

A Summary of Measures for Reporting Smart Start Program Outcomes



Updated:

JANUARY 2019



Smart Start

Each Child. Every Community.

SMART START OUTCOMES
MEASUREMENT TOOL
RESOURCE GUIDE

A SUMMARY OF ASSESSMENTS,
SCREENINGS, AND MEASUREMENT
CALCULATIONS FOR REPORTING
SMART START PROGRAM OUTCOMES

JANUARY 2019

SMART START OUTCOMES

MEASUREMENT TOOL RESOURCE GUIDE

A SUMMARY OF ASSESSMENTS, SCREENINGS, AND
MEASUREMENT CALCULATIONS FOR REPORTING SMART
START PROGRAM OUTCOMES

The North Carolina Partnership for Children, Inc.

TABLE OF CONTENTS

EARLY CARE AND EDUCATION.....	8
COMMUNITY EARLY CHILDHOOD PROFILE PLA50 INDICATOR.....	9
EARLY CHILDHOOD ENVIRONMENT RATING SCALE (ECERS – R).....	11
INFANT TODDLER ENVIRONMENT RATING SCALE (ITERS-R).....	15
FAMILY CHILD CARE ENVIRONMENT RATING SCALE – REVISED EDITION	20
SMART START LENDING LIBRARY SURVEY – CHILD CARE	24
TEACHER OR DIRECTOR TURNOVER CALCULATION	26
NC EARLY CHILDHOOD AND ADMINISTRATION CREDENTIALS AND COURSEWORK.....	29
COLLEGE COURSEWORK	33
CONTINUING EDUCATION UNITS (CEUS)	35
PROGRAM ADMINISTRATION SCALE (PAS).....	38
BUSINESS ADMINISTRATION SCALE FOR FAMILY CHILD CARE (BAS)	41
CLASSROOM ASSESSMENT SCORING SYSTEM® (CLASS®).....	44
TEACHING PYRAMID OBSERVATION TOOL (TPOT)™	49
THE PYRAMID INFANT TODDLER OBSERVATION SCALE (TPITOS).....	52
NAP SACC & GO NAP SACC (NUTRITION AND PHYSICAL ACTIVITY SELF-ASSESSMENT)	55
EARLY CHILDHOOD ENVIRONMENT RATING SCALE PERSONAL CARE ROUTINE SUBSCALE FOR ECERS/ITERS	59
NC CHILD CARE HEALTH AND SAFETY ASSESSMENT	62
STAR LEVELS.....	66
STAR RATING EDUCATION AND PROGRAM STANDARDS POINTS.....	68
DCDEE EVALUATION OF AUTHORIZED IN-SERVICE TRAINING.....	72
FAMILY SUPPORT AND HEALTH	74
KEYS TO INTERACTIVE PARENTING SCALE (KIPS)	75
ADULT-ADOLESCENT PARENTING INVENTORY (AAPI-2).....	78
PARENTING STRESS INDEX™ FOURTH EDITION (PSI™-4)	82
PARENTING STRESS INDEX™ FOURTH EDITION (PSI™-4 SF SHORT FORM).....	85
TRIPLE P PARENTING SCALE – LEVEL 4.....	88
TRIPLE P PARENTING EXPERIENCE SURVEY – LEVEL 3.....	92
TRIPLE P CLIENT SATISFACTION QUESTIONNAIRE - LEVEL 2 (BRIEF PRIMARY CARE), LEVEL 3 (PRIMARY CARE), LEVEL 4 (GROUP STANDARD).....	95
TRIPLE P CLIENT SATISFACTION QUESTIONNAIRE - LEVEL 2 (SEMINAR SERIES)	97
PARENTING PRACTICES INVENTORY.....	99
NURTURING SKILLS COMPETENCY SCALE (1 & 2).....	102
INFANT CRYING QUESTIONNAIRE/ QUESTIONNAIRE ABOUT CHILDREN’S CRYING	105

<i>PARENTING INTERACTIONS WITH CHILDREN: CHECKLIST OF OBSERVATIONS LINKED TO OUTCOMES (PICCOLO™)</i>	107
<i>PROTECTIVE FACTORS SURVEY</i>	110
<i>PROTECTIVE FACTORS SURVEY PARTIAL SCALES</i>	113
<i>SMART START LENDING LIBRARY SURVEY – FAMILIES</i>	116
<i>LIFE SKILLS PROGRESSION (LSP)</i>	118
<i>CHILD SCREENINGS, REFERRALS, AND USE OF SERVICES CALCULATION</i>	122
<i>PARENT USE OF SERVICES CALCULATION</i>	124
<i>SHARED READING CALCULATION</i>	126
<i>RAISING A READER PARENT SURVEY</i>	129
<i>REACH OUT AND READ (ROR) PARENT SURVEY</i>	132
<i>SMART START DOLLY PARTON'S IMAGINATION LIBRARY (DPIL) SURVEY</i>	135
<i>READING STRATEGIES CALCULATION</i>	140
CHILD DEVELOPMENT AND LEARNING	143
<i>EYBERG CHILD BEHAVIOR INVENTORY</i>	144
<i>BRIGANCE® IED-III</i>	147
<i>AGES & STAGES QUESTIONNAIRES®, THIRD EDITION</i>	150
<i>AGES & STAGES QUESTIONNAIRES®: SOCIAL-EMOTIONAL, SECOND EDITION</i>	154
<i>TEACHING STRATEGIES GOLD®</i>	157
<i>CHILD BEHAVIOR CHECKLIST</i>	161
<i>THE DEVEREUX EARLY CHILDHOOD ASSESSMENT CLINICAL FORM (DECA-C)</i>	164
SYSTEMS LEVEL	167
<i>WILDER COLLABORATION FACTORS INVENTORY</i>	168
<i>PARTNERSHIP QUOTIENT (PQ) COLLABORATIVE LEADERSHIP SELF-ASSESSMENT</i>	172
APPENDIX A: SMART START COMMON OUTCOMES AND MEASURES	175

INTRODUCTION

As stated in the Smart Start Resource Guide of Evidence-Based and Evidence-Informed Programs and Practices (January 2013), the Smart Start community “continually strives for excellence...on behalf of the children and families we serve.” Consistent with national trends, Smart Start and The North Carolina Partnership for Children, Inc. (NCPC) are focused on evidence-based and evidence-informed (EBEI) practices for our early childhood system. The EBEI guide cites Smart Start’s strategic funding of “activities and programs that are most likely to have positive outcomes for the early childhood system, young children, and their families.” This is the basis for NCPC’s creation of a set of common outcomes across the Smart Start system and the policy to require the selection of one outcome for each Smart Start funded activity.

Once Smart Start Local Partnerships (a.k.a. Partnerships) select outcomes to be reported on for each activity, their next step is to determine how to measure those outcomes. The purveyors of commonly funded programs, the Smart Start Data Advisory Group (DAG) and NCPC staff have recommended measures for each Smart Start common outcome, available in Appendix A. The following ideas shaped the choice of measures:

- Use of valid and reliable tools are more likely to accurately measure change in a meaningful way.
- It is ideal for the Smart Start system that Partnerships selecting the same outcome also use the same measure when feasible.
- It is efficient for Partnerships to use measures that program purveyors require and support.

The Smart Start Outcomes Measurement Tools Resource Guide (or “Measures Guide” for short) provides information on a variety of measurement options for the Smart Start common outcomes. We are not able to include the actual measurement tools as many of them are copyrighted and/or require purchase. Links to websites are provided throughout the guide for more information, including ways to access the measures.

Reporting Data

As Partnerships consider the measures, in most cases, they will report average scores across all of those served in programs. Many of the measures are meant to be used at the beginning of the activity (the “pre” assessment) and at the end of the activity (the “post” assessment). We recognize that programs may collect pre and post assessments throughout the year especially for activities with rolling admissions. Smart Start outcomes reporting is structured primarily to consider the results for those who have both a pre and a post assessment at any given point.

Partnerships will be asked to report outcomes data twice a year. Specifically, they will report on outcomes for the first six months of the fiscal year and at the end of the fiscal year. Data shared in the mid-year results should also be included in the data reported for the full year.

Focus on Results

Partnerships should only include data reflecting results. There are various points that a program may measure results. Results data are often collected when a program participant exits the activity. Sometimes results may be collected from all participants once a year such as in an annual survey or looking at their status at the end of the year.

Some activities collect data when a participant enters the program and again when they have completed the program. This is called a pre/post test. In this approach, the pre or baseline data helps us understand how much change occurred. The pre data alone are not results. See below for a special note on pre/post data. Sometimes data on participants' status may be collected periodically throughout their time in the activity, such as developmental screening data. If a participant completed the measure at baseline and then more than once after that, then their most recent results in the reporting period becomes their post score.

Reporting Annual Results

If you have results data once a year but do not have pre data, then report your results in the Post/Annual column. Leave the Pre column blank. You will be asked about the blank cells when you submit your data. Indicate that you did not collect Pre data.

A Special Note about Pre/Post Data

We recognize that programs may collect pre and post assessments throughout the year. Smart Start outcomes reporting is structured to consider the results just for those who have both a pre and a post assessment at any given point.

Partnerships will be asked to report on outcomes for the first six months of the fiscal year and at the end of the fiscal year. At each time period, the partnership will provide:

1. **The number of people or organizations with a completed pre assessment and a completed post assessment.** The post assessment should have occurred within the reporting period. To determine whom to include:
 - a. For the mid-year report, include those for whom the *post assessment was completed in the first six months of the fiscal year*. The pre assessment could have been completed in that fiscal year or a prior fiscal year. We recognize that some programs may not complete any post assessments in the first six months. Partnerships will be able to acknowledge that at the mid-year report as needed.
 - b. For the year-end report, include those for whom the *post assessment was completed at some point in the fiscal year*. The pre assessment could have been completed in that fiscal year or a prior fiscal year. Please note that the year-end report will include data shared in the mid-year report.
2. **Of those people or organizations with both a pre and a post assessment, what was their average pre assessment score?**
3. **Of those people or organizations with both a pre and a post assessment, what was their average post assessment score?**

This approach will allow Smart Start to describe changes for those who have participated long enough to have follow-up data. It also recognizes that participants' involvement may cross from one fiscal year to the next and that achieving outcomes can take time. Results for participants who enter during a fiscal year but who do not have a follow up until the next fiscal year will be captured in the next fiscal year.

More information about reporting requirements is provided with each measurement tool.

MATH GUIDANCE

Decimal Places

You will need to round the results you report. Unless otherwise noted, please report results that are rounded to two decimal places. (e.g. 3.826 should be reported as 3.83).

Report Numbers Only

Do not include percentage signs (%) or other labels on your numbers. Only report numbers in the answer cells. You may include any information in the Comments box at the bottom of the screen to help us understand your results.

Calculating an Average

Many of the measures ask you to report on the average results. To calculate the average, add up all of the numbers then divide by how many numbers there are.

Here's an example using Early Childhood Environment Rating Scale scores. In this example, there are four classrooms that have received a post or follow up rating. The post scores for each are listed below:

Classroom A - Overall ECERS post score 3.7

Classroom B – Overall ECERS post score 4.2

Classroom C – Overall ECERS post score 3.6

Classroom D – Overall ECERS post score 5.4

Average Overall ECERS Post Score = $[(3.7 + 4.2 + 3.6 + 5.4)/(4 \text{ classrooms})] = 4.23$

FABRIK GUIDANCE FOR WRITE-IN MEASURES

If you enter a write-in measure, calculate an overall average or percentage for your results and enter in the cell. If you collected pre and post data, then enter both. Otherwise, enter your results in the Post/Annual column. Use the comment box to describe your measure and give us guidance on how to interpret your results.

EARLY CARE AND EDUCATION

SECTION I

COMMUNITY EARLY CHILDHOOD PROFILE PLA50 INDICATOR

DESCRIPTION

The Early Childhood Profile (EC Profile) includes measures of child well-being for which Partnerships are held accountable. The EC Profile assesses progress towards realizing Smart Start's mission of advancing a high quality, comprehensive, accountable system of care and education for every child beginning with a healthy birth. The EC Profile uses validated data sources from state agencies that directly impact young children. Published annually, data for the EC Profile reflect the entire fiscal year and/or calendar year.

PLA 50: Early Care and Education – Subsidized child placements in regulated child care programs. New Minimum standard: 4.25 average star rating of the placements for children receiving subsidy in regulated child care programs AND 80% of children receiving subsidy will be in 4- or 5- rated star child care programs

High performing standard: The minimum standard must be met and 70% of children at each age (infants, 1 year olds, 2 year olds, etc.) among children receiving subsidy will be in 4- or 5- rated star child care programs

SMART START OUTCOMES

Improved access to high quality care

OUTCOMES REPORTING SUMMARY

UNIT: SUBSIDIZED CHILD CARE SLOTS IN COUNTY

INDICATOR: AVERAGE STAR RATING OF SUBSIDIZED CHILD CARE SLOTS

ANNUAL

Average star rating for subsidized children in most recent year with data available _____

Percentage of subsidized children in 4 & 5 star care in most recent year with data available _____

Note: This information will come from EC Profile. We realize there will be a lag between the availability of EC Profile and the reporting cycle.

References:

The North Carolina Partnership for Children, Inc. *Early Childhood Profile (EC Profile) Final Results*

ADDITIONAL GUIDANCE

There is a time lag in the availability of data for this indicator. Partnerships should report data for the most recent year available, which will be the previous fiscal year. For example, in July 2019, partnerships will report data for FY 2017-2018.

FABRIK GUIDANCE

PBIS PLA50: Subsidized child placements in regulated child care programs

For the mid-year reporting, enter the most recent EC Profile data for PLA50. If the EC Profile results have not yet been finalized, then this may be draft data. For the year end results, enter the final results for PLA50a and PLA50b. You can find these numbers on Fabrik under Community Indicators/EC Profile.

If you are a multi county partnership, you will be prompted to enter these data for each county on separate lines.

EARLY CHILDHOOD ENVIRONMENT RATING SCALE (ECERS – R)

Authors: Thelma Harms, Richard M. Clifford, and Debby Cryer

Publisher: Teachers College Press

DESCRIPTION

According to the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, and Child Outcomes Research and Evaluation:

The ECERS-R is designed to assess group programs for children of preschool age (2 ½ to 5 years). It is a 43-item assessment tool rating scale organized into seven environmental subscales: Space and Furnishings, Personal Care Routines, Language-Reasoning, Activities, Interaction, Program Structure, and Parents and Staff. Each item has a number of quality indicators. The ECERS-R can be used in preschool, kindergarten, and child care classrooms. The original ECERS was revised to reflect changes in the early childhood field and to be more inclusive of children with disabilities and sensitive to cultural diversity.

The ECERS-3 is a comprehensive revision of the ECERS released in 2014. At this time, the ECERS-R is the assessment used for the North Carolina rated child care license.

Source indicates:

- **Languages:** Available in English, Italian, Swedish, German, Portuguese, Spanish, and Icelandic
- **Type of Assessment:** Observation, with some caregiver report
- **Age Range:** Designed to assess group programs for children from 2 ½ to 5 years of age. Typically given at start and end of program year
- **Personnel, Training, Administration, and Scoring Requirements:** The individual administering the ECERS-R must read and practice the scale, and must also have knowledge of child development and educational implications. The authors recommend reviewers to have at least two practice observation sessions with an experienced ECERS-R trainer. Administration time ranges from 2 hours to 5 hours depending on the scoring option selected for administering the assessment.
- **Training Support:** The assessment tool includes instructions for using the ECERS-R; a Video training package and workbook are also available. The website: www.fpg.unc.edu includes helpful information.

SMART START OUTCOMES

Improved early care & education program environment

OUTCOMES REPORTING SUMMARY

UNIT: CHILD CARE CLASSROOMS INDICATOR: AVERAGE OF ALL CLASSROOMS ASSESSED	
NUMBER OF CLASSROOMS WITH A POST SCORE IN THE REPORTING PERIOD* ____ <u>OF THOSE:</u>	
PRE	POST
<i>Average ECERS score ____</i>	<i>Average ECERS score ____</i>
<i>Please check all that apply to your “pre” data:</i>	<i>Please check all that apply to your “post” data:</i>
ERS edition: ECERS -3 ____ ECERS- R ____	ERS edition: ECERS -3 ____ ECERS- R ____
Locally administered ERS ____	Locally administered ERS ____
DCDEE/NCRLAP Administered ERS ____	DCDEE/NCRLAP Administered ERS ____
Assessor trained to reliability by Frank Porter Graham ____	Assessor trained to reliability by Frank Porter Graham ____
Partial tool (not all scales) used ____	Partial tool (not all scales) used ____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Harms, Thelma and Debby Cryer. Early Childhood Environment Rating Scale Video Observations, Revised Edition. New York: Teachers College Press, 1999.

Harms, Thelma and Debby Cryer. Early Childhood Environment Rating Scale Video Guide & Training Workbook, Revised Edition. New York: Teachers College Press, 1999. file.

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Peisner-Feinberg, E., and M. Burchinal. “Relations Between Preschool Children’s Child Care Experiences and Concurrent Development: The Cost, Quality and Outcomes Study.” Merrill-Palmer Quarterly, vol. 43, no. 3, 1997, pp. 451

U.S. Department of Health and Human Services, Administration for Children And Families, Office of Planning, Research, and Evaluation, Child Outcomes Research and Evaluation. Resources for Measuring Services and Outcomes in Head Start Programs Serving Infants and Toddlers. 2011. PDF file 314-316

Website:

<http://www.tcpress.com/ERS.html>

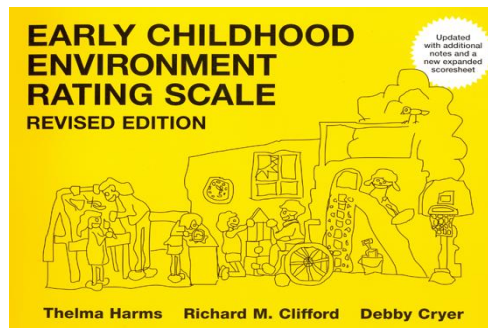
ADDITIONAL GUIDANCE

Partnerships will be asked to report on outcomes for the first six months of the fiscal year and at the end of the fiscal year. Work with child care provider participants may cross from one fiscal year to the next; achieving higher ERS scores can take more time than a single fiscal year. Changes in ERS scores for providers who participate in a Smart Start activity during the current fiscal year but receive a post assessment in the next fiscal year will be documented in the next fiscal year.

Environmental Rating Scales (ERS) data may be available in your community in a variety of ways such as:

- Some classes in facilities receive annual assessments, pre and post, using partial scales ERS scores generated by local assessors (not Division of Child Development and Early Education-DCDEE-staff).
- All classes in facilities receive annual assessments, pre and post, using partial scales ERS scores generated by local assessors (not DCDEE).
- Some classes in facilities receive annual assessments, pre and post, using all scales ERS scores generated by local assessors (not DCDEE).
- All classes in facilities receive annual assessments, pre and post, using all scales ERS scores generated by local assessors (not DCDEE).
- Classes in facilities receive pre assessments, using all scales ERS scores generated by local assessors (not DCDEE). Periodic assessments for these same facilities are provided by DCDEE. The DCDEE all scales ERS scores serve as the post assessment scores.
- All classes in facilities receive annual assessments, pre and post, using scores generated by assessors trained to Frank Porter Graham reliability standards (not DCDEE).
- Random classes in facilities receive triannual (all scale) ERS assessments generated by DCDEE. When DCDEE assesses the same classes across a multi-year cycle, “pre” and “post” scores are obtained.
- Random classes in facilities receive triannual (all scale) ERS assessments generated by DCDEE. Additional/second (all scale) assessments are requested for specific classrooms with recent DCDEE assessments. Scores from the requested additional/second DCDEE assessments are recorded by Smart Start partnerships as post scores with the recent prior scores serving as “pre” scores.

Partnerships will want to make sure that only those classrooms and child care providers that participated in the service funded all or in part by Smart Start are include in the data reported.



Early Childhood Environmental Rating Scale

Determine if you used the ECERS-R or the ECERS-3. Calculate the average pre and post scores for classrooms in which the ECERS was used. Leave the cells blank for the measure that you did not use.

Only use scores for classrooms with both a pre score AND a post score. Do not include those classrooms that only have a pre score.

Of those with both a pre and a post score, calculate the average overall ECERS (i.e. across all classes with scores) when you first began supporting each facility. Note that the pre score may be from a prior fiscal year, whenever you began working with the facility for this episode of assistance. Enter this in the average Pre score.

Similarly, calculate the average overall ECERS post score when you finished working with each facility. This is the average Post score.

Enter the number of classrooms for which you are reporting data.

Lastly, check the boxes that best reflect your experience with the measure. In particular:

- DCDEE/NCRLAP administered means you are reporting official scores generated through the licensing process.
- Assessor trained to reliability by Frank Porter Graham indicates the person who did the scoring completed training by the measure developer and achieved an acceptable level of expertise.
- Locally administered ERS means that the scores reported in Fabrik were not from DCDEE/NCRLAP but rather from a local rater such as a TA provider.
- Partial tool used indicates that only some subscales were used rather than the full scale.

INFANT TODDLER ENVIRONMENT RATING SCALE (ITERS-R)

Authors: Thelma Harms, Debby Cryer, and Richard M. Clifford

Publisher: Teachers College Press

DESCRIPTION

According to the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, and Child Outcomes Research and Evaluation:

The ITERS-R is a classroom assessment tool designed to measure the quality of group programs for infants and toddlers (birth to 30 months) by collecting data through classroom observation and a staff interview. The assessment is a 39-item rating scale organized into seven environmental subscales: Space and Furnishings (5 items), Personal Care Routines (6 items), Listening and Talking (3 items), Activities (10 items), Interaction (4 items), Program Structure (4 items), and Parents and Staff (7 items). The items in the first six subscales are referred to as child-related, and the items in the last subscale are referred to as parent-/ staff- related. Each item has several quality indicators, accounting for a total 467 Yes/No indicators (Head Start, 2011).

Source indicates:

- **Languages:** Available in English, German, Japanese, and Spanish
- **Type of Assessment:** Observation, with some direct caregiver interview questions
- **Age Range:** For classrooms enrolling children from birth to 2.5 years old
- **Personnel, Training, Administration, and Scoring Requirements:** Administered by a trained observer. The authors recommend that observers attend a training session (with one or more practice observations) led by an experienced ITERS-R trainer. Researchers should contact the authors regarding training to evaluate inter-rater reliability. In addition, observers attending training should have knowledge of child development and educational implications (Frank Porter Graham Child Development Institute 2005). ITERS-R training (excluding travel) at the University of North Carolina (UNC) ranges from \$1,025 to \$2,000 depending on the focus of the training. The Video Observations DVD is \$64, and the Video Guide and Training Workbook is \$4. Takes 2 to 5 hours depending on scoring option. The average administration time is 3.5 hours, including the staff interview.
- **Training Support:** Individuals administering the ITERS-R should be highly trained. Training tools for the ITERS-R include the administration instructions in the manual, training aids from the publisher's web site, the All About the ITERS-R handbook, and in-person trainings. The Video Observations for ITERS-R, Instructor's Guide, Video Guide, and Training Workbook are available for purchase on the publisher's web site. The Video Observations for the ITERS-R DVD/VHS and the Instructor's Guide demonstrate how to present training activities and answer frequently asked questions about the ITERS-R.

SMART START OUTCOMES

Improved early care & education program environment

OUTCOMES REPORTING SUMMARY

UNIT: CHILD CARE CLASSROOMS INDICATOR: AVERAGES OF ALL CLASSROOMS ASSESSED	
NUMBER OF CLASSROOMS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <i>OF THOSE:</i>	
PRE	POST
<i>Average ITERS score _____</i>	<i>Average ITERS score _____</i>
<i>Please check all that apply to your “pre” data:</i> Locally administered ERS _____ DCDEE/NCRLAP Administered ERS _____ Assessor trained to reliability by Frank Porter Graham _____ Partial tool (not all scales) used _____	<i>Please check all that apply to your “post” data:</i> Locally administered ERS _____ DCDEE/NCRLAP Administered ERS _____ Assessor trained to reliability by Frank Porter Graham _____ Partial tool (not all scales) used _____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

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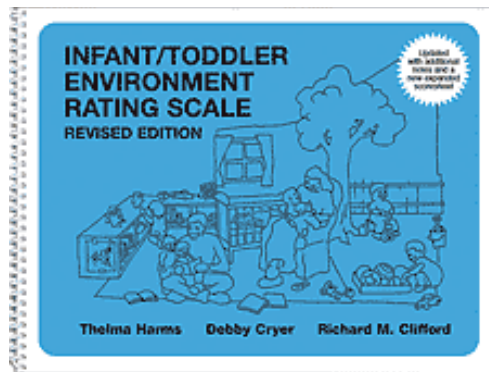
ADDITIONAL GUIDANCE

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- Some classes in facilities receive annual assessments, pre and post, using partial scales ERS scores generated by local assessors (not Division of Child Development and Early Education-DCDEE-staff).
- All classes in facilities receive annual assessments, pre and post, using partial scales ERS scores generated by local assessors (not DCDEE).
- Some classes in facilities receive annual assessments, pre and post, using all scales ERS scores generated by local assessors (not DCDEE).
- All classes in facilities receive annual assessments, pre and post, using all scales ERS scores generated by local assessors (not DCDEE).
- Classes in facilities receive pre assessments, using all scales ERS scores generated by local assessors (not DCDEE). Periodic assessments for these same facilities are provided by DCDEE. The DCDEE all scales ERS scores serve as the post assessment scores.
- All classes in facilities receive annual assessments, pre and post, using scores generated by assessors trained to Frank Porter Graham reliability standards (not DCDEE).
- Random classes in facilities receive triannual (all scale) ERS assessments generated by DCDEE. When DCDEE assesses the same classes across a multi-year cycle, “pre” and “post” scores are obtained.
- Random classes in facilities receive triannual (all scale) ERS assessments generated by DCDEE. Additional/second (all scale) assessments are requested for specific classrooms with recent DCDEE assessments. Scores from the requested additional/second DCDEE assessments are recorded by Smart Start partnerships as post scores with the recent prior scores serving as “pre” scores.

Partnerships will want to make sure that only those classrooms and child care providers that participated in the service funded all or in part by Smart Start are include in the data reported.



Infant Toddler Environmental Rating Scale

Only use scores for classrooms with both a pre score AND a post score. Do not include those classrooms that only have a pre score.

Of those with both a pre and a post score, calculate the average overall ITERS (i.e. across all classes with scores) when you first began supporting each facility. Note that the pre score may be from a prior fiscal year, whenever you began working with the facility for this episode of assistance. Enter this in the average Pre score.

Similarly, calculate the average overall ITERS post score when you finished working with each facility. This is the average Post score.

Enter the number of classrooms for which you are reporting data.

Lastly, check the boxes that best reflect your experience with the measure. In particular:

- DCDEE/NCRLAP administered means you are reporting official scores generated through the licensing process.
- Assessor trained to reliability by Frank Porter Graham indicates the person who did the scoring completed training by the measure developer and achieved an acceptable level of expertise.
- Locally administered ERS means that the scores reported in Fabrik were not from DCDEE/NCRLAP but rather from a local rater such as a TA provider.
- Partial tool used indicates that only some subscales were used rather than the full scale.

FAMILY CHILD CARE ENVIRONMENT RATING SCALE – REVISED EDITION

Authors: Thelma Harms, Debby Cryer, Richard M. Clifford

Publisher: Teachers College Press

DESCRIPTION

According to the U.S. Department Of Health and Human Services, Administration For Children and Families, Office of Planning, Research, and Evaluation, and Child Outcomes Research and Evaluation:

FCCERS-R is a thorough revision of the widely used program quality assessment instrument, The Family Day Care Rating Scale. Designed for use in family child care programs, it is suitable for programs serving children from infancy through school-age (Head Start, 2011).

Source indicates:

- **Languages:** Available in English, Spanish
- **Type of Assessment:** Observation, with some direct caregiver interview questions
- **Age Range:** Program serving children birth to 12 years. Assessment typically given at start and end of program year.
- **Personnel, Training, Administration, and Scoring Requirements:** Administered by a trained observer. The authors recommend that observers attend a training session (with at least two classroom practice observations) led by an experienced FCCERS-R trainer, followed by an inter-rater reliability comparison. Additional field practice observations may be necessary. A Video Observations DVD (\$64) along with a Video Guide and Training Workbook (\$4) are available for observers. Authors at the University of North Carolina, Chapel Hill provide a three-day training course on how to use the instrument and conduct assessments for \$1,025.
- **Training Support:** The authors recommend that observers attend a supervised training session (with at least two classroom practice observations lasting two to three hours each) led by an experienced FCCERS-R trainer, followed by an inter-rater reliability comparison. Additional field practice observations may be necessary. An interactive DVD/VHS of observations and an Instructor's Guide and companion Training Guide and Workbook are used during training. These materials are available for purchase separately through the Publisher's web site.

SMART START OUTCOMES

Improved early care & education program environment

OUTCOMES REPORTING SUMMARY

UNIT: FAMILY CHILD CARE HOMES INDICATOR: AVERAGES OF ALL HOMES ASSESSED	
NUMBER OF HOMES WITH A POST SCORE IN THE REPORTING PERIOD* _____ <i>OF THOSE:</i>	
PRE	POST
<i>Average FCCERS-R score _____</i>	<i>Average FCCERS-R score _____</i>
<i>Please check all that apply to your “pre” data:</i> Locally administered FCCERS-R _____ DCDEE/NCRLAP Administered FCCERS-R _____ Assessor trained to reliability by Frank Porter Graham _____ Partial tool (not all scales) used _____	<i>Please check all that apply to your “post” data:</i> Locally administered FCCERS-R _____ DCDEE/NCRLAP Administered FCCERS-R _____ Assessor trained to reliability by Frank Porter Graham _____ Partial tool (not all scales) used _____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Harms, Thelma, and Richard M. Clifford. *Family Day Care Rating Scale*. New York: Teachers College Press, 1989.

Harms, Thelma, and Debby Cryer. *Video Guide and Training Workbook, Family Child Care Environment Rating Scale-Revised Edition*. New York: Teachers College Press, 2007.

Harms, Thelma, and Debby Cryer. *Video Observations for the Family Child Care Environment Rating Scale-Revised Edition*. New York: Teachers College Press, 2007.

Harms, Thelma, Debby Cryer, and Richard M. Clifford. *Family Child Care Environment Rating Scale-Revised Edition*. New York: Teachers College Press, 2007.

Harms, Thelma, Debby Cryer, Richard M. Clifford, and Ruy Burgos-Lovece. *Escala De Calificación Del Ambiente Ciudadano Infantil En Familia-Edición Revisada*. New York: Teachers College Press, 2010.

U.S. Department of Health And Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, Child Outcomes Research and Evaluation. Resources for Measuring Services and Outcomes in Head Start Programs Serving Infants and Toddlers. 2011. PDF file 319-322

Website:

<http://store.tcpress.com/0807747254.shtml>

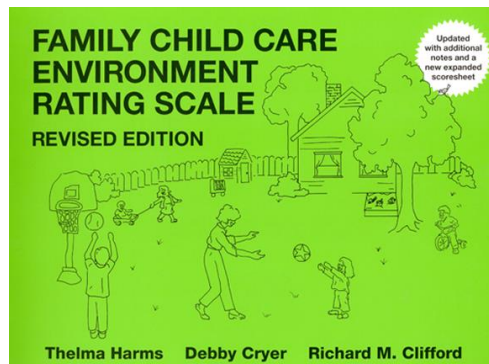
ADDITIONAL GUIDANCE

Partnerships will be asked to report on outcomes for the first six months of the fiscal year and at the end of the fiscal year. Work with child care provider participants may cross from one fiscal year to the next; achieving higher ERS scores can take more time than a single fiscal year. Changes in ERS scores for providers who participate in a Smart Start activity during the current fiscal year but receive a post assessment in the next fiscal year will be documented in the first six months of the next fiscal year.

Fabrik data collection will address how Smart Start programs may assess classrooms in child care facilities using Environmental Rating Scales (ERS) in a variety of ways:

- Homes receive annual assessments, pre and post, using partial scales ERS scores generated by local assessors (not DCDEE)
- Homes receive annual assessments, pre and post, using all scales ERS scores generated by local assessors (not DCDEE)
- Homes receive pre assessments, using all scales ERS scores generated by local assessors (not DCDEE). Periodic assessments for these same homes are provided by DCDEE. The DCDEE all scales ERS scores serve as the post assessment scores.
- Homes receive annual (all scale) assessments, pre and post, using scores generated by assessors trained to Frank Porter Graham reliability standards (not DCDEE)
- Homes receive triannual (all scale) ERS assessments generated by DCDEE. When DCDEE assesses the same classes across a multi-year cycle, “pre” and “post” scores are obtained.
- Homes receive triannual (all scale) ERS assessments generated by DCDEE. Additional/second (all scale) assessments are requested. Scores from the requested additional/second DCDEE assessments are recorded by Smart Start partnerships as post scores with the recent prior scores serving as “pre” scores.

Partnerships will want to make sure that only those child care homes that participated in the service funded all or in part by Smart Start are include in the data reported.



Family Child Care Environmental Rating Scale

Only use scores for homes with both a pre score AND a post score. Do not include those homes that only have a pre score.

Of those with both a pre and a post score, calculate the average overall FCCERS when you first began supporting each home. Note that the pre score may be from a prior fiscal year, whenever you began working with the home for this episode of assistance. Enter this in the average Pre score.

Similarly, calculate the average overall FCCERS post score when you finished working with each home. This is the average Post score.

Enter the number of homes for which you are reporting data.

Lastly, check the boxes that best reflect your experience with the measure. In particular:

- DCDEE/NCRLAP administered means you are reporting official scores generated through the licensing process.
- Assessor trained to reliability by Frank Porter Graham indicates the person who did the scoring completed training by the measure developer and achieved an acceptable level of expertise.
- Locally administered ERS means that the scores reported in Fabrik were not from DCDEE/NCRLAP but rather from a local rater such as a TA provider.
- Partial tool used indicates that only some subscales were used rather than the full scale.

SMART START LENDING LIBRARY SURVEY – CHILD CARE

DESCRIPTION

The Smart Start Lending Library Survey for Child Care programs is a 4-item survey distributed to programs that have used the Lending Library to assess their experience.

This outcome measure uses Question 2: *What do these toys or materials help you do in your child care program?*

Sources indicate:

- **Languages:** Available in English
- **Type of Assessment:** Child Care Providers Self-Report

SMART START OUTCOMES

Improved early care & education program environment

OUTCOMES REPORTING SUMMARY

UNIT: CHILD CARE CENTERS/HOMES

INDICATOR: NUMBER REPORTING VARIOUS LENDING LIBRARY USES

NUMBER OF CHILD CARE CENTERS/HOMES WITH A POST SCORE IN THE REPORTING PERIOD* _____

OF THOSE:

ANNUAL

Question 2 - # selecting "Offer new activity choices" _____

Question 2 - # selecting "Test out new toys or materials" _____

Question 2 - # selecting "Try out ideas I learned at a training" _____

Question 2 - # selecting "Expand my curriculum" _____

Question 2 - # selecting "These materials have not been useful for me" _____

Total # surveys _____

*Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year.

FABRIK GUIDANCE

Smart Start Lending Library Survey – Child Care

Enter the number of centers/homes selecting each answer for question #2. Finally, enter the number of centers/homes for which you are reporting data.

TEACHER OR DIRECTOR TURNOVER CALCULATION

DESCRIPTION
According to Cornell University College of Human Ecology: <i>Minimal staff turnover is another important indicator of quality child care. Research suggests that children should be cared for by the same teaching staff for at least one year at a time. Consistency among staff helps to establish healthy and secure attachments. This is particularly important for infants, but is recommended for all young children.</i>
SMART START OUTCOMES
Decrease in teacher turnover Decrease in director turnover
OUTCOMES REPORTING SUMMARY
<p align="center">UNIT: CHILD CARE TEACHERS OR DIRECTORS</p> <p align="center">INDICATOR: TURNOVER RATE DURING FISCAL YEAR</p> <p align="center">ANNUAL</p> <p>a. Total number of child care staff participating in the activity at some point during the fiscal year ____</p> <p>b. Total number of child care staff who participated in the activity and who left employment before the end of the fiscal year ____</p> <p>c. Calculate turnover percentage (Divide b by a) ____ = % turnover</p>

References:

Child Care Services Association. "Child Care WAGES® Project Statewide Final Report Fiscal Year 2014." (2014): 4. Web. http://www.childcareservices.org/_downloads/StatewideFinalFY14full8_22_14-1.pdf.

Korjenevitch, Maria, and Rachel Dunifon. "Child Care Center Quality and Child Development.", Cornell Cooperative Extension, 2010. Web. <http://www.human.cornell.edu/pam/outreach/parenting/research/upload/Child-20Care-20Center-20Quality-20-20Development-20Brief_FINAL.pdf.

Websites:

<http://www.childcareservices.org/wages-nc/results/>
<http://www.human.cornell.edu/>

ADDITIONAL GUIDANCE

The method for turnover calculation comes from the statewide final WAGES® report. Partnerships funding WAGES® may report the turnover percentage found in the annual reports produced by Child Care Services Association (CCSA). CCSA provides additional details about the calculation:

Turnover numbers for the Child Care WAGES® Project [should] reflect active participants who left their child care programs during the fiscal year. If a participant leaves her/his program and resumes eligibility at a new site, s/he will not be factored into the report at all until s/he has completed a full six-month period at her/his new site. Once s/he receives a supplement, s/he will again be recognized as an active participant. Only participants for whom WAGES® could have impacted the decision to stay or leave are factored into the turnover data. For example, participants who become ineligible for reasons other than leaving their child care programs (i.e., over the income cap due to raise, change of position within the program) are not considered turnover.



Teacher Turnover Calculation

To calculate turnover percentage:

$$= \left[\frac{\text{Total number of staff who participated and who then left employment (Row 2)}}{\text{Total number of staff who participated during the year (Row 1)}} \right] \times 100\%$$

Essentially, turnover rate = total number of staff who participated and who subsequently left employment during the year (Row 2) divided by total number of staff who participated during the year (Row 1).

Then multiply this number by 100 to convert the calculation to a percentage.

Report the result to two decimal places. DO NOT include the percentage % symbol. E.g. 26.09

For example:

Turnover rate = $6/23 = .26087$

Convert to percentage = $.26087 \times 100 = 26.087\%$

Round to two decimal places = 26.09%

Report in Fabrik as: 26.09

If you have or can calculate the turnover percentage from the prior fiscal year, please enter it. Do not include the % symbol. If you do not have this information, please leave the cell blank. You will be asked to explain this when you submit your data.

Note for those funding WAGE\$:

You may insert into the calculation the turnover rate found in the WAGE\$ reports you receive from CCSA.

If CCSA provides the number of staff participating and number who leave, please include that as well.

Otherwise, leave those cells blank.

NC EARLY CHILDHOOD AND ADMINISTRATION CREDENTIALS AND COURSEWORK

Author: NC DHHS Division of Child Development and Early Education

DESCRIPTION

According to the North Carolina Division of Child Development and Early Education (DCDEE):

The education of child care providers directly impacts children's ability to grow and develop to their fullest potential. To improve the quality of child care in North Carolina, the DCDEE created two credentials:

For Lead Teachers- North Carolina Early Childhood Credential (NCECC)

For Administrators - North Carolina Early Childhood Administration Credential (NCECAC).

Three required components must be successfully completed to receive this credential: (1) child care administration coursework, (2) additional early childhood/child development coursework, and 3) a portfolio.

[Note about portfolios: The NC community colleges will phase in new versions of EDU 261 and 262 beginning Fall semester 2009 through Fall 2010. As this occurs, some colleges that offer these courses will begin assessing and grading students based on competencies instead of using portfolio assignments and portfolio assessment forms.]

In addition to the teacher and administrator credentials, DCDEE recognizes that coursework plays a role in the education of child care providers. Child care centers and homes can earn points for education as part of the North Carolina Quality Rating and Improvement System (QRIS). According to DCDEE:

Education standard points are based on the education level of all staff. More points are earned if more staff have completed early childhood coursework and have more experience working with children.

SMART START OUTCOMES

Improved teacher knowledge
Improved director knowledge

OUTCOMES REPORTING SUMMARY

UNIT: EARLY CARE AND EDUCATION PROFESSIONALS

**INDICATOR: NUMBER OF ECE PROFESSIONALS WITH
HIGHER EDUCATION LEVELS**

NUMBER OF STAFF WITH A POST SCORE IN THE REPORTING PERIOD* ____

OF THOSE:

ANNUAL

Teachers:

of participating teachers who earn NC Early Childhood Credential (NCECC) in the reporting year ____

of participating teachers completing Course: Intro to Early Childhood Education (4 semester credit hours) with a "B" or better ____

UNIT: EARLY CARE AND EDUCATION PROFESSIONALS INDICATOR: NUMBER OF ECE PROFESSIONALS WITH HIGHER EDUCATION LEVELS
NUMBER OF STAFF WITH A POST SCORE IN THE REPORTING PERIOD* ____ <u>OF THOSE:</u>
ANNUAL
<u>Administrators:</u> # of participating administrators who earn Early Childhood Administration Credential (NCECAC) Level I in the reporting year ____ # of participating administrators who earn Early Childhood Administration Credential (NCECAC) Level II in the reporting year ____ # of participating administrators who earn Early Childhood Administration Credential (NCECAC) Level III in the reporting year ____ # of participating administrators completing Course: Child Care Administration I (EDU 261 3 semester credit hours) with a “B” or better in the reporting year ____ # of participating administrators completing Course: Child Care Administration II (EDU 262 3 semester credit hours) with a “B” or better in the reporting year ____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

North Carolina Division Of Child Development and Early Education. *How Points Are Earned*. N.p. n.d. Web. Apr. 2015. http://ncchildcare.nc.gov/providers/pv_sn2_hpae.asp.

Website:

http://ncchildcare.nc.gov/providers/pv_sn2_hpae.asp#EducationStandards

ADDITIONAL GUIDANCE

Partnerships will be able to select among the indicators in the table above.

Activities supporting education resulting in points toward increasing stars quality ratings, should report outcomes in terms of the star rating points measure on page 53.

If administrators or teachers have completed coursework or have become credentialed without impact to the stars quality rating points, then the coursework completion measure should be used to document outcomes.



FABRIK GUIDANCE

NC Early Childhood Credential and Related Coursework

For teachers and administrators that the local partnership supported in course work or in other ways to work on earning their credential, enter the number who achieved each credential, level, or criteria by the end of the reporting period.

COLLEGE COURSEWORK

Author: NC Institute for Child Development Professionals

DESCRIPTION

According to the NC Institute for Child Development Professionals: *Research has shown that teacher education levels impact child outcomes. As in many professions, education is the basis for certification and licensure. Education is defined as coursework taken at a regionally accredited college or university. A college credit is a unit of academic credit. A one credit hour course means you will meet with the instructor in-person or online one hour per week. A two credit hour class means you will meet for two hours each week for the semester.*

SMART START OUTCOMES

Improved teacher knowledge
Improved director knowledge

OUTCOMES REPORTING SUMMARY

UNIT: EARLY CARE AND EDUCATION PROFESSIONALS

INDICATOR: NUMBER OF COMPLETED COLLEGE COURSES
DURING THE FISCAL YEAR

Number of staff with completed college course(s) with a "B" or better ____

Number of staff participating ____

References:

NC Institute for Child Development Professionals, Continuing Education College Credit., (2010). Retrieved from <http://ncicdp.org/education/college-prep/>

Websites:

<http://ncicdp.org/education/college-prep/>

https://www.chea.org/4DCGI/cms/review.html?Action=CMS_Document&DocID=197&MenuKey=main

http://ncicdp.org/documents/EEC_ECE_Scale.pdf

ADDITIONAL GUIDANCE

Administrators or teaches may complete coursework that impacts their credentials. The NC Early Childhood and Administration Credentials & Coursework measure may be used to document outcomes to show the number of professionals with *specific credential levels*, or the College Coursework measure may be used to show the *total number* of professionals with increased ECE certification levels (i.e. different levels, combined).

Coursework can be documented through the NC Early Educator Certification system. According to the NC Institute for Child Development Professionals, *the system was developed in response to interests by the field in developing an*

individually-held, portable form of certification that would mirror professional certifications of other fields and serve as a step in the career pathway for NC early educators working directly with or on the behalf of children ages birth to twelve in out of home settings.

It begins at the para professional level- described by the Institute as having “less than the North Carolina Early Childhood Credential or less than 6 birth to five focused semester hours” and continues through level 13 described as having “Doctorate Degree plus or including at least 18 birth to five focused semester hours.” The scale is available in English and Spanish.



FABRIK GUIDANCE

College course completion with a B or better

Enter the number of staff the local partnership supported in completing at least one college course with a B or better by the end of the reporting period.

CONTINUING EDUCATION UNITS (CEUs)

Author: NC Institute for Child Development Professionals

DESCRIPTION

According to the NC Institute for Child Development Professionals: *North Carolina's early childhood partners have worked together to lay the foundation for a professional development system inclusive of CEUs. Such a system supports the advancement of the state's early childhood professional development system to be inclusive of in-depth trainings that are structured to impact practice. A 1.0 CEU or continuing education unit is equivalent to 10 hours of pre-planned, cohesive training guided by learning objectives and learner assessments.*

The Institute offers the following information outline:

- 1 CEU = 10 contact hours.
- CEUs for Early Educator Certification (EEC) renewal must = .5 CEU at a minimum.
- CEUs offer more than training and less than a college course.
- CEUs have a similar cost to workshops (see below).
- CEUs are one type of continuing education for EEC renewal.
- College courses, CEUs or a combination of both can be used to meet EEC renewal requirements.
- CEUs may be offered at one time or over several sessions, over a long period of time or at a conference as a defined track.
- Quality may vary. Shop wisely!
- CEUs are typically taught by instructors with a Bachelor's degree or higher, are seasoned adult educators with experience and knowledge in the subject area.

The nine topic areas designated by Division of Child Development and Early Education (DCDEE) are:

- Planning a safe, healthy learning environment
- Children's physical & intellectual development
- Children's social & emotional development
- Productive relationships with families
- Professionalism
- Observing & recording children's behavior
- Child growth development
- Inclusion of children with special needs
- Program management

SMART START OUTCOMES

Improved teacher knowledge

Improved director knowledge

OUTCOMES REPORTING SUMMARY

UNIT: EARLY CARE AND EDUCATION PROFESSIONALS

INDICATOR: TOTAL STAFF WITH CEU'S EARNED DURING THE FISCAL YEAR

___ Total Number of staff with CEUs earned during the fiscal year.

References:

NC Institute for Child Development Professionals, Continuing Education CEU Guidelines & Documents, C. E. (2010). Retrieved from <http://ncicdp.org/continuing-education/ceu-guidelines-documents>.

Websites:

<http://ncicdp.org/continuing-education/ceu-guidelines-documents/>
http://ncicdp.org/documents/EEC_ECE_Scale.pdf

ADDITIONAL GUIDANCE

The NC Institute for Child Development Professionals states: *North Carolina's Early Educator Certification (EEC) renewal requirements, therefore, currently require that .5 CEUs be a minimum of 5 hours or more, with content approved by an EEC recognized body to support EEC renewal requirements. The following is required for CEUs documentation:*

- *Date(S) Of Session;*
- *Session Name;*
- *Location(S) Where Session(S) Are Held;*
- *Instructor Name(s);*
- *Number Of Hours CEUs Offered;*
- *CEU Granting Body (Public School, Regionally Accredited (Community College Or University Or Iacet Approved Body)*

Note: An official transcript may be used to document CEUs provided by a regionally accredited community college or university.



FABRIK GUIDANCE

Continuing Education Units (CEU)

Enter the number of staff that your partnership has supported in earning CEU's during the reporting period.

PROGRAM ADMINISTRATION SCALE (PAS)

(EARLY CHILDHOOD LEADERSHIP AND MANAGEMENT)

Authors: Teri N. Talan, Paula Jorde Bloom

Publisher: Teachers College Press

DESCRIPTION

According to the authors:

The Program Administration Scale (PAS) is a valid and reliable instrument designed to measure the leadership and management practices of early childhood programs. The PAS provides valuable information to directors about the quality of their administrative practices and can be used as a springboard for program improvement efforts (Talan et al., 2011)

Source indicates:

- **Languages:** The PAS is available in English.
- **Type of Assessment:** The PAS measures quality on a 7-point scale in 25 items grouped in 10 subscales:
 - Human Resources Development
 - Personnel Cost and Allocation
 - Center Operations
 - Child Assessment
 - Fiscal Management
 - Program Planning and Evaluation
 - Family Partnerships
 - Marketing and Public Relations
 - Technology
 - Staff Qualifications
- **Age Range:** N/A
- **Personnel, Training, Administration, and Scoring Requirements:** Professional development opportunities are offered (by the McCormick Center for Early Childhood) to help enhance programs' effectiveness using the PAS. Assessor Certification (not required) is offered through McCormick Center for Early Childhood Leadership. Re-certification is also offered.
- **Training Support:** On-line resources for training support through McCormick Center at <http://mccormickcenter.nl.edu/professional-development/online-professional-development>

SMART START OUTCOMES

Improved director knowledge

OUTCOMES REPORTING SUMMARY

UNIT: CHILD CARE CENTERS INDICATOR: OVERALL SCALE AND SUBSCALE AVERAGES	
NUMBER OF CENTERS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <u>OF THOSE:</u>	
PRE	POST
<i>Average Overall PAS item score _____</i>	<i>Average Overall PAS item score _____</i>
<i>Human Resources Development average _____</i>	<i>Human Resources Development average _____</i>
<i>Personnel Cost and Allocation average _____</i>	<i>Personnel Cost and Allocation average _____</i>
<i>Center Operations average _____</i>	<i>Center Operations average _____</i>
<i>Child Assessment average _____</i>	<i>Child Assessment average _____</i>
<i>Fiscal Management average _____</i>	<i>Fiscal Management average _____</i>
<i>Program Planning and Evaluation average _____</i>	<i>Program Planning and Evaluation average _____</i>
<i>Family Partnerships average _____</i>	<i>Family Partnerships average _____</i>
<i>Marketing and Public Relations average _____</i>	<i>Marketing and Public Relations average _____</i>
<i>Technology average _____</i>	<i>Technology average _____</i>
<i>Staff Qualifications average _____</i>	<i>Staff Qualifications average _____</i>

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Talan, Teri N., and Paula J. Bloom. "Program Administration Scale, PAS Second Edition Measuring Early Childhood Leadership & Management." N.p., Teachers College Press, Sept. 2011.

Websites:

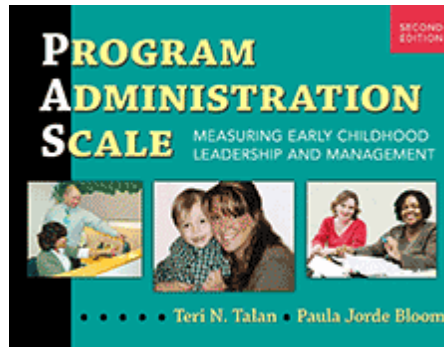
<http://mccormickcenter.nl.edu/program-evaluation/program-administration-scale-pas/>

<http://store.tcpress.com/0807752452.shtml>

<https://mccormick-assets.floodlight.design/wp-content/uploads/2018/04/PAS-Profile-Report-Sample.pdf>

ADDITIONAL GUIDANCE

The McCormick Center for Early Childhood Leadership provides the following guidance on scale score ranges. The data summarized in this section can be used to guide your centers' program improvement efforts. An item score of 5 or higher on the PAS indicates an area of strength and represents the level of administrative quality that supports qualified staff, high-quality learning environments, and effective partnerships with families and the community. An item score of 3 or lower indicates an area to target for program improvement.



FABRIK GUIDANCE

Program Administration Scale (PAS)

Only use scores for child care centers with both a pre score AND a post score. Do not include those centers that only have a pre score.

Of those with both a pre and a post score, calculate the average score for each subscale when you first began working with each center. Enter this in the average Pre score for each subscale.

Similarly, calculate the average post scores for each subscale when you finished working with each center. These are the average Post scores.

If you do not use all of the subscales, only enter data for the scales used. Leave the other sections blank. When you submit your data, you will be asked to explain why some cells are blank.

Finally, enter the number of centers for which you are reporting data.

BUSINESS ADMINISTRATION SCALE FOR FAMILY CHILD CARE (BAS)

Authors: Teri N. Talan, Paula Jorde Bloom

Publisher: Teachers College Press

DESCRIPTION

According to the authors:

The Business Administration Scale for Family Child Care (BAS) is a reliable and easy-to-administer tool for measuring the overall quality of business and professional practices in family child care settings. Providers use the information from the BAS to learn about the quality of their practices and take action toward positive change.

Source indicates:

- **Languages:** The BAS is available in English or Spanish.
- **Type of Assessment:** The BAS measures business and professional practices, reflecting the growing professional consensus that the quality of family child care is determined by more than a provider's caring interactions with children. The BAS measures quality on a 7-point scale in 10 items:
 - Qualifications and professional development
 - Income and benefits
 - Work environment
 - Fiscal management
 - Recordkeeping
 - Risk management
 - Provider-parent communication
 - Community resources
 - Marketing and public relations
 - Provider as employer
- **Age Range:** N/A
- **Personnel, Training, Administration, and Scoring Requirements:** Professional development opportunities are offered (by the McCormick Center for Early Childhood) to help enhance programs' effectiveness using the BAS Assessor Certification (not required) is offered through McCormick Center for Early Childhood Leadership. Re-certification is also offered.
<http://mccormickcenter.nl.edu/program-evaluation/assessor-certification-recertification-2/bas-assessor-certification/>
- **Training Support:** On-line resources for training support through McCormick Center at <http://mccormickcenter.nl.edu/professional-development/online-professional-development/>

SMART START OUTCOMES

Improved teacher knowledge

Improved director knowledge

OUTCOMES REPORTING SUMMARY

<p>UNIT: FAMILY CHILD CARE HOMES</p> <p>INDICATOR: OVERALL SCALE AND SUBSCALE AVERAGES</p>	
<p>NUMBER OF HOMES WITH A POST SCORE IN THE REPORTING PERIOD* _____</p>	
<p><u>OF THOSE:</u></p>	
<p>PRE</p>	<p>POST</p>
<i>Average Overall BAS item score</i> _____	<i>Average Overall BAS item score</i> _____
<i>Qualifications & Prof. Development average</i> _____	<i>Qualifications & Prof. Development average</i> _____
<i>Income and Benefits average</i> _____	<i>Income and Benefits average</i> _____
<i>Work Environment average</i> _____	<i>Work Environment average</i> _____
<i>Fiscal Management average</i> _____	<i>Fiscal Management average</i> _____
<i>Recordkeeping average</i> _____	<i>Recordkeeping average</i> _____
<i>Risk Management average</i> _____	<i>Risk Management average</i> _____
<i>Provider-Parent Communication average</i> _____	<i>Provider-Parent Communication average</i> _____
<i>Community Resources average</i> _____	<i>Community Resources average</i> _____
<i>Marketing and Public Relations average</i> _____	<i>Marketing and Public Relations average</i> _____
<i>Provider as Employer average</i> _____	<i>Provider as Employer average</i> _____

Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.

References:

McCormick Center for Early Childhood Leadership. Business Administration Scale (BAS). N.p., 2013. Web. Apr. 2015. <<http://mccormickcenter.nl.edu/program-evaluation/business-administration-scale-bas/>>.

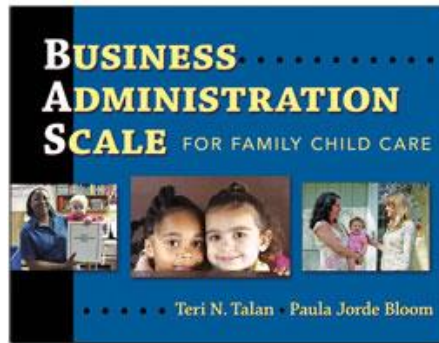
Websites:

<https://mccormickcenter.nl.edu/library-tag/bas-assessor-resources/>

ADDITIONAL GUIDANCE

Child Care Aware of North Dakota offers the following descriptive information about the BAS:

All items are presented as a 7 point scale with descriptions of what is required under 1 (inadequate), 3 (minimal), 5 (good), and 7 (excellent). Early childhood programs often say that their program is “good” because the parents and staff are happy, but this point does not necessarily ensure solid administration practices and longevity of an early childhood program. Research has consistently found that overall administrative practices are crucial for ensuring high-quality outcomes for children and families (Bloom, 1989, 1996a).



FABRIK GUIDANCE

Business Administration Scale (BAS)

Only use scores for homes with both a pre score AND a post score. Do not include those homes that only have a pre score.

Of those with both a pre and a post score, calculate the average score for each subscale when you first began working with each home. Enter this in the average Pre score for each subscale.

Similarly, calculate the average post scores for each subscale when you finished working with each home. These are the average Post scores.

If you do not use all of the subscales, only enter data for the scales used. Leave the other sections blank. When you submit your data, you will be asked to explain why some cells are blank.

Finally, enter the number of homes for which you are reporting data.

CLASSROOM ASSESSMENT SCORING SYSTEM® (CLASS®)

Authors: Robert C. Pianta, Karen M. La Paro, and Bridget K. Hamre

Publisher: Paul H. Brookes Publishing Co.

DESCRIPTION

According to the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, and Child Outcomes Research and Evaluation:

The Classroom Assessment Scoring System® (CLASS®) is an observation tool for assessing quality in programs serving infants birth – 18 months (Infant CLASS®), toddlers 15 to 36 months old (Toddler CLASS®), three to five year old (Pre-K CLASS®), and students in kindergarten through grade 12 (K-3 CLASS®, Upper Elementary CLASS®, and Secondary CLASS®).

Observations are conducted in person or by videotaping; results are tallied within scales on an Observation Sheet. Typically observers complete four observation cycles that include 20 minutes of observing and note taking per cycle and require 10 minutes of coding.

Observed practices and behaviors are coded as minimally to highly characteristic of the classroom on a rating scale of low (1, 2), mid (3, 4, 5), and high (6, 7).

The infant CLASS tool assesses interactions among teachers and infants—how teachers engage and relate to infants and provide learning opportunities within activities and routines. The infant CLASS tool measures four dimensions within one domain: Responsive Caregiving. They are Relational Climate; Teacher Sensitivity; Facilitated Exploration, Early Language Support.

The toddler CLASS tool focuses on the quality of interactions among teachers and children within two domains: Emotional and Behavioral Support and Engaged Support for Learning. The dimensions of Emotional and Behavioral Support include Positive Climate, Negative Climate, Teacher Sensitivity, Regard for Child Perspectives, and Behavior Guidance. The dimensions of Engaged Support for Learning included Facilitation of Learning and Development, Quality of Feedback, and Language Modeling.

The pre-K CLASS tool focused on the quality of interactions among teachers and children within three domains: Emotional Support, Classroom Organization, and Instructional Support. Emotional Support dimensions are Positive Climate, Negative Climate, Teacher Sensitivity, and Regard for Student Perspectives. Classroom Organization dimensions are Behavior Management, Productivity, and Instructional Learning Formats. Instructional Support dimensions are Concept Development, Quality of Feedback and Language Modeling. (Head Start, 2011).

Source indicates:

- **Type of Assessment:** Observation
- **Age Range:** CLASS is administered to classroom of children from six weeks through school age. Administration intervals vary by program.

- **Personnel, Training, Administration, and Scoring Requirements:** Reliable use of the CLASS tools requires training:
 - Introductory training covers CLASS structure and uses, and it is offered in two-, four-, and six- hour sessions. Observer training familiarizes researchers and teachers with data collection practices and provides practice in observing and coding data through pre-recorded sessions and a reliability evaluation. Trainees attend regional trainings (or host on-site trainings). .
 - Two-day CLASS Observation training prepares observers to use the measure accurately and culminates with a test and one-year CLASS® observer certification. Several training options are available for the CLASS: On-Site Training; at Teachstone and Regional Training.
 - Three-day train-the-trainer sessions teach individuals how to train other potential CLASS users. On site and regional trainings can be provided.
- **Training Support:** Subscriptions to the CLASS Video Library are available on CLASS observation.com. The library offers video clips illustrating high-quality teacher-student interactions and teaching examples in pre-kindergarten classrooms. A CLASS discussion toolkit enhance the video library learning. Coaching resources include CLASS feedback strategies training, Instructional Strategies training and coaching courses. Additional support is available for participants who do not pass the reliability evaluation at the end of the training period. Supports for re-certification and reliability scoring are also offered through Teachstone.

SMART START OUTCOMES

Improved teacher/child interaction

OUTCOMES REPORTING SUMMARY

UNIT: CHILD CARE CLASSROOMS	
INDICATOR: AVERAGE OF ALL CLASSROOMS ASSESSED	
NUMBER OF CLASSROOMS WITH A POST SCORE IN THE REPORTING PERIOD* ____ <i>OF THOSE:</i>	
PRE	POST
<i>Infant CLASS®</i> <i>Average Responsive Caregiving scale ____</i>	<i>Infant CLASS®</i> <i>Average Responsive Caregiving scale ____</i>
<i>Toddler CLASS®</i> <i>Average Engaged Support for Learning scale ____</i> <i>Average Emotional/Behavioral Support scale ____</i>	<i>Toddler CLASS®</i> <i>Average Engaged Support for Learning scale ____</i> <i>Average Emotional/Behavioral Support scale ____</i>
<i>Pre-K CLASS®</i> <i>Average Emotional Support scale ____</i> <i>Average Classroom Organization scale ____</i> <i>Average Instructional Support scale ____</i>	<i>Pre-K CLASS®</i> <i>Average Emotional Support scale ____</i> <i>Average Classroom Organization scale ____</i> <i>Average Instructional Support scale ____</i>

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Halle, Tamara, Jessica E. Vick Whittaker, and Rachel Anderson. “*Quality in Early Childhood Care and Education Settings: A Compendium of Measures, Second Edition.*” Washington, DC: Prepared by Child Trends for the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2010.

Howes, Carollee, Margaret Burchinal, Robert Pianta, Donna Bryant, Richard M. Clifford, and Oscar Barbarin. “Ready to Learn? Children's Pre-Academic Achievement in Pre- Kindergarten Programs.” *Early Childhood Research Quarterly*, vol. 23, no. 1, 2008, pp. 27-50.

Mashburn, Andrew, Robert Pianta, Bridget K. Hamre, Jason T. Downer, Oscar Barbarin, Donna Bryant, Margaret Burchinal, Richard M. Clifford, Diane Early, and Carollee Howes. “Measures of CLASS® room Quality in Prekindergarten and Children's Development of Academic, Language, and Social Skills.” *Child Development*, vol. 79, no. 3, 2008, pp. 732-749.

Pianta, Robert C., Karen M. La Paro, and Bridget K. Hamre. *CLASS® room Assessment Scoring System: Pre-K Manual*. Baltimore: Brookes Publishing Co., 2008.

Pianta, Robert C., Karen M. La Paro, and Bridget K. Hamre. *CLASS® room Assessment Scoring System: Toddler Version*. Unpublished.

Pianta, Robert C., Karen M. Paro, and Bridget K. Hamre. “The CLASS® Elementary Video Library.” Available at [http://store.teachstone.org/CLASS® -video-library/].

Thomason, A. C. and Karen M. La Paro. “Measuring the Quality of Teacher-Child Interactions in Toddler Child Care.” *Early Education and Development*, vol. 20, no. 2, 2009, pp. 285-304.

U.S. Department Of Health And Human Services, Administration For Children And Families, Office Of Planning, Research, And Evaluation, Child Outcomes Research And Evaluation. Resources for Measuring Services and Outcomes in Head Start Programs Serving Infants and Toddlers. 2011. PDF file. pp. 308-313

Websites:

<http://teachstone.com/the-class-system>

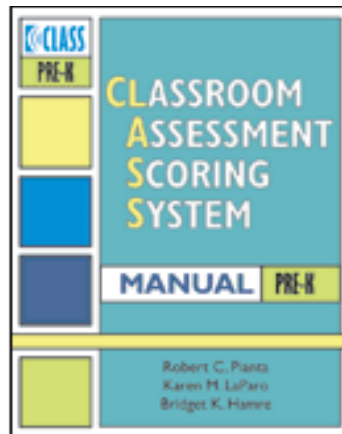
<http://www.brookespublishing.com>

ADDITIONAL GUIDANCE

Partnerships will be asked to report on outcomes for the first six months of the fiscal year and at the end of the fiscal year. Work with child care provider participants may cross from one fiscal year to the next; achieving higher assessment scores can take more time than a single fiscal year. Changes in assessment scores for providers who participate in a Smart Start activity during the current fiscal year but receive a post assessment in the next fiscal year will be documented in the next fiscal year.

The Head Start Office of the Administration for Children and Families Early Learning and Knowledge Center (ECLKC) offers the following information from a 2013 report on CLASS™ scores:

CLASS™ is scored by trained and certified observers using a specific protocol. Following their observations of teacher-child interactions, CLASS™ observers rate each dimension on a 7-point scale, from low to high. Scores of 1-2 mean the quality of teacher-child interactions is low. Classrooms in which there is poor management of behavior, teaching that is purely rote, or that lack interaction between teachers and children would receive low scores. Scores of 3-5, the mid-range, are given when classrooms show a mix of effective interactions with periods when interactions are not effective or are absent. Scores of 6-7 mean that effective teacher-child interactions are consistently observed throughout the observation period. Previous large-scale studies of CLASS™ have shown that the average preschool classroom scores are higher in the domains of Emotional Support and Classroom Organization than in the domain of Instructional Support.
[<http://eclkc.ohs.acf.hhs.gov/hslc/hs/sr/class/use-of-class.pdf>]



Classroom Assessment Scoring System (CLASS)

Only use scores for classrooms with both a pre score AND a post score. Do not include those classrooms that only have a pre score.

Of those with both a pre and a post score, calculate the average score for each subscale when you first began working with each classroom. Enter this in the average Pre score for each subscale.

Similarly, calculate the average post scores for each subscale when you finished working with each classroom. These are the average Post scores.

If you do not use all of the subscales, only enter data for the scales used. Leave the other sections blank. When you submit your data, you will be asked to explain why some cells are blank.

Round average score results to two decimal places for reporting. (e.g. 3.52)

Finally, enter the number of classrooms for which you are reporting data.

TEACHING PYRAMID OBSERVATION TOOL (TPOT)TM

Authors: Mary Louise Hemmeter and Lise Fox

Publisher: Paul H. Brookes Publishing Co.

DESCRIPTION

According to Brookes Publishing:

The TPOTTM is an observation tool that measures the implementation of classroom practices specifically related to promoting young children's social-emotional competence and addressing challenging behavior in the preschool classroom.

TPOT has three subscales that examine:

Key practices in 14 areas (e.g., "Teachers engage in supportive conversations with children.") with multiple indicators associated with the practices (e.g., "Teacher acknowledges the children's communication to him or her.")

Red flags (e.g., "Transitions are more chaotic than not.")

Responses to challenging behavior (e.g., "Teacher responds to children by stating the expected behavior in positive terms [i.e., what to do] or providing instruction in an acceptable alternative behavior.")

TPOTTM helps programs:

- Support effective implementation of the proven PBIS-based Pyramid model;
- Promote social-emotional competence in young children;
- Implement strategies to prevent and address challenging behavior;
- Compare implementation across classrooms, teachers, and programs;
- Identify where teachers need extra professional development and support; and
- Guide coaching efforts.

The TPOTTM was developed by the creators of the Pyramid Model, which was created at two national centers: the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and the Technical Assistance Center on Social Emotional Interventions (TACSEI).

Sources indicate:

- **Languages:** Available in English
- **Type of Assessment:** Observation
- **Age Range:** Early childhood classrooms that serve children 2–5 years of age
- **Personnel, Training, Administration, and Scoring Requirements:** A two-hour observation is required with an additional 15-20 minute teacher interview time required. Scoring takes 20-45 minutes.

- **Training Support:** A recorded training support webinar is available through Brookes publishing. For reliability training, a two-day intensive workshop, on site is also available through Brookes publishing.

SMART START OUTCOMES

Improved ECE program environment

Improved teacher/child interaction

OUTCOMES REPORTING SUMMARY

UNIT: CHILD CARE CLASSROOMS	
INDICATOR: AVERAGE OF KEY PRACTICE SCORE; AVERAGE OF RED FLAG SCORE	
NUMBER OF CLASSROOMS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <i>OF THOSE:</i>	
PRE	POST
<i>Average score for key practices</i> ____	<i>Average score for key practices</i> ____
<i>Average score for red flags</i> ____	<i>Average score for red flags</i> ____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

"TPOTS to Results" Romero-Roseth, Christi, Annette Hahn, and Denny McGihon. Web. 05 May 2015. www.pyramidplus.org/.../TPOTS%20to%20Results%20CRR.ppt.

"Teaching Pyramid Observation Tool (TPOT)." *Brookes Publishing Co.* N.p., 2015. Web. <http://www.brookespublishing.com/resource-center/screening-and-assessment/tpot/>.

Websites:

<http://www.brookespublishing.com/resource-center/screening-and-assessment/tpot/>

<http://www.brookespublishing.com/training/seminars/tpot-reliability-training/>

ADDITIONAL GUIDANCE

TPOT™ can be used for fidelity monitoring and identification of strengths and challenges. It contains items for measuring environment, (items 1-7), items for classroom practices ratings, (items 8-22) and red flags items (items 23-38). Reporting results will include two features: pre and post averages for the key practices and pre and post average number of red flags indicated. Red flag indicators are expected to be lower at post test.



FABRIK GUIDANCE

Teaching Pyramid Observation Tool (TPOT)

Only use scores for classrooms with both a pre score AND a post score. Do not include those classrooms that only have a pre score.

Of those with both a pre and a post score, calculate the average overall TPOT score for key practice when you first began supporting each facility. Enter this in the average Pre score for key practices.

Similarly, calculate the average overall TPOT post score for key practices when you finished working with each facility. This is the average Post score.

Also calculate the average pre and post scores for the red flags.

Finally, enter the number of classrooms for which you are reporting data.

THE PYRAMID INFANT TODDLER OBSERVATION SCALE (TPITOS)

Authors: Mary Louise Hemmeter, Judy Carta, Amy Hunter, and Phil Strain

DESCRIPTION

According to the Center on the Social and Emotional Foundations for Early Learning Technical Assistance Center on Social Emotional Interventions: *This instrument focuses on the direct observation of adult behaviors/environmental arrangements specific to supporting the social emotional development of infants and toddlers. There are two types of items on this tool: Red Flags and Environmental Design/Key Adult Behaviors. The Red Flags are scored either a yes or a no. The other items are scored using a 4-point scale.*

The TPITOS observation consists of three main elements:

- (1) Observing for Red Flags;*
- (2) Observing specific routines and conducting engagement sweeps; and*
- (3) Observed routines for sweeps include: Free Play, Feeding/Mealtime, and Structured Group Activity.*

At the beginning of Free Play, Feeding/Mealtime, and Structured Group Activities, an engagement sweep is conducted in which the total number of children in the activity (e.g., Feeding/Mealtime), and the number of children who are actively engaged in that activity are recorded.

Sources indicate:

- **Languages:** Available in English
- **Type of Assessment:** Observation
- **Age Range:** Early childhood classrooms that serve children up to 2 years of age
- **Personnel, Training, Administration, and Scoring Requirements:** An observation can typically take two hours

SMART START OUTCOMES

Improved ECE program environment

Improved teacher/child interaction

OUTCOMES REPORTING SUMMARY

UNIT: CHILD CARE CLASSROOMS

INDICATOR: AVERAGE OF KEY PRACTICE SCORE; AVERAGE OF RED FLAG SCORE

NUMBER OF CLASSROOMS WITH A POST SCORE IN THE REPORTING PERIOD* _____

OF THOSE:

PRE	POST
<i>Average score for key practices</i> _____	<i>Average score for key practices</i> _____
<i>Average score for red flags</i> _____	<i>Average score for red flags</i> _____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Center on the Social and Emotional Foundations for Early Learning. (2009). The Pyramid Infant Toddler Observation Scale (TPITOS). Retrieved from <http://flfcic.fmhi.usf.edu/TACSEI/Evaluation/TPITOS.pdf>

Websites:

<http://flfcic.fmhi.usf.edu/TACSEI/Evaluation/TPITOS.pdf>,

http://challengingbehavior.cbcs.usf.edu/docs/roadmap/roadmap_7_data-decision-making-and-program-wide-implementation.pdf

ADDITIONAL GUIDANCE

TPITOS can be used for fidelity monitoring and identification of strengths and challenges. It contains items for measuring environment, items for classroom practices ratings, and red flags items. Reporting results will include two features: pre and post averages for the key practices and pre and post average number of red flags indicated. Red flag indicators are expected to be lower at post-test.

FABRIK GUIDANCE

The Pyramid Infant Toddler Observation Scale (TPITOS)

Only use scores for classrooms with both a pre score AND a post score. Do not include those classrooms that only have a pre score.

Of those with both a pre and a post score, calculate the average overall TPITOS score for key practice when you first began supporting each facility. Enter this in the average Pre score for key practices.

Similarly, calculate the average overall TPITOS post score for key practices when you finished working with each facility. This is the average Post score.

Also calculate the average pre and post scores for the red flags.

Finally, enter the number of classrooms for which you are reporting data.

NAP SACC & GO NAP SACC (NUTRITION AND PHYSICAL ACTIVITY SELF-ASSESSMENT)

Authors: NAP SACC Alice Ammerman, Sarah Ball, Sara Benjamin, Diane Ward, and Janice Sommers

Go NAP SACC Dianne Ward, Ellie Morris, Christina McWilliams, Amber Vaughn, Temitope Erinosh, Phil Hanson; Stephanie Mazzuca; Alice Ammerman, Sara Benjamin, Janice Sommers, Dianne Ward, Sarah Ball

Publisher: NAP SACC Program, Center for Health Promotion and Disease Prevention, The University of North Carolina, Chapel Hill, NC

DESCRIPTION

According to Go NAP SACC authors: *Go NAP SACC is a suite of online tools to help ECE providers improve their practices, policies, and environments around nutrition and physical activity. It is based on a set of best practice recommendations that stem from the latest research and guidelines in the field. Go NAP SACC leads the way to healthy change in 5 steps:*

- 1) *Assess: Take a self-assessment to find areas for improvement*
- 2) *Plan: Use the action planning tool to get set up for success*
- 3) *Take Action: Use our library of tips and materials to put plans into action*
- 4) *Learn More: Take a Go NAP SACC training and learn new skills to help kids be healthy*
- 5) *Keep it up: Assess again, celebrate progress and plan the next move!*

Go NAP SACC is the next generation of NAP SACC, a toolkit originally developed in 2002 for child care health consultants to use in helping ECE programs make healthy changes.

Source indicates:

- **Languages:** Available in English
- **Type of Assessment:** Child Care Providers Self-Report
- **Age Range:** The tools assess practices, policies, and environments related to child care centers and family care homes serving children aged 0-5.
- **Personnel, Training, Administration, and Scoring Requirements:** Child care centers directors and staff self-administer the tool. Scoring uses a four-point scale. Summary scoring is based on comparison to best practices which are the top scale answer choice for each question.
- **Training Support:** Free online training is available for Child Care Health Consultants and other technical assistance professionals who are interested in becoming NAP SACC Consultants. NAP SACC Consultants support child care providers in using the NAP SACC process to make changes to their nutrition and physical activity practices, policies, and environments.

SMART START OUTCOMES

Increase in the provider practice of healthy behaviors

OUTCOMES REPORTING SUMMARY

UNIT: CHILD CARE CENTERS/HOMES	
INDICATOR: NUMBER SHOWING IMPROVEMENT (WITH FOLLOW-UP DATA) IN APPLICABLE BEST PRACTICE AREA	
NUMBER OF PROVIDERS WORKING ON EACH BEST PRACTICE AND THE NUMBER OF PROVIDERS SHOWING IMPROVEMENT IN EACH BEST PRACTICE.	
<i>1a. # with follow up in Breastfeeding & Infant Feeding</i>	<i>(Go NAP SACC only)</i>
<i>1b. # that improved in Breastfeeding & Infant Feeding</i>	<i>(Go NAP SACC only)</i>
<i>2a. # with follow up on Child Nutrition</i>	
<i>2b. # that improved in Child Nutrition</i>	
<i>3a. # with follow up in Infant & Child Physical Activity</i>	
<i>3b. # that improved in Infant & Child Physical Activity</i>	
<i>4a. # with follow up in Outdoor Play & Learning</i>	
<i>4b. # that improved in Outdoor Play & Learning</i>	
<i>5a. # with follow-up on Screen Time</i>	
<i>5b. # that improved in Screen Time</i>	
<i>6a. # with follow-up on Farm to ECE</i>	<i>(Go NAP SACC only)</i>
<i>6b. # that improved in Farm to ECE</i>	<i>(Go NAP SACC only)</i>
<i>7a. # with follow-up on Oral Health</i>	<i>(Go NAP SACC only)</i>
<i>7b. # that improved in Oral Health</i>	<i>(Go NAP SACC only)</i>

References:

Ward D, Morris E, McWilliams C, Vaughn A, Erinosh T, Mazzuca S, Hanson P, Ammerman A, Neelon S, Sommers J, Ball S. (2014). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, Family Child Care Edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill.

Website:

<https://gonapsacc.org/>

ADDITIONAL GUIDANCE

Source Indicates:

“NAP SACC was created in 2002 by a team of child obesity researchers at UNC Chapel Hill in association with colleagues in the Nutrition Services branch at the North Carolina Division of Public Health. Conversations with early care and education providers, families, and experts in child health and education guided NAP SACC’s early development. The team brought these perspectives together with current research and national standards to develop a set of best practices—the most important actions child care programs could take to shape children’s healthy eating and physical activity habits.

The NAP SACC team developed self-assessment, action planning, and educational tools to help early care and education programs set goals and make improvements to their nutrition and physical activity practices. Technical assistance providers trained as NAP SACC consultants used these tools to coach programs through NAP SACC’s 5-Steps to healthy change.”

Totals for each scale used in NAP SACC or Go NAP SACC are derived by looking:

- by provider, at each best practice area with follow-up data (meaning all those that worked on the best practices and were assessed after working on the best practice) and;
- by counting how many providers showed improvement at the end of the program year.



NAPSACC and Go NAPSACC

Only use scores for child care facilities with both a pre score AND a post score on at least one of the NAPSACC or GO NAPSACC subscales. Do not include those facilities that only have a pre score.

NAPSACC and GO NAPSACC are self-administered tools that child care providers use to identify areas for growth and to show their improvement in policies and best practices related to nutrition and physical activity. They contain subscales that pertain to specific topics (e.g. child nutrition, outdoor play, screen time, etc.). Typically, the provider answers all the questions the first time they use the instrument. They should complete the questions again every six months to monitor change.

Facilities may differ in how they complete NAPSACC or GO NAPSACC after the first use. Some facilities may complete all the subscales at follow up. Those centers participating in Shape NC as Model Early Learning Centers complete the full assessment each time. Other facilities may select an area to work on after initial assessment and then only complete the subscale questions related to that area they addressed in their follow up assessments. This is how the expansion sites in Shape NC use GO NAPSACC.

When reporting results to NCPC, look at each subscale separately. Determine how many facilities have a follow up score (or post assessment) for that subscale. Of those with a follow up score, how many improved from baseline? Note, the improvement is measured since the first time they completed the assessment, not since the most previous time of completion.

EARLY CHILDHOOD ENVIRONMENT RATING SCALE PERSONAL CARE ROUTINE SUBSCALE FOR ECERS/ITERS

Authors: Thelma Harms, Debby Cryer, Dick Clifford

Publisher: Teachers College Press

DESCRIPTION

According to the Frank Porter Graham Child Development Institute of the University of North Carolina at Chapel Hill:

[ERS] scales are designed to assess process quality in an early childhood or school age care group. Process quality consists of the various interactions that go on in a classroom between staff and children, staff, parents, and other adults, among the children themselves, and the interactions children have with the many materials and activities in the environment, as well as those features, such as space, schedule and materials that support these interactions. Process quality is assessed primarily through observation and has been found to be more predictive of child outcomes than structural indicators such as staff to child ratio, group size, cost of care, and even type of care, for example child care center or family child care home (Whitebook, Howes & Phillips, 1995).

The Personal Care Routines subscale covers the following areas:

- Greeting/departing;
- Meals/snacks;
- Nap/rest;
- Toileting/diapering;
- Health practices; and
- Safety practices

Source indicates (based on ECERS-R):

- **Languages:** Available in English, German, Japanese, Spanish, Italian, Portuguese, Icelandic.
- **Type of Assessment:** Observation, with some caregiver report.
- **Age Range:** Designed to assess group programs for children from 2 ½ to 5 years of age. Given at start and end of program year.
- **Personnel, Training, Administration, and Scoring Requirements:** The individual administering the ECERS-R must read and practice the scale, and must also have knowledge of child development and educational implications. The authors recommend reviewers to have at least two practice observation sessions with an experienced ECERS-R trainer. Administration time ranges from 2 hours to 5 hours depending on the scoring option selected for administering the assessment.
- **Training Support:** The assessment tool includes instructions for using the ECERS-R; a video training package and workbook are also available. The website: www.fpg.unc.edu includes helpful information.

SMART START OUTCOMES

Increase in the provider practice of healthy behaviors

OUTCOMES REPORTING SUMMARY

UNIT: CHILD CARE CLASSROOMS	
INDICATOR: AVERAGES OF ALL CLASSROOMS ASSESSED	
NUMBER OF CLASSROOMS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <i>OF THOSE:</i>	
PRE	POST
<i>Average Personal Care Routine Subscale score _____</i>	<i>Average Personal Care Routine Subscale score _____</i>
<i>Please check all that apply to your “pre” data:</i>	<i>Please check all that apply to your “post” data:</i>
ERS edition: ECERS -3 _____ ECERS- R _____	ERS edition: ECERS -3 _____ ECERS- R _____
Locally administered ERS _____	Locally administered ERS _____
DCDEE/NCRLAP Administered ERS _____	DCDEE/NCRLAP Administered ERS _____
Assessor trained to reliability by Frank Porter Graham _____	Assessor trained to reliability by Frank Porter Graham _____
Partial tool (not all scales) used _____	Partial tool (not all scales) used _____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Frank Porter Graham Child Development Institute of the University of North Carolina at Chapel Hill. *About Environment Rating Scales*. N.p. n.d. Web. Apr. 2015. <<http://ers.fpg.unc.edu/about-environment-rating-scales>>.

Website:

<http://ers.fpg.unc.edu/c-overview-subscale-and-items-ecers-r>

ADDITIONAL GUIDANCE

Personal Care Routine items different somewhat on ECERS and ITERS. Common items included are Greeting/departing, Meals/snacks, Nap/rest, Toileting/diapering, Health practices, Safety practices, Personal grooming, Health policy and Safety policy. Calculation of subscale should total the averages of each class with a Personal Care Routine subscale and then divide by the number of classes with a Personal Care Routine.



Environment Rating Scales

Assessment instruments for early childhood and child care program quality

FABRIK GUIDANCE

Environmental Rating Scale Personal Care Routine Subscale

Only use scores for classrooms with both a pre score AND a post score. Do not include those classrooms that only have a pre score.

Calculate the average pre score on the personal care routine subscale for those classrooms. Do the same calculation to get the average post score.

Finally, enter the number of classrooms for which you are reporting data.

NC CHILD CARE HEALTH AND SAFETY ASSESSMENT

Author & Publisher: NC Child Care Health & Safety Resource Center

description

According to the North Carolina Child Care Health and Safety Resource Center:

The NC Health and Safety Assessment (NC HSA) was developed in 2008 by the NC Child Care Health Consultant Association (NC CCHCA) and the NC Child Care Health and Safety Resource Center (RC) for use by qualified Child Care Health Consultants (CCHCs). The NC HSA was developed to meet the needs of CCHCs working in early care and education programs in North Carolina. CCHCs were looking for one tool that addressed health and safety in regulated child care facilities in NC and aligned NC laws, rules, and regulations with best practice standards and the Environment Rating Scales. In 2015, the NC HSA was developed into a web-based tool and iPad app and is available at nchsa.sph.unc.edu and in the Apple app store.

Source indicates:

- **Languages:** Available in English
- **Type of Assessment:** Classroom-Based Observation
- **Age Range:** Observations are conducted in NC regulated child care facilities serving children aged 0-5 . Initial observation is conducted after identification of a health and safety concern and a voluntary acceptance of services by a child care facility. Post is administered following the completion of a Quality Improvement Plan, based on results from the pre-test.
- **Personnel, Training, Administration and Scoring Requirements:** Assessment is administered by a NC Qualified CCHC. Training is provided by the NCCCHSRC. Assessment can be completed in full or only individual subscales can be used.
- **Training Support:** Written and video instructions on use of the NC HSA are available in the NC CCHC Resource Library, available on fabrikONE. The NC Child Care Health and Safety Resource Center currently provides training, on request.

SMART START OUTCOMES

Increase in the provider practice of healthy behaviors

OUTCOMES REPORTING SUMMARY

UNIT: CHILD CARE CLASSROOMS/HOMES INDICATOR: PERCENT OF ITEMS SCORED AS ADEQUATE	
NUMBER OF CLASSROOMS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <i>OF THOSE:</i>	
PRE	POST
<u>Average Section Scores</u> <i>Handwashing</i> ____ <i>Diapering</i> ____ <i>Toileting</i> ____ <i>Sanitation</i> ____ <i>Oral health</i> ____ <i>Physical activity and outdoor play</i> ____ <i>Safe sleep/naps</i> ____ <i>Medication administration</i> ____ <i>Supervision</i> ____ <i>Emergency preparedness</i> ____ <i>Meals/snacks: allergies/religious pref.</i> ____ <i>Meals/snacks: nutrition</i> ____ <i>Meals/snack: food safety</i> ____ <i>Health and safety practices</i> ____ <i>Written policies and non-observable</i> ____ # of centers with results ____	<u>Average Section Scores</u> <i>Handwashing</i> ____ <i>Diapering</i> ____ <i>Toileting</i> ____ <i>Sanitation</i> ____ <i>Oral health</i> ____ <i>Physical activity and outdoor play</i> ____ <i>Safe sleep/naps</i> ____ <i>Medication administration</i> ____ <i>Supervision</i> ____ <i>Emergency preparedness</i> ____ <i>Meals/snacks: allergies/religious pref.</i> ____ <i>Meals/snacks: nutrition</i> ____ <i>Meals/snack: food safety</i> ____ <i>Health and safety practices</i> ____ <i>Written policies and non-observable</i> ____ # of centers with results ____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

NC Child Care Health and Safety Resource Center. Web. Apr. 2015. <http://www.healthychildcarenc.org/>.

NC HSA Instruction Manual. CCHC Resource Library. July 19, 2017. <https://fabrik-one.smartstart.org/ets/store/item/?id=76d85005-addc-11e6-8494-005056a0372f>

Website:

<http://nchsa.sph.unc.edu>
<http://www.healthychildcarenc.org/>

ADDITIONAL GUIDANCE

For scoring a subscale: % of items scored adequate:

Total the number of items scored adequate.

Divide the total number of items scored adequate by the total number of items scored. Multiply this fraction by 100.

$$\frac{\text{total number of items scored adequate}}{\text{total number of items scored}} \times 100 = \underline{\hspace{2cm}}\% \text{ of items scored adequate}$$



NC Child Health and Safety Assessment

Only use scores for classrooms with both an initial score AND a follow-up score. Do not include those classrooms that only have an initial score.

When CCHC's use the NC Child Health and Safety Assessment, they generally do the full assessment at baseline (the initial assessment). At the post assessment, they typically only use the sections representing the indicators they have worked on with the child care classroom. Therefore, it generally does not make sense to report the overall initial score and the overall follow-up score. Instead, only report on the sections that have any follow-up scores. For those, calculate the average score for each section that has follow-up results. And, similarly, calculate the average initial scores for those same sections only including the child care classrooms that also have a follow-up score for that indicator.

If you do not use all of the sections, only enter data for the sections used. Leave the other sections blank. When you submit your data, you will be asked to explain why some cells are blank.

Finally, enter the number of classrooms for which you are reporting data.

Note for those using the NC Health and Safety Assessment iPad app:

The reports in the Health and Safety app provide results that you may insert into Fabrik. The app includes several filters, e.g. classroom, center, county. For multi-county partnerships, please be sure to use the county level filter for the counties you are reporting on.

STAR LEVELS

DESCRIPTION

Child care licenses in North Carolina are one to five star rated. According to the North Carolina Division of Child Development and Early Education (DCDEE):

A rating of one star means that a child care program meets North Carolina's minimum licensing standards for child care. Programs that choose to voluntarily meet higher standards can apply for a two to five star license. The star rating was initially comprised of a facility's scores in three quality components: Staff Education, Program Standards, Compliance History. Then, in 2005, the way facilities are evaluated was changed in order to give parents better information about a program's quality. The new rules make a 75% "compliance history" a minimum standard for any licensed facility. Because it is now a minimum requirement, all programs earn their star rating based only on the two components that give parents the best indication of quality:

- *Staff education*
- *Program standards*

In addition, programs having a two component license can earn a "quality point" for enhanced standards in staff education and program standards. (Note: Religious-sponsored child care programs will continue to operate with a Notice of Compliance and will not receive a star rating unless they choose to apply.)

SMART START OUTCOMES

Increase in program quality

Maintain high program quality

OUTCOMES REPORTING SUMMARY

UNIT: CHILD CARE CENTERS/HOMES

INDICATOR: AVERAGE STAR RATING

NUMBER OF PROVIDERS WITH A STAR ASSESSMENT IN THE REPORTING PERIOD* _____
OF THOSE:

ANNUAL

Number of participating facilities with a star assessment in the reporting year _____

Of only those facilities assessed during the reporting year, average star rating when TA began (pre) _____

Of only those facilities assessed during the reporting year, average star rating after assessment in the reporting year (post) _____

*Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.

References:

North Carolina Division of Child Development And Early Education *Star Rated License Overview*.N.p., n.d. Web. Apr. 2015. <http://ncchildcare.nc.gov/parents/pr_sn2_ov_sr.asp>.

Website:

http://ncchildcare.nc.gov/parents/pr_sn2_ov_sr.asp

ADDITIONAL GUIDANCE

Partnerships will be asked to report on outcomes for the first six months of the fiscal year and at the end of the fiscal year. Work with child care provider participants may cross from one fiscal year to the next; achieving higher star ratings can take more time than a single fiscal year and receiving verification of star changes can extend beyond a fiscal year. Results (i.e. change in star ratings) for providers who participate in a Smart Start activity during the current fiscal year but receive a change in star levels in the next fiscal year will be documented in the next fiscal year.



FABRIK GUIDANCE

Star Levels

Report the number of facilities that have both a pre score AND a post score. Only include those facilities that went through the DCDEE review in the reporting period and were assigned a star rating by DCDEE (either as a new or renewal license) as a result of that process.

For those facilities that were reassessed during the reporting year, enter the number of facilities with each star rating when you first began supporting each facility. Of those, calculate the average star rating when you first began supporting each facility. Enter this in the average Pre score. For facilities that did not have a star rated license at baseline, assign them a "0" for their pre score.

Similarly, enter the number of facilities with each star rating after they were reassessed. Calculate the average star rating when you finished working with each facility. This is the average Post score.

Sometimes partnerships may work with some facilities over a long period of time. This is particularly true when partnerships give grants or awards to facilities to assist in maintaining high quality. In these cases, the partnership needs to select a reasonable "start date" for the pre-score. For instance, if facilities must apply for a quality maintenance bonus each year, then the start level at the time of the application could serve as the pre score. If facilities do not need to reapply, then the partnership needs to determine a reasonable start date.

STAR RATING EDUCATION AND PROGRAM STANDARDS POINTS

DESCRIPTION

According to the North Carolina Division of Child Development and Early Education (DCDEE), star rating points are a measure used for programs working with child care facilities that are already licensed. The star rating system awards both education standards points and program standards points.

There are several ways of earning program standards points such as developing a plan to reduce staff/child ratios over time; achieve certain scores on the environment rating scale assessment; developing operating and personnel policies; increase number of activity areas in a classroom, etc.

Education standards points are based on the education levels of the staff. The point levels vary with the percentage of staff who have attained certain levels of education and credentials as well as the percentage of staff that have taken extra early care and education coursework and so on.

See the DCDEE website for a more detailed description of how points are earned.

http://ncchildcare.nc.gov/providers/pv_sn2_hpae.asp

SMART START OUTCOMES

Increase in program quality
Maintain high program quality
Improved teacher knowledge

OUTCOMES REPORTING SUMMARY

UNIT: CHILD CARE CENTERS/HOMES

**INDICATOR: AVERAGE NUMBER OF TOTAL STAR PROGRAM STANDARDS POINTS AND
AVERAGE NUMBER OF TOTAL STAR EDUCATION STANDARDS POINTS**

**NUMBER OF PROVIDERS WITH A POST SCORE IN THE REPORTING PERIOD* _____
*OF THOSE:***

ANNUAL

of participating facilities with a star assessment in the reporting year _____

Of only those facilities assessed during the reporting year, average # of program standards points when TA began (pre) _____

Of only those facilities assessed during the reporting year, average # of program standards points after assessment in the reporting year (post) _____

Of only those facilities assessed during the reporting year, average # of education points when TA began (pre) _____

Of only those facilities assessed during the reporting year, average # of education points after assessment in the reporting year (post) _____

*Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.

References:

North Carolina Division Of Child Development and Early Education. *How Points Are Earned*. N.p. n.d. Web. Apr. 2015. http://ncchildcare.nc.gov/providers/pv_sn2_hpae.asp

ADDITIONAL GUIDANCE

The DCDEE gives detailed information on their website for how additional standards and education points may be obtained. Briefly, it says: *When you apply for a star rated license a child care consultant will visit your program and evaluate each of the two quality components as well as the quality point option that may be selected by your program. [For]*

1. Program Standards

2. Education Standards

You will receive one point for meeting minimum requirements. To earn more than one point, you will have to meet higher voluntary standards. A summary of those standards is found at http://ncchildcare.nc.gov/providers/pv_sn2_hpae.asp#EducationStandards.

Determining the number of quality points and semester hours to be counted toward credentials and coursework is done by the DCDEE staff's evaluation of transcripts and other quality standards documentation. These determinations can be obtained through local division offices.



FABRIK GUIDANCE

Star Rating Program Standards and Education Points

Only use results for centers and homes with both a pre score AND a post score. Do not include those facilities that only have a pre score. Also, only include those facilities that went through the DCDEE review in the reporting period and were assessed for program standards points and/or for education points.

Of those, calculate the average number of program standards points for all participating providers at the time you first began working with them. Enter this in the average Pre score. For facilities that did not have any program standards points at baseline (“pre”), assign them a “0” for their pre score.

Similarly, calculate the average education points for all participating providers at the time you first began working with them. Enter this in the average Pre score. For facilities that did not have any education points at baseline (“pre”), assign them a “0” for their pre score.

Next, calculate the average number of program standards points and average education points when you finished working with each facility. These are your Post scores.

Lastly, report the number of facilities that have both a pre score AND a post score.

Star Rating Points Background

Star rating points for education and program standards can be changed at the three-year renewal of a provider's license. However, there is an annual opportunity for the points to be changed. Annual visits to child care providers, by DCDEE licensing consultants require assessment of many things, among them, the facilities' staff education credentials. If the child care facility's star rating education points are adversely affected by a change in staff's credentials it is possible for the facilities' points to be lowered if the facility is not able to maintain the education points of its staff. DCDEE would document this change in education points in their data system. DCDEE requires facilities to report staff education status changes as soon as the child care provider is aware of them.

If star rating points potentially increase between the three-year licensing renewal cycle, the provider is required to notify DCDEE of the staff education status change (reportedly, program standard points do not often change during the 3 year cycle). Typically, if a change in education points can increase the facilities' stars, the provider requests an interim (between the three-year-cycle) review of her/his facilities' star rating points and can be awarded higher stars at that time. Through this process, star rating points are officially documented in the DCDEE data system and are documented through the actual permit/license the provider receives showing the star rating.

Accessing Star Rating Points

For the purpose of reporting Smart Start outcomes related to stars or star rating points, partnerships can directly access the DCDEE database website which gives the most updated stars ratings
<http://ncchildcaresearch.dhhs.state.nc.us/search.asp>

Lead teacher and administrator education points and program standard points can also be accessed in the Enrollment report posted quarterly on Smart Net.

Other (non lead or administrator) teaching staff's education points can be accessed by making a request to DCDEE through Nicole.Morings@dhhs.nc.gov

Calculating Star Rating Points Pre-Post

Star Rating Education and Program Standards Points measure in Fabrik can include annual changes to the education points (or program standards point) documented through the above methods. Partnerships use the average pre or baseline number of points for participating providers (from when the providers began participating in the Smart Start activity) and use the most current star rating points documented through the methods mentioned above. In this way, whether activities are for Quality Maintenance or for Quality Enhancement, on an annual basis, the pre-post data will always include the original baseline or “pre” average of star rating points and will also show the most recent points. If you choose to include Quality Points in your “pre” average, please also include in your “post” average.

DCDEE EVALUATION OF AUTHORIZED IN-SERVICE TRAINING

Author: NC Division of Child Development & Early Education

DESCRIPTION

The DCDEE Evaluation of Authorized In-Service Training helps assess the value of in-service training sessions.

SMART START OUTCOMES

Improved teacher knowledge

OUTCOMES REPORTING SUMMARY

UNIT: EARLY CARE AND EDUCATION PROFESSIONALS

INDICATOR: NUMBER REPORTING EACH SCORE LEVEL

I gained skills I can immediately use in my job - # with Score 5

I gained skills I can immediately use in my job - # with Score 4

I gained skills I can immediately use in my job - # with Score 3

I gained skills I can immediately use in my job - # with Score 2

I gained skills I can immediately use in my job - # with Score 1

Total # surveys

*Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year.

Websites:

https://www.ncchildcare.nc.gov//pdf_forms/nonexempt_trainers.pdf



ADDITIONAL GUIDANCE

Partnerships that do not use the standard DCDEE Evaluation of Authorized In-Service Training but that would like to report on this measure should be sure to include the question “I gained skills I can use immediately in my job” on their survey instrument. It is important to use the exact wording from the DCDEE form. Additionally, a 1-5 scale should be used with 1 as “Strongly Disagree,” 3 as “Agree,” and 5 as “Strongly Agree” to be consistent with the standard DCDEE measure.

FABRIK GUIDANCE

DCDEE Evaluation of Authorized In-Service Training

Enter the number of teachers reporting each rating for the item “I gained skills I can immediately use in my job” on the evaluation of an authorized in-service training. Then report the total number of surveys completed.

FAMILY SUPPORT AND HEALTH

SECTION II

KEYS TO INTERACTIVE PARENTING SCALE (KIPS)

Authors: Marilee Comfort and Phil Gordon

Publisher: Comfort Consult, LLC

DESCRIPTION

FRIENDS National Resource Center for Community-Based Child Abuse Prevention states:

KIPS is a structured observational tool that requires training, certification and annual recertification to ensure reliable scoring. KIPS involves a 20-minute observation of free play (15 minutes of play, 5 minutes of clean-up if developmentally appropriate) between a parent or caregiver and a child (2 months–71 months) using the toys or materials available in their home or a familiar community setting. The 12-item scale assesses the quality of parenting behavior using 1 (low quality) to 5 (optimal quality) ratings with behavioral anchors at the odd points of 1, 3, 5. KIPS items include:

- *Sensitivity of responses*
- *Supports emotions*
- *Physical interaction*
- *Involvement in child's activities*
- *Open to child's agenda*
- *Engagement in language experiences*
- *Reasonable expectations*
- *Adapts strategies to child*
- *Limits and consequences*
- *Supportive directions*
- *Encouragement*
- *Promotes exploration/curiosity*

Videotaping is highly recommended for accurate scoring and use in intervention with families.

Source indicates:

- **Languages:** Available in English and Spanish
- **Type of Assessment:** Observational Rating Scale
- **Age Range:** 2 months-71 months
- **Personnel, Training, Administration, and Scoring Requirements:** KIPS training; observation and video taping recommended
- **Training Support:** Online Library of play videos, advisor videos, tools, blogs, handouts

SMART START OUTCOMES

Increase in positive parenting practices

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS)	
INDICATOR: NUMBER AT LOW, MODERATE, HIGH SKILL LEVELS	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <i>OF THOSE:</i>	
PRE	POST
# of adults scoring low _____	# of adults scoring low _____
# of adults scoring moderate _____	# of adults scoring moderate _____
# of adults scoring high _____	# of adults scoring high _____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Comfort Consult. *Parenting Assessment*. N.p., n.d. Web. Apr. 2015.

FRIENDS National Resource Center For Community Based Child Abuse Prevention. *Keys to Interactive Parenting Scale*. 2014. PDF file

Website:

<http://comfortconsults.com/>

ADDITIONAL GUIDANCE

Scores for all parenting behaviors for KIPS are averaged into a summary score. These summary scores fall into three threshold levels: low, moderate and high. Numbers of parents/guardians assessed at each of the three levels are reported pre and post. The scoring thresholds are Low: 0-1.99, Moderate: 2-3.99 and High: 4-5

Please see additional general guidance for pre and post measurement at the beginning of this guide (in the Introduction).



FABRIK GUIDANCE

Keys to Interactive Parenting Scales (KIPS)

Only use scores for parents/guardians with both a pre score AND a post score. Do not include those adults that only have a pre score.

Of those with both a pre and a post score, determine for each adult if they scored low, moderate, or high on the KIPS at baseline when the KIPS was first used with the parent. Consult the instructions that accompany the KIPS for information on how to determine the categories. Add up the number in each category and report them in the Pre column.

Follow the same steps to enter the Post results.

If a family completed the measure at baseline (pre score) and then more than once after that, report their most recent results in the reporting period as their post score.

Finally, enter the number of parents/ guardians for whom you are reporting data.

ADULT-ADOLESCENT PARENTING INVENTORY (AAPI-2)

Authors: Stephen J. Bavolek and Richard G. Keene

Publisher: Family Development Resources, Inc.

DESCRIPTION

According to the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, and Child Outcomes Research and Evaluation:

The Adult-Adolescent Parenting Inventory (AAPI-2) is a 40-item questionnaire used to assess the parenting attitudes and child rearing practices of adolescents and adults. The purpose of the inventory is to determine the degree to which respondents agree or disagree with parenting behaviors and attitudes known to contribute to child abuse and neglect. Responses are given on a five-point Likert scale ranging from Strongly Agree, Agree, Uncertain, Disagree, to Strongly Disagree. Responses provide a standard for risk in five parenting constructs known to contribute to the maltreatment of children:

- (1) inappropriate parental expectations;*
- (2) inability to demonstrate empathy towards children's needs;*
- (3) strong belief in the use of corporal punishment;*
- (4) reversing parent-child family roles, and*
- (5) oppressing children's power and independence.*

The AAPI-2 comes in two alternate forms—A and B—to reduce the practice effect when repeating the inventory in a short time period.

Source indicates:

- **Languages:** Available in English and Spanish
- **Type of Assessment:** Self-report
- **Age Range:** Persons ages 13 and older
- **Personnel, Training, Administration, and Scoring Requirements:** An individual can learn to score the assessment by reading the manual. No training is necessary. Approximately 20 minutes to administer. Written at a 5th grade reading level. The assessment can be administered orally to non-readers.
- **Training Support:** Training workshops and training assistance are available. Call 828-681-8120 or send an email to fnc@nurturingparenting.com.

SMART START OUTCOMES

Increased positive parenting practices

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS) INDICATOR: NUMBER AT LOW, MODERATE, HIGH RISK LEVELS FOR CHILD MALTREATMENT	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <i>OF THOSE:</i>	
PRE	POST
Construct A Expectations of Children # adults at low maltreatment risk____	Construct A Expectations of Children # adults at low maltreatment risk____
Construct A Expectations of Children # adults at moderate maltreatment risk____	Construct A Expectations of Children # adults at moderate maltreatment risk____
Construct A Expectations of Children # adults at high maltreatment risk____	Construct A Expectations of Children # adults at high maltreatment risk____
Construct B Parental Empathy # adults at low maltreatment risk____	Construct B Parental Empathy # adults at low maltreatment risk____
Construct B Parental Empathy # adults at moderate maltreatment risk____	Construct B Parental Empathy # adults at moderate maltreatment risk____
Construct B Parental Empathy # adults at high maltreatment risk____	Construct B Parental Empathy # adults at high maltreatment risk____
Construct C Use of Corporal Punishment # adults at low maltreatment risk____	Construct C Use of Corporal Punishment # adults at low maltreatment risk____
Construct C Use of Corporal Punishment # adults at moderate maltreatment risk____	Construct C Use of Corporal Punishment # adults at moderate maltreatment risk____
Construct C Use of Corporal Punishment # adults at high maltreatment risk____	Construct C Use of Corporal Punishment # adults at high maltreatment risk____
Construct D Parent-Child Family Roles # adults at low maltreatment risk____	Construct D Parent-Child Family Roles # adults at low maltreatment risk____
Construct D Parent-Child Family Roles # adults at moderate maltreatment risk____	Construct D Parent-Child Family Roles # adults at moderate maltreatment risk____
Construct D Parent-Child Family Roles # adults at high maltreatment risk____	Construct D Parent-Child Family Roles # adults at high maltreatment risk____
Construct E Children's Power and Independence #adults at low maltreatment risk____	Construct E Children's Power and Independence #adults at low maltreatment risk____

Construct E Children's Power and Independence #adults at moderate maltreatment risk____	Construct E Children's Power and Independence #adults at moderate maltreatment risk____
Construct E Children's Power and Independence #adults at high maltreatment risk____	Construct E Children's Power and Independence #adults at high maltreatment risk____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Bavolek, Stephen J. and Richard G. Keene. Adult-Adolescent Parenting Inventory AAPI-2 Administration and Development Handbook. Park City, UT: Family Development Resources, Inc., 1999.

U.S. Department Of Health And Human Services, Administration For Children And Families, Office Of Planning, Research, And Evaluation, Child Outcomes Research And Evaluation. *Resources for Measuring Services and Outcomes in Head Start Programs Serving Infants and Toddlers*. 2011. PDF file.

Websites:

www.nurturingparenting.com/

<https://www.assessingparenting.com/assessment/aapi>

ADDITIONAL GUIDANCE

There are two forms of the AAPI-2: Form A and Form B. Each form has 40 items presented on a five point Likert Scale of Strongly Agree, Agree, Disagree, Strongly Disagree and Uncertain. Responses are converted to stem scores that compare the participant's responses to a normal distribution and determine if responses indicate high, average, or low risk for maltreatment of children. Higher scores are indicative of negative parenting attitudes (Developers: Bavolek, S. J. and Keene, R. G.)

[Bavolek, S. J., & Keene, R. G. (2001). Adult-Adolescent Parenting Inventory AAPI-2: Administration and development handbook. Park City, UT: Family Development Resources, Inc. <http://www.performwell.org/index.php/find-surveyassessments/outcomes/social-development/parenting-knowledge-attitudes-perceptions/adult-adolescent-parenting-inventory-2-aapi>] An alternative method for tracking change is to expect higher scores in a certain number of scales' scores (e.g., participants will score higher in 4 of the 5 scales).

FABRIK GUIDANCE

AAPI-2

Only use scores for parents/guardians with both a pre score AND a post score. Do not include those adults that only have a pre score.

The AAPI- Adult- Adolescent Parenting Inventory is made up of 40 questions with responses on a five-point Likert scale. The questions fall into five different constructs that relate to the potential for child maltreatment. Answers ranging from “strongly agree” to “strongly disagree” are entered into a database and converted into two types of numeric scores: raw scores and sten scores. These scores are provided for each person assessed. The sten scores are plotted on a chart, for each of the five constructs, into *low*, *medium* or *high* risks for child maltreatment. Each individual database report shows where each constructs sten scores fall.

Method 1: For data entry to Fabrik, there are fields for “low” “medium” and “high” ranges for each construct (see table below). Fabrik asks for you to enter the total number falling into each construct at each level at pre and at post. To calculate this, for each construct, manually count how many “adults with results” (i.e. adults in your pre-post group) were at each level for each construct when they received their first/baseline or “pre” assessment and when they received their most recent or “post” assessment. Your tabulation sheet might look like this:

Constructs at Risk Levels	Pre Numbers		Constructs at Risk Levels	Post Numbers	
Construct A Expectations of Children # adults at low maltreatment risk	++++	5	Construct A Expectations of Children # adults at low maltreatment risk	++++ 	9
Construct B Parental Empathy # adults at low maltreatment risk	++++	5	Construct B Parental Empathy # adults at low maltreatment risk	++++ 	6
Construct C Use of Corporal Punishment # adults at low maltreatment risk		2	Construct C Use of Corporal Punishment # adults at low maltreatment risk	++++	5
Construct D Parent-Child Family Roles # adults at low maltreatment risk		3	Construct D Parent-Child Family Roles # adults at low maltreatment risk	++++	5
Construct E Children’s Power and Independence #adults at low maltreatment risk	++++	5	Construct E Children’s Power and Independence #adults at low maltreatment risk	++++ 	8
Construct A Expectations of Children # adults at moderate maltreatment risk	++++ ++++	10	Construct A Expectations of Children # adults at moderate maltreatment risk	++++ ++++	12
Construct B Parental Empathy # adults at moderate maltreatment risk		2	Construct B Parental Empathy # adults at moderate maltreatment risk		3
Construct C Use of Corporal Punishment # adults at moderate maltreatment risk	++++	5	Construct C Use of Corporal Punishment # adults at moderate maltreatment risk		4
Construct D Parent-Child Family Roles # adults at moderate maltreatment risk	++++ 	7	Construct D Parent-Child Family Roles # adults at moderate maltreatment risk	++++	6
Construct E Children’s Power and Independence #adults at moderate maltreatment risk		4	Construct E Children’s Power and Independence #adults at moderate maltreatment risk		4
Construct A Expectations of Children # adults at high maltreatment risk		2	Construct A Expectations of Children # adults at high maltreatment risk	0	0
Construct B Parental Empathy # adults at high maltreatment risk	++++ 	9	Construct B Parental Empathy # adults at high maltreatment risk		
Construct C Use of Corporal Punishment # adults at high maltreatment risk	0	0	Construct C Use of Corporal Punishment # adults at high maltreatment risk	0	0
Construct D Parent-Child Family Roles # adults at high maltreatment risk		2	Construct D Parent-Child Family Roles # adults at high maltreatment risk		1
Construct E Children’s Power and Independence #adults at high maltreatment risk		3	Construct E Children’s Power and Independence #adults at high maltreatment risk		1

PARENTING STRESS INDEX™ FOURTH EDITION (PSI™-4)

Authors: Richard A. Abidin

Publisher: PAR®

DESCRIPTION

According to Psychological Assessment Resources, Inc. (PAR):

Designed to evaluate the magnitude of stress in the parent–child system, the fourth edition of the popular PSI is a 120-item inventory that focuses on three major domains of stress: child characteristics, parent characteristics, and situational/demographic life stress. The PSI-4 is commonly used as a screening and triage measure for evaluating the parenting system and identifying issues that may lead to problems in the child’s or parent’s behavior. This information may be used for designing a treatment plan, for setting priorities for intervention, and/or for follow-up evaluation. (PAR, 2012).

Source indicates:

- **Languages:** Available in English, “Chinese,” Dutch, Finnish, French, Greek, Icelandic, Italian, Japanese, Polish, Portuguese, Serbian, Spanish, Swedish.
- **Type of Assessment:** Two domains, Child and Parent, combine to form the Total Stress scale. The Life Stress scale provides information about the amount of parent stress caused by factors outside the parent-child relationship.

Within the Child Domain, six subscales (Distractibility/Hyperactivity, Adaptability, Reinforces Parent, Demandingness, Mood, and Acceptability) evaluate sources of stress as gathered from the parent’s report of child characteristics.

Within the Parent Domain, seven subscales (Competence, Isolation, Attachment, Health, Role Restriction, Depression, and Spouse/Parenting Partner Relationship) measure sources of stress related to parent characteristics.

- **Age Range:** Parents of children aged 0-12 years, individual self-report (parents complete the form), 20 minutes, scoring time: 5 minutes.
- **Personnel, Training, Administration, and Scoring Requirements:** PSI is written at a 5th-grade reading level. Two levels of administrators qualifications are stated:
 - Level S: with a degree, certificate, or license to practice in a health care profession or occupation, including (but not limited to) the following: clinical psychology, medicine, neurology, neuropsychology, nursing, occupational therapy and other allied health care professions, physicians' assistants, psychiatry, school psychology, social work, speech-language pathology; plus appropriate training and experience in the ethical administration, scoring, and interpretation of clinical behavioral assessment instruments.

- Level B: A degree from an accredited 4-year college or university in psychology, counseling, or a closely related field PLUS satisfactory completion of coursework in test interpretation, psychometrics and measurement theory, educational statistics, or a closely related area; OR license or certification from an agency that requires appropriate training and experience in the ethical and competent use of psychological tests.
- **Training Support:** A variety of on-line resources for training and becoming acquainted with the PSI are available through PAR, Inc. including a Training Portal, Data Collection, Research & Development, Permissions & Licensing, and Supplemental Materials.

SMART START OUTCOMES

Increased positive parenting practices

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS)* INDICATOR: NUMBER OF ADULTS SCORING IN THE HIGH RISK RANGE (85 TH PERCENTILE)	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD** _____ <i>OF THOSE:</i>	
PRE	POST
# of adults in normal range _____ # of adults in high risk range _____	# of adults in normal range _____ # of adults in high risk range _____

**Note that child behaviors are added to the adult scores.*

***Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

PAR - Psychological Assessment Resources, Inc., *PAR - Psychological Assessment Resources, Inc.*, N.p., n.d. Web. Apr. 2015., <http://www4.parinc.com>.

Website: <http://www4.parinc.com>
<https://www.parinc.com/Products/Pkey/333>

ADDITIONAL GUIDANCE

Parenting Stress Index has two forms: short with 36 questions and long with 101 questions. The Primary population is parents of children 0-3 years of age. Parents complete the measure (short or long form) which renders two scores: Total Stress Scores & Life Stress scores. Smart Start outcomes reporting will collect the number of adults, pre and post, scoring in the high range for the two stress scores. High range is defined as at or above the 85th percentile.



FABRIK GUIDANCE

Parenting Stress Index

Only use scores for parents/guardians with both a pre score AND a post score. Do not include those adults that only have a pre score.

Of those with both a pre and a post score, determine for each adult if they scored in the normal or high risk range on the PSI at baseline when the measure was first used with the parent. Consult the instructions that accompany the PSI for information on how to interpret the scores. Add up the number in each category and report them in the Pre column.

Follow the same steps to enter the Post results.

If a family completed the measure at baseline (pre score) and then more than once after that, report their most recent results in the reporting period as their post score.

Finally, enter the number of parents/ guardians for whom you are reporting data.

PARENTING STRESS INDEX™ FOURTH EDITION (PSI™-4 SF SHORT FORM)

Authors: Richard A. Abidin

Publisher: PAR®

DESCRIPTION

According to Psychological Assessment Resources, Inc. (PAR):

The PSI Short Form (PSI/SF) is a direct derivative of the Parenting Stress Index (PSI) full-length test. All 36 items on the Short Form are contained on the Long Form with identical wording and are written at a 5th-grade reading level, for parents of children 12 years and younger. The PSI/SF yields a Total Stress score from three scales: Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child. The PSI/SF was developed at the request of clinicians and researchers who regularly use the full-length PSI and indicated the need for a valid measure administered in less than 10 minutes. It is ideal for clinicians who work in a variety of primary health care settings and have a limited time available to patients, targeting those families most in need of follow-up services. It also is valuable for use in schools and mental health clinics where the parent-child dyad is not the primary focus of the assessment (PAR, 2012).

Source indicates:

- **Languages:** Available in English, Chinese, Dutch, Finnish, French, Greek, Icelandic, Italian, Japanese , Polish, Portuguese, Serbian, Spanish, Swedish
- **Type of Assessment:** The PSI-SF has 36 items from the original 120-item PSI. Items are identical to those in the original version. Consistent with this analysis, the PSI-SF yields scores on the following subscales: 1) Parental Distress, 2) Parent-Child Dysfunctional Interaction, and 3) Difficult Child. Similar to the full PSI, it also has a validity scale.
- **Age Range:** Parents of children age 0-12 years, individual self-report, 10 minutes, scoring time: 2 minutes
- **Personnel, Training, Administration, and Scoring Requirements:** Like the PSI, the PSI Short Form is written at a 5th-grade reading level. Two levels of administrators:
 - Level S: with a degree, certificate, or license to practice in a health care profession or occupation, including (but not limited to) the following: clinical psychology, medicine, neurology, neuropsychology, nursing, occupational therapy and other allied health care professions, physicians' assistants, psychiatry, school psychology, social work, speech-language pathology; plus appropriate training and experience in the ethical administration, scoring, and interpretation of clinical behavioral assessment instruments.
 - Level B: A degree from an accredited 4-year college or university in psychology, counseling, or a closely related field PLUS satisfactory completion of coursework in test interpretation, psychometrics and measurement theory, educational statistics, or a closely related area; OR license or certification from an

agency that requires appropriate training and experience in the ethical and competent use of psychological tests.

- **Training Support:** N/A

SMART START OUTCOMES

Increased positive parenting practices

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS)*	
INDICATOR: NUMBER OF ADULTS SCORING IN THE HIGH RISK RANGE (85TH PERCENTILE)	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD** _____ <u>OF THOSE:</u>	
PRE	POST
# of adults in normal range _____	# of adults in normal range _____
# of adults in high risk range _____	# of adults in high risk range _____

**Note that child behaviors are added to the adult scores.*

***Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

PAR - Psychological Assessment Resources, Inc., *PAR - Psychological Assessment Resources, Inc.*, N.p., n.d. Web. Apr. 2015. <<http://www4.parinc.com>.

Website:

<https://www.parinc.com/Products/Pkey/335>

ADDITIONAL GUIDANCE

Parenting Stress Index has two forms: short with 36 questions and long with 101 questions. The Primary population is parents of children 0-3 years of age. Parents complete the measure (short or long form) which renders two scores: Total Stress Scores & Life Stress scores. Smart Start outcomes reporting will collect the number of adults, pre and post, scoring in the high range for the two stress scores. High range is defined as at or above the 85th percentile.



FABRIK GUIDANCE

Parenting Stress Index – Short Form

Only use scores for parents/guardians with both a pre score AND a post score. Do not include those adults that only have a pre score.

Of those with both a pre and a post score, determine for each adult if they scored in the normal or high risk range on the PSI at baseline when the measure was first used with the parent. Consult the instructions that accompany the PSI for information on how to interpret the scores. Add up the number in each category and report them in the Pre column.

Follow the same steps to enter the Post results.

If a family completed the measure at baseline (pre score) and then more than once after that, report their most recent results in the reporting period as their post score.

Finally, enter the number of parents/ guardians for whom you are reporting data.

TRIPLE P PARENTING SCALE – LEVEL 4

Authors: David S. Arnold, Susan G. O’Leary, Lisa S. Wolff, Maureen M. Acker

DESCRIPTION

According to Triple P Algoma:

The Parenting Scale is a 30-item measure of dysfunctional discipline practices in parents. Three discipline styles have been identified: Laxness (permissive discipline); Over-reactivity (displays of anger, meanness and irritability); and Verbosity (lengthy verbal responses or reliance on talking). The scale has adequate reliability and validity and is easy to administer. Recently the authors issued advice regarding recommended changes to the way the Parenting Scale was to be interpreted. It now yields a Total score and three recently revised factors: Laxness (permissive, inconsistent discipline); Over-reactivity (harsh, emotional, authoritarian discipline and irritability); and Hostility (use of verbal or physical force). It is typically used for Level 4.

Sources indicates:

- **Languages:** Available in English and Spanish. Triple P materials have been translated into several other languages, such as Chinese, Farsi, German, and Japanese.
- **Type of Assessment:** caregiver interview
- **Age Range:** Triple P can cater to an entire population – from birth to 16 years with a pre-birth/post-natal program to prepare parents for the difficult first year of parenting. There are specialist programs for populations with different needs and abilities.
- **Personnel, Training, Administration, and Scoring Requirements:** Practitioners come from a wide range of professions and disciplines and include family support workers, doctors, nurses, psychologists, counselors, teachers, teacher's aides, police officers, social workers, child safety officers and clergy – all can administer and score.
- **Training Support:** There are various levels of training and support offered for the Parenting Scale when it is used in conjunction with the Triple P (Positive Parenting Program). Visit this website for more information: <http://www.triplep.net/glo-en/getting-started-with-triple-p/train-your-staff-population-approach/>.

SMART START OUTCOMES

Increased positive parenting practices

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS)	
INDICATOR: NUMBER OF ADULTS SCORING BELOW THE CLINICAL CUT OFFS	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <u>OF THOSE:</u>	
PRE	POST
Mothers: <i># of mothers with total score below 3.2_____</i> <i># of mothers with Laxness score below 3.6 _____</i> <i># of mothers with Over Reactivity score below 4.0_____</i> <i># of mothers with Hostility score below 2.4_____</i> Fathers: <i># of fathers with total score below 3.2_____</i> <i># of fathers with Laxness score below 3.4 _____</i> <i># of fathers with Over Reactivity score below 3.9_____</i> <i># of fathers with Hostility score below 3.5_____</i>	Mothers: <i># of mothers with total score below 3.2_____</i> <i># of mothers with Laxness score below 3.6 _____</i> <i># of mothers with Over Reactivity score below 4.0_____</i> <i># of mothers with Hostility score below 2.4_____</i> Fathers: <i># of fathers with total score below 3.2_____</i> <i># of fathers with Laxness score below 3.4 _____</i> <i># of fathers with Over Reactivity score below 3.9_____</i> <i># of fathers with Hostility score below 3.5_____</i>

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Alogma Family Services. Triple P Parenting Scale. Web. Apr. 2015. PDF file.

The San Francisco Parent Training Institute. *Outcome Measures And Scoring Templates*. N.p., n.d. Web. Apr. 2015.
http://www.ptisf.org/implementation_resources/outcome_measures__scoring_templates>.

Triple P - Positive Parenting Program. Benefits Of Triple P. N.p., n.d. Web. Apr. 2015.
<http://www.triplep.net/glo-en/find-out-about-triple-p/benefits-of-triple-p/>.

Websites:

<https://www.triplep.net/glo-en/home/>

ADDITIONAL GUIDANCE

Triple P Parenting Scale is made up of total scores and factor scores. Clinical cutoff scores are different for mothers and fathers. The recommended clinical cut-off scores are: for Mothers: Laxness 3.6, Over reactivity 4.0, Hostility 2.4; and Total Score 3.2. for Fathers: Laxness 3.4, Over reactivity 3.9, Hostility 3.5; and Total Score 3.2. Numbers of adults at clinical cutoffs for each scale as well as total scores will be reported in Fabrik.

The North Carolina Triple P Learning Collaborative Evaluation Plan answers the question: what family-level data needs to be collected from practitioners? In the chart below

	Level 2	Level 2	Level 3	Level 3	Level 4	Level 4	Level 4
Triple P Assessment Domains	Brief Primary Care (0-12 and Teen)	Triple P Selected Seminars (0-12, Teen, and Stepping Stones)	Primary Care (0-12, Teen, and Stepping Stones)	Discussion Group (0-12 and Teen)	Standard & Group Triple P (0-12)	Standard & Group Teen Triple P	Standard & Group Stepping Stones Triple P
Child Behavior	n/a	n/a	Parenting Experience Survey, #1	n/a	<ul style="list-style-type: none"> Strengths and Difficulties Questionnaire OR Eyberg Child Behavior Inventory OR Child Behavior Checklist 	<ul style="list-style-type: none"> Strengths and Difficulties Questionnaire OR Eyberg Child Behavior Inventory OR Child Behavior Checklist 	<ul style="list-style-type: none"> Developmental Behavior Questionnaire OR One of the accepted measures for Level 4 Standard & Group (0-12 or Teen)
Parenting Style	n/a	n/a	Parenting Experience Survey, #'s 2-4	n/a	Parenting Scale	Parenting Scale for Adolescents	Parenting Scale
Client Satisfaction*	Client Satisfaction Questionnaire	Client Satisfaction Questionnaire	Client Satisfaction Questionnaire	Client Satisfaction Questionnaire	Client Satisfaction Questionnaire	Client Satisfaction Questionnaire	Client Satisfaction Questionnaire
Family Reach Data	Quarterly practitioner report on Survey Gizmo	Quarterly practitioner report on Survey Gizmo	Quarterly practitioner report on Survey Gizmo	Quarterly practitioner report on Survey Gizmo	Quarterly practitioner report on Survey Gizmo	Quarterly practitioner report on Survey Gizmo	Quarterly practitioner report on Survey Gizmo



Triple P Parenting Scale

Only use scores for parents/guardians with both a pre score AND a post score. Do not include those adults that only have a pre score.

Of those with both a pre and a post score, first calculate a Pre score for each person on each subscale. These results will reflect their status when then entered the Smart Start funded activity or when the measure was first used with the parent. Consult the instructions that accompany the Triple P Parenting Scale to determine which questions are in each subscale.

Next, count how many mothers are below the cutoffs for each subscale. And then count the number of fathers below the cut offs for each subscale. The cut offs appear in the outcome reporting question prompts in Fabrik as well as in the Measures Guide. Note there are different cut offs for mothers and fathers.

Follow the same steps to determine the Post scores.

If a family completed the measure at baseline (pre score) and then more than once after that, report their most recent results in the reporting period as their post score.

Finally, enter the number of parents/ guardians for whom you are reporting data.

TRIPLE P PARENTING EXPERIENCE SURVEY – LEVEL 3

Authors: K.M.T Turner, M.R. Sanders, C. Markie-Dadds

DESCRIPTION

The Triple P Parenting Experience Survey asks about issues related to being a parent and is generally used with Triple P Level 3.

Items used in this outcome measure include:

- Question 3: *In the last 6 weeks, how confident have you felt to undertake your responsibilities as a parent?*
- Question 4: *How supported have you felt in your role as a parent over the last 6 weeks?*

- **Languages:** Available in English.
- **Type of Assessment:** Caregiver Survey
- **Age Range:** Triple P can cater to an entire population – from birth to 16 years with a pre-birth/post-natal program to prepare parents for the difficult first year of parenting. There are specialist programs for populations with different needs and abilities.
- **Personnel, Training, Administration, and Scoring Requirements:** Practitioners come from a wide range of professions and disciplines and include family support workers, doctors, nurses, psychologists, counselors, teachers, teacher's aides, police officers, social workers, child safety officers and clergy – all can administer and score.
- **Training Support:** There are various levels of training and support offered for the Parenting Scale when it is used in conjunction with the Triple P (Positive Parenting Program). Visit this website for more information: <http://www.triplep.net/glo-en/getting-started-with-triple-p/train-your-staff-population-approach/>.

SMART START OUTCOMES

Increased positive parenting practices

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS)	
INDICATOR: AVERAGE SCORES	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* ____ <i>OF THOSE:</i>	
PRE	POST
Question 3 Average score ____	Question 3 Average score ____
Question 4 Average score ____	Question 4 Average score ____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

Websites:

<https://www.triplep.net/glo-en/the-triple-p-system-at-work/training-and-delivery/evaluation/>

https://www.cabarrushealth.org/DocumentCenter/View/996/Triple-P-Evaluation-Manual_Level-3-Primary-Care?bidId=

ADDITIONAL GUIDANCE

The Parenting Experience Survey has seven questions. Questions three and four are most closely reflective of potential positive changes in parenting practices.



Triple P Parenting Experience Survey

Only use scores for parents/guardians with both a pre score AND a post score. Do not include those adults that only have a pre score.

Of those with both a pre and a post score, first calculate a Pre score for each person on Question 3. These results will reflect their status when then entered the Smart Start funded activity or when the measure was first used with the parent. Take the average of these scores. Repeat this process for Question 4.

Follow the same steps to determine the Post scores.

TRIPLE P CLIENT SATISFACTION QUESTIONNAIRE - LEVEL 2 (BRIEF PRIMARY CARE), LEVEL 3 (PRIMARY CARE), LEVEL 4 (GROUP STANDARD)

DESCRIPTION

This measure is a two question excerpt of the Triple P Caregiver Satisfaction Questionnaire (CSQ). It is to be used with Level 2 Brief Primary Care, Level 3 Primary Care, or Level 4 Group Standard.

According to Cabarrus Health Alliance Triple P Evaluation Manual, the CSQ is one of several tools that help evaluate and continually improve the Triple P parenting program and demonstrates the impactful work with families. Data collection provides useful information to the program provider and the caregiver during the intervention but also are mandated by the NC Department of Public Health for funding purposes.

SMART START OUTCOMES

Increased positive parenting practices

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS) INDICATOR: AVERAGE SCORE ON EACH RELEVANT ITEM
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <i>OF THOSE:</i>
ANNUAL
<p><i># of adults answering 5 or above on "Has the Triple P parenting program helped you to deal more effectively with your child's behavior?" _____</i></p> <p><i># of adults answering 5 or above on "Has the Triple P parenting program helped you to deal more effectively with problems that arise in your family?" _____</i></p>

*Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year.

References:

Triple P Evaluation Manual. Publication. Cabarrus Health Alliance at NC Research Campus. n.p., 2016. Print.

Websites:

"Level 3 Triple P Cabarrus Evaluation Manual." Cabarrus Health Alliance, n.d. Web. 17 Nov. 2016.



FABRIK GUIDANCE

Triple P Caregiver Satisfaction Questionnaire – Level 2 (Brief Primary Care), Level 3 (Primary Care), Level 4 (Group Standard)

Count how many individuals answered 5, 6, or 7 on the following question: Has the Triple P parenting program helped you deal more effectively with your child's behavior? Repeat this process for the additional question: Has the Triple P parenting program helped you deal more effectively with problems that arise in your family?

TRIPLE P CLIENT SATISFACTION QUESTIONNAIRE - LEVEL 2 (SEMINAR SERIES)

DESCRIPTION

This measure is a two question excerpt of the Triple P Seminar Parent Satisfaction Survey. It is to be used with Level 2 Seminar Series.

Data collection provides useful information to the program provider and the caregiver during the intervention but also are mandated by the NC Department of Public Health for funding purposes.

SMART START OUTCOMES

Increased parent knowledge.

Increased positive parenting practices.

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS)
INDICATOR: AVERAGE SCORE ON EACH RELEVANT ITEM
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <i>OF THOSE:</i>
ANNUAL
<p><i># of adults answering 5 or above on “Did you gain sufficient knowledge or information to be able to implement the parenting advice you heard about?” _____</i></p> <p><i># of adults answering 5 or above on “Was this seminar helpful in gaining an understanding of what you can do to help your child learn new skills and behavior?” _____</i></p>

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year.*

References:

Level 2 Triple P Evaluation Manual. Publication. NC Department of Health. n.p., 2017. Print.

Websites:

<http://www.triplep.net/glo-en/the-triple-p-system-at-work/the-system-explained/level-2/>



FABRIK GUIDANCE

Triple P Caregiver Satisfaction Questionnaire – Level 2 (Seminar Series)

Count how many individuals answered 5, 6, or 7 on the following question: Did you gain sufficient knowledge or information to be able to implement the parenting advice you heard about? Repeat this process for the additional question: Was this seminar helpful in gaining an understanding of what you can do to help your child learn new skills and behavior?

PARENTING PRACTICES INVENTORY

Authors: C. Webster-Stratton, M.J. Reid, and M. Hammond

DESCRIPTION

According to performwell.org:

The Parent Practices Inventory (PPI) is a 72-item questionnaire adapted from the Oregon Social Learning Center's Discipline Questionnaire and revised for young children. This measure may be used to assess the disciplinary style of a parent or caregiver, to identify parents/caregivers who may be in need of further evaluation, or as an indicator of change in disciplinary practices during or following intervention. It can be administered as an interview or a self-report questionnaire completed by the child's parent or primary caregiver(s) and is composed of seven subscales - Harsh Discipline (14 items), Harsh for Age (9 items), Inconsistent Discipline (6 items), Appropriate Discipline (16 items), Positive Parenting (15 items), Clear Expectations (3 items), and Monitoring (9 items) -rated on a 7-point scale ranging from 1 (never) to 7 (always) (performwell.org).

Source indicates:

- **Languages:** Available in English, Spanish “Chinese”, Dutch, Vietnamese, Danish and Portuguese
- **Type of Assessment:** Interview or self-report questionnaire
- **Age Range:** Infants and Young Children
- **Personnel, Training, Administration, and Scoring Requirements:** Contact Incredible Years® 1 (888) 506-3562 or <http://incredibleyears.com/for-researchers/measures>.
- **Training Support:** Contact Incredible Years® 1 (888) 506-3562 or <http://incredibleyears.com/for-researchers/measures>.

SMART START OUTCOMES

Increased positive parenting practices

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS) INDICATOR: AVERAGE SUBSCALE SCORES	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <i>OF THOSE:</i>	
PRE	POST
<i>Average score Harsh Discipline scale _____</i>	<i>Average score Harsh Discipline scale _____</i>
<i>Average score Harsh for Age scale _____</i>	<i>Average score Harsh for Age scale _____</i>
<i>Average score Inconsistent Discipline scale _____</i>	<i>Average score Inconsistent Discipline scale _____</i>
<i>Average score Appropriate Discipline scale _____</i>	<i>Average score Appropriate Discipline scale _____</i>
<i>Average score Positive Parenting scale _____</i>	<i>Average score Positive Parenting scale _____</i>
<i>Average score Clear Expectations scale _____</i>	<i>Average score Clear Expectations scale _____</i>
<i>Average score Monitoring scale _____</i>	<i>Average score Monitoring scale _____</i>

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Perform Well. *Parenting Practices Inventory*. N.p. n.d. Web. Apr. 2015. incredibleyears.com/for-researchers/measures

Websites:

<http://incredibleyears.com/for-researchers/measures/>

ADDITIONAL GUIDANCE

Prevent Child Abuse NC provides mid-year and year end results for Incredible Years®. These reports include average subscale scores for the PPI.

FABRIK GUIDANCE

Parenting Practices Inventory

Only use scores for parents/guardians with both a pre score AND a post score. Do not include those adults that only have a pre score.

Of those with both a pre and a post score, calculate the average pre score for each subscale. Consult the instructions that accompany the PPI for information on which questions are in each subscale.

Similarly, calculate the average post score for each subscale when you finished working with each family or when it was time for a follow up assessment.

If a family completed the measure at baseline (pre score) and then more than once after that, report their most recent results in the reporting period as their post score.

Finally, enter the number of parents/ guardians for whom you are reporting data.

Note for those participating in Incredible Years (IY):

Partnerships funding IY and participating in the evaluation coordinated through Prevent Child Abuse NC (PCANC) should receive reports from PCA twice a year. You will find the PPI results in graphs within those reports. Use the number of “sets of matched pre/post test evaluation instruments” when entering the number of adults for whom you are reporting data. If you have not yet received your mid-year or final reports before the results are due to NCPC, please leave the cells blank, click on No Data to Report, and then indicate that the *evaluator has not yet released the report* when prompted to explain why you do not have data. Enter the results in Fabrik once you receive them.

NURTURING SKILLS COMPETENCY SCALE (1 & 2)

Author: Stephan J. Bavolek

Publisher: Family Development Resources, Inc.

DESCRIPTION

According to Assessing Parenting of Family Development Resources, Inc.:

The Nurturing Skills Competency Scale (NSCS) is a criterion referenced, self-report inventory designed to provide comprehensive information about the “quality of life” issues that families face as they attempt to put into practice the new parenting beliefs, knowledge and skills. There are several editions of the NSCS that will be available. For many families, especially families receiving services from child welfare for child abuse or neglect, requiring families to attend a parenting program is simply not enough to make real changes that can promote positive and healthy parent-child relationships.

The NSCS is an inventory designed to gather information, both past and current, about individuals and their families in order to alert family members as well as professionals about on-going conditions that could lead to: 1. the initial occurrence of child maltreatment; or 2. the recurrence of child maltreatment.

Sources indicates:

- **Languages:** Available in Arabic, Hmong, Kreyol (Haitian), and Spanish
- **Type of Assessment:** Self-report
- **Age Range:** Each NSCS addresses the unique needs of children in different developmental groups: prenatal; birth to five; school-age; teen parents and parents and their adolescents.
- **Personnel, Training, Administration, and Scoring Requirements:** Respondents take on an average 15 minutes to complete the Long Version and 10 minutes to complete the Short Version. The NSCS can be administered independently or in conjunction with the AAPI-2.
- **Training Support:** Simple instructions for administering this scale independently or in conjunction with AAPI-2 can be found here: <https://www.assessingparenting.com/assessment/nscs>

SMART START OUTCOMES

Increased positive parenting practices

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS) INDICATOR: NUMBER AT LOW, MODERATE, HIGH RISK LEVELS FOR CHILD MALTREATMENT*	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD** _____ <u>OF THOSE:</u>	
PRE	POST
# of adults at low maltreatment risk _____	# of adults at low maltreatment risk _____
# of adults at moderate maltreatment risk _____	# of adults at moderate maltreatment risk _____
# of adults at high maltreatment risk _____	# of adults at high maltreatment risk _____

NSCS-2 PROFILE PRE	NSCS-2 PROFILE POST
# of adults at below average _____	# of adults at below average _____
# of adults at low average _____	# of adults at low average _____
# of adults at average _____	# of adults at average _____
# of adults at high average _____	# of adults at high average _____
# of adults at above average _____	# of adults at above average _____

**Scores rendered when used in conjunction with AAPI-2*

***Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Family Development Resources, Inc. *Assessing Parenting - Nurturing Skills Competency Scale*. N.p., n.d. Web. Apr. 2015. <https://www.assessingparenting.com/assessment/nscs>.

Family Development Resources, Inc. *Nurturing Parenting*. N.p., n.d. Web. Apr. 2015.
<http://www.nurturingparenting.com/shop/p/118/Parents%20&%20Adolescents%20-%20Nurturing%20Skills%20Competency%20Scale%20-%20Pkg/50%20%2528NSCS-PA%2529>.

Website:

<https://www.assessingparenting.com/assessment/nscs>

ADDITIONAL GUIDANCE

When used in conjunction with the AAPI-2, the NSCS provides an index of Low, Moderate or High Risk for child maltreatment. Nurturingparents.com has an online reporting module product with which to calculate scores. When calculating NPCS scores, Pre and posttest scores are presented in tandem on the same profile or separately on two different profiles. Pre and post scores reported to fabrik will collect number of adults at low maltreatment risk; at moderate maltreatment risk and at high maltreatment risk

NSCS-2 has a different scoring method. Responses to the NSCS are presented on a NSCS Profile. The profile utilizes a 1 to 10 standard spread of scores that are grouped into the following designations: Below Average; Low Average; Average; High Average; Above Average. fabrik will collect numbers of adults, pre and post, at each different level.



FABRIK GUIDANCE

Nurturing Skills Competency Scale

Determine if you used the NSCS-1 or NSCS-2. Enter results for the version used. Leave the cells blank for the measure that you did not use.

Only use scores for parents/guardians with both a pre score AND a post score. Do not include those adults that only have a pre score.

Of those with both a pre and a post score, determine for each adult what category of risk they are in at baseline when the measure was first used with the parent. For instance, if you used the NSCS-1, for each adult determine if they scored low, moderate, or high maltreatment risk. Consult the instructions that accompany the NSCS for information on how to determine the categories. Add up the number in each category and report them in the Pre column.

Follow the same steps to enter the Post results.

If a family completed the measure at baseline (pre score) and then more than once after that, report their most recent results in the reporting period as their post score.

Finally, enter the number of parents/ guardians for whom you are reporting data.

INFANT CRYING QUESTIONNAIRE/ QUESTIONNAIRE ABOUT CHILDREN'S CRYING

Authors: Leerkes EM, Gudmundson JA, Burney RV

DESCRIPTION

The Infant Crying Questionnaire is a measure of parental beliefs about infant crying. The questionnaire can be broken down into five subscales: Attachment, Crying as Communication, Minimization, Directive Control, and Spoiling. Some items address how a guardian feels about a child's crying while other items address how a guardian responds to a child's crying.

SMART START OUTCOMES

Increase in positive parenting practices

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS) INDICATOR: AVERAGE SCORES ON SUBSCALES	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <i>OF THOSE:</i>	
PRE	POST
<i>Average score Attachment scale _____</i>	<i>Average score Attachment scale _____</i>
<i>Average score Crying as Communication scale _____</i>	<i>Average score Crying as Communication scale _____</i>
<i>Average score Minimization scale _____</i>	<i>Average score Minimization scale _____</i>
<i>Average score Directive Control scale _____</i>	<i>Average score Directive Control scale _____</i>
<i>Average score Spoiling scale _____</i>	<i>Average score Spoiling scale _____</i>

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Haltigan, J. D., Leerkes, E. M., Burney, R. V., Brien, M. O., Supple, A. J., & Calkins, S. D. (2012). The Infant Crying Questionnaire: Initial Factor Structure and Validation. *Infant Behavior & Development*, 35(4), 876–883.
<http://doi.org/10.1016/j.infbeh.2012.06.001>

ADDITIONAL GUIDANCE

The following guidance for manually scoring the Infant Crying Questionnaire should be followed. *Step #1: Reverse score selected items. Item R9 requires reverse-scoring for the Minimization scale.. To reverse-score item R9, use the following scoring transformation: R9R=6-R9.*

Manual Subscale scoring

Attachment-The Attachment subscale is composed of items C1, C3, C15, C17, C19, R7, R11, and R15. Sum the items responses and divide by the number of items.

Crying as Communication - The Crying as Communication subscale is composed of items C9, C13, and C20. Sum the items responses and divide by the number of items.

Minimization - The Minimization subscale is composed of items C2, C4, C8, C12, C14, C16, C18, R9R, and R10. Sum the items responses and divide by the number of items.

Directive Control - The Directive Control subscale is composed of items R3, R4, R13, R16, R17, R19, R20, and R21. Sum the items responses and divide by the number of items..

Spoiling - The Spoiling subscale is composed of items C5, C21, and R1. Sum the items responses and divide by the number of items.

FABRIK GUIDANCE

Infant Crying Questionnaire

Only use scores for parents/guardians with both a pre score AND a post score. Do not include those adults that only have a pre score.

Of those with both a pre and a post score, calculate and enter the average pre score for each scale.

Similarly, calculate and enter the average score for each scale when you finished working with each family or when it was time for a follow up assessment.

If a family completed the measure at baseline (pre score) and then more than once after that, report their most recent results in the reporting period as their post score.

Finally, enter the number of parents/ guardians for whom you are reporting data.

PARENTING INTERACTIONS WITH CHILDREN: CHECKLIST OF OBSERVATIONS LINKED TO OUTCOMES (PICCOLO™)

Authors: Lori A. Roggman Ph.D., Gina A. Cook Ph.D., Mark S. Innocenti Ph.D., Vonda Jump Norman Ph.D., Sheila Anderson Ph.D., Katie Christiansen Ph.D.

Publisher: Paul H. Brookes Publishing Co.

DESCRIPTION

According to Brookes Publishing:

The Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO™) is a checklist of 29 observable developmentally supportive parenting behaviors with children ages 10–47 months in four domains. It is a positive, practical, versatile, culturally sensitive, valid, and reliable tool for practitioners that shows what parents can do to support their children's development.

PICCOLO helps practitioners observe a wide range of parenting behaviors that help children develop over time—an approach known as developmental parenting. Parenting strengths—what the parent already believes is important to do and is comfortable doing with his or her child—are a valuable resource for increasing the developmental support available to young children.

Source indicates:

- **Languages:** Available in English and Spanish
- **Type of Assessment:** Observation
- **Age Range:** 10 months-47 months
- **Personnel, Training, Administration, and Scoring Requirements:** A home visitor, parent educator, early interventionist, early childhood teacher, infant mental health practitioner, social worker, or nurse can administer the assessment. The checklist includes 29 items across 4 domains. The observation lasts 10 minutes and scoring should take approximately 1 to 2 minutes.
- Brookes on Location, the professional development program of Brookes Publishing, offers onsite training for the PICCOLO™. Introduction seminars last 1 day and cost \$3,000, plus speaker travel fees, for up to 40 attendees. The two-day overview and practice seminar costs \$5,800, plus speaker travel fees, for up to 40 attendees.
- The PICCOLO™ Training DVD is available (\$155) for understanding and using the tool.
- **Training Support:** The User's Guide contains complete instructions for understanding and using PICCOLO™. Brookes On Location, the professional development program of Brookes Publishing, offers onsite one-day introductory seminars for PICCOLO as well as two-day overview and practice seminars. A DVD provides guidance on using PICCOLO. A webinar is also offered on the PICCOLO website for free.

SMART START OUTCOMES

Increase in positive parenting practices

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS)	
INDICATOR: NUMBER AT HIGH RISK, MODERATE RISK, AND STRENGTH LEVELS	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <i>OF THOSE:</i>	
PRE	POST
<i>Affection - # indicating High Risk_____</i> <i>Affection - # indicating Moderate Risk_____</i> <i>Affection - # indicating Strength_____</i>	<i>Affection - # indicating High Risk_____</i> <i>Affection - # indicating Moderate Risk_____</i> <i>Affection - # indicating Strength_____</i>
<i>Responsiveness- # indicating High Risk_____</i> <i>Responsiveness - # indicating Moderate Risk_____</i> <i>Responsiveness- # indicating Strength_____</i>	<i>Responsiveness- # indicating High Risk_____</i> <i>Responsiveness - # indicating Moderate Risk_____</i> <i>Responsiveness- # indicating Strength_____</i>
<i>Encouragement - # indicating High Risk_____</i> <i>Encouragement - # indicating Moderate Risk_____</i> <i>Encouragement - # indicating Strength_____</i>	<i>Encouragement - # indicating High Risk_____</i> <i>Encouragement - # indicating Moderate Risk_____</i> <i>Encouragement - # indicating Strength_____</i>
<i>Teaching - # indicating High Risk_____</i> <i>Teaching - # indicating Moderate Risk_____</i> <i>Teaching - # indicating Strength_____</i>	<i>Teaching - # indicating High Risk_____</i> <i>Teaching - # indicating Moderate Risk_____</i> <i>Teaching - # indicating Strength_____</i>

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Roggman, Lori A., Gina A. Cook, Mark S. Innocenti, Vonda Jump Norman, Sheila Anderson, and Katie Christiansen. *The Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO™)*. Baltimore: Paul H. Brookes Publishing Co., 2013.

Roggman, Lori A., Gina A. Cook, Mark S. Innocenti, Vonda Jump Norman, Sheila Anderson, and Katie Christiansen. *Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO™) User's Guide, 1st Edition*. Baltimore: Paul H. Brookes Publishing Co., 2013.

Websites:

<http://www.brookespublishing.com/resource-center/screening-and-assessment/piccolo/>

ADDITIONAL GUIDANCE

Each of the 29 items is rated as 0 (absent), 1 (barely), or 2 (clearly). The individual item scores are aggregated into the four domain scores. The scoring guide should be used to classify each domain score as pointing to an area of high risk, moderate risk, or strength taking into account the child's age.



FABRIK GUIDANCE

Parenting Interactions with Children: Checklist of Observations Linked to Outcomes

Only use scores for parents/guardians with both a pre score AND a post score. Do not include those adults that only have a pre score.

Of those with both a pre and a post score, enter the number at high risk, moderate risk, and strength levels for each domain. If necessary, consult the instructions that accompany the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes for information on which questions are in each domain.

Similarly, enter the number at high risk, moderate risk, and strength levels for each domain when you finished working with each family or when it was time for a follow up assessment.

If a family completed the measure at baseline (pre score) and then more than once after that, report their most recent results in the reporting period as their post score.

Finally, enter the number of parents/ guardians for whom you are reporting data.

PROTECTIVE FACTORS SURVEY

Authors: Developed by FRIENDS National Resource Center for Community-Based Child Abuse Prevention in partnership with University of Kansas Institute for Educational Research & Public Service

Publisher: Friends National Center for Community-Based Child Abuse Prevention

DESCRIPTION

According to FRIENDS National Resource Center For Community Based Child Abuse Prevention:

The Protective Factors Survey (PFS) is a 20-item measure designed for use with caregivers receiving child maltreatment prevention services such as home visiting, parent education, and family support. It is a pre-post survey completed by the program participants, usually parents or caregivers. The PFS measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development. The primary purpose of the Protective Factors Survey is to provide feedback to agencies for continuous improvement and evaluation purposes. The survey results are designed to provide agencies with the following information: A snapshot of the families they serve; changes in protective factors; areas where workers can focus on increasing individual family protective factors. The PFS is not intended for individual assessment, placement, or diagnostic purposes. Agencies should rely on other instruments for clinical use (PFS User's Manual, 2011).

Source indicates:

- **Languages:** Available in English and Spanish
- **Type of Assessment:** Parent/Caregiver self-report.
- **Age Range:** The instrument is validated for families of children at all ages. If parents are receiving services between the time they are pregnant and after the child is born, it would be appropriate to complete questions 1-11 before the child is born and then questions 1-20 after the child is born. The reason for repeating questions 1-11 is that protective factors may change when the child is born and it's important to understand how the protective factors are affected as a system.
- **Personnel, Training, Administration, and Scoring Requirements:** The Protective Factors Survey is a pencil and paper survey consisting of three sections with five subscales. A free downloadable database for data collection and summarizing is available. The survey can be administered through phone or face to face interview or by a program participant without staff assistance. Subscales in PFS may be used separately (some subscales assess services not provided by all programs). PFS can be administered and scored by individuals who do not have clinical training.
- **Training Support:** To determine whether or not PFS is the right tool for a program, please refer to the "Checklist for using the PFS." Tutorial videos for administering PFS are available through the website.

SMART START OUTCOMES

Increase in parent's social support
Increase in parent knowledge
Increase in positive parenting practices

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS) INDICATOR: SUBSCALE SCORES	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <u>OF THOSE:</u>	
PRE	POST
<i>Average score Family Functioning / Resiliency scale _____</i>	<i>Average score Family Functioning / Resiliency scale _____</i>
<i>Average score Social Emotional Support scale _____</i>	<i>Average score Social Emotional Support scale _____</i>
<i>Average score Concrete Support scale _____</i>	<i>Average score Concrete Support scale _____</i>
<i>Average score Nurturing and Attachment scale _____</i>	<i>Average score Nurturing and Attachment scale _____</i>
<i>Average score for item #12 in Child Development/Knowledge of Parenting _____</i>	<i>Average score for item #12 in Child Development/Knowledge of Parenting _____</i>
<i>Average score for item #13 in Child Development/Knowledge of Parenting _____</i>	<i>Average score for item #13 in Child Development/Knowledge of Parenting _____</i>
<i>Average score for item #14 in Child Development/Knowledge of Parenting _____</i>	<i>Average score for item #14 in Child Development/Knowledge of Parenting _____</i>
<i>Average score for item #15 in Child Development/Knowledge of Parenting _____</i>	<i>Average score for item #15 in Child Development/Knowledge of Parenting _____</i>
<i>Average score for item #16 in Child Development/Knowledge of Parenting _____</i>	<i>Average score for item #16 in Child Development/Knowledge of Parenting _____</i>

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

FRIENDS National Resource Center For Community Based Child Abuse Prevention. *The Protective Factors Survey User's Manual*. 2011. PDF file.

Websites:

<http://friendsnrc.org/protective-factors-survey>

<https://friendsnrc.org/protective-factors-survey/pf-database-download>

ADDITIONAL GUIDANCE

A free, downloadable database for PFS is available from the FRIENDS National Resource Center for Community Based Child Abuse Prevention (FNR for CBCAP). There are no cutoff scores for PFS. If the database is not used, the Protective Factors Survey User's Manual gives the following guidance for manually scoring the PFS subscales for Family Functioning, Resiliency, Social Support, Concrete Support, Nurturing and Attachment. *Step #1: Reverse score selected items: Before subscales can be calculated, all items need to be scored in the same direction such that a higher score reflects a higher level of protective factors. The following items require reverse-scoring: 8, 9, 11, 12, 14, and 16. To reverse-score the items listed above, use the following scoring transformation: A score of 1 is rescored 7, a score of 2 is rescored 6, a score of 3 is rescored 5, a score of 5 is rescored 3, a score of 6 is rescored 2, a score of 7 is rescored 1.*

Manual Subscale scoring

Family Functioning/ Resiliency -The FFPSC subscale is composed of items 1 through 5. If fewer than 4 of items 1 through 5 were completed don't compute a score. If 4 or more items were completed sum the items responses and divide by the number of items completed.

Social Support - The SS subscale is composed of items 6, 7, and 10. If fewer than 2 of these items were completed don't compute a score. If 2 or more items were completed sum the items responses and divide by the number of items completed.

Concrete Support - The CS subscale is composed of items 8, 9, and 11. If fewer than 2 of these items were completed don't compute a score. If 2 or more items were completed sum the items responses and divide by the number of items completed.

Nurturing and Attachment - The NA subscale is composed of items 17, 18, 19, and 20. If fewer than 3 of these items were completed don't compute a score. If 3 or more items were completed sum the items responses and divide by the number of items completed.

**Child Development/ Knowledge of Parenting- The knowledge of parenting and child development factor is composed of five unique items (12, 13, 14, 15, and 16). Because of the nature of these items, calculation of a subscale score is not recommended. Means, standard deviations, and percentages should be used to assess an agency's progress in this area.*

FABRIK GUIDANCE

Protective Factors Survey

Only use scores for parents/guardians with both a pre score AND a post score. Do not include those adults that only have a pre score.

Of those with both a pre and a post score, calculate the average pre score for each subscale. If necessary, consult the instructions that accompany the Protective Factors Survey for information on which questions are in each subscale.

Similarly, calculate the average post score for each subscale when you finished working with each family or when it was time for a follow up assessment.

If a family completed the measure at baseline (pre score) and then more than once after that, report their most recent results in the reporting period as their post score.

Finally, enter the number of parents/ guardians for whom you are reporting data.

PROTECTIVE FACTORS SURVEY PARTIAL SCALES

Authors: Developed by FRIENDS National Resource Center for Community-Based Child Abuse Prevention in partnership with University of Kansas Institute for Educational Research & Public Service

Publisher: Friends National Center for Community-Based Child Abuse Prevention

DESCRIPTION

According to FRIENDS National Resource Center For Community Based Child Abuse Prevention:

The Protective Factors Survey (PFS) is a 20-item measure designed for use with caregivers receiving child maltreatment prevention services such as home visiting, parent education, and family support. It is a pre-post survey completed by the program participants, usually parents or caregivers. The PFS measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development. The primary purpose of the Protective Factors Survey is to provide feedback to agencies for continuous improvement and evaluation purposes. The survey results are designed to provide agencies with the following information: A snapshot of the families they serve; changes in protective factors; areas where workers can focus on increasing individual family protective factors. The PFS is not intended for individual assessment, placement, or diagnostic purposes. Agencies should rely on other instruments for clinical use (PFS User's Manual, 2011).

Source indicates:

- **Languages:** Available in English and Spanish
- **Type of Assessment:** Parent/Caregiver self-report.
- **Age Range:** The instrument is validated for families of children at all ages. If parents are receiving services between the time they are pregnant and after the child is born, it would be appropriate to complete questions 1-11 before the child is born and then questions 1-20 after the child is born. The reason for repeating questions 1-11 is that protective factors may change when the child is born and it's important to understand how the protective factors are affected as a system.
- **Personnel, Training, Administration, and Scoring Requirements:** The Protective Factors Survey is a pencil and paper survey consisting of three sections with five subscales. A free downloadable database for data collection and summarizing is available. The survey can be administered through phone or face to face interview or by a program participant without staff assistance. Subscales in PFS may be used separately (some subscales assess services not provided by all programs). PFS can be administered and scored by individuals who do not have clinical training.
- **Training Support:** To determine whether or not PFS is the right tool for a program, please refer to the "Checklist for using the PFS." Tutorial videos for administering PFS are available through the website.

SMART START OUTCOMES

Increase in parent's social support

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS) INDICATOR: SUBSCALE SCORES	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <u>OF THOSE:</u>	
<i>Average score Social Emotional Support scale _____</i>	<i>Average score Social Emotional Support scale _____</i>

SMART START OUTCOMES

Increase in parent knowledge

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS) INDICATOR: SUBSCALE SCORES	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <u>OF THOSE:</u>	
<i>Average score for item #12 in Child Development/Knowledge of Parenting _____</i>	<i>Average score for item #12 in Child Development/Knowledge of Parenting _____</i>
<i>Average score for item #13 in Child Development/Knowledge of Parenting _____</i>	<i>Average score for item #13 in Child Development/Knowledge of Parenting _____</i>
<i>Average score for item #14 in Child Development/Knowledge of Parenting _____</i>	<i>Average score for item #14 in Child Development/Knowledge of Parenting _____</i>
<i>Average score for item #15 in Child Development/Knowledge of Parenting _____</i>	<i>Average score for item #15 in Child Development/Knowledge of Parenting _____</i>
<i>Average score for item #16 in Child Development/Knowledge of Parenting _____</i>	<i>Average score for item #16 in Child Development/Knowledge of Parenting _____</i>

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

FRIENDS National Resource Center For Community Based Child Abuse Prevention. *The Protective Factors Survey User's Manual*. 2011. PDF file.

Websites:

<http://friendsnrc.org/protective-factors-survey>
<https://friendsnrc.org/protective-factors-survey/pf-database-download>

ADDITIONAL GUIDANCE

A free, downloadable database for PFS is available from the FRIENDS National Resource Center for Community Based Child Abuse Prevention (FNR for CBCAP). There are no cutoff scores for PFS. If the database is not used, the Protective Factors Survey User's Manual gives the following guidance for manually scoring the PFS subscales for Family Functioning, Resiliency, Social Support, Concrete Support, Nurturing and Attachment. *Step #1: Reverse score selected items: Before subscales can be calculated, all items need to be scored in the same direction such that a higher score reflects a higher level of protective factors. The following items require reverse-scoring: 8, 9, 11, 12, 14, and 16. To reverse-score the items listed above, use the following scoring transformation: A score of 1 is rescored 7, a score of 2 is rescored 6, a score of 3 is rescored 5, a score of 5 is rescored 3, a score of 6 is rescored 2, a score of 7 is rescored 1.*

Manual Subscale scoring

Family Functioning/ Resiliency -The FFPSC subscale is composed of items 1 through 5. If fewer than 4 of items 1 through 5 were completed don't compute a score. If 4 or more items were completed sum the items responses and divide by the number of items completed.

Social Support - The SS subscale is composed of items 6, 7, and 10. If fewer than 2 of these items were completed don't compute a score. If 2 or more items were completed sum the items responses and divide by the number of items completed.

Concrete Support - The CS subscale is composed of items 8, 9, and 11. If fewer than 2 of these items were completed don't compute a score. If 2 or more items were completed sum the items responses and divide by the number of items completed.

Nurturing and Attachment - The NA subscale is composed of items 17, 18, 19, and 20. If fewer than 3 of these items were completed don't compute a score. If 3 or more items were completed sum the items responses and divide by the number of items completed.

**Child Development/ Knowledge of Parenting- The knowledge of parenting and child development factor is composed of five unique items (12, 13, 14, 15, and 16). Because of the nature of these items, calculation of a subscale score is not recommended. Means, standard deviations, and percentages should be used to assess an agency's progress in this area.*

FABRIK GUIDANCE

Protective Factors Survey Partial Scales

Only use scores for parents/guardians with both a pre score AND a post score. Do not include those adults that only have a pre score.

Of those with both a pre and a post score, first calculate a Pre score for each person on the Social Emotional Support Scale (items 6, 7, and 10). These results will reflect their status when then entered the Smart Start funded activity or when the measure was first used with the parent. Calculate the average overall score. Repeat this process for Child Development/Knowledge of Parenting Scale (items 12, 13, and 14).

Follow the same steps to determine the Post scores for both scales.

SMART START LENDING LIBRARY SURVEY – FAMILIES

DESCRIPTION

The Smart Start Lending Library Survey for Families is a 6-item survey distributed to families that have used the Lending Library to assess their experience. Two items were chosen selected for this outcome measure:

- Question 2: *What do these toys or materials help you do in your own home with your children/grandchildren?*
- Question 3: *Has borrowing toys or materials helped you learn about and use any other resources from your local Smart Start partnership?*

Sources indicate:

- **Languages:** Available in English
- **Type of Assessment:** Parent Self-Report

SMART START OUTCOMES

Increase in Parent Knowledge

OUTCOMES REPORTING SUMMARY

UNIT: PARENTS/GUARDIANS**INDICATOR: NUMBER REPORTING VARIOUS LENDING LIBRARY USES****NUMBER OF PARENTS/GUARDIANS WITH A POST SCORE IN THE REPORTING PERIOD*****OF THOSE:****PRE**

Question 2 - # selecting "Have more toys for the children to play with" ____

Question 2 - # selecting "Provide educational material" ____

Question 2 - # selecting "Try out ideas I learned from other programs I have participated in" ____

Question 2 - # selecting "The materials have not been useful for me" ____

Total # completing Question 2 ____

Question 3 - # selecting "No, I have only borrowed toys or materials" ____

Question 3 - # selecting "Yes, I have signed up for parent groups of sessions to learn more about children" ____

Question 3 - # selecting "Yes, I have learned more about the star rating system for choosing quality child care" ____

Total # completing Question 3 ____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year.*

FABRIK GUIDANCE

Smart Start Lending Library Survey – Families

Enter the number of parents/guardians selecting each response for questions 2 and 3. Then provide the total number of parents/guardians completing each question.

LIFE SKILLS PROGRESSION (LSP)

Authors: Linda Wollesen and Karen Peifer

Publisher: Paul Brookes Publishing Inc.

DESCRIPTION

According to lifeskillsprogression.com:

The Life Skills Progression (LSP) is an outcome measurement instrument designed for use by programs serving low income parents. There are 43 parent and child scales which describe a spectrum of skills and abilities over six major categories of functioning: Relationships, Education/Employment, Health, Mental Health, Basic Needs and Child Development. The LSP is used to collect outcomes data, to monitor client strengths and needs, to plan clinical interventions, and provide data for research purposes.

The LSP is the first tool available to measure a parent's health literacy skills.

Source indicates:

- **Languages:** Available in English
- **Type of Assessment:** Parent Report/Child Report
- **Age Range:** Families with children ages 0-5 years; home visitor completes it at intake, every 6 months, and case closure.
- **Personnel, Training, Administration, and Scoring Requirements:** In order to use the LSP you will need the LSP handbook, training to ensure reliable use, and use a standardized developmental screening tool such as the Ages and Stages Questionnaire (ASQ).
- **Training Support:** Training is strongly recommended to ensure reliable use and sound program evaluation data. The LSP Training is a one-day (6-8 hours) hands-on training to ensure reliable, safe use of the Life Skills Progression instrument (LSP) for program evaluation, reflective supervision, and intervention planning. Training is conducted at your site by LSP author Linda Wollesen or a certified trainer.

SMART START OUTCOMES

Increased positive parenting practices

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS)	
INDICATOR: AVERAGE SCORES ON EACH RELEVANT ITEM	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* ____ <u>OF THOSE:</u>	
PRE	POST
<i>Positive Parenting Practices:</i> Average score Nurturing (question #5) ____ Average score Discipline (question #6) ____ Average score Support of Development (question #7) ____	<i>Positive Parenting Practices:</i> Average score Nurturing (question #5) ____ Average score Discipline (question #6) ____ Average score Support of Development (question #7) ____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

SMART START OUTCOMES

Parents increase use of services

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS)	
INDICATOR: AVERAGE SCORES ON EACH RELEVANT ITEM	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* ____ <u>OF THOSE:</u>	
PRE	POST
<i>Parents Use of Services:</i> Average score Use of information (question #10) ____ Average score Use of resources (question #11) ____	<i>Parents Use of Services:</i> Average score Use of information (question #10) ____ Average score Use of resources (question #11) ____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

SMART START OUTCOMES

Increase in parent's social support

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS)	
INDICATOR: AVERAGE SCORES ON EACH RELEVANT ITEM	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____ <i>OF THOSE:</i>	
PRE	POST
<i>Parent's Social Support:</i> Average score Friends and Peers (question #3) _____	<i>Parent's Social Support:</i> Average score Friends and Peers (question #3) _____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Life Skill Outcomes, LLC. *Life Skills Progression*. 2011. Web. 20 Apr. 2015.

<http://www.lifeskillsprogression.com/>

http://www.mdrc.org/sites/default/files/img/LSP_Brief.pdf

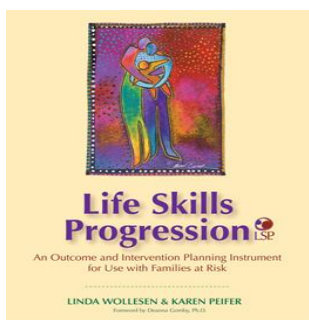
Website:

<http://www.lifeskillsprogression.com/home/index>.

<http://products.brookespublishing.com/Life-Skills-Progression-LSP-P608.aspx>

ADDITIONAL GUIDANCE

The LSP can be used to measure a variety of outcomes. Partnerships will only report on the items related to the outcomes selected.



FABRIK GUIDANCE

Life Skills Progression

Only use scores for parents/guardians with both a pre score AND a post score. Do not include those adults that only have a pre score.

Of those with both a pre and a post score, calculate the average pre score for each question that relates to the selected outcome.

Outcome - Increase in positive parenting practices

- Average Nurturing Score - Calculate the average for question number 5
- Average Discipline Score - Calculate the average for question number 6
- Average Support of Development Score - Calculate the average for question number 7

Outcome – Parents Use of Services

- Average Use of Information Score - Calculate the average for question number 10
- Average Use of Resources Score - Calculate the average for question number 11

Outcome – Parent's Social Support

- Average Friends and Peers Score - Calculate the average for question number 3

Repeat the same calculations to determine the post scores when you finished working with each family or when it was time for a follow up assessment.

If a family completed the measure at baseline (pre score) and then more than once after that, report their most recent results in the reporting period as their post score.

Finally, enter the number of parents/ guardians for whom you are reporting data.

CHILD SCREENINGS, REFERRALS, AND USE OF SERVICES CALCULATION

DESCRIPTION

Activities will have data collected to demonstrate Smart Start efforts in linking children and families to services and resources. Data reporting in Fabrik will collect the numbers screened and referred to services and the number of children referred who were connected with the services. The “Child – Other Service Use” section below is primarily used with Assuring Better Child Health and Development (ABCD).

SMART START OUTCOMES

Increase in developmental screenings or assessments, referrals, or child use of services.

OUTCOMES REPORTING SUMMARY

UNIT: CHILDREN

INDICATOR: PERCENT OF THOSE SCREENED AND REFERRED USING SERVICE

Medical Home Use:

- a) # children in program/ activity ____
- b) # children without medical home who were referred to one ____
- c) # children referred who are now using the medical home ____

Dental Home Use:

- a) # children in program/ activity ____
- b) # children without dental home who were referred to one ____
- c) # children referred who are now using the dental home ____

Child - Other Service Use:

- a) # children in program/ activity ____
- b) # children eligible for screenings ____
- c) # children received screenings ____
- d) # children eligible for service referral ____
- e) # children who received at least one service referral ____
- f) # children referred now using at least one service referred to ____

ADDITIONAL GUIDANCE

Partnerships will only report on use of services applicable to their activity. If use of medical or dental homes does not apply to the Smart Start activity, do not report on these services.

Screenings, assessments, referrals to services and use of services are inter-related. Programs may not have influence over these activities beyond the ability to provide initial screenings. Referrals to services (outside of Smart Start’s realm) for additional assessments, referrals to service sources including medical and dental homes, are dependent upon several factors such as eligibility for services, transportation to those services, and ability of providers to serve special needs, and so on. These factors can include accommodation of families whose primary spoken language is not English, and of course, families’ own efforts in connecting with resources. With this in mind, data collection will be designed to consider the percent of children receiving screenings plus receiving referrals plus

using referrals as subsets of *eligible* children, not the entire group of children. So, when reporting data for children using “other” services, please report for all three of these features together: screenings, referrals and use of services.

For ABCD:

Required Outcome Measurement Tool: Child Screenings, referrals, and use of services calculation: Child-Other Service Use	
Chart Review Data, reported mid-year (July-Dec.) and annually (July-June)	Instructions
a. # children in program/activity	a. Report the number of charts reviewed during the reporting period
b. # children eligible for screenings	b. Report the number of children due to receive a screening at the most recent well-child visit
c. # children received screenings	c. Report the number of children eligible for a screening who received a screening at most recent well-child visit.
d. # children eligible for service referral	d. Report the number of children who scored at risk or positive on the screening.
e. # children who received at least one service referral	e. Report the number of children who screened at risk or positive and who received a referral.
f. # children referred now using at least one service referred to	f. Report the number of children who received a referral and are using the referral service.
g. Percent of children referred now using at least one service referred to	g. Calculate by dividing f. / e.
h. Percent for PRIOR year (using same formula, if applicable)	h. Report (g.) from prior year data

PARENT USE OF SERVICES CALCULATION

DESCRIPTION

Activities will have data collected to demonstrate Smart Start efforts in linking children and families to services and resources. Data reporting in fabrik will collect the numbers referred to services and the number referred who connected with the services.

SMART START OUTCOMES

Increase in parent use of services

OUTCOMES REPORTING SUMMARY

UNIT: ADULTS (PARENTS/GUARDIANS)

INDICATOR: PERCENT OF THOSE REFERRED USING SERVICE

Parent - Service Use:

- a) # parents in program/ activity ____
- b) # parents who received at least one service referral ____
- c) # parents referred now using at least one service referred to ____

ADDITIONAL GUIDANCE

Partnerships will only report on use of services applicable to their activity. Referrals to services and use of services are inter-related. Programs may not have influence over these activities beyond the ability to provide initial referrals. Use of “referred to” services is dependent upon several factors such as eligibility for services, transportation to those services, and ability of providers to serve special needs, and so on. These factors can include accommodation of families whose primary spoken language is not English, and of course, families’ own efforts in connecting with resources. With this in mind, data evaluation will consider the percent of parents/guardians receiving referrals plus the use of those “referred to” services in view of these factors. When reporting data for parents/guardians using services, please report for these features together: referrals plus use of services.

Use of Services Calculation

Services are divided into four categories: child medical home, child dental home, other child services, other parent services. Locate the service category(s) that you are measuring for your activity.

For each, enter the number of children (or adults) participating in the activity, the number who were not already in the service who were referred, and the number of those referred who began using the service.

If you do not make referrals to all of the service categories, leave the answers blank for those services not referred to. When you submit your data, you will be asked to explain why some cells are blank.

SHARED READING CALCULATION

DESCRIPTION

According to The Smart Start Resource Guide of Evidence-Based and Evidence-Informed Programs and Practices:

The goals of shared reading are the following: 1) to promote early literacy experiences for young children and 2) to increase parents' understanding of strategies they can use to enhance children's reading experiences. Theory of Change:

There are strategies that parents can use that help ensure children's active involvement in reading and that encourage children's learning of new skills. When parents have the skills to both keep children engaged in the reading experience and provide opportunities that enhance the children's learning, the parent-child shared book reading will increase children's early literacy.

SMART START OUTCOMES

Increase in the frequency of parent and child shared reading

OUTCOMES REPORTING SUMMARY

UNIT: PARENTS/GUARDIANS OR EARLY CARE AND EDUCATION PROFESSIONALS	
INDICATOR: PERCENT READING TO CHILD(REN) DAILY	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____	
<u>OF THOSE:</u>	
PRE	POST
a. # adults in activity with pre and post data _____	a. # adults in activity with pre and post data _____
b. # reporting they read to child(ren) daily at baseline _____	b. # reporting they read to child(ren) daily at follow up _____
c. Percent reading to child(ren) daily at baseline (b/a) _____	c. Percent reading to child(ren) daily at follow up (b/a) _____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Smoky Mountain Research Institute, and The North Carolina Partnership For Children, Inc.. *The Smart Start Resource Guide of Evidence-Based and Evidence-Informed Programs and Practices: A Summary of Research Evidence*. 2013. PDF file.

Roskos, Kathleen A., James F. Christie, and Donald J. Richgels. *The Essentials of Early Literacy Instruction*. Washington D.C.: National Association For The Education Of Young Children, 2003. PDF file.

Website:

http://www.smartstart.org/wp-content/uploads/2015/05/SmartStartEBEI_Guide_052615.pdf (p. 35)

ADDITIONAL GUIDANCE

According to the Smart Start Resource Guide of Evidence-Based and Evidence-Informed Programs and Practices: Increasing shared reading frequency is a common aim of early literacy programs; early literacy programs can conceptualize frequency of shared reading within different program goals statements. Collecting data on the number of times adults read to children daily and less than daily can be done by adding a question to existing pre and post questionnaires/surveys. If interviews are conducted with adult participants, an item can be added to the interview schedule of questions. If a pre and post measurement approach does not yet exist for an early literacy initiative, partnerships can develop one to determine effects of early literacy interventions on reading frequency for parents with their children. Partnerships may choose to use the following question that is part of the Reach Out and Read evaluation:

About how often do you read or look at books with this child? *Check one answer.*

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never | Several times
a year | Several times
a month | Once a week | Several times
a week | Every day |

Those indicating “every day” would correspond to the number reporting they read to child(ren) daily.

Shared Reading Calculation

Only use results for parents/guardians with both pre data AND post or follow up data. Do not include those adults who only have a pre score.

Enter the number of adults with both pre and post results. Then enter the number of adults who indicated they were reading to their children daily at the Pre score (or baseline). Calculate the percentage of adults who were reading daily at Pre or baseline. Follow the same steps for the Post results.

To calculate percentage of adults reading daily:

$$= \left[\frac{\text{Total number of adults reading to children daily (Row 2)}}{\text{Total number of adults with results in the reporting period (Row 1)}} \right] \times 100\%$$

In other words, daily reading rate = total number of adults reading to children daily (Row 2) divided by total number of adults with results (Row 1).

Then multiply this number by 100 to convert the calculation to a percentage.

Report the result to two decimal places. DO NOT include the percentage % symbol. E.g. 59.62

For example:

Daily reading rate = $31/52 = .59615$

Convert to percentage = $.59615 \times 100 = 59.615 \%$

Round to two decimal places = 59.62%

Report in Fabrik as: **59.62**

RAISING A READER PARENT SURVEY

DESCRIPTION

According to Raising a Reader:

Raising A Reader's Theory of Change is simple. We believe that IF...

1. *Children drive the process and the Red Book Bag and books become a favorite toy;*
2. *Program Implementers learn how to train parents in "read aloud" strategies and early brain development;*
3. *The book bag delivery system is turnkey: a simple sustainable routine that is easily managed in a number of diverse settings;*
4. *Parents learn and engage in "read aloud" strategies and develop a regular book sharing routine with their children;*
5. *Families get to know and use their local library;*

THEN, children will benefit from healthy brain development, family bonding, and increased literacy skills—all proven elements for lifetime success! Children will enter school with a love of books and will be motivated and ready to learn.

Source indicates:

- **Languages:** Available in English and Spanish
- **Type of Assessment:** Parent report
- **Age Range:** Birth to 8 years

SMART START OUTCOMES

Increase in frequency of adult and child shared reading

OUTCOMES REPORTING SUMMARY

UNIT: PARENTS/GUARDIANS
INDICATOR: AVERAGE SCORE ON EACH RELEVANT ITEM
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD ____ <u>OF THOSE:</u>
Average number of times per week reported for "How often does/did your child look at books with you or other people in your household?"- Before RAR ____
Average number of times per week reported for "How often does/did your child look at books with you or other people in your household?"- Now ____
of surveys ____

SMART START OUTCOMES

Increase in adult's use of recommended reading strategies

OUTCOMES REPORTING SUMMARY

UNIT: PARENTS/GUARDIANS**INDICATOR: PERCENT OF FAMILIES USING 4 OR MORE DIALOGIC BEHAVIORS**

NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD ____
OF THOSE:

Percent of families who used at least 4 dialogic behaviors most or all of the time - Before RAR

Percent of families who use at least 4 dialogic behaviors most or all of the time - Now

of surveys

References:

Smoky Mountain Research Institute, and The North Carolina Partnership For Children, Inc.. *The Smart Start Resource Guide of Evidence-Based and Evidence-Informed Programs and Practices: A Summary of Research Evidence*. 2013. PDF file.

Roskos, Kathleen A., James F. Christie, and Donald J. Richgels. *The Essentials of Early Literacy Instruction*. Washington D.C.: National Association For The Education Of Young Children, 2003. PDF file.

Websites:

http://www.smartstart.org/wp-content/uploads/2015/05/SmartStartEBEI_Guide_052615.pdf (p. 40)

<http://rar4kids.org/resources/for-parents/>



Raising a Reader Parent Survey

Enter the average number of times reported for Question 2 (“How often does/did your child look at books with you or other people in your household?”) before RAR. Then do the same for the “Now” results. Enter the number of adults with both a “Before RAR” and a “Now” result.

The new Raising a Reader survey does not ask parents specifically about daily reading. Instead, it asks about an average number of times per week the child looked at books with the parent or others.

Please note that based on our conversation with the evaluation staff at the Raising a Reader national office, you should be able to pull these averages from the report that is generated once you enter the survey data into the RAR spreadsheets. Remember the report should show the averages among all survey respondents.

Enter Data for Outcome Measures

Year-End 06/30/2018

about each measure.

RAR Parent Survey	Annual
Average Number of Times per Week Look at Books - BEFORE RAR	<input type="text"/>
Average Number of Times per Week Look at Books - NOW	<input type="text"/>
# of surveys	<input type="text"/>

Comments:

Justifications

No data to report

Save Answers

Submit Answers

For reading strategies, partnerships should use the information that automatically tallies Row 20 on the “Benchmarks Overall” tab of the excel sheet:

16		Now	Before
20	Family used at least 4 dialogic behaviors most or all of the time	100%	0%

Before – 0%

Now – 100%

REACH OUT AND READ (ROR) PARENT SURVEY

DESCRIPTION

According to The Smart Start Resource Guide of Evidence-Based and Evidence-Informed Programs and Practices:

Theory of Change: Increasing children's access to books and encouraging parents to read more often to young children will likely increase children's literacy experiences. Parents are likely to view the doctor as an authority and therefore follow through on the "prescription" to read to their children. Being read to frequently by adults helps children learn new concepts and new words. Book reading also lets young children learn about the principles of print, such as how pages are turned, that print is read left to right, and that different words have different meanings. Improving the number of words children understand and their knowledge of print material will improve their readiness for school.

Source indicates:

- **Languages:** Available in English and Spanish
- **Type of Assessment:** Parent report

SMART START OUTCOMES

Increase in frequency of adult and child shared reading

OUTCOMES REPORTING SUMMARY

UNIT: PARENTS/GUARDIANS
INDICATOR: PERCENT READING TO CHILD(REN) DAILY
NUMBER OF ADULTS WITH A SCORE IN THE REPORTING PERIOD* _____ <u>OF THOSE:</u>
Percent of new families reporting they read to their children daily # of surveys from new families Percent of returning families reporting they read to their children daily # of surveys from returning families

*Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year.

SMART START OUTCOMES

Increase in adult's use of recommended reading strategies

OUTCOMES REPORTING SUMMARY

UNIT: PARENTS/GUARDIANS**INDICATOR: PERCENT OF FAMILIES USING AT LEAST ONE READING STRATEGY****NUMBER OF ADULTS WITH A SCORE IN THE REPORTING PERIOD* ____****OF THOSE:**

Percent of new families reporting they are already using at least one reading strategy ____

of surveys from new families ____

Percent of returning families reporting they are already using at least one reading strategy ____

of surveys from returning families ____

*Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year.

References:

Smoky Mountain Research Institute, and The North Carolina Partnership For Children, Inc.. *The Smart Start Resource Guide of Evidence-Based and Evidence-Informed Programs and Practices: A Summary of Research Evidence*. 2013. PDF file.

Roskos, Kathleen A., James F. Christie, and Donald J. Richgels. *The Essentials of Early Literacy Instruction*. Washington D.C.: National Association For The Education Of Young Children, 2003. PDF file.

Websites:

http://www.smartstart.org/wp-content/uploads/2015/05/SmartStartEBEI_Guide_052615.pdf (p. 38)

<http://www.reachoutandread.org/>



Reach Out and Read Parent Survey

Reach Out and Read of the Carolinas has developed a practice level report that should provide these results in the future. Partnerships participating in the Smart Start ROR evaluation and using additional funds from their own local partnership will receive partnership level reports from NCPC at the end of the fiscal year that you can use for your year end results. You may indicate No Data to Report at mid-year if you have not yet received a mid-year report.

Once you receive your report, look for the page as below. ROR is not able to link pre and post scores on families. Instead, we compare New families to Returning families. In this case, the New families will serve as your pre data and the Returning families will provide your post data. Items circled below in yellow will go in the # of surveys. Items circled in green should be inserted into percent reading to children daily. See arrows for more assistance.

Are returning ROR parents more likely than new parents to read to their children every day?			
Read daily?	Parent Participation Status		Grand Total
	New ROR Parent	Returning ROR Parent	
Not Daily			
Count	27	34	61
% within Participation Status	48.2%	27.6%	34.1%
Daily			
Count	29	89	118
% within Participation Status	51.8%	72.4%	65.9%
Total Count	56	123	179
Total % within Participation Status	100.0%	100.0%	100.0%

Enter Data for Outcome Measures

Year-End 06/1

ROR Parent Survey	Annual
Percent of NEW families reporting they read to their children DAILY	<input type="text"/>
# of surveys from NEW families	<input type="text"/>
Percent of RETURNING families reporting they read to their children DAILY	<input type="text"/>
# of surveys from RETURNING families	<input type="text"/>

SMART START DOLLY PARTON'S IMAGINATION LIBRARY (DPIL) SURVEY

DESCRIPTION

The Smart Start Dolly Parton's Imagination Library (DPIL) survey is distributed to families participating in Dolly Parton's Imagination Library that have received books for four months or more.

Source indicates:

- **Languages:** Available in English and Spanish
- **Type of Assessment:** Parent report
- **Age Range:** Birth to 5 years

SMART START OUTCOMES

Increase in frequency of adult and child shared reading

OUTCOMES REPORTING SUMMARY

UNIT: CHILDREN

INDICATOR: NUMBER OF CHILDREN WHOSE PARENTS/GUARDIANS READ TO THEM
DAILY

NUMBER OF CHILDREN WITH A SCORE IN THE REPORTING PERIOD* _____
OF THOSE:

Percentage of oldest children whose parents reported reading to them every day before DPIL _____
 Percentage of oldest children whose parents reported reading to them several times a day before DPIL _____
 Percentage of oldest children whose parents reported reading to them every day now _____
 Percentage of oldest children whose parents reported reading to them several times a day now _____
 # of surveys from families that received books _____

*Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year.

Websites:

<https://imaginationlibrary.com/>

<http://www.smartstart.org/dolly-partons-imagination-library/>

ADDITIONAL GUIDANCE

Post assessments are distributed to families that have received books for four months or more. If there are no data for oldest children, the fields regarding oldest children should be left blank.



FABRIK GUIDANCE

Smart Start Dolly Parton's Imagination Library (DPIL) Survey

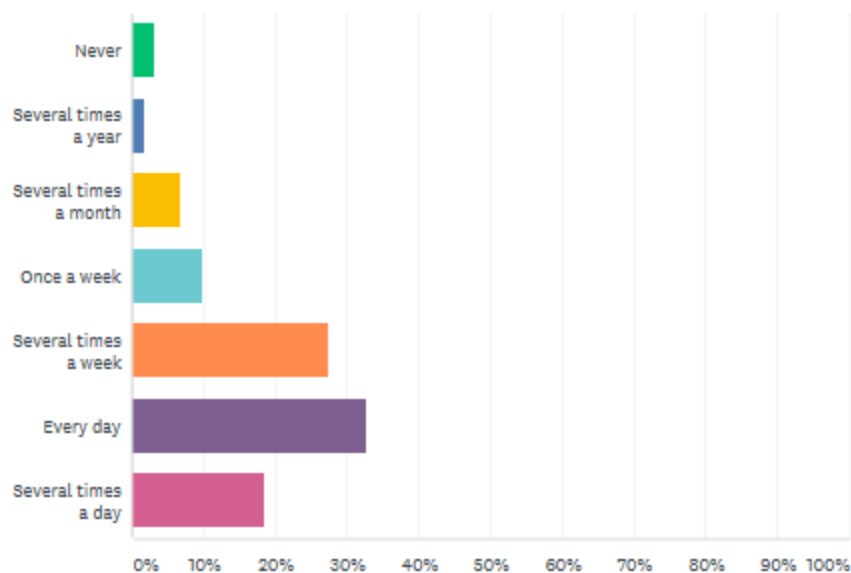
Enter the number of oldest children who were reading daily or several times daily before receiving books from DPIL (retrospective question on follow-up survey). Enter the percentage of oldest children who were reading daily and several times daily at follow-up. Enter the total number of surveys. The screenshots below show what to use from the Survey Monkey report.

Q4



About how often did you read or look at books with this child BEFORE he or she began receiving books in the mail?

Answered: 14,952 Skipped: 2,367



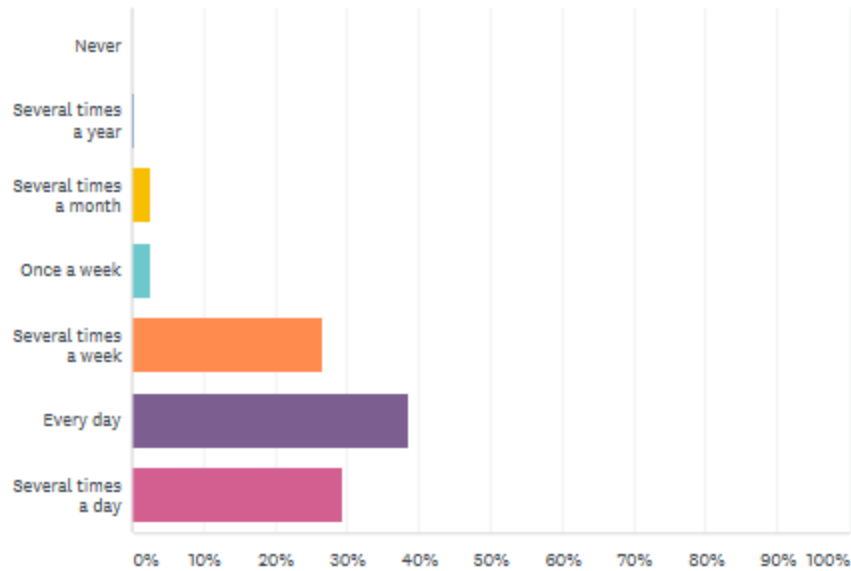
ANSWER CHOICES	RESPONSES	
Never	3.22%	481
Several times a year	1.82%	272
Several times a month	6.86%	1,026
Once a week	9.75%	1,458
Several times a week	27.33%	4,087
Every day	32.62%	4,877
Several times a day	18.40%	2,761
TOTAL		14,952

Q3



Thinking about your oldest child under the age of 5, about how often do you read or look at books with this child?

Answered: 14,985 Skipped: 2,334



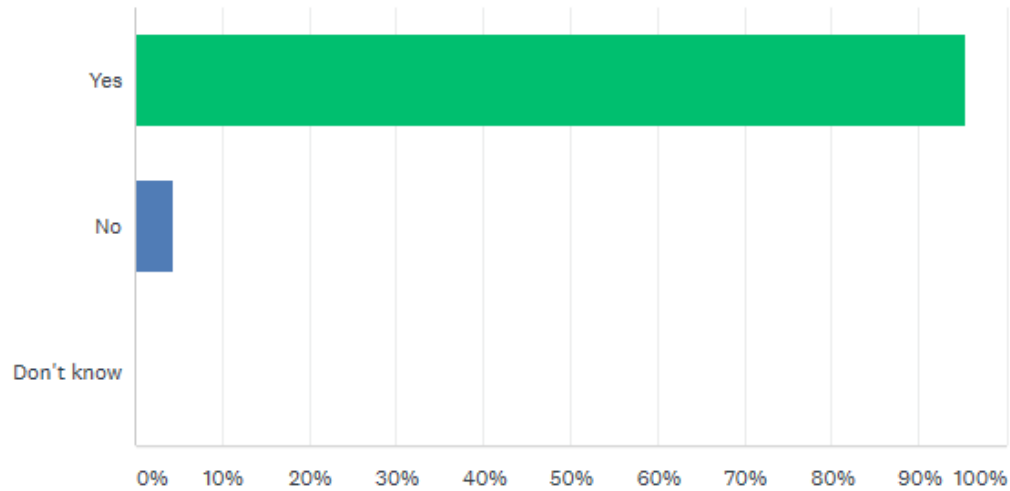
ANSWER CHOICES	RESPONSES	
Never	0.04%	6
Several times a year	0.29%	44
Several times a month	2.54%	380
Once a week	2.64%	396
Several times a week	26.53%	3,975
Every day	38.72%	5,802
Several times a day	29.24%	4,382
TOTAL		14,985

Q2



Has a child in your home received books in the mail at some point in the past year?

Answered: 17,300 Skipped: 19



ANSWER CHOICES	RESPONSES	
Yes	95.32%	16,491
No	4.42%	765
Don't know	0.25%	44
TOTAL		17,300

READING STRATEGIES CALCULATION

DESCRIPTION

According to the Smart Start Resource Guide of Evidence-Based and Evidence-Informed Programs and Practices information for Raising a Reader program:

Providing families with training regarding effective strategies for book sharing experiences will increase the participation of young children in the reading experience. Encouraging library visits and improving the connection between families and libraries should encourage a lifetime habit of reading. These practices, taken together, are likely to improve reading readiness outcomes for young children...interactive book reading behaviors, book discussion, asking and answering questions while reading, and playing word games, among other behaviors.

SMART START OUTCOMES

Increase in adult's use of recommended reading strategies

OUTCOMES REPORTING SUMMARY

UNIT: PARENTS/GUARDIANS OR EARLY CARE AND EDUCATION PROFESSIONALS	
INDICATOR: AVERAGE NUMBER OF READING STRATEGIES USED	
NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* ____ <i>OF THOSE:</i>	
PRE	POST
-Average # of reading strategies used ____ -Total # reading strategies adults were prompted to try/think about ____ (see next page for examples) <i>most common strategies (optional)</i> _____	-Average # of reading strategies used ____ -Total # reading strategies adults were prompted to try/think about ____ (see next page for examples) <i>most common strategies (optional)</i> _____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

Websites:

http://www.smartstart.org/wp-content/uploads/2015/05/SmartStartEBEL_Guide_052615.pdf

ADDITIONAL GUIDANCE

The National Association for the Education of Young Children provides the following information about early literacy strategies: “Effective early literacy instruction provides pre-school children with developmentally appropriate settings, materials, experiences and social support that encourage early forms of reading and writing to flourish and develop into conventional literacy.”

Promotion of early literacy is done via a number of practices for parents to use with children and for early care and education professionals to employ in their preschool settings. Fabrik will collect data on the number of reading strategies used pre and post by families. If ECE professionals receive assistance with improving early literacy instruction, please indicate this in the data collection place for comments.

Data gathering on the number of reading strategies used with their children can be done by adding a question to existing pre and post questionnaires/surveys. Partnerships may choose to use or modify the following question that is part of the Reach Out and Read (ROR) evaluation:

Do you think you will try any of these reading activities with this child?

Check one answer for each activity.

	Yes, I will try this.	Maybe, I might try this.	No, I don't think so.	I already do this.
a. Let the child turn the pages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Make up stories about what is happening in the pictures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ask the child to tell you what is happening in the pictures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help the child to identify shapes, colors, numbers, letters, or things in the pictures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Read to the child at least 30 minutes every day – for example: during meals or baths, before naps or bedtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Take the child to the library.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Partnerships may modify the question to reflect the reading strategies covered in their activities. In this example, there are a total of 6 reading strategies that adults are asked about. Only those indicating “I already do this” should be counted toward the total number of reading strategies used at baseline (pre) and follow up (post).

FABRIK GUIDANCE

Reading Strategies Calculation

Only use results for parents/guardians with both pre data AND post or follow up data. Do not include those adults who only have a pre score.

Of those with both pre and post data, calculate the average number of reading strategies the adults indicated they were using with their children when they first began the Smart Start funded activity. Enter this in the Average Number of Reading Strategies Used at Pre.

Next, enter the total number of possible reading strategies you asked the adults about. For instance, the Reach Out and Read survey below asks about a total of 6 reading strategies.

6) Do you think you will try any of these reading activities with this child?

Check one answer for each activity.

	Yes, I will try this.	Maybe, I might try this.	No, I don't think so.	I already do this.
a. Let the child turn the pages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Make up stories about what is happening in the pictures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Ask the child to tell you what is happening in the pictures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Help the child to identify shapes, colors, numbers, letters, or things in the pictures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Read to the child at least 30 minutes every day— for example: during meals or baths, before naps or bedtime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Take the child to the library.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next, there are three rows that you may want to enter the three most common reading strategies the adults were using. Enter the strategy with the highest percentage first, then the second most common, and so on.

Follow these same steps for the Post results.

Finally, enter the number of parents/ guardians for whom you are reporting data.

CHILD DEVELOPMENT AND LEARNING

SECTION III

EYBERG CHILD BEHAVIOR INVENTORY

Authors: Sheila Eyberg and Donna Pincus

Publisher: Psychological Assessment Resources (PAR)

DESCRIPTION

According to the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, and Child Outcomes Research and Evaluation:

The ECBI and SESBI-R are rating scales that assess the severity of conduct problems in children ages 2 through 16 years as well as the extent to which parents and teachers find the behaviors troublesome. The ECBI, which consists of 36 items, is completed by parents and assesses the frequency of disruptive behaviors occurring in the home. The SESBI-R, which consists of 38 items, is completed by teachers and is useful in the assessment of disruptive behaviors in the school setting. Each test provides an Intensity Raw Score and a Problem Raw Score.

Source indicates:

- **Published Languages:** English and Spanish.
- **Licensed Languages:** (available from PAR): Afrikaans, Armenian, Azerbaijani, Chinese, Danish, Dutch, Finnish, German, Greek, Indonesian, Japanese, Korean, Norwegian, Russian, Slovene, Spanish, Swedish, Thai, Turkish, and Urdu.
- **Type of Assessment:** Parent report
- **Age Range:** 2 to 16 years
- **Personnel, Training, Administration, and Scoring Requirements:** Tests can be administered and scored by individuals who do not have clinical training. Completion of the forms requires at least a 6th grade reading level. Training requires familiarizing oneself with the manual and questionnaires. The ECBI and SESBI-R require 10 minutes each to complete and under 5 minutes each to score. Interpreting the scores requires graduate training in psychology, counseling, or a closely related field.
- **Training Support:** None described.

SMART START OUTCOMES

More children on track for typical and/or enhanced development (including cognitive, language, physical, motor, and/or social /emotional development)

OUTCOMES REPORTING SUMMARY

UNIT: CHILDREN	
INDICATOR: AVERAGE SCORE FOR PROBLEM SCALE AND INTENSITY SCALE	
NUMBER OF CHILDREN WITH A POST SCORE IN THE REPORTING PERIOD* ____ <u>OF THOSE:</u>	
PRE	POST
<i>Average Problem Scale score ____</i>	<i>Average Problem Scale score ____</i>
<i>Average Intensity Scale score ____</i>	<i>Average Intensity Scale score ____</i>

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Eyberg, Sheila, and Donna Pincus. The ECBI & SESBI-R: Eyberg Child Behavior and Sutter- Eyberg Student Behavior Inventory-Revised: Professional Manual. Odessa: Psychological Assessment Resources, 1999.

U.S. Department Of Health And Human Services, Administration For Children And Families, Office Of Planning, Research, And Evaluation, Child Outcomes Research And Evaluation. Resources for Measuring Services and Outcomes in Head Start Programs Serving Infants and Toddlers. 2011. PDF file. 141-143

Website:

www.parinc.com

ADDITIONAL GUIDANCE

Prevent Child Abuse NC provides midyear and year end results for Incredible Years. These reports include average problem scale and intensity scale scores for the Eyberg.



Eyberg Child Behavior Inventory

Only use scores for children with both a pre score AND a post or follow up score. Do not include those children who only have a pre score.

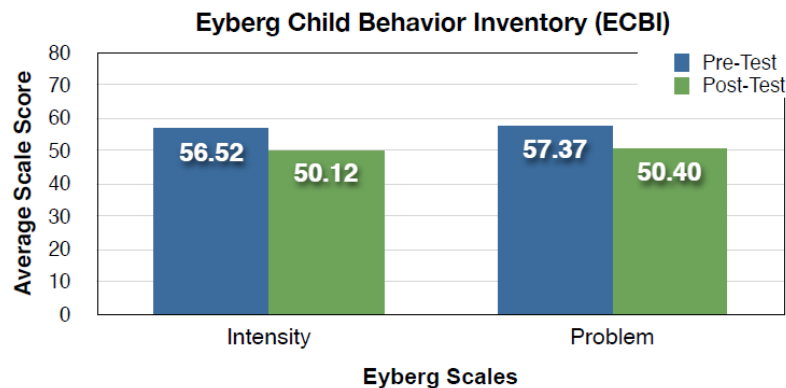
Of those, calculate the average score on the Problem Scale when the parents were first asked to assess their children. This should have been near the time when the family first began the Smart Start funded activity. Enter this in the average Pre score for the Problem Scale. Do the same for to calculate the average Intensity Scale Pre score.

Using the most recent follow up data in the reporting period, calculate the average scores for the Problem Scale and the Intensity Scale. These are your Post results.

Finally, enter the number of children for whom you are reporting data.

Note for those participating in Incredible Years (IY):

Partnerships funding IY and participating in the evaluation coordinated through Prevent Child Abuse NC (PCANC) should receive reports from PCA twice a year. You will find the Eyberg results in a graph similar to the example below. Use the number of “sets of matched pre/post test evaluation instruments” when entering the number of children for whom you are reporting data. If you have not yet received your mid-year or final reports before the results are due to NCPC, please leave the cells blank, click on No Data to Report, and then indicate that the *evaluator has not yet released the report* when prompted to explain why you do not have data. Enter the results in Fabrik once you receive them.



BRIGANCE[®] IED-III

Author: Based on previous editions by Albert H. Brigance

Publisher: Curriculum Associates

DESCRIPTION

Based on information provided by Curriculum Associates:

The BRIGANCE Inventory of Early Development III Standardized (IED-III Standardized) contains 55 norm-referenced assessments, allowing educators to compare a child's performance in key early learning skill areas to that of a nationally representative sample of children the same age. The IED III Standardized is designed for use with children from birth through age 7 years, 11 months and may be administered by teachers, school psychologists, developmental experts, and other early education professionals. The instrument measures children's strengths and needs across five early learning domains (skill areas): physical development (gross motor and fine motor skills), language development (receptive and expressive skills), academic skills/cognitive development (literacy and mathematics skills), adaptive behavior (daily living skills), and social and emotional development (interpersonal and self-regulatory skills).

Not all 55 assessments are administered to every child. The number of assessments administered within a specific skill area is based on the child's age. The manual provides a chart for each skill area, showing the age-appropriate assessments for each age range (Infant, Toddler, Two Years, Three Years, Four Years, and Five–Seven Years). Assessments may be administered in any order, and examiners may select assessments from any domain.

The IED III Standardized offers three assessment methods: Interview (parent and/or teacher), Observation (i.e., observing the child in a natural setting), and Performance (i.e., administering items directly to the child for the child's response). Specific assessment methods are indicated for each assessment. Some assessments are administered using one specific method; for other assessments, a choice is given. Some assessments require manipulatives such as toys, objects to count or sort, and colored blocks. These and other materials, such as pencils and crayons, are included in the IED III Accessories Kit, available from the publisher.

Source indicates:

- **Languages:** Available in English
- **Type of Assessment:** Normative Assessment
- **Methods:** Interview, Observation, and Performance
- **Age Range:** Birth through 7 years, 11 months
- **Personnel, Training, Administration, and Scoring Requirements:** A teacher, school psychologist or developmental expert, or other early education professionals can administer the IED III Standardized. The manual explains how critical it is to administer the IED III Standardized in strict accordance with the

directions given for each assessment and, therefore, examiners must become familiar with the assessment directions and scoring procedures and practice administration several times before administering the assessments to a child. The manual includes suggested adaptations for children with motor impairment, hearing impairment, visual impairment, speech impairment, emotional disturbance and behavior problems, autism spectrum disorders and developmental disorders, traumatic brain injury, and significant health problems. The IED III can be administered and scored in an average of 30 to 60 minutes, depending on the child's age and the number of assessments administered. Administration requires less time when assessing younger children (i.e., 0–2-year-olds), with average administration times for these children ranging from 20 to 30 minutes.

- **Training Support:** The publisher offers *CA101*® e-Training for the IED III Standardized (two free online training modules) explaining the purposes, features, and organization of the instrument and providing step-by-step instructions for administering and scoring assessments.

SMART START OUTCOMES

More children on track for typical and/or enhanced development (including cognitive, language, physical, motor, and/or social /emotional development)

OUTCOMES REPORTING SUMMARY

UNIT: CHILDREN	
INDICATOR: NUMBER BELOW CUT OFF SCORES	
NUMBER OF CHILDREN WITH A POST SCORE IN THE REPORTING PERIOD* _____	
<u>OF THOSE:</u>	
PRE	POST
# of children 0-35 months below cutoff_____	# of children 0-35 months below cutoff_____
# of children 3-5 years below cutoff_____	# of children 3-5 years below cutoff_____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Brigance, Albert H. BRIGANCE Inventory of Early Development III Standardized. North Billerica, MA: Curriculum Associates, © 2013.

Brigance, Albert H. BRIGANCE Inventory of Early Development III. North Billerica, MA: Curriculum Associates, © 2013.

French, Brian F., Ph.D. BRIGANCE Inventory of Early Development III Standardization and Validation Manual. North Billerica, MA: Curriculum Associates, © 2013.

Website:

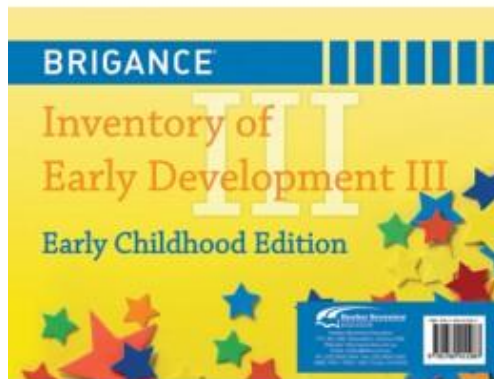
www.BRIGANCE.com

<http://www.curriculumassociates.com/products/briganceoverview.aspx>

<http://ectacenter.org/eco/pages/crosswalks.asp#Crosswalks>

ADDITIONAL GUIDANCE

The Brigance family of screeners identify learning delays, giftedness, strengths and weaknesses in language, motor, self-help, social-emotional, and cognitive skills in children ages 0-35 months, 3-5 years and in K-grade 1. Brigance identifies abilities in gross motor; fine motor; self-help; social-emotional; receptive & expressive lang; visual/graph motor; articulation/verb fluency/syntax; quantitative concepts; personal information and pre reading domains. The new edition has two versions: criterion-referenced IED III contains more than 100 assessments and covers a broad range of readiness skills to help educators identify each child's specific strengths and needs. The IED III Standardized contains 55 norm-referenced assessments, which allow educators to compare a child's performance to that of a nationally representative sample of children the same age. This streamlined assessment tool produces standardized scores, which can be used for benchmarking, standardized reporting, and providing documentation to support referrals.



FABRIK GUIDANCE

Brigance IED-III

Only use scores for children with both a pre score AND a post or follow up score. Do not include those children who only have a pre score.

Follow the directions for the Brigance to determine number of children below the cut offs for each age group when they started the Smart Start funded activity. These are your Pre results.

Using the most recent follow up data in the reporting period, determine the number of children below the cut offs for each age group when they were last assessed. These are your Post results.

Finally, enter the number of children for whom you are reporting data.

AGES & STAGES QUESTIONNAIRES®, THIRD EDITION

Authors: Jane Squires and Diane Bricker with contributors

Publisher: Paul H. Brookes Publishing Co.

DESCRIPTION

According to the U.S. Department Of Health And Human Services, Administration For Children And Families, Office Of Planning, Research, And Evaluation, and Child Outcomes Research and Evaluation:

The Ages & Stages Questionnaires, 3rd Edition (ASQ-3) is a series of 21 parent-completed questionnaires to help screen infants and young children for developmental delays during their first 5.5 years. It is completed by parents or caregivers for children 1 to 66 months of age. Each questionnaire includes 30 developmental items and focuses on assessment of five key developmental areas: Communication, Gross Motor, Fine Motor, Problem Solving, and Personal-Social. Communication addresses babbling, vocalizing, listening, and understanding; Gross Motor focuses on body movements, including arm, body, and leg; Fine Motor addresses finger movements; Problem Solving focuses on learning and playing with toys; and Personal-Social addresses social play and play with toys and other children. Parents rate each item as "Yes" the child does the behavior, "Sometimes," and "Not Yet." Items about behaviors that are challenging to describe (for example, putting beads on a string) include illustrations to help parents guide their responses. The items include a mix of skill ranges, including activities the child may not have tried before.

The ASQ-3 updates the second edition of the ASQ (Squires and Bricker 1999) to include a new standardization sample, new questionnaires administered to 2- and 9-month-olds, a new monitoring zone range to identify infants and children at risk of developmental delays but not scoring below cut-off points, new open-ended questions, revised cut-off points, an updated User's Guide to facilitate use with diverse populations, and expanded administration windows. The authors and their colleagues are developing a version of the ASQ for children ages 4 weeks to 39 months, called the ASQ: Inventory, designed to monitor children's development using one form. This would provide a way to scale the items and obtain scores that are more comparable to a traditional assessment with basals and ceilings.

Source indicates:

- **Languages:** English, Spanish. Hmong and Somali translations are available through Patient Tools, Inc.
- **Type of Assessment:** Parent report
- **Age Range:** 1 to 66 months of age; 21 age-specific questionnaires for use at 2, 4, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60 months of age. Users may choose to use various intervals to fit their needs.
- **Personnel, Training, Administration, and Scoring Requirements:** Questionnaires are written at no higher than a grade 6 reading level so that parents may easily understand and complete. Each questionnaire takes 10 to 15 minutes to complete and approximately 1 to 3 minutes to score. Scoring and interpretation requires professionals or trained paraprofessionals.

- Brookes on Location, the professional development program of Brookes Publishing, offers onsite training for the ASQ-3 and ASQ: SE-2. Introduction seminars last 1 day and cost \$2,500, plus speaker travel fees, for up to 75 attendees. Longer comprehensive seminars are also available. Three-day train-the-trainer session costs include an individual registration fee (\$975), User's Guides (\$50 each), and lodging. Discounted fees may be available for group registrations of four or more.

- DVDs are available on using the ASQ-3 system in the context of a program home visit (\$49.95) and on scoring and interpreting questionnaires (\$49.95).

- **Training Support:** The User's Guide contains complete instructions for each phase of questionnaire administration. Brookes On Location, the professional development program of Brookes Publishing, offers onsite one-day introductory seminars for the ASQ-3 and/or ASQ:SE as well as three-day train-the-trainer seminars. Two DVDs provide guidance on using the ASQ-3 system in the context of a home visit and on scoring and interpreting questionnaires. Other support materials include guidelines for choosing referral criteria to determine if children need more extensive assessment or close monitoring or little or no monitoring as well as activities sheets with games and events that correspond to the ASQ-3 age intervals. Webinars, articles on implementation, an online age and adjusted scoring calculator, and case stories are offered on the ASQ website for free.

SMART START OUTCOMES

More children on track for typical and/or enhanced development (including cognitive, language, physical, motor, and/or social /emotional development)

OUTCOMES REPORTING SUMMARY

UNIT: CHILDREN	
INDICATOR: NUMBER WITH DELAYS, POTENTIAL DELAYS, ON-TRACK	
NUMBER OF CHILDREN WITH A POST SCORE IN THE REPORTING PERIOD* _____	
<u>OF THOSE:</u>	
PRE	POST
#children w/ delays _____	#children w/ delays _____
#children w/ potential delays _____	#children w/ potential delays _____
#children "on-track" _____	#children "on-track" _____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Brookes Publishing Co. "Ages & Stages Questionnaires, Third Edition (ASQ-3)." Available at [http://www.agesandstages.com]. 2009.

Farrell, Jane, LaWanda Potter, and Arden Munkres. *Ages and Stages Questionnaires on a Home Visit* DVD. Baltimore: Brookes Publishing Co., 2007.

Hanig, Kenneth M. "Review of the Ages & Stages Questionnaire: A Parent-Completed Child Monitoring System, Third Edition." In *The Eighteenth Mental Measurements Yearbook*, edited by Robert A. Spies, Janet F. Carlson, and Kurt F. Geisinger. Lincoln, NE: The Buros Institute of Mental Measurements, 2010.

Squires, Jane, and Diane Bricker. *"Ages & Stages Questionnaires (ASQ): A Parent-Completed, Child-Monitoring System, Second Edition."* Baltimore: Brookes Publishing Co., 1999.

Squires, Jane, Diane Bricker, Elizabeth Twombly, Robert Nickel, Jantina Clifford, Kimberly Murphy, Robert Hoselton, LaWanda Potter, Linda Mounts, and Jane Farrell. *Ages & Stages English Questionnaires, Third Edition (ASQ-3): A Parent-Completed, Child-Monitoring System.* Baltimore: Paul H. Brookes Publishing Co., 2009.

Squires, Jane, Diane Bricker, Elizabeth Twombly, Robert Nickel, Jantina Clifford, Kimberly Murphy, Robert Hoselton, LaWanda Potter, Linda Mounts, and Jane Farrell. *Ages & Stages Spanish Questionnaires, Third Edition (ASQ-3): A Parent-Completed, Child-Monitoring System.* Baltimore: Paul H. Brookes Publishing Co., 2009.

Squires, Jane, Elizabeth Twombly, Diane Bricker, and LaWanda Potter. *ASQ-3 User's Guide, Third Edition.* Baltimore: Paul H. Brookes Publishing Co., 2009.

Twombly, Elizabeth, and Jane Squires. *ASQ-3 Scoring and Referral DVD.* Baltimore: Brookes Publishing Co., 2009.

U.S. Department Of Health And Human Services, Administration For Children And Families, Office Of Planning, Research, And Evaluation, Child Outcomes Research And Evaluation. Resources for Measuring Services and Outcomes in Head Start Programs Serving Infants and Toddlers. 2011. PDF file.

Website:

<http://www.agesandstages.com>

ADDITIONAL GUIDANCE

ASQ-3 and ASQ SE are reliable screening tools for children's development across five key domains: Communication, gross motor, fine motor, problem solving, and personal-social. They are used to document delays (or potential delays), information program providers may use to refer children for further assessment. Comparing numbers of children pre and post falling into delay categories (delays, potential delays, no delays) is a minimally adequate method for using ASQ in a pre-post manner.



Ages and Stages Questionnaire, Third edition

Only use scores for children with both a pre score AND a post or follow up score. Do not include those children who only have a pre score.

Follow the directions for the ASQ to determine number of children with delays, with potential delays, and on track when they started the Smart Start funded activity. These are your Pre results.

Using the most recent follow up data in the reporting period, determine the number of children with delays, with potential delays, and on track when they were last assessed. These are your Post results.

Finally, enter the number of children for whom you are reporting data.

AGES & STAGES QUESTIONNAIRES®: SOCIAL-EMOTIONAL, SECOND EDITION

Authors: Jane Squires, Diane Bricker, and Elizabeth Twombly

Publisher: Paul H. Brookes Publishing Co.

DESCRIPTION

According to the U.S. Department of Health And Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, and Child Outcomes Research and Evaluation:

This series of nine parent-completed questionnaires with 19 to 39 items in each questionnaire helps determine children's progress in their social-emotional behavior between 1 month and 72 months of age. Behavioral areas covered include: (1) self-regulation, (2) compliance, (3) social-communication, (4) adaptive functioning, (5) autonomy, (6) affect, and (7) interaction with people. Each questionnaire is written at a 5th- to 6th-grade reading level. The ASQ: SE-2 can be used to screen for social-emotional development problems at one point in time or to monitor a child repeatedly at different intervals. The publisher recommends that the ASQ: SE-2 be used in conjunction with a developmental screening tool that provides information on the child's communication, motor, and cognitive functioning.

Source indicates:

- **Languages:** Available in English and Spanish
- **Type of Assessment:** Parent report
- **Age Range:** 1 to 72 months; 9 age-specific questionnaires for use at 2, 12, 18, 24, 30, 36, 48, and 60 months of age. Users may choose to use various intervals to fit their needs.
- **Personnel, Training, Administration, and Scoring Requirements:** Questionnaires are written at no higher than a grade 6 reading level so that parents may easily understand and complete. The ASQ: SE-2 can also be completed by child care providers and preschool teachers. Each questionnaire takes 10 to 15 minutes to complete and approximately 1 to 3 minutes to score. Scoring and interpretation requires professionals or trained paraprofessionals.
 - Brookes On Location, the professional development program of Brookes Publishing, offers onsite training for the ASQ-3 and ASQ: SE-2. Introduction seminars last 1 day and cost \$2,500, plus speaker travel expenses, for up to 75 attendees. Longer comprehensive seminars are also available. Three-day train-the-trainer costs include an individual registration fee (\$975), User's Guides (\$50 each), and lodging. Discounted fees may be available for group registrations of four or more.
 - A DVD is available on using the ASQ: SE-2 system (\$49.95).
- **Training Support:** The User's Guide contains complete instructions for training on the ASQ: SE-2, setting up the assessment, and conducting it. It provides instructions for administering the questionnaires with sensitivity to children's environmental, cultural, and social-emotional differences. The ASQ: SE-2 User's Guide briefly mentions the importance of interpreting assessment information within the context of the specific child's health, development, and

family/cultural factors. The guide also describes factors to consider before making a referral based on the ASQ: SE-2 assessment. Other support materials include compilation of detailed technical data on how the system was developed and tested, case examples, and creative activities and lists of social-emotional behaviors professionals can share with parents for use with each age group. Brookes On Location, the professional development program of Brookes Publishing, offers onsite one-day introductory seminars for the ASQ-3 and/or ASQ:SE-2 as well as three-day train-the-trainer seminars. A DVD provides guidance on using the ASQ:SE-2 system. Webinars, articles on implementation, an online age and adjusted scoring calculator, and case stories are offered on the ASQ website for free

SMART START OUTCOMES

More children on track for typical and/or enhanced development (including cognitive, language, physical, motor, and/or social /emotional development)

OUTCOMES REPORTING SUMMARY

UNIT: CHILDREN	
INDICATOR: NUMBER WITH DELAYS, POTENTIAL DELAYS, ON-TRACK	
NUMBER OF CHILDREN WITH A POST SCORE IN THE REPORTING PERIOD* _____	
<i>OF THOSE:</i>	
PRE	POST
#children w/ delays _____	#children w/ delays _____
#children w/ potential delays _____	#children w/ potential delays _____
#children "on-track" _____	#children "on-track" _____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

U.S. Department Of Health And Human Services, Administration For Children And Families, Office Of Planning, Research, And Evaluation, Child Outcomes Research And Evaluation. Resources for Measuring Services and Outcomes in Head Start Programs Serving Infants and Toddlers. 2011. PDF file. 69-71

Squires, Jane, Diane Bricker, and Elizabeth Twombly. Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ:SE02™), A Parent-Completed Child-Monitoring System For Social-Emotional Behaviors. Baltimore: Paul H. Brookes Publishing Co., 2002.

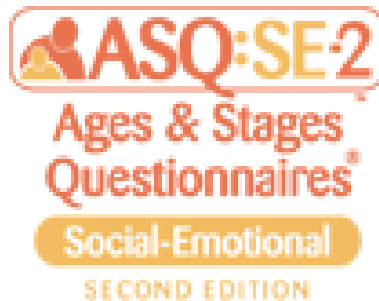
Squires, Jane, Diane Bricker, and Elizabeth Twombly. ASQ:SE-2™ User's Guide. Baltimore: Paul H. Brookes Publishing Co., 2015.

Squires, Jane, Elizabeth Twombly, and Arden Munkres. Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE) in Practice DVD. Paul H. Brookes Publishing Co., 2004.

Website:

ADDITIONAL GUIDANCE

ASQ-3 and ASQ SE are reliable screening tools for children's development across five key domains: Communication, gross motor, fine motor, problem solving, and personal-social. They are used to document delays (or potential delays), information program providers may use to refer children for further assessment. Comparing numbers of children pre and post falling into delay categories (delays, potential delays, no delays) is a minimally adequate method for using ASQ in a pre-post manner.



FABRIK GUIDANCE

Ages and Stages Questionnaire: Social Emotional, Second edition

Only use scores for children with both a pre score AND a post or follow up score. Do not include those children who only have a pre score.

Follow the directions for the ASQ to determine number of children with delays, with potential delays, and on track when they started the Smart Start funded activity. These are your Pre results.

Using the most recent follow up data in the reporting period, determine the number of children with delays, with potential delays, and on track when they were last assessed. These are your Post results.

Finally, enter the number of children for whom you are reporting data.

TEACHING STRATEGIES GOLD®

Author: Diane Trister Dodge

DESCRIPTION

GOLD® is a system of measurement and reporting that allows teachers to readily assess children from birth through third grade. GOLD® is designed to facilitate teacher observations, documentation, and evaluation of children's development across comprehensive, research-based objectives. Group planning, individual progress monitoring, and communication with families are understandable, accessible, visually appealing and easy to use.

The author states: GOLD® is a seamless system for assessing children from birth through third grade. Extensive field tests have shown it to be both valid and reliable. Available online and in print, the system can be used with any developmentally appropriate early childhood curriculum. Grounded in 38 research-based objectives that include predictors of school success and are aligned with state early learning standards, GOLD® truly helps teachers focus on what matters most for children's success. It can be used to support all types of learners, including children with special needs and children with advanced knowledge and skills. Because GOLD® is a fully bilingual tool, it offers teachers support for assessing the dual-language learners in their classrooms who are learning English and Spanish.

Sources indicate:

- **Languages:** English, Spanish
- **Type of Assessment:** Teacher observation and portfolio development
- **Age Range:** Birth through Third Grade
- **Personnel, Training, Administration, and Scoring Requirements:** GOLD® uses a variety of online tools to gather and organize meaningful data quickly, including online portfolios where children's work can be stored. A developmental profile of each child is produced that answers the questions, "What does this child know? What is he or she able to do?" Paper-based tools are also available.
- **Training Support:** Self-paced, online professional development courses can be completed from any location with a computer and high-speed Internet access, meaning you can participate whenever you have the time. The *Introducing Teaching Strategies GOLD® Online* course introduces preschool teachers to the components and structure of GOLD®. By the end of the session, teachers will have the basic skills they need to begin implementing GOLD® using the online system. Also, early childhood educators may choose to strengthen their implementation skills and receive inter-rater reliability certification from Teaching Strategies. In addition to offering practice in using GOLD®, the online certification process measures the degree of agreement between educators' ratings of preschool children's knowledge, skills, and behaviors and those of Teaching Strategies' master raters. A variety of in-person training options are also available.

SMART START OUTCOMES

More children on track for typical and/or enhanced development.

OUTCOMES REPORTING SUMMARY

UNIT: CHILDREN	
INDICATOR: NUMBER BELOW, MEETING OR EXCEEDING EXPECTATIONS	
NUMBER OF CHILDREN WITH A POST SCORE IN THE REPORTING PERIOD* _____ <u>OF THOSE:</u>	
PRE	POST
<i>Social-Emotional # Below</i> _____ <i>Social-Emotional #Meets</i> _____ <i>Social-Emotional # Exceeds</i> _____	<i>Social-Emotional # Below</i> _____ <i>Social-Emotional #Meets</i> _____ <i>Social-Emotional # Exceeds</i> _____
<i>Physical # Below</i> _____ <i>Physical #Meets</i> _____ <i>Physical # Exceeds</i> _____	<i>Physical # Below</i> _____ <i>Physical #Meets</i> _____ <i>Physical # Exceeds</i> _____
<i>Language # Below</i> _____ <i>Language #Meets</i> _____ <i>Language # Exceeds</i> _____	<i>Language # Below</i> _____ <i>Language #Meets</i> _____ <i>Language # Exceeds</i> _____
<i>Cognitive # Below</i> _____ <i>Cognitive #Meets</i> _____ <i>Cognitive # Exceeds</i> _____	<i>Cognitive # Below</i> _____ <i>Cognitive #Meets</i> _____ <i>Cognitive # Exceeds</i> _____
<i>Literacy # Below</i> _____ <i>Literacy #Meets</i> _____ <i>Literacy # Exceeds</i> _____	<i>Literacy # Below</i> _____ <i>Literacy #Meets</i> _____ <i>Literacy # Exceeds</i> _____
<i>Mathematics # Below</i> _____ <i>Mathematics #Meets</i> _____ <i>Mathematics # Exceeds</i> _____	<i>Mathematics # Below</i> _____ <i>Mathematics #Meets</i> _____ <i>Mathematics # Exceeds</i> _____

References:

Halle, T., Zaslow, M., Wessel, J., Moodie, S., and Darling-Churchill, K. (2011). *Understanding and Choosing Assessments and Developmental Screeners for Young Children: Profiles of Selected Measures*. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Teaching Strategies®. (2013). *Teaching Strategies GOLD® Touring Guide*

Teaching Strategies®. (2013). *Teaching Strategies GOLD® Reports Scales Scores of Widely Held Expectations in the Comparative Report*.

Websites:

<http://teachingstrategies.com/>
<http://teachingstrategies.com/assessment/>
<http://teachingstrategies.com/gold-app/>
<http://eclkc.ohs.acf.hhs.gov/hslc/tta->

ADDITIONAL GUIDANCE

Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.

Source Indicates:

GOLD® online works on any PC (Windows XP SP2 or later) or Mac (OS X 10.6 or later) with a high-speed Internet connection.

A free app for GOLD® is available to online subscribers. This user-friendly app enables teachers to easily capture documentation in the moment, using an iPhone, iPad, or iPod touch or an Android mobile device. It's technology at its best—saving teachers valuable time without compromising security, quality, or accuracy. The app also allows users to set preliminary levels directly from the app, allowing for a more complete documentation process on the app and less back-and-forth between the app and GOLD® online.



Teaching Strategies Gold

The “Widely Held Expectations Report” provides summary data for individual children or for groups of children. GOLD assessment data allows for placement of children into three categories: “below” “meeting”, or “exceeding” widely held expectations compared to the majority of children of the same age or grade.

Only use scores for children with both a pre score AND a post or follow up score. Do not include those children who only have a pre score.

Pre score - Of those with both a pre and a post score, enter the total number of children who are in each level: “below,” “meeting” or “exceeding.”

Post score - Similarly, enter the total number of children who are in each level: “below,” “meeting” or “exceeding” once you’d finished working with each family or when it was time a follow up assessment.

If a child was assessed at baseline (pre score) and then more than once after that, report their most recent results in the reporting period as their post score.

CHILD BEHAVIOR CHECKLIST

Authors: T. M. Achenbach

Publisher: Teachers College Press

DESCRIPTION

The Child Behavior Checklist (CBCL) is one of several assessments in the Achenbach System of Empirically Based Assessments (ASEBA). The CBCL is a questionnaire that relies on parent report of their child's emotional and behavioral problems. Originally developed by Thomas M. Achenbach, it has been used widely as a standardized assessment in child psychology for children starting at age 2 or 3 up to age 18. Emotional states such as anxiety, depression and behaviors such as aggression, impulsivity are measured. It also assesses the following:

- social withdrawal
- somatic complaints
- destructive behavior
- social problems
- thought problems
- attention problems
- delinquent behaviors

Source indicates:

- **Languages:** Available in 90 languages including English, Spanish, French, German, Gujarati, Hindi, Korean, Laotian, Portuguese, Vietnamese
- **Type of Assessment:** Observation by caregiver
- **Age Range:** Two versions of the checklist are available: one for 2 to 3-year-olds and the other for 4 to 18-year-olds
- **Personnel, Training, Administration, and Scoring Requirements:** Proper use of ASEBA instruments requires training in standardized assessment equivalent to at least the Master's degree level or two years of residency in pediatrics, psychiatry, or family practice. It also requires thorough knowledge of the procedures and cautions specified in the Manual for each instrument.
- **Training Support:** ASEBA provides discounts on ASEBA products for training programs at educational institutions and for students' classwork and student research for dissertations or capstone projects.

SMART START OUTCOMES

More children on track for typical and/or enhanced development (including cognitive, language, physical, motor, and/or social /emotional development)

OUTCOMES REPORTING SUMMARY

UNIT: CHILDREN	
INDICATOR: AVERAGE PROBLEM BEHAVIOR SCORE	
NUMBER OF CHILDREN WITH A POST SCORE IN THE REPORTING PERIOD* _____ <i>OF THOSE:</i>	
PRE	POST
<i>Average CBCL score _____</i>	<i>Average CBCL score _____</i>

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Achenbach, T. M. (2009). The Achenbach System of Empirically Based Assessment (ASEBA): Development, Findings, Theory, and Applications. Burlington, VT: University of Vermont Research Center for Children, Youth, & Families.

Achenbach, T. (1992). Manual for the Child Behavior Checklist/2-3 and 1992 Profile. Burlington, VT: University of Vermont Department of Psychiatry.

Achenbach, T. (1991). Manual for the Child Behavior Checklist/4 - 18 and 1991 Profile. Burlington, VT: University of Vermont Department of Psychiatry.

Website:

<http://www.aseba.org/>

ADDITIONAL GUIDANCE

ASEBA.org indicates:

The Achenbach System of Empirically Based Assessment (ASEBA) offers a comprehensive approach to assessing adaptive and maladaptive functioning. Developed through decades of research and practical experience to identify actual patterns of functioning, the ASEBA provides professionals with user-friendly tools.

Numerous studies demonstrate significant associations between ASEBA scores and both diagnostic and special education categories. You can relate ASEBA directly to DSM-5 diagnostic categories by using the DSM-oriented scales for scoring ASEBA forms.

Normative data for the CBCL are available, integrating information from multiple societies. Because a core set of the items have been included in every version of the CBCL since the 1980s, it provides a meter stick for measuring whether amounts of behavior problems have changed over time or across societies. This is a helpful complement to other approaches for looking at rates of mental-health issues, as the definitions of disorders have changed repeatedly over the same time frame.

THE DEVEREUX EARLY CHILDHOOD ASSESSMENT CLINICAL FORM (DECA-C)

Authors: Paul LeBuffe and Jack Naglieri

Publisher: Kaplan

DESCRIPTION

The Devereux Early Childhood Assessment-Clinical Form (DECA-C) is an assessment of resilience in preschoolers ages 2 through 5 with social and emotional problems or significant behavioral concerns. Whereas the DECA is designed to be used with all children to promote healthy social and emotional growth, the primary purpose of the DECA-C is to support early intervention efforts to reduce or eliminate significant emotional and behavioral concerns in preschool children. The DECA-C may also be used to guide interventions, help identify children needing special services, assess outcomes, and help programs meet Head Start, IDEA and similar standards. It is a 62-item scale that can be completed in about 15 minutes.

Source indicates:

- **Languages:** Available in English
- **Type of Assessment:** Behavior rating scale completed by either parents or teachers
- **Age Range:** The DECA-C assesses children ages 2 through 5 years with social and emotional problems or significant behavioral concerns
- **Personnel, Training, Administration, and Scoring Requirements:** The DECA-C is designed to be interpreted by a qualified mental health or special education professional. Customer qualifications form must be approved before ordering
- **Training Support:** DECA-C Training provides practical applications of the assessment tool's use in early childhood mental health settings. The training is primarily for Level B users, which typically include mental health professionals who have graduate level training in assessment. Those who do not meet the criteria for being a Level B user can attend the training and pass a competency assessment in order to qualify for ordering and using the DECA-C. DECA-C trainings are conducted by certified DECA-C trainers and take place in several ways including: (1) Web-based training that can be scheduled specifically for a program; (2) We-based trainings that are offered several times throughout the year at set dates for individuals to register; (3) In-person training at a program can be scheduled.

SMART START OUTCOMES

More children on track for typical or enhanced development.

OUTCOMES REPORTING SUMMARY

UNIT: CHILDREN**INDICATOR: AVERAGE T-SCORES AND PERCENTILE SCORES FOR TOTAL PROTECTIVE FACTORS AND TOTAL BEHAVIORAL CONCERNS****TOTAL NUMBER OF CHILDREN WITH A POST SCORE IN THE REPORTING PERIOD* _____
OF THOSE:**

PRE	POST
<i>Total Protective Factors: Number of Children with T-Score of 60 and Above _____</i>	<i>Total Protective Factors: Number of Children with T-Score of 60 and Above _____</i>
<i>Total Protective Factors: Number of Children with T-Score of 41-59 _____</i>	<i>Total Protective Factors: Number of Children with T-Score of 41-59 _____</i>
<i>Total Protective Factors: Number of Children with T-Score of 40 and Below _____</i>	<i>Total Protective Factors: Number of Children with T-Score of 40 and Below _____</i>
<i>Behavioral Concerns: Number of Children with T-Score of 60 and Above _____</i>	<i>Behavioral Concerns: Number of Children with T-Score of 60 and Above _____</i>
<i>Behavioral Concerns: Number of Children with T-Score of 41-59 _____</i>	<i>Behavioral Concerns: Number of Children with T-Score of 41-59 _____</i>
<i>Behavior Concerns: Number of Children with T-Score of 40 and Below _____</i>	<i>Behavior Concerns: Number of Children with T-Score of 40 and Below _____</i>

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

LeBuffe, Paul and Jack Naglieri. Devereux Early Childhood Assessment (DECA-C). Lewisville, NC: Kaplan Early Learning Company, 2003.

Website:

<https://www.kaplanco.com/product/98814/deca-c-manual?c=17%7cEA1000>

FABRIK GUIDANCE

DECA-C

The DECA-C assessment data allows for placement of children into three scoring categories for both scales in the assessment (Total Protective Factors and Behavioral Concerns): T-score of 60 and above; T-score between 41-59; T-score of 40 and below.

Only use scores for children with both a pre score AND a post or follow up score. Do not include those children who only have a pre score.

Pre score - Of those with both a pre and a post score, enter the total number of children who are in each level: T-score of 60 and above; T-score between 41-59; T-score of 40 and below.

Post score - Similarly, enter the total number of children who are in each level once you'd finished working with each child or when it was time for a follow up assessment.

If a child was assessed at baseline (pre score) and then more than once after that, report their most recent results in the reporting period as their post score.

SYSTEMS LEVEL

SECTION IV

WILDER COLLABORATION FACTORS INVENTORY

Authors: Paul Mattessich, Marta Murray-Close, and Barbara Monsey

Publisher: Amherst H. Wilder Foundation

DESCRIPTION

The Amherst H. Wilder Foundation Research Division's Collaboration Factors Inventory is a free on-line tool to assess the strengths and challenge areas for group collaborations. Twenty different research-based factors are assessed and a per-factor score is provided on-line. It is also straightforward to administer and calculate manually.

Sources indicate:

- **Languages:** Available in English
- **Type of Assessment:** Self-report
- **Age Range:** N/A
- **Personnel, Training, Administration, and Scoring Requirements:** Fifteen minutes is required for the online version. Scoring is immediate. Manual summarizing of scores is required for Fabrik reporting.
- **Training Support:** Instructions are provided on-line. A paperback copy of the tool contains detailed instructions and is available for purchase.

SMART START OUTCOMES

Increased coordination of early childhood system

OUTCOMES REPORTING SUMMARY

UNIT: COLLABORATING ORGANIZATIONS	
INDICATOR: PARTICIPANT AVERAGE INVENTORY SCORE	
PRE	POST
<i>Number of factors with an average score of 4.0 to 5.0</i> ____	<i>Number of factors with an average score of 4.0 to 5.0</i> ____
<i>Number of factors with an average score of 3.0 to 3.9</i> ____	<i>Number of factors with an average score of 3.0 to 3.9</i> ____
<i>Number of factors with an average score of 1.0 to 2.9</i> ____	<i>Number of factors with an average score of 1.0 to 2.9</i> ____
<i>Number of surveys completed</i> ____	<i>Number of surveys completed</i> ____
<i>Factor with highest average</i> ____	<i>Factor with highest average</i> ____
<i>Factor with lowest average</i> ____	<i>Factor with lowest average</i> ____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year.*

References:

Mattessich, P., Murray-Close, M., & Monsey, B. (2001). Wilder Collaboration Factors Inventory. St. Paul, MN: Wilder Research.

Websites:

<http://www.wilder.org/Wilder-Research/Research-Services/Pages/Wilder-Collaboration-Factors-Inventory.aspx>

On-line tool <http://wilderresearch.org/tools/cfi/index.php>

PDF of the tool <http://www.wilder.org/Wilder-Research/Publications/Studies/Collaboration%20Factors%20Inventory/Collaboration%20Factors%20Inventory.pdf>

Paperback Booklet of the tool

<http://www.amazon.com/gp/search?ie=UTF8&camp=1789&creative=9325&index=books&linkCode=ur2&tag=turnepubli-20&keywords=9780940069343>

Collaboration Factors Research Book <http://www.amazon.com/Collaboration-Research-Literature-Influencing-Successful/dp/0940069326>

ADDITIONAL GUIDANCE

The Wilder Collaboration Factors Inventory is free and the online tool is easy to use. The foundation advises: *The inventory takes about fifteen minutes to complete. It can be distributed to a small group of leaders in the collaborative, during a general meeting, or via mail to all members for the most complete picture. You can tally your score manually or online.*

The Inventory should be filled out individually by each current member of the group.

A free hard copy is available on the Wilder Foundation's website and the hard copy tool is also found in a paperback booklet for \$9.95. Additionally, a book (available for \$19.47) titled "Collaboration: What Makes it Work?" is available. Published in 2001, the book is described by Sharon Lyn Kagen, Senior Associate, The Bush Center for Child Development and Social Policy, Yale University, as "Essential reading for anyone interested in collaboration. A well done summary of what the latest research says!" A link to the book on Amazon is above.

Partnerships using this tool would identify community partners, ask them to complete the inventory at the beginning of the year (or initiation of a collaboration process) and again at the end of the year (or completion of the collaboration process), then once a year thereafter if the collaboration continues. This tool is largely designed to measure collaboration and coordination among community members on a specific project or topic. Please review the website references above for more information.

Partnerships using this tool should first go to <http://wilderresearch.org/tools/cfi/index.php> and click on "Register a group". After registering, the partnership will be sent a link that can be shared with community partners to fill out and a password to log in to the group results site. As community partners fill out the inventory, partnerships can log in to the group page to view results. A sample of the results report is included below.

Partnerships will need to register a group and receive a new survey link each time they choose to administer the survey to participants.



FABRIK GUIDANCE

Wilder Collaboration Factors Inventory

As inventories are submitted anonymously, it will not be possible to tell who has filled out the inventory. Participants may also leave during the year while new ones join, so it is not necessary to report on pre and post. Enter the number of factors with average scores in each score range. A sample score report is included below.

Enter the number of survey participants with data.

Finally state which factor had the highest average score and which factor had the lowest average score.

If you administered the survey several times throughout the reporting period, use the most recent results in the reporting period as the scores.

Average scores for each of the 22 factors:

Factor	Factor Average
History of collaboration or cooperation in the community	4.0
Collaborative group seen as a legitimate leader in the community	4.3
Favorable political and social climate	4.5
Mutual respect, understanding, and trust	4.7
Appropriate cross section of members	4.7
Members see collaboration as being in their self-interest	4.3
Ability to compromise	3.7
Members share a stake in both process and outcome	3.8
Multiple layers of participation	4.2
Flexibility	4.3
Development of clear roles and policy guidelines	3.5
Adaptability to changing conditions	3.5
Appropriate pace of development	4.3
Evaluation and continuous learning	3.9
Open and frequent communication	4.1
Established informal relationships and communication links	4.0
Concrete, attainable goals and objectives	4.1
Shared vision	5.0
Unique purpose	5.0
Sufficient funds, staff, materials, and time	3.8
Skilled leadership	5.0
Engaged stakeholders	4.7
<p><i>As a general rule...</i></p> <p>Scores of 4.0 to 5.0 - strengths, don't need special attention 16</p> <p>Scores of 3.0 to 3.9 - borderline, deserve discussion 6</p> <p>Scores of 1.0 to 2.9 - concerns that should be addressed 0</p>	

PARTNERSHIP QUOTIENT (PQ) COLLABORATIVE LEADERSHIP SELF- ASSESSMENT

Author: Arthur T. Himmelman

DESCRIPTION

According to the author: *The qualitative difference between collaborating and cooperating in this definition is the willingness of organizations (or individuals) to enhance each other's capacity for mutual benefit and a common purpose...The Partnership Quotient (PQ) provides a self-assessment of your knowledge and capacity to engage in collaborative leadership as a partner in organizational and community change processes. Your own scoring of your PQ will allow you to focus upon aspects of collaborative leadership that you believe may need further development or refinement. The PQ is based on the assumption that the ability and willingness to provide and promote collaborative leadership is essential within organizational and multi-organizational/ coalition change processes.*

Sources indicate:

- **Languages:** Available in English
- **Type of Assessment:** Self-report
- **Age Range:** N/A
- **Personnel, Training, Administration, and Scoring Requirements:** The PQ is a free hard-copy tool comprised of 30 items on a 0-5 scale. Scoring is performed manually.
- **Training Support:** Instructions for administering and summarizing the tool are included.

SMART START OUTCOMES

Increased coordination of early childhood system

OUTCOMES REPORTING SUMMARY

UNIT: COLLABORATING ORGANIZATIONS INDICATOR: PARTICIPANT AVERAGE SCORE	
PRE	POST
<i>Number completing the assessment</i> ____	<i>Number completing the assessment</i> ____
<i>Average assessment score of all participants</i> ____	<i>Average assessment score of all participants</i> ____

**Outcome summary data will be collected during two reporting periods. The first reporting period is for the first six months of the fiscal year (July – December). The second reporting period is for the full fiscal year (July – June). Data shared in the first reporting period also should be included in the data reported for the full year. At both points, partnerships should only include data for those with both a pre and a post score.*

References:

Himmelman, A. T. (2002). Collaboration for a Change: Definitions, Decision-making models, Roles, and Collaboration Process Guide.

Websites: https://depts.washington.edu/ccph/pdf_files/4achange.pdf

ADDITIONAL GUIDANCE

The PQ is a leadership assessment for individuals working together and is intended to be used to guide future collaboration efforts. Item scores of 3 or 4 indicate strengths and 1 or 2 show areas for improvement. Higher collaborative leadership scores can help foster better system coordination. The research paper along with the tool contain the author's remarks giving additional points for using the assessment collegially, to grow collaborative practices. The paper offers a matrix of collaboration practices to define and locate strategies (below).

Himmelman Matrix of Strategies for Working Together

Partnership Quotient (PQ) Collaborative Leadership Self-Assessment

Definition	Networking	Coordinating	Cooperating	Collaborating
	Exchanging information for mutual benefit	Exchanging information for mutual benefit, and altering activities to achieve a common purpose	Exchanging information for mutual benefit, and altering activities and sharing resources to achieve a common purpose	Exchanging information for mutual benefit, and altering activities, sharing resources, and enhancing the capacity of another to achieve a common purpose
Relationship Characteristics	Informal Minimal time commitments, limited levels of trust, and no necessity to share turf; information exchange is the primary focus	Formal Moderate time commitments, moderate levels of trust, and no necessity to share turf; making access to services or resources more user-friendly is the primary focus	Formal Substantial time commitments, high levels of trust, and significant access to each other's turf; sharing of resources to achieve a common purpose is the primary focus	Formal Extensive time commitments, very high levels of trust and extensive areas of common turf; enhancing each other's capacity to achieve a common purpose is the primary focus
Resources	No mutual sharing of resources necessary	No or minimal mutual sharing of resources necessary	Moderate to extensive mutual sharing of resources and some sharing of risks, responsibilities, and rewards	Full sharing of resources, and full sharing of risks, responsibilities and rewards

FABRIK GUIDANCE

Only use scores for those with both a pre score AND a post or follow up score. Do not include those who only have a pre score.

Calculate total scores for each participant, then compute an overall average score for the first time people completed the survey. These are your Pre results.

Follow the same steps to determine the average overall post score.

Finally, enter the number of survey participants with post or follow up data.

If you administered the survey several times throughout the reporting period, use the most recent results in the reporting period as the post scores.

APPENDIX A: SMART START COMMON OUTCOMES AND MEASURES

How will you measure each outcome you selected for this activity? Recommended measures are provided below. Select the measure you intend to use for each outcome. How will you measure each outcome you selected for this activity? Guidance on measures is provided below. In some cases, measures will be marked as being required either for certain outcomes or activities. You will indicate in Fabrik the measure you will use for each outcome. When you have a choice, we encourage you to select the measures that the purveyors require if applicable. When multiple measures are listed you should generally select just one, though you may select more. It is ideal for the Smart Start system that partnerships selecting the same outcome also use the same measure. When none of the recommended measures is a good fit for an activity, you may select "Other" and describe how you will measure the outcome.

Smart Start OUTCOMES

Recommended or Required MEASURES

Early Care and Education

Improved access to high quality care

a. PBIS PLA50 - Subsidized child placements in regulated child care programs

Improved ECE program environment

a. Environment Rating Scales – DCDEE data
b. Environment Rating Scales – local data
c. Teaching Pyramid Observation Tool (TPOT)
d. The Pyramid Infant Toddler Observation Scale (TPITOS)
e. Smart Start Lending Library Survey – Child Care

Decrease in teacher turnover*

a. Teacher Turnover calculation** *(required)*

Decrease in director turnover*

a. Director Turnover calculation *(required)*

Improved teacher knowledge*

a. NC Early Childhood Credential & Coursework
b. College Course Completion with a B or better *(required for 3105 - Professional Development – College Credit)*
c. Continuing Education Units (CEUs)
d. Star Rating Education Points

	<ul style="list-style-type: none"> e. Program Administration Scale (PAS) f. DCDEE Evaluation of Authorized In-service Training
Improved director knowledge	<ul style="list-style-type: none"> a. Program Administration Scale (PAS) b. Business Administration Scale (BAS) c. NC Early Childhood Credential & Coursework d. College Course Completion with a B or better
Improved teacher/child interaction	<ul style="list-style-type: none"> a. CLASS (Classroom Assessment Scoring System) Infant b. CLASS (Classroom Assessment Scoring System) Toddler c. CLASS (Classroom Assessment Scoring System) Pre-K d. Teaching Pyramid Observation Tool (TPOT) e. The Pyramid Infant Toddler Observation Scale (TPITOS)
Increase in the provider practice of healthy behaviors*	<ul style="list-style-type: none"> a. NAP SACC b. Go NAP SACC c. Environment Rating Scales personal care routine subscale d. NC Child Care Health & Safety Assessment (<i>required for 3414 - CCHC</i>)
Increase in program quality*	<ul style="list-style-type: none"> a. Participating facilities star levels (<i>required</i>) b. Star Rating Education and Program Standards Points
Maintain high program quality*	<ul style="list-style-type: none"> a. Participating facilities star levels (<i>required</i>) b. Star Rating Education and Program Standards Points

Family Support and Health

Increase in parent knowledge	<ul style="list-style-type: none">a. Protective Factors Surveyb. Triple P Client Satisfaction Questionnaire – Level 2c. Smart Start Lending Library Survey – Familiesd. Measure of your choice – Instrument and scoring approach will be requested
Increase in positive parenting practices	<ul style="list-style-type: none">a. Keys to Interactive Parenting Scales (KIPS)b. Adult Adolescent Parenting Inventory - 2 (AAPI)c. Parenting Stress Index 4th editiond. Parenting Practices Interview (PPI)e. Nurturing Skills Competency Scale (1 & 2)f. Young Parent Survey (used in FAST)g. Protective Factors Surveyh. Life Skills Progressioni. PICCOLOj. Level 2 Triple P Satisfaction Questionnairek. Level 3 Triple P Parenting Experience Surveyl. Level 4 Triple P Parenting Scale
Increase in parent use of services (primarily for those programs where, overall, parents have a low usage of service when they start the activity)	<ul style="list-style-type: none">a. Life Skills Progression: #10 Use of information, #11 Use of resourcesb. Parent use of services calculation
Increase in parent's social support	<ul style="list-style-type: none">a. Life Skills Progression: #3 Friends/Peersb. Protective Factors Survey

Increase in frequency of parent and child shared reading*

- a. ROR Parent Survey (*required for ROR*)
- b. RAR Parent Survey (*required for RAR*)
- c. Smart Start DPIL Parent Survey (*required for DPIL*)
- d. Shared reading/daily reading calculation (*required for all others*)

Increase in the adult's use of recommended reading strategies*

- a. ROR Parent Survey (*required for ROR*)
- b. RAR Parent Survey (*required for RAR*)
- c. Reading strategies calculation (*required for all others*)

Increase in developmental screenings or assessments, referrals, and child use of services (e.g. early intervention services, having a medical or dental home, etc.)*

- a. Child screenings, referrals, use of services calculation (*required*)

Increase in children's practice of healthy behaviors (e.g. child's nutrition, child's oral health practices, amount of physical activity, etc.)

- a. NAP SACC
- b. Go NAP SACC

Child Development and Learning

More children on track for typical and/or enhanced development (including cognitive, language, physical, motor, and/or social /emotional development)

- a. Eyberg Child Behavior Inventory
- b. Brigance Screens
- c. Ages & Stages Questionnaire
- d. Ages & Stages Social Emotional Questionnaire
- e. GOLD by Teaching Strategies
- f. DECA-C
- g. Child Behavior Checklist

Systems Level

Increased coordination of early childhood system

- a. Wilder Collaboration Factors Inventory
- b. Partnership Quotient Collaborative Leadership Assessment

Other

Other (please specify)

- a. Partnerships will be asked to provide their measurement methods/tools

**These outcomes have a required measure. In some cases, the requirement may just pertain to a particular program or activity. Partnerships should be sure to select these required measures in Fabrik.*

***Partnerships using WAGE\$ can find these data in the reports from CCSA.*