ABSTRACT
                Smart Start is North Carolina's partnership between state
government and local leaders, service providers, and families to better serve
children under 6 years of age and their families. This report describes the
comprehensive plan to evaluate the state and local goals and objectives of
the program, focusing on the components addressing the summative evaluation,
especially the emphases on quality and objective outcomes. The report
describes the data collection strategies for each of the following goals: (1)
children are healthy and prepared to succeed in school; (2) families
effectively will fulfill their role as primary providers, nurturers, and
teachers; (3) high quality, affordable services for children and families;
and (4) North Carolina counties value children and families by providing
options, resources, and encouraging collaboration. For each goal, the
following information is provided: specific outcomes, measurement
strategies/techniques, data sources, domains covered by the measurement
strategy, times of data collection, numbers of subjects assessed, and subject
selection process. Also discussed in the report are procedural issues such as
informed consent and data collectors, and limitations of the evaluation plan.
(Author/KB)

Smart Start Evaluation Plan

Prepared by the FPG/UNC Smart Start Evaluation Team:

Donna Bryant, Ph.D., Principal Investigator
Margaret Burchinal, Ph.D.
Virginia Buysse, Ph.D.
Jonathan Kotch, M.D., DrPH
Kelly Maxwell, Ph.D.
Peter Neenan, Ph.D.
George Noblit, Ph.D.
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Smart Start Evaluation Plan

The challenges of conducting a comprehensive evaluation of a program with the breadth of Smart Start are numerous. This new North Carolina initiative has brought together parents, educators, service agencies, businesses, churches, and policymakers to focus on the needs of young children from birth through age five and their families. Community partnerships are planning how best to meet their own needs, and have begun improving and expanding previous programs and designing and implementing new programs. Broadly, the Smart Start goals address 4 major areas: early childhood education, family support services, health services, and service integration/systems change. Improvements in these areas are aimed toward ensuring that all children are healthy and prepared to succeed when they enter school.

An evaluation team at the Frank Porter Graham Child Development Center has worked since the fall of 1993 to develop a comprehensive plan to evaluate the state and local goals and objectives of Smart Start. The team consists of faculty from several schools or departments at the University of North Carolina at Chapel Hill--Psychology, the School of Education, the Department of Maternal and Child Health in the School of Public Health, and the School of Social Work--in addition to researchers based at the FPG Center. Different members have expertise in child care, family services, health care, early childhood special education, social systems change, program evaluation, qualitative and quantitative research methods, and biostatistics. The responsibility of the evaluation team is to plan and conduct a thorough evaluation of Smart Start.

We began by observing the process of local partnerships coming together as teams and discussing their goals and objectives. We attended local meetings and statewide County

Collaboration meetings to listen to local and state-level participants discuss their ideas for Smart Start. We watched and listened as county leaders, DHR core team members, and the NC Partnership for Children set 31 goals for Smart Start, acknowledging that different counties would more intensely focus on different goals. More recently, a review of the short-term plans submitted by the projects to obtain first year funds and the long-term plans submitted June 1, 1994, for their continuing funds allowed another opportunity to determine the objectives and outcomes to be evaluated. We believe the program's objectives are now sufficiently clear for us to offer an overall evaluation plan.

Based on our review of the local plans, most local partnerships have developed projects within each of the major areas--early childhood education, family support services, health services, and service integration and systems change--although their emphases on different areas vary considerably. For example, one partnership may be focusing its major efforts on improving early childhood education, with less intensive efforts directed toward improving the health status of children. In another partnership the emphases may be reversed. Some are funding or beginning several projects on a small scale, while others are supporting few but large-scale projects. Thus, the evaluation plan must address each of the major areas to accommodate the varying emphases across local partnerships, and it must be sensitive to the fact that measurable improvements in particular areas will be different from county to county depending on their area(s) of emphasis.

In addition to variation in the area(s) of emphasis, local partnerships vary in their selection of specific strategies designed to improve a particular area. For instance, to improve the quality of early childhood education, one partnership may implement new teacher compensation strategies while another may attempt to improve quality through facility

improvement grants. Most counties/regions are using multiple strategies, with some unique to their own county/region and others similar to other partnerships' strategies. The process evaluation we conduct will document the variation in and number of strategies, but will have no control over which families/children receive which services. We will therefore aim the outcome evaluation at the more global level, assessing progress toward the major Smart Start goals, rather than at the specific strategy level.

Evaluator's Responsibilities

The specific responsibilities of the FPG-UNC evaluation team, as delineated in the authorizing legislation and in our contract with the Department of Human Resources, are as follows:

1. To conduct a formative and summative evaluation;

2. To emphasize quality of programs as a central component of the evaluation;

3. To use reliable statistical methods and objective measures of outcomes; and

4. To provide a detailed fiscal analysis of the use of State funds.

The formative evaluation to date has included a review of the first 9 months of team-building and program implementation, as described in a report distributed in May, 1994. During the summer of 1994, 60 key participants in the 12 projects (5 per project) were interviewed and asked to reflect on the first year. Their responses have been analyzed and feedback provided to the leaders of the County Collaboration process; the interviews will continue to be analyzed for other formative information that might be helpful to the State or future Smart Start counties. Other formative studies of the process of implementing Smart Start may be conducted, if needed.

Our fourth responsibility--a detailed fiscal analysis--is being conducted in collaboration with the Division of Child Development, which already had a system in place for monitoring the

child care subsidy programs. We have worked with DCD staff to finalize a system of monitoring the 244 different activities that comprise Smart Start in the first 12 partnerships, and will supplement their financial data with information about the numbers of programs, families and children served by these programs, as well as programs' abilities to leverage other funds for their efforts.

The rest of this report will describe the components of the evaluation plan that address the summative evaluation (item 1, above), including the emphases on quality (2) and objective outcomes (3). The table on the following two pages shows the different strategies that will be employed to gather information needed for the evaluation. The pages following the table describe each strategy in more detail. We have organized the presentation by the major goals developed for Smart Start by the NC Partnership for Children, the DHR core team, and the local partnership team leaders. The following information is provided for each goal: *specific outcomes* (i.e., What behaviors or conditions are expected to change through Smart Start efforts?), *measurement strategies/techniques* (i.e., What are we going to use to collect the data?), *sources of data* (i.e., From whom are we going to collect data?), *domains covered by the measurement strategy* (i.e., What kinds of information are we going to collect?), *times of data collection* (i.e., When are we going to gather the information?), *numbers of subjects assessed* (i.e., From how many people are we going to obtain information?), and *subject selection process* (i.e., How are we going to choose the people or programs from which we gather information?).

Summary of Smart Start Evaluation Plan:
Goals 1 and 2

Goal	Expected Outcome	Measurement Tool	Source of Data
1. Children are healthy and prepared to succeed in school	more children will be prepared to succeed when they enter school	Kindergarten Teacher Checklist	kindergarten teachers
		FirstSTEP Screening Test	kindergarten children
		local preschool screening measures	public school records
	fewer children will be retained in the early school grades	existing database	SIMS database from NC DPI
	fewer kindergartners will be identified for the first time as having special needs	existing database	SIMS database from NC DPI
	higher scores on end-of-year test in 3rd grade	existing database	SIMS database from NC DPI
	more kindergartners will be healthy when they enter school	Kindergarten Health Assessment	public school records
	health status of young children (b-5) will improve	existing databases	state-level health agencies (e.g., Medicaid, Health Services Information System)
		family interview	families who use child care; families who use community services; families who participate in Smart Start efforts
2. Families effectively fulfill their role as primary providers, nurturers, and teachers	families value learning by participating in educational activities with their children, families have access to the support services they need and want, families act as role models through their involvement in the community, and families feel empowered	family interview	families who use child care; families who use community services; families who participate in Smart Start efforts

Goal	Expected Outcome	Measurement Tool	Source of Data
3. High quality, affordable services for children and families	quality of child care will improve for all children, including those with special needs	Early Childhood Environment Rating Scale, Infant/Toddler Environment Rating Scale, Family Daycare Rating Scale	classroom observations of selected child care centers and family daycare homes
	regulatable aspects of child care will improve	Child Care Director Interview and Family Daycare Home Provider Interview; Child Care Worksheets from Needs & Resources Assessment	child care center directors and family daycare providers
	more child care providers will be well-trained	Self-Assessment of Skills and Training Needs for Early Childhood Professionals	child care providers in child care centers and family daycare homes
	more children with special needs will be served in inclusive settings	Child Care Director Interview	child care center directors
		existing database	Part H and SIMS (Part B) databases
	service coordination for children with special needs will improve	focus groups	parents of children with disabilities and professionals who serve children with special needs
	more families of children with special needs will participate in and be satisfied with early intervention services	family survey	families of children with disabilities who are receiving early intervention services
	community services will be more readily available, affordable, and of high quality	family interview	families who use child care; families who use community services; families who participate in Smart Start efforts
4. NC counties value children and families by providing options, resources, and encouraging collaboration	inter-agency coordination and collaboration will improve over time	Network Analysis Survey	agency administrators and service providers
	more services will be available, affordable, and of higher quality	family interview	families who use community services and child care
	number of agencies that have parents on their advisory boards will increase	agency survey; Child Care Center Director Interview	agency administrators; child care center directors

***Goal 1: All North Carolina children are healthy and prepared to succeed in school
when they enter kindergarten.***

A. Expected Outcome: Each year, a higher proportion of entering kindergartners will be
prepared to succeed when they enter school.

    1. Measurement Strategy/Tool: Kindergarten Teacher Checklist, a 37-item rating scale

    Data Source: Kindergarten teachers in Smart Start counties will rate samples of
    kindergartners annually.

    Variables/Domains: cognitive, language, socio-emotional and motor development,
    classroom behavior

    Data Collection Times: Teacher Checklists will be distributed mid-semester in the fall,
    once teachers have become familiar with children's skills.

    Numbers: about 4,000 kindergartners per year in the 12 initial Smart Start projects

    Selection Process: All kindergarten teachers in small counties and randomly selected
    teachers in larger counties will be asked to complete a rating scale on every fifth child on
    their class roll.

    Other Details: The teachers will also complete a question about the proportion of
    children in their class who were adequately prepared for kindergarten. Parent consent is
    not required since individual children will not be identified.

    2. Measurement Strategy/Tool: FirstSTEP Screening Test

    Data Source: individual assessments of kindergartners

    Variables/Domains: cognitive, language, and motor development

    Data Collection Times: in the fall of the year after children are settled into the
    kindergarten routine, approximately November-December

    Numbers: between 150-200 children, a subset of those rated by teachers

    Selection Process: In 4 counties all kindergarten teachers at 1-2 randomly selected
    schools will be asked to send home consent forms to the parents of the children who were
    rated in A.1. above (every 5th child on the roll). The child of parents who return consent
    forms can be assessed in a 30-minute, individual session with a trained assessor.

Other Details: This procedure is a way to test the validity of the teacher checklist. We expect that teachers' ratings and individual children's scores on the assessment will be highly correlated but we need to demonstrate that this is true for the particular teacher rating scale we have selected.

3. Measurement Strategy/Tool: local preschool screening measures (e.g., DIAL-R), EPSF, Brigance)

Data Source: The local education agencies (LEAs) in each Smart Start county that keep records of each year's kindergarten screenings.

Variables/Domains: "readiness" skills in the areas of cognition, language, motor, socio-emotional development

Data Collection Times: entry into kindergarten

Numbers: approximately 21,000 kindergartners in the 18 initial Smart Start counties

Selection Process: We will use aggregate data from all children in the local system who received the screening measure.

Other Details: Since no standard screening approach is used across counties, the evaluation cannot obtain baseline and future years of data on readiness from LEAs. However, we can look at each county as its own control if the LEA summarizes the screening data (not every LEA that screens children summarizes the data). For those Smart Start counties in which the LEA(s) summarizes the data, information from 1993 and 1994 (before Smart Start) can be considered baseline, with data each year thereafter collected and summarized by the evaluation team (i.e., mean screening scores or percentages of children falling below the 10th or 25th percentile).

B. Expected Outcome: Retention rates in kindergarten through third grade will decrease over time, as more children enter school prepared to succeed. End-of-year test scores in third grade should increase over time as more children enter school prepared to succeed. With better early intervention services and early identification of children with disabilities, the number of children identified for the first time in kindergarten as having special needs will decrease.

Measurement Strategy/Tool: existing database

Data Source: SIMS database from NC Department of Public Instruction

Variables/Domains: retention rates in kindergarten through third grade, initial special education placement rate in kindergarten, third grade end-of-year test scores

Data Collection Times: end of each academic year

Numbers: approximately 21,000 children per grade in the 18 initial Smart Start counties combined

Selection Process: Information is available for all children in public school.

Other Details: Documenting trends in retention rates, special services, and third grade achievement will provide global measures of school progress in the years pre- and post-Smart Start implementation.

C. Expected Outcome: Each year, a higher proportion of entering kindergartners will be healthy when they enter school.

Measurement Strategy/Tool: Kindergarten Health Assessment, a 2-page, state-mandated health form completed upon school entry

Data Source: public school files of each entering kindergartner in Smart Start counties

Variables/Domains: immunization status; presence/absence of uncorrected vision, hearing, speech, and dental problems; health or learning disabilities that were undetected before school; extreme under- or over-weight; anemia

Data Collection Times: fall of each year

Numbers: approximately 21,000 children enter kindergarten each year in the 18 original Smart Start counties

Selection Process: Data will be summarized from all children whose Kindergarten Health Assessment are accessible in the school files.

Other Details: By abstracting data from the Kindergarten Health Assessment each year, the evaluation team can monitor trends in the numbers of children who arrive at school with undetected health problems. With more and better preschool services, these numbers should decline each year. Confidentiality may be an issue, but individual names are not needed.

D. Expected Outcome: The health status of children under 5--newborns, infants, toddlers, and preschoolers--will improve.

1. Measurement Strategy/Tool: existing databases

Data Source: birth/death certificate data from Vital Statistics; health status data from WIC, Health Services Information System, Medicaid, and DSS

Variables/Domains: rates of prematurity, LBW, mortality; proportions of children with age-appropriate immunizations, obesity or stunting, iron deficiency; rates of EPSDT and lead screenings; results of EPSDT screening (sensory, developmental, hematologic); lead status

Data Collection Times: ongoing assembly of the various annually-reported statistics

Numbers: Numbers will vary depending on the database.

Selection Process: The birth certificate database covers all children born in N.C.; the WIC and Medicaid databases cover the children enrolled in those programs; the HSIS covers health department clients.

Other Details: Documenting trends over time in the Smart Start counties compared to non-Smart Start counties will provide a comparison of outcomes related to health. Within the group of Smart Start counties, the different outcomes can be compared to each other as predicted by the level of emphasis being placed on particular health efforts.

2. Measurement Strategy/Tool: Family Interview

Data Source: families in each Smart Start county/region

Variables/Domains: children's health status; utilization of health care; insurance coverage; disability/activity limitation; specific health problems; barriers to care

Data Collection Times: Family interviews will be conducted annually during the fall and winter.

Numbers: Approximately 1,500 families (range in counties, approximately 70-150) will be interviewed.

Selection Process: Families will be selected with 3 different sampling strategies. First, the interview, in questionnaire form, will be sent home to parents of children in all child care classrooms that will be observed. This sample will enable us to address families' options of child care and the affordability of child care. Second, families in the child

service coordination caseloads will be randomly selected. Families in this sample are most likely to be receiving multiple community services. This subsample will enable us to address issues regarding service availability, satisfaction, and barriers to services. Third, each local partnership will have an opportunity to nominate a target group of families whom the partnership believes is benefiting directly from one or more of their Smart Start efforts. This target group may include families who are participating in a particular program or families from particular neighborhoods that have been targeted by the partnership. Within the target group, a random sample of families will be interviewed. This strategy ensures that the opinions and experiences of families benefiting directly from local Smart Start efforts will be represented in the evaluation.

Other details: All selected families will be asked the same set of questions. In the child care sample, the questions will be in the form of a written survey to be completed by families. In the other two samples of families, the same set of questions will be asked through an interview format (either face-to-face or by phone). Respondents may be asked to check immunization records to confirm immunization status.

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Goal 2: North Carolina families effectively fulfill their roles as the primary providers, nurturers, and teachers helping their children reach their full potential.

Expected Outcomes: Families are more involved in their children's development, have more timely access to the services they need, place a higher value on learning and education for themselves and their child, and are more empowered to take control of their own lives.

Measurement Strategy/Tool: Family Interview

Data Source: families in each Smart Start county/region

Domains: family learning activities, participation in parenting activities, service availability and use, satisfaction with services, supportiveness of agency service providers, barriers to receiving services, choices in child care, child care costs, involvement in the community, family strengths, feelings of empowerment

Data Collection Times: Family interviews will be conducted annually during the fall and winter

Numbers: Approximately 1500 families will be interviewed.

Selection Process: Families will be selected with 3 different sampling strategies. First, the interview, in questionnaire form, will be sent home to parents of children in all child care classrooms that will be observed. This sample will enable us to address families' options of child care and the affordability of child care. Second, families in the child service coordination caseloads will be randomly selected. Families in this sample are most likely to be receiving multiple community services. This subsample will enable us to address issues regarding service availability, satisfaction, and barriers to services. Third, each local partnership will have an opportunity to nominate a target group of families whom the partnership believes is benefiting directly from one or more of their Smart Start efforts. This target group may include families who are participating in a particular program or families from particular neighborhoods that have been targeted by the partnership. Within the target group, a random sample of families will be interviewed. This strategy ensures that the opinions and experiences of families benefiting directly from local Smart Start efforts will be represented in the evaluation.

Other details: All selected families will be asked the same set of questions. In the child care sample, the questions will be in the form of a written survey to be completed by families. In the other two samples of families, the same set of questions will be asked through an interview format (either face-to-face or by phone).

Goal 3: All North Carolina families with children 0-5 have access to high quality, affordable services they need and want, including early childhood education, services for children with special needs, and other services that support families.

A. Expected Outcome: The quality of child care centers and family daycare homes will improve over the years in Smart Start counties. Specifically, the average total score on a child care quality rating scale will increase over time in observed child care centers.

> **Measurement Strategy/Tool:** Early Childhood Environment Rating Scale (ECERS), Infant/Toddler Environment Rating Scale (ITERS), and Family Daycare Rating Scale (FDCRS)
>
> **Data Source:** Classroom observations of the developmental appropriateness of child care centers, using the ECERS and ITERS, and observations of family daycare homes, using the FDCRS.
>
> **Domains:** personal care routines, furnishings and display, language and reasoning activities, fine and gross motor activities, creative activities, social development, and adult needs
>
> **Data Collection Times:** annually in the fall
>
> **Numbers:** 243 child care centers and 120 family daycare will be observed, all within Smart Start counties/regions.
>
> **Selection Process:** Within the 3 Smart Start counties that have fewer than 20 centers, all centers will be asked to participate in the evaluation. In the remaining 9 Smart Start counties/region, two samples of child care centers will be selected. The first sub-sample will be a random sample of 10 or 20 licensed centers (20 in the larger areas--Cumberland, Mecklenburg, and Region A) selected from the Division of Child Development's directory of all licensed centers. The second sub-sample will be a sample of 10 centers chosen by each local partnership because of their participation in Smart Start.
>
> **Other Details:** Within each center, a preschool classroom (i.e., a class in which the majority of children are 3 to 5 years old) will be selected randomly for an ECERS observation. If the center also has an infant/toddler room (i.e., a class in which the majority of children are between infancy and 2 1/2 years), an ITERS will be completed on a randomly selected infant/toddler classroom.
>
> Each year, a new random sample of child care centers and family daycare homes will be selected, testing the hypothesis that child care quality in general is improving. The Smart Start selected sample of centers will be asked to participate each year, allowing for assessment of quality improvement specifically in centers that have directly participated in Smart Start efforts.

B. Expected Outcomes: The regulatable aspects of quality (e.g., group size, teacher:child ratios) will improve in child care centers and family daycare homes in Smart Start counties. The number of child care openings and the days and hours of operation of centers/homes, on average, will increase in Smart Start counties, providing families greater accessibility. The education level of child care directors and providers in Smart Start counties will improve.

   1. Measurement Strategy/Tool: Child Care Worksheets and Family Child Care Provider Worksheets from the Needs and Resources Assessment

   Data Source: phone interviews with center directors and family home providers

   Variables/Domains: teacher/child ratios, group size, capacity, education level, staff turnover, A/AA/NAEYC status (or NAFDC for family child care homes), salaries, hours of operation

   Data Collection Times: annually in February-March

   Numbers: up to 60 child care centers and family daycare homes in each of the original Smart Start counties

   Selection Process: We will repeat the random selection process used initially in the Needs and Resources Assessment.

   Other Details: These data were originally collected in the spring of 1994 as part of the Needs and Resources Assessment in all 100 counties. They thus serve as baseline measures of several indices of child care quality. Annual data collection in Smart Start counties will allow for a comparison across time.

   2. Measurement Strategy/Tool: Child Care Center Director Interview and Family Daycare Home Provider Interview

   Data Source: interviews with child care center directors and family daycare home owners/providers

   Domains: child care costs, days and hours of operation, support services for children and families that are available at child care centers, number of children with special needs enrolled in child care centers, teacher training and education, wages and benefits, director's education and experience

   Data Collection Times: annually in the fall at the same time ECERS/ITERS/FDCRS data are collected (see previous page)

Numbers: Child care directors in each of the 243 centers participating in observations will be interviewed. Family daycare providers in each of the 120 family daycare homes will also be interviewed.

Selection Process: In centers that participate in the child care quality observation, the child care directors will be interviewed. Family daycare home providers who participate in the child care quality observations will also be interviewed.

Other details: Some of the information gathered in these detailed interviews will be the same as gathered in the larger random sample of 60 centers/homes per county. However, this strategy assures a sample of centers/homes on which the evaluation team has both regulatable and process measures of quality, allowing for a study of the interrelationships among the two.

C. Expected Outcome: More child care providers in Smart Start counties will report being more knowledgeable of and will have received training in topics related to quality child care, and their perceived need for additional training will decrease.

Measurement Strategy/Tool: The Self-Assessment of Skills and Training Needs for Early Childhood Professionals

Data Source: Child care providers in the classrooms selected for ECERS/ITERS/FDCRS observations will complete a self-assessment form.

Domains: child development, child care environment, curriculum and learning, professionalism

Data Collection Times: annually in the fall at the same time ECERS/ITERS/FDCRS data are collected

Numbers: 243 child care providers from the participating centers and 120 family daycare home providers

Selection Process: Child care providers from the selected classrooms in each of the centers that participate in the child care quality observations will complete the self-assessment form. All participating family daycare home providers will complete the self-assessment form.

D. Expected Outcome: Over time, families in Smart Start counties/regions will report that more services are available in the community, the services are more affordable, and the services are of higher quality.

> **Measurement Strategy/Tool:** Family Interview
>
> **Data Source:** families in each Smart Start county/region
>
> **Domains:** service availability and use, satisfaction with services, supportiveness of agency service providers, barriers to receiving services, choices in child care, child care costs
>
> **Data Collection Times:** Family interviews will be conducted annually during the fall and winter.
>
> **Numbers:** Approximately 1,500 families will be interviewed or surveyed.
>
> **Selection Process:** Families will be selected with 3 different sampling strategies. First, questionnaires will be sent home to parents of children in all child care classrooms that will be observed. This sample will enable us to address families' options of child care and the affordability of child care. Second, families in the child service coordination caseloads will be randomly selected. Families in this sample are most likely to be receiving multiple community services. This subsample will enable us to address issues regarding service availability, satisfaction, and barriers to services. Third, each local partnership will have an opportunity to nominate a target group of families whom the partnership believes is benefiting directly from Smart Start. This target group may include families who are participating in a particular program or families from particular neighborhoods that have been targeted by the partnership. Within the target group, a random sample of families will be interviewed. This strategy ensures that the opinions and experiences of families benefiting directly from local Smart Start efforts will be represented in the evaluation.
>
> **Other details:** All selected families will be asked the same set of questions. In the child care sample, the questions will be in the form of a written survey to be completed by families. In the other two samples of families, the same set of questions will be asked through an interview format (either face-to-face or by phone).

E. Expected Outcome: Access to inclusive placements (i.e., placement of children with special needs in regular child care and general early childhood programs in the community) will increase as a result of Smart Start efforts.

Measurement Strategy/Tool: Part H and SIMS (Part B) state agency data bases.

Data Source: Two existing state agency data bases, the Part H data base from the N.C. Center for Environmental and Health Statistics, and the SIMS data base from the NC Department of Public Instruction, will be accessed.

Variables/Domains: diagnosis, eligibility category, severity of disability, primary service setting, type of special services being provided, and demographic information

Data Collection Times: baseline (spring of 1994) and annually during implementation of Smart Start

Numbers: approximately 6,000 Part H eligible children and 9,000 Part B eligible children

Selection Process: We will compile and analyze data from files on all children ages birth - 5 who are eligible to receive Part H (Infant- Toddler) or Part B (Preschool) services in North Carolina through the two existing state data bases mentioned above.

Other Details: Part H-eligible children are followed by NC's Developmental Evaluation Centers (DECs) throughout the state. Entry data is collected for each child at the time of eligibility determination and updated on a regular basis. Part B-eligible children are followed by NC's Department of Public Instruction. These data are also collected at the time of eligibility determination, entered and maintained at the local level using the Student Information Management System (SIMS).

F. Expected Outcome: Service coordination for young children with special needs and their families will improve as a result of Smart Start.

Measurement Strategy/Tool: focus groups

Data Sources: parents of children with disabilities and professionals representing child care, early intervention, public preschool programs, public health, and other community agencies and programs

Variables/Domains: awareness of services, barriers and supports to inclusion, changes in services delivery models, effects of Smart Start on early intervention services, and future directions of early intervention

Data Collection Times: fall of 1994

Numbers: We will conduct six focus groups, 3 with parents and 3 with professionals, with approximately 10-12 participants per session. Two focus groups (one parent and one professional) will be held in each of three regions, western, central, and eastern North Carolina.

Selection Process: The parents and professionals will be recruited through various agencies and programs within Smart Start counties. Using criteria identified by our project staff, agencies and programs will nominate parents and professionals as potential participants. Letters and consent forms will be sent to this list of people inviting them to participate.

G. Expected Outcome: Family participation in and satisfaction with early intervention and expanded early childhood services for all children will increase.

Measurement Strategy/Tool: family surveys

Data Source: families of children with disabilities who are currently being served by Developmental Day programs, Early Childhood Intervention programs, or Public Preschools across North Carolina

Variables/Domains: parental satisfaction with early intervention and expanded early childhood programs for all children, parental attitudes toward inclusion, impact of having children with disabilities on family functioning, and ratings of children's abilities

Data Collection Times: fall of 1994 (Oct-Dec) and one year later

Numbers: approximately 360 families, 180 from Smart Start and 180 from non-Smart Start counties

Selection Process: We will contact all Developmental Day programs, Early Childhood Intervention programs, and Public Preschools across North Carolina, inviting them to participate by sending us a list of I.D. numbers for all children with disabilities who are currently enrolled in their programs. We will then randomly select a portion of children from these lists and mail survey packets to be forwarded to the families. We will also have the programs to provide us with information on these selected children.

H. Expected Outcome: The quality of child care arrangements for children with disabilities birth to 5 enrolled in regular child care programs will improve.

NOTE: This outcome will be assessed through all three approaches to measurement of the broader Goal #3 (see above). Enrollment of children with special needs in regular child care programs will be documented. This will allow us to assess the quality of programs serving children with special needs and compare it to that of programs that only serve typically developing children as well as to compare quality changes over time.

Goal 4: North Carolina counties value all of their children and families
by providing options, resources, and encouraging collaboration
to help children and families reach their full potential.

A. Expected Outcome: Inter-agency coordination and collaboration between service agencies in Smart Start counties will improve over time.

>**Measurement Strategy/Tool:** Network Analysis Survey

>**Data Source:** service administrators and providers will complete the survey

>**Domains:** awareness of other community services, amount of interaction with other agencies, referrals to and from other agencies, coordination in service provision and policy making, formal relationships with other agencies, and satisfaction with other community agencies

>**Data Collection Times:** annually in the winter

>**Numbers:** approximately 240 agency administrators and 480 agency service providers

>**Selection Process:** A list of 20 agencies and service organizations that primarily serve children and their families will be developed. Some of the agencies will be similar across all Smart Start counties, and others will be unique. For each agency listed, the director and a random sample of service providers will be asked to complete the survey.

>**Other Details:** The Network Analysis Survey will be mailed to participating agency directors and service providers. UNC's County Evaluation Coordinators will be responsible for collecting the completed surveys.

B. Expected Outcome: Over time, families in Smart Start counties/region will report that more services are available in the community, the services are more affordable, and the services are of higher quality. Family strengths will also increase over time.

>**Measurement Strategy/Tool:** Family Interview

>**Data Source:** families in each Smart Start county/region

>**Domains:** service availability and use, satisfaction with services, supportiveness of agency service providers, barriers to receiving services, choices in child care, child care costs, involvement in the community, family strengths

>**Data Collection Times:** annually during the fall and winter

Numbers: approximately 1500 families

Selection Process: Families will be selected with 3 different sampling strategies. First, questionnaires will be sent home to parents of children in all child care classrooms that are observed. This sample will enable us to address families' options of child care and the affordability of child care. Second, families in the child service coordination caseload will be randomly selected. Families in this sample are most likely to be receiving multiple community services. This subsample will enable us to address issues regarding service availability, satisfaction, and barriers to services. Third, each local partnership will have an opportunity to nominate a target group of families whom the partnership believes is benefiting directly from Smart Start. This target group may include families who are participating in a particular program or families from particular neighborhoods that have been targeted by the partnership. Within the target group, a random sample of families will be interviewed. This strategy ensures that the opinions and experiences of families benefiting directly from local Smart Start efforts will be represented in the evaluation.

Other details: All selected families will be asked the same set of questions. In the child care sample, the questions will be in the form of a written survey to be completed by families. In the other two samples of families, the same set of questions will be asked through an interview format (either face-to-face or by phone).

C. Expected Outcomes: The number of agencies that have parent representatives on their advisory boards will increase in Smart Start counties/regions. The number of parents reported by center directors as participating in the center/home will increase over time.

> **Measurement Strategy/Tool:** Agency Survey, and Child Care Center Director Interview
>
> **Data Source:** agency administrators and child care center directors
>
> **Domains:** parent representation on advisory boards; parent participation in child care centers (e.g., volunteering, donating materials)
>
> **Data Collection Times:** annually in the fall
>
> **Numbers:** approximately 240 agency administrators who receive the Network Analysis Survey; child care directors in each of the 243 centers participating in the observations
>
> **Selection Process:** Agency administrators and child care directors who participate in the Network Analysis and child care observations will be surveyed or interviewed.

Procedural Issues

Informed consent. For most evaluation strategies described in this report, informed

consent will be obtained from participants prior to their participation in this evaluation. Families,

children, child care directors and providers, and agency administrators and staff will be asked to

participate in this study and will always have the option of declining to participate. Consent will

not be obtained in those instances in which individually identifying information is not linked to

the data. For example, data from an existing database that does not contain any personal

identifiers can be used without obtaining an individual's consent. Additionally, teacher

checklists completed on a sample of kindergartners will not require parental consent because

names of individual children will not be written on the checklist.

Data collectors. Much of the data needed for this evaluation must be collected at the local

level--counts of children and families served by programs, lists of agencies providing services,

family interviews, observations of child care centers and family day care homes. In counties

within an hour or two of Chapel Hill, project research assistants and investigators will collect

most of these data. In more distant counties, we have hired County Evaluation Coordinators to

collect information. When needed, Chapel Hill-based researchers will work with them in their

counties. In three counties, we are "sharing" a data collector with the local partnership, which

means that the person works approximately 50% effort collecting information that the local

partnership desires and 50% effort collecting information for the statewide evaluation. This

arrangement has been successful so far. We plan to have County Evaluation Coordinators

"trade" counties for some types of data collection where anonymity of the data collector would

be helpful, for example, visits to child care programs in cases where the local data collector is well known to the program.

Limitations of the Plan

This evaluation is designed to address progress toward the Smart Start goals, as represented in the Goals Statement from the NC Partnership for Children, in the 18 originally funded Smart Start counties. The evaluation team's primary responsibility is to provide an overall evaluation of Smart Start, although some evaluation information will be available within counties/regions that is specific to that area. For example, without compromising confidentiality almost all data can be summarized at the county level and shared with the local partnerships. Information such as the quality of child care in centers that are participating in Smart Start compared to those that are not participating will be available to local partnerships.

However, this evaluation plan cannot address all of the local-level evaluation needs. The evaluation plan will not provide information on every project funded by local partnerships. Local partnerships may want to develop their own evaluation/monitoring system to obtain data regarding the progress of specific projects and to help them make future decisions about how best to use their funds. The evaluation team has been accessible to counties to provide technical assistance regarding local evaluation needs. Each partnership has an evaluation team contact person who is available to provide technical assistance regarding the development of local evaluation strategies. Additionally, all data collection measures (i.e., Family Interview) used by the statewide evaluation team will be available for use by local partnerships, if they want to supplement data from our randomly drawn samples with the same or similar data from samples of their own choosing.

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One goal delineated by the NC Partnership for Children--that North Carolina's state government, NC Partnership, and local partnerships will work collaboratively--is not addressed directly by this evaluation plan. This is a goal for which the local partnerships, state government, and the NC Partnership for Children are jointly responsible, and we think they are the best assessors of progress towards this goal. Our role might be to host forums or focus groups for discussion of the collaborative process and the challenges that remain to be solved to enable a smoother, more collaborative implementation. To date, however, we have focused our attention and planning on the child, family, and program level of evaluation, leaving open discussion of our role *vis a vis* this goal. In light of the fact that the evaluation team at UNC receives its funding from the Department of Human Resources, we could not be considered "independent" evaluators of this aspect of Smart Start.

Finally, overnight results from Smart Start efforts should not be expected by the funding agencies nor the public. While we can document that more children and families are receiving services such as child care, immunizations, and home visits than in the year before Smart Start, the positive effects of these services will not be seen immediately. Comparing year to year progress on indicators such as child care quality, immunization rates, family strengths, and school readiness requires a sustained commitment over several years. The problems that resulted in the need for Smart Start funding were not created overnight, but through an accumulation of years of underfunded services, inappropriate services, and/or isolation from services. Smart Start is a pioneering effort to turn around those conditions. The efforts being undertaken by the partnerships are based on previous research, knowledge of their region's needs, a broad-based consensus, and common sense. They can put new and/or improved projects in place in a year or

two, but the cumulative problems of children and families will take years to address effectively.

The evaluation plan will assess the quality and extent of their efforts, both initially and ongoing,

and measure child, family, and program outcomes over the years.

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NOTICE

REPRODUCTION BASIS