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**Department of Human Services**  
**Early Head Start – Child Care Partnership Program**  
**Continuation Application**  
**Program Year 2022-2023**  
**Project Description**

The City of San Antonio, Department of Human Services, Early Head Start-Child Care Partnership Program (heretofore, DHS EHS-CCP or DHS EHS-CCP Program) submits the enclosed application for consideration of continued program operations and training and technical assistance funding for the period of August 1, 2023 through July 31, 2024. This application provides information on updates from 2021-2022 and 2022-2023 program year's operations and details 2023-2024 planned services and improvements. DHS EHS-CCP will continue program services in six non-profit agencies offering child care services located within two of the 19 school districts within Bexar County: Edgewood Independent School District (EISD) and San Antonio Independent School District (SAISD). Located in the central area of Bexar County and in the center-city of San Antonio, the geographic areas of the two school districts collectively have the highest demonstrated need for program services based on the program's community assessment. Both school districts are noted with having some of the city's highest poverty rates, a multitude of risk factors exist, which may limit the opportunities for families to achieve successful outcomes for themselves and their children.

In collaboration with the non-profit service providers, DHS EHS-CCP will operate an EHS-CCP Program that continues to raise the quality of early childhood care and education of children in the proposed service area. DHS EHS-CCP will provide full-day, full-year, comprehensive services that meet the needs of our most vulnerable children and families, enhance access to high-

quality child care, support the development of infants and toddlers through strong relationship-based experiences. DHS EHS-CCP, in partnership with San Antonio Metropolitan Health District (Metro Health), and the University of the Incarnate Word (UIW), will prepare children and families for a successful transition to preschool. DHS EHS-CCP will continue to leverage child care subsidies investments to improve the quality and availability of infant and toddler care.

Through this grant application, DHS EHS-CCP is requesting funding in the amount of \$3,037,540.00 for program operations and \$64,800 for training and technical assistance for a total of \$3,102,340.00 to continue the EHS-CCP Program services to serve 216 children and their families.

The DHS EHS-CCP Program is strengthened by the robust commitment of local leader to provide the highest quality Head Start services possible, including the City of San Antonio Mayor, City Council, and City Manager. DHS EHS-CCP and its child care service providers have both the capacity and the commitment to carry out the Program's mission: *Preparing children and engaging families for school readiness and life-long success*. DHS Head Start continues with three programs; Head Start Pre-Kindergarten (3-5 year olds); Early Head Start – Child Care Partnership (EHS-CCP) (6 weeks – 35 months) and a traditional Early Head Start Program offering center based and home based options (6 weeks – 35 months). All Head Start services are centered on high-quality early childhood education, family engagement, and school readiness initiatives to improve outcomes for children, families, and the City of San Antonio's center city community.

## **Program Design and Approach to Service Delivery**

### **Sub-Section A: Goals**

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

The DHS Head Start Program operates within a set of three carefully crafted program goals that directly address the well-being of EHS-CCP children and their families.

The objectives were updated during a strategic planning session in October 2022 that included DHS Head Start Program stakeholders, EHS-CCP site staff and administrators, Head Start Policy Council and Governing Body and its Advisory Committee members, parents, community leaders, and subject matter experts. Table 1 represents 2021-2022 progress and revised and/or additional objectives added during the October planning session (noted in italic).

**Table 1- DHS Head Start Program Goals and Objectives)**

Program Goals	Measurable Objectives	2021-2022 Progress
<p><b>Goal 1</b> Education: Prepare children to succeed in school and life</p>	<ul style="list-style-type: none"> <li>▪ Increase the annual Infant Classroom Assessment Scoring System (CLASS) score by .5 from 4.84 in Responsive Caregiving in 2017-2018 to 5.34 2022-2023.</li> <li>▪ Increase the annual Toddler Classroom Assessment Scoring System (CLASS) scores by .5 in each domain, from 5.37 in Emotional and Behavioral Support and 3.33 in Engaged Support for Learning in 2017-2018 to 5.87 in Emotional and Behavioral Support and 3.83 in Engaged Support for Learning by 2022-2023.</li> </ul>	<p>The program continues to make progress towards this goal. During the 2021-2022 program year, the program conducted CLASS observations in 100% of EHS classrooms. The program scored a 5.14 in Responsive Caregiving.</p> <p>The program scored a 5.52 in Emotional and Behavioral Support and 3.6 for Engaged Support for Learning.</p>

	<ul style="list-style-type: none"> <li>▪ Increase the percentage of children enrolled in the EHS-CCP Program that show six months or more of developmental growth in all six domains on the Early Learning Accomplishments Profile (E-LAP) from BOY to EOY by 5% from 31% in 2017-2018 to 36% in 2022-2023.</li>   <li>▪ Increase the percentage of children enrolled in the EHS-CCP Program that show six months or more of developmental growth in all seven domains on the Learning Accomplishments Profile-3rd Edition (LAP-3) from BOY to EOY by 5% from 41% in 2017-2018 to 46% in 2022-2023.</li>   <li>▪ Decrease the percentage of children enrolled in the EHS-CCP Program with chronic absenteeism by 18% from 46% in 2017-2018 to 28% in 2023-2024.             <ul style="list-style-type: none"> <li>• <i>Decrease the percentage of children enrolled in the Early Head Start Program with chronic absenteeism to 55% in 2023-2024.</i></li> </ul> </li> </ul>	<p>During the 2021-2022 program year, 36% of children enrolled in the EHS-CCP Program showed six months or more of developmental growth in all six domains of E-LAP from BOY to EOY. Fidelity and reliability concerns are a factor for the percentage of children showing six months or more of growth.</p> <p>During the 2021-2022 program year, 64% of children enrolled in the EHS-CCP Program showed six months or more of developmental growth in all seven domains of LAP from BOY to EOY. Fidelity and reliability concerns are a factor for the percentage of children showing six months or more of growth.</p> <p>Chronic attendance for 21-22 was 67% for EHS-CCP program. COVID-19 continued to have an impact on attendance due to parents keeping their children home when there is a rise in community numbers.</p>
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<p><b>Goal 2</b>  <b>Family Support:</b>          Promote the well-being of families to enable them to support their children’s learning and development</p>	<ul style="list-style-type: none"> <li>▪ Increase the percentage of parents/guardian who make progress towards completion of an identified Family Self-Sufficiency goal by the end of the program year by 9% from 71% in 2019-2020 to 80% in 2023-2024</li>   <li>▪ Maintain the percentage of parents/guardians who make progress towards completion of an identified Family Life Practice goal at 90% or higher through the year 2023-2024</li>   <li>▪ Increase the percentage of families who receive at least one program service, such as emergency assistance, parenting education, asses building, or job training and education services, to promote family outcomes. The baseline will be established in 2020-2021 with a percentage increase determined in 2021-2022.</li>   <li>▪ <i>Increase the average number of services received per family (such as emergency assistance, parenting education, asset building, or job training and education services) to promote family outcomes from 2.7 in 2021-2022 to 3.0 in 2023-2024.</i></li> </ul>	<p>Family and Community Support staff engaged families in the goal setting process. During the 2021-2022 program year 71% of Family Self Sufficiency. Family Self Sufficiency goals may include obtaining a higher level of education, employment or housing.</p> <p>During the 2021-2022 program year, 93% Family Life Practice Goal were achieved by families. Family Life Practice Goals may include setting family routines, positive language skills, attendance and child/parent activities.</p> <p>Family and Community Support staff engaged families to identify needs and provide services to families. During the 2021-2022 program year 97% of families received at least one program service.</p>
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<p><b>Goal 3</b> Health: Children are healthy and ready to learn</p>	<ul style="list-style-type: none"> <li>▪ Increase the percentage of children who are up to date on TX EPSDT requirements at the end of the program year. The baseline will be established in 2021-2022 with a percentage increase determined in 2022-2023.</li> <li>▪ <i>Increase the percentage of children who are up-to-date on TX EPSDT requirements at the end of the program year to 78% by 2023-2024.</i></li> <li>▪ Increase the percentage of children who receive services following a referral for hearing concerns at the end of the program year by 10% from 55% in 2018-2019 to 65% in 2023-2024.</li> <li>▪ Increase the percentage of children who receive services following a referral for vision concerns at the end of the program year by 10% from 70% in 2018-2019 to 80% in 2023-2024.</li> <li>▪ Increase the percentage of children identified as Class 2 that are designated as <i>treatment complete</i> by the end of the program year by 13% from 32% in 2016-2017 to 45% in 2023-2024.</li> <li>▪ <i>Increase the percentage of children identified as Class 2 following a dental evaluation that are designated as Treatment Complete by the end of the program year by 4% from 63% in 2021-2022 to 67% in 2023-2024.</i></li> <li>▪</li> </ul>	<p>The health and safety of all children continues to be a focus of the program. During the 2021-2022 school year the percentage of children who are up to date on TX EPSDT requirements at the end of the program year was 76%.</p> <p>Ensuring children receive services following a referral for a hearing or vision screening continues to be a focus of our program. During the 2021-2022 program year, 38% received services following a referral for a hearing concern.</p> <p>During the 2021-2022 program year, 39% received services following a referral for a vision concern.</p> <p>During the 2021-2022 program year, 63% of the children identified as CLASS 2 were designated as treatment complete at the end of the year.</p> <p>Wellness Survey was conducted at the beginning of the year and end of the year.</p>
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	<ul style="list-style-type: none"><li>▪ Increase the average score on the Wellness Assessment. The baseline will be established in 2021-2022 with a percentage increase determined in 2022-2023.</li><li>▪ <i>Decrease the percentage of parents/guardians that report their child had 2 or more sugary drinks. The baseline will be established in 2022-2023 with a percentage decrease determined in 2023-2024.</i></li></ul>	
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**1. Explain how your program's School Readiness Goals align with the Head Start Early Learning Outcomes Framework: Ages Birth to Five, state and tribal early learning guidelines, as appropriate, and requirements and expectations of the local schools where children will transition.**

*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 DHS EHS-CCP Program.

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.

School readiness information is presented at individual family meetings at the point of the child entering the EHS-CCP Program, Governing Body meetings, Policy Council meetings, Parent Connection Committee meetings, conferences, trainings, and handouts to ensure all families are informed of the focus on school readiness. DHS EHS-CCP Program provides engagement opportunities for parents/guardians to prepare their children to be ready to learn as they transition to kindergarten. DHS EHS-CCP will continue to use the monthly School Readiness Home Learning Activities tool. DHS EHS-CCP parents/guardians receive a sheet of 15 suggested activities that

directly support positive parent-child relationships, language and literacy and other domains of learning. Activities were developed by DHS EHS-CCP recipient staff based on the program's designated curriculum and parenting curriculum. Families log their completion on the monthly School Readiness Home Learning Activities chart and return to the child care service provider. A total of 12,728 activities were completed during the 2021-2022 program year. DHS EHS- CCP parents/guardians spent 6,405.50 hours in structured activities supporting positive parent-child interactions.

The educational program's capacity to build school readiness in all children will define the success of the EHS-CCP Program. Therefore, child assessment and related data is 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 Classroom Assessment Scoring System (CLASS), an observational tool designed to improve teaching and learning.

CLASS Infant and Toddler results will guide DHS EHS-CCP Program's 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.

Teachers, child care service providers participate in children's transitions: whether it is from home to EHS-CCP, from EHS-CCP to Head Start and/or from EHS-CCP to other parent choice pre-kindergarten programs. During the 2021-2022 program year, DHS Pre-K Head Start district site administrators participated at EHS-CCP parent meetings held virtually to provide parents with information and strategies to prepare families and children for transitioning into a pre-kindergarten program. DHS EHS-CCP staff provided support throughout the program year to families to prepare

them for transition into to pre-kindergarten supporting their interest and request.

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

DHS EHS-CCP develops its program goals through its Five-Year Strategic Planning process. The Five-Year Strategic Planning process is purposefully designed as a very inclusive process incorporating the feedback and input from diverse perspectives, including the San Antonio City Council's (the Governing Board), Bexar County Community Action Advisory Board (CAAB), Head Start Policy Council (HSPC), Head Start parents, and including other community stakeholders. Each of these groups is invited and encouraged to participate in the Quarterly Self-Assessment Data reviews and Annual Five-Year Strategic Plan events. During the events, the members actively participate by providing recommendations and asking questions regarding program data and goals. All participants assist in the development of the short-term and long-term goals during the 5-Year Strategic Plan event; and the Governing Board and HSPC review and approve the final Self-Assessment report, School Readiness goals, and 5-year Strategic Plan. During the 2022-2023 program year, community stakeholders and parents were invited to participate in an in person strategic planning event. The DHS Head Start Program Policy Council resumed all governance activities to in person.

**Sub-Section B: Service Delivery**

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

At the time of this application, there have been no additions, deletions, or revisions to this section. The service area for DHS EHS-CCP includes families living and working in EISD and SAISD district boundaries. The central and southern portions of the City of San Antonio have greater concentrations of poverty and age and income-eligible children than other areas of the city. The

Community Assessment also indicates that many children in the two school districts are in families with limited resources which could benefit from being in the quality early childhood programs such as the EHS-CCP Program.

## **2. Needs of Children and Families:**

DHS Head Start actively recruits families most in need of EHS-CCP services in addition to families receiving child care subsidies. Recruitment efforts are ongoing throughout the year with a more concentrated effort beginning annually in the late winter or spring. The recruitment strategies include a multimedia campaign, participation in community events, canvassing neighborhoods, billboards, newspaper advertising, social media, referrals with other agencies, and identifying younger siblings in the Head Start program,

Recruitment plans are developed and approved annually by the Governing Body and HSFC. DHS EHS-CCP utilizes a selection criteria points matrix system which weighs vulnerability factors such as income, homelessness, foster care status, public assistance, disability status, parental/guardian marital status, parental/guardian employment/training status, Child Care Services (CCS), deployed parents, immigrant/refugee families, and siblings enrolled in EHS-CCP, EHS, or Head Start. At a minimum, 10% of the program's annual enrollment is comprised of children with disabilities. The City of San Antonio Head Start Program and Early Head Start Program are currently at 11.7% enrollment of children with disabilities.

According to the DHS 2022 updated Community Assessment, there are an estimated 5,785 age and income eligible children under five years of age not being served by the programs (2,129 for Head Start and 3,656 for EHS-CCP). The service area also contains a higher concentration of Hispanic residents than most other Bexar County school districts, with SAISD comprised of approximately 79% Hispanic residents, and EISD comprised of approximately 95% Hispanic residents. Both SAISD and EISD have greater proportions of Hispanic residents than does Bexar County (61%) and the state of

Texas (39%). Also, 52% of SAISD residents and 69% of EISD residents speak a language other than English, generally Spanish. Based on the 2021-2022 Program Information Report (PIR) of the 242 enrolled children in the EHS-CCP program, 15% were dual language learners.

Additional needs and considerations of DHS Head Start children and families stem from many participants and families being homeless, experiencing foster care, and/or having a disability. The 2021-2022 PIR for the DHS EHS-CCP Program, showed that out of 207 families 73 families served by the DHS EHS-CCP program experienced homelessness with 5 children in the foster care system. In 2021-2022 program year, 33 children served by the DHS EHS-CCP Program were determined to have a disability.

The average educational attainment among adult residents of EISD and SAISD residents is less than that of the city, county, state, and nation. Almost 40% of the residents in EISD have not completed a high school diploma and approximately 30% for SAISD. Only 15% of SAISD residents and 5% of EISD residents had earned at least a bachelor's degree, compared to the city of San Antonio (26%), and Bexar County (25%). Households in EISD and SAISD rely on public assistance more than residents of the City of San Antonio. Almost one-third of EISD households and one-quarter of SAISD households use Supplemental Nutrition Assistance Program (SNAP) and 12.3% of EISD and 10.4% of SAISD households rely on Supplemental Security Income (SSI) as compared to 7% in San Antonio and 5% in the state. Temporary Assistance for Needy Families (TANF) and Women, Infants and Children (WIC) are other public assistance programs utilized in the Head Start service area. Local government and non-profit organizations provide additional support services to the DHS Head Start families. Metro Health provides Immunizations and Dental Services to the SAISD and EISD service area, and the San Antonio Food Bank provides food and grocery products to children and families in the DHS Head Start Program.

As noted in the 2022 Community Assessment, there are 90 facilities that serve

children birth to two years of age and 117 facilities that serve children three to four years of age in EISD and SAISD service areas. Additionally, a deficit exists between the available capacity of these centers and the number of age eligible children residing within both districts. The highest deficit exists with the 0-2-year age range with approximately 8,613 EHS-CCP age-eligible children substantiating the continual need for high quality infant and toddler care. All six of the child care centers in DHS' EHS-CCP Program are in the Texas Rising Star – Texas' Quality Rating and Improvement System (QRIS) as quality-certified centers.

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

DHS EHS-CCP Program will continue to utilize a 10-hour day, center-based program option as feasible during the 2023-2024 program year. DHS EHS-CCP child care service providers will offer operating hours that align with the needs of the parents who are working or in training.

Child care service providers operate at a minimum 48 weeks, 240 days, five days per week, 10 hours per day (average 7:30am to 5:30pm; times may vary by site). The current program model has an advanced system of program planning that incorporates members of the DHS Head Start and service provider staff, HSPC, Governing Body committee, and community stakeholders. These groups engage in the data review process, as well as ongoing program planning to ensure continuous improvement and high-quality services to meet the needs of children and families served within the community.

### **4. Centers and Facilities**

DHS EHS-CCP Program continues to contract with six child care service providers to deliver direct education services. All six center-city child care service providers are located within EISD and SAISD area. For the 2023-2024, the program year maintains services with all six child care

service providers. Table 2. provides the child care provider slots and contract allocations for the 2023-2024 program year.

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

<b>Child Care Service Providers</b>	<b>2023-2024 Allocations</b>	<b>2023-2024 Contracts Allocation</b>
Blessed Sacrament Academy	44	\$363,836
Ella Austin	48	\$396,912
Healy Murphy	64	\$529,216
Inman Christian	28	\$231,532
Seton Home	12	\$99,228
YWCA –Olga Madrid	20	\$165,380
<b>Total</b>	<b>216</b>	<b>\$1,786,104</b>

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

At the time of this application, there have been no additions, deletions, or revisions to this section. To prioritize the families most in need, the DHS EHS-CCP Program utilizes data from the 2022 Community Assessment to update the selection criteria. The selection criteria are reviewed annually based on updates to the Community Assessment and then approved by the program’s Policy Council and Governing Body. DHS EHS-CCP utilizes a two-stage verification process which prioritizes children based on a selection criterion point ranking system. The selection committee prioritizes enrollment of children with disabilities as well as children receiving Child Care Services (CCS) subsidies. DHS EHS-CCP staff works closely with the child care service providers’ directors to place children in developmentally appropriate classrooms as applicable.

The Texas Workforce Commission local workforce board, Workforce Solutions Alamo (WSA), prioritizes families enrolled in the EHS-CCP program. The DHS EHS-CCP program continues to work with the families to assist in gaining employment or training to meet the



requirements of CCS. DHS EHS-CCP staff continue to collaborate with community initiatives that support other community scholarship programs such as Dual Generation (DG) initiative, Women United Child Care scholarship, etc. when available.

To actively locate children with disabilities, children experiencing homelessness and children in foster care, family support staff continually connects with others in the community. They network with other agencies to identify children with developmental delays and/or needing intervention services to work with their families to encourage them to apply to the DHS EHS-CCP sharing all the benefits of the program to the families. Recruitment materials continue to be available in English and Spanish, and can be translated into other languages, as needed identifying services available for all children. DHS EHS-CCP collaborates and has ongoing communication with local Early Childhood Intervention (ECI) agencies, other Early Head Start Programs, LEA Special Education staff and Homeless Liaison staff regarding the status of children's referrals and services.

Family support staff engages with families to promote regular attendance and assist families with referrals for services that support attendance. Special efforts for chronically absent children and other vulnerable children include a home visit or other direct contact with the family to determine the cause of chronic absenteeism and to assist in removing barriers by aiding with referrals and services. If transportation issues are identified as a cause of chronic absenteeism bus passes are offered to families as a temporary solution and the family support staff continues to work with the families on a more permanent resolution.

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

DHS EHS-CCP recipient staff considers early education services to include early education, disabilities and wellness supports. Staff works closely with the child care service providers to build a

program of responsive, respectful infant/toddler care while recognizing the value of the families and emphasizing relationship-based care based on the individualized needs of the child. The DHS EHS-CCP Program continues to focus on promoting the Program for Infant / Toddler Care (PITC) philosophy, increasing quality teacher / child interactions using the Infant and Toddler Classroom Assessment Scoring System (CLASS), strengthening curriculum implementation, coaching and supporting

families in understanding their role in their child's development. Families as partners-in-care are central to our program and to increasing the quality of the early childcare services in our community.

DHS EHS-CCP program continues to use The *Creative Curriculum for Infants, Toddlers and Twos* and *The Creative Curriculum for Preschool* as researched, evidence-based curriculums designed to advance school readiness in vulnerable children. Both curricula are aligned with the Texas Infant, Toddler & 3-Year-Old Guidelines, the Head Start Early Learning Outcomes Framework (HSELOF), and ensure alignment and a continuum of instruction as children enter preschool. Ongoing curriculum support will continue to be a priority to address any questions and identify barriers to full curriculum implementation and fidelity.

During the 2022-2023 program year, families returned to in person services. Children receive high quality educational services through the use of Creative Curriculum and the creation of education experiences that nurture and foster curiosity and growth for all children in a safe environment. The program recognizes that children returning to in person services may be in need of additional support due to any trauma experienced as a result of the COVID-19 Pandemic. Individualization continues to be a focus and essential part of educational services. DHS EHS-CCP recognizes the uniqueness of every child and strives to support that child's learning experiences in a way that best meets their individual needs. Ongoing teacher support and mentoring continues to be provided by DHS EHS CCP staff to ensure child care service providers are prepared to respond to children through professional

development, coaching, and technical assistance.

Teaching Strategies Fidelity tools are completed to assess every DHS EHS-CCP teacher and their level of curriculum understanding and implementation. Based on the results, identified peer coaches utilize the Coaching to Fidelity Guide to individualize coaching strategies and support teachers in using curriculum. Training and technical assistance will continue to be offered to support peer coaches and teachers in using Creative Curriculum with fidelity and Coaching to Fidelity. Support is provided to peer coaches to strengthen coaching strategies to support curriculum implementation.

In addition, for the 2022-2023 program year DHS EHS-CCP Program staff continues to implement the Together Learning and Collaborating (TLC), a group format practice-based coaching model promoted by The National Center on Quality Teaching and Learning (NCQTL), to support teachers for intensive coaching. Participants meet for twenty sessions and each session focuses on teaching practices using video recording, reflection, group and individual feedback.

During the 2022-2023 program year, DHS EHS-CCP continues to use the Early Learning Accomplishment Profile (E-LAP) and Learning Accomplishment Profile 3rd edition (LAP-3) as the program's child assessment tool. The tools provide a systematic method for observing the skill development of children functioning in the birth to thirty-six-month age range and are aligned to the Head Start Early Learning Outcomes Framework. The use of assessment data assists teachers in tailoring individualized instruction and activities to each child's level. Formal assessment training and support to address any questions and identify barriers to assessment fidelity continues to be a priority across the program.

DHS EHS-CCP staff continues to build capacity and offer strategies to peer coaches to improve classroom teachers' understanding and implementation of the E-LAP and Lap-3 assessments. Fidelity to the assessment is a continued priority to ensure the program has the most valid and reliable data for individualization, sharing with families and use for professional

development decisions.

DHS EHS-CCP staff continues to recognize the importance of professional development that has a clear focus on infant and toddler quality care. To support learning and work towards continuous improvement the DHS EHS-CCP program will continue to collaborate with First Three Years to provide ongoing training for teachers and support to managers in the implementation of Trauma Informed Care, Impacts of Trauma on Families and Child Behavior, Secondary Trauma and Professional Wellbeing, Ethics for Early Childhood Practitioners as well as Reflective Supervision to name a few. Training topics will help EHS-CCP staff including teachers to increase their awareness and understanding of impacts of trauma on our most vulnerable children.

Top priorities for the 2023-2024 program year include the continuation of strengthening the coaching system in building the Peer Coach support through the work with the DHS EHS-CCP early education services mentors as well as strengthening the work around Trauma Informed Care (TIC) with the child care staff. The EHS-CCP Program continues to work towards training and supporting teachers with the implementation of the Teaching Pyramid Model. Implementation of the Pyramid Model will allow the program to continue to promote the social and emotional development of infants and toddlers but provide a framework to ensure classroom strategies, program policies, and program procedures are trauma informed. The Pyramid Model Framework will provide the EHS-CCP program needed tools, strategies and supports to ensure the workforce is able to adopt and sustain evidence base practices. The DHS EHS-CCP Early Education Services team will provide support to Peer Coaches and child care staff to ensure strategies and practices that support each tier of the Pyramid Model are being implemented including: creating nurturing environments that are responsive and supportive to children's inquiry and development, ensure teaching staff are equipped to promote prevention through targeted social-emotional strategies that support

children at risk of challenging behaviors and a system to provide individual support for children who may need intensive intervention. One important element of the Model is the focus to understand and see behavior as a form of communication. Working to reframe child care staff views and understanding on behaviors that challenge us is fundamental to the framework and the purpose for program implementation.

#### **7. Health (see 1302 Subpart D):**

At the time of this application, there have been some modifications to this section. DHS EHS-CCP services are structured around a health model grounded in parent engagement to ensure the health and well-being of each child and their family. The program's health systems not only meet Head Start Performance Standards but Texas Health and Human Services Commission, Child Care Regulations (Minimum Standards) and support families in establishing lifelong, healthy lifestyle habits.

DHS EHS-CCP staff has worked to develop a network of health, nutrition, and dental resources within the community to support each child's and family's individual needs. Policies and procedures are in place and are supported by effective program systems in the areas of recordkeeping, reporting, communication, monitoring, and planning. Ensuring service coordination and communication with parents and families are structured and timely. The program has also seen an increase in staff, and parents/ guardians seeking health, nutrition, and dental information. As a result, program staff have provided referrals and lists of clinics that are income based for staff and families. Additionally, Health staff have provided information flyers and pamphlets based on relevant, community health needs such as diabetes awareness, domestic violence, RSV, benefits of vaccinations including the flu and COVID-19 vaccines and National Children's Dental Health month.

Due to the COVID-19 pandemic and in an effort to mitigate the spread, Health staff spent minimal time out on sites at the beginning of the 2021-2022 program year. As the positivity rate

reduced time spent on sites increased. Hearing and vision screenings as well as onsite dental clinics resumed in the 2021-2022 program year and continued into the 2022-2023 program year. Health staff and contractors providing health services onsite, continue to utilize safety practices. Health staff continue to work to meet the 45-day hearing and vision screening requirements, ensuring any concerns for children are identified and children are referred to their pediatrician for further examination. Family and Community and management staff are also certified in hearing and vision screening by the State of Texas so that ongoing screenings can effectively be conducted onsite. Health, nutrition, and dental related initiatives continue onsite as long as the positivity rate remains low. Health staff continues to monitor the community spread and adjustments are made to ensure the health and safety of all children, families, and staff.

Additionally, the DHS EHS-CCP program in collaboration with the Health Services Advisory Committee adapted a new evidence-based policy in March of 2023. The policy was developed in response to the guidance provided in Program Instruction: Supplementary Information on Establishing an Evidence-based COVID-19 Mitigation Policy. Furthermore, mitigation plans were developed in collaboration with each EHS-CCP provider. Each plan was individualized and consisted of a layered prevention strategies based on community levels classified by information provided through San Antonio Metro Health.

DHS EHS-CCP contracts with the City of San Antonio's Metro Health Dental Division (Metro Health) to provide onsite dental services. With parental/ guardian consent, all children enrolled in the program receive two dentalevaluations and two fluoride varnishes, as age-appropriate, during the program year. Taking into consideration COVID 19 variant strains, EHS EHS-CCP was still able to provide dental services while maintaining a level of safety precautions for children in care. Tooth-brushing onsite has been reintroduced and training and technical assistance has been provided to staff on how to safely re-implement these activities.

In an effort to support good oral hygiene practices Metro Health provides a toothbrush, toothpaste and timer for children as age appropriate, referrals for dental care, parent education sessions, information regarding local pediatric dental providers, and dental case management for children with identified severe oral decay. Each child must have a signed parent/guardian consent form before dental evaluations are conducted. Staff continues to monitor the positivity rate and will make necessary adjustments as needed to ensure the health and safety of all children, families, and staff.

Families living in SAISD and EISD are at high risk for lead exposure. In partnership with the University of the Incarnate Word Ila Faye Miller School of Nursing and Health Professionals (UIW), DHS EHS-CCP provides on-site screenings for children with a missing blood lead screening or a previously elevated blood level, or for any child that has been identified as high risk. UWI staff also provides on-site hemoglobin screenings for children who are missing or in need of a follow up screening. Each child must have a signed parent/guardian consent form before the screening is conducted. At time of consent parents are informed and educated on lead and hemoglobin and why it is important to have these screenings completed. Clinics were re-introduced during the summer of 2022 and continued into the 2022-2023 program year. Additionally, DHS EHS-CCP staff continue to work with and educate parents on the importance of scheduling and keeping well child exams with their pediatrician and maintaining the recommended schedule for lead and hemoglobin screenings.

Additionally, Health staff have partnered with UIW to provide flu and COVID clinics at all sites to ensure access to these vaccines is available to the Head Start community served. This includes children six months of age to 18 years, parents, family members and Head Start staff.

Although the COVID-19 Pandemic has created some challenges regarding access to health providers, DHS EHS-CCP staff continue to work with families to ensure they are aware of the importance of staying up to date on well child exams, immunizations, and any other healthcare needs. While we had witnessed a decline of families attending regular well child exams for their

children at the height of COVID-19, we are working with the parents to assist in bringing their children up to date on exams, immunizations, and other health related items. Families are encouraged to advocate for their child's health needs to ensure developmental milestones are reached as appropriate. DHS EHS-CCP Program also partners with the City of San Antonio Green and Healthy Homes Initiative (SAGHHI), Neighborhood and Housing Department. The SAGHHI is a U.S. Department of Housing and Urban Development (HUD) funded program that addresses health and safety hazards, such as lead-based paint, mold, asthma triggers, and fire hazards. The SAGHHI aids in creating healthy, safe, energy-efficient, and sustainable homes for families residing in homes built prior to 1978 and where children under 6 years of age live or spend more than 6 hours a week.

#### **Wellness Services for Children and Families (see 1302 subpart D)**

The DHS EHS-CCP Program prioritizes the health and well-being of all staff, children and families through implementing a comprehensive ongoing trauma informed approach. The DHS EHS CCP Program has provided professional development opportunities to all EHS CCP staff to introduce a trauma informed approach and build a foundation of knowledge of the impact trauma has on staff, children and families. DHS EHS has entered a multi-year contract with First Three Years to provide a series of professional development that focuses on Trauma Informed Care (TIC) concepts, objectives, and strategies to scaffold the learning opportunities to classroom teachers, home visitors and family support staff. Additional training and professional development will continue to be provided to all EHS-CCP Program staff on strategies that can be implemented to support trauma informed care utilizing the Pyramid Model. The Pyramid Model will provide the DHS EHS Program with a framework of evidence-based practices to promote children's healthy social and emotional development.

Wellness Services are an integral part of a trauma informed approach. The DHS EHS Program



implements a three-tiered approach to provide wellness services for the program: Tier 1 Promotion – Nurturing and Responsive Relationships and High-Quality Supportive, Tier 2 Prevention – Target Social- Emotional Supports and Tier 3: Individualized Intervention. Wellness supports that support Tier 1 & Tier 2 Prevention and Promotion are provided throughout each program year to include training and professional development on the importance of self-care and strategies that support self-care, setting up classroom environments to include learning centers that provide opportunities for the teacher to support a child’s emotional self-regulation, parenting education that promote the use of positive parenting practices, and opportunities for parents to network and connect with other parents in the program. Additional wellness support services are also provided to connect parents, families, and staff to community agencies to receive needed resources.

The DHS EHS CCP Program contracts with a community agency, Family Service Association, to provide Tier 3: Individualized Intervention services by a licensed mental health professional to staff, children and families in need of support. Due to an increased need for wellness services amongst classrooms, families and staff, EHS-CCP staff are also providing wellness support services and consultations to ensure responses are provided in a timely manner. For families and staff in need of ongoing mental wellness services, EHS-CCP staff will connect them to community agencies.

All City of San Antonio staff have been trained in Mental Health First Aid by Amerigroup to prepare for responding to families and staff in crisis. Additional training is provided for City of San Antonio staff on Adverse Childhood Experiences (ACEs) to assist staff with recognizing and responding to the signs and symptoms of trauma and to avoid re-traumatization.

To prevent and reduce child abuse and neglect, DHS EHS-CCP collaborates with the City of San Antonio Metro Health Department on the implementation of Triple P (Positive Parenting Program), a parent training curriculum. Triple P is an evidence-based parenting

curriculum that has been shown to reduce child maltreatment among families with a history of maltreatment or with risk factors for maltreatment. During the 2022-2023 program year, four discussion groups were held in the fall of 2022 and four are planned for the spring 2023 at two EHS-CCP child care centers. Discussion groups provide parents with an overview of positive parenting principles related to four topics: Dealing with Disobedience, Managing Fighting and Aggression, Developing Good Bedtime Routines and Hassle-free Shopping with Children. In addition to each discussion group, parents will be provided an opportunity to receive additional individualized support if requested.

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

At the time of this application, there have been no additions, deletions, or revisions to this section. DHS EHS-CCP family support services promote family well-being, strong parent-child relationships and the ongoing learning and development of the children and their families. The program achieves these three outcomes by providing supports and services responsive to families' expressed needs and through collaboration with the parents. Family support services staff utilizes the Parent Family Community Engagement (PFCE) Framework to promote and plan activities to facilitate achievement of positive family outcomes.

DHS EHS-CCP family support staff continues to build rapport with families by conducting the family assessment, collaborating with families through the family goal setting process, assisting with resources and referrals, providing networking opportunities through parent engagement events/activities, gathering parent input through surveys, and engaging with parents in their preferred language. During the 2021-2022 program year and into 2022-2023 families continued to experience hardships because of the COVID 19 Pandemic. In response to increase needs of our families, family support staff continued to provide resources to families. Family support staff utilize online databases

and resource guides that list community agencies and services provided. Staff intentionally worked to identify community agencies that were close in proximity to families in need and who had available funding or resources to assist families. Families were provided information to community programs, specific to their needs, who assisted with items such as rental/mortgage and utility assistance, food, diapers and health insurance. Staff followed up with families to ensure that their needs were met, and resources were received. Ongoing communication with families through these unprecedented times remains essential in maintaining trusting relationships with families. Staff has adapted to these changing times and has implemented innovated ways to maintain family engagement. Parent engagement activities were offered in a hybrid setting, virtual and in-person to allow flexibility for families to attend.

The DHS EHS-CCP Program offers parent education aimed at supporting parent-child relationships, child development, family literacy, and language development. Various opportunities are available for parents to participate in the research-based parenting curricula, Ready Rosie, while engaged in our program. DHS EHS-CCP Family & Community staff worked along side of Early Education Services staff to provide Ready Rosie workshops virtually and in person in both English and in Spanish. Four additional workshops focusing on social emotional support were added to the series in the 2022-2023 program year. In addition, to the workshops families receives weekly videos modeling of every day occurrences that can be turned into educational experiences.

Furthermore, DHS EHS-CCP offers a tool for families to support their children's learning by providing opportunities for parents to help their children through School Readiness Home Learning Activities that are quick and simple yet valuable to the child's learning. School Readiness Home Learning Activities are distributed monthly and filled with many simple activities that the parent and child can do at home to help nurture parent-child relationships while fostering a core value of DHS EHS- CCP Program that parents are their child's first and most important teacher.

A key strength of the DHS EHS-CCP Program is that all providers and community partners are deeply rooted and committed to San Antonio's center city. They are known and trusted allies for DHS EHS-CCP families and have additional resources and expertise to offer meaningful support in the face of life's biggest challenges. Referrals may be for mental wellness services, parent education and learning opportunities which are provided through community offerings such as virtual workshops, meetings, and events. The DHS EHS-CCP Program will continue to be a point of entry into the dual generation program, informing parents of workforce development training opportunities and scholarship funds for child care for those children whose parents are in training. Community agencies continue to be essential partners offering much needed resources to families.

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

At the time of this application, there have been some modifications to this section. DHS EHS-CCP procedures prioritize the recruitment of children with disabilities and support the identification of undiagnosed disabilities and/or delays after enrollment. The City of San Antonio Head Start Program and Early Head Start Program are currently at 11.7% enrollment of children with disabilities. The EHS-CCP Program continues to collaborate with local Part C agencies to recruit children with disabilities. The disability percentage has fluctuated throughout the year as children transitioned out or are dropped from the Early Childhood Intervention (ECI) Programs. DHS EHS-CCP staff continue to work with parents to discuss the benefits of early intervention services and provide resources and referrals for alternative options for intervention series. DHS EHS-CCP has strong relationships and collaborates with local Part C providers to inform parents of the availability of EHS-CCP and to streamline the referral process from Part C providers. DHS EHS-CCP continues to work to increase the enrollment for children with disabilities.

The approach to serving children with unique needs is guided by the belief that inclusion is a

value rather than a practice. Individualization of instruction and support is central to DHS EHS-CCP's philosophy. Individualization in instruction means child-based activities, and lessons and assessments that support learning and development based on each child's strengths, needs, and interests. Selections of activities and learning projects are made with input from the child, his/her parents, documentation from intervention agencies and are informed by formal and informal assessment data.

Rigorous efforts were put in place to support child care service providers' teaching staff through professional development, technical assistance, and one-on-one mentoring to expand their knowledge base and offer strategies for providing meaningful learning opportunities for children with varying abilities. DHS EHS-CCP will continue to collaborate with local community agencies to offer the highest quality professional development for all staff. Adopting the philosophical approach of the Pyramid Model framework provides the additional supports to continue moving to evidence-based practices with content focused on specific research-based teaching intervention practices with embedded inclusion strategies.

#### **10. Transition (see 1302 Subpart G):**

At the time of this application, there have been no additions, deletions, or revisions to this section. Transitions bring change into the lives of children and families. DHS EHS-CCP Program implements strategies and practices to support successful transitions for children and their families. DHS EHS-CCP Program values transition in, within and out of the program. Supporting these transitions is critical to not only the child's well-being, but also the families. EHS-CCP staff, teachers and child care directors collaborate with the family to prepare the child for a successful transition.

Transition to Head Start and Preschool. The depth of resources available directly from DHS will be sufficient to support access to an individualized birth to five continua for children enrolled in DHS EHS-CCP who reside in the EISD or SAISD. Transition planning begins six months before the child

turns three, at which point parents receive information about DHS's Head Start Program (3,020 slots at 21 sites), other Head Start Programs, available Child Care Services (CCS), the locally-funded PreK4SA program (1,500 slots), the prekindergarten programs offered by local school districts (based upon family residency), and the dual generation program, based upon family residency. Parental choice is the prevailing factor in selecting the child's next educational program. Families in the dual generation program typically commit to their child's subsequent enrollment in DHS Head Start Program.

**11. Services to Enrolled Pregnant Women (see 1302 Subpart H):**

At the current time, this section is not applicable to the DHS EHS-CCP Program design.

**12. Transportation (see 1303 Subpart F):**

At the time of this application, there have been no additions, deletions, or revisions to this section. Family Support staff continues to work with families to identify any transportation needs. Assistance is offered through community resources and the provision of bus passes for those families needing them.

Child care service providers promote age-appropriate pedestrian and school bus safety for the children, their families and document annual activities in their classroom lesson plans. I'm SAFE Car Safety Banners will continue to be used for displaying as parents/guardians drop off and pick up children to increase awareness of "Never Leave a Child Alone" in vehicles to prevent vehicular fatalities.

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

**13. Governance (see 45 CFR Part 1301 and Section 642(c)-(d) in the**

**Act):Structure**

At the time of this application, there have been minor changes in DHS Head Start's Governance structure as described below. DHS EHS-CCP Program and the pre-kindergarten Head Start program share the same Governance structure. DHS Head Start Program Governing Body members oversee a public entity and are selected to their positions by public election. For this reason, the DHS Head Start Program's Governing Body is exempt from composition requirements as stated in Section 642(c) of the Head Start Act.

DHS Head Start Policy Council (HSPC) is composed of twenty-four members, with DHS Head Start parents of currently enrolled children representing 83% of the Policy Council. SAISD Head Start Program has eight parent representatives (four primary and four alternates) and EISD Head Start Program has four parent representatives (two primary and two alternates). DHS EHS-CCP Program has four parent representatives (two primary and two alternates) and the Early Head Start Program has four parent representatives (two primary and two alternates). Four Community Representatives (two primary and two alternates) are elected from the community at large by the HSPC parents to serve on the Council.

### **Governing Body Processes**

At the time of this application, there have been minor revisions to this section. The City of San Antonio, City Council as our governing body, has a legal and fiscal responsibility to administer and oversee the DHS EHS-CCP, DHS Early Head Start and DHS Head Start programs. The Governing Body ensures objectivity in monitoring the program's progress in meeting Head Start Performance Standards and internal program mandates as well as ensuring that program goals and objectives tie into a larger community vision for early childhood education services. While the City of San Antonio's City Council must maintain its legal and fiscal responsibilities, it has authorized an advisory committee, the Community Action Advisory Board (CAAB), to oversee other key responsibilities per HSPPS 1301.2 (c)..

The Governing Body and the HSPC partner with each other and key management staff to develop, review, and approve DHS Head Start program policies and planning items. The CAAB is charged with oversight of specific DHS Head Start Program functions and receives monthly fiscal and program reports which are provided one week prior to the scheduled meeting. DHS, Head Start Administrator and Program Managers present reports to ensure the Governing Body and HSPC carry out their responsibilities as stated in Section 642(c) of the Head Start Act, to include review and approval of annual items. Training opportunities are provided to the Governing Body throughout the year and decision-making items are presented for program development, budget and policy and community advocacy. Currently Governing Body meetings have reverted to in-person and will continue to do so in a manner that respects Open Meetings Act of Texas protocols while ensuring members safety.

The Finance Department, City Attorney's Office, and Department of Human Services provide legal, fiscal, and management expertise. Grant applications amendments, service provider allocations and all contracts require City Council final approval prior to submission to the U. S. Department of Health and Human Services (HHS) or execution.

### **Policy Council**

At the time of this application, there have been no additions, deletions, or revisions to this section. The current governance structure allows for parent participation in policy making and other programmatic decisions focused on planning, general procedures, and human resources management. In accordance with Section 642(c) (1) and Section 642(c) (2) of the Head Start Act mandating the HSPC is involved in these three focus areas, items are reviewed and approved at monthly scheduled meetings. The HSPC is responsible for the direction of the DHS Head Start Program. To ensure adequate program governance and informed decision making, the program provides regular ongoing communication to the HSPC. As a part of this system, the program provides monthly reporting that



includes information on correspondence (from HHS and other), program operations, and fiscal expenditures. The DHS Head Start Program requires HSPC approval on program planning, policies, and grant applications and provides updates on the program's progress.

### **Parent Committees**

At the time of this application, there have been no additions, deletions, or revisions to this section. DHS EHS-CCP schedules bi-monthly Parent Connection Committee (PCC) meetings at each site. PCC officer elections were held in September 2022 to establish a governing structure that ensures communication between parents and the Policy Council. Parents who participate in PCC meetings are also identified as Parent Leaders and may hold leadership roles when PCC officer positions remain vacant. The PCC meeting agendas have a standing item to obtain parent input on recommendations for the program during each meeting. Family support staff survey parents, usually at the beginning of the school year, to determine what topics parents are most interested in and then coordinate those presentations. DHS EHS-CCP holds PCC meetings at each child care center. At these meetings, parents have opportunity to discuss concerns, successes, ideas to improve the program and training on topics that are important to them and their families. When relevant input is obtained during PCC meetings, the information is forwarded to the Head Start Policy Council (HSPC) for their consideration. After the HSPC meets, each month, the agendas and minutes of each meeting are posted on Parent Boards at each site. This process is the first step to promote two-way communication with parents in the program. In response to the COVID 19 Pandemic, virtual parent boards were also made available online and continued into the current program year.

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

policies, activities, and services. PCC Meetings will be offered in-person and/or virtually during the 2022-2023 program year. All community related COVID-19 information will be assessed as we move into the 2023-2024 program year. Information from San Antonio Metro Health, the State of Texas and the CDC continues to guide the program's decision regarding in person activities.

### **Community Partnerships**

At the time of this application, there have been no additions, deletions, or revisions to this section. The Governing Body and the HSPC are provided a thorough DHS Head Start new member orientation and training on their responsibilities as stated in Section 642(c) of the Head Start Act, and the Head Start Program Performance Standards. Ongoing trainings and technical assistance are provided to the Governing Body and the HSPC to ensure that members understand the information presented and discussed and can effectively oversee and participate in the program. Governing Body members receive ongoing monitoring results, data on school readiness goals, and items to determine eligibility under applicable federal regulations and program policies and procedures.

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

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

### **14. Human Resources Management (see 1302 Subpart I):**

At the time of this application, there have been no additions, deletions, or revisions to this section. DHS Head Start maintains an organizational chart to display the management and staffing structure including all of DHS Head Start staff, the Department of Human Services Director, and the DHS Fiscal staff.

DHS Head Start collaborates with the City of San Antonio's Human Resources Department to ensure all newly hired DHS Head Start staff complies with and has completed the criminal background checks prior to employment. According to the City of San Antonio's Administrative Directive (AD) 4.55, the City conducts Criminal Background Checks (CBC) as part of the initial employment process. For its part, all six child care centers ensure new employees meet Child Care Regulations (Minimum Standards) upon hire and ongoing to stay in compliance with both Minimum Standards and Head Start Program Performance Standards (HSPPS). DHS EHS-CCP staff supports the child care service providers with orientation of the DHS EHS-CCP Program, HSPPS, Head Start Act, DHS Head Start Standards of Conduct, and a program overview.

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

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

#### **15. Program Management and Quality Improvement (see 1302 Subpart J):**

DHS EHS-CCP staff is responsible for monitoring of the child care serviceproviders (external monitoring) and reviewing and validating results of the comprehensive services activities of the DHS EHS-CCP program staff (internal monitoring). In addition, the DHS EHS-CCPProgram uses a three-level monitoring system to ensure program compliance at all levels: 1) Texas Child Care Regulation inspections completed for all child care service providers, (2) DHS EHS-CCP staff conducts

monitoring of both child care service providers and DHS EHS-CCP staff direct services and (3) Texas Rising Star (TRS), the state of Texas' Quality Rating and Improvement Systems (QRIS), reviews for the six child care service providers.

This monitoring system allows for multiple levels of review and continuous program improvement. Additionally, DHS EHS-CCP staff collects and uses data from the Self-Assessment, ongoing monitoring tools to make any recommended policy and procedures changes and informs the Policy Council and Governing Body. Ongoing monitoring provides data needed to evaluate compliance with the HSPPS and make recommendations to improve the level of program services. The monitoring methods include on-site announced and unannounced visits, Child Plus reports, questionnaires, and surveys.

During the past program year, DHS EHS-CCP staff worked closely with the child care centers to continue implementing safety protocols, provide additional education, materials, and resources for staff and families on preventive measures to combat COVID-19. The Center for Disease Control (CDC), Office of Head Start, and local guidance was used to determine how to reopen and operate safely for in-person services.

The EHS-CCP Program Monitors, working in collaboration with the Texas Commission on Environmental Quality (TCEQ) Lead Testing in School and Child Care Program's voluntary lead testing program attended training and assisted in the water lead testing of all six EHS-CCP sites and the one EHS site during the later part of the 2021-2022 program year. Samples were collected, tested and analyzed with project managers of the voluntary program. Once results were received, EHS-CCP Monitors, and Leadership met to review the results. Any areas that were identified as a concern or needing remediation were resolved based on the guidance provided by the TCEQ program.

The established ongoing monitoring system also allows for multiple levels of review and

continuous program improvement across the program. DHS EHS-CCP staff collects and uses data from the Self-Assessment, ongoing monitoring tools to make any recommended policy and procedures changes and informs the Policy Council and Governing Body. Ongoing monitoring provides data needed to evaluate compliance with the HSPPS and make recommendations to improve the level of program services. The monitoring methods include on-site announced and unannounced visits, Child Plus reports, questionnaires, and surveys.

Communication is central to the quality leadership and management of the grant: weekly, monthly, quarterly, and annual meetings are held with all staff, regularly scheduled with individual staff members, small groups, and the full staff. The training and technical assistance components of the grant assure the building of staff capacity and well-being.

### **Conclusion**

DHS EHS-CCP is committed to ongoing development and continual improvement. Dedicated staff work side-by-side with the child care service providers to build understanding, expectations, and overall knowledge of the DHS EHS-CCP Program. Strong and effective management systems are in place for the delivery of the highest quality infant toddler program. The focus for the 2023-2024 program year is continual capacity building for understanding and practices in trauma informed care incorporating wellness strategies into every day practices to further strengthen, not only the care provided to the children, but the care provided to the families and staff.