

Quarterly Report Counts Frequently Asked Questions

FY 00/01

Quarterly Report Counts – Frequently Asked Questions answers commonly asked questions about completing the Counts Section in the North Carolina Partnership for Children's Quarterly Report. If you don't find your questions answered here, don't hesitate to call FPG's Smart Start Evaluation Team.

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In addition to questions about the Counts Categories, here are a few **definitions** for completing the Quarterly Report. You will find examples of how to apply these definitions to specific types of Smart Start activities within this document.

All counts apply to **children ages 0-5 years**, and those who care for children 0-5 years (teachers and families). Do not count children over the age of five. Do not count teachers of children over five. You can count families with children over five, as long as at least one child under five lives in the household.

Typically direct service providers provide counts to the local partnership. It is recommended that partnerships create individual reporting forms for each direct service provider. On the form, direct service providers report counts, outcomes, and narratives for NCPC/FPG's Quarterly Report, as well as any other evaluation information for the local partnership.

When the local partnership receives reports from the direct service providers, they need to compile the information into the Quarterly Report. Partnerships should check over the counts, to make sure they are unduplicated for each activity. If more than one activity or program applies to a count category, then the local partnership needs to devise a system of unduplicating counts across the programs that apply to the count box.

Unduplicated

Smart Start counts the number of people, not the number of services. Each program or activity needs to submit unduplicated counts to the local partnership. **Within each count box**, counts are unduplicated. If more than one program or activity feeds into one count box, then partnerships need to devise a system for **unduplicating counts across programs**.

However, it is okay to count the same person in **different** counts boxes (example: once in teacher education college credit and once in compensation and stability of the work force). This shows how Smart Start has multiple impacts within a community.

Current Quarter

Unduplicated number of teachers, children, or centers/homes impacted by Smart Start programs within the three months of the current quarter. **Do not just count new** teachers, children, etc. **Count all (new and continuing)** who received services within the three month quarter; count them **one time**, no matter how many times they received services in that quarter.

Year-To-Date

Unduplicated number of people impacted by Smart Start services between July 1 and the end of the current quarter. Do not add together current quarters for year-to-date, unless completely different people receive services each quarter. Anyone who received Smart Start services at least once since July 1 should be captured in the year-to-date

box. If they have received services many times, they are still counted only once. Because year-to-date includes those served from July 1 on, it is a cumulative number, adding any new counts to the previous quarter's year-to-date.

For assistance with any of these definitions, or for samples of worksheets, local reports, or other materials, please contact:

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Quarterly Report Counts Categories : Frequently Asked Questions FY 00/01

I. Quality Improvement – Teacher Education **A. College Credit**

Include programs that assist teachers and directors with obtaining college credit in early childhood education. This includes child care teacher and director credential, associates degrees, bachelors degrees and masters degrees. It includes activities that assist with tuition and fees or other strategies that help teachers/directors increase their education. You must be able to **directly link the activity to the result of college credit education**.

Can I count WAGE\$ (or other salary supplement programs) or teachers who receive Star Bonus supplements for their education levels here?

Incentive programs, such as WAGE\$, only count in this box if the teacher has enrolled in courses because of WAGE\$. You can NOT count those teachers who receive salary supplements for their education who already have an associates or bachelors degree and are not enrolled in any coursework. The same would hold for teachers impacted by Star Bonus supplements. If you can show that teachers enrolled in college credit coursework as a result of the Star Bonus supplement, then they also can be counted here. Otherwise, they only can be counted in II. A.

Most partnerships do not have the time or resources to determine which teachers participating in WAGE\$ (or other salary supplement programs) and Star Bonus have enrolled in college credit classes because of the incentive those programs offer.

Remember, all of WAGE\$ teachers are counted in III; all Star Bonus teachers are counted in II A.

Do I count number of teachers enrolled or the number who obtained credit?

Only count teachers who complete the coursework and obtain credit. You might have counts once or twice a year, as you wait until the end of the quarter or semester. You will need to obtain lists of teachers who obtained credit for the course from the educational institution (i.e, community college or university).

I. Quality Improvement – Teacher Education **B. Teacher Training**

Include counts for teachers/directors who participate in early childhood education training workshops, EXCEPT those that are HEALTH related (like CPR or hand washing practices). Health related training is counted in VI.C ONLY. A broad range of teacher training topics are counted here, such as story sharing techniques, age appropriate discipline methods, new art activities, etc. It can be challenging to count individual teachers in this category.

To obtain accurate counts, direct service providers of teacher training need to keep careful attendance records, that include:

- **Name – indicate whether teacher or director**
- **Center or home where the teacher or director works**
- **Number of children 0-5 in center (if director)**
- **Number of children 0-5 in class (if teacher)**
- **Whether two teachers from the same class are in attendance**

Some of our teachers obtain continuing education contact hours for attending our workshops, can that be counted in I.A. Teacher Education - College Credit?

Only if the workshop also offers college credit, which is very unlikely.

Do I count just lead and assistant teachers from licensed centers?

For teacher training, you can count all teachers, including floating and substitute teachers, from all programs, including unlicensed or unregulated.

What about when two teachers from the same class attend a workshop?

The sign in list should have some way of identifying two teachers from the same class. Often the person at the sign-in table during the workshop knows when two teachers work in the same class, and she can indicate that on the sign-in list, so the children are not counted twice. You can make sure there is a column on the sign in list that asks: *Check here if there is another teacher from your class at this workshop. Write name here:*

What if a director and several teachers from the same center attend a training?

If the director attends, count all the children in the center. Do NOT count all the children in the center, and then add again the number of children associated with the teachers, as this would give you a duplicated count.

We provide weekly workshops on different topics. Some teachers come to all sessions, and some come to only one. How can I best unduplicate these numbers?

The best method is to have a database of workshop attendees that shows which teacher attended which workshop. A simple EXCEL spreadsheet with the names of teachers on the side and training dates along the top will suffice. Accurate sign-in lists can be used to make entries into the database.

For those direct service providers or partnerships that **don't have the capacity to develop such a database, here's another method:**

Make sure you have sign-in lists from at least two to three “normal” months of workshops. Don’t use a month that had an unusually high or low number of participants due to reasons like an extremely popular topic (for high) or bad weather (for low).

1. Count how many individual teachers attended more than once.
2. Divide the number of teachers who attended more than once (number of duplications) by the total number of unduplicated teachers.
3. This will give you an **estimated percentage of duplication**.
4. In the following quarters, you can **subtract the estimated percentage of duplication** from the total number of teachers attending to obtain an unduplicated count.

Here’s an example for estimating a **current quarter unduplicated count**:

Q 1 100 unduplicated teachers attended 10 workshops July - Sept.
Of those 100, 25 teachers attended more than one workshop
 $25/100 = 25\%$ rate of duplication.

Q 2 200 duplicated teachers attended 15 workshops Oct. – Dec.
 25% (duplication rate) of 200 = 50
 $200 - 50 = 150$
150 unduplicated teachers for Quarter Two **current**

To determine an **estimated unduplicated year-to-date count**, follow the same procedure, looking at how many individual teachers attended workshops both in Quarter One and Quarter Two. Divide the number of duplicated teachers by the total number attending both quarters. This will give you an estimated percent of duplication that can be used in future quarters, following the example provided below.

Here’s an example of estimating a **year-to-date unduplicated count**:

Q1 75 individual teachers attended; 75 current quarter and 75 year-to-date

Q2 150 unduplicated teachers attended; of those 150, 50 also had attended a training in Quarter One ($150-50 = 100$ Q2 year-to-date)
 $50 / 150 = 33\%$ **estimated rate of duplication for year-to-date**

Q3 300 names of teachers on the sign-in lists
Quarter Three current = $300 - 75$ (25% rate of current quarter duplication) = 225
Quarter Three year-to-date = 400 (sum of the three current quarters, unduplicated:
 $75+100+ 225) - 132$ (33% rate of year-to-date duplication) = 268

For some partnerships, it might be easier to **select the largest current quarter unduplicated number as the estimated year-to-date number for each quarter.**

You can use the **same procedure to determine an unduplicated count of children impacted** by teacher training, making sure to first check that the same children for two teachers (e.g., a lead and an assistant) haven't been counted twice.

For an unduplicated number of children, is there a formula for assigning no. of children to teachers without having to go through sign-in lists?

Unfortunately there is no standard ratio for children to teachers. It varies if the teachers have infants rather than four-year-olds. Some home providers have school aged children. A public school pre-K teacher may have more children than an NAEYC four-year-old class. The best way to get an accurate estimation of children is to follow the preceding example for estimating teachers.

In summary, to obtain accurate counts for all activities, especially teacher training, careful attendance records are essential.

II. Child Care Quality – Program Standards

A. Subsidy Related (e.g., Star Bonus)

This category applies to partnership activities **that add funds on top of a child care subsidy payment for quality measures** like the license level (number of stars) or the number of teachers with higher education levels. Typically these are incentive funds that aim to ensure that children receiving child care subsidies are enrolled in quality care. Typically the funds go to the entire center and not just to one or two individual teachers. **In order to include counts, funds for this program must come out of the partnership's budget**, and not be paid from other funds within the Division of Child Development.

If bonus awards go to the entire center, where the director can decide how to spend them, how do I know which teachers and children to count?

Consider that the award indirectly impacts every teacher and child in the center or home, and count them all. Remember to count them one time each quarter and in the year-to-date; do NOT add the same teachers and children together from quarter to quarter.

How is this count category different from II. B. Quality Enhancement activities?

Star Bonus supplements are tied to child care subsidy payments, and follow the child to the center or home where they receive care. Star Bonus funds often do not have any services like consulting or training associated with them; they are simply funds added to a child care subsidy payment.

Quality enhancement activities provide services to a particular center or home, or a classroom within a center, with the purpose of improving the quality of care in a measurable way, such as

ECERS. It is likely that partnerships will report smaller numbers with quality enhancement activities, because of the intensity of service. Report counts for these activities in II. B.

What if a center participates in a STAR bonus program and a separate Quality Enhancement project?

Count them both in II.A. and II. B. Remember, it's okay to count the same center (or teacher, child, or family) in **separate** count boxes.

II. Child Care Quality – Program Standards

B. Quality Enhancement Activities

This category applies to activities that are designed to provide a **measurable change** in child care quality. Pre and post environmental rating scales, license or star rating increase, improved teacher/child interactions are examples of measurable changes in quality. Activities often include on-site consultation and/or individual quality improvement plans for centers, home, or individual classrooms.

Are activities like art or storytelling enrichment for children counted here?

Unless there is some way of measuring how these activities improve quality, such as with a rating scales sub scale, they can NOT be counted here. You can describe how many children were impacted and the results in the Narrative Section of the Quarterly Report.

What about WINGS or other enrichment activities that result in changes in children's skill levels?

If WINGS or other enrichment activities are implemented in a **child care setting**, and there is a measurable change in a child's skill level as a result of the program, then those children are counted here. If the classroom or center where the program takes place is also involved in another quality enhancement activity, then participant lists need to be checked for duplication, so the children are NOT counted twice, once for WINGS and once for quality enhancement.

When WINGS takes place in a **community setting**, like a family resource center, it can be counted in VII. A. 3-4.

Are lending and resource libraries for child care teachers and directors counted here?

Unless there is some way of measuring how these activities improve quality, such as with pre and post environmental rating scales, they can NOT be counted here. You can describe how many teachers were impacted and the results in the Narrative Section of the Quarterly Report.

Are playground improvement grants included here?

Yes, as long as there is a measurable change in quality as a result of the playground improvement.

What if a teacher has a quality improvement plan, receives consulting services, and attends training workshops?

She is counted in both I. B. Teacher Training and in II. B. Quality Enhancement.

Sometimes the consultant works with a classroom, sometimes she works with a few classrooms, and sometimes she works mostly with the director, how do I count the number of teachers and children impacted?

The consultant needs to keep track of whom she works with at each center or home. If she works with the director, count all teachers and children in the center. If her work focuses on the entire center, where she might work with any given teacher in a particular week or month, then count all teachers and children. But if she is primarily focusing on one or two classrooms, then just count those teachers and children.

What if a teacher is not working on improving rating scales or license level, but receives consultation from a behavior specialist or an inclusion specialist?

If changes in quality as a result of the consulting can be documented in a measurable way, then the teacher can be counted here. Often a sub scale of a rating scale can be used to document these changes. If there is no measurable change in quality, then count these services under I. B. Teacher Training. Remember, you can include success stories about these types of services in the Narrative Section.

What about Child Care Health Consultants?

Remember, if the consulting is done by a child care health consultant, it is counted in VI.C.

III. Child Care Quality – Compensation and Stability of the Early Childhood Work Force

Count activities such as WAGE\$ or other salary/benefits supplement programs. Count any other activities designed to have a measurable impact on decreasing teacher turnover.

I only receive numbers from WAGE\$ twice a year; what should I report in the quarters when I haven't received numbers?

Only report numbers when you receive them. Here's an example:

Quarter	Current	Year-to-Date
One (no report received)	0	0
Two	15	15

Three (no report received)	0	15
Four	30	30

Our partnership-funded Star Bonus program allows directors to use the award to supplement teachers' salaries and/or pay health insurance benefits. Can I also count those teachers here?

Yes, as long as you know how many teachers received salary supplements or benefits. The teachers can be counted BOTH in II. A. and here in III.

IV. Child Care Availability

Include programs designed to increase the supply of child care to meet the specific needs of your community. Count **spaces** that have been added because of Smart Start funds. These spaces could have been created by adding or renovating physical space or by hiring new teachers. You can also count existing slots that were changed to meet the demands of target populations in need of care, such as infant, Hispanic, special needs, or evenings/weekend. Count the slot as if it were a space.

We pay for a teacher in a public pre-K class. Is that considered a new space?

If the class would not exist without Smart Start funds, then count the available spaces created by this classroom.

What about inclusion programs that help teachers provide care for children with special needs?

If you have identified a need for child care for children with special needs in your community and created services to modify existing slots so special needs children can receive care, then count each special needs child who is able to receive care as a result of this program as a "space." *The same premise holds for programs that modify existing slots to meet the needs of Hispanic children.*

V. Child Care Affordability

Include child care subsidies and scholarships or other programs that aim to make child care more affordable in your community.

The Dept. of Social Services only gives monthly counts of children. How do I arrive at a quarterly count?

Check to make sure that **most children are receiving ongoing subsidies** for more than a month or two. If so, **either average the three monthly counts together or choose the month with the biggest number. The biggest number for the year will be the year-to-date.** Remember,

don't just report new for the current quarter; report all children receiving subsidies in that quarter.

If you have different children receiving subsidies each month, then you can add the three months together, but this is very unlikely.

The Dept. of Social Services often is late with numbers from the last month in the quarter.

At the beginning of the fiscal year, have them report two months of numbers (July and Aug.) Then, in Quarter Two, have them report Sept. – Nov. Continue having them report the last month of the previous quarter with the first two months of the current quarter. This will give you adequate year end numbers.

Is child care for parent workshops counted here?

No. Only count payment for care in an early childhood setting, like a center, home, pre-K or Head Start class.

Does this mean I can count Head Start or pre-K children here?

If your partnership is funding all or the majority of the costs for a Head Start or pre-K class, then you can count the children impacted by those funds. Ask yourself, would these children receive this care without Smart Start funds? If the answer is no, then count them here. If your partnership provides funds for one or more individual classes, count **ONLY** the children in classrooms Smart Start is helping support, not the entire Head Start or pre-K program. If your partnership is supporting the entire program, perhaps by paying rent for the entire program, then all the children can be counted.

What definition of children with special needs is used for subsidies?

The Dept. of Social Services is required by the state to report the number of children with special needs who receive child care subsidies, so they should have a number for you. If not, count those children who have an identified special need.

VI. Health

A. Screening

Count individual children who receive vision, speech/language/developmental, hearing, and dental screening and related services in the appropriate box.

It's too hard to unduplicate the number of screenings for Question VI.A. 9-10. What should I do?
First you should try to look at two to three months worth of participant lists to determine an estimated rate of duplication, following the example with teachers under I. B. If that is impossible, then leave Question VI. A. 9-10 blank.

VII. Health

B. Access and Use

Who is counted in: No. of children impacted by immunization support? Are child care health consultant activities counted here?

Remember, all children and teachers impacted by any and all health consultant tasks are counted in VI. C.

When there is a **direct link** between the Smart Start activity and a child receiving an immunization, then count the child. Children immunized at a health fair are counted, but NOT the number of materials disseminated. If a child care health consultant reviews a child's record, notices immunizations are not up to date, contacts the parent, and then follows-up to receive updated immunization records, then that child is also counted here. Do NOT count the number of immunization records the health consultant reviews here. DO count the number of children who actually receive immunizations as a result of her work.

Community outreach efforts to increase immunization, like health fairs, or including brochures in parent information packets can be described in the Narrative Section.

Who is counted under: No. of children impacted by support to increase health insurance enrollment?

Count previously uninsured children who now are covered by health insurance as a **direct result of Smart Start efforts**. It doesn't matter if the insurance is Medicaid, Health Choice or some other type of coverage. Often, home visiting programs, like Healthy Families, ensure that children are enrolled in some type of health insurance. Some partnerships have teamed up with local agencies to enroll children in Health Choice. Do NOT count number of materials disseminated here. Outreach efforts can be discussed in the Narrative Section of the Quarterly Report.

Who is counted under: No. of children impacted by support to ensure a medical home? Do child care health consultant activities count here?

Count children who have an identified medical home as a **direct result of Smart Start efforts**. **Medical home is a regular source of primary health care**. A medical home can be the health department, a pediatrician or family practitioner, or a hospital clinic. Include efforts that directly increase the use of primary and preventive care, such as routine well-child visits for immunizations and growth checks. Often home visiting programs help families identify and use a medical home for their young child.

If a child care health consultant reviews health records and finds a child who has not listed a primary health care provider, follows up and makes sure the family has identified a provider, then that child also can be counted here. Do NOT count the number of health records the consultant reviews or number of material disseminated. Remember, children and teachers impacted by health consultants are counted in VI. C.

Who is counted under: No. of children with special needs receive therapies or interventions?

The broader definition of special needs can be used here, which includes children at risk for developmental delay as well as those who have an identified special need. Typical activities that produce counts here are: activities that assist with accessing services for children with special needs, inclusion specialists that serve children, physical and/or occupational therapy, speech therapy, etc.

Who is counted under: No. of families receive health related services?

Parents or other family members who receive health related services, such as breast feeding support, car seat safety education, fire safety education, nutrition education, etc. Do count numbers of parents reached face-to-face or in a workshop; do NOT count number of materials disseminated.

VI. Health

C. Child Care Related

Count activities that aim to improve health and safety in a child care setting. This includes teacher training and on-site consultation.

Sometimes the child care health consultant works with a group of teachers, sometimes with the director on center policies, and sometimes one-on-one with a teacher. How do I determine counts?

If the consultant has a set number of centers she works with throughout the quarter, then she can count each center or home, teacher, and child enrolled once for the quarter, and once for the year-to-date. If she primarily works with the director, then she can count all teachers and children at the center. If she primarily works with one or a few teachers, then only those teachers and children should be counted. Remember, if she provides multiple services to a center, counting all teachers and children once will include those who attend trainings, and those who receive one-on-one, and will make it simple to report unduplicated counts.

The health consultant thinks teacher training should be counted in both II. B. Teacher Training and in VI. C.

It's helpful to remind direct service providers that the goal is to provide accurate counts that apply to specific categories, and not to provide as many counts as possible. All **health and safety related** training is counted in VI. C. **ONLY** for the North Carolina Partnership for Children. In a few cases, health consultants provide training on topics other than health and safety, such as behavior management. If this is the case, then those teachers can be counted in II. B.

VII. Family Support

A. Intensive Services

Intensive family support includes programs that work with families for a long period of time on a regular basis. Examples include: ongoing home visiting programs that provide weekly or monthly visits, ongoing support or education groups that meet weekly or monthly for several months, or a 4-6 week parent education series. Typically these programs **serve smaller numbers** of families and are more likely to result in **measurable changes** in a family's life.

What if I'm not sure about the intensity of the program and whether to count it here or in VII. B?

You can always call FPG to discuss your program with one of our team members. You might want to think about how you're evaluating the program; are there measurable changes in parent knowledge, behavior, or attitudes as a result of the program? Are you using instruments like the Parent Stress Index, HOME, or some other tool? If yes, then the program is most likely intensive; if not, then it probably should be counted in VII. B.

We have several intensive family support programs in our partnership. How do I unduplicate across programs, especially when programs are reluctant to share names due to confidentiality issues?

First, ask yourself: how likely is that the same family or parent is participating in more than one of your partnership's intensive family support programs? If the answer is unlikely, or maybe less than five families or parents, then don't worry about duplication across programs, and you can add the program counts together for this count box.

If you know that there is duplication, you can ask the direct service providers of the programs where the duplication occurs to tell you how many parents are participating in the same programs. If this is an intensive family support program, then at least one of the direct service providers should know what other services the parent receives. The direct service provider does not share names with you, just numbers, so confidentiality is not violated. When you receive the counts for both of the programs, subtract the number of duplications before entering a count for this box. (There is an example of how to determine counts from more than one program on page 7-12 in *the Smart Start Evaluation Notebook*.)

What about when WINGS or other early childhood programs like a structured playgroup or community based school readiness program, are offered in a community setting?

If changes in the child's skill levels are measured (for example, cognitive, language, or behavior skills), then they can be counted in VII. A. 3-4. If a family member is involved in the program on a regular (i.e. weekly) basis, then they can be counted here, too. If the activity primarily focuses on the child, then do NOT count family members.

Who is considered a family member?

Mothers, fathers, grandparents, step-parents, foster parents, or whoever plays a significant role in caring for the child. If more than one member from a family participates, like a mother, grandmother, and younger sibling, count them one time as one family.

VII. Family Support

B. Non-Intensive Services

Non-intensive family support includes activities that families may attend one time or on an occasional basis. Typical activities include: one time parent education workshops, family fun nights, library story hours and other community based enrichment activities like art or movement classes. These types of activities typically serve larger numbers than the intensive services. While family satisfaction is likely to be measured, it is difficult to measure long term changes in family behavior as a result of these activities.

We have several non-intensive family support programs in our partnership. How do I unduplicate across programs, especially when programs are reluctant to share names due to confidentiality issues?

This can be a difficult task. First, determine the likelihood of duplication. If services are offered in different ends of the county, or are targeted for different parent populations, then it is probably safe to assume there is little to no duplication. If you suspect duplication is likely, call together all the non-intensive family support direct service providers to help solve this problem. Perhaps participant lists can be sent to the partnership. Perhaps one of the providers has an idea of an estimated number of parents who are participating in more than one program. Maybe one of the providers who sees the most families can ask what other Smart Start programs the family has participated in to figure an estimated percent of duplication that can be used throughout the year. Perhaps the partnership's approach to providing non-intensive family support is fragmented and needs to be looked at more closely.

VII. Family Support

Other Services

Count the number of families or children who receive transportation services, not the number of trips. Again, participation records are essential to obtain an accurate count.

For child care resource and referral, count the number of families who receive child care referral information through telephone or face-to-face contact. Do NOT count the number of parent information packets disseminated. **Do not count services other than parent referrals.** If your CCR&R provides teacher training, count it in I. B.

Where do I count telephone technical assistance (e.g., answer occasional questions) to teachers provided by the CCR&R?

You can describe those efforts and their results in the Narrative Section.

A Few More General Comments.....

Community development activities, like community awareness of the importance of early childhood, grassroots leadership development, informing the community about important Smart Start services, etc are best reported in the Narrative Section.

The **Narrative Section** is very important. Follow the directions carefully. This is often the best way to communicate Smart Start's impact to the General Assembly. Be brief, write as if the reader knows nothing about Smart Start or young children, and highlight the impact or results of Smart Start.

Numbers generated from the Quarterly Report are used to inform the General Assembly about statewide impact, to meet reporting requirements in order to obtain funds from the Division of Child Development, and for various public awareness needs.

There are many instances where **local partnerships will want to collect other counts** in addition to those asked in the Quarterly Report. Remember, our purpose is to distill Smart Start's many activities into a format for the General Assembly. If you would like assistance in determining other counts for activities, please call FPG's Smart Start Evaluation Technical Assistance Team.