



JEFFERSON FRANKLIN
COMMUNITY ACTION CORPORATION

Head Start/Early Head Start
Continuation Application 2018-2019

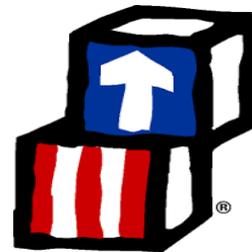


Table of Contents

| | |
|--|-------|
| Introduction | 3 |
| <u>Section I</u> | |
| Program Design and Approach to Service Delivery | 4 |
| A. Long Range Goals and Objectives | 4 |
| 1. Goal # 1: Strengthen Systems | 5 |
| 2. Goal # 2: School Readiness | 6 |
| 3. Goal # 3: Family Engagement | 7 |
| 4. Goal # 4: Extended Duration | 8 |
| 5. Goal # 5: Interagency Collaboration | 9 |
| 6. Goal # 6: Safety & Supervision | 10 |
| B. PREVIOUS Head Start/Early Head Start Program Goals | 11-17 |
| C. Broad Impacts | 18 |
| 1. Program Planning and System Service Design | 18 |
| 2. Data and Evaluation | 20 |
| 3. Fiscal Management | 21 |
| 4. Community and Self-Assessment | 21 |
| 5. Facilities and Learning Environments | 22 |
| 6. Technology and Information Systems | 24 |
| 7. Training and Professional Development | 24 |
| 8. Communication | 26 |
| 9. Recordkeeping and Reporting | 27 |
| 10. Ongoing Monitoring and Continuous Improvement | 27 |
| 11. Human Resources | 27 |
| D. School Readiness Goals-Revisions | 28 |
| E. Service Delivery | 29 |
| 1. Needs of Children and Families | 29 |
| 2. Service Area | 31 |
| 3. Justification of Proposed Funded Enrollment and Program Options | 31 |
| 4. Centers and Facilities | 36 |
| 5. Recruitment and Selection | 36 |
| 6. Transportation | 37 |
| 7. Educational Services | 37 |
| 8. Health | 37 |
| 9. Family Services and Social Services | 38 |
| 10. Early Head Start Specific | 38 |
| 11. Transition | 38 |
| 12. Coordination | 39 |
| F. Approach to School Readiness | 39 |
| G. Parent, Family and Community Engagement (PFCE) | 40 |
| H. Governance, Organizational and Management Structures, and Ongoing Oversight | 46 |
| <u>Section II</u> | |
| Budget and Budget Justification | 53 |

Introduction

The Jefferson Franklin Community Action Corporation (JFCAC) Head Start/Early Head Start (HS/EHS) program is requesting continued funding for fiscal year 2017. In March 2017, our program will enter year three of our five year grant cycle. As we enter into this third year, we are committed to continued enhancement of our services so that the neediest children and families within our communities receive the quality educational experience they deserve.

To date, the two-county region of Jefferson and Franklin continues to be JFCAC's service community. The community is located directly south and west of the Metro-St. Louis area. Jefferson County ranks as the sixth most populated county in Missouri and Franklin ranks as the tenth most populous (U.S. Census Data, 2017). As identified by the 2017 Community Needs Assessment (CNA), the two-county community continues to have distinct areas of wealth, contrasted with significant poverty. Parts of the community are very developed, and "suburban", while others are very rural, and underdeveloped. The developed areas are rich with resources, while the rural parts have fewer resources available.

The Head Start program has been in operation in Jefferson County since 1965, and Franklin County in 1969. It has grown to include the opportunity to collaborate with 26 different school districts and the most recent CNA overwhelmingly indicates that transportation and employment are both significant needs in the community. Due to the complicated nature of both needs, the agency has classified them both as Community Level and Individual/Family Level Need. The HS/EHS program intends to strategically plan initiatives that address these issues from both levels.

In addition, childcare has been determined to be a Community Level Need. From the data collected, it is assumed the largest barrier to childcare access is the lack of childcare providers in the community. The JFCAC HS/EHS program intends to strategically plan to increase the availability of childcare opportunities in the community. The expansion of Pre-K funds to the public school system can be a concern as it could impact the recruitment and enrollment of HS children. Efforts are in place to increase school district partnerships and focusing on child care for the birth-three year old populations is a priority.

The growth and progression of the agency under new leadership, as well as the development of the Head Start (HS) Leadership team resulted in significant internal impacts, with ongoing efforts continuing to enhance quality. Intentional efforts to return to the four cornerstones of HS provide meaningful direction for planning, decision-making, and the enhancement of services for all children, families, staff, and the community; (four cornerstones). The integration of the four cornerstones, the agency's 10 in 5 Strategic Plan, the identified HS/EHS program goals and objectives will result in increased child and family outcomes through the implementation of effective and sustainable quality services supported by internal collaboration, time and cost efficiencies, and goal oriented community relationships.

Section I: Program Design and Approach to Service Delivery

A. Long Range Goals and Objectives

1. *If applicable, list any additions, deletions, or revisions to your program's Long Term Goals, Short Term Objectives, and Expected Outcomes that have occurred since last year's application. If no updates or changes have occurred, include a sentence to that effect.*

In the past year, Jefferson Franklin Community Action Corporation (JFCAC) has continued to place emphasis on the agency's strategic planning initiative, clearly identifying resource gaps in the community and focusing program expansion efforts on services to mitigate the needs. The data and analysis gleaned from the 2017 CNA continues to support the ten (10) priority programming efforts the agency will be expanding within the next five (5) years.



JFCAC has implemented ten (10) agency committees comprised of all levels of staff and members of the JFCAC Board of Directors. These committees are charged with using data from the CNA to further explore, develop, and present proposals for projects and/or programs that will address significant needs of the community.

The goals, objectives, and expected outcomes for the HS/EHS program continue to align with the agency's focus on strengthening communities. The program successfully achieved multiple objectives within year two (2) of the funding cycle. While the program goals are broad and visionary, the program has achieved significant steps towards reaching those goals by attaining specific objectives. The established direction of the program continues to support the integration of the agency's "10 in 5", enhance the quality of service delivery to HS/EHS children and families, and confidently supports the integration of the new Head Start Program Performance Standards (HSPPS) released in Sept. 2016. The program continues to move forward with intentional effort on embedding the original four cornerstones of Head Start. The commitment to revitalizing this program is expressed in the HS/EHS mission statement:

The mission of JFCAC Head Start/Early Head Start is to awaken the love of learning by creating a culture of resiliency through connection and engagement in order to empower children, families, staff, & community.

Head Start and Early Head Start Revised Goals

Any additions or revisions to the Year 2 program goals are indicated below using *bold italics***.

Long –Term Goal 1: STRENGTHEN SYSTEMS

Agency 10 in 5 Goals: Parent Programs, Education Center

Long Term Program Goal: JFCAC HS/EHS will plan, develop, and implement ***solid and integrated program systems to support*** services mandated by the new Head Start Program Performance Standards to provide a solid foundation for innovation and continuous quality improvement.

| | |
|--|---|
| <p>Short Term Objective #1-Child Development: Prioritize the education, coaching, and support of those providing direct services to children by intentionally developing & implementing a program coaching model that integrates program system/services and builds the professional capacity of staff as evidenced by increasing child outcomes.</p> | <p>Anticipated Outcome: A program coaching model will increase the skills and strategies of all staff to support the delivery of quality educational services to children and increase child outcomes.</p> |
| <p>Short Term Objective #2-Family Development: Intentionally and actively engage families in the <i>development</i> of each system/service, identifying countless ways to create, expand, or sustain efforts and effects that will increase child and family outcomes.</p> | <p>Anticipated Outcome: Families will intentionally and actively engage in the system/service <i>development</i> process to support the identification of creating, expanding, and/or sustaining program efforts and effects to increase child and family outcomes.</p> |
| <p>Short Term Objective #3-Staff Development: Plan, develop, and implement a shared leadership approach that will support the integration of system coordination and service delivery at every level of the program structure as evidenced by increased staff morale and decreased turnover.</p> | <p>Anticipated Outcome: Integration of a coaching model into roles & responsibilities for all positions will build capacity at all levels of the structure, increase effective communication, and result in higher quality service delivery.</p> |
| <p>Short Term Objective #4-Community Development: Coordinate and integrate internal systems and services that will increase external partnerships, collaborations, and contractual opportunities resulting in programmatic and fiscal efficiencies as evidenced by cost savings analysis.</p> | <p>Anticipated Outcome: Formalized and documented program operations will lead to consistent and compliant service delivery</p> |
| <p>Short Term Objective #5-Fiscal: Coordinate, streamline, and restructure systems and services to ensure program funding effectively and efficiently supports program goals and priorities as evidenced by cost savings analysis.</p> | <p>Anticipated Outcome: Restructured system coordination and service delivery will result in a fiscally supported program driven by priorities identified to support child and family outcomes.</p> |

Program Activities that support BOTH goals and objectives:

The tables, found in "OTHER SUPPORTING DOCUMENTS" pages 1-5, reflect specific tasks and activities relevant to each objective for Goal #1. These activities are a result of next steps and/or gaps as identified in the CNA and/or the Self-Assessment process, as well as internal monitoring, the Program Information Report (PIR), survey results, and ongoing discussions with families, staff, and community members. The steps and tasks outlined are aligned with each system/service of the PMFO Systems Wheel recommended by the Office of Head Start. Purposeful and intentional focus is placed on system integration so that service delivery in "silos" continues to be reduced, unless a situation warrants an individual focus in only one area.

Any additions or revisions to the Year 2 program goals are indicated below using *bold italics***.

Long –Term Goal 2: SCHOOL READINESS

Agency 10 in 5 Goals: Parent Programs, Education Center, Summer/After School Programs

Long Term Program Goal: JFCAC HS/EHS will collaborate in partnership with families and the community to ensure all children are ready to succeed in school by providing high quality early childhood education that promotes healthy attachment, developmentally appropriate outcomes, and life-long success.

| | |
|--|--|
| <p><u>Short Term Objective #1-Child Development:</u> Train, coach and support direct service staff in obtaining accurate, developmentally appropriate, authentic child observations.</p> | <p><u>Anticipated Outcome:</u> Accurate child outcomes data from the COR system will be used as an ongoing assessment tool to monitor and support the program's effectiveness on school readiness.</p> |
| <p><u>Short Term Objective #2-Family Development:</u> Engage and connect families in the process of reducing adverse experiences, incorporating healthy attachment, and creating the home as a positive educational environment.</p> | <p><u>Anticipated Outcome:</u> Families will engage in the progress and success of their child's educational experience to reduce adverse experiences and increase child outcomes.</p> |
| <p><u>Short Term Objective #3-Staff Development:</u> Consistently execute high quality teacher/child interactions, plan and explore developmentally appropriate experiences, and integrate learning through the use of an evidence based curriculum to increase child outcomes.</p> | <p><u>Anticipated Outcome:</u> All staff will create a culture of coaching as a means to further their own individual professional development, engage families in the educational process, and intentionally plan experiences that will awaken the love of learning for every child.</p> |
| <p><u>Short Term Objective #4-Community Development:</u> Initiate a variety of community collaborations and partnerships to support the credentialing and professional development of staff, the training, education, and employment of families, and place emphasis on school readiness through seamless transitions, communication, and resources for children in each local community.</p> | <p><u>Anticipated Outcome:</u> Community organizations, partners, and stakeholders will increase their knowledge regarding the systems and services implemented by the HS/EHS program that support families and increase child outcomes.</p> |

Program Activities that support BOTH goals and objectives:

The tables, found in "OTHER SUPPORTING DOCUMENTS" pages 6-9, reflect specific tasks and activities relevant to each objective for Goal #2. These activities are a result of next steps and/or gaps as identified in the CNA and/or the Self-Assessment process, as well as internal monitoring, the Program Information Report (PIR), survey results, and ongoing discussions with families, staff, and community members. The steps and tasks outlined are aligned with each system/service of the PMFO Systems Wheel recommended by the Office of Head Start. Purposeful and intentional focus is placed on system integration so that service delivery in "silos" continues to be reduced, unless a situation warrants an individual focus in only one area.

Long –Term Goal 3: FAMILY ENGAGEMENT

Agency 10 in 5 Goals: Parent Programs, Transportation Plan, Education Center

Long Term Program Goal: JFCAC HS/EHS will prioritize, enhance, and expand efforts through education, support, and resources to equip and engage families as advocates, impacting life-long learning and development for their child and all children within their community.

Short Term Objective #1-Child Development: Implement an intensive evidence based program, *Building Resilience*, based on social emotional learning and Mindfulness Meditation that will increase self-regulation and enhance psychological well-being while decreasing stress.

Anticipated Outcome: Children, families, and staff will show statistically significant improvement *in self-regulation and stress reduction*

Short Term Objective #2-Family Development: Analyze the correlation between the achievement of PFCE goals by parents and the achievement of School Readiness goals by children

Anticipated Outcome: Child outcomes will increase for children whose families show measurable progress in identified PFCE goals.

Short Term Objective #3-Staff Development: Develop a programmatic model incorporating Motivational Interviewing *and cognitive coaching* to support goal oriented relationships with all families

Anticipated Outcome: Staff will implement Motivational Interviewing techniques *and cognitive coaching* to facilitate and engage families in the discovery of their intrinsic motivation to create change.

Short Term Objective #4-Community Development: Identify available resources, initiate contact, and intentionally develop goal oriented relationships with community organizations, agencies, and providers to increase service options available to children and families.

Anticipated Outcome: Children in need of special services will receive assessments upon enrollment, concerns or delays will be quickly identified, and resources/referrals will be initiated to ensure needed supports are in place to positively support children and families.

Program Activities that support BOTH goals and objectives:

The tables, found in "OTHER SUPPORTING DOCUMENTS" pages 10-13, reflect specific tasks and activities relevant to each objective for Goal #3. These activities are a result of next steps and/or gaps as identified in the CNA and/or the Self-Assessment process, as well as internal monitoring, the Program Information Report (PIR), survey results, and ongoing discussions with families, staff, and community members. The steps and tasks outlined are aligned with each system/service of the PMFO Systems Wheel recommended by the Office of Head Start. Purposeful and intentional focus is placed on system integration so that service delivery in "silos" continues to be reduced, unless a situation warrants an individual focus in only one area.

Long –Term Goal 4: EXTENDED DURATION

Agency 10 in 5 Goals: Parent Programs, Entrepreneurial Opportunities, Education Center, Summer/After School Programs

Long Term Program Goal: JFCAC HS/EHS will maximize access to quality child development services throughout Jefferson and Franklin Counties by extending educational opportunities to increase outcomes for children and responding to each community's need to support families working towards self-sufficiency.

| | |
|---|---|
| <p>Short Term Objective #1-Child Development: LT & PC representatives will develop a plan with specific benchmarks and timelines based on the CNA & a financial analysis to expand services in underserved areas and to convert some slots to a full day, full year service model.</p> | <p>Anticipated Outcome: Increase program access and educational opportunities to infants, toddlers & preschool children, extending dosage and duration of HS/EHS services</p> |
| <p>Short Term Objective #2-Family Development: Increase self-sufficiency opportunities by providing full day, full year services to families who are working, going to school or in job training.</p> | <p>Anticipated Outcome: Increase child care resources for families to seek employment, job training or educational opportunities by offering full day, full year HS/EHS services through the center base option.</p> |
| <p>Short Term Objective #3-Staff Development: Analyze and develop a plan to implement a compressed work week (36 hrs.) for all HS/EHS staff to align with the agency's employment structure.</p> | <p>Anticipated Outcome: Increase productivity and staff morale by maintaining current salaries for less work time, staff receive a day off during the week for personal time, personally reduce mileage and gas costs due to less travel</p> |
| <p>Short Term Objective #4-Community Development: Establish collaborations in the prioritized communities including child care centers, and public school programs, and monitor potential and existing collaborations utilizing a rating system to determine which relationships to pursue & maintain.</p> | <p>Anticipated Outcome: Unmet needs will be filled by expanding service delivery options through new sites and partners</p> |

Program Activities that support BOTH goals and objectives:

The tables, found in "OTHER SUPPORTING DOCUMENTS" pages 14-17, reflect specific tasks and activities relevant to each objective for Goal #4. These activities are a result of next steps and/or gaps as identified in the CNA and/or the Self-Assessment process, as well as internal monitoring, the Program Information Report (PIR), survey results, and ongoing discussions with families, staff, and community members. The steps and tasks outlined are aligned with each system/service of the PMFO Systems Wheel recommended by the Office of Head Start. Purposeful and intentional focus is placed on system integration so that service delivery in "silos" continues to be reduced, unless a situation warrants an individual focus in only one area.

Long –Term Goal 5: INTERAGENCY COLLABORATION

Agency 10 in 5 Goals: Parent Programs, Housing Expansion, Transportation Plan, Education Center,

Long Term Program Goal: JFCAC HS/EHS will work in partnership with all agency programs to establish a continuum of care and provision of services for all families seeking support and resources with an intentional effort to generate time and cost efficiencies that will benefit the entire community.

Short Term Objective #1-Child Development: Identify *and develop* internal opportunities for collaboration with the Quality Improvement Department, WIC, *Weatherization*, and CSBG to support program goals, placing an emphasis on increasing child outcomes.

Anticipated Outcome: Decrease time, cost, and other barriers that prevent allocation of available resources towards increasing child outcomes.

Short Term Objective #2-Family Development: Provide an array of opportunities for parents to practice, learn and achieve individual goals through discussions with the assigned Family Coach, participation in Parent Committees and Policy Council, Training events, CSBG’s Step up to Leadership program and other relevant programs through 2 local community colleges.

Anticipated Outcome: Increase family outcomes by providing opportunities for families to define their goals, rank their priority, and access needed resources to make progress.

Short Term Objective #3-Staff Development: Identify and establish collaborative supports and share community resources for professional development opportunities

Anticipated Outcome: Increase time and cost efficiencies and increase the availability of professional development opportunities for all agency staff.

Short Term Objective #4-Community Development: Support and participate in agency efforts to analyze costs and feasibility related to transportation, decrease transportation barriers, and *work with the agency’s 10 in 5 strategic planning committee* to develop transportation alternatives for HS/EHS throughout the service area.

Anticipated Outcome: Increase transportation resources for children, families, and the community.

Program Activities that support BOTH goals and objectives:

The tables, found in “OTHER SUPPORTING DOCUMENTS” pages 18-21, reflect specific tasks and activities relevant to each objective for Goal #5. These activities are a result of next steps and/or gaps as identified in the CNA and/or the Self-Assessment process, as well as internal monitoring, the Program Information Report (PIR), survey results, and ongoing discussions with families, staff, and community members. The steps and tasks outlined are aligned with each system/service of the PMFO Systems Wheel recommended by the Office of Head Start. Purposeful and intentional focus is placed on system integration so that service delivery in “silos” continues to be reduced, unless a situation warrants an individual focus in only one area.

Long –Term Goal 6: SAFETY AND SUPERVISION

Agency 10 in 5 Goals: Parent Programs, Education Center

Long Term Program Goal: JFCAC HS/EHS will prioritize the safety and supervision of all children by ensuring facilities, materials, and equipment are hazard free and all staff will consistently implement required strategies including, but not limited to, active supervision, indoor and outdoor zoning plans, and face to name counts.

Short Term Objective #1-Child Development:

Develop an intentional safety and supervision program campaign to include staff, families, and community members

Anticipated Outcome:

Increase adult/caregiver awareness regarding the importance of active supervision and decrease the number of incidents that involve unsupervised children.

Short Term Objective #2-Family Development:

Develop an intentional family focus on safety and supervision in the home and in local communities

Anticipated Outcome:

Increase knowledge regarding the importance of safety and supervision in the home and community setting and decrease the number of incidents that involve unsupervised children.

Short Term Objective #3-Staff Development:

Develop and implement an ongoing and consistent safety and supervision plan which includes introduction and training to new employees and quarterly refresher trainings

Anticipated Outcome:

Increase knowledge regarding the importance of safety and supervision and ensure strategies are implemented consistently and during all service hours, activities, and events.

Short Term Objective #4-Community

Development: Develop local relationships with organizations or occupations that place an emphasis on safety and supervision

Anticipated Outcome:

Increase awareness of childhood safety and supervision strategies that can be implemented on a daily basis, in a variety of service options and/or environments

Program Activities that support BOTH goals and objectives:

The table, found in "OTHER SUPPORTING DOCUMENTS" pages 22-25, reflects specific tasks and activities relevant to each objective for Goal #6. These activities are a result of next steps and/or gaps as identified in the CNA and/or the Self-Assessment process, as well as internal monitoring, the Program Information Report (PIR), survey results, and ongoing discussions with families, staff, and community members. The steps and tasks outlined are aligned with each system/service of the PMFO Systems Wheel recommended by the Office of Head Start. Purposeful and intentional focus is placed on system integration so that service delivery in "silos" continues to be reduced, unless a situation warrants an individual focus in only one area.

B. PREVIOUS Head Start/Early Head Start Program Goals

2. For each program Long Term Goal, describe your progress this year toward meeting your Short Term Objectives and Expected Outcomes. In your discussion, you may use the Data, Tools, or Methods for tracking Progress identified in your baseline application, or additional Data, Tools, or Methods identified since then.

Long –Term Goal 1: STRENGTHEN SYSTEMS

Long Term Program Goal: JFCAC HS/EHS will plan, develop, and implement a strong and intentional program structure that will support systems and services mandated by the new Head Start Program Performance Standards and provide a solid foundation for innovation and continuous quality improvement.

| | | | |
|--|--|--|--|
| <p>Short Term Objective #1-Child Development: Prioritize the education, coaching, and support of those providing direct services to children by intentionally developing & implementing a program coaching model that integrates program system/services and builds the professional capacity of staff as evidenced by increasing child outcomes.</p> | <p>Anticipated Outcome: A program coaching model will increase the skills and strategies of all staff to support the delivery of quality educational services to children and increase child outcomes.</p> | <p>Status: IN PROGRESS The organizational structure of program management and service areas is <u>complete</u>. The priority has shifted to placing emphasis on developing & implementing strong systems that includes relationship building, coaching, support, and resources for direct service staff who have direct contact with children and families.</p> | <p>DATA: Approved Organizational Chart PC & BOD approved job descriptions Signed job descriptions by staff</p> |
| <p>Short Term Objective #2-Family Development: Intentionally and actively engage families in the assessment of each system/service, identifying countless ways to create, expand, or sustain efforts and effects that will increase child and family outcomes.</p> | <p>Anticipated Outcome: Families will intentionally and actively engage in the system/service assessment process to support the identification of creating, expanding, and/or sustaining program efforts and effects to increase child and family outcomes.</p> | <p>Status: IN PROGRESS Family engagement as a broad system continues to be a challenge. Our primary source of engagement around planning occurs with the PC. Additional strategies are documented in this application to further improve the involvement of families.</p> | <p>DATA: Monthly PC Meeting Minutes Monthly PC Officers Meeting Minutes Parent Committee attendance Parent Committee Meeting Minutes</p> |
| <p>Short Term Objective #3-Staff Development: Plan, develop, and implement a shared leadership approach that will support the integration of system coordination and service delivery at every level of the program structure as evidenced by increased staff morale and decreased turnover.</p> | <p>Anticipated Outcome: Integration of a coaching model into roles & responsibilities for all positions will build capacity at all levels of the structure, increase effective communication, and result in higher quality service delivery.</p> | <p>Status: IN PROGRESS Examples of shared leadership with direct service staff include the feedback/development of job descriptions, work schedules, P & P review/revision, & practice application of new processes with the request of feedback. Communication continues to be a high priority.</p> | <p>DATA: Communication emails Meeting agendas/minutes Staff job satisfaction survey results</p> |
| <p>Short Term Objective #4-Community Development: Coordinate and integrate internal systems and services that will increase external partnerships, collaborations, and contractual opportunities resulting in programmatic and fiscal efficiencies as evidenced by cost savings analysis.</p> | <p>Anticipated Outcome: Formalized and documented program operations will lead to consistent and compliant service delivery</p> | <p>Status: IN PROGRESS With the selection of a home based curriculum, an opportunity to develop a contractual partnership with the Parents as Teachers (PAT) National Center emerged. Two of our management staff developed an alignment tool for the High Scope and PAT curriculums. This resulted in a \$10,000 curriculum training stipend which supported registration for approx. 10 Family Coaches.</p> | <p>DATA: PAT contract & Training Stipend Training Sign in sheets PAT/High Scope alignment tool Grandview District contract Expansion of Washington contract Fox District contract</p> |
| <p>Short Term Objective #5-Fiscal: Coordinate, streamline, and restructure systems and services to ensure program funding effectively and efficiently supports program goals and priorities as evidenced by cost savings analysis.</p> | <p>Anticipated Outcome: Restructured system coordination and service delivery will result in a fiscally supported program driven by priorities identified to support child and family outcomes.</p> | <p>Status: COMPLETE The re-organization of the program structure is complete. Work continues to streamline & integrate systems and services.</p> | <p>DATA: Fenton to Fox savings analysis Fenton to Grandview savings analysis Food cost savings analysis</p> |

Program Structure Roles/Responsibilities

Head Start Program Director

Supervises 3 Associate Directors, ensures quality of service delivery through oversight & planning of required systems including, but not limited to, communication, fiscal, policies & procedures, monitoring, data collection, & collaboration.

Program Secretary

Provides administrative support to the Head Start Program Director and the Family Development system. Serves as the direct contact with central office. In addition, provides resources/assistance as needed to other Head Start systems and direct service staff at all JFCAC HS/EHS locations and/or partner sites.

Associate Director of Child Development

Supervises 3 Coordinators (below), ensures quality of child development service delivery across all program options through oversight, planning, & monitoring of Child Outcomes, School Readiness, Program Operations, and Professional Development systems.

Associate Director of Wellness Promotion

Supervises 2 Coordinators (below), ensures quality of wellness and mental health service delivery across all program options through oversight, planning, & monitoring of Child and Family Wellness, Child and Family Health, and the Resiliency Project.

Associate Director of Family Development

Supervises 2 Coordinators (below), ensures quality of family development service delivery across all program options through oversight, planning, & monitoring of Family Engagement, Community Engagement, Partnership and Child Plus systems.

| | | | | | | |
|--|---|--|--|--|--|--|
| <u>School Readiness Coordinator</u> | <u>Program Operations Coordinator</u> | <u>Professional Development Coordinator</u> | <u>Child Wellness Coordinator</u> | <u>Family Health Coordinator</u> | <u>Family/Community Engagement Coordinator</u> | <u>Partnership Coordinator</u> |
| Develops/coordinates interagency collaboration & ensures implementation of the following child development systems: | Develops, coordinates interagency collaboration, & ensures implementation of the following operational systems: | Develops, coordinates interagency collaboration, & ensures implementation of the following professional development systems: | Develops, coordinates interagency collaboration, & ensures implementation of the following mental health & wellness systems: | Develops, coordinates interagency collaboration, & ensures implementation of the following health & nutrition systems: | Develops, coordinates interagency collaboration, & ensures implementation of the following family & community development systems: | Develops, coordinates interagency collaboration, & ensures implementation of the following partnership systems: |
| <i>Curriculum</i> | <i>Supervision of Team Supervisors</i> | <i>HR Collaboration</i> | <i>Curriculum</i> | <i>Maternal/Infant Coach</i> | <i>Family Engagement</i> | <i>Partnerships</i> |
| System for implementing evidence based, developmentally appropriate curriculum including, High Scope, Parents as Teachers, and Partners for a Healthy Baby | Direct supervision of 6 Team Supervisors responsible for locations directly operated by JFCAC | System for coordinating staff recruitment, new hire process (interviews, PC approval), & orientation/training & internal transition of staff/positions | System for implementing evidence based, developmentally appropriate curriculum including TBRI & Open Mind | Direct supervision of 3 Maternal/Infant Coaches responsible for a caseload of 10 prenatal home base families | Direct supervision of 4 Family Coach positions responsible for partnership sites. System for engaging families at application, enrollment, assessment, goal setting, etc. through the development of individualized & program goals using the PFCE Framework | Direct supervision of 5 Family Coach positions responsible for partnership sites where services are contracted through a school district |

| | | | | | | |
|---|---|--|---|---|--|---|
| <p>Assessment</p> <p>System for initial and ongoing assessment for all children</p> | <p>Operations</p> <p>System for communication, reporting, implementation and monitoring of child, family, and staff schedules/issues</p> | <p>Professional Development</p> <p>System for required, initial, ongoing, and Individual Professional Dev. Plans & credentials for all staff including monitoring through Child Plus & OPEN</p> | <p>Assessment</p> <p>System for initial and ongoing social/emotional assessment, referral, individualized support, & monitoring follow up/progress for all children & prenatal mothers</p> | <p>Health Requirements</p> <p>System for the initial assessment and ongoing monitoring of medical, dental, safety, and nutrition health requirements for all children, facilities, and home base activities.</p> | <p>Program Governance</p> <p>System for recruiting & engaging families to govern the program through participation in parent committees, policy council, Board of Directors, advocacy, and education.</p> | <p>Collaboration/ Transitions</p> <p>System for communication, reporting, & monitoring of school district partnerships/ contracts to ensure compliance with HSPPS & the implementation of successful Kdg transitions</p> |
| <p>Education</p> <p>System for educating staff, families and the community on curriculum, assessment & quality child development</p> | <p>Facilities</p> <p>System for ensuring & monitoring safety, maintenance, licensing/inspections & accreditation</p> | <p>External Training</p> <p>System for the arrangement of presenters, location of space, & collaboration with community organizations</p> | <p>Education</p> <p>System for educating staff, families and the community on social/emotional development, Trauma Informed Care, Wellness, TBRI, & OM</p> | <p>Education</p> <p>System for educating staff, families and the community on health, safety, oral health & nutrition including oversight of the Health Services Advisory Committee</p> | <p>Community Engagement</p> <p>System for interagency & community engagement to gain support and resources for all program systems</p> | <p>Recruitment, Eligibility & Selection</p> <p>System for ensuring program recruitment, eligibility, selection & documentation based on Eligibility Priority Criteria/Community Needs Assessment & oversight of program waitlist</p> |
| <p>Practice Based Coaching</p> <p>System for all staff to identify strengths and areas of growth, developing action plans, implement practices, and receive coaching/feedback using data</p> | <p>Site Budgets</p> <p>System for reporting, approving, & monitoring site expenses</p> | <p>Internal Training</p> <p>System for internal training requirements/ opportunities such as CDA, Family Dev. Credential, etc. including interagency collaboration</p> | <p>Coaching</p> <p>System for staff support including classroom/home visit observations, strategies, resources, training, and individualized training plans</p> | <p>CACFP</p> <p>System for communicating, monitoring, reporting, and analyzing all CACFP requirements, food service contracts/vendors, & budget</p> | <p>Community Recruitment</p> <p>System for the recruitment of interns, student teachers, volunteers, etc. to provide ongoing support & resources to all program systems</p> | <p>In-kind</p> <p>System for reporting and monitoring all sources of in-kind including parent/community volunteers and donations of services, time, space or materials</p> |
| <p>Disabilities</p> <p>System for the referral, identification, individualized support, & IEP/IFSP implementation (if applicable) for children with special needs</p> | <p>Site Coordination</p> <p>System for collaborating with all system coordinators to ensure service delivery in all service areas</p> | <p>Technology</p> <p>System for using technology for training such as online, video, webinar, etc. for orientation, self-paced, individualized needs</p> | <p>Individualization</p> <p>System for coordinating interagency & external support for individualized needs such as Nurture Groups, Play Therapy, Parent Cafés, Pregnant Mothers, etc.</p> | <p>Prenatal</p> <p>System for coordinating interagency & external support for the recruitment, enrollment, education, and service delivery to prenatal mothers including pre & post-natal care, child development, breastfeeding, etc.</p> | <p>Marketing/PR</p> <p>System for communication and marketing of HS/EHS program including flyers, pamphlets, brochures, Family Handbook, phone scripts, participation in community events, etc.</p> | <p>Child Plus Administrator</p> <p>System for maintaining accurate data entry, collection, & reporting, training & monitoring staff use of system, and managing requirements as required by OHS</p> |

Long –Term Goal 2: SCHOOL READINESS

Long Term Program Goal: JFCAC HS/EHS will collaborate in partnership with families and the community to ensure all children are ready to succeed in school by providing high quality early childhood education that promotes healthy attachment, developmentally appropriate outcomes, and life-long success.

| | | | |
|---|---|---|--|
| <p>Short Term Objective #1-Child Development: Revise, condense, and combine the current school readiness goals by prioritizing needed skills, knowledge and strategies to support children beginning at birth as measured by approved Birth-5 School Readiness Goals.</p> | <p>Anticipated Outcome: School Readiness goals will encompass all children on a birth-5 year old continuum, accurately measuring progress and guiding individual and program planning to support learning in all domains.</p> | <p>Status: COMPLETE The revision of school readiness goals to encompass a birth-5 continuum is complete. Data collection occurred for 3 checkpoints using the revised goals. Focus will now shift to the accuracy of observations & documentation.</p> | <p>DATA: Revised & approved SR Goals COR data-3 checkpoints SR Improvement Plan</p> |
| <p>Short Term Objective #2-Family Development: Engage and connect families in the process of reducing adverse experiences, incorporating healthy attachment, and creating the home as a positive educational environment.</p> | <p>Anticipated Outcome: Families will engage in the progress and success of their child's educational experience to reduce adverse experiences and increase child outcomes.</p> | <p>Status: IN PROGRESS The Open Mind (OM) curriculum and Trust Based Relational Intervention (TBRI) strategies continue to be embedded through daily practices and individual plans for children & families. Parent training has been offered multiple times & parents report that children are "demonstrating" practices in their home environment.</p> | <p>DATA: Mental Health consultations Mental Health observations OM/TBRI parent trainings/meetings Photos/videos of implementation</p> |
| <p>Short Term Objective #3-Staff Development: Consistently execute high quality teacher/child interactions, plan and explore developmentally appropriate experiences, and integrate learning through the use of an evidence based curriculum to increase child outcomes.</p> | <p>Anticipated Outcome: All staff will create a culture of coaching as a means to further their own individual professional development, engage families in the educational process, and intentionally plan experiences that will awaken the love of learning for every child.</p> | <p>Status: IN PROGRESS Coaching and individual support are occurring for classroom staff & Family Coaches. This will continue with the development & implementation of the Community Coaching Teams (CCT), the Request Assistance From Team (RAFT) process, and regularly scheduled support visits from the leadership team.</p> | <p>DATA: Coaching site visits CCT Facilitator assignments RAFT's BOD & Ex Team site visits HS Leadership team site visits</p> |
| <p>Short Term Objective #4-Community Development: Initiate a variety of community collaborations and partnerships to support the credentialing and professional development of staff, the training, education, and employment of families, and place emphasis on school readiness through seamless transitions, communication, and resources for children in each local community.</p> | <p>Anticipated Outcome: Community organizations, partners, and stakeholders will increase their knowledge regarding the systems and services implemented by the HS/EHS program that support families and increase child outcomes.</p> | <p>Status: IN PROGRESS A strong partnership developed with the PAT National Center resulting in cost savings for professional development. The focus on PD will continue to gain momentum as our plans to hire a PD Coordinator can better support the time needed to build community relationships.</p> | <p>DATA: PAT contract PAT Training sign in sheets PD sign in sheets Request to train at Fox District</p> |

Long –Term Goal 3: FAMILY ENGAGEMENT

Long Term Program Goal: JFCAC HS/EHS will prioritize, enhance, and expand efforts through education, support, and resources to equip and engage families as advocates, impacting life-long learning and development for their child and all children within their community.

| | | | |
|---|--|---|---|
| <p>Short Term Objective #1-Child Development: Implement an intensive evidence based program, Building Resilience, based on social emotional learning and Mindfulness Meditation that will increase self-regulation and enhance psychological well-being while decreasing stress.</p> | <p>Anticipated Outcome: Children, families, and staff will show statistically significant improvement in self-regulation and stress reduction</p> | <p>Status: IN PROGRESS The preliminary first year data report for the Resiliency Project does report progress in multiple areas for children & staff. Family engagement continues to be a challenge and will be a primary focus for year 2 of the project.</p> | <p>DATA: Preliminary data report</p> |
| <p>Short Term Objective #2-Family Development: Analyze the correlation between the achievement of PFCE goals by parents and the achievement of School Readiness goals by children</p> | <p>Anticipated Outcome: Child outcomes will increase for children whose families show measurable progress in identified PFCE goals.</p> | <p>Status: IN PROGRESS This process will continue as the Child Outcomes report resulted in raising questions re: the validity and accuracy of the data entered into the system. An action plan from the self-assessment process is developed & in the process of implementation to address the issues.</p> | <p>DATA: PFCE Outcomes data report Child Outcomes data report</p> |
| <p>Short Term Objective #3-Staff Development: Develop a programmatic model incorporating Motivational Interviewing to support goal oriented relationships with all families</p> | <p>Anticipated Outcome: Staff will implement Motivational Interviewing techniques to facilitate and engage families in the discovery of their intrinsic motivation to create change.</p> | <p>Status: IN PROGRESS Motivational Interviewing will continue as a focus. With the development of the Family Coach position, including changes to caseloads, service option, physical location, etc., emphasis has been placed on educating & developing skills for the Family Coach position.</p> | <p>DATA: Training registration/attendance 17 Family Coach positions Reduced caseloads Family Coach training sign in sheets</p> |
| <p>Short Term Objective #4-Community Development: Identify available resources, initiate contact, and intentionally develop goal oriented relationships with community organizations, agencies, and providers to increase service options available to children and families.</p> | <p>Anticipated Outcome: Children in need of special services will receive assessments upon enrollment, concerns or delays will be quickly identified, and resources/referrals will be initiated to ensure needed supports are in place to positively support children and families.</p> | <p>Status: IN PROGRESS Formal discussions with school districts resulting in a new HS partnership & expansion of another partner, collaboration with the local health department for dentals, & wellness collaboration with Comtrea (local counseling/therapy service).</p> | <p>DATA: 22 school district MOU's Fox district contract Grandview district contract Completed dental screens</p> |

Long –Term Goal 4: EXTENDED DURATION

Long Term Program Goal: JFCAC HS/EHS will maximize access to quality child development services throughout Jefferson and Franklin Counties by extending educational opportunities to increase outcomes for children and responding to each community's need to support families working towards self-sufficiency.

| | | | |
|---|---|--|--|
| <p>Short Term Objective #1-Child Development: LT & PC representatives will develop a plan with specific benchmarks and timelines based on the CNA & a financial analysis to expand services in underserved areas and to convert some slots to a full day, full year service model.</p> | <p>Anticipated Outcome: Increase program access and educational opportunities to infants, toddlers & preschool children, extending dosage and duration of HS/EHS services</p> | <p>Status: IN PROGRESS Due to new district HS contracts during year two (2), three (3) additional sites transitioned to 6 hr. days. Three (3) additional sites will transition as proposed in this continuation application, bringing the total HS to 82% (nine sites). In addition, the proposed conversion to EHS will result in five (5) EHS locations (100%) meeting the required hours of service.</p> | <p>DATA: 6 out of 11 (55%) of HS locations are currently meeting the 1020 required hrs. of service. Three (3) (100%) of EHS locations are meeting the 1380 required hours of service.</p> |
| <p>Short Term Objective #2-Family Development: Increase self-sufficiency opportunities by providing full day, full year services to families who are working, going to school or in job training.</p> | <p>Anticipated Outcome: Increase child care resources for families to seek employment, job training or educational opportunities by offering full day, full year HS/EHS services through the center base option.</p> | <p>Status: IN PROGRESS The PIR notes that significant growth occurred for parents who obtained employment during the last program year. Transitioning three (3) additional locations to full day as well as exploring offering extended day through the state Child Care Subsidy program, will provide even more child care services for families.</p> | <p>DATA: # families working/in school Full day child attendance rates</p> |
| <p>Short Term Objective #3-Staff Development: Analyze and develop a plan to implement a compressed work week (36 hrs.) for all HS/EHS staff to align with the agency's employment structure.</p> | <p>Anticipated Outcome: Increase productivity and staff morale by maintaining current salaries for less work time, staff receive a day off during the week for personal time, personally reduce mileage and gas costs due to less travel</p> | <p>Status: IN PROGRESS The HS Leadership Team transitioned to a 36 hr. work week, ensuring that at least one management staff works each day of the week to support direct service staff if an issue should arise. Plans to transition direct service staff were placed on hold until the new structure is fully operational to support systems & services.</p> | <p>DATA: Eleven (11) positions @ 36 hrs. work week</p> |
| <p>Short Term Objective #4-Community Development: Establish collaborations in the prioritized communities including child care centers, and public school programs, and monitor potential and existing collaborations utilizing a rating system to determine which relationships to pursue & maintain.</p> | <p>Anticipated Outcome: Unmet needs will be filled by expanding service delivery options through new sites and partners</p> | <p>Status: IN PROGRESS Two new school district partnerships were added this year, informal discussions/meetings are occurring with 4 additional districts, Health Dept. rep has joined PC, the dental van serviced all locations on site, HS joined a collaborative grant application with the Health Dept., & the PAT partnership was formed.</p> | <p>DATA: Fox district contract Grandview district contract Communication email with four (4) additional districts PAT contract</p> |

Long –Term Goal 5: INTERAGENCY COLLABORATION

Long Term Program Goal: JFCAC HS/EHS will work in partnership with all agency programs to establish a continuum of care and provision of services for all families seeking support and resources with an intentional effort to generate time and cost efficiencies that will benefit the entire community.

| | | | |
|--|--|--|--|
| <p>Short Term Objective #1-Child <u>Development:</u> Identify internal opportunities for collaboration with the Quality Improvement Department, WIC and CSBG to support program goals, placing an emphasis on increasing child outcomes</p> | <p>Short Term Objective #1-Child <u>Development:</u> Identify internal opportunities for collaboration with the Quality Improvement Department, WIC and CSBG to support program goals, placing an emphasis on increasing child outcomes</p> | <p>Status: IN PROGRESS The QI department established a schedule to observe Health & Safety, Licensing & HSPPS, CLASS, OM implementation, & presents data in the form of a program scorecard. Collaboration with CSBG resulted in Step Up To Leadership Training integrated into each PC meeting. HS & WIC are sharing nutrition interns and discussions are beginning with the Weatherization Team to conduct allergy assessments in homes as the PIR shows allergies as a significant medical issue for children enrolled in our program.</p> | <p>DATA: Health & Safety Observations HSPPS/Licensing Observations CLASS Observations POA Observations OM Observations # action plans generated # action plans complete</p> |
| <p>Short Term Objective #2-Family <u>Development:</u> Provide an array of opportunities for parent to practice, learn and achieve individual goals through individual discussions with the assigned Family Coach, participation in Parent Committees and Policy Council, Training events, CSBG's Step up to Leadership program and other relevant programs through 2 local community colleges.</p> | <p>Short Term Objective #2-Family <u>Development:</u> Provide an array of opportunities for parent to practice, learn and achieve individual goals through individual discussions with the assigned Family Coach, participation in Parent Committees and Policy Council, Training events, CSBG's Step up to Leadership program and other relevant programs through 2 local community colleges.</p> | <p>Status: IN PROGRESS The goal setting process with families continues to be an area of focus. The Family Coach position is creating a culture shift with training and ongoing discussions supporting this process. The reduction in caseloads has proven to be a positive step towards affecting the ability to focus more time with families and additional coaching & monitoring will continue to drive the need for more effective interactions with families.</p> | <p>DATA: PFCE outcomes data report Family Coach training sign in sheets Reduced caseload data report # initial home visits # parent/teacher conferences Home base attendance PC meeting minutes Step Up to Leadership agenda/sign in sheets</p> |
| <p>Short Term Objective #3-Staff Development: Identify and establish collaborative supports and share community resources for professional development opportunities</p> | <p>Short Term Objective #3-Staff <u>Development:</u> Identify and establish collaborative supports and share community resources for professional development opportunities</p> | <p>Status: IN PROGRESS This continues to be an area of focus with only 2 partnerships established for professional development opportunities. Now that roles & responsibilities are more clearly defined, there are specific positions that will be responsible for meeting this objective.</p> | <p>DATA: PAT contract Fox contract</p> |
| <p>Short Term Objective #4-Community <u>Development:</u> Support and participate in agency efforts to analyze costs and feasibility related to transportation, decrease transportation barriers, and develop transportation alternatives for HS/EHS throughout the service area.</p> | <p>Short Term Objective #4-Community <u>Development:</u> Support and participate in agency efforts to analyze costs and feasibility related to transportation, decrease transportation barriers, and develop transportation alternatives for HS/EHS throughout the service area.</p> | <p>Status: IN PROGRESS There is an agency 10 in 5 strategic planning committee working on community transportation options. Quarterly updates from this committee show hopeful progress.</p> | <p>DATA: 10 in 5 Transportation meeting minutes, action plan, progress reports from Chief Innovation Officer (CIO)</p> |

C. Broad Impacts

3. *Discuss Progress toward broad Program Impacts—i.e., at the conclusion of the five-year grant period, what difference will your program have made for children, families, and the community?*

The continued growth and progression of the agency under new leadership, as well as the stability of the new structure for the Head Start program, continues to result in significant internal impacts, with an ongoing commitment to enhance quality. The Head Start team is committed to continuing our intentional efforts of returning to the four cornerstones of Head Start. Keeping the cornerstones in the forefront continues to provide meaningful direction for planning, decision-making, and the enhancement of services for all children, families, staff, and the community; (four cornerstones). The integration of the four cornerstones, the identified HS/EHS program goals, objectives, and the agency's 10 in 5 strategic plan will result in increased child and family outcomes through the implementation of effective and sustainable quality services supported by internal collaboration, time and cost efficiencies, and goal oriented community relationships.

With the introduction of the new systems wheel from PMFO, our team has studied, discussed, and planned ways in which these systems will most effectively impact our service delivery. Each system identified on the wheel is listed below with a brief summary describing a variety of discussion, brainstorming, planning, and implementation that will result in progress over the course of funding year three (3).

PROGRAM PLANNING AND SYSTEM SERVICE DESIGN:

The HS Leadership Team continues to use the systems defined by OHS as a guide to prevent the tendency of operating in silos. While sometimes difficult, the intentional approach to planning is the key to ensuring that integration is identified and occurs when warranted.

We are intentional and committed to a shared leadership approach. We realize those responsible for direct service delivery have a significant perspective on what strategies are the most successful and what ideas might not work well in the day to day operations. Clearly communicating roles and responsibilities in our new structure is a priority so we best support those staff working on the front line.

Diagram #1, found in "OTHER SUPPORTING DOCUMENTS", outlines the roles and responsibilities for each position as well as creating a streamlined system to ensure that direct service staff get the supervision and coaching support they need. One goal is to ensure that staff discuss individual and/or group concerns with their Team Supervisor who will reflect and help identify the resources that will best support their work. Next, we want staff to have the ability to directly request support from the system that is responsible for guiding the implementation of practice required by the HSPPS. The Leadership Team is developing a system titled "**Request Assistance From Team**" or **RAFT** (a life raft!). This system is comparable to the typical referral system, but the intention is that staff begin to identify their own areas of growth, where they need assistance, determine their role in a child's behavior, or their skill level when having difficult conversations with a parent. By discussing concerns during reflective supervision, the Team Supervisor will be aware and approve all RAFT's but consult or support from the Leadership Team member will occur directly with the staff, avoiding the "up and down the ladder" approach which often delays service delivery. It will be the responsibility of the assigned Leadership Team member to support the development of an action plan, including providing resources and ensuring follow-up occurs. It will be the responsibility of the staff member and their Team Supervisor to work together to ensure the implementation of the plan, using the resources and/or supports provided for growth. Two key words, development and implementation, identifies the distinction between the roles of the Leadership Team member and of those who are delivering or supervising the delivery of services.

Another effort to provide needed resources and support is accomplished through use of the Program Planning Calendar. The use of this electronic calendar continues to evolve and the following summary defines a way in which the Leadership Team is currently approaching program planning and implementation of a program coaching model.

The new structure and defining roles/responsibilities has generated an almost natural flow for the use of the program calendar. The team comes together twice a month for three (3) hours to plan ahead for what will become relevant to staff in their day to day operations. The team reviews calendar requirements, events, and/or activities two (2) months prior to implementation, a proactive approach to ensure the integration of systems & services. For example, in Nov. the team begins looking at the Jan. calendar of events. Planning will include identification of the current policies & procedures, current "flow chart" of the process, reviewing HSPPS, roles/responsibilities, job descriptions, data, recordkeeping, & monitoring for that specific calendar item. The policy & procedure and the flow chart will be revised as needed and any changes/additions will be noted. This two (2) month proactive approach to the program planning calendar will continue to be reviewed each year so that program items are revisited, processes are revised as needed, and strong systems are in place.

In addition, the team is exploring ways to integrate planning with communication, recordkeeping/reporting, and technology. Moving ever so slowly towards an electronic system, this year the team plans to attach the current policy & procedure, the most recent form(s), and the visual flow chart to each item listed on the calendar. For example, parent/teacher conferences are scheduled for Jan. Upon review of this calendar event, as a group, the Leadership Team determines which position will take the lead for revisiting the current process for parent/teacher conferences. Diagram #2, found in "OTHER SUPPORTING DOCUMENTS" provides a visual depicting the process that occurs.

Once the lead position is determined, the "Measuring What Matters" approach, developed by the PFCE National Center, is used to guide the process of preparing, collecting, aggregating, analyzing, using, and reporting all data associated with, in this case parent/teacher conferences. The lead position is responsible for collecting existing data, including but not limited to, current laws and regulations/policy & procedure/form(s), and/or program or individual data. Next the lead position will determine and coordinate planning with all other systems for this item. Finally, the lead position is required to identify a method for obtaining consultation from direct service staff and families of children enrolled in the program. These methods may include, but are not limited to, brief online surveys, feedback through email or notes on existing documents, staff/parent/Policy Council meetings, program advisory committees, and/or forming a committee specific to the item.

Once the lead position identifies key players, they facilitate communication of the group, the process of aggregating and/or analyzing the data, reviewing feedback and developing a Program Action Plan (PAP). The development of the PAP will include delegating responsibilities, assigned deadlines, and gathering all new data and/or feedback. Once the lead and the system integration members reach consensus on revisions and/or a new process, the lead position will use the data to develop a draft proposal.

The draft proposal is sent to the Program Operations Coordinator and the Team Supervisors to request feedback on implementation. Based on feedback regarding service delivery, revisions/additions to the draft proposal are incorporated. Once the proposal has reached the final draft stage, the lead position is responsible for sharing the data with the full HS Leadership team. Once approved, the proposal moves to the agency Ex. Leadership Team, the Policy Council and the Board of Directors for final approval.

The impact of this process will ensure the level of service does not only meet all requirements and standards, but that the quality of the service exceeds expectations.

DATA AND EVALUATION:

Data and evaluation is a priority focus for the program as we enter funding year three (3). Currently the program collects multiple data sets but realizes that the primary focus has been on identifying efforts rather than identifying the effects. Plans are underway to begin an in depth review of all data sources. As mentioned previously, using the four cornerstones of HS (child, family, staff & community) as a guide to categorize the data currently being collected will be used as a starting point to developing a comprehensive Data & Evaluation Program Plan.

As referenced above, the PFCE Measuring What Matters resource will provide context to this process. Parents, direct service staff and leadership will start with categorizing all the data sets under each of the four cornerstones. Knowing that everything we do in HS has to be connected to the child and their outcomes, we will begin looking at all data prepared and collected that support the growth and development of children. The next step in the process will be identifying data that reflects program *efforts* and *effects*. Asking questions and digging deeper will be crucial in determining how well the current data is telling our story. Based on discussions and attempting to use data for driving decisions, the leadership team is confident that this is an area that requires priority attention.

Historically, HS has been a “data driven” program in the sense that we have been required to collect mass amounts of data. “It didn’t happen if it isn’t written down”, but just any number on a report is not what prepares children for school or life. What does that number REALLY represent? A parent can have perfect attendance at parent meetings but if they spend the time on their cell phone, does the information presented during that meeting impact their child? What we know is that collecting and reporting the data is not enough. Data has to be meaningful, accurate, and most importantly, has to be translated into creating a measurable impact for each and every child.

Families are overwhelmed by the amount of paperwork is required. This is paperwork we use to prepare and collect our data. It is our responsibility to ensure that all of the time and effort that families put into applying and enrolling into our program is relevant, necessary, and frankly, worth it. We have to ask hard questions such as how family data is used and reported. Are we spending as much time using the data as they are in providing it? Are we reporting the figures on the paper or are we having meaningful discussions about what the data means and how we can use it to impact lives?

As a program, we know that the number one complaint from direct service staff is “too much paperwork”. Many of our staff choose the field of early childhood because they have a passion for children and families....not a passion for paperwork. We will be digging deeper to determine the effect of paperwork on retention and/or job satisfaction. Are we requiring direct service staff to complete mounds of paperwork to collect data that isn’t even being used? If it is being used, is it meaningful or effective in changing outcomes for young children? Research tells us that relationship alone can significantly impact a child’s life. Our program is committed to identifying more time for relationships and less time on paperwork.

Finally, there is a massive amount of internal data from the HS program, from other agency programs, and external data from local, state and national resources. Data is reported to the Policy Council and the Board. Data is collected and compared during the self-assessment and community assessment processes. Using those data sources for the annual continuation grant is vital but defining a process and using the data on a consistent and regular basis will ultimately create an impact for those we serve. Preparing, collecting, analyzing, and reporting our current data sources is a priority for funding year three (3) to ensure what and how we are preparing, collecting, analyzing, and reporting is an effective use of everyone’s time and resources.

FISCAL MANAGEMENT:

With any change in national administration, comes fear of the unknown. Regardless of political party, the unknown has never seemed greater than it does right now. President Trump operates in an unprecedented manner and the fiscal climate appears unsteady at best. As a program, unprecedented leadership requires “out of the box” thinking, preparation for multiple scenarios, and various solutions to pending issues. Most scenarios or solutions hinge on the availability of funds and/or the ability to instantly change direction while maintaining the mission, vision, and values of the organization. When described on paper, this seems almost impossible.

Given these challenges, our program continues to be fiscally intentional with each and every decision. This approach requires a commitment to communication, transparency, and teamwork from within the agency. Bridging the slightest gap between program and fiscal is a priority as we continue to strengthen as an agency and a program. To this end, we are initiating a fiscal session every other month during our leadership team meetings. While in the planning stages, our goal is to include the CFO and members of the fiscal department working with HS in a discussion/planning session guided by program goals, objectives, and action plans.

In addition to our meetings, we are including a “Fiscal Management” section on each policy & procedure so that when initiating and/or revising a process, we ensure that we can fiscally support everything we put in place.

Finally, we are continuing to work towards our goal of developing and implementing site budgets. The budget for each site will be predetermined based on a consistent formula for all line items (cost per child, # of staff, space, etc.). In addition, actual costs such as rent and utilities will also be included in site budgets so that direct service staff begin to understand the significant fiscal impact we face when actual amounts are unknown. Experience from the HS world tells us that direct service staff can be frugal and because of their passion, they want the money to be spent impacting children and families. We believe that being fiscally intentional with our funding begins with communication and transparency regarding actual or unexpected costs. We further believe that any type of fiscal savings or fiscal resource will best be obtained by informing our direct service staff of the priorities, realities, and possibilities.

While the focus continues to be on those in the field providing the direct service, we also recognize that innovation and “out of the box thinking” is a complex process and requires detailed attention to the fiscal implications. Our intent is to add a part time fiscal position that will dedicate all of their time to supporting the staff, leadership team and the Policy Council in their fiscal roles by gaining a thorough understanding of our budget, developing innovative practices that are fiscally supported, and implementing a transparent fiscal system that supports the program goals and objectives.

COMMUNITY AND SELF-ASSESSMENT:

The full Community Needs Assessment (CNA) was completed and approved in September 2017. This process included an in-depth and intentional focus on the current service areas of Jefferson and Franklin Counties. The CNA provided a vast amount of data and information used to develop this continuation application. It will continue to serve as an active resource for planning and improving service delivery.

The Self-Assessment was and will continue to be an ongoing internal process. As a program, we believe that incorporating an on-going self-assessment process supports the identification of issues as they occur and any corrective action is implemented while the issue remains relevant. As we move into year three (3), the ongoing process will be more formal, including intentional data review, a targeted self-assessment process for unexpected issues, and ongoing documentation will be specifically identified as an ongoing self-assessment report.

FACILITIES AND LEARNING ENVIRONMENTS:

The creation of the Program Operations Coordinator position has resulted in long overdue attention to facilities and systems associated with JFCAC operated locations. As planned, a thorough inventory of materials and equipment was completed. Through this process, it was determined that there is an abundance of certain types of equipment and materials, which will be an asset as we move our part day sessions to a full day/full year schedule and plan for additional classrooms. Although the inventory for all locations is in place, we will continue to work towards an active, electronic system. This year we will research a bar code/scanner system so that all items will be logged by date of replacement and/or purchase for ease of assessing replacement by age, length of recommended service and/or planning for large purchases as funds become available.

Through an in-depth cost analysis, it was determined that the Fenton location was significantly more expensive to operate than any other location. The double wide trailer for classroom space with an extension to a single wide trailer for office space had long been donated by a local church and the modules were in very poor condition related to energy efficiencies. A huge cost factor was identified in the area of utilities due to the inefficient construction of the trailers from the age and weather conditions. In addition, the ongoing cost of maintenance and repair was becoming increasingly higher. Fortunately, as we were assessing our facilities and prioritizing options, we were contacted by the Fox School District, who was eager to begin discussions of a possible partnership for a HS classroom in one of their elementary school buildings. Knowing that this opportunity could save a significant amount of money while creating minimal disruption to services, the district worked diligently with us to ensure that the required steps to implementing a fully operational classroom and playground per state licensing and HSPPS would happen as soon as possible. Through this partnership we were able to reduce the class size to fifteen (15) and extend a part day classroom to full day services. The other part day session provided an opportunity to engage in a new partnership with the Grandview School District by contracting with them too provide full day services to thirteen (13) children. The contracted costs associated with both of these partnerships resulted in significant savings as compared to the utility, maintenance, and repair costs we were spending for the Fenton location.

The next location identified with high costs was our partnership with the Desoto school district. Again, this has been a very long standing partnership but the relationship is not as positive as others we have experienced. The Desoto Early Childhood Center, Little Dragons, houses our largest site for enrollment. Sixty-eight children are enrolled in two classrooms receiving Part Day, Part Year services. Costs associated with this location include a monthly custodial fee of over \$1500.00. Although there is no rent or utility costs with this location, this cost was significantly higher than other agreements with any of our other district partners. In addition to cost, we felt a more significant challenge outweighed any budget decision. Several years ago our program eliminated transportation services. This created a "parking" issue at the Little Dragons location, as the parking lot was small and it was a challenge for all parents to drop off and pick up children. Our program was informed that, due to congestion, our parents would no longer be allowed to park and walk their children into the building and back to the HS classrooms. It was determined that HS parents would drive around to the back of the building, pull up to the sidewalk, teachers would approach each car and assist children getting in and out so they could be dropped off and picked up for each part day session. While this may appear to be a viable solution to the parking situation, our program strongly feels that this arrangement creates many more significant concerns. In the spirit of valuing all children and families, we voiced concern of how HS families may feel or be perceived by others and suggested alternate program start and end times to alleviate parking lot congestion. We shared our concerns regarding safety of staff removing children in and out of vehicles, securing car seats, and the ability to engage families in meaningful and/or required discussions about their child's day. We shared concerns regarding days of inclement weather, when several children remained lined up against the wall waiting until the staff have enough children to maintain ratio and then are able enter the building. These conversations were invited but possible solutions were met with challenges with adjusting meal schedules, security with the receptionist not knowing "our" parents, etc. Finally, the concern of meeting the 1020 hours of HS services required by HSPPS would prove to be difficult as the Little Dragons center only operates part year. The solution to parking congestion

alone was enough, but the fiscal review of expenditures and duration requirements fully supported the need to identify another location for our Desoto children and families.

Through our search for options, we have uncovered multiple opportunities that will result in cost savings, meet duration requirements and offer EHS classroom services to siblings of currently enrolled families. Several years ago, the Baisch family, well known in the Desoto community, initiated the construction of an assisted living facility and a child care center on land owned by the family. It was their desire to meet the needs of the community for young children and the elderly. Both businesses were family operated for several years but they finally reached the decision to sell. Both businesses were purchased and the nursing home remains operational. However, the child care center had been vacant for over a year and we found ourselves with yet another opportunity that could potentially benefit the HS program. After several meetings, building tours with our BOD, PC & staff, a lease agreement was reached. The facility was in need of minor repairs but was structurally sound and met most licensing requirements. Because this was a community child care facility, there were already appropriate classrooms ready to serve infants and toddlers. Knowing that our EHS waitlist was significant and information from our Community Needs Assessment supported the need for quality infant/toddler care, our program is applying for a conversion of HS enrollment to EHS enrollment opportunities beginning in June 2018. Our program currently has only 3 EHS classrooms in the entire county and we feel confident that a conversion at this location will best serve the need in the community as identified through the CNA.

Attempting two facility moves during one summer was challenging but we were surprisingly faced with one more. Our Union location had operated in a remodeled house on the property of a local church for over 40 years. Based on our data analysis, and repairs, operating expenses were high at this location but due to other opportunities that presented themselves, we decided to remain at this location at least one more year. We met with church officials and signed our agreement in May 2017. Much to our surprise, we received notice in June 2017 from the church board that they were terminating our contract effective Oct. 1, 2017. Discussions were immediately initiated and we were informed that the church discovered the entire HVAC system was no longer operable. They obtained bids which were estimated at over \$8000.00. Based on the age of the building and available resources, they were unable to invest that amount of money in order for us to remain operational and meet state licensing requirements. The church also saw this as an opportunity to expand church parking by removing the building. Needless to say, with less than 60 days to the start of the new school year, we were juggling the transition of 2 site locations and now adding a third. We had already initiated contact with the Union School District with discussions about partnering to meet the requirements for duration requirements, so our first call was to the district. Unfortunately, the space they had available would need too many renovations to meet state licensing requirements and would require additional funding which was currently not available. Our next contact was to a local church just outside the Union community, Robertsville MO, where HS had operated a classroom in their educational building many years ago. Although an approx. 20 min. drive from Union, the location was not ideal for existing families but the Community Needs Assessment supports the need for quality early childhood services in this rural community. The church was very open to our return at this location and we found that the education building was almost as how we left it. There was an operational kitchen, large classroom space, and an existing playground with the almost new shade structure still intact. The decision was to move a classroom of 16 children to the Robertsville location was presented and approved by the Executive Leadership Team, Policy Council, and the BOD. Pending licensing approval, we have children attending on a rotating basis Mon-Fri., with 4 children assigned to attend each day and all children are receiving a weekly home visit. Families have an open invitation to attend every day as long as they are able to remain on site with their child the entire time so that we do not exceed the state required number of children in care.

TECHNOLOGY AND INFORMATION SYSTEMS:

As part of strengthening our foundational structure, it was determined that a focus on our Child Plus data base system was a high priority. The ability to implement a data informed, decision making and planning system is crucial to any program. We recognized the need for almost a complete over haul of how the system was currently being used. To these efforts, we developed a Partnership Coordinator position that has the responsibility for oversight of the ERSEA & Child Plus systems. For the first several months of this position, emphasis was placed on recruitment and enrollment for the beginning of the new school year. Through these efforts, security settings for different groups were explored and discussed with the leadership team. It was determined that the first priority for the new program year was to ensure the accuracy and security of the data so that effective decisions could be made.

The agency HUB is the internal site used for communication, recordkeeping, and reporting for all JFCAC programs. Each program has individual links where information can be stored, maintained, and/or monitored. Initial exploration of the HUB showed outdated or inaccurate information for HS/EHS due to the turnover of directors and the new HSPPS that were released in Sept. 2016. This has prompted the leadership team to conduct a thorough review of the items available on the HUB, as well as identify ways that the HUB can be a more effective and useful way to communicate and/or monitor program information.

Finally, a huge emphasis has been placed on time and cost efficiencies. One area of focus is the ability to move towards a more paperless system and use technology in a way that is relevant to families, available to staff, and functional for program use. As a program with many rural locations, internet access is a challenge. The speed and efficiency of any data base, at particular times of the day, is frustrating to staff and hinders their ability to perform their job responsibilities in a timely manner. Unfortunately, this issue is a hard one to overcome, as some locations do not have the luxury of choosing a different provider as there is only one in the area. Other challenges are related to the speed of the connection for uploads, communication, and accessing large reports. Despite these challenges, we have recognized ways to move to a more electronic system such as online maintenance requests, fillable forms located on the HUB, and all the possibilities that our Child Plus system has to offer. We continue to explore the possibilities with excitement, as the efficiencies created can truly make a difference in the time we spend with children and families vs. the time we spend on paperwork.

TRAINING AND PROFESSIONAL DEVELOPMENT:

The Leadership Team identifies training and professional development as an important link to making the changes needed to build a strong foundation to the revised structure. In addition, the new HSPPS now require additional credentialing for family service workers and those conducting home visits with families, as well as implementing a system for coaching. There are many requirements for state and local regulations such as Serv Safe, state licensing, and agency policies. Documentation and certifications of these requirements have to be maintained, monitored, and updated to ensure compliance. Professional Development records are maintained internally through the Child Plus system but also required through the OPEN state system, and the MO Workshop data base systems. Trainings provided are required to meet criteria and have to be approved through the state system for child care licensing. Other areas of training are related to New Hire Orientation to ensure staff joining the program are well informed and prepared regarding the HSPPS, agency policies and procedures, and program expectations.

Evidence reveals that children and families in poverty are greatly impacted by trauma and chronic stress, with long-term effects in physical and mental health. We are committed to providing children and families in our community an organizational model of preventative mental health with hope to reduce, if not eradicate, the effects of stress on children, families and staff. In an effort to identify and implement successful intervention, staff receive intensive, experiential training in the Open Mind (OM) Curriculum and the Trust Based Relationship Intervention (TBRI) approach. Ongoing training, intervention, and support to direct service staff will produce statistical results that effective, intentional intervention impacts child and family outcomes.

The foundation of our professional development system is based on our uniquely designed program coaching model. The system for individuals receiving coaching and support as required by HSPPS is underway and effects are observable and staff are providing positive feedback. The Program Coaching Model encompasses every position in a systematic approach to improve education, interactions, communication, and retention. Now that the structure is in place and operational, the next step is to initiate the Community Coaching Team (CCT) level of the model. The following describes the plan that will begin at the end of funding year 2, with the evidence of impact in funding year 3.

Community Coaching Teams (CCT)

Purpose of the CCT Model:

- Leadership Team will intentionally focus on building relationships and coaching all staff at each location.
- Provide coaching, answer questions, identify resources, & develop plans of action/strategies for support (possible plans include: individual (child or staff), classroom (all members of classroom team, home visit plan (to demonstrate, observe, &/or coach), site plans (i.e. recruitment, celebrations, etc.), and/or community plans (PR, marketing, building relationships with local business, etc.)

Each CCT will be facilitated by one of the three Associate Directors. They will facilitate their assigned teams AT LEAST monthly. Each location will close (based on individual district schedules) one day per month. On these days, all staff are required to work but children will not be in attendance and no home visits will occur. All staff will be on site for a half day of Professional Development and the other half day will be designated as the CCT meeting.

Each CCT will work together to review and analyze data/reports, complete selection, enrollment, health approvals, "case management" of currently enrolled children, development of family support plans, data review (attendance, child or family outcomes, meal counts, etc.). Together the CCT will identify priority areas, develop an action plan to address the needs, arrange for additional support if necessary, and determine roles/responsibilities for follow up. Action plans could be individual (child, family, staff), site (classroom, entire facility), system related (child development, wellness, or family development) or operational (facility, licensing compliance).

Members of the Leadership Team will coordinate their schedules so that they are consistently conducting site visits at least two times per week. These visits will allow time to provide coaching support to individuals or teams based on the RAFT's submitted for that location. Site visit logs for each location will be maintained electronically and Associate Directors are responsible for monitoring attendance for their assigned teams.

CCT meetings will include the following as determined by the data driven needs and/or requests of each team:

- Case management for enrolled children/families
 - Children/families experiencing crisis receive priority-criteria will be established by members of the leadership team
 - File/case reviews (failed assessments, requests for support, resources, etc.)
- Selection for openings
 - Center & home base enrollment/waitlist plan when applicable
 - Health approvals
 - Transition and/or orientation home and/or center visit
- Data analysis
 - Each staff member will be assigned specific data sources
 - Staff will provide data and include reasons, explanations, requests for support, etc.
 - Team Supervisors will submit the CCT Data Report to their assigned Associate Director
 - CCT will review data, identify trends, areas of support, resources, etc.
 - Individual and/or site action plans will be developed as applicable

- Training, technical assistance, professional development & coaching
 - CCT will determine the professional development needs for their team
 - Professional development can occur individually through observation, coaching, in small groups, as a whole location and/or plan with other locations to meet the needs of staff and requirements
- Onboarding orientation for new staff
 - Plan for transition and onboarding for new staff

All staff at each of the following locations are considered a CCT:

- | | |
|-----------------|-------------|
| • Desoto | Sherwood |
| • House Springs | Windsor |
| • Hematite | Gray Summit |
| • Robertsville | St. Clair |
| • Grandview | Washington |
| • Sullivan | |

Members in each Community Coaching Team (CCT) are expected to learn, educate, support, provide resources, consultation, etc. Each CCT will have the following members:

- | | |
|------------------------------------|--------------------------------------|
| • School Readiness Coach | Inclusion Coach |
| • Classroom Coach | Family Coach |
| • Cook | Team Supervisor |
| • Associate Director (Facilitator) | Leadership Team members as requested |

Diagram #3, found in "OTHER SUPPORTING DOCUMENTS", shows the individual and program model of the coaching system.

While requirements are essential to ensure compliance, there is an added layer of ensuring quality services to children and families. Our agency has created a Quality Improvement (QI) department that acts as an objective, "external from the program" view of interactions, services, and documentation. Currently the QI department is conducting Health & Safety monitoring, CLASS assessments, POA assessments, file checks, and other related monitoring protocols. This department provides crucial data the program uses to monitor, plan, and provide the types of professional development needed to support direct service staff and enhance the quality of services.

COMMUNICATION:

All program systems and services rely on effective and articulate communication. The HS Leadership Team identified communication as a priority area to ensure consistent messaging while rebuilding the program foundation, streamlining roles and responsibilities and ensuring consistency within the program and agency. Diagram #4, found in "OTHER SUPPORTING DOCUMENTS", shows a system of meetings, supervisions, on site visits, professional development opportunities, and data collection to ensure effective communication.

Communication occurs at all levels and in most organizations is from top down. Our program is committed to providing as much information as possible "from the top" down but also commits to a "bottom up" system of communication. In our world, this means that we really listen to those who are on the ground, doing the actual work directly with children and families, and who have very creative ideas on how to accomplish the expectations set forth to them.

RECORDKEEPING AND REPORTING:

As reference previously, a definite goal for funding year three (3) is to fully evaluate, plan, and implement a strong transition plan to an electronic system. The agency has established the HUB, an intranet system accessible by all employees. In addition, the agency employees a full time Information Technology position who not only provides ongoing IT support, but is able to transfer, design, and/or build almost anything to an electronic format.

Child Plus, our program data management system, has also added several improvements that will be implemented at the end of funding year two (2) and increase into year three (3). An electronic application and signature process will be introduced when recruitment begins in the spring and many forms, although with a goal to reduce, will continue to be uploaded into a variety of system areas. This will allow direct access from most any location and strengthen the support and coaching of staff from remote areas.

ONGOING MONITORING AND CONTINUOUS IMPROVEMENT:

As referenced previously, the agency has implemented a Quality Improvement (QI) Department. There are two (2) QI Technicians who complete Health & Safety Checklists for every classroom within the first two (2) weeks of the program year, conduct observations specific to all state licensing regulations, maintain CLASS and PQA reliability, work with various systems to ensure quality file reviews, and are now completing OM classroom observations to ensure the implementation of the curriculum associated with our Resiliency Project. This system has provided a tremendous amount of objective data, supported staff and supervisors in developing corrective action plans, and actively tracks follow-up to those plans.

In addition, this data is aggregated and analyzed then reported in the form of a score card to the agency Board of Directors. Corrective action plans and progress are shared to ensure accountability at all levels. Having almost a full year of observations, data collection, development of forms, tracking systems, and feedback, the system is entering our year three (3) funding cycle with a solid system. Plans for year three (3) include developing systems for strengthening how we use and report the information.

In addition, each system and service area are developing and implementing a variety of methods to monitor progress of staff, families, and children. Through our integration of systems, one goal is to identify areas where a specific data source might be able to provide monitoring or evaluation information in more than just system or service area. Reducing the time and effort, especially for direct service staff, for collecting and/or entering data that can serve dual purposes is another effective way that we want to focus our monitoring efforts.

The integration of data collection and evaluation, recordkeeping, and monitoring will create time and cost efficiencies, while also improving the impact our impact through relationships and interactions with children and families.

HUMAN RESOURCES:

The agency's Human Resource (HR) department currently supports the HS program with a variety of areas such as salary, benefits, professional development, policies & procedures, recruitment and retention of staff, progressive discipline, performance improvement plans, and many other areas. Efforts to streamline the agency requirements and expectations with those of the HSPPS, state licensing, and quality practices continue to be a focus. Revisions to agency policies and development of new policies are priority as staff need guidance on implementing expectations in their day to day operations.

One priority for the program is to add a Professional Development Coordinator. This position will work closely with HR to ensure a consistent approach to professional development requirements, expectations, and job performance. This position will work towards identifying and implementing professional development opportunities through electronically resources and monitor the current and future credentials required by the HSPPS and state licensing.

Finally, emphasis will be placed on working with the HR department to ensure that all background checks, fingerprinting, and other safety requirements are in place to ensure a safe learning environment for children and families.

D. School Readiness Goals-Revisions

4. If applicable, list any additions, deletions, or revisions to your program's School Readiness Goals that have occurred since last year's application. Include information on how parents and the governing body were involved in changes. (Additional information on progress toward meeting School Readiness Goals is included in Sub-Section C.) If no updates or changes have occurred, include a sentence to that effect.

The school readiness goals, slightly revised last year to reflect a birth-5 continuum for assessment, will continue with no changes. The objectives continue to contain a COR measurement and a Desired Results Developmental Profile (DRDP) measurement as the current contractual agreements with school districts require an alignment with indicators on the COR assessment in order to analyze and aggregate program data.

Based on the data collection for the 2016-2017 program year, overall children enrolled met two (2) objectives in the School Readiness goals, partially met four (4) objectives, and did not meet four (4) objectives. After analyzing the final data reports, we have concluded that the following may be factors contributing to the partial and unmet objectives:

1. Documentation notes uploaded in COR indicates that many staff have been completing "mass observations" for all children
2. Some children were given scores that did not accurately reflect their developmental level when compared with documentation notes.
3. Home Based program last year was using the HighScope curriculum for ages 3-5, and the Partners for Healthy Babies curriculum for pregnant women, infants, and toddlers. The HighScope curriculum is a center-based curriculum which does not meet the new HSPPS and does not provide staff with adequate support for implementing the home based option. This combined with low attendance in the home based option are possible indicators of children enrolled in the home based option are struggling to meet School Readiness Goals.
4. Due to the fact that we updated from Infant-Toddler COR and Preschool COR to COR Advantage for the 2015-16 school year, we were only able to collect one (1) year of data to support the revision of the SRG's for the 2016-17 school year. The COR Advantage tool was updated to include children from infancy to Kindergarten, rather than having two separate COR tools. Previous year's data did not use the same COR items or include the same scoring system, therefore we were only able to compare one year's worth of COR data when analyzing appropriate measures and gains.

The following plans are in place to work towards collecting, preparing, using, and reporting Child Outcomes:

1. Staff will receive training and support on planning for observation and using data to drive teaching practices using the following topics: Authentic Observation, Reviewing Data and Planning to meet SRG's. Weekly planning sessions of one (1) hour each will be scheduled with teaching teams to review COR data and planning to support SRG's. Planning sessions will be monitored and supported by Team Supervisors and the School Readiness Coordinator to ensure staff use relative data to inform teaching practices.
2. Home Based staff will receive PAT training, to support development in the following skills: Development Centered Parenting; Parent Child interaction; and Family Well-Being. Monthly COP meetings will be scheduled with Family Coaches to support the implementation of the PAT curriculum and COR data will be reviewed to include planning to meet SRG's.
3. Discussion with Management team strategies to create plan to improve Family Engagement within the Home Based option.
4. Since we now have two years-worth of COR Advantage data, we will be reviewing the 2015-16 and 2016-17 data and making adjustments to goal measurement indicators.

E. Service Delivery

In this section, discuss any updates to your plans to meet the need for comprehensive child development services for Head Start and/or Early Head Start eligible children and families in the following categories. For each category, if no updates or changes have occurred, include a sentence to that effect.

1. Needs of Children and Families

According to the 2017 Community Needs Assessment, the following needs were identified as priorities in the two county service area. In accordance with the Results Oriented Management and Accountability (ROMA) management framework, each of the identified needs were prioritized using a level system. The levels of need were identified as individual/family, agency, and/or community.

The Need Priorities are identified as follows:

- Transportation: Individual/Family and Community Level
- Women's Health: Individual/Family and Community Level
- Housing Expansion: Individual/Family and Community Level
- Parent Programs: Individual/Family Level
- Entrepreneurial Opportunities (specifically related to healthy food & employment): Individual/Family Level
- Education Training: Individual/Family Level
- Summer/Afterschool Programs: Individual/Family/Community Level
- Mental Health Services: Individual/Family and Community Level
- Homeless Shelter: Individual/Family and Community Level
- Homeless Youth Program: Individual/Family and Community Level

The following are outline specific data sets and conclusions drawn from analysis. This information will be used to guide decisions and implementation of practices that will support the families and local communities.

Adult obesity is a concern in Franklin and Jefferson counties. The obesity rates in the community rank above the national average and only slightly below the state average. This is especially alarming since Missouri ranked 10th in the nation in 2015 as having the highest obesity rates. Missouri also ranked 17th with the highest Type 2 Diabetes rates, with both counties having only slightly lower rates than the state and national averages. According to the CDC in 2013, there were 600 new reported cases of diagnosed diabetes in Franklin County and 1,351 new cases in Jefferson County. In addition, Missouri is ranked 9th in the nation regarding the lowest fruit and vegetable consumption.

According to the American Diabetes Association, in 2010, poverty rates and diabetes were reviewed across 3,139 counties in the US. They found that Americans who live in the most poverty dense counties were the most prone to obesity. Another article from diabetesincontrol.com stated that living in poverty can double or even triple the likelihood of developing Type 2 Diabetes. The findings are even more striking for women in the lowest income category, which is more than triple that of women in the highest income category. For both datasets, several contributing factors have been cited, such as: lack of access to healthy foods, lack of knowledge in nutrition/preparation/shopping, stress and isolation, lack of physical activity, and the cost of healthcare and equipment. This information aligns with the quantitative data for Jefferson and Franklin Counties, as well as with the qualitative data that was gathered from the community.

Physical inactivity rates for Franklin and Jefferson Counties are higher than the state and national averages, according to MO Department of Health and Senior Services. In comparison, 30% of the residents in both Jefferson and Franklin Counties are considered obese, which means having a Body Mass Index (BMI) of 30 or greater. It can be assumed the physical inactivity rates can be a contributing factor to the community's obesity rates and corresponding health issues.

Although the community of Jefferson and Franklin Counties is not food insecure, the information presented in the above narrative leads the agency to believe that the community is *healthy* food insecure. It is assumed that the lack of access to

healthy foods are a root cause of many of the health issues discussed. This leads the agency to believe it must strategically plan around nutrition; specifically in the following areas: access to *healthy* foods, education on obtaining and preparing *healthy* foods, and the promotion of *healthy* lifestyle choices. Based on the data, at this time, this is a Family/Individual level need.

In response to these data conclusions, the HS Program will place a high priority in the area of nutrition education and resources. One such plan includes collaborating with the agency WIC program to identify interns who can work individually with staff and families as well as develop and/or integrate an activity based curriculum.

According to the US Census Bureau, ACS 2011-15, the community has a high rate of teen births. For every 1,000 teens, in the state of Missouri there are 30.34 births, and in the United States there are 19.01 births. Comparatively, per 1,000 teens in Jefferson County, there are 25.35 births and 41.19 in Franklin County. Each of the county's data far exceeds the state and national averages. This data is unexpected data, which requires further examination. No assumptions can be made at this time.

In funding year two (2) the HS program created a maternal/infant coach position in response to Program Information Report (PIR) data. The program data showed that pregnant women were being served but most enrolled during the third trimester. Based on the above data, the position and the leadership team will develop a plan for identifying and recruiting pregnant teens through placing emphasis on high school collaborations and any other organization that has a connection to these young mothers.

Both Jefferson and Franklin Counties have low enrollment rates in early childhood education (ECE) when compared to Missouri and the United States. Early childhood education is defined as the percentage of three- and four year olds enrolled in preschool (public or private). According to Prosperity Now, (scorecard.prosperitynow.org/methodology) Franklin County has a 27.5% early childhood enrollment rate and Jefferson County's is 29.6%. These figures are low when compared to the United States' average of 47.6% and Missouri's 44.9% enrollment rate. This data leads the agency to believe that strategic planning around increasing early childhood education options is imperative. The low enrollment in early childhood programs is especially alarming when compared to data regarding in-home literacy activities of young children. According to the National Center for Education Statistics, in 2012, 83% of children ages 3-5 in the United States were read to by a family member three or more times per week. This dataset is much lower for Missouri. According to Kids Count (2011-2012), 13% of Missouri households, who had children under the age of six, reported to read to them less than 3 days per week. Children's Literacy Foundation reports that 61% of low income families do not have age-appropriate books in their homes. In-home literacy activity data specific to Jefferson and Franklin Counties could not be mined, but the Head Start Child Outcomes Report, 2016 in the areas of language and literacy support the need to place a significant emphasis on early literacy education, support, and resources for families of young children.

Another issue facing our community that WIOA addressed in the report was childcare: "In addition, child care is a barrier that prevents some from becoming dependable employees. The Missouri Department of Social Services does provide childcare financial assistance for those who qualify. Household income for some may be just above the income level for assistance but not enough to help pay the costs for most child care businesses. Childcare costs averages for each county are shown below: County child care for 0/12 months (Franklin \$139 Jefferson \$169) 13/24 months (Franklin \$136 Jefferson \$169) 25/36 months (Franklin \$109 Jefferson \$138) 37 months/5 years (Franklin\$103 Jefferson \$130). If a person earns \$12 per hour for a 40-hour week = \$480 per week or \$1,920 per month, childcare costs using the average shown for infant childcare in Jefferson County would be \$676 per month or 35% of the monthly salary. Many jobs do not start inexperienced employees out at \$12 per hour compounding the problem."

Although the Missouri Department of Social Services does provide childcare financial assistance for those who qualify, the reimbursement rate does not necessarily cover the full childcare cost, forcing the parent to either cover some cost, or choose a less expensive provider, that may be of lesser quality. Additionally, for some, household income may be just above the income level for childcare assistance, but not enough to help pay the costs for most child care businesses.

As illustrated, the reimbursement rates do not cover the full cost of childcare in the community. This information aligns with the qualitative data collected from the community, which indicates a top barrier individuals face in obtaining/maintaining employment is child care (including before/after school and summer care). Additionally, the community reported access to safe and affordable childcare, which is close to home, as a significant need. The agency believes this warrants further exploration.

The above datasets, coupled with low enrollment in early childhood education programs, leads the agency to believe that early childhood literacy could be an issue in the community. Creating initiatives aimed at increasing in-home literacy rates warrant exploration. Multiple Individual/Family level needs have been identified. The data suggests the community falls below average in the area of in-home literacy, as well as, in accessing early childhood education. On the other end of the spectrum, the data collected indicates the community falls below average in accessing higher education. This leads the agency to believe it must strategically plan around increasing access to early childhood education, as well as, post-secondary education.

The data collected overwhelming indicates that transportation and employment are both significant needs in the community. Due to the complicated nature of both needs, the agency has classified them as both a Community Level and Individual/Family Level Need. The agency intends to strategically plan initiatives that address these issues from both levels.

Childcare has been determined to be a Community Level Need. From the data collected, it is assumed the largest barrier to childcare access is the lack of childcare providers in the community. The agency intends to strategically plan around increasing the stock of childcare providers in the community.

As a HS program, we will work collaboratively with the agency's 10 in 5 strategic planning committees to identify the highest priority areas for quality early childhood education and the need for child care. Through these collaborations, we will strategically focus on extended duration locations in those areas that most need services in an effort to provide working families the resources they need in order to support their goals of self-sufficiency.

Finally, the CNA identified approximately 7000 children in our communities that are being raised by grandparents. While this number is staggering, additional analyzing is needed to identify those eligible for HS/EHS and the locations of highest need. This will be an area of focus during recruitment for funding year three (3).

2. Service Area

Through the CNA and self-assessment processes, the data confirmed what was already identified by the program. There are large pockets of need in several areas of Franklin County. These areas are very rural and dense in population leaving very few resources for families to access. As a program, we believe that working with area school districts to provide HS services, support the growth of social services, and increase focus on family engagement will impact each of these communities in a positive way. Two specific areas identified include the small towns of Gerald and New Haven. Contact has already begun with these districts and continuing discussions are planned.

3. Justification of Proposed Funded Enrollment and Program Options

- a. First, go to the HSES tab for "Financials," then "Grant Applications," then "Program Schedule," and complete that tab for Head Start and/or Early Head Start
- b. Special Situation: Enrollment Reduction or Expansion
- c. Special Situation: Conversion

We currently have our largest enrollment location in DeSoto; two classrooms providing double sessions with a total enrollment of 68 HS children. In an effort to achieve several objectives outlined in our stated program goals and meet requirements of the new HSPPS, JFCAC HS/EHS is requesting a conversion of 39 HS slots to 16 EHS slots for the DeSoto location. The conversion budget will support the following changes:

- EHS services are required to operate full day/full year; six hours day x 52 weeks year
- 1 adult : 4 children ratio for children under 3 yrs. of age increase salary and benefit costs
- Programs are required to provide diapers, wipes, formula, baby food, etc. for center based enrollment
- Infant/Toddler CDA credentialing is required in addition to a higher education degree in order to ensure knowledge of infant/toddler development

As described earlier, the agency has entered a lease agreement with the Baisch family to operate a HS/EHS center at a location that was built as a child care center but has been vacant for over a year. The location is approximately ten (10) minutes from the current location and will support the need for birth-three services as evidenced by our growing EHS waitlist in this area.

The following plan, as well as the sample conversion budget provided, outlines the specific transition from the current location to the new Baisch location. This plan provides a consistent transition for HS children to continue receiving services through the end of the program year in May 2018 and an intentional start up plan for putting new EHS services in place by June 2018.

In an effort to be proactive regarding extended duration requirements and meet the need for EHS services, the Windsor location has been identified as the second site for conversion of HS to EHS enrollment opportunities. Time and cost efficiencies continue to be a focus for our program. The integration of systems and the goal of identifying additional cost savings could offer the opportunity to consider converting another seventeen (17) HS to eight (8) EHS opportunities. The termination of a local child care partnership in funding year two (2) allowed the Windsor center to open an EHS classroom for eight (8) children ages 24-36 months. In an effort to meet the need for birth-24 months and provide a continuum of quality care, the Windsor location would become an EHS center with two (2) classrooms and create another school district partnership for the HS classroom.

Plan A for the conversion at Windsor is also listed below. If identified cost savings are not enough to initiate this conversion in funding year (3), this will be a priority for year four (4). As a proactive measure, there is a Plan B also listed. This would also be a conversion option from HS to EHS but services would be offered through the home base option. The EHS waitlist continues to support the need for these services either through the center base or home base options.

**Conversion Plan
2018-2019**

| Moving from: | Moving to: | # HS slots | # EHS slots | Difference applied to: |
|--|-------------------|-----------------------------------|--------------------|---|
| 29 HS slots from Desoto/Little Dragons | Desoto/Baisch | Leaves 39 HS slots for conversion | 16 | Initial & ongoing costs for conversion: EHS equipment, supplies, playground, licensing/permits, advertising/hiring staff, credentials, etc. |

Desoto/Baisch Timeline:

| | Jan | Feb | Mar | Apr | May | June | July | Aug. |
|----------------|---|---|--|---|---|--|-------------|---|
| Week #1 | Rent at Baisch begins, Family Coaches pack Little Dragons office, Children return from winter break to Little Dragons | Written notice to Little Dragons, written communication to families re: interest in full day services | Identify full year enrollment | Advertise for EHS staff | Identify staff 36 hr. schedules, EHS Staff orientation/ Training, pack at Little Dragons, set up Baisch | Site hours begin 7:30am-5:00pm, EHS & HS children attend, Child Care Subsidy begins, 36 hr. work week begins for staff | | Pre-Service |
| Week #2 | Family Coaches move to new office space | Monthly socializations at Baisch | EHS CB recruitment if needed, monthly socializations at Baisch | Interview for EHS staff, monthly socializations at Baisch | Pack at Little Dragons, set up Baisch, EHS Staff training | | | Initial Home Visits/Orientation |
| Week #3 | Written communication given to families during home visit | Community Engagement-Door to Door intro to area businesses | Community Engagement-Open House | Interview for EHS staff | Move out of Little Dragons, set up Baisch, EHS initial home visits | | | Initial Home Visits/Orientation Site Open House |
| Week #4 | Community Engagement-Ribbon Cutting | Monthly socializations At Baisch | Monthly socializations at Baisch | Offer EHS staff positions, monthly socializations at Baisch | EHS initial home visits, EHS/HS/Community Open House | | | 2018-2019 school year begins |

| Moving from: | Moving to: | # HS slots | # EHS slots | Justification |
|--------------------------|--------------------------|--------------------------|-------------|---|
| 15 HS slots from Windsor | District Early Childhood | Leaves 17 for conversion | 8 | Initial & ongoing costs for conversion: EHS equipment, supplies, playground, licensing/permits, advertising/hiring staff, credentials, etc. |

Windsor Timeline:

Plan A: Move HS to district partnership for full day services, convert HS space to EHS for 8 children ages birth-23 mo

| | Jan | Feb | Mar | Apr | May | June | July | Aug |
|----------------|--|--------------------------------------|--|---------------------------|---|--|-----------------------------|---|
| Week #1 | Begin location research on currently enrolled returning children | Continue conversations with district | Identify full year enrollment at Windsor for HS | Advertise for EHS staff | Identify staff 36 hr. schedules, EHS Staff orientation/training | EHS children attend, 36 hr. work week begins for staff | | Pre-Service |
| Week #2 | Research on currently enrolled returning children | Negotiate contract | PC approval of contract | Interview for EHS staff | Pack Windsor HS, EHS Staff training | Home Visit with HS children | Home Visit with HS children | Initial Home Visits/Orientation |
| Week #3 | Research early childhood services in Windsor district | Negotiate contract | Written communication to families announcing partnership | Interview for EHS staff | Move Windsor HS, set up EHS classroom, EHS initial home visits | | | Initial Home Visits/Orientation Site Open House |
| Week #4 | Initiate conversations with early childhood director | Signed contract for new school year | BOD approval of contract | Offer EHS staff positions | Move Windsor HS, EHS initial home visits, set up EHS classroom, EHS/HS/Community Open House | Home visit with HS children | Home Visit with HS children | 2018-2019 school year begins |

Plan B: Transition 15 HS to full day services, convert to 8 EHS home based slots

| | Jan | Feb | Mar | Apr | May | June | July | Aug |
|----------------|--|--------------------------------------|--|--|---|--|-----------------------------|--|
| Week #1 | Begin location research on currently enrolled returning children | Continue conversations with district | Identify full year enrollment at Sunrise for HS | Distribute communication to families announcing full day services, advertise for EHS home base staff | Identify staff 36 hr. schedules, EHS Staff orientation/ training | EHS children attend, 36 hr. work week begins for staff | | Pre-Service |
| Week #2 | Research on currently enrolled returning children | Negotiate contract | PC approval of contract | Interview for EHS staff | Determine any equipment needs for Sunrise, EHS Staff training | Home Visit with HS children | Home Visit with HS children | Initial Home Visits/Orientation |
| Week #3 | Research early childhood services in Sunrise district | Negotiate contract | Develop written communication to families announcing partnership | Interview for EHS staff | EHS initial home visits for home base enrollment | | | Initial Home Visits/Orientation Site Open House |
| Week #4 | Initiate conversations with early childhood director | Signed contract for new school year | BOD approval of contract | Offer 1 EHS staff positions | Move Windsor HS, EHS initial home visits, set up EHS classroom, EHS/HS/Community Open House | Home visit with HS children | Home Visit with HS children | 2018-2019 school year begins |

| | Current | Proposed | Justification |
|-----------------|----------------|-----------------|--|
| HS Center Base | 300 | 225 | Decrease due to lack of funding for dosage & duration- |
| HS Home Base | 49 | 90 | Increase to support families who are currently using PT services-non-working |
| EHS Center Base | 40 | 64 | Increase due to conversion-opening 3 additional EHS classrooms (or 2 classrooms & 1 home base caseload) |
| EHS Home Base | 54 | 20 | Decrease due to focus on prenatal and CB services |
| EHS Prenatal | N/A | 27 | Intentional focus on recruitment & enrollment of pregnant women, especially prior to 3 rd trimester |
| Total | 443 | 426 | |

4. Centers and Facilities

- a. *First, review and/or update all data in the "Centers" tab in HSES to ensure the locations of all services are identified, including child care partners.*
- b. *Discuss any changes, including changes to centers with federal interest. Note that proposed facilities activities must be requested using the SF-429 Real Property Status Report and its relevant Attachments.*

The Program Operations Coordinator (POC) position will place priority on ensuring health and safe environments for all children, families, and staff. In collaboration with the Maintenance Manager and outside regulatory agencies such as Missouri State Child Care Licensing, local fire and sanitation, etc. all follow up and corrective action plans will be completed in a timely manner. In addition, the Quality Improvement (QI) Department is conducting a full and complete Health & Safety site visit for every HS/EHS location within the first two weeks of the program year. This objective perspective from the QI Technicians, using the assessment tool from the monitoring protocol, will immediately identify concerns to be addressed to ensure compliance in relation to HSPPS. Additionally, the QI department will also conduct a thorough and extensive on site visit in the fall to ensure compliance with all Missouri State Licensing standards. These efforts are in place to go above and beyond the annual visit from outside entities and a commitment to an ongoing culture of health and safety.

5. Recruitment and Selection

As identified in the previous roles and responsibilities, the Partnership Coordinator will have system oversight of the ERSEA component. The following plan outlines emphasis that will be placed in the key areas of this system:

Recruitment:

A recruitment plan is created in February for the next program year. The recruitment plan outlines how many children are eligible to return and how many new applications need to be completed in order to reach funded enrollment on the first day of the program term. The Community Needs Assessment is used to guide to identify areas of greatest need thus informing recruitment strategies and locations. Recruitment is ongoing and individualized for each community that JFCAC serves. Program self-assessment identified the need to increase recruitment efforts program wide in order to maintain a minimum 10% waitlist and to ensure a viable waitlist throughout the entire two county area.

In addition, the program has developed a recruitment strategy involving staff based on our version of "The Amazing Race". This activity supports our program coaching model as it requires groups to work in teams within their community. There are team plans developed for recruitment, specific "pit stops" identified, building relationships with community organizations as "extra points".

Selection:

The Eligibility Priority Criteria is reviewed and changed annually. The Community Needs Assessment is used to determine where the greatest needs are in our communities. The EPC gives priority to families who are in Foster Care, Homeless, or receiving public assistance. The EPC also gives priority to Head Start children who are 4 years of age and Early Head Start children who are 17 months old or younger. Points are also given to families who meet certain social criteria which are based on the current Community Needs Assessment. Some examples of the social criteria points given are; points for an incarcerated parent, one or both parents are enrolled in school or working, single parent, family has had a recent change in dynamics or is in crisis. In support of our program goal for extended duration and our focus on trauma informed care, review of the EPC will place emphasis on appropriate enrollment options for each eligible child in order to best meet their needs.

6. Transportation:

Transportation services continue to be a growing community need. As identified as one of the agency's 10 in 5 strategic goals, JFCAC is committed to working both internally and externally to engage our families, staff, and the community in supporting a plan to resolve this issue. Jefferson County has implemented a local transportation service, the JeffCo Express. Jeffco Express is a non-profit effort to operate Jefferson County's first public transportation system. It is a deviated fixed-route system that seeks to provide greater transit options for people with disabilities while serving the entire population of Jefferson County. JFCAC has formed a committee for each of the 10 in 5 strategic goals. The transportation committee is currently comprised of JFCAC employees and will eventually include multiple client perspectives from each of the six agency programs.

7. Educational Services

School Readiness Coaches will have the tools, knowledge, and passion to successfully create learning experiences that give children the opportunity to develop their own unique talents and interests, ensuring they are ready for success in school and later life.

Family Coaches will have the tools, knowledge, and passion to successfully engage parents in developing their own skills to create positive learning experiences for their child, ensuring they are ready for success in school and later life.

Families will develop the skills to see themselves as a positive role model in their child's life, enabling them to create positive learning experiences for their child to develop their own unique talents and interests, ensuring they are ready for success in school and later life.

Supportive Practices:

The Program Coaching model and resources from the identified curriculums, books, websites, and other external resources will be utilized to assist staff in developing skills while working with children and families. The model will be a seamless transition into the next steps of writing goals, providing supportive feedback and building capacity through support from CCT's, peer coaching opportunities, and shared observation.

Monthly support from Special School District/First Steps: Staff who have children with IEP's/IFSP's will receive additional support from First Steps/Special School district to ensure children's goals are being met while enrolled in the HS/EHS program.

8. Health

A Family Health Coordinator (FHC) position is in place and reports to the Associate Director of Wellness Promotion. This position focuses on the integration of health, nutrition, and safety into all other system components. Intentional planning occurs with services to prenatal families by building partnerships with external organizations to ensure the recruitment of pregnant mothers in their first trimester of pregnancy. The FHC internally collaborates with WIC to help achieve our interagency collaboration goal, identifying available services, incorporating pre and post-natal education, providing breastfeeding support through a certified lactation consultant and ensuring healthy nutrition for the pregnant mother and child.

Additionally, emphasis continues on creating a nutrition system for all children and families placing an emphasis on healthy, cost effective food choices that engage children in planning and preparation as an educational experience. .

Finally, this position is working to streamline the time effectiveness of the "Health Approval" system. This has proven to ensure that children are meeting the 45 and 90 day requirements and the plan is to continue this system with some revisions.

9. Family Services and Social Services

The program coaching model will be embedded in the work with children and families beginning at the time of application. Staff will begin exploring the concept of Motivational Interviewing with training and internal professional development opportunities for practice and application. These techniques will be used by all staff to encourage a culture of conversation rather than a paperwork process.

In another unique, yet cautious approach, JFCAC will implement an anonymous online assessment for all families, at the time of enrollment, to complete the Adverse Childhood Experience (ACE) Scale. This data will be collected and analyzed from a program perspective, determining trends based on the families we are serving. Once identified, this information will be used strictly to integrate support to all families with the intention of providing those with significant experiences a way to gain support in the context of broad approach.

Also included in identifying means of support, is the new resource developed by NHSA, Parent Gauge, which includes the assessment of information from all seven (7) of the PFCE Framework Family Outcomes.

10. Early Head Start Specific

a. Continuity of services (48 weeks per year)

JFCAC continues to exceed the EHS requirements for continuity of services, providing home and center based services year round with the exception of scheduled professional development days for staff. Policies are in place to ensure that cancellation of visits by the Family Coach (FC) or consistently by the family include opportunities to re-schedule and/or maintain consistent contact in extenuating circumstances. Through our creative model of FC's, caseloads will be maintained at approximately 20-40 families with a goal of working towards a combination of home and center base enrollment. FC's will have the ability to build strong relationships with families, identify their need for services, and monitor achievement of goals that will increase family outcomes.

c. Pregnant women services

As outlined in several sections above, an intentional effort will be placed on the recruitment and enrollment of pregnant mothers. The most recent PIR data showed that the majority of mothers enrolled in their third trimester, missing out on crucial months of prenatal education and brain development of their growing baby.

11. Transition

Kindergarten transition activities- The Associate Director of Child Development continues to work with individual districts to plan activities either in the Head Start center or school district to promote the transition of children from Pre-K into the school program. Parents and staff in each community are involved in decision making of how these activities will occur so that Kindergarten transition is most beneficial to all of those involved.

EHS to HS transition- Intentional meetings with staff and families occur to discuss a child's transition from EHS to HS, ensuring plans are in place to reduce stress and promote a successful transition into a new environment. These transitions will be further supported through the Family Coach model; ensuring families are engaged in the process, identifying goals related to transition, and becoming advocates for their children.

12. Coordination

The program structure, the creation of Community Coaching Teams, the shared leadership approach, the emphasis on family engagement, and our program goal for inter-agency collaboration are all indicators of our commitment to system and service coordination. Through our ongoing self-assessment process and the agency strategic planning process, JFCAC HS/EHS continues to identify ways that coordination can occur. Service integration is a priority, knowing that collaborating with internal and external entities will provide the highest quality and cost effective programming. As referenced previously, HS/EHS was never meant to be a "one stop shop"; we know from Community Assessment data and current school district collaborations/partnerships that there are more than enough children who are in need of high quality early education services. We are internally and externally committed to ensuring that our capacity and those of others organizations exceed expectations when it comes to supporting children and families in our community.

F. Approaches to School Readiness

In addition to setting School Readiness Goals, included in Sub-Section A of this application, your program's approach to school readiness includes child assessment data and curriculum, and may include staff-child interaction observation tools.

1. *Updates to Approach in School Readiness, if applicable. If no updates or changes have occurred, include a sentence to that effect.*
 - a. *Discuss any change in child assessment(s) used by your program since last year's application*
 - b. *Discuss any change in curriculum(a) used by your program since last year's application*
 - c. *Discuss any change in staff-child interaction observation tools (i.e. CLASS, HOVRS, Arnett Caregiver Interaction Scale) used by your program since last year's application*

No changes have occurred in the above areas since last year's application. New ideas, research and enhancements are being explored and details of those are included within other sections of the narrative.

2. *Report on the progress of children and the program towards achieving school readiness in each of the five domains. Provide specific examples as appropriate.*
3. *Describe program improvements implemented in response to the analysis of child assessment and other data. Provide specific examples as appropriate.*

Please see pages 14 and 28 for progression and action plans related to School Readiness Goals

School Readiness Plan

Why is school readiness important?

Research has shown that high quality education provides young children opportunities to attain school readiness skills that help bridge the achievement gap between children living in poverty to children living in middle and high income homes. When children receive high quality early education, they tend to perform better in math and reading, stay in school longer, attend high school and/or college, and obtain a higher level of income. We designed our School Readiness Plan to ensure all children entering our program receive high quality education that will allow them to achieve social-emotional and academic success and that our families gain the skills necessary to support and advocate for their child's learning and development.

At JFCAC Head Start program, we understand that infants, toddlers, and preschoolers are most likely to experience school success when they are exposed to a learning environment that provides high quality interactions from caring educators, as well as experiences that allow children ongoing opportunities to explore and develop their natural curiosity for learning. The curriculums we use, the High Scope approach as well as Partners for a Health Baby (EHS Home Base program), allows educators to provide rich learning experiences for children to actively explore in a safe, nurturing, and predictable environment. We also believe that parents play a critical role in academic success of their children, as they are their child's

“first teacher”. Teachers and Family Educators work with families on developing educational goals for their children as well as coaching their efforts in supporting their child’s emotional and academic success in the home. We have created “home-school plans” which allow educators and family members to develop goals and strategies to support the child’s learning not only in the classroom and during home visits, but supporting learning within the context of the home.

Alignment of Goals:

Our curriculum and assessment tool provides research-validated teaching practices that stimulate infant, toddler, and preschooler growth in the foundations of academics as well as in social-emotional, physical, and creative areas. The COR Advantage is an ongoing observation based assessment tool which aligns with our Curriculum, Head Start framework, and Missouri Early Learning Standards. We ensure children are ready for school by collecting and analyzing data from our assessment tool and creating meaningful goals and learning experiences for each individual child. We also use the assessment data to look at program and classroom trends and provide technical assistance to improve the quality of learning experiences related to school readiness goals.

G. Parent, Family, and Community Engagement

- 1. In Sub-Section A, programs listed any additions, deletions, or revisions to the program Long Term Goals, Short Term Objectives, and Expected Outcomes. Did any of these changes involve program goals and/or objectives related to family outcomes? If so, describe the reasons and process for making changes. If no updates or changes have occurred, include a sentence to that effect.*
- 2. If applicable, describe any new data sources used since last year’s application to support the implementation and evaluation of PFCE goals and/or objectives. If no updates or changes have occurred, include a sentence to that effect.*

According to SAMHSA, “the context in which trauma is addressed or treatments deployed contributes to the outcomes for the trauma survivors, the people receiving services, and the individuals staffing the systems. Referred to variably as “trauma-informed care” or “trauma informed approach” this framework is regarded as essential to the context of care. Therefore, we could conclude that it is imperative that our organization develop services and systems to become systemically trauma informed. By their definition, this would mean we would realize the widespread impact of trauma and understand potential paths for recovery; recognizing the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responding by fully integrating knowledge about trauma into policies, procedures, and practices, while actively seeking to resist re-traumatization.

The best way to impact and heal a child is to strengthen and empower his caregivers. A foundation of support begins with the community investing in equipping of all those involved in the care of young children, both directly and indirectly. The six key principles fundamental to a trauma-informed approach according to Harris, M. and Fallot, R. (2001) include:

1. **Safety:** Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority. For example, it is not enough for an individual to be safe; they must have a sense of “felt safety.”
2. **Trustworthiness and Transparency:** Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.
3. **Peer Support:** Peer support and mutual self-help Organizations understand the importance of power are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. The term “Peers” refers to individuals with lived experiences of trauma, or in the case

of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as “trauma survivors.”

4. **Collaboration and Mutuality:** Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and cooking staff, to professional staff to administrators demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: “one does not have to be a therapist to be therapeutic.”
5. **Empowerment, Voice and Choice:** Through the organization and among the clients served, individuals’ strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of the individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power of differential s and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.
6. **Cultural, Historical, and Gender Issues:** The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.); offers, access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.

In conjunction with implementation of The Resilience Project, our approach to trauma informed care, our program coaching model and the strong emphasis placed on system and service coordination, will all be a key factor in the development of the program Family Engagement Goals. Finding year three (3) will incorporate the Parent Gauge Family Assessment.

Data from the Family Self-Assessment for currently enrolled families has identified parent advocacy and leadership as the highest priority for focus. Discussion of this data has occurred at Policy Council meetings and will result in a more in depth analysis including parent meeting feedback, family focus groups, Community Coaching Team meetings, and comparison data from the Community and Self-Assessment reports.

1. *Describe how program progress toward PFCE goals and/or objectives is communicated to families. Provide specific examples as appropriate.*

The intention of our shared leadership approach with families is to include them in the process of determining the use and communication of family outcomes data. Focus group meetings will include questions and considerations on how the data may be most useful for internal purposes but also exploring ways that our extension data collection system can provide relevant and useful information to the community.

The following are the two Family Engagement goals, prioritized by data collected through the Family Needs Assessment and CNA:

JFCAC Program Goal: JFCAC HS/EHS will work in partnership with all agency programs to establish a continuum of care and provision of services for all families seeking support and resources with an intentional effort to generate time and cost efficiencies that will benefit the entire community.

Head Start Program Goal:

Provide an array of opportunities for parent practice, learn and achieve individual goals through individual discussions with the assigned family coach, participation in parent meetings, training events, CSBG Step Up to Leadership Program, and other relevant programs through local community colleges.

Family Development Objective: To strengthen the ability for parents and guardians to obtain and secure stable employment through training, educational opportunities, building community partnerships, resources, and individual coaching.

Expected Outcome: Increase family outcomes by providing opportunities for families, this in turn will show a 10% growth of our parents or guardians will obtain secure employment, 20% of the Head Start program families will apply for employment, 50% of the programs families will attend a training focused on job security.



PFCE Goal Family Well-Being

Parents and families are safe, healthy, and have increased financial security.

| Program Activities that Support Goals and Objectives | Who | By When | Financial Supports | Data Tools or Methods for Tracking Progress |
|--|--|----------------|---|---|
| Establish a professional development plan to incorporate cognitive coaching and SMART goals for Family Coaches | Family Community Engagement Coordinator | Summer 2018 | Ensure T/TA funds support plan | ChildPlus Personnel |
| Provide CSBG Step Up to Leadership training opportunities for families | CSBG and Family Community Engagement Coordinator | Spring 2018 | Ensure CSBG funds are available to support plan | <ul style="list-style-type: none"> • Attendance • Certification • Pre and Post survey |
| During Home Visits by Family Coaches each family will create a SMART goal towards employment and financial security | <ul style="list-style-type: none"> • Family Community Engagement Coordinator will create system • Family Coaches will implement the plan | 2018 | N/A | <ul style="list-style-type: none"> • Pre and Post Outlook survey • Child Plus Data |
| Research Community organizations regarding employment, job training, GED, and education for adults. | <ul style="list-style-type: none"> • Family Community Engagement Coordinator • Associate Director of Family Development | Fall 2017 | N/A | <ul style="list-style-type: none"> • Community Needs Assessment • Child Plus Family Outcomes • Community Resource Guides |
| Create Community Partnerships that will enhance family's opportunities to gain education, job training skills, and employment opportunities. | <ul style="list-style-type: none"> • Associate Director of Family Development | Winter 2017/18 | N/A | <ul style="list-style-type: none"> • Community Needs Assessment • Child Plus Family Outcomes • Community Resource Guides |

JFCAC Program Goal: JFCAC HS/EHS will prioritize, enhance, and expand efforts through education, support and resources to equip and engage families as advocates, impacting life-long and development for their child and all children within their community.

Head Start Program Goal: Identify available resources, initiate contact, and intentionally develop goal oriented relationships with community organizations, agencies and providers to increase service options available to children and families.

Family Development Objective: Develop self-efficacy through experiences that support mothers, fathers, and other parenting caregivers with a gained sense of empowerment through the validation that comes with shared experiences through volunteering.

Expected Outcome: Head Start will see a 40% increase in parent volunteers in Head Start and JFCAC programs. 10% of Head Start families will participate in community partnerships and organizations.



PFCE Goal Family Connections to Peers and Community: Parents and families form connections with peers and mentors in formal or informal social networks that are supportive and/or educational and that enhance social well-being and community life.

| Program Activities that Support Goals and Objectives | Who | By When | Financial Supports | Data Tools or Methods for Tracking Progress |
|---|---|----------------|---|---|
| Develop volunteer hand book | Family Community Engagement Coordinator | Winter 2017/18 | N/A | Volunteer Hand Book |
| Collaborate with policy council and Family Development Advisory Committee to gain input on parent interests and needs | <ul style="list-style-type: none"> • Family Community Engagement Coordinator • Associate Director of Family Development | Winter 2017/18 | N/A | N/A |
| Strengthen volunteer ChildPlus database usage and monitoring system | <ul style="list-style-type: none"> • Family Community Engagement Coordinator • Partnership Coordinator | Winter 2017/18 | N/A | Child Plus |
| Research Community Partners for Volunteer and Collaboration opportunities | Associate Director of Family Development | Winter 2017/18 | N/A | N/A |
| Enhance family training and education opportunities aligned with volunteering and family goals. | <ul style="list-style-type: none"> • Family Community Engagement Coordinator | Summer 2018 | <p>Ensure Funds meet the planed goal.</p> <p>Gain Community and JFCAC collaboration support to assist in donating time and space to cover additional costs.</p> | ChildPlus |

H. Governance, Organizational and Management Structure, and Ongoing Oversight

1. *Describe changes to the roles and responsibilities of the Board and Policy Council, if applicable. If no updates or changes have occurred, include a sentence to that effect.*

Roles and responsibilities of the Board of Directors and Policy Council remain unchanged. Policy Council has elected new members for this program year and the first meeting/training has occurred.

2. *Include a current organizational chart.*

A current organizational chart is included.

3. *Provide updates of staff qualifications or competencies for the following groups: Head Start and/or Early Head Start director(s), education and child development staff, health services staff, nutrition services staff, mental health services staff, family and community partnership staff, parent involvement services staff, disability services staff, and fiscal staff. If no updates or changes have occurred, include a sentence to that effect.*

No updates or changes have occurred in regards to qualifications, roles, responsibilities, and/or competencies.

4. *Describe changes to the management systems for planning, communications, record-keeping and reporting, ongoing monitoring, and self-assessment. Include a summary of the results of the most recent self-assessment and the improvement plan addressing the issues, action steps, person(s) responsible, and timeframe for planned or completed corrective action.*

JFCAC HS/EHS has adopted an ongoing self-assessment process to ensure timely follow up and corrective action to identified issues resulting from data analysis, programmatic situations/trends, internal communication and reporting, and ongoing community assessment/information from partnerships and collaborations. The strategic oversight provided as a community action organization, the full and active participation of the Board of Directors and the strong leadership provided by the Policy Council has resulted in significant, positive, and effective organizational transformation. The HS/EHS program is embracing this transformation through this year 2 funding application. The following ongoing self-assessment process has occurred and will continue as a more formalized approach through the development of a shared leadership approach, Community Coaching Teams, and Family Engagement.

Program Planning/Self-Assessment July 2016-Present

July 2016:

- New HS Director, reviewed current grant, program goals, current budget, organizational structure, etc.
 - Concluded grant was written from more of an "external" & general HSPS perspective. Determined more specific program information/decision making needed to occur
- First Leadership Meeting with HS Team
 - Introduction to system/service areas. Determined that agency systems are in progress & HS systems/services are primarily operating in silos.

Aug. 2016:

7. Pre-Service for all HS program staff
 - a. Provided brief opening to all HS staff-conducted activity for each staff to put in writing their vision, passion, questions, and answers-results to be shared at first "Table Talk with Tammie" to begin in Oct. 2016
8. Mindfulness & TBRI Training for experimental and control groups
 - a. Participated in both trainings-determined both groups have a support system of materials, strategies, & follow-up in place

9. Agency All Staff Meeting
 - a. Reviewed the agency 10 in 5 strategic vision, received notice of the Multiplier Project
10. First RO Monthly Call
 - a. Introduction
11. First PC Meeting
 - a. Introduction-Parents & community members are engaged, meetings are conducted by the chair, participation & discussion from all members. Determined that meetings could become more “planful” rather than just reporting information, a more defined process for communication between policy council & parent committees
12. First Board Meeting
 - a. Introduction-policy council representation
13. T/TA Site Visit
 - a. TA Specialist met with each manager to review strengths & gaps within each system/service area
14. First Individual Supervision with Managers
 - a. Discussed the importance of reflective supervision, reviewed strengths & gaps determined with TA Specialist & brainstormed next steps
15. Leadership COP:
 - a. Team members were asked to do pre-work to rate gaps/weaknesses in current systems as identified by OHS (PMFO Systems Web). Using a 1-10 rating, 1 being the system with the highest needs, the team ranked them as follows:
 - i. Planning (19)
 - ii. Fiscal Management (21)
 - iii. Human Resources (25)
 - iv. Facilities, Materials, Equipment (32)
 - v. Communication (38)
 - vi. Recordkeeping & Reporting (42)
 - vii. Ongoing Monitoring (46)
 - viii. ERSEA (47)
 - ix. Program Governance (50)
 - x. Self-Assessment (51)
16. PIR Report completed
 - a. Identified the following areas to dig deeper:
 - i. 29 two year olds enrolled in HS
 - ii. 14 pregnant women enrolled
 - iii. Systems in place for foster (23 children) & homeless children (28 children)
 - iv. 121 children left the program & did not return-reasons for turnover
 - v. Lack of services to diverse population
 - vi. Staff turnover (89 staff)-some due to organizational re-structure, other causes
 - vii. Low number of volunteers (55)
 - viii. Asthma-highest # of chronic medical conditions-40 children
 - ix. BMI-# children overweight-65, # children obese-81
 - x. Mental Health consult for behavior-61 children
 - xi. # IEP's-30, IFSP's-5

- xii. 88/120 HS & 33/41 EHS two parent families at least one parent is employed, 33 HS & 12 EHS parents in school or job training
- xiii. 84/242 HS & 33/144 single parent families are working, 39 HS & 20 EHS parents in school or job training
- xiv. 91/362 HS & 37/144 EHS families have less than high school diploma
- xv. Crisis intervention, housing assistance, & parenting education top 2 needs as reported by families

17. QI conducted Health & Safety Checklists at all sites within first 2 weeks

- a. Completed reports identified immediate & short term issues to be corrected
- b. Submitted program scorecard report that will support program planning

18. Meeting with CFO re: budget/coding

- a. Reviewed current budget line items/coding-determined line items to be removed, adjusted, or added for program planning purposes & descriptions needed to be more detailed for accurate coding/tracking purposes

Sept. 2016:

- Leadership COP:
 - After identifying the system priorities, the team brainstormed ideas for the top four priority areas. Following are the results:
 - Planning: The team reported work had been started on a program calendar. It was determined that this calendar could be used for a variety of purposes, primarily planning. Program requirements, deadlines, etc. are listed on the calendar. The team will begin in Oct. reviewing items to be implemented in Dec. so that there is a 2 month proactive approach to ensuring the integration of systems & services. This planning will include identifying the current "flow chart" of the process, looking at the new HSPPS, current policies & procedures, roles/responsibilities, job descriptions, data, recordkeeping, & monitoring for that specific calendar item. The flow chart will be revised as needed and any changes/additions to job descriptions will be noted. This 2 month pro-active approach to the program planning calendar will continue for one full calendar year so that all program items are reviewed, processes are revised as needed, and strong systems are in place.
 - Fiscal: The team was in agreement that there is minimal understanding of the budget process and agreed that this is an area of priority in order to support the planning process. Discussions included developing a system for sites to monitor their own expenses through an allotted budget amount so there is a better understanding of how program operations are financially supported
 - Human Resources: The team agreed that job descriptions and policies/procedures needed to be reviewed. Job descriptions and policies developed for the grant were determined to be too general, not including enough information for a clear understanding of roles/responsibilities. In addition, implementing some of the procedures that were written have proven to be ineffective in terms of the flow of communication and/or tasks
 - Facilities, Materials & Equipment: While the team agreed that materials and equipment at all locations are typically in good working order and staff have what they need in order to provide services. It was determined that a thorough inventory of all materials and equipment is needed. Facilities are more of a concern based on age of some buildings, environmental concerns, & space.

Many updates have been made to ensure safety & compliance, but additional attention or alternate plans are needed to ensure a quality environment for learning.

- Site Visit Road Trip w/Leadership Team (teambuilding)
 - Leadership team visited all sites together, using travel time together to incorporate multiple team building activities. One activity resulted in the development of the HS mission statement:
The Mission of JFCAC Head Start is to awaken the love of learning by creating a culture of resiliency through connection and engagement in order to empower children, families, staff, & the community
- Agency Annual Report Draft
 - Identified strengths and highlighted a staff member
- Board training
- Training was conducted for board members including an overview of the HS program and the announcement of the new HSPPS Grant Planning Session #1 (9-22-16)
 - Session began with brainstorming ideas of the dream program. The following ideas were generated:
 - Ongoing staff support/coaching/empowered staff/staff retention
 - Premier early childhood program
 - Family education/quality, consistent interactions/"true" family advocates
 - Timely/quick mental health/trauma informed care/resilient children & families
 - Individualized interactions/more time with children
 - More intentional experiences for children in HB & CB
 - Engagement of the community
 - Collaboration/integration of HB & CB/support working families
 - Stronger prenatal program/breastfeeding
 - Inkind/documentation training
 - Center Managers
 - Wellness center/gardens
 - Integration of agency & HS program
 - Expanded services/locations
 - Health clinic
 - System point of entry
 - Technology/electronic systems
 - Next the team discussed a simplistic system for planning:
 - Why: Agency/Program mission, HSPPS, Program Goals, Outcomes
 - Who: Organizational Structure, Titles
 - What: Roles/Responsibilities, Job Descriptions
 - When: Program Planning Calendar, Timelines
 - How: Policies & Procedures, Flowcharts
 - Where: Position & Site Locations

- The team revisited a team building activity conducted on the “Road Trip” to sites which included each person filling in blanks of the agency mission statement with their own words. The following words were from those examples and/or expanding on those original thoughts :
 - Strengthen, stability, engage, harmonious, sustainability, exceptional, courageous, connection, passion, enhance, empower, advancement, resiliency, support, encouragement, confidence, life ling, growth, excitement, impact, learn
- Additional discussions included new HSPPS related to full day full year and the board approved decision for the agency central office to move to a compressed work week. The team discussed the pros and cons of this decision on the HS program and considered possible options for it working with our program. The team agreed that in order for that type of schedule to work within HS, programs systems, services & options would need to have a strong foundation. The team agreed to continue discussing the possibility.
- Grant Planning Session #2: (9-28-16)
 - The team reviewed a draft program structure that included ideas/thoughts previously discussed at meetings, individual supervision discussions, and consideration of the new HSPPS. After review, the team broke into 2 workgroups and brainstormed additional options for a program structure. The team agreed with the idea of splitting the ERSEA & Family Engagement responsibilities into 2 positions. Both teams separately included a Program Operations position so this was viewed as a priority position for the program.
 - The team began discussion re: the foundation of the program structure, focusing on current locations, funded enrollment assignments, staffing structure, and pros & cons of location. The team agreed to assign a 1-10 rating to each location based on all the information (1 being most cons/issues/needs vs. 10 being most pros) Following are the results of that discussion:

| Location | # EHS/HS | Staff | Pros | Cons | Rating | Proposal | # slots to move | Needs |
|-------------|----------|-----------------------------|--|--|--------|---|-----------------|--|
| Gray Summit | 16/19 | 5 EHS 3 HS 2 Cooks | ability to turn 1 EHS into 0-24 mo., | HS children can climb/escape over chain link fence | 10 | Pilot site for extended day, begin to serve infants Jan. 2017 | 4 HS | licensing revision, recruitment for infants, some equip, new fence |
| Washington | 0/5 | 2 HS (1 spec. ed degree) | School district, quality, Small group size, opp for full day, Increase # slots | Partnership-not our staff, lack of communication, school district enrollment only, | 3 | ?? | N/A | Stronger commitment, better communication |

| Location | # EHS/HS | Staff | Pros | Cons | Rating | Proposal | # slots to move | Needs |
|---------------|----------|---|--|---|--------|---|-----------------|------------------------------------|
| Union | 0/34 | 2 HS (40 hrs) 1 Aide (26 hrs.) 1 Cook (29.75) | Space is inkind | Dbl session need full day, | 10 | Drop class size to 15, change dbl session to 1 full day full year classroom | 19 | |
| Sullivan | 0/23 | 4 HS (school district staff) | School district, quality, strong communication, | Partnership-not our staff, data collection-diff systems, school district enrollment only | 8 | ?? | 0 | |
| St. Clair | 0/15 | 2 HS (40 hrs.) | Asst. Superintendent supportive, our staff, good communication | No full year, playground not enclosed, small classroom, no bathroom in class | 5 | | | Extended day possible? |
| Desoto | 0/68 | 4 HS (40 hr.) 2 aides (26 hr.) | Large classrooms, closes in summer-no full year | Parent drop off in back of building-no walk ins, no bathroom in classroom, bathroom & playground distance | 4 | | 38 | Extended day & full year possible? |
| House Springs | 0/34 | 2 HS (40 hr.) 1 HS (26 hr.) 1 Cook (29.75) | Closed in summer, small classrooms, no bathrooms in classroom, lack of communication | Our staff | 5 | | 19 | Extended day & full year possible? |
| Fenton | 0/34 | 2 HS (40 hr.) 1 aide (26 hr.) 1 cook (29.75) | Inkind for space | Old/needs work, safety of structure, mold, AA mtgs held in evenings-confidentiality in posting children's info, | 1 | | 19 | |

| Location | # EHS/HS | Staff | Pros | Cons | Rating | Proposal | # slots to move | Needs |
|----------|----------|-------|---|---|--------|-------------------|-----------------|-------|
| Windsor | 8/34 | | Inkind for space, across from Sherriff office, strong relationship w/district, large playground space | No privacy, small classrooms, office is small, | 6 | 2 EHS classrooms? | 34 | |
| Hematite | 16/34 | | Inkind for space, lots of room, old building/needs work (heating/cooling system) | Adults & children share same bathroom, cooks carry food up large flight steps | 1 | | ?? | |

Oct. 2016:

- Planning Session with QI Team
 - The HS & QI teams came together for an introductory and group planning session. The teams were divided based on the assigned areas to QI techs. Each group reviewed the monitoring tool developed for their service area as well as began to review the new HSPPS. The teams used these guiding questions when working together:
 - What does the new HSPPS require?
 - What data is needed to ensure impact?
 - How will this be monitored?
 - When will this be monitored?
 - ECLKC Resource: Data preparation, collection, aggregation, analysis, sharing & reporting
- Planning Session with CSBG
 - Bringing the CSBG & HS teams together resulted in a better understanding of the services offered by both programs. Brainstorming included identifying ways that programs could work together to best support families within our communities, while also meeting funding, outcomes, and performance standards. It was determined that the teams would work together to coordinate an application packet including paperwork from all applicable programs, incorporating the Step Up to Leadership with training for Policy Council, and working together to support parent training sessions in both counties.
 - Each group began making a list of areas/projects to determine ways that we might be able to align the implementation of services in more time/cost effective ways. The following list was generated:

Head Start:

School Readiness
 Family Engagement/Outcomes
 Health-physical, dental, nutrition
 Resiliency
 Program Governance

**HS Data Project

CSBG:

Back to school
 Business start-up
 Safety education
 Weatherization/Healthy Homes
 Life Skills
 Employment Specialist
 Summer food program
 Hunger Task Force
 Mobile produce unit
 Step Up to Leadership

**Education Advocacy

**Bright Futures

Section II: Budget and Budget Justification Narrative

- 1. Provide a detailed budget narrative and justification that identifies the amount of funds and a description of the intended use of program operations and training and technical assistance funds by object class category for Head Start and/or Early Head Start. Include any onetime costs, for any proposed conversion requests, if applicable.*
- 2. Demonstrate the proposed budget supports all direct costs and indirect costs, if appropriate.*
- 3. Demonstrate funds are budgeted to provide all required comprehensive Head Start and/or Early Head Start services to eligible children and families in a cost-effective manner as indicated in Section I, Program Design and Approach to Service Delivery.*
- 4. If applicable, provide a detailed budget narrative for the planned use of any cost-of living adjustment (COLA) increases included in the projected funding level for the budget period. Describe the plans to increase the hourly rate of pay for staff and the pay scale subject to the provisions of Sections 653 and 640(j) of the Head Start Act. Specify the other planned uses of the funds to offset higher operating costs. Demonstrate the COLA increase was provided to all delegate agencies or provide a justification if the full percentage is not provided to delegate agencies.*
- 5. Describe the organization's financial and property management system and internal controls in place to maintain effective control of and accountability for grant funds, property and other assets.*
- 6. Identify each source of non-federal share match, including the estimated amount per source and the valuation methodology. Demonstrate that the amounts and sources that will contribute to the required non-federal share match of the total project cost are allowable sources. Provide a detailed justification that conforms with the criteria under Section 640(b) (1)-(5) of the Head Start Act if the application proposes a waiver of any portion of the non-federal share match requirement.*
- 7. Demonstrate the ability to meet the 15 percent limitation on funding and administrative (F&A) costs. Provide a detailed justification that meets the conditions of 45 C.F.R. 1301.32(g) if the applicant proposes a waiver of the limitation on development and administrative costs.*
- 8. Discuss the source and amount of cash, donated goods and services, and other resources proposed such as United Way, State and/or local grant funds, etc. to support allowable nonfederal match to the project, in addition to the federal funds requested.*
- 9. Submit a cost allocation plan for any proposed costs to be shared between or among programs, including shared staff. Indirect cost must be included in the cost allocation plan unless the applicant has a negotiated indirect cost rate agreement or has adopted use of the 10% de minimis rate.*
- 10. If applicable, in the application Documents folder in HSES for "Indirect Cost Rate Agreement," upload a copy of the current or proposed negotiated indirect cost agreement between the agency and/or delegate agencies and the respective cognizant Federal agency. If using the 10% de minimis indirect cost rate, upload a copy of the policy or other written record indicating date upon which the rate was adopted.*
- 11. Special Situation: Reduction. If applicable, describe the planned use of the funds to support requests for enrollment reductions and proposed budget savings, if any.*

12. *Special Situation: Conversion. If applicable, identify the amount of funds that will be reallocated by object class category to convert from either part day to full-working day services or from Head Start to Early Head Start services. Explain the changes in each object class category.*
13. *13. Provide a detailed explanation and supporting documents for any proposed use of Head Start grant funds for the initial or ongoing purchase, construction and major renovation of facilities. Identify all proposed sources of funding for facilities activities. Submission of form SF-429 and relevant Attachments and compliance with application requirements in 45 C.F.R. Part 1309 will be required. No Head Start grant funds may be used toward the payment of acquisition, construction or major renovation of a facility without the express written approval of the Administration for Children and Families.*
14. *Provide explanation of the method of procurement to be used for any proposed equipment purchases over \$5,000.*