

Department of Human Services

Early Head Start

Continuation Application

Program Year 2022-2023

Project Description

The City of San Antonio, Department of Human Services, Early Head Start Program (heretofore, DHS EHS) submits the enclosed application for consideration of continued program operations and training and technical assistance funding for the period of February 1, 2022 through January 31, 2023. This application provides information on updates during 2020-2021 program year operations, and details for our 2021-2022 program year planned services. DHS EHS will continue program services within Edgewood Independent School District (EISD) offering comprehensive EHS services. Located in the central area of Bexar County and in the inner-city of San Antonio, the geographic area of the school district collectively has the highest demonstrated need for program services based on the program's community assessment. Due to the area having some of the city's highest poverty rates, a multitude of risk factors exist, which limits the opportunities for families to achieve successful outcomes for themselves and their children.

In collaboration with EISD, DHS EHS operates a center-based and home-based EHS program that continues to raise the quality of early childhood care and education of children in the service area. EHS center-based services are offered at the Stafford Early Childhood Center, which also serves as a Head Start PreK campus. DHS EHS provides 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, Edgewood ISD, San Antonio Metropolitan Health District (Metro Health), Family Service Association and the University of the Incarnate Word (UIW) partner to prepare children and families for a successful transition to preschool.

Through this grant application, DHS EHS is requesting funding in the amount of \$2,072,263.00 for program operations and \$45,632.00 for training and technical assistance to continue its EHS Program services to 128 children.

The DHS EHS Program is strengthened by the robust commitment of local leaders to provide the highest quality Head Start services possible, including the City of San Antonio Mayor, City Council, and City Manager. DHS EHS and its partner, EISD, 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; Pre-Kindergarten (3-5 year olds); Early Head Start – Child Care Partnership (EHS-CCP) (6 weeks – 35 months) and the traditional Early Head Start 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 all DHS Head Start children and their families.

The objectives were updated during a strategic planning session in November 2020 that included DHS Head Start Program stakeholders, EHS-CCP site staff and directors, Head Start Policy Council and Governing Body and Advisory Committee (more information is provided in Sub-Section C: Governance, Organizational, and Management Structures regarding the added Advisory Committee) members, parents, community leaders, and subject matter experts. The DHS EHS program adopted the same goals and objectives to align with the DHS Head Start Division.

Table 1- DHS Head Start Program Goals and Objectives

Program Goals	Measurable Objectives	Progress
Goal 1 Education: Prepare children to succeed in school and life	<ul style="list-style-type: none"> ▪ 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. ▪ Increase the annual Toddler Classroom Assessment Scoring System (CLASS) scores by .5 in each domain, from 5.37 in Emotional and Behavioral Support and 3.33 in Engaged Support for Learning in 2017-2018 to 5.87 in Emotional and Behavioral Support and 3.83 in Engaged Support for Learning by 2022-2023. ▪ Increase the percentage of children enrolled in the EHS-CCP Program that show six months or more of developmental growth in all six domains on the Early Learning Accomplishments Profile (E-LAP) from BOY to EOY by 5% from 31% in 2017-2018 to 36% in 2022-2023. ▪ Increase the percentage of children enrolled in the EHS-CCP Program that show six months or more of developmental growth in all seven domains on the Learning Accomplishments Profile-3rd 	Due to the late opening date for Stafford EHS services, EHS data will be incorporate into the Program Goals during the 2021-2022 program year.

	<p>Edition (LAP-3) from BOY to EOY by 5% from 41% in 2017-2018 to 46% in 2022-2023.</p> <ul style="list-style-type: none"> ▪ Decrease the percentage of children enrolled in the EHS-CCP Program with chronic absenteeism by 2.5% from 46% in 2017-2018 to 43.5% in 2022-2023. 	
<p>Goal 2 Family Support: Promote the well-being of families to enable them to support their children's learning and development</p>	<ul style="list-style-type: none"> ▪ Increase the percentage of parents/guardians who make progress towards completion of an identified <i>Family Self-Sufficiency</i> goal by the end of the program year by 9% from 71% in 2019-2020 to 80% in 2023-2024. ▪ 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. ▪ Increase the percentage of families who receive at least one program service, such as emergency assistance, parenting education, asset 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. 	<p>Due to the late opening date for Stafford EHS services, EHS data will be incorporate into the Program Goals during the 2021-2022 program year.</p>
<p>Goal 3 Health: Children are healthy and ready to learn</p>	<ul style="list-style-type: none"> ▪ 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 2020-2021 with a percentage increase determined in 2021-2022. ▪ Increase the percentage of 	<p>Due to the late opening date for Stafford EHS services, EHS data will be incorporate into the Program Goals during the 2021-2022 program year.</p>

	<p>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.</p> <ul style="list-style-type: none"> ▪ 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. ▪ Increase the percentage of children identified as <i>Class 2</i> 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. ▪ Increase the average score on the Wellness Assessment. The baseline will be established in 2021-2022 with a percentage increase determined in 2022-2023. ▪ 	
--	---	--

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

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 EHS program.

When establishing and updating its specific school readiness goals, DHS 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.

Nine School Readiness goals within five central domains resulted from a 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 A).

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 provides engagement opportunities for parents/guardians to prepare their children for transition to kindergarten ready to learn which would follow within the EHS Program. Just one example is all EHS parents/guardians receive a sheet of suggested activities that can be done daily and/or throughout the month directly supporting positive child relationships, language and literacy and other domains of learning. Activities were developed

by DHS' EHS 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. Home visitors also review with the families as additional learning and positive engagement opportunities with their children.

The educational program's capacity to build school readiness in all children will define the success of the EHS Program. 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.

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.

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

DHS Head Start Program 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 HSPP review and approve the final Self-Assessment report, School Readiness goals, and 5-year Strategic Plan. We will continue to utilize our Annual Five-Year Strategic Planning process to develop and incorporate the newly funded DHS EHS Program Goals and Strategic Plan. The DHS Head Start Program has provided IPADs and hotspots to Policy Council members to participate in all governance activities.

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 the DHS' EHS includes families living in the Edgewood ISD (EISD) community building on our established DHS Head Start Program.

Census data 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.

2. Needs of Children and Families:

According to the DHS 2020 updated Community Assessment, there are an estimated total of 26,998 eligible children under five years of age within the DHS Head Start service area, including 4,092 within EISD. The service area also contains a higher concentration of Hispanic residents than most other Bexar County school districts, with EISD comprised of approximately 95% Hispanic residents. EISD has greater proportions of Hispanic residents than does Bexar County (60%) and the

state of Texas (39%). Also, 71% of EISD residents speak a language other than English, generally Spanish in EISD (70%).

Additional needs and considerations of DHS Early Head Start children and families stem from many participants and families being homeless, experiencing foster care, and/or having a disability.

The average educational attainment among adult residents of EISD is less than that of the city, county, state, and nation. Half of the adult population of EISD has not completed a high school diploma. Only 5% of EISD residents had earned at least a Bachelor's degree, compared to the city of San Antonio (26%), and Bexar County (27%). Households in EISD rely on public assistance. Almost one-third of EISD households use Supplemental Nutrition Assistance Program (SNAP) and 13% of EISD households rely on Supplemental Security Income (SSI). Temporary Assistance for Needy Families (TANF) and Women, Infants and Children (WIC) are other public assistance programs utilized 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 in the EISD service area; the San Antonio Food Bank provides food and grocery products to children and families in the DHS Early Head Start Program.

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

DHS EHS will serve a total of 128 infants and toddlers with eighty (80) children being served through a center-based option at our EISD Stafford Early Childhood Center (ECC) and 48 children being served in a home-based option. Working through the COVID-19 Pandemic, DHS EHS and EISD was able to finalize building improvements and license the EHS area of the already established Stafford ECC Head Start campus. EHS in-person services open on March 29,2021.

Serving the DHS Head Start Pre-K Program, Stafford ECC is the first DHS birth to five

campus for the DHS Head Start Division. Home-based group socializations will be held in a designated classroom at the EISD Stafford ECC location as well as within the community. During the 2020-2021 program year, socializations were held through virtual methods.

Center-Based Option – Ten classrooms provide the learning environment for eighty (80) children enrolled in center-based services offered at a frequency to ensure 1,380 annual hours of service. DHS EHS feature operating hours that are aligned with the needs of parents. As families enroll, program staff seek additional resources to support the families that are most in need of EHS services. Our EISD Stafford ECC operates EHS center-based services at a minimum 198 days per year, seven (7) hours per day.

Home-Based Option –EISD employs four (4) home visitors with a caseload of no more than 12 families to serve the 48 home base slots. Each home visitor conducts one home visit per week per family for no less than ninety (90) minutes providing no less than 46 visits per program year for those children enrolled at the beginning of the program year. No less than 22 group socialization activities are provided to all 48 home-based families.

4. Centers and Facilities:

DHS EHS will serve a total of 128 infants and toddlers with 80 children served through the center-based option and 48 children being served in the home-based option. There is a designated classroom at our EISD Stafford ECC location for group socializations in addition to opportunities within the community. The Stafford Early Childhood Center is located at 611 SW 36th St, San Antonio, TX 78237

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

DHS EHS actively recruits families most in need of EHS services. Recruitment efforts begin

annually in the late winter or early spring and continue throughout the year. The recruitment strategies include a multimedia campaign, participation in community events, canvassing neighborhoods, billboards, newspaper advertising, social media, and referrals with other agencies. Recruitment plans are developed and approved annually by the Governing Body and HSPC. DHS EHS utilizes a selection criteria points matrix system which weighs vulnerability factors: income, homelessness, foster care status, disability status, English proficiency, parental/guardian marital status, parental/guardian employment/training status, and child age status. At a minimum, 10% of the program's annual enrollment is comprised of children with disabilities though the program frequently exceeds this threshold.

In order to prioritize the families most in need, the DHS EHS Program utilizes data from the updated 2020 Community Assessment to update our selection criteria point system. The selection criteria are reviewed annually based on updates to the Community Assessment with approval by the program's Policy Council and Governing Body. During the 2020-2021 start-up period of the program, the selection criteria point ranking system incorporated impacts of the COVID-19 pandemic into the selection process.

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 one or more of these characteristics and encourage them to apply to the DHS EHS Program. Recruitment materials continue to be available in English and Spanish, and translated into other languages, as needed. DHS EHS collaborates and has ongoing communication with local Early Childhood Intervention (ECI) agencies, other local Early Head Start Programs, LEA Special Education staff and Homeless Liaison staff regarding the status of children's referrals and services.

DHS EHS- staff works closely with the EISD Early Head Start Coordinator to place children in a linguistically and developmentally appropriate classroom as applicable. Family support staff engages with families to promote regular attendance and assist families with referrals for services that enhance attendance. Special efforts for chronically absent children and other vulnerable children include a home visit or other direct contact with the family to determine the cause of chronic absenteeism and to assist in removing barriers by aiding with referrals and services.

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

EHS provides 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.

Curriculum. DHS' EHS uses The Creative Curriculum for Infants, Toddlers and Twos, designed to advance school success in vulnerable children. Creative Curriculum is used for the center-based option. Using Creative Curriculum, 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.

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 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 to focus on what matters most for very young children, and is aligned to kindergarten readiness, which is of great importance locally.

Partners for a Healthy Baby: Prenatal to 3 is the curriculum for the home-based option. The research-based curriculum focuses on ensuring parents are supported to provide responsive care and other effective learning experiences in an environment that encourages their child's growth and development. Partners for a Healthy Baby builds upon family strengths, abilities and skills while placing emphasis on parents being their child's first teacher. The curriculum provides a systematic approach to address comprehensive roles including enhancing child health and development, positive parenting, infant mental health, economic self-sufficiency, and family stability. Home visitors also supplement the curriculum with components of Creative Curriculum to provide additional hands-on parent activities to support positive relationships and the child's development.

Child progress is 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) in both the center and home-based options. Assessment details may be found in the next section.

EISD is responsible for the direct provision of all EHS education services. EISD is 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 provides an Instructional Coach who provides support to the home visitors. Training on adult learning styles is planned for home visitors in order to support their role in modeling

and working with parents. Core commonalities across all EHS classrooms and home visitors 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 Stafford EHS center are configured ensuring eight learning areas (Table 2.), including the socialization room for the home-based option which is located at Stafford ECC.

Table 2: 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 and small group or one-on-one activities and routines; and transitions that support social, emotional, cognitive, physical development, and language skills. Lesson plans 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 direct and document individualized instruction and modifications and accommodations for every child, including those with a disability or special learning needs.

Every Home Visitor develops a weekly home visit plan that will guide the activities offered during the home visit and support social, emotional, cognitive, physical development and language

skills. Home visit plans document the alignment with the five domains of the Head Start Early Learning Outcomes Framework for all activities offered during the home visit. The home visit plan documents individualized activities, modifications, and accommodations for each child, including those with a disability or special learning need.

DHS EHS Program operates 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 or home visitors know where each child is with respect to learning outcomes, they cannot be intentional about helping them progress; 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 and, 5) home visitors practices can be improved, opportunities to individualize strategies to support parent-child interactions can be strengthened and standards can be met when curriculum and assessment are linked.. All training, technical assistance and teacher observation activities relate to one or more of these core concepts.

Assessment Tools. Individualization of instruction and support is central to DHS' EHS philosophy. Individualization in instruction and support 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 their parents/guardians and are informed by formal and informal assessment data.

DHS EHS collects, aggregates, and analyzes 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 is conducted at the child, classroom, center and program levels and trends are used to adjust instruction and design professional development opportunities. Parents are informed of assessment results and their children's progress. BOY assessment data provides the baseline of each child's strengths and needs and signals education and home visiting staff of areas requiring additional support. MOY data is compared with BOY data to determine gains and identify areas for continued support. EOY data is 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 are 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.

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 uses three tools to monitor progress and identify child needs. The E-LAP and LAP-3 provides a systematic method for observing the skill development of children at all stages. The LAP system assesses 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, support and activities to each child's level.

EHS also uses the Ages and Stages Questionnaires (ASQ) to screen for behavioral and developmental status. DHS will continue to offer training and technical assistance during the 2021-22 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. DHS EHS 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 several trained staff members will ensure the availability of skilled, on-site ASQ support at each center.

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

DHS EHS staff works closely with EISD to build a program of responsive, respectful infant/toddler care while recognizing the value of the families and emphasizing relationship-based

care. The DHS EHS Program will provide families with monthly Home Learning Activity Logs to strengthen the home classroom connection. The Home Learning Activity Logs include activities that will promote strong parent-child connections. The DHS EHS 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.

Top priorities for the 2021-2022 program year include the continuation of strengthening the coaching system in building out an additional level to the Peer Coach support with the addition of early education services Mentors as well as strengthening the work around Trauma Informed Care (TIC) with the program staff. Using Quality Initiative funding for both the EHS and the EHS-CCP, the DHS EHS-CCP program added two additional positions for the direct purpose of strengthening the early education support for all centers. A position was created as a Mentor to provide a deeper mentoring of the Peer Coaches at each center and model best practices in the classrooms as applicable. Another position was created to provide direct support for building Wellness systems directly related to TIC and classroom practice as well as self-care/wellness for the childcare staff.

7. Health (see 1302 Subpart D):

DHS EHS 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, Child Care Licensing Minimum Standards (Minimum Standards) and support families in establishing life-long healthy lifestyle habits.

EHS 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 to ensure service coordination and that the communications with parents and families are structured and timely.

DHS EHS contracts with the Metro Health Dental Division to provide onsite dental services. With parental consent, all children enrolled in the program receive two dental evaluations and two fluoride varnishes, as appropriate, during the program year. Due to COVID-19 and the risk of exposure, and to ensure the health and safety of children and staff, DHS EHS provided limited dental services. A limited number of dental clinics were held due to the limitations of the pandemic, however in the later part of the program year, children were able to be seen. Additionally, children will not participate in tooth-brushing onsite until further guidance is received from the Office of Head Start, the American Dental Association, or the local health authority. In addition, Metro Health provides a toothbrush, toothpaste appropriate for the age of the children, referrals for dental care, parent education sessions, information regarding local dental providers, and dental case management for children with identified oral decay.

Families living in EISD are at high risk for lead exposure. In partnership with the University of the Incarnate Word Miller School of Nursing, DHS Head Start provides on-site lead screenings for children with a missing blood lead screening or a previously elevated blood level result, or for any child that has been identified as high risk. Nursing 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. During this critical time of the pandemic, DHS EHS has further utilized this partnership to provide Flu shots and COVID-19

vaccines to families of the program as well as staff.

Although the COVID-19 Pandemic has created some challenges regarding access to health providers, DHS EHS 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. Families are encouraged to advocate for their child's health needs and ensure developmental milestones are reached as appropriate.

DHS EHS 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 with homes built prior to 1978 and where children under 6 years of age live and spend more than 6 hours a week. Since the partnership began in 2013, our program has assisted 66 families enrolled in Head Start to address health hazards and create a healthy lead safe environment for their children. As of July 2019, \$1.26 million federal HUD grant dollars have been spent on home rehabilitation services for families enrolled in the DHS Head Start Program.

Wellness Services for Children and Families (see 1302 Subpart D):

The DHS EHS Program prioritizes the health and well-being of all staff, children, and families by implementing a comprehensive ongoing trauma informed approach. The DHS EHS Program has provided professional development opportunities to all EHS staff to introduce the trauma informed approach and build a foundation of knowledge on the impact trauma has on staff, children, and families. Additional training and professional development are planned for all EHS 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 practice to promote children's health and social 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: Intensive Intervention. Wellness supports that support Tier 1 & Tier 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. The DHS EHS Program contracts with a community agency, Family Service Association, to provide Tier 3: Intensive Intervention services by a licensed mental health professional to staff, children, and families in need of support. At the time of this application, all DHS Head Start staff are going through the Mental Health First Aid training by Amerigroup to prepare for responding to families and staff in crisis.

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

DHS EHS 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 family support staff continues to build rapport with families by conducting home visits and family meetings, utilizing the family assessment, the collaborative family goal setting process, offering resources and referrals, providing parent engagement opportunities, and communicating with parents in their preferred language.

The DHS Head Start Program (birth through five years of age) offers parent education aimed at supporting parent-child relationships, child development, family literacy, and language development. Various opportunities are available for parents to participate in the research-based parenting curricula, ReadyRosie, offered in both English and Spanish, while engaged in our program. In response to the COVID-19 Pandemic, family support staff increased the access to Ready Rosie videos moving from weekly access to daily dings (Ready Rosie terminology to indicate the notification).

Furthermore, DHS EHS 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 EHS Program that parents are their child's first and most important teacher.

A key strength of the DHS EHS 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 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 workshops, meetings and events. In response to the COVID-19 Pandemic parent engagement activities are provided virtually. Community agencies have also adapted to this mode of engagement and they continue to be essential partners offering much needed resources to families.

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

The DHS EHS program will continue relationships within the community to recruit children with disabilities. The primary methods used are: a) developing and distributing materials that implicitly state that all children with disabilities, including those with severe disabilities are welcome to apply; b) working with the 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. 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. During the 2020-2021 program year, Part C agencies began to provide intervention services virtually due to COVID pandemic. Some families expressed difficulties with keeping children engaged with the virtual services ECI's provided and have decided to stop intervention services. DHS EHS staff continue to work with parents to discuss the benefits of early intervention services and provide resources and referrals for alternative options for intervention services.

DHS EHS procedures prioritize the recruitment of children with disabilities and support the identification of undiagnosed disabilities and/or delays after enrollment. DHS EHS has strong relationships and collaborates with local Part C providers to inform parents of the availability of EHS services and to streamline the referral process from Part C therapists. DHS EHS 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' philosophy. Individualization in instruction means child-based activities, and lessons and assessments that support learning and development based on each child's strengths, needs, and interests. Selections of activities and learning projects are made with input from the child and his/her parents and are informed by formal and informal assessment data.

Rigorous efforts were put in place to support childcare service providers' teaching/home visiting 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 continues to offer the highest quality professional development for all staff as the program serves a higher population of children with varying abilities. The approach to professional development in this area is moving to evidence-based practices with content focused on specific research-based teaching intervention practices with embedded inclusion strategies.

10. Transition (see 1302 Subpart G):

Transitions bring change into the lives of children and families. DHS EHS Program implements strategies and practices to support successful transitions for children and their families. DHS EHS 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 staff, teachers and child care directors collaborate with the family to prepare the child for a successful transition.

Transition from EHS to Head Start and Preschool. The depth of resources available directly from DHS are sufficient to support access to an individualized birth to five continuum for children enrolled

in DHS EHS. 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 25 sites), other Head Start Programs, available CCS providers that are Texas Rising Star-designated, the prekindergarten programs offered by EISD and SAISD (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):

The DHS EHS Program will not be serving Pregnant Women.

12. Transportation (see 1303 Subpart F):

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. Most families attending our EHS Stafford ECC live within two miles of our center and many within walking distance. DHS EHS also has the van available to assist families with appointments when needed. DHS EHS work with the designated Family Support Worker to coordinate with the family to arrange the needed transportation.

Also, teachers promote age-appropriate pedestrian and school bus safety for the children, their families and document bi-annual activities in their classroom lesson plans.

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

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

Structure

DHS Head Start (birth to five program) including our Head Start, Early Head Start and EHS-

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

Governing Body Processes

The City of San Antonio, City Council as our governing body, has a legal and fiscal responsibility to administer and oversee both the DHS Head Start Program (birth to five). 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 two advisory committees including the Economic and Workforce Development Committee (a City Council committee) as well as the Community Action Advisory Board (CAAB) to oversee other key responsibilities.

The Governing Body and the Policy Council partner with each other and key management staff to develop, review, and approve DHS Head Start program policies and planning items. Both are

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. Governing body meetings have been held virtually since March 2020 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

DHS EHS schedules bi-monthly Parent Connection Committee (PCC) meetings at each site. 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 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.

Additionally, parents of enrolled DHS EHS 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.

Community Partnerships

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.

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

DHS Head Start (birth through five) 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, EISD ensures new employees meet Child Care Licensing Minimum Standards upon hire and ongoing to stay in compliance with both Minimum Standards and Head Start Program Performance Standards (HSPPS). DHS EHS staff supports the childcare service providers with orientation of the DHS EHS 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 provides a comprehensive approach to Professional Development for all DHS EHS and EISD 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, our approach to Professional Development also includes attendance at conferences and workshops offered at the local, state, and national level.

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

At the time of this application, additional information on the response to COVID-19 is provided in this section. DHS EHS staff is responsible for monitoring EISD (external monitoring) and reviewing and validating results of the comprehensive services activities of the DHS EHS program staff (internal monitoring). In addition, the DHS EHS Program uses a three-level monitoring system to ensure program compliance at all levels: 1) Texas Child Care Licensing inspections completed for Stafford ECC EHS Program, (2) EISD staff conducts monitoring of EISD staff direct services and (3) DHS EHS Staff conducts monitoring of the Stafford ECC location.

This monitoring system allows for multiple levels of review and continuous program improvement. Additionally, DHS EHS 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 staff worked closely with the Stafford EHS to institute added 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. Not only were added safety protocols put in place, supplies and personal protection equipment were provided to support the needs of the centers and families. In addition, all centers received a City issued thermal facial scanner to have at the entrance of the EHS facility for a more efficient screening process during drop off and for staff to use when reporting to work.

On May 18, 2020, the Governor of Texas released the Open Texas – Checklist for Child Care Centers which was an 18-page document. After review of the checklist, DHS EHS staff worked to modify the checklist into a working template named the DHS EHS Re-Opening Plan (Re-Opening Plan). The Re-Opening Plan template included each item on the checklist and added the responsible party and date completed making it a living document. DHS EHS staff met with Stafford EHS Coordinator to talk through the purpose, intent, and process to meet each item on the checklist. In doing so, the DHS EHS staff would ask “then what happens” after each item to help ensure consideration of the implications of the responses would have on the overall center operations. This brought on a valued exercise of critical thinking to talk through established systems and the impacts each item would have on program operations, staffing, safety, environmental health, and the well-being of not only the children and families, but the staff as well. The process identified strengths as well as areas for improvement for each center. This practice was done across the DHS EHS with the

six EHS-CCP sites as well. Staff also recognized the importance of completing such an exercise to ensure safety across the board for children, staff, and families.

Lastly, DHS EHS incorporated key elements of the Re-Opening Plan into the ongoing Safe Environment monitoring tools to ensure practices continue throughout the program year. The established ongoing monitoring system also allows for multiple levels of review and continuous program improvement across the program. DHS EHS 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 is committed to ongoing development and continual improvement. Dedicated staff works side-by-side with EISD to build understanding, expectations, and overall knowledge of the Early Head Start program. Strong and effective management systems are in place for the delivery of the highest quality infant toddler program. The focus for the 2022-2023 program year is continual capacity building for quality care and a solid foundation of understanding of Head Start Program Performance Standards.