

***Approval of 2020-2021
Head Start Program
Self-Assessment Report***



City of San Antonio
Department of Human Services
Head Start Program

2020 - 2021
Self-Assessment Report



Executive Summary

In accordance with 1302.102(b)(2)(i) of the Head Start Program Performance Standards, the City of San Antonio, Department of Human Services (DHS), Head Start Division annually engages in a self-assessment process. This process ensures timely evaluation of program services and delivery systems for the purpose of implementing improvements and compliance with Head Start requirements.

During the self-assessment process, staff reviewed services provided during the 2020-2021 school year. Funded enrollment was 3,364 children and their families in 22 Head Start, six Early Head Start-Child Care Partnership (EHS-CCP), and an Early Head Start home based/center based (here after, DHS Head Start) sites located in San Antonio Independent School District (SAISD) and Edgewood Independent School District (EISD). Self-assessment results, in conjunction with the Community Assessment Report and ongoing monitoring results, support quality program improvements for children and their families enrolled in the DHS Head Start programs as related directly to the Five-Year Strategic Plan, grantee policies, procedures, and management systems for the upcoming program year. During the 2020-2021 school year the COVID pandemic continued to affect schools and child-care providers with low enrollment and participation in their services. Many program services and activities were cancelled, postponed, suspended, or modified during the program year. Most of the EHS-CCP classrooms remained open to in person services during the 2020-2021 program year. The Head Start program offered remote instruction to all children, while in-person instruction was offered to a limited number of families. In person meetings were limited, and several services were provided on a limited basis and following social distancing protocols. Formal classroom observations using the CLASS tool were postponed and in-person monitoring site visits were conducted after school hours or virtually. While the program was unable to provide in-person services and make progress towards meeting objectives, the City of San Antonio DHS Head Start Program remained committed to providing quality services to children and families. Program achievements and areas of focus, as well as adjustments to timelines and measures are provided in the report.

Process

For the 2020 – 2021 school year, DHS Head Start conducted a data-driven self-assessment process that included Quarterly Data Review Meetings and the continued implementation of the Self-Assessment System for Continuous Improvement and Evaluation (SASCIE) Rubric.

The Quarterly Data Review Meetings allowed DHS Head Start to use data from Head Start and Early Head Start service areas, including, monitoring, program benchmarks, Program Information Reports (PIR), Five-Year Strategic Plan, monthly reports, and educational assessments. Prior to each meeting, data was collected and analyzed. Next, the data was presented at the 2021 Quarterly Data Review Meetings in February, April, June and September. Throughout the self-assessment process, participants included a diverse representation of parents, community members, and staff from organizations that either partner with DHS Head Start and/or work with similar populations. Program staff, community stakeholders, and members of the Head Start Policy Council and Governing Body participated in the meetings. At each Quarterly Data Review Meeting, data and objectives were presented and discussed with attendees. Staff reported program progress,

concerns, and areas of success, program risks, as well as actions taken to ensure Head Start compliance and status of program goals, objectives and benchmarks.

The SASCIE tool provides a self-assessment of the program's compliance with Head Start regulations and progress in meeting program goals and objectives. The SASCIE rubric is an instrument designed to function as a roadmap for the continuous improvement of program services. Integrated teams used the SASCIE tool to review the quality of program services and identify areas of non-compliance, strengths, and areas of focus.

This report includes results for the following Head Start and EHS service areas: Program Design and Management (PDM), Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA), Education and Disabilities, Family Community Support and Mental Wellness, and Health, Nutrition, Transportation, and Safe Environments.

In addition to information gathered from the Quarterly Data Review Process and use of the SASCIE tool, the DHS Head Start Program's system of monitoring also provides information related to the quality of program services and identify areas of non-compliance, strengths, and areas of focus. The report includes results from Monitoring Projects completed during the 2020-2021 program year.

Results

The ensuing pages provide a description and summary of the progress made towards the DHS Head Start Five Year Plan and strengths and areas of improvement identified during the self-assessment process.

Goal 1: Education

Prepare children for school and life

DHS Head Start continues its focus on school readiness and the important role that parents and families play in ensuring children are ready for school. The overall school readiness approach and education and early childhood services system values the integration of physical, cognitive, social, and emotional development as central to a child's ability to learn. DHS Head Start also works closely with our Education Service Providers, including six childcare centers and two school districts, to ensure the Head Start Program Performance Standards are met and the program maintains disability enrollment of at least 10%.

For the 2020-2021 program year, the percentage of children with a disability enrolled in the DHS Head Start Program was 15.1%. Based on funded enrollment, the percentage of children in the Head Start Program at the end of the program year was 13.4%, 6.0% in the EHS-CCP Program, and 4.6% in the EHS Program.

While the EHS Program enrollment for infants and toddlers with special needs was below the targeted 10%, it is important to note that in addition to the impact of the ongoing COVID pandemic, as a result of being a newly designed and implemented service, EHS started later in the program year.

Based on the Five Year Plan, ten objectives were measured and reviewed for DHS Head Start in this service area. Below are the results of the objectives related to Education at the end of the program year.

Objective 1: IN PROGRESS

Decrease the percentage of children enrolled in the EHS-CCP Program with chronic absenteeism by 18% from 46% in 2017-2018 to 28% in 2023-2024.

Chronic absenteeism is defined as a child missing 10% or more of days enrolled in the program. The program works to address the needs of children and families with chronic absenteeism and help to remove barriers to attendance. The impact of the COVID-19 pandemic continued during the 2020-2021 program year. As of July 2021, 44% of the children enrolled in the EHS-CCP program were identified with chronic absenteeism. COVID-19 quarantine and isolation protocols affected the percentage of children with chronic absenteeism. Staff will continue to work with families to emphasize the importance of attendance, assist in eliminating barriers, and when needed work with the parent to establish an attendance improvement plan.

Objective 2: IN PROGRESS

Decrease the percentage of children enrolled in the Head Start Program with chronic absenteeism by 5% from 24% in 2017-2018 to 19% in 2023-2024.

In addition to EHS-CCP, the Head Start Prekindergarten Program also had an increase in the percentage of children with chronic absenteeism. At the end of the school year, 32.6% of the children enrolled in Head Start were identified with chronic absenteeism. Classroom closures and quarantine and isolation protocols related to COVID-19 continued to have an impact on school attendance. Staff continue to work with families to emphasize the importance of attendance, assist in eliminating barriers and when needed work with the parent to establish an attendance improvement plan.

Objective 3: IN PROGRESS

Increase the annual Infant Classroom Assessment Scoring System (CLASS) score by .5 from 4.84 in Responsive Caregiving in 2017-2018 to 5.34 2023-2024.

CLASS is a standardized, research-based tool that assesses the quality of teacher-child interactions in center-based classrooms that support children’s learning and development. Each domain is scored on a scale of 1 to 7. The Infant CLASS measure includes one domain: Responsive Caregiving. This domain captures the key interactions between caregivers and infants. The program continues to make progress towards achieving the objective. In the 2019-2020 school year, 100% of classrooms serving infants were observed. The table below provides the Infant CLASS scores for the 2017-2018 through 2020-2021 school years. Due to restrictions related to COVID-19 regarding visitors at childcare centers, the CLASS tool was not administered. The program plans to conduct CLASS observations during the 2021-2022 program year.

Table 1: City of San Antonio EHS-CCP Program CLASS Scores

Program Year	Responsive Caregiving Score
2017-2018	4.84
2018-2019	5
2019-2020	4.41
2020-2021	NA

Objective 4: IN PROGRESS

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 2023-2024.

The Toddler CLASS measure includes two domains: Emotional and Behavioral Support and Engaged Support for Learning. The program continues to make progress towards achieving the objective. In the 2019-2020 school year, 100% of classrooms serving toddlers were observed. The table below provides the Toddler CLASS scores for 2017-2018 through the 2020-2021 school year. Due to restrictions related to COVID-19 regarding visitors at child care centers, the CLASS tool was not administered. The program plans to conduct CLASS observations during the 2021-2022 program year.

Table 2: City of San Antonio EHS-CCP Program CLASS Scores

Program Year	Emotional & Behavioral Support	Engaged Support for Learning
2017-2018	5.37	3.33
2018-2019	5.32	3.5
2019-2020	5.38	2.82
2020-2021	NA	NA

Objective 5: IN PROGRESS

Increase the annual Prekindergarten Classroom Assessment Scoring System (CLASS) scores by .5 points in each domain, from 5.65 in Emotional Support, 5.02 in Classroom Organization, and 2.99 in Instructional Support in 2016-2017 to 6.15 in Emotional Support, 5.52 in Classroom Organization, and 3.49 in Instructional Support by 2023-2024.

The Prek CLASS measure includes three domains: Emotional Support; Classroom Organization; and Instructional Support. The table below provides the Prek CLASS scores for the past three school years. While the program continues to make progress towards achieving the objective, during the 2019-2020 and 2020-2021 school years, CLASS Observations were suspended due to restrictions related to COVID-19 regarding visitors at school sites.

Table 3: City of San Antonio Head Start Prekindergarten Program CLASS Scores

Program Year	Emotional Support	Classroom Organization	Instructional Support
2016-2017	5.65	5.02	2.99
2017-2018	5.78	5.16	2.98
2018-2019	5.75	5.19	3.12
2019-2020	NA	NA	NA
2020-2021	NA	NA	NA

Objective 6: IN PROGRESS

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 2023-2024.

The DHS Head Start Program utilizes the Early Learning Accomplishments Profile (E-LAP) for children birth – 35 months old. The E-LAP is a criterion referenced assessment and provides a systematic method for observing the skill development of children. The results of the E-LAP 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. Students are assessed three times a year, Beginning of the Year (BOY), Middle of the Year (MOY), and End of the Year (EOY).

The E- LAP contains a hierarchy of 414 developmental skills arranged in chronological order within six domains of development: Gross Motor, Fine Motor, Cognition, Language, Self-help, and Social-emotional. The program continues to make progress towards achieving the objective. The table below shows the children enrolled in the EHS-CCP that showed six months or more of developmental growth across all six domains on the E-LAP. The data set includes children that received a minimum of 180 calendar days of instruction between the BOY and EOY assessments. During the 2020-2021 school year, the E-LAP assessment was completed in person and virtually/online. For children enrolled in remote services, parent questionnaires were developed to provide information on children's developmental skills. Concerns related to reliability and fidelity to the assessment are potentially a factor as the LAP assessment was

designed to be completed by teachers based on observations. Children who were enrolled in remote services did not receive a MOY assessment due to the length of time it took to develop a parent friendly checklist. During the 2021-2022 program year, the E-LAP will be given through in-person services. DHS EHS Early Education Mentors will continue to review and support the EHS-CCP center Peer Coaches and classroom teachers.

Table 4: Children enrolled in EHS-CCP with 6+months of developmental growth on the E-LAP

Program Year	Participants	E-LAP-3 Domains						% of Children with 6+ months of developmental growth in all six E-LAP Domains
		Gross Motor	Fine Motor	Cognitive	Language	Self-help	Social-emotional	
2017-2018	93	73%	67%	72%	80%	72%	67%	31%
2018-2019	98	72%	73%	69%	62%	64%	63%	17%
2019-2020	NA	NA	NA	NA	NA	NA	NA	NA
2020-2021	54	95%	92%	88%	82%	93%	100%	74%

Objective 7: IN PROGRESS

Increase the percentage of children enrolled in the EHS-CCP Program that show six months or more of developmental growth in all seven domains on the Learning Accomplishments Profile-3rd Edition (LAP-3) from BOY to EOY by 5% from 41% in 2017-2018 to 46% in 2023-2024.

The DHS Head Start Program utilizes the Learning Accomplishments Profile – 3rd Edition (LAP-3) for children 36 – 72 months old. The LAP-3 is a criterion-referenced assessment and provides a systematic method for observing the skill development of children. The results of the 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. Students are assessed three times a year: Beginning of the Year (BOY), Middle of the Year (MOY), and End of the Year (EOY).

The LAP-3 contains a hierarchy of 383 developmental skills arranged in chronological sequence in seven domains of development including Gross Motor, Fine Motor, Pre-Writing, Cognitive, Language, Self-Help, and Personal/Social.

The program continues to make progress towards achieving the objective. The table below shows the children enrolled in the EHS-CCP that showed six months or more of developmental growth across all seven domains on the LAP-3. The data set includes children that received a minimum of 180 calendar days of instruction between the BOY and EOY assessments. In prior

years, the program saw an increase in the percentage of children that showed six months of growth. During the 2020-2021 school year, the EOY LAP-3 assessment was completed in person and virtually/online in collaboration with parents/guardians for children enrolled in remote services. Concerns related to reliability and fidelity to the assessment are a factor as the LAP assessment was designed to be completed by teachers based on observations. Children who were enrolled in remote services did not receive a MOY assessment due to the length of time it took to develop a parent friendly checklist. During the 2021-2022 program year, the LAP-3 will be given through in-person services. DHS EHS Early Education Mentors will continue to review and support the EHS-CCP Education Service Providers' Peer Coaches and classroom teachers.

Table 5: Children enrolled in EHS-CCP with 6+months of developmental growth on the LAP-3

Program Year	Participants	LAP-3 Domains							% of Children with 6+ months of developmental growth in all seven LAP-3 Domains
		Gross Motor	Fine Motor	Pre-Writing	Cognitive	Language	Self-Help	Personal/ Social	
2017-2018	63	84%	100%	86%	83%	83%	78%	81%	41%
2018-2019	80	81%	84%	89%	93%	80%	86%	86%	49%
2019-2020	NA	NA	NA	NA	NA	NA	NA	NA	NA
2020-2021	53	96%	87%	85%	94%	87%	95%	96%	76%

Objective 8: IN PROGRESS

Increase the percentage of children enrolled in the Head Start Program that show growth from BOY to EOY. The baseline will be established in 2020-2021 with a percentage increase determined in 2021-2022.

Previously, the DHS Head Start Program utilized the Learning Accomplishments Profile – 3rd Edition (LAP-3) for children 36 – 72 months old in the Head Start Prekindergarten Program. During the 2020-2021 school year, the Head Start Program began using the CIRCLE Progress Monitoring Tool (CIRCLE). CIRCLE is a standardized, criterion-referenced measure that relates well to established standardized tests and is sensitive to growth in children’s skills over time for children ages 3-5 years old. The results of CIRCLE are used to generate a detailed picture of each child's growth and development across 15 areas so that individualized, developmentally appropriate activities can be

planned and implemented. CIRCLE does not provide data related to developmental growth related to chronological age as previously calculated. This objective is to be removed going forward.

Table 3: Children enrolled in Head Start with 6+months of developmental growth on the LAP-3

Program Year	Participants	LAP-3 Domains							% of Children with 6+ months of developmental growth in all seven L.A.P-3 Domains
		Gross Motor	Fine Motor	Pre-Writing	Cognitive	Language	Self-Help	Personal/ Social	
2017-2018	2531	87%	91%	94%	95%	90%	83%	75%	50%
2018-2019	2677	89%	92%	95%	94%	91%	85%	77%	55%
2019-2020	NA	NA	NA	NA	NA	NA	NA	NA	NA

Objective 9: IN PROGRESS

Increase the percentage of children enrolled in the Head Start Program who are ON TARGET in Language and Literacy. The baseline will be established in 2020-2021 with a percentage increase determined in 2021-2022.

During the 2020-2021 school year, the Head Start Program began using the CIRCLE Progress Monitoring Tool (CIRCLE). As stated early, the results of CIRCLE are used to generate a detailed picture of each child's growth and development across 15 areas so that individualized, developmentally appropriate activities can be planned and implemented. Students are assessed three times a year, Beginning of the Year (BOY), Middle of the Year (MOY), and End of the Year (EOY). During the 2020-2021 school year, the assessment tool was administered in person, virtually/online, or in collaboration with parents/guardians based on the child's enrollment status. Six areas are related to language and literacy. The CIRCLE Progress Monitoring System provides a score for each area assessed. Children are described as PROFICIENT if they score at or above the cut point, or threshold, listed in accordance with their age and indicates if the child is on track and has a developed understanding of the measure. Children are described as NOT PROFICIENT if they score below the cut point, or threshold, listed in accordance with their age and indicates an underdeveloped understanding of the measure and a need for more skill development or intensive intervention. The threshold, or cut point, increases at each assessment. Children may be described

as OUT OF RANGE if they are not within the specified age range for the measure, or if there are no established cut points or thresholds for the area assessed.

The table below provides the percentage of children within the specified age for each area assessed identified as PROFICIENT at EOY. Fidelity to the assessment and assessment protocols for children enrolled in remote and in-person instruction were areas of focus for the program.

Table 4: *Percentage of children identified as PROFICIENT in areas related to language and literacy at the end of the year*

Program Year	CIRCLE Progress Monitoring					
	Rapid Letter Naming	Rapid Vocabulary	Phonological Awareness	Letter/Sound Correlation	Story Retell	Book/Print Awareness
2020-2021	48%	66%	63%	58%	83%	68%

Objective 10: IN PROGRESS

Increase the percentage of children transitioning to Kindergarten ON TARGET at EOY. The baseline will be established in 2020-2021 with a percentage increase determined in 2021-2022.

As noted in the previous objective, during the 2020-2021 school year, the Head Start Program began using the CIRCLE Progress Monitoring Tool (CIRCLE). The results of CIRCLE are used to generate a detailed picture of each child's growth and development across 15 areas so that individualized, developmentally appropriate activities can be planned and implemented.

The table below provides the percentage of four-year-old children transitioning to kindergarten within the specified age for each area assessed identified as PROFICIENT at EOY. Rapid Letter Naming (RLN), Rapid Vocabulary, Phonological Awareness (PA), and Math are kindergarten readiness indicators. These assessment areas, as well as fidelity to the assessment and assessment protocols for children enrolled in remote and in-person instruction are areas of focus for the program.

Table 5: *Percentage of four-year-old children transitioning to kindergarten identified as PROFICIENT at the end of the year.*

CIRCLE Progress Monitoring Assessment Areas	EOY
RLN	53%
Rapid Vocabulary	59%
PA	63%
Math	74%
Letter-Sound Correspondence	68%
Story Retell & Comp.	85%
Book & Print Knowledge	68%

Science	80%
Social Studies	78%
Social & Emotional Dev.	84%
Early Writing	80%
Approaches To Learning	85%
Physical Health & Dev.	81%
"Speech Production & Sentence Skills"	86%
Motivation to Read	88%

Goal 2: Family Support

Promote the well-being of families to enable them to support their children’s learning and development

Family and Community Support and Mental Health services focus on promoting family well-being, building strong collaborations with parents and families, and creating community partnerships to maximize resources available to all DHS Head Start children and families.

Based on the Five Year Plan, four objectives for DHS Head Start in this service area are measured and reviewed. Below are the results of each Family and Community Support objective at the end of the program year.

Objective 1: BASELINE ESTABLISHED

Increase the percentage of parents/guardians who make progress towards completion of an identified Family Self-Sufficiency goal by the end of the program year by 9% from 71% in 2019-2020 to 80% in 2023-2024.

Family Self-Sufficiency (FSS) goals are those that help families make progress towards economic security. Some examples of FSS goals include, but are not limited to, Advanced Education, Full Time/Part Time Employment, Home Ownership, Money Management, Public Housing, and Immigration. During the 2020-2021 school year, 63% of families in DHS Head Start made progress towards a FSS goal.

Objective 2: BASELINE ESTABLISHED

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.

Family Life Practice (FLP) goals are those that encourage high parent/child interactions that will help support school readiness. Some examples of FLP goals include, but are not limited to, Family Routines, Attendance, Parent Child Activities, Parent Involvement, Reading at Home, and Volunteering. During the 2020-2021 school year, 94% of families in DHS Head Start made progress towards a FLP goal.

Objective 3: IN PROGRESS

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.

DHS Head Start continues to make progress towards meeting this objective. At the end of the program year, 70% of the families in the program received at least one support service. During the 2020-2021 school year, many services could not be completed due to limited services and social distancing related to COVID-19. The program continues to improve documentation and data entry related to support services.

Objective 4: IN PROGRESS

Increase the number of participants in the identified tiered parenting program. The baseline will be established in 2020-2021 with a percentage increase determined in 2021-2022.

DHS Head Start continues to make progress towards meeting this objective. During the 2020-2021 program year, all 6 members of the Head Start Mental Wellness Team attended Triple P Parenting Curriculum Training in collaboration with community partners to ensure provision of tiered parenting services. The program continues to improve documentation and data entry to ensure that information related to goals set by families is accurate. During the 2020-2021 school year, 4 parents/guardians participated in the Triple P parenting program. DHS Head Start will focus on implementing a plan/process to provide Triple P's varying levels to Head Start families.

Goal 3: Health

Children are healthy and ready to learn

Head Start health and nutrition services focus on ensuring that children are physically and mentally healthy and that children and families receive support to create life-long healthy habits. DHS Head Start staff and service providers implemented targeted activities to help parents establish and model healthy lifestyle habits for their children and families.

Based on the Five-Year Plan, five objectives were measured and reviewed for DHS Head Start in this service area. Below are the results of the objectives related to health at the end of the program year.

Objective 1: BASELINE ESTABLISHED

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.

DHS Head Start continues to make progress towards meeting this objective. At the end of the 2020-2021 school year, 73% of the children enrolled in the program were *up to date on the Texas*

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements. The method the program uses for calculating the EPSDT requirements was revised and necessitated a revision to this objective. Due to COVID -19, several families encountered barriers to making appointments for well child visits. Although COVID -19 challenges impacted health services, the program continued to educate families on the importance of well child visits and childhood immunizations through health informational flyers, follow up with parents/guardians offering health resources and assistance, and health and wellness clinics. The program continues to examine the barriers for parents/guardians to obtain an up-to-date physical exam and will continue to research strategies to address expiring physical exams.

Objective 2: IN PROGRESS

Increase the percentage of children who receive services following a referral for hearing concerns at the end of the program year by 10% from 55% in 2018-2019 to 65% in 2023-2024.

DHS Head Start obtains or performs a hearing screening for each child enrolled in the program within 45 calendar days of entry. If a concern is noted, the child is either rescreened or referred to their medical home for further evaluation, testing, and/or treatment. Staff continue to follow up with parents/guardians each month, as appropriate, until a child receives evaluation, testing, or treatment. The program created hearing screening appointment opportunities for remote and in-person students with campus school nurses and other staff certified to conduct screenings. During the 2020-2021 school year, 32% of the children identified with a hearing concern received services following a referral. Restrictions related to COVID-19 created challenges to completing hearing screenings, and many families encountered barriers to making appointments and receiving care. The program continues to examine barriers to receiving services and to research strategies to help address these barriers.

Objective 3: IN PROGRESS

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.

Like hearing screenings, DHS Head Start obtains or performs a vision screening for each child enrolled in the program within 45 calendar days of entry. If a concern is noted, the child is either rescreened or referred to their medical home for further evaluation, testing, and/or treatment. Staff continue to follow up with parents/guardians each month, as appropriate, until a child receives evaluation, testing, or treatment. The program created vision screening appointment opportunities for remote and in-person students with campus school nurses and other staff certified to conduct screenings. During the 2020-2021 school year, 43% of the children identified with vision concern received services following a referral. Restrictions related to COVID-19 created challenges to completing vision screenings, and many families encountered barriers to making appointments and receiving care. The program continues to examine barriers to receiving services and research strategies to help address these barriers.

Objective 4: IN PROGRESS

Increase the percentage of children identified as Class 2 that are designated as Treatment Complete by the end of the program year by 13% from 32% in 2016-2017 to 45% in 2023-2024.

Tooth decay is the single most common chronic disease among children in the United States, and to ensure children are healthy and up to date on EPSDT requirements, the City of San Antonio Department of Human Services partners with the City of San Antonio Metropolitan Health District (Metro Health) Dental Division to provide onsite dental services. With parental consent, children enrolled in the program receive one dental evaluation and two fluoride varnishes during the program year. In addition, Metro Health provides a toothbrush, toothpaste and timer for all children, referrals for dental care, parent education sessions, information regarding local dental providers, and dental case management for children with identified oral decay. When a child is evaluated by Metro Health, they are assigned a dental classification. This classification determines the type of follow-up that is required. Any child identified as CLASS 2 requires follow up and treatment from their dental home. DHS Head Start continues to make progress towards meeting this objective. Due to COVID -19, on-site dental screenings were limited. In partnership with Metro Health, the program did provide drive-thru dental clinics for children enrolled. Additionally, families encountered barriers to making appointments for services. At the end of the 2020-2021 school year, 16% of children identified as CLASS 2 were designated as treatment complete and received the appropriate follow-up and dental treatment. Although COVID -19 challenges impacted dental services, the program continued to educate families on the importance of oral health through wellness kits distributed to all children enrolled in the program and routine contact and follow up offering oral health resources and assistance. The program continues to examine barriers to receiving services and research strategies to help address these barriers.

Objective 5: BASELINE PENDING

Increase the number of mental health consultations provided to parents/guardians and staff by the Mental Wellness Team. The baseline will be established in 2020-2021 with a percentage increase determined in 2021-2022.

The Head Start Prekindergarten Wellness Support Team provides support to children and families through a mental health consultation model. This consultation model ensures parents and staff receive education, intervention strategies and support in response to child and/or family wellness needs. To address individual needs of children, the Wellness Support Team may, in addition, provide a referral to a community agency when appropriate for direct mental health services such as counseling. During the 2020-2021 school year, the Wellness Support Team provided 489 consultations to parents/guardians and staff.

The Wellness Team continues to collaborate with community partners such as Community in Schools in effort to connect Head Start families with therapeutic support for counseling services. The Wellness Team performs intensive case management services, including screening, assessments and referrals to families with the highest needs such as those related to children and families experiencing trauma, exposure to family violence and other at-risk factors impacting the well-being of children and families. They also provide high-needs families in crisis with appropriate community resources and linkages, such as crisis counseling services, food, housing, clothing, transportation, and education.

Objective 6: BASELINE PENDING

Increase the number of trainings with a focus on mental wellness provided to parents/guardians and staff by the Head Start Program. The baseline will be established in 2020-2021 with a percentage increase determined in 2021-2022.

During the 2020-2021 program year, DHS Head Start focused on the health and well-being of families and staff. While the program provided five trainings with a focus on mental wellness to parents/guardians and staff, Head Start focused on connecting families and staff to wellness resources available in the community and through our district partners. The program will continue to examine ways to offer quality wellness support services, training, and professional development for families and staff.

The Wellness Team promotes education and provides interventions for Head Start parents on a variety of topics, including mental health, child growth and social-emotional development, parenting skills, child abuse prevention, guidance and discipline, disabilities, family literacy, and community advocacy. They are accredited in Triple P Positive Parenting Program in varying levels and trained in Theraplay.

Objective 7: BASELINE PENDING

Increase the average score on the Health Wellness Assessment. The baseline will be established in 2021-2022 with a percentage increase determined in 2022-2023.

The program collaborated with the University of the Incarnate Word School of Osteopathic Medicine and the Head Start Health Services Advisory Committee to develop a Wellness Assessment to identify behaviors of Head Start children related to obesity, nutrition, and physical activity. Due to COVID-19, the program suspended the use of the Wellness Assessment.

Goal 4: Environmental Health and Safety
Support the care of children by creating safe environments

Head Start Program Services related to environmental health and safety are structured to ensure children are safe while in care. DHS Head Start staff and Education Service Providers implemented an array of targeted activities to ensure the health and safety of all children enrolled in the program.

Based on the Five-Year Plan, five objectives were measured and reviewed for DHS Head Start in this service area. Below are the results of the objectives related to Environmental Health and Safety.

Objective 1: IN PROGRESS

Decrease the percentage of findings in the Head Start Prekindergarten Environmental Health and Safety Monitoring Reviews by 2% from 5.8 % in 2016-2017 to 3.8% in 2023-2024.

The DHS Head Start Program uses a multi-level monitoring system to ensure compliance at the recipient and the Service Provider level. This monitoring system allows for multiple levels of review and continuous program improvement. Monitoring methods include site visits, both

announced and unannounced, child file reviews, interviews, and surveys. At the Service Provider level, an internal monitoring system is also established for continuous review of services by the Provider as well as by DHS staff. The Head Start Prekindergarten Program continues to make progress toward this objective, but due to restrictions related to CoVID-19, the results do not reflect a normal program year. Restrictions related to the COVID-19 pandemic caused most on-site monitoring reviews to be cancelled or reduced. During the 2020-2021 school year the percentage of findings for the Environmental Health and Safety Monitoring Review was 4.00%. The program will continue to focus on ensuring children are safe and reduce the percentage of findings for Environmental Health and Safety Monitoring Reviews.

Objective 2: IN PROGRESS

Decrease the percentage of findings in the EHS-CCP Environmental Health and Safety Monitoring Reviews by .5% from 3.1 % in 2017-2018 to 2.6% in 2023-2024.

The EHS-CCP Program also conducts formal monitoring reviews of health and safety indicators across all childcare centers. The EHS-CCP program continues to make progress towards this objective. During the 2020-2021 school year, site closures related to the COVID-19 pandemic caused most on-site monitoring reviews to be virtual or cancelled. The percentage of findings for the EHS-CCP Environmental Health and Safety Monitoring Reviews was 2.06%. Safety is considered a top priority within the EHS-CCP program. DHS staff continues to work with childcare center Education Service Providers to reinforce health and safety and create cultures of safety. One example of this was for the EHS-CCP program monitor to collaborate with the EHS Early Education Services team to present health and safety monitoring data and photos during the 2021-2022 Pre-Service event. Photos gave visuals of real time health and safety monitoring findings. Classroom staff were able to better relate and talk through strategies to prevent future findings.

Objective 3: IN PROGRESS

Decrease the number of findings in the Health and Human Services Commission Childcare Center Inspections by 50% from 38 in 2016-2017 to 19 in 2023-2024.

All EHS-CCP sites must report licensing concerns to the State of Texas Health and Human Services Commission Childcare Center Inspections who will determine if a finding is warranted. EHS-CCP continues to make progress towards meeting this objective. During the 2017-2018 school year, there were a total of 18 findings for the EHS-CCP Program from Health and Human Services Commission Childcare Center inspections. This represented a 47% reduction from the established baseline in 2016-2017. For the 2020-2021 school year, there were a total of 16 findings; however, the Health and Human Services Commission suspended childcare center inspections due to school closures related to COVID-19. The program continues to work with EHS-CCP Program Education Service Providers to decrease findings by offering ongoing technical assistance, creating a system for keeping current with the expected licensing inspections, such as sanitation, fire and gas, as well as encouraging Directors to build in conversations with the center staff on the Child Care Regulation minimum standards through their routine staff meetings.

Objective 4: IN PROGRESS

All six EHS-CCP Education Service Providers will have a two-star rating or above from the Texas Rising Star System (State of Texas QRIS) as a measure of quality by 2023-2024.

Texas Rising Star (TRS) is the State of Texas Quality Rating Improvement System. Licensed child care centers participating in the TRS program receive a Two-Star, Three-Star or Four-Star rating based on certification criteria. TRS is a voluntary, quality-based child care rating system for child care providers participating in the Texas Workforce Commission’s subsidized child care program. EHS-CCP continues to make progress towards meeting this objective. During the 2020-2021 program year, one EHS-CCP had a Four-Star rating, four centers had a Three-Star rating, and one center had a Two-Star rating.

Objective 5: IN PROGRESS

Increase the average score on the Early Childhood Environment Rating Scale (ECERS) for the Head Start Prekindergarten Program. The baseline will be established in 2021-2022 with a percentage increase determined in 2022-2023.

The Early Childhood Environment Rating Scale (ECERS) is a comprehensive assessment tool that measures environmental factors as well as teacher-child interactions that affect the broad developmental needs of young children. It also emphasizes the role of the teacher in creating an environment conducive to developmental gains. DHS Head Start continues to make progress towards achieving this objective. Due to priorities related to COVID-19, including classroom organization, availability of materials in the classroom, and social distancing recommendations, the program will suspend the planned use of the ECERS tool. Program staff continue to develop a plan to implement the use of the ECERS Classroom Observation Tool in the future.

**Goal 5: Highly Qualified Staff
Recruit and retain highly qualified staff**

The Program Design and Management (PDM) Team directly oversees systems and infrastructure which support the provision of direct program services through implementation of a strong shared governance system, effective management systems, and ongoing programmatic oversight. The PDM, Content/T&TA, and Monitoring teams provide direction, guidance, training and technical assistance to service providers to ensure staff at all levels of the organization have the resources, knowledge, and support needed to deliver high quality program services.

Based on the Five-Year Strategic Plan, five objectives were measured and reviewed for DHS Head Start in this service area. Below are the results of the objectives related to Highly Qualified Staff at the end of the program year.

Objective 1: IN PROGRESS

Reduce the average number of days to fill a vacancy with the City of San Antonio Head Start Program by 16 days from 62 days in 2016-2017 to 46 days in 2023-2024.

DHS Head Start continues to make progress towards achieving this objective. During the 2020-2021 program year, the average number of days to fill a vacancy was 56 days. DHS Head Start will train staff on the hiring process and hiring database.

Objective 2: BASELINE ESTABLISHED

Maintain an annual retention rate for Family Support Workers at 90% or higher through the year 2023-2024.

DHS Head Start continues to make progress towards achieving this objective. During the 2020-2021 program year, the retention rate for Family Support Workers was 87.5%. The Family Support workers that have transitioned out of this position have either promoted within the Head Start program or transitioned to better paying positions. Reason for staff leaving due to pay has been recognized within other city departments and is currently being reviewed by the City. Other reason for transitioning is retirement. The program will continue to focus on retention strategies, including expanding our new employee onboarding system and implement reflective supervision practices.

Objective 3: IN PROGRESS

Increase the number of teaching staff that complete the Head Start Summer Institute from 23 participants in 2017-2018 to 48 participants by 2023-2024.

DHS Head Start continues to make progress towards achieving this objective. Through a partnership with Texas A&M San Antonio, DHS Head Start provides teaching staff the opportunity to earn up to 18 hours of master level education over two summers. During the 2020-2021 Summer Institute, eight teachers enrolled in the program. Despite the many unknowns and hardships created by COVID-19, all 8 teachers completed the 18 hours. A total of 38 teaching staff have completed the Head Start Summer Institute. Enrollment for the 2022-2023 Cohort will begin enrollment in November 2021.

Objective 4: IN PROGRESS

Increase the number of TEACH participants that earn a certificate or degree. The baseline will be established in 2020-2021 with an increase determined in 2021-2022.

The TEACH scholarship program provides assistance for instructional assistants/paraprofessionals to earn an early childhood certificate, associate's degree or bachelor's degree. The program began in Fall 2019. At the end of the 2020-2021 program year, 11 instructional assistants/paraprofessionals have participated in the program, and four have earned an early childhood certificate. Several participants are working towards earning an associate's or bachelor's degree, and the program continues to promote the program to increase enrollment.

Internal Monitoring Program and Progress

The Head Start Act 641A requires the program to provide ongoing monitoring and continuous improvement information on the Head Start Program. The City of San Antonio Head Start Program has developed a comprehensive and thorough approach to monitoring to identify areas of concern and non-compliance.

Various monitoring projects are scheduled throughout the school year. Monitoring tools are developed, and compliance staff conduct monitoring visits, including site visits, interviews, and child file reviews. If an area of concern or noncompliance is identified, a timeline is developed, training and technical assistance is provided, and corrective action plans are implemented to correct systemic issues so that areas of weaknesses are corrected and strengthened. Follow-up monitoring events are conducted to ensure that corrections have been made. The system highlights the importance of using ongoing monitoring to ensure the adjustments are made and the program can achieve the established goals and objectives and provide a quality program. Monitoring data is shared with staff, Policy Council, and members of the Governing Bodies to ensure they are included in all aspects of the program planning process.

During the 2020-2021 program year, DHS Head Start performed over 20 content area monitoring reviews: Education, Mental Wellness, Family and Community, Safe Environments, ERSEA, Health, Nutrition, and other areas related to Head Start services. This gave DHS Head Start approximately 50,950 opportunities for compliance with 2,334 findings which put the program at a 4.6% findings rate for all reviews completed during this period. Due to the CoVID-19 pandemic, the Program implemented enhanced protocols to address obstacles that the pandemic produced. These protocols were implemented into all reviews, as applicable. EISD and SAISD also implemented restrictions and safeguards to minimize the spread of CoVID-19, therefore, many reviews were shortened, postponed, or canceled. This reduced the opportunities for compliance within the program year. Although the monitoring process was slightly altered due to CoVID-19, the Program was still able to perform reviews as allowed and with the goal to keep children, families, and staff safe from CoVID-19.

One hundred percent of all Head Start sites received a formal health and safety screening within the first 45 days of the 2020-2021 program year. This screening included all facilities, classrooms, outdoor environments, transportation vehicles, human resources, and the medical administration process. Findings were noted as an area of concern or an area on noncompliance. The Providers were given deadlines to address all concerns by correcting and documenting evidence in ChildPlus. All areas of non-compliances required the Providers to create and implement an approved Corrective Action Plan (CAP). The Head Start Program followed up with all required corrections as per given deadline. DHS Head Start continues to improve its use of monitoring results for continuous improvement.

Areas of Improvement & Strengths

In addition, through the self-assessment process, the DHS Head Start Program identified strengths and areas of focus across both the Head Start and EHS-CCP programs in several key areas.

Areas for Improvement

- **Monitoring, Systems & Analysis**
 - **Self-Assessment-** While the program conducted four data reviews during the program year and the Head Start Leadership Team discusses and uses data to drive programmatic planning and decision making, the program can continue to find innovative ways to share and review data to drive programmatic planning and decision-making using a comprehensive approach. DHS Head Start will expand the self-assessment process to include a fiscal information, create a schedule to review and share PIR data, and share patterns in monitoring data.
 - **Monitoring –** Due to restrictions related to COVID-19, the Head Start Program did not conduct two monitoring reviews for the following service area: Head Start Family & Community Support. The Monitoring team will work with the content area team leads to ensure that procedures are established, and both service areas undergo a full audit two times during the program year.
 - **Critical Incident Reporting –** The Head Start Education Service Providers did not submit Critical Incident Reports (CIR) within 24 hours of occurrence as required by DHS Head Start Policy. The program will provide training to principals on reporting requirements. Additionally, the program did not reduce the occurrence of Critical Incident Reports related to health and safety by 10%. The program will provide training to principals, teachers, and food services staff on health and safety requirements.
 - **Center Licensing –** While the Early Head Start Program worked with the childcare centers to develop a child care license renewal system, the program will develop and implement a tracking process to ensure that the system is completed and maintained. Additionally, while the program decreased noncompliances from Child Care Licensing by 10%, EHS will work to continue to decrease the percentage of noncompliances by 15%.
- **Early Learning**
 - **School Readiness Plan of Action –** Due to COVID-19 the School Readiness Plan of Action was not completed during the 2020-2021 school year. Staff will develop and implement a plan to ensure that the Plan of Action of completed and reviewed throughout the program year.
 - **CLASS –** The Head Start program was unable to conduct CLASS Observations in the EHS or Head Start Prekindergarten Classrooms due to COVID -19.
 - **Curriculum Fidelity -** While the program has a system in place to monitor curriculum fidelity, staff did not have access to tools used by the Education Service Providers to monitor fidelity. In addition, the Head Start Prekindergarten program does not have a system in place to monitor the completion of training by teaching staff on curriculum fidelity.
 - **Screenings & Assessment –** DHS Head Start will continue to examine the process to ensure that screenings and assessments are conducted in the child’s home language by a

qualified staff person or in conjunction with an interpreter. The EHS-CCP program will develop a system to identify teachers qualified to conduct an assessment in Spanish.

- Screenings & Assessments - Due to COVID-19, the EHS program was unable to conduct the E-LAP and LAP-3 assessment three times during the program year. In addition, the Head Start Prekindergarten program did not have formal system to ensure eligible children receive an assessment.
- Social Emotional Approach – While the EHS program has an identified approach to social/emotional learning, the program does not have an implementation plan, including training, activities, and materials. Staff will develop an implementation plan for the social/emotional learning framework.
- Coaching – Due to COVID-19, various components of the EHS coaching system, including the teacher assessment. While both Education Service Providers have a research based coaching program, coaches did not document coaching cycles in the ChildPlus. The program will continue to focus on the intensive coaching.

▪ ERSEA

- Waitlist -
- Attendance - Due to COVID-19 we minimally met federal standards; Due to COVID-19 Head Start needs to collaborate with ISDs to capture attendance data, attendance plans were not completed timely
- EHS needs to collaborate with childcare partners to capture attendance data

▪ Family and Community Engagement

- Qualitative File Review - Due to COVID-19 EHS-CCP Qualitative child file reviews were not monitored towards the end of the year (March-July). Focus was re-shifted to providing services to families
- Family Partnership Process - Due to COVID-19, more than 10% of findings indicated goals set did not receive consistent follow-up, according to monitoring reviews.
- Monitoring - Due to COVID-19, the monitoring calendar and processes will be updated to accommodate the added restrictions throughout the program year.
- Contact – Due to the COVID-19 pandemic and related school closures, the Head Start program was unable to maintain regular contact with a number of families.
- Services - Unable to track if family received emergency services within 48 hours. Child Plus, the current data entry system, does not track the amount of time in which a service was received. Program staff continues to explore options.
- Parent Interest Survey -EHS-CCP conducts a parent interest survey at the start of the program year, Head Start is investigating implementation of an interest survey.

▪ Child Health and Safety

- EPSDT - Due to COVID, less than 20% of dental concerns had a status of *No Treatment Received*. Additionally, due to barriers created by COVID-19, the Head Start Prekindergarten program did not have at least 95% children with a well child/physical exam within 90 days of enrollment into the program. Program staff will continue to work with parents to identifying and addressing barriers to obtaining medical and dental services.
- Critical Health Concerns – The Head Start Program requires unconfirmed critical health concerns are resolved within 45 days. The program will provide additional training and guidance related to data entry and program requirements to ensure appropriate follow up is conducted.
- Monitoring - Due to COVID-19, Health and Safety Monitoring was not able to complete the monitoring projects as scheduled.

- Program Governance, Communication & Human Resources Internal Communication - COSA Staff
 - PCC Meetings – The program was unable to confirm the system to establish Parent Connection Committee meeting dates in a timely manner.
 - Making Connections – The program will develop a plan to improve connections between PCC and PC. Program staff will develop a plan to promote parent engagement/interest from EHS Home-based in PCC and PC Meetings.
 - Leadership Training – The program identified the need to develop a plan for expanding parent leadership opportunities.
 - Internal Communication - The program was unable to survey staff regarding services. DHS Head Start staff will develop a staff survey implementation plan.
 - External Communication - The Annual Report and Community Assessment were not published and available within 6 months. Program staff have developed a plan to ensure both reports are published within the established timeframes. Additionally, professional development opportunities were provided throughout the program year; however, an official school year training calendar was not published
 - Professional Development - While all staff completed the annual safety trainings, more than 10% did not complete the trainings by the established deadlines.
 - Compliance and Operations – The program identified the need to develop a more robust monitoring system to ensure the educational requirements are met and documented in ChildPlus.

Strengths

- Monitoring, Systems & Analysis
 - Data Review and Program Goals – The program has a system to identify goals for the program. The DHS Head Start Program is data informed and has an ongoing system to review data at the classroom, campus, district, and program level across all content areas.
 - Virtual Meetings – DHS Head Start has an established web conferencing tool that several staff had experience using. In addition to the availability of technology, allowed the program to easily shift from in-person to remote work.
 - Student Outcome Data – DHS Head Start has a system to collect and aggregate Child Outcome Data three times a year. The data is reported at the classroom, campus, district, and program level.
 - Monthly Data Review – DHS Head Start compiles and distributes monthly program data reports. Despite hardships related to COVID-19, the program continued to provide the monthly data reports with a focus on family and student outcome.
 - PIR – During the 2020-2021 program year, the DHS Head Start program continued its practice of conducting weekly and monthly PIR audits. PIRs for all programs were submitted on time.
 - CIR – DHS Head Start has a system of reporting and follow up for Critical Incidents. While the Head Start Program continues to work to ensure Critical Incident Reports are submitted within 24 hours, the EHS Education Service Providers met the 24-hour reporting requirement.
 - Monitoring Findings – The EHS Program has a system to ensure all non-compliances are abated/corrected by the due date.

- Child Care Licensing – The EHS Program developed a new system to track center licensing and required inspections and ensure on-time completion of all needed tasks and documentation.
- **Early Learning**
 - School Readiness Goals – DHS continued to ensure that School Readiness Goals were communicated with families through the parent handbook and reviewed during parent meetings.
 - CLASS – Despite obstacles created by COVID-19, DHS Head Start has maintained a CLASS Team and implemented a plan to provide training to staff based on CLASS. Additionally, Program staff developed a contract with Teachstone, eliminating barriers to purchase required materials for CLASS Observations and certifications.
 - Curriculum Fidelity – The EHS Program continued to monitor curriculum fidelity and provide trainings with teaching staff despite barriers created by COVID-19.
 - Monitoring - The DHS Head Start Program identified zero findings related to individualized learning plans and disability services during Education and Disability Monitoring Projects.
 - Student Assessment Information – EHS Staff provided training to Education Service Providers on how to enter student information into the LAP system and run reports. The Head Start Program implemented a new assessment during the 2020-2021 school year. established baseline data. Both EHS and HS developed a remote assessment to address barriers created by COVID-19.
 - Dual Language Learners – The EHS program provided professional development for all staff focused on dual language learners. All teachers who support DLLs received training
 - Request for Support – Both Head Start and EHS developed and implemented a system to identify teachers and students in need of support services.
 - Coaching – While coaching continues to be an area of focus for the program, both EISD and SAID identified a research based coordinated coaching system. The Early Head Start Program added three positions to expand onsite coaching support to teachers and peer coaches.
 - **ERSEA –**
 - Enrollment, Eligibility and Selection - Applications were processed within 60 days
 - Recruitment - Recruitment was conducted by a marketing firm increasing our website and social media participation significantly; County wide HS/PK Round Up Campaign, ERSEA Consortium collaboration, and temporary addition of five Community Health Workers. Family and Community Engagement
 - Head Start and EHS-CCP FSW are trained annually. Training included ERSEA refresher, updates to F&C Support Services including assessments and goal setting and Program Governance
 - 97% of families enrolled in the EHS-CCP program received at least one or more services
 - EHS-CCP has a system for Qualitative file reviews

- 71% of parents made progress towards completion of an identified Family Self-Sufficiency goal by the end of the program year
- 93% of parents made progress towards completion of an identified Family Life Practice goal by the end of the program year
- Child Health and Safety
 - DHS Head Start requires that all children have a copy of their most physical exam/well child exam within 90 days of entry into the program. During the 2020-2021 program year, 82% of children had a physical exam/well child exam within 90 days of date of entry. In addition, despite barriers created by closures related to COVID-19, the program continued to provide support to families to help obtain needed health services.
 - The EHS Program implemented a system of qualitative file review, improving the percentage of files with appropriate follow up.
 - Health team provided drive-thru clinics, voucher system, and medical request assistance to help children to ensure that they have a well child/physical exam.
 - The program exceeded its goal, and at the end of the school year, more than 97% of the children enrolled in the program had a documented medical and dental home.
 - Family Support Workers, Health Staff, Education staff, and Food Services staff received training on special diets. DHS Head Start identified less than 10% non-compliances related to special diets.
- Program Governance, Communication & Human Resources
 - Despite barriers related to COVID-19, the Head Start Policy met quorum every month virtually for review and approval of Head Start Program Operations. Community representatives attended 100% of Policy Council meetings.
 - The program implemented electronic voting for Policy Council.
 - Engagement events for policy council members were continuously offered
 - 166 parents applied to participate in the Head Start Policy Council elections
 - To address concerns related to COVID-19, the program created a drive-thru Campaign Day, where Head Start, EHS and EHS-CCP Policy Council candidates collected materials and information to help ensure a successful campaign for Policy Council
 - PDM staff attend 100% of the campus PCC meetings to recruit and review Head Start Policy Council and the election process.
 - Despite barriers related to COVID-19, Head Start Policy Council Members continued to participate in internal events, recruitment events, interviews, local conferences and workshops.
 - The program developed a new system to request translation services, reducing barriers and ensuring resources were readily available.
 - The program expanded its onboarding system to provide comprehensive orientation to new staff. In addition, DHS Head Start developed an onboarding survey to collect feedback and identify areas for growth.
 - The City of San Antonio has an established system to monitor and evaluate performance of staff.
 - Throughout the program year, DHS Head Start continued to engage with outside community partners, such as EduCare, Early Matters, United Way, Autism Community Network, and ReadyKidSA, to improve services.

Summary of Report

Overall, DHS Head Start continues to utilize program data to guide and inform the decision-making process. The program is compliant with the Head Start Program Performance Standards and continues to strive towards high quality through continuous improvement. While the program strives to meet or exceed the Five-Year Strategic Plan objectives, there is still room for improvement. The identified strengths and areas of improvement will assist the program in reevaluating goals and measures for the next 5-Year Strategic Plan. The Self-Assessment process will continue to be used for ongoing assessment of all program services to promote compliance with Head Start Program Performance Standards and to ensure the needs of DHS Head Start children and families are met.

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