

South Carolina Preschool Development Grant Birth through Five Application

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Project Summary/Abstract

Project Title: South Carolina's PDG B-5 Comprehensive ECE System
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South Carolina (SC) Department of Social Services (DSS), Division of Early Care and Education (DECE) in partnership with SC First Steps to School Readiness (First Steps) have a shared commitment to seize the opportunities provided by the PDG B-5 grant. SC will conduct a statewide comprehensive needs assessment informed by the state's Data Warehouse, existing assessments from partners such as Head Start, and the wisdom of early care and education (ECE) providers, partner organizations and families. The assessment will support SC's understanding of the availability and quality of existing programs and opportunities to align and strengthen the mixed delivery of early care and services utilizing existing programs and funding streams while simultaneously improving ECE program quality and access to programs and services for ALL children birth to five.

Based on knowledge gathered from the B-5 needs assessment, SC will develop a strategic plan that informs ways to implement changes to the ECE system that will maximize the availability of quality ECE options for low income and disadvantaged families. Strategic planning will initially be organized across seven (7) broad areas of: Governance and Alignment (to include transitions), Demographics and Program Participation/Access (to include parent choice and knowledge), Workforce Development, Program Quality (to include an analysis of ECE facilities issues), Early Intervention, Data Systems (to include data sharing and data governance), and Monitoring and Accountability. The plan will be built on the strengths of SC's CCDF State Plan, existing successes, and partnerships between public and private entities.

Additional initiatives proposed will build on existing work focused on maximizing parental choice and knowledge, sharing best practices and improving quality. The initiatives include: Public Awareness Campaign, ECE System Navigators, Cross-Sector Infant Early Childhood Mental Health (IECMH) Consultation Network, Early Childhood Policy Fellowship Program, Countdown to Kindergarten & Transition Professional Development Project, Transition from IDEA Part C to B and from Part B into K, Core Competencies for Home Visiting Workforce, ABC Quality Incentive Programs and Parents as Teachers (PAT) Curriculum for Family Child Care (FCC) and Family, Friend and Neighbor (FFN) Pilot.

SC looks forward to sharing lessons learned from our implementation science informed evaluation and to utilizing funds received to establish a system of care and education that can help us realize our vision to support each and every child meeting their potential.

Introduction

SC has been a quiet leader in ECE system development. As an early adopter of a quality rating and improvement system, SC's ABC Quality tested theories and approaches on how to raise program quality in a way that respects the developmental readiness of the state's diverse provider population. Over the past two years, SC designed and piloted an intentional teaching tool that is now being utilized as the state's process quality measure. This bold move speaks to the commitment SC has made to be responsive to the needs and strengths of providers.

SC also stands out as a leader in its ability to link individual records of children B-5 across multiple agencies. SC's Data Warehouse, established in 1975, is evidence of forward thinking related to program and outcome evaluation and data-driven decision making. As a leader in supporting efforts to ensure responsive infant toddler care, the SC Program for Infant Toddler Care is nationally recognized for its coaching supports, teacher wellness activities, and focus on infant and early childhood mental health initiatives. SC First Steps, founded nearly 20 years ago as the state's public-private partnership for school readiness, and its local partnerships in all 46 counties contribute a critical component to the ECE system by convening providers, families, advocates and stakeholders to engage in thoughtful conversations and planning to ensure that ECE initiatives are developed with the feedback and expertise of its consumers.

Governor McMaster has designated and entrusted SCDSS DECE as the lead agency for the implementation of the Preschool Development Grant (Appendix A). SCDSS DECE, SC First Steps and a committed team of partners are confident that our track record of innovation and commitment to quality ECE services will prove to ensure our success with the ambitious goals set forward in the following proposal. Appendix B provides an organization chart of state entities and partners.

Summary of Activity Initiatives and Expected Outcomes

Through PDG B-5 funding, SC’s ECE System will increase access to quality early childhood programs and services for vulnerable children through:

- Child-serving agencies and organizations sharing a common vision, goals, and outcomes for the state’s B-5 System;
- Coordination, collaboration, and alignment across the state’s mixed delivery system that supports an increase in access for families;
- Shared recruitment and application processes;
- Coordinated efforts to maximize parents’ knowledge of the ECE System and available services;
- Statewide activities to support transitions for children between various early childhood programs and into elementary school;
- Shared professional development to better meet the complex social and emotional development needs of vulnerable children and families, including trauma-informed care;
- Expanded supports to providers to improve quality; and
- Improved data-driven decision making.

A summary of the proposed initiatives and outcomes by activity are described below:

Approach Activity One : Comprehensive Needs Assessment	
Initiative and Description	Outcome
A research partnership of four regional universities to create regional leadership teams to hear community and local voices to inform needs assessment.	Needs assessment through focus groups using the Harwood Institute Framework and other data tools synthesizing findings with existing and ongoing needs assessment to inform strategic planning for a comprehensive ECE system.

Approach Activity Two: Strategic Plan	
Initiative and Description	Outcome
Three levels of leadership teams and workgroups at the State Level (DECE and ECAC), Workgroups (Stakeholders/Contractors) & Local (Regional/Community Leadership Teams) to inform State ECE strategic plan	An engaged community of agencies, workgroups, coalitions and leadership teams to transform the ECE landscape of South Carolina to serve families and children through a mixed delivery system.
Approach Activity Three: Maximizing Parent Knowledge and Choice	
Initiative and Description	Outcome
Public Awareness and Education Campaign – Development and implementation of a shared public awareness campaign for supporting parent choice, knowledge, and engagement.	To create and launch a multi-faceted campaign to increase parent knowledge of their child’s development and the resources available in their community to help their child successfully transition through the B-5 system and into kindergarten.
B-5 System Navigators – Engage ECE System Navigators to support vulnerable families of children B-5.	B-5 system navigators will be identified and trained to support parent knowledge and choice.
Approach Activity Four: Sharing Best Practices	
Cross-Sector Infant Early Childhood Mental Health (IECMH) Consultation Network – Create a mixed delivery system from multiple emerging initiatives to support statewide cross-sector Infant Early Childhood Mental Health Consultation.	<p>Provider access to a range of shared best practices to avert suspension and expulsion, promote social and emotional development in young children, and provide screening and treatment services for all sectors.</p> <p>A joint inter-agency plan for adoption of effective strategies to maximize effort, leverage financial and other resources to assure statewide access to services.</p>
Early Childhood Policy Fellowship Program – Work with the state’s current fellowship program for K-12 education to integrate ECE content into a new pilot course.	Integrate early childhood into the state’s existing fellowship program as a pilot with the 2019-2020.
Countdown to Kindergarten & Transition Professional Development Project – Expand the definition of transition and share best practices for relationship-based transitions among more kindergarten teachers, principals and school administrators in the state.	<p>Expand definition of transition to include all ECE transitions B-5: transition from home to pre-school, to inclusive classrooms, etc.</p> <p>Expand CTK program to at least 50% of SC’s counties.</p> <p>Provide Transition PD (online and in-service) to targeted elementary schools serving large populations of vulnerable children.</p>

Approach Activity Four: Sharing Best Practices	
Initiative and Description	Outcome
Transition from IDEA Part C to B and from Part B into K – Assist families with the transition from IDEA Part C to B and from Part B into kindergarten.	Pilot the Education Partners program in Horry County, the state’s 3 rd largest school district.
Core Competencies for the Home Visiting Workforce – Pilot learning platform based on the National Family Support Competency Framework for Direct Service Professionals.	Pilot the framework’s Learning Compass learning management system with each home visitation model in South Carolina, involving at least 100% MIECHV/25% non-MIECHV programs during 2019.
Approach Activity Five: Improving Overall Quality	
Initiative and Description	Outcome
ABC Quality Incentives Program – Targeted supports for providers participating in ABC Quality.	Increase the number of child care programs enrolled in ABC Quality in areas with low access to quality child care by 20% by end of year one. Support currently enrolled programs to transition to higher quality standards.
Parents as Teachers (PAT) Curriculum for Family Child Care (FCC) and Family Friend and neighbor (FFN) Pilot – training offered through the state’s existing home visitation workforce.	25 PAT- certified parent educators will participate in the 2-day training and begin serving one or more FCC and/or FFN providers within their caseloads by the end of 2019.

B-5 Needs Assessment

Seven years after an initial attempt by the South Carolina Early Childhood Advisory Council (ECAC) to conduct a needs assessment, new leadership with a renewed commitment towards collaboration and coordination between the SC Division of Early Care and Education (DECE) and First Steps, the state-funded school readiness initiative (Appendix C – Support Letter), have convened a large number of cross sector agencies and partners to support a B-5 needs assessment and strategic plan. The needs assessment and subsequent strategic plan will provide the guidance toward a shared vision, aligned outcomes and a comprehensive ECE data and delivery system of health and education services for families and children aged Birth to Five.

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The Preschool Development Grant (PDG) provides the needed structure and opportunity to support SC in conducting a comprehensive needs assessment that will highlight strengths and challenges, identify gaps and guide the state towards maximizing resources to serve SC's youngest citizens. The legislators in SC, heads of state agencies, non-profit organizations, hospitals, researchers, and philanthropists all recognize the need for action, and participate in several inter-agency councils (ECAC, Joint Council for Children and Adolescents), alliances (Alliance for a Healthy SC), initiatives (Child Well-being Coalition and Early Childhood Common Agenda) and collaborations (Early Childhood Collection Systems) <https://www.scprofile.com/about/> with a singular mission to work together to support families and children in meeting their potential. Together, partners who serve and care about children and families in South Carolina will pave the road to success.

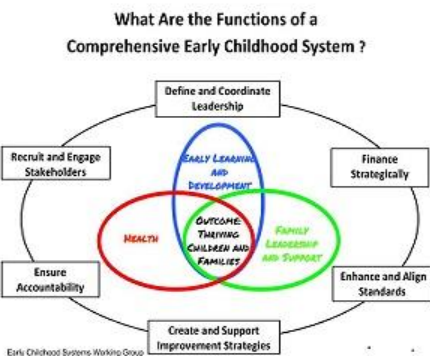
Three key strengths will support SC's success in this endeavor. While considered a relatively poor state economically, SC is rich in data and evaluation resources. In addition to the unique policy-research partnership with the state's higher education institutions and the presence of the Institute for Child Success, a non-profit research and policy organization based in SC, the state is also known for its Data Warehouse at the South Carolina Revenue and Fiscal Affairs Office (SC-RFA), with the ability to link individual records of children across multiple agencies for program and outcome evaluation to truly understand the impact of a mixed delivery system (see Evaluation Plan for more detail).

A second key strength is First Step's well-established local partnerships in all 46 counties. These partnerships will play a critical role in local needs assessments by listening to voices of families, service providers, and community stakeholders around the needs of young children. Several regional coalitions (Tri-County Cradle to Career Collaborative, Promise

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Neighborhood, etc.) working on geographical, collective impact initiatives supported by United Way, Department of Health and Environmental Control (DHEC) and Part B services (SCDE – Office of Disability Educational Services) have volunteered to share their resources and reports from their periodic needs assessment processes. Additionally, several advocacy organizations that serve the state’s vulnerable populations will play an important role in ensuring that the needs of their constituencies are included.

SC’s third strength is found in robust initiatives such as Head Start which have a track record of needs assessment, strategic planning, data informed decision making and offering quality comprehensive services to families with high needs. SC is committed to learning and adopting best practices rather than trying to reinvent the wheel.



SC’s B 5 Statewide Needs Assessment Plan will be comprehensive in scope across the inter-related early childhood system components of early learning and development, health, and family leadership and support.

The Early Childhood Systems Working Group’s Framework for a Comprehensive Early Childhood System

will inform South Carolina’s needs assessment and strategic planning process. The process will build on the work of existing needs assessments – with additional quantitative and qualitative data collection and opportunities for stakeholder engagement at the state, region and local level.

The needs assessment will identify service gaps, barriers to access, and barriers to program quality for families as well as the needs of the state agencies and organizations charged with building a comprehensive and coordinated ECE system that fully supports family access to ECE health and education services in their community. The needs assessment process will also

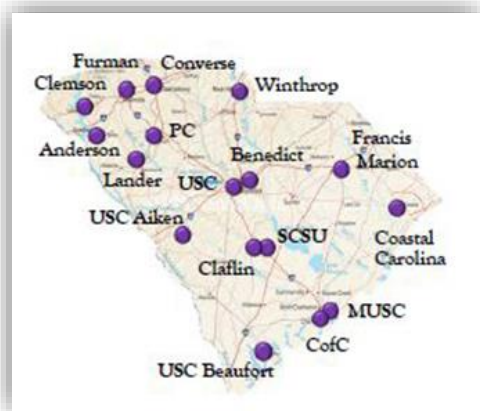
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include qualitative data regarding the lived experiences of diverse families, caregivers and local providers, programs, and community leaders representing each population category defined as vulnerable or underserved. Thanks to pre-existing collaborative work during the state’s PDG planning process, SC’s State Advisory Council (ECAC), the Division of Early Care and Education (DECE), and SC First Steps have engaged critical state agencies and state level organizations to begin the needs assessment process.

SC First Steps, as staff to the ECAC, will re-assign an existing staff member - prior to the grant award – who has extensive experience in child-serving coalition building and planning to be the state’s ECAC Coordinator in order to complete such a comprehensive process in a relatively short time.

The Research, Evaluation, and Measurement (REM) Center at the University of South Carolina will take the lead in developing the work plan, data gathering and the analysis process for the needs assessment. Already an existing contractor for the state’s CCDF Plan, the REM Center will lead a coalition of researchers from 3 additional Institutions of Higher Education (IHEs) in a regional approach to understanding the needs of children B-5 and their families

across South Carolina.



The four IHE partners will develop a process using the **Harwood Institute framework**, which focuses on an “outward” thinking approach to consider communities and their best interests (aspirations) rather than solely on individual or organizational interests. Each regional IHE will

focus on one of four regions of South Carolina – Low Country, Midlands, Pee Dee, and Upstate -

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and work with local communities to identify regional leadership teams of approximately 8-12 members, comprised of organizational leaders as well as community leaders and representatives.

The regional teams will meet at least two times during the six-month needs assessment process, facilitated by the IHE partner for that region based on a common framework. At the initial meeting, the regional teams will discuss their aspirations for high-quality, inclusive, comprehensive services and support for children B - 5 years old and their families and brainstorm ideas for soliciting information from a variety of community stakeholders – including families - about their aspirations, opportunities and barriers.

Following these initial meetings, IHE partners will develop protocols, surveys, and other data collection instruments to be used systematically across the four regions. The IHE partners will conduct focus groups and interviews as well as disseminate surveys across their regions. The IHE partners will also analyze the data from their regions and share information and results through regular meetings with the IHE teams and continuously update the lead organizations involved in the process. A second meeting of the regional leadership team will occur at the mid-point of the process to discuss findings to date as well as seek additional guidance and information from the group and identify any areas in which additional data or more representation from certain stakeholder groups are needed. The final, comprehensive report will detail the needs identified through the process, visual representations of data as well as detailed narratives about the needs assessment themes and findings.

It is important to note that the REM Center will also participate in the development of the strategic plan for the state's PDGB-5 project, ensuring that the needs assessment process aligns with the logic model.

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In addition to regional level input, each of the 46 county-based First Steps partnerships are legislatively required to conduct a community needs assessment including a review of county level demographic, provider, and service utilization data with its partnership board, and request that client families and provider staff respond to REM Center surveys; and promote community participation in REM Center in-person interviews and focus groups. It will be paramount that local First Steps partnerships, other local coalitions, and advocacy organizations like PASOs (state advocacy organization serving Latino communities) and Family Connection (state Child Find) that have trusted relationships with vulnerable populations, recruit families, providers, and other local stakeholders to participate in the process. The needs assessment must hear not only from families who are or have been served by the state's mixed delivery system, but also non-participating families who have either tried and failed to find a program or service that met their needs, had to drop out due to one or more barriers (transportation, hours of operation, etc.), were unaware of available services, or opted out altogether.

Existing federal and state-funded needs assessment plans and reports will be critical resources for South Carolina's first comprehensive B-5 needs assessment and strategic plan. Federal and state agencies such as the Women Infants and Children (WIC) program, Head Start and local First Steps partners have been part of the PDG-B5 application process and have already committed to share their data and processes of conducting needs assessments that is a requirement for their funding source. Evaluation of existing needs assessment will build upon what child-serving agencies must already collect and report to determine what questions can be answered with existing data vs. what the questions are for future research. As part of the PDG B-5 planning process, staff representing several agencies attended "activity team" meetings and provided valuable data extracts from their needs assessments, plans, reports and data systems,

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including: CCDF, CACFP, state-funded preschool, Head Start, Title V, MIECHV, IDEA Part C and B 619, Medicaid/CHIP, WIC, TANF, SNAP, and several others. Each of these programs will continue to be active on the ECE comprehensive needs assessment and will continue to provide both localized, disaggregated data as well as summary analysis of how their agency data speak to availability, barriers to access, and barriers to quality. The IHEs and REM will synthesize the findings from the various agencies as well as their own data collection on needs assessment that is focused on the vision for this grant to inform the state leadership teams on gaps in ECE services, data and outcomes to be addressed in strategic plan activities. The needs assessment will also be used to refine the logic model to better address the unique needs of all communities, especially families with vulnerable children. A list of agencies and partners who have agreed be part of the PDG implementation teams will form initial workgroups to develop the state B5 strategic plan, as described in the Strategic Plan section.

SC currently defines vulnerable or “at-risk” children as children who are Medicaid eligible, equivalent to 200% of poverty and below. This broad definition equates to approximately 47% of the state’s 293,653 children under 5 years old (Kids Count) and is the eligibility criteria for the state’s early learning program for at-risk four-year-olds, the Child Early Reading and Development Education Program (CERDEP). The state also defines at-risk children geographically by funding CERDEP only within school districts with a “poverty index” (essentially Medicaid eligibility) of 75% or greater, thereby excluding thousands of vulnerable children living outside eligible districts (including the largest school districts in the state by population size). This will be an important issue to address within the state’s strategic plan.

In conceptualizing efforts moving forward, SC will begin to examine vulnerable children in SC in three categories: 1) eligibility for other state and federal programs serving “at-risk”

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children, 2) the characteristics of the geographical areas of residence and lastly, 3) minority populations facing disparities based on evidence of inequities. The first category includes children who meet the eligibility criteria set by other state and federal programs serving low-income, “at-risk” children such as the child welfare system, Medicaid, Child Protective Services and Foster Care, WIC, Head Start or Migrant Education, Part B (IDEA -SCDE), Section 619 or Part C (DHHS), CERDEP (state 4K program), CCDF Tribal programs, and SC Voucher’s categorical eligibility areas such as Homeless and Dual Language Learners who are low-income. Prioritizing services and limited resources in the state to “priority populations” identified in other programs such as Head Start and First Steps that include low birthweight and teen parents, will eliminate re-eligibility requirements and allow for better coordination of services among agencies serving ECE populations.

In the second category, children would be defined as being vulnerable by the geographic area of residence that are underserved, low-opportunity areas with high concentrations of poverty as evidenced by the income levels of the community, and higher concentrations of minority populations such as Hispanic/Latino populations. This is especially important in SC as nearly 50% of the state is rural. Two indices developed by public university researchers will be used by state leadership teams to help them identify geographic areas for intervention to define vulnerable children: 1) the Child Care Accessibility Index developed by USC’s Yvonne & Schuyler Moore Child Development Research Center that identifies areas with both high numbers of low-income children under 5 and low capacity in regulated child care or areas of low child care subsidy utilization; and 2) the Palmetto Small Area Deprivation Index (SADI) developed by USC’s Institute for Families in Society.

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The third category places an emphasis on SC's commitment to equity. When defining vulnerable or underserved children, it is important that an equity lens be applied to B-5 system planning. SC's children under 5 are 56% White, 31.6% African American, and 10.1% Hispanic, with the state's Hispanic population growth rate being the highest in the nation (148%). Non-white children are statistically poorer, have lower access to resources, and perform lower on virtually all indicators of health, development, and school readiness. In addition, using disaggregated data whenever possible, stakeholder agencies and organizations including the SC Commission on Minority Affairs and PASOS – the state's leading advocacy organization for Latino families – will provide ongoing consultation to the B-5 system, beginning with its initial needs assessment to ensure that its data collection methodologies, organizational assessments, and stakeholder input processes are culturally competent and inclusive.

In order to effectively target the most vulnerable children, the state's strategic plan will use quantitative and qualitative needs assessment findings – especially input from vulnerable families – to identify additional populations for which to prioritize services. These categories will include children B-5 at 100% of poverty or below, children with disabilities, non-English speaking children, children who are homeless, children who are victims of abuse or neglect, and children in foster care. Many programs in the state – including Head Start and First Steps – prioritize services to children based on additional targeting criteria that are known risk factors for early school failure, including low birth weight, low caregiver education levels, teen parents, incarcerated parents, presence of domestic violence or substance abuse, and several others. It will be up to the strategic planning process to determine whether these and/or other definitions of vulnerability are included in the state's definition.

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SC is a rural state. Nearly half of its counties are designated as rural by the federal Office of Rural Health Policy, based on the 2010 Census. The state also has one designated Promise Zone, encompassing 6 rural southern counties. It will be important within the needs assessment and strategic plan to address the challenges of rural areas, in particular lack of public transportation and accessibility to services. Rural areas are also the areas with the least access to child care and have local First Steps partnerships with the smallest amounts of state funding, as annual state grants are primarily population based.

ABC Quality, the state's Quality Rating Improvement System (QRIS), is one of the earliest QRIS programs in the country. ABC Quality recently implemented major revisions to its system moving from a block system to a hybrid system and placing heavy emphasis on a program's strengths and Continuous Quality Improvement (CQI) plan. The new system has incorporated the latest research regarding process and structural quality elements, Head Start Performance Standards, and Early Learning Standards into the revised performance standards.

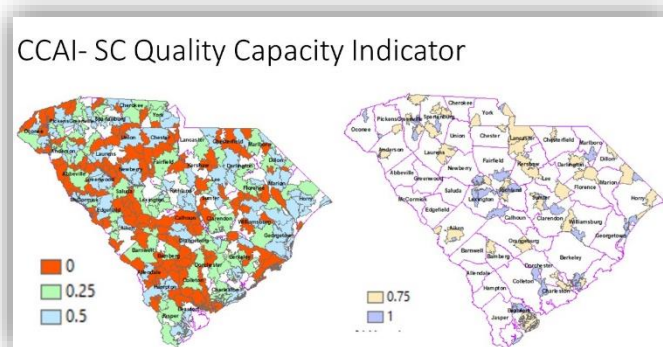
It is important to provide concise information about quality that can be summarized in a letter rating such as A, B or C for families to make an informed choice of child care and navigate a mixed-delivery system. Level A and Level B are defined as "high quality" and provide a healthy, safe, and developmentally and culturally appropriate program that meets the needs of diverse learners. The state's QRIS participation has been voluntary with an overall participation of less than 50% in the state, with an even lower participation from public and state Pre-K programs. Now, licensed and compliant programs are entering into the system at the foundational level and are being provided supports to participate and move up the quality continuum.

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Within SC's state-funded preschool programs, there is not a standard quality definition other than the CERDEP standards school districts and First Steps 4K providers must follow, which include smaller ratios than licensing, evidence-based curriculum, required use of one of 3 assessments (TS GOLD, myIGDIs, or PALS Pre-K), and teacher qualifications and training. CERDEP public school classrooms are also mandated to follow the Head Start Performance Standards. Moving to a shared quality definition for ECE programs and higher global participation in ABC Quality will be priorities of the strategic plan.

The current definition of "availability" is to enumerate the licensing capacity of regulated child care programs, funded slots in Pre-K programs and Head Start. However, this is a narrow definition that does not include enrollment and vacancy information or the potential caseloads of the home visiting workforce. There is not a shared definition of availability within the state's B-5 system other than the presence of a service within a county or school district. This will be an important task for the needs assessment and strategic planning process.

The Center for American Progress defines availability as having a ratio of ≤ 3 children per early care and education slot within a census tract to avoid being classified as a "child care



CCAI index showing availability quality ECE slots – lower numbers indicate higher scarcity (CDRC, 2015).

desert.” Based on overall licensing capacity, 47% of South Carolinians live in a child care desert, but that overall ratio understates the scarcity by not assessing slots by age of child, level of quality, or by income level. This sample Child Care Accessibility Index (CCAI)

map illustrates the state's "Quality Capacity Index" (provider capacity within B level or higher)

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distribution by zip code. The CCAI is a tool for policy makers developed in collaboration with DECE in SC specifically to address availability and quality of child care and has already laid the foundation for analysis and monitoring. However, estimates using this instrument are based on limited Census and available secondary administrative data and do not include data on enrollment, vacancies, employment status of families or their needs for child care. Data needs of a comprehensive ECE data system will be the focus of the strategic plan and logic model utilizing the data integration capacity at SC-RFA's Data Warehouse to build a comprehensive ECE integrated data system. Needs Assessment teams will also meet multiple times both in-person and via webinar/conference calls and will be structured to address the required quantitative needs assessment components from the PDG B-5 FOA: Who are the state's vulnerable children B-5? What do we know about their levels of development and school readiness? Where are they served currently and at what levels of quality? How many are on waiting lists? Where are the service gaps? Where are unfilled slots or underutilized services? As much as possible, data will be broken down geographically (minimum county level, preferably by zip code or census tract) and disaggregated by race/ethnicity, gender, age of child, and the state's defined vulnerable population categories to obtain the clearest possible picture of who is underserved by the existing system and where.

Currently, SC is able to provide an unduplicated, point in time count of children served by the state's mixed delivery system. By linking data sets through the existing Data Warehouse, it is possible to create an unduplicated count among public school 4K, First Steps 4K, child care subsidy (SC Voucher), and school district special education (IDEA Part B 619). Although Part C and Head Start do not currently provide child level data to the Data Warehouse, identification of these children within the state's subsidy data system make these children identifiable indirectly.

Identifying children awaiting service presents a greater challenge, as the SC Voucher program does not maintain a waiting list, and public school 4K does not enter their waiting list children into their student information system, PowerSchool. Through the collaborations and partnerships developed recently, a concerted effort is underway by all agencies to integrate their data across all ECE systems and collect and share waiting list data to better serve all children through one of the public assistance programs. Aggregate county level data integration published on a website across agencies starting in 2017, scprofile.com, is evidence of the initial steps taken in this direction.

The funding request for the Needs Assessment is \$509,778.

B-5 Strategic Plan

SC will, in the first year, complete its first B-5 Statewide Strategic Plan. Like the needs assessment, the state will use the Early Childhood Systems Workgroup's Framework, to ensure that SC's strategic plan includes all of the necessary elements of an effective early childhood system. It will be an inclusive, collaborative effort of families, ECE educators, direct service providers, administrators, and policy makers at the state and local level, public and private, and across the early learning, health, and family support sectors."

The plan will begin with SC's ECAC-adopted vision for its B-5 system: "We will be successful when all children reach their highest potential." To achieve this vision, the planning process will develop activities designed to ultimately:

- **improve the capacity of the existing system** to better serve children and families, especially those most vulnerable, in a **continuum** of B-5 programs and services that result in successful transitions all the way to elementary school; and
- **increase the overall participation** of children in the ECE mixed delivery system.

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Foundations for collaborations and workgroups have already been made as leaders from different agencies and stakeholders volunteered to participate in different “activity teams” during the application process to the PDG B5 grant. These teams will be the foundation of seven (7) workgroups created to support strategic planning across 7 broad areas: Governance and Alignment (to include transitions), Demographics and Program Participation/Access (to include parent choice and knowledge), Workforce Development, Program Quality, Early Intervention, Data Systems (to include data sharing and data governance), and Monitoring and Accountability. The comprehensive workgroup teams will have representation from each system sector (early learning, family support, health) and each component of the state’s mixed delivery system, as well as representation from state and local provider levels.

In summary, the range of stakeholders includes: agency and organization representatives, provider directors and staff, parents, families and caregivers (including grandparents and fathers), volunteers and other community members. The planning process will employ multiple strategies for ensuring that the full range of voices are at the table when the needs of vulnerable children are discussed, including the use of expert consultants in developing an effective strategic planning work plan; contracting with state university researchers who will use a recognized community engagement model to develop input protocols; engaging “boots on the ground” organizations such as local First Steps partnerships and others, who have the trust of local families and providers to recruit participants; and providing incentives for participation. Additionally, several advocacy organizations have agreed to help recruit and convene stakeholder groups, including the state’s School Improvement Council Association, SC-Child Care Resource & Referral Network; Family Connection (the state’s federal Parent Training and Information center grantee and Child Find lead organization); PASOs (the leading organization

in the state for working with vulnerable Latino families); and Children’s Trust (the state’s leading organization for preventing child abuse and neglect, MIECHV lead agency, state ACE trainer, Kids Count lead organization, and convener of state and local child well-being coalitions and parent advisory councils).

Cross-sector teams from the needs assessment process will transition their work from identifying and prioritizing needs to developing activities aligned to the state’s strategic goals. Needs will be addressed with commitment toward collaboration, coordination, and alignment across programs, agencies and funding streams. Strategic planning work will be informed by key stakeholders who are meaningfully impacted by the system and who deliver the state’s system of care and education. Families, providers, case workers, program implementers and policy makers will have shared voice in the process. The resulting strategic plan will encompass strategies and activities that align with the Early Childhood Systems Working Group’s core elements for supporting a comprehensive system:

- Engender a **shared responsibility among stakeholders** for the system’s vision, goals, and outcomes (Define and Coordinate Leadership);
- Create a shared “**no wrong door**” philosophy, public identity and messaging campaign for the system for supporting parent choice and knowledge, increasing successful transitions, and improving systems coordination (Recruit and Engage Stakeholders);
- Develop shared strategies for improving services and service utilization within **underserved populations**, with a focus on **equity** and **cultural competency** (Create and Support Improvement Strategies);
- Support **quality improvement** across the system, including participation in and advancement within the state’s QRIS (Create and Support Improvement Strategies);

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- **Better align** eligibility and requirements across programs, and support local providers in their efforts to braid/blend funding for increasing quality and expanding access (Finance Strategically);
- **Share best practices for the workforce across programs** through common early learning standards, shared workforce competencies and professional development planning, linked to improving Kindergarten Readiness Assessment (KRA) results in local communities and at the state level (Enhance and Align Standards);
- Support strategies to prevent, and mitigate the effects, of **trauma** and **toxic stress** associated with ACEs on children, parents, and the system's workforce (Recruit and Engage Stakeholders);
- Create a plan for **finding answers** to unanswered questions through shared research and better integration of data systems, leading to better decision-making (Ensure Accountability); and
- Plan for ongoing monitoring and evaluation of implementation and outcomes, creating a **feedback loop** across state and local systems (including opportunities for parent and provider leadership), and sustaining successful activities (Ensure Accountability).

Although two separate activities within the PDG B-5 project period, SC envisions the creation of a B-5 Needs Assessment and a B-5 Strategic Plan as one continuous, seamless process beginning prior to the grant award and concluding with the plan's submission to ACF at the end of August 2019. As with the needs assessment, SC's State Advisory Council (ECAC) and the Division of Early Care and Education (DECE) will be the convening entities for the state's first B-5 strategic planning process with contracted expertise in strategic planning development and facilitation.

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In addition to the seven workgroups continuing in-person and virtual conversations, there will be a series of stakeholder meetings at the state level, hosted by the ECAC and DECE and facilitated by contracted experts to engage all crucial agencies who have not volunteered to participate in the workgroups but play a critical role in impacting children under that age of five. Regional leadership teams, led by university researchers in the needs assessment process and county-level stakeholders at local First Steps partnerships will also be invited to participate in processes that will be coordinated and designed to achieve the following deliverables at varying steps in the process:

1. Present findings from the B-5 needs assessment, thereby closing the feedback loop and affirming to state and local stakeholders that their voices were heard.
2. Develop a mission statement.
3. Create a set of core values for the B-5 system, including refining the state's definitions of quality, availability, and vulnerable/underserved children.
4. Revisit and refine strategic goals and outcomes.
5. Determine short, medium and long-term indicators that indicate progress toward goals and outcomes.
6. Draft impactful, feasible, and specific activities at system, agency, and program levels to support system change or enhancement.
7. Refine and finalize proposed activities, based on stakeholder feedback.
8. Define ongoing monitoring and refinement processes.
9. Adoption of plan by all stakeholders.

Thanks to the already existing collaborations within SC's B-5 system, and the active participation of many system representatives in the PDG B-5 planning process, there is already a

fairly complete inventory of previous plans, as well as plan updates in the works for 2019. The following plan developers have either already provided their plan or pledged to coordinate their plan's development with the state's B-5 Strategic Plan: First Steps, SCDSS (CCDF Plan), Children's Trust (MIECHV, Child Well-Being Coalition), SCDHEC (Title V), SCDE's Part B 619 office (SC's CSEFEL Pyramid Model Plan), and Alliance for a Healthier SC (State Health Improvement Plan). The state's Head Start Collaboration Office, as well as local Head Start/Early Head Start programs, have been involved in PDG B-5 planning and will be active in in B-5 system planning as support to their community needs assessments and plans. First Steps, the state-funded early childhood system, will incorporate the B-5 strategic planning process into its state and local planning efforts as well.

It is critical that all B-5 agencies have clarity on the purpose and scope of the B-5 Strategic Plan and how the plan ties to other state level planning efforts that are focused on specific aspects of the system, such as health or social and emotional development. It will be important for the strategic planning committee to not duplicate these efforts, but rather integrate them into the overall system plan.

Due diligence will be required to ensure that any updated federal or state statutory requirements are included in planning efforts. Additionally, the strategic plan will attend to intentional pathways and linkages between program deliverables to connect valuable resources in one system to align with shared outcomes of both programs.

SC's B-5 Strategic Plan will be a living document that is revisited periodically by the State Leadership Teams (SLTs) at ECAC and DECE and supported by ongoing monitoring from contracted evaluators. The Strategic plan will be accessible through many agency websites for continuous use by all agencies in their own planning. The SLT will coordinate regular (at least

annual) updates, eventual dashboards and infographics detailing plan progress to the plan based on local, state level and program level stakeholder feedback, progress, changing conditions, and modifications to related state plans.

Multiple partnerships that leverage existing resources have been identified as part of the PDG B-5 planning process. Further description of proposed initiatives and program partners can be found in the Approach sections for Activities 3 through 5. Through these partnerships, SC intends to capitalize on the vast potential and resources of the state-local system to: 1) better align and integrate programs and policies; and 2) create a more formalized plan for a feedback loop between the local and state levels.

It is the intent of the state's B-5 strategic planning process to engage in open, two-way conversations. Input will be gathered, and feedback loops established to model an active listening process. Resources will be provided to communities to start or enhance local planning and convening efforts. There will be opportunities for local community groups to participate in ACEs training, as well as training on creating and implementing local coalitions. The intent, hopefully supported by renewal PDG B-5 grant funding, is to continue supporting these local groups throughout the strategic plan implementation period to provide important feedback on whether the plan is making a difference with children, families, providers and communities.

Parent advocates are an important part of a comprehensive ECE system development. The state's School Improvement Council, which coordinates SC's Education Policy Fellowship program, is currently developing a policy fellowship track for parents as part of a federal Family Engagement Center grant. Children's Trust is also forming both local well-being coalitions and regional parent advisory councils as part of its prevention work. Family Connection also provides leadership training to help parents advocate for the needs of children with disabilities as

part of its Parent Training and Information center. These existing and expanding parent advocacy teams in the state and Head Start Collaboration Office will be leveraged to counsel SLTs to identify strategies to engage parent leadership in the state's ECE strategic planning.

The funding request for the Strategic Plan is \$330,112.

Approach Activity Three: Maximizing Parent Knowledge and Choice

SC has a school readiness problem. First-year Kindergarten Readiness Assessment (KRA) results from Fall 2017 show only 36% of 54,927 entering kindergartners consistently demonstrated readiness, and 1 in 4 children scored at the lowest readiness level. These statistics worsen for the state's 18,142 African American (27% readiness) and 5,466 Hispanic kindergartners (22% readiness), who score at half the readiness level of White children (44% readiness). Within domains, the lowest levels were in mathematics (31% readiness) and language and literacy (34% readiness), with just 1 in 5 African American and Hispanic children demonstrating mathematics readiness.

SC also has a service utilization problem. Of the state's 293,653 children under 5, approximately 47%, or 138,000 are potentially vulnerable ($\leq 200\%$ of poverty) and 25%, or 73,400 are highly vulnerable ($\leq 100\%$ of poverty). Previous reports show a dichotomy of both critical scarcities in availability, particularly at higher quality levels, and under-utilization of services by eligible populations. Despite a demonstrated need and eligibility for these services and an overall increasing population, programs across the system are experiencing declines in enrollment, including IDEA Part B 619, IDEA Part C, CERDEP 4K within public schools, and WIC. First Steps 4K, the state's full-day CERDEP program within private child care and Head Start, successfully increased its enrollment by 8.65% for 2018-19 and its provider count to more than 200; unfortunately, as of this month hundreds of available slots remain unfilled.

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Two self-evident initiatives to address school readiness and utilization rates will be implemented in year one to move SC towards an outcome of maximizing parent and family knowledge and choice about SC's quality ECE system of programs and services. The proposed initiatives are designed to help with successful transitions for all children to from birth to preschool and then into kindergarten. These initiatives will be refined based on strategic planning, provider and family feedback, and lessons learned from implementation and evaluation.

The funding request for the combined initiatives for year one of the grant is \$767,515.

Initiative 1: Public Awareness and Education Campaign

SC will begin development and implementation of a shared public awareness campaign for supporting parent choice, knowledge, and engagement.

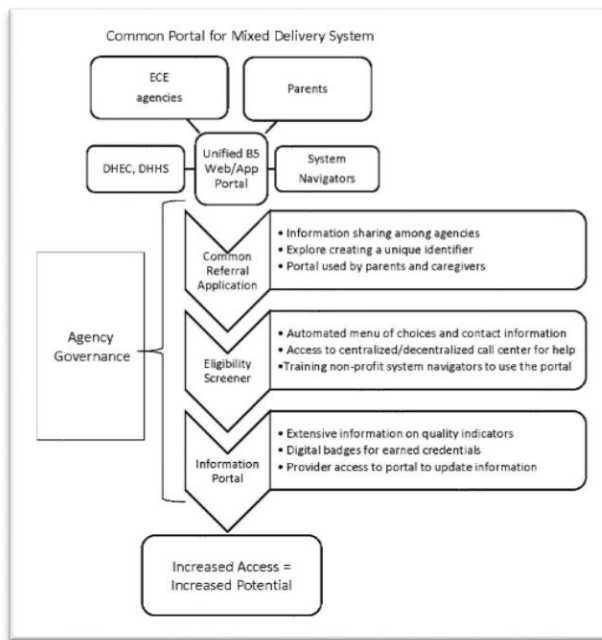
Year One Outcome: To create and launch a multi-faceted campaign to increase parent knowledge of their child's development and the resources available in their community to help their child successfully transition through the B-5 system and into kindergarten.

CCDF State Plan Alignment: 2.3.1-2.3.11

Key to the success of activities associated with maximizing parent knowledge and choice will be the adoption of a "no wrong door" policy for family access to services and resources. SC will make significant progress towards ensuring that no matter what door vulnerable families use to enter the system – online search, agency web sites, SC-CCR&R, United Way 211, Community Action Partners, through a system navigator like SC Thrive or PASOs, their parent educator, their local elementary school/Head Start/child care provider, pediatrician, WIC clinic, library, First Steps, etc. – they will receive parent-friendly, culturally competent guidance on how to support their child's development and access the full range of programs and services that meet their child's needs.

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Currently, parents and guardians have to navigate several individual websites to gather information about available services and programs for their children. It is important to combine and refine information from several discrete websites with a shared message informing parent knowledge and choice, for all B-5 programs and services to be a truly mixed-delivery system.



A central activity for this grant is to explore the feasibility of building an unified early childhood B-5 web application portal designed for families and agencies to access and be informed consumers of high-quality resources in the state. The access is simplified through a unified B-5 technology portal that will be developed with input from the state leadership teams, workgroups, providers, parents and other stakeholders

with the intent that it will be used by all agencies, system navigators and will also be easy for parents to use. Technical research at an existing contractor for CCDF-funded consumer education activities in the state will be leveraged to conduct an in-depth market research and brand development in the first year. Discussions to date that will be further informed by the needs assessment and strategic plan include, developing a common referral application (with a unique identifier) and eligibility screener that could be used by all the intake agents at different agencies, librarians, and parents. Design explorations of the web portal and an accompanying portable app will, after asking a few “filter” questions, present parents with a menu of choice to make an informed choice of ECE availability using data visualization and geo-location. The information

depth will provide options for quick and easy information to extensive information about the services and programs. The preliminary results in the menu of services that meet the needs and preferences of the family will be based on cross-sector agencies' input and policy decisions on eligibility and back-end policies to optimize the use of federal, state and local finances for ECE programs and services. This front-end interface will be linked to back-end algorithms that will accommodate for complex policies and agreements as well as a comprehensive integrated ECE data system that will be housed at the Data Warehouse, when it is ready.

Additional features that will be explored during Phase 1 of the portal with provider and program feedback, will include a provider access to input latest data on vacancy, enrollment, cost and waiting list numbers. In addition to basic information such as the quality level and type of program, in this first year, provider feedback will also be sought on awarding “digital badges” to providers who are voucher eligible, breastfeeding friendly, etc., as well as the wide range of programs and services that strengthen, engage, and help stabilize children, including health, mental health, and wellness supports such as Medicaid/CHIP, Title V, Healthy Start, CACFP, and WIC. These digital badges will increase parental knowledge on provider's participation in quality initiatives while encouraging providers to participate in evidence-based initiatives in the state. The portal will always offer to connect the user with customized list of system navigators such as Family Connections when the parent indicates developmental delays or a generalist at SC-CCR&R, SC-Thrive etc., mphasizing the human connection by using both traditional and interactive methods to direct visitors to organizations that specialize in serving vulnerable populations.

Also, initial focus of this portal will be to develop a related branding and messaging campaign specifically for family engagement and education and recruitment of families to the

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state's network of quality ECE programs. Representatives from all partners will collaborate with the contractor to create a comprehensive direct mail, print, broadcast, and online campaign by the end of 2019 that will launch in the following year for the 2020-21 school year. The system portal section for four-year-old programs (Phase 2) will launch in late 2019 and will include a program eligibility calculator; program locator with multiple options (location, transportation provided Y/N, extended day/year options, services for younger children at same location, etc.) and a common initial application sent electronically to whichever program(s) the parent chooses, for local program processing. The school year 2020-21 will be a pilot year to assess how well the portal and joint application works. In future years it is the state's intent to collaborate with data integration efforts in order to build additional portal features like common applications for other services and real-time information about programs (available capacity, open slots, etc.).

Too many parents and family members are not getting the information they need to support their child's development and education. While it is important to have a strong network of ECE providers and family support programs like home visiting and parent training, these programs have limited enrollment and can present participation barriers to vulnerable families who may be uncomfortable with home-based programs or cannot get to parent training classes due to work or transportation problems. Only 21% of South Carolina's children ages 6 months – 5 years had a developmental screening within the past year, vs. a national average of 30% (CAHMI, National Survey of Children's Health, 2016). And, too few kindergartners demonstrate readiness on the state's KRA (36%).

As a single source of information on programs and services, subsequently, the portal will explore the possibility of providing online parental guidance information such as Palmetto Basics which provides simple, fun and at-home strategies for parents to implement to give children a

healthy start. Palmetto Basics, offered by some of the local county First Steps partnerships is a franchise of Boston Basics.

Other important resources that will be included in the B-5 system portal will be developmental milestones and checklists, child development resources, free ASQ3 and ASQ:SE screening tools, and information about managing key transitions with your child: the first time going to child care or preschool, the transition from IDEA Part C to B, and the most important transition in a child’s life, the transition to kindergarten. Transition messages will be part of the B-5 messaging campaign and will utilize existing and planned app platforms within the system (Text4Baby, Text2Read, SC Thrive’s app, Early Learning Standards app development, WIC) to reach families. Several other strategies for supporting smooth transitions are described in Activity 4.

Finally, the portal will also collect feedback information through the website and provide website analytic information on usage to advise policy makers on what parents, family members, and system users want and what they think of the services provided.

Initiative 2: ECE System Navigators

SC will engage ECE System Navigators both within and outside the state's B-5 System to support families of children B-5, particularly those most vulnerable, in supporting their child's development and accessing services they need.

Year One Outcome: B-5 system navigators will be identified and trained to support parent knowledge and choice.

CCDF State Plan Alignment: 7.6

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“Build it and they will come” will NOT be the motto of SC’s B-5 system. ECE System Navigators will be identified, recruited and trained to better help families learn about available ECE services and choices. Partner Agencies will develop an online orientation program to train front-line staff of partner agencies and organizations about what the B-5 system is, what types of resources there are and where to find them, and in particular how to help families who need services but aren’t a fit for their program get access to all that is needed to support their child’s potential. Organizations that agree to support the state’s B-5 Strategic Plan will also agree to serve as ECE System Navigators and will adopt this online training and B-5 system messaging campaign within their organization.

Several organizations have already committed to supporting the ECE System Navigator initiative. Some of the system navigators such as SC-CCR&R, Family Connections, Help Me Grow and SC Thrive have already been engaged in activities surrounding this grant. Help Me Grow SC, currently in 12 of 46 counties, will be a featured resource and a partner within the Family Engagement Coalition for possible expansion statewide in years 2-4. The state’s School Improvement Council Association will identify and integrate B-5 system messaging and training into its support for evidence-based family engagement, in particular demonstrating how elementary school staff can help families with young children find the services they need and implement best practices for supporting children’s successful transitions into kindergarten (see Activity 4). SC Thrive, operator of more than 400 Benefits Bank locations across the state, will add the B-5 system portal resources to its suite of services that already include one-stop applications for Medicaid/CHIP, SNAP, TANF, tax preparation and veterans’ benefits. Family Connection, the state’s Child Find organization and Parent Training Information (PTI) center,

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will offer free messaging via its Text2Read platform, online ASQ3 and ASQ:SE screenings, and B-5 system training at its conferences, workshops and trainings.

More must be done to create trust in the system by Latino parents, whose children currently score the lowest on the state's school readiness assessment yet participate the least in the state's existing system. PASOs specializes in supporting vulnerable Latino families, in particular assisting with navigating access to services. PASOs prioritizes serving families with children B-5 due to this population's underutilization of critical services for healthy development and school readiness. PDG B-5 funds will support a pilot of PASOs' Connections for Child Development (CCD) program in 3 communities where there are high concentrations of Latino families but low participation in ECE and related services. CCD is a comprehensive, culturally tailored, early identification and referral model that addresses the specific health and education needs of Latino families with young children. Community Health Workers (CHWs), who are themselves Latino and bilingual, identify early developmental concerns through ASQ3 and ASQ:SE screenings; help parents select an appropriate home-based educational or early intervention goal; and support the family with a toolkit of information and resources to meet their goal. When the ASQ3 or ASQ:SE identifies a potential concern, the focus becomes connecting the family with other organizations that can conduct a full evaluation and then referral services. Building the capacity of PASO's as ECE system navigators will create needed connections between families and services.

Approach Activity Four: Sharing Best Practices

Increasing the knowledge and skills of ECE teachers and ECE program and service providers working directly within the field and in support of the field is a critical driver to support program quality, coordination and collaboration, and efficiency of B-5 services and improved transition experiences for young children. Five initiatives are proposed as year one opportunities to build the capacity of ECE support professionals through the sharing of best practices.

The funding request for the combined initiatives for year one of the grant is \$972,774.

Initiative 3: Cross-Sector Infant and Early Childhood Mental Health (IECMH) Consultation Network

SC will create a unified mixed delivery system to support a statewide cross-sector Infant and Early Childhood Mental Health Consultation Network to prevent suspension and expulsion and promote social and emotional competence for infant, toddler and preschooler well-being.

Year One Outcome: Increased provider access to a range of shared best practices to avert suspension and expulsion, promote social and emotional development in young children, and provide screening and treatment services for all sectors.

Year One Outcome: A joint inter-agency plan for adoption of effective strategies to maximize effort and leverage financial and other resources to assure statewide access to services.

CCDF State Plan Alignment: 1.4.1, 1.6.1

The emergence of varying models related to infant early childhood mental health is tied to the alarming increase of preschool suspensions and expulsions nationally. SC’s current emerging IECMH initiatives include: Infant Mental Health Competencies and Endorsement

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administered through the state's early childhood mental health association (SCIMHA); SC's Program for Infant and Toddler Care (SCPITC) technical assistance/training model; Pyramid Model training and technical assistance (Part B 619 funds); Conscious Discipline training model implemented in state funded 4K private settings; and the Be Well Care Well coaching initiative at the Medical University of South Carolina. A related strategy in SC is an opportunity to build from and enhance SC's ACEs initiative. SC was the 5th state to adopt the ACE Interface Train the Master Trainer Program, which is designed to support rapid dissemination of ACE and resilience science and promote understanding and application of the science to improve health and wellbeing across the lifespan. Since 2014, more than 10,000 South Carolinians from all walks of life have benefitted from ACEs training, and the state boasts a current cohort of 70 ACE Master Trainers. However, the early childhood community – in particular Head Start and child care audiences – have not benefitted from ACEs training at the levels experienced by public schools. This initiative would utilize both new and existing master trainers to target the ECE workforce.

The goal of this initiative is to expand services, align and coordinate these currently “siloesd” system components into a beginning statewide network of services that can be more easily accessed by families and ECE providers.

The cross-sector Infant Early Childhood Mental Health (IECMH) Consultation Network Project will form a consortium of providers who serve children and families (as outlined above) to address the continuum of care needed from prevention to therapeutic activities and will build on the foundation of social and emotional support services currently offered in SC. This sustainable network model will include professional development components for providers and practitioners at all levels of the ECE System. Existing technical assistance providers and partner

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agencies will work collaboratively to share best practices with early care and education providers through local, regional and state conferences, direct training events, eModule access, Communities of Practice, and train the trainer events. Specifically, the Conscious Discipline model, ACE training model, Be Well Care Well coaching model, and SCPITC model will be expanded, Pyramid Model will build capacity, and IECMH training will be implemented for the SC child and family serving workforce (mental health providers, social service workers, pediatricians, early interventionists, nurses and others). This project will analyze the different existing strategies to create measures of effectiveness during year one to use in following years to determine effectiveness. Mapping of current resources statewide will be used to determine unmet needs and service deserts for preventive services and therapeutic services. Finally, to begin to address the critical need for mental health consultation for children under 5 years, 2 mental health consultants will be employed to begin to build a mental health consultation infrastructure.

Initiative 4: Early Childhood Policy Fellowship Program

Modeled after the Institute for Educational Leadership's Education Policy Fellowship Program, the ECAC Coordinator (First Steps) will work with the state's current fellowship program for K-12 education to integrate ECE content into a new Pilot course.

Year One Outcome: Integrate early childhood into the state's existing fellowship program as a pilot with the 2019-2020 fellows' class.

The SC Education Policy Fellows Program (SC-EPFP) is a part of a nationally respected leadership development program affiliated with the Institute for Educational Leadership in Washington, DC. SC's EPFP is sponsored by several organizations: the SC Department of

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Education, SC Association of School Administrators, SC School Boards Association, Education Oversight Committee, SC Chamber of Commerce, University of South Carolina, Clemson University and Blue-Ribbon Schools for Excellence. The program is coordinated by the SCDE Office of School Leadership and the SC School Improvement Council (SC-SIC). The ECAC Coordinator and 4 other state and local program administrators will participate in an ECE SC-EPFP focused pilot and provide feedback as to its effectiveness. Additionally, the ECAC Coordinator will collaborate with the SC-SIC on its work creating a fellowship program for parents, a deliverable within the SC-SIC's Federal Family Engagement Center grant, as a possible addition to the Early Childhood Policy Fellows Program in future years.

Initiative 5: Countdown to Kindergarten & Transition Professional Development Project

Countdown to Kindergarten strives to share best practices for relationship-based transitions among more kindergarten teachers, principals and school administrators in the state. First Steps' Countdown to Kindergarten (CTK) program is a grassroots relationship-based home visitation school transition program that pairs families of high-risk rising kindergartners with their future teachers during the summer before school entry for 5 home visits and a 6th school visit.

Year One Outcome: Expand existing CTK program into at least 50% of SC's counties.

Year One Outcome: Provide Professional Development (online and in-service) to targeted elementary schools serving large populations of vulnerable children (targeting rural locations serving English language learners).

Year One Outcome: Develop an inclusive definition of transition to include all types of transition in B-5 such as transition from home to child care, transition to an inclusive classroom, transition for parents to the workforce, etc.

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Since its inception in 2004, the CTK program has helped more than 11,000 SC children and families get ready for school. Parent survey information has shown that, comparing before and after perceptions, parents have a better understanding of kindergarten expectations, they and their children look forward to kindergarten, and parents and children know, like, and trust their kindergarten teachers. Teacher survey results indicate that children are more successful than their non-CTK peers with similar risk factors in the areas of social and emotional development and language and literacy development. Teachers also see parents as more involved in keeping in contact with them and in attending parent-teacher conferences, as compared with families with similar risk factors.

School districts engaged in CTK will work with their local First Steps partnerships to identify and recruit children. Children must qualify with First Steps criteria based on readiness risk factors, such as free school lunch eligibility, low maternal education, incarcerated parent, and military family. The proposed CTK expansion for Summer 2019 would allow teachers, schools and districts that have not implemented the CTK program to gain first-hand knowledge of the impact of relationship building on a vulnerable child's transition to kindergarten.

In addition to piloting CTK in other areas of the state, elementary schools in SC will be supported in developing evidence-based transition practices throughout B-5. The SC-SIC will support the sharing of best practices with elementary school teachers, staff, administrators, and community members on how schools can support successful transitions through activities such as: training for reaching out to parents of incoming kindergarteners that includes guidance for reducing parent/child stress levels by increasing family knowledge of what to expect and what questions to ask; developing trusting parent-teacher relationships; and developing in-service training for their kindergarten and first grade teachers on best practices in supporting the

transition from early childhood to kindergarten. Evidence-based sources in other program areas such as Head Start will be incorporated in building the repertoire of best practices while aligning transition activities across programs.

Initiative 6: Transition from IDEA Part C to B and from Part B into kindergarten

Family Connection will assist families with the transition from IDEA Part C to B and from Part B into kindergarten.

Year One Outcome: Pilot the Education Partners program in Horry County, the state's 3rd largest school district and area with the greatest need for personalized IDEA transition support.

CCDF State Plan Alignment: 1.4.1

Families who have children with disabilities and/or special healthcare needs face multiple challenges with transitioning across programs and into elementary school. Family Connection of SC is the state's Parent Training and Information Center, a designation awarded by the USDOE's Office of Special Education; the state's Family-to-Family Health Information Center, a designation awarded by HRSA; the state's Parent-to-Parent USA affiliate; and the contracted Child Find organization for IDEA Part C. Family Connection raises awareness and promotes inclusion for all those with disabilities and special healthcare needs in SC by providing information, education, technical assistance, and peer support for families across all disabilities and the professionals who serve them. Education Partners is Family Connection's peer-to-peer support model of trained, experienced parents of children with disabilities who offer information and training to help parents understand their rights and responsibilities and develop their self-advocacy skills related to their child's transition process.

Initiative 7: Core Competencies for the Home Visiting Workforce

In partnership with the Institute for the Advancement of Family Support Professionals SC will pilot an online learning platform based on the National Family Support Competency Framework for Direct Service Professionals, a shared model of competencies and skills endorsed by Zero to Three and the Technical Assistance Coordination Center for MIECHV.

Year One Outcomes: Pilot the framework’s Learning Compass learning management system with each home visitation model in SC, involving 100% of MIECHV-funded programs and at least 25% of non-MIECHV programs during 2019.

CCDF State Plan Alignment: 1.4.1

There is emerging research showing that greater cooperation between the ECE and home visiting fields can help more families connect with services to support positive outcomes. There are currently eight (8) home visitation models in SC communities through a combination of MIECHV, Pay for Success, state, local, and private funding. Children’s Trust, as the state’s MIECHV agency, convenes the SC Home Visiting Consortium for the purpose of developing common outcomes, data, workforce competencies, and messaging about the benefits of home visitation for children, families, and communities.

Approach Activity Five: Improving Overall Quality

It is anticipated that 4 months or less will remain in the 12-month project period after federal approval of the B-5 needs assessment and strategic plan. Reduction in quality incentives over the past several years coupled with increased program requirements have contributed to compromised enrollment figures in ABC Quality. The initiatives proposed align with historical work and visions within SC and also build upon the work in the CCDF state plan. The first

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initiative proposed for Activity 5 has two components designed to be implemented within a 3-month period and 2 components that can be planned for in year one and implemented in years 2 through 4. The second initiative targets SC's Family Child Care Providers with free professional development.

The funding request for the combined initiatives for year one of the grant is \$2,034,411.

Initiative 8: ABC Quality Incentives Program

Targeted supports for child care providers participating in ABC Quality, SC's Quality Rating and Improvement System.

Year One Outcome: Increase the number of child care programs enrolled in ABC Quality in areas with low access to quality care by 20%, thereby providing children and families with greater access to quality child care through increased parental choice.

Year One Outcome: Support currently enrolled child care programs in ABC Quality to transition to higher quality standards to promote equitable access to high quality early care and education.

CCDF State Plan Alignment: 4.6.2

High quality child care programs support early learning and development and promote children's success in school. Quality Incentives for ABC Quality providers help to support the costs of improving and maintaining high quality child care programs and are popular with enrolled providers. When asked in a recent survey (fall 2018) of enrolled providers "What support and resources do you need to be successful in ABC Quality?", 71.7% responded "materials grants" (highest response received from 11 choices). These incentives partially fill the gap between the costs of operating a quality program with financial awards to support program needs. Incentives pertaining to improvement and quality maintenance supplement a

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program's costs. The purpose of these incentives is to increase the proportion of low-income children served and provide families with access to higher quality settings. All licensed, approved and registered ECE programs with evidence of a history of compliance with SC licensing regulations and Head Start and other early care and education programs operated by military or tribal programs demonstrating substantial compliance with their regulatory agency are eligible to participate in ABC Quality. In an effort to provide incentives for participation in the program SC is proposing to roll-out a 5-opportunity incentive structure.

- **Quality Enrollment Awards** (implemented in year 1) one-time awards targeted in areas with low access to quality child care programs. The award is provided at successful enrollment. This increase in programs will provide children and families with greater access to quality child care by promoting parental choice.
- **Longevity Quality Awards** (implemented in year 1) awarded to all programs in ABC Quality based on number of years of participation. This award is designed to encourage and award programs' continuous participation in QRIS. Programs that have longevity in ABC Quality are a reliable resource to children and families.
- **Quality Supplement Grants** (implemented years 2-4) time limited grants that allow programs at all levels to support efforts to increase/maintain quality levels. Awards are based on assessment and particular areas of needs, with focus in areas of health and safety and quality improvement.
- **Continuous Quality Improvement (CQI) Grants** (implemented years 2-4) allow programs to participate in a CQI process, set goals for completion and implement changes. CQI grants are specifically linked to expenditures that would support

improvements according to their plan. Programs are awarded grants based on successful CQI.

- **Palmetto Shared Services Alliance Memberships** (planning grant for year one and membership awards for years 2-4) allow providers to participate in activities to share financial supports and leveraging, knowledge and professional development, technology development management and support and human resources development. Specific criteria for membership awards to be determined.

Initiative 9: Parents as Teachers (PAT) Curriculum for Family Child Care (FCC) and Family, Friend and Neighbor (FFN) Pilot

FCC and FFN training offered through the state's existing home visitation workforce.

Year One Outcome: 25 PAT-certified parent educators will participate in the 2-day training and begin serving one or more FCC and/or FFN providers within their caseloads by the end of 2019.

Currently, group and family child care providers comprise approximately 25% of the regulated child care programs enrolled in the state's QRIS and actively participate in the existing system's technical assistance opportunities provided through the SC Child Care Resource and Referral Network (CCRR-N). State licensing requirements mandate that these programs be visited once per year and are required to attend 10 hours of training annually. In addition, to insure parental choice in the QRIS, SC Voucher parents may choose a FFN provider. These legally exempt providers are required to attend 2 hours of continuing education annually. Through this initiative, SC will pilot an approach to home-based and FFN child care training, through the state's existing home visitation workforce. Training will be coordinated with CCR-R and SC Center for Child Care Career Development (CCCCD) for family and group home training and with ABC Quality for FFN training. Using the capacity of 37 existing First Steps

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Parents as Teachers (PAT) affiliates, located in 28 of 46 counties, the State PAT Office (located at First Steps) will contract for on-site training by the PAT National Office in the Supporting Care Providers through Personal Visits supplemental curriculum. At least 25 PAT-certified parent educators will participate in the 2-day training in Fall 2019 and provide training to one or more care providers within their caseloads by the end of the year. Parent educators will enter data on providers, visits, screenings, and assessments into the First Steps data system as well as document the training in the ECE training registry maintained by SC CCCCD for assessing whether the program should be expanded with PDG B-5 renewal grant funds or other means.

Organizational Capacity

The South Carolina Department of Social Services Division of Early Care and Education (DECE) is designated as the lead agency to administer the Child Care Development Fund regulations to support low income families with assistance in paying for child care. These regulations also support improving quality child care for all children. The division is made up of staff from Child Care Licensing, SC Voucher, ABC Quality (QRIS), the Center for Child Care Career Development, Head Start Collaboration Office, and the Child and Adult Care Food program. The lead agency for statewide services to families, children and child care providers regularly collaborates and coordinates with other agencies and entities to ensure services are provided in a way that effectively allows for resources. The division is within the agency for TANF, SNAP and Child Welfare which also allows for coordination to ensure appropriate service delivery and fewer disruptions for vulnerable families. A mixed delivery of child care providers are regulated and monitored for health and safety compliance in order to provide quality child care options for low income families. Professional development services are also made available for providers statewide to build knowledge around best practices for child

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development, health and safety, nutrition, approaches to play and learning, etc. Nutrition services also play a vital role in serving low income children.

The DECE and the Head Start Collaboration Office (HSCO) have a well established history of working jointly on initiatives designed to support professional development opportunities for the early care and education workforce and to improve the overall quality of care provided for young children. HSCO provided support and assisted the DECE to ensure statewide availability of the Early Learning Standards (ELS) through cost-sharing for publication to enhance and align the quality of services and serves as a lead partner in the adoption of the ELS.

SC First Steps to School Readiness was created by the state legislature in 1999 as the state-local system for early childhood. Modeled after North Carolina, First Steps is an “integration model” system and a public-private partnership model governed by a state board of trustees that includes the Governor (or designee), legislative and gubernatorial appointees, state legislators, heads of child-serving agencies, and the director of the Head Start Collaboration Office. Supporting the system is a state coordinating office – itself an entity of state government and a nonprofit - and a network of local partnerships, one per county, each a nonprofit organization led by a partnership board. Local First Steps partnerships receive an annual grant of state funds – for which they must be accountable to performance standards for program model fidelity and outcomes, governance, collaboration, and fiscal accountability – that they then leverage with other public and private resources to fill gaps in community services for family strengthening, healthy start, early identification, child care quality, early education, and school transition. More than 30,000 children ages 0-5 are impacted annually by local partnership services: the most common programs are Parents as Teachers (First Steps is the state’s PAT

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Office), parent training, literacy programs such as Raising a Reader and Imagination Library, child care technical assistance and training, subsidizing child care slots for at-risk families, community education, and Countdown to Kindergarten. Regular community needs, resources assessments, and strategic planning determine what partnerships choose to focus on, which make each local First Steps look slightly different. However, all local partnerships must serve as a local portal connecting children and families to services; convene community stakeholders around the needs of young children; and support state priorities for school readiness.

First Steps was founded to be a collaborative initiative that brings all parts of the system together to coordinate and align efforts and fill service gaps through partnerships and collaborations whenever possible. To that end, the Governor in 2010 named the First Steps State Board as the State Advisory Council on Early Childhood Education and Care, known locally as the state's Early Childhood Advisory Council (ECAC). At the local level, legislation requires local partnership boards to represent the local early childhood system through elected members from various categories of early childhood stakeholders, legislative appointees, and designees from local DSS, DHEC, school district, Head Start and public library systems.

The state office of First Steps also serves an important function within the state's mixed delivery system. For 12 years, SC has offered full-day 4K within high-poverty school districts ($\geq 75\%$ Medicaid eligibility) for Medicaid-eligible children, called CERDEP. First Steps administers the program within settings outside public school classrooms, serving more than 2,500 children annually through a growing network of more than 200 providers.

The following table provides information about the SC PDG B-5 key agency partners, the key project staff and their role within the PDG B-5 Initiatives and the experience and expertise related to the grant deliverables.

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Agency Partners	Key Individual	Role/ Responsibility	Yrs of Exp.	Expertise/Education
SCDSS	Michele Bowers	CCDF Administrator, PDG Oversight	28	B.S. in Psychology SC Voucher
SCDSS	Beverly Hunter	ABC Quality Program Manager, Activity 5 Incentives Lead	40	M.S. in Psychology ABCQ Child well-being Contracts
SCDSS	Cathy Kovacs	ABC Quality Program Manager	20	M.A. ECE ABCQ
SCDSS	Cynthia Lara	Child Care Licensing Director	16	M.A. Management, Child Care Licensing
SCDSS	Christi Jeffcoat	SC Vouchers, Program Manager	25	B.A. Public Affairs SC Voucher
SCDSS	Millie McDonald	Center for Child Care Career Development Manager	20	B.S. degree Professional Development School Age Care
SCDSS	Noelle McInerney	CCDF Program Policy Manager	33	M.A. Early Childhood Education QRIS Cultural Competence, ELS
SCDSS	Mary Lynne Diggs	Head Start Collaboration Director	20	M.A. in Public Management Head Start, Medicaid Program
SCDSS	Debra Session	Contracts Manager	40+	MSW Contracts and Finance
SCDSS	Catherine Haselden	DECE Finance Manager Financial, Coordinator	40+	MSW, B.S. Accounting Contracts and Finance Accounting
Child Care Resource and Referral	Vasanthi Rao	Exec Director of SC-CCR&R	14	Ph.D. Ed. Research and Measurement
SC PITC	Kerrie Schnake	Director of SCPITC	11	M.A. ECE Infant and Toddler Care MIECH, PITC
SC Inclusion	Heather Googe	SC Inclusion Collaborative	6	Ph.D. Special Education Inclusion, ACEs Pyramid Observation Tool (TPOT)

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SC First Steps	Georgia Mjartan	Executive Director	16	MSc Public Affairs Fellowships: Harvard Kennedy School of Gov., Aspen Institute
SC First Steps	Cassie Barber	ECAC Coordinator - Coordinate First Steps-led PDG activities	25	MA Human Behavior/Conflict Mgmt Former director, SC-SIC SC Education Policy Fellowship Program (former state coordinator)
SC First Steps	Debbie Robertson	Chief Partnership Officer	28	M.A., Univ. of VA Equity Leaders Action Network SC Diversity Leaders Initiative BUILD State Team member
SC First Steps	Betty Gardiner	Senior Program Officer, Grants Management	18	Local Partnership Data and Accountability MBA/MA
SC First Steps	Janice Kilburn	Program Officer	33	Coordinator, CTK Ph.D. Developmental Psychology
SC First Steps	Martha Strickland	4K Director	33	Masters ECE Former principal, school district
SC First Steps	Mary Anne Mathews	Director of Parenting Programs	40	PAT State Leader (8 years) MS Child/Family Development Trainer for LSP, ASQ3/ASQ:SE2, KIPS, ACIRI PAT National Board (2014-17)
SC Department of Education	Ginger Catoe	Director, Office of Early Learning and Literacy	29	EDs Administration
SC Department of Education	Jenny May	Part B 619 Coordinator	3	Ph.D., Educational Psychology IDEA and ADA requirements, Preschool Special Ed QI
SC Babynet	Jennifer Buster	IDEA Part C Manager	24	MA Early Childhood Education Inclusion
SC DHHS	Ann-Marie Dwyer	Director, Division of Beh. Health	31	MSW, LISW-CP Policy Medicaid
SC DMH	Louise Johnson	Dir, Div of Children, Adolescents, and their Families	10+	MS Counseling Social, Emotional Needs of Young Children
USC (REM)	Dr. Tammie Dickinson	Director	20+	Ph.D. Research and Evaluation
Family Connection	Amy Holbert	Exec. Director Diret FC led PDG Activities	25	LISW-CP, MSW

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Children’s Trust	Aditi Srivastav	Research and Community Impact Manager, Coordinate ACES Initiatives	7	MPH, Ph.D. Candidate in public health ACE Master Trainer
Children’s Trust	Icelynn Baldwin	Quality Improvement Manager, Convener of HV Consortium	10	LMSW Trained in multiple HV models, Six Sigma
PASOs	Julie Smithwick	Exec. Director, Direct PASOs-led PDG activities	23	MSW, Certified Community Health Worker
PASOs	Maria Martin	Program Director	18	Connections for Child Development CHW program BSW, Community Health
PASOs	Mike Young	Dir. of Capacity Building	10	MA, Community Health
RFA	David Patterson	Division Director, Health and Demographics	20+	Ph.D. Data Integration and Analysis
School Improvement Council	Karen Utter	Associate Director	7	Project Director for Carolina Family Engagement Center MA, JD

State B-5 Mixed Delivery System Description

The vision of SC: We will be successful when all children reach their highest potential, guides the purpose of a mixed delivery system. The two tables below share information about the multiple programs that provide direct and indirect services to children and families and/or have policies that support children and families.

Programs that Provide Direct Services to Children and Families

<p>Early Head Start / Head Start</p> <p>Federal Funds</p>	<p>Free program for young children from low-income families. Children who participate take part in activities which help develop educational and social skills. They also receive nutritious meals, health care, and play in a supervised setting. The SC State Head Start Association provides resources and support for children’s parents and others who care for and teach them.</p>
<p>School-based Pre-K</p> <p>Federal, State and Local Funds</p>	<p>Multiple funding sources support public school Pre-K:</p> <p>Part B 619: Federal IDEA funding for children ages 3-5 with an Individual Education Plan requiring services.</p> <p>CERDEP: Full-day 4K within school districts with 75%+ poverty index, for Medicaid-eligible children. CERDEP funding may be used to extend the school day and/or school year at the district’s discretion.</p> <p>EIA: funding for ½ day 4K for children identified as most at-risk using the DIAL-3 instrument.</p> <p>Local: many local school districts have expanded pre-K services beyond state funding levels through a combination of Title I and local resources.</p>
<p>SC First Steps 4K</p> <p>State Funds</p>	<p>First Steps manages the CERDEP program within settings outside of public schools: licensed child care, Head Start, and federal child care.</p>
<p>Licensed/Registered Child Care</p> <p>Federal Funds</p>	<p>There are approximately 3,000 licensed child care centers and homes in South Carolina. Child care programs must be Licensed, Registered, Approved or Legally Exempt (not licensed) to legally operate.</p> <p>Center Based Care - 13+ children - Commercial, church or school based</p> <p>Family Child Care Homes - 6 or fewer children - Home based</p> <p>Group Child Care Homes - 7 to 12 children Home based</p>
<p>First Steps Local Partnerships</p> <p>Federal, State and Local Funds</p>	<p>Nonprofit organizations in each SC county, led by a partnership board of early childhood stakeholders, leverage state grant funding with other public and private resources to address gaps in services in the areas of family strengthening, healthy start, child care quality, early education, early identification and referral, and school transition.</p>
<p>Early Intervention</p> <p>Federal Funds</p>	<p>The SC Department of Disabilities and Special Needs (DDSN) is the state agency that plans, develops, coordinates and funds services for South Carolinians with the severe, lifelong disabilities of: intellectual disability and related disabilities, autism spectrum disorder, traumatic brain injury, spinal cord injury and similar disability.</p>

<p>SC BabyNet</p> <p>Federal Funds</p>	<p>BabyNet is SC’s IDEA Part C interagency early intervention system for infants and toddlers under three years of age with developmental delays, or who have conditions associated with developmental delays. BabyNet matches the special needs of infants and toddlers who have developmental delays with the professional resources available within the community. Services are provided in everyday routines, activities and places relevant to the life of the family.</p>
<p>Home Visiting</p> <p>Federal, State and Local Funds</p>	<p>There are multiple home visiting models in operation within SC, supported by multiple organizations and funding sources:</p> <p>MIECHV: Children’s Trust is the state’s lead agency for the federal Maternal, Infant and Early Childhood Home Visiting program. SC MIECHV currently supports Nurse-Family Partnership, Parents as Teachers, and Healthy Families models. Children’s Trust is also the fiscal agent for a statewide Pay for Success (social impact bond) project to expand NFP.</p> <p>First Steps local partnerships fund HV either in-house or by contracting with one or more school districts. Supported models: Parents as Teachers in 28 counties, Parent-Child Home Program in 3 counties, Early Steps to School Success in 3 counties, Healthy Families America in 1 county, and Nurse-Family Partnership in 5 counties.</p> <p>Early Head Start grantees provide home-based services in 11 counties. Save the Children supports Early Steps to School Success affiliates within several rural SC counties.</p> <p>SC has 3 federal Healthy Start programs serving the Midlands, Pee Dee, and Low Country areas.</p> <p>Local school districts fund home visiting (mostly Parents as Teachers), often as part of a family literacy program.</p>

Mixed Delivery Landscape - Programs and Policies that Support Vulnerable Families

<p>Family Connection of South Carolina</p>	<p>Family Connection has a long history of serving families of children with disabilities and special healthcare needs and is the contracted Child Find entity for IDEA Part C (BabyNet). In 2015, Family Connection became the Parent Training and Information Center for SC. With this new opportunity, Family Connection expanded services to further assist parents and families in navigating systems that provide healthcare, early intervention, special education, general education, and postsecondary options for their children.</p>
<p>Early Childhood Mental Health</p>	<p>SCIMHA is responsible for implementing SC’s Competency Guidelines® and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®. The I-ECMH Competencies and Endorsement® system is a nationally recognized, evidence-based system of I-ECMH standards promoting professional development pathways for</p>

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	all infant, child, and family-serving workforce sectors. The I-ECMH Competencies and Endorsement® system offers guidance for professional development pathways to build a skilled and competent workforce that understands the profound impact that a child’s early experiences have on short-term and later life success.
PASOs	PASOs provides culturally responsive education on family health, early childhood, and positive parenting skills; individual guidance for participants in need of resources; and partnership with health care and social service providers to help them provide more effective services. Founded in 2005, PASOs helps the Latino community and service providers work together for strong and healthy families.
SC DSS DECE	The Division of Early Care and Education manages all state and federal child care programs and serves as the single point of contact for federal child care dollars in SC. The mission of the division is to make child care more available and affordable to parents, and to increase the quality of care for all children in the state. Includes ABC Quality (QRIS), Child and Adult Care Food Program (CACFP), SC Voucher and SC Center for Child Care Career Development (CCCCD) the States ECE Professional Development System, SC Program for Infant Toddler Care (PITC), SC Child Care Resource and Referral Network, SC Inclusion Collaborative
Department of Education Office of Early Learning and Literacy	Offers the foundation that supports high-quality early learning programs and support to all children in their development as lifelong learners and contributing members of the community and supports families in their essential work as parents and caregivers, and to provide leadership and support that all stakeholders deepen their knowledge and skills to effectively implement Read to Succeed to prepare all students for success.
Department of Education (Part B – 619 Program)	Part B of the Individuals with Disabilities Education Act – Grants to States Program (IDEA-B) provides funding to local education agencies (LEAs) to supplement and/or increase the level of special education and related services provided to eligible students with disabilities ages 3 through 21 who are enrolled in special education programs.
DHHS (Medicaid)	Medicaid is SC's aid program by which the federal and state governments share the cost of providing medical care for needy persons who have low income.
SC Child Care Resource and Referral (SC-CCRRN)	Helps parents take the guesswork out of choosing care by providing: referrals to local child care providers, information on state licensing requirements, information on availability of child care subsidies, information on quality child care indicators. SC-CCRN provides guidance by phone, in person, and in other ways, such as the internet, that are tailored to each individual family.
Children’s Trust Public and Private Funds	Children’s Trust developed and expanded an integrated SC Maternal, Infant, Early Childhood Home Visiting (SCMIECHV) initiative throughout the state serving 41 of 46 counties and establishing a Home Visiting Consortium made up of all the home visiting models across SC (both MIECHV funded and not funded) along with state agencies and nonprofit providers working within the early childhood system. In

	partnership with the SC Department of Health & Environmental Control, Children’s Trust launched the Child Health & Well Being Coalition with more than 125 partners in 2018.
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Challenges and Opportunities for Improvement

South Carolina has three primary opportunities for improvement: engaging parent voices, creating a system of early care and education and comprehensive services that are accessible and equitable to all children and families B-5, and creating a unified, collaborated and coordinated ECE system that fully engages partners to work toward a common vision. Addressing these challenges, is possible and promising with the current shared leadership, partner commitments and the movement toward a comprehensive needs assessment and strategic plan. See page 4 Summary of Activities for specific opportunities framed as outcomes.

Vision Statement

First Steps, on behalf of the ECAC, solicited input from stakeholders statewide to obtain answers to the following question:

If we are successful, children in South Carolina will ... families in South Carolina will ...communities in South Carolina will ...the State of South Carolina will ...

115 responses were inserted into word clouds and presented to ECAC on October 26, 2018.

After a lengthy discussion, the ECAC voted to adopt the following vision statement for SC’s B-5 system: ***We will be successful when all children reach their highest potential.***

Timeline

Capacity Building Activities		Timeline	Factors for acceleration or deceleration
Kick off Meeting with Partners – Core and Initiative Implementation Team Meetings		Within 30 days of Grant Award	N/A
Quarterly Implementation Team Meetings Monthly Implementation Team Calls		Quarterly Monthly	N/A
Activity One: Comprehensive Needs Assessment		Timeline	Factors for acceleration or deceleration
Complete comprehensive needs assessment using existing and new data sources and including the diverse voices of the ECE System		January 2019 – May 2019	A: Groups already convened, data warehouse, inventory of data available complete D: Data sharing agreements
Activity Two: Strategic Plan		Timeline	Factors for acceleration or deceleration
Complete strategic plans and activity work plans based on strategic plans		May 2019 – July 2019	A: Work groups/partners identified D: Completion of Needs Assessment
Activity Three: Maximizing Parent Knowledge and Choice		Timeline	Factors for acceleration or deceleration
Public Awareness and Education Campaign -	Hire ECAC Communications Manager and convene FE Coalition	Feb 2019	A: campaign and portal developer already on contract D: Achieving consensus on common identity; technical issues
	Launch Phase 1 campaign, initial shared portal	June 2019	
	Launch Phase 2 enhancement: shared recruitment for 4-yr-olds	November 2019	
ECE System Navigators	Finalize Navigator contracts	Feb 2019	A: Contractor expertise in startup activities D: Recruiting staff for target areas
	Launch PASOs expansion in 3 target areas	April 2019	
Approach Activity Four: Sharing Best Practices		Timeline	Factors for acceleration or deceleration
Cross-Sector Infant Early Childhood Mental	Consortium meeting held to set team goals	February 2019	D: Scheduling issues

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<p>Health (IECMH) Consultation Network</p>	<p>and quarterly meetings</p> <p>Finalize grant funding distribution for SCPITC, SC Inclusion, FS, Children’s Trust</p> <p>Deliver training or specified services</p>	<p>March 2019</p> <p>November 2019</p>	<p>A: Existing contract relationships</p> <p>D: Contract process</p> <p>D: Recruiting staff for targeted activities</p>
<p>Early Childhood Policy Fellowship Program</p>	<p>Add EC component to current curriculum</p> <p>Launch pilot with 2019-2020 class</p>	<p>June 2019</p> <p>Sept. 2019</p>	<p>A: Established relationship between ECAC Coordinator. and SC-SIC</p>
<p>Countdown to Kindergarten & Transition Professional Development Project</p>	<p>Select First Steps and school districts for expansion</p> <p>Implement CTK expansion</p> <p>SC-SIC launches new training and resources for local councils</p>	<p>May 2019</p> <p>June-Aug 2019</p> <p>Aug 2019</p>	<p>A: CTK has existing support infrastructure</p> <p>D: resistance of 5K teachers to summer activities</p>
<p>Transition from IDEA Part C to B and from Part B into K</p>	<p>Family Connection launch Education Partners program in Horry County</p>	<p>March 2019</p>	<p>A: Contractor expertise</p> <p>D: Finding and training peer parent mentors</p>
<p>Core Competencies for Home Visiting Workforce</p>	<p>Provide orientation on Learning Compass to HV workforce</p> <p>Participating programs report on progress</p>	<p>March 2019</p> <p>HV Consortium meetings</p>	

Approach Activity Five: Improving Overall Quality		Timeline	Factors for acceleration or deceleration
ABC Quality Incentives Program	Implement grant enrollment awards Implement longevity awards	December 2019 December 2019	D: Dependent on time frame for approval of PDG-5 grant needs assessment and strategic plan
Parents as Teachers (PAT) Curriculum for Family Child Care (FCC) Pilot	PAT National Office provides on-site training	October 2019	A: established relationship with PAT Nat'l. D: FCC willingness to allow HV into their program
Evaluation		Timeline	Factors for acceleration or deceleration
Ongoing Evaluation		January 2019-December 2019	N/A

Project Performance Evaluation Plan

SC will utilize an Implementation Science (IS) framework to conduct a formative and summative evaluation that will provide consistent and reliable feedback to administrative leaders and system stakeholders. Implementing a new activity is difficult. An IS framework provides the necessary structure to actively work towards ensuring that implementation is successful. It illustrates different stages of implementation, and the necessary components of successful implementation: implementation teams; quality and reliable data for feedback loops; and infrastructure supports.¹ Thus, the IS framework is the ideal evaluation framework to guide an in-depth formative and summative evaluation of activities for this grant. In addition, the formative aspect of an IS framework establishes targeted points in time during the implementation process to pause, assess, and to make changes as needed. This continuous quality improvement increases the likelihood that the programs will achieve the anticipated outcomes,

¹ Metz, A., Naom, S.F., Halle, T., & Bartley, L. (2015). An integrated stage-based framework for implementation of early childhood programs and systems (OPRE Research Brief OPRE 2015-48). Washington, DC: Office of Planning research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Service.

which will be assessed via the summative evaluation aspect of the IS framework depicted in the logic model (pg. 61).

In order to make necessary adjustments to the evaluation plan and ensure continuous quality improvement, SC will establish a core Implementation Team of identified grant partner leaders and the lead evaluator. In addition, program-specific work groups will be created to provide insight on program specific contexts, progress, and outcomes. Data and feedback loops within and between the Implementation Team and work groups will systematically gather and analyze implementation data at all levels. A core action of the collaborations will be to identify systemic issues that contribute to successful implementation or act as barriers and consider innovative ways to improve implementation.

Research Questions, Methodology, and Metrics

The logic model found on page 61 is aligned with SC's vision: *We will be successful when all children reach their highest potential.* The inputs, activities and outcomes in the logic model are used to help inform the evaluation plan as explained in the previous section. For instance, in the formative evaluation, the work groups that are part of the inputs for each activity will be included in all survey development and also the main population of all feedback loops utilized. Furthermore, the research questions (listed below in the methodology) for this study are generated from the logic model. In general, the formative evaluation's research questions target how well the activities are being implemented. For the summative evaluation, the research questions are generated from the outcomes in the logic model.

The evaluation team will collect data regularly to answer the research questions. Built into the timeline at intervals throughout year one, the evaluation team will meet with the

Implementation Team to share the findings from the formative evaluation and ensure feedback loops are integrated into the project. Feedback loops will generate data to assess (with predetermined metrics) the effectiveness of implementation. The Implementation Team will use the data to make strategic decisions about changes to implementation or to continue with current implementation activities. The research questions guiding the formative evaluation are: Is the activity progressing as planned? What is working well? What could be different? Are all partners involved? Who is missing? How is collaboration with partners working?

Across the formative and summative evaluation, the remaining research questions will follow the 5 Key Elements² (5 E's) as they relate to the new activities and outcomes:

The 5 Key Elements (5 E's)
Effective - Is the activity useful and does it help meet the goals/purposes in the logic model?
Efficient - Is the activity/outcome easy for programs, providers, teachers, coaches and ECE partners to navigate?
Engaging - How satisfying is working with the new activity? Is it meeting the needs of programs, providers, coaches, teachers and partners?
Error Tolerant - When challenges arise in the new activity, how adaptable is it to change?
Easy to Learn - Is the new activity/outcome easy to learn and does it foster additional learning?

The evaluation plan will rely on SC's Data Warehouse and other state administrative data systems to ensure that a reliable system- and program-level administrative data is collected, analyzed, frequently reported. The Data Warehouse, at the South Carolina Revenue and Fiscal Affairs Office (SC-RFA), has the ability to link individual records of children across multiple agencies, which will be utilized during the program and outcome evaluation to truly understand the progress and impact of the proposed initiatives. Data points include, but are not limited to,

² The 5 Key Elements are adapted for this evaluation from the dimensions of usability presented in this reference: Quesenbery, W. (2003). The five dimensions of usability (Vol. 20, p 89-90). Mahwah, NJ: Lawrence Erlbaum Associates.

publicly-funded program participation, subsidy usage, quality ratings, program, family and early childhood workforce participation and budgeting.

Continuing to build and strengthen SC's comprehensive data system is a goal of this proposal. The evaluation will examine existing infrastructure, systems, and data elements and linkages between data systems throughout the project. Gaps in data availability at the Data Warehouse informed by the needs assessment and strategic plan, activities related to filling these gaps, and activities related to merging data from the programs and services will be captured within the formative evaluation. By engaging in a formative evaluation (especially during the needs assessment) a continuous examination will occur that will allow for gaps in the data and changes to metrics to be addressed in a timely way. Additional qualitative and quantitative data generated from the needs assessment and strategic planning will play an integral part in the formative and summative evaluation.

This evaluation will utilize a mixed-methods approach to completing a formative and summative evaluation guided by the framework of implementation science. The table below identifies methods of data collection, sampling (where applicable) and projected analysis. Data collection will take place during targeted intervals in a timeline developed collaboratively between the implementation team and evaluation team. The data will be used as a continuing feedback loop into the project. The Implementation team will learn about the evaluation and form a relationship with the lead evaluator throughout the scope of the project. Throughout the evaluation, feedback loops will be integrated between the implementation team, evaluation team, and stakeholders. These feedback loops will aid the evaluation in identifying new data sources and also help to inform the implementation of the activities. The lead evaluator will attend in-

person meetings as well as conduct data collection through virtual means. Sampling of interviews, surveys and focus groups will be a convenience sampling.

Evaluation Type	Methods for Data Collection	Sampling (where applicable)	Analysis
Formative	Administrative Data, Online surveys, interviews, focus groups, document review	Convenience and snowball sampling	-Quantitative analysis - frequency analysis, other tests as applicable with data. -Qualitative analysis content and thematic analysis -Triangulation of the data across qualitative and quantitative findings
Summative	Administrative Data, Online surveys, interviews, focus groups, document review, policy review		

The evaluation plan utilizes multiple metrics to ensure a strong examination of process, cost, program implementation, and to assess the overarching goals listed in the logic model. For instance, the frequency of meetings for workgroups and the Implementation Team, count of partner attendance at meetings, application of a collaboration measure (a measure that will assess collaboration of workgroups, etc.), and an open-ended survey will help to assess if the goal of *“coordination, collaboration, and alignment across mixed delivery system that supports an increase in access for families”* is met. For the other goals, a similar mixed method of metrics will be utilized. In addition, the outcomes of the logic model also inform the metrics. For example, the table below shares a sample of projected metrics for each of the activities tied to the logic model. The metrics used will help to evaluate the success of the activity. Both projected metrics for the evaluation and summative evaluation are included. Across this entire evaluation, both qualitative and quantitative measures will be used. This mixed methods approach will allow for a more nuanced and rich illustration of the entire project. Further, these metrics are subject to enhancement as the formative evaluation may generate some improvement suggestions

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for data collection of outcomes. Additional metrics imbedded in the evaluation will be generated from the framework of the 5 E’s as they relate to the new activities and outcomes.

Activity	Formative Evaluation Metrics	Summative Evaluation Metrics
B-5 Needs Assessment	Collaboration measure, survey, focus groups, interviews, cost analysis, etc.	Survey, document review, cost analysis etc.
B-5 Strategic Plan	Collaboration measure, survey, focus groups, interviews, cost analysis etc.	Survey, document review, cost analysis etc.
Maximizing Parent Knowledge	Survey, document analysis, cost analysis etc.	Website analysis, document review, count and frequency analysis google analytics, survey, cost analysis etc.
Sharing Best Practice	Collaboration measure, focus groups, interviews, document review, cost analysis etc.	Document review, surveys, cost analysis etc.
Improving Overall Quality	Collaboration measure, focus groups, interviews, document review, cost analysis etc.	ROI measures, movement analysis of programs, evidence of training and training content reviewed, cost analysis, etc.

In addition to the evaluation of the specific activities, outputs, outcomes and progress, using implementation science, as an overall evaluation of the grant, the Implementation Team assess how the findings of the needs assessment have been incorporated in the strategic plan. This will be one of the metrics of a qualitative analysis of a summative evaluation of the strategic plan as an output of the needs assessment.

The funding request for the evaluation activity for year one of the grant is \$110,000.

Logic Model

Vision: We will be successful when all children reach their highest potential.

Overarching Goals:

- Child-serving agencies and organizations share a common vision, goals, and outcomes for state’s B-5 System;

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- Coordination, collaboration, and alignment across the mixed delivery system that supports an increase in access for families;
- Shared recruitment and application processes;
- Coordinated efforts to maximize parents’ knowledge of the ECE System and available services;
- Statewide activities to support transitions for children between various early childhood programs and into elementary school;
- Shared professional development to better meet the complex social and emotional development needs of vulnerable children and families, including trauma-informed care;
- Expanded supports to providers to improve quality; and
- Improved data-driven decision making.

Inputs	Activity: B-5 Needs Assessment	Outputs	Outcome Short Term	Outcome Long Term
Data Warehouse Cross Sector Teams ECAC Coordinator REM PDG \$ Regional Leadership Teams Local First Steps Stakeholder input CCDF State Plan	Needs Assessment Process	Common vision, goals, and outcomes	Needs Assessment	Data dashboard set for future assessments
Inputs	Activity: B-5 Strategic Plan	Outputs	Outcome Short Term	Outcome Long Term
Facilitator ECAC Coordinator Cross Sector Teams PDG \$ REM Stakeholder input Local First Steps CCDF State Plan Other Org Plans	B-5 Strategic Plan	Coordination, collaboration, and alignment across mixed delivery system	Comprehensive system participation in planning process	B-5 Strategic Plan updated annually

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Inputs	Activity: Maximizing Parent Knowledge	Outputs	Outcome Short Term	Outcome Long Term
Mad Monkey PDG \$ Focus Groups ECAC Communication Manager Partners Family Engagement Coalition CCDF State Plan	ECE Public Awareness and Education Campaign	Shared recruitment and application processes Coordinated efforts to maximize parents’ knowledge	Design and initial development of common consumer education web portal	Common web portal with resources in multiple languages, Common eligibility application used statewide
ECAC Communication Manager PDG Partners PDG \$ SCThrive School Improvement Council Association PASOs Family Connections	ECE System Navigators	ECE System Navigator training in each county ECE Navigators in each county	B-5 system navigators will be identified and trained to support parent knowledge and choice in 5 rural counties	B-5 system navigators will be identified and trained to support parent knowledge and choice in each of SC’s counties
Inputs	Activity: Sharing Best Practice	Outputs	Outcome Short Term	Outcome Long Term
SC PITC SC-CCR and R SC Inclusion PDG \$ ACE Interface TFT SCDE First Steps 4K SC DMH	Cross-Sector Infant Early Childhood Mental Health (IECMH) Consultation Network.	IECMH Consultation Network and shared agency plan. Increase in training capacity, implementation and services.	Inter-agency plan for effective strategies to reduce duplication of effort, increase access to services.	Provider access to best practices to avert suspension and expulsion, screening and treatment services for all sectors.
SC EPFP PDG \$ School Improvement Council Association ECAC Coordinator	EC Policy Fellowship Program	SC ECE Policy Fellowship	Pilot ECE Component	ECE Policy Fellowship Program per year
First Steps PDG \$	Countdown to Kindergarten	Incentives and training for	Expand existing CTK program into	Expand existing CTK program

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Local school districts Program Partners		kindergarten teachers	50% of SC's counties	into 100% of SC's counties
PDG \$ SC-SIC Local school districts	Transition Professional Development Project	Standardized PD course for Kindergarten teachers (in person and online)	Provide PD to elementary schools in 5 counties serving vulnerable children	100% of elementary schools receive PD related to supportive transitions
Family Connection	Transition from IDEA Part C to B and from Part B into K	Education Partners Training program	Pilot Education Partners Program in Horry County	Education Partners Program in all SC Counties
SC Home Visiting Consortium PDG \$	Core Competencies for Home Visiting Workforce	HV Online Learning Platform	Pilot learning platform – engage 100% MIECHV/25% non-MIECHV HV	Learning Compass Management - 100% of Home Visitors trained
Inputs	Activity: Improving Quality	Outputs	Outcome Short Term	Outcome Long Term
ABC Quality SC Voucher PDG \$	Implement enrollment awards and longevity awards to enroll new providers and maintain current provider enrollment ABC Quality Incentives	Quality Enrollment Awards CQI Grants Longevity Awards Quality Supplement Awards Palmetto Shared Services Alliance	Increase quality of programs at Level B or higher by 25%	50% of all child care programs at Level B or higher
ABC Quality SC Voucher PDG \$			Increase # of programs at Level B or higher by 25%	50% of all child care programs at Level B or higher.
PAT Affiliates PDG \$	Parents as Teachers (PAT) Curriculum for Family Child Care (FCC) Pilot	2-day Training to support FCC Provider Interactions and Environments	25 PAT-certified parent educators participate in 2-day training serve one or more FCC/FFN providers	100% PAT-certified parent educators participate in 2-day training and begin serving 5 or more FCC /FFN providers within their caseloads

Sustainability Plan

The initiatives proposed in SC’s PDG B-5 were carefully selected based on their promise for long term sustainability and SC’s commitment to build from existing initiatives. Grant deliverables are either: 1) the first phase of a multi-year implementation plan using PDG B-5 renewal grant dollars or re-allocated quality dollars; or 2) part of a feasibility study or pilot to inform future implementation decisions after the needs assessment and strategic plan process is complete. Many proposed activities are delegated to public and private organizations with specific expertise, capacity and resource development opportunities. Additionally, private funders including the United Way Association of SC have been active participants in PDG B-5 planning and have indicated ongoing support for initiatives that show promise and impact.

The position of ECAC Coordinator is being filled via staff reassignment, with the assurance that the position will be sustained in the event SC does not receive a PDGB-5 renewal grant.

The following sustainability plan outlines the key elements of the proposed grant initiatives, key individuals or organizations responsible for sustaining elements of the initiative and sustainability strategies for maintenance after PDG funding.

Activity Three: Maximizing Parent Knowledge and Choice		
Key Element	Key Individual or Organization	Sustainability Strategy
Public Awareness and Education Campaign	SCDSS/DECE First Steps	Realignment of Quality Dollars and First Steps communications resources
ECE System Navigators	Family Engagement Coalition School Improvement Council Association PASOs	Re-alignment of existing agency outreach resources SC-SIC’s existing training platform Realignment of local First Steps funding

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Approach Activity Four: Sharing Best Practices		
Key Element	Key Individual or Organization	Sustainability Strategy
Cross-Sector Infant Early Childhood Mental Health (IECMH) Consultation Network	SCPITC Kerrie Schnake	Realignment of Quality Dollars
Early Childhood Policy Fellowship Program	South Carolina Education Policy Fellows Program Office of School Leadership and the SC School Improvement Council	Existing support and Fellows tuition
Countdown to Kindergarten & Transition Professional Development Project	First Steps	Realignment of local First Steps and school district funding SC-SIC existing training platform and staff
Transition from IDEA Part C to B and from Part B into K	Family Connection	Realignment of other funding sources
Core Competencies for Home Visiting Workforce	Children’s Trust Home Visiting Consortium Institute for the Advancement of Family Support Professionals First Steps	Realignment of MIECHV funding
Approach Activity Five: Improving Overall Quality		
Key Element	Key Individual or Organization	Sustainability Strategy
ABC Quality Incentives Program	SC DSS ABC Quality Beverly Hunter and Cathy Kovacs	Realignment of Quality Dollars
Parents as Teachers (PAT) Curriculum for Family Child Care (FCC) Pilot	First Steps (State PAT Office)	Local First Steps existing funding and workforce

Dissemination Plan

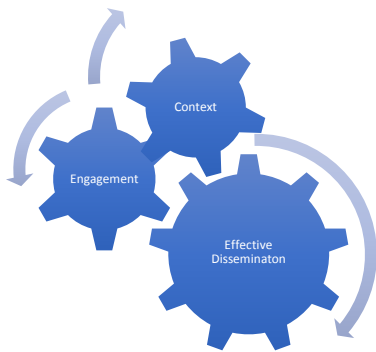
South Carolina has identified the following dissemination goals and objectives:

Goals:

- To develop an effective dissemination and communication strategy
- To engage in a continuous quality improvement process utilizing feedback loops with ECE providers, families, PDG B-5 project partners, and policy makers, advocates and organizations supporting families of children B-5
- To ensure that all families and providers receive information regarding available opportunities/services in a manner that is culturally responsive

Objectives:

- To raise awareness about PDG B-5 project and all ECE services
- To encourage providers and families to access available ECE supports



Effective dissemination of information and resources is a complex process due to the multiple audiences being addressed. There is only one certainty when it comes to dissemination and that is that one approach will not fit every stakeholder. The SC dissemination plan will be

tailored to the following target audiences: families, ECE providers, PDG B-5 project partners, and policy makers, advocates and organizations supporting families of children B-5 years. The following table provides the PDG B-5 Dissemination Plan, outlining targeted audiences, dissemination activities, staff allocation of efforts, dissemination evaluation and timeline for dissemination activities.