



**Policy Council**  
**School Readiness and Program Goals Committee Meeting**  
**April 9, 2025**  
**2:00 p.m.**  
**Agenda**

- |                                       |                        |
|---------------------------------------|------------------------|
| <b>I. Call Meeting to Order</b>       | <b>Sarahi Rivera</b>   |
| <b>II. Roll Call</b>                  | <b>Jessica Dittmar</b> |
| <b>III. Action Item</b>               |                        |
| a. Election of a Committee Chair      | <b>Sarahi Rivera</b>   |
| b. Election of a Committee Vice Chair | <b>Sarahi Rivera</b>   |
| <b>IV. Reports</b>                    |                        |
| a. Program Goals Report               | <b>Sarahi Rivera</b>   |
| b. School Readiness Goals Report      | <b>Belkis Torres</b>   |
| <b>V. Public Comments</b>             | <b>Committee Chair</b> |
| <b>VI. Adjournment</b>                | <b>Committee Chair</b> |

# EARLY HEAD START SCHOOL READINESS AND PROGRAM GOALS UPDATE

# Program Goal #1

Baseline application			Year 1- Status	
Agency Strategic Priority Initiative	Program Goal	Measurable Objective	Progress/Outcomes	Challenges
Provide enhanced resources to children with special needs	The program will increase teacher understanding of best practices for children with developmental delays and social-emotional concerns through targeted trainings and coaching.	<p><u>Objective 1:</u> Annually 20 teachers will complete trainings that meet all the mental health competencies developed by The Michigan Association for Infant Mental Health Endorsement.</p>	<p>Despite challenges such as staff turnover and the loss of a childcare partner, the program proactively enrolled a larger cohort of teachers at the outset, anticipating potential staffing changes. This strategic approach has allowed the program to stay on track toward achieving the objective. Additionally, having trained teachers who left has a positive impact on the early childhood community because the teachers who left can use their knowledge in other non-EHS classrooms.</p> <p>The program originally began with a cohort of 27 teachers and 2 owners. Currently, the program has 21 teachers and 2 owners in the cohort. Four (4) of the 21 teachers have completed all of the competencies. The remaining 17 teachers and 2 owners are on track to complete all competencies on or before the end of the first project period, July 31, 2025.</p>	<p>One of the primary challenges in meeting our objective of having 20 teachers annually complete trainings that align with the mental health competencies developed by The Michigan Association for Infant Mental Health Endorsement has been staff turnover. Throughout the year, we have lost several teachers from the cohort due to staffing changes as well as one of our childcare partners decided not to continue with the program. As a result, this has impacted overall participation and reduced the number of eligible teachers in the training cohort.</p>
		<p><u>Objective 2:</u> Annually 4 teachers will become certified in Best Practices in Inclusive Early Childhood Education (BPIECE).</p>	<p>The EHS program successfully certified 2 teachers for the 2024-2025 Program Year. While two additional teachers were in training, unforeseen resignations prevented them from completing the BPIECE certification. However, one more teacher is actively working toward certification, ensuring continued excellence in our program.</p>	<p>One of the biggest challenges facing the EHS program is high teacher turnover. Too often, educators leave before completing the certification process.</p>

# Program Goal #2

Baseline application			Year 1- Status	
Agency Strategic Priority Initiative	Program Goal	Measurable Objective	Progress/Outcomes	Challenges
Parent engagement and Enhance service for infants and toddler	The program will educate parents on the importance of health-related care and the role parents play in ensuring their children receive regular medical and dental care.	<u>Objective 1:</u> Annually well-baby compliance will increase by 10% from the previous year.	At the end of the 2023-2024 program year, the program's well-baby compliance was 45%. This is the baseline for the program to meet this objective.	For a well-baby to be in compliance, lead and hemoglobin results must be included at 12 and/or 24 months. Ensuring lead and hemoglobin screenings are completed for all eligible children remains challenging. Families may be unaware of the requirements or may not follow through when referred to a lab facility.
		<u>Objective 2:</u> Every quarter the program will provide at least three forms of correspondence or activity to increase parents' awareness of the importance of consistency medical and dental care for infants and toddlers.	Families received weekly health blasts via text and/or email regarding the importance of medical and dental care. These messages are sent in simple language to improve understanding. During Q1: Health correspondences were sent to individual families. Topics included: Guidance on upper respiratory issues, and oral health. Q2: Four weeks of mass correspondence were sent educating parents and hemoglobin and lead. Q3: Four weeks of mass correspondence were sent educating parents on early oral health care.	
		<u>Objective 3:</u> Five times annually, the program will increase community awareness of the Early Head Start health requirements by providing written or verbal information to medical providers, clinics, or agencies.	The primary opportunity for sharing Early Head Start health requirements has been through consortium meetings. While the information shared is general, it helps increase awareness. On February 24, 2025, during the WIC Advisory Committee meeting, we had a behind-the-scenes session with WIC, where we met with a pediatrician from Pediatric Associates. We shared Early Head Start health requirements and highlighted the challenge of lead and hemoglobin screening.	Limited opportunities for direct engagement with medical providers and agencies make it difficult to convey detailed requirements. Direct access and opportunities to schedule a meeting with medical providers are slow or nonexistent since medical providers are unresponsive. An on-staff pediatrician previously facilitated connections with medical providers; however, since her departure, connecting with pediatricians has become increasingly difficult.

# What are School Readiness Goals?

School Readiness goals identify the widely held developmental expectations for young children from birth through 3 years old. They include specific action steps for each age group that reflect the skills and knowledge needed to be successful in life and school.

# School Readiness Goals

(Social and Emotional Domain): Children will develop emotional awareness and establish positive relationships and interactions with adults and others.

(Language and Communication): Children will demonstrate verbal and non-verbal receptive and expressive skills and will demonstrate emerging literacy skills.

(Approaches Towards Learning): Children will learn to manage emotions and actions, and develop a sense of belonging, curiosity, and eagerness in exploring the world around them.

(Cognition): Children will develop a sense of numbers and spatial awareness by using all of their senses to investigate their environment to discover how things work, recognize patterns and engage in symbolic play.

(Perceptual, Motor, and Physical Development): Children will develop perceptual coordination, demonstrate control of large and small muscles to move, interact with their environment, and will demonstrate increasing independence.

# School Readiness Goals

Goal	0-12 months baseline	13-24 months baseline	25-36 months baseline
Goal 1 (Social and Emotional Domain): Children will develop emotional awareness and establish positive relationships and interactions with adults and others.	At least 97% of infants will meet or exceed the objective.	At least 92% of the young toddlers will meet or exceed the objective.	At least 89% of the older toddlers will meet or exceed the objective.
Goal 2 (Language and Communication): Children will demonstrate verbal and non-verbal receptive and expressive skills, and will demonstrate emerging literacy skills	At least 92% of infants will meet or exceed the objective.	At least 79% of the young toddlers will meet or exceed the objective.	At least 78% of the older toddlers will meet or exceed the objective.
Goal 3 (Approaches Towards Learning): Children will learn to manage emotions and actions, and develop a sense of belonging, curiosity, and eagerness in exploring the world around them.	At least 97% of infants will meet or exceed the objective.	At least 92% of the young toddlers will meet or exceed the objective.	At least 84% of the older toddlers will meet or exceed the objective.
Goal 4 (Cognition): Children will develop a sense of numbers and spatial awareness by using all of their senses to investigate their environment to discover how things work, recognize patterns and engage in symbolic play.	At least 97% of infants will meet or exceed the objective.	At least 91% of the young toddlers will meet or exceed the objective.	At least 87% of the older toddlers will meet or exceed the objective.
School Readiness 5 (Perceptual, Motor, and Physical Development): Children will develop perceptual coordination, demonstrate control of large and small muscles to move, interact with their environment, and will demonstrate increasing independence.	At least 95% of infants will meet or exceed the objective.	At least 82% of the young toddlers will meet or exceed the objective.	At least 87% of the older toddlers will meet or exceed the objective.

# Next Steps

The program conducts ongoing data monitoring to provide:

1. Additional individual coaching support with a consultant, using a strength-based approach that supports high-quality data entry.
2. Coordinating professional development opportunities that meet the needs the program.
3. Educating partners and families to support a collaborative approach that focuses on the areas of learning that indicate a need for additional support.