

## A Summary of Measures for Reporting Smart Start Program Outcomes



*Updated:*

**SEPTEMBER 2020**



Smart Start

*Each Child. Every Community.*

SMART START OUTCOMES  
MEASUREMENT TOOL  
RESOURCE GUIDE

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

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MEASUREMENT TOOL RESOURCE GUIDE

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

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The North Carolina Partnership for Children, Inc.

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# INTRODUCTION

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

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

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

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

## Reporting Data

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

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

## Focus on Results

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

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

## Reporting Annual Results

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

## A Special Note about Pre/Post Data

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

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

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

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

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

## MATH GUIDANCE

### Decimal Places

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

### Report Numbers Only

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

### Calculating an Average

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

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

Classroom A - Overall ECERS post score 3.7

Classroom B – Overall ECERS post score 4.2

Classroom C – Overall ECERS post score 3.6

Classroom D – Overall ECERS post score 5.4

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

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### FABRIK GUIDANCE FOR WRITE-IN MEASURES

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



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# EARLY CARE AND EDUCATION

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## SECTION I

# BE ACTIVE KIDS SURVEY

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## DESCRIPTION

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According to Be Active Kids, *“Be Active Kids is an award winning, signature program of the Blue Cross and Blue Shield of North Carolina Foundation.*

*This innovative, interactive health program for children ages birth to five is available to adults working in child care centers, child care homes, and schools across North Carolina.”*

The survey instrument is intended for child care centers that are participating in Be Active Kids.

- **Type of Assessment:** Child Care Facility Self-Report

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## SMART START OUTCOMES

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Increase in the provider practice of healthy behaviors

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## OUTCOMES REPORTING SUMMARY

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**UNIT:** CHILD CARE TEACHERS

**INDICATOR:** AMOUNT OF TIME EACH DAY CHILDREN SPEND IN HIGH LEVELS OF PHYSICAL ACTIVITY

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**NUMBER OF CHILD CARE TEACHERS WITH A POST-SURVEY IN THE REPORTING PERIOD\* \_\_\_\_\_**  
**OF THOSE:**

PRE	POST
# reporting 0-29 minutes that “children spend in high levels of physical activity (i.e. TOTAL number of structured and unstructured physical activity combined) each day while under your care” ____	# reporting 0-29 minutes that “children spend in high levels of physical activity (i.e. TOTAL number of structured and unstructured physical activity combined) each day while under your care” ____
# reporting 30-59 minutes that “children spend in high levels of physical activity (i.e. TOTAL number of structured and unstructured physical activity combined) each day while under your care” ____	# reporting 30-59 minutes that “children spend in high levels of physical activity (i.e. TOTAL number of structured and unstructured physical activity combined) each day while under your care” ____
# reporting 60-119 minutes that “children spend in high levels of physical activity (i.e. TOTAL number of structured and unstructured physical activity combined) each day while under your care” ____	# reporting 60-119 minutes that “children spend in high levels of physical activity (i.e. TOTAL number of structured and unstructured physical activity combined) each day while under your care” ____
# reporting 120 minutes or more that “children spend in high levels of physical activity (i.e. TOTAL number of structured and unstructured physical activity combined) each day while under your care” ____	# reporting 120 minutes or more that “children spend in high levels of physical activity (i.e. TOTAL number of structured and unstructured physical activity combined) each day while under your care” ____
Average number of structured (teacher-led) minutes reported ____	Average number of structured (teacher-led) minutes reported ____
Average number of unstructured (child-led) minutes reported ____	Average number of unstructured (child-led) minutes reported ____
# of teachers completing both a baseline and one-month follow-up survey ____	# of teachers completing both a baseline and one-month follow-up survey ____

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

#### ADDITIONAL GUIDANCE

Data should only be reported for teachers that complete both a baseline and one-month follow-up survey.

**BE ACTIVE KIDS®**

#### FABRIK GUIDANCE

##### Be Active Kids Survey

Enter the number of respondents reporting each category on number 5 of the instrument. Then enter the average number of structured and unstructured minutes reported on number 6 of the instrument. Finally, enter the number of respondents for which you are reporting data.



# BUSINESS ADMINISTRATION SCALE FOR FAMILY CHILD CARE (BAS)

**Authors:** Teri N. Talan, Paula Jorde Bloom

**Publisher:** Teachers College Press

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## DESCRIPTION

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According to the authors:

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

Source indicates:

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

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**SMART START OUTCOMES**

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Improved teacher knowledge

Improved director knowledge

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**OUTCOMES REPORTING SUMMARY**

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

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

**References:**

McCormick Center for Early Childhood Leadership. Talan and Bloom. Business Administration Scale for Family Child Care (2<sup>nd</sup> ed.). 2018.

**Websites:**

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

<https://mccormickcenter.nl.edu/library/business-administration-scale-for-family-child-care-bas/>

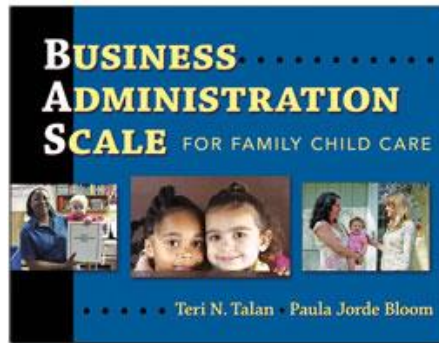
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#### ADDITIONAL GUIDANCE

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

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



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#### FABRIK GUIDANCE

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##### **Business Administration Scale (BAS)**

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

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

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

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

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

# CLASSROOM ASSESSMENT SCORING SYSTEM® (CLASS®)

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

**Publisher:** Paul H. Brookes Publishing Co.

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## DESCRIPTION

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

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

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

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

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

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

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

Source indicates:

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



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

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**SMART START OUTCOMES**

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Improved teacher/child interaction

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**OUTCOMES REPORTING SUMMARY**

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

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

**References:**

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

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

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

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

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

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

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

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

**Websites:**

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

<http://www.brookespublishing.com>

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## ADDITIONAL GUIDANCE

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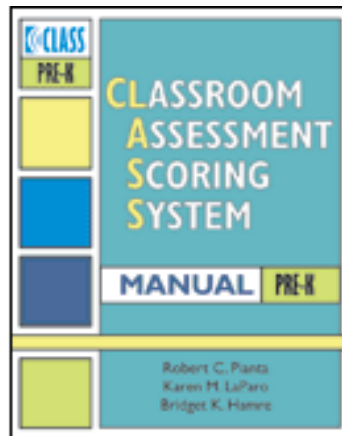
Partnerships will be asked to report on outcomes for the first six months of the fiscal year and at the end of the fiscal year. Work with child care provider participants may cross from one fiscal year to the next; achieving higher assessment scores can take more time than a single fiscal year. Changes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

When doing a pre- and post- assessment during the school year, assessors should use the same instrument (Infant, Toddler, or Pre-K) for pre- and post-, regardless of whether the children have aged out of the age range for the instrument by the post-assessment. Scores should not be compared across different instruments.

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

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

[<http://eclkc.ohs.acf.hhs.gov/hslc/hs/sr/class/use-of-class.pdf>]



**Classroom Assessment Scoring System (CLASS)**

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

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

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

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

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

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

# COLLEGE COURSEWORK

**Author:** NC Institute for Child Development Professionals

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## DESCRIPTION

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

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## SMART START OUTCOMES

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Improved teacher knowledge  
Improved director knowledge

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## OUTCOMES REPORTING SUMMARY

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**UNIT:** EARLY CARE AND EDUCATION PROFESSIONALS

**INDICATOR:** NUMBER OF COMPLETED COLLEGE COURSES  
DURING THE FISCAL YEAR

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

Number of staff participating \_\_\_\_

### References:

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

### Websites:

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

[https://www.chea.org/4DCGI/cms/review.html?Action=CMS\\_Document&DocID=197&MenuKey=main](https://www.chea.org/4DCGI/cms/review.html?Action=CMS_Document&DocID=197&MenuKey=main)

[http://ncicdp.org/documents/EEC\\_ECE\\_Scale.pdf](http://ncicdp.org/documents/EEC_ECE_Scale.pdf)

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## ADDITIONAL GUIDANCE

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

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

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

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

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#### FABRIK GUIDANCE

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##### **College course completion with a B or better**

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

# COLOR ME HEALTHY TEACHER EIGHT-WEEK FOLLOW-UP EVALUATION

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## DESCRIPTION

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According to Color Me Healthy, “Color Me Healthy is a program developed to reach children ages four and five with fun, interactive learning opportunities on physical activity and healthy eating.

*It is designed to stimulate all of the senses of young children: touch, smell, sight, sound, and, of course, taste. Through the use of color, music, and exploration of the senses, Color Me Healthy teaches children that healthy food and physical activity are fun.”*

The evaluation instrument is intended for child care centers that have completed Color Me Healthy training.

- **Type of Assessment:** Teacher Self-Report

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## SMART START OUTCOMES

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Increased child practice of healthy behaviors

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## OUTCOMES REPORTING SUMMARY

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**UNIT:** CHILD CARE TEACHERS

**INDICATOR:** AVERAGE ITEM SCORES

**NUMBER OF CHILD CARE TEACHERS WITH A SURVEY IN THE REPORTING PERIOD\* -**

**OF THOSE:**

**ANNUAL**

Number answering “Yes” to Item 9-“Have you seen any positive changes in the children with respect to healthful eating (for example: more likely to try new foods)?” \_\_\_\_

Number answering “Yes” to Item 10-“Have you seen any positive changes in the children with respect to fruit and vegetable recognition since using Color Me Healthy?” \_\_\_\_

Number answering “Yes” to Item 11-“Have you seen any positive changes in the children with respect to their attitude toward physical activity?” \_\_\_\_

Total # of surveys \_\_\_\_

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

**Website:**

<https://www.colormehealthy.com/>

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#### ADDITIONAL GUIDANCE

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The survey is intended to be completed 8 weeks after training.



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#### FABRIK GUIDANCE

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##### **Color Me Healthy Teacher Eight-Week Follow-Up Evaluation**

Enter the number of respondents answering yes to items 9, 10, and 11. Then enter the number of respondents for which you are reporting data.



# COMMUNITY EARLY CHILDHOOD PROFILE PLA50 INDICATOR

## DESCRIPTION

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

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

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

## SMART START OUTCOMES

Improved access to high quality care

## OUTCOMES REPORTING SUMMARY

**UNIT:** SUBSIDIZED CHILD CARE SLOTS IN COUNTY

**INDICATOR:** AVERAGE STAR RATING OF SUBSIDIZED CHILD CARE SLOTS

**ANNUAL**

*Average star rating for subsidized children in most recent year with data available \_\_\_\_\_*

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

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

## References:

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

## ADDITIONAL GUIDANCE

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

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**FABRIK GUIDANCE**

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**PBIS PLA50: Subsidized child placements in regulated child care programs**

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

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

# CONTINUING EDUCATION UNITS (CEUs)

**Author:** NC Institute for Child Development Professionals

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## DESCRIPTION

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

The Institute offers the following information outline:

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

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

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

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## SMART START OUTCOMES

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Improved teacher knowledge

Improved director knowledge

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## OUTCOMES REPORTING SUMMARY

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**UNIT:** EARLY CARE AND EDUCATION PROFESSIONALS

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

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

### References:

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

### Websites:

<http://ncicdp.org/continuing-education/ceu-guidelines-documents/>  
[http://ncicdp.org/documents/EEC\\_ECE\\_Scale.pdf](http://ncicdp.org/documents/EEC_ECE_Scale.pdf)

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## ADDITIONAL GUIDANCE

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

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

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



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**FABRIK GUIDANCE**

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**Continuing Education Units (CEU)**

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

# DCDEE EVALUATION OF AUTHORIZED IN-SERVICE TRAINING

**Author:** NC Division of Child Development & Early Education

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## DESCRIPTION

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

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## SMART START OUTCOMES

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Improved teacher knowledge  
Improved director knowledge

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## OUTCOMES REPORTING SUMMARY

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**UNIT:** EARLY CARE AND EDUCATION PROFESSIONALS

**INDICATOR:** NUMBER REPORTING EACH SCORE LEVEL

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

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

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

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

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

Total # surveys

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

### Websites:

[https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/N/Non\\_exempt\\_Packet\\_June\\_2018.pdf?ver=2019-06-07-115044-770](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/N/Non_exempt_Packet_June_2018.pdf?ver=2019-06-07-115044-770)



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**ADDITIONAL GUIDANCE**

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

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**FABRIK GUIDANCE**

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**DCDEE Evaluation of Authorized In-Service Training**

If surveys cannot be separated between teachers and directors, all data should be reported under “Improved Teacher Knowledge.” Do not duplicate data in “Improved Teacher Knowledge” and “Improved Director Knowledge.” Only select “Improved Director Knowledge” if surveys completed by directors can be captured separately from surveys completed by teachers.

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

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# EARLY CHILDHOOD ENVIRONMENT RATING SCALE (ECERS – R)

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

**Publisher:** Teachers College Press

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## DESCRIPTION

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

*The ECERS-R is designed to assess group programs for children of preschool age (2½ to 5 years). It is a 43-item assessment tool rating scale organized into seven environmental subscales: Space and Furnishings, Personal Care Routines, Language-Reasoning, Activities, Interaction, Program Structure, and Parents and Staff. Each item has a number of quality indicators. The ECERS-R can be used in preschool, kindergarten, and child care classrooms. The original ECERS was revised to reflect changes in the early childhood field and to be more inclusive of children with disabilities and sensitive to cultural diversity.*

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

Source indicates:

- **Languages:** Available in English, Italian, Swedish, German, Portuguese, Spanish, and Icelandic
- **Type of Assessment:** Observation, with some caregiver report
- **Age Range:** Designed to assess group programs for children from 2½ to 5 years of age. Typically given at start and end of program year
- **Personnel, Training, Administration, and Scoring Requirements:** The individual administering the ECERS-R must read and practice the scale, and must also have knowledge of child development and educational implications. The authors recommend reviewers to have at least two practice observation sessions with an experienced ECERS-R trainer. Administration time ranges from 2 hours to 5 hours depending on the scoring option selected for administering the assessment.
- **Training Support:** The assessment tool includes instructions for using the ECERS-R; a Video training package and workbook are also available. The website: [www.fpg.unc.edu](http://www.fpg.unc.edu) includes helpful information.

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## SMART START OUTCOMES

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Improved early care & education program environment



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**OUTCOMES REPORTING SUMMARY**

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**UNIT: CHILD CARE CLASSROOMS**

**INDICATOR: AVERAGE OF ALL CLASSROOMS ASSESSED**

**NUMBER OF CLASSROOMS WITH A POST SCORE IN THE REPORTING PERIOD\* \_\_\_\_\_  
OF THOSE:**

<b>PRE</b>	<b>POST</b>
<i>Average ECERS-R score _____</i>	<i>Average ECERS-R score _____</i>
<i>Average ECERS-3 score _____</i>	<i>Average ECERS-3 score _____</i>
	<i># classrooms with results _____</i>

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

**References:**

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

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

Harms, Thelma, Richard M. Clifford and Debby Cryer. Early Childhood Environment Rating Scale, Revised Edition. New York: Teachers College Press, 1998.

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

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

**Website:**

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

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### ADDITIONAL GUIDANCE

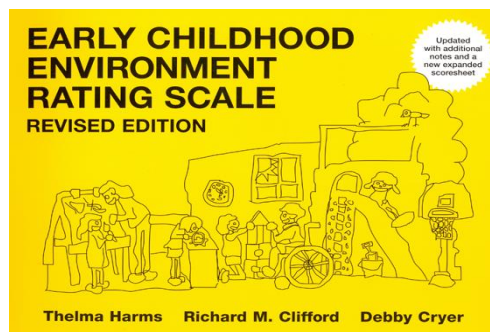
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Partnerships will be asked to report on outcomes for the first six months of the fiscal year and at the end of the fiscal year. Work with child care provider participants may cross from one fiscal year to the next; achieving higher ERS scores can take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

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

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

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



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### FABRIK GUIDANCE

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#### Early Childhood Environmental Rating Scale

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

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

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

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

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

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

**Authors:** Thelma Harms, Debby Cryer, Dick Clifford

**Publisher:** Teachers College Press

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## DESCRIPTION

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

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

The Personal Care Routines subscale covers the following areas:

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

Source indicates (based on ECERS-R):

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

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**SMART START OUTCOMES**

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Increase in the provider practice of healthy behaviors

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**OUTCOMES REPORTING SUMMARY**

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<b>UNIT: CHILD CARE CLASSROOMS</b>	
<b>INDICATOR: AVERAGES OF ALL CLASSROOMS ASSESSED</b>	
<b>NUMBER OF CLASSROOMS WITH A POST SCORE IN THE REPORTING PERIOD* _____</b> <b><i>OF THOSE:</i></b>	
<b>PRE</b>	<b>POST</b>
<i>Average Personal Care Routine Subscale score _____</i>	<i>Average Personal Care Routine Subscale score _____</i>

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

**References:**

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

**Website:**

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

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**ADDITIONAL GUIDANCE**

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



# Environment Rating Scales

Assessment instruments for early childhood and child care program quality

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**FABRIK GUIDANCE**

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**Environmental Rating Scale Personal Care Routine Subscale**

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

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

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

# FAMILY CHILD CARE ENVIRONMENT RATING SCALE – REVISED EDITION

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

**Publisher:** Teachers College Press

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## DESCRIPTION

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

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

Source indicates:

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

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## SMART START OUTCOMES

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Improved early care & education program environment

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**OUTCOMES REPORTING SUMMARY**

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**UNIT: FAMILY CHILD CARE HOMES**

**INDICATOR: AVERAGES OF ALL HOMES ASSESSED**

**NUMBER OF HOMES WITH A POST SCORE IN THE REPORTING PERIOD\* \_\_\_\_\_**  
***OF THOSE:***

<b>PRE</b>	<b>POST</b>
<i>Average FCCERS-R score _____</i>	<i>Average FCCERS-R score _____</i>

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

**References:**

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

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

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

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

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

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

**Website:**

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



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## ADDITIONAL GUIDANCE

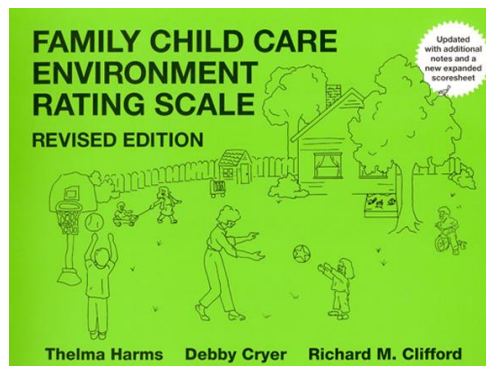
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Partnerships will be asked to report on outcomes for the first six months of the fiscal year and at the end of the fiscal year. Work with child care provider participants may cross from one fiscal year to the next; achieving higher ERS scores can take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

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

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

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



**Family Child Care Environmental Rating Scale**

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

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

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

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

# INFANT TODDLER ENVIRONMENT RATING SCALE (ITERS-R)

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

**Publisher:** Teachers College Press

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## DESCRIPTION

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

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

Source indicates:

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

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## SMART START OUTCOMES

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Improved early care & education program environment

## OUTCOMES REPORTING SUMMARY

<b>UNIT: CHILD CARE CLASSROOMS</b>	
<b>INDICATOR: AVERAGES OF ALL CLASSROOMS ASSESSED</b>	
<b>NUMBER OF CLASSROOMS WITH A POST SCORE IN THE REPORTING PERIOD* _____</b> <b><u>OF THOSE:</u></b>	
<b>PRE</b>	<b>POST</b>
<i>Average ITERS score _____</i>	<i>Average ITERS score _____</i>

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

### References:

Bisceglia, R., M. Perlman, D. Schaack, and J. Jenkins. "Examining the Psychometric Properties of the Infant-Toddler Environment Rating Scale-Revised Edition in a High-Stakes Context." *Early Childhood Research*, vol. 24, 2009, pp. 121-132.

Carey, Karen. "Review of ITERS-R." In *The Seventeenth Mental Measurements Yearbook*, edited by Kurt F. Geisinger, Robert A. Spies, Janet F. Carlson, and Barbara S. Plake. Lincoln, NE: The Buros Institute of Mental Measurements, 2007.

Frank Porter Graham Child Development Institute. "Environment Rating Scales." Available at [<http://ers.fpg.unc.edu/>]. 2005.

Halle, Tamara, and Jessica Vick. "Quality in Early Childhood Care and Education Settings: A Compendium of Measures." Submitted to the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Harms, Thelma, and Debby Cryer. *Video Observations for the Infant/Toddler Environment Rating Scale, Revised Edition*. New York: Teachers College Press, 2006.

Harms, Thelma, Debby Cryer, and Richard M. Clifford. *Infant/Toddler Environment Rating Scale, Revised Edition*. New York: Teachers College Press, 2006.

Harms, Thelma, Debby Cryer, and Richard M. Clifford. *Infant/Toddler Environment Rating Scale, Revised Edition*. New York: Teachers College Press, 2003.

Harms, Thelma, Debby Cryer, and Richard M. Clifford. *Infant/Toddler Environment Rating Scale*. New York: Teachers College Press, 1990.

Harms, Thelma, Debby Cryer, and Cathy Riley. *All About the ITERS-R*. Lewisville, NC: Kaplan Early Learning Company, 2004.

*Infant/Toddler Environment Rating Scale: Video Guide & Training Workbook*. New York: Teachers College Press, 2003.

Kush, Joseph C. "Review of ITERS-R." In *The Seventeenth Mental Measurements Yearbook*, edited by Kurt F. Geisinger, Robert A. Spies, Janet F. Carlson, and Barbara S. Plake. Lincoln, NE: The Buros Institute of Mental Measurements, 2007.

U.S. Department of Health And Human Services, Administration for Children And Families, Office of Planning, Research, and Evaluation, Child Outcomes Research and Evaluation. *Resources for Measuring Services and Outcomes in Head Start Programs Serving Infants and Toddlers*. 2011. PDF file. 332-338

Vogel, Cheri A., Kimberly Boller, Yange Xue, Randall Blair, Nikki Aikens, Andrew Burwick, Yevgeny Shrigo, Barbara Lepidus Carlton, Lara Kalb, Linda Mendenko, Judy Cannon, Sean Harrington, and Jillian Stein. *Learning As We Go: A First Snapshot of Early Head Start Programs, Staff, Families, and Children*. OPRE Report #2011-7. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2011.

**Website:**

<http://store.tcpress.com/0807746401.shtml>

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## ADDITIONAL GUIDANCE

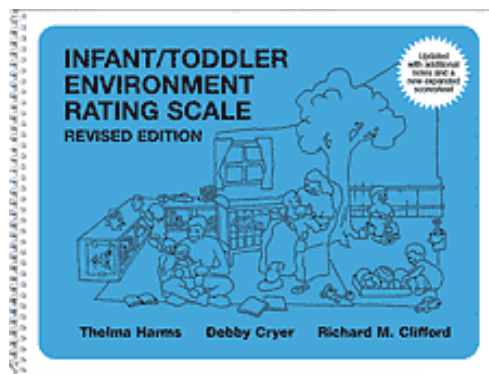
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Partnerships will be asked to report on outcomes for the first six months of the fiscal year and at the end of the fiscal year. Work with child care provider participants may cross from one fiscal year to the next; achieving higher ERS scores can take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

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

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

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



### **Infant Toddler Environmental Rating Scale**

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

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

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

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

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

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

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

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

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## DESCRIPTION

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

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

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

Source indicates:

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



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**SMART START OUTCOMES**

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Increase in the provider practice of healthy behaviors

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**OUTCOMES REPORTING SUMMARY**

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

**References:**

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

**Website:**

<https://gonapsacc.org/>

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## ADDITIONAL GUIDANCE

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Source Indicates:

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

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

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

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



### **NAPSACC and Go NAPSACC**

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

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

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

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

# NC CHILD CARE HEALTH AND SAFETY ASSESSMENT

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

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## DESCRIPTION

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

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

Source indicates:

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

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## SMART START OUTCOMES

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Increase in the provider practice of healthy behaviors

## OUTCOMES REPORTING SUMMARY

<b>UNIT: CHILD CARE CLASSROOMS/HOMES</b>  <b>INDICATOR: PERCENT OF ITEMS SCORED AS ADEQUATE</b>	
<b>NUMBER OF CLASSROOMS WITH A POST SCORE IN THE REPORTING PERIOD* _____</b> <b><i>OF THOSE:</i></b>	
<b>PRE</b>	<b>POST</b>
<u><b>Average Section Scores</b></u> <i>Handwashing</i> ____ <i>Diapering</i> ____ <i>Toileting</i> ____ <i>Sanitation</i> ____ <i>Oral Health</i> ____ <i>Physical Activity and Outdoor Play</i> ____ <i>Safe Sleep/Naps</i> ____ <i>Medication Administration</i> ____ <i>Supervision</i> ____ <i>Emergency Preparedness</i> ____ <i>Meals/Snacks: Allergies/Religious Pref.</i> ____ <i>Meals/Snacks: Nutrition</i> ____ <i>Meals/Snacks: Food Safety</i> ____ <i>Health and Safety Practices</i> ____ <i>Written Policies and Non-Observable Items</i> ____ <i>Forms Checklist</i> ____ <i>Record Review</i> ____	<u><b>Average Section Scores</b></u> <i>Handwashing</i> ____ <i>Diapering</i> ____ <i>Toileting</i> ____ <i>Sanitation</i> ____ <i>Oral Health</i> ____ <i>Physical Activity and Outdoor Play</i> ____ <i>Safe Sleep/Naps</i> ____ <i>Medication Administration</i> ____ <i>Supervision</i> ____ <i>Emergency Preparedness</i> ____ <i>Meals/Snacks: Allergies/Religious Pref.</i> ____ <i>Meals/Snacks: Nutrition</i> ____ <i>Meals/Snacks: Food Safety</i> ____ <i>Health and Safety Practices</i> ____ <i>Written Policies and Non-Observable Items</i> ____ <i>Forms Checklist</i> ____ <i>Record Review</i> ____  <b># of centers with results</b> ____

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

### References:

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

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

### Website:

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

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**ADDITIONAL GUIDANCE**

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For scoring a subscale: % of items scored adequate:

Total the number of items scored adequate.

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

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



### **NC Child Health and Safety Assessment**

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

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

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

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

The reports in the Health and Safety web portal provide results that you may insert into Fabrik.

# NC EARLY CHILDHOOD AND ADMINISTRATION CREDENTIALS AND COURSEWORK

**Author:** NC DHHS Division of Child Development and Early Education

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## DESCRIPTION

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

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

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

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

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

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

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

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

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## SMART START OUTCOMES

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Improved teacher knowledge  
Improved director knowledge



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**OUTCOMES REPORTING SUMMARY**

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**UNIT: EARLY CARE AND EDUCATION PROFESSIONALS**

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

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

***OF THOSE:***

**ANNUAL**

Teachers:

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

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

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

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

**References:**

North Carolina Division Of Child Development and Early Education. *How Points Are Earned*. N.p. n.d. Web. Apr. 2015. [http://ncchildcare.nc.gov/providers/pv\\_sn2\\_hpae.asp](http://ncchildcare.nc.gov/providers/pv_sn2_hpae.asp).

**Website:**

[http://ncchildcare.nc.gov/providers/pv\\_sn2\\_hpae.asp#EducationStandards](http://ncchildcare.nc.gov/providers/pv_sn2_hpae.asp#EducationStandards)

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#### ADDITIONAL GUIDANCE

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

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

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



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#### FABRIK GUIDANCE

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##### **NC Early Childhood Credential and Related Coursework**

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

# PRESCHOOL OUTDOOR ENVIRONMENT MEASUREMENT SCALE (POEMS)

**Authors:** Karen DeBord, Linda L. Hestenes, Robin C. Moore, Nilda G. Cosco, and Janet R. McGinnis

**Publisher:** Kaplan Early Learning Company

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## DESCRIPTION

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According to the Natural Learning Initiative:

*The objective of the instrument is to provide a valid, reliable tool for assessing the quality of outdoor environments and their use and at the same time provide guidance to childcare professionals and site administrators to assist them in making improvements. The instrument is structured with five domains, which contain 54 assessment items scored dichotomously (present/ not present). Guidance is provided for possible actions to improve environments based on the domain/ item scores.*

Source indicates:

- **Type of Assessment:** Observation
- **Age Range:** Three to five years

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## SMART START OUTCOMES

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Improved early care & education program environment

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## OUTCOMES REPORTING SUMMARY

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<b>UNIT: CHILD CARE FACILITIES</b>	
<b>INDICATOR: AVERAGE SCORES OF ALL FACILITIES ASSESSED</b>	
<b>NUMBER OF FACILITIES WITH A POST SCORE IN THE REPORTING PERIOD* _____</b>	
<b><u>OF THOSE:</u></b>	
<b>PRE</b>	<b>POST</b>
<i>Domain 1: Average Score for Physical Environment _____</i>	<i>Domain 1: Average Score for Physical Environment _____</i>
<i>Domain 2: Average Score for Interactions _____</i>	<i>Domain 2: Average Score for Interactions _____</i>
<i>Domain 3: Average Score for Play and Learning Settings _____</i>	<i>Domain 3: Average Score for Play and Learning Settings _____</i>
<i>Domain 4: Average Score for Program _____</i>	<i>Domain 4: Average Score for Program _____</i>
<i>Domain 5: Average Score for Physical Environment _____</i>	<i>Domain 5: Average Score for Physical Environment _____</i>
<b># of facilities with a pre and post score _____</b>	

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

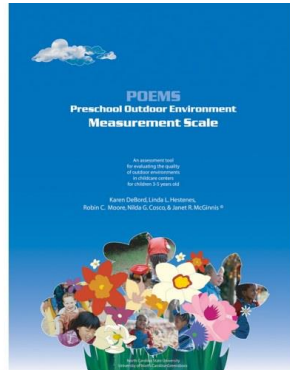
**Website:** <https://www.kaplanco.com/product/39502/preschool-outdoor-environment-measurement-scale-poems?c=29%7COL1030>

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#### ADDITIONAL GUIDANCE

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Use the scoring sheets to calculate a percent score for each domain for each facility.



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#### FABRIK GUIDANCE

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##### **Preschool Outdoor Environment Measurement Scale**

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

Calculate an average domain 1 pre score by averaging the domain 1 pre scores of all facilities. Do the same for domains 2, 3, 4, and 5.

Then do the same for post scores.

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

Report the results to two decimal places. DO NOT include the percentage % symbol. For example, 26.09 percent should be entered as 26.09

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

# PROGRAM ADMINISTRATION SCALE (PAS)

(EARLY CHILDHOOD LEADERSHIP AND MANAGEMENT)

**Authors:** Teri N. Talan, Paula Jorde Bloom

**Publisher:** Teachers College Press

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## DESCRIPTION

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According to the authors:

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

Source indicates:

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

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## SMART START OUTCOMES

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Improved director knowledge

## OUTCOMES REPORTING SUMMARY

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

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

### References:

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

### Websites:

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

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

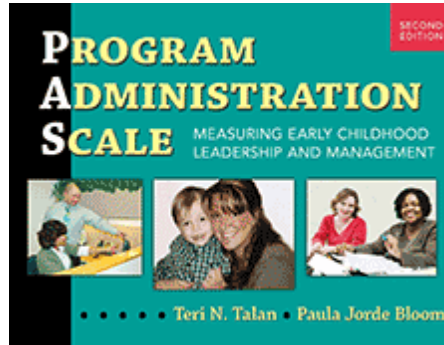
<https://mccormick-assets.floodlight.design/wp-content/uploads/2018/04/PAS-Profile-Report-Sample.pdf>

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#### ADDITIONAL GUIDANCE

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



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#### FABRIK GUIDANCE

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##### **Program Administration Scale (PAS)**

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

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

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

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

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



# SMART START LENDING LIBRARY SURVEY – CHILD CARE

## DESCRIPTION

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

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

Sources indicate:

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

## SMART START OUTCOMES

Improved early care & education program environment

## OUTCOMES REPORTING SUMMARY

**UNIT:** CHILD CARE CENTERS/HOMES

**INDICATOR:** NUMBER REPORTING VARIOUS LENDING LIBRARY USES

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

**OF THOSE:**

**ANNUAL**

*Question 2 - # selecting "Offer new activity choices" \_\_\_\_\_*

*Question 2 - # selecting "Test out new toys or materials" \_\_\_\_\_*

*Question 2 - # selecting "Try out ideas I learned at a training" \_\_\_\_\_*

*Question 2 - # selecting "Expand my curriculum" \_\_\_\_\_*

*Question 2 - # selecting "These materials have not been useful for me" \_\_\_\_\_*

*Total # surveys \_\_\_\_\_*

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

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**FABRIK GUIDANCE**

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**Smart Start Lending Library Survey – Child Care**

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

# STAR LEVELS

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## DESCRIPTION

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

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

- *Staff education*
- *Program standards*

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

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## SMART START OUTCOMES

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Enhanced ECE Program Quality

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## OUTCOMES REPORTING SUMMARY

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<b>UNIT: CHILD CARE CENTERS/HOMES</b>
<b>INDICATOR: AVERAGE STAR RATING</b>
<b>NUMBER OF PROVIDERS WITH A STAR ASSESSMENT IN THE REPORTING PERIOD* ____</b> <b><u>OF THOSE:</u></b>
<b>ANNUAL</b>
<i>Number of participating facilities with a star assessment in the reporting year ____</i> <i>Of only those facilities assessed during the reporting year, average star rating when TA began (pre) ____</i> <i>Of only those facilities assessed during the reporting year, average star rating after assessment in the reporting year (post) ____</i>

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

### References:

North Carolina Division of Child Development And Early Education *Star Rated License Overview*.N.p., n.d. Web. Apr. 2015. <[http://ncchildcare.nc.gov/parents/pr\\_sn2\\_ov\\_sr.asp](http://ncchildcare.nc.gov/parents/pr_sn2_ov_sr.asp)>.

### Website:

[http://ncchildcare.nc.gov/parents/pr\\_sn2\\_ov\\_sr.asp](http://ncchildcare.nc.gov/parents/pr_sn2_ov_sr.asp)

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#### ADDITIONAL GUIDANCE

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



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#### FABRIK GUIDANCE

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##### Star Levels

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

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

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

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

# STAR RATING EDUCATION AND PROGRAM STANDARDS POINTS

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## DESCRIPTION

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

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

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

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

[http://ncchildcare.nc.gov/providers/pv\\_sn2\\_hpae.asp](http://ncchildcare.nc.gov/providers/pv_sn2_hpae.asp)

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## SMART START OUTCOMES

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Enhanced ECE Program Quality  
Improved teacher knowledge

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**OUTCOMES REPORTING SUMMARY**

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**UNIT:** CHILD CARE CENTERS/HOMES

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

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

**ANNUAL**

*# of participating facilities with a star assessment in the reporting year \_\_\_\_\_*

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

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

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

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

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

**References:**

North Carolina Division Of Child Development and Early Education. *How Points Are Earned*. N.p. n.d. Web. Apr. 2015. [http://ncchildcare.nc.gov/providers/pv\\_sn2\\_hpae.asp](http://ncchildcare.nc.gov/providers/pv_sn2_hpae.asp)

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**ADDITIONAL GUIDANCE**

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

*1. Program Standards*

*2. Education Standards*

*You will receive one point for meeting minimum requirements. To earn more than one point, you will have to meet higher voluntary standards. A summary of those standards is found at [http://ncchildcare.nc.gov/providers/pv\\_sn2\\_hpae.asp#EducationStandards](http://ncchildcare.nc.gov/providers/pv_sn2_hpae.asp#EducationStandards).*

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



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## FABRIK GUIDANCE

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### Star Rating Program Standards and Education Points

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

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

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

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

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

### Star Rating Points Background

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

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

### Accessing Star Rating Points

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

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

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

#### Calculating Star Rating Points Pre-Post

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



# TEACHER OR DIRECTOR TURNOVER CALCULATION

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

## References:

Child Care Services Association. "Child Care WAGE\$® Project Statewide Final Report Fiscal Year 2014." (2014): 4. Web. [http://www.childcareservices.org/\\_downloads/StatewideFinalFY14full8\\_22\\_14-1.pdf](http://www.childcareservices.org/_downloads/StatewideFinalFY14full8_22_14-1.pdf).

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

## Websites:

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

## ADDITIONAL GUIDANCE

The method for turnover calculation comes from the statewide final WAGE\$® report. Partnerships funding WAGE\$® may report the turnover percentage found in the annual reports produced by Child Care Services Association (CCSA). Partnerships funding WAGE\$® should report the data found in Table 5 (as seen in the example below) in the WAGE\$® report.

Annual Turnover (July 2018 - June 2019)	
Total Participants	= 150
Active Participants	= 135
Left Center	= 15
Turnover Percentage	= 10%

CCSA provides additional details about the calculation:

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

Child Care  
**WAGE\$**  
 Project

### Teacher Turnover Calculation

To calculate turnover percentage:

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

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

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

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

*For example:*

Turnover rate =  $6/23 = .26087$

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

Round to two decimal places = 26.09%

Report in Fabrik as: 26.09

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

*Note for those funding WAGE\$:*

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

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

Otherwise, leave those cells blank.

# TEACHING PYRAMID INFANT-TODDLER OBSERVATION SCALE (TPITOS)

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

DESCRIPTION
<p>According to the Center on the Social and Emotional Foundations for Early Learning Technical Assistance Center on Social Emotional Interventions: <i>This instrument focuses on the direct observation of adult behaviors/environmental arrangements specific to supporting the social emotional development of infants and toddlers. There are two types of items on this tool: Red Flags and Environmental Design/Key Adult Behaviors. The Red Flags are scored either a yes or a no. The other items are scored using a 4-point scale.</i></p> <p><i>The TPITOS observation consists of three main elements:</i></p> <ol style="list-style-type: none"><li><i>(1) Observing for Red Flags;</i></li><li><i>(2) Observing specific routines and conducting engagement sweeps; and</i></li><li><i>(3) Observed routines for sweeps include: Free Play, Feeding/Mealtime, and Structured Group Activity.</i></li></ol> <p><i>At the beginning of Free Play, Feeding/Mealtime, and Structured Group Activities, an engagement sweep is conducted in which the total number of children in the activity (e.g., Feeding/Mealtime), and the number of children who are actively engaged in that activity are recorded.</i></p> <p>Sources indicate:</p> <ul style="list-style-type: none"><li>▪ <b>Languages:</b> Available in English</li><li>▪ <b>Type of Assessment:</b> Observation</li><li>▪ <b>Age Range:</b> Early childhood classrooms that serve children up to 2 years of age</li><li>▪ <b>Personnel, Training, Administration, and Scoring Requirements:</b> An observation can typically take two hours</li></ul>
SMART START OUTCOMES
<p>Improved ECE program environment</p> <p>Improved teacher/child interaction</p>

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**OUTCOMES REPORTING SUMMARY**

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**UNIT:** CHILD CARE CLASSROOMS

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

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

***OF THOSE:***

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

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

**References:**

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

**Websites:**

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

[http://challengingbehavior.cbcs.usf.edu/docs/roadmap/roadmap\\_7\\_data-decision-making-and-program-wide-implementation.pdf](http://challengingbehavior.cbcs.usf.edu/docs/roadmap/roadmap_7_data-decision-making-and-program-wide-implementation.pdf)

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**ADDITIONAL GUIDANCE**

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

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**FABRIK GUIDANCE**

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**The Pyramid Infant Toddler Observation Scale (TPITOS)**

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

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

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

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

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

# TEACHING PYRAMID OBSERVATION TOOL (TPOT)<sup>TM</sup>

**Authors:** Mary Louise Hemmeter and Lise Fox

**Publisher:** Paul H. Brookes Publishing Co.

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## DESCRIPTION

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According to Brookes Publishing:

*The TPOT<sup>TM</sup> is an observation tool that measures the implementation of classroom practices specifically related to promoting young children's social-emotional competence and addressing challenging behavior in the preschool classroom.*

*TPOT has three subscales that examine:*

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

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

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

**TPOT<sup>TM</sup> helps programs:**

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

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

Sources indicate:

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

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

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#### SMART START OUTCOMES

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Improved ECE program environment

Improved teacher/child interaction

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#### OUTCOMES REPORTING SUMMARY

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

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

#### References:

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

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

#### Websites:

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

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

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#### ADDITIONAL GUIDANCE

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





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## FABRIK GUIDANCE

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### Teaching Pyramid Observation Tool (TPOT)

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

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

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

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

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

# FAMILY SUPPORT AND HEALTH

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## SECTION II

# ADULT-ADOLESCENT PARENTING INVENTORY (AAPI-2)

**Authors:** Stephen J. Bavolek and Richard G. Keene

**Publisher:** Family Development Resources, Inc.

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## DESCRIPTION

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According to Family Development Resources Inc.:

*The AAPI-2.1 is an inventory designed to assess the parenting and child rearing attitudes of adolescents and adult parent and pre-parent populations. Based on the known parenting and child rearing behaviors of abusive parents, responses to the inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect. The AAPI-2.1 is the revised and re-normed version of the original AAPI first developed in 1979.*

*Responses to the AAPI-2.1 provide an index of risk in five specific parenting and child rearing behaviors:*

*Construct A - Expectations of Children*

*Construct B - Parental Empathy towards Children's Needs*

*Construct C - Use of Corporal Punishment*

*Construct D - Parent-Child Family Roles*

*Construct E - Children's Power and Independence*

Source indicates:

- **Languages:** Available in English, Spanish, Creole, and Arabic
- **Type of Assessment:** Self-report
- **Age Range:** Persons ages 12 and older
- **Personnel, Training, Administration, and Scoring Requirements:** An individual can learn to score the assessment by reading the manual. No training is necessary. Approximately 20 minutes to administer. Written at a 5th grade reading level. The assessment can be administered orally to non-readers.
- **Training Support:** Training workshops and training assistance are available. Call 828-681-8120 or send an email to [fnc@nurturingparenting.com](mailto:fnc@nurturingparenting.com).

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## SMART START OUTCOMES

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Increased positive parenting practices

**OUTCOMES REPORTING SUMMARY**

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

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

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

## References:

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

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

## Websites:

[www.nurturingparenting.com/](http://www.nurturingparenting.com/)

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

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## ADDITIONAL GUIDANCE

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

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

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## FABRIK GUIDANCE

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### AAPI-2.1

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

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

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

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

# CHILD SCREENINGS, REFERRALS, AND USE OF SERVICES CALCULATION

DESCRIPTION
Activities will have data collected to demonstrate Smart Start efforts in linking children and families to services and resources. Data reporting in Fabrik will collect the numbers screened <u>and</u> referred to services <u>and</u> the number of children referred who were connected with the services. The “Child – Other Service Use” section below is primarily used with Assuring Better Child Health and Development (ABCD).
SMART START OUTCOMES
Increase in developmental screenings or assessments, referrals, or child use of services.
OUTCOMES REPORTING SUMMARY
<p align="center"><b>UNIT: CHILDREN</b></p> <p><b>INDICATOR: PERCENT OF THOSE SCREENED AND REFERRED USING SERVICE</b></p> <p><u>Medical Home Use:</u></p> <p>a) # children in program/ activity ____</p> <p>b) # children without medical home who were referred to one ____</p> <p>c) # children referred who are now using the medical home ____</p> <p><u>Dental Home Use:</u></p> <p>a) # children in program/ activity ____</p> <p>b) # children without dental home who were referred to one ____</p> <p>c) # children referred who are now using the dental home ____</p> <p><u>Child - Other Service Use:</u></p> <p>a) # children in program/ activity ____</p> <p>b) # children eligible for screenings ____</p> <p>c) # children received screenings ____</p> <p>d) # children eligible for service referral ____</p> <p>e) # children who received at least one service referral ____</p> <p>f) # children referred now using at least one service referred to ____</p>
ADDITIONAL GUIDANCE

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

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

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

For ABCD:

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



# HEALTHY FAMILIES PARENTING INVENTORY (HFPI)

**Authors:** LeCroy & Milligan Associates

**Publisher:** LeCroy & Milligan Associates

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## DESCRIPTION

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According to LeCroy & Milligan Associates:

*The Healthy Families Parenting Inventory (HFPI) is a valid and reliable outcome measure that was designed to examine change in nine parenting domains: Social Support, Problem-Solving, Depression, Personal Care, Mobilizing Resources, Role Satisfaction, Parent/child Interaction, Home Environment and Parenting Efficacy. The HFPI was developed by LeCroy & Milligan Associates in 2004, to respond to the need for an outcome measure for home visitation programs that is relevant to the intervention, sensitive to change, appropriate with a diverse participant base, and would produce data that are immediately useful in practice.*

Source indicates:

- **Languages:** Available in English, Spanish, Somali, and Arabic.
- **Type of Assessment:** Parent self-report questionnaire
- **Training Support:** LeCroy & Milligan Associates provide in-person and webinar trainings.

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## SMART START OUTCOMES

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Increased positive parenting practices

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**OUTCOMES REPORTING SUMMARY**

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<b>UNIT: ADULTS (PARENTS/GUARDIANS)</b>  <b>INDICATOR: AVERAGE SCORES</b>	
<b>NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD** _____</b> <b><u>OF THOSE:</u></b>	
<b>PRE</b>	<b>POST</b>
<i>Average Score on Social Support</i> _____ <i>Average Score on Problem-Solving</i> _____ <i>Average Score on Depression</i> _____ <i>Average Score on Personal Care</i> _____ <i>Average Score on Mobilizing Resources</i> _____ <i>Average Score on Role Satisfaction</i> _____ <i>Average Score on Parent/ Child Interaction</i> _____ <i>Average Score on Home Environment</i> _____ <i>Average Score on Parenting Efficacy</i> _____	<i>Average Score on Social Support</i> _____ <i>Average Score on Problem-Solving</i> _____ <i>Average Score on Depression</i> _____ <i>Average Score on Personal Care</i> _____ <i>Average Score on Mobilizing Resources</i> _____ <i>Average Score on Role Satisfaction</i> _____ <i>Average Score on Parent/ Child Interaction</i> _____ <i>Average Score on Home Environment</i> _____ <i>Average Score on Parenting Efficacy</i> _____  # of adults with a pre and post score_____

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

**Website:** <http://lecroymilligan.com/pages/resources-hfpi.php>

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**FABRIK GUIDANCE**

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**Healthy Families Parenting Inventory**

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

Calculate an average pre subscale score for each subscale of those with both a pre and a post score

Then calculate an average post subscale score for each subscale.

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

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

# INFANT CRYING QUESTIONNAIRE/ QUESTIONNAIRE ABOUT CHILDREN'S CRYING

**Authors:** Leerkes EM, Gudmundson JA, Burney RV

## DESCRIPTION

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

## SMART START OUTCOMES

Increase in positive parenting practices

## OUTCOMES REPORTING SUMMARY

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

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

## References:

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

## ADDITIONAL GUIDANCE

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

### *Manual Subscale scoring*

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

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

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

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

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

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## **FABRIK GUIDANCE**

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### **Infant Crying Questionnaire**

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

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

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

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

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

# KALEIDOSCOPE PLAY & LEARN CAREGIVER FEEDBACK FORM

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## DESCRIPTION

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According to Child Care Resources:

*Kaleidoscope Play & Learn (KP&L) groups offer parents and other caregivers the opportunity to support their children's early learning through everyday activities, and build relationships with other participants.*

The Caregiver Feedback Form asks parents to report on changes in their knowledge, parenting practices, and social support.

Source indicates:

- **Type of Assessment:** Parent report

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## SMART START OUTCOMES

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Increase in parent's social support

Increase in parent knowledge

Increase in positive parenting practices

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**OUTCOMES REPORTING SUMMARY**

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**UNIT: PARENTS/GUARDIANS**

**INDICATOR: NUMBER OF ADULTS**

**NUMBER OF ADULTS WITH A SCORE IN THE REPORTING PERIOD\* \_\_\_\_**  
***OF THOSE:***

Item c. - Number of respondents selecting "About the same" for "I understand what to expect from children at different ages." \_\_\_\_

Item c. - Number of respondents selecting "A Little More" for "I understand what to expect from children at different ages." \_\_\_\_

Item c. - Number of respondents selecting "A Lot More" for "I understand what to expect from children at different ages." \_\_\_\_

Item h. - Number of respondents selecting "About the same" for "I give the child in my care opportunities to learn and try new things." \_\_\_\_

Item h. - Number of respondents selecting "A Little More" for "I give the child in my care opportunities to learn and try new things." \_\_\_\_

Item h. - Number of respondents selecting "A Lot More" for "I give the child in my care opportunities to learn and try new things." \_\_\_\_

Item m. - Number of respondents selecting "About the same" for "I talk to or share ideas about caring for children with another adult." \_\_\_\_

Item m. - Number of respondents selecting "A Little More" for "I talk to or share ideas about caring for children with another adult." \_\_\_\_

Item m. - Number of respondents selecting "A Lot More" for "I talk to or share ideas about caring for children with another adult." \_\_\_\_

# of respondents \_\_\_\_

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

**References:**

<https://childcare.org/family-services/find-care-ffn.aspx>

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**FABRIK GUIDANCE**

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**Kaleidoscope Play & Learn Caregiver Feedback Form**

Only one outcome should be selected with this measure. Regardless of which of the three outcomes are chosen, data for Items c, h, and m are required.

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# KEYS TO INTERACTIVE PARENTING SCALE (KIPS)

**Authors:** Marilee Comfort and Phil Gordon

**Publisher:** Comfort Consult, LLC

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## DESCRIPTION

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

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

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

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

Source indicates:

- **Languages:** Available in English and Spanish

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

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#### SMART START OUTCOMES

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Increase in positive parenting practices

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#### OUTCOMES REPORTING SUMMARY

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

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

#### References:

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

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

#### Website:

<http://comfortconsults.com/>

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#### ADDITIONAL GUIDANCE

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

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





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#### FABRIK GUIDANCE

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##### **Keys to Interactive Parenting Scales (KIPS)**

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

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

Follow the same steps to enter the Post results.

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

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

# LIFE SKILLS PROGRESSION (LSP)

**Authors:** Linda Wollesen and Karen Peifer

**Publisher:** Paul Brookes Publishing Inc.

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## DESCRIPTION

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According to [lifeskillsprogression.com](http://lifeskillsprogression.com):

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

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

Source indicates:

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

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## SMART START OUTCOMES

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Increased positive parenting practices

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**OUTCOMES REPORTING SUMMARY**

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**UNIT:** ADULTS (PARENTS/GUARDIANS)

**INDICATOR:** AVERAGE SCORES ON EACH RELEVANT ITEM

**NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD\*** \_\_\_\_

**OF THOSE:**

<b>PRE</b>	<b>POST</b>
<i>Positive Parenting Practices:</i> Average score Nurturing (question #5) ____ Average score Discipline (question #6) ____ Average score Support of Development (question #7) ____	<i>Positive Parenting Practices:</i> Average score Nurturing (question #5) ____ Average score Discipline (question #6) ____ Average score Support of Development (question #7) ____

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

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**SMART START OUTCOMES**

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Parents increase use of services

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**OUTCOMES REPORTING SUMMARY**

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**UNIT:** ADULTS (PARENTS/GUARDIANS)

**INDICATOR:** AVERAGE SCORES ON EACH RELEVANT ITEM

**NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD\*** \_\_\_\_

**OF THOSE:**

<b>PRE</b>	<b>POST</b>
<i>Parents Use of Services:</i> Average score Use of information (question #10) ____ Average score Use of resources (question #11) ____	<i>Parents Use of Services:</i> Average score Use of information (question #10) ____ Average score Use of resources (question #11) ____

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

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**SMART START OUTCOMES**

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

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**OUTCOMES REPORTING SUMMARY**

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<b>UNIT: FAMILIES</b>	
<b>INDICATOR: AVERAGE SCORES ON EACH RELEVANT ITEM</b>	
<b>NUMBER OF FAMILIES WITH A POST SCORE IN THE REPORTING PERIOD* ____</b> <b><u>OF THOSE:</u></b>	
<b>PRE</b>	<b>POST</b>
<u>Parents Use of Services:</u> Average score Child Well Care (question #20) ____	<u>Parents Use of Services:</u> Average score Child Well Care (question #20) ____

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

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**SMART START OUTCOMES**

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Increase in parent's social support

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**OUTCOMES REPORTING SUMMARY**

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

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

**References:**

Life Skill Outcomes, LLC. *Life Skills Progression*. 2011. Web. 20 Apr. 2015.  
<http://www.lifeskillsprogression.com/>  
[http://www.mdrc.org/sites/default/files/img/LSP\\_Brief.pdf](http://www.mdrc.org/sites/default/files/img/LSP_Brief.pdf)

**Website:**

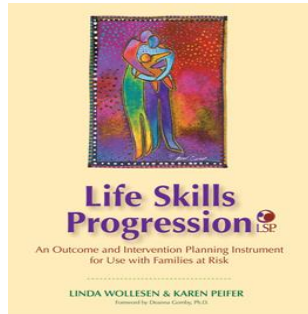
<http://www.lifeskillsprogression.com/home/index>.

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#### ADDITIONAL GUIDANCE

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



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#### FABRIK GUIDANCE

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##### **Life Skills Progression**

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

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

##### *Outcome - Increase in positive parenting practices*

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

##### *Outcome – Parents Use of Services*

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

Outcome- Increase in developmental screenings or assessments, referrals, and child use of services

- Average Child Well Care- Calculate the average for question number 20

##### *Outcome – Parent's Social Support*

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

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

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

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

# MOTHEREAD® B.A.B.Y.® CLASS EXIT SURVEY

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## DESCRIPTION

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According to Motherhead Inc.:

*The Birth and Beginning Years (B.A.B.Y.) curriculum uses multicultural children's books to teach parenting and health information to expectant and new parents.*

The Motherhead® B.A.B.Y.® Class Exit Survey is given to adults who have participated in the class.

Source indicates:

- **Type of Assessment:** Self-report questionnaire

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## SMART START OUTCOMES

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Increase in parent knowledge

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## OUTCOMES REPORTING SUMMARY

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<b>UNIT: ADULTS (PARENTS/GUARDIANS)</b>
<b>INDICATOR: NUMBER REPORTING INCREASED KNOWLEDGE</b>
<b>NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____</b> <b><u>OF THOSE:</u></b>
<b>ANNUAL</b>
# of adults who agree or strongly agree that "Since I enrolled in this class, my <b>READING</b> skills have improved." _____ # of adults who agree or strongly agree that "Since I enrolled in this class, my <b>WRITING</b> skills have improved." _____ # of adults who agree or strongly agree that "Since I enrolled in this class, my knowledge of health resources and services has increased." _____ # of adults completing the survey _____

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

**Website:** <http://www.motherhead.org/curriculum/birth-and-beginning-years-b-a-b-y/>



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#### FABRIK GUIDANCE

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#### **Motheread® B.A.B.Y.® Class Exit Survey**

Enter the number of adults who answer “Agree” or “Strongly Agree” with each item.

Then enter the number of surveys completed.

# MOTHEREAD/FATHEREAD INTAKE AND EXIT SURVEYS

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## DESCRIPTION

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According to Motherhead Inc.:

*The Motherhead/Fatheread curriculum uses children's books, and adult poems and narratives to teach literacy skills to adults, with an emphasis on developing skills in all four areas of literacy: listening, speaking, reading, and writing. Additionally, the lessons help parents understand the importance of reading regularly to their children. Parents not only learn the "why" of reading with their children, but also the "how."*

The intake and exit surveys are designed to assess reading frequency and use of reading strategies.

Source indicates:

- **Type of Assessment:** Parent report

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## SMART START OUTCOMES

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Increase in frequency of adult and child shared reading

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## OUTCOMES REPORTING SUMMARY

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<b>UNIT: PARENTS/GUARDIANS</b>	
<b>INDICATOR: PERCENT READING TO CHILD(REN) DAILY</b>	
<b>NUMBER OF ADULTS WITH A SCORE IN THE REPORTING PERIOD* ____</b> <b><u>OF THOSE:</u></b>	
Percent of parents reporting they read to their children daily____  # of surveys____	Percent of parents reporting they read to their children daily____  # of surveys____

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



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**SMART START OUTCOMES**

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Increase in adult's use of recommended reading strategies

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**OUTCOMES REPORTING SUMMARY**

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<b>UNIT: PARENTS/GUARDIANS</b>	
<b>INDICATOR: PERCENT OF FAMILIES USING AT LEAST ONE READING STRATEGY</b>	
<b>NUMBER OF ADULTS WITH A SCORE IN THE REPORTING PERIOD* _____</b>	
<b><i>OF THOSE:</i></b>	
Percent of parents reporting they are already using at least one reading strategy____ # of surveys____	Percent of families reporting they are already using at least one reading strategy____ # of surveys from returning families____

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

**References:**

<http://www.motheread.org/curriculum/mothereadfatheread/>

# NURTURING SKILLS COMPETENCY SCALE (2 & 3)

**Author:** Stephan J. Bavolek

**Publisher:** Family Development Resources, Inc.

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## DESCRIPTION

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

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

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

Sources indicates:

- **Languages:** Available in Arabic, Hmong, Kreyol (Haitian), and Spanish
- **Type of Assessment:** Self-report
- **Age Range:** Each NSCS addresses the unique needs of children in different developmental groups: prenatal; birth to five; school-age; teen parents and parents and their adolescents.
- **Personnel, Training, Administration, and Scoring Requirements:** Respondents take on an average 15 minutes to complete the Long Version and 10 minutes to complete the Short Version. The NSCS can be administered independently or in conjunction with the AAPI-2.1.
- **Training Support:** Simple instructions for administering this scale independently or in conjunction with AAPI-2.1 can be found here: <https://www.assessingparenting.com/assessment/nscs>

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## SMART START OUTCOMES

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Increased positive parenting practices

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**OUTCOMES REPORTING SUMMARY**

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<b>UNIT: ADULTS (PARENTS/GUARDIANS)</b>  <b>INDICATOR: NUMBER OF ADULTS SCORING IN EACH RANGE*</b>	
<b>NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____</b> <b><u>OF THOSE:</u></b>	
<b>PRE</b>	<b>POST</b>
# of adults at below average _____	# of adults at below average _____
# of adults at low average _____	# of adults at low average _____
# of adults at average _____	# of adults at average _____
# of adults at high average _____	# of adults at high average _____
# of adults at above average _____	# of adults at above average _____

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

**References:**

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

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

**Website:**

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

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**ADDITIONAL GUIDANCE**

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Responses to the NSCS-2 and NSCS-3 are presented on a NSCS Profile. The profile utilizes a 1 to 10 standard spread of scores that are grouped into the following designations: Below Average; Low Average; Average; High Average; and Above Average. fabrik will collect numbers of adults, pre and post, at each different level.



**Nurturing Skills Competency Scale**

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

Of those with both a pre and a post score, determine for each adult what category they are in at baseline when the measure was first used with the parent. Consult the instructions that accompany the NSCS for information on how to determine the categories. Add up the number in each category and report them in the Pre column.

Follow the same steps to enter the Post results.

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

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

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

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

**Publisher:** Paul H. Brookes Publishing Co.

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## DESCRIPTION

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According to Brookes Publishing:

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

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

Source indicates:

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

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**SMART START OUTCOMES**

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Increase in positive parenting practices

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**OUTCOMES REPORTING SUMMARY**

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<b>UNIT: ADULTS (PARENTS/GUARDIANS)</b>	
<b>INDICATOR: AVERAGE SCORES</b>	
<b>NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____</b> <b><i>OF THOSE:</i></b>	
<b>PRE</b>	<b>POST</b>
<i>Affection – Average Score</i> _____	<i>Affection – Average Score</i> _____
<i>Responsiveness – Average Score</i> _____	<i>Responsiveness – Average Score</i> _____
<i>Encouragement – Average Score</i> _____	<i>Encouragement – Average Score</i> _____
<i>Teaching – Average Score</i> _____	<i>Teaching – Average Score</i> _____
<i>PICCOLO Total– Average Score</i> _____	<i>PICCOLO Total – Average Score</i> _____
	<i># of adults with a pre and post score</i> _____

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

**References:**

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

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

**Websites:**

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

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**ADDITIONAL GUIDANCE**

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Each of the 29 items is rated as 0 (absent), 1 (barely), or 2 (clearly). The individual item scores are aggregated into the four domain scores.



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**FABRIK GUIDANCE**

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**Parenting Interactions with Children: Checklist of Observations Linked to Outcomes**

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

Of those with both a pre and a post score, calculate average scores for each domain. If necessary, consult the instructions that accompany the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes for information on which questions are in each domain.

If a family completed the measure at baseline (pre score) and then more than once after that, report their most recent results in the reporting period as their post score. The pre score should be the baseline score, even if the baseline score was taken in a previous fiscal year.

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

# PARENTING PRACTICES INVENTORY

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

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## DESCRIPTION

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According to [performwell.org](http://performwell.org):

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

Source indicates:

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

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## SMART START OUTCOMES

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Increased positive parenting practices



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## OUTCOMES REPORTING SUMMARY

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

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

### References:

Perform Well. *Parenting Practices Inventory*. N.p. n.d. Web. Apr. 2015. [incredibleyears.com/for-researchers/measures](http://incredibleyears.com/for-researchers/measures)

### Websites:

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

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## ADDITIONAL GUIDANCE

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

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## FABRIK GUIDANCE

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### Parenting Practices Inventory

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

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

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

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

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

*Note for those participating in Incredible Years (IY):*

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

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

**Authors:** Richard A. Abidin

**Publisher:** PAR®

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## DESCRIPTION

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

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

Source indicates:

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

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

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

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

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

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#### SMART START OUTCOMES

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Increased positive parenting practices

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#### OUTCOMES REPORTING SUMMARY

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

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

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

#### **References:**

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

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

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#### ADDITIONAL GUIDANCE

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




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## FABRIK GUIDANCE

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### Parenting Stress Index

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

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

Follow the same steps to enter the Post results.

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

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

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

**Authors:** Richard A. Abidin

**Publisher:** PAR®

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## DESCRIPTION

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

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

Source indicates:

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

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

- **Training Support:** N/A

SMART START OUTCOMES
Increased positive parenting practices

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

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

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

#### References:

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

#### Website:

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

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### ADDITIONAL GUIDANCE

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



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### FABRIK GUIDANCE

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#### Parenting Stress Index – Short Form

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

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

Follow the same steps to enter the Post results.

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

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



# PARENTS' ASSESSMENT OF PROTECTIVE FACTORS

**Author:** National Quality Improvement Center on Early Childhood (QIC-EC)

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## DESCRIPTION

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According to the Parents' Assessment of Protective Factors User's Guide and Technical Report:

*The Parents' Assessment of Protective Factors (PAPF) was developed as a measure to assess the presence, strength, and growth of parents' self-reported beliefs, feelings, and behaviors that are regarded as indicators of the Strengthening Families™ Protective Factors.*

Source indicates:

- **Languages:** Available in English and Spanish
- **Type of Assessment:** Self-report questionnaire
- **Age Range:** Parents of children aged birth to eight years
- **Personnel, Training, Administration, and Scoring Requirements:** According to the User's Guide and Technical Report, "The PAPF is designed to be hand-scored by service provider staff after completion by the parent or staff administrator. The PAPF Scoring Sheet contains an area for recording the total and average scores for each subscale and the PFI, as well as an area for graphing the average scores."

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## SMART START OUTCOMES

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Increased positive parenting practices

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## OUTCOMES REPORTING SUMMARY

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<b>UNIT: ADULTS (PARENTS/GUARDIANS)</b>	
<b>INDICATOR: AVERAGE SCORES</b>	
<b>NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____</b> <b><u>OF THOSE:</u></b>	
<b>PRE</b>	<b>POST</b>
<i>Average Score Parental Resilience_____</i> <i>Average Score Social Connections_____</i> <i>Average Score Concrete Support in Times of Need_____</i> <i>Average Score Social and Emotional Competence of Children_____</i> <i>Average Protective Factors Index (PFI)_____</i>	<i>Average Score Parental Resilience_____</i> <i>Average Score Social Connections_____</i> <i>Average Score Concrete Support in Times of Need_____</i> <i>Average Score Social and Emotional Competence of Children_____</i> <i>Average Protective Factors Index (PFI)_____</i>  # of adults with a pre and post score_____

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

### References:

Kiplinger, V. L. & Harper Browne, C. (2014, September). Parents' Assessment of Protective Factors: User's guide and technical report. Washington, DC: Center for the Study of Social Policy.

**Website:** <https://cssp.org/resource/papf-instrument-english/>  
<https://cssp.org/wp-content/uploads/2018/08/PAPF-User-Guide.pdf>

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## ADDITIONAL GUIDANCE

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Follow the scoring guidance in the user's guide. The subscales are made up of the following items:

Subscale	Items
Parental Resilience	11-19
Social Connections	20-28
Concrete Support in Times of Need	29-37
Social and Emotional Competence of Children	38-46

Calculate an individual's total score for each subscale by assigning numerical values to each item response as follows:

- 0 = This is NOT AT ALL LIKE me or what I believe
- 1 = This is NOT MUCH LIKE me or what I believe
- 2 = This is A LITTLE LIKE me or what I believe
- 3 = This is LIKE me or what I believe
- 4 = This is VERY MUCH LIKE me or what I believe

Then calculate the individual's average subscale score by dividing the total by the number of items responded to in that subscale. For example, if a parent responded to only 7 items in the Social Connections subscale, you should divide the total by 7 to calculate the average subscale score.

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#### FABRIK GUIDANCE

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##### **Parents' Assessment of Protective Factors**

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

Calculate an average pre subscale score for each subscale and an average PFI of those with both a pre and a post score. For example, calculate the average score for Parental Resilience by summing the individuals' Parental Resilience subscale average score and then dividing by the number of individuals.

Then calculate an average post subscale score for each subscale and an average PFI.

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

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

# PARENT USE OF SERVICES CALCULATION

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## DESCRIPTION

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

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## SMART START OUTCOMES

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Increase in parent use of services

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## OUTCOMES REPORTING SUMMARY

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UNIT: ADULTS (PARENTS/GUARDIANS)

INDICATOR: PERCENT OF THOSE REFERRED USING SERVICE

*Parent - Service Use:*

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

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## ADDITIONAL GUIDANCE

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

**Use of Services Calculation**

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

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

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

# PROTECTIVE FACTORS SURVEY

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

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

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## DESCRIPTION

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

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

Source indicates:

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

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## SMART START OUTCOMES

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

## OUTCOMES REPORTING SUMMARY

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

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

### References:

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

### Websites:

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

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## ADDITIONAL GUIDANCE

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

### *Manual Subscale scoring*

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

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

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

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

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

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## FABRIK GUIDANCE

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### **Protective Factors Survey**

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

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

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

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

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



# PROTECTIVE FACTORS SURVEY PARTIAL SCALES

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

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

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## DESCRIPTION

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

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

Source indicates:

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

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## SMART START OUTCOMES

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Increase in parent's social support

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**OUTCOMES REPORTING SUMMARY**

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

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**SMART START OUTCOMES**

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Increase in parent knowledge

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**OUTCOMES REPORTING SUMMARY**

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

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

**References:**

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

**Websites:**

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

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#### ADDITIONAL GUIDANCE

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

##### *Manual Subscale scoring*

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

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

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

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

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

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#### FABRIK GUIDANCE

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##### **Protective Factors Survey Partial Scales**

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

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

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

# RAISING A READER PARENT SURVEY

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## DESCRIPTION

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According to Raising a Reader:

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

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

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

Source indicates:

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

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## SMART START OUTCOMES

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Increase in frequency of adult and child shared reading

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## OUTCOMES REPORTING SUMMARY

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

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**SMART START OUTCOMES**

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Increase in adult's use of recommended reading strategies

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**OUTCOMES REPORTING SUMMARY**

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**UNIT: PARENTS/GUARDIANS**

**INDICATOR: PERCENT OF FAMILIES USING 4 OR MORE DIALOGIC BEHAVIORS**

**NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD \_\_\_\_**

***OF THOSE:***

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

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

# of surveys

**References:**

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

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

**Websites:**

[http://www.smartstart.org/wp-content/uploads/2015/05/SmartStartEBEI\\_Guide\\_052615.pdf](http://www.smartstart.org/wp-content/uploads/2015/05/SmartStartEBEI_Guide_052615.pdf) (p. 40)

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



## Raising a Reader Parent Survey

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

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

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

### Enter Data for Outcome Measures

Year-End 06/30/2018

about each measure.

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

Comments:

Justifications

No data to report

Save Answers

Submit Answers

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

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

Before – 0%

Now – 100%

# REACH OUT AND READ (ROR) PARENT SURVEY

## DESCRIPTION

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

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

Source indicates:

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

## SMART START OUTCOMES

Increase in frequency of adult and child shared reading

## OUTCOMES REPORTING SUMMARY

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

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

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**SMART START OUTCOMES**

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Increase in adult's use of recommended reading strategies

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**OUTCOMES REPORTING SUMMARY**

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

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

# of surveys from new families \_\_\_\_

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

# of surveys from returning families \_\_\_\_

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

**References:**

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

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

**Websites:**

[http://www.smartstart.org/wp-content/uploads/2015/05/SmartStartEBEI\\_Guide\\_052615.pdf](http://www.smartstart.org/wp-content/uploads/2015/05/SmartStartEBEI_Guide_052615.pdf) (p. 38)

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





## Reach Out and Read Parent Survey

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

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

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

## Enter Data for Outcome Measures

Year-End 06/1

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

# READING STRATEGIES CALCULATION

## DESCRIPTION

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

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

## SMART START OUTCOMES

Increase in adult's use of recommended reading strategies

## OUTCOMES REPORTING SUMMARY

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

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

### Websites:

[http://www.smartstart.org/wp-content/uploads/2015/05/SmartStartEBEL\\_Guide\\_052615.pdf](http://www.smartstart.org/wp-content/uploads/2015/05/SmartStartEBEL_Guide_052615.pdf)

## ADDITIONAL GUIDANCE

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

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

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

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

*Check one answer for each activity.*

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

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

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**FABRIK GUIDANCE**

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**Reading Strategies Calculation**

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

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

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

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

*Check one answer for each activity.*

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

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

Follow these same steps for the Post results.

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

# SHARED READING CALCULATION

## DESCRIPTION

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

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

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

## SMART START OUTCOMES

Increase in the frequency of parent and child shared reading

## OUTCOMES REPORTING SUMMARY

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

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

## References:

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

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

**Website:**

[http://www.smartstart.org/wp-content/uploads/2015/05/SmartStartEBEI\\_Guide\\_052615.pdf](http://www.smartstart.org/wp-content/uploads/2015/05/SmartStartEBEI_Guide_052615.pdf) (p. 35)

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**ADDITIONAL GUIDANCE**

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

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

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

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

**Shared Reading Calculation**

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

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

To calculate percentage of adults reading daily:

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

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

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

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

*For example:*

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

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

Round to two decimal places = 59.62%

Report in Fabrik as: **59.62**

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

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## DESCRIPTION

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

Source indicates:

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

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## SMART START OUTCOMES

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Increase in frequency of adult and child shared reading

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## OUTCOMES REPORTING SUMMARY

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**UNIT:** CHILDREN

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

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

Percentage of oldest children whose parents reported reading to them every day before DPIL \_\_\_\_\_

Percentage of oldest children whose parents reported reading to them several times a day before DPIL \_\_\_\_\_

Percentage of oldest children whose parents reported reading to them every day now \_\_\_\_\_

Percentage of oldest children whose parents reported reading to them several times a day now \_\_\_\_\_

# of surveys from families that received books \_\_\_\_\_

\*This survey is only distributed once a year and no data will be available in time for mid-year reporting.

### Websites:

<https://imaginationlibrary.com/>

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



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#### ADDITIONAL GUIDANCE

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Post assessments are distributed by the Dollywood Foundation to registered families. If there are no data for oldest children, the fields regarding oldest children should be left blank.



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#### FABRIK GUIDANCE

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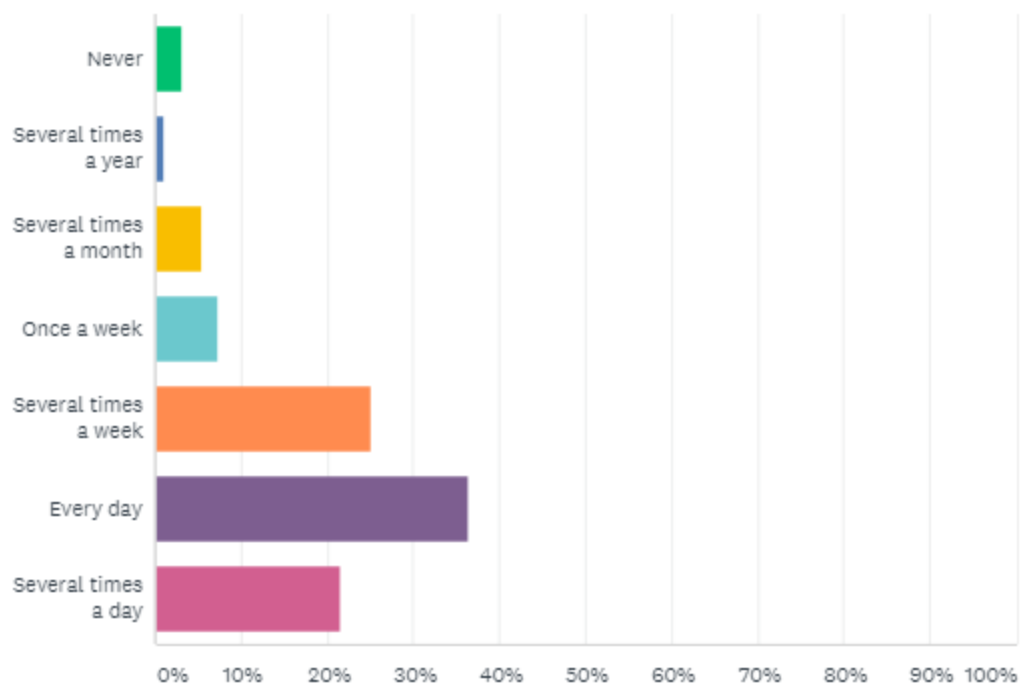
##### **Smart Start Dolly Parton's Imagination Library (DPIL) Survey**

For the purposes of fabrik reporting, use only data from the Group B English survey. This group represents new families in the program that have received books for between four and 12 months. Each county has a link for the survey results.

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

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

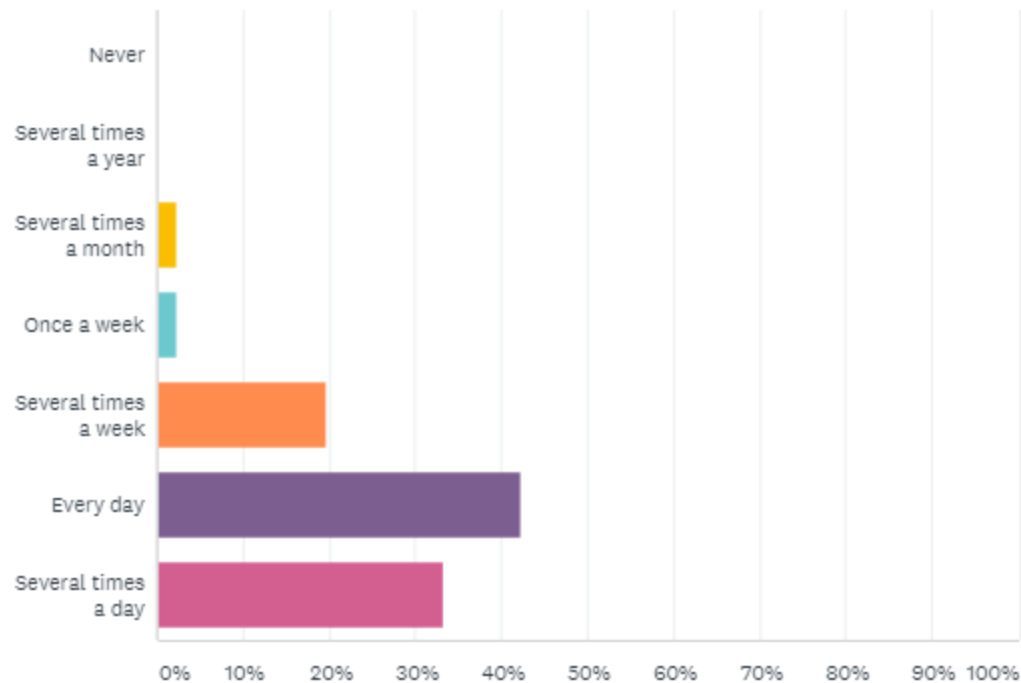
Answered: 1,271 Skipped: 159



ANSWER CHOICES	RESPONSES	
Never	3.23%	41
Several times a year	0.94%	12
Several times a month	5.43%	69
Once a week	7.32%	93
Several times a week	25.10%	319
Every day	36.35%	462
Several times a day	21.64%	275
<b>TOTAL</b>		<b>1,271</b>

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

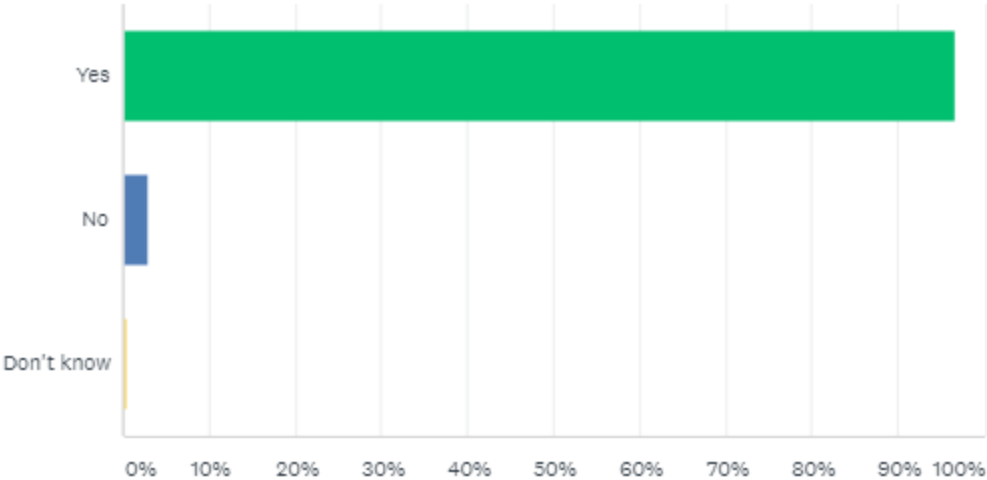
Answered: 1,274 Skipped: 156



ANSWER CHOICES	RESPONSES	
Never	0.00%	0
Several times a year	0.24%	3
Several times a month	2.35%	30
Once a week	2.20%	28
Several times a week	19.70%	251
Every day	42.31%	539
Several times a day	33.20%	423
<b>TOTAL</b>		<b>1,274</b>

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

Answered: 1,429 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	96.64%	1,381
No	3.01%	43
Don't know	0.35%	5
TOTAL		1,429

# SMART START LENDING LIBRARY SURVEY – FAMILIES

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## DESCRIPTION

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

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

Sources indicate:

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

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## SMART START OUTCOMES

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Increase in Parent Knowledge

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**OUTCOMES REPORTING SUMMARY**

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**UNIT: PARENTS/GUARDIANS**

**INDICATOR: NUMBER REPORTING VARIOUS LENDING LIBRARY USES**

**NUMBER OF PARENTS/GUARDIANS WITH A POST SCORE IN THE REPORTING PERIOD\***

**OF THOSE:**

**ANNUAL**

*Question 2 - # selecting "Have more toys for the children to play with" \_\_\_\_*

*Question 2 - # selecting "Provide educational material" \_\_\_\_*

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

*Question 2 - # selecting "The materials have not been useful for me" \_\_\_\_*

*Total # completing Question 2 \_\_\_\_*

*Question 3 - # selecting "No, I have only borrowed toys or materials" \_\_\_\_*

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

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

*Total # completing Question 3 \_\_\_\_*

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

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**FABRIK GUIDANCE**

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**Smart Start Lending Library Survey – Families**

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

# SMART START OUTREACH MEASURE

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## DESCRIPTION

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The Smart Start Outreach Survey is designed to measure results for Smart Start-funded outreach activities. Many of these activities are targeted toward families and community members.

The survey is designed to be flexible. The survey includes some descriptive questions which the partnership is encouraged to tailor to match what is offered in their outreach activity.

The Local Partnership may also choose to add some or all of these questions to another survey instead of using the Outreach Survey as is.

However, the one question that should be used as written and/or inserted into another survey is question #2, which asks what the respondent has done as a result of receiving or participating in the outreach activity. This is the outcome question. At this point, you will only be asked to report on question #2 in fabric. The other questions are for your own use.

This outcome measure uses Question 2: *As a result of doing the above, I have:* (Check all that apply)

- ☐ Learned more about how children grow and learn
- ☐ Learned about the importance of a child's early years
- ☐ Learned about an activity I could do with a child
- ☐ Tried an activity I learned about with a child
- ☐ Learned about services or programs I could participate in
- ☐ Signed up for or participated in one of the services I learned about
- ☐ Other \_\_\_\_\_
- ☐ These outreach services haven't been useful to me yet

Sources indicate:

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

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## SMART START OUTCOMES

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Increased parent knowledge

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**OUTCOMES REPORTING SUMMARY**

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**UNIT:** PARENTS OR CAREGIVERS

**INDICATOR:** NUMBER REPORTING EACH ITEM

**NUMBER OF PARENTS OR CAREGIVERS WITH A SURVEY IN THE REPORTING PERIOD\***

**OF THOSE:**

**ANNUAL**

*Total # of surveys that selected "Parent, grandparent, guardian, or caregiver of a young child" \_\_\_\_*

*Of those:*

*Question 2 - # selecting "Learned more about how children grow and learn" \_\_\_\_*

*Question 2 - # selecting "Learned about the importance of a child's early years" \_\_\_\_*

*Question 2 - # selecting "Learned about an activity I could do with a child" \_\_\_\_*

*Question 2 - # selecting "Tried an activity I learned about with a child" \_\_\_\_*

*Question 2 - # selecting "Learned about services or programs I could participate in" \_\_\_\_*

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

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**SMART START OUTCOMES**

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Increase in parent use of services

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**OUTCOMES REPORTING SUMMARY**

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**UNIT:** PARENTS OR CAREGIVERS

**INDICATOR:** NUMBER REPORTING SIGNING UP OR PARTICIPATING IN SERVICES

**NUMBER OF PARENTS OR CAREGIVERS WITH A SURVEY IN THE REPORTING PERIOD\***

**OF THOSE:**

**ANNUAL**

*Total # of surveys that selected "Parent, grandparent, guardian, or caregiver of a young child" \_\_\_\_*

*Of those:*

*Question 2 - # selecting "Signed up for or participated in one of the services I learned about" \_\_\_\_*

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



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**SMART START OUTCOMES**

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Improved teacher knowledge

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**OUTCOMES REPORTING SUMMARY**

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**UNIT:** CHILD CARE PROVIDERS OR PROFESSIONALS

**INDICATOR:** NUMBER REPORTING EACH ITEM

**NUMBER OF CHILD CARE PROVIDERS OR PROFESSIONALS WITH A SURVEY IN THE  
REPORTING PERIOD\* \_\_\_\_\_**

***OF THOSE:***

**ANNUAL**

*Total # of surveys that selected "Child care provider or teacher" or "Other early childhood professional" \_\_\_\_\_*

*Of those:*

*Question 2 - # selecting "Learned more about how children grow and learn" \_\_\_\_\_*

*Question 2 - # selecting "Learned about the importance of a child's early years" \_\_\_\_\_*

*Question 2 - # selecting "Learned about an activity I could do with a child" \_\_\_\_\_*

*Question 2 - # selecting "Tried an activity I learned about with a child" \_\_\_\_\_*

*Question 2 - # selecting "Learned about services or programs I could participate in" \_\_\_\_\_*

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

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**ADDITIONAL GUIDANCE**

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**When to Administer the Survey**

The LP has several options on when and how often to give the survey:

- *Annual* - The most common approach will be to give the survey just once during the year as a check in to see what people are saying. When given at a point in time, this is called a cross-sectional survey. When done annually, you will be able to track change from year to year.
- *Periodic* - You may prefer to give the survey more than once during the year. Perhaps you would like to have a quarterly check-in to give your program managers and board more regular feedback. In this case, you could give the survey to anyone you have contact with during a particular timeframe. A similar option would be to give the survey during outreach events that occur periodically throughout the year.
- *On-going* - Another option is to make the survey constantly available. This could be done as a link on your website or a paper survey given to everyone who comes to your partnership, etc. This would be useful to help boost the total number of surveys you would have by the end of the year.
- *Longitudinal* – Instead of giving the survey to anyone you have contact with, you could choose to give a periodic survey only to those you have heard from in the past. This would allow you to track these same people over

time. This approach is called a longitudinal survey and would take extra effort to match people's responses each time the survey is given. Most partnerships will not choose this approach for the outreach survey.

Timing for when to launch the survey may vary with the outreach activity of interest or natural opportunities to gain feedback from parents or the community, and/or reporting timelines.

Bottom line - you want to make sure you have time to gather surveys and summarize them before submitting year-end outcomes in fabrik by July 31<sup>st</sup>. To do this, your surveys should be filled out no later than June 30<sup>th</sup>.

### How to Administer the Survey

There are several ways you could give the survey:

- *Paper Survey* You could print the survey and ask people to complete it for you. You will get more surveys if you ask them to complete it at that moment rather than to take it and bring or mail it back to you later. For that reason, we generally do not recommend a mail survey due to cost and typically low response rates.
- *Electronic Survey* You may also consider using an electronic version of the survey. The LP could obtain an account to create online surveys such as through Survey Monkey or Qualtrics. Google Forms is a free option that works well for simple surveys with no skip patterns. In addition, NCPC has a Survey Monkey account and we would be happy to set up an online survey for your partnership. We would send you a link that you could email to people and ask them to respond or perhaps set it up on a laptop at your local partnership or a community event and ask people to take the survey right there. We will give you another link so you can see the live results whenever you like. This is the same process we use for the DPIL surveys.
- *Interview* Another option would be to verbally ask people one or more of the questions. You could have staff or volunteers ask participants at a community event and then record the responses you receive. You may even ask your receptionist to ask the outcome question (#2) to parents who call your local partnership and write down their responses.

### How to Summarize Results

Once you have completed surveys, the next step is to analyze the results. Options for data analysis will depend on how you administered the survey.

If you choose the electronic survey option, the online platform will tally results for you. You can also download the data into Excel to do additional analysis.

If you administer a paper survey, then you will need to tally the results yourself. In this case, you have two main options:

- *Spreadsheet* - You can set up a spreadsheet and key in responses for each question. Use a 1 if the item is checked and a 0 if it is not checked. This allows you to easily add up how many people checked each response option.
- *Tally by Hand* - You can also count the results by hand. In this case:
  1. Count the total number of completed surveys.
  2. Count the number of times each question response is selected.

### Special Note about Response Rate

Calculating a response rate may be challenging. In some cases, your outcome activity may reach many people who you are not able to ask to complete a survey. In other cases, you may ask people to complete the survey but many

may choose not to participate. In these situations, it is important to remember that your survey responses may not be representative of everyone you reach. Instead, they represent feedback from those who choose to participate. Many times those who agree to take a survey are more likely to have stronger positive or negative feelings. It is important to frame this as a limitation of your findings as you share your results with your staff and board.

You can help boost your response rate by asking a small number of questions and making it as easy as possible for people to complete. For instance, you are much more likely to get complete answers when people can check a box rather than writing a paragraph. You may also consider how you could incentivize people to participate in your survey.

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#### **FABRIK GUIDANCE**

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##### **Smart Start Outreach Measure**

The outcome selected will determine which respondents to include in the results. Do not include all survey respondents, but rather include only those applicable to the selected outcome.

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

DESCRIPTION
<p>This measure is a two question excerpt of the Triple P Caregiver Satisfaction Questionnaire (CSQ). It is to be used with Level 2 Brief Primary Care, Level 3 Primary Care, or Level 4 Group Standard.</p> <p>According to Cabarrus Health Alliance Triple P Evaluation Manual, the CSQ is one of several tools that help evaluate and continually improve the Triple P parenting program and demonstrates the impactful work with families. Data collection provides useful information to the program provider and the caregiver during the intervention but also are mandated by the NC Department of Public Health for funding purposes.</p>
SMART START OUTCOMES
<p>Increased positive parenting practices</p>
OUTCOMES REPORTING SUMMARY
<p><b>UNIT:</b> ADULTS (PARENTS/GUARDIANS)</p> <p><b>INDICATOR:</b> AVERAGE SCORE ON EACH RELEVANT ITEM</p>
<p><b>NUMBER OF ADULTS WITH A POST SCORE IN THE REPORTING PERIOD* _____</b> <b><i>OF THOSE:</i></b></p>
<p><b>ANNUAL</b></p>
<p><i># of adults answering 5 or above on “Has the Triple P parenting program helped you to deal more effectively with your child’s behavior?” _____</i></p> <p><i># of adults answering 5 or above on “Has the Triple P parenting program helped you to deal more effectively with problems that arise in your family?” _____</i></p>

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

## References:

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

**Websites:**

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



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**FABRIK GUIDANCE**

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

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

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

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## DESCRIPTION

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

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

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## SMART START OUTCOMES

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Increased parent knowledge.

Increased positive parenting practices.

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## OUTCOMES REPORTING SUMMARY

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

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

### References:

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

### Websites:

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



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#### FABRIK GUIDANCE

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

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

# TRIPLE P PARENTING EXPERIENCE SURVEY – LEVEL 3

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

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## DESCRIPTION

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

Items used in this outcome measure include:

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

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

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## SMART START OUTCOMES

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Increased positive parenting practices



## OUTCOMES REPORTING SUMMARY

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

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

### Websites:

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

[https://www.cabarrushealth.org/DocumentCenter/View/996/Triple-P-Evaluation-Manual\\_Level-3-Primary-Care?bidId=](https://www.cabarrushealth.org/DocumentCenter/View/996/Triple-P-Evaluation-Manual_Level-3-Primary-Care?bidId=)

## ADDITIONAL GUIDANCE

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



### **Triple P Parenting Experience Survey**

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

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

Follow the same steps to determine the Post scores.

# TRIPLE P PARENTING SCALE – LEVEL 4

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

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## DESCRIPTION

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According to Triple P Algoma:

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

Sources indicates:

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

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## SMART START OUTCOMES

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Increased positive parenting practices

## OUTCOMES REPORTING SUMMARY

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

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

### References:

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

The San Francisco Parent Training Institute. *Outcome Measures And Scoring Templates*. N.p., n.d. Web. Apr. 2015.  
[http://www.ptisf.org/implementation\\_resources/outcome\\_measures\\_\\_scoring\\_templates](http://www.ptisf.org/implementation_resources/outcome_measures__scoring_templates)>.

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

### Websites:

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

## ADDITIONAL GUIDANCE

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

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

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



**Triple P Parenting Scale**

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

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

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

Follow the same steps to determine the Post scores.

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

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

# CHILD DEVELOPMENT AND LEARNING

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## SECTION III

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

**Authors:** Jane Squires, Diane Bricker, and Elizabeth Twombly

**Publisher:** Paul H. Brookes Publishing Co.

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## DESCRIPTION

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

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

Source indicates:

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



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

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#### SMART START OUTCOMES

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

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#### OUTCOMES REPORTING SUMMARY

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

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

#### References:

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

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

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

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

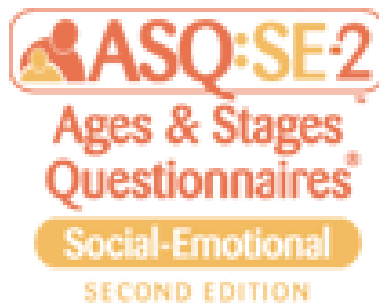
#### Website:

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#### ADDITIONAL GUIDANCE

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



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#### FABRIK GUIDANCE

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##### **Ages and Stages Questionnaire: Social Emotional, Second edition**

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

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

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

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

# AGES & STAGES QUESTIONNAIRES®, THIRD EDITION

**Authors:** Jane Squires and Diane Bricker with contributors

**Publisher:** Paul H. Brookes Publishing Co.

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## DESCRIPTION

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

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

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

Source indicates:

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

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

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

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

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#### SMART START OUTCOMES

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

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#### OUTCOMES REPORTING SUMMARY

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

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

#### References:

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

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

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

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

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

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

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

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

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

**Website:**

<http://www.agesandstages.com>

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**ADDITIONAL GUIDANCE**

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



**Ages and Stages Questionnaire, Third edition**

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

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

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

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

# BRIGANCE<sup>®</sup> IED-III

**Author:** Based on previous editions by Albert H. Brigance

**Publisher:** Curriculum Associates

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## DESCRIPTION

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Based on information provided by Curriculum Associates:

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

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

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

Source indicates:

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

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

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

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#### SMART START OUTCOMES

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

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#### OUTCOMES REPORTING SUMMARY

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

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

#### References:

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

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

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

#### Website:

[www.BRIGANCE.com](http://www.BRIGANCE.com)

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

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

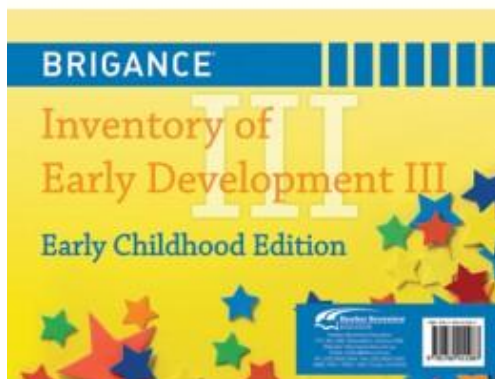


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#### ADDITIONAL GUIDANCE

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



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#### FABRIK GUIDANCE

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##### **Brigance IED-III**

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

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

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

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

# CHILD BEHAVIOR CHECKLIST

**Authors:** T. M. Achenbach

**Publisher:** Teachers College Press

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## DESCRIPTION

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The Child Behavior Checklist (CBCL) is one of several assessments in the Achenbach System of Empirically Based Assessments (ASEBA). The CBCL is a questionnaire that relies on parent report of their child's emotional and behavioral problems. Originally developed by Thomas M. Achenbach, it has been used widely as a standardized assessment in child psychology for children starting at age 2 or 3 up to age 18. Emotional states such as anxiety, depression and behaviors such as aggression, impulsivity are measured. It also assesses the following:

- social withdrawal
- somatic complaints
- destructive behavior
- social problems
  
- thought problems
- attention problems
- delinquent behaviors

Source indicates:

- **Languages:** Available in 90 languages including English, Spanish, French, German, Gujarati, Hindi, Korean, Laotian, Portuguese, Vietnamese
- **Type of Assessment:** Observation by caregiver
- **Age Range:** Two versions of the checklist are available: one for 2 to 3-year-olds and the other for 4 to 18-year-olds
- **Personnel, Training, Administration, and Scoring Requirements:** Proper use of ASEBA instruments requires training in standardized assessment equivalent to at least the Master's degree level or two years of residency in pediatrics, psychiatry, or family practice. It also requires thorough knowledge of the procedures and cautions specified in the Manual for each instrument.
- **Training Support:** ASEBA provides discounts on ASEBA products for training programs at educational institutions and for students' classwork and student research for dissertations or capstone projects.

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**SMART START OUTCOMES**

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

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**OUTCOMES REPORTING SUMMARY**

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<b>UNIT: CHILDREN</b>	
<b>INDICATOR: AVERAGE PROBLEM BEHAVIOR SCORE</b>	
<b>NUMBER OF CHILDREN WITH A POST SCORE IN THE REPORTING PERIOD* _____</b> <b><i>OF THOSE:</i></b>	
<b>PRE</b>	<b>POST</b>
<i>Average CBCL score _____</i>	<i>Average CBCL score _____</i>

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

**References:**

Achenbach, T. M. (2009). The Achenbach System of Empirically Based Assessment (ASEBA): Development, Findings, Theory, and Applications. Burlington, VT: University of Vermont Research Center for Children, Youth, & Families.

Achenbach, T. (1992). Manual for the Child Behavior Checklist/2-3 and 1992 Profile. Burlington, VT: University of Vermont Department of Psychiatry.

Achenbach, T. (1991). Manual for the Child Behavior Checklist/4 - 18 and 1991 Profile. Burlington, VT: University of Vermont Department of Psychiatry.

**Website:**

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

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## ADDITIONAL GUIDANCE

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ASEBA.org indicates:

The Achenbach System of Empirically Based Assessment (ASEBA) offers a comprehensive approach to assessing adaptive and maladaptive functioning. Developed through decades of research and practical experience to identify actual patterns of functioning, the ASEBA provides professionals with user-friendly tools.

Numerous studies demonstrate significant associations between ASEBA scores and both diagnostic and special education categories. You can relate ASEBA directly to DSM-5 diagnostic categories by using the DSM-oriented scales for scoring ASEBA forms.

Normative data for the CBCL are available, integrating information from multiple societies. Because a core set of the items have been included in every version of the CBCL since the 1980s, it provides a meter stick for measuring whether amounts of behavior problems have changed over time or across societies. This is a helpful complement to other approaches for looking at rates of mental-health issues, as the definitions of disorders have changed repeatedly over the same time frame.

**CHILD BEHAVIOR CHECKLIST FOR AGES 1½-5**

PROBLEMS

COMPETENCIES

1. Anxious or fears without medical cause, etc.

2. Aggressive or disruptive

3. Somatization

4. Obsessive-compulsive

5. Somatic complaints

6. Anxiety

7. Phobic

8. Aggressive

9. Delinquent

10. Conduct

11. Attention

12. Externalizing

13. Internalizing

14. Total

15. Anxious

16. Depressed

17. Somatic

18. Obsessive

19. Delinquent

20. Conduct

21. Attention

22. Externalizing

23. Internalizing

24. Total

25. Anxious

26. Depressed

27. Somatic

28. Obsessive

29. Delinquent

30. Conduct

31. Attention

32. Externalizing

33. Internalizing

34. Total

35. Anxious

36. Depressed

37. Somatic

38. Obsessive

39. Delinquent

40. Conduct

41. Attention

42. Externalizing

43. Internalizing

44. Total

45. Anxious

46. Depressed

47. Somatic

48. Obsessive

49. Delinquent

50. Conduct

51. Attention

52. Externalizing

53. Internalizing

54. Total

55. Anxious

56. Depressed

57. Somatic

58. Obsessive

59. Delinquent

60. Conduct

61. Attention

62. Externalizing

63. Internalizing

64. Total

65. Anxious

66. Depressed

67. Somatic

68. Obsessive

69. Delinquent

70. Conduct

71. Attention

72. Externalizing

73. Internalizing

74. Total

75. Anxious

76. Depressed

77. Somatic

78. Obsessive

79. Delinquent

80. Conduct

81. Attention

82. Externalizing

83. Internalizing

84. Total

85. Anxious

86. Depressed

87. Somatic

88. Obsessive

89. Delinquent

90. Conduct

91. Attention

92. Externalizing

93. Internalizing

94. Total

95. Anxious

96. Depressed

97. Somatic

98. Obsessive

99. Delinquent

100. Conduct

101. Attention

102. Externalizing

103. Internalizing

104. Total

105. Anxious

106. Depressed

107. Somatic

108. Obsessive

109. Delinquent

110. Conduct

111. Attention

112. Externalizing

113. Internalizing

114. Total

115. Anxious

116. Depressed

117. Somatic

118. Obsessive

119. Delinquent

120. Conduct

121. Attention

122. Externalizing

123. Internalizing

124. Total

125. Anxious

126. Depressed

127. Somatic

128. Obsessive

129. Delinquent

130. Conduct

131. Attention

132. Externalizing

133. Internalizing

134. Total

135. Anxious

136. Depressed

137. Somatic

138. Obsessive

139. Delinquent

140. Conduct

141. Attention

142. Externalizing

143. Internalizing

144. Total

145. Anxious

146. Depressed

147. Somatic

148. Obsessive

149. Delinquent

150. Conduct

151. Attention

152. Externalizing

153. Internalizing

154. Total

155. Anxious

156. Depressed

157. Somatic

158. Obsessive

159. Delinquent

160. Conduct

161. Attention

162. Externalizing

163. Internalizing

164. Total

165. Anxious

166. Depressed

167. Somatic

168. Obsessive

169. Delinquent

170. Conduct

171. Attention

172. Externalizing

173. Internalizing

174. Total

175. Anxious

176. Depressed

177. Somatic

178. Obsessive

179. Delinquent

180. Conduct

181. Attention

182. Externalizing

183. Internalizing

184. Total

185. Anxious

186. Depressed

187. Somatic

188. Obsessive

189. Delinquent

190. Conduct

191. Attention

192. Externalizing

193. Internalizing

194. Total

195. Anxious

196. Depressed

197. Somatic

198. Obsessive

199. Delinquent

200. Conduct

201. Attention

202. Externalizing

203. Internalizing

204. Total

205. Anxious

206. Depressed

207. Somatic

208. Obsessive

209. Delinquent

210. Conduct

211. Attention

212. Externalizing

213. Internalizing

214. Total

215. Anxious

216. Depressed

217. Somatic

218. Obsessive

219. Delinquent

220. Conduct

221. Attention

222. Externalizing

223. Internalizing

224. Total

225. Anxious

226. Depressed

227. Somatic

228. Obsessive

229. Delinquent

230. Conduct

231. Attention

232. Externalizing

233. Internalizing

234. Total

235. Anxious

236. Depressed

237. Somatic

238. Obsessive

239. Delinquent

240. Conduct

241. Attention

242. Externalizing

243. Internalizing

244. Total

245. Anxious

246. Depressed

247. Somatic

248. Obsessive

249. Delinquent

250. Conduct

251. Attention

252. Externalizing

253. Internalizing

254. Total

255. Anxious

256. Depressed

257. Somatic

258. Obsessive

259. Delinquent

260. Conduct

261. Attention

262. Externalizing

263. Internalizing

264. Total

265. Anxious

266. Depressed

267. Somatic

268. Obsessive

269. Delinquent

270. Conduct

271. Attention

272. Externalizing

273. Internalizing

274. Total

275. Anxious

276. Depressed

277. Somatic

278. Obsessive

279. Delinquent

280. Conduct

281. Attention

282. Externalizing

283. Internalizing

284. Total

285. Anxious

286. Depressed

287. Somatic

288. Obsessive

289. Delinquent

290. Conduct

291. Attention

292. Externalizing

293. Internalizing

294. Total

295. Anxious

296. Depressed

297. Somatic

298. Obsessive

299. Delinquent

300. Conduct

301. Attention

302. Externalizing

303. Internalizing

304. Total

305. Anxious

306. Depressed

307. Somatic

308. Obsessive

309. Delinquent

310. Conduct

311. Attention

312. Externalizing

313. Internalizing

314. Total

315. Anxious

316. Depressed

317. Somatic

318. Obsessive

319. Delinquent

320. Conduct

321. Attention

322. Externalizing

323. Internalizing

324. Total

325. Anxious

326. Depressed

327. Somatic

328. Obsessive

329. Delinquent

330. Conduct

331. Attention

332. Externalizing

333. Internalizing

334. Total

335. Anxious

336. Depressed

337. Somatic

338. Obsessive

339. Delinquent

340. Conduct

341. Attention

342. Externalizing

343. Internalizing

344. Total

345. Anxious

346. Depressed

347. Somatic

348. Obsessive

349. Delinquent

350. Conduct

351. Attention

352. Externalizing

353. Internalizing

354. Total

355. Anxious

356. Depressed

357. Somatic

358. Obsessive

359. Delinquent

360. Conduct

361. Attention

362. Externalizing

363. Internalizing

364. Total

365. Anxious

366. Depressed

367. Somatic

368. Obsessive

369. Delinquent

370. Conduct

371. Attention

372. Externalizing

373. Internalizing

374. Total

375. Anxious

376. Depressed

377. Somatic

378. Obsessive

379. Delinquent

380. Conduct

381. Attention

382. Externalizing

383. Internalizing

384. Total

385. Anxious

386. Depressed

387. Somatic

388. Obsessive

389. Delinquent

390. Conduct

391. Attention

392. Externalizing

393. Internalizing

394. Total

395. Anxious

396. Depressed

397. Somatic

398. Obsessive

399. Delinquent

400. Conduct

401. Attention

402. Externalizing

403. Internalizing

404. Total

405. Anxious

406. Depressed

407. Somatic

408. Obsessive

409. Delinquent

410. Conduct

411. Attention

412. Externalizing

413. Internalizing

414. Total

415. Anxious

416. Depressed

417. Somatic

418. Obsessive

419. Delinquent

420. Conduct

421. Attention

422. Externalizing

423. Internalizing

424. Total

425. Anxious

426. Depressed

427. Somatic

428. Obsessive

429. Delinquent

430. Conduct

431. Attention

432. Externalizing

433. Internalizing

434. Total

435. Anxious

436. Depressed

437. Somatic

438. Obsessive

439. Delinquent

440. Conduct

441. Attention

442. Externalizing

443. Internalizing

444. Total

445. Anxious

446. Depressed

447. Somatic

448. Obsessive

449. Delinquent

450. Conduct

451. Attention

452. Externalizing

453. Internalizing

454. Total

455. Anxious

456. Depressed

457. Somatic

458. Obsessive

459. Delinquent

460. Conduct

461. Attention

462. Externalizing

463. Internalizing

464. Total

465. Anxious

466. Depressed

467. Somatic

468. Obsessive

469. Delinquent

470. Conduct

471. Attention

472. Externalizing

473. Internalizing

474. Total

475. Anxious

476. Depressed

477. Somatic

478. Obsessive

479. Delinquent

480. Conduct

481. Attention

482. Externalizing

483. Internalizing

484. Total

485. Anxious

486. Depressed

487. Somatic

488. Obsessive

489. Delinquent

490. Conduct

491. Attention

492. Externalizing

493. Internalizing

494. Total

495. Anxious

496. Depressed

497. Somatic

498. Obsessive

499. Delinquent

500. Conduct

501. Attention

502. Externalizing

503. Internalizing

504. Total

505. Anxious

506. Depressed

507. Somatic

508. Obsessive

509. Delinquent

510. Conduct

511. Attention

512. Externalizing

513. Internalizing

514. Total

515. Anxious

516. Depressed

517. Somatic

518. Obsessive

519. Delinquent

520. Conduct

521. Attention

522. Externalizing

523. Internalizing

524. Total

525. Anxious

526. Depressed

527. Somatic

528. Obsessive

529. Delinquent

530. Conduct

531. Attention

532. Externalizing

533. Internalizing

534. Total

535. Anxious

536. Depressed

537. Somatic

538. Obsessive

539. Delinquent

540. Conduct

541. Attention

542. Externalizing

543. Internalizing

544. Total

545. Anxious

546. Depressed

547. Somatic

548. Obsessive

549. Delinquent

550. Conduct

551. Attention

552. Externalizing

553. Internalizing

554. Total

555. Anxious

556. Depressed

557. Somatic

558. Obsessive

559. Delinquent

560. Conduct

561. Attention

562. Externalizing

563. Internalizing

564. Total

565. Anxious

566. Depressed

567. Somatic

568. Obsessive

569. Delinquent

570. Conduct

571. Attention

572. Externalizing

573. Internalizing

574. Total

575. Anxious

576. Depressed

577. Somatic

578. Obsessive

579. Delinquent

580. Conduct

581. Attention

582. Externalizing

583. Internalizing

584. Total

585. Anxious

586. Depressed

587. Somatic

588. Obsessive

589. Delinquent

590. Conduct

591. Attention

592. Externalizing

593. Internalizing

594. Total

595. Anxious

596. Depressed

597. Somatic

598. Obsessive

599. Delinquent

600. Conduct

601. Attention

602. Externalizing

603. Internalizing

604. Total

605. Anxious

606. Depressed

607. Somatic

608. Obsessive

609. Delinquent

610. Conduct

611. Attention

612. Externalizing

613. Internalizing

614. Total

615. Anxious

616. Depressed

617. Somatic

618. Obsessive

619. Delinquent

620. Conduct

621. Attention

622. Externalizing

623. Internalizing

624. Total

625. Anxious

626. Depressed

627. Somatic

628. Obsessive

629. Delinquent

630. Conduct

631. Attention

632. Externalizing

633. Internalizing

634. Total

635. Anxious

636. Depressed

637. Somatic

638. Obsessive

639. Delinquent

640. Conduct

641. Attention

642. Externalizing

643. Internalizing

644. Total

645. Anxious

646. Depressed

647. Somatic

648. Obsessive

649. Delinquent

650. Conduct

651. Attention

652. Externalizing

653. Internalizing

654. Total

655. Anxious

656. Depressed

657. Somatic

658. Obsessive

659. Delinquent

660. Conduct

661. Attention

662. Externalizing

663. Internalizing

664. Total

665. Anxious

666. Depressed

667. Somatic

668. Obsessive

669. Delinquent

670. Conduct

671. Attention

672. Externalizing

673. Internalizing

674. Total

675. Anxious

676. Depressed

677. Somatic

678. Obsessive

679. Delinquent

680. Conduct

681. Attention

682. Externalizing

683. Internalizing

684. Total

685. Anxious

686. Depressed

687. Somatic

688. Obsessive

689. Delinquent

690. Conduct

691. Attention

692. Externalizing

693. Internalizing

694. Total

695. Anxious

696. Depressed

697. Somatic

698. Obsessive

699. Delinquent

700. Conduct

701. Attention

702. Externalizing

703. Internalizing

704. Total

705. Anxious

706. Depressed

707. Somatic

708. Obsessive

709. Delinquent

710. Conduct

711. Attention

712. Externalizing

713. Internalizing

714. Total

715. Anxious

716. Depressed

717. Somatic

718. Obsessive

719. Delinquent

720. Conduct

721. Attention

722. Externalizing

723. Internalizing

724. Total

725. Anxious

726. Depressed

727. Somatic

728. Obsessive

729. Delinquent

730. Conduct

731. Attention

732. Externalizing

733. Internalizing

734. Total

735. Anxious

736. Depressed

737. Somatic

738. Obsessive

739. Delinquent

740. Conduct

741. Attention

742. Externalizing

743. Internalizing

744. Total

745. Anxious

746. Depressed

747. Somatic

748. Obsessive

749. Delinquent

750. Conduct

751. Attention

752. Externalizing

753. Internalizing

754. Total

755. Anxious

756. Depressed

757. Somatic

758. Obsessive

759. Delinquent

760. Conduct

761. Attention

762. Externalizing

763. Internalizing

764. Total

765. Anxious

766. Depressed

767. Somatic

768. Obsessive

769. Delinquent

770. Conduct

771. Attention

772. Externalizing

773. Internalizing

774. Total

775. Anxious

776. Depressed

777. Somatic

778. Obsessive

779. Delinquent

780. Conduct

781. Attention

782. Externalizing

783. Internalizing

784. Total

785. Anxious

786. Depressed

787. Somatic

788. Obsessive

789. Delinquent

790. Conduct

791. Attention

792. Externalizing

793. Internalizing

794. Total

795. Anxious

796. Depressed

797. Somatic

798. Obsessive

799. Delinquent

800. Conduct

801. Attention

802. Externalizing

803. Internalizing

804. Total

805. Anxious

806. Depressed

807. Somatic

808. Obsessive

809. Delinquent

810. Conduct

811. Attention

812. Externalizing

813. Internalizing

814. Total

815. Anxious

816. Depressed

817. Somatic

818. Obsessive

819. Delinquent

820. Conduct

821. Attention

822. Externalizing

823. Internalizing

824. Total

825. Anxious

826. Depressed

827. Somatic

828. Obsessive

829. Delinquent

830. Conduct

831. Attention

832. Externalizing

833. Internalizing

834. Total

835. Anxious

836. Depressed

837. Somatic

838. Obsessive

839. Delinquent

840. Conduct

841. Attention

842. Externalizing

843. Internalizing

844. Total

845. Anxious

846. Depressed

847. Somatic

848. Obsessive

849. Delinquent

850. Conduct

851. Attention

852. Externalizing

853. Internalizing

854. Total

855. Anxious

856. Depressed

857. Somatic

858. Obsessive

859. Delinquent

860. Conduct

861. Attention

862. Externalizing

863. Internalizing

864. Total

865. Anxious

866. Depressed

867. Somatic

868. Obsessive

869. Delinquent

870. Conduct

871. Attention

872. Externalizing

873. Internalizing

874. Total

875. Anxious

876. Depressed

877. Somatic

878. Obsessive

879. Delinquent

880. Conduct

881. Attention

882. Externalizing

883. Internalizing

884. Total

885. Anxious

886. Depressed

887. Somatic

888. Obsessive

889. Delinquent

890. Conduct

891. Attention

892. Externalizing

893. Internalizing

894. Total

895. Anxious

896. Depressed

897. Somatic

898. Obsessive

899. Delinquent

900. Conduct

901. Attention

902. Externalizing

903. Internalizing

904. Total

905. Anxious

906. Depressed

907. Somatic

908. Obsessive

909. Delinquent

910. Conduct

911. Attention

912. Externalizing

913. Internalizing

914. Total

915. Anxious

916. Depressed

917. Somatic

918. Obsessive

919. Delinquent

920. Conduct

921. Attention

922. Externalizing

923. Internalizing

924. Total

925. Anxious

926. Depressed

927. Somatic

928. Obsessive

929. Delinquent

930. Conduct

931. Attention

932. Externalizing

933. Internalizing

934. Total

935. Anxious

936. Depressed

937. Somatic

938. Obsessive

939. Delinquent

940. Conduct

941. Attention

942. Externalizing

943. Internalizing

944. Total

945. Anxious

946. Depressed

947. Somatic

948. Obsessive

949. Delinquent

950. Conduct

951. Attention

952. Externalizing

953. Internalizing

954. Total

955. Anxious

956. Depressed

957. Somatic

958. Obsessive

959. Delinquent

960. Conduct

961. Attention

962. Externalizing

963. Internalizing

964. Total

965. Anxious

966. Depressed

967. Somatic

968. Obsessive

969. Delinquent

970. Conduct

971. Attention

972. Externalizing

973. Internalizing

974. Total

975. Anxious

976. Depressed

977. Somatic

978. Obsessive

979. Delinquent

980. Conduct

981. Attention

982. Externalizing

983. Internalizing

984. Total

985. Anxious

986. Depressed

987. Somatic

988. Obsessive

989. Delinquent

990. Conduct

991. Attention

992. Externalizing

993. Internalizing

994. Total

995. Anxious

996. Depressed

997. Somatic

998. Obsessive

999. Delinquent

1000. Conduct

1001. Attention

1002. Externalizing

1003. Internalizing

1004. Total

1005. Anxious

1006. Depressed

1007. Somatic

1008. Obsessive

1009. Delinquent

1010. Conduct

1011. Attention

1012. Externalizing

1013. Internalizing

1014. Total

1015. Anxious

1016. Depressed

1017. Somatic

1018. Obsessive

1019. Delinquent

1020. Conduct

1021. Attention

1022. Externalizing

1023. Internalizing

1024. Total

1025. Anxious

1026. Depressed

1027. Somatic

1028. Obsessive

1029. Delinquent

1030. Conduct

1031. Attention

1032. Externalizing

1033. Internalizing

1034. Total

1035. Anxious

1036. Depressed

1037. Somatic

1038. Obsessive

1039. Delinquent

1040. Conduct

1041. Attention

1042. Externalizing

1043. Internalizing

1044. Total

1045. Anxious

1046. Depressed

1047. Somatic

1048. Obsessive

1049. Delinquent

1050. Conduct

1051. Attention

1052. Externalizing

1053. Internalizing

1054. Total

1055. Anxious

1056. Depressed

1057. Somatic

1058. Obsessive

1059. Delinquent

1060. Conduct

1061. Attention

1062. Externalizing

1063. Internalizing

1064. Total

1065. Anxious

1066. Depressed

1067. Somatic

1068. Obsessive

1069. Delinquent

1070. Conduct

1071. Attention

1072. Externalizing

1073. Internalizing

1074. Total

1075. Anxious

1076. Depressed

1077. Somatic

1078. Obsessive

1079. Delinquent

1080. Conduct

1081. Attention

1082. Externalizing

1083. Internalizing

1084. Total

1085. Anxious

1086. Depressed

1087.

Of those with both a pre and a post score, first calculate a Pre score for each child. These results will reflect their status when then entered the Smart Start funded activity or when the measure was first used with the child. Calculate the average overall score.

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

# THE DEVEREUX EARLY CHILDHOOD ASSESSMENT CLINICAL FORM (DECA-C)

**Authors:** Paul LeBuffe and Jack Naglieri

**Publisher:** Kaplan

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## DESCRIPTION

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The Devereux Early Childhood Assessment-Clinical Form (DECA-C) is an assessment of resilience in preschoolers ages 2 through 5 with social and emotional problems or significant behavioral concerns. Whereas the DECA is designed to be used with all children to promote healthy social and emotional growth, the primary purpose of the DECA-C is to support early intervention efforts to reduce or eliminate significant emotional and behavioral concerns in preschool children. The DECA-C may also be used to guide interventions, help identify children needing special services, assess outcomes, and help programs meet Head Start, IDEA and similar standards. It is a 62-item scale that can be completed in about 15 minutes.

Source indicates:

- **Languages:** Available in English
- **Type of Assessment:** Behavior rating scale completed by either parents or teachers
- **Age Range:** The DECA-C assesses children ages 2 through 5 years with social and emotional problems or significant behavioral concerns
- **Personnel, Training, Administration, and Scoring Requirements:** The DECA-C is designed to be interpreted by a qualified mental health or special education professional. Customer qualifications form must be approved before ordering
- **Training Support:** DECA-C Training provides practical applications of the assessment tool's use in early childhood mental health settings. The training is primarily for Level B users, which typically include mental health professionals who have graduate level training in assessment. Those who do not meet the criteria for being a Level B user can attend the training and pass a competency assessment in order to qualify for ordering and using the DECA-C. DECA-C trainings are conducted by certified DECA-C trainers and take place in several ways including: (1) Web-based training that can be scheduled specifically for a program; (2) We-based trainings that are offered several times throughout the year at set dates for individuals to register; (3) In-person training at a program can be scheduled.

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## SMART START OUTCOMES

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More children on track for typical or enhanced development.

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**OUTCOMES REPORTING SUMMARY**

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<b>UNIT: CHILDREN</b>  <b>INDICATOR: AVERAGE T-SCORES AND PERCENTILE SCORES FOR TOTAL PROTECTIVE FACTORS AND TOTAL BEHAVIORAL CONCERNS</b>	
<b>TOTAL NUMBER OF CHILDREN WITH A POST SCORE IN THE REPORTING PERIOD* _____</b> <b><i>OF THOSE:</i></b>	
<b>PRE</b>	<b>POST</b>
<i>Total Protective Factors: Number of Children with T-Score of 60 and Above _____</i> <i>Total Protective Factors: Number of Children with T-Score of 41-59 _____</i> <i>Total Protective Factors: Number of Children with T-Score of 40 and Below _____</i> <i>Behavioral Concerns: Number of Children with T-Score of 60 and Above _____</i> <i>Behavioral Concerns: Number of Children with T-Score of 41-59 _____</i> <i>Behavior Concerns: Number of Children with T-Score of 40 and Below _____</i>	<i>Total Protective Factors: Number of Children with T-Score of 60 and Above _____</i> <i>Total Protective Factors: Number of Children with T-Score of 41-59 _____</i> <i>Total Protective Factors: Number of Children with T-Score of 40 and Below _____</i> <i>Behavioral Concerns: Number of Children with T-Score of 60 and Above _____</i> <i>Behavioral Concerns: Number of Children with T-Score of 41-59 _____</i> <i>Behavior Concerns: Number of Children with T-Score of 40 and Below _____</i>

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

**References:**

LeBuffe, Paul and Jack Naglieri. Devereux Early Childhood Assessment (DECA-C). Lewisville, NC: Kaplan Early Learning Company, 2003.

**Website:**

<https://www.kaplanco.com/product/98814/deca-c-manual?c=17%7cEA1000>

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**FABRIK GUIDANCE**

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**DECA-C**

The DECA-C assessment data allows for placement of children into three scoring categories for both scales in the assessment (Total Protective Factors and Behavioral Concerns): T-score of 60 and above; T-score between 41-59; T-score of 40 and below.

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

Pre score - Of those with both a pre and a post score, enter the total number of children who are in each level: T-score of 60 and above; T-score between 41-59; T-score of 40 and below.

Post score - Similarly, enter the total number of children who are in each level once you'd finished working with each child or when it was time for a follow up assessment.

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



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# EYBERG CHILD BEHAVIOR INVENTORY

**Authors:** Sheila Eyberg and Donna Pincus

**Publisher:** Psychological Assessment Resources (PAR)

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## DESCRIPTION

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

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

Source indicates:

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

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## SMART START OUTCOMES

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

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## OUTCOMES REPORTING SUMMARY

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

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

### References:

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

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

### Website:

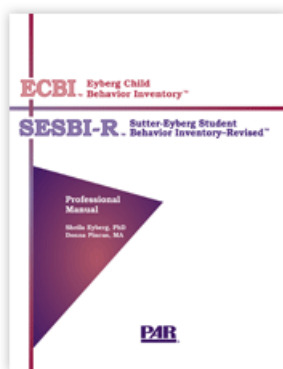
[www.parinc.com](http://www.parinc.com)

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## ADDITIONAL GUIDANCE

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



## Eyberg Child Behavior Inventory

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

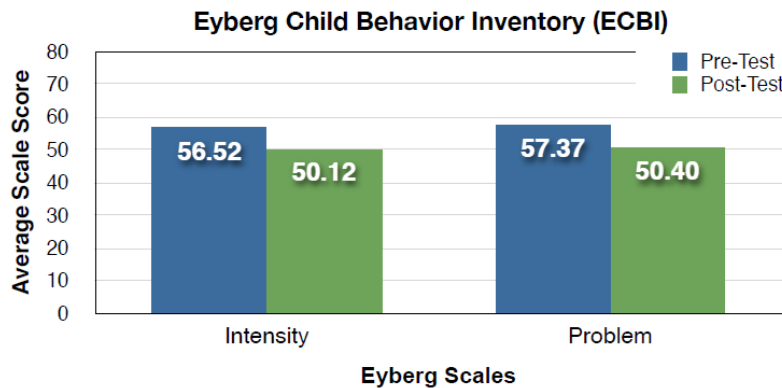
Of those, calculate the average score on the Problem Scale when the parents were first asked to assess their children. This should have been near the time when the family first began the Smart Start funded activity. Enter this in the average Pre score for the Problem Scale. Do the same for to calculate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

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

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

*Note for those participating in Incredible Years (IY):*

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



# TEACHING STRATEGIES GOLD®

**Author:** Diane Trister Dodge

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## DESCRIPTION

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

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

Sources indicate:

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

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## SMART START OUTCOMES

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

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**OUTCOMES REPORTING SUMMARY**

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

**References:**

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

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

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

**Websites:**

<http://teachingstrategies.com/>  
<https://teachingstrategies.force.com/portal/>  
<http://teachingstrategies.com/assessment/>  
<http://teachingstrategies.com/gold-app/>  
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/cecd/Assessment/Ongoing%20Assessment/compendium-profiles.pdf>

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#### ADDITIONAL GUIDANCE

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



### **Teaching Strategies Gold**

The “Comparative Report” provides summary data. GOLD assessment data allows for placement of children into three categories: “below”, “meeting”, or “exceeding” widely held expectations.

Only use scores for children with both a pre score AND a post or follow up score. Do not include those children who only have a pre score. In order to do this, run a “Comparative Report” with the following options:

- 1) Select the checkpoints that contain the appropriate pre- and post- data.
- 2) Select all areas of “Development and Learning.”
- 3) Indicate that you want to compare to “Widely Held Expectations.”
- 4) Under “Children to Compare”, indicate that you want the report to include “Children in All Checkpoint Periods.” This ensures that only children with both pre- and post- data are included.
- 5) Make sure that the box next to “Combine Meeting/Exceeding Expectations” is NOT checked.
- 6) Click “Generate Report.”

This report will provide the data you need to enter the following:

Enter the pre scores - Of those with both a pre and a post score, enter the total number of children for each area who are in each level: “below,” “meeting” or “exceeding.”

Enter the post scores - Similarly, enter the total number of children for each area who are in each level: “below,” “meeting” or “exceeding” at the follow-up checkpoint.

Enter the number of children that have both a pre and post score.

For step-by-step guidance on running the “Comparative Report”, visit

<https://teachingstrategies.force.com/portal/s/article/How-do-I-generate-the-Comparative-Report>

# SYSTEMS LEVEL

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## SECTION IV



# PARTNERSHIP QUOTIENT (PQ) COLLABORATIVE LEADERSHIP SELF- ASSESSMENT

**Author:** Arthur T. Himmelman

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## DESCRIPTION

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According to the author: *The qualitative difference between collaborating and cooperating in this definition is the willingness of organizations (or individuals) to enhance each other's capacity for mutual benefit and a common purpose...The Partnership Quotient (PQ) provides a self-assessment of your knowledge and capacity to engage in collaborative leadership as a partner in organizational and community change processes. Your own scoring of your PQ will allow you to focus upon aspects of collaborative leadership that you believe may need further development or refinement. The PQ is based on the assumption that the ability and willingness to provide and promote collaborative leadership is essential within organizational and multi-organizational/ coalition change processes.*

Sources indicate:

- **Languages:** Available in English
- **Type of Assessment:** Self-report
- **Age Range:** N/A
- **Personnel, Training, Administration, and Scoring Requirements:** The PQ is a free hard-copy tool comprised of 30 items on a 0-4 scale. Scoring is performed manually.
- **Training Support:** Instructions for administering and summarizing the tool are included.

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## SMART START OUTCOMES

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Increased coordination of early childhood system

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## OUTCOMES REPORTING SUMMARY

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<b>UNIT:</b> COLLABORATING ORGANIZATIONS  <b>INDICATOR:</b> PARTICIPANT AVERAGE SCORE	
<b>PRE</b>	<b>POST</b>
<i>Number completing the assessment</i> ____	<i>Number completing the assessment</i> ____
<i>Average assessment score of all participants</i> ____	<i>Average assessment score of all participants</i> ____

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

**References:**

Himmelman, A. T. (2002). Collaboration for a Change: Definitions, Decision-making models, Roles, and Collaboration Process Guide.

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**ADDITIONAL GUIDANCE**

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The PQ is a leadership assessment for individuals working together and is intended to be used to guide future collaboration efforts. Item scores of 3 or 4 indicate strengths and 1 or 2 show areas for improvement. Higher collaborative leadership scores can help foster better system coordination. The research paper along with the tool contain the author's remarks giving additional points for using the assessment collegially, to grow collaborative practices. The paper offers a matrix of collaboration practices to define and locate strategies (below).

## Himmelman Matrix of Strategies for Working Together

### Partnership Quotient (PQ) Collaborative Leadership Self-Assessment

Definition	Networking	Coordinating	Cooperating	Collaborating
	Exchanging information for mutual benefit	Exchanging information for mutual benefit, and altering activities to achieve a common purpose	Exchanging information for mutual benefit, and altering activities and sharing resources to achieve a common purpose	Exchanging information for mutual benefit, and altering activities, sharing resources, and enhancing the capacity of another to achieve a common purpose
<b>Relationship Characteristics</b>	Informal Minimal time commitments, limited levels of trust, and no necessity to share turf; information exchange is the primary focus	Formal Moderate time commitments, moderate levels of trust, and no necessity to share turf; making access to services or resources more user-friendly is the primary focus	Formal Substantial time commitments, high levels of trust, and significant access to each other's turf; sharing of resources to achieve a common purpose is the primary focus	Formal Extensive time commitments, very high levels of trust and extensive areas of common turf; enhancing each other's capacity to achieve a common purpose is the primary focus
<b>Resources</b>	No mutual sharing of resources necessary	No or minimal mutual sharing of resources necessary	Moderate to extensive mutual sharing of resources and some sharing of risks, responsibilities, and rewards	Full sharing of resources, and full sharing of risks, responsibilities and rewards

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#### FABRIK GUIDANCE

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

Calculate total scores for each participant, then compute an overall average score for the first time people completed the survey. These are your Pre results.

Follow the same steps to determine the average overall post score.

Finally, enter the number of survey participants with post or follow up data.

If you administered the survey several times throughout the reporting period, use the most recent results in the reporting period as the post scores.

# WILDER COLLABORATION FACTORS INVENTORY

**Authors:** Paul Mattessich, Marta Murray-Close, and Barbara Monsey

**Publisher:** Amherst H. Wilder Foundation

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## DESCRIPTION

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The Amherst H. Wilder Foundation Research Division's Collaboration Factors Inventory is a free on-line tool to assess the strengths and challenge areas for group collaborations. Twenty-two different research-based factors are assessed, and a per-factor score is provided on-line. It is also straightforward to administer and calculate manually.

Sources indicate:

- **Languages:** Available in English
- **Type of Assessment:** Self-report
- **Age Range:** N/A
- **Personnel, Training, Administration, and Scoring Requirements:** Fifteen minutes is required for the online version. Scoring is immediate. Manual summarizing of scores is required for Fabrik reporting.
- **Training Support:** Instructions are provided on-line. A paperback copy of the tool contains detailed instructions and is available for purchase.

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## SMART START OUTCOMES

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Increased coordination of early childhood system

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**OUTCOMES REPORTING SUMMARY**

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<b>UNIT: COLLABORATING ORGANIZATIONS</b>  <b>INDICATOR: PARTICIPANT AVERAGE INVENTORY SCORE</b>	
<b>PRE</b>	<b>POST</b>
<i>Number of factors with an average score of 4.0 to 5.0</i> ____ <i>Number of factors with an average score of 3.0 to 3.9</i> ____ <i>Number of factors with an average score of 1.0 to 2.9</i> ____ <i>Number of surveys completed</i> ____  <i>Factor with highest average</i> ____ <i>Factor with lowest average</i> ____	<i>Number of factors with an average score of 4.0 to 5.0</i> ____ <i>Number of factors with an average score of 3.0 to 3.9</i> ____ <i>Number of factors with an average score of 1.0 to 2.9</i> ____ <i>Number of surveys completed</i> ____  <i>Factor with highest average</i> ____ <i>Factor with lowest average</i> ____

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

**References:**

Mattessich, P., Murray-Close, M., & Monsey, B. (2001). Wilder Collaboration Factors Inventory. St. Paul, MN: Wilder Research.

**Websites:**

<http://www.wilder.org/Wilder-Research/Research-Services/Pages/Wilder-Collaboration-Factors-Inventory.aspx>

On-line tool <http://wilderresearch.org/tools/cfi/index.php>

PDF of the tool <http://www.wilder.org/Wilder-Research/Publications/Studies/Collaboration%20Factors%20Inventory/Collaboration%20Factors%20Inventory.pdf>

Paperback Booklet of the tool

<http://www.amazon.com/gp/search?ie=UTF8&camp=1789&creative=9325&index=books&linkCode=ur2&tag=turnepubli-20&keywords=9780940069343>

Collaboration Factors Research Book <http://www.amazon.com/Collaboration-Research-Literature-Influencing-Successful/dp/0940069326>

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#### ADDITIONAL GUIDANCE

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The Wilder Collaboration Factors Inventory is free and the online tool is easy to use. The foundation advises: *The inventory takes about fifteen minutes to complete. It can be distributed to a small group of leaders in the collaborative, during a general meeting, or via mail to all members for the most complete picture. You can tally your score manually or online.*

The Inventory should be filled out individually by each current member of the group.

A free hard copy is available on the Wilder Foundation's website and the hard copy tool is also found in a paperback booklet for \$9.95. Additionally, a book (available for \$19.47) titled "Collaboration: What Makes it Work?" is available. Published in 2001, the book is described by Sharon Lyn Kagen, Senior Associate, The Bush Center for Child Development and Social Policy, Yale University, as "Essential reading for anyone interested in collaboration. A well done summary of what the latest research says!" A link to the book on Amazon is above.

Partnerships using this tool would identify community partners, ask them to complete the inventory at the beginning of the year (or initiation of a collaboration process) and again at the end of the year (or completion of the collaboration process), then once a year thereafter if the collaboration continues. This tool is largely designed to measure collaboration and coordination among community members on a specific project or topic. Please review the website references above for more information.

Partnerships using this tool should first go to <http://wilderresearch.org/tools/cfi/index.php> and click on "Register a group". After registering, the partnership will be sent a link that can be shared with community partners to fill out and a password to log in to the group results site. As community partners fill out the inventory, partnerships can log in to the group page to view results. A sample of the results report is included below.

Partnerships will need to register a group and receive a new survey link each time they choose to administer the survey to participants.



**Wilder Collaboration Factors Inventory**

As inventories are submitted anonymously, it will not be possible to tell who has filled out the inventory. Participants may also leave during the year while new ones join, so it is not necessary to report on pre and post. Enter the number of factors with average scores in each score range. A sample score report is included below.

Enter the number of survey participants with data.

Finally state which factor had the highest average score and which factor had the lowest average score. The entry field in fabrik is a text box so you can enter the name of the factor. If there is a tie, you may enter multiple factors.

If you administered the survey several times throughout the reporting period, use the most recent results in the reporting period as the scores.

Average scores for each of the 22 factors:

Factor	Factor Average
History of collaboration or cooperation in the community	4.0
Collaborative group seen as a legitimate leader in the community	4.3
Favorable political and social climate	4.5
Mutual respect, understanding, and trust	4.7
Appropriate cross section of members	4.7
Members see collaboration as being in their self-interest	4.3
Ability to compromise	3.7
Members share a stake in both process and outcome	3.8
Multiple layers of participation	4.2
Flexibility	4.3
Development of clear roles and policy guidelines	3.5
Adaptability to changing conditions	3.5
Appropriate pace of development	4.3
Evaluation and continuous learning	3.9
Open and frequent communication	4.1
Established informal relationships and communication links	4.0
Concrete, attainable goals and objectives	4.1
Shared vision	5.0
Unique purpose	5.0
Sufficient funds, staff, materials, and time	3.8
Skilled leadership	5.0
Engaged stakeholders	4.7
<p><i>As a general rule...</i></p> <p>Scores of 4.0 to 5.0 - strengths, don't need special attention 16</p> <p>Scores of 3.0 to 3.9 - borderline, deserve discussion 6</p> <p>Scores of 1.0 to 2.9 - concerns that should be addressed 0</p>	



## APPENDIX A: SMART START COMMON OUTCOMES AND MEASURES

<b><i>Smart Start OUTCOMES</i></b>	<b><i>Recommended or Required MEASURES</i></b>
<b><i>Early Care and Education</i></b>	
Improved access to high quality care	EC Profile PLA50 - Subsidized child placements in regulated child care programs
Improved ECE program environment	<ul style="list-style-type: none"> <li>a. Environment Rating Scales – DCDEE data</li> <li>b. Environment Rating Scales – local data</li> <li>c. POEMS (Preschool Outdoor Environment Measurement Scale)</li> <li>d. Teaching Pyramid Observation Tool (TPOT)</li> <li>e. Teaching Pyramid Infant Toddler Observation Scale (TPITOS)</li> <li>f. Smart Start Lending Library Survey – Child Care</li> </ul>
Decrease in staff turnover*	Staff turnover calculation** ( <i>required</i> )
Enhanced ECE program quality*	<ul style="list-style-type: none"> <li>a. Participating facilities' star levels (<i>required</i>)</li> <li>b. Star Rating Education and Program Standards Points</li> </ul>
Improved teacher knowledge*	<ul style="list-style-type: none"> <li>a. NC Early Childhood Credential &amp; Coursework</li> <li>b. College Course Completion with a "B" or better (<i>required for 3105 – Accessing Higher Education</i>)</li> <li>c. Continuing Education Units (CEUs)</li> <li>d. Star Rating Education Points</li> <li>e. DCDEE Evaluation of Authorized In-service Training</li> <li>f. Smart Start Outreach Measure</li> </ul>

<b><i>Smart Start OUTCOMES</i></b>	<b><i>Recommended or Required MEASURES</i></b>
Improved director knowledge	<ul style="list-style-type: none"> <li>a. Program Administration Scale (PAS)</li> <li>b. Business Administration Scale (BAS)</li> <li>c. NC Early Childhood Credential &amp; Coursework</li> <li>d. College Course Completion with a "B" or better</li> </ul>
Improved teacher/child interaction	<ul style="list-style-type: none"> <li>a. CLASS (Classroom Assessment Scoring System) Infant</li> <li>b. CLASS (Classroom Assessment Scoring System) Toddler</li> <li>c. CLASS (Classroom Assessment Scoring System) Pre-K</li> <li>d. Teaching Pyramid Observation Tool (TPOT)</li> <li>e. The Pyramid Infant Toddler Observation Scale (TPITOS)</li> </ul>
Increase in the provider practice of healthy behaviors*	<ul style="list-style-type: none"> <li>a. NAP SACC</li> <li>b. Go NAP SACC</li> <li>c. Environment Rating Scales personal care routine subscale</li> <li>d. NC Child Care Health &amp; Safety Assessment (<i>required for 3414 - CCHC</i>)</li> <li>e. Be Active Kids Survey</li> </ul>

<u>Family Support and Health</u>	
Increase in parent knowledge	<ul style="list-style-type: none"> <li>a. Motherhead B.A.B.Y. Class Exit Survey</li> <li>b. Protective Factors Survey</li> <li>c. Triple P Client Satisfaction Questionnaire – Level 2</li> <li>d. Smart Start Lending Library Survey – Families</li> <li>e. Smart Start Outreach Measure</li> </ul>
Increase in positive parenting practices	<ul style="list-style-type: none"> <li>a. Adult Adolescent Parenting Inventory - 2 (AAPI)</li> <li>b. Healthy Families Parenting inventory (HFPI)</li> <li>c. Infant Crying Questionnaire/Questionnaire about Children's Crying</li> <li>d. Kaleidoscope Play &amp; Learn Caregiver Feedback Form (<i>see note below</i>)</li> <li>e. Keys to Interactive Parenting Scales (KIPS)</li> <li>f. Level 2 Triple P Client Satisfaction Questionnaire</li> <li>g. Level 3 Triple P Parenting Experience Survey</li> <li>h. Level 4 Triple P Parenting Scale</li> <li>i. Life Skills Progression</li> <li>j. Nurturing Skills Competency Scale (2 &amp; 3)</li> <li>k. Parents' Assessment of Protective Factors</li> <li>l. Parenting Stress Index 4th edition</li> <li>m. Parenting Practices Inventory (PPI)</li> <li>n. PICCOLO</li> <li>o. Protective Factors Survey</li> </ul> <p><i>Note: A subset of three questions from the Kaleidoscope assessment are requested for reporting purposes in fabrik. This subset of questions is aligned across three different Smart Start outcomes. To avoid duplicate entries, you will only be able to select the positive parenting practices outcome.</i></p>

Increase in parent use of services (primarily for those programs where, overall, parents have a low usage of service when they start the activity)	<ul style="list-style-type: none"> <li>a. Life Skills Progression: #10 Use of information, #11 Use of resources</li> <li>b. Parent use of services calculation</li> <li>c. Smart Start Outreach Measure</li> </ul>
Increase in parent's social support	<ul style="list-style-type: none"> <li>a. Life Skills Progression: #3 Friends/Peers</li> <li>b. Protective Factors Survey</li> </ul>
Increase in frequency of parent and child shared reading*	<ul style="list-style-type: none"> <li>a. Motherread/Fatheread Intake and Exit Surveys</li> <li>b. ROR Parent Survey (<i>required for ROR</i>)</li> <li>c. RAR Parent Survey (<i>required for RAR</i>)</li> <li>d. Smart Start DPIL Parent Survey (<i>required for DPIL</i>)</li> <li>e. Shared reading/daily reading calculation (<i>required for all others</i>)</li> </ul>
Increase in the adult's use of recommended reading strategies*	<ul style="list-style-type: none"> <li>a. Motherread/Fatheread Intake and Exit Surveys</li> <li>b. ROR Parent Survey (<i>required for ROR</i>)</li> <li>c. RAR Parent Survey (<i>required for RAR</i>)</li> <li>d. Reading strategies calculation (<i>required for all others</i>)</li> </ul>
Increase in developmental screenings or assessments, referrals, and child use of services (e.g. early intervention services, having a medical or dental home, etc.)*	<ul style="list-style-type: none"> <li>a. Child screenings, referrals, use of services calculation (<i>required for ABCD</i>)</li> <li>b. Life Skills Progression: #20 Child Well Care</li> </ul>
Increase in children's practice of healthy behaviors (e.g. child's nutrition, child's oral health practices, amount of physical activity, etc.)	<ul style="list-style-type: none"> <li>a. NAP SACC</li> <li>b. Go NAP SACC</li> <li>c. Color Me Healthy Teacher Eight-Week Follow-Up Evaluation</li> </ul>

<u>Child Development and Learning</u>	
More children on track for typical and/or enhanced development (including cognitive, language, physical, motor, and/or social /emotional development)	<ul style="list-style-type: none"> <li>a. Eyberg Child Behavior Inventory</li> <li>b. Brigance Inventory of Early Development III</li> <li>c. Ages &amp; Stages Questionnaire</li> <li>d. Ages &amp; Stages Social Emotional Questionnaire</li> <li>e. GOLD by Teaching Strategies</li> <li>f. DECA-C (The Devereux Early Childhood Assessment- Clinical Form)</li> <li>g. Child Behavior Checklist</li> </ul>
<u>Systems Level</u>	
Increased coordination of early childhood system	<ul style="list-style-type: none"> <li>a. Wilder Collaboration Factors Inventory</li> <li>b. Partnership Quotient Collaborative Leadership Assessment</li> </ul>
<u>Other</u>	
Other (please specify)	Partnerships will be asked to provide their measurement methods/tools

*\*These outcomes have a required measure. In some cases, the requirement may just pertain to a particular program or activity. Partnerships should be sure to select these required measures in Fabrik.*

*\*\*Partnerships using WAGE\$ can find these data in the reports from CCSA.*