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1) Project Design and Approach to Service Delivery

a) Goals

- i) In first paragraph, summarize Community Assessment, and a summary of additions, deletions, and revisions to program goals, objectives, and outcomes with rationale for the changes

Our community assessment this year shows that:

- Population in our state, county, city, and district have all increased.
- There have been slight shifts in racial demographics in our county this year with minorities populations increasing.
- Teen births and births to single women have both decreased in Fort Collins.
- Wages in our county have not changed and the rate of child poverty has slightly decreased.
- Housing, rental, and child care costs continue to increase annually.
- Homelessness and poverty have decreased in our county.
- The number of enrolled children with identified needs has remained about the same, while the number of enrolled Hispanic families has slightly increased.
- This year, 48 childcare centers (37 home and 11 centers) closed, reducing the number of slots for infant, toddler, and preschool in our county from 171 to 127 centers and homes in Larimer county.
- In Larimer County enrollment in CHP and Medicaid has increased; infant mortality has decreased.

Our analysis of this information is that the costs of living in our city and county have increased, population has increased, yet there are not equal wage increases or increases in city/county supports to offset these pressures. Families continue to qualify for our Head Start

program, and we maintain a wait list for Head Start, indicating the need in our service area continues. However, within another funding source, the Colorado Preschool Program, we faced an enrollment shortfall this year. In response, after engaging in intense technical assistance with the Colorado Department of Education, we made changes to our application process. The biggest change is that all applicants are screened at the time of the application, rather than once they have qualified for the program. These changes will be monitored by leadership and program governance as show in the Goal 3 area. Our tuition-based students have remained full as well this year with a wait list and our students with identified needs is about the same. One need we are currently unable to meet is the county-wide demand for more center-based care slots for infants and toddlers—while we are interested in changing or expanding services to meet this need, funding and space is not currently available to pursue this option.

Based on our community assessment and self-assessment results, Policy Council approved the following changes to our Goals and Measurable Objectives, and Action Plan:

- This year, we made no change to the Goal 1 statement, but did change the measurable objectives in response to our year of monitoring TS GOLD formative inputs and in response to our upcoming comprehensive curriculum adoption.
- Based on the data trends seen in the monthly work done by the Attendance Impact Team (AIT) and the recommendations we received from Self-Assessment, we changed both Goal 2 and the measurable objectives to focus on preventable absences and daily attendance habits of students and families.

- We changed the Goal 3 statement and measurable objectives. At self-assessment, the quantitative and qualitative nature of tracking collaboration was very broad. Recommendations included focusing on a smaller scope and analyzing the quality of the collaborations. Based on this input, we have shifted our focus to tracking external and internal transitions alongside the collaborations that underlie them.

ii) Current year table of Program goals, measurable Objectives, expected outcomes, and challenges

Program Goal	Measurable Objectives	Expected Outcomes/Progress	Challenges
<p>Goal 1: Children will show appropriate readiness at each developmental milestone leading to school readiness from Prenatal through successful Kindergarten matriculation.</p>	<p>For all EC instructional staff (Home visitors, paras, teachers)</p> <ul style="list-style-type: none"> Preliminary levels and documentation for objectives 8a/b, 9a/b, 1a/b, and 3b (and items 37 and 38 for DLLs) will increase in number and quality according to a rubric (TBD) monitored every two weeks by the Achievement Outcomes Team to ensure there is regular, quality documentation and preliminary levels-setting for each child. Outcomes will be reported to staff, schools, district, and PC monthly. <p>For EC classroom staff (paras and teachers)</p>	<ul style="list-style-type: none"> The new curriculum will be used to fidelity in year one and beyond by all teaching teams in PSD classrooms. Across all GOLD checkpoints, instructional staff regularly input and set preliminary levels on formative documentation for objectives 8a, 8b, 9a, 9b, 1a, 1b and 3b Curriculum training will result in increased ability of instructional staff 36 months to K transition to use formative processes as evidenced by the measurable objective. Family Mentors will have clarity on how their formative and summative 	<p>Instructional staff may need support to define and implement formative instructional practices.</p> <ul style="list-style-type: none"> Tap district trainings and implement a wide variety of PLC options for <u>all</u> instructional staff. <p>Working as an Achievement Outcomes team, PLC and coaching opportunities will be available to <u>all</u> instructional staff.</p> <ul style="list-style-type: none"> Processes and reporting will ensure equal focus on Prenatal to 36-month and 36-month to K transition supports and outcomes.

	<ul style="list-style-type: none"> CLASS measures in Instructional Supports will increase by 4% program wide from 2019 to 2020 program-wide coding events. 	assessment work is used on behalf of children and families.	
	Using TS Gold data, instructional staff will analyze and report on growth of students for objectives 8a/b, 9a/b, 1a/b, and 3b (and items 37 and 38 for DLLs) connected to their caseload in a coaching cycle, or a PLC process with a consistent reporting product to contribute to program progress metric.	<p>Fewer and fewer children will be below widely held expectations over the course of the instructional year.</p> <p>The program will use this data to inform our future practices around student academic growth.</p>	<p>Key leadership and coaches need training in formative processes.</p> <ul style="list-style-type: none"> Identify training for ECE Leadership Team, Parent Educator, and Family Mentor Coaches

Program Goal	Measurable Objectives	Expected Outcomes/Progress	Challenges
Goal 2: The PSD ECE program will educate families about the importance of attendance to develop habits that prioritize school access.	Monthly, the Attendance Impact Team will report overall absences broken down by excused and unexcused absences to the leadership team and to Policy Council. Tardies and early pick-ups will not be included.	<p>The program will report fewer unexcused absences.</p> <p>Family organization strategies around communicating about absences will increase and improve.</p>	<ol style="list-style-type: none"> Many staff members are contributing to attendance. <p>Evaluate current staffing to see if there are other ways to more efficiently run attendance processes.</p> <ol style="list-style-type: none"> How do we learn about the family habits portion of this goal? <p>Explore the idea of surveys to gather information from families.</p>
	Monthly, PSD ECE will report the absences in the following categories: no call/no show, vacation, other, transportation,	Families would build awareness of the importance of informing the program about absences.	<ol style="list-style-type: none"> Messaging to families in multiple languages can be a challenge.

	<p>personal day, and no reason entered to leadership, Policy Council, schools, staff, and families with unexcused absences.</p> <p>The number of unexcused absences unrelated to illness and family crisis will decrease by 15% from 2018-19 to 2019-20.</p>		<p>We are going to provide messaging with texts in English and Spanish. We will explore other options for additional languages.</p> <p>2. We have so many people/departments working on attendance, the room for error and redundancy is large. Explore staffing options for an attendance clerk.</p>
Program Goal	Measurable Objectives	Expected Outcomes/Progress	Challenges
<p>Goal 3: The PSD ECE Program will collaborate with community stakeholders and district partners to ensure program quality and school readiness for all children by promoting successful transitions in each program phase through Kindergarten.</p>	<p>Monthly, the PSD ECE Leadership team will monitor applications, enrollment, screening, and placement of children to ensure qualifying children have access to the program. This information will be shared monthly with Policy Council, schools, and staff.</p>	<p>Complete application, screening, and placement processes will ensure students have access to the program.</p> <p>Enrollment numbers for each funding source will be met as well as maintaining a robust waitlist.</p>	<p>1.CPP qualifying factors have made it difficult to fill CPP slots with 3-year-olds.</p> <p>To address these challenges, we will be meeting with our state CPP representative for technical assistance.</p> <p>2. Our waitlist is still not sufficient to fill all slots.</p> <p>To address these challenges, we will need to work on diverse recruiting opportunities.</p>

			<p>3. Limited transportation availability may limit placement for families.</p> <p>To address these challenges, we are going work internally with transportation to support as many families as possible. Explore potential expansion.</p>
	<p>Monthly, PSD leadership will monitor the following internal transitions: Pre-natal to birth Birth to program participation EHS center-based to other EHS home-based to other EHS to HS IFSP progress IFSP to IEP IEP progress Post-placement student needs Post-placement family needs Transition in funded source</p>	<p>The program will be able to anticipate and plan for transitions.</p> <p>Students will access the appropriate program for their needs. Fluctuations in enrollment will allow for more students to access the program as people move around.</p> <p>Classrooms and schools are ready to receive new students.</p>	<p>1. Is the appropriate placement for each child available within a 30-day window?</p> <p>Our ERRF and Enrollment teams will work to find the best available placement children on an on-going basis.</p> <p>2. Transportation</p> <p>Explore potential expansion.</p>
	<p>Quarterly, ECE Leadership will monitor the transition from Pre-K to K</p> <p>Yearly, the ECE Leadership will evaluate the transition process from Pre-K to Kindergarten.</p> <p>The number of students within widely held expectations will remain or increase between Pre-K final checkpoint and the first checkpoint in Kindergarten.</p>	<p>Integration with district schools and departments will increase around PK-K transition.</p>	<p>1. Different evaluators may yield different results We will require interrater reliability training. We will also offer ongoing training with the new curriculum adoption.</p> <p>2. Data – We need to be able to track K TS gold data and Pre-K data</p>

			We will work with the district data team to support schools with integrating this data.
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iii) Any changes to School Readiness Goals—There are no changes to our School Readiness Goals, which are aligned with the ELOF

Information about Governance involvement in changes to goals

Governance, including the Governing Body, Parents and the Policy Council, are involved in goal updates by:

- Policy Council review, deliberation on, and approval of monthly progress monitoring and financials.
- Policy Council review, deliberation on, and approval of the Community Assessment results in December.
- Participating in Self-Assessment in January, when multiple internal and external stakeholders review data for the previous year and make recommendations for the coming year.
- Policy Council review, deliberation on, and approval of the Goals/Measurable Objectives document, followed by an update presentation on the Action Plan and approval of the Goals document by the Policy Council in February.
- Policy Council review, deliberation on, and approval of the Transportation Waiver, Grant Narrative, T and TA, and Selection Criteria in March. All stakeholders can access these documents electronically.
- Policy Council review, deliberation on, and approval of the remaining grant documents and financials in April.

- Board of Education review, deliberation on, and approval of all Continuation Grant documents as well as the Annual Report Presentation to and approval by the Board of Education at the May Business Meeting. At this time documents requiring signatures are signed by the BOE President.

b) Service Delivery—

1. Service and Recruitment Area (see [1302.11\(a\)](#) and [1302.13](#)):

- a. Identify the service and recruitment area for proposed program operations. **No change**
- b. Provide **Evidence** to demonstrate that the proposed area is the area of greatest need. **No change**
- c. If child care partners are proposed, identify the number of children proposed to be served through partnership slots. **No**

change

Reminder: If applicable, upload a sample delegate and/or partnership contract to the Documents tab.

2. Needs of Children and Families (see [1302.11\(b\)](#) and [Special Instruction on Community Assessment](#)): Provide a summary of data from your community assessment that informs the program's selection criteria and design, such as:

- a. the estimated number of eligible children under five years of age and pregnant women by geographic location, race, ethnicity, and spoken language, including children experiencing homelessness, in foster care, dual language learners, and with disabilities; **No change**

- b. data regarding the education, health, nutrition, social service, child care, parent schedules, and other service needs of the proposed children, families, and pregnant women; and **No change**
- c. the availability of other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly-funded state and local preschools, and the approximate number of eligible children served.
No change

3. Proposed Program Option(s) and Funded Enrollment Slots (see [1302 Subpart B](#) and [the HSPPS Compliance Table](#)):

- a. Specify the proposed program option(s) (i.e., center-based, home-based, and family child care) and describe how your program will ensure compliance with [1302 Subpart B](#) requirements and other applicable requirements.

EHS Enhanced Center-Based	16 funded enrollees	HS Center-Based All Day	110 funded enrollees
EHS Home-Based	92 funded enrollees	HS Center-Based Half Day	165 funded enrollees

Annually through the Program Planning Cycle, and especially since the announcement of Duration funding in Spring 2016, we have worked with our Governing Body and Policy Council to make determinations for the program compliant with 1302 Subpart B. Our program governance supports the full-day option, which permits us to expand our total number of classrooms and options for families. Our program governance supports maintaining our current total slots, which bring in approximately 25% of each year’s incoming Kindergarten class from district PK classrooms. As part of this year’s EHS Center-based RFP, our long-term partner has asked to reduce slots to 16 to better comply with HSPPS 1302.24(c). Our partner currently has 4 classrooms for these 20 center-based slots.

b. If requesting a locally-designed program option variation (LDO) waiver under [1302.24\(c\)](#), then provide the following: **We are not requesting a waiver.**

c. Discuss how your program option(s) will meet the needs of children and families in the communities served. **No change**

d. **Funded Enrollment Changes.** If proposing to change or convert the number of funded enrollment slots, explain the rationale. **We are proposing converting 4 EHS Center-Based Care slots to the Home-Visiting program.**

4. Centers and Facilities: a. List any additions, deletions, or changes to your service locations, including partners, and describe the reasons for changes. **We are moving one classroom from Bauder Elementary School to Eyestone Elementary school because the Bauder classroom has been captured by the district for the Autism Center-Based Program opening at Bauder in Fall 2019. Moving the classroom to Eyestone permits us to better meet the needs of families located in the northeast quadrant of the PSD catchment area, which has experienced service impacts related to the opening of the all-day HS classrooms.**

b. Describe any minor renovations and repairs included within this application (not subject to a separate [1303 Subpart E](#) application). **No minor renovations or repairs are included.**

c. Describe any facilities activities that are subject to [1303 Subpart E](#), e.g., purchase, construction, major renovation, loan or mortgage, and subordination agreement. **No facilities activities of this type are included.**

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

a. Describe the recruitment process to ensure services will be provided to those in greatest need of program services.

- i. Describe specific efforts and expected challenges to actively locate, recruit, and enroll vulnerable children, including children with disabilities, children experiencing homelessness, and children in foster care.

Recruitment is done by the ERSEA Team throughout the calendar year as defined by the Marketing, Recruitment and Outreach (MRO) plan which is updated annually. Outreach may include but is not limited to: attending community presentations that target programs serving homeless and vulnerable populations, contacting local schools (teachers, office staff, counselors, principals) to provide information about the program and host early childhood open houses, and annual meetings/connections with community partners (Health Dept., hospitals, etc.) to distribute materials. Word of mouth is one of our most successful recruitment strategies, and our families, staff, and partners actively recruit in this way. ERSEA collaborates closely with the Child Find Specialist and the Disabilities Specialist to maintain the ongoing enrollment of children with identified or identifiable needs. Program waitlists are continually monitored to determine when recruitment & outreach outside of the MRO plan is needed.

This year we placed new banners at many elementary schools to increase awareness of our program across the whole community. We promote the program by attending local events focused on providing supports for the homeless and other vulnerable populations and reaching out to our community partners to reinvigorate referral relationships. One challenge we anticipate next year is to recuperate enrollment for our Colorado Preschool Program shortfall this school year. We have adjusted our screening procedures in hopes to identify more students under two specific developmental qualifying categories.

- b. Describe your program's strategy to promote regular attendance including special efforts for chronically absent children and other vulnerable children. No change

6. Education and Child Development (see [1302 Subpart C](#)): If center-based or family child care program option is chosen, respond to item a, and c through d.

a. Center-based or family child care programs:

- i. Identify the curriculum(a) your program will use including, if applicable, curricular enhancements and/or significant adaptations. *No change*
- ii. Describe how each identified curriculum is appropriate for ages and background of children served, research-based, and has an organized developmental scope and sequence.

This year, in alignment with the district K-5 literacy adoption, ECE staff members and families reviewed, made preliminary selections, and piloted two finalist curricula. The district departments of Contracts, Purchasing, and Curriculum, Instruction, and Assessment guided us in each step of a process that strictly adhered to all fiscal, contractual, and HS requirements for such a major adoption. As a result of this process, the Creative Curriculum has been selected as our research-based, ELOF-approved curriculum for our classrooms where children ages 3 through K transition learn. All other supplemental curricula currently in use to support our current comprehensive curriculum will not be used in year 1 of the new curriculum, which will begin August 1, 2019. After the first year of implementing the curriculum to fidelity, we will re-visit all developmental domains for children and determine if the curriculum meets all needs comprehensively, or whether supplementation in specific areas is advised.

- iii. Include **Evidence** that each curriculum is aligned with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*.

Within the Colorado Department of Education Early Learning and Development Guidelines (ELDGs,) the Head Start Child Development and Early Learning Framework (HSCDELF) and the Colorado Academic Preschool Standards (CAS) have been aligned. Creative Curriculum and Growing Great Kids/Families curricular materials document how they align with both the HSCDELF and the CAS. Curricula in use in the EHS programs are unchanged.

- iv. Describe how your program will support staff to implement curriculum with fidelity. Supports for the EHS curricula are unchanged.

Teaching Team members (teachers and paraprofessionals) are oriented to all curricula in use during New Educator Orientation. Standards for fidelity of implementation are given to them during initial pre-service orientation and continued in new staff members' first year in follow-on training, as well as in individual coaching. New staff also have a mentor teacher their first year and may apply to have teacher guide support in their second year. Continuing teachers' fidelity to the curriculum is ensured by ongoing coaching, supervision by the school or ECE administrator, and annual (certified) or every three years (classified) evaluation. With the new curriculum adoption this year, all instructional staff members will have access to required and optional trainings supporting consistent implementation of the new curriculum.

- c. Identify the developmental screenings and assessments your program plans to use and why, including how the program addresses screening and assessment for children who are dual language learners.

All children applying to the program are screened using the ASQ 3 and ASQ-SE , which is completed by the family either as they fill out the application or at the time of their application intake interview. Prior to enrollment or within 45 days of enrollment ERSEA

staff members will perform vision and hearing screenings. The results from the screening are shared with families and used by them as they collaborate with staff members about their child's development. ERSEA uses screening results to determine eligibility for our programs and what further assessment is needed. If a disability is suspected, ERSEA refers the family to Child Find. Screening tools and services for Dual Language Learners (DLLs) include multi-language ASQ 3 and ASQ-SE screening tools, including Spanish and Arabic which are our second and third-largest language populations. Spanish-speaking staff and interpreters for other languages are available to further support families. These screening tools are used to assist in the creation of initial Child Individual Plans (CIPs) and/or IFSPs/IEPs, as well as to set or understand preliminary levels in TS GOLD. Participants in the building of these plans include the family, assessment teams, classroom teacher, IEP team at schools, and often the family mentor.

There is no change to our formative and summative assessment processes using TS GOLD in HS or EHS.

- d. Describe opportunities offered to parents and family members to be engaged in their child's education, such as participation in screenings and assessment, and providing feedback on the selected curriculum and instructional materials. **No change**

7. Health (see [1302 Subpart D](#)):

- a. Describe how your program will, in partnership with parents, meet the oral health, nutritional, and mental health and social and emotional well-being, and health status and care needs of children that are developmentally, culturally, and linguistically appropriate and support each child's growth and school readiness: **No change**

- i. Include how your program will ensure up-to-date child health status, ongoing care, and timely follow-up care. **No change**

ii. For mental health and social and emotional well-being, describe how a program will provide mental health consultation services in partnership with staff and families. **No change**

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

a. Describe key program strategies for building trusting and respectful relationships with families and for providing program environments and services that are welcoming and culturally and linguistically responsive to families, including those specific to fathers.

Interpretation and translation, and staff members with both language and culture skills, are available throughout the program, including during parent governance. Our Arabic-speaking staff member has moved to the ERSEA team, where we are better able to use her language and culture skills. This year our Dual Language Learner (DLL) coaching funding that we receive from the district's department of Language, Culture, and Equity, will increase from 1 FTE to 2 to better support our large numbers of linguistically and culturally distinct families and increase our ability to serve them in a PK-12 model.

b. Describe engagement activities to support parent-child relationships, child development, family literacy, and language development including supporting bilingualism and biliteracy. **No change**

c. Describe how your program has selected and is implementing a research-based parenting curriculum. Describe how your program engages parents in a research-based parenting curriculum. **No change**

d. Describe key program strategies for family partnership services, including:

- i. Procedures for conducting the family assessment and family partnership process and aligning activities to the [Parent, Family, and Community Engagement Framework](#) outcomes; No change
 - ii. Tracking progress toward individual family goals and needs. No change
- e. Provide a few examples of community partnerships that facilitate access to services or resources in the community that are responsive to family partnership goals and children’s needs. Identify any challenges to necessary partnerships and how the program plans to address those challenges.

Matthew’s House Community Life Center is a program we refer families to frequently. Their focus is helping families overcome barriers to self-sufficiency, offering adult education classes (GED, ESL), career development help, child education opportunities, activities and recreation. We are currently co-located with this program in the same building. In the 19-20 school year, this community partner will move to another location. We will ensure that the new location will not impact our families’ access to their programs. There are no other changes to our community partnerships.

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

- a. Describe how your program will ensure the full participation in program services and activities for enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA and those who already have an IFSP or IEP.

Our program ensures that all EHS participants with an IFSP and their families access the complete range of services and visits, as do all EHS families. Mentors can tailor family visits to support ISFP goals or overlap with other service provides so they can

further reinforce areas of development with families. These families receive early intervention services through our Community Centered Board partner, Foothills Gateway, and home visiting and child assessment is fully integrated with those services. Our investment in classroom staffing gives us 23 fully-certified Early Childhood Special Education teachers who can meet the needs of students with a range of delays and disabilities in an integrated setting. Two center-based sessions are taught by ECSE teachers offering specialized services for children on the autism spectrum, and one classroom provides services for children with deafness/hearing impairment. In our 10 General Education classrooms, children with mild support needs are fully included and supported by itinerant ECSE teachers in addition to their highly qualified general education teachers. Related services (OT, PT, SLP) are delivered by licensed special service providers in either push-in or pull-out models and every classroom is fully focused on the full participation of each child and family.

b. Describe how your program will ensure the individualized needs of children with disabilities are met, including how the program will collaborate with and help parents in the process and how the program will coordinate and collaborate with the local agency responsible for implementing IDEA. **No change**

10. Transition (see [1302 Subpart G](#)):

Describe strategies and practices to support successful transitions in:

- a. Transitions to and from Early Head Start; **No change**
- b. Transitions from Head Start to kindergarten; and

Commented [HH1]: How?

Commented [AN-S2R1]: Mentors bring activities that support IFSP goals. Also often mentors arrange a visit to overlap with a Foothills service provider to see what therapists are focusing on so mentors can further reinforce areas of development

These types of internal and external transition are now an explicit program focus embedded in Goal 3. As our Action Plan outlines, we'll be undertaking a series of new steps to gather baseline information about how these transitions are going now. We can then embed this data-based approach while making modifications that will benefit children and families and fully support a PK-12 model.

c. Transitions between programs. [See above](#)

11. Services to Enrolled Pregnant Women (see [1302 Subpart H](#)):

a. Describe how your program facilitates access to a source of ongoing care for enrolled pregnant women that do not have existing access to such care. [No change](#)

b. Describe your program's strategy to provide prenatal and postpartum information, education, and services such as those that address fetal development, nutrition, risks of alcohol and drugs, postpartum recovery, and infant care and safe sleep practices.

[No change](#)

c. Describe how your program's family partnership services includes a focus on factors that influence prenatal and postpartum maternal and infant health, includes other relevant family members, and support the transition process.

Family mentors receive training that includes a focus on maternal/infant attachment and bonding which is also an educational component in the GGK/F™ curriculum. The family mentor works to include partners and additional family members on each home visit that best support the mother/infant dyad. Each client is provided PACT flyers and is encouraged to meet other program families and share in the program guided socializations. Once the required topics are completed for the enrolled mother, the newborn/infant is enrolled into EHS and supported through the pre-school years with health, mental health, development, transition to PK and K, and

school readiness. During weekly home visits, the family mentor also addresses any mental health or crisis support needed. With the support of the family mentor or independently, a mental health referral and follow-up from the family mentor support is readily available for enrolled families. If more extensive mental health support is required, our program will refer families/children/mothers to a local community mental health agency. In addition to the direct supports offered to the enrolled family and child, the mental health team collaborates within the PSD school system for older siblings as needed or desired by parents.

12. Transportation (see [1303 Subpart F](#)):

- a. Describe the level of need for child transportation services. [No change](#)
- b. Describe how your program will either directly meet transportation needs or assist families in accessing other transportation so that children can attend the program. [No change](#)

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

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

Structure

- a. Identify the member
 - (i) with expertise in fiscal management or accounting: [Christophe Febvre, Board of Education President](#)
 - (ii) with expertise in early childhood education and development: [Carolyn Reed, Board of Education Director](#)
 - (iii) the licensed attorney familiar with program governance issues in the governing body: [Tom Crabb, Licensed Attorney](#)

- b. Describe how your program ensures additional members on the governing body reflect the community, including parents and representation from other key programmatic areas. **No change**
- c. Describe the makeup of the policy council or if applicable, the policy committee. Include how each program option is represented. **No change**

Processes

Governing Body

- a. Describe how the governing body receives key program information as outlined in [1301.2\(b\)\(2\)](#) to inform their ongoing responsibilities including how decisions submitted by the policy council are incorporated into the decision-making process. Describe other key processes to ensure the governing body maintains effective ongoing oversight of program operations and accountability for federal funds. **No change**
- b. If applicable, describe and explain the responsibilities delegated to any advisory committee related to program governance and improvement of the Head Start program. Include how the governing body maintains its legal and fiscal responsibility in the process. **No change**

Policy Council and Policy Committee

- c. Describe how the policy council, and if applicable, the policy committee, receives and shares key program information as outlined [1301.3\(c\)\(2\)](#) to inform their ongoing responsibilities. **No change**

Parent Committees

- d. Describe how the parent committees communicate with staff to inform program policies, activities, and services to ensure they meet the needs of children and families. *No change*
- e. Describe the process for communication with the policy council and policy committees. *No change*

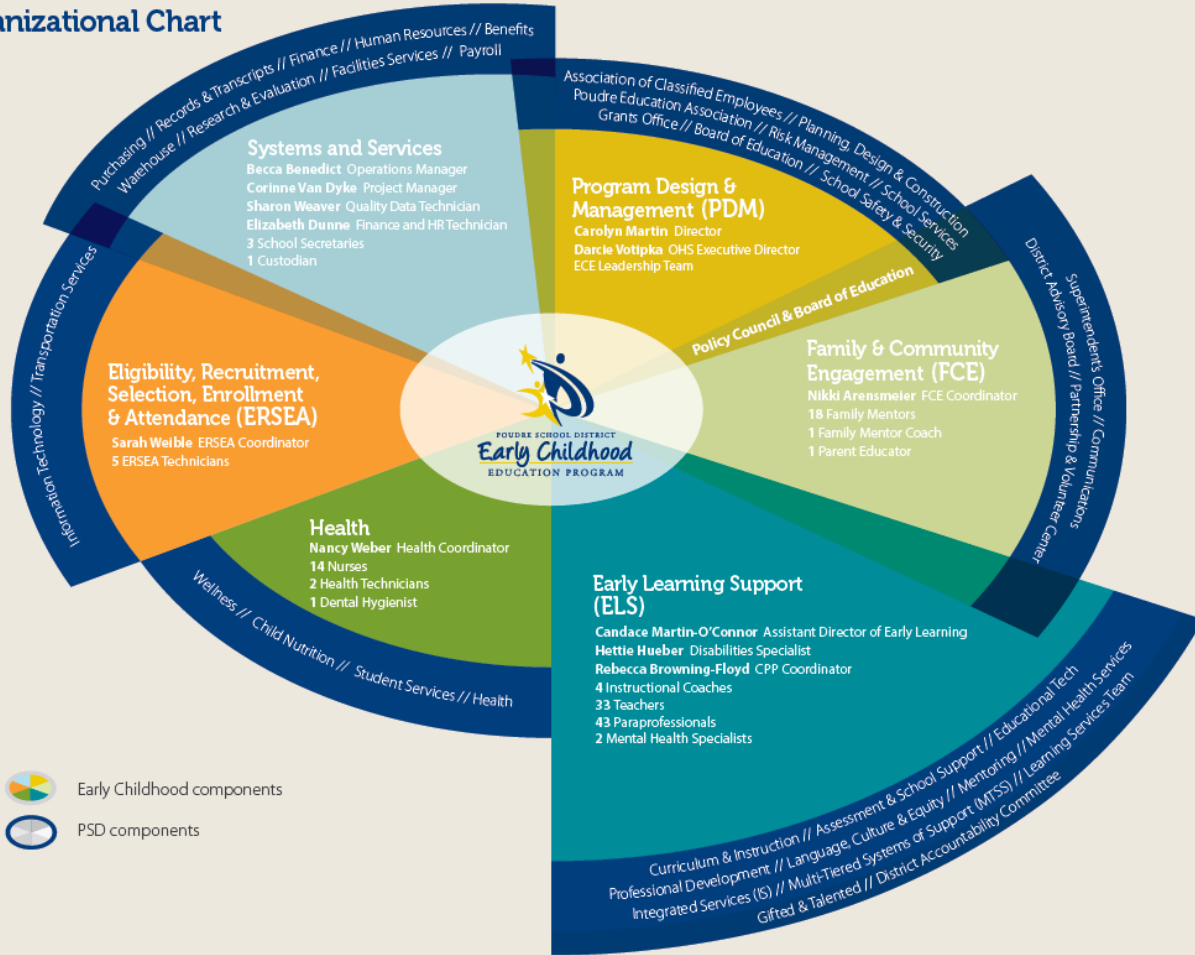
Relationships

- a. Describe training and technical assistance or orientation sessions for the governing body, advisory committee members, and the policy council. *No change*
- b. How does your program ensure governing body members do not have a conflict of interest with the Head Start, Early Head Start, and delegate programs or other partners/vendors? Describe any exception criteria applicable to a governing body member. *No change*
- c. How do the governing body and policy council members ensure meaningful consultation and collaboration around their joint decisions? *No change*

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

- a. *Provide an organizational chart identifying the management and staffing structure including the Executive Director, the Program Directors, managers, and other key staff. Include assigned areas of responsibility and lines of communication.*

Early Child Education Program Organizational Chart



Our leadership has recently undergone a restructuring during 2018. This has resulted in a new administrative hire (Operations Manager) and a position that was not refilled after a vacancy (technician and CPP specialist) that was absorbed into other positions on the leadership team. Administration for the program include Director (who is responsible for overseeing all aspects with a particular community focus), Assistant Director for Early Learning (with a focus for staff in licensed classrooms) and Operations Manager (with a focus for foundation side, including multiple funder requirements). The leadership team is still in the same broad categories with new people in the roles for ERSEA Coordinator, Assistant Director of Early Learning, Project Manager and Operations Manager.

b. Describe systems developed to ensure criminal background checks occur prior to hire for all staff, consultants, and contractors in the program. *No change*

c. Describe orientations provided to new staff, consultants, and volunteers.

New staff members receive an orientation training either at the beginning of the school year or one-on-one if hired mid-year conducted by their supervisor or designee. The training includes information regarding their required duties, child care licensing rules and regulations and required trainings before working with children. New classroom employees also receive training at their site regarding building safety.

Next year, volunteers will continue to be vetted through the district HR system; once approved, they will receive our program handbook and orientation at each center or school.

d. Describe key features of your program's approach to staff training and professional development. Describe your program's approach to implementing a research-based coordinated coaching strategy, including the approach to the delivery of intensive coaching for identified staff. **No change**

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

a. Describe key features of your program's systems for ongoing oversight, correction, and assessment of progress towards your program's identified goals. Include approaches that promote effective teaching and health and safety practices.

We use health and safety monitoring tools that are both internally-developed, as well as learning from external monitoring, inspection, and audits. These data points are included in our Action Plan, and through the Program Planning Cycle and our increased systems work done since hiring our Quality Data Assurance Technician, we have been able to demonstrate steady progress on our identified goals. This year, some Measurable Objectives were changed based on our need to re-state them to reflect our learning, or because we had largely achieved them. This year as in each of the past 5 years the district's independent auditor has issued no findings for us. This past summer the auditor specifically focused on the HS funded program, and the program had its Focus Area Two Federal Monitoring Review in Spring 2018 and was compliant in each of the areas reviewed.

b. Describe key features of your program's management process and system to ensure continuous program improvement that relate to effectively using data and ongoing supervision to support individual staff professional development. **No change**

c. Describe how the management system ensures budget and staffing patterns that promote continuity of care, allow sufficient time for staff participation in training and professional development, and allow for provision of the full range of services. **No change**