

## Wake County Smart Start ACTIVITY DESCRIPTION DEFINITIONS

*These definitions are used in the full activity descriptions and are intended to establish consistency in their use in activity development, implementation and monitoring.*

**Assessment** - see Evaluation

**At-risk** – at-risk generally refers to the presence of conditions that have the potential to cause problems in one or more areas of child development. Since these conditions can include individual factors (e.g., poverty, low birth weight or prematurity); family factors (e.g., maternal substance abuse, domestic violence); and/or environmental factors (e.g., lack of high-quality childcare, exposure to lead) it is extremely helpful to specify the conditions that place a child at risk when using this term. It would also be useful to specify for what the child is at risk, e.g., developmental delay, school failure, delinquency, etc.

**Case management** – a collaborative process that may include assessing needs, planning, implementing and coordinating services, monitoring and evaluating options and services to meet an individual's or a family's needs. The terms “case management” and “service coordination” are sometimes used interchangeably.

**Child care facilities** - includes all regulated Family Child Care Homes, [Child Care] Centers within a Residence, and Child Care Centers.

**Child care providers**—a general term to describe staff providing child care in child care centers and family child care homes. Synonymous terms are early childhood professionals, child care teachers, child care professionals, early childhood teachers.

**Collaboration** – is an approach to program design and service delivery that reduces and/or eliminates duplication and fragmentation of services. Collaboration includes but is not limited to: forming a “collaborative group” of activities with similar services to coordinate/maximize service delivery; managing wait lists by referring to another resource with capacity; pooling resources to promote sustainability; participating in joint evaluation to demonstrate impact across services.

**Community outreach** – see Outreach

**Consultation** - A process for problem solving, mentoring, linking to appropriate resources, and providing feedback or guidance regarding a child/family or program concern. Consultation can be conducted face-to-face or by phone contact to individuals, parents, teachers or small groups within an agency. Consultation can be a short term or episodic service but it is one that addresses a unique situation thoroughly. [source - Wake County Young Child Mental Health Initiative, subcommittee that is mapping resources for infants and young children with social/emotional/behavioral problems]

**Counseling** – process of providing advice, opinion or instruction in directing the judgment or behavior of a client. Counseling generally follows an educational rather than a clinical (pathological), remedial or medical model. Since counseling can be provided by individuals with a wide range of education and experience, it makes sense to specify the counselor's qualifications, training, and skill level when using this term. Note: insurers, including Medicaid, generally require that counseling be provided by an individual with specific training (can differ by insurer) in order to reimburse for the service.

**Culturally competent and diverse services** – services that affirm and strengthen families' cultural, ethnic, and linguistic identities and enhance their ability to function in a multicultural society. Staff and families work together in relationships based on equality, integrity and respect, ***including services in the preferred language of the family.***

**Culturally Competent Staff** – Staff exhibit behaviors described in “Culturally competent and diverse services.” Best practice is staff fluency in preferred language of the family.

**Developmental surveillance** - a flexible, continuous process whereby knowledgeable professionals perform skilled observations of children during the provision of health care. The components of developmental surveillance include eliciting and attending to parental concerns, obtaining a relevant developmental history, making accurate and informative observations of children, and sharing opinions and concerns with other relevant professionals. [America Academy of Pediatrics]. The phrase “and parents” should be added to the APA's definition after “other relevant professionals”. Evidenced-based, standardized tools are used.

**Developmentally appropriate practice (DAP)** – refers to applying child development knowledge in making thoughtful decisions about early childhood program practices through the application of research and theory about how young children develop and learn at various ages and stages. Learning environments are created to match children's abilities and needs. DAP is not a curriculum or a rigid set of standards that dictate practice. It is a framework, a philosophy, or an approach to working with young children. [source- North Carolina Partnership for Children]

**Early intervention** – is a term that often is used to describe specific agencies, programs, services, and resources. In North Carolina, early intervention refers to the system of services provided by many different agencies and programs for children birth to five and their families. This comprehensive, interagency system is called Together We Grow. There are two parts of Together We Grow - the Infant-Toddler Program for children birth to three and the Preschool Program for children ages three to five. The North Carolina Interagency Coordinating Council is an advisory group to both programs, and focuses on the birth to five age range.

**Evaluation** – a process whereby interviews, clinical observation and/or standardized tools are used to determine specific strengths and needs of a child or family. An evaluation provides enough information to make a diagnosis and develop service or treatment plans. Results of evaluations are discussed with the family (including written reports if appropriate) and appropriate intervention plans are developed jointly. Evaluation is more comprehensive than screening and requires a greater provider skill level. Evaluations can be done in the home, in the community, or in an office setting. [source - Wake County Young Child Mental Health Initiative, subcommittee that is mapping resources for infants and young children with social/emotional/behavioral problems]

**Family support** - A set of beliefs and an approach to strengthening and empowering families and communities so that they can foster the optimal development of children, youth, and adult family members. [source - Family Support America]. For additional information about service delivery in a family support context, see the Family Support Principles, at [www.familysupportamerica.org](http://www.familysupportamerica.org).

The North Carolina Partnership for Children explains that Family Support programs are community-based services that seek to enhance child health development and promote school readiness and success by increasing the strength, stability and involvement of families in their children's lives, increasing parents' confidence and competence in their parenting abilities, and affording children supportive environments.

**Follow-up** - a process of contacting clients after an initial service to ensure that original concerns or problems have been addressed. Since follow-up can be a single contact or can occur repeatedly over a period of time it makes sense to specify frequency and duration of follow-up when using this term.

**Greatest needs** - In order to ensure that priority is given to children and families with greatest need, the Wake County Smart Start Board has adopted the following guidelines:

- ❖ Each **child specific** activity description will specify the minimum percentage of children with greatest need who must be served.
  
- ❖ The definition of “greatest need” is revised as follows:  
**Significant concerns** (in child and/or parent or guardian) are present that may have a negative impact on a child’s well-being and school readiness, such as:
  - physical/mental health concerns
  - identified/at risk for developmental delay/disability
  - social/emotional/behavioral issues
  - limited literacy/limited English proficiency
  - homelessness/lack of stable housing
  - abuse/neglect/domestic violence
  - substance abuse/dependence
  - incarceration
  - **limited family resources**, as documented by meeting eligibility requirements for a means-tested program, such as:
    - More at Four
    - child care subsidy
    - Temporary Aid to Needy Families (TANF)
    - Medicaid or Health Choice
    - siblings receiving free or reduced lunch or similar programs

**High quality child care** - high quality care is care that meets all of a child's emotional, physical, social, environmental and developmental needs. High quality child care provides a safe, nurturing environment where children are challenged and able to reach their full potential. It is also a fun, relaxing, inviting program. [source - NC Division of Child Development]. For our purposes, high quality child care can be defined as a license rating of 4 or more stars or national accreditation through the National Association for the Education of Young Children (NAEYC) or the National Association for Family Child Care (NAFCC).

**Home visiting** – home visiting is not a single, uniform intervention but rather a strategy for service delivery that involves sending individuals into the homes of families to encourage changes that will positively influence child development. Home visiting programs differ in their specific goals, in the onset and intensity of service they offer, in the experience and training requirements for home visitors and in the populations they serve [source - Packard Foundation]. When using this term it makes sense to be specific about those parameters, e.g., “a home visiting program that begins during pregnancy and continues until the baby is 2 years old and involves weekly visits by a home visitor with a degree in nursing”.

**Information and referral/resource and referral** – an easily accessed resource for parents, teachers or providers with questions or concerns about a variety of issues and services for children and families (often the initial point of contact for those in the community with concerns). The purpose of this process is to gather/provide information and/or link concerned individuals with appropriate resources. Information and referral can be provided by telephone or face-to-face in homes or in the community. Providers must have comprehensive current information regarding resources and basic skill in accurately identifying needs. [source - Wake County Young Child Mental Health Initiative, subcommittee that is mapping resources for infants and young children with social/emotional/behavioral problems]

**Intervention** – a process of addressing identified difficulties. Intervention is a type of service. The degree of need and family preference determine the most appropriate level of intervention. Qualifications, training, and skill level of providers differs depending on level of intervention required. Location can be home, community or office setting.

**Kindergarten/school readiness** – North Carolina has defined school readiness as (a) the condition of children as they enter school, based on five areas of development and learning: health and physical development, social and emotional development, approaches toward learning, language development and communication, and cognition and general knowledge; and (b) the capacity of schools to educate all children who come to kindergarten, regardless of their condition. [source- Maxwell, K.L., Bryant, D.M., Ridley, S.M. and Keyes-Elstein, 2001]

**Licensed child care centers and family child care homes** - those programs that meet the Division of Child Development’s definition of a center or home, based upon the number of children in care and the hours of operation, and are licensed by the North Carolina Division of Child Development. In North Carolina, religious-sponsored programs (commonly referred to as those with a GS 110-106 Notice of Compliance from the Division of Child Development) are exempt from licensure requirements. While they do not receive a license from the Division of Child Development, the Division does monitor these programs for health and safety requirements. In other words, the Division regulates them but they aren't technically licensed. Religious-sponsored programs in NC may voluntarily choose to get licensed. [source - North Carolina Division of Child Development]

**Medical home** – a regular source of health care for children and families. The American Academy of Pediatrics believes that the medical care of infants, children, and adolescents ideally should be accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective. It should be delivered or directed by well-trained physicians who provide primary care and help to manage and facilitate essentially all aspects of pediatric care. The physician should be known to the child and family and should be able to develop a partnership of mutual responsibility and trust with them. These characteristics define the "medical home." [source - American Academy of Pediatrics]

**Mentoring** – a process whereby an experienced person guides or teaches a novice for a period of time to increase competency and confidence in a particular role. For quality enhancement activities, mentoring refers to an intensive form of assistance provided to staff in child care centers or family child care homes as part of a quality enhancement or related activity. Projects engaged in mentoring activities typically have smaller caseloads to accommodate more time-intensive assistance with a smaller number of facilities.

**National accreditation** - a voluntary process whereby a child care program is evaluated by its own child care staff, as well as outside validators, to ensure that the program is meeting higher voluntary standards set by the accrediting agency. If the program meets the standards set by the accrediting agency, then the accrediting body issues them accreditation status. There are various accrediting agencies in child care - the National Association for the Education of Young Children (NAEYC); the National Association for Family Child Care (NAFCC); the National Early Childhood Program Accreditation (NECPA), the National School Age Care Alliance (NSACA), the Ecumenical Child Care Network (ECCN) Congregations and Child Care. There may be others. [source - North Carolina Division of Child Development]

**Outreach** – a variety of activities designed to recruit children and/or families potentially eligible for a service or program. Since these activities can vary considerably in intensity, it is helpful to specify frequency and duration of specific activities when using this term.

**Preschool Services-** is a program that includes all 3- and 4- year-old children who have disabilities. Five-year-olds with disabilities who aren't old enough for kindergarten are also included. The needs of these children (because of permanent or temporary disability in the areas of cognitive, communicative, social/ emotional and/or adaptive disabilities) are unable to be met in a natural environment without special education and related services. This group includes preschool children who are delayed or whose development is atypical and those who have autism, hearing loss, health impairments, orthopedic impairments, speech-language impairments, visual impairments, or traumatic brain-injury. Preschool children with disabilities who meet these eligibility criteria may receive services upon reaching their third birthday.

**Regulated child care** - all licensed centers and homes as well as those that have a GS 110-106 Notice of Compliance from the Division of Child Development. [source - North Carolina Division of Child Development]

**Respite** – a support service that provides a family, or family substitute, with periodic temporary relief from the responsibilities of caring for a child/children.

**Screening** – a process used to identify a child's or a family's relative strengths and weaknesses. Screening results are not used to make diagnoses, develop service/treatment plans, make treatment decisions or to make placement decisions for special programs. Rather, screening allows providers to identify children or families who may be experiencing some difficulty that requires further investigation. Standardized tools, informal tools and/or observation may be used in screening procedures. Screenings can be conducted in the in the home, community or office settings. Screening is most valuable when it occurs regularly, involves the child's family and begins at a time when the child or family can most benefit from help. [based on *Best Practices for Developmental Screening, May 1999*, Wake County Early Childhood Screening Coalition for additional information].

**Star rated licensing program** - the North Carolina Division of Child Development's system to indicate compliance with child care standards. Effective September 1, 2000, the NC Division of Child Development issued star rated licenses to child care centers and family child care homes. Each part of the rated license (program standards, educational standards, and compliance history with child care regulations) is worth up to five points. The star rating is based on the total points of all three areas. Programs with a one star license meet minimum standards. Programs with a two to five star license voluntarily meet a higher level of enhanced standards. [source - North Carolina Division of Child Development]

**Subsidy** - financial assistance for child care services that is offered to families based upon several criteria, usually including level of income. Availability may be limited by the amount of subsidy funds available. The amount of funding a provider receives is dependent upon the age of the child, and the type of license the provider has. Providers receive higher subsidy reimbursement if they have higher star levels. [North Carolina Division of Child Development]

**Technical Assistance** - non-intensive process whereby an experienced person provides limited assistance to a less experienced person for a period of time to increase competency and confidence in a particular role. For quality enhancement activities, technical assistance refers to a non-intensive form of assistance provided to staff in child care centers or family child care homes as part of a quality enhancement or related activity.

**Therapeutic Services** - services including clinical assessment, therapy and play therapy that are provided with the goals to enhance social competence and emotional well-being in young children and their families, to prevent risk factors from having an adverse effect on development and to reduce or eliminate suffering.