



# **ANNUAL PROGRESS REPORT**

## **SMART START ACTIVITIES**

for the year ended June 30, 2017





## ANNUAL PROGRESS REPORT Smart Start Activities Fiscal Year 2016-17

**Working together, families and organizations will create  
a healthy and wholesome environment in which all young children  
can reach their greatest potential.**

**Mission:** *The Partnership promotes opportunities for all our young children to grow up safe, healthy, and able to succeed. In collaboration with our community partners, we plan, fund, and implement quality early childhood education, health, and family support initiatives.*

**Acknowledgements:** *The work of Smart Start depends on the resources and expertise of our dedicated and hardworking volunteers. We could not succeed without their support! We thank our Board of Directors as listed below.*

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**Mark Hall** - Chatham County Provost, Central Carolina Community College  
**Rose Swimm** - Community Member



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**Barbara Burton**, Raising a Reader Co-Coordinator

**Meredith Williams**, Provider Services Coordinator

**Amber Emerson**, Resource Coordinator

**Ruth Roldan**, Bilingual Child Care Liaison

**Angie Pelletier**, Data Specialist

*This report is limited to programs funded by Smart Start which targets children birth to five, not yet in Kindergarten. Therefore, additional committees, staff and activities for other services that are a part of Chatham County Partnership for Children are not included here.*

*For more information on other programs, services, and resources visit:*

[www.chathamkids.org](http://www.chathamkids.org)

## A LETTER FROM THE EXECUTIVE DIRECTOR

Dear Chatham County Community,

We are pleased to present the Smart Start Annual Progress Report, a compilation of the Final Activity Reports for Smart Start funded activities during the fiscal year 2016-2017. The Partnership is honored to share with you the achievements of Chatham County's Smart Start programs and services.

Since 1994, the Partnership has been dedicated to Chatham County's youngest children, their families, and the professionals who work with them by providing funding and oversight to high quality programs that positively impact outcomes for these young children. The Partnership serves children birth to age five and their caregivers in the areas of child care, health and family support. Please visit the Partnership's website at [www.chathamkids.org](http://www.chathamkids.org) for more information about its valuable in-house services and Community Partners' services.

Fiscal year 2016-2017 was a time of significant change for the Partnership. After the merger of 2016, several of our longtime staff moved on to new adventures. Replacing such talented staff took a while. At the close of June 2017 we are pleased to report that all staff vacancies have been filled and new staff are well on their way to establishing themselves in their work and as vital members of our staff family.

The Chatham Healthy Kids/Shape NC project was ended in Chatham County as of December 31, 2016. This important and impactful statewide initiative was reorganized under funding from the national Social Innovations Fund. The research design required by this funding added more requirements to the project that did not seem to be a good fit for Chatham County. We still place a high priority on improving child health through better nutrition and more physical activity in child care programs. Much of what we learned from Shape NC is now embedded in our Child Care Resources and Technical Assistance (TA) services. Our TA staff is now offering physical activity demonstrations on site at child care facilities. Our Child Care Health Consultant works with child care programs on improving health and nutrition practices. Shape NC pioneered and expanded the use of Nutrition and Physical Activity Self-Assessment of Child Care, both NAPSACC and an app based version, GO-NAPSACC. This tool is continuing to be used by the Child Care Health Consultant to guide her work with sites and to measure their progress toward improved policies and implementation of evidence-based practices for better child health.

June 2017 found the Partnership engaged in another major transition as we relocated our two offices into one location at 220 Chatham Business Drive in Pittsboro. This new location provided expanded space for our offices and allowed us to establish a Training Room and Resource Lending Library to better support our child care providers. KidSCOPE, a division of Chapel Hill Training and Outreach Project, moved their Pittsboro office into the new space with us, helping us more easily afford our new location. We are all delighted with the new space and all the potential that it offers for expanded collaborations and improved services. WDL Systems, the business with which we share the building, shares with us their conference room, kitchen, and front screened porch. Thanks to Smart Start and a few of our other funders, we were able to replace much of the old and worn out furniture to create a revitalized environment for everyone at our new location. The results are stunning!

If you have not visited us at 220 Chatham Business Drive, we invite you to drop by anytime and share our enthusiasm for our new facilities. Please also consider supporting our work by contributing in any manner that you can, either financially or by volunteering your time. For more information, visit [www.chathamkids.org](http://www.chathamkids.org).

Your feedback is most welcome on how to further accomplish the Partnership's mission of ensuring all Chatham County children enter school healthy, safe and ready to succeed. I am looking forward to hearing from you!

Sincerely,

Genevieve Megginson, Executive Director  
[genevieve@chathamkids.org](mailto:genevieve@chathamkids.org)

*Chatham County Partnership for Children*  
**Fiscal Year 2016-2017 Smart Start Annual Progress Report**  
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## Background Demographics

Chatham County is a rural county, with 66% of the population classified as living in rural areas.<sup>1</sup>

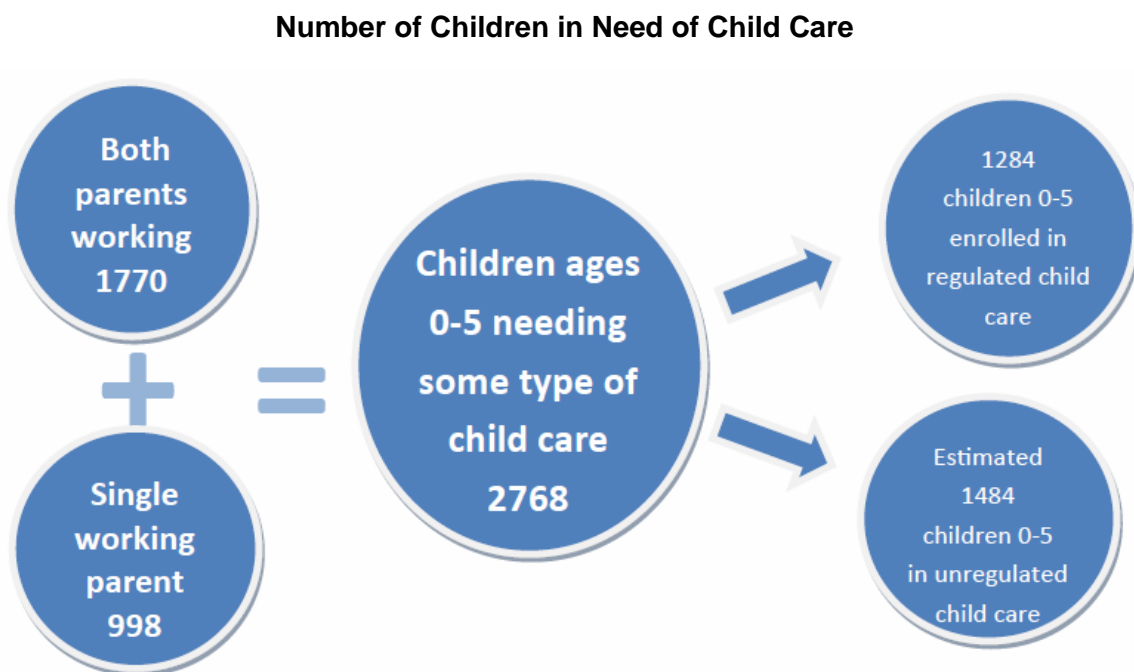
The 2015 median household income was \$56,642.<sup>2</sup> In Chatham County in the 2016-17 school year, 53% of students received free or reduced-price lunch in public schools, a steady increase from 45% in 2007-08.<sup>3</sup>

In 2016, Chatham County had an estimated population of 73,176. The population of children birth to five years old was 3,864 (including 5 year olds in Kindergarten).<sup>4</sup> An estimated 666 children under age 6 live in poverty in Chatham County.<sup>5</sup> The Federal government defined poverty in 2017 as a household income of \$24,600 for a family of four or \$20,420 for a family of three.<sup>6</sup>

Many families with young children in Chatham County that do not live below the federal poverty line nonetheless face economic challenges. According to the Massachusetts Institute of Technology Living Wage Calculator, a single parent with two children in Chatham County needs to earn \$59,065 before taxes to support his or her family.<sup>7</sup>

## Child Care Quality & Availability

One of the primary factors influencing school readiness is the availability of quality child care and early education. Approximately 2768 children ages 0-5 in Chatham County need child care, while their parent(s) work outside the home.<sup>8</sup> About 1284 are enrolled in child care facilities licensed by the State of North Carolina.<sup>9</sup> Others are cared for in informal care situations, with relatives, nannies or other unregulated care arrangements.



<sup>1</sup> From NC Economic Data & Site Information, ACCESSNC County Profile, August 2017:

<http://accessnc.nccommerce.com/DemoGraphicsReports/pdfs/countyProfile/NC/37037.pdf>

<sup>2</sup> U. S. Census Bureau, 2015 American Community Survey. <https://www.census.gov/quickfacts/fact/map/chathamcountynorthcarolina/NC110215>

<sup>3</sup> North Carolina Department of Public Instruction, Division of Financial and Business Services. "Free & Reduced Meal Application Data." Available online: [www.ncpublicschools.org/fbs/resources/data/](http://www.ncpublicschools.org/fbs/resources/data/).

<sup>4</sup> From NC Office of State Budget and Management: [ncosbm.s3.amazonaws.com/s3fs-public/demog/countytotals\\_singleage\\_2016.html](https://ncosbm.s3.amazonaws.com/s3fs-public/demog/countytotals_singleage_2016.html)

<sup>5</sup> 2016 American Community Survey 1-Year Estimates. B17024: Age by Ratio of Income to Poverty Level In the Past 12 Months.

[www.factfinder.census.gov](http://www.factfinder.census.gov)

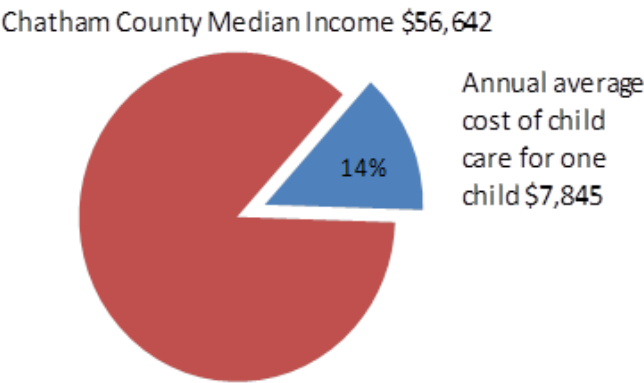
<sup>6</sup> From 2017 Poverty Guidelines: [aspe.hhs.gov/poverty-guidelines](https://aspe.hhs.gov/poverty-guidelines)

<sup>7</sup> "Living Wage Calculation for Chatham County, North Carolina," [livingwage.mit.edu](http://livingwage.mit.edu), accessed December 1, 2017.

<sup>8</sup> U.S. Census Bureau, 2015 American Community Survey. B23008: AGE OF OWN CHILDREN UNDER 18 YEARS IN FAMILIES AND SUBFAMILIES BY LIVING ARRANGEMENTS BY EMPLOYMENT STATUS OF PARENTS. [www.factfinder.census.gov](http://www.factfinder.census.gov)

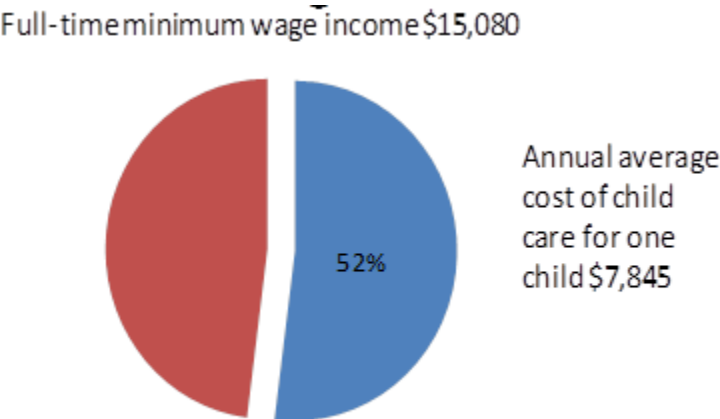
<sup>9</sup> NCDCDEF Monthly Statistical Report May 2017. [http://ncchildcare.nc.gov/general/Child\\_Care\\_Statistical\\_Report.asp](http://ncchildcare.nc.gov/general/Child_Care_Statistical_Report.asp)

**Child Care Cost as Portion of Median Income**



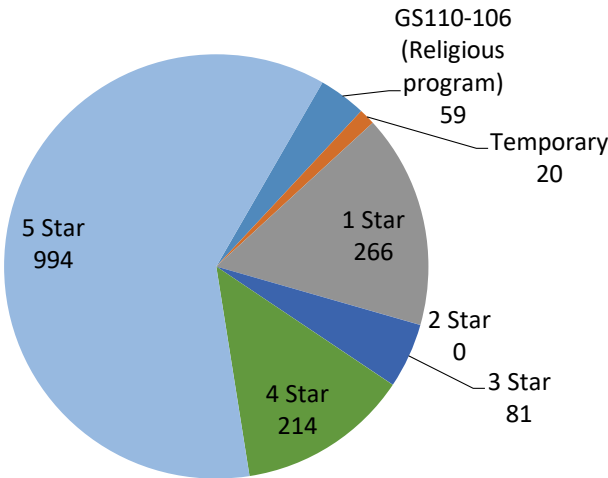
A major factor influencing a parent’s decision to enroll their child in regulated child care is cost. The annual cost of child care for one child in Chatham County is equal to about 14% of Chatham County Median Income<sup>1</sup> and 52% of full-time NC minimum wage income.

**Child Care Cost as Portion of Minimum Wage Income**

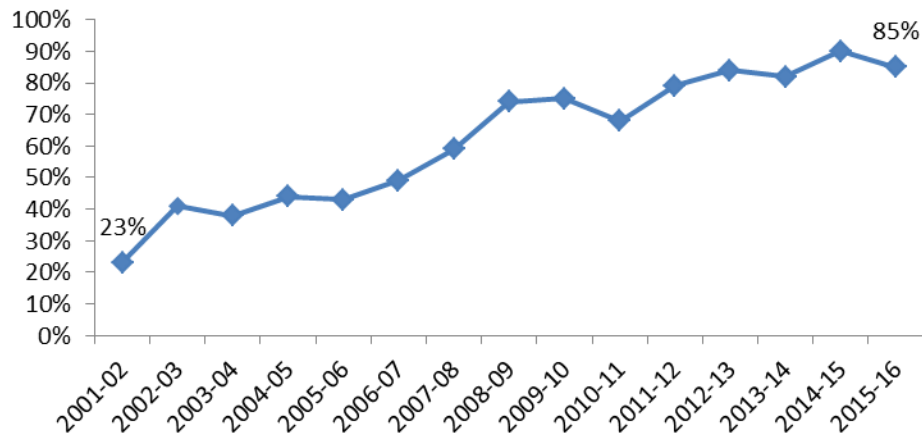


**Daytime Slots Available by Star Rating**

The supply of quality child care, however, has increased steadily in Chatham County. As seen to the right, most of the regulated child care slots in the county are in 5-star rated facilities.<sup>1</sup> A 5-star rating requires personnel that have formal education in child development as well as the facility’s adherence to various voluntary quality standards.



## Percent of Children in Regulated Child Care Enrolled in 4 & 5 Star Care Over Time<sup>10</sup>



Another important way to measure the reach of quality child care is the percent of children in regulated care who are enrolled in 4-star and 5-star programs. In 2015-16 (the newest data available), this percentage was 85%. Also important is the percent of children receiving child care subsidies that are enrolled in 4-star and 5-star programs, which was 89% in 2015-16.

A 5-star rating is one concrete way to measure the quality of child care that children receive; however, the Partnership continues to promote best practices in early education and care that go beyond the requirements of a 5-star license such as serving fresh foods, positive relationships between teachers and children, increased physical activity, and effective literacy practices. The implementation of evidence based practices by teachers is the next level of enhancing early childhood education. Information about the results of these efforts can be found in the various activity results included in this report.

These selected child care statistics shed light on one of the Partnership's primary ways to impact children, which is the quality of child care. The Partnership welcomes input from new partners and community volunteers on how this data should inform its programming decisions.

<sup>10</sup> North Carolina Partnership for Children, Performance Based Incentive System Results Reports, 2005-2016  
Chatham County Partnership for Children - Smart Start Annual Progress Report 2017

# FISCAL YEAR 2016-17 SMART START FINAL ACTIVITY REPORT

## Part I: Chatham County Overview

### Report Overview

This report presents a summary of the effectiveness of Chatham County Partnership for Children's Smart Start-funded activities. These activities aim to achieve the Partnership's mission *to promote opportunities for all our young children to grow up safe, healthy, and able to succeed.*

During FY 2016-17, the Partnership funded 13 Smart Start activities designed to address the critical issues facing young children, their families, and their child care providers in Chatham County. These activities can be divided into four main areas: Early Care and Education, Family Support & Early Literacy, Health & Early Intervention, and Program Support.

This report shows the collective and individual accomplishments of the Smart Start-funded programs in three sections:

1. An overview of Chatham County and the Partnership's Smart Start programming
2. Detailed summary of each individual activity
3. Overall program impact and future challenges

The main purpose of this report is to provide the necessary information for making informed decisions about future funding and development of Smart Start Programs.

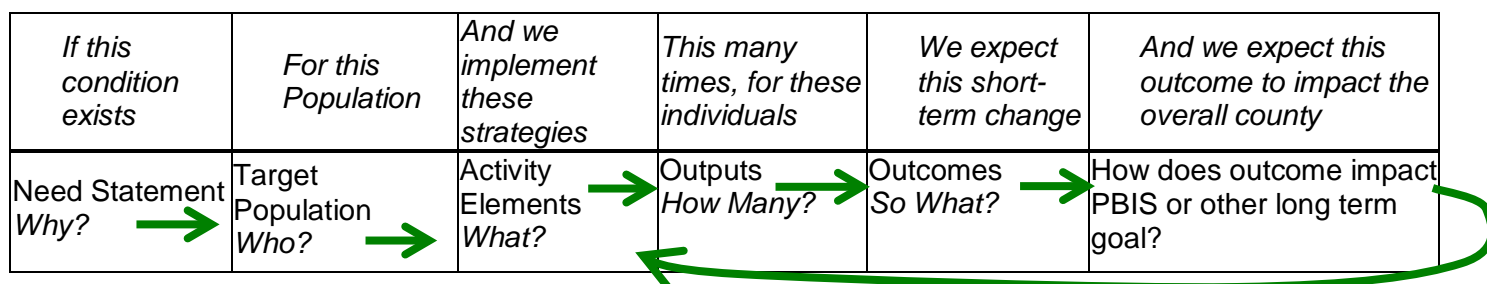
### Program Evaluation Methodology

Program evaluation is a required component for each Smart Start activity, in order to demonstrate outcomes for children and families. Each funded activity has a logic model that details the needs, activities, outputs, outcomes and intended final impact of the services. Activities report progress on a quarterly basis to the Smart Start Coordinator, who reviews the data to ensure its reliability. Each Smart Start activity is also monitored annually to confirm backup documentation for data reported and ensure contract compliance.

### The Logic Model

All funded activities are required to have a logic model. The components include: needs statement, target population, activity elements, outputs, outcomes, and long-term goals. The long-term goals must refer to the goals established by the North Carolina Partnership for Children, which every Smart Start activity must aim to impact. Through FY 16-17, these standardized goals are called Performance Based Incentive System (PBIS) standards. The arrows below indicate how each section logically leads to the next. The final critical step is for the outcomes/PBIS results to then lead back to shaping activity design and program development.

**Logic models help us understand the who, what, and why of our programs' service delivery.**



## FY 2017-18 Chatham County Partnership for Children's Smart Start Logic Model

Needs	Target Populations	Activities	Recipient Outputs	Outcomes Areas Addressed	Measures of Impact* <i>not selected or required in italics; "[ ]"= Official data unavailable</i>	Long Term Goals
<b>A. Early Care &amp; Education</b>						
<p>In 2017, there were about 3,260 children birth to age 4 (<i>not yet in Kindergarten</i>) living in Chatham County.<sup>1</sup></p> <p>There is insufficient high quality child care available in Chatham County:</p> <ul style="list-style-type: none"> <li>not all staff have adequate higher education in Early Childhood Education field;</li> <li>teachers are not all compensated adequately;</li> <li>families are not able to afford high quality care.</li> </ul>	<p>Child care providers of children 0-5 in Chatham and surrounding counties; potential child care providers.</p>	<ol style="list-style-type: none"> <li><u>Child Care Resource &amp; Referral Comprehensive</u>; including Quality Maintenance and Improvement, Professional Development for Child Care Providers, and Child Care Search.</li> <li>Subsidy Purchase of Care (POC)</li> <li>NC Pre-K Purchase of Care (POC)</li> <li>NC Pre-K Quality Maintenance</li> </ol>	<p>As of June 2017<sup>2</sup>, Chatham County has: 1,191 children ages 0-5 (not yet in Kindergarten) enrolled in regulated child care plus more who live in Chatham &amp; receive child care in other counties</p> <p>264 teachers, directors and other staff in licensed child care homes and centers 49 licensed child care facilities including 21 family child care homes &amp; 28 child care centers (<i>additional in other counties</i>)</p>	<b>A. Early Care &amp; Education</b> 1. Quality	4.0 avg. star rating in all age groups; 60% children in 4 and 5 star facilities in all age groups <b>Subsidized Placements</b> 4.25 avg. star rating-subsidy in all age groups; 70% children in 4 and 5 star facilities in all age groups	Children have access to high quality early childhood education.
				2. Workforce	<b>Lead Teacher</b> - 50% of children in all age groups enrolled in 1-5 star rated child care centers that have at least 5 or 75% lead teachers with college degrees. <b>Administrator</b> - 60% of children in all age groups enrolled in 1-5 star rated child care centers that have directors with college degrees.	Children are enrolled in child care facilities that provide a consistent high quality early education program by retaining competent, qualified staff.

\*Measures of impact goals based on "High Performing" target set by NCPC

<sup>1</sup> From NC Office of State Budget and Management: [ncosbm.s3.amazonaws.com/s3fs-public/demog/countytotals\\_singleage\\_2017.html](https://ncosbm.s3.amazonaws.com/s3fs-public/demog/countytotals_singleage_2017.html)

<sup>2</sup> DCDEE Monthly Statistical Report at [http://ncchildcare.nc.gov/pdf\\_forms/statistical\\_detail\\_report\\_june\\_2017.pdf](http://ncchildcare.nc.gov/pdf_forms/statistical_detail_report_june_2017.pdf)  
Chatham County Partnership for Children - Smart Start Annual Progress Report 2017

Needs	Target Populations	Activities	Recipient Outputs	Outcomes Areas Addressed	Measures of Impact <i>not selected or required in italics; "[ ]"= Official data unavailable</i>	Long Term Goals
<b>B. Family Support &amp; Early Literacy</b>						
Parents need education and support with behavioral issues, discipline, development, and readiness skills.  Early childhood literacy skills are essential to school readiness.	Chatham County children age 0-5 & their families.	5. Focus on Fathers 6. Raising A Reader (RAR)	3,269 children birth to age 4 not yet in Kindergarten living in Chatham County and their families Est. 2353 children ages 0-4 or 72% not in regulated childcare.	<b>B. Family Support</b> 1. Early Literacy 2. Reports of child abuse/neglect.	No less than 5% and no more than 12% of children 0-5 will have an investigated report of child abuse/neglect.	Families have the knowledge and skills needed to ensure that their children enter school healthy and ready to succeed.
<b>C. Health &amp; Early Intervention</b>						
Need to increase access to healthcare to improve the health and safety for young children, prevent childhood obesity, and ensure that more children are screened for developmental delays and referred to services for help before they start school.	Chatham County children age 0-5 & their families.	7. Assuring Better Child Health & Development Project (ABCD) 8. Child Care Behavior Consultant 9. Child Care Health Consultant	3269 children birth to age 5 not yet in Kindergarten living in Chatham County and their families	<b>C. Health &amp; Early Intervention</b>	<b>Early intervention</b> – No less than 4% and no more than 10% of children 0-2 & 3-5 years who receive early intervention or special education services <b>Use of Primary Health Care</b> - 85% of Children Enrolled in Medicaid Who Receive a Well-Child Exam <b>Early Childhood Obesity</b> — 70% of Low-Income Children Age 2 – 4 Who Are at a healthy weight.	Families have access to healthcare, and are provided services to families to improve the health and safety for young children.
<b>D. Program Support</b>						
Programs must be <b>Evidence Based or Evidence Informed</b> , need support for ensuring best practices and evaluating results.  Increasing awareness of and access to services.	Service providers, Partnership Board & staff, and local community members	10. Program Coordination & Evaluation	10 Smart Start Funded Programs	<b>D. Program Support</b>	<b>Audit findings</b> – one or fewer findings <b>All Measure of Impact standards</b> (Indirectly)	Programs provide services according to model fidelity and are using best practices.

## The Smart Start Investment

In FY 2016-17, the Chatham County Partnership for Children (CCPC) funded 12 activities with **\$828,338** in Smart Start program funds. An additional \$93,132 was funded for administration for a total allocation of **\$921,470**. Funding for Smart Start has been stable for the most recent 3 years but remains at 30% less than previously funded. Additional investments from the NC Legislature have been targeted to specific program services and geographic locations that have not benefited Chatham County. The 2017 NC Legislative session has approved funding for the **Dolly Parton Imagination Library** for all of North Carolina. Chatham County Partnerships looks forward to partnering with the state and our local community to ensure that all our young children get free books for their own home library.

Smart Start activities focus primarily on improving the Early Care and Education system in each community. North Carolina Smart Start legislation requires that **70%** of all Smart Start funds must be spent on "child care related activities," with at least **40%** designated to child care subsidy. The chart below shows how Chatham County funds have been allocated to our program services.

### 2016-17 Smart Start Funded Activities

Activity Name	Community Partner	FY16-17 Allocation
<b>Early Care &amp; Education*</b>		
1. Child Care Resource & Referral	In-house	\$ 161,227.00
3. Focus on Child Care Professional Development	In-house	\$ 14,827.00
4. NC Pre-K Purchase Of Care (POC)	In-house	\$ 95,634.00
5. NC Pre-K Quality Maintenance	In-house	\$ 9,244.00
6. Subsidy Purchase Of Care (POC)	Department of Social Services	\$ 248,242.00
<b>Family Support &amp; Early Literacy</b>		
8. Focus on Fathers	Chatham County Public Health Dept.	\$ 54,336.00
9. Raising A Reader (RAR)	In-house	\$ 44,094.00
<b>Health &amp; Early Intervention</b>		
10. Assuring Better Child Health and Development Project	Chapel Hill Training & Outreach Project	\$ 25,512.00
11. Chatham Healthy Kids-Shape NC*	In-house	\$ 7,201.00
12. Child Care Behavior Consultant*	Chapel Hill Training & Outreach Project	\$ 26,479.00
13. Child Care Health Consultant*	Chatham County Public Health Dept.	\$ 64,262.00
<b>Program Support</b>		
14. Program Evaluation and Coordination	In-House	\$ 77,280.00
<b>Grand Total in Funded Services</b>		

*\*When calculating the funding by area, Child Care Behavior Consultation and Child Care Health Consultation are included in ECE since they are child care-based but included under Health when considering PBIS Area focus.*

FY 2016-17 Cash & In-Kind Match Requirement, 19%: \$175,079.00    Reported Match, >19%: \$175,120.25

## Part II: Full Individual Activity Reports

### A. Early Care & Education

#### Child Care Resource & Referral

CHATHAM COUNTY PARTNERSHIP FOR CHILDREN (IN-HOUSE)

Funding: FY 2016-17 **\$161,227**

FY 2015-16 **\$142,654**

Initially Funded: **1995**

##### *Activity Description*

This activity provides child care resource and referral (CCR&R) services to Chatham County. Technical assistance is provided to child care programs regarding CLASS (a tool measuring positive interactions), quality maintenance and quality improvement. A variety of trainings and an annual child care professional conference are provided to child care providers. A Child Care Professional Advisory Council is convened in order to involve child care providers in the planning and evaluation of services to them. Consumer education and referrals will be provided to parents. Spanish-language interpretation and translation are provided to child care programs. CCR&R hosts an annual bilingual children's literacy festival. Material grants are provided to licensed child care programs participating in the annual conference, CLASS technical assistance and star-rating technical assistance, if funding allows. The positions partly funded through this project include Provider Services Coordinator, Bilingual Child Care Liaison, Program Specialist, Program Director, and Data Specialist.

##### *Target Population*

Child care providers working in regulated child care centers and homes and children and families in need of child care or preschool services.

##### *What did we do?*

Program Outputs	FY 16-17		
	<i>Projected</i>	<i>Actual</i>	<i>Actual/Proj.</i>
# unduplicated direct teaching staff attend training (non-college credit courses)	150	301	201%
# child care providers attend the conference	50	38	76%
# Total Workshops offered	No goal	79	No goal
# facilities participate in activities to increase or maintain quality (on-site TA)	15	13	87%
# Chatham County parents of children ages 0-5 receive individualized child care referrals and consumer education	120	79	66% <sup>1</sup>
# unduplicated child care facilities or related service providers receive interpretation/translation service to communicate with Spanish-speaking families	7	4	57% <sup>2</sup>
# instances of interpretation/translation service to child care facilities or related service providers	30	10	33% <sup>3</sup>
# people attend Day of the Books	300	262	87%
# toddler or preschool teachers receive at least 8 hours of TA/coaching on positive interactions including pre/post assessments using the CLASS tool	8	3	38% <sup>4</sup>
# classrooms or homes serving ages 0-5 receive on-site TA/coaching for star-rating assessment or quality maintenance	20	37	185%
# advisory council meetings held	5	6	120%

<sup>1</sup> A 6-month staff vacancy affected outreach during FY 16-17; an increase in this output is already being seen in FY 17-18.

<sup>2</sup> Due to decreased demand for this service from child care providers. Goals will be reevaluated in FY 17-18.

<sup>3</sup> see above

<sup>4</sup> Affected by a 6-month staff vacancy.

## What impact was achieved?

Program Outcomes <i>By June 30, 2017, ...</i>	Status	FY 16-17 Actual Outcome
90% of training attendees indicate that the trainings provided them with new knowledge or skills	●	98.8% 637 of 645
90% of conference attendees indicate that the trainings provided them with new knowledge or skills	●	100% 147 of 147
25% increase in average pre/post scores on CLASS assessment in classrooms receiving TA	◐	20% 4.71 to 5.65
90% of participants responding to a survey report implementation of one or more strategies provided by TA staff to improve the quality of care in their classroom/home	○	55% <sup>1</sup> 11 of 20
12% increase in average star-rating pre/post TA	●	36% 3.13 to 4.25
80% of parents who received a referral, responded to a follow-up survey and chose licensed care indicate that they chose 4 or 5 star care	◐	67% 2 of 3
100% of providers using the service and responding to a survey indicate that it improved their communication with Spanish-speaking families	●	100% 2 of 2
Grant materials will be observed in use in 100% of child care facilities	●	100% 3 of 3
30% of parents of children ages 0-5 who attend the event will access Smart Start or early childhood services as a result of follow-up contact	○	7% <sup>2</sup> 4 of 56

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved

## Success Story

Part of the intent of CCR&R activities is to improve the quality of child care provided in Chatham County. While working in a classroom, helping a preschool teacher prepare for a state assessment, one of our coaches noticed that one child was having angry outbursts at times and the teacher was becoming frustrated after having already tried various strategies to help the child. The coach noticed how much the child enjoyed the teacher reading to him one on one. So, during a coaching session with the teacher, the coach suggested the teacher might try using that activity to help the child calm down when he got upset. Immediately after the coaching session, the child had an angry outburst and knocked over another child's building blocks. After noting the behavior, the teacher invited the child to read, and the child calmed down. After reading, the child willingly helped clean up the blocks he had knocked down. The child recovered from his negative emotions more quickly, and the teacher discovered a new way of connecting with and guiding him!

*Additional funding for CCR&R is provided by the NC Division of Child Development through the NC CCR&R Council.*



<sup>1</sup> In late FY 16-17 the Partnership increased TA staffing in order to increase capacity to serve providers in response to this survey outcome.

<sup>2</sup> This was the first Chatham County Partnership for Children's Smart Start Annual Progress Report for FY 17-18 by learning from the first report.

# NC Pre-K Purchase of Care (POC)

## CHATHAM COUNTY PARTNERSHIP FOR CHILDREN (IN-HOUSE)

Funding: FY 2016-2017 **\$95,634**

FY 2015-16 **\$109,108**

Initially Funded: **2004**

### Activity Description

Financial assistance is paid on a direct per-child basis for the purpose of enhancing the NC Pre-K rate for children enrolled in and being served through NC Pre-K and whose families are eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and Development Fund (CCDF). Data is reported as directed by DCDEE.

### Target Population

Children who are 4 years old as of August 31 and who are considered at-risk due to low family income and other factors (e.g., developmental needs, disability, military service).

### Who was served?

Recipient	FY 16-17		
	Projected	Actual	Actual/Proj.
Number of children funded	No Proj.	24	NA

### What impact was achieved?

Program Outcomes*	Status	FY 16-17 Actual Outcome
By June 30, 2017, ...		
Average star rating for subsidized children	●	4.76
Percentage of subsidized children in 4 & 5 star care	●	100%

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; NA = Not Available or Not Applicable

### Success Story

Recently a student's family requested to take their child out of the program for a month to visit a sick grandmother out of the country. We worked with the Division of Child Development and Early Education to figure out the process to allow this child an emergency leave, ultimately creating a letter of agreement signed both by the family and the program. Since the child was identified as having Limited English Proficiency and had never been served in a school setting outside the home, we felt it was important for her to have the experience of Pre-K before starting elementary school next year. The family was very thankful to be supported in their time of need, and they returned the child to the class in a month as agreed. The teacher reported that she jumped right back in with her classmates and is on track with her development, and the grandmother is now recovering.



# NC Pre-K Quality Maintenance

## CHATHAM COUNTY PARTNERSHIP FOR CHILDREN (IN-HOUSE)

Funding: FY 2016-2017 **\$9,244**

FY 2015-16 **\$8,193**

Initially Funded: **2008**

### *Activity Description*

The Chatham County Partnership for Children provides quality maintenance technical assistance and coordination support to currently approved NC Pre-K classrooms as well as potential classrooms under recruitment. Activities include onsite consultation regarding environmental rating scales, classroom curriculum, on-going child assessments, etc. in accordance with NC Pre-K Program Guidelines. Smart Start funds may be used to purchase curriculum resource materials and online curriculum subscriptions for NCPK classrooms. Support to the strategic planning process and the NC Pre-K Advisory Committee is provided. Staffing for this activity is provided by the Smart Start NC Pre-K Coordinator, and the Executive Director.

### *Target Population*

Children who are 4 years old as of August 31 and who are considered at-risk due to low family income and other factors (e.g., developmental needs, disability, military service). Pre-K teaching staff and administrators in 4 or 5-star rated sites will also be targeted, as well as the NC Pre-K Advisory Committee.

### *What did we do?*

Program Outputs	FY 16-17		
	<i>Projected</i>	<i>Actual</i>	<i>Actual/Proj.</i>
Number of child care facilities participating	11	11	100%

### *What impact was achieved?*

Program Outcomes <i>By June 30, 2017, ...</i>	Status	FY 16-17 Actual Outcome
Average star rating of participating NC Pre-K sites will increase	●	4.62 to 4.9

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; NA=Not Available or Not Applicable

### *Success Story*

The Teaching Strategies GOLD Creative Curriculum is implemented in all classrooms. The assessment tools and online portfolios for this curriculum are used for ongoing assessment of children's growth and development during the school year. Teachers enter data quarterly about their student's skills in the areas of social-emotional, physical, language, cognitive, literacy and mathematics. Teaching Strategies provides reports showing growth trends from the first reporting in the fall to the final in the spring. Overall between **94%-99% of children** in our NCPK classrooms were **above the growth range** by the end of the school year. Children in the NC PreK program are showing great levels of growth and are better prepared to enter Kindergarten.

# Subsidy (Purchase of Care)

## DEPARTMENT OF SOCIAL SERVICES

Funding: FY 2016-17 **\$248,242**

FY 2015-16 **\$232,996**

Initially Funded: **1995**

### Activity Description

Financial assistance is paid on a direct per-child basis for the purchase of part- or full-day care and/or rate enhancements for families eligible for Temporary Assistance for Needy Families (TANF) or the Child Care and Development Fund (CCDF). This activity is implemented through the state-level subsidy contract and is governed by a Memorandum of Understanding between the Local Partnership and the Department of Social Services, which serves as the Local Purchasing Agency .

### Target Population

Chatham County children birth to age 5 enrolled in 4- or 5-star care whose families' income is 200% of federal poverty level or less .

### Who was served? (Count of Children Served by Smart Start and other Subsidy funds each month)

Month	Subsidy	Smart Start Funded	Unduplicated Total	Children on the Wait List
Jul 2016	279	33	312	117
Aug 2016	277	36	313	152
Sep 2016	257	32	289	163
Oct 2016	248	33	281	165
Nov 2016	258	38	342	148
Dec 2016	307	37	348	87
Jan 2017	316	34	352	29
Feb 2017	320	32	338	43
Mar 2017	295	48	339	58
Apr 2017	292	48	340	76
May 2017	246	80	323	89
Average	281	41	325	103

### What impact was achieved?

Program Outcomes By June 30, 2017, ...	Status	FY16-17 Actual Outcome
Average star rating for subsidized children in FY 15-16*	●	4.33

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; NA = Not Available or Not Applicable

### Success Story

Using June 2017 as an example, , **91%** of Smart Start subsidyfunding was provided to families for child care financial assistance so that parents could continue their **employment**. In addition, 5% of funds were provided for parents to continue their **high school education or obtain a GED** and 2% of funds were provided for families so that parents could **look for work**.

## B. Family Support & Early Literacy

### Focus on Fathers

#### CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT

Funding: FY 2016-17 \$54,336

FY 2015-16 \$54,889

Initially Funded: 1999

#### *Activity Description*

The Nurturing Parenting program is provided through Chatham County Public Health Department's Focus on Fathers Program, which is designed to increase Chatham fathers' family and life-skills competencies and to prepare them for a lifelong role of mentoring their children. Group meetings address emotional support and life-skills training needs for the fathers and promote father-child bonding through recreational and educational activities. The Focus on Fathers Coordinator provides one-on-one assistance and support through home visits to program participants to assist them in meeting individualized service goals. The Coordinator organizes and facilitates group meetings. Monthly skill-building sessions cover a variety of topics including child development, parenting issues, and family and life planning. Skill-building sessions utilize the Nurturing Parents Program Curriculum through home visits and group meetings. Parent Leadership Support Groups emphasize parent leadership. Participants identify topics of interest and help with planning group meetings. Services are provided to up to 26 fathers.

#### *Target Population*

Fathers of children 0-5 years of age who live with or apart from their children.

#### *Who was served?*

Recipient	FY 16-17		
	Projected	Actual	Actual/Proj.
# fathers will receive individual support services	20	20	100%
# fathers will participate in an ongoing parent education-focused group and/or family activity.	20	20	100%

#### *What impact was achieved?*

Program Outcomes	Status	FY 16-17 Actual Outcome
By June 30, 2017, ...		
75% (15 of 20) of fathers report that they have used at least 3 of the parenting education concepts in responding to their child's behavior or in activities with their child	◐	65% 13 of 20

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; NA = Not Available or Not Applicable

#### *Success Story*

One member of the Focus on Fathers (FOF) program has been in the program since 2016 and is showing major improvements, including the understanding of the importance of fatherhood. Since the birth of his child and the enrollment in the program, this teen father has stayed in school and is making significant progress academically and behaviorally. He has started to understand that his personal needs are secondary to the needs of his child. He is also learning to co-parent with the child's mother since they are no longer in a relationship together.

# Raising a Reader

CHATHAM COUNTY PARTNERSHIP FOR CHILDREN (IN-HOUSE)

Funding: FY 2016-17 **\$44,094**

FY 2015-16 **\$34,868**

Initially Funded: **2012**

## Activity Description

A Raising a Reader (RAR) Coordinator implements Raising a Reader, a program that promotes daily book sharing between parents and their young children. Coordinators attend RAR National Coordinator training and host two trainings per year for the site implementers that have been identified to participate in this project. Child care centers, child care homes, or other community sites with a high percentage of low-income children are targeted and loan identified families a numbered book bag containing high quality children's books. The books are exchanged each week. Weekly shared reading sessions take place at each RAR site. Parents of the children in the project are invited to participate in at least two parent workshops where they learn book-sharing strategies. At least one library event is provided for RAR participants and their families. Participants and their families receive library information, a library card application, and other community literacy resources. The program is implemented with model fidelity. Smart Start funds may also be used for books for children, child care for participants, and incentives for eligible participants.

## Target Population

In Chatham County, Raising a Reader is provided to agencies/programs that serve low-income parents and their children age birth to five, including parents who are poor readers themselves or who do not speak English. Child care facilities with at least a 3-star license and that serve infants are given priority.

## What did we do?

Program Outputs	FY16-17		
	<i>Projected</i>	<b>Actual</b>	<b>Actual/Proj.</b>
# RAR participating child care sites	10	9	90%
# Classrooms	23	28	122%
# Children in RAR classrooms	340	359	106%
# Implementers (teachers)	42	55	131%
# Total unduplicated parents	228	154	68%
# Implementer trainings	3	3	100%
# Coaching sessions (2 per implementer)	84	101	120%
# Total weeks bags rotated (in all sites)	552	613	111%
# Weekly shared reading sessions, 24 per classroom	552	777	141%
# Parent workshops (2 per site min)	20	14	70%
# Library events	1	1	100%
# Site visits (4 per site)	40	40	100%



## What impact was achieved?

Program Outcomes	Status	FY16-17 Actual Outcome
<i>By June 30, 2017, ...</i>		
55% of parents will report an increase in the number of times per week they read with their child.	●	50%
55% of parents will report an increase in the use of recommended early literacy reading strategies in the home.	●	46%
75% of teachers will show an increase in the use of recommended early literacy strategies in the classroom.	●	71% 20 out of 28

● = Achieved; ● = Made Significant Progress; ○ = Not Achieved; NA = Not Available or Not Applicable

## Success Story

Dear Ms. Rossi,

I wanted to take a minute to send a note of thanks for the Raising A Reader program provided through the Chatham County Partnership for Children. My son has been participating in this program for the last year and a half and I am amazed daily with his excitement and growth since the program began. He so enjoys bringing his red bag home on Thursdays to share with my husband and I the treasures of reading. We established a night time routine early in the program of opening the bag and looking through each book to pick the favorite of the night. Then we take turns "reading" to each other. Our family's Spanish vocabulary has increased along with my son's daily language and understanding of new and "big" words. We as parents understand that repetition is a part of growth for young children and our son loves to get books he has "read" before to read again. Oh if you could be a fly on the wall at my house at night time. He makes me laugh when he tells me his stories of his day and how they sound like the beginning, middle and end of books like we read. I am so excited that our preschool offers this program. We are busy parents and we are not able to attend story time at the library, but we have the excitement of having the library through the RAR red bag program. I also appreciate that you take the time to come to his center and read to his class. That is a huge step in his social contact to meet other community helpers and to understand how our world works together. Thank you so much. There are so many benefits to the RAR program that I can say for the other parents.... Thank you!!! Opening the world of reading and literature has made a huge difference in his social, emotional and intellectual growth in ways that would be hard for me to provide without this program. Thank you again and please continue this awesome service!!

Sincerely,

Mrs. M



## C. Health & Early Intervention

### Assuring Better Child Health and Development Project

CHAPEL HILL TRAINING AND OUTREACH PROJECT

Funding: FY 2016-17 **\$25,512**

FY 2015-16 **\$25,512**

Initially Funded: **2008**

#### *Activity Description*

The Assuring Better Child Health and Development (ABCD) Project is an evidence-based model that improves the quality child development services in primary care medical practices and enhances developmental screening and referral for children ages 0-5 in the context of the medical home. The project provides training and on-site technical assistance to at least three medical practice sites to facilitate the identification of children who may benefit from early intervention services. Services are provided to physicians and their staff at various times to support the integration of standardized, validated developmental screening and referral into designated well-child visits, the provision of information and education to families regarding their child's development, and collaboration with community partners to ensure follow-up to the practices regarding the children's development, referral and treatment plans. Services are provided by a child health or child development specialist with experience in group training and experience working with young children and their families. The project also develops and disseminates appropriate materials to participating practices including a community resources directory or referral handouts. In addition, project staff provide each participating medical practice with a set of developmental screening tools. **Target**

#### *Population*

A minimum of three primary care practices/medical homes caring for children ages birth to 5 receive three levels of service:  
 Level 1: Basic ABCD Implementation- up to 6 months, which requires monthly visits to practice  
 Level 2: Intensive Services- up to 12 months, which requires monthly visits plus calls, emails, etc.  
 Level 3: Maintenance Services- 18 months and beyond, with periodic/upon request contact  
 The participating practices serve an estimated 33% of Chatham County children age birth-5, including an estimated 1000 Medicaid-enrolled children, during the first two levels of ABCD services.

#### *What did we do?*

Program Outputs	FY16-17		
	Projected	Actual	Actual/Proj.
# community meetings and presentations to promote the ABCD program, help establish and maintain communication between physicians & early intervention agencies, and support established referral procedures.	10	17	170%
# primary care practices participating in this activity	3	4	133%
# health care providers participating	15	18	120%
# of children in participating practices	1500	2462	154%
# Medicaid-enrolled children age birth-5 yrs (estimated) served in participating practices	1000	677	68%
# practices completing the survey (completed by providers and key practice staff)	3	3	100%
# ongoing chart audits performed every 6 months	3	5	167%
# on-site training sessions conducted	3	5	167%
# technical assistance sessions provided (via phone, email, and onsite visits)	15	25	167%

## What impact was achieved?

Program Outcomes	Status	FY16-17 Actual Outcome
<i>By June 30, 2017, ...</i>		
90% of reviewed charts will note that children received developmental screenings with a validated screening tool at their most recent well-child visit.	●	90% 128 of 143
70% of reviewed charts will note that children received autism-specific screening at designated well-child visits (18 and 24 mos).	●	76% 34 of 45
70% of children with developmental concerns in participating medical practices will be referred for further assessment or services.	●	86% 12 of 14
55% of children referred for developmental assessment or services by participating medical practices receive the follow-up services.	●	67% 8 of 12*

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; NA = Not Available or Not Applicable  
*\*chart reviews are an inaccurate method to determine whether the child receives follow-up services, since practices do not always receive follow-up.*

## Success Story

In my work in the Siler City Health Department, I have been able to make connections with the new Clinic Manager. He has connected me with the new Child & Family Nurse, in hopes that I might be able to train her regarding Early Intervention and referrals. I was also able to speak with her about developmental screenings, what each tool is, and their importance. Also, the while walking through the clinic I noticed the "pin-boards" in the clinic were empty. I approached the Clinic Manager and spoke with him about getting materials on the pin-board regarding early intervention, in English and Spanish. I have been able to make contacts with the CCNC-Access Care Community Project Manager and plan to bring her to individual clinics to meet the staff and help her begin building connections and wrap-around services. With my community trainings and outreach I have been able to make relationships with individuals from UNC and CDSA that are helping provide trainings on Autism and Maternal Depression to our clinics. A Maternal Depression Training was held for all providers at Piedmont Health Services Clinics, which includes providers from Siler City Community Health Clinic, on 3/1/17. An Autism training for providers at Chatham Primary was held on 6/26/17.



# Shape NC/Chatham Healthy Kids

## CHATHAM COUNTY PARTNERSHIP FOR CHILDREN (IN-HOUSE)

Funding: FY 2016-17 \$ 7,201.00 FY 2015-16 \$ 15,000 Initially Funded: 2011

### *Activity Description*

This activity provided coordination, planning, community leadership and education focusing on the issues related to early childhood obesity (specifically nutrition, physical activity, breastfeeding, outdoor learning environments, and screen time) in child care settings and the community. This project focused on implementation of Shape NC Phase II: assisting Shape NC Expansion Centers with increasing their best practices in the areas outlined above using the GO NAP SACC model; assisting the designated Model Early Learning Center with achieving demonstration site status (including major structural changes to the Outdoor Learning Environment); and coordinating related projects and activities identified in the Community Action Plan of the Chatham Shape NC Advisory Committee. The project coordinator with support from the Child Care Health Consultant provided on-site technical assistance to Shape NC Expansion Centers and the Model Early Learning Center.

### *Target Population*

Shape NC Expansion centers: 4- and 5-star rated centers and homes, and the children they serve.  
One Model Early Learning Center (MELC): a 4- or 5-star rated center, and the children it serves.

### *What did we do?*

Program Outputs	FY16-17		
	Projected	Actual	Actual/Proj.
# centers participating in Shape NC	5	5	100%
# centers participating in NAPSACC	5	5	100%
Number of children participating	198	198	100%

### *What impact was achieved?*

Fiscal year 2016-17 was a wrap-up year for Chatham Healthy Kids/Shape NC, with the project only operating for six months, through December 31, 2016. The statewide Shape NC initiative was reorganized under funding from the national Social Innovations Fund. The new research design required added more requirements to the project that did not seem to be a good fit for Chatham County. The Partnership still places a high priority on improving child health through better nutrition and more physical activity in child care programs. Shape NC has had a long-term impact in that several of its components are now embedded in other Smart Start activities. Child Care Resource & Referral staff is now offering physical activity demonstrations on-site at child care facilities. The Child Care Health Consultant uses the Nutrition and Physical Activity Self-Assessment of Child Care (GO-NAPSACC) in child care programs to improve health and nutrition practices.

# Child Care Behavior Consultation

## CHATHAM COUNTY DEPARTMENT OF PUBLIC HEALTH

Funding: FY 2016-17 **\$26,479**

FY 2015-16 **\$26,479**

Initially Funded: **1998**

### *Activity Description*

Chatham Childcare Behavior Consultation (CCBC) provides culturally sensitive, primarily indirect services for children birth to 5 in Chatham County childcare and early education settings for children identified with behavioral and/or social/emotional problems. Services include capacity-building for staff and family members, observing children and caregiving environments, and designing interventions that involve changes in caregivers' behaviors. The consultant provides pre- and post-screening using a standardized assessment tool (e.g., Devereux Early Childhood Assessment-Clinical [DECA-C] or other). The consultant collaborates with agencies, families, and caregivers who intervene directly with children in childcare and early education settings. This team (family, staff, and consultant) use interview, screening, and observation data to create a success plan addressing behavior(s) and their cause(s). The consultant provides on-site consultation, coaching, and instruction to caregivers using an evidence-based model such as the Center for Social-Emotional Foundations of Early Learning Teaching Pyramid Model (CSEFEL), which enhances skills and knowledge about responding effectively to behaviors and promoting classroom success. The consultant provides trainings when needed. The success plans are delivered to the family along with information to access community resources to meet the child's needs. The consultant will also provide outreach to the community to increase awareness and understanding of CCBC. CCBC is staffed by one part-time qualified professional who promotes social/emotional development of at least 40 Chatham County children by improving adults' effectiveness in their interactions with young children.



### *Target Population*

Children age 0-5 in licensed child care centers or homes in Chatham County who have a social-emotional or behavior concern and their parents/guardians and child care providers.

### *What did we do?*

Program Outputs	FY 16-17		
	<i>Projected</i>	<b>Actual</b>	<b>Actual/Proj.</b>
# Children with special needs who participated	40	39	98%
# Child care facilities who participated	No proj.	18	NA
# Child care centers	No proj.	16	NA
# Family child care homes	No proj.	2	NA
# Parents of children served due to behavioral, emotional or social adjustment issues.	40	73	183%
# Child care providers received onsite consultation using evidence-based principles	36	55	153%
# Direct teaching staff who attended at least one non-credit based training or workshop	25	152	608%

### What impact was achieved?

Program Outcome <i>By June 30, 2017, ...</i>	Status	FY 16-17 Actual Outcome
80% (32 of 40) of children with post-screener completed made progress towards typical or enhanced development.	◐	54% 15 of 28*
80% (32 of 40) of the children referred for behavior concerns enrolled in childcare facilities & served for at least 6 months or who completed the consultation process, remain in the same facility for at least 6 months or the natural end of each child's placement.	●	100% 28 of 28
80% (32 of 40) of parents demonstrate an increase in positive parenting practices.	○	29% 8 of 28*
80% (29 of 36) of Child Care Providers who receive consultation demonstrate increased implementation of prevention and intervention approaches to young children's social-emotional development according to the Teaching Pyramid Observation Tool (TPOOT).	●	96% 27 of 28
80% (20 of 25) of training participants report an increased knowledge in teaching social/ emotional skills to young children.	●	97% 111 of 115

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; NA = Not Available or Not Applicable

\*Not all screeners or tools were submitted, leading to lower outcome numbers

### Success Story

One child in a Pre-K class has had a difficult first five years of life. He did not have a consistent home until his extended family took him in. He finally had some consistency. He found his way to a Pre-K class in Chatham County. The nurturing and positive environment was exactly what he and his family needed to grow. The consultation program was able to provide some scaffolding and structure to what the teachers were already practicing. Some additional strategies were shared, and the child's emotional and social development flourished. He went from an angry and aggressive boy to one who not only used his words to express his feelings, but one who created his own "happy place" in his home to provide him with the safe area that he learned to use in school.

# Child Care Health Consultation

## CHATHAM COUNTY DEPARTMENT OF PUBLIC HEALTH

Funding: FY 2016-17 **\$64,262**

FY 2015-16, **\$60,159**

Initially Funded: **1998**

### *Activity Description*

The Child Care Health Consultation model promotes healthy and safe environments for children in child care settings through consultation, training, and technical assistance services. The Child Care Health Consultant (CCHC) is a health professional with a minimum of a Bachelor's Degree in health education or a health related field. The health professional has completed the NC Child Care Health Consultant Training Course and received a certificate of qualification. The CCHC supports child care staff to identify and resolve health and safety problems and to improve the health and well-being of children in care, including children with special health care needs. The CCHC uses assessment of the child care facility's overall health and safety status to guide consultation services with the goal of providing a higher quality environment for the children enrolled. The CCHC promotes best practices for nutrition and physical activity, including promoting breast-feeding-friendly facility policies and procedures. The CCHC also works with child care facilities to increase children's access to primary, preventative health care and health insurance. The CCHC follows the North Carolina CCHC model for implementation of the activity. Smart Start funds may also be used to purchase materials to grant to selected child care programs based on completed needs assessments and documented progress toward improvement action plan goals.

### *Target Population*

General Services: Licensed child care facilities that serve ages 0-5 in Chatham County with a 3, 4, or 5-star rating and that accept child care subsidy; new, recently licensed facilities with a temporary license. Priority given in order of the vulnerability of the children in group settings: 1) infants and children with special needs, 2) toddlers, and 3) preschool-age children.

Intensive Services: Qualified facilities will be prioritized for intensive CCHC services based on selection criteria: 1-3 star ratings; infant-toddler care, current or recent history of sanitation noncompliance or demerits; current or recent history of administrative action; immunization noncompliance; and history of communicable disease outbreaks.

### *What did we do?*

Recipient	FY 16-17		
	<i>Projected</i>	<i>Actual</i>	<i>Actual/Proj.</i>
# Licensed facilities received immunization record reviews	48	48	100%
# Child care facilities that received any child care health consultation (on-site, phone, training, etc.)	51	51	100%
# Child care facilities received at least one on-site consultation from CCHC	40	30	75%
# Group trainings each year	12	22	183%
# Staff attended non-college credit based training workshops conducted by CCHC	90	130	144%
# Licensed child care facilities received intensive child care health consultation services, which included at minimum the sections of the NC Child Care Health and Safety Assessment: Forms and Policies, Medication Administration, and Emergency Preparedness	6	6	100%
# Child care facilities received assistance with emergency preparedness plans	6	19	317%
# Child care facilities participated in initiatives to improve nutrition and physical activities through NAP SACC	6	6	100%
# Child care facilities with at least one teacher attending CCHC trainings	25	49	196%

## What impact was achieved?

Program Outcome <i>By June 30, 2017, ...</i>	Status	FY 16-17 Actual Outcome
80% of children in licensed child care will have an up-to-date immunization status as evidenced by the Annual Child Care Immunization Report and follow up assessments.	●	100% 47 of 47
100% of child care facilities receiving onsite TA involving the use of the NC Health and Safety Assessment tool will see an increase in providers' practice of healthy behaviors.	●	100% 5 of 5
80% of participating facilities will score adequate in the area(s) of the NC Health and Safety Assessment that pertain to the action plan.	●	80% 4 of 5
100% of child care centers working with CCHC to participate in NAP SACC will demonstrate improvement in nutrition and physical activity practices as measured by an increase from pre- to post- mean NAP SACC Self- Assessment scores.	◐	80% 4 of 5
30% increase of children connected with a medical home as demonstrated through record review pre and post consultation	○	3.5% 87 to 90
40% increase of children up-to-date with immunizations as demonstrated through record review pre and post consultation.	○	8.95% 1106 to 1205

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; NA = Not Available or Not Applicable

## Success Story

The success with increasing immunization rates is largely due to the collaboration that took place among different agencies and staff within the health department. Interventions were based on providing education and resources that led to sustainable changes with how facilities complied with NC Immunization Laws. After receiving training and technical assistance, most child care facility directors now have the skills and resources they need to ensure 100% compliance with up-to-date immunization records. Child care providers are now able to determine if a child is missing immunizations without assistance, which gives them time to update records on all children before they complete the Annual Child Care Immunization Report. Filling out the form correctly and having 100% of children up-to-date the first time it is submitted results in less time spent on follow-up and providing technical assistance. Annual letters from the Health Director to facility owners, directors and parents have empowered child care staff to make sure they are getting the information they need from parents on time. During this past year, some child care directors even collaborated with each other to share skills and resources for making sure their reports were up-to-date. This year (FY 2016-2017) is the second year in a row that 100% of Chatham County facilities have submitted their reports.

Based on the successes of the Child Care Health Consultation program described above, it is no surprise that Chatham County is a leader in the state, and country, for early child vaccinations. In fact, Chatham has ranked #1 in the state for the past three years in county annual immunization assessment rates among children ages 0 to 36 months (through NCIR). In each of these years, these rates have exceeded 90% among children 0 to 36 months, well above the statewide county average of 70%. Alongside the Child Care Health Consultation program, our clinic team, including Immunization Tracking Coordinator Marsha Andrews, has worked diligently to improve and track early childhood immunization rates. The sustained positive outcomes of these collective efforts are a testament to what dedicated public health professionals can achieve.

Furthermore, the increase in immunization rates over the past three years is evidence that the collaborative effort and technical assistance provided is effective. The continued high percentages for compliance, despite less technical assistance being required, show that these are sustainable outcomes.

## D. Program Support

### Program Coordination/Evaluation

#### CHATHAM COUNTY PARTNERSHIP FOR CHILDREN (IN-HOUSE)

Funding: FY 2016-17 **\$77,280**

FY 2015-16 **\$62,558**

Initially Funded: **1995**

#### *Activity Description*

To ensure contract compliance and provide information for activity development and improvement, Chatham County Partnership for Children implements a comprehensive and formative program evaluation system. The system develops and implements a plan for gathering evaluation data on all Smart Start projects in Chatham, as well as for participating in statewide evaluation efforts. It also supports the enhancement of comprehensive and integrated early childhood initiatives and increases the knowledge of issues, research, service delivery systems and model programs relevant to young children and their families. Partnership staff provides the services; the program is based at the Partnership headquarters in Pittsboro. All Smart Start contractors receive services. Evaluation staff (Executive Director, Program Director, Smart Start NCPK Program Coordinator, Data Specialist, and contract staff as needed) complete state-requested data forms; conduct special issues research studies; serve as a staff support to the planning committees in the county; participate in program and fiscal monitoring activities; and provide support to the Board and Executive Director.

#### *Target Population*

All Smart Start-funded community partners, the CCPC Board of Directors, committees, and Chatham County community.

#### *Who was served?*

Recipient	FY 16-17		
	<i>Projected</i>	<i>Actual</i>	<i>Actual/Proj.</i>
# Activities supported	12	12	100%

#### *What services were provided?*

Service	FY 16-17		
	<i>Projected</i>	<i>Actual</i>	<i>Actual/Proj.</i>
# NCPK Quarterly Output Reports submitted	4	4	100%
# NCPK Bi-annual Outcome Reports submitted	2	2	100%

#### *What impact was achieved?*

Program Outcomes	Status	FY 16-17 Actual Outcome
<i>By June 30, 2016, ...</i>		
The Partnership for Children will have a Smart Start Annual Plan, approved by the Partnership Board and the North Carolina Partnership for Children	●	100% 1 of 1

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; NA = Not Available or Not Applicable

This activity does not provide direct services. Partnership staff are funded to support program planning and development. Extensive program reporting and monitoring is required to meet Smart Start standards and mandates. This activity is vital to the effort to meet the expectations of the Smart Start Accountability Plan.

## Part III: Extent of Impact

The activities funded in FY 2016-17 continue to demonstrate a positive impact on addressing the issues that affect a child's readiness for school. This section will take a closer look at county-wide outputs and impact.

### Outputs Summary

Last fiscal year, the majority of the child care sites were impacted directly by Smart Start through at least one funded activity. Below is a snapshot of how many child care facilities and individual child care providers were served by each activity.

Activity	Child Care Facilities	Child Care Providers
Chatham Healthy Kids / Shape NC	5	n.d.
Child Care Behavior Consultation	18	152
Child Care Health Consultation	51	130
Child Care Resource & Referral	15	301
NC Pre-K Quality Maintenance	11	23
Raising A Reader	9	55

n.d. = no data available

The facilities and providers impacted by these services received varying levels of service, from training event attendance to many months of one-on-one coaching. A total of **51 child care sites** received Smart Start services during the year (unduplicated count). At least **301 individuals** working in child care were served by Smart Start programs, as evidenced by the largest unduplicated number served by any one activity.

As for families impacted, depending on the activity, families could participate one time, over the short term, or over the course of years. Below is a brief snapshot of how many parents and/or children were touched by each activity.

Activity	Parents	Children
Assuring Better Child Health & Development	n/a	2462
Chatham Healthy Kids / Shape NC	n.d.	198
Child Care Behavior Consultation	73	39
Child Care Resource & Referral	79	476
Focus on Fathers	20	33
NC Pre-K Purchase of Care	24 or more	24
Raising A Reader	154	359
Subsidy Purchase of Care	n.d.	48

By looking at the greatest number served by any project above, we can tell that at minimum **154 parents** and **2462 children** were reached by Smart Start programs in Chatham County. The number of total unduplicated parents and children served is surely higher, but it is not possible to calculate unduplicated children served, as the programs and agencies must keep child-identifying information confidential.

## Outcomes Summary

*Outputs* are counts of participants served. *Outcomes* are measures of impact. Each activity's specific outcomes are reported on that activity's report. Here we summarize the progress of the 10 activities that had measured outcomes at meeting their outcomes:

- 4 achieved all outcomes.
- 3 achieved or made significant progress toward all outcomes.
- 3 achieved some outcomes and not others.

Overall, seven activities with measured outcomes either fully achieved these outcomes or made significant progress, and **28** of 33 measured outcomes were either fully achieved or had significant progress made. The table provides more detail of these successes by area.

Summary of Accomplishments	● = Achieved	◐ = Made Significant Progress	○ = Not Achieved	Total # outcomes measured
<b>A. Early Care &amp; Education:</b>				
1. Child Care Resource & Referral	5	2	2	9
2. NC Pre-K Purchase of Care	2	0	0	2
3. NC Pre-K Quality Maintenance	1	0	0	1
4. Subsidy Purchase of Care	1	0	0	1
<b>B. Family Support &amp; Early Literacy:</b>				
5. Focus on Fathers	0	1	0	1
6. Raising A Reader (RAR)	0	3	0	3
<b>C. Health &amp; Early Intervention</b>				
7. Assuring Better Child Health & Development	4	0	0	4
8. Chatham Healthy Kids-Shape NC	0	0	0	0
9. Child Care Behavior Consultation	3	1	1	5
10. Child Care Health Consultation	3	1	2	6
<b>D. Program Support:</b>				
11. Program Coordination/Evaluation	1	0	0	1
FY 2016-17 Overall:	20	8	5	33

## State Assessment Summary: Performance-Based Incentive System (PBIS)

Performance-based standards were created by the North Carolina Partnership for Children (NCPC) and are utilized by Chatham County Partnership for Children as a way to assess the broader impact of funded activities. Community-level indicators are measured using statewide data and reported by county. Since the development of these standards, Chatham County has made significant progress. The chart below shows the minimum and high performing standards set by NCPC, along with FY14-15 and FY15-16 achievements, the latest data available.

Summary PBIS Standards	FY15-16 Chatham results	FY14-15 Chatham results	Minimum Standard	High Performing Standard	Baseline *	Chatham Status
Number of Audit findings	0	0	>=1	0	1	Achieved High
% children receiving Subsidy in Regulated Child Care	100%	100%	>=90%	>=97%	99%	Achieved High
Avg. child star rating; % children in 4 and 5 star facilities	4.56 85%	4.63 90%	3.25 OR 50%	3.25 AND 50%	1.99 23%	Achieved High
Avg. child star rating-subsidy; % children in 4 and 5 star facilities	4.69 89%	4.76 93%	3.25 OR 60%	3.25 AND 60%	2.26 31%	Achieved High
Subsidy/Special Needs – Avg. star rating Subsidy/Special Needs – % of children in 4 & 5 star facilities	4.95 100%	4.99 100%	4.00 OR 75%	4.00 AND 75%	4.33 83%	Achieved High
Lead Teacher - % of children enrolled in 1-5 star rated child care centers that have at least 5 lead teacher education pts	85%	88%	>=60%	>=60% AND >=35%	44%	Achieved High
Lead Teacher - % children ... that have 7 lead teacher education pts	68%	72%	n/a		41%	
Administrator - % of children ... that have at least 5 admin education pts	86%	87%	>=60%	>=60% AND >=35%	54%	Achieved High
Administrator - % of children... that have 7 administrator education pts	70%	71%	n/a		42%	
Receiving Early Intervention – 0-2 years Receiving Early Intervention – 3-5 years	5.6% 8.4%	5.6% 7.1%	>=3% AND >=3%	>=5% AND >=5%	2% 3%	Achieved High
Use of Primary Health Care	data not available	data not available	>=70%	>=80%	75%	n/a

In FY 2015-16, the Partnership was held accountable for meeting eight PBIS standards (excluding one standard for which data was not available). Of these eight standards, **100% were met at the high-performing standard** established by NCPC.

Additional PBIS standards that were not selected as priorities for Chatham County are not shown in this chart. This is the last year (FY 2016-17) that these standards will be used; NCPC has developed a new set of standards called Community Early Childhood Profile/Measures of Impact which will be used in FY17-18 and subsequent years. The new Measures of Impact are shown in Appendix A of this report.

\*

## Challenges

Chatham is a large county in North Carolina with thousands of children and adults in need of the types of services Smart Start provides. The Partnership does not currently receive the amount of funding required to meet the needs of the community.

In addition to inadequate funding to meet need, state mandates continue to impact operations:

- 70% of all funding must be spent on child care related activities (with 40% child care subsidies)
- 19% funding match must be obtained from non-state or federal sources through in-kind or cash funding

These mandates limit the scope of services that can be funded by Chatham Smart Start. Funding for Smart Start has not been increased, therefore, we have not been able to expand our services and have had to trim budgets and cut services to maintain funding for the most essential and effective programs.

The following areas continue to be challenges for Chatham County:

- Adequate funding to support families qualifying for child care subsidy;
- Availability of high quality child care placements, especially for infants and toddlers;
- A reasonable wage for early childhood professionals that is representative of their education, experience and commitment;
- Adequate access to parent educators to meet the needs of today's diverse families;
- Adequate social/emotional development supports for young children and their families; and
- Adequate access to healthy food and opportunities to increase physical activity for young children.

Rapid increase of higher wealth residential development along with major industrial developments will bring a consequential increase in lower-wage earning service and manufacturing labor jobs which are typically filled by younger adults with young children. These families will need supports such as child care subsidies, and even with subsidy support may not be able to afford high-priced franchise child care program. Many of these programs do not accept state subsidies which pay fees lower than they are able to charge higher-wealth residents. As a result, lower-wealth, higher-need families often have access only to less-resourced child care programs.

The Partnership must redouble our efforts to find additional funding sources and explore new collaborations to meet the ever growing demand for services that positively impact young children and empower families.

## Going Forward

We have been very encouraged by the community response to our early childhood efforts in recent years. We are receiving increased private sector support through our multiple fundraising events and from faithful individual donors. And we have continuing interest from a wide variety of stakeholders who want to volunteer with our efforts. Support has been strong and critical to our success during this transition year of merger and growth.

The program impacts reflected in this report verify that we are on the right track with program development in spite of declining public funding. We continue to stretch resources to provide the best possible solutions to our community concerns and needs for our youngest children. Our hope is that in the near future our public funding will be restored so that Smart Start can truly meet all the needs of our children.

In the meantime, we will continue to think critically about how we use all of our resources and make sure that children from birth to age five in Chatham County reap the maximum benefit.

## Community Early Childhood Profile -- Chatham County

### *Smart Start's Measures of Impact*

### Final Results for Fiscal Year 2015-2016



The Community Early Childhood Profile (EC Profile) provides an annual snapshot of the status of our young children. It includes indicators of child well-being for which local Smart Start Partnerships are held accountable.



The EC Profile assesses progress towards realizing Smart Start's mission of advancing a high quality, comprehensive, accountable early childhood system that benefits each child in North Carolina beginning with a healthy birth.



The report uses validated data from state agencies that directly impact young children such as the NC Department of Health and Human Services, the NC Department of Public Instruction, and the NC Office of State Budget and Management. It replaces the PBIS report.

# FY 2015-2016 EC Profile Final Results for Chatham

Indicator	Description	Standards	FY 2014-15		FY 2015-16	
	Early Care and Education -- Quality					
PLA40a	Average Star Rating for Children in 1-5 Star Care	Minimum: 4.0 AND 60% High Performing: 4.0 AND 60% for each age group	4.63	High Performing	4.56	Meets Minimum
PLA40b	Percent of Children in 4 and 5 star care		90%	High Performing	85%	Meets Minimum
PLA50a	Average Star Rating for Subsidized Children in 1-5 Star Care	Minimum: 4.25 AND 80% High Performing: Minimum plus 4.25 AND 70% for each age group	4.76	High Performing	4.69	Meets Minimum
PLA50b	Percent of Subsidized Children in 4 and 5 star care		93%	High Performing	89%	Meets Minimum
	Early Care and Education -- Workforce					
EDU10	Percent of Children Enrolled in 1-5 Star Centers That Have At Least 75% of Lead Teachers with College Degrees (i. e. 7 Lead Teacher Education Points)	Minimum: 50% of children are in sites with 7 lead teacher education points High Performing: 50% of children are in sites with 7 lead teacher education points for age group	72%	Meets Minimum	68%	Meets Minimum

**FY 2015-2016 EC Profile Final Results for Chatham ( cont. )**

Indicator	Description	Standards	FY 2014-15		FY 2015-16	
EDU20	Percent of Children Enrolled in 1-5 Star Centers That Have Directors with College Degrees (i.e. 7 Administrator Education Points)	Minimum: 60% of children are in sites with 7 administrator education points High Performing: 60% of children are in sites with 7 administrator education points for age group	71%	Meets Minimum	70%	Meets Minimum
	<b>Family Support</b>					
FS20	Percent of Parents/Guardians Who Report Reading to Their Children Daily	Minimum: TBD High Performing: TBD	N/A	N/A	57% Statewide	TBD
FS30	Percent of children age 0-5 with an investigated report of child abuse/neglect.	>= 5.0% and <12.0% A range has been set based on the distribution of identified children among counties. If the county is outside the range, the partnership will convene meetings to review data	4.7%	Outside the range	3.5%	Outside the range
	<b>Health</b>					
H10a	Percent of children ages 0-2 who receive early intervention or special education services	>= 4.0% and <10.0% A range has been set based on the distribution of identified children among counties. If the county is outside the range, the	5.6%	Within the range	5.4%	Within the range

# **FY 2015-2016 EC Profile Final Results for Chatham ( cont. )**

Indicator	Description	Standards	FY 2014-15		FY 2015-16	
H10b	Percent of children ages 3-5 who receive early intervention or special education services	partnership will convene meetings to review data	7.1%	Within the range	8.4%	Within the range
H20	Percent of children enrolled in Medicaid who receive a well-child exam	Minimum: 75% High Performing: 85%	N/A	N/A	80% Statewide	Minimum
H60	Percent of low income children age 2-4 who are at a healthy weight	Minimum: 66.1% High Performing:70%	N/A	N/A	64.80%	Below Minimum



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