicated children in July (Mrs. Smith/Mrs. Jones 15 children counted once)
14 new children in August; 15 continuing (Mrs. Smith's children)

39 children Quarter 1 Current
39 children Quarter 2 YTD

Quarter 1 Current – Centers/Homes
2 centers in July (Happy Days Center counted once)
1 new center in August; 1 continuing (Mrs. Smith's center)

3 centers/homes Quarter 1 current
3 centers/homes Quarter 1 YTD

LOCAL DIRECT SERVICE PROVIDER REPORT   I. B. Teacher Training : : Happy Days CCR&R Training Program – Quarter 1

Teachers Quarter 1 Current	Teachers Quarter 1 Year-to-Date	Children Quarter 1 Current	Children Quarter 1 Year-to-Date	Centers/Homes Quarter 1 Current	Centers/Homes Quarter 1 YTD
4	4	39	39	3	3

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Sample Smart Start Participant List – Quarter 2
for teacher training programs

Partnership: Happy Days Partnership

Program or Activity: CCR&R Training Program

Name	Teacher (T) Director (D)	Name of Center/Home	No. of children (in class if teacher) (in center/home if director)	Age of children in Class	Date of Training	Teacher from your CLASS in attendance?
Mrs. In charge	D	Joanie's Jumpers	45	N/a	10/15	
Mrs. Smith	T	Happy Days Center	15	4 y.o.	10/15	Yes/Mrs. Jones
Mrs. Smiles	T	Fonzie's Center	10	2 y.o.	10/15	No
Mr. Lovekids	T	Joanie's Jumpers	14	3 y.o.	10/15	No
Mrs. Jones	T	Happy Days Center	15	4 y.o.	10/15/00	Yes/Mrs. Smith
Mr. Cunningham	T	Happy Days Center	12	3 y.o.	12/1	No
Mrs. Smiles		Fonzie's Center	9	2 y.o.	12/1	No

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Example: Unduplicating Counts Within One Program – Current and Year-to-Date

Happy Days Partnership
CCR&R Training Program Report Worksheet – Quarter 2

Refer to the sample sign-in sheet

Teachers/Directors – Quarter 2 Current
5 teachers/directors in October
1 new teacher in December; 1 continuing from October (Mrs. Smiles)
6 teachers/directors Quarter 2 Current

Teachers/Directors – Quarter 2 YTD
4 teachers Quarter 1 YTD
2 new teachers/directors in Quarter 2; 4 continued from Quarter 1 (Mrs. Smith, Mrs. Smiles, Mr. Lovekids, Mrs. Jones)
6 teachers/directors Quarter 2 YTD

Children – Quarter 2 Current
70 children in October (Mr. Lovekid's children counted in with the director – Mrs. Incharge; Mrs. Jone/ Smith's children counted once)
12 new children in December; 9 continuing from October (Mrs. Smiles children)
82 children Quarter 2 Current

Children – Quarter 2 YTD
39 children Quarter 1 YTD
43 new children in Quarter 2; Mrs. Incharge minus the 14 from Mrs. Smith/Jones class(counted in Q 1) & Mr. Cunningham are new; the rest were counted in Q1 YTD
82 children Quarter 2 YTD

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Centers/Homes – Quarter 2 Current
3 centers/homes in October
1 new center in December
4 centers/homes Quarter 2 Current

Centers/Homes – Quarter 2 YTD
3 centers/homes Quarter 1 YTD
1 new in Quarter 2 (Fonzie's Center)
4 centers/homes Quarter 2 YTD

LOCAL DIRECT SERVICE PROVIDER REPORT   I. B. Teacher Training: Happy Days CCR&R Program – Quarter 2

Teachers Current		Teachers Year-to-Date		Children Current		Children Year-to-Date		Centers/Homes Current		Centers/Homes YTD	
Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
4	6	4	6	39	82	39	82	3	4	3	4

Sample Smart Start Participant List – Quarter 1
for teacher training programs

Partnership: Happy Days Partnership

Program or Activity: Library Literacy Teacher Training Program

Name	Teacher (T) Director (D)	Name of Center/Home	No. of children (in class if teacher) (in center/home if director)	Age of Children in Class	Date of Training	Teacher from your CLASS in attendance?
Mr. Lovekids	T	Joanie's Jumpers	14	3 y.o.	8/1/00	No
Mrs. Smiles	T	Fonzie's Center	10	2 y.o.	8/1/00	No
Mr. Cunningham	T	Cunningham's Cuties	15	4 y.o.	8/1/00	No
Ms. Hugs	T	Love N Kisses	18	4 y.o.	8/1/00	No

LOCAL DIRECT SERVICE PROVIDER REPORT   I. B. Teacher Training: Happy Days Library Literacy Program – Quarter 1

Teachers Quarter 1 Current	Teachers Quarter 1 Year-to-Date	Children Quarter 1 Current	Children Quarter 1 Year-to-Date	Centers/Homes Quarter 1 Current	Centers/Homes Quarter 1 YTD
4	4	57	57	4	4

Happy Days Partnership Compilation Worksheet for FPG/NCPC Quarterly Report

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Question I. B. Teacher Training	Teachers Quarter 1 Current	Teachers Quarter 1 Year-to-Date	Children Quarter 1 Current	Children Quarter 1 Year-to-Date	Centers/Homes Quarter 1 Current	Centers/Homes Quarter 1 YTD
Programs (Activity/DSP)						
CCR&R Training Program	4	4	39	39	3	3
Library Literacy Teacher Train	4	4	57	57	4	4
Total (with duplications)	8	8	96	96	7	7
Minus duplication (across programs)	2	2	24	24	2	2
Quarter One Unduplicated	6	6	72	72	5	5
These numbers are reported for this Count Category on the Quarterly Report						

Unduplicating Across Programs:

Mr. Lovekids and Mrs. Smiles attended both the CCR&R Teacher Training and Library Literacy Training workshops in Quarter 1. They can be counted on both local Direct Service Provider reports, so the local partnership can keep track of outputs for individual DSP's. For the NCPC/FPG Quarterly Report, however, they can only be counted once in this count box. Note that both teachers, the children in their classes, and the centers where they work have been subtracted in the row: *Minus duplication (across programs)* for the total unduplicated for this category.

Frequently Asked Questions About Counts

I. Quality Improvement – Teacher Education • A. College Credit

Include programs that assist teachers and directors with obtaining college credit in early childhood education. This includes child care teacher and director credential, associates degrees, bachelors degrees and masters degrees. It includes activities that assist with tuition and fees or other strategies that help teachers/directors increase their education. You must be able to **directly link the activity to the result of college credit education**.

Q. *Can I count WAGE$ (or other salary supplement programs) or teachers who receive Star Bonus supplements for their education levels here?*

Incentive programs, such as WAGE$, only count in this box if the teacher has enrolled in courses because of WAGE$. You can NOT count those teachers who receive salary supplements for their education who already have an associates or bachelors degree and are not enrolled in any coursework. The same would hold for teachers impacted by Star Bonus supplements. If you can show that teachers enrolled in college credit coursework as a result of the Star Bonus supplement, then they also can be counted here. Otherwise, they only can be counted in II. A.

Most partnerships do not have the time or resources to determine which teachers participating in WAGE$ (or other salary supplement programs) and Star Bonus have enrolled in college credit classes because of the incentive those programs offer.
Remember, all of WAGE$ teachers are counted in III; all Star Bonus teachers are counted in II.A.

Q. *Do I count number of teachers enrolled or the number who obtained credit?*

Only count teachers who complete the coursework and obtain credit. You might have counts once or twice a year, as you wait until the end of the quarter or semester. You will need to obtain lists of teachers who obtained credit for the course from the educational institution (i.e, community college or university).

I. Quality Improvement – Teacher Education • B. Teacher Training

Include counts for teachers/directors who participate in early childhood education training workshops, EXCEPT those that are HEALTH related (like CPR or hand washing practices). Health related training is counted in VI.C ONLY. A broad range of teacher training topics are counted here, such as story sharing techniques, age appropriate discipline methods, new art activities, etc. It can be challenging to count individual teachers in this category.

To obtain accurate counts, direct service providers of teacher training need to keep careful attendance records that include:

- Name – indicate whether teacher or director
- Center or home where the teacher or director works
- Number of children 0-5 in center (if director)

- Number of children 0-5 in class (if teacher)
- Whether more than one teacher from the same class are in attendance

Q. *Some of our teachers obtain continuing education contact hours for attending our workshops, can that be counted in I.A. Teacher Education - College Credit?*

Only if the workshop also offers college credit, which is very unlikely.

Q. *Do I count just lead and assistant teachers from licensed centers?*

For teacher training, you can count all teachers, including floating and substitute teachers, from all programs, including unlicensed or unregulated.

Q. *What about when two teachers from the same class attend a workshop?*

The sign-in list should have some way of identifying two teachers from the same class. Often the person at the sign-in table during the workshop knows when two teachers work in the same class, and she can indicate that on the sign-in list, so the children are not counted twice. You can make sure there is a column on the sign in list that asks: *Check here if there is another teacher from your class at this workshop. Write name here:*

Q. *What if a director and several teachers from the same center attend a training?*

If the director attends, count all the children in the center. Do NOT count all the children in the center, and then add again the number of children associated with the teachers, as this would give you a duplicated count.

Q. *We provide weekly workshops on different topics. Some teachers come to all sessions, and some come to only one. How can I best unduplicate these numbers?*

The best method is to have a database of workshop attendees that shows which teacher attended which workshop. A simple EXCEL spreadsheet with the names of teachers on the side and training dates along the top will suffice. Accurate sign-in lists can be used to make entries into the database.
For those direct service providers or partnerships that **don't have the capacity to develop such a database, here's another method:**

Make sure you have sign-in lists from at least two to three "normal" months of workshops.
Don't use a month that had an unusually high or low number of participants due to reasons like an extremely popular topic (for high) or bad weather (for low).
Count how many individual teachers attended more than once.
Divide the number of teachers who attended more than once (number of duplications) by the total number of unduplicated teachers.
This will give you an **estimated percentage of duplication**.
In the following quarters, you can **subtract the estimated percentage of duplication** from the total number of teachers attending to obtain an unduplicated count.

Here's an example for estimating a **current quarter unduplicated count:**
Q 1   100 unduplicated teachers attended 10 workshops July - Sept.

Of those 100, 25 teachers attended more than one workshop
25/100 = 25% rate of duplication.

Q 2   200 duplicated teachers attended 15 workshops Oct. – Dec.
25% (duplication rate) of 200 = 50
200 – 50 = 150
150 unduplicated teachers for Quarter Two **current**

To determine an **estimated unduplicated year-to-date count**, follow the same procedure, looking at how many individual teachers attended workshops both in Quarter One and Quarter Two. Divide the number of duplicated teachers by the total number attending both quarters. This will give you an estimated percent of duplication that can be used in future quarters, following the example provided below.

Here's an example of estimating a **year-to-date unduplicated count:**

Q1   75 individual teachers attended; 75 current quarter and 75 year-to-date

Q2   150 unduplicated teachers attended; of those 150, 50 also had attended a training in Quarter One (150-50 = 100 Q2 year-to-date)
        50 /150 = **33% estimated rate of duplication for year-to-date**

Q3   300 names of teachers on the sign-in lists
        Quarter Three current = 300- 75 (25% rate of current quarter duplication) =225
        Quarter Three year-to-date = 400 (sum of the three current quarters, unduplicated:
75+100+ 225) – 132 (33% rate of year-to-date duplication) = 268

For some partnerships, it might be easier to **select the largest current quarter unduplicated number as the estimated year-to-date number for each quarter.**

You can use the **same procedure to determine an unduplicated count of children impacted** by teacher training, making sure to first check that the same children for two teachers (e.g., a lead and an assistant) haven't been counted twice.

Q. *For an unduplicated number of children, is there a formula for assigning number of children to teachers without having to go through sign-in lists?*

Unfortunately there is no standard ratio for children to teachers. It varies if the teachers have infants rather than four-year-olds. Some home providers have school aged children. A public school pre-K teacher may have more children than an NAEYC four-year-old class. The best way to get an accurate estimation of children is to follow the preceding example for estimating teachers.

In summary, to obtain accurate counts for all activities, especially teacher training, careful attendance records are essential.

II. Child Care Quality – Program Standards • A. Subsidy Related (e.g., Star Bonus)

This category applies to partnership activities **that add funds on top of a child care subsidy payment for quality measures** like the license level (number of stars) or the number of

teachers with higher education levels. Typically these are incentive funds that aim to ensure that children receiving child care subsidies are enrolled in quality care. Typically the funds go to the entire center and not just to one or two individual teachers. **In order to include counts, funds for this program must come out of the partnership's budget,** and not be paid from other funds within the Division of Child Development.

If bonus awards go to the entire center, where the director can decide how to spend them, how do I know which teachers and children to count?

Consider that the award indirectly impacts every teacher and child in the center or home, and count them all. Remember to count them one time each quarter and in the year-to- date; do NOT add the same teachers and children together from quarter to quarter.

Q. *How is this count category different from II. B. Quality Enhancement activities?*

Star Bonus supplements are tied to child care subsidy payments, and follow the child to the center or home where they receive care. Star Bonus funds often do not have any services like consulting or training associated with them; they are simply funds added to a child care subsidy payment.

Quality enhancement activities provide services to a particular center or home, or a classroom within a center, with the purpose of improving the quality of care in a measurable way, such as ECERS. It is likely that partnerships will report smaller numbers with quality enhancement activities, because of the intensity of service. Report counts for these activities in II. B.

Q. *What if a center participates in a STAR bonus program and a separate Quality Enhancement project?*

Count them both in II.A. and II. B. Remember, it's okay to count the same center (or teacher, child, or family) in **separate** count boxes.

II. Child Care Quality – Program Standards • B. Quality Enhancement Activities

This category applies to activities that are designed to provide a **measurable change** in child care quality. Pre and post environmental rating scales, license or star rating increase, improved teacher/child interactions are examples of measurable changes in quality. Activities often include on-site consultation and/or individual quality improvement plans for centers, home, or individual classrooms.

Q. *Are activities like art or storytelling enrichment for children counted here?*

Unless there is some way of measuring how these activities improve quality, such as with a rating scales sub scale, they can NOT be counted here. You can describe how many children were impacted and the results in the Narrative Section of the Quarterly Report.

Q. *What about WINGS or other enrichment activities that result in changes in children's skill levels?*

If WINGS or other enrichment activities are implemented in a **child care setting**, *and* there is a measurable change in a child's skill level as a result of the program, then those children are counted here. If the classroom or center where the program takes place is also involved in another quality enhancement activity, then participant lists need to be checked for duplication, so the children are NOT counted twice, once for WINGS and once for quality enhancement.

When WINGS takes place in a **community setting**, like a family resource center, it can be counted in VII. A. 3-4.

Q. *Are lending and resource libraries for child care teachers and directors counted here?*

Unless there is some way of measuring how these activities improve quality, such as with pre and post environmental rating scales, they can NOT be counted here. You can describe how many teachers were impacted and the results in the Narrative Section of the Quarterly Report.

Q. *Are playground improvement grants included here?*

Yes, as long as there is a measurable change in quality as a result of the playground improvement.

Q. *What if a teacher has a quality improvement plan, receives consulting services, and attends training workshops?*

Then the teacher is counted in both I. B. Teacher Training and in II. B. Quality Enhancement.

Q. *Sometimes the consultant works with a classroom, sometimes she works with a few classrooms, and sometimes she works mostly with the director, how do I count the number of teachers and children impacted?*

The consultant needs to keep track of whom she works with at each center or home. If she works with the director, count all teachers and children in the center. If her work focuses on the entire center, where she might work with any given teacher in a particular week or month, then count all teachers and children. But if she is primarily focusing on one or two classrooms, then just count those teachers and children.

Q. *What if a teacher is not working on improving rating scales or license level, but receives consultation from a behavior specialist or an inclusion specialist?*

If changes in quality as a result of the consulting can be documented in a measurable way, then the teacher can be counted here. Often a sub scale of a rating scale can be used to document these changes. If there is no measurable change in quality, then count these services under I. B. Teacher Training. Remember, you can include success stories about these types of services in the Narrative Section.

Q. *What about Child Care Health Consultants?*

Remember, if the consulting is done by a child care health consultant, it is counted in VI.C.

III. Child Care Quality – Compensation and Stability of the Early Childhood Work Force

Count activities such as WAGE$ or other salary/benefits supplement programs. Count any other activities designed to have a measurable impact on decreasing teacher turnover.

Q. *I only receive numbers from WAGE$ twice a year; what should I report in the quarters when I haven't received numbers?*

Only report numbers when you receive them. Here's an example:

Quarter	Current	Year to Date
One (no report received)	0	0
Two	15	15
Three (no report received)	0	15
Four	30	30

Q. *Our partnership-funded Star Bonus program allows directors to use the award to supplement teachers' salaries and/or pay health insurance benefits. Can I also count those teachers here?*

Yes, as long as you know how many teachers received salary supplements or benefits. The teachers can be counted BOTH in II. A. and here in III.

Child Care Availability

Include programs designed to increase the supply of child care to meet the specific needs of your community. Count **spaces** that have been added because of Smart Start funds. These spaces could have been created by adding or renovating physical space or by hiring new teachers. You can also count existing slots that were changed to meet the demands of target populations in need of care, such as infant, Hispanic, special needs, or evenings/weekend. Count the slot as if it were a space.

Q. *We pay for a teacher in a public pre-K class. Is that considered a new space?*

If the class would not exist without Smart Start funds, then count the available spaces created by this classroom.

Q. *What about inclusion programs that help teachers provide care for children with special needs?*

If you have identified a need for child care for children with special needs in your community and created services to modify existing slots so special needs children can receive care, then count each special needs child who is able to receive care as a result of this program as a "space." *The same premise holds for programs that modify existing slots to meet the needs of Hispanic children.*

Child Care Affordability

Include child care subsidies and scholarships or other programs that aim to make child care more affordable in your community.

Q. *The Dept. of Social Services only gives monthly counts of children. How do I arrive at a quarterly count?*

Check to make sure that **most children are receiving ongoing subsidies** for more than a month or two. If so, **either average the three monthly counts together or choose the month with the biggest number. The biggest number for the year will be the year-to-date.** Remember, don't just report new for the current quarter; report all children receiving subsidies in that quarter.

If you have different children receiving subsidies each month, then you can add the three months together, but this is very unlikely.

Q. *The Dept. of Social Services often is late with numbers from the last month in the quarter. How can we handle this?*

At the beginning of the fiscal year, have them report two months of numbers (July and Aug.) Then, in Quarter Two, have them report Sept. – Nov. Continue having them report the last month of the previous quarter with the first two months of the current quarter. This will give you adequate year end numbers.

Q. *Is child care for parent workshops counted here?*

No. Only count payment for care in an early childhood setting, like a center, home, pre-K or Head Start class.

Q. *Does this mean I can count Head Start or pre-K children here?*

If your partnership is funding all or the majority of the costs for a Head Start or pre-K class, then you can count the children impacted by those funds. Ask yourself, would these children receive this care without Smart Start funds? If the answer is no, then count them here. If your partnership provides funds for one or more individual classes, count ONLY the children in classrooms Smart Start is helping support, not the entire Head Start or pre-K program. If your partnership is supporting the entire program, perhaps by paying rent for the entire program, then all the children can be counted.

Q. *What definition of children with special needs is used for subsidies?*

The Dept. of Social Services is required by the state to report the number of children with special needs who receive child care subsidies, so they should have a number for you. If not, count those children who have an identified special need.

Health • Screening

Count individual children who receive vision, speech/language/developmental, hearing, and dental screening and related services in the appropriate box.

Q. *It's too hard to unduplicate the number of screenings for Question VI.A. 9-10. What should I do?*

First you should try to look at two to three months worth of participant lists to determine an estimated rate of duplication, following the example with teachers under I. B. If that is impossible, then leave Question VI. A. 9-10 blank.

Health • Access and Use

Q. *Who is counted in: Number of children impacted by immunization support? Are child care health consultant activities counted here?*

Remember, all children and teachers impacted by any and all health consultant tasks are counted in VI. C.

When there is a **direct link** between the Smart Start activity and a child receiving an immunization, then count the child. Children immunized at a health fair are counted, but NOT the number of materials disseminated. If a child care health consultant reviews a child's record, notices immunizations are not up to date, contacts the parent, and then follows-up to receive updated immunization records, then that child is also counted here. Do NOT count the number of immunization records the health consultant reviews here. DO count the number of children who actually receive immunizations as a result of her work.

Community outreach efforts to increase immunization, like health fairs, or including brochures in parent information packets can be described in the Narrative Section.

Q. *Who is counted under: Number of children impacted by support to increase health insurance enrollment?*

Count previously uninsured children who now are covered by health insurance as a **direct result of Smart Start efforts.** It doesn't matter if the insurance is Medicaid, Health Choice or some other type of coverage. Often, home visiting programs, like Healthy Families, ensure that children are enrolled in some type of health insurance. Some partnerships have teamed up with local agencies to enroll children in Health Choice. Do NOT count number of materials disseminated here. Outreach efforts can be discussed in the Narrative Section of the Quarterly Report.

Q. *Who is counted under: Number of children impacted by support to ensure a medical home? Do child care health consultant activities count here?*

Count children who have an identified medical home as a **direct result of Smart Start efforts. Medical home is a regular source of primary health care.** A medical home can be the health department, a pediatrician or family practitioner, or a hospital clinic. Include efforts that directly increase the use of primary and preventive care, such as routine well-child visits for immunizations and growth checks. Often home visiting programs help families identify and use a medical home for their young child.

If a child care health consultant reviews health records and finds a child who has not listed a primary health care provider, follows up and makes sure the family has identified a provider,

then that child also can be counted here. Do NOT count the number of health records the consultant reviews or number of material disseminated. Remember, children and teachers impacted by health consultants are counted in VI. C.

Q. *Who is counted under: Number of children with special needs receive therapies or interventions?*

The broader definition of special needs can be used here, which includes children at risk for developmental delay as well as those who have an identified special need. Typical activities that produce counts here are: activities that assist with accessing services for children with special needs, inclusion specialists that serve children, physical and/or occupational therapy, speech therapy, etc.

Q. *Who is counted under: Number of families receive health related services?*

Parents or other family members who receive health relate services, such as breast feeding support, car seat safety education, fire safety education, nutrition education, etc. Do count numbers of parents reached face-to-face or in a workshop; do NOT count number of materials disseminated.

VI. Health • Child Care Related

Count activities that aim to improve health and safety in a child care setting. This includes teacher training and on-site consultation.

Q. *Sometimes the child care health consultant works with a group of teachers, sometimes with the director on center policies, and sometimes one-on-one with a teacher. How do I determine counts?*

If the consultant has a set number of centers she works with throughout the quarter, then she can count each center or home, teacher, and child enrolled once for the quarter, and once for the year-to-date. If she primarily works with the director, then she can count all teachers and children at the center. If she primarily works with one or a few teachers, then only those teachers and children should be counted. Remember, if she provides multiple services to a center, counting all teachers and children once will include those who attend trainings, and those who receive one-on-one, and will make it simple to report unduplicated counts.

The health consultant thinks teacher training should be counted in both II. B. Teacher Training and in VI. C.

It's helpful to remind direct service providers that the goal is to provide accurate counts that apply to specific categories, and not to provide as many counts as possible. All **health and safety related** training is counted in VI. C. ONLY for the North Carolina Partnership for Children.   In a few cases, health consultants provide training on topics other than health and safety, such as behavior management. If this is the case, then those teachers can be counted in II. B.

VII. Family Support • Intensive Services

Intensive family support includes programs that work with families for a long period of time on a regular basis. Examples include: ongoing home visiting programs that provide weekly or monthly visits, ongoing support or education groups that meet weekly or monthly for several months, or a 4-6 week parent education series. Typically these programs **serve smaller numbers** of families and are more likely to result in **measurable changes** in a family's life.

Q. *What if I'm not sure about the intensity of the program and whether to count it here or in VII. B?*

You can always call FPG to discuss your program with one of our team members. You might want to think about how you're evaluating the program; are there measurable changes in parent knowledge, behavior, or attitudes as a result of the program? Are you using instruments like the Parent Stress Index, HOME, or some other tool? If yes, then the program is most likely intensive; if not, then it probably should be counted in VII. B.

Q. *We have several intensive family support programs in our partnership. How do I unduplicate across programs, especially when programs are reluctant to share names due to confidentiality issues?*

First, ask yourself: how likely is that the same family or parent is participating in more than one of your partnership's intensive family support programs? If the answer is unlikely, or maybe less than five families or parents, then don't worry about duplication across programs, and you can add the program counts together for this count box.

If you know that there is duplication, you can ask the direct service providers of the programs where the duplication occurs to tell you how many parents are participating in the same programs. If this is an intensive family support program, then at least one of the direct service providers should know what other services the parent receives. The direct service provider does not share names with you, just numbers, so confidentiality is not violated. When you receive the counts for both of the programs, subtract the number of duplications before entering a count for this box. (There is an example of how to determine counts from more than one program on page 7-12 in the Smart Start Evaluation Notebook.)

Q. *What about when WINGS or other early childhood programs like a structured playgroup or community based school readiness program, are offered in a community setting?*

If changes in the child's skill levels are measured (for example, cognitive, language, or behavior skills), then they can be counted in VII. A. 3-4. If a family member is involved in the program on a regular (i.e. weekly) basis, then they can be counted here, too. If the activity primarily focuses on the child, then do NOT count family members.

Q. *Who is considered a family member?*

Mothers, fathers, grandparents, step-parents, foster parents, or whoever plays a significant role in caring for the child. If more than one member from a family participates, like a mother, grandmother, and younger sibling, count them one time as one family.

VII. Family Support• Non-Intensive Services

Non-intensive family support includes activities that families may attend one time or on an occasional basis. Typical activities include: one time parent education workshops, family fun nights, library story hours and other community based enrichment activities like art or movement classes. These types of activities typically serve larger numbers than the intensive services. While family satisfaction is likely to be measured, it is difficult to measure long term changes in family behavior as a result of these activities.

Q. *We have several non-intensive family support programs in our partnership. How do I unduplicate across programs, especially when programs are reluctant to share names due to confidentiality issues?*

This can be a difficult task. First, determine the likelihood of duplication. If services are offered in different ends of the county, or are targeted for different parent populations, then it is probably safe to assume there is little to no duplication. If you suspect duplication is likely, call together all the non-intensive family support direct service providers to help solve this problem. Perhaps participant lists can be sent to the partnership. Perhaps one of the providers has an idea of an estimated number of parents who are participating in more than one program. Maybe one of the providers who sees the most families can ask what other Smart Start programs the family has participated in to figure an estimated percent of duplication that can be used throughout the year. Perhaps the partnership's approach to providing non-intensive family support is fragmented and needs to be looked at more closely.

VII. Family Support • Other Services

Count the number of families or children who receive transportation services, not the number of trips. Again, participation records are essential to obtain an accurate count.

For child care resource and referral, count the number of families who receive child care referral information through telephone or face-to-face contact. Do NOT count the number of parent information packets disseminated. **Do not count services other than parent referrals.** If your CCR&R provides teacher training, count it in I. B.

Q. *Where do I count telephone technical assistance (e.g., answer occasional questions) to teachers provided by the CCR&R?*

You can describe those efforts and their results in the Narrative Section.

A Few More General Comments…

Community development activities, like community awareness of the importance of early childhood, grassroots leadership development, informing the community about important Smart Start services, etc are best reported in the Narrative Section.

The **Narrative Section** is very important. Follow the directions carefully. This is often the best way to communicate Smart Start's impact to the General Assembly. Be brief, write as if the reader knows nothing about Smart Start or young children, and highlight the impact or results of Smart Start.

Numbers generated from the Quarterly Report are used to inform the General Assembly about statewide impact, to meet reporting requirements in order to obtain funds from the Division of Child Development, and for various public awareness needs.

There are many instances where **local partnerships will want to collect other counts** in addition to those asked in the Quarterly Report. Remember, the purpose is to distill Smart Start's many activities into a format for the General Assembly.
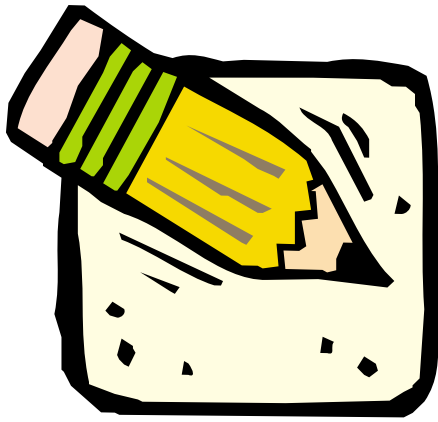
Notes

Chapter 8 - Evaluation Resources

This chapter provides some instruments and resources that may be useful as you develop evaluation methods specific for your county or region and your Smart Start programs. This is not a comprehensive list. There are many other resources available to gather information about evaluation methods and instrument selection to suit your intended purposes. Please consult with the FPG Smart Start Evaluation Assistance Team or other Smart Start evaluators to ask and learn about other resources.

The **instruments** listed in this chapter are some of the instruments that the FPG Smart Start Evaluation Team has used in studies relating to Smart Start since 1993. This is not meant to be an exhaustive list of available instruments nor to advocate for the use of these particular instruments. It is meant to provide examples of the kinds of instruments available within each category. Many other instruments are available for the early childhood field. Please call if you have questions about other instruments or need individual assistance.

Sometimes no instrument is available to meet your specific needs. Some things to keep in mind regarding developing, adapting or selecting data collection instruments are:

- Identify the specific questions that you want answered, the target population of your study, the intended method of data collection and the sampling strategies **first.** In other words, have a defined **evaluation design**.

- Assess any ethical considerations to your design – All assessments should <u>benefit </u>children and their families.

- If you are using an existing instrument:

    Ensure that you are using the instrument for its intended purpose.

    Ensure that you are using the intended data collection method.

    Ensure that data collectors are trained appropriately.

    Consider whether you will get the specific answers you are looking for with the existing instrument

• If you are developing a new instrument or adapting an existing one:

> *Be concerned about **reliability** – you want everyone who reads a question to understand it the same way.*

> *Be concerned about **validity** –you want each question to provide you with the intended information.*

> *Provide training for data collection staff to ensure all staff are collecting data in a systematic way.*

Let numerous people review a newly developed instrument and pilot test the instrument. If possible, test your instrument with a small number of your target population before completing the entire study. This will help you identify confusing questions or questions that don't measure what was intended.

Instruments

Child Assessment Tools - examples

Peabody Picture Vocabulary Test, Third Edition – PPVT-III (1997)
>   This nationally standardized, individually administered measure of hearing vocabulary is
>   designed to measure verbal ability or scholastic aptitude in children as young as 2.5 years
>   through adults and takes approximately 15 minutes to administer.
>
>   By Lloyd M. Dunn and Leota M. Dunn
>   To order, call or write AGS-American Guidance Services, Inc.
>   4201 Woodland Road, Circle Pines, MN 55014-1796
>   Toll-free 1-800-328-2560. Ask for item #12001
>   Or go to the American Guidance Service's web site at http://www.agsnet.com/ and type
>   "PPVT" in the search box.

Social Skills Rating System/Social Skills Questionnaire - Ages 3-5
>   This rating scale is designed to assess the social skills, problem behaviors, and academic
>   competence of students from ages 3 through 18 years and takes approximately 25 minutes
>   to complete. Students are rated on a three-point, Likert-type scale in two areas: how often
>   behaviors occur and how important each behavior is to the respondent. Separate forms
>   are available to be completed by the teacher, student or parent.
>
>   By Frank M. Gresham and Stephen N. Elliott
>   To order, call or write AGS-American Guidance Services, Inc.
>   4201 Woodland Road, Circle Pines, MN 55014-1796
>   Toll-free 1-800-328-2560
>   Or go to the American Guidance Service's web site at http://www.agsnet.com/ and type in
>   "Social Skills Rating System" in the search box.

Smart Start Kindergarten Teacher Checklist
>   This 40-item rating scale is based on the Maryland Systematic Teacher Observation
>   Instrument and covers children's motor, language, social, and cognitive skills.
>
>   Request it from the FPG Smart Start web site at http://www.fpg.unc.edu/smartstart/.

Child Care Quality Instruments - examples

Early Childhood Environment Rating Scale – Revised (ECERS-R)
Harms and Clifford, 1980 – revised 1999. This 37 item observational rating scale provides a
global measure of child care quality in the center-based child care setting. It is available
through Teachers College Press (1-800-575-6566). Several FPG Smart Start reports describe
results using this data collection tool. The ECERS-R is part of the information gathered in
determining the star rating for each child care center.

Infant-Toddler Environment Rating Scale (ITERS)
Harms, Cryer and Clifford, 1990. This 35-item observational rating scale provides a global
measure of child care quality in infant and toddler programs. It is available through Teachers
College Press (1-800-575-6566).

Family Day Care Rating Scale (FDCRS)
(FDCRS), Harms and Clifford, 1989.
This 40-item observational rating scale provides a global measure of child care quality in the
family child care setting. It is available through Teachers College Press (1-800-575-6566).

Caregiver-Child Interaction Instrument - examples

Caregiver Interaction Scale
Arnett, 1989. This 26-item rating scale evaluates the behavior of child care providers in their
interactions with children. The scale includes items that measure sensitivity, harshness,
detachment and permissiveness. A scoring protocol accompanies the scale.

Request it from the FPG Smart Start web site at http://www.fpg.unc.edu/smartstart/.

Other Instruments

Smart Start Survey of Family Strengths and Support Services
The purpose of this survey is to learn more about families' knowledge of available services and
to measure the impact of Smart Start on families' use of human, health, child care and other
community services. Request it from Kathleen Bernier, (919) 966-0534.

Smart Start Child Care Center Directors Interview
The purpose of this child care survey is to learn more about child care services available in
each partnership and to describe characteristics of the early childhood work force. Request it
from Karen Taylor, (919) 966-2559.

Professional Evaluation Resources

American Evaluation Association (AEA)
505 Hazel Circle
Magnolia, AR 71753

Web site: http://www.eval.org/
Phone: (888) 232-2275 (toll-free) or (870) 234-7433
E-mail: AEA@kistcon.com

Membership fee: $80.00/year and includes journal subscriptions for:
New Directions for Evaluation and American Journal of Evaluation

Canadian Evaluation Society (CES)
582 Somerset Street West
Ottawa, Ontario K1R 5K2
Phone: (613) 725-2526
FAX: (613) 237-9900

Web Site: *http://www.evaluationcanada.ca/*

List Serves

EVALTALK (sponsored by the American Evaluation Association)

EVALTALK is an open, unmoderated list for general discussion of evaluation and associated issues.
To subscribe, send an e-mail to: LISTSERV@BAMA.UA.EDU
Then type:
`SUBSCRIBE EVALTALK Jane Smith`
(replace Jane Smith with your first and last name)

GOVTEVAL

An unmoderated global electronic discussion group open to anyone involved or interested in issues related to public sector program evaluation. GOVTEVAL is based at the National Institute of Public Administration (INTAN) Malaysia, on a joint basis with the Program for Pubic Sector Evaluation, Royal Melbourne Institute of Technology (RMIT), Australia.

To subscribe to GOVTEVAL, send an e-mail to: majordomo@nasionet.net
Then type:
`subscribe govteval jane@mail.com`
(replace jane@mail.com with your email address)

Non-profit and Foundation Topical Interest Group
A listserv for non-governmental organizations. NGO-TIG is based at Western Michigan University, home of The Evaluation Center.

To subscribe, send an e-mail to: mailserv@listserv.cc.wmich.edu
Then type:
`SUBSCRIBE NGO-TIG jane smith`
(replace jane smith with your first and last name)

International and Cross-Cultural Evaluation Topical Interest Group. XC-eval - For persons interested in topics related to international and cross cultural evaluation. Hosted by Palmer College and Mahesh Patel of UNICEF.

To subscribe, send an e-mail to: mailserv@palmer.edu
Then type:
`subscribe XCeval jane`
(replace jane with your name)

AERA (American Educational Research Association) - numerous list serves
For information, visit their web site: *http://aera.net/lists/*

Collaborative, Participatory, and Empowerment Topical Interest Group

To subscribe, send an e-mail to: majordomo@lists.stanford.edu
Then type:
`subscribe empowerment-evaluation97@lists.stanford.edu`
Web site: *http://www.stanford.edu/~davidf/empowermentevaluation.html*

Minority Issues in Evaluation (list serve of the American Evaluation Association)

To subscribe, send an e-mail to: majordomo@Virginia.edu
In the subject line, type: `subscribe`
Then in body, type:
`subscribe mievaltig`
`end`
(This above message must be typed on two lines)

Courses and Conferences

American Evaluation Association's Annual Conference
> Conference in Washington DC, November 6-10, 2002
> *http://www.eval.org*

Canadian Evaluation Society's Annual Conference
> Conference in Halifax, Nova Scotia, May 5-8, 2002
> *http://evaluationcanada.ca*

Duke University Certificate Program in Nonprofit Management
> A 50 classroom-hour certificate program through Duke's Continuing Education
> Program. The program provides affordable, practical information to people working in
> the nonprofit sector to strengthen their systems and service delivery.
> *http://www.learnmore.duke.edu/Nonprof/*

The Evaluators' Institute.
> The institute offers short-term professional development courses for practicing
> evaluators.
> *http://www.evaluatorsinstitute.com*

Books and Publications

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Weiss, C. (1997). *Evaluation.* New Jersey: Prentice Hall. [*]

Publishers and Booksellers

Amazon Books
Web site: *http://www.amazon.com*

Grantmakers Evaluation Network (GEN)
Web site: *http://hogg.utexas.edu/gen/booklist.html*

Sage Publications, Inc.
2455 Teller Road
Thousand Oaks, CA 91320-2218
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Web site: *http://www.sagepub.com*

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[*] Referenced in this Notebook

Evaluation Web Sites

American Evaluation Association
http://www.eval.org/links.htm
Links to evaluation sites. Also includes databases, evaluation training programs, statistics, job bank, publications.

Buros Institute of Mental Measurement
http://www.unl.edu/buros/
Information on tests in print and mental measurement yearbook.

Center for Program Evaluation
http://www.edfac.unimelb.edu.au/cpe/cpe.html
CPE is an evaluation and research center with interests in the practice and study of evaluation in areas such as education, health, welfare and training.

Collaborative, Participatory, and Empowerment Evaluation Topical Interest Group of the American Evaluation Association
http://www.stanford.edu/~davidf/empowermentevaluation.html
This site is dedicated to the exploration and refinement of collaborative, participatory, and empowerment approaches to evaluation.

Cumberland County Partnership for Children Research and Evaluation Information Center
http://mail.ccpfc.org/CCPFC/PP/

Electronic Resources for Evaluators
http://it.usu.edu/itrs/AEA/index.html
Extensive list of evaluation-related web sites.

ERIC (Educational Resources Information Center) Clearinghouse on Assessment and Evaluation
http://ericae.net
http://ericae.net/testcol.htm
        (test locator)
http://ericae.net/ft/tamu/vpiques3.htm
        (a guide to questionnaire development)

Frank Porter Graham Child Development Institute. Smart Start Evaluation Team
http://www.fpg.unc.edu/smartstart/
Evaluation information and support site of North Carolina's Smart Start Initiative.

Government Performance Information Consultants
http://members.home.net/gpic/
The site offers links to other web resources on evaluation.

Harvard Family Research Project and The Evaluation Exchange Newsletter
http://www.gse.harvard.edu/~hfrp/eval/
The Evaluation Exchange is an interactive forum for the exchange of ideas, lessons, and practices in the evaluation of family support and community development programs.

Innovation Network, Inc.
http://www.innonet.org
Innovation Network, Inc., (InnoNet) is an organization dedicated to helping small- to medium-sized nonprofit organizations successfully meet their missions. The purpose of the site is to provide the tools, instruction, and guidance framework to create detailed program plans, evaluation plans and fundraising plans.

The Evaluation Center
http://www.wmich.edu/evalctr/ess.html
The Evaluation Center, located at Western Michigan University, is a research and development unit that provides national and international leadership for advancing the theory and practice of evaluation, as applied to education and human services. Included on the site are instruments to review and download.

The Grantmakers Evaluation Network (GEN)
http://hogg1.lac.utexas.edu/GEN/
The Grantmakers Evaluation Network (GEN) is an affinity group of the Council on Foundations. The purpose of GEN is to promote the development and growth of evaluation in philanthropy. GEN will seek to leverage, expand, and diversify the sources of philanthropic dollars for evaluation and to build the capacity of members and others in its pursuit.

United Way
http://www.unitedway.org/outcomes/
The United Way's Resource Network on Outcome Measurement: A guide to resources for measuring program outcomes for health, human services, and youth- and family-serving agencies. Their manual, *Measuring Program Outcomes: A Practical Approach*, can be ordered here.

W.K. Kellogg Foundation Evaluation Handbook
http://www.wkkf.org/Publications/evalhdbk/
Information on conducting project-level evaluations.

Other Related Web Sites

ABC of ECD: An Early Child Development Knowledge Base
http://www.worldbank.org/children

American Educational Research Association
http://www.aera.net/

Child Trends
http://www.childtrends.org

Childwatch
http://www.childwatch.uio.no/

Data FERRET – Federal Electronic Research and Review Extraction Tool
http://ferret.bls.census.gov

National Association for Family Child Care
http://www.nafcc.org/

National Association for the Education of Young Children
http://www.naeyc.org

National Child Well-being Demographics and Statistics
http://sfchildnet.org/statistics/natlstats.html#wellbeing

North Carolina Center for Nonprofits
www.ncnonprofits.org

North Carolina Child Advocacy Institute
http://www.ncchild.org
NCCAI provides state and county level data on children and youth in N.C.

North Carolina Division of Child Development
http://www.dhhs.state.nc.us/dcd

North Carolina Division of Child Development Search Site
http://ncchildcare.net/search.asp

North Carolina Institute of Medicine
http://www.nciom.org

North Carolina Progress Board
http://theprogressboard.org/

North Carolina Smart Start
http://www.ncsmartstart.org

State Data Center - Office of State Planning
> *http://www.ospl.state.nc.us/lib/html/ospsdn.html*
> *The North Carolina Data Center is a consortium of state and local agencies that provides information and data about the State and its component geographic areas.*

The Administration for Children and Families – Dept. of Health and Human Services
> *http://www.acf.dhhs.gov*

The Aspen Institute
> *http://www.aspeninst.org*

The Odum Institute for Research in Social Sciences
> *http://www.irss.unc.edu*

The Urban Institute
> *http://www.urban.org*
> Non-profit policy research organization. Numerous publications available.

The World Bank Institute - Evaluation Unit
> *http://www.worldbank.org/wbi/evaluation*

U.S. Department of Education - Office of Educational Research and Improvement
> *http://research.cse.ucla.edu*

UNICEF
> *http://www.unicef.org*

United States General Accounting Office (click on "Other Publications")
> *http://www.gao.gov*

US Census Bureau
> *http://www.census.gov*

Reports and Publications from the UNC Smart Start Evaluation Team

Child Care Quality

Validating North Carolina's 5-Star Child Care Licensing System (February 2001). *Independently gathered data from 84 child care centers validates North Carolina's new 5-star child care licensing system. Centers with higher star ratings are indeed providing a higher quality of care for young children.*

Family Child Care in North Carolina (August 2000). *This report describes a study that documented the quality of care in family child care homes and the relationship between quality and participation in Smart Start.*

Smart Start and Quality Inclusive Child Care in North Carolina (May 2000). *The study described in this report examined the role of Smart Start in supporting high quality inclusive child care.*

Quality of Early Childhood Programs in Inclusive and Noninclusive Settings (1999). *Buysse, V., Wesley, P. W., Bryant, D., & Gardner, D.* Exceptional Children, 65, 301-314. Article published in a peer review journal. Based on Effects of Smart Start on Young Children with Disabilities and their Families (December 1996).

Effects of a Community Initiative on the Quality of Child Care (1999). *Bryant, D., & Maxwell, K.* Early Childhood Research Quarterly, 14, 449-464. *Article published in a peer-reviewed journal. Based on* The Effects of Smart Start on the Quality of Child Care (April 1997).

Effect of a Smart Start Playground Improvement Grant on Child Care Playground Hazards (August 1998). *This report presents results from a comparison of the playground safety of child care playgrounds in a county that used Smart Start funds for playground improvement compared to a non-Smart Start county.*

Child Care in the Pioneer Partnerships 1994 and 1996 (December 1997). *This report presents more detailed information about child care centers that were included in* The Effects of Smart Start on the Quality of Child Care (April 1997).

The Effects of Smart Start on the Quality of Child Care (April 1997). *This report presents the results of a 2-year study of the quality of child care in the 12 pioneer partnerships.*

Effects of Smart Start on Young Children with Disabilities and their Families (December 1996). *This report summarizes a study of the impact of Smart Start on children with disabilities.*

Center-based Child Care in the Pioneer Smart Start Partnerships of North Carolina (May 1996). *This brief report summarizes the key findings from the 1994-95 data on child care quality.*

Kindergartners' Skills

A Six-County Study of the Effects of Smart Start Child Care on Kindergarten Entry Skills (September 1999). *This report presents results from kindergartners in six counties who attended Smart Start-funded child care centers compared to a random group of kindergartners who attended a broad range of child care.*

The Effects of Smart Start Child Care on Kindergarten Entry Skills (June 1998).
This report presents results from a pilot study of kindergartners in one county who attended Smart Start-funded child care centers compared to a random group of kindergartners who attended a broad range of child care or no child care.

Kindergartners' Skills in Smart Start Counties in 1995: A Baseline From Which to Measure Change (July 1997). *This report presents baseline findings of kindergartners' skills in the 43 Smart Start counties.*

Health

The Effect of Smart Start Health Interventions on Children's Health and Access to Care (October 2001). *This report documents the range of health-related activities being supported by local Smart Start partnerships. Most importantly, the study documents that children participating in a Smart Start-supported health service were significantly more likely to have had a DPT immunization.*

The Effect of Smart Start Child Care on Children's Access to Health Care at Kindergarten Entry (September, 2000). *This brief report presents findings of the impact of Smart Start on children's health.*

Collaboration

Collaboration: A Smart Start Success (August 2001). *This report summarizes findings of a multi-year study of the impact Smart Start has had on local interagency collaboration among organizations that serve young children.*

Smart Start Collaboration Network Analysis (June 2000). *This report provides new information on the collaboration occurring among local agencies that are attempting to meet the needs of children under the age of six.*

Smart Start and Local Inter-Organizational Collaboration (August 1998). *This report presents data about the effectiveness of the Smart Start initiative on improving collaborative relationships. Qualitative and quantitative data were obtained from 269 respondents in 10 local Partnerships.*

Bringing the Community into the Process: Issues and Promising Practices for Involving Parents and Business in Local Smart Start Partnerships (April 1997). *This report describes findings from interviews and case studies about the involvement of parents and business leaders in the Smart Start decision-making process.*

Understanding the Smart Start Process

Building Community-Owned Public-Private Partnerships (June 2000). *This study examined more closely what the public-private partnership aspect of Smart Start has meant to stakeholders, their perceptions of what got in the way of and what facilitated successful public-private partnerships, and their strategies for obtaining and sustaining meaningful private sector involvement.*

Reinventing Government? Perspectives on the Smart Start Implementation Process (November 1995). *This report documents pioneer partnership members' perspectives on 2 major process goals of Smart Start: non-bureaucratic decision making and broad-based participation.*

Keeping the Vision in Front of You: Results from Smart Start Key Participant Interviews (May 1995).
This report documents the process as pioneer partnerships completed their planning year and moved into implementation.

Emerging Themes and Lessons Learned: The First Year of Smart Start (August 1994). *This report describes the first-year planning process of the pioneer partnerships and makes some recommendations for improving the process.*

Annual Reports

Smart Start Services and Successes: 1999-2000 Annual Evaluation Report (June 2000). *Progress in the provision and quality of services are tied to the longer-range goal of increased preparedness for school.*

North Carolina's Smart Start Initiative: 1998 Annual Evaluation Report (January 1999). *This report summarizes evaluation findings related to each of the four major Smart Start goals.*

North Carolina's Smart Start Initiative: 1996-97 Annual Evaluation Report (April 1997). *This report summarizes evaluation findings related to each of the four major Smart Start goals.*

North Carolina's Smart Start Initiative: 1994-95 Annual Evaluation Report (June 1995). *This report summarizes the evaluation findings to date from both quantitative and qualitative data sources.*

Smart Start Evaluation Plan (September 1994). This report describes our comprehensive evaluation plan at the onset of the evaluation, designed to capture the breadth of programs implemented across the Smart Start partnerships and the extent of possible changes that might result from Smart Start efforts.

Other

Smart Start Client Information System Feasibility Study (September 1998). *This report presents findings from a study of the feasibility of creating a system to count uniquely all children and families served by Smart Start.*

Families & the North Carolina Smart Start Initiative (December 1997). *This report presents findings from family interviews of families who participated in Smart Start in the pioneer counties. The interviews included questions about child care, health services, family activities with children, and community services and involvement.*

To obtain copies of these reports, please visit our web site at www.fpg.unc.edu/smartstart or call Marie Butts at (919) 966-4295, or email her at Marie_Butts@unc.edu
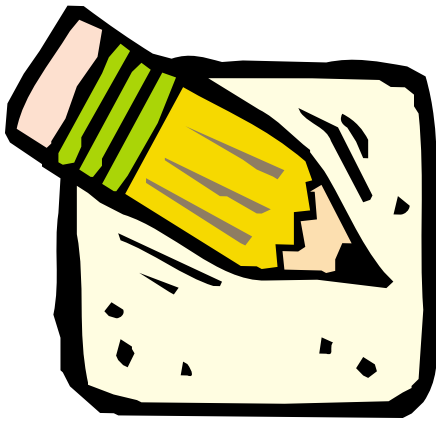
Notes

Chapter 9 - Glossary

Current Quarter Count	The number of children, families, or teachers who were impacted by Smart Start services within the most recent three-month quarter. For example, a Current Quarter Count for Quarter 1 would include those impacted during July, August, or September.
Direct Service Provider (DSP)	A local agency or program that contracts with a local partnership to provide direct services to young children and those who care for them (teachers, families, etc.).
Frank Porter Graham Child Development Institute (FPG)	Founded in 1966, FPG at University of North Carolina - Chapel Hill is a multidisciplinary center dedicated to the study of children and families. The NC General Assembly contracts with FPG to provide evaluation for Smart Start.
Local Partnership	Private nonprofit organization, comprising one or more counties, responsible for planning services for young children and those who care for them (teachers, families, etc.). Local partnerships are responsible for the administration of Smart Start funds, usually contracting with Direct Service Providers to provide services in the area of: child care affordability, child care quality, child care availability, family support and health. Occasionally a local partnership will provide direct services.
North Carolina Partnership for Children (NCPC)	State-level private nonprofit organization created to establish a long-range strategic plan for early childhood development and to find ways, through public-private partnerships, to provide services to young children and those who care for them (teachers, families, etc.).
Request for Proposals (RFP)	Local partnerships solicit Requests for Proposals from local agencies and programs to provide Smart Start services.
Smart Start	North Carolina's comprehensive early childhood initiative designed to ensure that children enter school health and ready to succeed. Funding began in 1993.
Unduplicated Count	The individual number of children, families, and teachers impacted by Smart Start. Unduplicated Counts apply to the Current Quarter and to Year-to-Date. For example, those impacted are counted one time only for the Current Quarter, no matter how many times they receive the service in that quarter. Those impacted are counted one time for the Year-to-date, no matter how many times they received services since July 1.
Year-to-Date	The number of children, families, or teachers who were impacted by Smart Start services since the start of the fiscal year, July 1. For example, second quarter Year-to-date would include those impacted between July 1 and Dec. 31.

Chapter 10 - Index

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Standards

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Terms