

# NORTH CAROLINA PARTNERSHIP FOR CHILDREN

## Smart Start Format for Activities

Partnership Name: Stanly County Partnership For Children Submission Date: \_\_\_\_\_

Activity Title: **Reach Out and Read**

I. Activity begun in Fiscal Year: \_\_\_\_\_

\_\_\_\_ Revised continuing activity, no scope change (minimal expansion or deletion of currently approved components) \_\_\_\_\_ **X** New Activity  
\_\_\_\_ Revised continuing activity, scope change (components added or deleted that change intent of original activity approval) \_\_\_\_\_ NCPC request

II. **Full Activity Description (FAD):** After reading this section, the reader should have knowledge of the activity and how it will operate. Assume the reader has little familiarity with the partnership or the county and answer as completely and in as much detail as possible. Please be sure to address the following using either narrative style or specifically answering the questions:

**A. Grants:** Yes No  
Does this activity contain grants of any kind or incentives to participants? What is being given to participants? If you have checked yes, describe in detail.

**B. Medicaid Reimbursement:** Is any portion of this activity Medicaid reimbursable?    
If you have checked yes, describe in detail.

**C.** What specific service will be offered? If it is similar to other services in the county please explain how this service will enhance, expand or work with the service currently offered.

**D.** Describe the population to be served. Eligibility criteria for participation must be included.

**F.** What specific services/tasks will be done and by whom? Include staff that will be paid for with Smart Start funds and describe what they will be doing.

**G.** Describe in full how the service will operate.

**H.** Describe when and where this service will operate.

**I.** Collaborations: What collaborations were necessary to implement this activity?  
List organizations and agencies that have collaborated in the development or delivery of this Service.

### III. **Projected Line Item Budget and Narrative:**

Include a budget and narrative for 17-18, 18-19, 19-20 that details projected expenses in a line item budget format. Be sure to include specifics for each projected expense, *i.e. Personnel: 2 FT CCHCs at \$35,000/year including benefits*. If this activity has multiple funding sources, discuss within the narrative in-kind or matching funds that are being leveraged.

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**Activity Title:** Reach Out and Read

**IV. Contract Activity Description (CAD), 200 words maximum:**

This activity will collaborate with medical care practices to provide pre-literacy opportunities for children and their parents. The participating trained medical care providers will voluntarily incorporate Reach Out and Read® (ROR), an evidence-based model, into young children’s regular pediatric checkups or well-child visits. The medical care providers will implement ROR in their practices according to the National ROR guidelines. During each of the routine visits, children will receive a new, culturally- and developmentally-appropriate book to take home and read with their parents. The medical care providers will discuss the importance of reading, model reading a book aloud to the child, and encourage parent-child interactions as part of pre-literacy and language development. The program begins at the child’s 6-month checkup and continues through age 5, with a special emphasis on children growing up in low-income communities. Medical practices will participate in the parent survey period and submit parent surveys to ROR Carolinas. The medical care practice will display a literacy-rich waiting room area that reinforces the doctor’s “prescription to read”. This activity will provide a Project Coordinator to support the medical practice with book ordering, data collection, literacy rich waiting room development, and overall program coordination.