



Ensuring that our children, youth, families, and community all thrive.

Annual Activity Report

Fiscal Year 2015-2016

by Justine A. Wayne, MSW, MSPH

www.JustineCanDolt.com

Special thank you to Nancy Griffin and CYP Staff for their input & Megan Williams for her editing and support.

Our Vision: *By uniting to strengthen the positive that already exists, our children, our youth, our families, and our community all thrive.*

Our Mission: *To connect all children, adolescents, and families with programs and partnerships that ensure they have what they need to thrive.*

Children & Youth Partnership for Dare County

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www.darekids.org



a partner in the
Smart Start network™

Dear Dare County Community:

The Children & Youth Partnership (CYP) for Dare County is pleased to present its Annual Activity Report for fiscal year 2015-2016. The Partnership is honored to share with you the achievements of CYP's Smart Start funded activities, as well as the work made possible by the generosity of Dare County government, local businesses, its non-profit partners, and many individuals, as well as foundations and other grantors.

Children & Youth Partnership (CYP) for Dare County is a private, non-profit organization that connects kids and their families with resources to help them thrive. Created following the second State of the Child Conference in Dare County in 1994, the organization was charged with focusing on issues brought forward at that conference and worked to establish the Wright Place for Youth and the Dare County Youth Center. In 1997, the Partnership began administering North Carolina's nationally recognized Smart Start early childhood program for Dare County, ensuring that all children are ready to succeed upon entering school. Since then, CYP has sponsored three additional State of the Child Conferences to focus work on what all kids need to thrive. Today, CYP works with many community groups, businesses and individuals to offer a variety of programs and services that address identified needs and to ensure the healthy development of all children from birth through adolescence. For more information, visit www.darekids.org.

CYP invites you to share our enthusiasm by contributing in any manner you can, whether financially, by volunteering your time, or by spreading the word about our programs and services. Your participation and feedback are most welcome as we work together to accomplish our mission to connect all children, adolescents, and families with programs and partnerships that ensure they have what they need to thrive.

Sincerely,

Nancy Griffin, Executive Director

2015-2016 Board of Directors:

Co-Chairs: Jonathan Wark, Dare County Library & Amy Montgomery, Outer Banks Hospital

Treasurer: George Consolvo, Johnson, Burgess, Mizelle & Straub, LLP

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KC McAvoy, Outer Banks Mommy & Me
Margie Parker, Dare County Schools
Peter Rascoe, Town of Southern Shores
Beth Storie, Outer Banks This Week
Amelia Twiddy, Dare County Head Start
Tim White, Dare County Public Services

Children & Youth Partnership Staff: (As of June 30, 2016)

Bonnie Brumbeloe, *Early Childhood Education Manager*
Becky Gore, *Fiscal Coordinator*
Nancy Griffin, *Executive Director*
Carla Heppert, *Early Learning Coordinator*

Emily Holub, *Early Childhood Specialist*
Angela Owens, *Administrative/Program Assistant*
Sara Sampson, *Family Support Manager*
Beth Tillett, *Parent Educator*

**Children & Youth Partnership of Dare County
Fiscal Year 2015-2016 Annual Activity Report
Table of Contents**

Part I: Dare County Overview	3
Report Overview.....	3
Program Evaluation Methodology	4
Introducing the Logic Model	4
2015-16 Children & Youth Partnership (CYP) for Dare County Logic Model	5
Background Demographics	7
The Smart Start Investment	13
Part II: Full Individual Activity Reports	14
A. Early Care & Education.....	14
Child Care Resource & Referral Core Services.....	14
Quality Enhancement Project	16
Child Care Subsidy.....	18
B. Family Support & Early Literacy	19
Family Support Services	19
Parents as Teachers.....	21
Promoting Pre-Literacy	23
Raising a Reader	25
Reach Out & Read	27
C. Health & Early Intervention	29
Baby Links.....	29
D. Program Support	31
Program Coordination/Evaluation	31
Part III: Extent of Impact	32
Recipient Outputs Summary	32
Outcomes Summary	33
State Assessment Summary: Performance Based Incentive System (PBIS).....	33
Challenges.....	35
Future Opportunities	35

Part I: Dare County Overview

Report Overview

This Annual Activity Report for fiscal year 2015-2016 presents a summary of progress this past year toward achieving the recently revised mission of Children & Youth Partnership (CYP) for Dare County: *To connect all children, adolescents, and families with programs and partnerships to ensure they have what they need to thrive.*

During FY 2015-16, CYP:

- funded 10 activities including various evidence-based strategies aimed at four main areas – **Early Care & Education, Family Support & Early Literacy, Health & Early Intervention, and Program Support** – all designed to address the critical issues facing young children, their families, and their child care providers in Dare County;
- received, refurbished, and moved into its **Center for Children & Youth Partnership**, enabling the organization to expand services and broaden partnerships that address identified needs not only of young children, but also of school-aged youth and their families;
- conducted three **Youth World Cafes** around the county to hear from teens, as well as continuing other follow-up activities to the 2014 State of the Child Conference with its focus on the power of growing positive community norms;
- received more than \$ 100,000 in grants, private and in-kind donations, as well as discounted services, in addition to Smart Start and Dare County allocations;
- earned a clean monitoring report for the previous year;
- redesigned its website and other online publications;
- gathered input from Board, staff and other community members to develop a long-range strategic plan to increase CYP's capacity, strengthen its foundation, and expand resources to address needs of school-aged youth; and
- hosted a record-breaking 1400+ people for its annual **KidsFest** in May and the first **Soundside FunFair**, a 4-night old-fashioned carnival and summer kick-off to benefit CYP, in June.

This report focuses particularly on the collective and individual goals and accomplishments of the FY2015-16 Smart Start funded programs. This first section begins with a look at Dare County as a whole including a newly developed Partnership-wide logic model, followed by a look at the general demographics of the county, the target populations, a child care overview and then some comparisons with how Dare ranks compared to other NC counties.

Part II is organized by four main areas and presents a detailed summary of each individual program that received any Smart Start funding. Each summary includes a brief activity description, the population targeted by that activity, who was served, what services were provided, the impact achieved, and a success story. Where appropriate, a comparison of goals vs. actual outputs and outcomes is provided.

Part III summarizes program impacts with some aggregated overviews of programs funded during FY 2015-16 as well as the Performance Based Incentive System (PBIS) Standards of the North Carolina Partnership for Children (NCPC) which guides local Smart Start programs. Finally, Current Challenges and Future Opportunities are briefly discussed.

Program Evaluation Methodology

CYP requires program evaluation for each activity in order to document effectiveness in achieving specific outputs and outcomes for children, families, and child care providers as well as to establish contract compliance.

Each funded activity has a Logic Model that details the specific impact the activity intends to accomplish. Activities report progress on a quarterly basis. This final report is based on individual quarterly evaluation reports. The report includes both quantitative and qualitative data and is derived from multiple data sources across activities and within individual activities.

CYP contracts with an external evaluator to help document activity effectiveness and ensure accountability. CYP Staff are trained in program evaluation methods and receive technical assistance throughout the year. The contracted Evaluator and the Executive Director approve each evaluation plan and review the data collected to ensure the reliability of the data submitted in quarterly reports. The evaluator has been responsible for improving data collection, for analyzing collective accomplishments and for producing this final evaluation report.

Introducing the Logic Model

All funded activities are required to have a Logic Model complete with outputs, outcomes, and long term goals, including the primary North Carolina Partnership for Children (NCPD) Performance Based Incentive System (PBIS) standard they aim to address. In addition, a logic model is used for the Partnership as a whole. Logic Models help us understand the 'who, what, and why' of the activities and the Children & Youth Partnership (CYP) for Dare County as a whole.

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

Below is the basic format of the logic model that is required for each funded activity:

<i>If this condition exists</i>	<i>For this Population</i>	<i>And we implement these strategies</i>	<i>This many times, for these individuals</i>	<i>We expect this short-term change</i>	<i>And we expect this outcome to impact the overall county</i>
Need Statement Why?	Target Population Who?	Activity Elements What?	Outputs How Many?	Outcomes So What?	How does outcome impact PBIS or other long term goal?

The arrows above indicate how each section 'logically' leads to the next; the final critical step is for the outcomes/PBIS results to then lead back to shaping future activity design and development.

The main purposes of this report are to provide the necessary information for making informed decisions about future funding and development of Smart Start Programs, as well as to inform strategic planning for continued collaborative work as young children transition to school.

Following CYP's Smart Start Logic Model are more details about each logic model section:

- Needs & Target Population (*Why & Who*) included in **Background Demographics**
- Summary of Activities (*What*) that are funded in part by **The Smart Start Investment**

Part II & Part III have the *How Many & So What* first by each activity & then in aggregate.

2015-16 Children & Youth Partnership (CYP) for Dare County Logic Model

Needs	Target Populations	Activities	Recipient Outputs	Outcomes Areas Addressed	PBIS <i>not selected or required in italics</i> ; [] = Official data unavailable	Long Term Goals
A. Early Care & Education						
<p>In July 2015, there were roughly 1,947 children birth to age 5 (not yet in Kindergarten) living in Dare County.¹</p> <p>Insufficient high quality child care available for parents in Chatham County:</p> <ul style="list-style-type: none"> not all staff have adequate higher education in Early Childhood & Education field; teachers not all compensated adequately; families are not able to afford high quality care. 	<p>Dare County children age 0-5 & their families & their child care providers in Dare and surrounding counties; potential child care providers.</p>	<p>1. Child Care Resource & Referral Core Services</p> <p>2. Quality Enhancement Project</p> <p>3. Child Care Subsidy</p>	<p>As of June 2016², Dare County had:</p> <p>~ 513 children birth - 5 enrolled in regulated child care plus more who live in Dare & receive Subsidy in other counties</p> <p>~ 102 Child Caregivers, plus 24 Administrative Child Care Center Staff, and another 10 Support Staff</p> <p>~ 32 child care facilities; 13 family homes & 19 child care centers (<i>additional in other counties impacted by subsidy funds following Dare County children.</i>)</p>	A. Early Care & Education	Child Care Availability - % of <i>Regulated Child Care Spaces Available for Working Families</i>	<p>Children have access to high quality early childhood education.</p>
				1. Placements, Supply	Child Care Subsidies - % children receiving Subsidy in Regulated Child Care Facilities	
				2. Placements, Quality	Child Placements Avg. star rating; % children in 4 and 5 star facilities Subsidized Placements Avg. star rating-subsidy; % children in 4 and 5 star facilities Special Needs Placements Avg. star rating-subsidy; % children in 4 and 5 star facilities	<p>Children are enrolled in child care facilities that provide a consistent high quality early education program by retaining competent, qualified staff.</p>
				3. Staff Education	Lead Teacher - % of children enrolled in 1-5 star centers that have at least 5 or 7 of 7 lead teacher education points Administrator - % of children enrolled in 1-5 star centers that have at least 5 or 7 of 7 administrator education points Family Child Care Homes - % of children enrolled in 1-5 star rated family child care homes that have at least 5 or 7 of 7 provider education points	
				4. Staff Compensation	[2 year, 4 year degree Teacher - Median Salary + supplement]	
				5. Staff Stability	[Stability/Turnover]	

¹ From NC Office of State Budget and Management: ncosbm.s3.amazonaws.com/s3fs-public/demog/countytotals_singleage_2015.html

² From NC DCDEE Quarterly Enrollment Data released on SmartNet

Needs	Target Populations	Activities	Recipient Outputs	Outcomes Areas Addressed	PBIS <i>not selected or required in italics;</i> “[]”= Official countywide data unavailable	Long Term Goals
B. Family Support & Early Literacy						
Parents need education and support with behavioral issues, discipline, development, and readiness skills. ³ Early childhood literacy skills need improving.	Dare County children age 0-5 & their families.	4. Family Support Services/ PAT 5. Parents At Teachers 6. Promoting Pre-Literacy 7. Raising A Reader (RAR) 8. Reach Out and Read	1,947 children birth to age 5 not yet in Kindergarten living in Dare County and their families	B. Family Support 1. Early Literacy 2. Parenting Skills 3. Child Abuse & Neglect	<i>[Early Literacy – % of parents/ guardians who report reading to their children daily]</i> <i>[Parenting Skills - % of parents who report feeling competent and confident to apply parenting information]</i> Child Abuse & Neglect- Rate of investigated reports of child abuse/neglect per 1000 children ages 0-5 (Required in FY1718)	Families have the knowledge and skills needed to ensure that their children enter school healthy and ready to succeed.
C. Health & Early Intervention						
Need to increase access to healthcare to improve the health and safety for young children, support breastfeeding, prevent childhood obesity, and screen children for developmental delays and refer to services for help before starting school.	Dare County children age 0-5 & their families.	9. Baby Links	1,947 children birth to age 5 not yet in Kindergarten living in Dare County and their families	C. Health & Early Intervention	Early intervention - % of children 0-2 & 3-5 years who receive early intervention or special education services [Use of Primary Health Care - % of children enrolled in Medicaid who receive a well-child exam] [Early Childhood Obesity — % of low income children age 2-4 who are at a healthy weight] Infant Mortality Rate - Rate of infant deaths within the first year of life (per 1000 live births)	Children & families have access to health care and services that ensure children enter school healthy and ready to succeed.
D. Program Support						
Programs must be Evidence Based or Evidence Informed , need support for ensuring best practices and evaluating results. Increasing awareness of & access to services.	Service providers, partnership Board & staff, and local community	10. Program Coordination & Evaluation	9 Other Funded Programs	D. Program Support	Audit findings – one or fewer findings All PBIS standards (Indirectly)	Programs provide services according to model fidelity and are using best practices.

Background Demographics

Dare County: The People

Dare County is an urban county, with 71% of the population classified as living in urban areas.⁴

In 2014, of those over age 25, **91%** had at least a high school diploma or GED but only 29% had at least a Bachelor's Degree.⁴

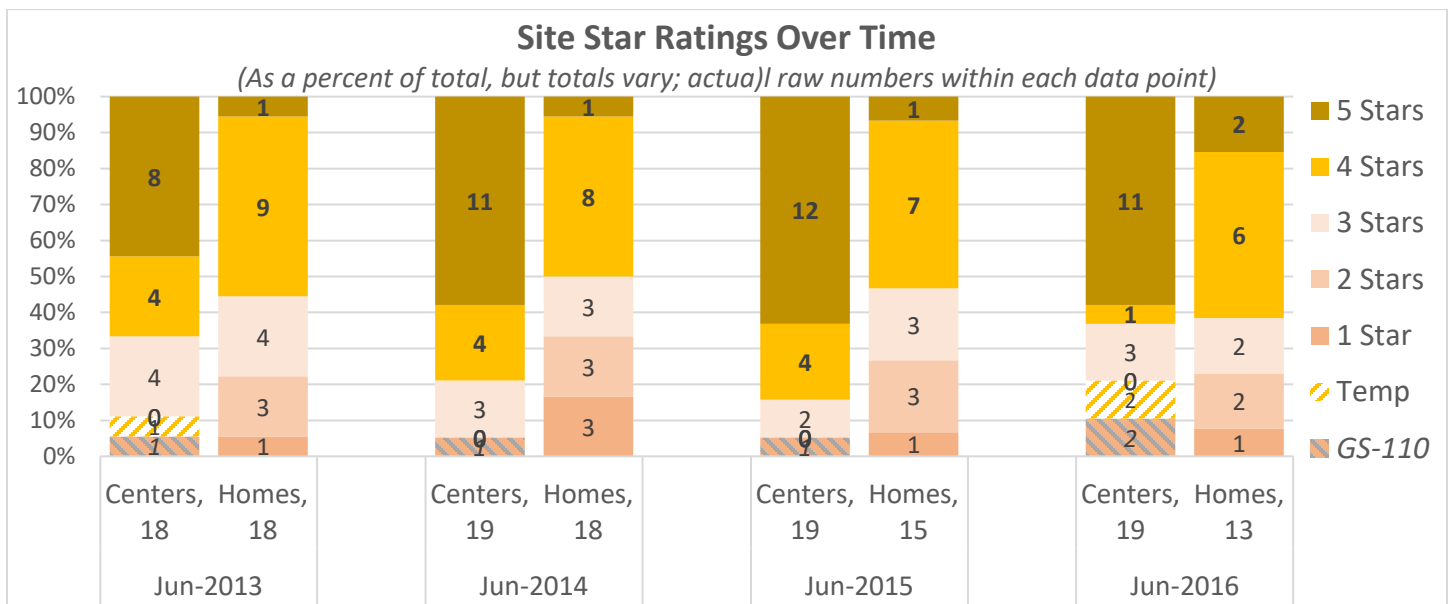
The **2014 median household income** was **\$53,948**.⁴

In Dare County in 2014-15, **44% of students received Free or Reduced Lunch** in public schools.⁵

In 2015, Dare County had an estimated population of **36,001**; **6% (2,190)** is birth to 5 years old (*including 5 year olds in Kindergarten*).⁶

Child Care: Division of Child Development & Early Education (DCDEE) Regulated Site Data

The number and percent of higher star rated sites has been maintained in recent years.



While the number of centers and homes continues to fluctuate each year, the majority of both centers and homes are operating at higher star ratings thus more children are in either 4 or 5-star rated care.

June 2016	Homes		Centers		ALL Sites		Overall	
	Sites	Enrollment	Sites	Enrollment	Sites		Enrollment	
GS-110			2	44	2	6%	44	9%
Temporary			2	48	2	6%	48	9%
1-Star	1	5			1	3%	5	1%
2-Stars	2	10			2	6%	10	2%
3-Stars	2	9	3	92	5	16%	101	20%
4-Stars	6	21	1	42	7	22%	63	12%
5-Stars	2	11	11	231	13	41%	242	47%
Totals	13	56	19	457	32	100%	513	100%

⁴ From NC Commerce Economic Development County Profile, July 2016: accessnc.commerce.state.nc.us/EDIS/demographics.html

⁵ North Carolina Department of Public Instruction, Division of Financial and Business Services. "Free & Reduced Meal Application Data." Available online: www.ncpublicschools.org/fbs/resources/data/.

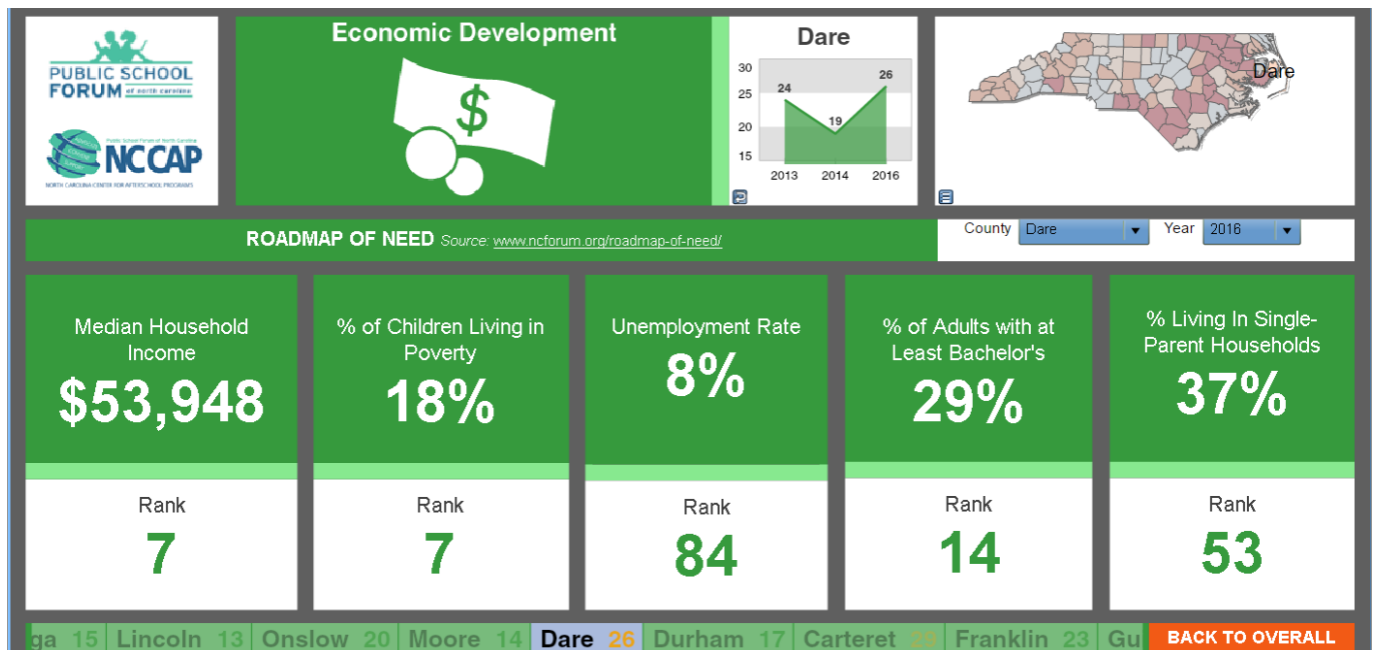
⁶ From NC Office of State Budget and Management: ncosbm.s3.amazonaws.com/s3fs-public/demog/countytotals_singleage_2015.html

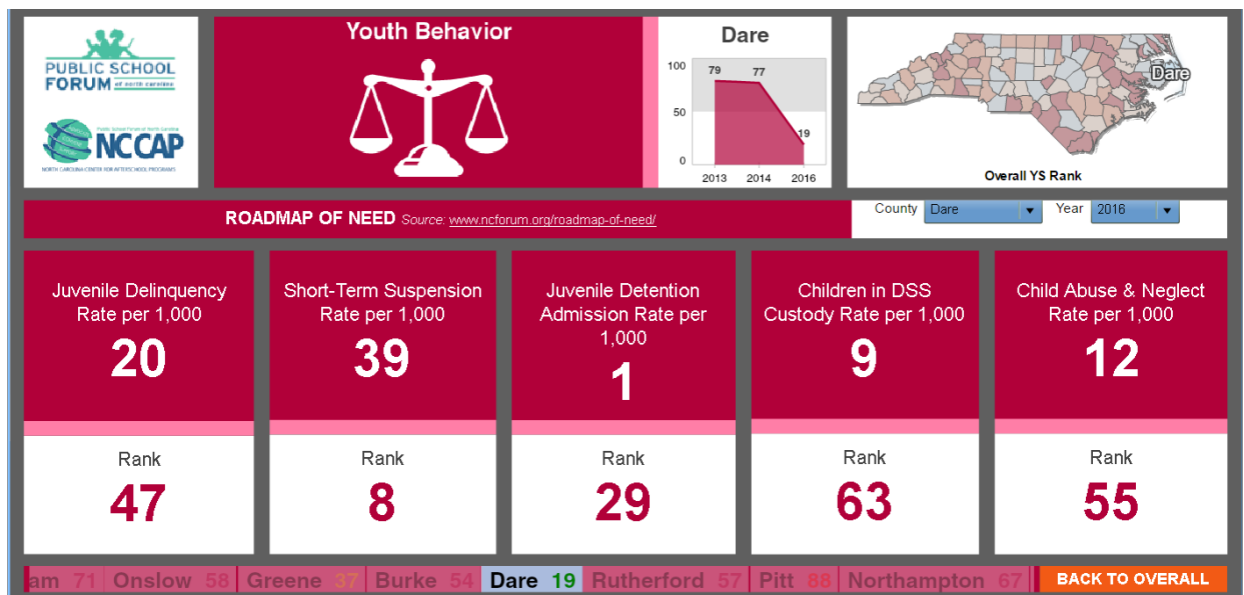
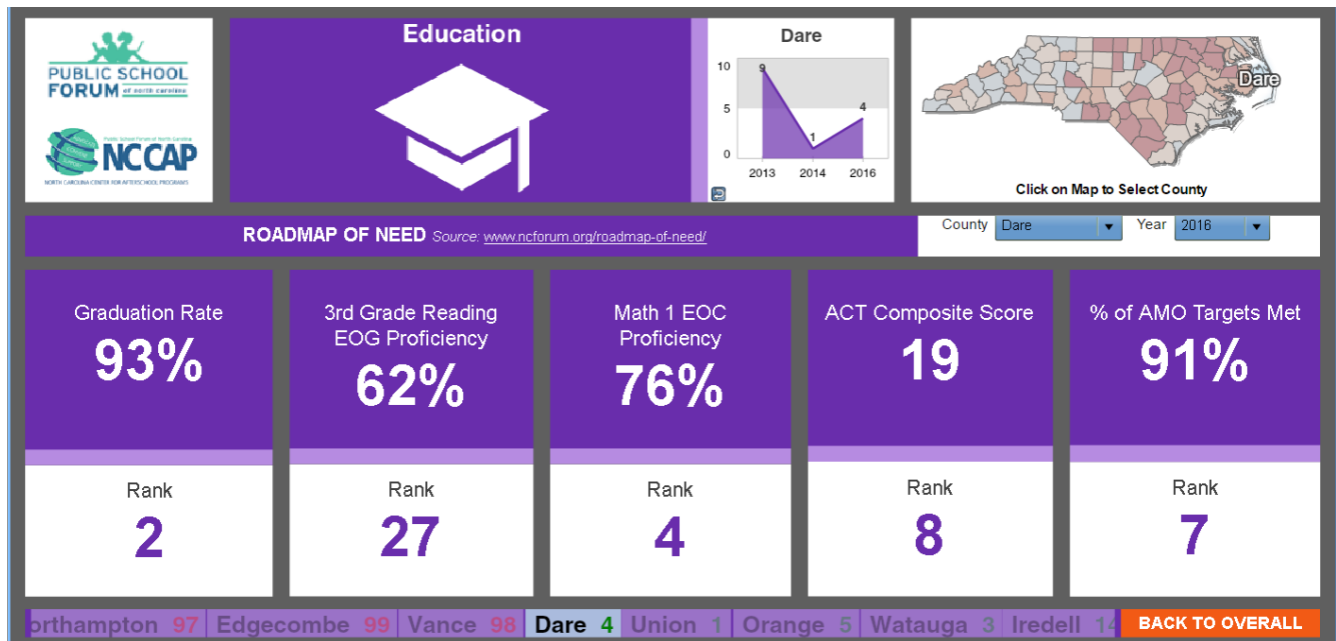
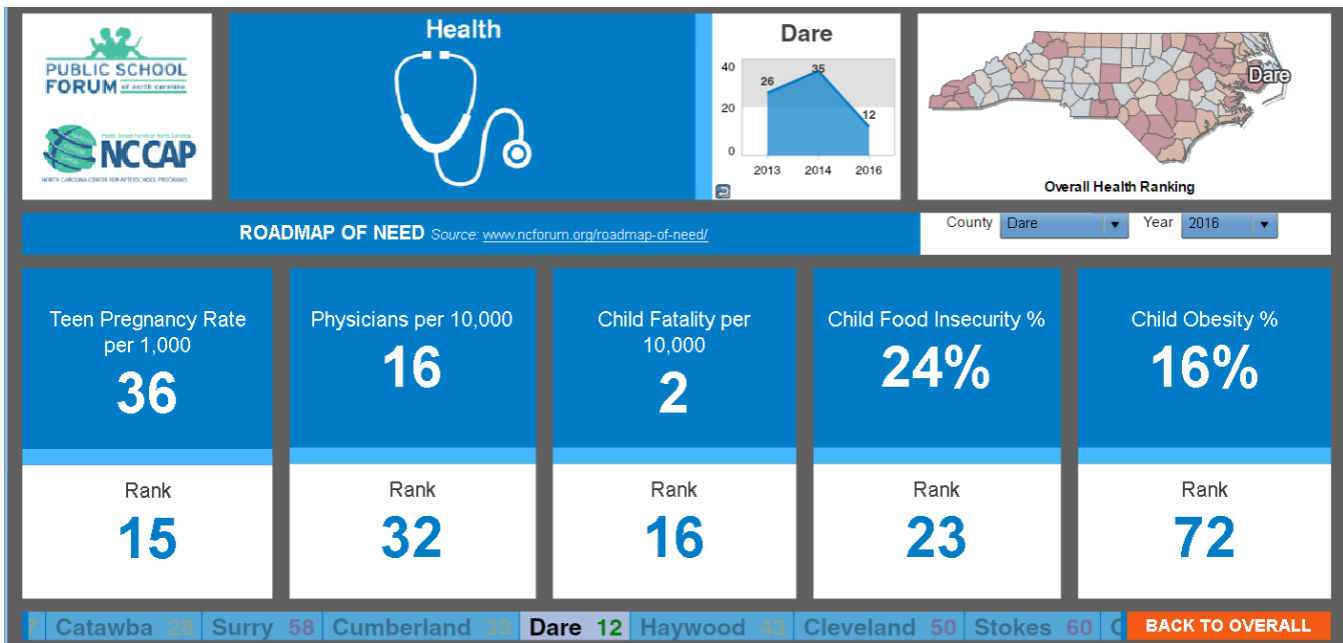
Dare County Compared to Other NC Counties

Data is available via the Public School Forum of North Carolina's Center for Afterschool Programs (NC CAP) report: *The Roadmap of Need*, an in-depth needs assessment for North Carolina youth.

The following screenshots are from iDashboards, based on the original report found here: www.ncforum.org/wp-content/uploads/2013/05/PSF_RoapmapOfNeed2016_SinglePage_web.pdf (For the county rankings, '1' is the best and closer to 100 is worse.)

In addition to the overall ranking in 2016 by area available on the *Overall Child Well-Being* image below, each image below includes a trend chart for 2013, 2014 & 2016 along the top.



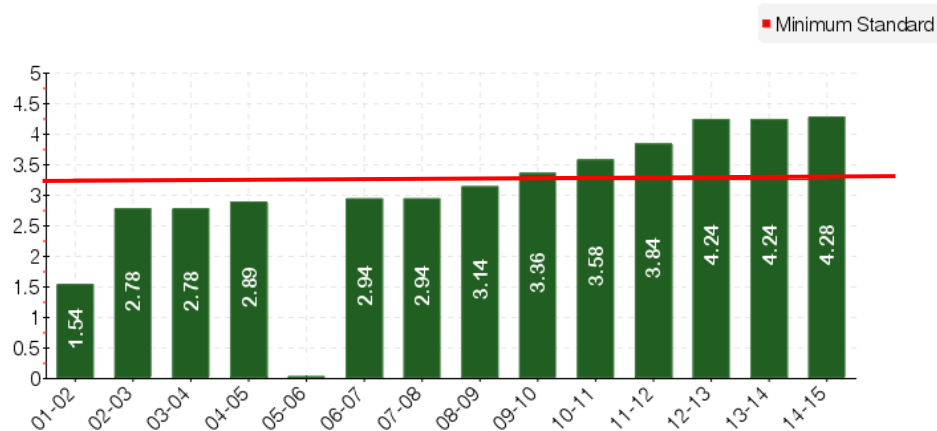


Select PBIS Data Trends

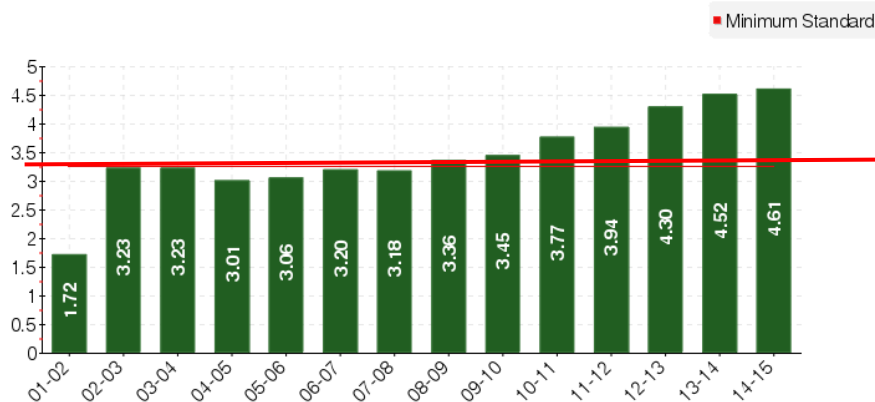
NC Partnership for Children's (NCPC's) Performance-Based Incentive System (PBIS) provides measures of child well-being for which local Smart Start Partnerships are held accountable. PBIS assesses progress towards realizing Smart Start's mission of advancing a high quality, comprehensive, accountable system of care and education for every child beginning with a healthy birth. This is the final year that PBIS measures will be reported in this system. NCPC has updated the standards and adopted more rigorous indicators of child well-being, called the Community Early Childhood Profile, that will be reported beginning for FY2017-18.

NCPC provides some trend data for several key PBIS data points. Below are some summary charts showing the improvement over time of these for Dare. *(Not all available data provided.)*

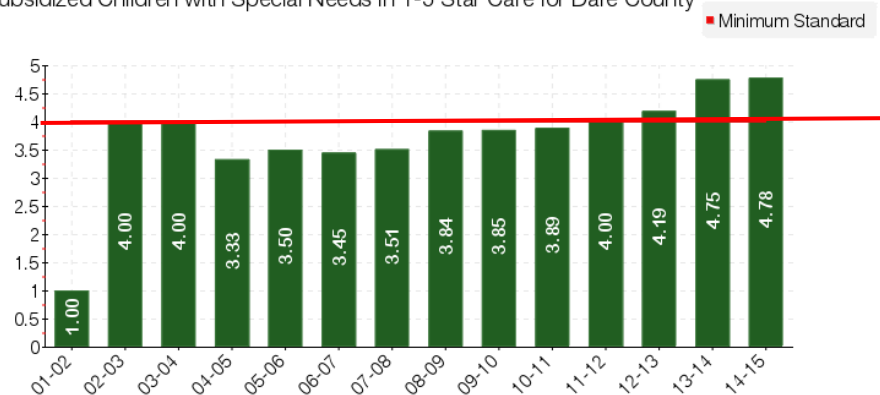
Child Placements - Average Star Rating for Children in 1-5 Star Care for Dare County



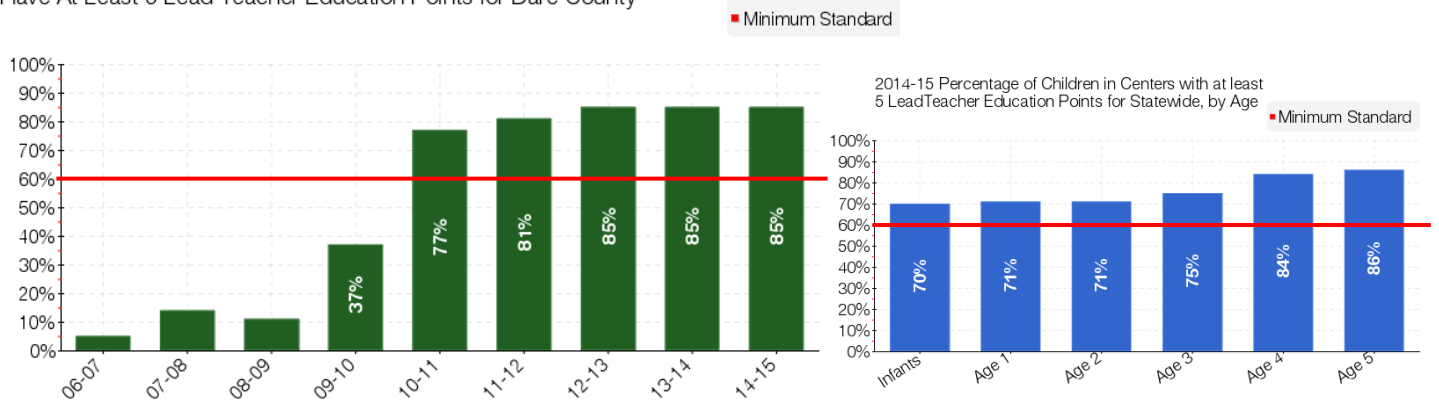
Subsidized Placements - Average Star Rating for Subsidized Children in 1-5 Star Care for Dare County



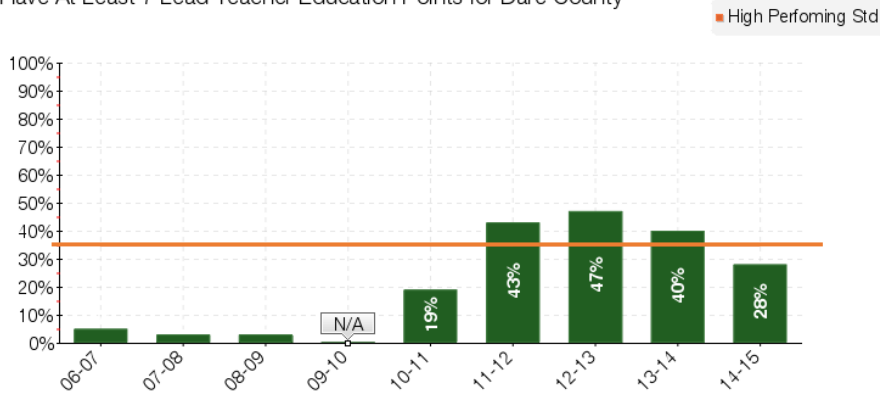
Special Needs Placements - Average Star Rating for Subsidized Children with Special Needs in 1-5 Star Care for Dare County



Lead Teacher - Percent of Children Enrolled in 1-5 Star Centers That Have At Least 5 Lead Teacher Education Points for Dare County

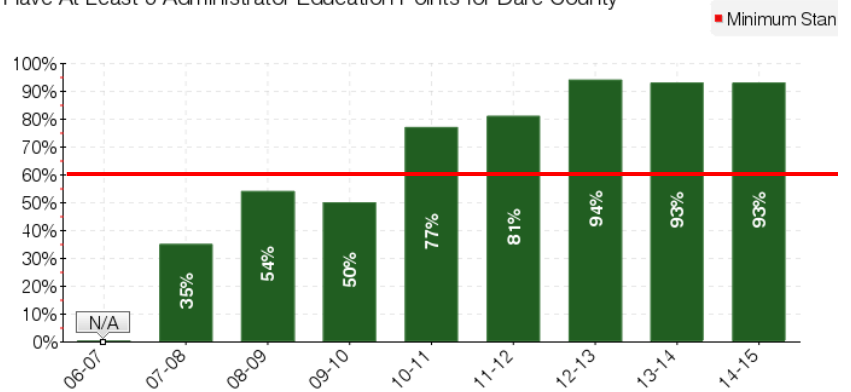


Lead Teacher - Percent of Children Enrolled in 1-5 Star Centers That Have At Least 7 Lead Teacher Education Points for Dare County

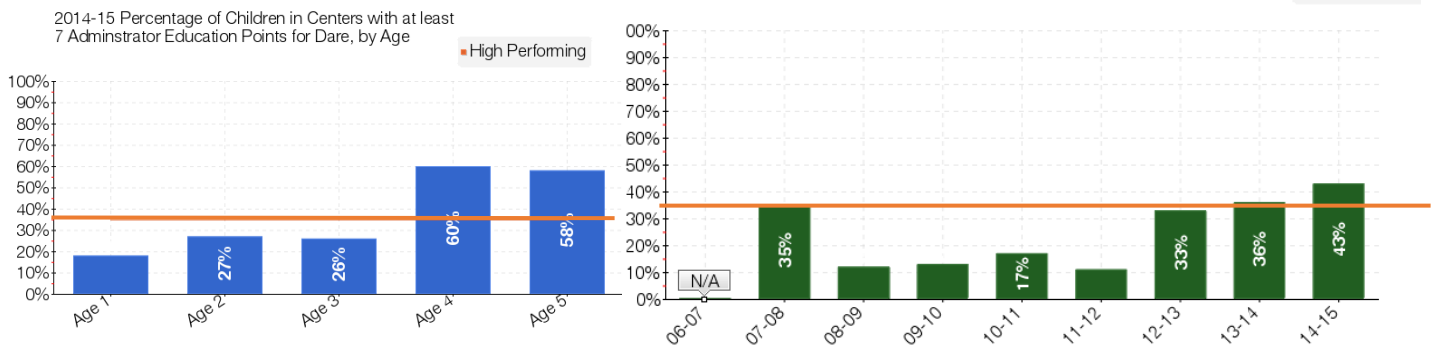


In addition to the trend over time, NCPC now provides disaggregated data for the most current year. (Blue charts.)

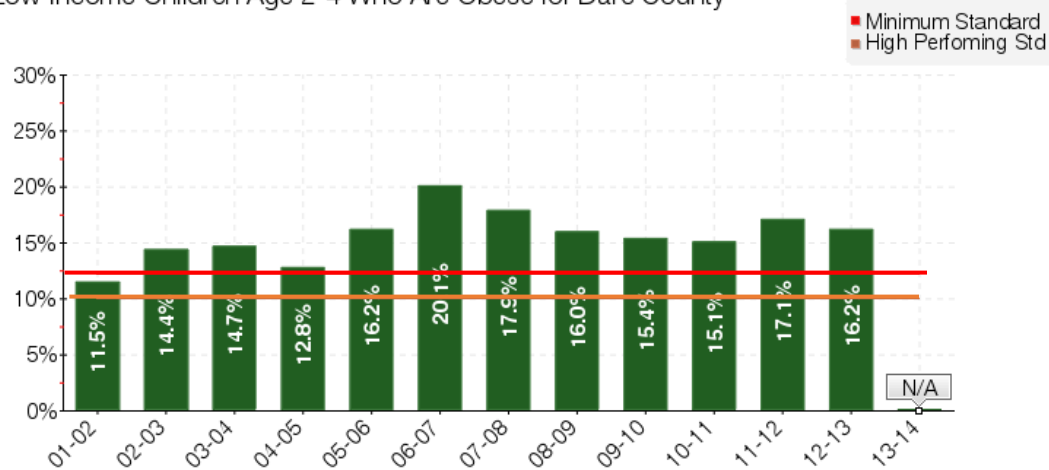
Administrator - Percent of Children Enrolled in 1-5 Star Centers That Have At Least 5 Administrator Education Points for Dare County



Administrator - Percent of Children Enrolled in 1-5 Star Centers That Have At Least 7 Administrator Education Points for Dare County

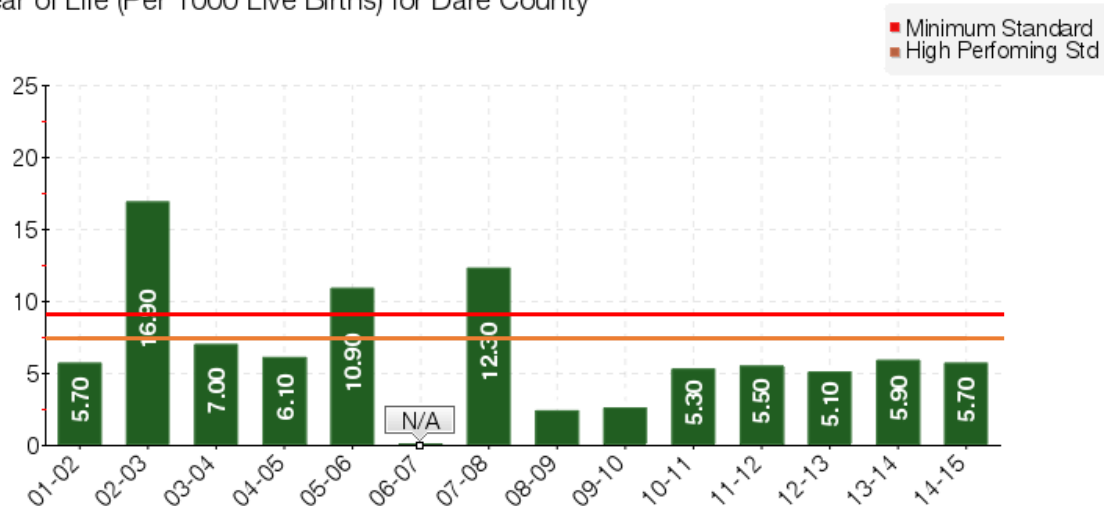


Early Childhood Obesity - Percent of Low-Income Children Age 2-4 Who Are Obese for Dare County



The early Infant Rate Mortality trend below may appear erratic because with smaller populations the rate is very sensitive to a change of just 1 or 2. Although NCPC still provides this data annually, it is often reported by groupings of years, 3 or 5, to prevent a single year creating such an outlier. However, by glancing at the more recent years, it is clear that a trend exceeding the high performing standard has been solidly maintained.

Infant Mortality Rate - Rate of Infant Deaths Within the First Year of Life (Per 1000 Live Births) for Dare County



The Smart Start Investment

In FY2015-16, the Children & Youth Partnership for Dare County CYP) funded 10 activities with **\$433,781** in Smart Start program funds. An additional, \$91,935 was funded for administration for a total allocation of **\$525,716**.

Since 2008, Smart Start statewide funding has been reduced by 30%, the lowest level since FY1998-99. Recurring budget reductions have lowered the level of funding even further. These reductions were a result of a recurring cut to nonprofits in FY2012-13 that the NC Department of Health and Human Services fulfilled by cutting Smart Start by \$3.7 million.⁷

In addition, the General Assembly increased the local match requirement to 17% of the full allocation, the third increase in four years with an additional increase to 19% for FY2016-17 in place now.

Historically, activities were largely developed to improve the Early Care and Education system, as required by the original North Carolina Smart Start legislation: **70%** of all Smart Start funds must be spent on "child care related activities," with now at least **40%** designated to child care subsidy.

2015-16 Funded Activities

CYP Activity Name:	Service Provider:	FY15-16 Expended:	Smart Start Only (Meets NCPC 70%, 40% Requirements)	Other Funding	Combined (totals true to areas listed)
Early Care & Education*		\$361,527	78%	\$9,725	\$312,032 49%
1. Child Care Resource & Referral Core Services	In-house	\$60,516		\$9,725	
2. Quality Enhancement Project	In-house	\$42,534			
3. Child Care Subsidy (Including Administration)	Dept of Social Services	\$199,257	43%		
Family Support & Early Literacy		\$67,026	14%	\$102,389	\$228,635 36%
4. Family Support Services	In-house	\$53,256		\$65,338	
5. Parents As Teachers (PAT)	In-house	\$43,645			
6. Promoting Pre-Literacy*	In-house	\$15,575		\$37,051	
7. Raising A Reader (RAR)*	In-house	\$13,770			
8. Reach Out and Read	In-house				
Health & Early Intervention		\$25,832	6%	\$26,488	\$52,320 8%
9. Baby Link	Dept of Public Health	\$25,832		\$26,488	
Program Support		\$8,741	2%	\$32,370	\$41,111 6%
10. Program Coordination/Evaluation	In-House & Consultant	\$8,741		\$7,553	
11. Community Outreach	In-house	\$0		\$24,817	
Grand Total in Funded Services		\$463,126	100%	\$170,972	\$634,099 100%

**When calculating the funding by area, Promoting Pre-Literacy and Raising A Reader are included in ECE since there is a child care or Pre-K based component but included under Literacy when considering topic area focus.*

FY2015-16 Cash & In-Kind Match Requirement, **17%: \$ 89,372**

Reported Match: **37%, \$170,972**

⁷ From North Carolina Partnership for Children's FY 2014-2015 Report to the North Carolina General Assembly, delivered Dec 1, 2015.

Part II: Full Individual Activity Reports

A. Early Care & Education

Child Care Resource & Referral Core Services

CHILDREN AND YOUTH PARTNERSHIP FOR DARE COUNTY (IN-HOUSE)

Activity Description

Children & Youth Partnership for Dare County offers core Child Care Resource and Referral (CCR&R) services for parents and families, child care programs, and the community. Services may include: child care referrals for parents and families; parent education workshops, and newsletters; outreach and public awareness pertaining to child care issues including public events; data collection regarding local child care needs and services; advocacy for quality programs and policies affecting children; support and technical assistance to child care programs through start-up and licensing assistance; start-up materials; phone, written, and on-site technical assistance; newsletters; provider trainings and networking meetings; professional recognition events; and resource check-out. An Early Childhood Specialist provides supervision to other ECE staff working on CCR&R initiatives including quality maintenance/enhancements and professional development. The program may be staffed by one or more people who also work in collaboration with other Children & Youth Partnership and NC CCR&R Council programs. Additional funds, including Smart Start, may be used to support stipends and or/ grants to child care providers and facilities, travel and associated costs for the Preventing Obesity by Design (POD) project or other similar initiatives. Smart Start funds may be used to support time-on- task for these initiatives. Other funds may be used to supplement this activity, including program income.

Target Population

Dare County parents and guardians of children age 0-5; child care providers working in regulated child care facilities; child care facilities, local businesses, the community at large.

Who was served?

Recipient	FY15-16		
	Projected	Actual	Actual/Proj.
# parents of children 0-5 who received referrals & will be educated about the NC rated license system and quality indicators	85	80	94%
# agencies, organizations or businesses within the community who got materials	7	7	100%
# teaching staff who attended training workshops (<i>non-college credit</i>)	125	135	108%
# teachers received professional development advising	10	7	70%
# child care facilities received prof development support	7	5	71%
# directors' forums conducted	2	2	100%
# unduplicated directors who attended at least once	8	9	113%
# child care programs who received technical assistance to increase or maintain quality (<i>start-up only included once licensed</i>)	10	12	120%

# visits to the lending library	50	63	126%
# visitors to Lending Library (unduplicated)	30	37	123%

What services were provided?

Service	FY15-16		
	Projected	Actual	Actual/Proj.
# training workshops or educational events provided	24	32	133%
# training calendars developed and coordinated with the Regional CCR&R Training Calendars	2	2	100%
# recognition event or activity	1	1	100%
materials shared during # community events	3	8	267%

What impact was achieved?

Program Outcomes	Status	FY15-16 Actual Outcome
By June 30, 2016, ...		
80% of parents surveyed will report that they increased their understanding of quality child care as a result of the referral process. (Council outcome)	●	85% 11 of 13
80% of parents surveyed chose a program with a 3, 4 or 5-star license. (Council outcome)	◐	69% 9 of 13
At least 50% (53) of child care professionals will access training, professional development support services or at least 1 course at a community college or university. (Council outcome)	●	100% 111 of 111
80% of all workshop attendees will report that they learned new information or had prior knowledge updated as a result of attending the workshop.	●	100% 274 of 274
Percentage of children enrolled in centers with 5 or more lead teacher education points will be maintained at 60% or higher or achieve the high performing PBIS standard, 35% with 7 lead teacher education points. (EDU10)	●	5 pts: 71%, 7 pts: 35%
Percentage of children enrolled in centers with 5 or more administrator education points will be maintained at 60% or higher or achieve the high performing PBIS standard, 35% with 7 admin education Points. (EDU 20)	●	5 pts: 91%, 7 pts: 40%
80% of participating directors will report through evaluations that an opportunity to learn, network and receive support from other leaders in the ECE field was provided.	●	100% 10 of 10

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; na = not available

Success Story

I received notice on December 9th that The Wright Place was closing on December 18th. I contacted the local child care programs to determine vacancies and made extra referral packets and intake forms; parents were advised to contact CCR&R for information on other programs in the area. I gave a brief lesson on how to conduct a referral to CYP staff, so they could get information to families during my absence that I had previously planned for that time. Another provider decided to open an additional classroom for 3 to 6 year olds so many families were able to find care. Staff at The Wright Place were able to help out with most of the infants and toddlers until parents were able to find other arrangements.

Quality Enhancement Project

CHILDREN AND YOUTH PARTNERSHIP FOR DARE COUNTY (IN-HOUSE)

Activity Description

Smart Start funds support coaching, consultation, training, and technical assistance to child care providers. An Early Childhood Specialist may provide one or more of the following services: assessments of child care programs using the Environment Rating Scales or other assessment tools; development of an action plan based on assessment results; phone, written, and on-site technical assistance (TA); mentoring and coaching; individual and group trainings; professional development and networking meetings for child care providers; planning/support for maintaining and increasing licensure at child care facilities, and assistance with new facilities. If funding is available stipends and/or grants may be offered to child care providers or facilities. Program staff may plan, coordinate and implement trainings and workshops for the child care provider community, working in collaboration with other Children & Youth Partnership and NC CCR&R Council programs. Additional non-Smart Start funds may be used to support stipends and/or grants to child care providers or facilities, travel and associated costs for the Preventing Obesity by Design (POD) project or other specialized quality enhancement projects. Smart Start funds may be used to support staff time-on-task for these initiatives. Other funds may be used to supplement this activity, including program income.

Target Population

All licensed child care programs in Dare County and all potential programs looking to open, including star-rated programs, GS-110 programs, and potential programs seeking licensure.

Who was served?

Recipient	FY15-16		
	Projected	Actual	Actual/Proj.
# of programs with less than 4 stars served	5	6	120%
# 4 and 5-star programs served	18	10	56%
# of potential centers/homes received start-up TA	6	10	167%
# of FCCH who attended FCCH meeting	10	12	120%

What services were provided?

Service	FY15-16		
	Projected	Actual	Actual/Proj.
# of FCCH meetings held	2	2	100%
# of articles contributed by Early Childhood Specialist	4	9	225%

What impact was achieved?

Program Outcomes	Status	FY15-16 Actual Outcome
By June 30, 2016, ...		
75% of child care facilities with less than 4 stars that receive Rated License TA and apply for a higher star rating will receive at least a one star level increase in their star rating	●	100% 1 of 1
85% of providers will implement one or more strategies to improve quality of care in classroom/home.*	●	100% 4 of 4

Program Outcomes <i>By June 30, 2016, ...</i>	Status	FY15-16 Actual Outcome
75% of programs that receive an Action Plan will complete at least 50% of the Action Plan's changes/ suggestions.	●	100% 3 of 3
75% of the 4-and 5-star child care facilities that receive rated license technical assistance and are reassessed to maintain their 4-5 Star rating, will maintain or increase their star level.	●	100% 3 of 3
80% of FCCH Networking Meeting participants surveyed will report being satisfied with the trainings/ meetings and that their professional development needs were addressed.	●	100% 17 of 17

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; na = not available

Success Story

The director of Little Tots Learning Center requested assistance in preparing for the FCCERS-R assessment. It was her first time participating in the ERS assessment. I worked intensively with Sandy throughout the month of July to prepare for her assessment, including conducting a mock assessment, materials inventory and technical assistance. In August 2015, the director received her FCCERS-R assessment and scored 5.24 points. Little Tots Learning Center increased from a three-star family child care home to a five-star family child care home. Sandy is continuing to pursue her education through classes at COA and is on track to earn her Associate's Degree in Early Childhood Education.



Child Care Subsidy

DARE DHHS- DIVISION OF SOCIAL SERVICES

Activity Description

Financial assistance is paid on a direct per child basis for the purchase of care and enhancements for Temporary Assistance for Needy Families (TANF) eligible or Child Care Development Fund (CCDF) eligible families. This activity is implemented through the state-level subsidy contract and is governed by a Memorandum of Understanding between the Local Partnership and the Local Purchasing Agency (LPA). This activity includes wrap-around care. Families are required to pay a Parent Fee, which totaled \$25,817.

Target Population

Dare County children birth to age 5 enrolled in 4 or 5-star care whose families' income is 200% of federal poverty level for age 0 to 5 and Special Needs children.

Who was served?

Recipient	FY15-16		
	Projected	Actual	Actual/Proj.
# unduplicated (<i>different</i>) children who received subsidy and/or enhancement in at least one month over the course of year	na	102	-
Average # children receiving Smart Start funding each month	na	52	-

Counts of Children Served by Smart Start and Work First Subsidy each month:

Month	Subsid. Child Care (Non-WF)	Work First Related	Smart Start Funded	Unduplicated Total	Children on the Wait List
Jun-15*					
15-Jul	182	1	64	204	0
15-Aug	188	1	67	206	0
15-Sep	165	0	58	178	0
15-Oct	165	0	52	173	0
15-Nov	164	0	49	172	0
15-Dec	167	0	44	175	0
16-Jan	172	0	41	174	0
16-Feb	162	0	52	186	17
16-Mar	156	0	48	177	33
16-Apr	142	0	48	168	47
16-May	136	0	49	164	79
Average	164	0	52	180	16
Closest to Ideal during year	188	na	67	206	0
Furthest from Ideal during year	136	na	41	164	79

*Data not provided by NCPC/DCDEE.

What impact was achieved?

Program Outcomes	Status	FY15-16 Actual Outcome
By June 30, 2016, ...		FY1516 draft PBIS below
Average Star Rating for Subsidized Children in 1-5 Star Care	●	4.59
Percent of Subsidized Children in 4 & 5 Star Care	●	88%
Average Star Rating for Subsidized Children with Special Needs in 1-5 Star Care	●	4.67
Percent of Subsidized Children with Special Needs in 4 & 5 Star Care	●	100%

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; na=not available or not applicable

B. Family Support & Early Literacy

Family Support Services

CHILDREN AND YOUTH PARTNERSHIP FOR DARE COUNTY (IN-HOUSE)

Activity Description

Funded with non-Smart Start funds, Family Support Services serves children and families in Dare County by coordinating information; optimizing resources through collaboration with local agencies; and implementing and assisting with needed parent education and family support programs. The program serves as a central source of information on family services and resources through our website, with our Family Resource Guide, through phone referrals, through parenting newsletters, and participating in community events. The Family Support Manager catalogues new and existing resources, makes appropriate referrals, coordinates collaborative parenting workshops such as the Parenting Enrichment Program (PEP), provides services through the Family Support Network program (FSN), and serves on various task forces such as the Local Interagency Coordinating Council (LICC). The program also coordinates activities for Child Abuse Prevention Month and the Positive Community Norms Project/State of the Child Conference. Family support further serves families with children from birth to age five through the Parents as Teachers program with approximately .25 FTE Parent Educator.

Target Population

The Family Support Program provides a variety of family support services and programs that are available to all families in Dare County. Efforts are made to target families with children 0-5 years old, at-risk children, or families who have children with special needs.

Who was served?

Recipient	FY15-16		
	Projected	Actual	Actual/Proj.
# children participating in the Block Play Extravaganza	80	96	120%
# parents participating in the Block Play Extravaganza	na	89	na
# parents (unduplicated) attending one or more PEP workshops	60	72	120%
# trained support parents available for FSN parent-to-parent match in Dare County.	12	12	100%
# Triple P practitioners trained	7	13	186%
# parents registered to participate online (<i>Triple P</i>)	na	17	na

What services were provided?

Recipient	FY15-16		
	Projected	Actual	Actual/Proj.
# community events and presentations where outreach materials available	5	6	120%
# sessions offered during the 2-day Block Play Extravaganza	4	4	100%
# PEP parenting workshops offered each year at the Outer Banks YMCA and on Hatteras Island	6	7	117%
# outreach activities/projects sponsored by Pass on the Positive	1	3	300%
# Child Abuse Prevention Month proclamations shared with the Dare County Board of Commissioners and Town Mayors (<i>Manteo, Nags Head, Kill Devil Hills, Kitty Hawk, Southern Shores, and Duck</i>)	6	6	100%

Recipient	FY15-16		
	Projected	Actual	Actual/Proj.
# locations in Dare County throughout the month of April with the "Because Someone Cared" visual display (<i>Manteo, Kill Devil Hills, and Avon</i>)	3	3	100%
# community events and # local agencies serving families who have children with special needs given FSN program brochures	na	4	na
# outreach activities sponsored by the LICC annually	1	2	200%
# LICC meetings attended regularly between September-May	5	5	100%

What impact was achieved?

Program Outcomes <i>By June 30, 2016, ...</i>	Status	FY15-16 Actual Outcome
90% of parents report that they noticed how their children learned through block building at the event	●	97% 66 of 68
90% of parents report that they learned how block building helps children learn early math and science ideas	●	96% 65 of 68
90% of parents participating in PEP report new skills learned that will be helpful in parenting their children	●	93% 65 of 70

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; na = not available or not applicable

Success Story

Triple P- Positive Parenting Program is an evidence-based parenting program that has been implemented in Dare County through effective collaboration between CYP and Triple P programs in surrounding counties. Triple P is designed to give parents the skills they need to raise confident, healthy children and to build stronger family connections through the encouragement of positive behavior and prevention and management of misbehavior. While Dare is not a state-funded Triple P County, CYP has been able to partner with sites in Eastern NC that are funded. CYP's Family Support Manager serves as Triple P Coordinator for Dare County and arranged for local practitioners to become accredited in Triple P for FREE (value \$40,000) through these partnerships, resulting in 13 practitioners accredited in various levels of the program and available to offer Triple P to local families with children (birth-12 years of age). The program is offered through Children & Youth Partnership for Dare County, Dare County Health & Human Services (Social Services and Health Division), Dare County Schools and PORT Human Services/New Horizons. In addition, CYP was awarded a Maternal Child Health Mini-Grant (\$4,000) enabling the purchase of Triple P materials for each of the practitioners in Dare County and ensuring that they have the necessary materials to provide the service to families in our community. At a recent Triple P State Collaborative, data was presented regarding the online Triple P course participation, and Dare County ranked #7 in the state for number of parents benefitting from the online Triple P program in 2015-16.

– Family Support Manager



Parents as Teachers

CHILDREN AND YOUTH PARTNERSHIP FOR DARE COUNTY (IN-HOUSE)

Activity Description

Parents as Teachers (PAT) serves children in Dare County from prenatal through age five and their families using PAT Foundational Curriculum. All requirements of the National PAT office are met including PAT Standards self-assessment according to National PAT recommendations. Additional evidence-based tools such as KIPS or LSP may be used to measure impact. One or more parent educators provide family support by offering information on child development and parenting at home visits, parent group connections, through referrals to community services and through annual functional assessments for health and development. Families are offered a minimum of one visit a month, with two per month being offered to families with two or more risk factors. Priority is given to parents of children with special needs and to families with one or more PAT risk factors. Staff may offer some additional parenting classes to parents outside of the PAT program. Food may be served at some functions, funds may be used to offset the costs of some group activities, and program income may be used for this activity.



Parents as Teachers™
Affiliate

Target Population

Families with children 0-5 years of age (including pregnant women) with priority given to families who fit one or more of the following risk categories: teen parents, single parent households, parents/caregivers and/or children with disabilities or mental illness, low income families, families with low educational attainment, and parental and familial substance abuse.

Who was served?

Recipient	FY15-16		
	Projected	Actual	Actual/Proj.
# parents/guardians participated in home visits	18	23	128%
# children 0-5 in families received personal visits	20	19	95%
# children who received an annual developmental screening using the ASQ-3, ASQ-SE; functional vision and hearing assessments	14	19	136%
# parents/guardians participated in PAT group education	15	22	147%
# children participated during PAT group education	19	19	100%
# children (approximately 10%) referred to the Exceptional Children's program, CDSA, or health professional because of outcome of screening or functional assessment	2	3	150%
# families referred to community resources	15	15	100%

What services were provided?

Service	FY15-16		
	Projected	Actual	Actual/Proj.
# home visits completed	275	274	100% (rounded)
# group connections offered	12	13	108%

What impact was achieved?

Program Outcomes	Status	FY15-16 Actual Outcome
<i>By June 30, 2016, ...</i>		
75% of parents will make projected growth as assessed by the Life Skills Progression or KIPS	●	100% 14 of 14
Of the 2 children identified in need of follow-up services, 50% (1) will receive the needed assessment and treatment services if indicated	◐	33% 1 of 3
100% (15 of 15) of families who receive referrals to community resources will be linked to services	●	100% 15 of 15

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; na = not available or not applicable

Success Story

Through the PAT program, I serve several families in a remote part of Dare County. One enrolled family shares a trailer with two other families, with nine people living in this household - six adults and three children. The elder daughter was struggling in kindergarten and with behavior at home, and the parents learned about the PAT program from another Latino family I served. When I went to enroll the family, I was the only non-Spanish speaking person to ever enter the house, and the enrolling two-year-old child would not interact with me for several visits. After a developmental screening, we referred the child for speech services, which she began at the local school. After about a year, Mom looked at me one visit and said, "She will be ready," referring to her confidence about her younger daughter's future school success.

– PAT Parent Educator



Promoting Pre-Literacy

CHILDREN AND YOUTH PARTNERSHIP FOR DARE COUNTY (IN-HOUSE)

Activity Description



This Kindergarten Transition activity is supported through a variety of pre-literacy programs for children and families in Dare County. Components of the activity may include Dolly Parton's Imagination Library (DPIL) and operate in collaboration with other evidence-based shared literacy and learning opportunities for young children such as Reach Out and Read and Raising A Reader programs. Smart Start funds support an Early Learning Coordinator who oversees and coordinates all aspects of these projects. The Coordinator assists with Kindergarten Transition activities designed to further support literacy outreach and increase communications and collaborations among parents, Kindergarten teachers, and pre-school teachers in the child care community, including coordination of Kindergarten Kick-Off. The Coordinator works closely with community partners such as the public schools, the public library, and early care and education programs. DPIL follows established policies and guidelines. The Coordinator also engages in outreach to include public awareness activities and materials, support for resource development for the projects, community workshops, and/or special events, all of which may be funded by Smart Start. The program targets children birth to age five in child care settings and at home with their families. Other funds may be used to support these projects.

Target Population

Children in Dare County birth through age five. Outreach efforts target children in low socio-economic status households, children not cared for in regulated childcare, and/or children who may be at risk for cognitive or language delays. At-risk children may be identified by referrals or by formal assessments.

Who was served?

Recipient	FY15-16		
	Projected	Actual	Actual/Proj.
# children at point in time enrolled in DPIL	1000	1036	104%
# new children enrolled in DPIL	250	255	102%
# total children who participate in DPIL during year	1300	1288	99%
# families that attended Kindergarten Kick-off	50	107	214%
# children that attended an Annual Kindergarten Kick-off event	na	131	na

What services were provided?

Service	FY15-16		
	Projected	Actual	Actual/Proj.
# total books mailed	12,300	12,394	101%
# press releases on literacy and literacy-related issues	4	4	100%
# community presentations	1	1	100%
# total DPIL donors	na	84	na
# of kindergarten kick-off events sponsored in collaboration with Dare County Schools	2	4	200%
# meetings of the Kindergarten Transition Committee	2	2	100%

What impact was achieved?

Program Outcomes By June 30, 2016, ...	Status	FY15-16 Actual Outcome
DPIL will reach at least 50% of the birth to five population in Dare County	●	1288 of 1949 66%
80% of parents who return surveys will report that they spent more time reading to their child because of DPIL books	●	66 of 87 76%
95% of parents returning a Kindergarten Kick-off survey will 'agree' or 'strongly agree' that they feel less anxiety about their child entering Kindergarten	◐	81 of 92 88%
95% of parents returning a Kindergarten Kick-Off survey will 'agree' or 'strongly agree' that they have a better understanding of a typical day of Kindergarten	●	89 of 92 97%

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; na = not available or not applicable

Success Story

This year, we decided to change the timing of the Imagination Library survey. The change de-conflicted this survey from the annual survey, which led to a higher response rate. A total of 364 surveys were sent out and 84 were returned, which is a 23% response rate. This is the highest response rate that we've seen in a very long time! People are always so appreciative of Imagination Library and very responsive to our requests for comments about the program. Below are a sample of responses to our question asking what parents like most about Imagination Library:

"Books are nicely illustrated, they are very fun to read, and not too long. Also as a parent to a first child it is very interesting to have these fun suggestions on the back cover where you can ask child different questions about the story."

"They are great books and some we might've not read had they not come to us. All three of my children have been enrolled at some point and many of their favorite books are the imagination library books!"

"Most books have good illustrations and story lines. It's also nice that the program is free because it encourages people that may not otherwise get books for their children."

"It's always excited to have a new book to read. As a parent, I get really tired of reading the same books all the time and it is so refreshing to have new ones! She loves the books as well, I had a hard time picking her favorite. We really loved King Jack and the Llama Llama books too!"

"It's free! How amazing is that?"



Raising a Reader

CHILDREN AND YOUTH PARTNERSHIP FOR DARE COUNTY (IN-HOUSE)

Activity Description

CYP's Early Learning Coordinator implements Raising A Reader, a program that promotes improved literacy development through daily book sharing between caregivers and young children. She holds a Bachelor's degree in early childhood education or related human service field and is required to attend the RAR National Coordinator Training prior to initial implementation. The Coordinator hosts two trainings for the site implementers that have been identified to participate in this project. Selected 3-, 4- or 5-star rated facilities with a high percentage of low-income children are targeted to loan identified families a book bag containing high quality developmentally appropriate children's books. The books are exchanged each week. Weekly shared reading sessions take place at each RAR site. Parents of the children in the project are invited to participate in at least two parent workshops where they learn book sharing strategies. At least one library event is provided for RAR participants and their families where they are provided with library information, library card application, and other community literacy resources. The program is implemented with model fidelity as described above. Smart Start funds may also be used for meeting expenses, food, books for children, child care for participants and incentives for eligible participants.



Target Population

In Dare County, RAR is provided to low-income parents and their children age birth to five, parents who are poor readers themselves or who do not speak English.

Who was served?

Recipient	FY15-16		
	Projected	Actual	Actual/Proj.
# program sites	3	3	100%
# of classrooms	5	5	100%
# unduplicated total children participated	88	89	101%
# implementers (teachers)	5	5	100%
# total unduplicated parents attending workshops &/or library event	70	96	137%

What services were provided?

Service	FY15-16		
	Projected	Actual	Actual/Proj.
# implementer trainings (2 per site)	6	6	100%
# coaching sessions	na	43	na
# weeks RAR distribution cycle TOTAL	100	120	120%
# weekly shared reading sessions TOTAL	100	118	118%
# parent workshops per site	9	12	133%
# library events (1 per site)	3	3	100%

What impact was achieved?

Program Outcomes	Status	FY15-16 Actual Outcome
By June 30, 2016, ...		
There will be a significant increase in the average number of times parents indicated they read to their child in previous week	●	3.9 to 4.7 (47) Significant

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; na = not available or not applicable

Success Story

Through grants from the Manteo Rotary Club and the Hatteras Island Youth Educational Fund as well as assistance from Dare County Schools, CYP was able to expand our Raising A Reader program to Cape Hatteras Elementary School's Pre-K classroom. At the start of the program, I emailed the lead teacher to ask how the program was going and how it had been received by parents. Her response was overwhelmingly positive. "Everything has been running smoothly! The kids are really excited about reading. We can tell that parents are actually reading the books with them too because several students have wanted to 'read' their favorite book to the class. And we have also had a parent come in to read one of the books as well to the class." Her response was accompanied with several photos of children 'reading' their favorite Raising A Reader books to the class during story time!

– Early Learning Coordinator



Reach Out & Read

CHILDREN AND YOUTH PARTNERSHIP FOR DARE COUNTY (IN-HOUSE)

Activity Description

This activity partners with medical care practices to provide pre-literacy opportunities for children and their parents. The participating medical care providers (pediatricians, family physicians, nurse practitioners, and other medical professionals) voluntarily incorporate Reach Out and Read (ROR), an evidence-based model, into young children's regular pediatric checkups or well-child visits. The medical care providers implement ROR in their practices according to the National ROR guidelines. During each of the routine visits, parents receive a new, culturally- and developmentally-appropriate book to take home and read to their children. The medical care providers discuss the importance of reading, model reading a book aloud to the child, and encourage parent-child interactions as part of pre-literacy and language development. The program begins at the child's 6-month checkup and continues through age 5, with a special emphasis on children growing up in low-income communities. The children's medical home displays a literacy-rich waiting room area that reinforces the doctor's prescription to read. This activity also ensures data collection for project evaluation and secures funds for book purchases if needed.



where great stories begin™

Target Population

Young children aged 6 months to age 5 receiving well-child care at Surf Pediatrics and Medicine, and the Dare County Department of Health and Human Services: Public Health Division, and Outer Banks Family Medicine Avon. 35% of all children served by participating medical practices will be Medicaid eligible.

Who was served?

Recipient	FY15-16		
	Projected	Actual	Actual/Proj.
# of children participating	No Proj.	2238	-
# medical providers participating	9	9	100%

What services were provided?

Service	FY15-16		
	Projected	Actual	Actual/Proj.
# of literacy-rich waiting room areas created/maintained in medical clinic sites participating	6	6	100%
# of annual well-child visits for children aged 6 months-5 years	3000	3361	112%
# of developmentally appropriate new children's books delivered to medical practices	3000	3361	112%
# of on-site support visits by the literacy/project coordinator	No Proj.	81	-

What impact was achieved?

Program Outcomes	Status	FY15-16 Actual Outcome
By June 30, 2016, ...		
65% of returning parents, including those who had completed at least one previous ROR well-child visit, read to their children daily, compared to 45% of new ROR parents.	●	72% Returning 60% New

Program Outcomes	Status	FY15-16 Actual Outcome
By June 30, 2016, ...		
"For each reading strategy: 65% of returning parents, including those who had completed at least one previous ROR well-child visit, already use the recommended reading strategy, compared to 45% of new ROR parents."	●	85% Returning 59% New
100% (9 of 9) medical care providers were trained in and delivered ROR during well-child visits.	●	100% (9 of 9)

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; na = not available or not applicable

Success Story

When completing the End-of-Year report for the Reach Out and Read grant from NCPC, one of the questions asked is for impact stories from the providers or families who experience the program. Upon a request for an impact story from Outer Banks Family Medicine in Avon, the following response came from Jamie Fountain, one of the doctors at OBFMA, as well as our ROR site coordinator.

We are all having so much fun giving the books to our patients/families. One of my partners was initially skeptical about the program and its impact, but he has said multiple times that handing a child a book and talking to a parent about reading the book has become one of his favorite things he does here in the office. Having the book to hand to the child allows a quick assessment of gross motor skills and widely opens the door to discuss literacy with the parents. I believe the act of the doctor giving them the book alone demonstrates to the parent the importance we place on reading to children--actions speak louder than words, and the gift of the book says volumes more than I can in just conversation with the parent. Reading the book to the child also allows me one more way to become "friends" with the child, so to speak, and makes the exam easier for both of us.



Literacy Rich Waiting Room Enhancement- Surf Pediatrics- KDH



Reach Out and Read Get Caught Campaign

C. Health & Early Intervention

Baby Links

DARE DHHS- DIVISION OF PUBLIC HEALTH

Activity Description

Baby Links staff develops a relationship with parents of newborns, focuses parents' attention on the most critical years of a child's development, and promotes the well-being of young children. The program is a collaborative effort among health agencies, hospitals, and various community organizations. A registered nurse (RN) provides post-natal support through skilled nursing home visits to mothers and newborns within 2 weeks of birth when appropriate and identifies health concerns and potential problems for early intervention, makes appropriate referrals for such, and provides resources to enhance parenting, life skills, and nutrition and health. A network is established with area hospitals and referral sources for the identification of new mothers. New parents have access to information, referrals to other services, and consultation services and are provided with information on infant care, proper nutrition, and breast feeding. Follow-up is provided to families where concerns are noted. A portion of the post-partum and newborn assessments is billed to Medicaid and used to offset program costs. Other funds may be used to supplement this activity, including program income.

Target Population

All Dare County women who give birth.

Who was served?

Recipient	FY15-16		
	Projected	Actual	Actual/Proj.
# moms and their newborn infants who received a home visit, exam, and welcome baby packet of materials	210	202	96%
# mothers/newborns given individualized referrals to a variety of community programs and services	85	70	82%
# babies enrolled in Imagination Library	210	195	93%

What services were provided?

Services	FY15-16		
	Projected	Actual	Actual/Proj.
# WIC referrals made to families who were unaware that they qualified	30	28	93%
# referrals made to MD's	40	28	70%

What impact was achieved?

Program Outcomes	Status	FY15-16 Actual Outcome
<i>By June 30, 2016, ...</i>		
50% of referrals made will be kept and services received.	●	71% 50 of 70
50% of issues identified during a visit will be resolved at the visit.	●	51% 63 of 124
75% of mothers and newborns will receive their home visits within two weeks of the child's birth when appropriate and possible.	●	77% 146 of 190
55% of mothers continued breastfeeding six months after their visit. (Follow-up with 50% of mothers visited)	●	59% 54 of 92

Program Outcomes <i>By June 30, 2016, ...</i>	Status	FY15-16 Actual Outcome
Serve 65% of annual births to Dare residents.	●	65% 202 of 312

● = Achieved; ◐ = Made Significant Progress; ○ = Not Achieved; na = not available or not applicable

Success Story

The Baby Links nurse made a home visit to a new mother at 12 days postpartum. She was Hispanic and spoke little English, so an interpreter assisted at the visit as well. She had received all her prenatal care through the Health Department and had a relatively uneventful pregnancy. She did experience difficulties during labor and had to deliver by caesarean. At discharge from the hospital, she inadvertently was not given an appointment for an incision check, normally done at 2 weeks post operatively. During the home visit and postnatal assessment, it was obvious the client was in pain. She reported fever and chills during the night and increased pain at the incision site for 2 days. Observation revealed swelling and tenderness to touch at the site. A phone call was placed to Vidant Women's Center and an appointment was secured for the client for that afternoon. A follow-up phone call was made via the interpreter and revealed the client had an infection and fluid buildup behind the incision. She received a prescription for antibiotics and pain medication, and is due for a re-check appointment in 1 week. This represents just one example of how outreach services can reduce unnecessary Emergency Department visits and increase access to care.



D. Program Support

Program Coordination/Evaluation

IN-HOUSE & CONSULTANT

Activity Description

Evaluation and program coordination services are performed through a combination of in-house and contracted services to assess and facilitate progress towards established goals, to ensure contract compliance for outsourced programs, and to provide an analysis of PBIS results and program outcomes. The following services may be provided: technical support to all funded activities, on-site monitoring of both in-house and contracted programs, development of evaluation data and reports to include outcomes, measurement indicators, data collection strategies and reporting protocols. Activity counts are collected and reported quarterly, and outcomes and service delivery are assessed annually and reviewed during on-site program visits. An annual report is prepared and presented to the Board of Directors.

Target Population

All Smart Start funded community partners, the CYP Board of Directors, committees, and Dare County community.

Who was served?

Recipient	FY14-15		
	Projected	Actual	Actual/Proj.
# of activities tracked, evaluated and supported	9*	9	100%
# of activities monitored	9*	9	100%

**Program Coordination/ Evaluation not included*

What services were provided?

Service	FY14-15		
	Projected	Actual	Actual/Proj.
# NCPC Quarterly Output Reports submitted	4	4	100%
CYP Smart Start Annual Plan approved by the Partnership Board and NCPC.	1	1	100%

Success Story

This year saw the standardization and revision of all program logic models as well as development and implementation of a new integrated system of collecting, monitoring, analyzing and reporting data made possible in large part by the award of a Race to the Top Data Mini-Grant from the NC Partnership for Children. The contracted Evaluator also provided customized training on the new data system to all CYP staff. This activity supported program tracking and reporting through regular technical assistance meetings, phone calls, and emails.

Part III: Extent of Impact

The activities funded in FY2015-16 continue to demonstrate a positive impact on addressing the issues that affect a child's readiness for school. Those that did not adequately achieve were revised for the following fiscal year. This section takes a closer look at the accomplishments and challenges seen in both outputs and outcomes for the county as a whole.

Recipient Outputs Summary

During FY 2015-16, many child care sites were impacted directly by Smart Start through at least one funded activity, with several benefiting from more than one service. Below is a snapshot of how many child care sites and providers were served by each activity*. In some cases, the providers may not be from the same sites as only sites served more directly are included. Eventually, we will be able to aggregate and unduplicate more precisely how many sites were served by how many activities, etc, but for now we can see the variety of services available to sites.

Activity	Child Care Sites	Child Care Providers
Child Care Resource & Referral Core Services	12**	135
Quality Enhancement Project	16	na
Child Care Subsidy	Not available*	na
Raising A Reader (RAR)	3	5

**Note: Child Care Subsidy did not provide the official list of all sites benefiting from Subsidies; attempts will be made to collect this data in the future.*

***12 Sites that received TA, not necessarily the same sites of 135 Providers who attended at least 1 training.
na = not applicable*

Depending on the activity, families could participate anywhere from one time, to a short term series, or over the course of years. Below is a brief snapshot of how many parents and children were touched by each program, but does not include any unduplication as the tracking systems in place are still too varied and protecting identifying information remains a priority.

Activity	Parents	Children
Child Care Resource & Referral Core Services	80	na
Child Care Subsidy	na	102
Family Support Services (Block Play)	89	96
Parents At Teachers	23	19
Promoting Pre-Literacy	107*	1288
Raising A Reader (RAR)	96	89
Reach Out & Read	na	2238
Baby Links	202	202

na = not applicable

**107 Families attended Kindergarten Kick-off, not same as 1288 Children in DPIL*

Outcomes Summary

Of the 9 activities with measured outcomes:

- 67% (6) accomplished all fully,
- 33% (3) either made at least significant progress or achieved, and
- no activities had any outcomes not achieved.

Overall, 100% (9 out of 9) activities with measurable outcomes were either fully achieved or had significant progress made.

91% (32 out of 35) of measured outcomes were either fully achieved or had significant progress made.

The table provides more detail of these successes by area.

Summary of Accomplishments by Topic Area:	● = Achieved	◐ = Made Significant Progress	○ = Not Achieved	Total per Area	na = not available/not applicable*
A. Early Care & Education:	15	1	0	16	1
1. Child Care Resource & Referral	6	1		7	1
2. Quality Enhancement Project	5			5	
3. Child Care Subsidy	4			4	
B. Family Support & Early Literacy:	12	2	0	14	0
4. Family Support Services/PAT	3			3	
5. Parents At Teachers	2	1		3	
6. Promoting Pre-Literacy*	3	1		4	
7. Raising A Reader (RAR)*	1			1	
8. Reach Out and Read	3			3	
C. Health & Early Intervention	5	0	0	5	0
9. Baby Link	5			5	
FY15-16 Overall:	32 (91%)	3 (9%)	0	35	1

**Totals and percentages do NOT include the not available/not applicable.*

State Assessment Summary: Performance Based Incentive System (PBIS)

Performance based standards were created by the North Carolina Partnership for Children (NCPC) and are utilized by CYP as a way to assess the impact of funded activities on community indicators. Since the development of these standards, CYP has made significant progress in meeting or exceeding the majority of them.

In addition to the data from last fiscal year, previous year data as well as data from 10 years ago and baseline data are provided to give additional context.

(Formerly mandatory, Family Support PBIS Standards are no longer included in the State Report. In addition, workforce data reliant standards, such as Provider Turnover & Compensation are no longer included since data has not been available for many years.)

Draft data for FY15-16 is released in December and final data released in January.

In 2016, the NCPC board reviewed PBIS and adopted a new set of indicators and performance standards effective in FY 2017-18. The new report will be called the **Community Early Childhood Profile - Smart Start Measures of Impact**. (EC Profile for short.) Therefore, this is the last year of this version of a state assessment.

NON-selected are shaded. Minimum or high performing level is in **bold** when achieving.

Summary PBIS Standards	Minimum	High Performing	DRAFT FY 15-16	FY 14-15	FY 13-14	FY 12-13	FY 11-12	FY 05-06	Base line*	Status
Audit findings	1	0	0	0	N/A					●
Early Care & Education										
% of Regulated Child Care Spaces Available for Working Families	≥ 90%	≥ 100%	109%	110%	112%	109%	127%	141%	130%	●
% Children receiving Subsidy in Regulated Care	≥ 90%	≥ 97%	100%	100%	100%	100%	100%	100%		●
% of Children of Low Income Families in Early Care & Ed Programs	≥ 65%	≥ 75%	N/A	N/A	69%					N/A
Avg. child star rating; % children in 4 and 5 star facilities	3.25 OR 50%	3.25 AND 50%	4.23 63%	4.28 83%	4.24 83%	4.24 83%	3.84 56%	2.82 19%	1.54 3%	●
Avg. child star rating - Subsidy; % children in 4 and 5 star facilities	3.25 OR 60%	3.25 AND 60%	4.59 88%	4.61 91%	4.52 91%	4.30 98%	3.94 81%	3.06 35%	1.72 5%	●
Avg. star rating Subsidy - Special Needs; % children in 4/ 5 stars	4.00 OR 75%	4.00 AND 75%	4.67 100%	4.78 100%	4.75 100%	4.19 100%	4.00 100%	3.50 83%	1.00 0%	●
Lead Teacher - % of children enrolled in 1-5 star rated child care centers that have at least 5 lead teacher education pts	≥ 60%	≥ 60% AND ≥ 35%	71%	85%	85%	85%	81%	(FY 0607 first year)	5%	●
Lead Teacher - % children... that have 7 lead teacher education pts			35%	28%	40%	47%	43%		5%	
Administrator - % of children ... that have at least 5 admin education pts	≥ 60%	≥ 60% AND ≥ 35%	91%	93%	93%	94%	81%	(FY 0607 first year)	0%	●
Administrator - % of children... 7 admin edu pts			40%	43%	36%	33%	11%		0%	
Family Child Care Provider – % of children enrolled in 1-5 star rated FCCH that have at least 5 education pts	≥ 60%	≥ 60% AND ≥ 35%	70%	60%	55%	59%	48%	(FY 0607 first year)	37%	●
Family CC Provider – % children... 7 pts			57%	53%	48%	52%	33%		9%	
Health/Early Intervention										
Receiving Early Intervention – 0-2 years	≥ 3% AND	≥ 5% AND ≥ 5%	N/A	7.0%	5.9%	6.2%	5.9%	5.1%	3.0%	●
Receiving Early Intervention – 3-5 years	≥ 3%		8.5%	7.0%	5.4%	6.4%	8%	9.0%	5.0%	
Use of Primary Health Care	≥ 70%	≥ 80%	N/A	N/A	N/A	78%	79%	77%	67%	●†
Infant Mortality	≤ 9.1	≤ 7.41	2.9	5.7	5.9	5.1	5.5	10.9	5.7	●
Early Childhood Obesity - Body Mass Index	≤ 12.27%	≤ 10%	16.2%	N/A	N/A	16.2%	17.1%	16.2%	11.5%	○‡

N/A = Not Available

● = Achieved High Performing, ● = Achieved Minimum standards; ● = Close to achieving; ○ = not achieving; ● = green is achieved target for first time; ● = red is no longer at previous target

In FY 2015-16, CYP was held accountable for meeting ten (10) mandatory or selected PBIS standards, although data is not yet available for one and half of another indicator. Data is tracked and shared for additional standards and may be used in guiding program priorities.

In summary, for FY2015-16, CYP **met or exceeded 8.5 (100% of those available) of the selected or mandatory standards** at the high performing standard. *(Unable to determine progress in meeting 1.5 standards since data is unavailable for one mandatory standard and one part of a two-part mandatory standard.)*

Currently, the standards **not** meeting minimums are not mandatory or selected, but provide valuable information:

1) Percentage of Nationally Accredited Placements *(not included in chart above since remains at 0% for years)*

2) Early Childhood Obesity

* Trend data uses FY05-06 for midpoint plus baseline which varies by standard: many in original year of 01-02 (8), some added in 02-03 (2), 04-05 (1) 06-07 (3).

† The trends in *Use of Primary Health Care & Body Mass Index* are reflected in the statuses, but recent data is not available.

Current Challenges

In Dare County, the cost of living is 107% of the national average, off-season unemployment is high, and many residents struggle to make a living wage. While thousands of children and adults need the types of services Smart Start provides, the Partnership does not currently receive the amount of funding required to fully meet the needs of the community. In addition to inadequate funding to meet needs, the state mandates limitations in how funding may be spent:

- 70% of all funding must be spent on Child Care Related activities,
- 40% must be spent on Child Care Subsidies, and
- 17% match must be obtained from non-state or federal sources (*for FY1617, 19%.*)

The following areas continue to be challenges for Dare County:

- Availability of high quality child care placements,
- A worthy wage for early childhood professionals that is representative of their education, experience and commitment,
- Adequate access to parent educators to meet the needs of today's diverse families,
- Adequate social/emotional development supports for young children,
- Reaching and providing needed programs and services to those who are not in licensed care, and
- Adequate access to healthy food and opportunities to increase physical activity for young children.

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

Future Opportunities

The program impacts reflected in this report verify that we are on the right track with program development. CYP remains encouraged by our community's response to early childhood efforts. We continue to receive generous support from local government, as well as increased private sector support through our fundraising events, grant opportunities, and faithful donors. There is continuing interest from a wide variety of stakeholders to volunteer with our ongoing work.

We continue to stretch resources to provide the best possible solutions to community concerns and needs for our youngest children. We truly believe that our greatest opportunities and hopes to meet our challenges lie in forging more purposeful, creative, efficient, and effective collaborations with others who share our vision that all shall thrive.