



Department of Human Services Head Start Program

Baseline Application for Year 1

Early Head Start – Child Care Partnership

Program Year 2024-2025

Project Description

The City of San Antonio, Department of Human Services, operates a Head Start Pre-K Program, an Early Head Start and an Early Head Start-Child Care Partnership Program (heretofore, DHS EHS-CCP or EHS-CCP Program). The Department of Human Services (DHS) submits the enclosed EHS-CCP Program baseline application for the start of the next five-year grant cycle spanning August 1, 2024, through July 31, 2029. This application provides information on the 2023-2024 program year operations and details planned services and improvements for the next five-year grant cycle. The EHS-CCP Program will continue program services in six non-profit agencies offering child care services located within two of the 19 school districts within Bexar County to include Edgewood Independent School District (EISD) and San Antonio Independent School District (SAISD). Both EISD and SAISD are located in the central area of Bexar County and center-city of San Antonio. Collectively, EISD and SAISD have the highest demonstrated need for program services in the county based on the program’s community assessment that highlights multitude of risk factors faced by the families like low educational attainment, high levels of poverty, and a high number of children born in single parent households compared to other areas of the community. The EHS-CCP Program works in collaboration with the six non-

profit service providers. Together, an EHS-CCP Program is provided that continues to raise the quality of early childhood care and education for our community's most vulnerable children and families within the proposed service area. The EHS-CCP Program will continue to provide center-based services to 216 infants and toddlers in collaboration with six non-profit agencies offering early childhood programs (Child Care Service Providers). DHS EHS-CCP will provide full-day, full-year, comprehensive services that meet the needs of our children and families, enhance access to high-quality child care, support the healthy development of infants and toddlers through strong relationship-based experiences.

The EHS-CCP Program, along with other key dental and medical providers — 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. The EHS-CCP Program will continue to leverage child care subsidies as investments to improve the quality and availability of infant and toddler care within the center city of San Antonio.

Through this grant application, the DHS EHS-CCP Program is requesting funding in the amount of \$3,363,521.00. The total funding amount includes \$3,298,721.00 for program operations and \$64,800.00 for training and technical assistance to offer EHS-CCP Program services for 216 children and their families. The EHS-CCP Program is strengthened by the commitment of local leaders to provide the highest quality early childhood services possible, including the City of San Antonio Mayor, City Council and City Manager. The DHS Head Start Program and its service providers have the capacity and the commitment to carry out the Program's mission: *Preparing children and engaging families for school readiness and life-long success.*

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 Head Start children and their families. Updates to the goals, objectives, and progress on completion of measures have been included below.

Table 1 below presents the specific outcome measures the DHS Head Start Program plans to accomplish within the project period. The objectives were updated during a strategic planning session in October 2022 that included DHS Head Start Program stakeholders, Head Start, Early Head Start, and EHS-CCP site faculty, administrators, and child care service providers, Head Start Policy Council members, parents, community leaders, and subject matter experts. The DHS Head Start Program remains committed to providing high quality services and examining the progress of our program towards achieving our goals.

Table 1: DHS Head Start Program Goals and Objectives

| Goal 1: Education | |
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| <i>Prepare children to succeed in school and life</i> | |
| Measurable Objectives | Outcomes |
| Decrease the percentage of children enrolled in the EHS Program with chronic absenteeism to 55% in 2023-2024. | At the end of the 2022-2023 program year, 57% of children enrolled in the EHS Program were identified as chronically absent. |
| Decrease the percentage of children enrolled in the Head Start Pre-K Program with chronic absenteeism to 30% in 2023-2024. | At the end of the program year, 45% of the children enrolled in the Head Start Pre-K Program were identified as chronically absent. |
| Increase the annual Infant Classroom Assessment Scoring System (CLASS) score by 0.5 from 4.84 | The EHS Program conducted Infant CLASS Observations during the 2022-2023 school year. |

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| <p>in <i>Responsive Caregiving</i> in 2017-2018 to 5.34 in 2023-2024.</p> | <p>The EHS Program scored a 5.51 for <i>Responsive Caregiving</i>.</p> |
| <p>Increase the annual Toddler Classroom Assessment Scoring System (CLASS) scores by .5 in each domain, from 5.37 in <i>Emotional and Behavioral Support</i> and 3.33 in 2017-2018 to 5.87 in <i>Emotional and Behavioral Support</i> and 3.83 in <i>Engaged Support for Learning</i> by 2023-2024.</p> | <p>The EHS Program conducted Toddler CLASS Observations during the 2022-2023 school year. The EHS Program scored 5.72 in <i>Emotional and Behavioral Support</i> and 3.68 in <i>Engaged Support for Learning</i>.</p> |
| <p>Increase the annual Head Start Pre-K Classroom Assessment Scoring System (CLASS) scores by .5 points in each domain, from 5.65 in <i>Emotional Support</i>, 5.02 in <i>Classroom Organization</i>, and 2.99 in <i>Instructional Support</i> in 2016-2017 to 6.15 in <i>Emotional Support</i>, 5.52 in <i>Classroom Organization</i>, and 3.49 in <i>Instructional Support</i> by 2023-2024.</p> | <p>Head Start Pre-K conducted CLASS Observations during the 2022-2023 school year. Head Start Pre-K scored a 5.92 in <i>Emotional Support</i>, 5.39 in <i>Classroom Organization</i>, and 3.09 in <i>Instructional Support</i>.</p> |
| <p>Increase the percentage of children enrolled in the EHS 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 2023-2024.</p> | <p>For the 2022-2023 school year, 22% of children who were assessed at both beginning and end of year showed six months or more of developmental growth in all 6 domains of the E-LAP assessment.</p> |
| <p>Increase the percentage of children enrolled in the EHS 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 2023-2024.</p> | <p>For the 2022-2023 school year, 6% of children who were assessed at both beginning and end of year showed six months or more of developmental growth in all 7 domains of the LAP assessment.</p> |
| <p>Increase the percentage of children enrolled in Head Start Pre-K identified as PROFICIENT at EOY in <i>Rapid Letter Naming</i>, <i>Rapid Vocabulary</i>, <i>Phonological Awareness</i>, <i>Letter/Sound Correspondence</i>, <i>Story Retell & Comprehension</i>,</p> | <p>For the 2022-2023 school year, 77% of children in the program were identified as PROFICIENT in <i>Rapid Letter Naming</i>, 70% in <i>Rapid Vocabulary</i>, 77% in <i>Phonological Awareness</i>, 87% in <i>Letter/Sound Correspondence</i>, 81% in</p> |

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| <p>and <i>Book & Print Awareness</i> on the CIRCLE Progress Monitoring System to 75% across all areas in 2023-2024.</p> | <p><i>Story Retell & Comprehension</i>, and 74% in <i>Book & Print Awareness</i></p> |
| <p>Increase the percentage of children transitioning to kindergarten enrolled in the Head Start Pre-K Program identified as PROFICIENT at EOY in Rapid Letter Naming, Rapid Vocabulary, Phonological Awareness, and Mathematics on the CIRCLE Progress Monitoring System to 75% across all areas in 2023-2024.</p> | <p>For the 2022-2023 school year, 79% of the children transitioning to kindergarten were identified as PROFICIENT at EOY in <i>Rapid Letter Naming</i>, 77% in <i>Rapid Vocabulary</i>, 77% in <i>Phonological Awareness</i>, and 79% <i>Mathematics</i>.</p> |
| <p>Goal 2: Family Support <i>Promote the well-being of families to enable them to support their children’s learning and development</i></p> | |
| <p>Measurable Objectives</p> | <p>Outcomes</p> |
| <p>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.</p> | <p>By the end of the program year, 66% of families enrolled in the program made progress towards completion of an identified <i>Family Self-Sufficiency</i> goal</p> |
| <p>Maintain the percentage of parents/guardians who make progress towards completion of an identified <i>Family Life Practice</i> goal at 90% or higher through the year 2023-2024.</p> | <p>By the end of the program year, 92% of families enrolled in the program made progress towards completion of an identified <i>Family Life-Practice</i> goal.</p> |
| <p>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.</p> | <p>Families with children enrolled in the program received an average of 2.3 services during the 2022-2023 program year.</p> |
| <p>Increase the number of parents/guardians that participate in the Head Start Triple P Parenting Program by 96 from 4 in 2020-2021 to 100 in 2023-2024.</p> | <p>By the end of the program year, 47 parents/guardians participated in the Triple P Parenting Program.</p> |

| Goal 3: Health | |
|---|---|
| <i>Children who are healthy and ready to learn</i> | |
| Measurable Objectives | Outcomes |
| 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. | By the end of the 2022-2023 program year, 70% of the children enrolled in the program were up to date on TX EPSDT requirements. |
| 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. | By the end of the program year, 61% of children enrolled in the program received services following a referral for a hearing concern. |
| 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. | By the end of the program year, 46% of the children enrolled in the program received services following a referral for a vision concern. |
| Increase the percentage of children identified as <i>Class 2</i> following a dental evaluation that are designated as <i>Treatment Complete</i> by the end of the program year by 4% from 63% in 2021-2022 to 67% in 2023-2024. | During the 2022-2023 school year, 73% of the children identified with a dental concern were designated as <i>Treatment Complete</i> at the end of the year, |
| 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. | The Wellness Assessment was implemented with families at the beginning and end of the year. Based on the previous year's data, the program identified consumption of sugary drinks as an area of focus. The program will continue to identify and develop strategies to encourage families to make healthy choices. |
| Increase the percentage of parents/guardians that report that mental health/wellness services/supports are available by 24% from 11% in 2021-2022 to 35% in 2023-2024. | During the 2022-2023 program year 49% of parents reported that they were aware of the mental health/wellness services/supports available through the program for them and their families. |

The DHS Head Start Program showed improvements across several areas. While chronic

absenteeism continues to be an area of concern, the EHS Program, including the EHS-CCP Program, decreased the number of children identified as chronically absent by more than 10% from the previous year. Infant and Toddler CLASS Scores for the 2022-2023 program year exceeded the previous year's scores, and the Head Start Pre-K Program's internal CLASS scores exceeded the Office of Head Start Competitive Thresholds and increased in Emotional Support and Classroom Organization. The percentage of children identified as PROFICIENT at the end of the year exceed 75% across all assessment focus years. The DHS Head Start Program continues to focus on fidelity to the assessment and has seen an increase to the percentage of families that made progress towards a Family Life-Practice Goal. By the end of the 2022 – 2023 program year, all staff from the Family Wellness team, which is a specialized team of family support workers supporting our most vulnerable families, earned accreditation in the tiered, evidence-based parenting curriculum, Triple P in Level 2 and 3. The DHS Head Start Program saw a significant increase in the number of Triple P participants. The program continues to focus on connecting families to their medical home and ensuring children have health care coverage to increase the percentage of children up to date on EPSDT by the end of the program year.

After additional follow up and training, the program saw a significant increase in the percentage of children that received services following a referral. For those who received referrals, there was a 23% increase in receiving hearing services and a 6% increase for receiving vision services. Oral health continues to be a priority of the program, and the support of Metro Health, there was a 10% increase in the percentage of children who received treatment following the identification of dental concern. Finally, the program continues its focus on health and wellness support for children and families. There was a significant increase in the percentage of families who reported they were aware of the mental health/wellness services and supports available

through the program and in the community.

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.

The DHS Head Start Program School Readiness team includes DHS Head Start Program staff, SAISD and EISD teachers, site administrators, EHS, including the EHS-CCP Program, childcare staff, community members, and parents/guardians. In establishing the DHS Head Start Program School Readiness Plan, learning outcomes aligned to the Head Start Early Learning Outcomes Framework (HSELOF) were prioritized, and the team developed a set of goals. The DHS Head Start Program School Readiness team developed school readiness goals for each of the five central Head Start domains and created a single set of School Readiness Goals for all children, 0-5 years of age and objectives based on the goals and indicators in the HSELOF. In 2019, the Education Advisory Committee and the Head Start Policy Council voted to continue to use the established School Readiness Goals for the five-year grant period. As we move into our first year of our next five-year grant cycle, the DHS Head Start Program will work with parents, staff, and stakeholders to develop a new set of school readiness goals for the next five-year grant period.

The DHS Head Start Program'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.

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

The DHS Head Start Program utilizes the annual Head Start Self-Assessment and Community Assessment reports, Five-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 (e.g., ASQ-3; ASQ:SE-2), home visit notes, parent conference notes, day-to-day interactions with parents, ongoing quality assurance monitoring reports, and child assessment outcome data to develop and assess the school readiness goals. The school readiness stakeholders evaluate the program's needs, review documented activities, and support improved learning outcomes for the children attending the program and their families.

School readiness information is presented to parents at the beginning of the year family meetings when they review the Parent Handbook, Head Start Parent Orientations, Governing Body meetings, Policy Council meetings, Parent Connection Committee meetings, parent conferences, trainings and handouts to ensure all families are informed of the focus on school readiness.

The educational program's capacity to build school readiness in all children will define the success of the DHS Head Start Program. 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 Infant Toddler and Pre-K Classroom Assessment Scoring System (CLASS), an observational tool designed to improve teaching and learning.

The CLASS results will guide the DHS Head Start 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 and governing body advisory committee 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.

The DHS Head Start Program develops its program goals through its Five-Year Strategic Planning processes. This process is purposefully designed as an inclusive method incorporating the feedback and input from diverse perspectives, to include the DHS Head Start Program's governing body, the City of San Antonio's City Council, and the Bexar County Community Action Advisory Board (CAAB), which acts as the DHS Head Start advisory committee to the City Council, as well as the City of San Antonio Head Start Policy Council (HSPC). In addition to our governing body participation, DHS Head Start Program parents and other community stakeholders are included in this process. To ensure a wide range of involvement is achieved, these groups are invited and encouraged to participate in the Head Start Program's Quarterly Self-Assessment Data reviews and Annual Strategic Planning events. During these events, the members actively participate by providing recommendations, asking questions in open discussion, and providing feedback regarding program data and goals. All participants assist in the development of the program's short-term and long-term goals during the Strategic Planning event. The DHS Head

Start Program's governing body, including the advisory committee to the governing body, and HSPC members, review and approve the final Self-Assessment report, School Readiness goals, and Five-Year Strategic Plan.

Sub-Section B: Service Delivery

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

The EHS-CCP Program has a defined service area for families living or working within the EISD and SAISD district boundaries located in Bexar County, Texas. Recruitment is focused within these boundaries. The central and southern portions of the City of San Antonio have greater concentrations of poverty and income-eligible children than other areas of the city. Our 2022 Community Assessment documents the composition of the families that reside within this area and provides strong evidence for the need for high quality infant and toddler early childhood programs such as the EHS-CCP Program.

5. Needs of Children and Families:

According to our current 2022 Community Assessment Update, there is an estimated total of 26,962 eligible children under five years of age within the DHS Head Start Program service area, including 22,321 within SAISD and 4,641 within EISD. The service area 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%).

Census data shows there are 2,446 children under the age of three in EISD's two zip codes and 999 (41%) live in poverty and are eligible for EHS. Though the poverty percentage is relatively static, resident density varies. More than half (68%) of all families in these zip codes have a female

head of household.

Fifty-one percent of SAISD residents and 69% of EISD residents speak a language other than English, generally Spanish in EISD (68%) and SAISD (49%). SAISD and EISD are among the Bexar County school districts with the greatest proportion of students participating in bilingual education, 22% and 15%, respectively. These are greater percentages of bilingual and ESL students enrolled than in Bexar County (14%). Additional needs and considerations of DHS Head Start Program children and families stem from many participants and families experiencing homelessness, placed in foster care, and/or having a disability. The available data showed that the DHS Head Start Program served 405 families experiencing homelessness and 45 children in foster care during the 2022-2023 program year. In 2022-2023, approximately 548 children served by the DHS Head Start Program were determined to have a disability (i.e., 17% of enrollment). Among these children, speech and language impairments were the most common disabilities (i.e., 256 children, 8% of total enrollment).

The average educational attainment among adult residents of SAISD and EISD is less than that of the city, county, state, and nation. Nearly one-third of the population of SAISD residents and over one-third of the population of EISD do not have a high school credential; fifteen percent of SAISD residents and 5% of EISD residents earned at least a Bachelor's degree, compared to the City of San Antonio (26%), and Bexar County (29%). Many households in SAISD and EISD rely on public assistance. Over one-third of EISD households and nearly one-quarter of SAISD households use Supplemental Nutrition Assistance Program (SNAP) and 10% of SAISD and 12% 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 and the University of the Incarnate Word provide immunizations, flu and COVID vaccine clinics and dental services across the Head Start Pre-K, Early Head Start and EHS-CCP Program, and the San Antonio Food Bank provides food and grocery products to children and families.

According to the DHS Community Assessment 2022 Update, there is a need for additional infant toddler slots in the area (3,656 children in need of services) compared to preschool aged children (2,129 children in need of services without including increase in charter school capacity). Fewer entities serve children aged 0-2 years when compared to children 3-4 years and older. Many families may not be able to afford the cost of local childcare. With about 3,656 age and income eligible children not being served, it is important that our program expand to address the existing need for children aged 0-2 years living in the service area.

Projections produced by the Texas Demographic Center indicate that the need for Early Head Start and Head Start services in Bexar County will continue to grow through 2031. The need for Early Head Start services will be especially important to meet going forward, based on the number of age- and income-eligible children residing in Bexar County by 2031.

There is an unmet need for child care within both EISD and SAISD service area based on the 2022 Community Assessment Update with 90 facilities that serve children 0-2 years of age and 117 facilities that serve children 3-4 years of age. However, there is a stark difference between capacity to serve students and the demand for services, especially for infants (aged 0-17 months) and toddlers (18 months to 2 years) in the targeted service area.

To better explain the deficit, there are 15 facilities in EISD service area that serve children 0-2 years of age with a capacity of 1,528 children but an estimated 2,743 children within the same age range resulting in a 1,215 deficit. In the SAISD service area, there are 75 facilities with a 6,010

capacity and an estimate of 13, 655 children 0-2 years of age resulting in a 7,645 deficit. The lack of basic infant/toddler care is profound. Families may not be able to afford the cost of local childcare much less higher quality infant toddler care.

A state think-tank called Children at Risk has published a childcare desert interactive map, which indicates only 5-15 child-care seats per 100 children of working families in the 78208-zip code (SAISD proposed EHS site) are available. More importantly, the interactive map indicates only four child-care seats per 100 children of working families in centers with a Texas Rising Star (TRS) rating, Texas' official Quality Rating and Improvement System are available. <https://childrenatrisk.org/childcaresdesertmap/>

Having access to quality early learning centers as an option is clearly a barrier for families living within the DHS Head Start service area. The Community Assessment details quite starkly the need for increased infant and toddler center-based childcare in our service area.

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

The EHS-CCP Program will offer, year round, full-day center-based services during the 2024 - 2025 program year and beyond. The DHS and the six Child Care Service Providers are committed to ensuring a safe learning environment.

The EHS-CCP Program will continue to utilize a 10-hour day, center-based option during the 2024-2025 program year and beyond. Operating hours 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 –CCP services.

Child Care Service Providers operate at a minimum of 48 weeks, five days per week with the average EHS-CCP time being 7:30am – 5:30pm (times may vary by site).

The current program model has an advanced system of program planning that incorporates

members of the Head Start Pre-K Program, EHS Program and service provider staff, HSPC, Governing Board Advisory Committee members (Community Action Advisory Board), and community stakeholders. These groups engage in the data review process, as well as focused annual and ongoing program planning to ensure continuous improvement and high-quality services to meet the needs of children and families served within the community.

7. Centers and Facilities:

The EHS-CCP Program will operate a total of six center locations for the **2024-2025** program year.

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

| Child Care Service Providers | 2024-2025 Allocations | 2024-2025 Contracts Allocation |
|-------------------------------------|------------------------------|---------------------------------------|
| Blessed Sacrament Academy | 40 | \$359,082.00 |
| Ella Austin | 48 | \$430,898.00 |
| Healy Murphy | 64 | \$574,531.00 |
| Inman Christian | 28 | \$251,358.00 |
| Seton Home | 16 | \$143,633.00 |
| YWCA –Olga Madrid | 20 | \$179,541.00 |
| Total | 216 | \$1,939,043.00 |

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

In order to prioritize families with the most need for program services, the EHS-CCP Program utilizes selection criteria generated from the annual Community Assessment. The EHS-CCP Program actively recruits families most in need of services. Recruitment efforts are conducted throughout the year in collaboration with our Head Start team, Child Care Service Providers, as well as other community partners. Recruitment efforts increase annually in the late winter and early spring and continue throughout the year. Our recruitment strategies include a multimedia campaign, participation in community events, canvassing neighborhoods, street banners,

newspaper advertising, social media, meeting with community organizations to educate about the service options and referrals with other agencies. Recruitment plans are developed and approved annually by the Governing Body and HSPC.

The DHS Head Start Program utilizes a selection process that prioritizes children based on a point system which weighs vulnerability factors: income, homelessness, foster care status, public assistance, and disability status. This process is used for all children, including children with disabilities and Spanish language dominant children. At a minimum, 10% of the program's annual enrollment is comprised of children with disabilities, though the program frequently exceeds this threshold. In addition, all children are placed in a linguistically and developmentally appropriate classroom.

On March 21, 2022, OHS revised the categorical eligibility for families eligible for the Supplemental Nutrition Assistance (SNAP) Program to be included as part of Public Assistance definition. As directed, this update was to take effect immediately once program procedures were updated. This revision changed eligibility for families identified and waitlisted as over income who received SNAP benefits to become eligible for our program. This update also impacted the program selection criteria and eligible families were awarded points to reflect this revision.

In order to actively locate children with disabilities, children experiencing homelessness, and children in foster care, recruitment materials are developed indicating that all children with one or more of these characteristics are encouraged to apply to the EHS-CCP Program. DHS collaborates and has ongoing communication with local Early Childhood Intervention agencies and districts' special education directors and homeless liaison staff regarding the status of children's referrals and services. In addition, the family support staff continually connects and networks with others in the community to promote the program.

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

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

The EHS-CCP Program provides early education and child development services 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; and 4) teachers instructional practices can be improved, opportunities to individualize instruction can be increased and standards can be met when curriculum and assessment are linked. All training, technical assistance and teacher observation activities relate to one or more of these core concepts.

Individualization of instruction and support is central to the EHS-CCP Program philosophy. Individualization in instruction and support means child-based activities are developed based on each child's strengths, needs, and interests. Children's parents/guardians are kept up to date on their child's progress through formal and informal assessment data.

The EHS-CCP Program 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. Beginning of the year assessment data provides the baseline of each child's strengths and needs and signals education and home visiting staff of areas requiring additional support. Middle of the year data is compared with BOY data to determine gains and identify areas for continued support. End of the year 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.

DHS Early Head Start Education and Child Development

The EHS Program 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 and supplements the home base curriculum. Using Creative Curriculum, staff recognize that 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 the developmental stage a child is at when they enter the program. The curriculum helps teachers understand developmentally appropriate practices, the importance of creating 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.

The EHS-CCP Program utilizes 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 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 in tailoring individualized instruction, support and activities to each child's level.

An important note to make, the LAP assessments also provide 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 EHS-CCP Program 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. Early Head Start Program staff also use center-level and program-level assessment data to monitor program-wide

progress and plan training and technical assistance activities.

The DHS staff work closely with the Child Care Service Providers to build a program of responsive, respectful infant/toddler care while recognizing the value of the families and emphasizing relationship-based care. The EHS-CCP Program provides families with monthly School Readiness Home Learning Activity sheet to strengthen the home classroom connection. The School Readiness Home Learning Activity sheet include activities that will promote strong parent-child connections. The 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 2024-2025 program year include the continuation of the Pyramid Model to support social and emotional development and strengthening the knowledge of Trauma Informed Care (TIC) with the program staff. The EHS-CCP Program will continue to focus on TIC and increase professional development opportunities in 2024-2025 for the direct purpose of building and strengthening a tiered wellness response system to meet the increase needs of children, families, and staff into the 2024-2025 program year and beyond.

10. Health (see 1302 Subpart D):

The DHS Head Start Program 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 support families in establishing life-long healthy lifestyle habits.

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

The EHS-CCP Program follows guidance from the Office of Head Start, the American Dental Association, and the local health authority regarding oral health services. Oral health and education are a priority for our program. The EHS-CCP Program contracts with the Metro Health Dental Division to provide onsite dental services. With parental consent, children enrolled in the EHS-CCP Program receive two dental evaluations and two fluoride varnishes during the program year. Children participate in tooth-brushing and oral health education daily.

Families living in SAISD and EISD are at high risk for lead exposure due to the age of the housing inventory available in the area. In partnership with the University of the Incarnate Word Miller School of Nursing (UIW), the EHS-CCP Program provides on-site lead screenings for children with a missing blood lead screening, previously elevated blood level result, or for any child that has been identified as high risk. Each child must have a signed parent/guardian consent form before the screening is conducted. Children with reported high lead levels are provided one on one case management by UIW Faculty. Families are also provided with a referral to the City of San Antonio Green and Healthy Homes Initiative program for possible home rehabilitation and lead abatement services.

The EHS-CCP Program 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 provides assistance 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, the program has assisted 82 families enrolled in Head Start to address health hazards and create a healthy lead safe environment for their children. As of June 2021, \$1.443 million federal HUD grant dollars have been spent on home rehabilitation services for families enrolled in the DHS Head Start Program.

DHS EHS-CCP Program 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.

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

The EHS-CCP Program prioritizes the health and well-being of all staff, children, and families by implementing a comprehensive ongoing trauma-informed approach. The program staffs specialized teams that collaborate with other content areas and partners that consists of both licensed and trained mental health professionals to address individualized family needs utilizing various modalities such as family needs assessments and wellness assessments while implementing person-centered, strengths-based and trauma-informed care approaches. The program provides professional development opportunities to all staff to continue building a trauma informed approach and increase capacity on the impact trauma has on staff, children, and families. Additional training and professional development are planned for all staff on strategies that can be implemented to support families through a trauma-informed care approach.

DHS Early Head Start-Child Care Partnership Program Wellness Services

The EHS-CCP Program entered into a multi-year contract with First Three Years to provide a series of professional development that focuses on trauma informed care concepts, strategies to scaffold the learning opportunities to classroom teachers, home visitors and family support staff. The EHS-CCP Program continues to work towards utilizing the Pyramid Model, which provides the Program with a framework of evidence-based practice to promote children's social and emotional development. The EHS-CCP Program continues the pursuit of knowledge and understanding to build out an implementation plan. The DHS EHS Early Education Services team, 10 of the Child Care Service Providers' Peer Coach/Instructional Coach completed successfully, class and testing, to obtain reliability in the Teaching Pyramid Infant Toddler Observation Scales (TPITOS) during January 2024. The next steps are to design a realistic implementation plan on the use of TPITOS in addition to the many other Pyramid Model resources and tools.

Wellness services are an integral part of a trauma informed approach. The EHS-CCP Program continues to strengthen 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. As the EHS-CCP Program continues to work to strengthen the supports around wellness, it became apparent to rename Tier 3 from intensive to individualize to accurately reflect the actual work at this level. Wellness strategies that support Tier 1 & Tier 2 Promotion and Prevention 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 EHS-CCP Program contracts with a community-based 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. In program year 2021-2022 all DHS Head Start Program staff went through Mental Health First Aid training by Amerigroup to prepare for responding to families and staff in crisis. Implementing strategies to support wellness will be reinforced and additional training provided moving into the 2024-2025 program year. In addition, in the later part of program year 2022-2023, DHS Head Start Program staff participated in a foundational training on the benefits of the Infant Mental Health model of Reflective Supervision Consultation (RCS).

Over the summer months of 2022, DHS Head Start Program supervisors participated in a series of professional development and RCS sessions to learn and practice the RSC model. The focus around this work is an effort that front line staff will benefit of the practices and therefore better serve the families and incorporate the strategies in their work with the families. Work will continue through the 2023-2024 and 2024-2025 program years.

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

DHS EHS-CCP Program Family Support Services promote family well-being, strong parent-child relationships, and the ongoing learning and development of the children and their families. The EHS-CCP Program achieves these three outcomes by providing supports and services responsive to families' expressed needs and through collaboration with the parents. Family support staff utilize various processes and activities to facilitate achievement of positive family outcomes that align with the Parent Family Community Engagement (PFCE) Framework.

DHS EHS-CCP Program Family Support Team continues to build rapport with families by

conducting home visits, 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 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 engaging in our program. DHS EHS Wellness staff attended training in the Triple P parent education curriculum as a part of a collaboration with the city's health authority and other community agencies in order to bring the multi-tiered parenting curriculum to EHS-CCP families and to make Triple P one of the identified parenting curricula for the city along with Ready Rosie. During the 2023-2024 program year, four discussion groups were held in the fall of 2023 and four are planned for the spring 2024 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.

A key strength of the DHS Head Start Program is its collaborations with community partners that are deeply rooted and committed to San Antonio's center city. They are known and trusted allies for EHS-CCP Program 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 addition, parents/guardians are surveyed at the beginning of the program year to determine topics of interest in addition to the best days and

times to host events.

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

The EHS-CCP Program has procedures in place to prioritize the recruitment of children with disabilities and to ensure identification of undiagnosed disabilities after enrollment. The approach to serving children with unique needs is guided by the belief that inclusion is a value and enhances the program for all children.

The EHS-CCP 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 and SAID's Special Education and Child Find staff in publicizing EHS availability. The EHS-CCP Program 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. EHS-CCP Program 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.

Concerted efforts were put in place to support 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. The EHS-CCP Program will continue to offer the highest quality professional development for all EHS-CCP Program staff as the program serves a higher population of children with varying abilities. The approach to professional development in this area includes evidence-based practices

with content focused on specific research-based teaching intervention practices with embedded inclusion strategies.

13. Transition (see 1302 Subpart G):

Transitions bring change into the lives of children and families. The EHS-CCP Program staff implement strategies and practices to support successful transitions for children and their families. In addition to transitioning children from EHS into Head Start, other Pre-K programs, and children from Head Start into kindergarten or other Early Childhood Development programs, the EHS-CCP Program considers the changes that occur when children enter the program, move from classroom to classroom, or when children move to any other program as important transitions. Transition planning begins six months before the child turns three within the EHS-CCP Program. Parents receive a transition letter informing them of their child's upcoming transition at the end of the program year from EHS-CCP into Head Start or other PreK programs. Parents of transitioning children are invited to attend a meeting where they are provided with information regarding Head Start. Head Start district staff are in attendance to answer questions regarding children with disabilities, school locations and opportunities to tour the school. In addition, family support staff work with families to ensure that Head Start applications are completed and any additional resources or referrals are provided.

In both the Head Start Pre-K and EHS programs, teachers address transitions during the beginning of the year Home Visit, as well at the end of year Parent/Teacher Conference.

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

Not Applicable.

14. 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.

Child Care Service Providers promote age-appropriate pedestrian and school bus safety for children and 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

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

Structure

The City of San Antonio Mayor and City Council, DHS Head Start Program Governing Body, oversees a public entity and are selected to their positions by public election. DHS Head Start Pre-K, EHS and EHS-CCP Programs share the same Governance structure. 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.

The DHS Head Start Program Policy Council (HSPC) is composed of twenty-four members, with DHS Head Start Program parents of currently enrolled children representing 83% of the Council. San Antonio ISD Head Start Pre-K has eight parent representatives (four primary and four alternates), EISD Head Start Pre-K has four parent representatives (two primary and two alternates), and EISD EHS has four parent representatives (two primary and two alternates) which include center based and home based representation, EHS-Child Care Partnership 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

The City of San Antonio City Council as our governing body, has the legal and fiscal responsibility to administer and oversee the DHS Head Start Program. 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, per Head Start standards, it has authorized the Bexar County Community Action Advisory Board (CAAB) to oversee other key programmatic responsibilities. The Governing Body, the Governing Body Advisory Committee (CAAB), and the HSPC members partner with each other and key management staff to develop, review, and approve DHS Head Start Program policies and planning items. The Head Start Policy Council and CAAB are charged with oversight of specific DHS Head Start Program functions and receive monthly fiscal and program reports which are provided one week prior to the scheduled meeting. DHS Head Start Program 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, the Governing Body Advisory Committee (CAAB), and Policy Council throughout the year and decision-making items are presented for program development, budget and policy, and community advocacy.

The Finance Department, City Attorney's Office, and Department of Human Services

provide legal, fiscal, and management expertise. Grant applications, service provider allocations, and all contracts over \$50,000.00 require City Council final approval prior to submission to the U.S. Department of Health and Human Services (HHS) or execution.

Policy Council

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 be 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. Policy Council meetings are held in-person and safety protocols are followed to ensure the safety of the members.

Parent Committees

The DHS Head Start Program schedules regular Parent Connection Committee (PCC) meetings at each site. PCC meetings begin in September each Fall and continue with each program year, to maintain a governing structure that ensures two-way communication between parents and the Policy Council. Parents have the opportunity to become Parent Leaders. The Parent Leader option is to assist with building leadership skills, provide free workshops, trainings, and community events opportunities to families in the program. 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. The EHS CCP Program holds PCC meetings at each center. At these meetings, parents discuss concerns, successes, ideas to improve the program and training on topics that are important to them and their families. When relevant input is obtained during PCC meetings, the information is forwarded to the HSPC for their consideration. After the HSPC meets each month, the agendas and minutes of each meeting are posted on Parent Boards at each site. This process promotes two-way communication with parents in the program.

Additionally, parents of enrolled EHS-CCP Program 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.

Relationships

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

The DHS Head Start Program details the need to avoid conflict of interest in the DHS Head

Start Policy Council bylaws. Parent/legal guardians of currently enrolled children, as well as community members seeking a position on the HSPC, must not have financial conflicts of interest: be personally employed or have an immediate family member employed with the program nor receive compensation for providing services to the program.

The 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 program items to review and approve monthly. The Governing Body advisory committee members are invited to attend the monthly HSPC meetings and the HSPC members are invited to attend monthly Governing Body advisory committee meetings. The DHS Head Start Program has implemented a well thought out impasse procedures that have been approved by the City of San Antonio City Council, the governing body advisory committee (CAAB) and the HSPC. The impasse procedure provides steps to be taken in the event that there is a disagreement on how to proceed with a decision that governs the program. The procedure details meaningful collaboration efforts towards coming to a joint decision.

2. Human Resources Management (see1302 Subpart I):

The DHS Head Start Program maintains an organizational chart to display the management and staffing structure including all of DHS Head Start Program staff, the DHS Director, and the DHS Fiscal staff.

The DHS Head Start Program collaborates with the City of San Antonio's Human Resources Department to ensure all newly hired DHS Head Start Program 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 of San Antonio conducts Criminal Background Checks (CBC) as part of the initial employment process, employee placement into safety or security sensitive positions and positions of trust, and engagement of volunteers and interns. In addition, Child Care Service Provider staff ensures new employees meet Child Care Regulations Minimum Standards upon hire and ongoing to stay in compliance with both Minimum Standards and HSPPS.

All new staff receive 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, Head Start Standards of Conduct, Head Start Program Governance, and a program overview.

The EHS-CCP Program collaborates with all Child Care Service Providers to provide a comprehensive approach to professional development for all DHS Head Start Program staff and teachers. 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 the DHS Head Start Program and each Child Care Service Provider agency, our approach to Professional Development also includes attendance at conferences and workshops offered at the local, state, and national level.

In partnership with the Child Care Service Providers, EHS-CCP provides a coordinated coaching strategy for teachers. DHS Early Head Start Program staff 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.

Teaching Strategies Fidelity tools are completed to assess every EHS-CCP Program 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 is offered by Early Education Services Mentors 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, DHS EHS Program has established a Peer Coach support system at each of the EHS-CCP locations. Each Child Care Service Provider identifies a Peer Coach that is responsible for working with each of the EHS-CCP classroom staff to support implementation of curriculum, child development assessments, home visit and parent/teacher conference support and individualization. Monthly Peer Coach networking sessions are held and facilitated by the DHS EHS Early Education Services team to bring the Peer Coaches together to discuss successes and challenges they may see. Updated information is shared, and ongoing planning is incorporated into the monthly sessions. Peer Coaches have expressed the value and benefits of attending the monthly sessions in their own work with their center classroom staff.

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

The EHS-CCP Program is responsible for the monitoring of the six Child Care Service Providers (direct monitoring) and reviewing and validating results of the monitoring activities (indirect monitoring). In addition, the EHS-CCP Program uses a three-level monitoring system to ensure program compliance at all levels: (1) Texas Child Care Regulation inspections completed for Child Care Service Providers, (2) DHS Early Head Start staff conducts monitoring and (3) Texas Rising Star conducts ongoing reviews to ensure compliance with the center's awarded stars

through the TRS system. At this point in time, all six EHS-CCP Child Care Service Providers are 4 Stars; the highest of all stars.

The EHS-CCP Program's quality assurance system allows for multiple levels of review and continuous program improvement. Monitoring methods include on-site announced and unannounced visits, coordinator interviews, ChildPlus reports, questionnaires, and surveys. DHS EHS Program staff collect and use data from the Self-Assessment and ongoing monitoring tools to make any recommended policy and procedures changes and informs the Policy Council and Governing Body. This year's direct monitoring projects conducted on-site emphasized environmental health and safe environments. This monitoring addressed any areas needing improvement including increased safety awareness. The DHS EHS-CCP Program remains committed to providing quality services and achieving our monitoring goals. Ongoing monitoring provides data needed to evaluate compliance with the HSPPS and make recommendations to improve the level of program service

Communication is central to quality leadership and management of the DHS EHS-CCP Program. Weekly, monthly, quarterly, and annual meetings are held with all staff, regularly scheduled with individual staff members, small groups, and the full staff. Staff are held accountable for their results and annually evaluated accordingly. The training and technical assistance components of the grant assures the building of staff capacity and well-being.