

WAKE COUNTY SMARTSTART

2007-2008

Final Activity Report



Wake County SmartStart builds the capacity of families and the community to prepare children for success in school and in life.

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Wake County SmartStart, Inc. FINAL ACTIVITY REPORT: FY 2007-2008 Executive Summary

INTRODUCTION

Since 1996, Wake County SmartStart (WCSS) has dedicated resources to promote WCSS mission of preparing Wake County's young children, birth to five-years-old, for success in school and life. In twelve years, there have been tremendous demographical shifts in Wake County. Not only does the number of children under five in Wake County continue to climb, but as the numbers grow, there is a corresponding increase in demand for services provided by organizations serving young children and families. These demographic shifts – and the subsequent increase in demand for services – demand frequent adaptations to the work of serving young children and families, and to regularly integrate new information and strategies to fulfill WCSS' mission. In the pages that follow, readers will learn more about the Wake County community, WCSS accomplishments in FY 2007-08, the challenges faced by WCSS staff, volunteers and Partner agencies, and opportunities for future growth.

OUR COMMUNITY

Children

According to the NC State Demographer, Wake County is the second most populous county in North Carolina with an estimated population of 832,970 as of 2007. The population of children birth to five continues to represent a significant segment of the growing population. An estimated 77,165 children birth to five resided in Wake County in 2007, a growth of more than 5% in a single year (NC State Demographer, 2007).

Although Wake County family income and education levels are higher than in many other counties throughout North Carolina, there remains a significant percentage of families with young children who have limited resources. The Wake County Public School School System (WCPSS) reports that 33% of all elementary school students were eligible for free or reduced lunch in 2007. In addition, over 23,000 children birth to five were eligible for Medicaid, representing almost 30% of children birth to five. Furthermore, the special language needs of young children continue to be significant. Despite a small decrease from 2006, over 12% of all children entering Kindergarten in the 2007/08 school year were identified as having Limited English Proficiency, representing 1,406 children (WCPSS).

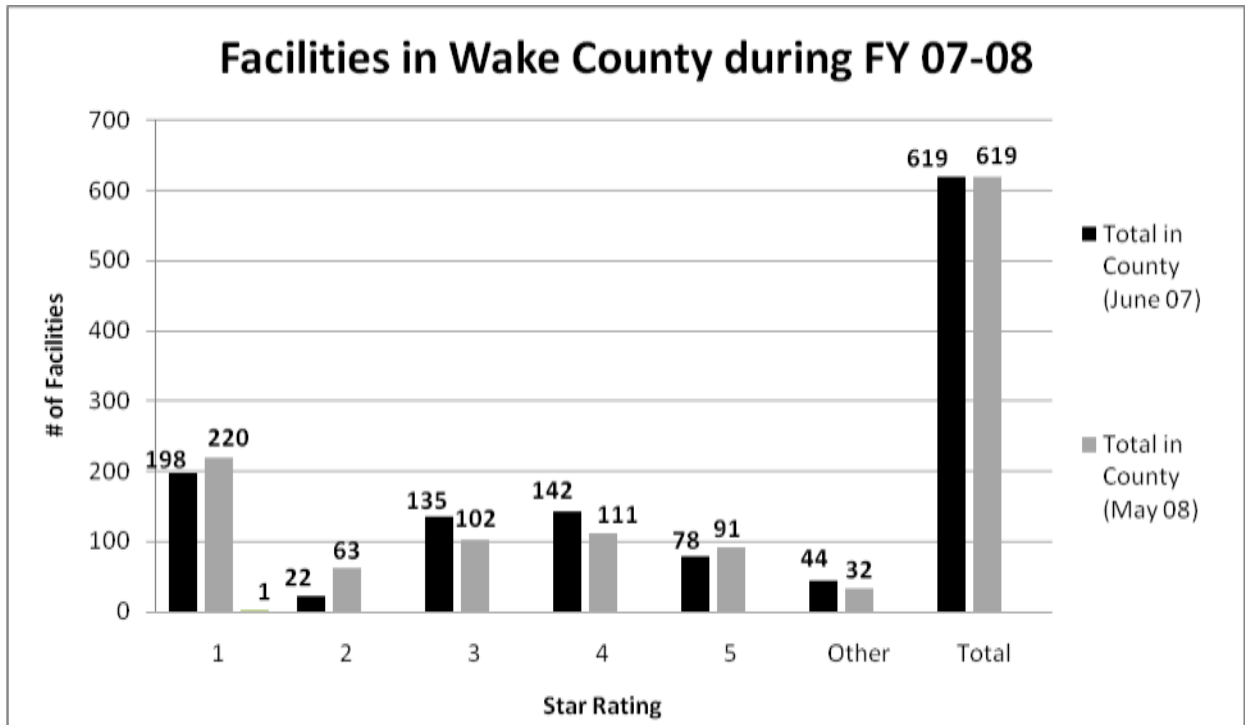
Child Care

Although the number of children in child care varies throughout the year, approximately 19,600 were enrolled in regulated child care as of January 2008, representing an 11% increase over last year (DCD). The percent of children birth to five in child care remained roughly the same with approximately one of every four children birth to five in regulated care.

The cost of care in Wake County continues to be very high, with average monthly cost of high quality care ranging from \$773 for 4 year olds to \$1,093 for infants (Child Care Services Association). Over 6,400 children were supported through child care subsidy assistance in FY2007/08, approximately a 7% increase over last year. Almost one in every three children in child care was helped with this support. For most of FY2007/08, the subsidy waiting list averaged approximately 2,400 children, roughly the same as in the previous fiscal year. However, despite serving increased numbers of children, by June 2008 the subsidy waiting list had grown to over 3,400, returning to the high levels of two years ago.

Child Care Facilities

There have been significant changes in the licensure status of many facilities during the FY2007/08 fiscal year. Although the number of licensed facilities has remained largely the same, the impact of the change in licensing requirements has been profound. Despite an increase in the number of 5 star facilities, this has been the first year in which the percentage of facilities with higher star quality ratings (3, 4 and 5 stars) in Wake County has significantly decreased, from 62% at the beginning of the year to 52% at the end of the year (DCD). After years of a steady increase in the percentage of higher star quality ratings, the full implementation of a new licensing system, with a stronger emphasis on teacher education and program standards, appears to have created significant challenges with regard to improving quality as measured by star rating. The chart below identifies the changes in star rating status from June 2007 to May 2008.



WHAT DID WE ACCOMPLISH?

Community Impact - Performance Based Incentive System (PBIS)

Performance based standards have been utilized by WCSS for seven years, as a way for assess the impact of funded programs on community indicators. Since the development of these standards by the North Carolina Partnership for Children (NCPC), WCSS has made significant progress in meeting or exceeding almost all of them (see charts on following pages). For FY07/08 WCSS chose a new standard, *% of children receiving subsidy in regulated programs*, to replace the previous standard, *% of children in accredited programs*.

In FY2007/08 WCSS was accountable for meeting eleven (11) PBIS standards. Overall, WCSS:

- met or exceeded seven (7) standards
- did not meet one (1) standard
- was unable to determine progress in meeting two (2) standards for which data is currently unavailable
- one (1) was not applicable since no audit occurred

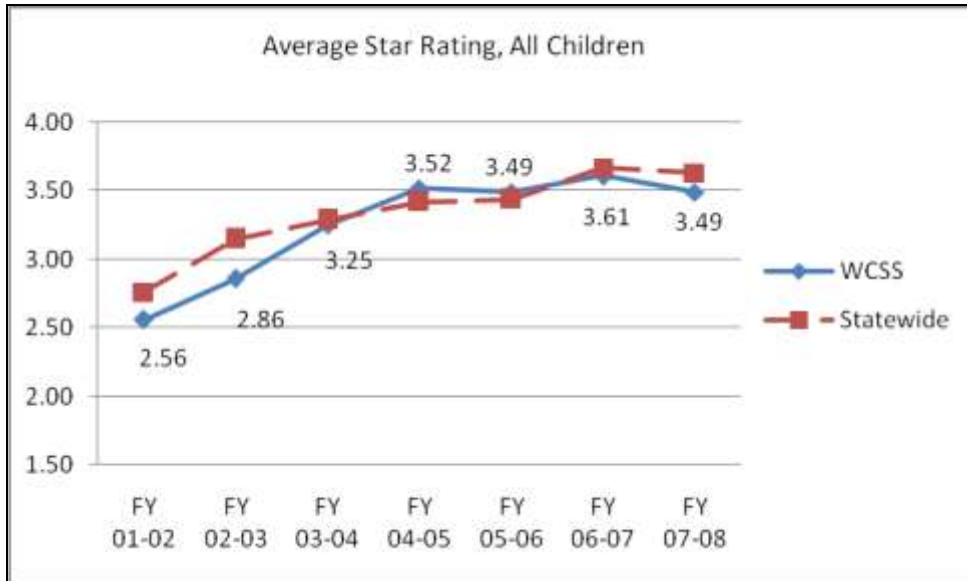
Of special significance is that gains made in the health area have increased or been maintained at consistently high levels. In addition, despite a slight decline in child average star rating, WCSS continues to exceed the high performing standards for all three average star rating standards. An opportunity for improvement continues to be in the area of Teacher Education, which increased by one percentage point this year but has been slightly below newly developed minimum standard for the past two years.

The table below summarizes the PBIS Results:

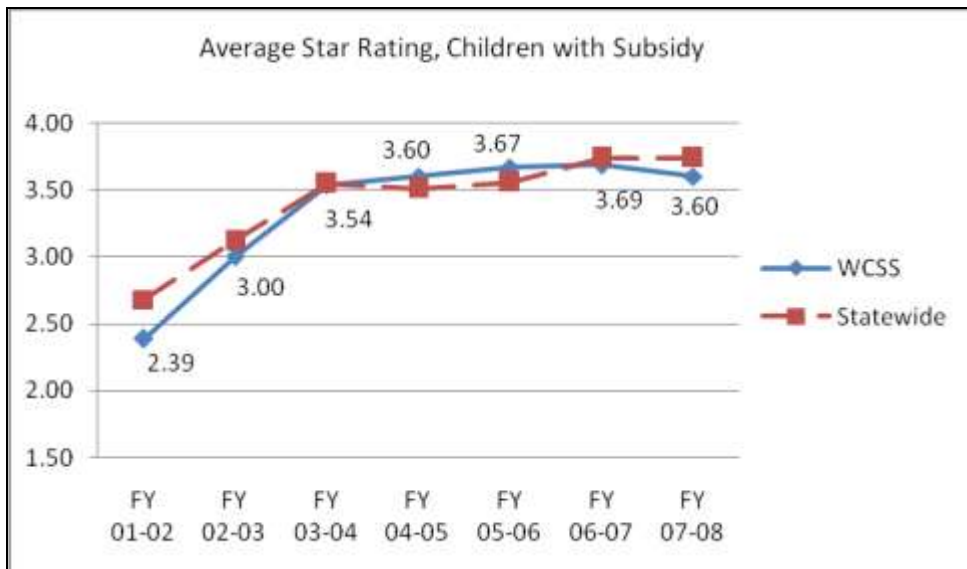
Minimum Standard	FY07/08	Status
A maximum of 1 audit finding	NA	NA, audit not performed during fiscal year
Avg. child star rating- 3.25 OR % children in 4 and 5 star facilities- 50%	3.49 55%	Exceeded High Performing Standard
Avg. child star rating-subsidy- 3.25 OR % children in 4 and 5 star facilities- 60%	3.60 61%	Exceeded High Performing Standard
Avg. child star rating-special needs- 4.0 OR % children in 4 and 5 star facilities- 75%	4.16 89%	Exceeded High Performing Standard
% children receiving Subsidy in Regulated Child Care Programs - >=90% (new standard for FY07/08)	100%	Exceeded High Performing Standard
% of families increasing literacy activities with their children- 60%	65%	Exceeded Minimum Standard
% of children in 1-5 star rated child care center with at least 5 lead teacher education points - >=60% OR % of children in 1-5 star rated child care center with at least 7 lead teacher education points - >=35%	53% 18%	Not met
Median salary 2 yr. degree teacher- \$9.14 AND Median salary 4 yr. degree teacher- \$11.43	Not available	NA
% of regulated centers with pd. sick leave- 70%	Not available	NA
% children B thru 2 receiving Early Intervention- 3% AND % children 3 thru 5 receiving Early Intervention- 3%	4.6% 4%	Exceeded Minimum Standard
% use of primary health care (Health Check)- 70%	76%	Exceeded Minimum Standard

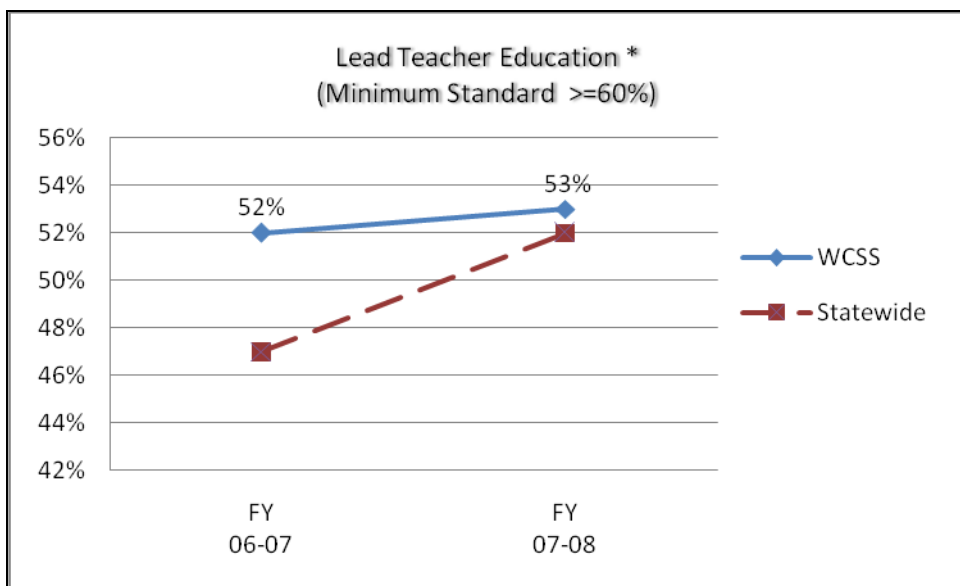
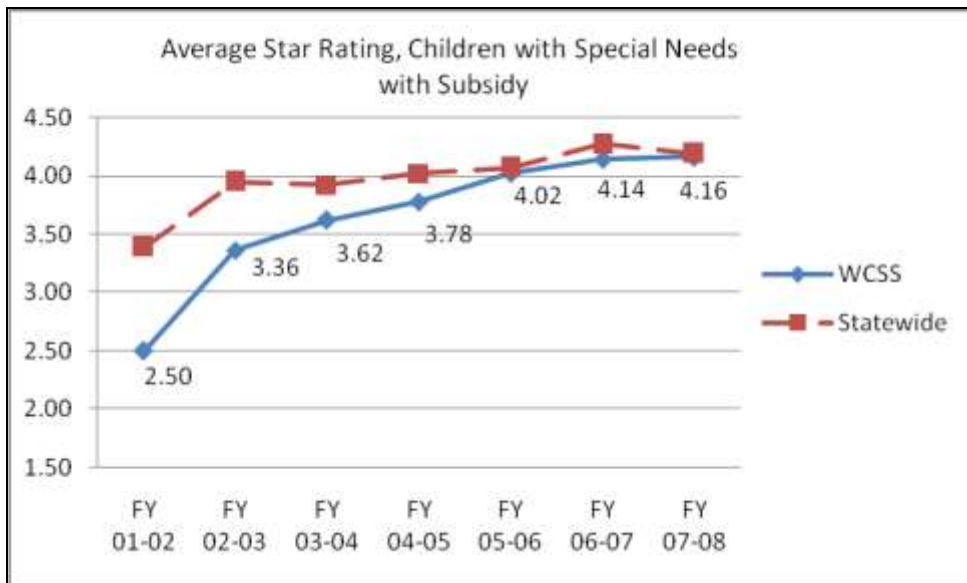
Trends in Growth

The following charts demonstrate the progress Wake County SmartStart has made over the past seven years in addressing some key performance measures contributing to children’s readiness for school.

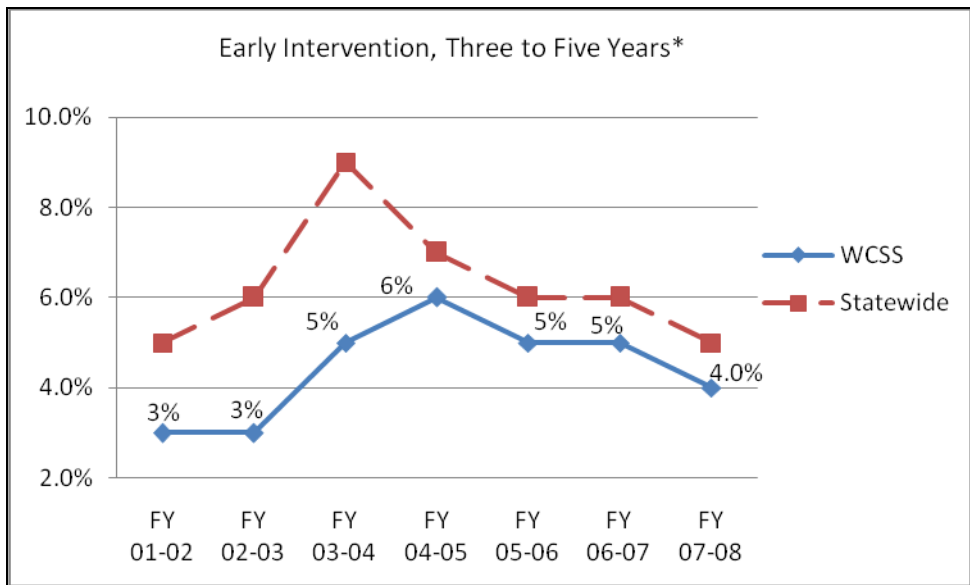
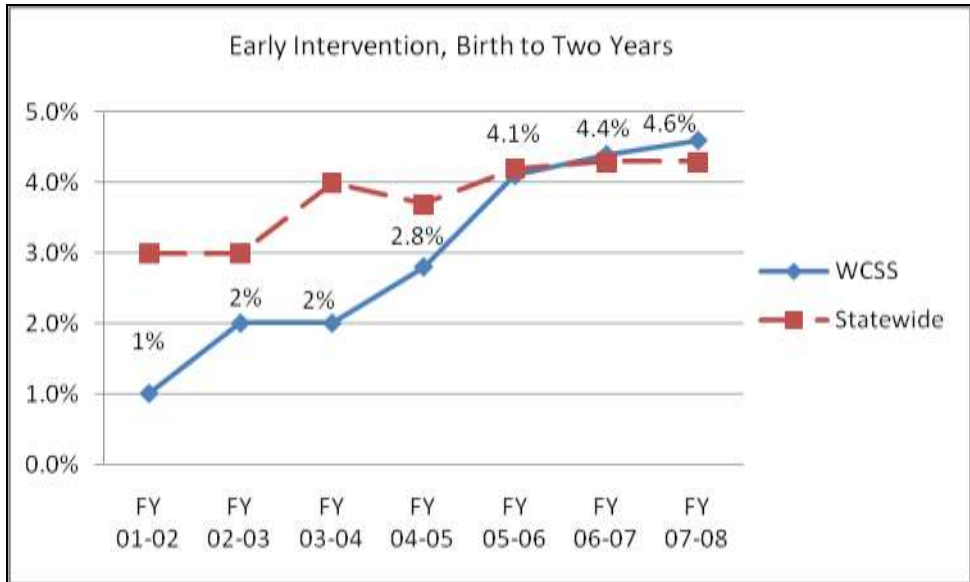


*FY 04-05 average star rated may have been inflated by including MAF children twice. Beginning in FY 05-06, NCPC was able to eliminate any duplication.

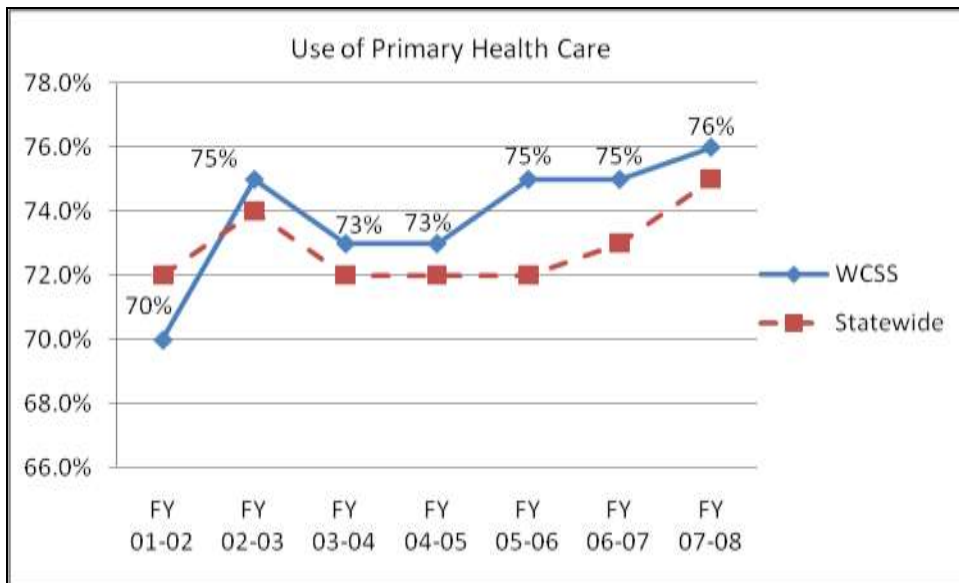




*In FY 06-07 the high performing standard was the percent of children in 1 to 5 star rated child care centers that had at least 4 lead teacher education points. Due to the conversion to the 2 component licensing system the FY 07-08 minimum standard is the percent of children in 1 to 5 star rated child care centers that had at least 5 lead teacher education points.



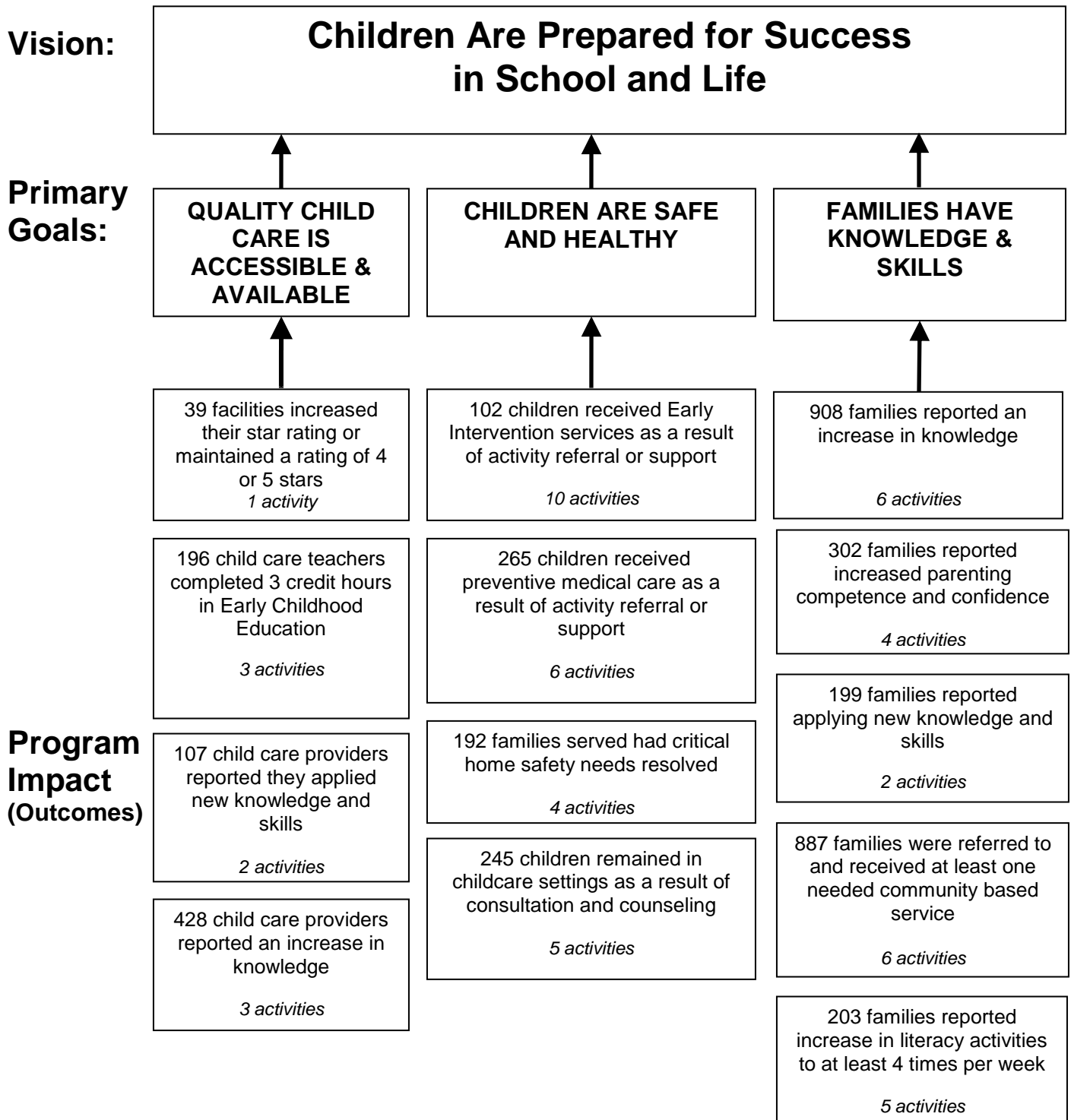
*Due to NCPD methodology change FY 05-06 and FY 06-07 results increased from 4% to 5% for both years.



Agency Wide Program Impact

In order to impact the well being of children in Wake County, funding was provided to 18 agencies that implemented 31 activities. Activities that addressed similar community needs were held accountable for meeting common program outcomes, allowing WCSS to determine the cumulative impact of these activities. The chart on the following page presents results of some of the common outcomes reported by community partners and the broad goals they relate to. For each program outcome, the number of funded activities contributing to its impact is identified.

Wake County SmartStart Vision, Primary Goals and Program Impact



WHOM DID WE SERVE?

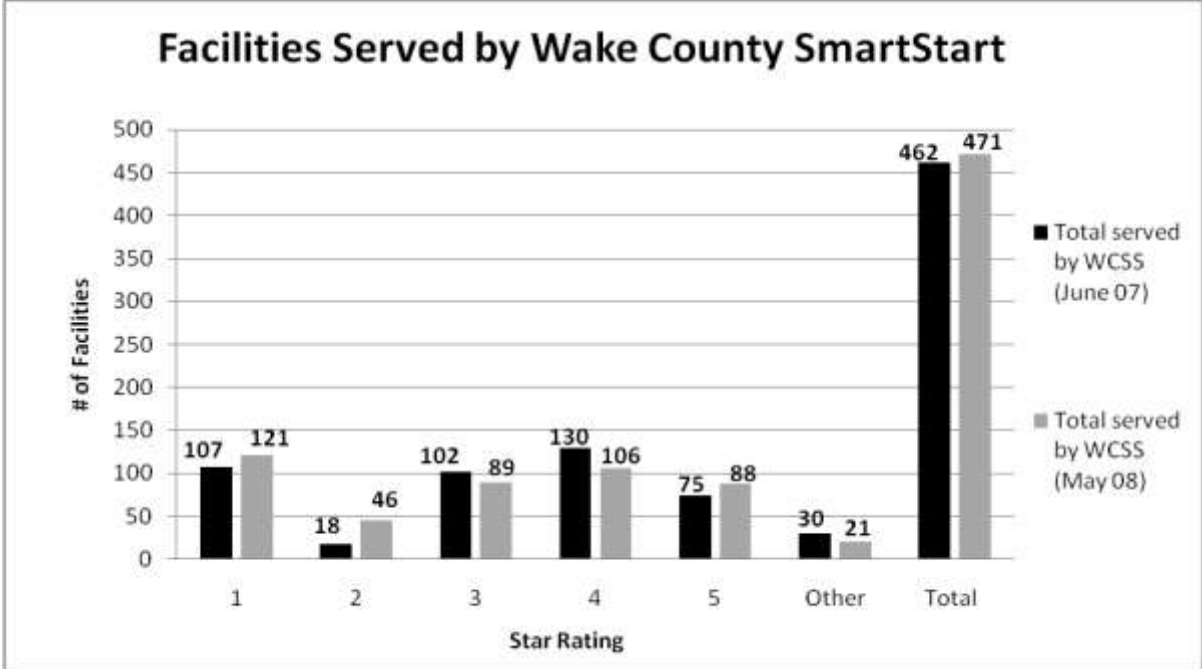
To achieve our goal of preparing children for success in school and in life, Wake County SmartStart activities provide services to varying populations, including child care facilities, child care providers and children/families. The following sections describe in more detail who was served by WCSS activities in FY 2007-08.

Child Care Centers and Homes

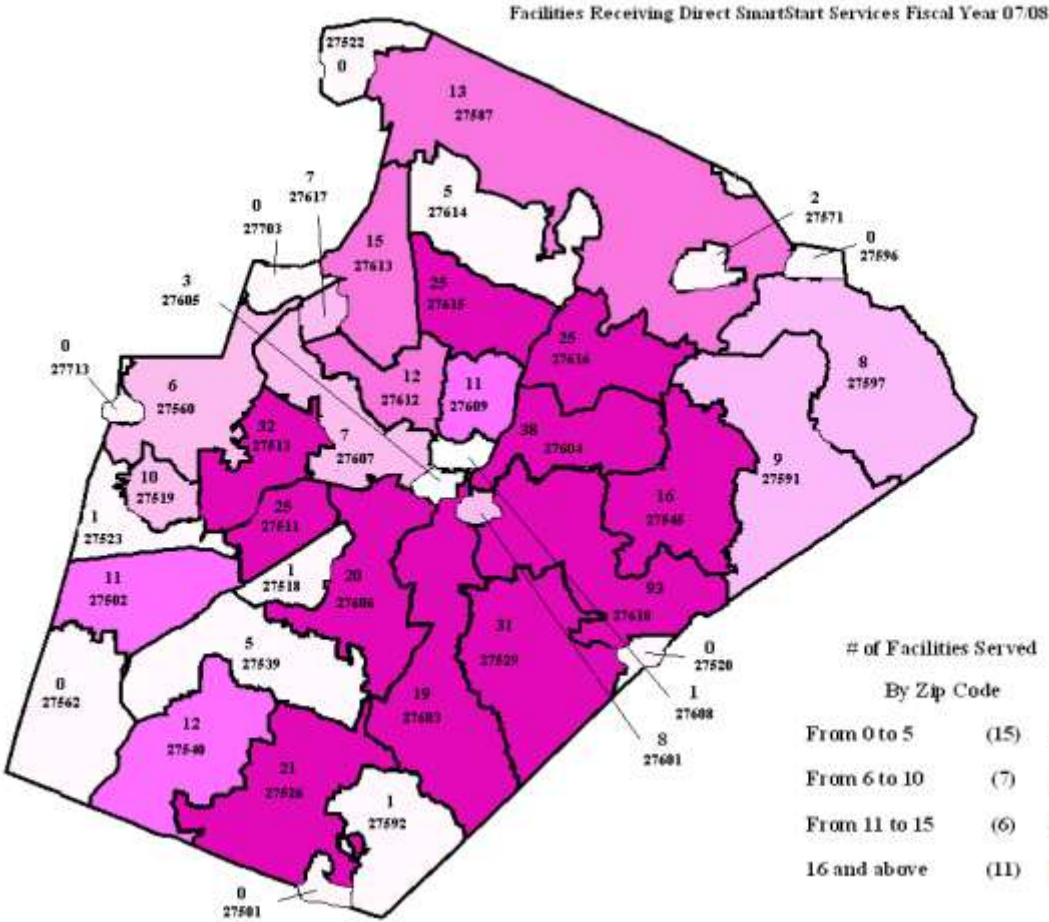
High quality early learning environments and a high level of teacher knowledge and skills have a positive impact on children's development and school readiness. Therefore, improving the quality of child care as well as teacher knowledge and skills continues to be a primary goal of Wake County SmartStart. In FY 2007-08, 14 activities were funded to provide a range of services to child care facilities. Some facilities received support directly related to improving their quality through classroom technical assistance and professional development training and support. Others benefited from specific consultation in the areas of child health and development. Five activities specifically addressed the social/emotional needs of children in child care.

In FY 2007-08 Wake County SmartStart served more than 72% of regulated facilities in the county, serving 494 of the 682 regulated by DCD at any point in FY2007/08. (These numbers are higher than the month point in time numbers reflected in the following chart, and on page 6 because some facilities dropped out of the system and some new facilities were added).

The following chart shows the change that occurred in the licensure status of the facilities served by at least one WCSS activity during some point in the fiscal year. The pattern of change is similar very to the change in all facilities in Wake County as reflected in the chart on page 6.



The following map identifies where in Wake County the facilities were served:



In FY 2007-08, nearly 7 of every 10 facilities served were impacted by more than one WCSS activity. This generally reflects the diverse needs of facilities and their participation in different types of activities identified below.

Type of Activity	Facilities Served
Child Care Quality/Professional Development Consultation and Training	181
Health Consultation and Training	382
Social/Emotional Development Consultation and Training	143

Child Care Providers

The quality and stability of the early care and education workforce is of critical importance in assuring children receive the highest level of care possible. In FY2007-08 WCSS served **3,690** child care providers. This represents **83%** of the approximately 4,461 child care providers who work with children birth to five in Wake County (CCSA). Early learning experiences are enhanced when child care providers have the tools they need to provide a stable nurturing environment for the children in their care. Because of this, the fourteen activities funded by WCSS that served facilities also impacted child care providers. These activities provided a variety of services to enhance the knowledge and skills of child care professionals and improve child care environments.

- In order to enhance the knowledge, skills and practices of the child care workforce, **2,366 or 53% of child care providers in Wake County** were directly served by activities that provided training and technical assistance.
- In order to reduce turnover and promote consistency in caring for young children, **859 or 19% of child care providers in Wake County received salary supplements** to support continued employment in the same facility.
- In order to increase the education level of the child care workforce to promote higher quality early learning experiences, **496 or 11% of child care providers in Wake County received professional development training or consultation.**

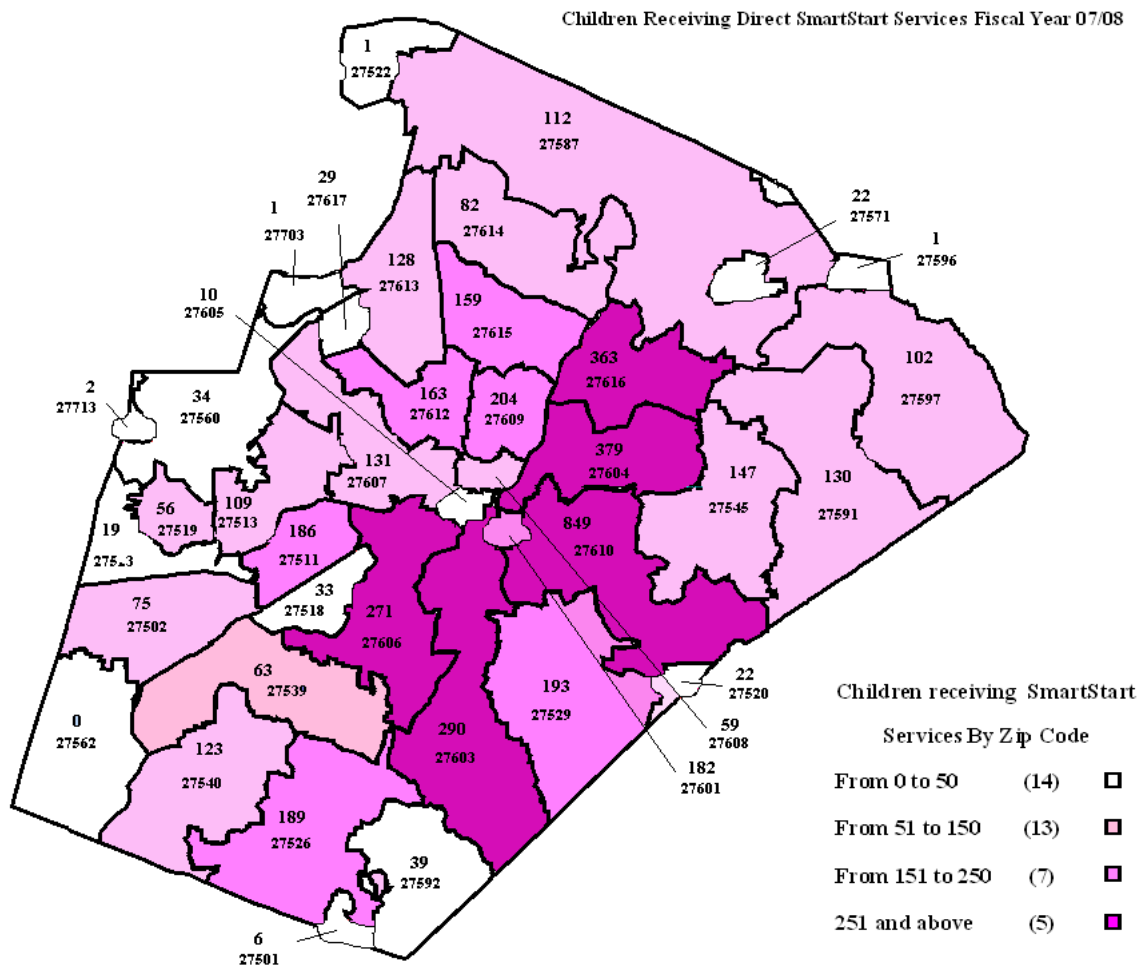
Children/families

To address the child and family goal areas, WCSS funded **twenty-four (24)** programs that provided direct services to children and families. **In FY 2007-08, 5,106 children were directly served by at least one WCSS activity.** *(Note - "Directly served" includes children served primarily with health and family support activities and does not include children served through child care quality enhancement, child care subsidy or early care and education activities.*

Specifically:

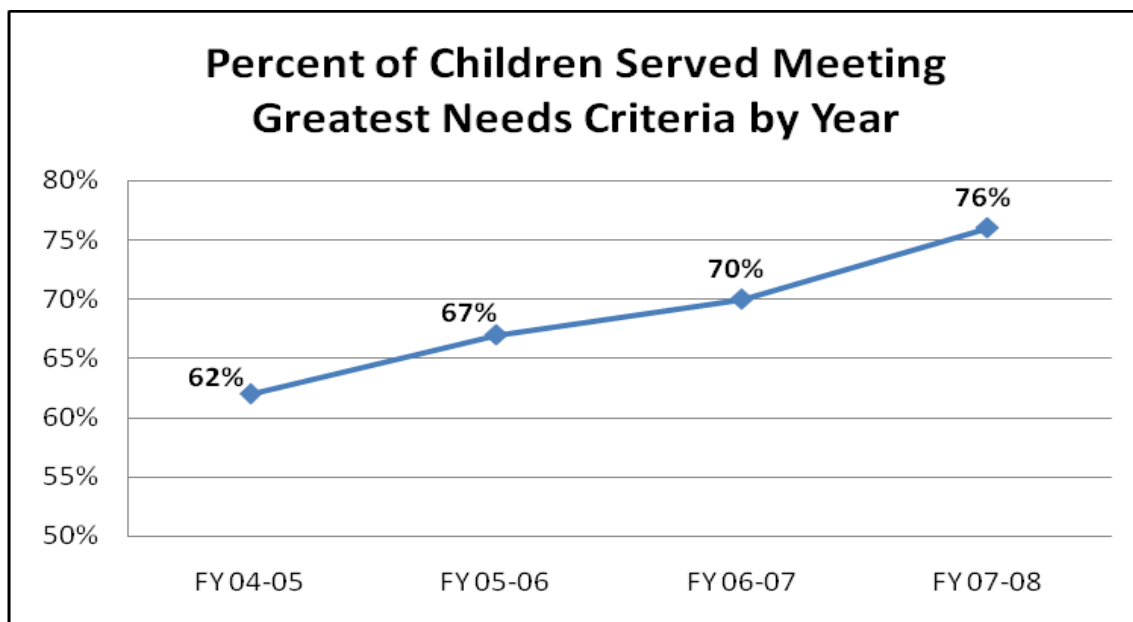
- **781 children** were impacted by intensive home visiting services.
- **615 children** were served through activities that promoted healthy child social/emotional development.
- **319 children** were impacted by activities that improved family literacy.
- **1,494 children** received developmental or speech/language screenings.

The following map identifies where the children were served throughout Wake County:



Research has shown that a disparity in education and health outcomes exists between children from economically disadvantaged families and those from more economically stable families (RAND 2005). WCPSS Kindergarten Initial Assessment data indicate

that a significant gap exists in the developmentally expected levels of readiness skills between children who receive free and reduced lunch benefits and those who do not. (WCPSS). In order to make the most significant impact, WCSS targets services to those with limited financial resources – defined as children with “greatest needs” by the WCSS Board of Directors. **In FY 2007-08, WCSS served 3,872 children meeting greatest needs criteria, 76% of the total number of children served.** As indicated in the graph below, this represents a 14 percentage point increase over the past 4 years and indicates that funded activities have successfully increased their efforts to serve this population.



To address the rapidly growing population of non-English speaking families with young children in Wake County, WCSS has developed activities with capacity to serve this population. In total, more than 28 languages were identified by the families of the children directly served by WCSS. **In FY 2007-08, 2,232 (44%) children served lived in families that preferred a language other than English.**

In addition to the direct services to children and families provided by WCSS activities, child care subsidy was provided to make high quality child care available to children and families. Child care subsidy payments were made directly to 3, 4 and 5 star facilities for families meeting eligibility requirements. In addition, particularly vulnerable children, such as those who were homeless or have special needs, benefited from improved access to high quality care through the support of child care subsidy. **In FY 2007-2008, 2,408 children benefited from child care subsidy support through WCSS, an increase of almost 3% over last year.**

To help cover the increased cost of quality, additional funding was provided to supplement the subsidy reimbursement rate for higher quality facilities. In total, **347 3, 4**

and 5 star facilities benefitted from subsidy bonus enhancement payments, impacting **5,865** children (DCD). This reflects a 3% increase in facilities and an 18% increase in children over last year. **Over 93% of all 3, 4 and 5 star facilities in Wake County benefitted from subsidy bonus enhancement payments, impacting almost 91% of all children receiving subsidy.**

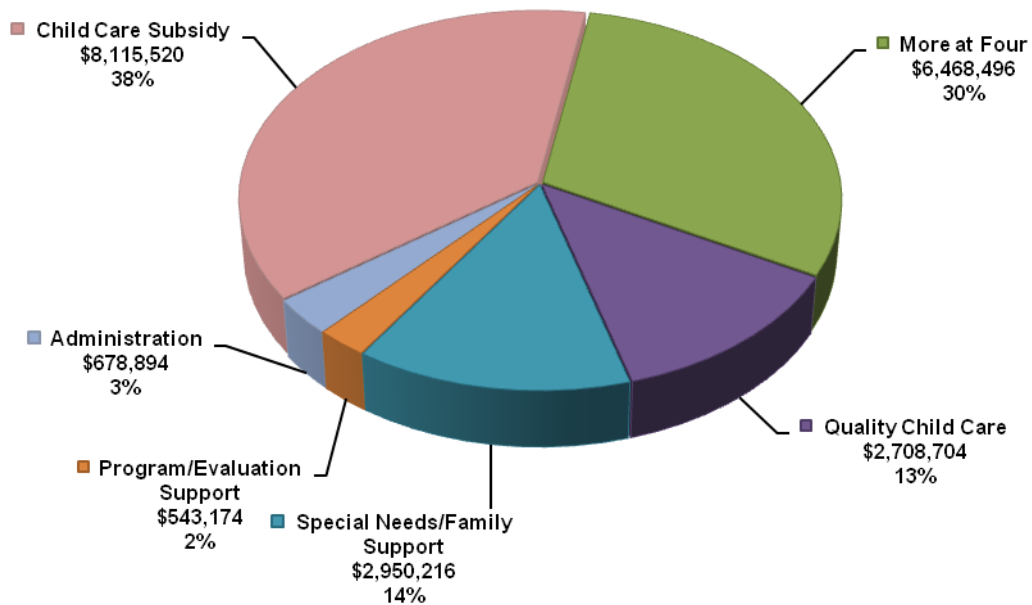
WHAT WAS THE FINANCIAL INVESTMENT?

Two significant sources provided funding for WCSS activities during FY 2007-08. The Smart Start grant, received from the NC Department of Health and Human Services passed through to the NC Partnership for Children, allocated **\$17,688,188** to Wake County SmartStart, and the Office of the Governor provided funding in the amount of **\$4,163,004** for the More at Four Pre-Kindergarten Program. Together with private donations and other funds, these fiscal resources, totaling over **\$21,000,000**, addressed the following needs in our community:

- Improvement in the early care and education of young children
- Access to early intervention and health services for families with young children
- Strengthening of family knowledge and skills
- Quality child care
- Pre-kindergarten services for at-risk children (This year, combined SmartStart and More at Four resources funded **970** slots in the childcare community for at-risk 4-year olds.)

Funding for the Smart Start grant has remained consistent over the past five fiscal years with no significant increase or decrease in allocation. Cash and in-kind contributions reported for this fiscal year totaled **\$2,218,479** evidencing community support for our mission and the better utilization of limited resources.

Wake County Smart Start, Inc. - Expenditures FY 07/08



SUCCESSSES AND CHALLENGES

WCSS has provided services to children and families in Wake County for over twelve years. The success of the agency can be measured by the impact of services and community collaboration.

- Since 1997, Wake County SmartStart has committed itself to ensuring Wake County's birth through five-year-old population is prepared for success in school and in life. During fiscal year 2007-08, the third year of a three-year funding cycle, WCSS invested over \$21 million in 18 local partner agencies who in turn delivered services through 31 community programs. All services targeted Wake County's at-risk children, birth through five, and their families. Through direct and indirect services, WCSS and its partners served more than 5,100 children and their families.
- Of the 5,100 children served through community agencies and collaborative efforts, 76% met our greatest needs criteria (surpassing the goal of 70%). "Greatest need" is indicated by significant concerns (for child and/or parent or guardian) that will have a negative impact on a child's well-being and school readiness, as well as documented limited family resources. Thus, over 3,870 children who met the criteria established by the Board of Directors benefitted from WCSS funding. Of these, 44% were living in households where a language

other than English was spoken and 50% were not already receiving care in a licensed child care facility.

- Community stakeholders worked together to simplify the application and enrollment process for pre-Kindergarten programs. Wake County families of 4-year-old children are able to apply for all county-wide pre-kindergarten programs – More at Four, Head Start, Wake County Public Schools' Title I Pre-K, and Child Care Subsidy – with just one application. When families fill out one “universal” application, children can be considered for all four programs. In addition, participating agencies collaborated to provide developmental screenings to approximately 1,000 children. This collaborative effort improved the efficiency of the enrollment process and improved outcomes for young children and families.
- In its role of community change catalyst, WCSS brought together local leaders and organizations to identify and address community-wide issues which have an impact upon young children. Since 2001, Wake County SmartStart has been an active participant in Wake County’s Young Child Mental Health Collaborative (YCMHC). The YCMHC consists of public and private sector professionals who volunteer their time and expertise towards increasing the capacity of our community's mental health services for young children. This year the group identified gaps and needs in the mental health system, mobilized resources, and increased awareness of child mental health issues. Supported by WCSS funding, the YCMHC developed and implemented a series of trainings for families and professionals across disciplines and settings. YCMHC also partnered with Representative Verla Insko of Orange County, Chair of the NC General Assembly Committee on Mental Health Reform, to begin formulating plans to best reach and include other legislators who have expressed interest in improving the mental health system for young children.
- Additional resources were leveraged through WCSS’ collaboration with community experts and stakeholders to bring two evidenced-based programs – Nurse-Family Partnership (NFP) and Nutrition and Physical Activity in Child Care Programs (NAP SACC) – to Wake County. Nurse-Family Partnership, a statewide initiative, has been shown to dramatically improve the health and well-being of low-income, first-time parents and their children, including improved parenting skills, reduced risk for child abuse/neglect and improved school readiness. The NAP SACC program is an intervention in child care centers to improve the environments and practices of nutrition and physical activity for young children.
- For over 10 years, WCSS has been involved with Wake County Local Interagency Coordinating Council (LICC), which works with parents, caregivers, public agencies, private and non-profit organizations and interested community members or organizations to promote a coordinated and effective early intervention system for children from birth to five years in Wake County. In 2007-08, an LICC-sponsored survey identified the training needs of professionals and

families as a community-wide priority. In response to the identified needs, WCSS staff worked with the staff of TelAbility to upgrade teleconferencing units in community sites. The upgraded units will provide confidential teleconference medical visits for families and expanded training opportunities for professionals. In addition, the LICC hosted quarterly resource fairs for families which introduced parents and caregivers to resources for their young children with disabilities.

- Internally, WCSS' Board of Directors identified criteria and a data source with the potential to more effectively track the progress the agency is making to ensure children are prepared for success in school and in life. The Wake County Public School System Kindergarten Initial Assessment (KIA), conducted by teachers over the first few weeks of kindergarten, was identified as an appropriate resource for baseline tracking data. The indicators to be tracked will focus on the needs of children who qualify for the free and reduced lunch program in the areas of literacy, social interaction and communication. Tracking these percentages will provide an understanding of the effectiveness of our funded programs over time.

As we look to the future, WCSS Board of Directors, community volunteers, partner agencies and staff anticipate challenges to achieving WCSS' mission of preparing children for success in school and in life. Challenges which face Wake County include:

- **Uncertainty of funding in future fiscal years** – Given the prediction of economic instability within North Carolina, WCSS's current level of funding is uncertain. Although the potential for decreased funding to WCSS certainly exists, the potential for significant increases in demand for services for young children and their families is likely. As service dollars decrease, WCSS must make difficult decisions about the allocation of limited resources.
- **Waiting lists for services which impact children's school readiness** – Multiple factors, including the growth in the number of families moving into Wake County each year, contribute to the length of waiting lists for services. Many WCSS-funded programs including the More at Four program and child care financial assistance program (Subsidy) maintain waiting lists. Children with mental health and developmental concerns must be identified at the earliest age possible in order to maximize the effectiveness of intervention and minimize later developmental delays and disabilities. Significant waiting lists place additional stress upon families, especially those with limited resources. Children who must wait to receive critical services are less likely to be prepared for school success.
- **Need to address the rising cost of child care** – Critical to ensuring Wake County's children, birth to 5, are prepared for success in school and life is addressing the issue of child care costs, particularly for low- and middle-income working families. Not only are more children in Wake County being placed in child care, but the cost of child care continues to climb with average monthly

costs ranging from \$773 for 4-year-olds to \$1,093 for infants (Child Care Services Association). Research indicates that a high-quality child care program increases the enrolled child's readiness for Kindergarten. Research also indicates that employers benefit from high-quality child care. When employees' children are enrolled in quality child care settings, the parents' work environment becomes secure and stable and parents are more productive, creating a positive situation for children, parents, and employers.

There is more work to be done! WCSS Board of Directors and staff remain confident that the strength of community collaborations described in the following pages of this Final Activity Report will result in continued progress in preparing young children for success in school and in life.

Wake County SmartStart
Funded Programs
July 1, 2007 – June 30, 2008

Activity Name: Child Care Financial Assistance for Families [Subsidy]

Agency Name: Wake County Human Services

years funded: 6 (Total of 11 years through another agency)

Activity Abstract: This activity will provide child care subsidy for families earning less than 75% of the state median income, families with children with special needs, and homeless families. Parent educators and case managers will provide information in person and by phone about quality child care, star licensing, child development, community resources, and referrals prior to subsidy certification/recertification and upon request. Case managers will assist families in applying for subsidy and provide ongoing case management. Reimbursement technicians will manage subsidy payments based on Tiered Market Rates (TMRs) to regulated child care facilities where eligible children attend. This activity will also provide quality enhancement payments for care of children receiving subsidy in higher quality facilities. Enhancement payments will be made on the basis of the Tiered Market Rate if the private pay rate is higher, or on the basis of the private pay rate if it is lower; and will be applied using graduated percentages based on facilities' star license levels. A Memorandum of Understanding (MOU) between Wake County SmartStart and the local provider will be established in lieu of a contract. The local provider will maintain a contract with the Division of Child Development in order to administer these funds.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$8,115,520	\$8,115,520	\$859,459	11%	10

How many services were provided?*

Not applicable for this activity

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of children receiving child care subsidy	1850	2272	123%
# of children with special needs receiving child care subsidy	115	136	118%
# of children impacted by subsidy enhancement payments	NP	5865	NA
# of centers/homes impacted by subsidy enhancement payments	NP	374	NA

How were services delivered?

Target Population	<p>The target population for this activity included:</p> <ul style="list-style-type: none"> Families at or below 75% of the state median household income that need child care for children birth through five years not yet enrolled in kindergarten. Families with children with special needs that need child care for children birth through five years not yet enrolled in kindergarten Families that are homeless and need child care for children birth through five years not yet enrolled in kindergarten
Services	<ul style="list-style-type: none"> Subsidy case management services, including application, certification and re-certification, and ongoing management of subsidy funding for each child/family Consistent education regarding choosing quality child care for each parent applying for financial assistance Child care subsidy payments for care for typically developing children in regulated child care centers and family child care homes in accordance with the Tiered Market Rates, mandating the use of all non-administrative funding in three,- four,- and five-star facilities Quality enhancement payments for care for children receiving subsidy in higher quality centers and homes Services were provided as described in the Memorandum of Understanding developed by Wake County SmartStart and the provider who is awarded the contract

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Manner/ Location	<ul style="list-style-type: none"> Services are rendered on site and at five satellite sites. The Eastern, Northern, and Southern Regional as well as Swinburne site and a new site in Western Wake
Staffing	<ul style="list-style-type: none"> 10 FTE direct service staff at start of FY06-07; 3.0 FTE vacancies in December 07, but by the end of FY 06-07 all vacancies were filled. Staff met education/experience requirements
Intensity	<ul style="list-style-type: none"> N/A
Collaboration	<ul style="list-style-type: none"> Staff collaborates in the following: QE collaborative, 10-Year Plan to End Homelessness, CCSA, More @ 4, WCSS's Program Planning Committee

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
Average star rating for all child placements for children receiving subsidy with WCSS funding will be at least 4.0	4.0	4.08	.08 increase
Average star rating of child placements for children with special needs receiving subsidy with WCSS funding will be at least 4.0	4.0	4.30	.30 increase
% of all families receiving comprehensive parent education will report increased knowledge regarding choosing quality child care as a result of program activities	65%	57%	345 of 604
% of children with Special Needs will be in 4 or 5 star centers	80%	82%	112 of 136

A Success Story

A single parent with a preschool age child and a school age child met with her childcare worker to apply for childcare assistance. The family was homeless and residing at Interact Shelter, which provides temporary shelter assistance for homeless families. The client needed childcare so she could look for employment and transition to permanent housing. The client met with her childcare worker and was given information pertaining to finding a quality childcare facility. The family was approved for a voucher. The mother placed the child in a 3 star rated facility. The mother indicated without the assistance from the childcare services facility she would not have been able to select a quality facility for her child to attend and without the voucher be able to afford the payment to the facility. The mother is now employed and is in the process of transitioning out of the shelter to permanent housing.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Consultation and Support for Children with Special Needs (CPI)

Agency Name: Community Partnerships, Inc.

years funded: 12

Activity Abstract: This activity will serve children in child care; for those children served who are not in child care, referral to child care services will be made as appropriate. Services will include: consultation to child care providers and families to improve classroom functioning of children in child care who have developmental, behavioral and social/emotional concerns; counseling and education to address parental concerns with regard to developmental, behavioral and social/emotional concerns of their young children, and referral to early intervention services as appropriate. Staff will have child development and inclusion knowledge. This activity will be part of the mental health collaborative group and coordinate with other Wake County SmartStart Partners to integrate delivery of services in order to optimize resources and prevent duplication.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$272,748	\$239,444	\$29,777	11%	4.97

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of face to face or substantive documented telephone consultations with families/child care providers	1215	2215	182%

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of children served	120	135	113%
# of family caregivers served	NP	135	NA
# of total unduplicated child care providers served	NP	492	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> Children in childcare with a suspected delay or disability, and in danger of losing their placement in childcare due to significant behavioral concerns 28.1% of children served met greatest needs criteria; Requirement was 50%
Services	<ul style="list-style-type: none"> Rapid response consultation services provided within 48 hours for children in crisis situations Family and child-centered teacher consultation provided to help with developmental, behavioral, and social-emotional issues Counseling, consultation, and education provided for families who have a concern about their child's development and/or behavior Provided culturally competent and diverse services
Manner/ Location	Consultations with providers occurred in the child care center, as did provider trainings Parent consultations occur frequently via telephone, but documentation also showed meeting with parents face to face to assist with challenging situations (i.e. transitions)
Staffing	<ul style="list-style-type: none"> 4.58 FTE direct service staff (3.58 FTE staff provided inclusion services) All staff met educational/experience qualifications
Intensity	<ul style="list-style-type: none"> Each child benefited from an average of 16.4 consultation contacts with families and providers
Collaboration	Activity staff documented referrals to CDSA, WCPSS as needed, and participated in IFSP/IEP meetings Activity staff documented collaboration with SmartStart partners, including Project Enlightenment and Secure Path <ul style="list-style-type: none"> Activity staff regularly attend meetings of the WCSS Mental Health Collaborative

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all children served without IFSP/IEP at enrollment will be referred for a developmental evaluation based on formal or informal screening information.	12%	33%	32 of 97
% of all children who do not have IFSP/IEP served not already identified will receive a developmental evaluation as a result of activity referral or support	10%	29%	28 of 97
% of all children served who do not have IFSP/IEP at enrollment will have an IFSP or IEP developed as a result of activity referral or support.	8%	16%	16 of 97
% of providers receiving at least four consultation and technical assistance contacts will report they have applied new knowledge and skills in working with children with special needs as a result of program activities.	85%	74%*	85 of 115
% of providers receiving training will report increased knowledge and skills as a result of the training (Duplicated count of providers, providers may have attended more than one training).	95%	95%	526 of 555
% of the children with special needs enrolled in child care facilities participating in this activity will remain in the same facility for at least 6 months or the natural end of each child's placement.	90%	68%	81 of 119
% of the child care facilities participating in this activity will have at least 50% of the children with special needs continue to be enrolled in the same facility for at least 6 months or the natural end of each child's placement.	90%	71%	46 of 65
% of children receiving at least four family-only face to face or substantive phone contacts will show improvement in the identified area of concern as a result of program activities as reported by family caregiver.	75%	83%	54 of 65

*82% (94 of 115) surveys completed; of surveys completed 90% (85 of 94) met measurement standard.

A Success Story

E. is 5 years old and attends a church preschool in his neighborhood. In September of 2007, E. was referred to CPI. E. had a history of intense and debilitating seizures, starting at the age of two. After many trials of antiseizure medication with no luck, E. had brain surgery in an effort to find the cause of the seizures and prevent any future ones. E. was 3 when he had his surgery.

Fortunately, the surgery did lessen the intensity and frequency of the seizures, however, as a result, E. has partial right side paralysis. He has right side weakness in his leg (for which he wears a splint), and he cannot open or use his right hand. He struggles to see out of his right eye, especially with his peripheral vision. He has trouble focusing on and being attentive to tasks, and when he is tired, his speech is slurred and slow. E. has received private speech and occupational therapy, and physical therapy to help strengthen his body. His family have been wonderful advocates and have diligently sought out any support that would help E. be successful. However, in his preschool, E. was still struggling to navigate his way through his classroom, to make social connections, and to complete any kind of fine motor tasks typically offered in preschool (art, blocks, etc.).

CPI's Inclusion Specialist modeled strategies to help E., including modifying activities to keep his attention, showing his teachers ways to facilitate his ability to initiate friendships with other children, and designing accommodations to all the preschool activities involving fine motor skills so that E. gets as much practice as possible using his right hand. CPI's physical therapist provided consultation to the teachers and to the Inclusion Specialist, and added strategies to fully include E. in other aspects of the preschool's program, including circle time, playground time, and music time. E. has made tremendous strides with making friends and participating in teacher directed activities. He has even become somewhat of a daredevil on the jungle gym outside. Through the support of CPI's services, E. has had a wonderful year. His teachers and parents are very proud of his accomplishments, but most importantly, E. is very proud of himself!

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Consultation and Support for Children with Special Needs (PE)

Agency Name: Project Enlightenment – Wake County Public Schools

years funded: 6

Activity Abstract: This activity will serve children in child care; for those children served who are not in child care, referral to child care services will be made as appropriate. Services will include: consultation to child care providers and families to improve classroom functioning of children in child care who have developmental, behavioral and social/emotional concerns; counseling and education to address parental concerns with regard to developmental, behavioral and social/emotional concerns of their young children, and referral to early intervention services as appropriate. Staff will have child development and inclusion knowledge. This activity will be part of the mental health collaborative group and coordinate with other Wake County SmartStart Partners to integrate delivery of services in order to optimize resources and prevent duplication.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$245,677	\$241,967	\$43,009	18%	2.597

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of face to face or substantive documented telephone consultations with families/child care providers	1200	1330	111%
# of group sessions facilitated	NP	30	NA

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of children served	220	219	100%
# of family caregivers served	NP	243	NA
# of child care providers receiving consultation and technical assistance	NP	131	NA
# of facilities receiving consultation and technical assistance	NP	42	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> Children 0-5(not yet in kindergarten) with special needs, including developmental, social, emotional, and/or behavioral concerns, or those at-risk children, their families, and child care providers for those who attend child care 54.8% of children served met greatest needs criteria; Requirement was 50%
Services	<ul style="list-style-type: none"> Rapid response consultation services provided within 48 hours for children in crisis situations Family and child-centered teacher consultation provided to help with developmental, behavioral, and social-emotional issues Provided culturally competent and diverse services
Manner/ Location	<ul style="list-style-type: none"> In the home of the child/family In various child care facilities/preschools Project Enlightenment Other community locations convenient to families Telephone consultations
Staffing	<ul style="list-style-type: none"> 2.3 FTE direct service staff Staff met all education and/or experience requirements
Intensity	<ul style="list-style-type: none"> Each child benefited from an average of 6.1 consultation contacts
Collaboration	<ul style="list-style-type: none"> Activity staff participates regularly in the Young Child Mental Health Initiative meetings LICC collaborative Collaborates with Learning Together/Itty Bitty Best Buddiez to provide parent support/education

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all children served without IFSP/IEP at enrollment will be referred for a developmental evaluation based on formal or informal screening information.	12%	12%	25 of 210
% of all children who do not have IFSP/IEP served not already identified will receive a developmental evaluation as a result of activity referral or support	10%	10%	21 of 210
% of all children served who do not have IFSP/IEP at enrollment will have an IFSP or IEP developed as a result of activity referral or support.	8%	8%	16 of 210
% of providers receiving at least four consultation and technical assistance contacts will report they have applied new knowledge and skills in working with children with special needs as a result of program activities.	85%	92%	22 of 24
% of the children with special needs enrolled in child care facilities participating in this activity will remain in the same facility for at least 6 months or the natural end of each child's placement.	90%	61%	56 of 92
% of the child care facilities participating in this activity will have at least 50% of the children with special needs continue to be enrolled in the same facility for at least 6 months or the natural end of each child's placement.	90%	67%	28 of 42
% of children receiving at least four family-only face to face or substantive phone contacts will show improvement in the identified area of concern as a result of program activities as reported by family caregiver.	75%	79%	92 of 117

A Success Story

In January 2007, the director of a childcare center was concerned about a three-year-old boy's development and behavior and referred him to Project Enlightenment's Consultation and Support for Children with Special Needs Activity (PIR) program. The director of the childcare center was not sure that the child's needs could be met in a regular program but agreed to allow the child to remain in the childcare center if his mother would consent to having a Teacher-Parent Consultant from Project Enlightenment involved. The mother reluctantly signed permission indicating that she would withdraw permission if the services were not right for her child.

Within a week of referral, a PIR Teacher-Parent consultant from Project Enlightenment observed the child in his classroom. He was very active, resisted moving from one activity to another, was unable to sit at group without a teacher sitting with him, and often tried to leave the group. The child's speech and language development were of concern, as he did not talk at school in more than one or two word sentences, and he did not appear to understand instructions. Nevertheless, he was a loving child, really made efforts to socialize with his peers, and took pride in his work when he could be successful.

When the PIR Teacher-Parent Consultant initially met with the child's mother and described what she observed, the mother became angry saying that the child's behavior at home was not as it has been described to be at school. The consultant then put her efforts into establishing a relationship with the mother rather than trying to convince her that her child had a problem. She showed the mother that she appreciated the child's many good qualities and could appreciate how much she had done for her child as a single parent. She won the mother's trust when she offered to partner with her to make sure the child succeeded. The Teacher-Parent Consultant indicated that she would work weekly with the teachers in the classroom to help them make sure the child felt successful.

The mother gradually revealed more of her own concerns regarding her child. She talked about her frustration about taking him to stores, as he often ran away from her or grabbed items off of shelves. She shared her worries that he would be placed in a program for behavior disordered children once he got to school and talked about her brother who had a very bad experience in such a classroom. The consultant provided information about the value of intervening early and helped the mother see how the child's behavior had as much to do with his delays in language development as it did with his social-emotional development.

Although the mother had concerns about having her son evaluated by the school system, she agreed to do so, but only if the consultant could be there with them. The consultant agreed and also accompanied the child's mother to the IEP meeting with the school system - where he was qualified for special services. Once the new school year began, the child would be assigned a speech / language therapist as well as an itinerant teacher who could visit his classroom twice weekly. The mother requested that during the summer, the consultant continue to work with the child's teachers and also continue working with her at home to help the child "learn" and "behave". So during the summer months, the Teacher-Parent consultant made regular home visits to demonstrate learning activities.

When the consultant spoke about appropriate discipline strategies to use with the child, the mother was receptive but shared that she had difficulty being patient. After two visits, the mother was much calmer with her son, and her expectations of him had relaxed in regards to what he was expected to do at his age. Both mother and child seemed to truly enjoy sharing learning activities. Towards the end of the second visit, the mother said smiling "I'm really trying to be more patient with my child, and it's getting easier." (The mother previously felt that she needed to be stern and somewhat harsh with him to get him to behave and have a positive attitude toward learning.)

After the child had been in his four-year-old class for two weeks, the Teacher-Parent consultant made an observation at the same child care center that had referred him. In the group context, she saw that the child had matured tremendously and was now able to shift with relative ease from activity to activity, stay focused on appropriate play for as long as twenty minutes, and also was able to sit with a group with just a few reminders from his teacher about where he needed to sit and how he needed to show that he is listening. His teacher expressed delight in his progress from how she saw him in his three-year-old class. With speech and itinerant services in place in the classroom, the PIR Teacher-Parent consultant will continue to work with the mother at home to further her understanding of developmentally appropriate activities to use with her son as well as to model appropriate ways to set limits.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Consultation and Support for Children with Special Needs (WCHS)

Agency Name: Wake County Human Services

years funded: 12

Activity Abstract: This activity will serve children in child care; for those children served who are not in child care, referral to child care services will be made as appropriate. Services will include: consultation to child care providers and families to improve classroom functioning of children in child care who have developmental, behavioral and social/emotional concerns; counseling and education to address parental concerns with regard to developmental, behavioral and social/emotional concerns of their young children, and referral to early intervention services as appropriate. Staff will have child development and inclusion knowledge. This activity will be part of the mental health collaborative group and coordinate with other Wake County SmartStart Partners to integrate delivery of services in order to optimize resources and prevent duplication.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$81,848	\$76,794	\$12,804	16%	1.5

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of face to face or substantive documented telephone consultations with families/child care providers	800	576 ¹	72%

1) Staffing level contributed to lower than expected output result.

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of children served	150	98 ²	65%
# of family caregivers served	NP	102	NA
# of child care providers served	NP	3	NA
# of children receiving developmental screenings from activity staff	NP	22	NA

2) Staffing level contributed to lower than expected output result.

How were services delivered?

Target Population	<ul style="list-style-type: none"> Children 0-5(not yet in kindergarten) with developmental, social, emotional, and/or behavioral concerns or children at-risk of having a delay in one of these areas, and their families and/or caregivers 91.7% of children served met greatest needs criteria; Requirement was 50%
Services	<ul style="list-style-type: none"> Rapid response consultation services provided within 48 hours for children in crisis situations Family and child-centered teacher consultation provided to help with developmental, behavioral, and social-emotional issues Provided culturally sensitive/appropriate services
Manner/ Location	<ul style="list-style-type: none"> Family's home Childcare center(when applicable) WIC office Sunnybrook Clinic
Staffing	<ul style="list-style-type: none"> 1.0 FTE at the start of FY-07-08 0.5 FTE started in January Staff met all experience/education requirements
Intensity	<ul style="list-style-type: none"> Each child benefited from an 5.9 consultation contacts with families and providers
Collaboration	<ul style="list-style-type: none"> Staff regularly attend meetings of the WCSS Mental Health Collaborative Staff make regular referrals to community agencies for services and resources

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all children served without IFSP/IEP at enrollment will be referred for a developmental evaluation based on formal or informal screening information.	12%	23%	23 of 98
% of all children who do not have IFSP/IEP served not already identified will receive a developmental evaluation as a result of activity referral or support	10%	12%	12 of 98
% of all children served who do not have IFSP/IEP at enrollment will have an IFSP or IEP developed as a result of activity referral or support.	8%	1%	1 of 98
% of the children with special needs enrolled in child care facilities participating in this activity will remain in the same facility for at least 6 months or the natural end of each child's placement.	90%	100%	4 of 4
% of the child care facilities participating in this activity will have at least 50% of the children with special needs continue to be enrolled in the same facility for at least 6 months or the natural end of each child's placement.	90%	100%	3 of 3
% of children receiving at least four family-only face to face or substantive phone contacts will show improvement in the identified area of concern as a result of program activities as reported by family caregiver.	75%	90%	26 of 29

A Success Story

EFNC received a referral for a 3 year old child who was having problems transitioning to preschool, he was being aggressive. He had never gone to school before. The child's father was sent to Iraq and mom had to go to go to work for the first time. EFNC worked with mom, preschool and dad (by satellite) in order to aid child with the aggressive behaviors that he was displaying in preschool. After several months, he was able to have successful days at preschool without aggressive behaviors towards his peers.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Early Childhood Education Faculty

Agency Name: Wake Technical Community College

years funded: 2

Activity Abstract: The Early Childhood Education Faculty activity will fund the equivalent of two full-time early childhood faculty at Wake Technical Community College (WTCC) to teach additional courses for each of the school semesters. This is intended to be a temporary arrangement until the Full-Time Equivalents (FTE's) generated by the Wake County SmartStart (WCSS) funded faculty positions are generated to fund WTCC faculty positions. Courses will be available to Wake County early childhood professionals who are seeking higher education in early childhood and will be offered at a variety of locations which may include the various campuses throughout Wake County. Wake Technical Community College will maintain an onsite computer lab for students in the Early Childhood Department to utilize for the completion of course work. Computer support staff will be available for students who may have questions or concerns. The computer lab will be located in the Early Childhood department with hours of operation convenient for students use.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$123,434	\$123,434	\$22,769	18%	2

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of additional classes provided	26	29	112%

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of direct teaching staff who enroll in and complete for-credit courses	160	226	141%
# of facilities employing staff who earn 3 credits with a grad of "C" or better	NP	124	NA
# of children in facilities employing staff who earn 3 or more credit hours with a grade of "C" or better	NP	9604	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> The target population for this project are early childhood professionals who are seeking higher education in early childhood
Services	<ul style="list-style-type: none"> Activity provided 20-25 additional early childhood classes
Manner/ Location	<ul style="list-style-type: none"> Classes are offered in various campuses throughout Wake County as well as on site
Staffing	<ul style="list-style-type: none"> 2 FTE teaching staff Staff met education/experience requirements
Intensity	<ul style="list-style-type: none"> The following classes have been taught since the implementation of this grant: EDU 144 Child Development I, EDU 271 Educational Technology, EDU 263 Developing School-Age Programs, EDU 153 Health Safety & Nutrition Hybrid, EDU 131 Child, Family, & Community, EDU 146 Child Guidance and Child Guidance Hybrid and EDU 119 Intro to Early Childhood Education and Early Childhood Education Hybrid.
Collaboration	<ul style="list-style-type: none"> Staff collaborates with Professional Development Counselors and Quality Enhancement Staff to support the development of class offerings to meet the educational needs of child care teachers in Wake County.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of direct teaching staff enrolled in for credit courses will earn at least 3 semester credit hours with a grade of 2.0 or better in early childhood or early childhood related courses within the current fiscal year.	75%	91%	205 of 225

A Success Story

"I have learned so much in this class! You know when I first signed up for classes I only did it because I had to. I have 4 children and I thought I knew everything about how to work with kids. Well, let me tell you I have learned a lot and I love coming to class."

This quote is from a child care provider who is enrolled in Child Development I at Wake Technical Community College. She began the semester with a much different attitude than what is reflected in her quote. On the very first night of class, she announced to the students and instructor that she knew everything about children and online classes. She volunteered to tutor anyone who was interested. (This section of Child Development is Hybrid; half of the class meets on campus and the remaining half is online.) The student made it clear to the class that she felt this class was a waste of her time.

Incredibly, her attitude began changing seemingly overnight. By the third class meeting, the instructor noticed the student quietly taking copious notes. The instructor also noticed how actively the student participated in the online discussions and completed the online assignments. The instructor was careful to include online assignments that were challenging and that encouraged students to use critical thinking skills. The instructor also included videos and websites for the students to view that provided practical ways to implement this new information in the typical child care setting. It became evident that this student was very interested in the material as she began to call and email the instructor several times throughout the week regarding the information shared in class and online.

One particular assignment really grabbed this student's interest and attention. For a few weeks the students were learning about prenatal development. One online assignment was to research factors that could have a negative effect on prenatal development. After conducting the research, students were asked to participate in an online discussion regarding the negative effects of smoking during pregnancy. This student was the first to participate in the online discussion. She eagerly shared her experiences with smoking during her pregnancies and the effects it had on her children. She expressed to the instructor, "I always thought my smoking is the reason why my child is the way she is. This assignment just proved I was right. I am so glad I could share my experiences and I really hope this helps someone else." From this point forward, this student's energy and excitement regarding the class has been outstanding. She is the first to arrive, the last to leave, and is constantly asking questions to expand her learning. She has enrolled in both summer and fall early childhood classes and has plans to earn her Associate's Degree in Early Childhood Education.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Education Based Compensation for Early Childhood Educators (Child Care WAGE\$® Project)

Agency Name: Child Care Services Association

years funded: 12

Activity Abstract: This project will provide salary supplements to eligible child care providers. Participants must work in regulated child care facilities, and earn less than \$16.75 for providers. Program counselors with a Bachelor's degree in Early Childhood Education or related area will provide enrollment assistance and eligibility verification to participants as needed by telephone. Supplements will be paid after each six-month period the participant completes in the same child care program. The program administrator will facilitate a committee comprised of community representatives that will support and advise this activity. Collaborative relationships with the North Carolina Division of Child Development and child care programs are also appropriate.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$1,293,000	\$1,293,000	0	0%	N/A

How many services were provided?*

Not applicable for this activity

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of child care providers issued supplements	N/A	1,091	N/A
# of child care centers where participating (paid) child care providers and directors work	N/A	202	N/A
# of family child care homes where participating (paid) child care providers work	N/A	95	N/A

How were services delivered?

Target Population	<ul style="list-style-type: none"> The target population for this activity was child care teachers and directors working with children birth to five in licensed child care centers and licensed family child care homes earning less than \$16.75 per hour. Participants must work at least six months in a child care program to be eligible for a salary supplement during that period.
Services	<ul style="list-style-type: none"> Annual recruitment to and education about this program to child care centers and homes from the Division of Child Development's list of licensed providers in Wake County. Ongoing enrollment assistance and eligibility verification for teachers and directors in child care centers and family child care homes. Follow-up employment confirmations for each participant completing six months in the program. Education based salary supplements for child care providers and directors. Payment schedules for applicants will be arranged individually based on eligibility and application date.
Manner/ Location	<ul style="list-style-type: none"> Enrollment assistance and eligibility verification for teachers and directors were provided by telephone. Staff also conducted 16 presentations in Wake County from June 15, 2007 to June 14, 2008. Salary supplement checks were mailed directly to participants.
Staffing	<ul style="list-style-type: none"> This is a state contract. WCSS provided funds for the salary supplements, but does not directly fund direct service staff.
Intensity	<ul style="list-style-type: none"> Checks were distributed throughout the year; individuals receive them biannually based on their 6 month commitment.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Collaboration	<ul style="list-style-type: none"> The program administrator facilitated a committee comprised of community representatives that will support and advise this activity. Collaborative relationships with the North Carolina Division of Child Development and child care programs are also appropriate.
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Note: Because this is a state-level contract between Child Care Services Association (CCSA) and the Division of Child Development (DCD), Wake County SmartStart does not provide typical on-site program monitoring. The above information is obtained solely from written reports provided twice a year by CCSA.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of active providers will submit education documentation to show progress or % of active providers will go up a level of salary supplement	17% submit 11% move up	25% 16%	211 of 859 141¹ of 859
% of providers responding to survey will report positive impact on remaining in facility or pursuit of further education	75%	95%	142 of 149
% of teacher turnover will be less than the statewide preprogram rate	< 31%	19%	201 of 1060

1) 141 providers who went up a level of salary supplement is a subset of the 211 providers who submitted documentation to show progress.

A Success Story

Through the evaluation process, many WAGE\$ participants from Wake County took the opportunity to share stories about how WAGE\$ has impacted their lives and the lives of children in their care. For example, one teacher said, “As a result of going to school because of WAGE\$, I have been a more effective teacher in the classroom. For example, my understanding of each child’s developmental needs has increased. I am better aware of how to help each child, the individual. ... I think WAGE\$ is important because it shows that the state believes we are educators and are important to the well-being of young children. It has motivated me to get more education and I think more educated child care teachers mean a better quality of child care.” Another stated, “It gives me an incentive to stay and provide continuous care. I have been on my job for eight years. [The children] are reaping the benefits from my education.”

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Family Literacy (EP)

Agency Name: El Pueblo, Inc.

years funded: 3

Activity Abstract: This activity will provide literacy training and literacy enhancement activities for parents and their children birth through 5 years of age (not yet in Kindergarten). Services will increase families' engagement in literacy activities with their children, contributing to children's school readiness. Families with young children who are at risk for school failure including Hispanic/Latino and other non-English speaking families, families in which the parents have not completed high school, and other families with limited literacy skills will be targeted. The majority of children served will not attend regulated child care or preschool. Services will be provided in various locations convenient to families. Service intensity will be a minimum of 4 sessions over at least a 2 month period. Staff will be culturally competent in serving diverse populations and will have education in one or more of the following areas: early literacy, early childhood education, adult education, child and family development or related field, with experience providing literacy training to English and non-English speaking adults and their young children, or equivalent combination of education and experience. Activities that implement the train-to trainer model may provide stipends to the "trainer" upon completion of services to families.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$60,218	\$60,214	\$9,270	15%	1

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of individual or group literacy sessions attended by family caregiver	450	529	118%
# of group literacy sessions	40	68	170%

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of family caregivers served with group and/or individual contacts	75	100	133%
# of children impacted through group or individual contacts	NP	130	NA
# of parents/caretakers of children B-5 attending book day celebrations	NP	550	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> Wake County low-income Latino families with young children, with limited literacy or English proficiency, will qualify to participate in Leamos Juntos 80.8% of children served met the greatest needs criteria, with a target range of 60-80%
Services	<ul style="list-style-type: none"> Literacy workshops for parents Literacy activities for parents and children together Community visits to provide one-on-one literacy services for families Assessment of families' literacy needs
Manner/ Location	<ul style="list-style-type: none"> Services are being delivered in apartment complexes, elementary schools in Wake County and local churches
Staffing	<ul style="list-style-type: none"> 1 FTE direct service staff Staff turnover at the start of 3rd Quarter(January) Staff met experience and education requirements
Intensity	<ul style="list-style-type: none"> 5.3 Individual/group contacts per family caregiver
Collaboration	<ul style="list-style-type: none"> Staff collaborated with local churches, Wake County Human Services, Wake County SmartStart's Literacy Collaborative and other community agencies.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of families attending at least 4 literacy sessions will report increased frequency of literacy activities with their children from less than 4 times/week to 4 or more times/week	60%	67%	65 of 97
% of families attending at least 4 literacy sessions will report some increased frequency of literacy activities with their children	80%	87%	84 of 97
% of families attending at least 4 literacy sessions will report increasing the number of times they visit a place where children's books are available such as a community based lending library, resource center, and/or bookstore with their child by the end of the program year	50%	99%	96 of 97
% of families attending at least 4 literacy sessions will report increased involvement in fostering their child's education	75%	100%	97 of 97

A Success Story

Monica, before she attended Leamos Juntos, never thought it was important to read with her children. When she started going to Leamos Juntos she learned a lot and met a lot of other mothers in the same circumstances. The instructor gave them a book to read at home. At the next session, she told the class that her daughter was very interested in the book and Monica learned, firsthand, how beautiful it could be to share this time reading with her daughter. After the 4th session, having read every day for 4 weeks, she observed that her daughter was "in the reading habit," and, if for some reason Monica forgot, her daughter asked to be read to. Finally, even though Monica doesn't speak or read English, she is going to the library with her daughter and looking at books, talking about the pictures, the colors, etc.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Family Literacy (LCWC)

Agency Name: Literacy Council of Wake County

years funded: 3

Activity Abstract: This activity will provide literacy training and literacy enhancement activities for parents and their children birth through 5 years of age (not yet in Kindergarten). Services will increase families' engagement in literacy activities with their children, contributing to children's school readiness. Families with young children who are at risk for school failure including Hispanic/Latino and other non-English speaking families, families in which the parents have not completed high school, and other families with limited literacy skills will be targeted. The majority of children served will not attend regulated child care or preschool. Services will be provided in various locations convenient to families. Service intensity will be a minimum of 4 sessions over at least a 2 month period. Staff will be culturally competent in serving diverse populations and will have education in one or more of the following areas: early literacy, early childhood education, adult education, child and family development or related field, with experience providing literacy training to English and non-English speaking adults and their young children, or equivalent combination of education and experience. Activities that implement the train-to trainer model may provide stipends to the "trainer" upon completion of services to families.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$63,470	\$63,470	\$22,231	35%	2.167

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of group literacy sessions attended by family caregivers	450	908	202%
# of group literacy sessions	64	173	270%
# of individual home/community literacy sessions	NP	111	NA

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of family caregivers served	90	107	119%
# of children impacted	NP	124	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> Families with child birth through 5 years of age who are at risk for school failure. The program was available to both native-English speaking families as well as English as a Second (ESL) families. 96.8% of children served met the greatest need criteria, with a target range of 60-80%
Services	<ul style="list-style-type: none"> Workshop Classes One-On-One Tutoring Computer Lab Instruction
Manner/ Location	<ul style="list-style-type: none"> Classes are offered in Garner, Wendell, Fuquay in different churches as well as on site and East Wake Foundation
Staffing	<ul style="list-style-type: none"> 2.0 direct service staff Program did experience staff turnover Staff met experience and education requirements
Intensity	<ul style="list-style-type: none"> 8.5 individual/group contacts per family caregiver
Collaboration	<ul style="list-style-type: none"> Staff collaborated with the following agencies: WCSS's Literacy collaborative, Wake County Public Schools, and local churches.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of family caregivers attending at least 4 literacy sessions will report increased frequency of literacy activities with their children from less than 4 times/week to 4 or more times/week	60%	47%	36 of 77
% of family caregivers attending at least 4 literacy sessions will report some increased frequency of literacy activities with their children	80%	60%	46 of 77
% of family caregivers attending at least 4 literacy sessions will report increasing the number of times they visit a place where children's books are available such as a community based lending library, resource center, and/or bookstore with their child by the end of the program year	50%	58%	45 of 77
% of family caregivers attending at least 4 literacy sessions will report increased involvement in fostering their child's education	75%	86%	66 of 77
% of family caregivers completing at least 4 group sessions and 12 individual sessions will increase their literacy skills on a standardized literacy tool	80%	75%	3 of 4

A Success Story

One of our most successful mother and daughter pairs has been truly incredible to watch. When they first came into our program, the mother was very shy and hardly knew any English. I watched the mother's interactions with her daughter during PACT time (parent and child together time) during our first couple of classes and what I saw was almost a reverse role. Her daughter could speak more English than she could and it was obvious that the mother constantly relied on her daughter to tell her things. Our children's learning computers in the classroom is one of the favorite places for the daughter to spend time, but each time she went toward it, I could see her mother look nervous because the program is in English.

Little by little during our Adult Education portion and our Parent time portion, the mother has come out and admitted how inadequate she has felt as a mother who does not know English. She has talked about how embarrassing it is for her to constantly depend on her daughter to translate and how she has lost the parent role in their relationship. After a month coming to our program, not having missed one class, there is a huge difference in the self-esteem of the mother by learning Basic English. Instead of being shy during the adult education class, the mother has jumped from being one of the lowest level speakers to being one of the top students. She is constantly answering questions and getting them correct! Her success in the English classes has directly impacted her relationship with her daughter.

During PACT time, I have seen the difference in their mother/daughter interactions. The mother now has more control and no longer has a terrified look if her daughter goes to the English computer. Her mother now sits next to her and they learn together, both ready for the challenges of learning. It is obvious that the mother has resumed the role of parent in their relationship. It has been a joy to see how our program has helped this mother truly be her child's first teacher.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Family Literacy (M)

Agency Name: Motherread, Inc.

years funded: 3

Activity Abstract: This activity will provide literacy training and literacy enhancement activities for parents and their children birth through 5 years of age (not yet in Kindergarten). Services will increase families' engagement in literacy activities with their children, contributing to children's school readiness. Families with young children who are at risk for school failure including Hispanic/Latino and other non-English speaking families, families in which the parents have not completed high school, and other families with limited literacy skills will be targeted. The majority of children served will not attend regulated child care or preschool. Services will be provided in various locations convenient to families. Service intensity will be a minimum of 4 sessions over at least a 2 month period. Staff will be culturally competent in serving diverse populations and will have education in one or more of the following areas: early literacy, early childhood education, adult education, child and family development or related field, with experience providing literacy training to English and non-English speaking adults and their young children, or equivalent combination of education and experience. Activities that implement the train-to trainer model may provide stipends to the "trainer" upon completion of services to families.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$82,695	\$82,695	\$18,663	23%	1.61

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of group literacy sessions attended by family caregivers	540	373	69%

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of parents/caretakers served	90	93	103%
# of children impacted	NP	111	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> Spanish and other non-English speaking parents, as well as English speaking parents, who have limited formal education or literacy skills and their children who are younger than five years old 62.2% of children served met the greatest needs criteria, with a target range of 60-85%
Services	<ul style="list-style-type: none"> ESL classes for parents in need of improving their literacy skills, including care for children of parents attending classes and a parent/child component Literacy workshops for parents Literacy activities for parents and children together
Manner/ Location	<ul style="list-style-type: none"> Services were delivered at the following locations: Garner United Methodist Church, Safechild, Knightdale Head Start, Crosby Head Start, and Bright Horizons Child Development Center, Fuquay-Varina United Methodist Church, Parkway Head Start, Infant-Toddler Center
Staffing	<ul style="list-style-type: none"> 1.52 direct service staff Staff met education and experience requirements
Intensity	<ul style="list-style-type: none"> 4.01 group contacts per family caregiver
Collaboration	<ul style="list-style-type: none"> Staff collaborated with Head Start, Wake Tech, and Wake County Smart Start's Literacy Collaborative as well as North Carolina Partnership for Children and SAFEchild Inc

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of family caregivers attending at least 4 literacy sessions will report increased frequency of literacy activities with their children from less than 4 times/week to 4 or more times/week	60%	31%	14 of 45
% of families attending at least 4 literacy sessions will report some increased frequency of literacy activities with their children	80%	64%	29 of 45
% of family caregivers attending at least 4 literacy sessions will report increasing the number of times they visit a place where children’s books are available such as a community based lending library, resource center, and/or bookstore with their child by the end of the program year.	50%	19%	7 of 36
% of family caregivers attending at least 4 literacy sessions will report increased involvement in fostering their child’s education	75%	73%	33 of 45

A Success Story

Through the Family Literacy Project, Wake County GED and ESL students meet weekly to practice literacy skills and support the literacy development of their young children. F, a Motherhead Family Literacy Project participant, has applied her learning with her grandchildren at home. After reading *The Enormous Turnip*, F took the book home to share with her family. As they read, F and her four-year-old granddaughter B began to act out the story. As they did so, the entire family, including her husband, joined them in retelling the story. The family has read the story so often that B has asked to receive the book as a gift. Without SmartStart funding, F would not have known how to make reading with children a fun, interactive, family activity. She would not have had the opportunity to improve her reading skills, to practice her English language skills, or to instill a love of reading in her grandchildren.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Family Outreach and Resource Services (CSM)

Agency Name: Catholic Charities

years funded: 4

Activity Abstract: This service will target families with young children who are not linked to needed services and who are at risk of school failure (conditions that put children at risk can include individual factors (e.g., poverty, low birth weight or prematurity); family factors (e.g., maternal substance abuse, domestic violence); and/or environmental factors (e.g., lack of high-quality child care, exposure to lead). Services will include outreach; linkage to services including preventive health care (medical home, health insurance, well-child check-ups/developmental surveillance and immunizations), dental care, early intervention services; parenting classes on topics that increase knowledge of child development including literacy; developmentally appropriate play activities; one-on-one parenting information/support; referrals to appropriate resources; and an opportunity for family networking. Activities will be provided by staff with expertise in child development and family support. Services will be provided year round and at times and multiple community locations convenient for families. Program staff will interface with the Home Visiting Collaborative and collaborate with other Wake County service providers.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$97,843	\$97,843	\$21,242	22%	2.06

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of individual family support contacts	600	2288	381%
# of children who receive developmental screenings from activity staff	NP	69	NA
# of parent/child activity classes provided	NP	83	NA

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of families served	500	452 ¹	90%
# of children served	NP	597	NA

1)Staffing level contributed to lower than expected output result.

How were services delivered?

Target Population	<ul style="list-style-type: none"> Families and their children ages 0 to 5(not yet in Kindergarten) who are not linked to needed services and who are at risk for school failure. Conditions that put children at risk can include individual factors(e.g., poverty, low birth weight or prematurity, lack of proper nutrition and/or environmental factors (e.g., lack of high-quality childcare, exposure to lead) 100% of children served met the greatest needs criteria, with a target of 85%
Services	<ul style="list-style-type: none"> Outreach to and identification of families with young children who were at risk for school failure and linked to needed services Linkage of families to needed services including preventive health care(medical home, health insurance, well-child check-ups/developmental surveillance and immunizations), dental care, and early intervention Parent workshops and/or individualized parent education on topics such as child development, parenting, literacy school readiness and literacy Developmentally appropriate learning activities for young children and their parents/caregivers
Manner/ Location	<ul style="list-style-type: none"> Services were located

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Staffing	<ul style="list-style-type: none"> • 2.06 direct service staff • Program experienced turnover in Quarter 3 • Staff met experience and education requirements
Intensity	<ul style="list-style-type: none"> • 5.1 individual contacts per family
Collaboration	<ul style="list-style-type: none"> • Staff from this activity collaborated with numerous community agencies for referrals, including but not limited to Urban Ministries Clinic, emergency financial assistance, CDSA, Learning Together, Wake Tech and SAFEchild

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all children served not already identified (do not have IFSP/IEP) will be referred for developmental evaluation.	8%	2%	11 of 593
% of all children served not already identified (do not have IFSP/IEP) will receive a developmental evaluation as a result of activity referral or support.	4%	2%	11 of 593
% of all children served will be identified as needing complete preventative medical care (not immunizations only) and will be referred to appropriate resources.	10%	0%	0 of 597
% of all children served will receive complete preventative medical care (not immunizations only) as a result of activity referral or support.	5%	0%	0 of 597
% of all families served will be provided with resource information or referrals for services based on identified needs of the child and family.	90%	100%	450 of 452
% of all families served will report they received at least one needed service as a result of program activities.	75%	99%	449 of 452
% of families attending at least 4 literacy sessions will report increased frequency of literacy activities with their children from less than 4 times/week to 4 or more times/week	60%	54%	14 of 26

A Success Story

Recently Centro para Familias Hispanas (The Hispanic Family Center of Catholic Charities) received a call from a parishioner of St Raphael Catholic Church. The woman named Sonia (not her real name to protect her identity). She wanted to see if she could volunteer in any of our programs.

During a great conversation she explained that she has lost her sight due to an illness and wanted to do something because she was very depressed to be at home all day. At the same time a volunteer from Catholic Charities approached me about this mother and her child to find out if we could help out this family in some way.

The volunteer and I went to do a home visit. Once there we met Sonia and her adorable 3 years old boy (Tony). He was the focus of our attention. He was playing alone and trying to get our attention. He was also very aware of what his mom was saying and doing. It became evident that Tony had very little contact, if any, with the world outside of his home. Sonia's recent blindness had significantly changed their lives.

After arranging transportation for both of them, mom is attending the ESL classes and Tony is enrolled in our preschool program for the children of ESL students. He comes four days a week and can't wait to come to "school." Mom says that when he gets up he rushes to get dress, have his breakfast and waits for his ride to come to his "school"

He is learning how to share toys and how to take turns and several other activities appropriate for his age. The mother reports that she doesn't feel so depressed anymore. She is making friendships with the other students, while her 3 year old is learning how to interact with other children while being engaged in learning activities with the other children. She says that she didn't realize how affected her son was by her blindness until she witnessed his excitement about coming to "school".

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Family Outreach and Resource Services (SA)

Agency Name: The Salvation Army

years funded: 3

Activity Abstract: This service will target families with young children who are not linked to needed services and who are at risk of school failure (conditions that put children at risk can include individual factors (e.g., poverty, low birth weight or prematurity); family factors (e.g., maternal substance abuse, domestic violence); and/or environmental factors (e.g., lack of high-quality child care, exposure to lead). Services will include outreach; linkage to services including preventive health care (medical home, health insurance, well-child check-ups/developmental surveillance and immunizations), dental care, early intervention services; parenting classes on topics that increase knowledge of child development including literacy; developmentally appropriate play activities; one-on-one parenting information/support; referrals to appropriate resources; and an opportunity for family networking. Activities will be provided by staff with expertise in child development and family support. Services will be provided year round and at times and multiple community locations convenient for families. Program staff will interface with the Home Visiting Collaborative and collaborate with other Wake County service providers.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$94,543	\$94,543	\$21,201	22%	2

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of individual family support contacts	480	562	117%
# of children screened	NP	76	NA
# of parenting classes/workshops	NP	27	NA
# of referrals made for services	NP	274	NA

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of family caregivers served	100	93	93%
# of children served	NP	110	NA
# of families referred for services	NP	69	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> Families in homeless shelter throughout Wake County 100% of children/families served met the greatest need criteria
Services	<ul style="list-style-type: none"> Outreach to and identification of families with young children who were at risk for school failure and not linked to needed services Individual family assessments to determine needs of children Linkage of families to needed services including preventive health care (medical home, health insurance, well-child check-ups/developmental surveillance and immunizations), dental care, and early intervention Parent workshops and /or individualized parent education on topics such as child development, parenting, literacy and school readiness
Manner/ Location	<ul style="list-style-type: none"> Services are provided on site, Passage Home, The Raleigh Rescue Mission (RRM), The Caring Place, PLM Families Together, Interact, Step Up Ministries and Habitat for Humanity

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Staffing	<ul style="list-style-type: none"> • 1.3 FTE direct service provider • Staff met education and experience requirements
Intensity	<ul style="list-style-type: none"> • 6.0 individual contacts per family
Collaboration	<ul style="list-style-type: none"> • Staff collaborates with several Human Service agencies and homeless shelters throughout Wake County

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all children served not already identified (no IEP/IFSP) will be referred for a developmental evaluation	8%	25%	27 of 106
% of all children served not already identified (no IEP/IFSP) will receive a developmental evaluation as a result of the activity referral or support.	4%	8%	9 of 106
% of all children served will be identified as needing regular preventative medical care and will be referred to appropriate resources.	50%	39%	43 of 110
% of all children served will receive regular preventive medical care (not immunization only) as a result of activity referral or support.	25%	31%	34 of 110
% of all families served will report they received at least one needed service as a result of program activities.	50%	81%	65 of 80

A Success Story

The Salvation Army of Wake County serves homeless women with children by meeting the needs of those who are most vulnerable in our society. With the support and help of SmartStart funding, the Salvation Army has been able to focus attention and services to children ages birth through five, to ensure they are prepared for school, but also for a healthy and productive life.

Often times, the families whom we serve do not have adequate access to health services, quality child care, and other necessary services that promote a healthy and safe childhood. This is perhaps best witnessed through the following story: A mother with 5 children moved into this facility. She and her children had been homeless various times in the past, and were experiencing homelessness again due to domestic violence. This family was not only in need of the services The Salvation Army could offer--food, clothing, shelter, and a safe place to live, but it soon became apparent there were also many other needs that SmartStart funding could meet.

This mother's youngest child, age almost 4, was very developmentally delayed. He had little to no language skills, and lacked many skills needed to communicate. His cognitive skills were delayed as well, and he could not perform even the simplest of tasks. Because of SmartStart funding, a developmental screening was completed on this child, to fully assess the nature of his delays. Once this was known, a referral was made for a more in depth evaluation. SmartStart funding allowed the mother to be guided through this process; it provided support that she had not known in the past. It helped her receive an evaluation on her son, who up to this point, had not received any special attention from medical workers, teachers, or childcare providers, only further emphasizing the importance of quality care to those who are most in need. At the age of 4, this little boy was diagnosed with Autism. And while the diagnosis itself is one that is heartbreaking, it is truly a success that this family was finally able to access the support they needed to meet the needs of this child. This is a direct result of SmartStart funding.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Health, Safety and Nutrition Technical Assistance in Child Care Settings

Agency Name: Wake County Human Services

years funded: 9

Activity Abstract: Child Care Health Consultants will provide on-site health, safety, and nutrition consultation in child care facilities. Consultants will develop and implement health, safety, and nutrition improvement plans, including: policy revision; prevention and management of infectious illnesses; health, safety, nutrition and physical activity training; immunization audits; development of health care plans for children with special health needs; and provision of health education materials for families. Consultants will be culturally competent in serving diverse populations and will be licensed as Registered Nurses with extensive pediatric experience. This activity will target eligible child care centers for nutrition and physical activity intervention by using the Nutrition and Physical Activity Self-Assessment in Child Care (NAP SACC) program. For other services targeted to child care facilities, centers and homes serving children on subsidy will be prioritized, with those serving the highest percentage being the highest priority for service. All facilities served must be willing to accept subsidy. Targeted children will include those who are identified as having developmental concerns/delays or having a health care need that requires specialized care by facility staff as well as those without a primary health care provider, insurance or age-appropriate immunizations. Priority to provide services to individual children will be based on the child's need. A representative from this activity will participate in the Quality Enhancement Collaborative (QEC) as a community service provider.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$331,877	\$327,653	\$27,462	8%	4.795

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of on site consultations	870	961	110%
# of workshops/training sessions provided	NP	154	NA
# of care plans developed	NP	169	NA

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of child care centers participating	200	238	119%
# of family child care homes participating	125	144	115%
# of facilities enrolled in NAP SACC	20	20	100%

How were services delivered?

Target Population	<ul style="list-style-type: none"> Child care providers and directors in participating child care centers and family child care homes Centers and homes with fewer than four stars will be the priority population for this program, although consultants will spend limited time working with four-and five-star centers and homes
Services	<ul style="list-style-type: none"> On-site health, safety, and nutrition consultation including: <ul style="list-style-type: none"> Needs assessments (mock sanitation inspections, for example) Environmental assessments Classroom / staff observations Development and implementation of individualized health, safety, and nutrition improvement plans. Eligible child care centers received nutrition and physical activity intervention by using the Nutrition and Physical Activity Self-Assessment in Child Care (NAP SACC) program Appropriate resource and referral for children with medical or developmental needs.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Manner/ Location	<ul style="list-style-type: none"> Services are provided in childcare facilities. Trainings are provided in community sites
Staffing	<ul style="list-style-type: none"> 4.125 FTE direct service staff .67 FTE direct service staff added in October 2007 Staff met education and experience requirement
Intensity	<ul style="list-style-type: none"> 2.5 on site consultation contacts per facility
Collaboration	<ul style="list-style-type: none"> Staff participates in Quality Enhancement Collaboration, as well as other community agencies.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of licensed centers/homes in Wake County who receive Child Care Health Consultation Services	55%	62%	382 of 620
% of facilities receiving on site child care health consultation services who have an approved Emergency Plan	20%	13%	38 of 302
% of child care facilities with an approved Emergency Plan who provide documentation that at least 2 routines from the list of emergency routines outlined in the facility's Emergency Plan have been practiced by the end of the current fiscal year	65%	55%	21 of 38
% of child care facilities enrolled in NAP SACC (non NCPC) who complete an action plan incorporating at least one nutrition and one physical activity practice/policy	75%	100%	20 of 20
% of childcare centers completing their Action Plan and enrolled for 6 months who demonstrate improvement in at least one nutritional and one physical activity as measured by pre- and post-assessment scores	75%	100%	10 of 10

A Success Story

I recently got a call from a center that had a two year old with a feeding tube and a colostomy. The teachers needed training for feeding the child and for caring for the colostomy bag. Care plans and procedures were written and signed by the parents and physicians and much teaching was done for the teachers. This will be an ongoing process as questions arise. I felt so very fortunate to be able to offer this support to the classroom teachers. Procedures like this can be very frightening to non-medical folks.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Hospital to Home Early Intervention Program

Agency Name: WakeMed

years funded: 6

Activity Abstract: The Hospital to Home Early Intervention Program will provide very specialized early intervention services for preterm infants and their families and, pending qualification, will serve as the entry point for high risk, medically fragile infants to enter the early intervention system. SmartStart funds will provide funding for Child Development Specialists who will offer early intervention services, including family support for infants and families during their stay in the Intensive Care Nursery (ICN). Services will continue for a short time after infants are discharged from the hospital and will then either be transferred to a community based early intervention program or, if they do not qualify for community based early intervention services, remain in the Hospital to Home Program for up to twelve months past the infant's due date. Emphasis will be placed on serving families with different cultural backgrounds. The willingness to partner with the lead early intervention agency is highly recommended and will help to increase Wake County's Early Intervention penetration rate. This program will also serve as a resource to community partners who serve high risk premature infants.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$234,926	\$234,926	\$26,550	11%	3

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of hospital-based (including clinic) contacts with infants	425	560	132%
# of home visits	NP	556	NA
# of infant developmental assessments completed	NP	22	NA

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of children served	90	119	132%
# of family caregivers served	NP	170	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> Families whose infants are medically fragile and eligible for early intervention services Infants who do not qualify for early intervention services remain in the HHIP program for 4 to 6 months past due date 81.8% of infants served met greatest needs criteria; requirement was 50%
Services	<ul style="list-style-type: none"> Parent education regarding infant growth and development Infant assessments to help families get to know their infants and how to meet their needs Connection to needed resources Supported transition to community-based early intervention program as needed or requested Participated in each infant's IFSP development Provided culturally sensitive/appropriate services
Manner/ Location	<ul style="list-style-type: none"> Services initiated in the hospital but transitioned to the family's home
Staffing	<ul style="list-style-type: none"> 3.0 FTE direct service staff Staff met all education and/or experience requirements
Intensity	<ul style="list-style-type: none"> Infants/families received an average of 4.7 home visits Infants/families received an average of 4.7 hospital/clinic based contacts
Collaboration	<ul style="list-style-type: none"> Staff participated in the WCSS Home Visiting Collaborative Worked closely with staff in the Neonatal Infant Care Clinic (NICU) at Wake med Participated in the Wake County LICC

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all children discharged from HHIP will be enrolled in EI or CSC services.	90%	78%	68 of 87
% of EI eligible children will have an IFSP developed by discharge from HHIP.	95%	87%	47 of 54
% of all enrolled families receiving at least 4 hospital visits will report increased parenting competence and confidence as a result of program activities by discharge from hospital.	80%	72%¹	26 of 36
% of all enrolled families receiving at least 4 home visits will report increased parenting competence and confidence as a result of program activities by discharge from HHIP or end of fiscal year.	80%	55%²	30 of 55
% of all enrolled families receiving at least 4 hospital visits will report increased knowledge regarding how to interpret and respond to their infants' cues/needs, as a result of program activities by discharge from hospital.	80%	72%¹	26 of 36
% of all enrolled families receiving at least 4 home visits will report increased knowledge regarding how to interpret and respond to their infants' cues/needs, as a result of program activities by discharge from HHIP or end of fiscal year.	80%	55%²	30 of 55

1) 72% (26 of 36) surveys completed; of surveys returned 100% (26 of 26) met measurement standards.

2) 55% (30 of 55) surveys completed; of surveys returned 100% (30 of 30) met measurement standards.

A Success Story

WakeMed's Hospital-Home Intervention Program (HHIP) supports families and their premature infants during their hospitalization in the Intensive Care Nursery (ICN) and continues with home visits and early intervention services after discharge. Families learn about the unique needs of their medically fragile infants, how to parent their babies in the nursery, and how the developmental process may be different. For some of the HHIP families this may be the beginning of many years of medical and developmental services for their children and for others the beginning of a "wait and see" period for any signs of developmental delays. HHIP provides families with support, information and developmental interventions that promote positive outcomes for babies and their families.

The grandmother of one of HHIP babies shares her family's success story. "My grandson was due to arrive mid October 2007. Surprisingly, and fearfully, he arrived the beginning of July. Knowing he was getting the best medical care relieved some stress and worry of our family, but our concern for his future was overwhelming.

My daughter and our family talked with the medical staff about some of these concerns while many other worries went undisclosed; they were private and we were afraid to say them aloud. My grandson was born into a college-educated family, but none of our advanced degrees and certifications helped to ease our fear. The NICU days are busy with many interactions and information, thus leaving many new questions every day.

To our surprise a developmental team member from the Hospital-Home Intervention Program came to my grandson's bedside in his first days of life and talked with my daughter and our family in a way that no one else had. She acknowledged our fear and concerns and promised to be there with us every step of the way. As the weeks, then months ensued, they kept their promise and were a constant point of contact for our entire family. We could now ask what once seemed like "stupid questions" and unreasonable requests and the answers opened many doors of understanding for us about the special, unique lives of our premature baby. They even helped arrange with the medical staff for my grandson to be discharged a day earlier than scheduled so his grandfather, who had to go out of town that day for a week could share in his long anticipated homecoming.

Thanks to the wonders of medicine our once very sick baby, now seemingly a healthy newborn has gone home after 100 days in the ICN. Thanks to the developmental specialists from HHIP they sent us all home with new knowledge about what to expect from his transition home, how to open doors to resources we need now and in the future and how to support his growth and developmental milestones as a preemie. My grandson is now 3.5 months old but has just reached his due date. He can't do what a baby almost 4 months old can do but HHIP has helped us learn that he's not supposed to. Medicine kept him alive and thriving after being born early but they can't rush development. Our interactions with the HHIP show us the successes in his development and remind us of the things he can do as a newborn. As a teacher myself, I realize that HHIP is paving a way for my grandson to become a successful student and a contributing, successful adult. Without this program we would have missed out on such important information about his needs, and I believe by giving him this great start at birth, as all children should have, maybe we really can begin to "leave no child behind".

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Intensive Home Visiting and Support Services for Adolescent Parents

Agency Name: The Youth and Educational Achievement Center

years funded: 1.5

Activity Abstract: This activity will provide intensive case management to minority adolescent parents (ages 20 and under), both English and Spanish speaking with significant risk factors not currently being served through another program. A best practice evidenced based model for adolescent parents will be used. Program participants will have high levels of risk factors which will make their children at-risk for school failure. Risk factors will include, but are not limited to, homelessness, lack of childcare and second pregnancy. Staff will be responsible for providing both short-term and long-term interventions including assessment, counseling, life skills education, transportation assistance, advocacy, information and referral, including linking to literacy services as appropriate. Staff will work primarily through home visits and community outreach. Opportunities for young parents to receive support from each other, address parenting and life skills education needs and enhance the parent/child relationship will be offered through parent education sessions and parent/child outings. Upon completion of the parent workshops, participants may receive a stipend.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$137,101	\$92,402	\$15,029	11%	2.33

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# completed individual face to face contacts	540	284 ¹	53%
# of children receiving developmental screenings from activity staff	NP	23	NA
# of education and support group sessions	NP	8	NA

1) Staffing level contributed to lower than expected output result.

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of adolescent parents served	30	33	110%
# of children impacted	NP	35	NA
# of families referred for services	NP	16	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> English and Spanish-speaking minority adolescent parents(ages 20 and under) with significant risk factors and their children 100% of parents served met greatest needs criteria; Goal was 90%
Services	<ul style="list-style-type: none"> Intensive case management, including assessment, information and referral, counseling, life skills education, transportation assistance, and advocacy Worked with parents to identify needs and strengths, and plan strategies to work toward outcomes Group education and support meetings
Manner/ Location	<ul style="list-style-type: none"> Services occurred in home of the mother, or other appropriate locations Outreach done in public housing and other community settings identified as having high numbers of adolescent parents
Staffing	<ul style="list-style-type: none"> 2.33 direct service staff Program experienced staff turnover in Q2 Staff met education and experience requirements
Intensity	<ul style="list-style-type: none"> Families received an average of 8.4 home and/or community contacts

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Collaboration	<ul style="list-style-type: none"> • Staff participated in meetings of the Wake County Smart Start Home Visiting Collaborative • Collaborated with other community agencies to integrate delivery of services and avoid duplication of efforts
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What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all children served not already identified* will be referred for developmental evaluation services	8%	6%	2 of 33
% of all children served not already identified* will receive a developmental evaluation as a result of activity referral or support	6%	3%	1 of 33
% of all children served not already identified* will have an IEP/IFSP developed and will receive Early Intervention or Pre-School services as a result of activity referral or support	4%	3%	1 of 33
% of all children served will receive complete preventative health care (not immunizations only) as a result of activity referral or support	20%	17%	6 of 35
% of all families receiving at least 6 visits will have critical home safety needs identified and resolved as a result of program activities.	60%	96%	25 of 26
% of all families served with at least 6 visits will report increased parenting skills competence and confidence as a result of program activities.	85%	35%	9 of 26
% of all families served will not experience a subsequent pregnancy for duration of service.	85%	7%	2 of 30

A Success Story

T. was enrolled into a pre-school program as of August 2007. This is the first pre-school program in which the child has been enrolled. The mother did not complete secondary education and often cited childcare as her reason. Most of the child's day was spent in the home, because the family resides in a high crime neighborhood. Educating the mother about community resources and providing her guidance for better understanding of documents she had to complete resulted in the child's enrollment into pre-school. This may not have happened without our involvement.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Intensive Home Visiting and Support Services for First-Time Parents

Agency Name: SAFEchild

years funded: 9

Activity Abstract: This activity will blend childrearing information with social supports to assist high needs families with limited financial and/or social resources in raising children birth to age five. The goals will be for families to increase their capacity to utilize child development, health and safety information and to increase their abilities to meet the needs of their children. The goals for this activity will be accomplished through home visiting, information and support, and parent education/family literacy group sessions. Home visitors will be culturally competent in serving diverse populations and trained to provide in-home parent education and emotional support to first time parents. Parent education/family literacy group sessions will target first time parents and a limited number of other parents. This activity will be a part of the Home Visiting Collaborative and will also coordinate with other Wake County Smart Start Partners to integrate delivery of services in order to optimize resources and prevent duplication of services.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$86,116	\$86,116	\$9,969	12%	1.75

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of individual face to face contacts	850	666	78%
# of parent education/literacy sessions	50	50	100%

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of family caregivers who receive home visiting services	88	79	90%
# of children impacted	NP	89	NA
# of family caregivers who attend parent education classes	16	28	175%

How were services delivered?

Target Population	<ul style="list-style-type: none"> English and non-English speaking high needs first-time new parents with limited financial and/or social resources 87.6% of children served met greatest needs criteria; Goal was 65%
Services	<ul style="list-style-type: none"> Home visits to high need and first time parents to provide emotional support, information, and linkage to available resources Group centered family education, including literacy programs
Manner/ Location	<ul style="list-style-type: none"> Family's homes SAFEchild meeting space Community locations convenient for participants
Staffing	<ul style="list-style-type: none"> 1.75 FTE direct service staff Trained volunteers provided home visits either individually or with direct service staff FTE staff met all education and/or experience requirements
Intensity	<ul style="list-style-type: none"> Families received an average of 8.4 home visit contact

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Collaboration	<ul style="list-style-type: none"> • Staff participated on the WCSS Home Visiting Collaborative • Made are received referrals to/from WCHS • Referred to the Hispanic Family Center • Collaborated with other SmartStart partners and community agencies to integrate delivery of services and avoid duplication of efforts
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What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all families receiving at least 8 home visits will demonstrate positive parent/child interaction as a result of program activities based on formal observation (one per family)	75%	96%	46 of 48
% of all families receiving at least 8 home visits will have critical home safety needs identified and resolved as a result of program activities based on formal observation (one per family)	60%	96%	46 of 48
% of families receiving at least 8 home visits will report decreased parent stress as a result of program activities (one per family)	80%	96%	46 of 48
% of all families attending at least 10 sessions of group parent education will demonstrate increased knowledge regarding parenting skills as a result of program activities	80%	100%	21 of 21
% of all children served will access complete preventative medical care as a result of activity referral or support	25%	44%	39 of 89
% of family caregivers attending at least 4 group literacy education sessions will report increased frequency of literacy activities with their children from less than 4 times/week to 4 or more times/week as a result of program activities.	60%	25%	2 of 8

A Success Story

In this quarter a first time mother and her Canadian husband were seeking help. Mom was overwhelmed by her isolation and her new life in a new country with no family and a five month old baby boy. El Centro para las Familias Hispanas, provided mom with information about Crianza con Cariño (CCC) and she was recruited for the program. In the first week, mom immediately shared her frustrations and stressful situations with the group. Her baby was not sleeping for more than an hour and a half at a time, and this mother could not sleep enough. After the second group session, the taxi that the mom was in had an accident. Mom became worse because now she was having pain in her back. The program coordinator and the home visitor were giving all the support that they could to this mother. In one group session we gave a book to each family about baby massages. This mother started to give massages to the baby and in the last group sessions she became very happy with a brilliant and restful face. She shared with the group many pictures that she took of her baby. After she started to practice what the book taught about massages and routines and what she learned in CCC classes, her baby began sleeping the whole night and also during the day. Mom is sleeping better and can handle the stress of many things she needs to do at home. She did not have a crib and the baby was sleeping with her and his father, but in CCC we received a crib donated to her and it has helped a lot.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Intensive Home Visiting and Support Services for High Needs Communities (LFS)

Agency Name: Lutheran Family Services in the Carolinas - Raleigh

years funded: 5

Activity Abstract: Regular, culturally sensitive, home based parent education and support and referrals to needed services will be provided. Services will address the social, emotional and physical needs of English and non-English speaking families with children ages 0-5 and provide family support, including access to resources for basic needs of the family. Home visitors will be trained in the Parents as Teachers (PAT) model and will provide PAT interventions and will link to literacy services whenever appropriate. Because families served by this activity usually are in need of such basic requirements as shelter, employment/income, food, etc., the full PAT curriculum cannot be implemented until families stabilize and are able to focus on their children's developmental needs. The PAT curriculum will be provided based on the needs and appropriateness for each family. Referrals will be received from Wake County Human Services, the school system, the community or self-referral. Home visitors will participate in community outreach activities.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$95,081	\$89,157	\$16,090	17%	2

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of face to face contacts	1000	1092	109%

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of family caregivers served	100	201	201%
# of children impacted	NP	97	NA
# of children receiving developmental screenings from activity staff	NP	80	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> Families living in poverty with children 0 to 5 (not yet in kindergarten), with particular focus on refugees and other immigrants from Asia, Africa, the Middle East and Eastern Europe 100% of children/families served met greatest needs criteria; Requirement was 90%
Services	<ul style="list-style-type: none"> Regular home visits to address the social, emotional, and physical needs of the child and provide family support; PAT services provided by staff when appropriate Connected families to available resources and services Helped families connect to routine preventative health care and establish stable housing situations Provided culturally sensitive/appropriate services
Manner/ Location	<ul style="list-style-type: none"> Family's home
Staffing	<ul style="list-style-type: none"> 2.0 FTE direct service staff Staff met education and experience requirements
Intensity	<ul style="list-style-type: none"> Families received an average of 13.0 contacts
Collaboration	<ul style="list-style-type: none"> Staff participated in the WCSS Home Visiting Collaborative Collaborated with WCHS, Project Enlightenment, and other community agencies to integrate delivery of services and decrease duplication of efforts

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all children served not already identified (without IFSP/IEP) will be referred for developmental evaluation (not IDEA screenings)	8%	7%	8 of 110
% of all children served not already identified (without IFSP/IEP) will receive a developmental evaluation as a result of activity referral or support	4%	5%	5 of 110
% of all children served not already identified (without IFSP/IEP) will have an IFSP or IEP developed as a result of activity referral or support	3%	3%	3 of 110
% of all children served will access complete preventative medical care as a result of activity referral or support	40%	87%	84 of 97
% of all families served will report that they received at least one needed service as a result of activity referral or support	85%	87%	66 of 76
% of all families served with at least 6 visits in current fiscal year will have critical home safety needs identified and resolved as a result of program activities.	75%	89%	65 of 73
% of all families served with at least 6 visits will increase their parenting knowledge and skills as a result of program activities	80%	74%	54 of 73

A Success Story

In February Lutheran Family Services (LFS) assisted a family of three relocate from a refugee camp in Thailand, the parents have a 14 month old daughter and mom was expecting her second child in May. Twelve days after their arrival mom was rushed to the hospital and it was determined that her blood pressure had spiked and this condition was causing significant risk to the unborn child. She was transferred to another hospital where she gave birth by caesarian section to a 2 pound 2 ounce baby girl. The non-English speaking family of three was now a very confused and overwhelmed family of four. They were not familiar with hospital procedures and had not delivered her first child in a hospital setting; this was very new for them and quite perplexing. Mom was discharged 3 days after the birth, leaving the infant behind in the Intensive Care Nursery.

Through the funding LFS receives to operate the SmartStart program, the family received culturally appropriate education and interpretation to help understand and care for this vulnerable, at-risk infant. Mom was provided not only transportation to visit the baby daily, but received education and encouragement every step of the way. The infant is home now and is thriving. The SmartStart case manager is not only seeing to the needs of the premature infant with weekly checkups with the pediatrician, but is ensuring that the 14 month old daughter receives preventative health care and immunizations. We have also accompanied the family to apply for WIC vouchers and educate them on proper use of these vouchers, stressing the importance of proper nutrition for both children. The infant now weighs 4 pounds 11 ounces and mom notices the developmental changes occurring weekly. The SmartStart case manager was able to provide services to this family using principles based on strength based techniques to empower this mother during such an unsure and frightening period of time. Mother and baby were able to bond and begin to form a lasting, caring relationship in their new home.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Intensive Home Visiting and Support Services for High Needs Communities (WCHS)

Agency Name: Wake County Human Services

years funded: 12

Activity Abstract: Regular, culturally sensitive, home based parent education and support and referrals to needed services will be provided. Services will address the social, emotional and physical needs of English and non-English speaking families with children ages 0-5 and provide family support, including access to resources for basic needs of the family. Home visitors will be trained in the Parents as Teachers (PAT) model and will provide PAT interventions and will link to literacy services whenever appropriate. Because families served by this activity usually are in need of such basic requirements as shelter, employment/income, food, etc., the full PAT curriculum cannot be implemented until families stabilize and are able to focus on their children's developmental needs. The PAT curriculum will be provided based on the needs and appropriateness for each family. Referrals will be received from Wake County Human Services, the school system, the community or self-referral. Home visitors will participate in community outreach activities.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$102,440	\$85,867	\$18,750	18%	1.5

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of face to face contacts	1250	1221 ¹	98%

1) Staffing level contributed to lower than expected output result.

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of family caregivers actively served	150	103 ²	69%
# of children impacted	NP	145	NA

2) Staffing level contributed to lower than expected output result.

How were services delivered?

Target Population	<ul style="list-style-type: none"> English and non-English speaking families with child 0-5(not yet in kindergarten) living in an established high needs area of Wake County 100% of children served met greatest needs criteria; Requirement was 90%
Services	<ul style="list-style-type: none"> Home visits to address issues of home safety, family needs, and the social-emotional, developmental and physical needs of the children Staff trained in the Parents as Teachers (PAT) model and provided these services when appropriate Provided culturally sensitive/appropriate services
Manner/ Location	<ul style="list-style-type: none"> Home-based services
Staffing	<ul style="list-style-type: none"> 1.5FTE direct service staff Staff vacancy from July until September 2007 Staff met all education and experience
Intensity	<ul style="list-style-type: none"> Families benefited from an average of 10 direct service contacts
Collaboration	<ul style="list-style-type: none"> Staff participated in WCSS Home Visiting Collaborative Collaborated regularly with WCHS, relief agencies, and the Eastern Regional Center a, as well as other Smart Start partners to integrate delivery of services and avoid duplication of efforts

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all children served not already identified (do not have IFSP/IEP when enrolled or as of 7/1/05) will be referred (verbally or in writing) for developmental evaluation	8%	16%	22 of 136
% of all children served not already identified (do not have IFSP/IEP when enrolled or as of 7/1/05) will receive a developmental evaluation as a result of activity referral or support	4%	13%	18 of 136
% of all children served not already identified (who do not have an IFSP/IEP when enrolled or as of 7/1/05) will have an IFSP or IEP developed as a result of activity referral or support	3%	5%	7 of 136
% of all children served will receive complete preventative medical care as a result of activity referral or support (not immunizations only)	40%	76%	109 of 143
% of all families served will report that they received at least one needed service as a result of activity referral or support	85%	92%	83 of 90
% of all families served 6 times in current fiscal year will have critical home safety needs identified and resolved as a result of program activities.	75%	92%	56 of 61
% of all families served 6 times in current fiscal year will increase their parenting knowledge and skills as a result of program activities	80%	82%	50 of 61

A Success Story

Ms. D's pre-school child was referred and enrolled to CHOW services in February 2007 due to a severe developmental delay. Before CHOW services began, this child had not received any developmental evaluations or services to stimulate her development. Due to a language barrier and limited financial resources, the family was unable to access needed services.

With CHOW's assistance, this child received a developmental evaluation, hearing and vision screenings, and received eyeglasses. She was enrolled in the More at Four program and attended as her application for Pre-School Services was processed. The CHOW helped this family with the complex Pre-School Services application process which began in February in 2007. In March 2008, this child was enrolled in full-day Pre-School Services. The family has expressed their gratitude to CHOW and Pre-School Services staff because they feel that their daughter is progressing well, now that services are in place. They indicated that they could have not done this on their own.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: More at Four Pre-Kindergarten Program

Agency Name: Wake County SmartStart, Inc.

years funded: 7

Activity Abstract: Wake County's More at Four Pre-Kindergarten Program is an early learning opportunity for eligible four- and five-year-olds. This program will provide a comprehensive approach to preparing children for school success by addressing children's cognitive, social, emotional, language and physical needs in structured, quality classroom environments. Wake County SmartStart, Inc. will be providing More at Four services for up to 1,000 slots in the following types of facilities or activities: public schools, Head Start programs, non-profit child care centers and for-profit child care centers (number of slots increases according to state funding).

The Governor's More at Four office has determined the needs for our county. By submitting this activity, Wake County SmartStart, Inc. confirms this activity's compliance with More at Four eligibility guidelines. Wake County SmartStart, Inc. will act as the designated administrative agency for the More at Four contract. Costs supported by More at Four can be matched/supplemented by SmartStart funds.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$2,679,399	\$2,679,399	\$609,325	23%	4

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of children receive speech/language and/or developmental screenings	600	695	116%

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of children served with Smart Start funds only	700	790	113%

How were services delivered?

Target Population	<ul style="list-style-type: none"> Children eligible for this program must be 4 years old on or before October 16th of the current academic year and have child and family characteristics that distinguish them as likely to benefit most substantially from this pre-kindergarten program The primary target population for this activity will be children currently un served by a child care or preschool program, other target populations will include underserved children including those eligible for subsidy but not receiving it, and those in unregulated and regulated child care 100% of children/families met greatest needs set forth by WCSS Board of Directors, with a target of 95% meeting the greatest needs definition.
Services	<p>Management of a pre-kindergarten program in community-based sites throughout the county, responsibilities will include:</p> <ul style="list-style-type: none"> Recruiting and screening teachers and teacher assistant Providing orientation and ongoing training and technical assistance to teachers and teacher assistants Supervising and evaluating teachers and teacher assistants to ensure compliance with program requirements and state child care licensing requirements, and implementation of best practices in pre-kindergarten programming. Ensuring that each More at Four sites uses the Creative Curriculum for Early Childhood Strategies allowing for family involvement and participation, such as initial home visits, parent/teacher conferences, classroom visits. Developing written plans for children's transitions into the program and out of the program into kindergarten Developing written plans for meeting the transportation needs of any enrolled children Scheduling dental, vision, speech/language and /or developmental screenings for each child

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Manner/ Location	<ul style="list-style-type: none"> Services may be provided in Head Start classrooms, public pre-kindergarten classrooms or in child care centers in the community meeting the criteria outlined above
Staffing	<ul style="list-style-type: none"> 4.0 FTE direct service staff Staff met the education and experience requirements Classroom staff either met or is working toward the education requirements set forth by More at Four
Intensity	<ul style="list-style-type: none"> Services are provided for 6 to 6 1/2 hours per day for a 10-month(180-day) period
Collaboration	<ul style="list-style-type: none"> Participated in Wake County More at Four Task Force Collaborated with the Transition to Kindergarten program, Project Enlightenment, WCPSS

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all children served not already identified will be referred for developmental assessment/evaluation	6%	3%	27 of 779
% of all children served not already identified will have an IEP developed as a result of program referral or support	4%	0%	1 of 779
% of all families served will report that they received at least one needed service as a result of activity referral or support	25%	48%	378 of 790
% of children served in licensed facilities will have been served in 4-5 star centers	95%	100%	790 of 790
% of More at Four teachers who remain More at Four teachers for at least 6 months who do not have Birth to Kindergarten teaching certification will complete at least 6 semester hours toward B to K certification	50%	53%	16 of 30
% of More at Four assistant teachers who remain More at Four teachers for at least 6 months without Associates Degree or a CDA will complete 6 semester hours towards an Associate's degree in Early Childhood Education or obtain a CDA	40%	77%	20 of 26

A Success Story

A child who seemed withdrawn and shy entered the 2007-08 year at Knightdale Head Start in September. Screening and observation indicated that the child might have language barriers so our team placed the child in our dual language emersion classroom. With 30 days, hearing, vision, developmental and language acquisition screens indicated need for additional evaluation. Telamon Head Start Family Services met with the family and recommended individualizing classroom lesson plans and routines. They also recommended additional speech evaluation and a dental health evaluation. The family agreed.

Since that time, our child has visited a pediatric dentist and had follow-up visit to correct dental issues that may have contributed to speech challenges. Wake County Public Schools have developed an IEP for the child and offer speech therapy on site.

Today, our child is a dual language learner and has blossomed into an active, vocal and eager pre-kindergartener in the Telamon Head Start More at Four Collaboration classroom. Our child is outgoing and tells stories and sings in English and in Spanish. Strong partnerships within Wake County give our child – all of our children the opportunity to cheerfully succeed in Kindergarten.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Nutrition and Physical Activity Self-Assessment for Child Care

Agency Name: Wake County Human Services

years funded: 9 months

Activity Abstract: Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) is an intervention in 3-5 star child care centers aimed at improving the environments, policies and practices of nutrition and physical activity through self-assessment and technical assistance targeting young children ages two to five. The NAP SACC project will include (1) Self-Assessment (2) Action Planning (3) Workshop Delivery (4) Targeted Technical Assistance, and (5) Evaluation, Revision, and Repetition. A state-trained Child Care Health Consultant [CCHC] or Registered Dietician [RD] will implement the project to model fidelity and must attend the 4-hour NAP SACC "train-the trainer" session. Targeted technical assistance will be provided to child care center staff. The CCHC or RD will facilitate five mandatory workshop sessions for the child care center staff. The center director/staff will complete a pre- and post-Self Assessment to show change in the center's nutritional quality of food served, amount and quality of physical activity, staff-child interactions, and the center's nutrition and physical activity policy. With the CCHC's or RD's assistance, the center director will complete an Action Plan, targeting nutrition and physical activity areas for improvement. Smart Start funds may also be used for meeting expenses, food, travel, duplication of materials, incentives and other contracted services.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$21,152	\$19,120	\$3,435	16%	1

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of visits to facilities enrolled in NAP SACC	NP	131	NA

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of facilities enrolled in NAP SACC	10	10	100%

How were services delivered?

Target Population	<ul style="list-style-type: none"> 10 three-star child care centers in Wake County
Services	<ul style="list-style-type: none"> Self-Assessment Action Planning 5 Workshops Targeted technical Assistance Evaluation, Revision and Repetition
Manner/ Location	<ul style="list-style-type: none"> 10 child care facilities
Staffing	<ul style="list-style-type: none"> 1.0 FTE
Intensity	<ul style="list-style-type: none"> 13 on site consultation contacts per facility
Collaboration	<ul style="list-style-type: none"> Staff collaborates with NCPC and participating centers

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of child care centers who complete an Action Plan to incorporate improved nutritional and physical activity practices.	75%	100%	10 of 10
% of child care centers who complete at least one goal in both nutrition and physical activity areas of Action Plan.	100%	100%	10 of 10

A Success Story

I am currently working with a facility, Creative Kidz Academy, on Strickland Rd. that has really put forth an effort to make changes at their center. They have worked hard to change the menu to incorporate more fruits and vegetables. They have also cut back on the amount of pre-fried, high fat meats that are served. The Assistant Director has made a Parent Health board where parents can find information for children and adults on healthy eating and tips to increase physical activity. It was put in a place that parents would be sure to see the information. The staff is also working on being healthy role models. They have started a contest among themselves called "The Biggest Loser" to see who can lose the largest percent of body weight. This center is really making great strides to ensure that our children are getting enough exercise and are eating healthy to maintain a normal weight. They recently had a bikeathon to raise money for cystic fibrosis. They were able to let the kids have physical activity and raise money at the same time without selling non-healthy food items.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Parental Support for Families of Children with Special Needs

Agency Name: Family Support Network of Wake County

years funded: 6

Activity Abstract: This activity will provide opportunities for families of children with special needs, birth-five, to connect with other families of children with special needs to receive information and emotional support by providing one-to-one matching with a trained support parent. Support parents will connect with families through phone conversations, e-mail and/or face-to-face contact. Activity staff will outreach to Wake County special care nurseries to provide parent support, parent matches, parent educational materials and resources as well as connection to needed community services. Additionally, families will receive information about local, state and national resources for specific disabilities that will help them understand their child's diagnosis. Educational workshops and parent support group sessions will occur in community locations accessible to families of children with special needs. All services offered will incorporate the principles of family centered care.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$70,470	\$70,470	\$14,786	21%	2.59

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of individual face to face support contacts through outreach	450	545	121%
# of support group meetings	NP	5	NA

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of families of children with special needs matched with trained support parents	40	28	70%
# of children impacted	NP	173	NA
# of families served through outreach contacts (Rex Hospital)	100	93	93%
# of families participating in / attending workshops	NP	20	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> Families with children 0-5(not yet in kindergarten) with special needs, or those at risk of having a developmental delay 35.3% of families served met greatest needs criteria; Requirement was 34%
Services	<ul style="list-style-type: none"> Support parents were trained to provide information and support to families of children with special needs Program staff identified families whose children have been newly diagnosed with a delay or are at –risk Parent support group sessions and educational workshops for families and professionals Provided culturally competent and diverse services
Manner/ Location	<ul style="list-style-type: none"> Contacts between support parents and family matches occurred via telephone, emails, and/or face to face visits Educational workshops and parent support group sessions conducted in convenient community facilities for families and professionals Outreach to newly diagnosed children occurred in specialized locations, such as the Special Infant Care Nursery at Rex Hospital

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Staffing	<ul style="list-style-type: none"> • 2.59 FTE direct service provider • Staff met all education and/or experience requirements
Intensity	<ul style="list-style-type: none"> • Families received an average of 6.0 outreach contacts • 28 families received parent support match services
Collaboration	<ul style="list-style-type: none"> • Successfully collaborated with the CDSA to get referrals • Worked closely with Rex Hospital • Collaborated with other Smart Start partners and community agencies to integrate delivery of services and avoid duplication of efforts • Collaboration with Wake County SEPTA (Special Education PTA)

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of families of children with special needs served by parent matches, outreach contact, and/or support groups will report increased parenting competence and confidence as a result of program activities	80%	83%	106 of 128
% of all families receiving outreach contact will access at least one needed service as a result of activity referral or support	40%	35%	33 of 93
% of all families attending workshops will report an increase in knowledge as a result of workshops	90%	100%	20 of 20

A Success Story

A set of twins were transferred to Rex Special Care Nursery from another area hospital's NICU. The twins, a boy and a girl, were born at 28 weeks gestation due to being discordant. The little boy weighed only a few ounces over 1 lb. and his sister was 2 lbs. 3 oz. Both suffered from prematurity issues, low birth weight, respiratory distress, and apnea of prematurity. The little boy also had stage 2 retinopathy (ROP). After a month long stay in the other hospital mom had only received information about the twin's medical progress. She had not received any information concerning what the medical terms meant, early intervention, evaluations, or family support.

When Family Support Network of Wake County (FSN/WC) met with mom and gave her a packet of information about prematurity, ROP, community resources, early intervention, and offered a parent-to-parent match mom was in tears. Mom and Dad had both desperately wanted this information and support but did not know how to go about getting it. We met at the bedside daily and FSN/WC was there when the twins were ready to be discharged. Mom and Dad felt so much more confident about bringing them home. Dad felt like he had an active role, mom had outside supports in place, a plan to handle visitors, had scheduled an evaluation with the CDSA, and was able to focus on the joy of bringing their children home instead of a mixture of nerves and anxiety. The presence of FSN/WC in the nursery made a huge impact on this entire family.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Parents as Teachers Home Visiting Model

Agency Name: Project Enlightenment – Wake County Public Schools

years funded: 12

Activity Abstract: This project will provide Parents as Teachers (PAT) services, in accordance with PAT program standards, to children ages birth to five (not yet in Kindergarten) who are at risk for school failure. PAT services include monthly home visits and family education groups (following research-based PAT curriculum), periodic screening and early intervention referral to the Child Developmental Services Agency (CDSA) for children birth through two years and to Wake County Public Schools (WCPSS) for children three to five years old. Parents are present during any screenings and results are shared both verbally and in writing. Parents are encouraged to share screening results, especially if a concern is detected, with their health care provider. Emphasis will be placed on reaching families with children who are at risk for school failure including non-English speaking families and families of infants with high-risk births. Parent Educators will be PAT trained and have a degree in child development or related field with experience working with young children and families, or other educational equivalence. This program will be part of the Home Visiting Collaborative and collaborate with Smart Start Partners in order to avoid duplication and to support integration of services.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$391,321	\$374,727	\$64,236	16%	5.31

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of face to face visits Total of completed and attempted	2800	2583 ¹	92%
# of group sessions for PAT families	12	12	100%

1) Staffing level contributed to lower than expected output result.

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of children served	350	317 ²	91%
# of parents/caregivers	NP	254	NA
# of children receive developmental / speech/language screenings	NP	182	NA
# families referred to other resources	NP	221	NA

2) Staffing level contributed to lower than expected output result.

How were services delivered?

Target Population	<ul style="list-style-type: none"> English and non-English speaking families with children ages 0-5(not yet in Kindergarten) who are at-risk for school failure due to low socioeconomic status, developmental delay or disability, limited English proficiency and low parent education 84.9% of children served met greatest need criteria; goal was 75%
Services	<ul style="list-style-type: none"> Home visits to enroll families using the PAT curriculum Periodic child screening Group parent education activities Provided culturally competent and diverse services
Manner/ Location	<ul style="list-style-type: none"> Family's home Group activities occurred in various community locations Provided culturally sensitive/appropriate services
Staffing	<ul style="list-style-type: none"> 4.71 FTE direct service staff 1.00 FTE staff turnover in Quarter 3 Staff met all training, educational, and experience requirements
Intensity	<ul style="list-style-type: none"> Each enrolled family had an average of 8.1 face to contacts A total of 12 group sessions for PAT families were held

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Collaboration	<ul style="list-style-type: none"> • Program staff participated in the WCSS Home Visiting Collaborative • Staff makes regular referrals to community agencies for services and resources such as CDSA, health/vision/dental screenings, Evaluations for speech/language and oral motor, various community agencies
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What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all children served not already identified will be referred for developmental assessment/evaluation services	8%	8%	22 of 278
% of all children served not already identified will receive a developmental assessment/evaluation as a result of the activity referral or support	6%	8%	22 of 278
% of all children served not already identified will be determined eligible for and will receive Early Intervention or Pre-School Services as a result of activity referral or support	4%	6%	17 of 278
% of all families served will access at least one needed service as a result of program activities.	80%	89%	217 of 244
% of parents served with at least 4 visits will report that they have applied new knowledge and skills as a result of program activities.	80%	91%	153 of 168
% of all parents served with at least 4 visits will report increased parenting competence and confidence as a result of program activities.	80%	88%	147 of 168
% of parents with at least 4 contacts will report increased frequency of literacy activities with their children from less than 4 times/week to 4 or more times/week as a result of program activities.	60%	44%	74 of 168
% of parents with at least 4 contacts will report increased frequency of literacy activities with their children.	80%	84%	141 of 168

A Success Story

A mother referred to Parents As Teachers (PAT) enrolled as a result of overwhelming concerns with her three year old son's unruly behavior which included defiance and temper tantrums. The mother, father, and child were present for the first home visit. The father, who had just worked a night shift, attended the visit after being awake all night. Both parents expressed dire concern about the child's getting up in the middle of the night, exploring the house, and then going outside of the house on his own. The PAT Parent Educator explained the PAT program and curriculum and indicated that PAT could begin by focusing on behavior issues as a special topic of concern, given the challenges the child was presenting.

The family revealed being under a great deal of stress due to a recent move, a new job for the father, and the mother keeping children in order to earn extra money to help relieve financial stresses. The mother also had concerns that her son may have "ADHD" due to family history. They discussed how changing routines, limiting TV time, and providing a quiet place for the child to calm down might be effective strategies. Toward the end of the visit, the Parent Educator asked the parents if she could read a book with the child, and the parents consented.

The Parent Educator asked the child to sit by her and began to share the book with the child, tapping the page to bring him back to the picture and involving him in looking at the big trucks and discussing them. After the Parent Educator finished the book, the mother looked up with amazement and said that she had not been able to get her son to sit and read a book with her. The PAT Parent Educator showed the parents how to introduce books and how to engage the child at his level and to be consistent with this experience.

When the PAT Parent Educator arrived for the second home visit, the mother could barely contain her excitement to share what had happened since their last visit. The parents were thrilled to show how they had created a quiet "safe" place for their son to go to in his room to gain control and had removed the TV that was in his room. They reported that although behavior problems were still prevalent, overall, the boy was calmer during the day and was now sleeping through the night. Both parents reported that they were being successful in sharing books with their child. During this second PAT visit, the PAT Parent Educator discussed routines in more detail, focusing on how consistent routines can help the child feel more secure within his new environment. She also discussed with the parents a relationship-building approach; identifying the child's strengths, writing these down, and acknowledging them whenever they were observed. On this visit, the Parent Educator let the mother and father take turns helping to make a game with the child and sharing a book. It was amazing to see the difference in how the child responded to each of these simple acts of sharing.

The PAT Parent Educator returned for a third visit, and the child came out with his mother to meet her at her car. He was eager to find out what they were going to do during the visit. The Parent Educator joined the mother and child in the home, and the mother couldn't wait to show her the chart they had made to help acknowledge strengths. She had even made a chart for the children she keeps. The child beamed as he showed the Parent Educator his poster.

The mother reported that it is now a rare occurrence that the child loses control. This child and his parents' feelings of accomplishment have been amazing to witness. To see what can happen in only three visits is a tremendous testament to what value there is in home-visiting programs. When PAT meets the families where they are and gives them practical information and supportive listening, children come out winners, and that is what this program is all about.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Pediatric Surveillance Mentoring Program

Agency Name: Wake County Human Services

years funded: 9

Activity Abstract: The Pediatric Surveillance Mentoring program in coordination with other Smart Start partners and community resources, including the Local Interagency Coordinating Council, will train staff and provide pediatric developmental surveillance to children ages birth to five in Wake County in primary care provider offices. All pediatric practices enrolled will serve at least 5% of Medicaid and Health Choice eligible children. Referrals from primary health care providers will be coordinated with the appropriate community resource. This program will (1) train primary care provider staff to use state of the art primary and secondary developmental screening tools and make appropriate community referrals; (2) assist parents in anticipating and strengthening their children's developmental skills; and (3) utilize best practices in pediatric developmental surveillance.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$126,268	\$126,268	\$19,736	16%	2.45

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of CQI consultations (including assessment and remediation)	1450	532	37%
# of trainings for primary health care providers	NP	18	NA
# of developmental surveillance consultations, assistance or information provided to families	NP	1071	NA

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of pediatric practices participate in program	30	30	100%
# of children receiving secondary screenings by developmental specialists	NP	530	NA
# of primary health care providers trained	NP	38	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> Primary health care practices that served at least 5% of Medicaid and Health Choice-eligible children, as well as practices that provided care for uninsured children
Services	<ul style="list-style-type: none"> Trained staff in primary health care practices to perform periodic and systematic assessments of development during well child visits for children ages 0-5 in a primary setting Provided outreach trainings to SmartStart partners who work directly with young children Incorporated developmental surveillance into public and private pediatric practices by introducing and modeling the use of culturally sensitive and family centered surveillance tools Established surveillance routines within practices, including routines for referrals and follow-up Held community competent and diverse services
Manner/ Location	<ul style="list-style-type: none"> Primary health care offices Provider trainings occurred in various community locations
Staffing	<ul style="list-style-type: none"> 2.45 FTE direct service staff Staff met all education and/or experience requirements
Intensity	<ul style="list-style-type: none"> Each medical practice received an average of 35.7 contacts for consultation/assistance/information

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Collaboration	<ul style="list-style-type: none"> Activity staff makes regular referrals to WCPSS, CDSA, Speech Therapy services, and other documented referrals included Neurologists and ENT specialists Activity staff work very closely with practitioners at the Sunnybrook Health Clinic and provide intensive secondary screenings at this location Activity staff participates in many community groups including the LICC and RICC, Wake County SmartStart Program Planning Committee
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What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all children receiving secondary assessment from developmental specialists will be referred for additional outside evaluations	40%	44%	234 of 530
% of all children receiving secondary assessment from developmental specialists will receive additional outside evaluations as a result of activity referral or support	20%	24%	126 of 530
% of all children receiving secondary assessment from developmental specialists will receive evaluations for CDSA or WCPSS eligibility determination.	15%	16%	83 of 530
% of providers participating in implementation phase will report increased knowledge regarding the developmental surveillance process as a result of program activities	80%	100%	6 of 6
% of medical providers participating in the implementation phase will report using validated surveillance tools as a result of program activities	80%	100%	6 of 6
% of practices participating in CQI which are initially determined to be at Level I or Level II will improve standards by one level.	65%	88%	7 of 8

A Success Story

C. is a sweet two year old child who was referred for a secondary screen because Mom feels like she cannot work with him anymore. Mom is trying to introduce things to him, but he just does not get it. He was a late walker and has done PT. Mom tried Speech Therapy but stopped because it was not working. Currently he is not getting any services. C. has been in preschool for one week and it has been a disaster. The teacher is frustrated because he does not follow along or transition with the other children. During the session C. wandered around the room exploring. He also spent time sitting on Mom’s lap. He was a happy child for the most part- content and “in his own world”. He had repetitive and ritualistic behaviors including walking around the room in a circle and hands flapping. At one point during the session mom became upset and was crying. He did not notice or react. C. has no expressive language at all. He can do the sign for “more”, but does this with an open palm instead of closed fingers.

C. was given the Two Year Old Brigance: An Inventory of Early Development. His score was a 0 (not testable) C. shows delays in language, fine motor and personal social skills. After a long and detailed conversation Mom understands that the CDSA is really the best place to start. Although Mom was hesitant because of previous experiences, she agreed to the referral. This Mom sent the Developmental Specialist a letter stating, “no one wants to have a special need’s child but finding the right resources is the key. You have provided all of this for us and we are extremely grateful.”

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Professional Development Planning for Child Care Providers

Agency Name: Child Care Services Association

years funded: 4

Activity Abstract: Professional Development Coordinators will provide group and individual trainings/consultation and enrollment assistance to child care providers and directors to facilitate their pursuit of traditional and distance learning coursework at accessible colleges and universities. Coordinators will assist with creating professional development plans, accessing existing financial support and compensation programs, and accessing other resources as appropriate. Coordinators will also manage bonuses to cover tuition costs for those successfully completing courses that are not covered by Teacher Education and Compensation Helps (T.E.A.C.H.) scholarships, such as bonuses to cover tuition costs for those completing course work but employed by facilities that do not participate in T.E.A.C.H. Tuition Reimbursements will be paid upon verification of successful completion of course work. Coordinators will have a Bachelor's degree in Early Childhood Education or related field with at least 3 years of experience working in a regulated child care setting, or an equivalent combination of education and experience. Services will be delivered on-site in child care centers and family child care homes, as well as other community locations as scheduled. Coordinators will participate in the activities of the Quality Enhancement Collaborative to promote professional development in the child care work force, and coordinate the activity's efforts with those of accessible secondary education institutions.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$110,745	\$110,118	\$38,402	35%	2.15

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of individual professional development counseling sessions	495	456 ¹	92%
# of group professional development training sessions	NP	11	NA

1) Staffing level contributed to lower than expected output result.

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of direct teaching staff receiving individual professional development counseling.	330	263 ²	80%
# of direct teaching staff earning 3 credit hours with a grade of "C" or better	NP	61	NA
# of facilities employing staff who earn 3 credits with a grade of "C" or better	NP	26	NA
# of children in facilities employing staff who earn 3 credit hours with a grade of "C" or better	NP	1727	NA

2) Staffing level contributed to lower than expected output result.

How were services delivered?

Target Population	<ul style="list-style-type: none"> The target population for this project were child care providers and directors seeking to take early childhood education coursework and/or access financial support and compensation programs to support them in pursuing their educational goals
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*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Services	<ul style="list-style-type: none"> Group professional development training for child care providers and directors to include information about the following topics as they relate to community colleges and four-year colleges and universities in NC Individual professional development consultation and enrollment assistance for child care providers and directors Creation of individualized written professional development plans
Manner/ Location	<ul style="list-style-type: none"> Services were delivered on-site in child care centers and family child care homes, as well as other community locations as scheduled
Staffing	<ul style="list-style-type: none"> 2.0 FTE direct service staff Program did experience staff turnover in Quarter 2 and the first half of Quarter 3 Staff met all education and/or experience requirements
Intensity	<ul style="list-style-type: none"> 1.73 individual counseling session per provider
Collaboration	<ul style="list-style-type: none"> Staff collaborates with the community colleges utilized by providers in Wake County and the Quality Enhancement Collaborative

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of direct teaching staff who receive individual professional development counseling will enroll in for credit early childhood or early childhood related courses within the fiscal year as a result of activity support.	40%	38%	100 of 263
% of direct teaching staff enrolled in for credit courses as a result of activity support will earn at least 3 semester with a grade of 2.0 or better hours in early childhood or early childhood related courses within the fiscal year.	75%	100%	61 of 61

A Success Story

In August of 2006, Ms. Elle decided to sign up for the professional development project after being introduced to the many services offered by professional development associates while picking up a textbook for her EDU 119 course. Although she was excited about the prospect of studying early childhood coursework, she was worried about the amount of time it would take her to complete an AA in Early Childhood due to the fact that she could only afford to take one course at a time.

She was then introduced to the TEACH scholarship program by the professional development associate. This extra funding would allow Ms. Elle to carry a full course load without having to bare the financial burden of tuition. Every semester after the initial meeting, Ms. Elle has signed up for early childhood courses, borrowed textbooks and had visits with professional development associates. As of March 2008, Ms Elle has completed her NC Early Childhood Diploma and is well on her way to her goal of acquiring her AA in Early Childhood Education in the Spring of 2009.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Program Coordination and Community Capacity Building Project

Agency Name: Wake County SmartStart, Inc.

years funded: 12

Activity Abstract: In an effort to build the capacity of communities and families to prepare children for success in school and in life, Program Coordinators (PCs) will convene community stakeholders to develop activities to achieve the goals, objectives and outcomes articulated in the Wake County SmartStart strategic plan. PCs will monitor and document activity implementation for contract compliance regarding target population; types, intensity and location of services; staffing and collaboration; provide technical assistance to improve activity performance; and initiate corrective action plans when necessary. They will provide staff support and expertise on Wake County SmartStart's work groups and may conduct other specific tasks, such as community needs assessments and written reports for various internal and external audiences. They will manage Request for Proposal processes and participate in development of staff funding recommendations. Their expertise will be in early education and child care, health care, and family support; they will carry out their role in service delivery settings as well as in formal and informal meetings of professionals, parents, and other stakeholders.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$307,281	\$307,281	\$10,821	4%	3.85

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of WCSS partner/collaborative/community groups facilitated or served as WCSS representative	NP	24	NA
# of monitoring visits	29	30	103%
# of technical assistance visits	NP	42	NA
# of non-visit technical assistance contacts	NP	73	NA

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# partners served	30	28	93%
# of board committees/work groups staffed	NP	4	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> The target population for this activity included all agencies funded by WCSS as well as community stakeholders that affect WCSS's ability to meet its goals and objectives
Services	<ul style="list-style-type: none"> Provided oversight and monitoring of funded programs to ensure that each is implemented according to contract and delivered to continually improve program services, attain projected outputs and achieve program outcomes Provided technical assistance in program design, implementation, and administration At the direction of the Board, PC's will seek and design new programming through Requests for Proposals(RFPs) and or Request for Applications(RFAs) PC's will staff committees, sub-committees and/or workgroups of the WCSS Board and facilitate their work in areas that include assessing community needs; strategic planning; program funding decisions; and capacity building activities
Manner/ Location	<ul style="list-style-type: none"> Services were provided in-person, by telephone, and /or by email/regular mail at Wake County SmartStart and in various community settings including agency settings in which WCSS activities are implemented
Staffing	<ul style="list-style-type: none"> 2 FTE direct service Program Coordination positions Program experienced turnover in the 3rd and 4th Quarters Staff met education/experience requirements

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Intensity	<ul style="list-style-type: none"> Funded partners received an average of 2.8 visits each (including observation, TA, and monitoring)
Collaboration	<ul style="list-style-type: none"> Convened Home Visiting, Mental Health, Literacy Collaborative, Young Child Mental Health, The Raleigh /Wake 10 Year Plan to End and Prevent Homelessness and LICC

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of active Program Planning and Allocation Committee members will report they are able to make knowledgeable decisions as a result of information provided by program staff.	85%	82% ¹	23 of 28
% of Community Partner staff receiving substantive contact from their Program Coordinator will report that Program Coordination staff was responsive to questions/concerns regarding agency's activity.	85%	52% ²	14 of 27
Community wide initiatives addressing the needs of young children and their families will be developed, implemented or enhanced as a result of WCSS Program Coordination staff leadership and participation. Documentation of the results will be distributed via work group/committee meetings.	2	3	3
% of participants in the Home Visiting, Mental Health, and Literacy Collaboratives will report that the quality of their service delivery was enhanced as a result of participation in the collaborative.	80%	50% ³	7 of 14

- 1) 89% (25 of 28) surveys completed; of surveys completed 92% (23 of 25) met measurement standard.**
- 2) 56% (15 of 27) surveys completed; of surveys completed 93% (14 of 15) met measurement standard.**
- 3) 68% (8 of 14) surveys completed; of surveys completed 88% (7 of 8) met measurement standard.**

A Success Story

Nurse-Family Partnership (NFP) is an evidenced-based, nurse home visiting program that has been shown to dramatically improve the health and well-being of low-income, first-time parents and their children. The program has also demonstrated significantly improved school readiness outcomes for young children. NFP requested bids for a limited number of sites where NFP would be implemented around North Carolina. Funding for the program would come from a number of sources including the Kate B. Reynolds Foundation, the Duke Endowment, NC Division of Public Health, and Wake County SmartStart.

On March 20th WCSS staff submitted an application for Wake County to become a Nurse-Family Partnership site to the national office. The submission of the application was the culmination of 6 months of intensive work in collaboration with community partners. The process included: participation in organizing committee meetings, building community awareness and support, identification of an implementing agency, and collaboration with several agencies to develop/submit the application. The process was both challenging and rewarding.

On July 24, Wake County's bid was approved. Wake County Human Services will be implementing the program with support from community partners. Implementation of NFP will allow up to four nurses to serve a total of 100 English or Spanish speaking families each year with intensive home visits and services that include "case management, prenatal care, preventive health practices, improving diet and overall health, child health and development, economic stability, job security."

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Program Improvement and Evaluation

Agency Name: Wake County SmartStart, Inc.

years funded: 12

Activity Abstract: This activity will provide program evaluation services, technical assistance, strategic planning, and evaluation data analysis to Wake County SmartStart. Evaluation Coordinators (ECs) will work with Direct Service Providers, referred to as Partners, to develop annual evaluation plans to track implementation and outcomes for all funded activities; conduct site visits with Partners to assess progress toward program goals; provide technical assistance to Partners to address challenges; participate in strategic planning; track program outcomes; gather and analyze relevant data; and report to the North Carolina Partnership for Children (NCPC) and others as required and/or requested.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$224,014	\$208,000	\$1,318	1%	3.15

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of Face to Face technical assistance contacts	40	53	133%
# of Other technical assistance contacts (documented phone or e-mail contacts)	NP	77	NA
# of monitoring visits	28	29	104%

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# partners served	31	31	100%

How were services delivered?

Target Population	<ul style="list-style-type: none"> The target population for this activity includes all direct service providers funded by WCSS. Coordinators also serve any additional evaluation needs of the WCSS Board and Staff
Services	<ul style="list-style-type: none"> Developed annual evaluation plans for all funded activities, create reporting forms and establish procedures for reporting information to the WCSS Board and staff Met with direct service providers at least once each fiscal year to monitor program data collection and progress toward outputs and outcomes Prepare a Final Activity Report for the WCSS Board of Directors which provided information regarding activity implementation of individual programs and achievement of outputs and outcomes for the year
Manner/ Location	<ul style="list-style-type: none"> Services were provided in-person, by telephone, and /or by email/regular mail at Wake County SmartStart and in various community settings
Staffing	<ul style="list-style-type: none"> 2.5 direct service FTEs Staff met all education and/or experience requirements
Intensity	<ul style="list-style-type: none"> An average of 2.6 site visits with Partners(including TA and monitoring)
Collaboration	<ul style="list-style-type: none"> Provided workgroups and collaborative groups with information that supported collaboration in activity development and integration with other services

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of active Program Planning and Allocation Committee members will report they are able to make knowledgeable decisions as a result of information provided by program/evaluation staff.	85%	82% ¹	23 of 28
% of Community Partner staff receiving technical assistance will report that evaluation staff provided helpful technical assistance.	85%	50% ²	27 of 54
A Final Activity Report and Summary will be completed for FY 2006-07.	1	1	1
Increase # of data reports compiled by 50% from FY 06-07.	21	21	21

1) 89% (25 of 28) surveys completed; of surveys completed 92% (23 of 25) met measurement standard.

2) 56% (30 of 54) surveys completed; of surveys completed 90% (27 of 30) met measurement standard.

A Success Story

The Evaluation Department played a very pro-active role in the RFP process this year and helped design and implement a completely new application framework, format and process. In response to new NCPC requirements, we researched many evidenced based models and created charts capturing information on a number of these models. In addition, we provided logic model training and technical assistance to current and potential partners regarding how to appropriately complete the NCPC logic model. This training and technical assistance enhanced the community capacity to link community need and services provided to short and long term outcomes. The Evaluation Department worked closely with NCPC staff to ensure that logic models for new, substantially revised, or family support related programs were detailed and clear. Using what we learned from working with NCPC staff we were able to revise the logic models for those programs that did not need to be submitted this year. We anticipate that the process will be much smoother for the health related programs we submit for FY 2009-2010.

An additional success has been the willingness of WCPSS to share all of the raw Kindergarten Initial Assessment data with us. The receipt of this data will allow us to track changes in this data over time and identify the strengths and needs of varying demographic populations. This is one more example of the positive collaborative relationship that we are building with WCPSS.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Quality Enhancement/Maintenance in Child Care Centers & Family Child Care Homes

Agency Name: Wake County SmartStart, Inc.

years funded: 9

Activity Abstract: Facilities will apply to participate in a quality enhancement or maintenance service. Consultants will provide on-site technical assistance, training, consultation, plan development, and resource linkage. A literacy component will be incorporated into enhancement and maintenance plans and will be provided by contracted professionals with strong literacy training skills. Consultants will provide support for providers to increase their education levels as a component of quality, including professional development planning and a limited amount of scholarship funds for providers working in facilities participating in this activity based on Partnership criteria. Generally, facilities with the lowest star license levels will receive the most intensive services. Consultants will administer grants to selected child care facilities to purchase materials, including literacy materials, based on needs identified in assessment plans. One to three star facilities are eligible to participate in the quality enhancement services. Three to five star facilities are eligible to participate in quality maintenance services. Three star facilities that are willing to increase their star rating are eligible for quality enhancement. Three star facilities that are actively pursuing increased staff education may be awarded non cash material/equipment grants to increase program standards. Wake County SmartStart will adhere to Wake County SmartStart's Quality Enhancement Eligibility Guidelines.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$868,075	\$867,869	\$108,775	13%	10

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of Quality Enhancement (QE) visits	NP	553	NA
# of Quality Maintenance (QM) visits	NP	1132	NA
# of total visits	1600	1685	105%

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of childcare centers, family child care homes or centers within a residence participating in QE	30	34	113%
# of child care centers, family childcare homes or centers within a residence participating in QM	50	47	94%
# of children in facilities participating in QE or QM	NP	3818	NA
# of children in 4 or 5 star centers	NP	2611	NA
# of child care providers attending non-credit based training or workshops	NP	575	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> For quality enhancement services, child care providers and directors working in child care centers/family homes meeting current eligibility criteria for quality enhancement and related programs. For quality maintenance services, the target population were child care providers and directors working in child care centers/family homes meeting current eligibility criteria for quality maintenance programs
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*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Services	<ul style="list-style-type: none"> • This activity provided the following service: • On-site intensive consultation, technical assistance, training, and mentoring to participating child care providers • Community-based trainings • Development of quality enhancement plans to facilitate quality improvement • Provision of grants to improve child care environments with developmentally appropriate furnishings and materials, with customized technical assistance to facilitate appropriated use of materials
Manner/ Location	<ul style="list-style-type: none"> • Child care centers and family child care homes
Staffing	<ul style="list-style-type: none"> • 8 FTE direct service staff • Staff met education/experience requirements
Intensity	<ul style="list-style-type: none"> • QE: 16.3 visits per center/home • QM: 24.0 visits per center/home
Collaboration	<ul style="list-style-type: none"> • Participated in Quality Enhancement Collaborative meetings with other agencies providing center base services in Wake County • Collaborated with Community agencies such as DCD, Motherhead, Project Enlightenment, CPI and others • Staff helped coordinate Family Child Care Home Association meeting place

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of facilities participating in activities to maintain current star rating (QM-3 4 or 5 star) will be scheduled to be reassessed by DCD during the current fiscal year	80%	77%	36 of 47
% of child care facilities participating in activities to maintain their star rating (QM-3, 4 or 5 star) who are scheduled to be reassessed, will at a minimum maintain their current star rating based on the reassessment conducted during the current fiscal year	85%	92%	33 of 36
% of child care facilities participating in activities to increase their star rating (QE) will apply to DCD for either at least 3 star license or to increase their star rating by one star, whichever is higher	65%	56%	19 of 34
% of QE participating facilities that applied for at least a 3 star license or to increase star rating by one star during FY 07/08 will receive either a 3 star license for first time or a higher star rating	80%	37%	7 of 19
The average child star rating for all children impacted by this activity will increase or be maintained for a) all children	1.0	1.03	3.22 to 3.33
The average child star rating for all children impacted by this activity will increase or be maintained for (b) children receiving subsidy	1.0	1.01	3.54 to 3.57
The average child star rating for all children impacted by this activity will increase or be maintained for (c) children with special needs	1.0	1.00	3.74 to 3.74

A Success Story

This year the Quality Enhancement and Quality Maintenance Activity has focused on providing training to staff on "Conscious Discipline." This training provides classroom staff with strategies and tools that can be used with children to help them build self regulatory skills, problem solving skills, and community in the classroom. One of the strategies that is taught to children and is used when they are frustrated or upset is to be a STAR (to Stop, Take a deep breath, And Relax). Children learn in this process to calm themselves in times of anger or frustration. Recently a Quality Enhancement Specialist (QES) was in a classroom of three year olds. The teacher in the classroom had participated in the Conscious Discipline training. She had begun to implement the STAR technique in the classroom. One of the children became upset and the QES heard him say to himself, "Be a STAR, be a STAR" and he proceeded to implement what he had learned. It is exciting to see training having positive effects on the socio-emotional well being of children.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Social/Emotional Interventions for Young Children (LDC)

Agency Name: Lucy Daniels Center for Early Childhood

years funded: 4

Activity Abstract: This activity will provide ongoing therapeutic intervention and related case management for children ages 0 - 5 (not yet in Kindergarten) with specific mental health needs and their families when insurance or other resources are not available to pay for services provided. Medicaid reimbursement for services will be used to offset program costs. These services will be provided by licensed mental health professionals who have experience and expertise working with young children and their families. Services will be provided in locations convenient to families. Referrals to early intervention will be made as appropriate. This service will join the Wake County SmartStart Mental Health Collaborative and collaborate with other agencies providing mental health services.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$250,253	\$191,417	\$36,204	14%	3.563

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of face-to-face contacts	1500	1018 ¹	68%

1) Staffing level contributed to lower than expected output result.

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of children served	150	78 ²	52%
# of family caregivers served	NP	97	NA
# of providers served through individual consultation	NP	20	NA

2) Staffing level contributed to lower than expected output result.

How were services delivered?

Target Population	<ul style="list-style-type: none"> Children 0-5(not yet in kindergarten) (who are in need of social-emotional therapeutic services and their families 83.3% of children served met greatest needs criteria; requirement was 505
Services	<ul style="list-style-type: none"> Clinical assessments, therapy, and/or play therapy Case management services, when not already available for families Child-centered consultations with child care providers Psychiatric services and/or physiological testing for severe cases, as needed Provided culturally sensitive and appropriate services
Manner/ Location	<ul style="list-style-type: none"> Child and family's home, or other location convenient for families Child care setting, when appropriate
Staffing	<ul style="list-style-type: none"> 3.0 FTE direct service staff Started the fiscal year with 2.0 direct service staff due to staff turnover Staff met all education and/or experience requirements
Intensity	<ul style="list-style-type: none"> Each child benefited from an average of 13 individual direct service contacts
Collaboration	<ul style="list-style-type: none"> Activity staff help families access needed services; documented referrals included those to CDSA, WCPSS, and Crisis Assessment Services Activity staff regularly attends meetings of the WCSS Mental Health Collaborative and the YCMHI Activity staff received referrals from WCHS, CDSA, and Pediatric Developmental Surveillance Program Collaborated with other SmartStart partners and community agencies to integrate delivery of services and avoid duplication of efforts

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all children served without IFSP's/IEP's will be referred for developmental evaluation services based on formal or informal screening information.	10%	25%	13 of 53
% of all children served without IFSP's /IEP's will receive a developmental evaluation as a result of activity referral or support.	8%	36%	19 of 53
% of all children served without IFSP's/IEP's will have an IFSP/IEP developed as a result of activity referral or support	4%	21%	11 of 53
% of all children served at least 6 times will demonstrate improvement in social/emotional/behavioral development as measured by a standardized tool.	50%	85%	41 of 48
% of all children served at least 12 times will demonstrate improvement in social/emotional/behavioral development as measured by a standardized tool.	80%	92%	23 of 25
% of children in child care who served at least 3 times will not be expelled from child care facility.	90%	95%	36 of 38

A Success Story

Enrique's mother Anna (names changed to protect confidentiality) found out about SecurePath through a neighbor, whose daughters were clients of the program. Anna shared with her neighbor how distressed she was by Enrique's behaviors, and the neighbor told her about SecurePath and gave her the therapist's phone number. Anna called the therapist that day and explained her concerns: Enrique was, in her words, "very bad." She said she did not know how to control his behavior, which was becoming very aggressive and disobedient.

When therapist began to meet with mother in person, mother described the situation in detail: she was a single mother of Enrique and his nine-year old sister. She had been working full time as a waitress ever since she immigrated here from El Salvador nine years ago. The family lived in a cramped apartment, along with several members of Anna's extended family, including Enrique's grandmother. Therapist would later work rather extensively with grandmother, as it became clear that she was having a large influence in both Anna's and Enrique's lives. In addition to the difficult economic and living situation, mother had been unable to access many resources in the community because of a language barrier. Her English was very limited, so SecurePath therapist conducted their sessions in Spanish.

As therapist began to work with Enrique, it became clear that he needed a developmental evaluation. Therapist made that referral, and he was eventually assigned a speech therapist. Later, therapist helped mother apply for More at Four, to which Enrique was accepted. With developmental and early learning concerns tackled, it was still apparent that Enrique's and his mother's relationship needed some work. This would prove much more difficult, as mother's parenting style was the product of a difficult childhood marked by extreme poverty, abuse by her grandmother, and lack of a nurturing, protective relationship with her own mother.

Anna promised herself that she would never treat her children the way she was treated as a child, and she had kept that promise. Unfortunately, she knew just what not to do, but had virtually no idea what to do. Mother and therapist worked together, blending some basic knowledge about child development and appropriate expectations with exploration of personal and family patterns. Therapist and mother also looked for ways for mother to find some personal fulfillment in her life, as mother began to understand that she would be much better equipped to help her son if she was feeling good herself. Mother eventually began to take pride in her mothering, something she'd never done before. She had confidence that she could read her son's cues and provide appropriate boundaries.

In turn, Enrique's behavior changed. He responded very positively to the feeling of safety produced by mother's limit setting, and this freed mother up to see what a funny, sweet child she has. Mother still carries some wounds that may never heal, and Enrique still has some difficult days. But the family hardly resembles the family that therapist first met. Toward the end of treatment, Enrique began his first day of the More at Four program excited and eager to learn and socialize, and ended his first day even more excited to share with his Mom what he had learned. Therapist was present for that milestone day, and was privileged to witness Anna's reaction. Instead of lamenting how "difficult" or "hyper" or "bad" Enrique was, as she'd done so often in the past, mother took Enrique onto her lap, and beamed with pride as he talked about his teacher and recited his colors and numbers.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Social/Emotional Interventions for Young Children (LT)

Agency Name: Learning Together

years funded: 4

Activity Abstract: This activity will provide ongoing therapeutic intervention and related case management for children ages 0 - 5 (not yet in Kindergarten) with specific mental health needs and their families when insurance or other resources are not available to pay for services provided. Medicaid reimbursement for services will be used to offset program costs. These services will be provided by licensed mental health professionals who have experience and expertise working with young children and their families. Services will be provided in locations convenient to families. Referrals to early intervention will be made as appropriate. This service will join the Wake County SmartStart Mental Health Collaborative and collaborate with other agencies providing mental health services.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$160,161	\$160,161	\$24,113	15%	2.25

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of face-to-face contacts	1235	1696	137%
# of group sessions	NP	32	NA

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of children served	123	146	119%
# of family caregivers served	NP	217	NA
# of providers served through individual consultation	NP	46	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> Children ages birth to five(not yet in kindergarten) who are in need of social/emotional therapeutic services, and their families 54.1% of children served met greatest needs criteria; Goal was 50%
Services	<ul style="list-style-type: none"> Individual and Group Therapy Family Counseling Consultation to the providing agencies and to the child's school On-going support for parents and teachers Case Management if child and family do not have a case manager or are waiting for one Provided culturally competent and diverse services
Manner/ Location	<ul style="list-style-type: none"> Child's school or child care center Child's home Homeless shelters
Staffing	<ul style="list-style-type: none"> 2.0 FTE direct service staff All staff met education and/or experience requirements
Intensity	<ul style="list-style-type: none"> Each child benefited from an average of 11.6 individual /group contacts
Collaboration	<ul style="list-style-type: none"> Program Staff participated in the WCSS Mental Health Collaborative, LICC and the Young Child Mental Health Initiative Provided a limited number of parent support groups collaboratively with Project Enlightenment Activity staff makes referrals to CDSA and WCPSS when appropriate Collaborated with SmartStart mental health partners and other community agencies to integrate delivery of services and avoid duplication of efforts

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all children served without IFSP's/IEP's will be referred for developmental evaluation services based on formal or informal screening information.	10%	11%	11 of 101
% of all children served without IFSP's /IEP's will receive a developmental evaluation as a result of activity referral or support.	8%	11%	11 of 101
% of all children served without IFSP's/IEP's will have an IFSP/IEP developed as a result of activity referral or support	4%	11%	11 of 101
% of all children served at least 6 times will demonstrate improvement in social/emotional/behavioral development as measured by a standardized tool.	50%	51%	43 of 85
% of all children served at least 12 times will demonstrate improvement in social/emotional/behavioral development as measured by a standardized tool.	80%	44%	14 of 32
% of children in child care who served at least 3 times will not be expelled from child care facility.	90%	91%	68 of 75

A Success Story

C. is a 4 year old Mexican American girl. The referring information described her as disregulated, impulsive, and dissassociate. She was referred to the Best Buddiez program for severe speech delays, aggressive behaviors with her sibling, mother, and grandfather. In the Best Buddiez Program, the staff was able to help Mom to find ways to increase her attachment and awareness, and to successfully communicate with C.. The program also helped C. to negotiate relationships with her peers and family, follow directions, increase listening skills, help with turn taking, sharing, and to build problem solving skills to lessen aggression towards others. At the end of this process, the staff helped make the referral to the Wake County Public Preschool System for continuing services.

C. has built a skill set of problem solving and has achieved verbal and non-verbal communication, is more regulated, less impulsive, less physically aggressive towards others, and is building successful relationships with peers and family members. Without SmartStart funding, the BEST Buddiez 'program and individual intervention may not have been possible. C. would not have resources to help successfully alter her areas of need leaving the family with anxiety and stress. It is possible that the family system could become further strained and C.'s behaviors may have become more problematic resulting in the need of more intense services.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Speech/Language and Hearing Screening Program

Agency Name: Project Enlightenment – Wake County Public Schools

years funded: 4

Activity Abstract: This activity will use a "child find" approach, screening only those children whose parent(s) have a concern with their speech/language development. Child care staff will be trained to assist parents in identifying concerns. Screening will take place in two steps. The first step will be a hearing screening using both an otoacoustic emissions device and a tympanometer or an audiometer and a tympanometer. The second step will be a screening designed to elicit speech/language concerns through use of a broad-based developmental tool, such as the Ages and Stages. English and Spanish speaking children in centers and homes providing subsidized care, as well as children not in child care, will be targeted. This activity will provide a limited number of vision screenings for those children whose parent(s) have expressed a concern. Screenings will take place in the child care setting or other location convenient to the family. Activity staff will have experience in conducting screenings and will have appropriate clinical supervision. The child's parents will be included in all aspects of the screening and connection for further evaluation/services, when indicated. The child's primary health care provider will be informed of screening results through written communication.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$117,485	\$115,765	\$31,007	26%	.943

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of contacts with families	400	627	157%

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of children screened (hearing and developmental)	300	307	102%
# of child care providers trained	NP	88	NA
# of centers participating	NP	15	NA
# parents receiving a referral	NP	292	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> English and non-English speaking children ages birth to five who have speech/language concerns, with priority give to one,-two0 and three-star facilities serving subsidized children Child care providers/teachers received training to promote knowledge of child development, developmental milestones, early identification tips, benefits of early intervention and community resources 89.6% of children met the greatest need criteria; Requirement was 50%
Services	<ul style="list-style-type: none"> Child care staff in selected facilities were trained in recognizing potential developmental delays especially speech/language delays, conferencing with parents about developmental concerns, benefits of early intervention and accessing community resources Hearing and screening performed using both an Otoacoustic Emissions device (OAE) and a tympanometer(TMO) Screenings done to elicit speech/language concerns using a broad based developmental tool, such as the Ages and Stages
Manner/ Location	<ul style="list-style-type: none"> Trainings provided in one,- two and three-star facilities Screenings occurred in facilities or other location convenient to the family
Staffing	<ul style="list-style-type: none"> .943 FTE direct service provider Staff met education/experience requirements

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Intensity	<ul style="list-style-type: none"> All children served received hearing screening using the Otoacoustic Emissions device and a speech/language developmental screening in the same visit An average of 2 contacts with each family
Collaboration	<ul style="list-style-type: none"> Collaboration with local child care centers, WCPSS, CDSA, Wake County Human Services, TEACCH and Learning Together. They have also collaborated with interpreters from the Interpreter Grant from Catholic Charities. This year they provided a training for YEAC

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all children screened will be referred for developmental assessment/evaluation.	50%	71%	217 of 307
% of all children screened will receive developmental assessment/evaluation as a result of referral provided by the activity.	15%	30%	91 of 307
% of providers will report increased knowledge about child development as a result of program activity.	85%	100%	89 of 89

A Success Story

The family of a four-year-old girl requested a developmental screening through Project Enlightenment’s Speech Language and Hearing (SLH) Screening Program. This child’s family consisted of her mother and grandmother, both of whom provided primary care. Previously they had enrolled the child in a preschool program, but she was unsuccessful because of social and learning skills that were not commensurate with those of her peers. The family approached the screening, very reluctantly. They described their concerns about the child’s speech, language, early learning, and social skills and their interest in learning more about her development; but they expressed anxiety about their child being considered for special education services.

Based on the screening results, which highlighted both areas of strength and significant delays in the family’s areas of concern, referral to Wake County Preschool Services for consideration of additional assessments and determination of eligibility for special education services was strongly indicated. However, before making a referral, the screener sensitively addressed the family’s anxieties. She spoke to both the mother and grandmother about the screening results, about how early intervention services could help address their child’s areas of need, and about how special education services have changed since they went to school. She commended them for seeking help for their child before she entered kindergarten. After extended discussion, both the mother and grandmother appeared relieved and expressed determination to pursue the next steps.

In response to their experience with the SLH screening process, the following note was sent to screener: “Thank you again for visiting with us today. You made a stressful Situation a wonderful experience.”

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Substitute Support in Child Care Settings

Agency Name: Child Care Services Association

years funded: 4

Activity Abstract: A Substitute Coordinator will manage the availability of qualified substitutes to provide consistent care for young children in regulated child care centers and homes when their regularly scheduled child care providers are absent. Teachers pursuing college-level credit-bearing early education or related course work and participating in a scholarship program, such as Teacher Education and Compensation Helps (T.E.A.C.H.), will be the highest priority to receive substitute services. For those in this group, the activity will cover the costs for substitute services not covered by T.E.A.C.H. or any other program. Teachers pursuing college level courses but not participating in T.E.A.C.H. may still participate, but will be a lower priority for services and will be encouraged to pursue scholarship funding. Costs for the substitutes will be covered by the activity, if there are no other funding sources available. The second priority of this activity will be to provide coverage for professional trainings/workshops; third priority will be coverage for absences due to illness, maternity leave, vacation, and vacancies. Costs for both second and third priorities will be based upon star rating (the higher rated the facility, the lower the fee). Activity staff will verify enrollment and participation in all course work and trainings before payment for services.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$227,223	\$215,536	\$39,621	17%	6.51

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of substitute placements provided for staff to take courses for college credit	800	836	105%

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of child care centers/homes receive substitute services for any purpose	60	26	43%
# of child care providers in centers/homes receive substitute services to take classes for college credit	40	34	85%
# of child care providers receiving substitutes who earn at least 3 semester credit hours with a grade of "C" or better	NP	27	NA
# of children in centers where providers earn at least 3 semester hours with a grade of "C" or better	NP	532	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> Child care providers working in regulated or licensed child care centers and family child care homes Substitute requests for professional development purposes will be prioritized over substitute request for absences due to illness, maternity leave, and position vacancies
Services	<ul style="list-style-type: none"> Provided classroom substitutes, enabling child care providers to pursue their education at no charge to the provider Provided classroom substitutes on a fee basis for absences due to illness, maternity leave, or staff vacancies Provided recruitment, screening, training, supervision, and evaluation of all substitutes
Manner/ Location	<ul style="list-style-type: none"> Provided on-site in community child care programs

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Staffing	<ul style="list-style-type: none"> • 1 FTE direct service coordinator, 5.51 FTE substitutes • Program experienced turnover throughout the fiscal year • Staff met education and/or experience requirement
Intensity	<ul style="list-style-type: none"> • 34 child care providers in centers/homes receive substitute services to take classes for college credit
Collaboration	<ul style="list-style-type: none"> • Staff Collaborate in the Quality Enhancement Collaborative as well as local universities and community colleges

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of all child care providers receiving a substitute to pursue courses for college credit will complete at least 3 semester credit hours in Early Childhood Education with a passing grade by the end of the fiscal year.	70%	79%	27 of 34
The teacher turnover rate in centers using substitutes will be less than 20% for the year.	<20%	9%	24 of 263

A Success Story

A director wrote: The substitute program has impacted my center in a very positive way. It has allowed several of our teachers to take two classes a semester instead of just one. This will help to boost our education and increase the points on our license. These teachers would find it much harder to devote two or three nights a week to school if they did not have extra time during the day (release time through TEACH scholarship) to do homework, study, gather resources and get done some of the things that they need to do for their families. This is where the sub program truly helps my staff. Most of the people that work in child care are in a lower income bracket than the average person. They are also a lot of single mothers in this field of work, and by giving them another resource they can improve their lives exponentially. The sub program in conjunction with the TEACH scholarship program gives them the ability to advance their careers while helping to improve the quality of childcare in our state. It is a win-win situation for everyone involved; the centers, the teachers, the children, and the field of child care in the state of North Carolina. Eventually, I am sure that some of these teachers will advance their education and through their knowledge of the substitute program they will be able to empower others to improve their direction in life and create even more quality professionals for our work force.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Activity Name: Supporting Children’s Transition to Kindergarten

Agency Name: Project Enlightenment – Wake County Public Schools

years funded: 8

Activity Abstract: This activity will promote children's successful transition to kindergarten by supporting child care settings and kindergarten classrooms in elementary schools to develop community-based partnerships to plan and implement customized transition plans. A transition Coordinator will meet with staff from participating child care centers/homes and area kindergarten teachers and/or school principals to develop transition plans which will include the provision of school readiness materials to participating children, as well as activities focusing on: (1) improving children's preparedness for kindergarten (through preschooler visits to kindergarten classes and/or preschool transition camps or consultation and facilitation of linkages between schools and child care facilities); (2) improving parents' knowledge of the competencies contributing to children's school readiness (through kindergarten orientations and/or home visits); and (3) improving child care providers' knowledge of the competencies contributing to children's school readiness (through cross visits and/or workshops involving child care providers and kindergarten teachers), with corresponding changes in practice. Priority for participation by child care facilities will be based on percentage of children receiving child care subsidy. Participating elementary schools will serve high numbers of students who have English as their second language, who receive Title I services, or who have characteristics that may adversely impact the kindergarten transition.

How much was invested?

Maximum resources allocated FY 07/08	Actual resources Expended FY 07/08	Amount of cash/ in-kind match	% Match achieved (10% required)	Number of FTE staff
\$100,275	\$99,218	\$25,635	26%	.95

How many services were provided?*

Services	Projected	Actual	Actual/Proj.
# of workshops coordinated	4	18	450%

How many recipients were served?*

Recipients	Projected	Actual	Actual/Proj.
# of children participating in transition activities	850	1202	141%
# of families participating in transition activities	NP	1288	NA
# of child care centers and family child care homes participating in transition activities	28	34	121%
# of child care providers receiving training (Cross Visits and Workshops)	NP	105	NA

How were services delivered?

Target Population	<ul style="list-style-type: none"> Children in their final year of child care or preschool before beginning kindergarten; their parents; their child care providers; and teachers in local kindergarten classrooms Children in the community not enrolled in child care or preschool who will begin kindergarten the following year, as well as their parents 51.9% of children met greatest needs criteria; requirement was 60%
Services	<ul style="list-style-type: none"> Each partnership choose at least one transition activity from each of three areas: Child care providers: Cross visits between child care providers and kindergarten teachers. Workshops with roundtable discussions involving child care providers and kindergarten teachers Parents: Kindergarten orientations, home visits and preschool transition camps Children: Pre-School visits and Pre-school transition camp
Manner/ Location	<ul style="list-style-type: none"> Services provided in elementary schools, child care centers, family homes and community locations
Staffing	<ul style="list-style-type: none"> .95 FTE direct service Staff met the education and/or experience requirement

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Intensity	<ul style="list-style-type: none"> • Service intensity is greater in the third and fourth quarters • 12 partnerships were formed
Collaboration	<ul style="list-style-type: none"> • Collaborated with elementary schools, child care centers and family child care homes. • Staff also participated in the Quality Enhancement Collaborative • Staff participates in community-wide "Kickoff to Kindergarten" Steering committee to plan and implement an annual event in August • Staff serve's on the Wake County Smart Start Evaluation Advisory Committee

What was the impact of the activity?*

Outcomes	Projected	Actual	Actual numbers
% of families participating in Camp will report increased knowledge regarding preparing their child/children for Kindergarten as a result of program participation	75%	99%	136 of 137
% of families participating in Orientation will report increased knowledge regarding preparing their child/children for Kindergarten as a result program participation	75%	96%	409 of 426
% of families participating in Home Visits will report increased knowledge regarding preparing their child/children for Kindergarten as a result of program participation	75%	100%	7 of 7
% of providers participating in Teacher Cross Visits will report increased knowledge and skills about the competencies contributing to children's successful transition to Kindergarten as a result of program participation	85%	98%	43 of 44
% of providers attending the workshop "Off to School: Kindergarten in Wake County" will report increased knowledge and skills about the competencies contributing to children's successful transition to Kindergarten as a result of program participation	85%	97%	28 of 29
% of providers attending the workshop "Off to School: Making the Transition" will report increased knowledge and skills about the competencies contributing to children's successful transition to Kindergarten as a result of program participation	85%	90%	19 of 21
% of providers attending the workshop "Off to School: Readiness Bags for Preschoolers" will report increased knowledge and skills about the competencies contributing to children's successful transition to Kindergarten as a result of program participation	85%	94%	31 of 33
% of providers attending the workshop "The Power of K: Lunch and Learn" will report increased knowledge and skills about the competencies contributing to children's successful transition to Kindergarten as a result of program participation	85%	94%	33 of 35
% of providers attending a "Preschooler Visit to Kindergarten" will report increased knowledge and skills about the competencies contributing to children's successful transition to Kindergarten as a result of program participation	85%	95%	61 of 64

A Success Story

Elementary schools often report that many children are not "ready for school" when they arrive at the beginning of kindergarten. However, the schools have no funding available to offer any support prior to a child's entry into the school. Through the Transition to Kindergarten Program, schools are able to bridge the gap between preschool or familial care and beginning formal school, paving the way for a strong start in school for children and families. One activity funded by our program offers children and families a week long kindergarten-like experience prior to school beginning. As transition staff visited elementary schools hosting the summer kindergarten program, we were excited to see diverse populations represented and a variety of needs being met. At some program sites, children and mothers who did not speak English were offered support/ information by the summer program staff. These families were unclear on the basic expectations and routines of an elementary school and were able to receive individual support that would not have been possible at the beginning of the school year. Often, we saw children and caretakers having difficulties with separation and other issues, this being their first experience with school. In most cases, individual attention and small group support brought great growth in this area. Children who were anxious at the beginning of the program were enthusiastic to begin school by the end of the week, as were their parents. One mother called our transition staff to request that her younger son be enrolled in the summer program. Her older son had participated in a prior year and she felt the program "made all the difference" in him being ready to begin kindergarten. When asked, she reported that he learned about "how the school worked" and "where things were", and that the family was able to begin a relationship with the school staff during camp week.

*Selected primary outputs; complete listing of outputs is available in 4th quarter report.

Final Summary

Partial Year Non-Continuing Activity

Community Action Plan for Hispanic/Latino Communities

Wake County Human Services

years funded: 12 (this activity was only funded for the first quarter in FY2007/08)

Activity Abstract:

This family support/leadership development program will engage parents as child advocates so that they can address the needs of families in their communities. The project will target communities of low-income Hispanic families. Families served will be those who are routinely excluded from community decision making due to social, economic, language, cultural and educational barriers. Parents will participate in small groups in a structured curriculum that trains parents to be leaders for the young children in their communities. Culturally competent staff experienced in parent training for Latino/Hispanic families will facilitate this curriculum. Participant groups will develop a plan to improve their respective community. Stipends will be available for community members who support the group trainings through services including outreach to engage participants and child care during the trainings. This service will participate in the Wake County SmartStart Home Visiting collaborative as well as collaborate with other agencies by making appropriate referrals.

Resources Allocated: \$32,761

Resources Expended: \$32,761

Activity Results

- **# of children impacted: 33**
- **# of family caregivers who received parent education through home visits: 34**
- **# of individual face to face contacts: 92**
- **# of children who received developmental screening: 7**