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Department of Human Services Early Head Start Child Care Partnership Program

Baseline Application

Program Year 2019-2020

Project Description

The City of San Antonio, Department of Human Services, Early Head Start Child Care Partnership Program (heretofore, DHS EHS-CCP or DHS EHS-CCP Program) is proposing to continue DHS EHS-CCP Program services in the six current EHS-CCP child care service providers; Blessed Sacrament Academy, Ella Austin Community Center, Healy-Murphy Child Development Center, Inman Christian Academy, Seton Home, and Young Women's Christian Academy-Olga Madrid. The six child care service providers are located within two of the 19 school districts within Bexar County: San Antonio Independent School District (SAISD) and Edgewood Independent School District (EISD). SAISD and EISD, located in the central area of Bexar County and inner-city of San Antonio, collectively have the highest demonstrated need for program services and a multitude of risk factors limiting opportunities for families to achieve successful outcomes for themselves and their children.

Under the proposed model, DHS EHS-CCP, in collaboration with the six child care service providers, proposes to operate an EHS-CCP Program that continues to raise the quality of early childhood care and education of our inner city's most vulnerable children in the proposed service area. DHS EHS-CCP will provide full-day, full-year, comprehensive services that meet the needs of low-income working families, enhance access to high-quality child care, support the development of infants and toddlers through strong relationship-based experiences, and prepare children for a successful preschool transition. DHS EHS-CCP will continue to leverage child care subsidies investments to improve the quality and availability of quality

infant and toddler care and enable parents to complete job training to move their families out of poverty.

Specifically, through this baseline non-competitive grant application, DHS EHS-CCP is requesting funding in the amount of \$2,847,532.00 (\$2,734,334.00 for program operations including \$48,398.00 cost-of-living adjustment and \$64,800.00 for training and technical assistance) to continue its EHS-CCP Program services for 216 children.

The DHS EHS-CCP Program is strengthened by the robust commitment of local leaders to providing the highest quality Early Head Start services possible, including the City of San Antonio Mayor, City Council, and City Manager. DHS EHS-CCP and its child care service providers have both the capacity and the commitment to carry out the Program's mission: *Preparing children and engaging families for school readiness and life-long success*. DHS EHS-CCP services are centered on high-quality early childhood education, family engagement, and school readiness initiatives to improve outcomes for children, families and the inner city community of the City of San Antonio.

Program Design and Approach to Service Delivery

Sub-Section A: Goals

1. What are your Program Goals, Measurable Objectives, and Expected Outcomes for the project period?

The DHS Head Start Programs, including the EHS-CCP, operates within a set of three carefully crafted program goals that directly address the well-being of Head Start children and their families. Specifically, the DHS Head Start Program's goals are: 1) Preparing children for school and life; 2) Promoting the well-being of families; and 3) Ensuring children are healthy and ready to

learn. In order to maintain fidelity to these goals and measure progress in meeting them, DHS EHS-CCP has identified measurable objectives for each goal. The data to track progress in children's educational and developmental outcomes (Goal 1) has three sources: i) scores in all domains of the Infant and Toddler Classroom Assessment Scoring System (CLASS); ii) scores on all domains of both the Early Learning Accomplishment Profile-3rd Edition (E-LAP) and the Learning Accomplishment Profile-3rd Edition (LAP-3); and iii) the children's attendance records. Children's health outcomes (Goal 2) are assessed using children's medical and dental records, as well as data on referral follow-ups. To promote children's educational, physical, and mental well-being, the DHS EHS-CCP Program is committed to the well-being of families by providing support and learning opportunities thus enabling them to support their children's learning and development (Goal 3). Specifically, families' well-being is documented by recording family members' educational and vocational attainments and their successful procurement of support services, such as emergency assistance and parenting classes. The desired outcomes for the DHS EHS-CCP Program are to improve the well-being of children and their families so that the children are prepared for school and life.

Table 1 below presents the specific outcome measures the DHS EHS-CCP Program plans to accomplish within the project period. The objectives themselves were established during an intensive strategic planning session in November 2018 that involved DHS's Head Start Programs parents, community stakeholders, child care service providers' staff, district site faculty and administrators, community leaders, and subject matter experts.

Table 1- DHS EHS-CCP Program Goals and Objectives

Program Goals	Measurable Objectives
Goal 1 Education: Prepare children for school and life	<ul style="list-style-type: none"> ▪ Increase the annual Infant Classroom Assessment Scoring System (CLASS) scores by .5 from 4.84 in Responsive Caregiving in 2017-2018 to 5.34 by 2022-2023. ▪ Increase the annual Toddler Classroom Assessment Scoring System (CLASS) scores by .5 in each domain, from 5.37 in Emotional and Behavioral Support and 3.33 in Engaged Support for Learning in 2017-2018 to 5.87 in Emotional and Behavioral Support and 3.83 in Engaged Support for Learning by 2022-2023. ▪ Increase the percentage of children enrolled in the EHS-CCP Program that show six months or more of developmental growth in all six domains on the Early Learning Accomplishments Profile (E-LAP) from BOY to EOY by 5% from 31% in 2017-2018 to 36% in 2022-2023. ▪ Increase the percentage of children enrolled in the EHS-CCP Program that show six months or more of developmental growth in all seven domains on the Learning Accomplishments Profile-3rd Edition (LAP-3) from BOY to EOY by 5% from 41% in 2017-2018 to 46% in 2022-2023. ▪ Decrease the percentage of children enrolled in the EHS-CCP Program with chronic absenteeism by 2.5% from 46% in 2017-2018 to 43.5% in 2022-2023.
Goal 2 Family Support: Promote the well-being of families	<ul style="list-style-type: none"> ▪ Increase the number of families who complete high school/GED by 10%, from 409 in 2016-2017 to 449 in 2022-2023. ▪ Increase the number of families who complete a job training program by 10% from 145 in 2016-2017 to 160 in 2022-2023. ▪ Increase the percentage of Family Life Practice goals achieved by 5% from 87% in 2016-2017 to 92% in 2022-2023. ▪ Increase the percentage of families who receive at least one support service, such as emergency assistance, parenting education, or job training and higher education services, by 5% from 79% in 2016-2017 to 84% in 2022-2023. ▪ Increase the number of participants for the SafeCare Child Abuse Prevention Program. The baseline will be established in 2018-2019 with a number increase determined in 2019-2020.

	<ul style="list-style-type: none"> ▪ Increase the number of modules completed through the SafeCare Child Abuse Prevention Program by Head Start parents. The baseline will be established in 2018-2019 with a number increase determined in 2019-2020.
Goal 3 Health: Ensure children are healthy and ready to learn	<ul style="list-style-type: none"> ▪ Increase the percentage of children with up-to-date TX EPSDT requirements at the end of the school year by 8% from 78% in 2016-2017 to 86% in 2022-2023. ▪ Increase the percentage of children who receive services following a referral for hearing and vision concerns. The baseline will be established in 2018-2019 with a percentage increase determined in 2019-2020. ▪ Increase the percentage of children identified as Class 2 that are designated treatment complete by the end of the program year by 13% from 32% in 2016-2017 to 45% in 2022-2023. ▪ Increase the average score on the Wellness Assessment. The baseline will be established in 2018-2019 with a percentage increase determined in 2019-2020.

2. Explain how your program's School Readiness Goals align with the Head Start Early Learning Outcomes Framework: Ages Birth to Five, state and tribal early learning guidelines, as appropriate, and requirements and expectations of the local schools where children will transition.

DHS Head Start's definition of School Readiness has three facets: 1) children are ready for kindergarten; 2) families are ready to support their children's learning; and 3) schools are ready to receive the children. This three-part approach to school readiness integrates all aspects of a child and family's well-being, including their educational, social, and emotional strengths and needs. Recognizing the importance of all Head Start service areas in promoting school readiness, DHS EHS-CCP emphasizes parent engagement, education opportunities, ongoing training and technical assistance, community collaboration and high-quality early childhood education as central to its school readiness approach.

When establishing and updating its specific school readiness goals, DHS EHS-CCP uses various sources of information. The program utilizes the annual Head Start Self-Assessment and Community Assessment reports, 5-Year Strategic Plan goals, CLASS data, Head Start Early Learning Outcomes Framework, the Parent, Family, Community Engagement Framework, program surveys, family needs assessments, Ages and Stages Questionnaires (ASQ-3; ASQ-S/E; ASQ-SE-2), home visit notes, parent conference notes, day-to-day interactions with parents, ongoing monitoring reports, and child assessment outcome data to develop and assess the school readiness goals. The school readiness stakeholders evaluate the program's needs, reviews documented activities and supports improved learning outcomes for the children attending the program and their families.

In June 2016, DHS Head Start programs held its first annual School Readiness Summit. The focus of the School Readiness Summit was to develop a set of school readiness goals for children from birth to age five. The School Readiness Summit team included DHS Head Start and EHS-CCP staff (Grantee staff), parents/guardians, teachers, site administrators, child care service provider staff, and community members. Learning outcomes aligned to the Head Start Early Learning Outcomes Framework (HSELOF) were prioritized, and the team developed a set of goals. In July 2017, the team revised the school readiness goals for each of the five central Head Start domains and created a single set of School Readiness Goals for all of the children, 0-5 years of age and objectives based on the goals and indicators in the HSELOF.

Nine School Readiness goals within five central domains resulted from this collaborative and data-driven process. The five domains are: 1) Approaches to Learning, 2) Social and Emotional Development, 3) Language and Literacy, 4) Cognition and 5) Perceptual, Motor, and Physical Development. The DHS Head Start school readiness goals, objectives, and alignment to the

HSELOF are attached (Appendix B).

School readiness information is presented at the Head Start Parent Orientation, Policy Council meetings, Parent Connection Committees, conferences, trainings and handouts to ensure all families are informed of the focus on school readiness. DHS EHS-CCP provides engagement opportunities for parents/guardians to prepare their children for transition to kindergarten ready to learn. Just one example is all EHS-CCP parents/guardians receive a sheet of suggested daily activities that directly support positive child relationships, language and literacy and other domains of learning. Activities were developed by EHS-CCP Grantee staff based on the program's designated curriculum, child developmental assessment and parenting curriculum. Families log their completion on the monthly School Readiness Home Learning Activities chart and return to the child care service provider. Eleven months of the 2017-2018 program year, 8, 291 hours were spent in structured, educational parent-child interactions completing 16,582 home learning activities.

The teachers and child care service providers participate in the children's transitions: from home to EHS-CCP, from EHS-CCP to Head Start, and from EHS-CCP to other parent choice pre-kindergarten programs. DHS Head Start site administrators participate at parent meetings held at the DHS EHS-CCP child care service providers locations. School staff and teachers meet with the parents and tours are provided to the parents to facilitate the schools are ready for the children to enter pre-kindergarten Head Start.

3. Discuss how your program involved governing body, policy council, and parents in developing the Program Goals.

DHS EHS-CCP develops its program goals through its Five-Year Strategic Planning processes (Appendix C). The 5-Year Strategic Planning process is purposefully designed as a very inclusive process incorporating the feedback and input from diverse perspectives, including the

San Antonio City Council's Community Health and Equity Committee (the Governing Body), Head Start Policy Council (HSPC), Head Start parents, plus other community stakeholders. Each of these groups is invited and encouraged to participate, at various points of the process, in the Quarterly Self-Assessment Data reviews and Annual 5-Year Strategic Plan events. During the events, the members actively participate by providing recommendations and asking questions regarding program data and goals. All participants assist in the development of the short-term and long-term goals during the Five-Year Strategic Plan event; and, the Governing Body and HSPC review and approve the final Self-Assessment report, School Readiness goals, and Five-Year Strategic Plan.

Sub-Section B: Service Delivery

1. Service and Recruitment Area (see 1302.11(a) and 1302.13):

The service area for DHS EHS-CCP serves families living and working in SAISD and EISD. Recruitment is conducted within these boundaries. The central and southern portions of the City of San Antonio have greater concentration of poverty and age and income-eligible children than other areas of the city. According to the 2018 Community Assessment, the most relevant finding for EHS-CCP is that the citywide deficit of Early Head Start slots (4,000) is 74% higher than the deficit for Head Start slots (2,300). Resource distribution also was cited as a concern; geographic proximity is critical for families in poverty and several neighborhoods, including four zip codes within the EHS-CCP service area, were cited as having the most pronounced resource dearth.

2. Needs of Children and Families:

DHS EHS-CCP actively recruits families most in need of Early Head Start services in addition to families receiving child care subsidies. Recruitment efforts continue throughout the year in the two school districts. The recruitment strategies include a multimedia campaign, canvassing

neighborhoods, billboards, newspaper advertising, social media, and referrals with other agencies. Recruitment plans are developed and approved annually by the Governing Body and HSPC. DHS EHS-CCP utilizes a selection criteria point matrix system which weighs vulnerability factors such as income, homelessness, foster care status, disability status, English proficiency, parental/guardian marital status, parental/guardian employment/training status, Child Care Services (CCS) recipients and child age status. At a minimum, 10% of the program's annual enrollment is comprised of children with disabilities, though the program frequently exceeds this threshold.

According to the current 2018 Community Assessment, there are an estimated total of 27,156 eligible children under five years of age within the DHS Head Start programs service area, including 22,650 within SAISD and 4,506 within EISD. The service area also contains a higher concentration of Hispanic residents than most other Bexar County school districts, with SAISD comprised of approximately 79% Hispanic residents, and EISD comprised of approximately 95% Hispanic residents. Both SAISD and EISD have greater proportions of Hispanic residents than does Bexar County (60%) and the state of Texas (39%).

Also, 55% of SAISD residents and 71% of EISD residents speak a language other than English, generally Spanish in EISD (71%) and SAISD (53%). SAISD and EISD are among the Bexar County school districts with the greatest proportion of students participating in bilingual education. San Antonio ISD with 17% and EISD with 18% which are greater percentages of bilingual and ESL students enrolled than in Bexar County (12%).

Additional needs and considerations of DHS EHS-CCP children and families stem from many of them being homeless, experiencing the foster care system, and/or having a disability. DHS Head Start programs served 3,648 children during the 2017-2018 program year. The available data show that 302 families served by the DHS Head Start programs experienced homelessness in 2017.

Overall in 2017, there were an estimated 849 children in the foster care system within SAISD and another 239 children involved in the foster care system within EISD. These numbers, however, reflect all foster children 0-17 years and are not necessarily enrolled in the DHS Head Start Program. In 2017, approximately 522 or 14% of the number of children served by the DHS Head Start Programs were determined to have a disability. Among these children, speech and language impairments were the most common disabilities (266 children, 8% of the number of children with disabilities).

The next most common disabilities among enrolled children were non-categorical developmental delays (74 children, 2%) and Autism (53 children, 2%). All enrolled children determined to have a primary disability receive special education and/or intervention support services through the DHS Head Start Programs.

The average educational attainment among residents of SAISD and EISD residents is less than that of the city, county, state, and nation as noted in the 2018 Community Assessment. Almost one-third of the population of SAISD residents and half of the population of EISD have not completed a high school diploma. Only 13% of SAISD residents and 5% of EISD residents had earned at least a Bachelor's degree, compared to the city of San Antonio (25%), and Bexar County (27%). Most households in SAISD and EISD rely on public assistance. Almost one-third of EISD households and one-quarter of SAISD households use Supplemental Nutrition Assistance Program (SNAP) and 11% of SAISD and 17% of EISD households rely on Supplemental Security Income (SSI). Temporary Assistance for Needy Families (TANF) and Women, Infants and Children (WIC) are other public assistance programs utilized by residents in the Head Start service area. Local government and non-profit organizations provide additional support services to the DHS Head Start families. The San Antonio Metropolitan Health District (SAMHD) provides Immunizations and

Dental Services to the SAISD and EISD service area, and the San Antonio Food Bank provides food and grocery products to children and families in the community including many within the DHS Head Start Programs.

Based on data from the 2018 Community Assessment, it is evident there is need for additional EHS-CCP slots in the designated DHS service area. Fewer resources are available to serve children aged 0-2 years when compared to children 3-4 years while many families may not be able to afford the cost of local childcare or have access. Data sited approximately 3, 658 age and income eligible children not being served would substantiate the need to expand the EHS-CCP program to address the existing need for children aged 0-2 years living within the service area.

3. Proposed Program Option(s) and Funded Enrollment Slots:

DHS EHS-CCP will continue to utilize a full-day center-based program option. Surveys conducted by the DHS Head Start Programs and results from the 2018 Community Assessment reflect parents' need for full-day services. DHS EHS-CCP child care service providers will feature operating hours that are aligned with the needs of parents who are working or in training. Centers will operate 48 weeks, 240 days, five days per week, 10 hours per day (average 7:30a to 5:30p; times may vary by site). The DHS EHS-CCP staff connects families to CCS, the local area facilitator of child care subsidies, and other resources to ensure extended care and wraparound services are available to accommodate working families when care is needed passed the 10 hour program day. (Appendix D).

The current program model has an advanced system of program planning that incorporates members of both DHS Head Start Programs and service provider staff, HSPC, Governing Board (Community Health and Equity Committee), and community stakeholders. These groups engage in the data review process, as well as, focused annual and ongoing program planning to ensure

continuous improvement and high-quality services to meet the needs of children and families served within the community.

4. Centers and Facilities:

There are a total of six child care center locations for the 2019-2020 program year. DHS EHS-CCP plans to continue contracting with all six child care service providers to deliver direct education services. All six inner city child care service providers are located within SAISD and EISD. Child care service provider slots and contract allocations are presented in Table 2.

Table 2. Slot and Contract Allocations per Child Care Service Providers

Child Care Service Providers	Funded Enrollment	2019-2020 Contract Allocations
Blessed Sacrament Academy	28	\$215,600.00
Ella Austin	64	\$492,800.00
Healy Murphy	56	\$431,200.00
Inman Christian	28	\$215,600.00
Seton Home	20	\$154,000.00
YWCA –Olga Madrid	20	\$154,000.00
Total	216	\$1,663,200.00

5. Eligibility, Recruitment, Selection, Enrollment, and Attendance (see 1302.13, 1302.14, 1302.15, and 1302.16):

In order to prioritize the neediest families, the DHS EHS-CCP Program utilizes selection criteria generated from the Community Assessment. DHS Head Start utilizes a two-stage verification process which identifies children based on a selection criteria point ranking system. Recruitment and selection protocols that prioritize children with CCS and those at greatest risk of poor school performance, especially those with disabilities or developmental delays have been instituted. The selection committee ensures the enrollment of the highest number of children with disabilities and that all children are placed in a linguistically and developmentally appropriate classroom.

In order to actively locate children with disabilities, children experiencing homelessness, and children in foster care, recruitment materials are developed indicating that all children with one or more of these characteristics are encouraged to apply to the DHS EHS-CCP Program. Recruitment materials will continue to be available in English and Spanish, and translated into other languages, as needed.

DHS EHS-CCP will meet the 25 percent minimum CCS requirement but are encouraged that co-enrolled children receiving CCS will continue to increase due to the recent notification of the decision from Workforce Solutions Alamo (WSA), local workforce Board, to designate children enrolled in EHS-CCP as a priority group. DHS EHS-CCP anticipates surpassing the minimum 25 percent based on the recent change in WSA policy. Exceeding the 25% would bring additional funds to the child care service providers to continue improving quality of services. DHS EHS-CCP would continue to work with the child care service providers to identify needs within their centers, e.g., infrastructure, professional development, equipment, etc.

Table 3 presents the current enrollment by child care service provider in addition to the co-enrolled CCS and Dual Generation (DG) initiative.

Table 3. Current enrollment (including CCS and DG)

Child Care Service Provider	Funded	Current	25% CCS	Current CCS	DG Enrolled
Blessed Sacrament Academy	28	28	7	11	NA
Ella Austin	64	64	16	10	1
Healy Murphy	56	56	14	10	5
Inman Christian	28	28	7	2	NA
Seton Home	20	20	5	9	NA
YWCA –Olga Madrid	20	20	5	8	NA
Total	216	216	54	50	6

The difference between eligible children and funded enrollment slots produces a continuous wait list for EHS slots. To simplify the process, the DHS EHS-CCP has established an online

application process and has begun hosting monthly application events to expedite processing. These efforts have helped to complete applications, fill vacancies and ensure that families on the waitlist are eligible.

The Selection Criteria Matrix adopted by DHS EHS-CCP was recently realigned to reflect the findings of the 2018 Community Assessment. The most significant change is that priority was granted to children ages 0-3 in families receiving CCS, as the waitlist is longest for child care slots for youngest children and three zip codes within the SAISD school district (78210, 78219 and 78223).

In order to promote regular attendance, DHS EHS-CCP Program emphasizes and provides information to parents about the benefits of regular attendance; and, family support staff engages with families to promote regular attendance and assist families with referrals for services that enhance attendance. Special efforts for chronically absent children and other vulnerable children include a home visit or other direct contact with the family to determine the cause of chronic absenteeism and to assist in removing barriers by providing assistance with referrals and services.

6. Education and Child Development (see 1302 Subpart C):

DHS EHS-CCP grantee staff works closely with the child care service providers to build a program of responsive, respectful infant/toddler care while recognizing the value of the families and emphasizing relationship-based care. The DHS EHS-CCP Program continues to focus on promoting the Program for Infant / Toddler Care (PITC) philosophy, increasing quality teacher / child interactions through the use of the Infant and Toddler Classroom Assessment Scoring System (CLASS), strengthening curriculum implementation, coaching and supporting families in understanding their role in their child's development. Families as partners-in-care are central to our program and to increasing the quality of the early childcare services in our community.

DHS EHS-CCP program utilizes the Ages and Stages Questionnaires (ASQ) as the program's behavioral and developmental screening tools. Training and technical assistance will continue during the 2019-2020 program year for teachers on the use of ASQ data in tailoring individualized instruction and activities to each child when they first enroll in the program. During the 2018-2019 program year, an EHS-CCP Grantee staff member became a certified trainer on the ASQ and ASQ-SE-2 tools. This has brought a robust level of technical assistance the program can provide to the child care service providers for continual capacity building.

DHS EHS-CCP program uses The *Creative Curriculum for Infants, Toddlers and Twos* as a researched, evidence-based curriculum designed to advance school readiness in at-risk children. Ongoing curriculum training was provided and will continue to be a priority to address any questions and identify barriers to full curriculum implementation and fidelity.

DHS EHS-CCP program developed a two-prong approach to meeting the coaching and curriculum fidelity performance standards. *Teaching Strategies' Coaching to Fidelity* training was offered to all child care service providers' teachers on the use of the Fidelity Tools. Not only do the Fidelity Tools provide a system for ensuring curriculum fidelity but also provide a system of 100% coaching to all the EHS-CCP classrooms.

Fidelity Tools are completed to assess every EHS-CCP teacher and their level of curriculum understanding and implementation. Based on the results, identified center coaches utilize the Coaching to Fidelity Guide to provide strategies and support teachers in using curriculum. Fidelity Tools are completed by center coaches twice per program year to track the progress of individual teacher curriculum implementation. Training and technical assistance will continue to be offered to support center coaches and teachers in using Creative Curriculum with fidelity and Coaching to Fidelity. Technical assistance is not only offered, but EHS-CCP Grantee staff convene the

designated coaches to network, share best practices and problem solve to support understanding and approach.

In addition, DHS EHS-CCP Program staff continues to implement the Together Learning and Collaborating (TLC), a group format practice-based coaching model promoted by The National Center on Quality Teaching and Learning (NCQTL), to support teachers for intensive coaching. For the 2018-2019 program year, the TLC consists of six child care teachers, one teacher from each of the child care service providers, and one EHS-CCP Program staff facilitator. Participants meet for thirteen sessions and each session focuses on teaching practices using video recording, reflection, group and individual feedback. Participants learn about effective teaching practices using resources from NCQTL. DHS EHS-CCP will continue the TLC model in the upcoming 2019-2020 program year.

Early Learning Accomplishment Profile (E-LAP) and Learning Accomplishment Profile 3rd edition (LAP-3), the selected researched-based, criterion-referenced formal assessment tools, are used to assess the children three times a year: beginning, middle and end-of-the-year. The tools provide a systematic method for observing the skill development of children functioning in the birth to thirty-six month age range and are aligned to the Head Start Early Learning Outcomes Framework. The use of assessment data assists teachers in tailoring individualized instruction and activities to each child's level. Formal assessment training continues during the 2018-2019 program year and beyond.

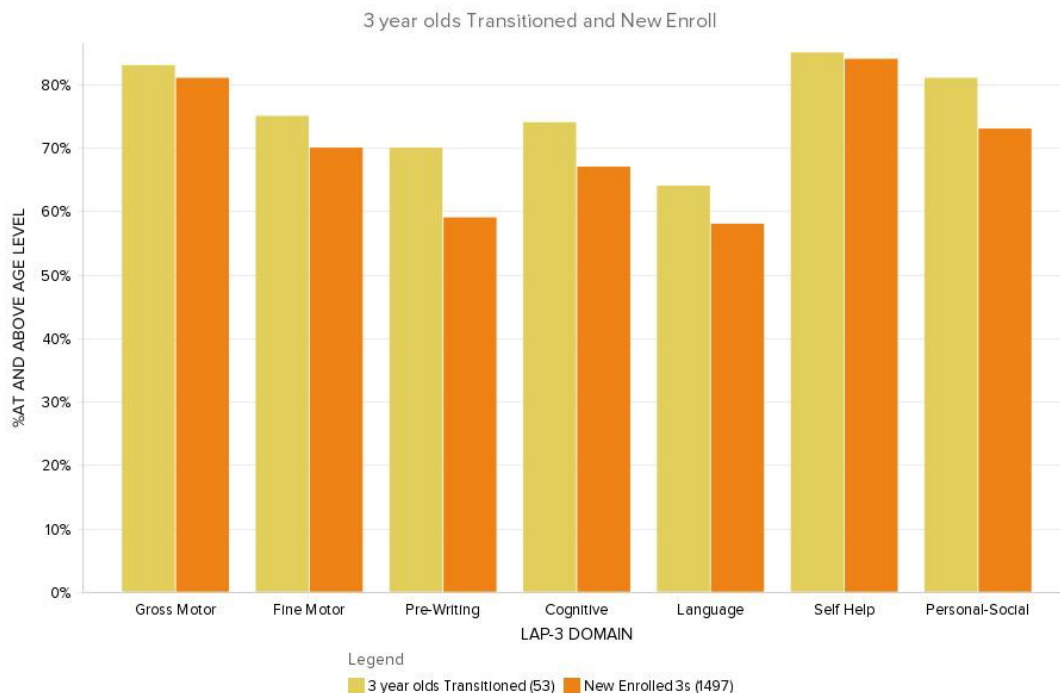
Tables 4 and 5 below provide the percentage of children that gained at least six months of developmental growth while enrolled in the program. For children enrolled in EHS-CCP program, the data set includes children that received a minimum of 180 calendar days of care between the

BOY and EOY assessments.

Table 4: Children enrolled in EHS-CCP with 6+months of developmental growth on the E-LAP from BOY-EOY						
Program Year	E-LAP-3 Domains					
	Gross Motor	Fine Motor	Cognitive	Language	Self-Help	Social- Emotional
2017-2018	73%	67%	72%	80%	72%	67%

Table 5: Children enrolled in EHS-CCP with 6+months of developmental growth on the LAP-3 from BOY-EOY							
Program Year	LAP-3 Domains						
	Gross Motor	Fine Motor	Pre-Writing	Cognitive	Language	Self-Help	Personal/ Social
2017-2018	84%	100%	86%	83%	83%	78%	81%

Table 6 represents the number of three year olds transitioned (53) from the DHS EHS-CCP program to Head Start as compare to newly enrolled three year olds (1,479). Although sample size differs, the graph illustrates that a greater percentage of children who transitioned from the DHS EHS-CCP are on target in each of the seven domains of the Learning Accomplishment Profile (Lap-3) assessment when compared to newly enrolled children.

Table 6: Three year olds Transitioned and New Enroll

This degree of progress is extraordinary in San Antonio, where in 2017, *only one in four of all children entered kindergarten “very ready” developmentally*¹. Clearly, the DHS EHS-CCP is in the process of doing more than just leveling the playing field; it is placing children who had been consigned to the margins in a position to be academically competitive.

In 2017-2018, the DHS EHS CCP Program introduced the Infant / Toddler Classroom Assessment Scoring System (CLASS) Plan to the child care service providers. The summer of 2017, CLASS observation training was offered to grantee and partner staff. DHS EHS-CCP program currently has cross team of Grantee and child care service provider staff reliable in both the Infant and Toddler CLASS tools, i.e. 13 Infant and 13 Toddler. Four EHS-CCP Grantee staff members are reliable in Pre-K CLASS tool, which is used for those classrooms with children within

¹ SA2020. Data Dashboard: Education. www.sa2020.org.

the applicable age range. In addition, EHS-CCP Grantee staff are Observation Trainers in both the Toddler and Pre-K tools. During November and December of 2018, Infant and Toddler CLASS observations were completed on one hundred percent of the EHS-CCP classrooms. However, due to discrepancies in the data, eight classrooms' observation data were removed from the aggregated data.

Table 7. Infant CLASS Comparisons from 2017 to 2018

Dimensions					Domain
Program Year	Relational Climate	Teacher Sensitivity	Facilitated Exploration	Early Language Support	Responsive Caregiving
2017	5.55	5.15	4.6	4.05	4.84
2018	5.92	5.46	4.63	4	5

Table 8. Toddler CLASS Comparisons from 2017 to 2018

Dimensions						Domain	Dimension			Domain
Program Year	Positive Climate	Negative Climate	Teacher Sensitivity	Regard for Child Perspective	Behavior Guidance	Emotional and Behavioral Support	Facilitation of Learning and Development	Quality of Feedback	Language Modeling	Engaged Support for Learning
2017	5.69	1.36	5.14	4.83	4.56	5.37	3.67	3.11	3.22	3.33
2018	5.54	1.64	5.11	4.71	4.89	5.32	3.89	3.25	3.36	3.5

Although there was improvement in the data, much work remains to be done. Aligning professional development opportunities to the CLASS concepts is a focus for not only the EHS-CCP program, but for the Head Start program as well. The current data will be used to make decisions moving forward with the ongoing professional development. DHS EHS-CCP staff continues to work with the individual child care centers to review individualized center reports and identify opportunities to continue strengthening teacher/child interactions.

DHS EHS-CCP continues its collaboration with the Texas Rising Star (TRS) program. TRS is the state of Texas's recognized Quality Rating and Improvement System (QRIS). Meeting on a regular basis with TRS mentors has enabled Grantee staff to align work in support of the child care service providers. DHS EHS-CCP staff continues to work with the child care service provider staff to build quality environments for children and staff.

DHS EHS-CCP staff continues to provide ongoing technical support and professional development to the six child care service providers to maintain compliance with all Head Start Performance Standards and to continue building high levels of quality care.

Table 9. Texas Rising Star Status with Child Care Service Providers

Table 9: EHS-CCP Service Providers	TRS Status
Blessed Sacrament Academy	4 Stars
Ella Austin Community Center	3 Stars
Healy Murphy Child Development	3 Stars
Inman Christian	In progress
Seton Home	3 Stars
YWCA-Olga Madrid	3 Stars

7. Health (see 1302 Subpart D):

DHS's EHS-CCP uses a health and wellness model that incorporates early identification, timely care and consistent parent engagement to ensure the emotional, physical and mental well-being of each child and family. To this end, DHS has developed a network of contracted and community health providers with the capacity to deliver health screenings, referrals, follow-ups, and education, individualized to match the unique needs of each child. All health services will be entered into ChildPlus to enable consistent tracking of health status and analysis and reporting of

progress.

The delivery of health care services begins at enrollment. Following notification of selection, parents or guardians meet with a Family Support Services staff to share information about the child's health history and health related needs. Pertinent information is entered into ChildPlus to provide a clear picture of both the overall health and unmet health needs of each child. Follow-up is triggered by concerns noted during ongoing data reviews. Family Support Services staff also will determine if the family has a medical/dental home and insurance. If not, families will be connected to community providers offering assistance with obtaining health insurance and identifying a consistent medical and/or dental provider (meeting the first 30 day Head Start Program Performance Standards (HSPPS) requirement). The 2018 Head Start Community Assessment Update indicates that most EHS children will qualify for Medicaid or the Children's Health Insurance Program (CHIP) and the Family Support Services staffs are knowledgeable of eligibility, documentation and application requirements. Every three to six months, the Family Support Services staff and Health Coordinator verify and update the children's health insurance status, generally as they work with families to obtain a current well child exams; if Medicaid or CHIP has lapsed, a Family Support Services staff will help the family re-enroll.

The EHS-CCP program follows an age appropriate screening schedule for children in care, as required by the HSPPS. Screening results determine developmental, preventative and primary health care status in accordance with Texas Health Steps. A bilateral process is followed. Moving into the 2019-2020 program year, within 45 calendar days of a child's enrollment in DHS EHS-CCP, the Health Coordinator and/or Family Support Services staff will perform a vision and hearing screening on every child, rather than accepting information off the well child exam. Evidence-based hearing screenings are completed for all EHS-CCP children as doctors tend to use a

subjective test (questionnaire) based on Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements. Sensory screenings follow the guidelines and regulations and incorporate the schedule recommended by the EPSDT program. Program staff make every attempt to conduct the screening in the child's home language. Second, within 90 calendar days of the child's enrollment in DHS EHS-CCP, each child is required to have a current well child exam on file. Frequency is determined by the age of the child and meeting the recommended schedule of well child exams. For children without a primary care physician, Family Support Services staff works with the family to make necessary referrals to ensure a medical home is established. All screenings determine if the child is current on a schedule of age-appropriate preventative and primary care requirements, including immunizations. Preventive care frequency is assessed against EPSDT recommendations. Additionally, the University of the Incarnate Word (UIW) conducts lead and hemoglobin testing at each DHS EHS-CCP site, EPSDT requirements that are not routinely included in children's annual physical exams. UIW is able to provide blood test results immediately, allowing the timely notification of parents if concerns arise. This is a critical resource, as children in the targeted zip codes are known to be at high risk for lead poisoning due to the age of their homes. DHS EHS-CCP continues to partner with San Antonio Green and Healthy Homes for lead abatement services whenever children's levels are abnormal. In addition, UIW staff follows up with the child's primary care physician to ensure that the child is re-tested and a plan of care is provided to the family.

SAMHD completes two dental screenings; follow-up with all children with urgent dental care needs and administer two fluoride varnishes per year, with parental consent, to age appropriate children. EHS-CCP classroom teachers continue to use Brushy the Dinosaur puppets and dental books routinely to support children's acquisition of self-care methods and to relate the importance

of dental care and oral hygiene.

Parents of children who are not up to date for preventive or primary care are informed of the importance of routine EPSDT care. If the family does not have a medical home, the Family Support Services staff works with parents to locate a provider covered by their insurance. To assist parents in adhering to a regular schedule of care for their children, the Family Support Services staff give reminders to families of EPSDT-recommended health screenings.

Children gain maximum benefit from the EHS-CCP experience when they attend regularly; therefore, EHS-CCP supports regular attendance with daily health status checks. The daily check occurs upon arrival, optimally while the parent is still in the classroom, and assesses whether the child is generally feeling well and can fully participate. Results are documented and kept on file at the child care center. DHS EHS-CCP and child care service providers maintain a strong policy against keeping children in care when they are actively ill in an effort to protect the health and safety of others in the classroom or center.

Family Support Services staff and Health Coordinator, in consultation with EHS-CCP-contracted health care professionals, will follow up on screening results when new or recurring medical, dental or mental health concerns are identified, documenting subsequent findings in ChildPlus. Follow-up frequency will be dictated by the condition. Screening and follow-up results will be communicated to parents within seven working days. Center staff will present the information in an easily comprehended manner and will complete checks at the end of the discussion to ensure parent comprehension. Family Support Service staff will connect families to new health care resources when needed, including assisting families in obtaining medications, treatment and/or aids or equipment. Uninsured families may be assisted with treatment expenses

(using DHS EHS-CCP funding) if another source of funds is not available.

DHS EHS-CCP Program continues to meet the 10% disability enrollment. The program approach to serving children with unique needs is guided by its belief that inclusion is a value rather than a practice. To this end, EHS-CCP staff maintain a current and strong collaboration with local ECI, Part C programs, SAISD's and EISD's Special Education Department and community stakeholders. Combining the resources of all relevant programs help centers enroll and deliver high quality care to all children with special needs.

During the DHS EHS-CCP application process, Family Support Services staff and parents will jointly complete a detailed nutritional assessment. Known diet concerns will be noted in ChildPlus. Before enrollment, the Health Coordinator reviews nutrition histories and routinely follows up with families and center staff to ensure special diets are maintained and to determine whether further accommodations are needed. The importance of improving the nutrition of EHS-CCP children cannot be overstated. SAISD residents are over-represented in local obesity statistics (2018 Community Assessment); therefore, the Family Support Services staff and the Health Coordinator informs and assist parents in developing healthy family eating habits. Families challenged by food insecurity are connected to local WIC programs, area food pantries and San Antonio Food Bank, from which they can receive staples and fresh produce. Finally, because increased physical activity is a proven obesity intervention for children, centers dedicate at least 60 minutes of outdoor or indoor play each day.

Mental health issues can trigger behavioral problems and can diminish school readiness and family stability. The Early Education Management Analyst or a contracted licensed mental health professional will provide individual child observations and in-class consultations, technical

assistance, strategies and classroom interventions to provider staff and parents of children with identified behavior challenges. Treatment needs may be determined with functional assessment interviews, parent relationship questionnaires and standardized behavior assessments. EHS-CCP organize family information meetings and develop a plan of action for each referred child, which may include in-home counseling, counseling referrals or crisis counseling, as appropriate. When severe behavioral health issues are detected in the family -- domestic violence, substance abuse, depression, anxiety disorders -- DHS and centers will work closely with local mental health providers.

When social-emotional concerns are detected, center staff works with the Early Education Management Analyst to arrange a consultation with contracted licensed mental health professionals. Clinicians work with center staff and parents to strategize needed interventions or modifications to the educational setting, and offer optimal ways of meeting the child's behavioral and social-emotional health needs. Parents of children who demonstrate atypical development are referred to a qualified provider for continuity care.

DHS EHS-CCP staff automatically report any noted physical or behavioral health concerns or questions to parents using non-judgmental, easily understood terms, and parents are consistently encouraged to do the same. The DHS EHS-CCP's confidentiality policy continue to preclude sharing of any student-specific health information with anyone other than the child's parents or guardians or DHS EHS-CCP program staff with a demonstrated need to know. All center partners must have policies and procedures in place to respond to medical and dental emergencies and all staff must receive annual training in applying the policies. Every center must have written procedures regarding the administration, handling and storage of medication and designate a trained staff member to: obtain parent and physician instructions and authorization for medication;

administer medications; and record changes in a child's behavior that may have implications for drug dosage or type. Centers maintain ample hand washing supplies. Staff, volunteers and children over the age of one are taught to wash their hands per CDC guidelines. Staff washes the hands of children younger than one.

The current DHS EHS-CCP program has discovered that many enrolled children and families as well as child care staff have experienced traumatic life events and are in need of mental wellness support services. Therefore, DHS EHS-CCP continues offering a responsive, three tiered mental wellness program and will continue funding additional resources, including an Early Childhood Well Being Program delivered by Family Service. Resources available to children and families include:

- Tier 1 Promotion—Provide quality supportive environments for infants and toddlers. Clinicians complete general observations and work with teachers to ensure that the classroom environment is nurturing and supportive. Clinicians provide and model effective teaching strategies that support social-emotional development.
- Tier 2 Prevention—Observe and assess children who may be in need of mental wellness support. Clinicians complete classroom observations based on referrals generated by behavioral screeners, exposure to traumatic events, and teacher and/or parent concerns. Clinicians provide and model effective teaching strategies to assist teacher in working with specific child.
- Tier 3 Intervention—Provide individualized intervention services to improve healthy development and behavior. If clinician recommends ongoing services, clinician will collaborate with parent and provide services in home or at location of parent's preference. If parent is in need of additional support, clinician collaborates with Family Support Services

staff to complete a referral for SafeCare, an intensive, in-home parenting program.

For childcare center staff in need of counseling and supportive services, DHS EHS-CCP has created an intentional approach to provide opportunities and/or trainings that promote wellness and enable staff to maintain a caring community in their classrooms. A three-tier model, similar to that of parent-child services, is used.

- Tier 1–Promotion. Opportunities and trainings are offered to DHS EHS-CCP staff focused on the importance of self-care, minimizing stress and preventing burnout.
- Tier 2–Prevention. Self-referrals to a DHS EHS-CCP Clinician who meet with the staff member for up to three sessions to process concerns. Supportive service referrals are available for emergency assistance (e.g., food, housing, utilities), job training and parenting assistance.
- Tier 3–Intervention. Provides community referrals from clinicians for staff with immediate needs and/or the need for continued intervention. Follow up services are provided.

Because nutritional deficits are common among economically disadvantaged persons, the DHS EHS-CCP works with all child care partners to ensure optimal nutritional supplements are provided. Centers participate in the United States Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP), minimizing the need for EHS-CCP expenditures for nutritional costs. EHS-CCP funds are the payer of last resort. Many of the child care service providers exclusively contract with food service vendors licensed by the State of Texas. Centers are required to post evidence of compliance with applicable food safety and sanitation laws and reviews.

The DHS EHS-CCP program continues to work with Nutrition Therapy Associates (NTA), including the assignment of a Nutritionist/Dietitian to assist childcare staff, cooks, families, and

teachers. EHS-CCP staff and NTA work to support the child care service providers' understanding with the nutritional standards of HSPPS, USDA and the CACFP, and host workshops and informational meetings for parents and teachers on the correlation between a healthy diet and child growth and development. All DHS EHS-CCP centers design nutrition plans that are efficient and affordable, and take into account each child's nutrition assessment, family eating patterns, cultural preferences, and dietary restrictions.

Center staff continues to keep parents informed of feeding schedules and food provided, meal patterns, new foods introduced, food intolerances and preferences, voiding patterns, and developmental changes in feeding and nutrition. To promote dental hygiene, all children under 12 months have a sterile gum wipe after meals or snacks; children older than one brush their teeth, with staff assistance, after meals. Child care service providers maintain age appropriate feeding schedules for infants and toddlers, including feeding on demand or at appropriate intervals. Providers ensure that nutritional services contribute to the development and socialization of enrolled children by: offering a variety of foods to broaden each child's food experiences; not using food as a punishment or reward; encouraging but not forcing children to eat or taste new foods; allowing sufficient time for each child to eat; eating family style in toddler classrooms; holding infants while they are being fed and not laying them down to sleep with a bottle; and, accommodating medically-based dietary requirements.

DHS EHS-CCP has strong policies, procedures and partnerships in place to ensure that the health, nutrition, and mental health needs of children and families are met. These policies, procedures, and partnerships are supported by effective program systems in the areas of recordkeeping, reporting, communication, monitoring, and planning to ensure service coordination and that the communications with parents and families are structured and timely.

8. Family and Community Engagement (see 1302 Subpart E):

DHS EHS-CCP family support services promote family well-being, strong parent-child relationships and the ongoing learning and development of the children and their families. The program achieves these three outcomes by providing supports and services responsive to families' expressed needs and through collaboration with the parents. Family Support Services staff utilizes various processes and activities to facilitate achievement of positive family outcomes. A brief chronology of the family and community engagement efforts follows.

Building rapport is the first task to engage families in meaningful work. DHS EHS-CCP deploys various strategies to promote trusting and respectful relationships with families. Three strategies proven to be effective in building rapport are the initial family meeting, the family assessment and the collaborative family goal setting process.

Before the start of the school year, Family Support Services staff meets new DHS EHS-CCP families during the scheduled family meeting. During the family meeting, the DHS Head Start Programs' Parent Handbook is reviewed, needed documents are gathered and Family Support Services staff connects families to needed programs/services.

The DHS EHS-CCP has seen positive results from the family meeting, including securing more valuable information on a family's needs, achieving a higher rate of attendance on the first day of school, and creating a more comfortable bridge between home and school for children and parents.

Soon after the school year begins, Family Support Service staff engages families in the family assessment and goal setting process by discussing parents' hopes and dreams for their children and family and identifying family needs and strengths.

After the completion of the initial assessment, Family Support Services staff responds to

what has been learned about a family's needs and goals. Referrals may be for mental wellness services, the SafeCare program, and parent education and learning opportunities provided through community offerings such as workshops, meetings and events.

The knowledge gained from a family through the assessment process often creates a natural segue into the goal setting process. The goal setting process employs a comprehensive set of goal worksheets to guide staff. Goal worksheets list sequential steps the families follow to achieve identified goals. Using the goal worksheets prompt the establishment of timelines for the accomplishment of each step towards goal attainment. Resources that can assist the family in reaching their goals are listed on the worksheet and include community resources, informational sheets, logs and Family Support Service staff tasks, such as connecting families to relevant resources or providing related materials.

Family Support Services staff tracks families' progress towards the family's goals per the timelines established on the goal worksheets. The process is dynamic and continues, often requiring adjustments to resources, steps and timelines in response to life situations that occur with the families.

Engaging with parents in their preferred language is another way to build rapport with the families. DHS EHS-CCP promotes culturally and linguistically responsive and welcoming environments to the families served. Bilingual (English/Spanish) Family Support Service staff is assigned to parents/guardians whose primary language in the home is Spanish, approximately 15% of the families served. Materials provided to parents are printed in both English and Spanish. As needed, the program provides the services of a professional interpreter for activities and events. Many of the Family Support staff speak English and Spanish and one Family Support Worker in the Head Start program speaks English, Farsi and Turkish should the need arise in the DHS EHS-CCP

program.

A key strength of the DHS EHS-CCP model lies in the fact that all providers and community partners are rooted in and committed to San Antonio's inner city. They are known and trusted allies for DHS EHS-CCP families and have the resources and expertise to offer meaningful support in the face of life's biggest challenges, such as primary and behavioral health issues, domestic violence, and homelessness. These attributes will diminish natural reticence to acknowledge needs and seek help, and once families receive the assistance they need, and subsequently strengthen and stabilize, two critical outcomes will accrue: children will be more likely to remain in DHS EHS-CCP care and enter kindergarten ready to learn, and parents will be more likely to pursue self-sufficiency and leave poverty.

While this is the desired trajectory for all, significant barriers to achievement will exist, as the DHS EHS-CCP will include some of the most disadvantaged zip codes in Bexar County. DHS EHS-CCP families can be expected to face a wide variety of challenges, including poverty, unemployment or underemployment, insufficient education, homelessness, and lack of transportation, and more often than not, these challenges will have been present in the family for multiple generations. An innovative and proven approach to permanently mitigating barriers to self-sufficiency and prosperity is to link quality workforce development services and quality early childhood education in an explicit ***dual generation strategy***. Because the best predictor of economic mobility for children is their parents' education, the goal of a two-generation program is to break the inter-generational cycle of poverty and move the family toward economic security and stability through paired educational services, i.e., enrollment in the ***birth to five continuum*** for children and parallel workforce training, social capital and support services for parents.

Since 2015, DHS EHS-CCP has been a key partner in a local dual generation project,

facilitated by the United Way of San Antonio and Bexar County with grant funding from the Annie E. Casey Foundation. This place-based model focuses resources on the neighborhoods served by four of the existing EHS-CCP partners. DHS EHS-CCP remains active in the collaboration, providing requisite relationships with employers, training and education partners and early education programs. Also, the DHS EHS-CCP program will continue to be a point of entry into the dual generation program, informing parents of workforce development training opportunities and CCS enrollment of children's whose parents are in training.

DHS EHS-CCP also offers parent education aimed at supporting parent-child relationships, child development, family literacy, and language development. Various opportunities are available for parents to participate in the research-based parenting curricula ReadyRosie while participating in our program.

ReadyRosie harnesses the power of video and mobile technology to empower families and child care partners to work together to promote school readiness. This includes the combined approach of receiving rich parenting content at home and participating in interactive workshops. This enables families to practice parenting skills in the comfort of their homes and with peers. This two-fold approach deepens the learning experience, builds capacity, and inspires an ongoing commitment to family learning.

The six workshop series was initiated in the 2017-2018 program year. The ReadyRosie workshops address topics such as positive discipline strategies, healthy routines, language development, developmental milestones, fostering play and social-emotional development. The list below includes the titles for each of the workshops. Workshops and materials are available in English and Spanish.

In addition to the ReadyRosie workshops, all parents are provided access to weekly modeled

moments through videos that take place in real environments such as restaurants, grocery stores, and playgrounds to demonstrate how to find learning moments in everyday activities. These two-minute videos depict real families engaging with their children in everyday educational opportunities that do not require special materials. The series promotes learning in various domains, including math, language literacy and social-emotional development.

Use of the ReadyRosie can result in significant gains by children in various domains. Research shows that 73% of families using ReadyRosie have learned to take advantage of learning opportunities in many environments. Also, an 85% increase was seen in literacy-focused language and an average of an 82% increase in numeracy-focused language among those studied.

Additionally, the DHS Head Start Programs implemented a new evidenced-based program in the 2017– 2018 program year to address prevention of child abuse. SafeCare is offered through the National SafeCare Training and Research Center at Georgia State University. SafeCare helps parents build on their parenting skills to create a solid foundation for their children's health and well-being. The program is organized into three modules: parent-child interaction, home safety, and child health. SafeCare can be intense with each module requiring six home visits approximately 60-90 minutes in length. Parents receive one-to-one visits from one of three DHS Head Start Grantee staff trained SafeCare home educators, who focuses on the prevention and reduction of child abuse and neglect.

To incorporate best practices, DHS EHS-CCP ensures its family and community support processes and activities are aligned with Head Start's Parent, Family, and Community Engagement (PFCE) Framework. When DHS EHS-CCP developed and implemented its PFCE Plan of Action, the critical components of the plan were the identified outcomes, timeframes, associated indicators, action steps, resources and measures of success.

The PFCE plan was later integrated into the School Readiness Plan which now aligns with the seven components of the PFCE framework: family well-being; positive parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peers and community, and families as advocates and leaders. Grantee Staff uses this integrated plan to ensure families have both the necessary supports and opportunities to engage actively in their child's education and with the Head Start program and community. The strategies in Table 10 presented below are central to the DHS EHS-CCP program's efforts to increase Parent, Family, and Community Engagement.

DHS EHS-CCP has forged many partnerships with community agencies for the benefit of the DHS EHS-CCP children and families. Other local agencies serve the inner city residents and offer services to increase the families' well-being, learning and development. Many of these agencies also provide parent engagement opportunities for inner-city families. Table 11 provides a list the current DHS Head Start partnerships and the programs/services provided to DHS Head Start Programs' families.

Table 10 - Parent, Family, and Community Engagement Ongoing Strategies

Parent, Family, and Community Engagement – Ongoing Strategies	
PFCE Training	Training is provided to teachers, direct services and administrative staff in collaboration with the Education Program with an emphasis on building positive relationships with families.
Leadership Opportunities	<p>Leadership and decision-making opportunities are provided in program development, policy-making and community advocacy through the HSPC.</p> <p>Parents serve on the Education and Health Advisory Committees and participate in all the federal monitoring visits. Parents also participate in the Self-Assessment and the 5-Year Strategic plan processes.</p> <p>Some of the additional Leadership opportunities provided:</p> <ul style="list-style-type: none"> • Parent Connection Committee Meetings • School Readiness Summits • Family and Community Engagement Symposiums • Parent Conference Planning Committees • Fatherhood Initiatives • Community-sponsored Parent Leadership Academies • Other conferences, symposiums, etc.
Parent Survey	A parent survey is conducted annually to measure parent satisfaction with the DHS Head Start Program and determine parent training needs.
School Readiness	Ready Rosie is a mobile parent engagement tool aimed at encouraging parent/child interaction and increased knowledge of literacy, math, and oral language.

Table 11 - Community Agency Partners

Community Agency Partners	
San Antonio Metropolitan Health District	Oral health examinations and preventive care, including fluoride varnish treatments, dental screenings and dental case management services
University of the Incarnate Word	Health services
Nutrition Therapy Associates	Nutritional Services for DHS EHS-CCP children, including one-on-one child counseling sessions, nutrition education sessions and menu support for the child care partners
San Antonio and Bexar County Head Start Consortium (Appendix G).	<ul style="list-style-type: none"> ▪ City of San Antonio DHS Head Start ▪ AVANCE- San Antonio, Inc. (AVANCE) ▪ BCFS Education Services ▪ Center for New Communities ▪ Education Service Center, Region 20 (ESC) ▪ Family Service Association of San Antonio, Inc. (Family Service) ▪ Parent/Child Incorporated of San Antonio & Bexar County (PCI) ▪ South San Antonio Independent School District <p>The parties listed above collaborate to make transitions among the eight Head Start grantees throughout the county as smooth as possible for the children and their families.</p>
Any Baby Can	Working with children with special needs
Pre-K 4 SA	Professional Development for teachers
Brighton Center	ECI/Disability referral services
Easter Seals	ECI/Disability referral services
CHCS – Bexar CARES	Mental health services for children
VOICES for Children of SA	SafeCare Program
UT Health Science Center	Health Literacy Project
Batz Foundation	Health Literacy Project
Safe Riders	Car Seat Safety Education for parents
Arc of San Antonio	Disability Services

Texas Department of State Health Services	Emergency Preparedness
ChildSafe	Child Abuse and Neglect Prevention and Professional Development

9. Services for Children with Disabilities (1302 Subpart F):

DHS EHS-CCP has procedures in place to prioritize the recruitment of children with disabilities and to identify undiagnosed disabilities after enrollment. DHS staff actively recruits children with disabilities. Primary methods are: a) developing and distributing materials that implicitly state that all children with disabilities, including those with severe disabilities are welcome to apply; b) working with the three Early Childhood Intervention Programs (ECI) Part C, to inform parents of the availability of EHS; and, c) engaging SAISD's Special Education Directors in publicizing EHS availability. In the current EHS-CCP, these efforts have been sufficient to maintain 10% enrollment by children with disabilities every year.

During the current program year, 13.4% of DHS EHS-CCP enrollment is comprised of children with disabilities. The program also has identified 16 children with previously undetected developmental delays, generally noted on assessment results or through parent or teacher concerns, and referred them for ECI services. Integrating ECI and EHS-CCP services has accelerated developmental progress for 11 children who entered EHS-CCP with an ECI individualized plan but later were no longer eligible for ECI support at their annual evaluation.

The approach to serving children with unique needs is guided by the belief that inclusion is a value rather than a practice. Individualization of instruction and support is central to DHS EHS-CCP's philosophy. Individualization in instruction means child-based activities, and lessons and assessments that support learning and development based on each child's strengths, needs, and

interests. Selections of activities and learning projects are made with input from the child and his/her parents, and are informed by formal and informal assessment data.

Concerted efforts were put in place to support child care service providers' teaching staff through professional development, technical assistance and one-on-one mentoring to expand their knowledge base and understanding, offer strategies for providing meaningful learning opportunities for children with varying abilities. DHS EHS-CCP continues to offer the highest quality professional development for all DHS EHS-CCP staff as the program serves a higher population of children with varying abilities. The approach to professional development in this area is moving to evidence-based practices with content focused on specific research-based teaching intervention practices with embedded inclusion strategies.

10. Transition (see 1302 Subpart G):

Transitions bring change into the lives of children and families. DHS EHS-CCP implements strategies and practices to support successful transitions for children and their families. DHS EHS-CCP program values transition in, within and out of the program. Supporting these transitions is critical to not only the child's well-being, but also the families'. Working with the EHS-CCP ERSEA Coordinator and Child Care Directors, Family Support Services staff will notify the family of acceptance into the program and a Family Meeting will be scheduled. The family will tour the center and the child will visit the room and meet the teacher. Parents may provide additional information to the teachers to support the first day transition. A DHS EHS-CCP start date will be provided to the parent.

Transition to Head Start and Preschool. The depth of resources available directly from DHS will be sufficient to ensure that every child enrolled in DHS EHS-CCP has access to an

individualized *birth to five continuum*. Transition planning begins six months before the child turns three, at which point parents receive information about DHS's Head Start Program (3,020 slots at 27 sites), available CCS providers that are Texas Rising Star-designated, the locally-funded PreK4SA program (1,500 slots), the prekindergarten programs offered by SAISD and EISD (based upon family residency), and the dual generation program, based upon family residency. Parental choice is the prevailing factor in selecting the child's next educational program. Families in the dual generation program typically commit to their child's subsequent enrollment in DHS Head Start Program.

Promoting educational continuity is the shared responsibility of the Family Support Services and child care service provider staff. Families receive transition information to inform their decision-making (e.g., locations, curriculum and services offered, documentation needed for application and enrollment) and provider staff and Family Support Services staff will inform staff from next level education programs (e.g., Head Start) of the child's skills and challenges, and family needs. The provider and the Family Support Services staff document transition planning (e.g., timelines, activities, outcomes) in ChildPlus.

Examples of transition activities DHS EHS-CCP provides to parents are listed below.

- Family Meetings
- Transition letters
- Joint recruitment events held for DHS Head Start and EHS-CCP
- Grantee staff participate in Early Childhood Intervention Transition meetings
- Local school district information shared with DHS EHS-CCP families living outside of Edgewood and San Antonio Independent School Districts
- DHS Head Start Program registration events

- Mental Health program provides workshops to parents on transitions from an attachment perspective at the beginning of the school year
- Meet & Greet with the child care center staff/teachers for new DHS EHS-CCP children and families
- Family Support Services staff and child care Directors meeting with families when children transition from classroom to classroom
- Children and teachers visiting classrooms to build relationships and trust
- Teachers discuss transitions during the end-of-year Parent/Teacher Conferences and Home Visits
- Transitioning children into pre-kindergarten sessions provided during end-of-the-year Parent Connection Committee Meetings with principal presentations
- Elementary campus tours for parents of transitioning Pre-K children
- Meet your new family support staff gatherings with the EHS-CCP and HS tours

If families choose to move to programs other than DHS Head Start information packets are provided to them as they are exiting DHS EHS-CCP that includes information on community resources, such as mental health and disability resources, to assist families in accessing services previously coordinated by the DHS EHS-CCP direct services staff.

11. Services to Enrolled Pregnant Women (see 1302 Subpart H): Not Applicable

12. Transportation (see 1303 Subpart F):

Family Support Services staff work with the families to identify any transportation needs. Assistance is offered through community resources and the provision of bus passes for those families needing them. Most families have transportation.

The EHS-CCP Program will continue to supplement the classroom curriculum with “I’M SAFE Transportation Education” curriculum moving into the 2019-2020 program year. Child care service providers promote age-appropriate pedestrian and school bus safety for the children and families and document bi-annual activities in classroom lesson plans. I’M SAFE Car Safety Banners were placed at every childcare center in the summer 2018 to increase awareness of “Never Leaving Children Alone” in vehicles and to prevent vehicular fatalities.

Sub-Section C: Governance, Organizational, and Management Structures

1. Governance (see 45 CFR Part 1301 and Section 642(c)-(d) in the Act):

Structure

DHS Head Start Programs’ Governing Body members oversee a public entity and are selected to their positions by public election. For this reason, the DHS Head Start Programs’ Governing Body is exempt from composition requirements as stated in Section 642(c) of the Head Start Act.

DHS Head Start Policy Council (HSPC) is composed of sixteen members, with DHS Head Start parents of currently enrolled children representing 88% of the HSPC. SAISD has six parent representatives (three primary and three alternates) and EISD has four parent representatives (two primary and two alternates). DHS EHS-CCP has four parent representatives (two primary and two alternates). Two Community Representatives are elected from the community at large by the HSPC parents to serve on the Council.

Governing Body Processes

The Governing Body has a legal and fiscal responsibility to administer and oversee the DHS Head Start Programs. The Governing Body ensures objectivity in monitoring the program’s

progress in meeting Head Start Performance Standards and internal program mandates as well as ensuring that program goals and objectives tie into a larger community vision for early childhood education services. The San Antonio City Council's Community Health and Equity Committee serve as the DHS Head Start Programs' Governing Body. The Governing Body and the HSPC partner with each other and key management staff to develop, review, and approve DHS Head Start program policies and planning items. The Governing Body is charged with oversight of specific DHS Head Start program functions and receives monthly fiscal and program reports which are provided one week prior to the scheduled meeting. The DHS Head Start Administrator presents reports to ensure the Governing Body and HSPC carry out their responsibilities as stated in Section 642(c) of the Head Start Act, to include review and approval of annual items. Training opportunities are provided to the Governing Body throughout the year and decision making items are presented for program development, budget and policy and community advocacy.

The Community Health and Equity Committee, a subcommittee of City Council, is comprised of five elected City Council members and they review and approve monthly program items. The Finance Department, City Attorney's Office, and Department of Human Services provide legal, fiscal, and management expertise. Grant applications, amendments, service provider allocations and all contracts require City Council final approval prior to submission to the U. S. Department of Health and Human Services (HHS) or execution.

Policy Council and Parent Committee

The current governance structure allows for parent participation in policy making and other programmatic decisions focused on planning, general procedures, and human resources management. In accordance with Section 642(c) (1) and Section 642(c) (2) of the Head Start Act mandating the HSPC is involved in these three focus areas, items are reviewed and approved at

monthly scheduled meetings. The HSPC is responsible for the direction of the DHS Head Start Program. To ensure adequate program governance and informed decision making, the program provides regular ongoing communication to the HSPC. As a part of this system, the program provides monthly reporting that includes information on correspondence (from HHS and other), program operations, and fiscal expenditures. The DHS Head Start Program requires HSPC approval on program planning, policies, and grant applications and provides updates on the program's progress.

Parent Committees

DHS EHS-CCP's schedules Parent Connection Committee (PCC) meetings at each site six times a year. The PCC meeting agendas have a standing item to obtain parent input on recommendations for the program during each meeting. Family Support Services staff survey parents, at the beginning of the school year, to determine what topics parents are most interested in and then coordinate those presentations. DHS EHS-CCP holds PCC meetings at each of the six centers. At these meetings, parents discuss concerns, successes, ideas to improve the program and training on topics that are important to them and their families. When relevant input is obtained during PCC meetings, the information is forwarded to the HSPC for their consideration. After the HSPC meets each month, the agendas and minutes of each meeting are posted on Parent Boards at each site. This process promotes two-way communication with parents in the program.

Additionally, parents of enrolled DHS EHS-CCP children are invited to participate in the Self-Assessment reporting and Strategic Planning, Education Advisory and Health Services Advisory Committee events where they are encouraged to provide their thoughts on how the program is doing and suggest future goals for the program. Parent input impacts policies, activities, and services.

Relationships

The Governing Body and the HSPC are provided a thorough DHS Head Start new member orientation and training on their responsibilities as stated in Section 642(c) of the Head Start Act, and the Head Start Program Performance Standards. Ongoing trainings and technical assistance are provided to the Governing Body and the HSPC to ensure that members understand the information presented and discussed, and can effectively oversee and participate in the program. Governing Body members receive ongoing monitoring results, data on school readiness goals, and items to determine eligibility under applicable federal regulations and program policies and procedures.

The Governing Body and HSPC are provided the same necessary program items to review and approve on a monthly basis. The Governing Body members are invited to attend the monthly HSPC meetings and the HSPC members are invited to attend monthly Governing Body meetings.

2. Human Resources Management (see 1302 Subpart I):

DHS EHS-CCP maintains an organizational chart to display the management and staffing structure including all of DHS Head Start staff, the Department of Human Services Director, and the DHS fiscal staff. (Appendix G).

DHS Head Start Programs collaborates with the City of San Antonio's Human Resources Department to ensure all newly hired DHS EHS-CCP staff complies with and has completed the criminal background checks prior to employment. According to the City of San Antonio's Administrative Directive (AD) 4.55, the City conducts Criminal Background Checks (CBC) as part of the initial employment process, employee placement into safety or security sensitive positions and positions of trust, and engagement of volunteers and interns. For its part, all six child care centers ensures new employees meet the Texas Health and Human Services, Child Care Licensing Minimum Standards (Minimum Standards) upon hire and ongoing to stay in compliance with

Minimum Standards and Head Start Standards. DHS EHS-CCP staff supports the child care centers with orientation of the DHS EHS-CCP Program, Head Start Program Performance Standards, Head Start Act, Head Start Standards of Conduct, and a program overview.

All new city staff receives DHS Head Start Programs orientation, training and technical assistance to include a review of the Head Start Program Performance Standards, Head Start Act, City of San Antonio Administrative Directives, CORE Values, Head Start Standards of Conduct, and a program overview.

DHS EHS-CCP provides a comprehensive approach to Professional Development for all Grantee and child care service providers' staff. This includes in-person trainings and webinars to build knowledge based on interest and assignments. In addition to trainings and webinars organized and provided by DHS Head Start and community, our approach to Professional Development also includes attendance at conferences and workshops offered at the local, state, and national level.

3. Program Management and Quality Improvement (see 1302 Subpart J):

DHS EHS-CCP program uses the three-tiered approach to ongoing monitoring: (1) Texas Child Care Licensing inspections completed for all child care service providers, (2) Grantee staff conducts internal and external monitoring of both child care service providers and DHS EHS-CCP direct services and (3) Texas Rising Star (TRS) reviews for five of the six child care service providers.

This monitoring system allows for multiple levels of review and continuous program improvement. The monitoring methods include on-site announced and unannounced visits, ChildPlus reports, questionnaires, and surveys. This year's increased direct monitoring projects conducted on-site emphasized environmental health and safe environments. This additional monitoring addressed any areas needing improvement including increased safety awareness.

The program has developed a measurable data-driven Five-Year Strategic Plan to ensure continuous program improvement. These goals and objectives are reviewed quarterly by key staff and stakeholders to ensure progress is continuous and to troubleshoot areas that may need additional resources. Additionally, the Five-Year Strategic Plan has been aligned to the program's data-driven self-assessment. At quarterly data reviews, program data measures are reviewed to ensure program compliance thresholds. Data sources reviewed include monitoring data, Program Information Report data, performance data, Program Design and Management data, CLASS data, educational assessment data, and other sources of information, such as the following.

- Leadership team data review
- Data meetings for health and education-related data
- Monthly Directors meetings

DHS Head Start Programs uses an adapted version of the Head Start Management Systems Wheel in its everyday management of the grant (Appendix H). The Governing Body, the HSPC and the management level staff ensure effective delivery of services to the 216 children and their families. The program model presents the basic structure of the DHS Head Start's relationship with its nine contracted providers (Appendix A).

Communication is central to the quality leadership and management of the grant: weekly, monthly, quarterly and annual meetings are held with all staff, regularly scheduled with individual staff members, small groups, and the full staff. Staff are held accountable for their results and annually evaluated accordingly. The training and technical assistance components of the grant assure the building of staff capacity and wellbeing.

4. COLA Approach:

The DHS EHS-CCP program will utilize the cost-of-living adjustment funds to increase

allocations and recommend increase adjustments to the child care service providers and offset operating cost. Ongoing development and continual improvement are fundamental elements within the DHS EHS-CCP program. Dedicated Grantee staff work side-by-side with the child care service providers to continue to build capacity, understanding and overall knowledge of the Early Head Start program. Strong and effective management systems are in place for the delivery of the highest quality infant toddler program. The focus for the 2019-2020 program year is continual pursuit of high quality care and a solid foundation of understanding in Head Start Program Performance Standards.