

Project Title: City of San Antonio Early Head Start (EHS)

Applicant Name: City of San Antonio, Department of Human Services (DHS)

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The City of San Antonio DHS has acted as a Head Start (3 and 4 year old children) grantee in Bexar County since 1979. Currently the program serves 3,020 children in the San Antonio ISD and Edgewood ISD communities. In 2015 DHS competed for an Early Head Start Child Care Partnership grant and was awarded to serve 216 children partnering with six local non-profit childcare providers. Through this grant application, DHS requests to add 128 EHS slots – 80 slots in center base care and 48 slots in home base care within the Edgewood Independent School District (EISD) – to build capacity in some of this community's most economically disadvantaged neighborhoods. All families served by the EHS Program will live in EISD, where there are 2,515 children under the age of three and 22.4% are eligible for EHS. In 2015, there were an estimated 1,221 pregnant women living in these neighborhoods, demonstrating a continuing need for EHS services including services to pregnant women. Children At Risk has recently categorized the targeted area as a "childcare desert": there are 17 childcare centers, with 1,287 slots, none of which have earned a designation in Texas' QRIS system.

City of San Antonio DHS proposes in this grant application to provide access to full-day, full-year, comprehensive EHS services aligned to the needs and strengths of low-income working families. The EHS program will enhance access to high-quality child care, support the development of families with infants and toddlers through strong relationship-based experiences, and prepare children for a successful preschool transition in both center and home base care.

City of San Antonio DHS' *birth to five continuum*, which strategically links early childhood and preschool programs to create a linear, integrated approach to kindergarten readiness, This methodology also ensures that children are continually in care. Thereafter, they will seamlessly transition to DHS' Head Start Program within EISD, the locally-funded PreK4SA program, or one of District's prekindergarten programs, based upon parental choice and eligibility.

If awarded, Early Head Start center-based services for 80 children will be provided at our two established Head Start Early Childhood Centers (Cardenas and Stafford) serving 777 Head Start children. With a lack of infant and toddler care in the community, these centers providing continuity of care from the ages of six weeks to Kindergarten entry would be an incredible expansion of services to the Edgewood community.

Home Base services will be offered to 48 children and their families in our community to build parents' capacity as their child's first teacher. The opportunity to meet with parents on a weekly basis and bring families in to group socializations bi-monthly meets the needs of families who provide in-home care by a family member. Pregnant women will also benefit from this grant as DHS Head Start proposes to serve four pregnant women during each program year.

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Project Description

Introduction. The City of San Antonio has long prioritized school readiness for all area children, emphasizing the coordination of specialized supports for children with barriers to readiness. To this end, the City's Department of Human Services (DHS) has served as the community's largest Head Start grantee (1979-to present), operated an Early Head Start-Child Care Partnership (EHS-CCP) since 2015, recently receiving a non-compete opportunity and was awarded another five year project, and has operated the 12-county Child Care Services (CCS) system (1991-present), benefiting a combined total of 12,000 children per year. These efforts have produced a comprehensive *birth to five continuum* with the proven capacity to prepare the most at-risk children and families for school and lifelong success.

For 2020 and beyond, DHS proposes to add ***128 new Early Head Start (EHS) slots*** – 80 slots located within two Head Start campuses within Edgewood Independent School District (EISD) and serve 48 slots in home base care also located within EISD– to build capacity in some of this community's most economically disadvantaged neighborhoods. DHS' EHS will provide full-day, full-year, comprehensive services that meet the needs of income-eligible families, enhance access to high-quality child care, support the development of families of infants and toddlers through strong relationship-based experiences, and prepare children for a successful preschool transition. DHS will continue to work to support families and enable parents to complete job training and move their families out of poverty.

1. Demonstration of Need for Child Development and Health Services: Location, Population, and Service Deliver Options. Proposed Service Area. DHS' EHS will serve families living in the EISD along with the current DHS Head Start services being provided. DHS

and EISD are located in Bexar County, a community of 1.96M residents that features a low cost of living, a steady influx of manufacturing, technology and biomedical jobs and a relaxed, multi-cultural lifestyle; these highly favorable attributes have triggered a 14% growth in population since 2010, compared to 12% for Texas. Yet despite the many positive aspects of recent growth, there also has been a major downside: economic stratification has intensified and the great majority of middle and upper middle class residents have migrated to sprawling suburbs to the north, while disadvantaged residents have remained clustered in older neighborhoods west of downtown, several of which are contained within EISD. Table 1 illustrates the results¹.

Table 1: Demographics of Targeted Service Area	EISD	Bexar Co.
Total Residents	59,263	1,892,004
<ul style="list-style-type: none"> • Hispanic • African American • Anglo 	95.2% 1.5% 2.9%	59.8% 7.0% 28.4%
With a Bachelor's Degree or Higher	4.8%	26.9%
Without a High School Diploma	41.7%	16.6%
Households with Incomes Less than \$10,000/year	10.4%	4.8%
Families with children <5 years living in poverty	54%	26.2%
Median Household Income	\$29,311	\$53,999
Receiving a subsidy from the Child Care Service	768	9,622

Census data² shows there are **2,515 children under the age of three** in EISD's two zip codes and, as shown above, **563 (22.4%) live in poverty and are eligible for EHS**. Though the poverty percentage is relatively static, resident density varies. Nearly half (49.9%) of all families in these zip codes have a female head of household. Finally, in 2015, there were an estimated

¹ Potter, LB. University of Texas at San Antonio, Institute for Demographic and Socioeconomic Research. Community Assessment Update, City of San Antonio Head Start Program 2019.

²

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_B09001&prodTy pe=table

1,221 pregnant women living in the targeted zip codes³, indicating that the need for EHS services will continue in the coming years. This need is heightened by recent findings that indicate that within EISD there are larger shares of births to single mothers, mothers with less than a high school education, mothers with high body mass indexes (i.e., greater than 30, which is obese), and births with low birth weight than in surrounding school districts.

Children At Risk has recently categorized these neighborhoods as a “childcare desert”⁴. The target zip codes include 17 childcare centers, with 1,287 slots; and none of the centers have received one or more stars (indicative of quality) from the Texas Rising Star (TRS) certification system demonstrating a strong need for DHS’ proposed plan to offer EHS through center and home based options.

Distribution of EHS Services. The Department of Human Services’ Head Start Division, in partnership with EISD, proposes to address these extraordinary challenges by adding EHS to include 128 **new slots for children ages six weeks through 36 months**. The increased capacity will be served within EISD at two Head Start campuses and through home base services. The plan is to serve 80 EHS children within the two Head Start campuses, Cardenas and Stafford Head Start/Early Childhood Centers, and 48 children through the home base program serving the most in need zip codes (78237 and 78228). Limited capacity at the two identified Head Start campuses attributed to the decision to add a home base option in order to serve a higher number of vulnerable infants and toddlers within the two targeted zip codes. In addition, DHS is proposing to serve four pregnant mothers and expectant families. Individualized services for each mom/family will be identified through the Family Partnership Process. Services will be

³ The number of pregnancies is not reported for zip codes. This number was derived by taking the number of live births and extracting multiple births to calculate the number of pregnant women.

⁴ <http://childrenatrisk.org/texas-child-care-desert-methodology/>

jointly delivered by program staff or appropriate community partners through the established referral process.

Adding EHS is a critical piece in the DHS *birth to five continuum*, which strategically links early childhood and preschool programs to create a linear, integrated approach to kindergarten readiness. The continuum approach also ensures that children are continually in care. Children and families will seamlessly transition to DHS' Head Start Program or one of CCS's Texas Rising Star (TRS) providers, the locally-funded PreK4SA program, or a prekindergarten program, based upon parental choice.

Local Need for EHS. The University of Texas at San Antonio recently completed a community wide needs assessment of childcare resources, need and utilization⁵. The report accounts for all available services and includes insights and priorities from key public and private stakeholders. The most relevant finding for EHS is that *the citywide deficit of Early Head Start slots (3,942) is 47% higher than the deficit for Head Start slots (2,431)*. Resource distribution also was cited as a concern; geographic proximity is critical for families in poverty and several neighborhoods, *including the two zip codes targeted for the EHS*, were cited as having the most pronounced resource dearth.

DHS elected to offer EHS services comparing the needs of children and families in the targeted zip codes with the resources available to respond. The aforementioned needs assessment indicated much of Bexar County's childcare capacity is concentrated in the northern part of the County, with comparably fewer centers in central, western, southern, and eastern areas. The supply of childcare in the north appears to exceed demand, but demand appears to exceed supply

⁵ University of Texas at San Antonio, Institute for Demographic and Socioeconomic Research. Community Assessment Update 2019.

in other parts of the County. This is especially problematic for the two zip codes within EISD, where there are 18 childcare centers with a combined capacity of 1,781 slots to care for 4,092 children ages birth to 4 years old.

Currently, EISD does not offer infant and toddler care to support the teen parenting program with the district, but rather contracts with a two local child care providers. The above information regarding the limited number of TRS child care centers in the EISD service area is a number one indicator for the need to offer high quality infant toddler care within the two proposed Head Start campuses.

Increasing stars within the TRS system, demonstrates one aspect of the capacity of DHS to provide oversight, training and technical assistance for the newly proposed EHS program. DHS will maintain full commitment to quality. Current status of TRS at the point of entrance in the DHS EHS-CCP partnership and current TRS status as of October 2019 is provided in Table 2.

Table 2: EHS-CCP Service Providers	At point of Partnership	TRS Status
Blessed Sacrament Academy	3 Stars	4 Stars
Ella Austin Community Center	None	3 Stars
Healy Murphy Child Development	3 Stars	3 Stars
Seton Home	None	3 Stars
YWCA-Olga Madrid	2 Stars	3 Stars

In addition to an increase in quality within the established EHS-CCP Program, DHS' current EHS-CCP is making a difference in ways few would have predicted. This degree of progress is extraordinary in San Antonio, where in 2017, *only one in four of all children entered kindergarten "very ready" developmentally*⁶. Clearly, the DHS EHS-CCP is in the process of

⁶ SA2020. Data Dashboard: Education. www.sa2020.org.

doing more; it is supporting more children, families and communities on their path to success and who had been consigned to the margins in a position to be academically competitive. All expectations are for the new EHS program to see the same results while providing high quality infant and toddler programming allowing a greater access of care for the families living in the desperately underserved EISD service area applicable to high quality infant toddler care.

Table 3: Children enrolled in EHS-CCP with 6+months of developmental growth on the E-LAP at End Of Year (ages 6 weeks to 3 years)							
Program Year	E-LAP-3 Domains						% of Children with 6+ months of developmental growth in all six E-LAP Domains
	Gross Motor	Fine Motor	Cognitive	Language	Self-Help	Social- Emotional	
2018-2019	72%	73%	69%	62%	64%	63%	17%

n=98

Table 4: Children enrolled in EHS-CCP with 6+months of developmental growth on the LAP-3 at End of Year (3 years old +)								
Program Year	LAP-3 Domains							% of Children with 6+ months of developmental growth in all seven LAP-3 Domains
	Gross Motor	Fine Motor	Pre-Writing	Cognitive	Language	Self-Help	Personal/ Social	
2018-2019	81%	84%	89%	93%	80%	86%	86%	49%

n=80

The EHS-CCP approach has gained traction in neighborhoods across EISD and SAISD, largely because of the outstanding relationships that have been built between providers, parents and community. This proven partnership now seeks to extend these benefits to more children, by

adding EHS slots in EISD to increase the number of infant and toddlers impacted by DHS' high quality programs from 216 to 344.

Table 5: EHS Additions	New	EHS Slots
EISD Cardenas	New	32
EISD Stafford	New	48
EISD Home Based	New	48

Children with Disabilities. Actively recruiting children with disabilities is core to the DHS' Head Start Division. EHS will be no different. The proposed EHS program will benefit from already established successful relationships due to the diligent work of the EHS-CCP Program's Early Education Management Analyst. Primary methods will be: 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 Early Childhood Intervention Program (ECI), Part C to inform parents of the availability of EHS; and, c) engaging EISD's Special Education and Child Find staff in publicizing EHS availability. In the current EHS-CCP program, these efforts have been sufficient to maintain 10% enrollment by children with disabilities every year. As of October of the current program year, 10.2% of EHS-CCP enrollment is comprised of children with disabilities. The DHS EHS-CCP program also has identified 26 children, 14 qualifying for early intervention services (13 with ECI services and 1 with a Home Health Agency) 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 nine (9) children who entered EHS-CCP with an ECI individualized plan but were no longer eligible for ECI support services at annual evaluation. This same type of work and support will be offered to the EISD staff

working within the proposed EHS Program. DHS maintains cooperative agreements with the three Bexar County ECI providers (Easter Seals, Brighton Center and the Center for Health Care Services) to streamline referrals and follow up. Although Easter Seals is the sole ECI provider for the EISD service area, networking and establishing relationships brings a larger breadth to recruiting and enrollment work. Easter Seals and the Center for Health Care Services also provide training to EHS-CCP provider staff on the depth of ECI services, eligibility, and referrals which will continue for the newly proposed EHS program.

Center Based Option - Full-day, full-year will be met - DHS EHS will feature operating hours that are aligned with the needs of parents. As families enroll, program staff will seek additional resources to support the families that are most in need of EHS services and are in need of full work day services. Centers will operate at a minimum 198 days per year, seven (7) hours per day.

Home based option –DHS EHS proposes to staff four home visitors with a caseload of no more than 12 families to serve the proposed 48 home base slots. Each home visitor will conduct one home visit per week per family for no less than an hour and half providing no less than 46 visits per program year. No less than 22 group socialization activities will be provided to all 48 home based families. Plans are to provide the socialization activities in a permanently designated classroom that will be located at EISD’s Stafford Head Start/ Early Childhood Center.

Services to enrolled pregnant women and expectant families - As previously stated, EISD service area is a prime area to offer services for pregnant women and expectant families. Just as with all families participating in the Head Start Divisions, Head Start and/or EHS-CCP, families enrolling in the proposed EHS model are ensured individualized services. Working with the

Family Support Workers (FSW), a family's strengths and needs will be identified through the Family Partnership Process. Up to four pregnant women will be served each program year.

Building on DHS' extensive community partnerships, DHS EHS staff will work with EISD Home Visitors, EISD Teachers and Nurses in addition to DHS EHS FSW staff to provide services to pregnant mothers. These services will include community resources to support ongoing parental and postpartum health education and bring the community to the expectant women and families. DHS will work to arrange prenatal information sessions to support expectant mom's and families' overall health by providing comprehensive services referrals, working with the contracted pediatric dietician to offer healthy nutrition consultation, providing opportunities for the contracted Mental Wellness team to meet with the moms and families in small group and/or individually. Lactation will be supported through information sessions and referrals to the San Antonio Lactation Support centers where pregnant women can participate in support groups receive free individual counseling for breastfeeding or just socialize with other expectant women. DHS' current EHS-CCP Program has one education service provider that serves teen moms through a residential facility while offering infant /toddler child care. DHS staff will seek opportunities to work with the EHS-CCP partner to collaborate on special events to bring the two programs together to support ongoing work with expectant moms. There is a wealth of opportunity to expand services and build a robust program for serving pregnant women and expectant families within the proposed EHS model.

Evidence of community engagement in the proposed geographic locations designed to improve service delivery, increase access to services, and prevent duplication. The City of San Antonio, Department of Human Services (DHS) is a service provider, funder and facilitator of strategic,

broad-based and multi-sector partnerships promoting the health, welfare and safety of the community. DHS directly provides Early Head Start-Child Care Partnerships and Head Start services in SAISD and Edgewood ISD, and operates the Child Care Services (CCS) system for a 12-county area in collaboration. Through these and other initiatives, DHS has built strong alliances that will directly benefit EHS families. The City also provides approximately \$22M per year in local funding to non-profits offering critical human and workforce development services. All EHS centers will have access to City-funded resources. Assimilating these assets for eligible children and families -- *at no cost to the federal government* -- will be a major advantage of DHS' proposed EHS. Table 6 indicates the internal and external resources available to the EHS families.

Table 6: Internal and External Resources Available to EHS Families	
City Operated Programs	
PreK4SA	Early education for 4-year olds; transition option for EHS-CCP children
Training for Job Success	Job readiness training, tuition assistance, textbooks, career counseling and connection to community resources for income eligible families.
REnewSA and Green and Healthy Homes	Homeownership support for low income families; lead based paint abatement; enabling safe, energy efficient and sustainable homes
Emergency Assistance	Homeless prevention, rapid rehousing, rent, utility, food, transportation assistance for persons in poverty
Healthy Start	Assistance obtaining WIC benefits, home visiting and specialized services for highly at-risk families of low birth weight babies
311	Point of entry into all City services and programs
Metro Health	Dental services, immunizations, well child clinics
City Supported Programs	
University Health System	Clinical and urgent care for children and adults; continuity care and medical homes for uninsured, underinsured, publicly insured persons
Center for Health Care Services	Behavioral health care and ECI Part C services for children and families in poverty or with priority mental health conditions
Any Baby Can	Medical case management for children with disabilities and prescription assistance
United Way Children's Issues Council	Promoting resiliency by funding and fostering parenting and nutrition classes, Play and Learn groups, fatherhood programs, and model classroom activities in childcare centers
Workforce Solutions Alamo	Regional coordinator of adult education and job training services in demand occupations; targets adults in poverty and displaced workers

Goodwill Industries	Workforce development, coaching, job placement, asset development and financial literacy training
Project Quest	Workforce development, coaching, job placement
San Antonio Food Bank	Food distribution; help enrolling in TANF, Supplemental Nutrition Assistance Program and Medicaid
KLRN (Public Television Station)	Broadcasts Play and Learn group sessions designed to model practical strategies for child development and learning at home
American Indians in Texas	Leads the Fatherhood Initiative available to EHS-CCP families in SAISD

2. Achieving Early Learning and Development Outcomes to Promote School Readiness for Children.

Approach. EHS will *provide full-day, full-year, family-centered care and early, continuous, intensive, and comprehensive child development and family support services that enhance the physical, social, emotional, and intellectual development of children.* In an effort to achieve this for every child, every day, EHS will: *emphasize quality* and an appreciation for the critical opportunity to positively impact children and families in the early years and beyond; *offer prevention and promotion activities* that both advance healthy development and recognize and address atypical development at the earliest stage possible; *build positive relationships and continuity*, honoring the critical importance of early attachments and the role of parents as a child's first and most important relationship; *involve parents*, offering a meaningful and strategic role in EHS services and governance; *ensure inclusion strategies* respect the unique developmental trajectories of all children; *exercise cultural competence* and acknowledge the profound role that culture plays in early development; *structure transition planning* to anticipate a child's developmental needs and predict the next right step, be it Head Start, PreK4SA, pre-kindergarten programs or community-based care; and *collaborate with community partners*, including other early childhood and family services to meet the comprehensive needs of families.

For DHS, both transitions into EHS and from EHS to Head Start/other program transition are critical. Therefore, center staff and the FSW will schedule facility visits for parents and children transitioning into or from EHS, easing acclimation to the new environment, and will provide records to next step providers (Head Start, PreK4SA, school pre-kindergarten programs) to help familiarize them before the new family arrives.

DHS' initial (first 180 days) monitoring and technical assistance support to the two new centers (Cardenas and Stafford ECCs) will focus on enabling new staff to: 1) accurately observe and record each child's developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns, use their findings to individualize instruction and interaction with children, and share their findings with families; 2) connect children to a medical home (within first 30 days) and ensure they are up to date on immunizations and primary and preventive health care services within the first 90 days in care, a critical asset given that one in five families in the target area are uninsured⁷; 3) complete a sensory, developmental and behavioral screening on all children within the first 45 days and tailor activities and approaches to findings; 4) link families to specialists when further evaluation and support appears warranted; 5) provide an indoor and outdoor physical environment of sufficient quality and space to be conducive to learning and reflective of the different stages of development; 6) provide equipment, toys, materials, and furniture to facilitate the participation of all children, support educational objectives, developmental levels and cultural and ethnic backgrounds, use age-appropriate, safe, accessible, attractive, and inviting activities, and encourage each child to experiment and explore; and, 7) meet state licensure standards. Additionally, EISD will create policies and procedures that are essential to child safety and welfare. Centers will be assisted in

⁷ Potter, LL. University of Texas at San Antonio. San Antonio – Select Social and Economic Characteristics. 2014.

implementing strong internal controls related to maintaining up-to-date child rosters and ensuring that all incidents are reported in accordance with State and DHS requirements, i.e., critical incidents must be reported to DHS within 24 hours.

Curriculum. DHS' EHS will use *The Creative Curriculum for Infants, Toddlers and Twos*, designed to advance school success in at-risk children. Creative Curriculum will be used for both program options; center and home based. Through the use of Creative Curriculum within the established EHS-CCP Program, staff recognized the curriculum provides the guidance, support and practical ideas for working with families to build trusting and respectful partnerships with its core "*Partnering with Families*" component central to the overall curriculum.

Using Creative Curriculum in both the EHS center and home based option will align with the current DHS EHS-CCP Program and help to bring efficiencies to training and technical assistance supports for teachers, coaches and home visitors. The *Creative Curriculum*, which is based in child development and early education research and theory, was chosen for its capacity to quickly achieve a consistent level of quality, regardless of where the center or the teachers are when they enter the EHS. The Curriculum helps teachers/home visitors understand developmentally appropriate practice and create daily routines and meaningful experiences that respond to children's strengths, interests and needs. It is widely used across the United States and is aligned with the Head Start Early Learning Outcomes Framework. Curriculum materials provide simple, easily adopted and detailed instructions for: a) creating learning environments; b) individualizing for diverse learners and children with disabilities; c) teaching content areas; and, d) integrating in-depth investigations of topics of interest to children. Embedded within the curriculum are assessment links, providing opportunities for daily, guided observation of

progress. The Curriculum contains 38 research-based objectives for development and learning, enabling teachers/home visitors to focus on what matters most for very young children, and is aligned to kindergarten readiness, which is of great importance locally.

Child progress will be individually assessed at the beginning, middle and end of each year using the Early Learning Accomplishment Profile (E-LAP) and Learning Accomplishment Profile, 3rd Edition (Lap-3). Assessment details may be found in the next section.

EISD will be responsible for the direct provision of all EHS education services. EISD will be expected to adopt and maintain high standards of care, conforming to HSPPS, and the DHS EHS Monitor will continuously evaluate adherence, problem identification and resolution, instructional quality, and child outcomes. EISD will provide an Instructional Coach and supervise the home visitors. Training on adult learning styles will be offered to home visitors in order to support their role in modeling for the parents. Core commonalities across all EHS classrooms and home visitors will include: instructional staff are consistent, engage in developmentally appropriate and culturally responsive practices, demonstrate secure and trusting relationships with all children, and use proven instructional practices that promote the cognitive, social-emotional, and motor development of infants and toddlers. Classrooms located at the two EISD EHS centers will be configured ensuring eight learning areas (Table 7.), including the socialization room for the home based option which will be located at Stafford ECC.

Table 7: Eight Learning Areas	
Age appropriate activities	Opportunities for independent exploration
Well defined learning centers	Library in every classroom
Gross motor and outdoor play	Developmentally appropriate environments
Sand and/or water play areas	Music and art activities

Every classroom teacher will develop lesson plans that include: teacher directed and child initiated activities; large or small group or one on one activities and routines; and transitions that support social, emotional, cognitive, physical development, and language skills. Lesson plans will document alignment with the five domains of the Head Start Early Learning Outcomes Framework, the Texas Infant, Toddler and Three Year Old Early Learning Guidelines, and the Texas Pre-Kindergarten Guidelines. The lesson plans will direct and document individualized instruction and modifications and accommodations for every child, including those with a disability or special learning needs.

DHS' current EHS-CCP and now the EHS Program will operate according to the following philosophy: 1) high-quality early education programs include curriculum that is thoughtfully planned to focus children's attention on important concepts, skills and behaviors in critical areas of development and learning; 2) developmentally appropriate, challenging, engaging and culturally and linguistically responsive curriculum promotes positive outcomes for all; 3) unless teachers know where each child is with respect to learning outcomes, they cannot be intentional about helping them progress; and, 4) teachers instructional practices can be improved, opportunities to individualize instruction can be increased and standards can be met when curriculum and assessment are linked. All training, technical assistance and teacher observation activities will relate to one or more of these core concepts.

Assessment Tools. Individualization of instruction and support is central to DHS' EHS-CCP philosophy. This will be no different for the proposed EHS Program. Individualization in instruction means student-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.

DHS EHS will collect, aggregate and analyze formal child assessment data three times per year: beginning of the year (BOY), middle of the year (MOY), and end of the year (EOY). Analysis of change will be conducted at the child, classroom, center and program levels and trends will be used to adjust instruction and design professional development opportunities. Parents will be informed of assessment results and their children's progress. BOY assessment data will provide the baseline of each child's strengths and needs and will signal education staff of areas requiring additional support. MOY data will be compared with BOY data to determine gains and identify areas for continued support. EOY data will be used to identify student growth and the need for program improvements. At the end of the program year, an analysis and comparison of BOY, MOY, and EOY will help underscore program achievement, the impact of service delivery, and school readiness goals for the upcoming program year.

The DHS EHS assessment tools will be the Early Learning Accomplishments Profile (E-LAP) for children birth – 36 months old and the Learning Accomplishments Profile – 3rd Edition (LAP-3) for children who turn three during the program year as the assessment is designed for children 36 – 72 months of age. The E-LAP and LAP-3 are criterion-referenced assessments and provide a systematic method for observing the skill development of children. The results of the E-LAP and LAP-3 are used to generate a detailed picture of a child's developmental progress across various domains so that individualized, developmentally appropriate activities can be planned and implemented. Both tools are currently being used within DHS' EHS-CCP and Head Start Programs. Utilizing within the proposed EHS Program will offer the opportunity to have

aggregated child outcome data potentially for five years for those children entering EHS and transitioning over to the Head Start program.

An important note to make, the LAP assessments also provided a comparison between a child's chronological age and their developmental age. Children are described as scoring ON TARGET in each developmental domain when the developmental age is +/- six months of a child's chronological age. The DHS Head Start Program defines school readiness as children transitioning to kindergarten that score ON TARGET in all seven domains of development. Historically, while fewer than half of the children served started the EHS-CCP program ON TARGET in all assessed domains more than 53% finished the program year ON TARGET in all assessed domains.

EHS will use three tools to monitor progress and identify child needs. The E-LAP and LAP-3 will provide a systematic method for observing the skill development of children at all stages. The LAP system will assess each child's strengths and needs in six domains - gross motor, fine motor, cognition, language, self-help and social emotional - which align with the Head Start Early Learning Outcomes Framework. The availability of LAP data will assist teachers/home visitors in tailoring individualized instruction and activities to each child's level, and because of its consistency with Head Start, LAP data can be shared with Pre-K teachers when children transition.

A review of student outcome data for three year old children enrolled in the DHS Head Start Program found that children that were previously enrolled in the City of San Antonio Early Head Start-Childcare Partnership (EHS-CCP) Program scored ON TARGET at a higher rate for all

domains of the LAP-3 assessment when compared to enrolled children who had not attended the EHS CCP Program.

EHS also will use the Ages and Stages Questionnaires (ASQ) to screen for behavioral and developmental status. DHS will continue to offer training and technical assistance during the 2020-21 program year to enable teachers'/home visitors' appropriate use of ASQ data in tailoring individualized instruction and activities for each child from the point of enrollment. Current EHS-CCP staff have completed the ASQ Train the Trainer program and designated EISD staff will attend training provided by DHS to offer ongoing support to the classroom teachers and home visitors. Having a number of trained staff members will ensure the availability of skilled, on-site ASQ support at each center.

EHS centers and home visitors will summarize and share assessment information with parents at the beginning, middle and end of each year. Parent input regarding assessment results will be used by staff to establish school readiness goals for each child. EHS staff also will use center-level and program-level assessment data to monitor program-wide progress and plan training and technical assistance activities.

School Readiness Goals. 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 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. This approach will continue with the proposed EHS program.

When establishing and updating its specific school readiness goals, DHS Head Start, EHS-CCP and now the proposed EHS, 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 **clean up later**).

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 which would follow within the proposed EHS Program. 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 DHS' EHS-CCP 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 educational program's capacity to build school readiness in all children will define the success of the EHS. Therefore, child assessment and related data will be gathered, analyzed and reported every quarter by DHS education staff to quantify progress towards goal achievement. This will include a thorough review of beginning, middle and end of year outcomes as well as evaluations of teacher-child interaction using CLASS, an observational tool designed to improve

teaching and learning. Currently, the EHS-CCP Program is in the third year of using the Infant and Toddler CLASS tools. Observations are conducted once per program year in 100% of the classrooms. Data is aggregated to review for trends across tool dimensions. Information is then used to make professional development decisions. Having CLASS observation trainers on staff, DHS can leverage efficiencies to provide the needed Infant and Toddler observation reliability training in the earliest part of the implementation of the proposed EHS program.

CLASS Infant and Toddler results will guide DHS-led continuous improvement initiatives, which may include enhancement or re-sequencing of curriculum, instruction, professional development, program design and programmatic decision-making. Reports are provided to the Head Start Policy Council on program performance and quarterly reviews of objective achievement, per the Strategic Plan.

Children with Disabilities. The Department of Human Service's 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 will maintain the current, strong collaboration with local ECI, Part C programs, EISD's Special Education Department and community stakeholders. Combining the resources of all relevant programs will help centers enroll and deliver high quality care to all children with special needs. This solid foundation will help the newly proposed EHS enroll *at a minimum thirteen (10%) additional children with disabilities or developmental delays*. Also, results from the assessment tools will help caregivers identify any noted concerns post-enrollment, at which time the FSW and content area specialists will help families with needed referrals.

The *Creative Curriculum for Infants, Toddlers and Twos* will be a significant asset for EHS teachers in their quest to establish a developmentally appropriate practice. The Curriculum will guide them in creating daily routines and meaningful experiences that respond to children's strengths, interests, and needs. For children receiving services from an ECI program, centers will use the guidance contained within the ECI-developed Individualized Family Service Plans (IFSP). The IFSP outlines strategies for meeting child and family needs, guides service selection and delivery, and, identifies modifications needed to enable full participation. Because children with disabilities often need a changing continuum of services to promote healthy growth and development, the ECI program and EHS staff will continually update the IFSP, describing new service needs and indicating those to be provided by EHS (directly or through referral) or ECI, including: audiological services, physical or occupational therapy, speech/language services, psychological services, transportation, and assistive technology. In collaboration with teachers and parents, the DHS staff responsible for early education, disabilities and mental wellness, will monitor IFSP implementation and updates to ensure the needs of children with disabilities are met.

Methods of Addressing the Special Needs of Children in Child Welfare, Dual Language Learners or Homeless and Pregnant Women - The 2019 Community Needs Assessment reported that 245 children in foster care were living in EISD in 2017; however, data was not specific to children's ages. Per EHS-CCP policy, EISD-resident children, ages birth to two who are in foster care will be prioritized for EHS enrollment.

Bexar County's rate of child abuse and neglect is higher than the state or nation. In response, DHS has prioritized child abuse and neglect prevention in all City-supported program settings.

For Head Start, this commitment has resulted in the implementation of SafeCare, an evidence-based home visitation program that has been shown to reduce child maltreatment among families with a history of maltreatment or with risk factors for maltreatment. The Head Start Family Wellness Specialists offer intensive case management to families with particularly high risk factors in order to mitigate these stressors and increase access needed to support healthy family functioning. As a part of this effort, Family Wellness Specialists are trained to deliver SafeCare and to support 12 families at one time with the SafeCare intervention in particular. In addition, Family Wellness Specialists carry an additional 15-18 families on their caseload and are also trained in other research and evidence based parenting interventions, have extensive knowledge of critical community resources, and have training to support the appropriate linkages between families and these community resources. Head Start is continuing in this effort by bringing the number of Family Wellness Specialists to a complement of 5 and by continuing to grow and improve services provided to the neediest of families in the program. In this role, Family Wellness Specialists also consult and collaborate with Head Start and ISD staff to increase the knowledge and expertise of all staff engaging with children and families.

Currently, 32% of EHS-CCP students are Dual Language Learners (DLL, Spanish-English). EHS centers will be required to maintain sufficient bilingual staff to be able to effectively communicate with children and parents who are DLL. In centers where more than half of the child population is DLL, a bilingual classroom will be established.

An estimated 1,220 pregnant women will reside in EISD during each year of the project period. During community-based outreach and recruitment activities, DHS staff will inform pregnant women of the availability of EHS and eligibility criteria. Other City-sponsored programs, like

Healthy Start, the San Antonio Lactation Center and Infant Health; WIC will be asked to share EHS information about their work with pregnant women.

As in the current EHS-CCP model, DHS Head Start Division will be responsible for: training and technical assistance of all EHS staff; program monitoring and oversight; fiscal and legal services; professional development, coaching and mentoring for teachers; hiring, preparing, deploying and supporting the FSW; and, staffing the EHS/Head Start Policy Council. DHS staff will continue to focus on building teachers' understanding of responsive and respectful caregiving, and building caring classrooms where children feel safe and build trust with each other.

Meeting Health Needs - DHS' EHS will use 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, the data system of choice for the Head Start Division, to enable consistent tracking of health status and analysis and reporting of progress.

The delivery of health care services will begin at enrollment. Following notification of selection, parents or guardians will meet with a Family Support Worker (FSW) to share information about the child's health history and health related needs. Family Support Workers will also determine if the family has a medical/dental home and insurance. Pertinent information will be entered into ChildPlus to provide a clear picture of both the overall health and unmet health needs of each child. Follow-up will be triggered by concerns noted during ongoing data reviews. Family

Support Workers 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 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 FSW are trained in eligibility, documentation and application requirements. Every three to six months, the EHS Health Coordinator, with assistance from the FSW will verify and update the children's health insurance status, generally as they work with families to obtain an updated well child exam; if Medicaid or CHIP has lapsed, an FSW will help the family re-enroll.

EHS will follow an age appropriate screening schedule for children in their care, as required by the HSPPS. Screening results will determine developmental, preventative and primary health care status in accordance with Texas Health Steps. A bilateral process will be followed. First, within 45 calendar days of the child's enrollment in EHS, the Health Coordinator and/or FSW will perform a vision and hearing screening (if such was not indicated on the well-child exam) in the language used in the child's home. Evidence-based hearing screenings will be completed for all EHS children as doctors tend to use a subjective test (questionnaire) based on Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements. Sensory screenings will follow the guidelines and regulations and incorporate the schedule recommended by the EPSDT program. Second, within 90 calendar days of the child's enrollment in EHS, and annually thereafter, each child will be required to have a medical and mental health screening completed by their medical home. For children without a primary care physician, EHS through a contract with the University of Incarnate Word (UIW) will arrange and complete screenings. All screenings will determine if the child is current on a schedule of age-appropriate preventative

and primary care requirements, including immunizations. Preventive care frequency will be assessed against EPSDT recommendations. Additionally, UIW will conduct lead and hemoglobin testing at each 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. EHS will partner with Green and Healthy Homes, just as Head Start and EHS-CCP, for lead abatement services whenever children's levels are abnormal.

San Antonio Metro Health will complete two dental screenings, follow-up with all children with urgent dental care needs and administer two fluoride varnishes per year, with parental consent. EHS classroom teachers and home visitors will use Brushy the Dinosaur puppets and dental books as applicable 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 out of sequence for preventive or primary care will be informed of the importance of routine EPSDT care. If the family does not have a medical home, the FSW will work 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 FSW will give reminders to families of EPSDT-recommended health screenings.

Children gain maximum benefit from the EHS experience when they attend regularly; therefore, EHS supports regular attendance with daily health status checks and annual health screenings. 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 (child can

participate, child can participate but with restrictions, child should return home) will be documented in the child's file. DHS and partnering 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.

In DHS' experience delivering EHS services, we have documented the potential presence of developmental delays in 10-25% of children enrolled. When such occurs, the EHS will connect children with suspected delays to local ECI providers for physical, speech and occupational therapies. EHS also will deliver continuous parent engagement and education activities designed to assist parents in recognizing deficits in their children and accessing the resources required to address them as early as possible. Training content and methods will be derived from the Ready Rosie evidence-based curriculum, and Little Texans, Big Futures' early learning framework.

Working in collaboration, EHS and designated EISD staff, 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. FSW 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 EHS funding) if another source of funds is not available.

During the EHS application process, FSW and parents will jointly complete a detailed nutritional assessment. Known diet concerns will be noted in ChildPlus. Before enrollment, the EHS Health Coordinator will review nutrition histories and routinely follow up with families and center staff to ensure special diets are maintained and to determine whether further accommodations will be needed. The importance of improving the nutrition of EHS children cannot be overstated. EISD residents are over-represented in local obesity statistics (2018 Need Assessment); therefore, the FSW and health and nutrition staff will inform and assist parents in developing healthy family eating habits. Families challenged by food insecurity will be 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 will be required to 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 DHS EHS Early Education staff or a behavioral health contractor 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 also will 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, DHS EHS staff will arrange a consultation with contracted mental health professionals. Clinicians will work with center staff and parents to strategize needed interventions or modifications to the educational setting, and will offer optimal ways of meeting the child's behavioral and social-emotional health needs. Parents of children who demonstrate atypical development will be referred to a qualified provider for continuity care.

EHS staff will 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' confidentiality policy will continue to preclude sharing of any student-specific health information with anyone other than the child's parents or guardians or EHS staff with a demonstrated need to know. EISD EHS 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. Each center must have written procedures regarding the administration, handling and storage of medication and will 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. EISD EHS Centers will maintain ample hand washing supplies. Staff, volunteers and children over the age of one will be taught to wash their hands per CDC guidelines. Staff will wash the hands of children younger than one.

The current EHS-CCP program has discovered that many enrolled children and families as well as childcare staff have experienced traumatic life events and are in need of mental wellness services. Therefore, the proposed EHS will continue offering a responsive, three tiered mental wellness program and DHS will continue funding additional resources, including an Early

Childhood Well Being Program delivered by Family Service. Resources available to children and families will include:

Tier 1 Promotion-Provide quality supportive environments for infants and toddlers. Clinician will complete general observations and will work with teachers to ensure that the classroom environment is nurturing and supportive. Clinician will 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. Clinician will complete classroom observations based on referrals generated by behavioral screeners, exposure to traumatic events, and teacher and/or parent concerns. Clinician will 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 will collaborate with EHS FSW to complete a referral for SafeCare, an intensive, in-home parenting program.

For EISD EHS center staff in need of counseling and supportive services, EHS 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 staff focused on the importance of self-care, minimizing stress and preventing burnout.

Tier 2–Prevention. Self-referrals to an EHS Clinician who will meet with the staff member for up to three sessions to process concerns is part of the process. Supportive service referrals will be available for emergency assistance (e.g., food, housing and utilities), job training and parenting assistance.

Tier 3–Intervention. Provide community referrals from clinicians for staff with immediate needs and/or the need for continued intervention. Follow up services will be provided.

Because nutritional deficits are common among economically disadvantaged persons, the EHS will work with all partners to ensure optimal nutritional supplements are provided. EISD EHS will participate in the USDA’s Child Care Food Program, eliminating the need for EHS expenditures for nutritional costs. EHS centers will be required to post evidence of compliance with applicable food safety and sanitation laws and reviews.

As with the current EHS-CCP program, the proposed EHS will work with Nutrition Therapy Associates (NTA), including the assignment of a Nutritionist/Dietitian to assist EHS staff, cooks, families, and teachers. EHS staff will monitor compliance with the nutritional standards of HSPPS, USDA and the Child and Adult Care Food Program, and will host workshops and informational meetings for parents and teachers on the correlation between a healthy diet and child growth and development. All EHS centers will 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 will continue to keep parents informed of feeding schedules, 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 will

have a sterile gum wipe after meals or snacks; children older than one will brush their teeth, with staff assistance, after meals and snacks. Partners will maintain age appropriate feeding schedules for infants and toddlers, including feeding on demand or at appropriate intervals. Providers will 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.

Each nutrition plan will: 1) identify relevant assessment data, including height, weight, hemoglobin/hematocrit, obesity, iron deficiency, failure-to-thrive, food allergies and food intolerances and any other condition requiring special dietary considerations (e.g., diabetes); 2) use the Nutrition Assessment Form to identify family eating patterns, cultural, religious, ethnic, and personal food preferences, and special dietary requirements for each child; 3) identify major community nutritional issues cited in the most recent Head Start Community Assessment or by the Health Services Advisory Committee or San Antonio Metro Health; and, 4) identify appropriate professionals, e.g., physical therapists, speech therapists, occupational therapists, nutritionists or dietitians, to assist center staff in meeting special nutritional needs or addressing feeding issues, in consultation with parents, i.e., assisting children with disabilities who have problems chewing, swallowing and feeding.

Teacher and Home Based Observations - In 2017-2018, EHS-CCP introduced the Infant/Toddler Classroom Assessment Scoring System (CLASS) Plan to partnering centers. Training was

offered to grantee and partner staff. Currently 9 staff members maintain reliable status in the Infant CLASS tool, 9 staff members reliable in Toddler CLASS tool and four staff members reliable in Pre-K CLASS tool (used for classrooms with children within the applicable age range). These trained staff members comprise the EHS-CCP CLASS team that will support the proposed EHS project.

Observation of teacher-child interaction is the foundation of professional development and quality improvement protocols. The CLASS process promotes achievement and maintenance of quality by supporting teachers, strengthening teacher-child interactions and continuously improving child outcomes. In addition to CLASS, monthly observations by DHS monitoring staff will assess: indoor and outdoor environments, health and safety, curriculum, teacher-child interactions and relationships, nutrition, individualization, and family involvement. Each year, 100% of EHS-CCP classrooms will receive a CLASS observation and a monthly environment observation. This will also be the approach for the proposed EHS Program. The rich information gained from both will be forwarded to the EHS management team, which will use it to refine professional development.

In 2018, the EHS-CCP CLASS team completed 100% of teacher observations (34 classrooms). The enabling CLASS processes and schedules will be continued in with EHS. Aggregation of CLASS data, including year-to-year comparisons, will continue to drive decisions about professional development, including topics and scheduling, to help strengthen teacher-child relations, and to build children's school readiness.

DHS staff will work collaboratively with the designated EISD EHS education staff to build a system for observing Home Visitors. The purpose of the observations will be twofold; 1) to

inform practice in order to strengthen the work of the Home Visitor and 2) to make data informed decisions around needed professional development. Key aspects of the observation will be Opening of Visit/Relationship Building – establishing a positive relationship with the parent, child and other family members participating – recognizing each family’s unique strengths and culture; Observation of Parent/Child Interaction – facilitating developmentally supportive parent-child interactions while establishing a collaborative partnership with family to support the child’s ongoing development; Parent/Child Activity; Discussion Points and Closure of Visit.

In addition, EHS-CCP staff will in collaboration with the EISD EHS staff to build a Teachers Learning and Collaborating (TLC), a group format, practice-based coaching model promoted by The National Center on Quality Teaching and Learning (NCQTL). During the last two program years, the EHS-CCP implemented TLC’s intensive coaching model with six teachers, one from each of the EHS-CCP providers. Participants meet for 13 sessions, with each focused on advancing teaching practices via video recordings, reflection, and group and individual feedback. A third TLC group is in process; a new group will be organized in each year of the EHS project period.

Transitioning Infants into EHS - DHS Head Start 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 ERSEA Coordinator, FSW will notify the family of acceptance into the program and a Family Meeting will be scheduled. The family determining center based care will tour the EHS centers 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. An EHS 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 EHS has access to an individualized *birth to five continuum*. Transition planning will begin when a child turns two years old and six months, at which point parents will receive information about DHS' 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 EISD. Parental choice will be the prevailing factor in selecting the child's next educational program.

Promoting educational continuity will be the shared responsibility of the FSW, center staff and home visitors. Families will 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 FSW 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 FSW will document transition planning (e.g., timelines, activities, outcomes) in the child's portfolio and in ChildPlus.

The addition of the proposed EHS program will be built from this strong foundation and will deliver critical new resources to DHS' *birth to five continuum*, which strategically links early childhood and preschool programs to create a linear, integrated approach to kindergarten readiness. When children served by EHS turn three, they will seamlessly transition to DHS' Head Start Program, one of CCS' Texas Rising Star providers, the locally funded PreK4SA program, or an EISD prekindergarten program, based upon parental choice. DHS' ability to seamlessly transition children from EHS to Head Start offers a five year window within which parents can complete their education and job training and begin a career track that offers

continued upward mobility. EHS teachers will be trained to structure transition planning in anticipation of a child’s developmental needs and to predict the next step, be it Head Start, PreK4SA, pre-kindergarten programs or community-based care. The EHS Program’s plans for consistent socialization will promote these transitions with minimal anxiety for the child.

Parent Engagement and Family Support - The Department of Human Services’ experience as an EHS-CCP grantee has shown that the best means of engaging families is to consistently form and nurture positive, responsive and respectful relationships. The same strategies will continue through the proposed EHS model as well. Effective family engagement must be developmentally based and reciprocal, as we have as much to learn from our parents as they will learn from us. Therefore, DHS has framed the EHS-CCP Parent Engagement component in Table 8 which follows.

Table 8: Family Engagement Principals and Methods	
Family Well Being	FSW will use an assessment tool to identify strengths, needs and interests and assemble individualized, internal and external resources. Family Goal Setting Plan will address progress and/or new needs throughout the child’s enrollment.
Parent Child Relationships	During monthly training, parents will learn to identify growth indicators and promote healthy development and strong family relationships. Curricula: Ready Rosie and Little Texans, Big Futures
Families as Lifelong Educators	Parents will enter into a Family Partnership Agreement, which: orients to responsibilities, encourages observation, asks to share perceptions of methods and goals, encourages active engagement in home visits and conferences, and invites volunteering. EHS-CCP will give employment preference to family members.
Families as Learners	FSW will help families develop goals and strategies for success and identify needed support and community resources. Families encouraged to continue education and pursue workforce development opportunities; connected to enabling programs and services.
Family Engagement in Children’s Health Promotion	EHS-CCP centers will provide, coordinate nutrition and physical, mental and oral health services for all children and families. FSW promote continuity of care by connecting families to medical homes.
Family Engagement in	Center partners will prepare parents to make informed decisions

Transitions	about children’s educational transitions, offering information on options and ample opportunities for discussion.
Family Leadership and Advocacy	Parents will participate on the EHS/Head Start Policy Council, on standing and ad hoc EHS-CCP committees and as volunteers.

DHS will detail the activities described above in an annual Parent, Family and Community Engagement Plan. The Plan will identify target outcomes, timeframes and persons responsible for achieving goals, as well as associated indicators, action steps, resources and measures of success. Across the Head Start Division, parents will be critical decision makers, with provider staff and the FSW continually removing barriers to full participation. Active engagement also will be promoted by distributing a monthly calendar of parent training opportunities, scheduled in the evenings, at the centers or in other easily accessed locations. Two curricula -- *Little Texans*, *Big Futures* and *Ready Rosie* – will be used. *Little Texans*, *Big Futures* was developed by the Texas Early Learning Council, in collaboration with the Texas Pediatric Society, to improve the quality of care for young children inside and outside the home. The content, delivered within guidelines, describes expectations about what children should know (understand) and be able to do (competencies and skills) across domains of learning during specific age ranges, as well as steps parents and caregivers can take to support healthy development. The guidelines will help parents learn: to assess their children’s development; to support early learning and development; to choose toys and materials with development in mind; to ensure interactions are developmentally appropriate; and to be responsive to their children’s needs. Training will be age-specific (0-8 months, 8-18 months and 18-36 months) to maximize relevance and impact and provided by the Home Visitors. Parents will be encouraged to talk to their children’s EHS teacher about developmental concerns, and teachers will be equipped with the knowledge and

resources needed to verify and respond. Because *Little Texans, Big Futures*' guidelines are used extensively in DHS training and technical assistance activities with teachers, learning inside and outside the home is synced and mutually reinforcing.

Parents also will have the opportunity to download and use *Ready Rosie*, an interactive tool for smart phones, tablets or computers designed to help at-risk parents improve their children's school readiness. *Ready Rosie* offers two-minute instructional videos (in English or Spanish), delivered in weekly emails, that teach parents how to use their time with their children wisely.

ReadyRosie's Family Curriculum is researched based on the approved Office of Head Start list of parent curriculums. *ReadyRosie* is based on the latest research in child development, foundational parenting practices, family engagement, and appropriate state and national standards. *ReadyRosie* uses three outcomes-based strategies to empower families and schools to work together, resulting in ready families, ready children, and ready educators. In addition, *ReadyRosie* is continually innovating and using the most recent research and standards to create the family workshops, video curriculum, and professional development opportunities.

ReadyRosie enables the FSW to reach families on a personal level by sharing and making connections through the workshops. The combined approach of receiving rich parenting content at home and participating in interactive workshops enables families to confidently practice skills at home and with peers.

Activities designed for home use do not require materials that might be unavailable to low-income families and will be aligned with in-class EHS-CCP goals. Studies show that 82% of parents using *ReadyRosie* felt their children were more excited about learning.

DHS' EHS-CCP's School Readiness Home Learning Activities will continue to be disseminated through the proposed EHS model to parents each month. Parents will receive a sheet of suggested activities that directly support positive child relationships, language and literacy and other domains of learning. Activities were developed based on *The Creative Curriculum*, *ReadyRosie*, Conscious Discipline and Developmentally Appropriate Practices. For the 2018-19 year, 309 unduplicated participants completed 17,213 activities.

Parent Engagement Opportunities also will be continued in the upcoming project period. Parent Connection Committee meetings, parenting trainings, resource fairs and family nights will be primary implementation methods. In the current program year of EHS-CCP , 43 parent engagement activities have been held with 420 parents and family members participating. These gatherings also are used as opportunities to address family needs. Car Seat Safety Awareness sessions were provide to parents at their centers and an invitation to a Car Seat Inspection Station event was held on September 21, 2019. Families who participated in event received new car seats by the Safe Rider organization. One parent engagement activity has been to incorporate Parent Café which is a community program that provides opportunities for families to discuss matters important to them and facilitate discussions and activities around specific protective factors which have been proven to be effective in strengthening families. These factors include: Parental Resilience, Social Connections, Concrete Support in Times of Need, Knowledge of Parenting and Child Development, & Social and Emotional Competence of Children. In addition the Parenting C.A.R.E. Program from the Texas Pregnancy Care Network has been providing one on one parenting classes to parents in three EHs-CCP centers with 21 parents participating in August and 22 participating in September.

Because the targeted zip codes contain some of the highest concentration of families in poverty in Bexar County, it is expected that most all families will face a wide variety of challenges to full engagement in EHS-CCP, from transportation to low or no income to homelessness. EHS will address these barriers with: bus passes, access to the San Antonio Food Bank's weekend lunch program, a welcoming school environment and staff trained in the dynamics of poverty and building empathic relationships, clothing, adult education, workforce development and financial literacy programs, and connections to the local mental health authority for counseling, substance abuse treatment and mental health care.

Once each year, DHS EHS staff and providers will jointly assess the environment at each center to determine collective family needs, identify resources available to help, and develop an annual parent training and event calendar. Information from semi-annual parent surveys and results from EHS annual Self-Assessment also will advise parent training and service offerings. Parents and experts in the fields of family services, child abuse prevention, health and nutrition, stress management, leadership and advocacy, child development and kinder readiness will present. Parents also will have the opportunity to attend local, state and national EHS conferences.

Parents will be encouraged to visit EHS classrooms and take advantage of in-home educational activities to promote out of class learning, e.g., *ReadyRosie*. Twice annual home visits and parent conferences by the child's teacher and informal daily contacts during pick up and drop off will be used to cultivate warm parent-teacher relationships. Parents also will be encouraged to volunteer or seek membership on the Policy Council, giving them a voice in decision-making on educational and support activities, health screenings, nutrition, and safety.

DHS' Head Start Model uses family services to promote family development and well-being, strengthen parent-child relationships and enable ongoing learning. This approach will be replicated by the EHS and fulfilled by a cadre of two Family Support Workers and four Home Visitors. The FSWs employed, trained and supervised by DHS and working in collaboration with staff from EHS provider. The FSW's primary responsibilities will be to: a) rapidly identify and address the ongoing and urgent needs of parents and families; and, b) ensure the meaningful engagement of parents, grandparents, kinship caregivers, and foster parents in EHS activities. The FSW will serve as the primary source of support and coaching for families, assessing short-range needs and long-range goals and developing resources to address both.

Each FSW will be assigned to no more than 40 families and will be fully integrated into education services. A Partnership-wide Parent, Family and Community Engagement Plan of Action will be developed to ensure families have both necessary supports and opportunities for active engagement with the EHS and its services. An individualized Family Goal Setting Plan, completed by the FSW/Home Visitors and parents, will identify desired outcomes, timeframes and persons responsible for achieving goals, and associated indicators, action steps, resources and measures of success. Target outcomes may address: family well-being; parental education or employment; community resource needs; parent-child relationships; family engagement; early education transitions; and, family connections to peers and community.

FSW also will work with center staff to determine the collective needs of families and to develop a response, e.g., annual parent training and event calendar. Information from semi-annual parent surveys and results from an annual EHS Self-Assessment will further direct parent training and services throughout the year.

A key strength of the DHS EHS 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 EHS 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 EHS 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 will include some of the most disadvantaged zip codes in Bexar County. EHS 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.

The FSW will support integration of resources from all providers involved, including taking primary responsibility for identifying available resources, coordinating and assembling assistance, identifying continuing gaps, and addressing them as needed. The FSW will always apply consortia resources first, accessing EHS resources when no other source exists. Because the FSW have a continuous, warm relationship with the EHS family, the parents' voice and interests will be reflected throughout this work. Frequent follow up will ensure family engagement and resource utilization.

The EHS will continue to identify and apply specific resources for children with special needs. DHS maintains an interagency agreement with Bexar County's three ECI providers, the Center for Health Care Services (CHCS), Easter Seals and the Brighton Center, which enables co-enrollment in ECI and EHS. The agreement also provides a framework for: transitioning ECI/EHS-CCP children into next step educational settings; communicating with and coordinating assistance to ECI/EHS parents; and collaborative recruitment, referral, outreach, parent advocacy, and educational support.

The Texas Department of Family and Protective Services (DFPS) is responsible for administering Section 106 of the Child Abuse Prevention and Treatment Act. DHS has a long-term, reciprocal relationship with the Child Protective Services unit of DFPS, with our staff routinely attending their resource fairs and their staff supporting our FSW and families. All EHS staff directly report suspected or known child abuse or neglect or sexual abuse (as defined in 45 CFR 1340.2d) of EHS children, whether such abuse occurs within or outside of the program. Because all partnering centers will be licensed by DFPS, the centers' policies and procedures regarding the reporting of child abuse and neglect will be monitored every year. Additionally,

DHS mandates that EHS providers notify DHS and parents or guardians of suspected or known child abuse occurring within the childcare program. Immediate verbal notification must be made to the DHS EHS Special Projects Manager, with a written report filed within 24 hours. State notification policies also will apply in such cases. If providers are informed of or suspect child abuse or neglect by sources outside the program, state-required notification policies will apply. Annually, DFPS or another qualified source will train EHS personnel (City and centers) and the Policy Council to identify and report child abuse or neglect.

3. Past Performance. *Organizational experience* - The City of San Antonio has served as a grantee for the Head Start Program for over 40 years. DHS has implemented the EHS-CCP and Head Start programs, managed by the Head Start Division. DHS' considerable experience in the operation of Head Start programs has produced a management staff with the capacity to implement the proposed EHS. The Department of Human Services Director, Melody Woosley has 23 years of experience directing large municipal human service projects, including Head Start, Child Care Services, Family Assistance Centers and Homeless Initiatives. She leads a staff of over 350 and manages a \$131M annual budget. Her demonstrated capacity to direct, plan, implement and evaluate high risk, highly regulated and complex programs will be an invaluable asset to the EHS.

Rebecca Flores is the Department's Education Program Administrator. She will oversee the Head Start Division and has over 14 years of experience managing and overseeing federal grant programs. She oversees a \$32 million dollar budget and a staff compliment of 122 members supporting educational and youth development programs, including EHS, Head Start, summer internship program and AmeriCorps Vista.

Audrey Jackson is the Head Start Administrator and will be responsible for supervising the EHS program. Ms. Jackson has over 20 years of experience managing and overseeing Head Start grants. Currently, she oversees a budget of over \$25 million and a staffing complement of 107 Head Start and EHS-CCP personnel.

Rhonda Roach will serve as the EHS-CCP and EHS Senior Special Projects Manager (SPM). She will oversee the program and provide direct services to the childcare partners, primarily in the areas of training and technical assistance. Ms. Roach has over 39 years of early childhood experience and has been employed with the DHS Head Start Division for 11 years.

Cassandra Farias-Ybarra will serve as the Senior Management Analyst for the EHS-CCP and EHS programs. Mrs. Farias-Ybarra has over eight years of experience working with and managing Head Start and EHS-CCP programs. She will oversee service areas, provide direct services, and supervise early education, disabilities, mental wellness, health, nutrition, dental, transportation, family and community, and Family Support Workers.

DHS' Fiscal Administrator and Fiscal Manager have experience managing multi-million dollar contracts with state and federal governments. They will supervise spending and revenue, including availability of the non-federal share, and will meet monthly with EHS staff to share findings and concerns.

The City's financial management system befits a \$2.2B public enterprise and adheres to the highest standards of accountability and grants management. The City's Independent Auditor completes annual Financial and Compliance Reports on Federal and State Grants and the Federal Single Audit currently is prepared in accordance with OMB Circular A-133. The external auditors receive copies of the Schedules of Federal and State Expenditures to provide context for

grant expenditure amounts and to select major programs for in-depth reviews. Single audit findings are communicated to the City's Finance Department; the Finance Department in turn coordinates with departmental fiscal administrators for the preparation of a response to audit findings or questioned costs. The City continuously manages programmatic and fiscal risks and has procedures in place to ensure transactions are properly authorized and comply with applicable policies, procedures, laws and regulations. To ensure the Partnership's financial management system meets federal requirements for fiscal controls, DHS will maintain oversight of budgeting, regulatory requirements, policies and procedures, internal control, reporting, match requirements and documentation, time and activity documentation, cash management, and expense documentation. Annually, DHS fiscal monitors will review the accounting practices of all providers to verify compliance with EHS and DHS policies and procedures. Results will be reported to the DHS Director and the EHS SPM. Failure to maintain sound fiscal practices may end a provider's participation in EHS.

DHS' capacity to organize and manage an effective EHS is drawn from 40 years of experience as a Head Start grantee, including a long-term partnership with EISD, serving over 3,000 low-income children. The DHS model includes well-defined management systems that plan for and set goals, maintain accountability and provide ongoing programmatic oversight.

DHS has a lengthy history providing early childhood education services and, because kindergarten readiness is among the community's most urgent priorities, has invested in the infrastructure required for the operation of high quality, high impact programs. The City also took this commitment one step further, winning voter approval of a dedicated sales tax percentage to fund new pre-kindergarten resources in the most economically disadvantaged

sectors of the community. As a result, the City is ranked as one of the most forward thinking municipalities in America in the area of early childhood education. Through these and other experiences, the City and its Department of Human Services has built the capacity to administer a project of the size, complexity and scope of EHS. For example, DHS manages over \$92.2M per year in grants, programs and partnerships involving City departments and external community providers. Encompassed services foster self-sufficiency, improve nutrition and wellness, enhance educational opportunities, provide childcare, and offer opportunities for financial empowerment. DHS' administrative network manages the programmatic and fiscal requirements of multiple federal, state, and local funding sources and includes specialized fiscal, facilities and contracts sections and technical expertise in grants management, planning and monitoring. These resources will be immediately available to the EHS Special Projects Manager.

From 2015 until the development of this application, the DHS Head Start program received federal reviews in the areas of ERSEA, Fiscal, School Readiness, and Governance and Management Systems. The program received three non-compliances in the Safe Environments area which were corrected and after a follow-up review was completed, DHS Head Start was deemed to be in full compliance. During a 2017 Federal Review, DHS EHS-CCP was found to be in full compliance.

Both the DHS Head Start and EHS-CCP programs have not experienced under-enrollment, have never been designated as chronically under-enrolled, and are not on an under-enrollment plan.

4. Staffing and Supporting a Strong Early Learning Workforce: DHS and partnering EISD will develop a staffing complement that ensures child-to-teacher ratios are met and can accommodate staff absences, staff development or emergencies. DHS and EISD understand that

EHS classrooms will maintain a 1:4 staff to child ratio which are led by a qualified Teacher (CDA level or higher), and include child group sizes of no more than eight. DHS will develop a staffing pattern in which degreed Infant Toddler teachers are paired with Teachers with a CDA-Infant/Toddler endorsement to develop a mentoring environment in each classroom.. Additionally, the classroom teachers will be supported by an Instructional Coach.

Prior to hiring, EISD will conduct an interview, verify references and complete a state and federal criminal record check. Thereafter, teaching staff that are recommended for hiring, either full-time or into a substitute pool, will complete 15 hours of pre-service training designed to enhance the knowledge and skills needed to deliver high quality services that conform to EHS standards.

DHS will work alongside EISD in developing interview processes for Teachers that will reliably predict an applicant's skills in promoting healthy child development and building strong relationships with families. Possible interviewing activities may include scenario-based tests that will allow applicants to demonstrate their knowledge of infant and toddler development, identify safety issues and communicate with infants and toddlers. The rigorous pre-screening process will ensure that selected staff has the capacity to plan and implement learning experiences that address social-emotional development, early language and literacy, early math and science, problem solving, and approaches to learning.

Weekly reviews of enrollment, attendance and staffing data from both EHS centers will enable EHS Monitors to continuously ensure that minimum teacher: child ratios are maintained. EISD, with the support of DHS EHS staff, will be required to organize and train substitute teacher pools to preclude slippage from HSPPS-mandated ratios. Centers also will supplement with volunteers

whenever possible, prioritizing placement in classrooms serving children with special needs who require additional care. Finally, in centers where the majority of children are dual language learners, at least one bilingual staff person will be placed in each classroom to facilitate accurate communication with children and parents in the dominant language.

Additional Positions - The current EHS-CCP staffing complement will be an asset to the new EHS program. Staff qualifications are high, including four Masters level staff, two Child Care Health Consultants trained in Infant and Toddler Environmental Rating Scales, one Pre-K CLASS Observation Trainer, two Toddler CLASS Observation Trainers, two Infant CLASS Observation Trainers, one ASQ Trainer, and two Family Service Credential Trainers.

The DHS Training and Technical Assistance Plan for the EHS (included in the Appendices) draws from more than a decade of EHS and Head Start services managed by DHS and is structured to build capacity to deliver high quality EHS services that meet all HSPP Standards.

The proposed EHS Program also will employ, prepare and supervise *two full-time Family Support Workers*, with an average caseload of 40 families. FSWs will complete at least 15 hours of professional development training per year. Content will include best practices in fostering self-sufficiency in families with extraordinary barriers and significant educational and employment deficits. FSWs will be stationed at both EHS sites and will greet families and children each morning and afternoon when on-site.

To manage performance and achievement across both Head Start and the EHS-CCP, DHS created a Program Evaluation and Data Management position. This will be an asset to the proposed EHS model. The availability of this expertise has allowed a high level of statistical

analysis of child outcome data, usable to guide decision-making, and has enabled a reliable early warning system and a critical supplement to monitoring activities.

Together the expertise of DHS' EHS-CCP management team has helped to establish a positive, supportive working environment that emphasizes teamwork, peer support and coaching. EHS-CCP has had *minimal turnover in recent years, with only one staff member leaving the management team*. The competencies developed by the EHS-CCP managers will be shared with the EHS staff using a mentoring approach to establish similar environments. Additionally, DHS content area specialists and experts will be available to help support the EISD EHS staff to work toward building a community of practice to help teachers deliver the highest quality instruction.

Career Development Opportunities - Having the skills and support required for superior job performance advances employee retention and service quality; therefore, both EHS center employees will be employed by EISD and required to complete 15 hours of annual, job-specific training on EHS. A strong professional development component enables the highest degree of teacher excellence, builds a career ladder for all educational staff and assists in efficiently reacting to staff turnover, as the qualified teacher pipeline will remain full. Professional development strategies for Teachers will include observation, feedback, peer support and training. DHS and EISD will employ sufficient management staff to enable appropriate supervision, assistance with skill acquisition and advancement support.

DHS' proposed Training and Technical Assistance Plan for the upcoming project period is included in the attachments.

5. Planning and Implementation: Working collaboratively with EISD, DHS proposes EHS center based option will be housed at two Head Start campuses within EISD as previously stated.

Stafford ECC has designated space that is currently being used as a licensed child care facility. With the addition of an EHS program, minor updates will be conducted to bring a fresh face to the designated space both inside and outside. Currently classrooms at Cardenas ECC are all Head Start classrooms, but with additional elementary campuses being added to the Head Start locations for the 2019-2020 program year,

EISD Leadership is recommending to relocate the four classrooms to meet parents' needs and add EHS to the Cardenas campus. Cardenas ECC had at one point been a licensed program and preliminary assessment does not indicate there will be major renovations needed. DHS staff has identified a designated Infant and Toddler playground will need to be added at Cardenas ECC as well as some minor upgrades to the rooms.

DHS staff do not foresee any challenges for EISD to apply and obtain the appropriate child care license from the Texas Department of Health and Human Services.

EISD will recruit and hire the needed EHS program staff through the district Human Resource systems already established. Instructional Assistants (IAs) within the EISD Head Start Program are required to obtain a CDA. EISD will notify all IAs of the potential EHS program to generate interest at the point of the grant submission. EISD will work with their HR Department to build recruitment and communications plans prior to the award announcement in order to operationalize upon notification.

DHS has been in conversation with EISD regarding implementation. The resulting Implementation Plans for EISD follow covering licensing, facility renovation, and staff recruitment, training and hiring.

EHS Implementation Plan			
Projected Time	Items	Assigned To	Status
April 2020			
	Notice of Award Received	DHS	
	Meet with EISD to finalize Implementation Plan	DHS & EISD	
	Finalize plan for upgrades and completion timeline	DHS	
	EISD meets with Texas Department of Family and Protective Services –Child Care Licensing (CCL) for Pre-Application Interview	EISD & DHS	
	Participate in TDFPS-CCL information inquiries to review Minimum Standards	EISD & DHS	
	Schedule regular Implementation meetings	EISD	
	Finalize staffing plan with timelines	EISD & DHS	
	Initiate draft contract to EISD	DHS	
	Initiate budget template and expectations to EISD	DHS	
	Schedule fiscal training/technical assistance with EISD	DHS	
	Final contract and budget goes to EISD to submit for Board approval	EISD	
	Receive Board approved contract and budget from EISD	DHS	
	EISD contract and budget to City Council –execute contract	DHS	
	Upgrades begin at Stafford ECC to include infant/toddler playground	EISD & DHS	
	Submit CCL Licensing Application	EISD	
	Schedule Fire, Sanitation and Gas inspections (if needed)	EISD	
	Order curriculum and child developmental assessment supplies, equipment, materials and schedule trainings	DHS & EISD	
	Meet with EISD Head Start staff for discuss and provide Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA) training	DHS & EISD	
	Develop EHS communication plan-English and Spanish-for EISD students and community regarding child development center	EISD & DHS	
	Schedule teen parent meeting at Stafford ECC	EISD & DHS	
	Hold ERSEA recruitment fair for EISD teen parents at Stafford ECC	DHS & EISD	
	Hold ERSEA recruitment fair for EISD community	DHS & EISD	
	Hold workforce job fairs for EHS	EISD	
	Finalize training plan with EISD staff	DHS	

May 2020			
	Continue Implementation meetings	DHS & EISD	
	Determine upper leadership hierarchy for EHS-CCP program involvement	DHS & EISD	
	Conduct Mock Health & Safety Screening at Stafford ECC	DHS	
	Director joins EHS-CCP monthly Director meetings of DHS Partnership	EISD & DHS	
	Review of DHS EHS-CCP Policies and Procedures with Director	DHS	
	Begin Child Plus data system training with EISD and EHS staff	DHS	
	Continue with center staff trainings and technical assistance (see TTA Plan)	DSH & EISD	
	ERSEA Selection for enrollment for 2020-2021	DHS	
	Conduct EHS 101 trainings for EHS staff and EISD Teen Programs leadership	DHS	
	Conduct EHS Home Based Programing101 trainings for Home Visitors	DHS	
	Family Support Workers meet with families to conduct Family Meetings- prepare for August 1 st enrollment	DHS	
June-July 2019			
	Continue ERSEA selections	DHS	
	Family Support Workers meet with families to conduct Family Meetings	DHS	
	Receive center supplies and equipment for set-up	EISD & DHS	
	Continue EHS trainings for EHS Teachers and Home Visitors	DHS	
	Issuance of the Initial CCL License	DFPS	
	Conduct Mock Health & Safety Screening at Cardenas ECC	DHS	
	Home Visitors meet with families to conduct Family Meetings	EISD	
	Final walk through and EHS inspections	DHS & EISD	
	Child care staff attend annual In-Service with EHS-CCP	DHS	
	Schedule meet and greet with families and child care staff	EISD & DHS	
August 2020			
	First day of EHS services – August 1, 2019	EISD	
	Conduct HHS official Health & Safety Monitoring of first 45 days of operation for assurance of safety	DHS	
	Conduct HHS official Governance & Leadership Screener	DHS	

6. Organizational Capacity and Governance: *Capacity of senior executive managers and government board* - The Department of Human Services has implemented EHS-CCP and Head Start as a single program, managed by the Head Start Division. Sub-responsibilities include: Governance, Community Assessment, Self-Assessment, Strategic Planning, School Readiness, and Annual Report. The Department of Human Services, which administers the Head Start Division, reports to the City Council who is ultimately responsible for the oversight of EHS funding. Two advisory committees have been established to assist the City Council in programmatic oversight of the DHS Head Start Programs including the Community, Health and Equity City Council Committee (CHEC) and the Community Action Advisory Board (CAAB). DHS Head Start reports monthly to the CAAB and bi-annually to CHEC.

DHS' considerable experience in the operation of Head Start programs has produced a management staff with the capacity to implement the proposed EHS model. Melody Woosley has 23 years of experience and oversight of the Human Services Department. Her demonstrated capacity to direct, plan, implement and evaluate high risk, highly regulated and complex programs will be an invaluable asset to the proposed EHS model. The Department also will assign a Fiscal Administrator and a Fiscal Manager to the EHS; both have experience managing multi-million dollar contracts with state and federal governments. They will supervise spending and revenue, including availability of the non-federal share, and will meet monthly with both DHS and EISD EHS staff to share findings and concerns.

Audrey Jackson, the Head Start Administrator, directly oversees Rhonda Roach will continue to serve as the EHS-CCP Special Projects Manager (SPM) and oversee the proposed EHS model while to include operations, approach, direction and vision and will supervise and support a team

of three management staff and two Family Support Workers, and will manage contracts, budgets, training and technical assistance, and special projects to enhance services provided to children and families. The SPM will be responsible for ensuring compliance with the HSPPS and DHS policies and procedures, and will directly supervise the one Senior Management Analysts overseeing service areas and monitoring. The SPM will ensure all staff remains focused on EHS-CCP program values, always asking, “How does it impact children and families”, and “what happens next”. The EHS-CCP approach: has been built on relationships and trust; is strengths-based, responsive and respectful; prioritizes continuity of care; understands the childcare programs; and meets them where they are. The same concepts of care and building relationships will be implemented in the proposed EHS model.

In addition, the following new positions are proposed for the upcoming project period: one Senior Management Analyst; two Management Analysts (one Service Areas and one Family Support Supervisor); and two Family Support Workers are proposed. The additional positions are needed to fully support EHS staff and continue building their capacity to meet HSPPS and deliver highest quality services.

Fiscal Controls and Management - The City’s financial management system befits a \$2.2B public enterprise and adheres to the highest standards of accountability and grants management. The City’s Independent Auditor completes annual Financial and Compliance Reports on Federal and State Grants and the Federal Single Audit currently is prepared in accordance with OMB Circular A-133. The external auditors receive copies of the Schedules of Federal and State Expenditures to provide context for grant expenditure amounts and to select major programs for in-depth reviews. Single audit findings are communicated to the City’s Finance Department; the

Finance Department in turn coordinates with departmental fiscal administrators for the preparation of a response to audit findings or questioned costs. The City continuously manages programmatic and fiscal risks and has procedures in place to ensure transactions are properly authorized and comply with applicable policies, procedures, laws and regulations. To ensure the Partnership's financial management system meets federal requirements for fiscal controls, DHS will maintain oversight of budgeting, regulatory requirements, policies and procedures, internal control, reporting, match requirements and documentation, time and activity documentation, cash management, and expense documentation. Annually, DHS fiscal monitors will review the accounting practices of all providers to verify compliance with EHS and DHS policies and procedures. Results will be reported to the DHS Director and the EHS SPM. Failure to maintain sound fiscal practices may end a provider's participation in EHS.

DHS' capacity to organize and manage an effective EHS is drawn from 40 years of experience as a Head Start grantee, including a long-term partnership with EISD to serve over 777 low-income children, and almost six years as an EHS-CCP grantee. The DHS model includes well-defined management systems that plan for and set goals, maintain accountability and provide ongoing programmatic oversight.

This same framework will be used to implement and manage the continuation of the proposed EHS model. DHS will be responsible for planning, governance, legal and fiscal operations, maintenance of memoranda of understanding, training and technical assistance, grants management, recordkeeping and reporting, ERSEA compliance, fostering healthy collaborative relationships, human resources, monitoring and self-assessment, and contract management. Edgewood Independent School District (EISD) will be responsible for providing high-quality

direct early learning services, establishing and maintaining warm relationships with parents and families, employing education and center administrative staff, and providing quality facilities, supplies and materials. Upon ACF funding notification, the City will update an existing Interdepartmental Agreement between DHS and San Antonio Metro Health, and contracts with UIW and existing center partners. New contracts will be executed with EISD. The contracts will explicitly state services to be provided, staffing responsibilities, period of effectiveness and budgeted amount. A Scope of Work will define EISD organization's programmatic responsibilities, use of funds provisions, services to be provided without compensation, and requirements for governance, licensure/staffing, facilities, transportation, reporting and recordkeeping, and participation.

In the current EHS-CCP program, our childcare partners have struggled with the fluctuating nature of CCS funds. DHS staff, both EHS-CCP and Fiscal, have provided significant technical assistance, paid for fiscal trainings, and provided training to assist these non-profit agencies with complex fiscal management issues. Since 2016, the EHS-CCP SPM has instituted an Individualized Meeting process with each non-profit; the meetings include the Executive Director, the Child Care Director, the partner's fiscal staff, DHS Fiscal staff and the EHS-CCP SPM and are used to discuss budgeting, programing, and forecasting, and to celebrate accomplishments and work through challenges. Individualized meetings will continue during the new project period, with EISD, and will be scheduled in the fall, roughly three months into new program year, and in the spring, to help EISD prepare for annual close out.

Planning - DHS and provider staff, the Policy Council, City Council, the Community Health and Equity Committee, the Community Action Advisory Board and community stakeholders will

share EHS planning. Decision-making will be advised by annual data reports covering enrollment, aggregate developmental milestones, program exits, community resources used, family well-being, and other key indicators. Monthly reports of this same information will be continuously analyzed by DHS and provider staff and the Policy Council to ensure the early identification of challenges, necessary revisions to program goals or methods and improvements needed to stimulate greater program impact. The primary source for baseline data and need indicators will be the annual Head Start Community Assessment, which is inclusive of information relevant to the proposed EHS model. Findings will be supplemented by an annual Self-Assessment completed by DHS and center staff, Policy Council members and community stakeholders. Data from the Community Assessment and the Self-Assessment also will inform an annual strategic planning process to be completed by the Policy Council, the Community Action Advisory Board, DHS and EISD staff, and community stakeholders. This diverse representation ensures objectivity in assessing progress in meeting HSPPS and internal program mandates and will ensure program goals and objectives tie into the community vision for early childhood education. The resulting Strategic Plan will confirm centers are appropriately placed, families with the highest need are given priority for enrollment, program goals and objectives meet the needs of the targeted service area, and policies, procedures and service delivery plans fit the population being served.

Communication - The Department of Human Services has developed a strong communication system with Head Start providers and community partners and this template and its attendant relationships will be immediately available to the proposed EHS model. DHS will continue to prioritize ongoing, open communication to and from staff, parents, the Policy Council and the Community Health and Equity Committee, providers, and the general public. Open

communication and trusting relationships will contribute to optimal involvement by families and parents in EHS decision-making. A tiered system will be used to maintain a constant flow of information between and among provider staff, parents and governance members, including: bi-annual meetings between the EHS SPM and EISD Leadership, bi-weekly Head Start Director's meetings, monthly EHS Director meetings, weekly meetings of the DHS' EHS-CCP management team, and monthly meetings between the EHS-CCP management team and content area staff. DHS also will monitor provider level communication to ensure staff are timely informed of changes, progress and areas needing improvement.

DHS and providers will use ChildPlus to share program-related data. ChildPlus requires encrypted data transmission and DHS will use an intranet with individualized login and email for information sharing and reporting at all levels. A key benefit of ChildPlus is its capacity for education and family support staff to access children's files and coordinates services in real time, across content areas and providers.

At the provider level, multi-disciplinary staffings will be used to ensure a cohesive team approach to meeting the needs of children and families. Staff will meet to discuss each child at least twice a year, and ERSEA, mental wellness, transportation, nutrition or disabilities staff may be included based on the needs of the child and/or family. When applicable, representatives from Child Protective Services or other relevant community providers will be invited.

Communication with parents and families will be ongoing and frequent, verbally or in print and always in the preferred language of the family. Parents will be informed of major changes in program design or policy via a letter from DHS; notification also will be placed on the EHS/Head Start website. Teachers will hold twice yearly conferences and home visits with

parents. During both, teachers will help parents enhance their observational skills, knowledge and understanding of the educational and developmental needs of their child and parents will be encouraged to discuss their concerns about their child. During parent-teacher conferences, teachers will share the child's strengths and interests, portfolio work samples and the results of educational assessments. Conferences will be scheduled at the parent's convenience and the conversation will occur in his or her preferred language. An EHS Parent Connection Committee meeting will be scheduled at each center for parents to discuss challenges and successes and receive training on topics of importance to them and their families. Minutes and agendas from EHS/Head Start Policy Council meetings will be shared and parents' feedback will be requested regarding service quality and additional areas of training they would like.

DHS will regularly communicate with the EHS/Head Start Policy Council, including monthly reporting of: correspondence from HHS and other stakeholders, the status of program operations and fiscal expenditures. The Policy Council will approve planning reports, policies and grant applications and will receive regular progress updates on pending matters. DHS staff will prepare and distribute agendas, minutes and packets of information for the monthly meetings of the Policy Council and the Community Health and Equity Committee. DHS staff also will provide pertinent information to the governing bodies of the partnering centers.

The EHS management team will spontaneously meet with EISD staff to communicate changes in program operations, funding or contracts. Work groups will be convened by content area to share best practices or relevant changes to EHS operational procedures. EHS management team members will directly communicate monitoring results and corrective action status to center

Directors. Centers will be expected to inform EHS of any internal monitoring findings that indicate non-compliance with agency or DHS policies or HSPPS.

Ability to plan, constitute and train a governing body - The current EHS/Head Start Policy Council has nine members and the majority of members are parents of currently enrolled children. Members serve one-year terms and can be re-elected to a total of three terms. The Policy Council meets monthly to set priorities and guide operations. There are currently two elected EHS-CCP parents on the Policy Council and two alternates. Upon notification of the awarded funding for the proposed EHS model, DHS will work with the current Policy Council to review and revise the By-Laws to incorporate the addition of one primary and one alternate position to represent the EHS Program. The two positions will be filled once the new EHS program begins as it will be included in the Head Start Division's Governance Campaign timelines.

The Head Start Policy Council, the San Antonio City Council and the Community Health and Equity Committee work with the DHS management team to develop, review and approve Head Start policies and plans. Members receive monthly fiscal and program reports to support informed decision-making and also approve an annual accountability calendar containing designated items for review and approval.

Management systems for program planning, internal and external communication, record keeping, issuance of internal and external reports, and program self-assessment and monitoring.

- Annual Community and Self-Assessments, as well as ongoing monitoring results verifying the impact of EHS services, will guide the proposed EHS model. The Self-Assessment and strategic planning process will include community stakeholders, City and childcare center staff, EHS staff

and Policy Council members; together, they will determine EHS progress in meeting the needs of participating children and families. They also will verify the alignment of program goals and objectives with the City's vision for early education.

DHS Head Start has completed a data-driven self-assessment process that included quarterly data review meetings and the implementation of the Self-Assessment System for Continuous Improvement and Evaluation (SASCIE) Rubric. The SASCIE process enables ongoing self-assessment of compliance with Head Start regulations and progress in meeting program goals and objectives. The SASCIE rubric functions as a roadmap for the continuous improvement of program services. Integrated teams used the SASCIE rubric to review the quality of program services and identify areas of non-compliance, strengths and areas requiring focus.

Recordkeeping - DHS' use of ChildPlus will enable the maintenance of detailed child, family and health records in electronic and hard copy formats and will preserve confidentiality. ChildPlus will be the backbone of DHS monitoring and will help ensure services are delivered in a timely manner and in compliance with HSPS. Record consistency will be evaluated through regular monitoring of source documents and DHS-produced guides for data entry processes. DHS will require all center partners to use ChildPlus and to identify a staff member responsible for data entry. The DHS ChildPlus Administrator will train designated staff and/or DHS EHS service area staff to ensure competency in running reports and completing crosschecks of data accuracy. DHS also will require providers to maintain centralized hard-copy child classroom files in secured locations. These files must be available to parents or reviewers upon request. Provider staff will only have access to the files of children and families they serve. Files will contain: parent input from home visits and conferences; ongoing observations and anecdotal

notes; child's work samples; progress reports; developmental, social and emotional screenings; beginning, mid and end of year assessment information; and other items pertaining to educational development (e.g., IFSP, if appropriate).

Reporting - The DHS Head Start reporting systems, which are accurate and meet mandated reporting timeframes, are duplicated in EHS-CCP as they will be for the proposed EHS model. The current system assists DHS staff in planning, complying with Head Start requirements, and providing quality services to children and families. DHS staff will distribute information and communication from ACF to the Policy Council during monthly meetings. DHS will develop procedures for HHS-required reporting and, in accordance with the 2007 Head Start Act, will release an annual report to the public that includes: amount and source of funding; budget projections and expenditures; enrollment information; results of federal reviews and financial audits; percent of children receiving medical and dental exams; parent engagement activities; and the Partnership's efforts to prepare children for kindergarten. Reports to the public will be posted on the DHS EHS/Head Start website (saheadstart.org) and at all center locations and will be disseminated at stakeholder meetings.

Monitoring and Self-Assessment - As with the EHS-CCP program, the proposed EHS model will use a three-tiered approach to continuous monitoring: 1) Texas Child Care Licensing inspections will be completed for all child care service providers; 2) DHS staff will complete internal and external monitoring; and 3) EISD will complete internal monitoring. DHS EHS staff will review Child Care Licensing reports monthly. EISD EHS will be required to report to DHS EHS staff any visits from a licensing inspector within 24 hours. At the completion of the 2018-2019 program year, staff completed 12 announced 45-Day Environmental Health and Safety Screeners,

65 unannounced Safe Environments monitoring visits, and 88 internal and external monitoring projects to review comprehensive EHS-CCP services. Ongoing monitoring will continue to provide recommendations of quality enhancements needed to maintain safe and healthy environments within the proposed EHS model.

The DHS EHS Monitor will complete a beginning of the year Health and Safety screening within 45 days of each new program year and at the mid-year point, and will conduct a Health and Safety visit to each center every other month. For all other topic areas, the EHS will be monitored in accordance with federal, state and local regulations and the HSPPS. Monitoring strategies will be bifurcated into Year 1 (focused on new partner development and maintenance of existing partners) and Years 2-5.

Table 10: EHS Monitoring Activities	
Year 1 - Monthly reviews of each new center's practices related to:	
Education and Early Childhood Development	ERSEA
Health and Dental Services	Nutrition
Disabilities and Mental Health	Family and Community Partnerships
Facilities and Transportation	Safe Environments
Human Resources	Program Design and Management
Policies and Procedures	Monitoring and Compliance with Licensing
Years 2 through 5 – Monthly monitoring calendar by content area:	
August-45 Day Safe Environments Screening	September-45 Day Safe Environments Screening (continued), Nutrition#1
October-Transportation, 45-Day Screenings, ERSEA Attendance	November- Wellness Support, Disabilities, Education#1
December- 90-Day Health Requirements, Disabilities, Family & Community#1	January-Self-Assessment, 10% Disabilities Enrollment, Education, Nutrition#2
February-Wellness Support, 45-Day Screenings, Family & Community#2	March-ERSEA, Support Services Partner Review, Safe Environments, Disabilities#2, Education#2
April-ERSEA/Attendance, Transportation, Family and Community, 90-Day Health Concerns	May-90 Day Health Concerns, ERSEA/Eligibility and Selection, Safe Environments, Indirect Monitoring Reviews
June-ERSEA/Eligibility and Selection	July-ERSEA/Eligibility and Selection

The system was developed to support timely, effective service delivery by reviewing progress on an ongoing basis and subsequently directing content area expertise and support to provider staff. DHS is expected to have a monitor and policies and procedures to guide ongoing reviews and continuous improvement. The DHS monitor develops an annual calendar and tools for provider use, including baseline expectations for frequency, quality of monitoring and use of results to inform program improvement. DHS' regular monitoring activities include a review of: provider collected data; analysis, assessment and validation of provider reported data; review and analysis of the City's EHS-CCP service area coordinators' efforts and activities; and, review of ChildPlus data. A collaborative review of findings advises planning and improvement processes. Also, the annual Self-Assessment will discern and document program strengths and areas needing improvement by: interviewing staff, parents, and Policy Council members; completing documentation and child and staff file reviews; and completing site observations. A final report will be published and will include steps and timeframes for any corrective action.

Section 7. Budget and Budget Justification