

Review of 2022-2023 Early Head Start (EHS) Grant Application



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. ▪ 	
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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.



Grant No. 06CH011533

**Department of Human Services
Early Head Start**

Training and Technical Assistance Plan 2022-2023

The City of San Antonio, Department of Human Services, Grantee of the Head Start Program's Early Head Start (DHS EHS) contracts with three direct service providers (one education service provider, two health and one mental wellness service providers) and collectively employs approximately 55-60 professionals (including substitutes, floaters, and part-time staff) to provide high-quality infant and toddler program services to 128 children and families.

DHS EHS retains primary responsibility for providing ongoing training and technical assistance. Staff collaborates with the education service provider in the development of annual training plans to ensure needed trainings support the direct service staff in the delivery of high quality services. This system ensures staff and families have access to ongoing training opportunities.

The 2022–2023 Training and Technical Assistance Plan (T&TA) reflects activities provided during the 2021-2022 program period for the DHS Early Head Start program and planned training and development for the 2022-2023 program year. Through this application, DHS is applying for \$45,632 training and technical assistance funds, for the awarded project period from February 1, 2022 – January 31, 2023.

Section 1: Planning for Training

On an annual basis, DHS EHS and each education service providers (both EHS and the DHS Early Head Start-Child Care Partnership (EHS-CCP) identify, prioritize, and develop a plan for the provision of training, based on the needs of staff, parents and children.

As a rule, CLASS data, child outcome data, family assessment information, monitoring

compliance data, self-assessment data, staff and parent surveys, training evaluation forms and child care licensing compliance history are utilized to identify program-wide training needs. However, during the past year of operations during the COVID-10 pandemic some data points are not available for consideration for the 2022-2023 training plan. For instance, the infant/toddler CLASS Plan was not implemented due to the limitations to the response to COVID-19, the late opening of the Stafford EHS program and to adhere to the change in Child Care Regulations.

Training plans are developed yearly meet or exceed the requirements of the Head Start Performance Standards, Head Start Act, Texas Child Care Regulations, and other regulations.

Section 2: Professional Development & Training

DHS EHS implements a comprehensive professional development plan that includes national and local conferences and workshops, orientation training, pre-service training, onsite training during the program year, and online trainings and webinars. To address concerns related to COVID-19, many professional development opportunities are available online. The professional development plan centers on the following five areas of focus and presented in detail in the tables below: Quality Teaching and Learning, Family & Community Engagement, Health & Safety, Program Leadership, and Wellness Support.

DHS EHS ensures that at the beginning of employment all new program staff receives orientation. The education service provider conducts an orientation to all new staff which meets their organizational expectations and Child Care Regulation Standards. DHS EHS staff works with the education service provider to include required training on the goals and philosophy of Head Start, the mission and vision of DHS EHS Program, Approach to School Readiness and the School Readiness Plan of Action. During the 2021-2022 program year, DHS EHS Early

Education Services (EES) Mentors developed a system to ensure continuity of the Head Start/Early Head Start orientation being provided by the education service providers. The EES team worked to develop content, record and produced a series of seven (7) sessions for all new teachers/program staff to complete. The DHS EHS New Teacher Orientation (EHS-NTO) will be provided to all seven (7) EHS and EHS-CCP program education service providers along with the procedures for competition. DHS EHS monitoring will ensure the education service providers follow the defined procedures.

In addition to the new staff orientation, the DHS EHS program, in collaboration with the education service providers, hold an annual pre-service event prior to the new program year beginning. To kick off the 2021-2022 program year, DHS EHS staff hosted a three-day pre-service event with over 90 child care service provider staff attending from both EHS and EHS-CCP programs. Training topics included new program year expectations, reflective practices and addressing burnout, Federal Review and your role, baby yoga, infant massage, baby sign language, monitoring and an education data walk.

DHS EHS staff and parents have opportunities throughout the program year to attend training events and conferences, including local, regional, and national conferences and workshops. The opportunity to attend additional conferences, workshops, and trainings arises throughout the program year based on identified program and/or individual needs. Adjustments have been made to reduce out of town conferences due to the current pandemic and anticipate some travel may be eliminated. As applicable, staff and parents will have opportunities to participate in face-to-face trainings as reasonable.

DHS EHS and the education service providers offer various training opportunities throughout the program year using a variety of training methods and consultants including online

modules, webinars, scheduled trainings, on-site training, conferences, and events. Training delivery methods are designed to be flexible and topics vary in order to meet requirements and program- wide training needs. Topics and number of participants may vary based on identified program and/or individual needs and all topics fall within the five areas of focus.

The program has professional networks and services to assist staff in continuing their education goals including: completion of additional coursework, obtaining a degree, or becoming credentialed. These professional educational opportunities are designed to build staff capacity and to meet the requirements of the Head Start Act, the Head Start Performance Standards, DHS EHS policies and furthering staff's education.

The program builds capacity within both DHS EHS staff and education service provider. The program values staff pursuits of various training certifications to grow trainers and leaders within specific service areas. DHS EHS management staff currently holds certifications and trainer status in the following:

- Playground Safety
- Car Seat Proxy Technician and Technicians
- Infant CLASS-Reliability and Trainer status
- Toddler CLASS-Reliability and Trainer status
- Pre-K CLASS Reliability and Trainer status
- Family Service Credential and Trainer status
- NAEYC – Developmentally Appropriate Practices
- Program for Infant/Toddler – (PITC)
- Period of PURPLE Crying
- Child Care Health Consultant
- Early Childhood Outdoor Learning Environments
- ASQ and ASQ-S/E Trainer
- Infant Mental Health Endorsements
- Mental Health First Aid

DHS EHS staff uses their knowledge, skills and abilities to provide quality trainings and technical assistance to the child care service providers and families to ensure the program builds knowledge and best practices.

DHS EHS program plans to continue the use of the Infant and Toddler CLASS tools to measure teacher/child interaction to collect data for driving decisions for ongoing professional development. DHS EHS staff will work with the Stafford EHS program staff to provide training opportunities so staff will begin to build and build a knowledge base of the correlation of teacher's positive interactions and children's growth and success.

During the fall of 2021, DHS EHS is planning to hold both Infant and Toddler CLASS Observation trainings to build the capacity of reliable observers from the new Stafford EHS Program as well as with new DHS EHS management staff. Additionally, plans are to conduct Infant/Toddler CLASS observations in the spring of the 2021-2022 program year with 100% observations in all EHS and EHS-CCP classrooms.

CLASS data is used to assist in the decision making of the needed trainings, but in addition, the data is used to assist the peer coaches with individual needs of the various child care service providers within the EHS program. During the 2022-2023 program year, CLASS will continue to be used as a data point in making professional development decisions across the Early Head Start program for both programs.

Throughout the 2021-2022 program year, DHS EHS staff presented a vigorous initial training for both classroom teachers and home visitor for the Stafford EHS program. In the tables below various training topics are captured that were delivered to the newly hired home visitors and classroom teachers. Table 1 identifies topics presented to the home visitors and Table 2 captures topics presented to the classroom teachers. Tables do not reflective all topics presented, but rather a snapshot of the robust training plan the DHS EHS management team presented to the new staff.

Table 1: Home Base Trainings (not all inclusive)	
Home Based Services Overview	Education Services 101
Partners for Healthy Baby Curriculum Overview	Family & Community 101
Home Base Data Entry – Child Plus	Health 101
Individualization	Connecting Partners for Healthy Baby and Creative Curriculum
ERSEA 101 & Eligibility	Family Goals & Assessments

Table 2: Classroom Teacher Trainings (not all inclusive)	
DHS EHS Standards of Conduct/EHS Policies	Disability Services
Wellness Services	Family & Community
ASQ3 and ASQ SE-2	Creative Curriculum
Parent Communication	ELAP and LAP3
Active Supervision	Responsive Caregiving

During the 2020-2021 Stafford EHS staff participated in the well-established ongoing professional development of six designated half-day professional development days held over the course of the program year. Service providers close the centers at noon in order for all staff (both EHS and EHS-CCP) to attend specified four-hour trainings. Parents have been strongly supportive of the idea and plans are to continue the approach in the 2021-2022 program year. Table 3 indicates the six half-day professional development days and topics presented during the 2010-2021 EHS program year.

Table 3. 2020-2021 Half-Day Professional Development Days

Date	Topics
September 18, 2020	<ul style="list-style-type: none"> ▪ Child Care Regulation with DFPS ▪ Federal Review Preparation
October 9, 2020	<ul style="list-style-type: none"> ▪ Too Afraid to Learn – Trauma Informed Care ▪ Wellness Services
November 20, 2020	<ul style="list-style-type: none"> ▪ Continuation of a holistic approach to supporting Dual Language Learners and all children
January 29, 2021	<ul style="list-style-type: none"> ▪ Understanding CLASS data and our work ▪ Approach to School Readiness/School Readiness Plan of Action
March 26, 2021	<ul style="list-style-type: none"> ▪ Wellness and Self Care Strategies ▪ Workout for Self-Care ▪ Recognizing signs of abuse and neglect in a virtual world
May 27, 2021	<ul style="list-style-type: none"> ▪ Best practices to support the language and cognitive development of infants and toddlers

The planned 2021-2022 Half-Day Professional Development days are listed in Table 4 that will include both the Stafford EHS and the EHS-CCP programs.

Table 4. 2021-2022 Tentative Half-Day Professional Development Days

Date	Topics
September 17, 2021	<ul style="list-style-type: none"> ▪ ELAP/LAP 3 – Understanding the importance to Individualization
October 8, 2021	<ul style="list-style-type: none"> ▪ Introduction to the Pyramid Model
November 12, 2021	<ul style="list-style-type: none"> ▪ First 3 Years – Introduction to Infant/Toddler Mental Health and the impacts of trauma on Infants/Toddlers and their families – What is our role?
January 28, 2022	<ul style="list-style-type: none"> ▪ First 3 Years – Impact of trauma on Infant/Toddler Brain Development – Brain Architecture Game
March 25, 2022	<ul style="list-style-type: none"> ▪ Introduction to Trauma Informed Care and Adult Wellness for Staff who Support Children
May 27, 2022	<ul style="list-style-type: none"> ▪ First 3 Years – Trauma and Child Behavior – understanding the relationship.

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.

DHS EHS staff is finalizing a comprehensive two-year training and professional development approach 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. Also incorporated into this plan is the work from First Three Years and the continued work on supporting Dual Language Learners and all children in language and literacy.

Additionally, DHS Head Start provides Family Service Credential (FCS) training for all family support service staff within eighteen months of hire. The Family Service Credential is a comprehensive, competency and credit-based training designed to support direct service family support staff in their work with children and families.

Lastly, DHS EHS provides ongoing support for service providers' staff and program parents to obtain and renew their Child Development Associate Credential.

Section 3: Parent Leadership Programs and Training

DHS EHS implements several parent programs and initiatives available throughout the program year to support parents and empower them to serve as not only leaders in their families but also in the community.

DHS EHS utilizes ReadyRosie as its research-based parenting curriculum. ReadyRosie builds on parents' knowledge and provides tools that are focused on equipping and engaging families and caregivers of children 0-6 years old. The curriculum includes a one-year

subscription for the digital tool provided to all DHS EHS parents and staff through text, email, or smart phone app. Subscribers receive “Modeled Moments” of real families, rather than actors, engaging in learning activities within the context of their own homes, grocery stores, restaurants, and cars. In addition to the digital tool, DHS EHS implements the ReadyRosie Family Workshops presented both in English and Spanish. Initiated during the 2018-2019 school year, the six session workshop series for parents and caregivers addressed positive discipline strategies, healthy routines, language development, developmental milestones, fostering play and social emotional development.

Section 4: Policy Council and Governing Body Training

In accordance with Head Start Performance Standards and the Head Start Act, all Policy Council and Governing Body members receive Head Start orientation and ongoing training throughout the program year. Training topics include: Effective Meetings, Council & Committee Structure, Parliamentary Procedures, Roles & Responsibilities, Refunding Application, Community Assessment, Strategic Planning, Self-Assessment, Governance Requirements, Budget Planning & Development, and Content Area Training. Additional training may be provided based on an identified need.

Section 5: Effectiveness of Training and Technical Assistance

Throughout the course of the program year, staff regularly evaluates the effectiveness of training and technical assistance provided and determines if additional follow-up or re-training is needed. Various evaluation tools, such as surveys, training evaluation forms and focus groups, review of the professional development plans, annual performance reviews, and results of ongoing monitoring are used to determine effectiveness of training and technical assistance. At the time of this application, DHS staff are working to have deeper discussions on evaluation

methods to determine the effectiveness of the delivered trainings and professional development.

The program also uses the DHS EHS Five-Year Strategic Plan outcomes and the quarterly data reviews to inform the effectiveness of program-wide training and technical assistance.

DHS EHS is seeking a total of \$45,632 T&TA budget for the continuation of services from February 1, 2022-January 31, 2023

National/State Conferences & Workshops

Quality Teaching and Learning

Date	Location	Conference/Meeting	Attendees
February 2022	Washington, DC	National Home Visiting Summit	Program Staff (2)
October 2022	Virtual	Zero to Three Annual Conference	Program Staff (4)
Various Dates	Dallas, TX	Region VI Meeting	Program Staff (1)

Family & Community Engagement

Date	Location	Conference/Meeting	Attendees
December 2022	TBD	NHSA Parent Conference and Family Engagement Institute	Program Staff and Policy Council Members (2)
Various Dates	Dallas, TX	Region VI Meeting	Program Staff (1)

Health & Safety

Date	Location	Conference/Meeting	Attendees
Various Dates	Dallas, TX	Region VI Meeting	Program Staff (1)

Program Leadership

Date	Location	Conference/Meeting	Attendees
April 2022	Columbus, OH	NHSA Annual Head Start Conference	Program Staff (2)

Various Dates	Dallas, TX	Region VI Meeting	Program Staff (1)
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Local Conferences & Workshops

Quality Teaching and Learning

Date	Conference/Meeting	Attendees
June 2021	Texas AEYC Conference	Program Staff (2)

Family & Community Engagement

Date	Conference/Meeting	Attendees
April 2022	IDRA La Semana del Nino Parent Institute	Program Staff, Policy Council Members, and Parents (6)
May 2022	CAM Messina Child Advocacy Training	Program Staff and Policy Council Members (2)
May 2022	Women's Empowerment Conference	Program Staff, Policy Council Members, and Parents (8)
May 2022	Men's Empowerment Conference	Program Staff, Policy Council Members, and Parents (8)

Health & Safety

Date	Conference/Meeting	Attendees
March 2022	Nutrition Summit	Program Staff, Policy Council Members, and Parents (10)
October 2022	Texas Health Literacy Conference	Program Staff (2)
October 2022	Healthier Texas Summit	Program Staff (1)

Program Leadership

Date	Conference/Meeting	Attendees
March 2022	Diversity Conference	Program Staff and Policy Council Members (4)

April 2022	Rivard Report Education Forum	Program Staff (4)
September 2022	Congress on Children	Program Staff and Policy Council Members, and Parents (4)
November 2022	Texans Care for Children Policy Conference	Program Staff (2)

Wellness Support

Date	Conference/Meeting	Attendees
May 2021	South Texas Trauma Informed Care Conference	Program Staff (6)
June 2021	CLARITYCON	Family & Community Support Staff and Mental Health Staff (4)
August 2021	Pathways to Hope	Program Staff and Policy Council Members, and Parents (2)
October 2021	Ecumenical Center Mental Health Conference	Program Staff (2)

Onsite Trainings & Conferences**Quality Teaching and Learning**

Titles	
<ul style="list-style-type: none"> • Safe Sleep Practices for Infants • E-LAP and Lap-3 • Infant / Toddler CLASS • Teaching Pyramid Model • Pyramid Model Family Coach Modules • Effectively Using Child Outcome Data • Disabilities/ECI – 101 • School Readiness/HSELOF • PITC 	<ul style="list-style-type: none"> • Individualization • Language & Literacy • Practice Base Coaching & Coaching Support • Creative Curriculum • Supporting Varying Abilities for Infant and Toddlers • First Three Years • Trauma Informed Care

Family & Community Engagement

Titles	
<ul style="list-style-type: none"> • Case Management Training • Community Resources • Effectively Using Family Outcome Data • Disability Resources & Services • ReadyRosie and Parent Engagement 	<ul style="list-style-type: none"> • McKinney-Vento Training • Parent, Family, and Community Engagement • Poverty Training • Period of Purple Crying

Health & Safety

Titles	
<ul style="list-style-type: none"> • Active Supervision for Infants and Toddlers • Car Seat Safety • CPR/First Aid • Child Abuse: Neglect & Prevention • Active Supervision and Playground Safety 	<ul style="list-style-type: none"> • Effectively Using Health Outcome Data • Health Services in Early Head Start • Nutrition & Early Childhood Education • Creating Safe Environments • Emergency Preparedness

Program Leadership

Titles	
<ul style="list-style-type: none"> • ChildPlus & Data Entry • Effectively Using Child & Family Outcome Data 	<ul style="list-style-type: none"> • Governance in Head Start • Person First Leadership

Wellness Support

Titles	
<ul style="list-style-type: none"> • Compassion Fatigue • Period of Purple Crying • Parenting Strategies that Work 	<ul style="list-style-type: none"> • Stories that Haunt Us • Trauma Informed Care • Wellness Support for Staff

Online Trainings & Webinars**Quality Teaching and Learning**

Providers	
<ul style="list-style-type: none"> • Early Childhood Investigation • ELCKC • Office of Head Start • T&TA Specialist 	<ul style="list-style-type: none"> • ChildrenFlow-Dual Language Learners • Texas A&M Agri-Life Extension • Texas Rising Star • First Three Years

Family & Community Engagement

Providers	
<ul style="list-style-type: none"> • Early Childhood Investigation • ELCKC • ESC Region XX • T&TA Specialist 	<ul style="list-style-type: none"> • Office of Head Start • T&TA Specialists • Annie E Casey Foundation • Western Kentucky T/TAS

Health & Safety

Providers	
<ul style="list-style-type: none"> • Child Safe • ECLKC • Safe Schools • Office of Head Start 	<ul style="list-style-type: none"> • T&TA Specialists • Texas A&M Agri Life Extension • Western Kentucky T/TAS

Program Leadership

Providers	
<ul style="list-style-type: none"> • Early Childhood Investigation • ECLKC • 	<ul style="list-style-type: none"> • Office of Head Start • Annie E Casey Foundation

Wellness Support

Providers	
<ul style="list-style-type: none"> • Child Safe • ECLKC • First Three Years 	<ul style="list-style-type: none"> • ESC Region XX • Office of Head Start • Teaching Pyramid



**City of San Antonio
Department of Human Services
Early Head Start Program
Continuation Application
Program Year 2022-2023**

Budget Narrative

1. Summary

The City of San Antonio Department of Human Services Early Head Start (DHS EHS) Program, submits the enclosed budget for the 2022-2023 continuation application for the period of February 1, 2022 through January 31, 2023 in the total amount of \$2,678,971.00. The total amount consists of \$2,097,545.00 in program operations and \$45,632.00 for training and technical assistance. DHS EHS' contribution of non-federal resources is \$535,794.00 which is (20%) of the grant.

DHS provides general program oversight, governance, program design, policies, and technical assistance to contracted service providers that carry out direct program services in the areas of Early Childhood Education, Health, Nutrition, Disabilities, and Safe Environments. Additionally, DHS EHS provides direct services in the areas of Family and Community Support and Training and Technical Assistance. DHS's goals are to ensure program integrity and sound management principles as well as fiscal responsibility. All procurement follows City's processes.

The City defines and outlines policies with respect to the financial management of grants administered within the City. Grants management policies and procedures have been adopted for uniform application in all departments. DHS has policies and procedures that describe the process for initiation of master financial data, cash management, in-kind support, monitoring, and month and year end procedures in relation to grants. It is the policy of the City and DHS that grants are managed in accordance with federal, state and local guidelines. DHS promotes effective controls to ensure the protection of City assets, accurate financial reporting, and efficient use of City resources regardless of funding. Please visit the following link to access financial policies, administrative directives, ethics code and financial reports. <https://www.sanantonio.gov/finance>

2. Early Head Start Budget Justification – Federal Share

PERSONNEL _____ **\$381,472.00**

The proposed staffing model represents the number of positions required to effectively and efficiently administer and monitor the program. Funding amounts represent costs reflected on the operations and training and technical assistance budgets.



Grant No: 06CH011533

Program Monitor	1 (20%)	12,766.00
Principal 1	1 (20%)	16,603.00
Accounting Assistant	1 (50%)	19,698.00
Total		\$1,046,956

FRINGE BENEFITS _____ **\$285,175.00**

Social Security (FICA)	\$15,181.00
Health Insurance	\$143,208.00
Retirement	\$115,165.00
Worker's Comp	\$11,621.00

TRAVEL _____ **\$5,000.00**

SUPPLIES _____ **\$124,726.00**

Classroom Supplies - \$40,000.00

- Specifications: General Materials for teacher/ student use, to include basic school supplies like crayons, paper, paint, etc., and supplies for learning centers, to include play dough and art supplies. This includes instructional supplies for home based students.
- Justification: Student use in learning activities as they engage in activities designed to address the learning framework. Provide curriculum materials for individualization requirements.

Program Supplies- \$40,000.00

- Specifications: Diapers, bottles, cups, utensils, etc.
- Justification: Needed for student diapering and feeding. Items to support family style dining.

Office Supplies-\$5,726

- Specifications: paper, folders, notebooks, general office materials
- Justification: Provide staff with necessary materials to maintain student records, generate reports and lesson plans, etc.

Medical & Dental Supplies-\$7,000.00

- Specifications: tooth brushing supplies and first aid kit supplies.
- Justification: To address standards for promoting good dental hygiene and to address student needs through basic first aid.



Grant No: 06CH011533

Janitorial Supplies-\$7,000.00

- Specifications: Basic custodial supplies to include cleaning supplies and materials necessary to maintain a clean environment.
- Justification: To supplement district efforts to provide a clean facility and well-stocked restrooms.

Computers<-\$5,000

- Specifications: Computers
- Justification: Replacement for any program computer

Furniture & Equipment-\$10,000.00

- Specifications: Age-appropriate classroom furniture and replacement items.
- Justification: To supplement district efforts to provide safe, up to standard furniture.

Office Furniture & Equipment -\$10,000

Specification: General Office Furniture

To allow multiple staff members to share the same space

CONTRACTUAL _____ **\$12,500.00**

CPR - \$2,500.00

- Justification: Provide CPR and first aid training to meet Head Start requirements

Building Improvements- \$10,000

- Based on first year of operation, additional building needs will be addressed

OTHER _____ **\$65,000.00**

Advertising & Publications- \$1,000.00

- Specifications-Materials for recruitment activities, including banners, flyers, and informational materials.

Subscriptions - \$500.00

- Specifications-Magazine, journal and reading subscriptions.

Binding and Printing-\$2,000.00

- Specifications- Costs for printing required documents for student records, staff information and curriculum documents.

Mail and Postage-\$1,000.00



Grant No: 06CH011533

- Specifications-Funds used annually to mail acceptance letters and other communication after each selection. Additional communications to parents.

Food for Staff Training-\$1,000.00

- Specifications-Water, Coffee and snacks for meetings.

CLASS/CDA-\$20,000.00

- Justification: Provide CLASS training and updates; Support attainment and renewals of CDAs

Transportation Fees-Staff Mileage-\$5,000.00

- Specifications- Paid for home based teachers to travel within district to students' homes on a weekly basis and to required meetings. Site based teachers' mileage for home visits.
- Mileage for staff at a rate of .58 cents/mile

Equipment Rental-\$6,500.00

- Specifications- Small copier for EHS area.

Staff Development Training-\$5,000.00

- Specifications-Instructional training for teachers as determined by their campus needs assessment and improvement plans in additional to training provided by CoSA.

Food for Adults-\$16,000.00

- Specifications- Program provides lunch for staff because they participate in the family-style meals and eat with the students.

Parent Activities-\$3,000.00

- Specifications- materials and snacks for parent meetings

Miscellaneous Fees-\$4,000.00

- Specifications-Day care license fee and fees related to policy council-\$2,000
- District phone and hot spots for home visitors-\$ 2,000

Other Contractual Services

\$7,300

Service	Amount
UIW Health Services	2,000



Grant No: 06CH011533

3. Training and Technical Assistance

TRAVEL _____ **\$7,000.00**

Conference	Location	Dates	Lodging	Airfare	Per Diem	Number of Staff	Total
National Home Visiting Summit	Washington, DC	Feb-21	1,000	1,160	300	2	2,460
NHSA Parent Conference	TBD	Dec- 21	450	450	300	2	2,400
Region VI Meeting	TBD	TBD	500	300	270	2	2,140

SUPPLIES _____ **\$7,332.00**

Office Supplies \$1,702

Classroom Supplies \$2,265

Other commodities – training supplies and materials \$3,365

CONTRACTUAL _____ **\$21,000.00**

Fees to Professional Contractors and other Contractual Services

Consultant/Service	Amount
Dual Language support (training, coaching, consultation) services	12,500
First 3 Years Social/Emotional Development support	3,000
Teachstone – CLASS Support	2,500
CDA	3,000

OTHER _____ **\$10,300.00**

Education Classes: High quality training is necessary for the professional development of staff. DHS is committed to increasing the level of expertise for all staff to better serve the children and families in the program. The budget presents estimated costs based on historical cost and included registration for in-person and virtual attendance.

Conference	Total
Zero to Three National	1,500
NHSA Parent Conference	800



Grant No: 06CH011533

Retirement \$6,375

Employees participate in a retirement program after meeting employment criteria. DHS Head Start will match 11.66% of the employee's salary.

CONTRACTUAL \$466,991.00

Fees to Professional Contractors \$900

Service	Amount
Teachstone CLASS Support	400
Social and Emotional Support Services	500

Contractual Services \$393,019

Service Providers	Amount
Edgewood ISD	384,839
San Antonio Metro Health	7,680
UIW	500

OTHER \$73,072.00

In-Kind Policy Council/CAAB/Volunteers \$1,936

Job Title	Salary/Wage per Hour	# of HSPC Members	# of Events	Hours per Event	Non-Federal Portion
In-Kind Policy Council	\$102.43	4	12	2	1,936

Ambassadors \$3,735
(2 Ambassadors X \$15/hr for 125 hours = \$3,750)

Family and Community and Home Learning Activities In-Kind \$67,401

TOTAL COST FOR NON-FEDERAL SHARE \$535,794.00

Note: Minor discrepancies due to rounding.