Mission: To promote school readiness and pre-kindergarten programs thus increasing all children's chances of achieving future educational success and becoming productive members of society. The coalition seeks to further the physical, social, emotional and intellectual needs of Miami-Dade and Monroe County children.
February 22, 2016

Adrian Alfonso, Chairman, ELC Board of Directors
Early Learning Coalition Miami-Dade/Monroe County
2555 Ponce De Leon Blvd, 5th Floor Suite #500
Coral Gables, FL 33134

Re: Grant No. 04HP0007

Dear Mr. Alfonso:

This letter provides guidance on the requirements for submission of the application for the Early Head Start – Child Care Partnership and/or Expansion grant in Fiscal Year (FY) 2016. Funding is contingent upon the availability of federal funds and satisfactory performance under the terms and conditions of the Early Head Start grant in the current budget period.

Public Law 114-113, enacted December 18, 2015, established the appropriation for the Head Start program for FY 2016. The appropriation for the Head Start program includes an increase for a cost-of-living adjustment (COLA) for grantees. Once the COLA increase is calculated for each grantee, your organization will be advised of the amount and guidance for submission of the supplemental application. The following table reflects the funding and enrollment levels to use in preparing the application for the Early Head Start grant for the 8/1/2016 – 7/31/2017 budget period.

<table>
<thead>
<tr>
<th>Common Accounting Number (CAN)</th>
<th>Funding Level</th>
<th>Funded Federal Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>G045128 – Early Head Start Program Operations</td>
<td>$9,294,967</td>
<td>750</td>
</tr>
<tr>
<td>G045121 – Early Head Start Training and Technical Assistance</td>
<td>$232,374</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$9,527,341</strong></td>
<td><strong>750</strong></td>
</tr>
</tbody>
</table>

The application for the 8/1/2016 – 7/31/2017 budget period for the Early Head Start grant is due 5/1/2016. The application must be prepared in accordance with the Application Instructions available in the Head Start Enterprise System (HSES). The instructions specify the requirements for submission of the baseline application for the first budget period of the project period and continuation applications in the subsequent budget periods of the project period. A continuation application must be completed for the upcoming budget period. Incomplete applications will not be processed.
Submission Requirements

The Application Instructions containing the criteria the application must address and the submission requirements are posted in the HSES at https://hses.ohs.acf.hhs.gov/hsprograms. Please select the Financials tab under Instructions in the HSES to download the Application Instructions upon receipt of this letter. Please review the instructions carefully prior to preparing the application. Reference materials can be found in the "Instructions" section of the HSES. To access the application, select the Financials tab on the home page. For further assistance, please contact help@hsesinfo.org or 1-866-771-4737.

The application must be submitted electronically in the HSES. The Administration for Children and Families will no longer accept a hard copy of the application. The application must be submitted on behalf of the Authorized Official registered in the HSES.

Please ensure the application contains all of the required information in the Application Instructions. If you have any questions or need assistance, please contact Yalanda Williams, Head Start Program Specialist, at (404) 562-2901 or yalanda.williams@acf.hhs.gov or Brenda Williams, Grants Management Specialist, at (404) 562-2908 or brenda.williams@acf.hhs.gov. Thank you for your cooperation and timely submission of the grant application.

Sincerely,

Robert Bialas
Captain, USPHS
Regional Program Manager
Office of Head Start

cc: Evelio Torres, Executive Director
Belkis Torres, Head Start Director
<table>
<thead>
<tr>
<th>STAFF PERSON(S) RESPONSIBLE FOR THE IMPLEMENTATION OF PLAN:</th>
<th>VICE PRESIDENT, DIRECTORS, AND MANAGERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AREA(S) OF CONCENTRATION:</td>
<td>PROGRAM GOVERNANCE AND MANAGEMENT SYSTEMS</td>
</tr>
<tr>
<td>DATE OF PLAN:</td>
<td>4/2015</td>
</tr>
<tr>
<td>DATE PLAN WAS UPDATED/REVISED:</td>
<td></td>
</tr>
</tbody>
</table>

**FINDINGS**

45 CFR §1304.51(d)(1-4)
Communication with governing bodies and policy groups. Grantee and delegate agencies must ensure that the following information is provided regularly to their grantee and delegate governing bodies and to members of their policy groups:
- Procedures and timetables for program planning;
- Policies, guidelines, and other communications from HHS;
- Program and financial reports; and
- Program plans, policies, procedures, and Early Head Start and Head Start grant applications.

**GOALS (EXPECTED OUTCOMES)**

Improve the communication with governing board and establish a timeline for sharing required information.

**ACTION STEPS**

1. Identify all of the required reports that must be shared with the governing body.
2. Establish a formal procedure/protocol for communicating with the governing bodies.
3. Establish a yearly timeline for sharing reports.

**STAFF RESPONSIBLE**

1. Vice President
2. Vice President
3. Vice President

**TARGETED COMPLETION DATE**

June 30, 2016

**STATUS**

June 30, 2016
<table>
<thead>
<tr>
<th>FINDINGS</th>
<th>GOALS (EXPECTED OUTCOMES)</th>
<th>ACTION STEPS</th>
<th>STAFF RESPONSIBLE</th>
<th>TARGETED COMPLETION DATE</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>45 CFR §1304.51(e)</strong> Communication among staff. Grantee and delegate agencies must have mechanisms for regular communication among all program staff to facilitate quality outcomes for children and families.</td>
<td>Establish a written procedure of communication for sharing information staff. Vice President, Directors, &amp; Managers</td>
<td>1. Identify all situation/circumstances in which communication is required for sharing information. 2. Establish a procedure for how information will be shared among staff, providers, and parents. 3. Share the communication procedure with staff and solicit feedback. 4. Finalize communication procedure and share with staff. 5. Monitor the implementation of the communication procedures. 6. Make modifications to the plan as needed.</td>
<td>1. Vice President, Directors, &amp; Managers 2. Vice President, Directors, &amp; Managers 3. Vice President, Directors, &amp; Managers 4. Vice President, Directors, &amp; Managers 5. Vice President, Directors, &amp; Managers 6. Vice President, Directors, &amp; Managers</td>
<td>May 20, 2016 June 3, 2016 June 10, 2016 June 17, 2016 Monthly during 2016-2017 SY Two weeks after identifying a need for modification</td>
<td></td>
</tr>
<tr>
<td>FINDINGS</td>
<td>GOALS (EXPECTED OUTCOMES)</td>
<td>ACTION STEPS</td>
<td>STAFF RESPONSIBLE</td>
<td>TARGETED COMPLETION DATE</td>
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<tr>
<td>Head Start Act: Public Law 110-134 sec. 645A(h)(1)</td>
<td>Center-Based Staff- The Secretary shall ensure that, not later than September 30, 2010, all teachers providing direct services to children and families participating in Early Head Start programs located in Early Head Start centers, have a minimum of a child development associate credential, and have been trained (or have equivalent coursework) in early childhood development;</td>
<td>1. Request and coordinate a procurement training for Director’s and Managers from the ELC’s contract department.</td>
<td>1. Vice President</td>
<td>April 29, 2016</td>
<td></td>
</tr>
</tbody>
</table>
Grantees must establish and implement procedures for the ongoing monitoring of their own Early Head Start and Head Start operations, as well as those of each of their delegate agencies, to ensure that these operations effectively implement Federal regulations.

<table>
<thead>
<tr>
<th>FINDINGS</th>
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<th>ACTION STEPS</th>
<th>STAFF RESPONSIBLE</th>
<th>TARGETED COMPLETION DATE</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 CFR §1304.51(i)(2)</td>
<td>Establish a plan for conducting ongoing internal monitoring</td>
<td>1. Identify areas for monitoring.</td>
<td>Vice President, Directors, &amp; Managers</td>
<td>April 29, 2016</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Develop a plan for a comprehensive, internal, and ongoing monitoring.</td>
<td>Vice President, Directors, &amp; Managers</td>
<td>May 13, 2016</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Review monitoring plan with staff.</td>
<td>Vice President, Directors, &amp; Managers</td>
<td>May 20, 2016</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>4. Modify plan as needed</td>
<td>Vice President, Directors, &amp; Managers</td>
<td>Two weeks after identifying a need for modification</td>
<td></td>
</tr>
</tbody>
</table>
### Findings

| 45 CFR §1304.20(a)(1)(i) | In collaboration with the parents and as quick as possible, but no later than 90 calendar days from the child’s entry into the program, grantee and delegate agencies must make a determination as to whether or not each child has an ongoing source of continuous and accessible health care. If a child does not have a source of ongoing health care, grantee and delegate agencies must assist the parents in accessing a source of care. |

### Goals (Expected Outcomes)

1. Ensure that all children have a dental home

### Action Steps

1. Identify the families that don’t have a dental home
2. Assist with Family Advocates in identifying a dental home for families who do not have one.
3. Provide trainings for parents on the importance of dental check-ups.
4. Increase referrals to dental home clinics.

### Staff Responsible

1. Director of Community and Family Wellness
2. Director of Community and Family Wellness
3. Director of Community and Family Wellness
4. Family Advocates

<table>
<thead>
<tr>
<th>Targeted Completion Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 22, 2016</td>
<td></td>
</tr>
<tr>
<td>May 6, 2016</td>
<td></td>
</tr>
<tr>
<td>July 31, 2016</td>
<td></td>
</tr>
<tr>
<td>May 20, 2016</td>
<td></td>
</tr>
<tr>
<td>FINDINGS</td>
<td>GOALS (EXPECTED OUTCOMES)</td>
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</tbody>
</table>
| 45 CFR §1304.20(b)(1) In collaboration with each child’s parent, and within 45 calendar days of the child’s entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child’s developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual and emotional skills. To the greatest extent possible these screening procedures must be sensitive to the child’s cultural background. | Ensure that children’s developmental, behavioral, and sensory screenings are conducted within 45 calendar days from the child’s entry into the program. | 1. Review 45-day screenings procedures with teachers.  
2. Provide teachers with a year-long schedule of when 45-day screenings are due at different entry dates of the year.  
3. Identify children missing a hearing and vision.  
4. Ensure that parents who are visiting the doctor request a hearing and vision test.  
5. Purchase audiometers and vision equipment.  
6. Develop a schedule for Nurse Navigators to conduct a hearing and vision screening for children who do have it.  
7. Train teachers on the ASQ-SE.  
8. Administer the ASQ-SE.  
9. Monitor that 45-day screenings are completed by the expected date. | 1. Education, Health, and Disability staff  
2. Ed Specialist and TA Spec.  
3. Dir. Of Comm. & Family Wellness  
4. Family Advocates  
5. Dir. Of Comm & Family Wellness  
6. Dir. Of Comm & Family Wellness  
8. Teachers  
May 31, 2016  
April 22, 2016  
April 29, 2016  
May 31, 2016  
One week after the hearing and vision equipment arrive.  
May 27, 2016  
June 17, 2016  
Monthly |
<table>
<thead>
<tr>
<th>FINDINGS</th>
<th>GOALS (EXPECTED OUTCOMES)</th>
<th>ACTION STEPS</th>
<th>STAFF RESPONSIBLE</th>
<th>TARGETED COMPLETION DATE</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 CFR §1304.20(a)(1)(ii)</td>
<td>Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems.</td>
<td>Ensure that children are up-to-date on their well-baby checks.</td>
<td>1. Develop a Health Determination form to confirm that children are up-to-date on their EPSDT requirements.</td>
<td>1. Director of Community and Family Wellness</td>
<td>April 22, 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Develop a procedure detailing how program will ensure that children are up-to-date on the EPSDT requirements.</td>
<td>2. Director of Community and Family Wellness</td>
<td>April 22, 2016</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Train staff on the EPSDT requirements, Health Determination form, and procedures for EPSDT compliance.</td>
<td>3. Director of Community and Family Wellness</td>
<td>May 13, 2016</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Train parents on the EPSDT requirements.</td>
<td>4. Director of Community and Family Wellness</td>
<td>July 31, 2016</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Train providers on the EPSDT requirements.</td>
<td>5. Director of Community and Family Wellness</td>
<td>May 31, 2016</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Monitor compliance with EPSDT requirements.</td>
<td>6. Director of Community and Family Wellness</td>
<td>Monthly</td>
<td></td>
</tr>
</tbody>
</table>
**STAFF PERSON(s) RESPONSIBLE FOR THE IMPLEMENTATION OF PLAN:**  VICE PRESIDENT, DIRECTORS, AND MANAGERS

**AREA(s) OF CONCENTRATION:**  FAMILY AND COMMUNITY ENGAGEMENT

**DATE OF PLAN:**  4/2015  **DATE PLAN WAS UPDATED/REVISED:**

<table>
<thead>
<tr>
<th>FINDINGS</th>
<th>GOALS (EXPECTED OUTCOMES)</th>
<th>ACTION STEPS</th>
<th>STAFF RESPONSIBLE</th>
<th>TARGETED COMPLETION DATE</th>
<th>STATUS</th>
</tr>
</thead>
</table>
| **45 CFR §1304.40(a)(1)** Grantee and delegate agencies must engage in a process of collaborative partnership building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family’s readiness and willingness to participate in the process. | Ensure that all families are offered an opportunity to develop family goals. | 1. Identify the families that do not have a family partnership agreement or a family assessment.  
2. Develop a schedule with Family Advocates to complete any missing family partnership agreements and family assessment. Schedule will contain measureable goals at various intervals.  
3. Monitor that family partnership agreements and family assessments are being completed in a timely manner. | 1. Director of Family and Community Support Services  
2. Director of Family and Community Support Services  
3. Director of Family and Community Support Services | April 29, 2016  
May 13, 2015  
Monthly |
<table>
<thead>
<tr>
<th><strong>STAFF PERSON(s) RESPONSIBLE FOR THE IMPLEMENTATION OF PLAN:</strong></th>
<th><strong>VICE PRESIDENT, DIRECTORS, AND MANAGERS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AREA(S) OF CONCENTRATION:</strong></td>
<td><strong>ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT, AND ATTENDANCE (ERSEA)</strong></td>
</tr>
<tr>
<td><strong>DATE OF PLAN:</strong></td>
<td><strong>DATE PLAN WAS UPDATED/REVISED:</strong></td>
</tr>
<tr>
<td>4/2015</td>
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<th>STAFF RESPONSIBLE</th>
<th>TARGETED COMPLETION DATE</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>42 U.S.C. §9837(g) [a.k.a Head Start Act of 2007 §642(g)] Funded Enrollment; Waiting List</strong> - Each Head Start agency shall enroll 100 percent of its funded enrollment and maintain an active waiting list at all times with ongoing outreach to the community and activities to identify underserved populations.</td>
<td>Ensure full enrollment and a waiting list</td>
<td>1. Identify parents that are transitioning out of the program. 2. Ensure that eligible families enrolled in EHS apply for School Readiness 3. Confirm that all information for School Readiness has been received and is complete. 4. Follow-up with families missing documents for School Readiness eligibility. 5. Confirm that families with School Readiness are eligible for the program for a year. 6. Establish a schedule for recruitment activities</td>
<td>1. ERSEA Manager 2. Family Advocates 3. Family Advocates 4. Family Advocates 5. ERSEA Manager</td>
<td>May 13, 2016  May 29, 2016  One week after submitting School Readiness application  Within 24 hours of knowing that documents are missing  May 13, 2016</td>
<td></td>
</tr>
</tbody>
</table>


**45 CFR §1305.6(c)** At least 10 percent of the total number of enrollment opportunities in each grantee and each delegate agency during an enrollment year must be made available to children with disabilities who meet the definition for children with disabilities in §1305.2(a). An exception to this requirement will be granted only if the responsible HHS official determines, based on such supporting evidence he or she may require, that the grantee made a reasonable effort to comply with this requirement but was unable to do so because there was an insufficient number of children with disabilities in the recruitment area who wished to attend the program and for whom the program was an appropriate placement based on their Individual Education Plans (IEP) or Individualized Family Service Plan (IFSP), with services provided directly by Head Start of Early Head Start in conjunction with other providers.

<table>
<thead>
<tr>
<th>FINDINGS</th>
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<th>ACTION STEPS</th>
<th>STAFF RESPONSIBLE</th>
<th>TARGETED COMPLETION DATE</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ensure that 10% of the children enrolled are children with an IFSP</strong></td>
<td>1. Identify the number of children with pending referrals to Early Steps.</td>
<td>1. Disability Manager</td>
<td>April 29, 2016</td>
<td>April 29, 2016</td>
<td>One week prior to appointment and the day before appt.</td>
</tr>
<tr>
<td></td>
<td>2. Follow-up with parents to ensure they attend the appointment with Early Steps.</td>
<td>2. Family Advocates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Determine the number of available slots for children with IFSP.</td>
<td>3. ERSEA and Disability Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Monitor that ASQ-3 are being completed.</td>
<td>4. Disability Manager</td>
<td></td>
<td></td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>5. Coordinate recruitment efforts in locations that provide services/support to children with special needs.</td>
<td>5. ERSEA Manager</td>
<td></td>
<td></td>
<td>May 6, 2016</td>
</tr>
</tbody>
</table>
2015-2016 Self-Assessment

The Early Learning Coalition of Miami-Dade/Monroe (ELCMDM) is one of 31 coalitions in Florida. Since 2000, the ELCMDM has provided early education in two counties, Miami-Dade and Monroe. Under the auspices of the Office of Early Learning, ELCMDM serves more than 50,000 children between the ages of birth through 12 years old and their families. The ELCMDM is committed to increasing children’s chances for achieving education success and becoming productive members of society by promoting high-quality early childhood education. In February 2015, the ELCMDM was awarded the Early Head Start – Child Care Partnership grant. This grant allowed the ELCMDM to provide comprehensive services to 750 at risk children, between birth to 3 years of age, living in some of the poorest zip codes in Miami-Dade County. The project’s name, the Neighborhood Place for Early Head Start (NPEHS), reflects the ELCMDM’s notion that it takes a village to raise a child. It is this idea of community that exemplifies the ELCMDM’s belief in the importance of partnerships and collaboration to make a difference.

The NPEHS is committed to providing quality education and services to the children and families of Early Head Start Programs. As part of this commitment, the NPEHS engaged in a process of self-examination through the Self-Assessment. Head Start Performance Standard 1304.51(i)(1) stipulates that at least once each program year, with the consultation and participation of the policy groups and, as appropriate, other community members, grantee and delegates must conduct a self-assessment of their effectiveness and progress in meeting program goals and objectives and in implementing Federal Regulations. With the approval from the Policy Council in March 2016, the NPEHS began the process of analyzing data and assessing the effectiveness of its operation and systems. The goal was to identify program strengths and areas of improvements. Policy Council members and program administration were invited to be a part of this self-assessment. The following areas were assessed:

- Program Governance and Management Systems
- Fiscal Integrity
- Child Development and Education and Disability
- Child Health and Safety
- Family and Community Engagement and ERSEA

Once the strengths and area of improvements were identified, the group discussed steps and timeline for improvements. The findings and decisions made by the management team and coordinators can be found in the subsequent pages of this report and the program improvement plan.
PROGRAM GOVERNANCE AND MANAGEMENT SYSTEMS

ACCOMPLISHMENTS

- Every EHS center has the opportunity for representation and shared decision-making on the Policy Council. Each Parent Committee representative has a voting right on the Policy Council.

- Through their desire to become involved, eagerness to give feedback, and determination to make a difference through informed decisions, the Policy Council members have demonstrated their commitment on the Council.

- The program is invested in giving providers opportunities to participate in conferences that will keep them abreast of the latest Early Head Start and early childhood trends.

AREAS FOR IMPROVEMENT

REGULATION

45 CFR §1304.51(d)(1-4) Communication with governing bodies and policy groups. Grantee and delegate agencies must ensure that the following information is provided regularly to their grantee and delegate governing bodies and to members of their policy groups:

- Procedures and timetables for program planning;
- Policies, guidelines, and other communications from HHS;
- Program and financial reports; and
- Program plans, policies, procedures, and Early Head Start and Head Start grant applications.

SYSTEM:

Communication
Record-keeping and reporting
Planning

UNDERLYING CAUSES:

Due to the program being in its first year of implementation and limited knowledge of regulations, the program did not establish a formal plan for sharing information with the governing bodies.

RECOMMENDED IMPROVEMENT STRATEGIES:

- Establish formal procedures/protocol for communication with governing bodies.
- Establish a timeline for report submission to the governing bodies.
**REGULATION**

45 CFR §1304.51(e) Communication among staff. Grantee and delegate agencies must have mechanisms for regular communication among all program staff to facilitate quality outcomes for children and families.

**SYSTEM:**
Communication
Planning
Monitoring

**UNDERLYING CAUSES:**
Due to the program being in its first year of implementation and limited knowledge of regulations, the program did not establish written procedures and a formal structure for communication.

**RECOMMENDED IMPROVEMENT STRATEGIES:**
- Establish and implement formal, written procedures for effective communication across programmatic areas.
- Train staff on the procedures for effective communication related to Early Head Start services.
- Monitor that implementation of communication procedures.

**REGULATION**

Head Start Act: Public Law 110-134 sec. 645A(h)(1) Center-Based Staff- The Secretary shall ensure that, not later than September 30, 2010, all teachers providing direct services to children and families participating in Early Head Start programs located in Early Head Start centers, have a minimum of a child development associate credential, and have been trained (or have equivalent coursework) in early childhood development;

**SYSTEM:**
Planning
Human Resource

**UNDERLYING CAUSES:**
Limited knowledge of ELCMDM’s procurement procedures delayed the initiating a Request for Proposal for an institution to offer the Child Development Associate (CDA) courses.

**RECOMMENDED IMPROVEMENT STRATEGIES:**
- Gain understanding of contract/procurement procedures.
- Participate in monthly meetings with Early Learning Coalition of Miami-Dade/Monroe’s Contract Department to discuss contract/procurement procedures and pending items.
- Coordinate with education institution the CDA courses to be offered to staff.
- Coordinate with staff to register and successfully complete the CDA courses.
Regulation
45 CFR §1304.51(i)(2) Grantees must establish and implement procedures for the ongoing monitoring of their own Early Head Start and Head Start operations, as well as those of each of their delegate agencies, to ensure that these operations effectively implement Federal regulations.

System:
Planning
Monitoring
Communication
Record-keeping and reporting

Underlying Causes:
Due to the program being in its first year of implementation and limited knowledge of regulations, the program did not establish a formal, written plan for conducting an internal ongoing monitoring.

Recommended Improvement Strategies:
- Develop a written monitoring plan that is comprehensive and ongoing. The plan should identify the tasks, frequency, reports, and person(s) responsible for each task.

Fiscal Integrity

Strength
Early Learning Coalition of Miami-Dade/Monroe has a sound fiscal safety net to ensure that funds are available for Early Head Start services.

The program hired staff that has experience in providing fiscal oversight of the accountability of the EHS grant funds.

Child Development and Education

Accomplishments
- Two EHS education staff have been trained in all four modules of the Program for Infant-Toddler Care (PITC).
- Six EHS education staff are certified observers in the Classroom Assessment Scoring System (CLASS) for infants and toddlers.
- Improvements have been made to every Early Head Start learning environment through the purchase of new furniture and developmentally appropriate materials.
All Early Head Start teachers received individual training on how to properly complete the Ages and Stages Questionnaire Third Edition (ASQ-3) with parents, rate the questionnaire, and identify children at risk for potential delays. Staff were also trained on the process for referring children at risk.

**Areas for Improvement**

**Regulation**

45 CFR §1304.21(2)(iii) Parents must be encouraged to participate in staff-parent conferences and home visits to discuss their child’s development and education.

**System:**
- Record-keeping and Reporting
- Communication
- Monitoring
- Human Resources

**Underlying Causes:**
A turn-over in administrative position, limited knowledge, and limited opportunities to plan delayed the implementation of parent-teacher conference and home visits.

**Recommended Improvement Strategies:**
- Develop a procedure and timetable for conducting and monitoring parent-teacher conferences and home visits.
- Train staff on how to conduct parent-teacher conference and home visits.
- Monitor the completion of parent-teacher conferences and home visits.

**Regulation**

1304.21(c)(2) Staff must use a variety of strategies to promote and support children's learning and developmental progress based on the observations and ongoing assessment of each child.

**System:**
- Record-keeping and reporting
- Planning
- Facilities, materials, and equipment

**Underlying Causes:**
Limited knowledge of procurement procedures delayed the purchasing of Teaching Strategies Gold subscriptions for the implementation and training of the ongoing assessment.

**Recommended Improvement Strategies:**
- Gain understanding of contract/procurement procedures.
- Participate in monthly meetings with Early Learning Coalition of Miami-Dade/Monroe’s Contract Department to discuss contract/procurement procedures and pending items.
- Finalize the purchase of the Teaching Strategies Gold license.
- Develop a procedures for conducting ongoing assessments.
- Train teachers on the procedures for conducting ongoing assessments.
- Ensure that ongoing assessment are being completed.

**CHILD HEALTH AND SAFETY**

**ACCOMPLISHMENTS**

- All Early Head Start teachers were trained on universal precautions.
- The program has partnered with the largest local public health care system, Jackson Health System, to provide care coordination for children and families.
- The Nurse Navigators from Jackson Health System have reviewed and given providers technical assistance on their health protocols.

**AREAS FOR IMPROVEMENT**

**REGULATION**

45 CFR §1304.20(b)(1) In collaboration with each child’s parent, and within 45 calendar days of the child’s entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child’s developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual and emotional skills. To the greatest extent possible these screening procedures must be sensitive to the child’s cultural background.

**SYSTEM:**
Record-keeping and reporting  
Planning  
Communication  
Monitoring  
Facilities, materials, and equipment

**UNDERLYING CAUSES:**

- Local medical have been unwilling to do vision and hearing.
- Parents were not aware of the 45-day requirements for vision and hearing.
- Providers did not understand the impact of not administering the developmental screeners on time.
- Staff had lack of knowledge on how to complete the ASQ-3 screener correctly.
Due to the program being in its first year of implementation and limited knowledge of regulations, the program was unawareness of the regulation requiring the social emotional screener.

**RECOMMENDED IMPROVEMENT STRATEGIES:**
- Purchase audiometers and vision equipment to test children’s vision and hearing when a doctor is unwilling to conduct the screenings.
- Share EHS requirements with local medical providers.
- Refine procedure to ensure 45-day screener are obtained for all children.
- Train EHS teachers no how to complete the social emotional screener, ASQ-SE, with parents.
- Monitor that screenings are done within 45 calendar days of the child’s entry into the program.

**REGULATION**

45 CFR §1304.20(a)(1)(i) In collaboration with the parents and as quick as possible, but no later than 90 calendar days from the child’s entry into the program, grantee and delegate agencies must make a determination as to whether or not each child has an ongoing source of continuous and accessible health care. If a child does not have a source of ongoing health care, grantee and delegate agencies must assist the parents in accessing a source of care.

**SYSTEM:**
Planning
Monitoring
Communication

**UNDERLYING CAUSES:**
Parents are unaware of the importance of having an ongoing dental home.

**RECOMMENDED IMPROVEMENT STRATEGIES:**
- Establish partnerships with dental clinics in targeted areas.
- Educate parents on the importance of dental check-ups and having an ongoing dental home.
- Increase family referrals to dental home clinics.

**REGULATION**

45 CFR §1304.20(a)(1)(ii) Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems.
RECOMMENDED IMPROVEMENT STRATEGIES:
• Train staff, parents and providers on the EPSDT requirements.
• Monitor that children’s medical information is in compliance with EPSDT requirements.

FAMILY AND COMMUNITY ENGAGEMENT

ACCOMPLISHMENTS

The EHS program has implemented a self-reflective parenting course called Parenting Journey. Through this innovative program, parents participate in a support group that safely allows them to share their experiences, thoughts and feelings. Through the process, parents gain a greater understanding of their parenting styles, how they developed their parenting styles, and reflect on what kind of parent they want to be.

AREAS FOR IMPROVEMENT

REGULATION
45 CFR §1304.40(a)(1) Grantee and delegate agencies must engage in a process of collaborative partnership building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family’s readiness and willingness to participate in the process.

SYSTEM:
Planning
Human Resource

UNDERLYING CAUSES:
Due to the program being in its first year of implementation, staff were assigned many different tasks that impacted the family partnership building process. Additionally, staff changes impacted the stability of caseloads and the relationship building process with families.

RECOMMENDED IMPROVEMENT STRATEGIES:
• Implement weekly program, planning meetings to intentional and collaborative plan tasks and activities and so that other areas are not negatively impacted.
• Hire additional qualified staff to reduce caseload size and establish caseload stability.

ERSEA

ACCOMPLISHMENTS

• The program has exceeded the number of dually enrolled children.

AREAS FOR IMPROVEMENT

REGULATION

42 U.S.C. §9837(g) [a.k.a Head Start Act of 2007§642(g)] Funded Enrollment; Waiting List- Each Head Start agency shall enroll 100 percent of its funded enrollment and maintain an active waiting list at all times with ongoing outreach to the community and activities to identify underserved populations.

SYSTEM:
Planning
ERSEA
Monitor

UNDERLYING CAUSES:
• Requirements for layered funding delayed the attainment of full enrollment.
• Turn-over of contracted providers impacted the attainment of full enrollment.
• Insufficient staffing in the classrooms delayed providers from attaining full enrollment.

RECOMMENDED IMPROVEMENT STRATEGIES:
• Monitor that families maintain their dual enrollment status for a year.
• Establish a waiting list of providers.
• Monitor new providers to ensure that sufficient staff are hired within 2 weeks of signing contract. Appropriate number of slots will be reassigned to providers on the waiting list if teachers are not hired within the established timeframe.

REGULATION

45 CFR §1305.6(c) At least 10 percent of the total number of enrollment opportunities in each grantee and each delegate agency during an enrollment year must be made available to children with disabilities who meet the definition for children with disabilities in §1305.2(a). An exception to this requirement will be granted only if the responsible HHS official determines, based on such supporting evidence he or she may require, that the grantee made a reasonable effort to comply with this requirement but was unable to do so because there was an insufficient number of children with disabilities in the recruitment area who wished to attend the program and for whom the program was an appropriate placement based on their Individual Education Plans (IEP) or Individualized Family Service Plan (IFSP), with services provided directly by Head Start of Early Head Start in conjunction with other providers.

SYSTEM:
ERSEA
Planning
Record-keeping and reporting
**UNDERLYING CAUSES:**
- Inaccurate completion of the ASQ-3 delayed identification and referral of at risk children.
- Requirements for layered funding delayed the attainment of full enrollment.

**RECOMMENDED IMPROVEMENT STRATEGIES:**
- Continue to train new staff on the appropriate procedure for screening and referring children based on ASQ-3 results.
- Reserve 10% of slots for the EHS only enrolled children for children with an IFSP.
- Identify children who are transitioning to a preschool. Fill the slots of transitioning children by conducting focused recruitment efforts for children with an IFSP.
The Neighborhood Place for Early Head Start

School Readiness Goals

Part 1307.2 School readiness goals mean the expectations of children's status and progress across domains of language and literacy development, cognition and general knowledge, approaches to learning, physical well-being and motor development, and social and emotional development that will improve their readiness for kindergarten.

The Improving Head Start for School Readiness Act of 2007 requires programs to address and strengthen school readiness for all of the children. The Neighborhood Place for Early Head Start is committed to support infants and toddlers' development and school readiness across the domains of social and emotional development, language and literacy, approaches toward learning, cognition and general knowledge, and physical development and health. TNPEHS School Readiness Goals were identified by a workgroup comprising Early Head Start Leadership Staff, Early Learning Coalition Management, and Early Head Start-Child Care Partners.

**Domain: Social and Emotional Development**

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| Children will develop and engage in positive relationships and interactions with others. | • Turns to adults for comfort and security  
• Responds to others and environments by cooing, smiling, crying, or reaching out | • Uses adults to help accomplish goals  
• Shows interest in other children  
• Engages in parallel play | • Seeks support from parents/caregivers to address conflict  
• Engages in positive social play |
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<td><strong>Infants</strong>&lt;br&gt;• Allows a trusted adult to help them calm down with words and touch along with self-soothing efforts such as finger sucking</td>
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<td>Children will begin to learn and internalize rules, routines, and directions.</td>
<td><strong>Infants</strong>&lt;br&gt;• Recognizes and anticipates daily routines&lt;br&gt;• Responds to changes in their environment</td>
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## Domain: Language Development and Literacy

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<td>Children will understand and begin to use oral language for conversation.</td>
<td>• Engages in back and forth exchanges</td>
<td>• Uses two-word sentences</td>
<td>• Repeats words heard in conversations</td>
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<td>• Uses language-like sounds in conversation</td>
<td>• Invents new words as they experiment with language</td>
<td>• Says sentences in two to four words</td>
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<td>• Follows simple instructions</td>
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<td>• Follows simple requests not accompanied by gestures</td>
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<td>Children will demonstrate receptive and expressive skills</td>
<td>• Looks at the person who is speaking</td>
<td>• Responds to speech by looking toward the speaker</td>
<td>• Uses language to express thoughts and needs</td>
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<td>• Moves arms and legs when they hear a familiar voice</td>
<td>• Uses appropriate eye contact, pauses, and simple verbal prompts when communicating.</td>
<td>• Points to things and pictures when they are named</td>
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<td>• Turns and smiles when</td>
<td>• Responds to simple spoken</td>
<td>• Uses words to describe their feelings such as happy, sad</td>
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<td>Children will engage with stories and books</td>
<td>• Responds to adult voices with excitement</td>
<td>• Responds to adult voices with excitement</td>
<td>• Learns that pictures represent objects, events, and ideas</td>
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<td>• Recognizes familiar books by their covers</td>
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<td>• Shows growing interest in print and books</td>
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<td>Goal</td>
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<td>• Mimics and imitates</td>
<td>• Pretends to read environmental print</td>
<td>• Recognizes the first letter of their name</td>
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<td>• Follows a moving object with their eyes</td>
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### Domain: Approaches Toward Learning

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| Children will demonstrate interest, curiosity, and eagerness in exploring the world around them. | • Explores an object using all their senses  
• Positions and moves their body toward a familiar object | • Imitates familiar activities  
• Engages in longer periods of turn taking or back and forth | • Is flexible in trying out different solutions to problems, has awareness of change, is active in exploration, asks questions, and demonstrates the beginning of symbolic play |
| Children will learn and use words to describe what they are thinking and doing. | • Has ongoing, meaningful relationships with adults who provide a rich language environment  
• Has different objects to explore by using all senses | • Learns the names of objects and actions from an involved adult and begins to name some objects and action they are doing | • Acts out familiar life scenes  
• Uses language to ask for help, to communicate during play, and converses with others about what they are doing |
# Domain: Cognition and General Knowledge

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| Children will use all of their senses to investigate their environment to discover what objects and people do, how things work, and how they can make things happen. | • Explores the immediate environment by looking around, reaching out, and touching objects  
• Interacts with the environment to see cause and effect | • Pokes, drops, pushes, pulls, and squeezes objects to see what will happen  
• Uses materials, such as pencils, paints, and modeling clay in different and varied ways  
• Uses trial and error to problem-solve | • Asks “Why?” over and over  
• Takes things apart, stacks, sorts, traces, etc.  
• Turns puzzle pieces in various directions to complete the puzzle |
| Children will begin to develop and demonstrate the ability to remember and connect new and known experiences and information. | • Looks toward and smiles at familiar objects or individuals  
• Actively repeats a newly learned activity | • Uses objects for other than their intended purposes  
• Searches for removed or missing objects  
• Associates spoken words with familiar objects or actions  
• Repeats simple words over and over | • Answers questions about prior events  
• Imitates other children’s play and begins to play with other children for brief period of time  
• Pretends to be a story character  
• Completes three- or four piece puzzles |
## Domain: Physical Development and Health

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| Children will develop control of large muscles for movement, navigation, and balance. |  - Demonstrates balancing skills (head control, sitting up, cruising, etc.)  
  - Demonstrates traveling skills (cruising, walking, crawling)        
  - Demonstrates balancing skills (balancing on one foot)               |
| Children will develop control of small muscles for manipulation and exploration. |  - Uses fingers and hands to reach for, touch, and hold objects           
  - Uses fingers and whole-arm movements to manipulate and explore objects  
  - Uses refined wrist and finger movements                             |
Five Year Grant Continuation Application

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Sub-section A: Goals

1. During the first year of implementation, the program has defined the following long term goals, short term objectives and expected outcomes:

   a. **Goal #1:** To support providers in creating an environment that is developmentally appropriate, ADA compliant, and safe for children.

   **Objectives:**

   i. Within 30 days of becoming a new partner, The Neighborhood Place for Early Head Start (TNPEHS) staff will conduct a Classroom Assessment of all classroom furnishing and materials, as well outdoor equipment. The program will purchase materials, furniture, and equipment based on the assessment.

   **Expected Outcomes:** The program will ensure that new providers have developmentally appropriate furniture and equipment that are safe, ADA compliant, Consumer Product Safety Commission compliant, and in good repair. To the extent possible furniture will be uniform throughout the program.

   ii. During the first year of implementation, TNPEHS staff will contract with a general contractor to do an assessment of all provider facilities and playgrounds.

   **Expected Outcomes:** The General Contractor will assess the condition of the facilities and playgrounds and provide his professional advice on the items that should be considered as a priority.
iii. During the first year of implementation, TNPEHS will use the general contractor’s assessment of facilities and playgrounds to prioritize the repairs and renovations for the next four years.

**Expected Outcomes:** Repairs and renovations of provider facilities and playgrounds will be prioritized based on the health and safety conditions, available funds, and ownership of the facility.

iv. During the second through fifth year of the grant period, TNPEHS will ensure repairs and renovations to facilities and playgrounds are done based on the prioritization list.

**Expected Outcomes:** Providers’ facilities and playgrounds will be safe, ADA compliant, Consumer Product Safety Commission compliant, and developmentally appropriate for the Early Head Start children.

b. **Goal #2:** To support school readiness goals by strengthen the quality of teaching and family services.

**Objectives:**

i. During the first through fifth year of the grant period, TNPEHS staff will identify all teachers’ minimum educational qualification, establish a professional development plan for all teachers, and assist teachers in enrolling in appropriate courses.

**Expected Outcomes:** The program will ensure that teachers have the minimum educational requirements for their position and will assist the teachers in a trajectory of pursuing higher education.
ii. During the first year of implementation, TNPEHS will identify and partner with an educational institution that will support all teachers in obtaining the minimum qualification for the EHS teaching position or who have expressed an interest in pursuing higher education.

**Expected Outcomes:** The program will support teachers in their professional growth by partnering with an educational institution that will provide courses for credit, related to the infant and toddler development.

iii. During the first year of implementation, TNPEHS will identify a training institution that will train a cohort of 30 EHS staff to become facilitators in leading Community of Practice (CoP) sessions.

**Expected Outcomes:** The training will prepare facilitators to lead ongoing CoP sessions for Early Childhood Practitioners.

iv. During the second through fifth year of the grant period, TNPEHS will conduct two cohorts of Community of Practice (CoP) each year. Each cohort will have a maximum of 15 participants. The CoP sessions will consist of one monthly meeting and each cohort will run for six months.

**Expected Outcomes:** The CoP will provide ongoing professional development/support for Early Head Start practitioners (teachers and family services staff) through a job-embedded structure. Through self-reflection and the support of peers, participants will have an opportunity to refine and master their craft.
c. **Goal #3:** To support providers with elevating the overall standards of their center by following a self-reflective and transformational process that encourages parent engagement.

**Objectives:**

i. During the first year of implementation, the National Association for the Education of Young Children (NAEYC) will train 10 program staff on the NAEYC process and ways to prepare partnering providers for NAEYC accreditation.

**Expected Outcomes:** The training will prepare program staff to observe programs in the same manner that NAEYC assessor conduct their observations.

ii. During the second through fifth year of the grant period, TNPEHS will identify a cohort of 8 providers who will become NAEYC accredited. Early Head Start (EHS) staff trained by NAEYC will be assigned a provider(s) to guide and support in the NAEYC process. The trained EHS staff will meet with their assigned provider based on their mutually agreed upon timeline.

**Expected Outcomes:** Providers will be able to improve the quality of operation in their schools and attain NAEYC accreditation.

d. **Goal #4:** To provide families with the opportunity to positively strengthen the parent-child relationship.
Objectives:

i. During the first year of implementation, 13 program staff will be trained on how to conduct parenting classes using the Parenting Journey Curriculum and provide two parenting classes to a cohort of parents with a maximum of 18 parents per cohort.

Expected Outcomes: Program staff will be able to conduct parenting courses for parents. Parents will be able to self-reflect on their current parenting styles. Through self-reflection, parents will use acquired knowledge to strengthen parent-child interactions.

ii. During the second through fifth year of the grant period, TNPEHS staff will provide six parenting classes every year to a cohort of parents, with a maximum of 18 parents per cohort.

Expected Outcomes: Parents will be able to self-reflect on their parenting style and make changes that will strengthen their relationship with their children.

e. Goal #5: To ensure compliance with children’s medical and dental requirements.

Objectives:

i. During the first year of implementation the program will educate EHS and Jackson staff on the EHS health performance standards.

Expected Outcomes: EHS and Jackson staff will gain knowledge of Early Head Start requirements and how the different services are integrated.
ii. During the first through fifth year of the grant period, TNPEHS will partner with Jackson Health System to provide care coordination within 90 days of enrollment for 100% of the children by assessing children’s medical and dental needs.

**Expected Outcomes:** Children will be up-to-date on EPSDT requirements and follow-up will be conducted for children needing intervention. Additionally, parents and child care providers will gain knowledge of the expected health requirements of children ages 0-3 years of age.

2. Goal Progress

   a. **Goal #1:** To support providers in creating an environment that is developmentally appropriate, ADA compliant, and safe for children.

      i. A locally developed Compliance Checklist was used to determine if furniture and materials at all sites were safe and in good condition.

      ii. Furniture and materials in poor condition or not developmentally appropriate were replaced.

      iii. The program contracted a general contractor to assess the conditions of provider facilities. Additionally, program staff conducted the OHS Health and Safety Screener and Compliance Checklist on all facilities. The information is being used to develop a plan for program improvement at provider sites.

      iv. Repairs and renovations of provider facilities and playgrounds were prioritized based on the health and safety conditions and available funds.
b. **Goal #2:** To support school readiness goals by strengthen the quality of teaching and family services.

   i. The program has established a professional development plan for all teachers.

   ii. The program has contracted with Miami-Dade College to assist teachers in obtaining the minimum educational requirements.

   iii. The program is in the process of identifying an educational institution that will train staff to lead CoP sessions.

c. **Goal #3:** To support providers with elevating the overall standards of their center by following a self-reflective and transformational process that encourages parent engagement.

   i. The program is currently coordinating trainings with the National Association for the Education of Young Children (NAEYC). Ten program staff will receive a NAEYC assessor training which will prepare staff to assist providers as they go through the accreditation process.

d. **Goal #4:** To provide families with the opportunity to positively strengthen the parent-child relationship.

   i. The program partnered with Parenting Journey. Thirteen staff were trained to facilitate the Parenting Journey sessions. Parenting Journey sessions were offered at two provider locations. A total of 21 parents signed up for the first cohort.
e. **Goal #5:** To ensure compliance with children’s medical and dental requirements.
   
i. The program staff have received training and technical assistance on Early Head Start health requirements.
   
ii. Providers have received technical assistance on their health and safety protocols, as well as compliance with universal precautions and HIPAA.

3. Program Impact: At the end of the five-year grant period, the program will have provided high quality early learning and comprehensive services to over 3,750 at risk infants and toddlers in the community. This unparalleled experience will be the basis for preparing children to enter school ready to learn. Over 375 children will have been identified as having developmental delays who otherwise may have not been diagnosed or much less have received intervention. Through appropriate and early identification, children will have been afforded services that are specific to their need with the likelihood of overcoming their delay prior to entering school.

Over 190 teachers will have a minimum of a National Child Development Associate with an Infant and toddler endorsement. Through reflective practice, teachers will gain a better understanding of how to support infants and toddlers in their development, establish nurturing relationships, and create safe and secure environments. Teachers will learn to utilize a diverse range of information (such as health, social emotional, developmental, nutrition, etc.) to effectively plan activities that are developmentally appropriate and individualized for each child based on his/her developmental stage, needs, and interests. Over twenty-six providers in our community will become NAEYC accredited and understand
the benefits of providing comprehensive services to families. Providers will have benefitted from managerial trainings that will inform them of ways to build a sound and prosperous business that focus on providing the highest quality early childhood care.

Over 3,750 families will accomplish personal goals leading to self-sufficiency. At least 468 parents will have gone through a self-reflective parenting journey. As part of this journey, parents will have reflected on how they were parented. This historical journey will have proffered parents with insight on their parenting style and allow them the opportunity to break bad habits.

4. School Readiness Goals:

**Domain: Social and Emotional Development**

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<td>- Allows a trusted adult to help them calm down with words and touch along with self-soothing efforts such as finger sucking</td>
<td>- Looks, vocalizes, and points towards parent/caregiver when they are upset</td>
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<td>- Uses words or cries to get attention</td>
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<td>- Uses emotionally-charged words to convey emotions</td>
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<td>- Responds to changes in their environment</td>
<td>- Becomes familiar with surrounding and enacting familiar routines</td>
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<td>- Begins to recognize boundaries</td>
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<td>- Understands rules</td>
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<td>- Repeats rules to others</td>
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<tr>
<td>Goal</td>
<td>Infants</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Children will demonstrate receptive and expressive skills</td>
<td>• Looks at the person who is speaking</td>
</tr>
<tr>
<td></td>
<td>• Moves arms and legs when they hear a familiar voice</td>
</tr>
<tr>
<td></td>
<td>• Turns and smiles when their name is spoken by parents and caregivers</td>
</tr>
<tr>
<td></td>
<td>• Begins to coo and babble</td>
</tr>
<tr>
<td>Children will engage with stories and books</td>
<td>• Responds to adult voices with excitement</td>
</tr>
<tr>
<td></td>
<td>• Mimics and imitates</td>
</tr>
<tr>
<td>Children will begin to learn and demonstrate how print works.</td>
<td>• Follows a moving object with their eyes</td>
</tr>
</tbody>
</table>
### Domain: Approaches Toward Learning

<table>
<thead>
<tr>
<th>Goal</th>
<th>Infants</th>
<th>Young Toddlers</th>
<th>Older Toddlers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children will demonstrate interest, curiosity, and eagerness in exploring the world around them.</td>
<td>• Explores an object using all their senses</td>
<td>• Imitates familiar activities</td>
<td>• Is flexible in trying out different solutions to problems, has awareness of change, is active in exploration, asks questions, and demonstrates the beginning of symbolic play</td>
</tr>
<tr>
<td></td>
<td>• Positions and moves their body toward a familiar object</td>
<td>• Engages in longer periods of turn taking or back and forth</td>
<td></td>
</tr>
<tr>
<td>Children will learn and use words to describe what they are thinking and doing.</td>
<td>• Has ongoing, meaningful relationships with adults who provide a rich language environment</td>
<td>• Learns the names of objects and actions from an involved adult and begins to name some objects and action they are doing</td>
<td>• Acts out familiar life scenes</td>
</tr>
<tr>
<td></td>
<td>• Has different objects to explore by using all senses</td>
<td></td>
<td>• Uses language to ask for help, to communicates during play, and converses with others about what they are doing</td>
</tr>
</tbody>
</table>

### Domain: Physical Development and Health

<table>
<thead>
<tr>
<th>Goal</th>
<th>Infants</th>
<th>Young Toddlers</th>
<th>Older Toddlers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children will develop control of large muscles for movement, navigation, and balance.</td>
<td>• Demonstrates balancing skills (head control, sitting up, cruising, etc.)</td>
<td>• Demonstrates traveling skills (cruising, walking, crawling)</td>
<td>• Demonstrates traveling skills (walking, running, climbing)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Demonstrates balancing skills (balancing on one foot)</td>
</tr>
<tr>
<td>Goal</td>
<td>Indicator(s)</td>
<td>Goal</td>
<td>Indicator</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Children will develop control of small muscles for manipulation and exploration.</td>
<td>• Uses fingers and hands to reach for, touch, and hold objects</td>
<td>Children will use all of their senses to investigate their environment to discover what objects and people do, how things work, and how they can make things happen.</td>
<td>• Explores the immediate environment by looking around, reaching out, and touching objects</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Interacts with the environment to see cause and effect</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Pokes, drops, pushes, pulls, and squeezes objects to see what will happen</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Uses materials, such as pencils, paints, and modeling clay in different and varied ways</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Uses trial and error to problem-solve</td>
</tr>
<tr>
<td>Children will begin to develop and demonstrate the ability to remember and connect new and known experiences and information.</td>
<td>• Looks toward and smiles at familiar objects or individuals</td>
<td></td>
<td>• Takes things apart, stacks, sorts, traces, etc.</td>
</tr>
<tr>
<td></td>
<td>• Actively repeats a newly learned activity</td>
<td></td>
<td>• Turns puzzle pieces in various directions to complete the puzzle</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Answers questions about prior events</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Imitates other children’s play and begins to play with other children for brief period of time</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>• Pretends to be a story character</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Completes three- or four piece puzzles</td>
</tr>
</tbody>
</table>
Sub-section B: Service Delivery

1. Needs of Children and Families: Any changes are documented in the areas below.

2. Service Area: Some changes have occurred with providers since the initial submission of the grant application. The program is not partnering with Family Child Care Homes. Instead of 33 centers, the program has partnered with 26 centers. The following centers did not contract with our Early Head Start program:
   
   a. Children’s Academy #5 and #6
   b. Early Learning Bright Academy
   c. Homestead YMCA Preschool
   d. Interamerican Learning Center
   e. Lincoln Marti #3
   f. Little Lamb Child Care Center
   g. Love Thy Kids Academy
   h. Martin Luther King YMCA Preschool
   i. Sheyes Miami #2 Young Achievers
   j. Tiny Tykes Learning Center
   k. Village Allapattah YMCA Preschool

The program is partnering with the following centers:

   a. Excel Miami
   b. Excel Opa Locka
   c. Wynwood Learning Center II
   d. Le Jardin #4
e. Room 2 Bloom

3. Recruitment and Selection

Change: The initial grant application states that “once families are deemed eligible for EHS and choose to participate, they will be enrolled and meet with the Family Advocate (FA) within 5 days.” The timeframe for meeting with eligible and accepted families is now 10 days.

4. Transportation: Not applicable - Transportation is not being provided by the program.

5. Education Services:

Change: The grant application states that Teaching Strategies Gold observations will be done monthly. Daily observations will be performed using Teaching Strategies Gold. Each day teachers will concentrate on two different children. Therefore, observations for every child will be entered at a minimum weekly.

Change: The grant application states that “all EHS-CC Partnership sites will participate in the local QRIS, Quality Counts.” Some sites are unable to participate in QRIS, Quality Counts because they only serve Early Head Start children. Therefore, they are ineligible to participate in QRIS per local requirements.

Change: The grant application states that EHS-CC Partnership Technical Assistance Coach visits will documented in WELS. The EHS technical assistance visits are captured in ChildPlus.

Change: The grant applications states that screening results letter is issued to the family by the Family Advocate. The screening results letter is issued and reviewed by the classroom teacher.
6. Health Services:

**Change:** The grant application states that “Jackson Health System will perform dental screenings on all children.” Jackson has partnered with the Department of Health to perform all dental screening on all eligible children at their clinics or through a special grant awarded to the Department of Health, Seals on Wheels.

**Change:** The grant application states that “the Nutritionist, a Registered Dietician will review all menus and work with food contractors and caterers to address menu improvements or dietary restrictions.” In addition to food contractors and caterers, the Nutritionist will review the menus for sites that cook their own meals.

7. Family Services and Social Services:

**Change:** The grant applications states that the Family Advocates “will plan monthly gatherings at the Hubs for fun, informal gatherings.” The gatherings will be planned quarterly rather than monthly.

8. Early Head Start Specific

   a. **Continuity of services:** No changes or updates

   b. **Pregnant women services:** Not applicable to this program

9. Transition: No changes or updates

10. Coordination: No changes or updates

**Sub-section C: Approach to School Readiness**

1. **Updates to Approach in School Readiness:** No changes or updates

2. **Progress on School Readiness:** Currently, teachers have been utilizing the 45-day screening results to assess children’s level of knowledge. Informal ongoing assessment has been done
in order to plan individualized activities. The program has identified Teaching Strategies Gold and as the assessment tool to support the curriculum, Creative Curriculum. Teachers will be trained to appropriately use Teaching Strategies Gold as a method of conducting reliable and valid ongoing assessment.

3. School Readiness Program Improvement: The program is using the results from the Classroom Assessment Scoring Scale (CLASS) to provide teachers with technical assistance that will improve the adult-child interaction. Results from a modified version of the Infant/Toddler Environment Rating Scale (ITERS-R) have been used to assess the effectiveness and appropriateness of the learning environment. Consequently, new materials and furniture have been purchased to enhance the sensory experiences that infants and toddlers need to learn and grow. Classroom observations coupled with child observations have guided individualized training and professional development for teachers.

Sub-Section D: Parent, Family, and Community Engagement

1. Changes in Family Outcomes: No changes or updates

2. New Data Source: No changes or updates

3. Family Progress Supporting School Readiness:

   Transition: As of January 2016, forty percent (40%) of children scheduled to transition out of EHS have begun or completed the transition process. Families are educated on the transition process and its importance to their child's educational success. As an integral part of the transition process, families are supported and informed about the various options available to them once their child leaves the EHS program. By presenting all of the
different options and their potential benefits, parents are empowered to make an informed and favorable decision about their child’s education. In addition, parents receive advice on how to prepare children for the transition. This collaborative effort among staff and families contributes to a seamless process that positively supports the child’s ability to adapt and integrate into their new environment.

Parent-Teacher Conferences: Helping parents understand screening results and the progression of their child’s development is the role of Early Head Start teachers. Parents are invited to attend parent-teacher conferences where they are kept abreast of educational goals and are informed of children’s developmental level. Parent-teacher conferences also allow a teacher an opportunity to obtain pertinent information from the parent about changes in their child’s behavior or development. These individual meetings establish a partnership between parent and teacher that focuses on meeting developmental goals. Accordingly, parent and teacher can jointly discuss how to best support the child in their development.

Attendance: Since its inception the average daily attendance for the program has been 92.4%. Creating good attendance habits for young children is a responsibility of parents. In order to fully benefit from the Early Head Start program, families are encouraged and counseled to bring their children to school every day. Daily attendance fosters a continuity in learning that is essential for scaffolding learning and development, as well as minimizing any learning loss resulting from poor attendance.

4. Communicating Parent, Family, and Community Engagement (PFCE) Goals: Families are educated on PFCE goals and objectives through the Family Goal Planning process which
include completing a Family Assessment and establishing a Family Partnership Agreement. Progress towards meeting the PFCE goals and objectives is obtained from the parents at regular follow-up meetings with Family Advocates. In collaboration with the parents, Family Advocates complete a Preliminary, Mid-Year, and End of year assessment. Currently, 602 families have completed the Preliminary Family’s Needs Assessment. The assessments are used to track the status of goals. This information is also shared at monthly Parent Committee Meetings.

5. Changes in Board and Policy Council: No changes or updates

6. Organizational Chart

7. Staff Qualifications: No changes or updates

8. Changes In Management Systems: No changes or updates
### Section II: Budget and Budget Justification Narrative

#### Sub-section A: Budget

**Applicant Name:** Early Learning Coalition of Miami-Dade/Monroe  
**Award Number:** 04HP0007

#### Budget Information - Non Construction Programs

<table>
<thead>
<tr>
<th>Grant Program Function or Activity</th>
<th>Catalog of Federal Domestic Assistance Number (b)</th>
<th>Estimated Unobligated Funds</th>
<th>New or Revised Budget</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Federal (c)</td>
<td>Non-Federal (d)</td>
<td>Federal (e)</td>
</tr>
<tr>
<td>1. Early Head Start: Program Operations</td>
<td>93.600</td>
<td><strong>$9,294,967</strong></td>
<td><strong>$2,381,835</strong></td>
</tr>
<tr>
<td>2. Early Head Start: TTA</td>
<td>93.600</td>
<td><strong>$232,974</strong></td>
<td><strong>$0</strong></td>
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<td>3.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Totals</td>
<td></td>
<td><strong>$0</strong></td>
<td><strong>$9,527,941</strong></td>
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</table>

**SF-424A**  
Prescribed by OMB Circular A-102

<table>
<thead>
<tr>
<th>Section B - Budget Categories</th>
</tr>
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<tbody>
<tr>
<td><strong>(1)</strong></td>
</tr>
<tr>
<td>Early Head Start: Program Operations</td>
</tr>
<tr>
<td>a. Personnel</td>
</tr>
<tr>
<td>b. Fringe Benefits</td>
</tr>
<tr>
<td>c. Travel</td>
</tr>
<tr>
<td>d. Equipment</td>
</tr>
<tr>
<td>e. Supplies</td>
</tr>
<tr>
<td>f. Contractual</td>
</tr>
<tr>
<td>g. Construction</td>
</tr>
<tr>
<td>h. Other</td>
</tr>
<tr>
<td>i. Total Direct Charges (sum of 6a-6h)</td>
</tr>
<tr>
<td>j. Indirect Charges</td>
</tr>
<tr>
<td>k. Totals (sum of 6i-6j)</td>
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</table>

7. Program Income | | | | | **$0**
## Section C - Non-Federal Resources

<table>
<thead>
<tr>
<th>(a) Grant Program</th>
<th>(b) Applicant</th>
<th>(c) State</th>
<th>(d) Other Sources</th>
<th>(e) Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Early Head Start: Program Operations</td>
<td>$2,381,835</td>
<td></td>
<td></td>
<td>$2,381,835</td>
</tr>
<tr>
<td>9. Early Head Start: TTA</td>
<td></td>
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<td></td>
<td>$0</td>
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<td>10.</td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>12. Total (sum of lines 8 - 11)</td>
<td>$2,381,835</td>
<td>$0</td>
<td>$0</td>
<td>$2,381,835</td>
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</table>

## Section D - Forecasted Cash Needs

<table>
<thead>
<tr>
<th></th>
<th>Total for 1st Year</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Federal</td>
<td>$9,527,341</td>
<td>$2,381,835</td>
<td>$2,381,835</td>
<td>$2,381,835</td>
<td>$2,381,836</td>
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<tr>
<td>15. Total (sum of lines 13 and 14)</td>
<td>$11,909,176</td>
<td>$2,977,294</td>
<td>$2,977,294</td>
<td>$2,977,294</td>
<td>$2,977,294</td>
</tr>
</tbody>
</table>

## Section E - Budget Estimates of Federal Funds Needed for Balance of the Project

<table>
<thead>
<tr>
<th></th>
<th>Future Funding Periods (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Grant Program</td>
<td>(b) First (c ) Second (d) Third (e) Fourth</td>
</tr>
<tr>
<td>16.</td>
<td>$0</td>
</tr>
<tr>
<td>17.</td>
<td>$0</td>
</tr>
<tr>
<td>18.</td>
<td>$0</td>
</tr>
<tr>
<td>19.</td>
<td>$0</td>
</tr>
<tr>
<td>20. Total (sum of lines 16-19)</td>
<td>$0                             $0    $0    $0</td>
</tr>
</tbody>
</table>

## Section F - Other Budget Information

<table>
<thead>
<tr>
<th></th>
<th>22. Indirect Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Direct Charges</td>
<td></td>
</tr>
<tr>
<td>23. Remarks</td>
<td></td>
</tr>
</tbody>
</table>

**SF-424A**
Prescribed by
OMB Circular A-102
Sub-Section B: Budget Narrative

**Personnel**

**Federal** \ $1,805,919

**VP of EHS and Child Care Partnerships:** 12 month position; $95,000 Annual. Responsible for the administration of the Early Head Start program, including program design, management and systems integration. Provides oversight of record-keeping and monitoring systems and development of community partnerships. Works in collaboration with EHS Senior Director, program consultants/managers and community child care partnership sites to deliver EHS services. Must meet requirements per Federal Head Start Performance Standards and any local, state and or agency policies and procedures.

**Administrative Assistant:** 12 month position; $30,264 x 1 FTE = $30,264 Annual. Will support the administrative team, including gathering data, record keeping, completing reports, working on special projects as requested by the administrator.

**ERSEA Manager:** 12 month position; $39,413.14 x 1 FTE = $39,413.14 Annual - will manage, develop and administer eligibility, recruitment and selection policies to meet and maintain enrollment and waitlist numbers.

**Health and Family Wellness Director:** 12 month position; $59,298.72 x 1 FTE = $59,298.72 Annual - will oversee contracted health/dental services with Jackson Health System. Baccalaureate degree and experience in public health, nursing, health education, maternal and child health, or health administration. Master’s preferred.

**Disabilities and Mental Health Manager:** 12 month position: $54,999.88 x 1 FTE = $54,999.88 Annual, - will oversee contracted mental health services with Citrus Health Network such as screening, assessment, referral for mental health, developmental and special education provisions in addition to planning and program development. Baccalaureate degree required; master’s preferred.

**Child Development and Education Director:** 12 month position; $47,645.00 x 1 FTE = $47,645.00 Annual, - will supervise the educational services of the EHS program; guide curriculum and program planning, development, and training in addition to as managing the educational specialists and serving a resource for teachers. A baccalaureate or advanced degree in Early Childhood Education or equivalent coursework required.

**Director Family and Community Support:** 12 month position; $60,600.02 x 1 FTE = $60,600.02 Annual, - will supervise family advocates and collaborate with community agencies to coordinates social services. Baccalaureate degree required.
**Nutritionist: $57,379.60 x 1 FTE= $57,379.60 Annual** - will conduct nutrition assessments, plan menus, oversee food operations, review child and family nutrition data, develop individual nutrition plans/special diets, provide nutrition education and training to staff and families, and is a Registered Dietician.

**Educational Specialist:** 12 month position; $44,356.83 x 2 FTE = $88,713.65 Annual, - will be an expert resource and/or trainer for classroom staff, program administration and volunteers, observes and monitors classroom activities and children's records, coordinates with Technical Assistance staff in supporting program quality, analyzes child data, does not have supervisory duties, holds a graduate degree in early childhood field.

**Family Advocate:** 12 month position; $36,443.75 x 18 FTE = $659,587.50 Annual, - will serve as an advocate and liaison between the family/client and community services. Family Advocates make home visits, assist clients and families by providing resources and make referrals working under the supervision of the Manager of Community Support Services.

**Family Advocate Lead:** 12 month position; $41,137.83 x 2 FTE = $82,275.66 Annual, - will supervise family advocates as well as serve as an advocate and liaison between the family/client and community services. Family Advocates make home visits, assist clients and families by providing resources and make referrals working under the supervision of the Manager of Community Support Services. Five years’ experience preferred.

**Monitor:** 12 month position; $42,844.23 x 2 FTE = $85,688.46 Annual, - will monitor all data and records related to contract performance measures and Head Start Performance Standards to ensure regular compliance, will analyze and synthesize relevant reports, assist in identifying deficiencies and develop recommendations for improvement.

**Director of Research, Evaluation, and Assessment:** 12 month position; $62,263.80 x .10 FTE = $6,226.38, - will support data collection, analysis and reporting, as well as supervise the evaluation activities.

**Senior VP of Strategic Initiatives and Program Development:** 12 month position; $110,249.90 x .10 FTE = $11,024.99, - will supervise the EHS Director and provide leadership and general oversight of all EHS program activities.

**Finance Manager:** 12 month position, $60,106.00 X .90 FTE = $54,095.40 Annual, Manages the fiscal functions for Early Head Start program to include cash management, projection and analysis, and budget monitoring. Prepares reports, plans and forecasts, and maintains and monitors non-federal share documentation.

**Attendance and Enrollment Coordinator:** 12 month position, $35,103.32 X 1 FTE = $35,103.32 Annual – will track attendance and enrollment for all EHS children. Assist with provider payments and fiscal reporting. Under the supervision of the Finance Manager.
Technical Assistant: 12 month position; $39,909.68 X 4 FTE = $159,638.68 Annual, - will be a model and mentor for classroom staff and volunteers, will coach teachers in curriculum implementation and quality improvement, and holds a formal degree in early childhood field.

Administrative Allocated Salaries: 12 months - $1,626,954.49 X 11.0% =$178,964.99 Annual, - allocated to EHS - The ELC identifies Administrative and Infrastructure expenses by allocating shared costs to all programs. The Cost Allocation Plan is approved by the State of Florida annually and the primary methodology for allocating is direct labor hours. Administrative salaries reflect such areas as Finance, Contracts, Procurement, Human Resources, and MIS and benefit all programs.

Fringe

FICA/MICA = Gross $1,626,954.49 x 0.0765 = $124,462.02
Retirement = Gross $1,626,954.49 x 0.06 = $97,617.27
Disability/Life = Gross $1,626,954.49 x 0.01 = $16,269.54
State Unemployment = Gross 40 FTE X $7,000 X .027=$7,560.00
Group Insurance = Gross $1,626,954.49 x 0.20 = $324,000.00
Worker's Comp = Gross 40 FTE X $250= $10,000.00

Travel

National Head Start Conference: $15,000.00
6 Staff members x$2,500.00 ($450.00 airfare +$656.00 registration + 1,214.00 lodging + 180.00 per diem).

Florida Head Start Association: $12,430.00
10 Staff members x 1,242 (245.00 airfare + 350.00 registration + 467.00 lodging + 180.00 per diem).

Regional Head Start Conference: $7,580.00
5 Staff members x 1,516 (367.00 airfare + 525.00 registration + 480.00 lodging + 144.00 per diem).

Parent Activity Funds

Funds: $5,250.00
$7.00 x 750 parents to support various activities for Parents

Supplies

IT: $5,000.00
Supplies 40 FTE x $125/year
Office Supplies: $9,600.00
Supplies for EHS, file maintenance, copy paper, etc. Costs for office supplies: 40 EFT x $20.00/month = $9,600.00

Contractual

Federal $631,250.00

Jackson Memorial Hospital: $531,250.00
Comprehensive health and dental services to ensure health and dental screenings are completed and ongoing service is provided

Citrus Health Network: $100,000.00
Citrus Health will provide mental health screenings and services to all children, families, and staff at EHS sites.

OTHER

Federal $6,248,288.60

Office Space: $160,832.04 (for EHS program)
Annual $28.00 x 4,394 square feet = $123,032.04 office space at the North $37,800. $21.25/sg. Ft. Transition from site.

Local Travel: $74,172.60
ELC mileage rate of .445 at estimated annual miles by function for 40 FTE totaling 164,880 miles x .445 = $73,371.60 plus other miles (Parent, non-school transportation, admin staff, etc.) 1,800 x $.445 = $801.00;

Bus Passes: $1,390.00
250 passes x $5.65

Allocated Administrative/Infrastructure $320,846.00
The ELC distinguishes Administrative and Infrastructure expenses by allocating shared costs to all programs. The Cost Allocation Plan is approved by the State of Florida annually and the primary methodology for allocating identified costs is via direct labor hours. Administrative expenses are generated from such areas as Finance, Executive Office, Contracts/Procurement, Human Resources, and MIS and benefit all programs. Line items include ELC main office rent, utilities, and like facility costs that are shared by all programs as well as Contracts, Professional Services, Audit, and other like administrative and infrastructure costs. The projected allocation rate for EHS is 11%; $2,916,786 X 11% = $320,846.00

Reimbursement to Child Care Partners: $2,173,750
This represents 30% non-subsidized children of 750 = (750 x 30%) = 225 x 251 days x 50.00 daily rate = $2,823,750 less $650,000 match = $2,173,750 The daily rate enables performance requirements by provider, to include maintaining correct teacher ratio, upholding health and safety standards, purchase of quality classroom materials, adequate administrative support, and purchase of diapers, and formula.
Reimbursement to Child Care Partners: $3,492,037.50
This represents 70% subsidized children of 750: (750 x 70%) = 525 x 251 days at 26.50
daily rate = $3,492,037.50. The amount that CCDF is contributing is $50.00-
26.50=$23.50/day X 251 days=$3,096,712.50. The CCDF contribution amount is not part
of the federal request or the non-federal match, but enables more children to receive
EHS funding. The daily rate for subsidized enrollments is leveraged by CCDF funds, and
together the rates enable performance requirements by provider, to maintain correct
teacher ratio, uphold health and safety standards, purchase quality classroom materials,
adequate administrative support, and purchase of diapers, wipes, and formula.

TECHNICAL ASSISTANCE:

Training/ Supplies: Federal $232,374

Policy Council and ELC Board of Director Governance Training: $234.00
26 people @ $9.00 p/p

Governance Training: $4,540.00
1 contracted consultant x 1 day
Breakfast: $400.00 (40 participants @ $10.00 p/p)
Manuals (10 in a set): $340.00 (4 sets @ $85.00 a set)

CLASS Observer Recertification $1,000.00
$100 p/p x 5 participants x 2 modules: toddler module and infants module

Preservice Conference: $25,625.00
Keynote speaker $10,000, Programs cost $5,000 (400 programs x $12.50), Food for
participants $8,000 (400 participants x $20.00), Conference bags $2,625 (400
participants x $6.56)

A Winning Trifecta: Knowledge, Implementation, and Evaluation of DEC Recommended
Practices: $9,760.00
$2,440 x 4 participants

Toddler CLASS® Observation Train-the-Trainer: $4,500.00
$4,500 p/p x 1 participant

Introduction to Toddler CLASS: $3,000.00
150 books x $20.00 per book

Parenting Journey Consultation: $600.00
$600 ($50 p/h x 2 hours x 6 consultative sessions)

Parenting Journey Materials: $21,882.00
PJ Parent Books 12 sets (12 books per set) cost: $1,392 (12 sets @ $116)
Cohort materials: $1,050, ($175 per cohort x 6 cohorts):
Food for participants: $19,440 ($15 p/p x 18 participants per cohort x 6 cohorts x 12
sessions per cohort)

Western Kentucky University Training and Technical Assistance: $15,085.00
$2,155 x 7 sessions training sessions for EHS Staff and Education Partners
New Family Service Managers Orientation: $3,435.00
  $1,145 p/p x 3 participants
Toddler CLASS® Observation Training: $375.00
  3 packages x $125 per package
Western Kentucky University Training and Technical Assistance: $8,620.00
  Challenging Behaviors of Infants and Toddlers: $4,310
  [(2 sessions x 36 participants per session) x $2,155 X 2]
  Social-Emotional Development: $4,310
  [(2 sessions x 36 participants per session) x $2,155 X 2]
2016 Early Educators Leadership Conference: $6,475.00
  (5 participants x $1295 p/p)
Creative Curriculum Training: $5,520.00
  40 participants x $138 p/p
Digital Press Release (PRSA): $250.00
  $250.00 x 1 participant
Public Relations Online (MDC): $400.00
  $400 x 1 participant
Western Kentucky Health/Nutrition Trainings: $3,400
  $1,700 p/p x 2 participants
H G Jones Associates three module courses and competency exam: $5,677.00
  $5,677.00 for all three modules and competency exam x 1 participant
Finding the Keys to ERSEA: $5,600.00
  $1400 p/p x 4 participants
CDA Training: $78,840.00
  CDA and college courses: $57,840 ($118 per credit x 12 credits per year x 40 participants) + ($30 registration p/p x 40 participants)
  CDA course Material $21,000 ($175 x 20 participants pursuing an AA x 6)
Yearly Health/Orientation Fair: $9,015.00
  Orientation booklets: $2062.50 ($2.75 booklets X 750 participants)
  Passports: $2062.50 ($2.75 x 750 passports)
  Raffle Tickets (2000/roll): $12.00 (1 Roll x $12)
  Food: $4,125 ($5.50 x 750 participants)
  Toothbrushes Pediatric (144/pack): $99 (6 packs x, $16.50 per pack)
  Toothpaste: (144/pack): $279 (6 packs x $46.50 per pack)
  Plastic Grab Bags: $375 ($0.50 x 750 bags)
Pedestrian Safety Training: $300.00
  Brochures: $330 ($0.11 copy per page x 4 pages x 750 copies)
High Impact Series Maximizing Time Management through a Successful Sourcing Plan (AIRS Webinar): $300.00
  $100 x 3 participants
Adult and Pediatric First Aid/CPR/AED: $8,100.00
  $30 p/p x 270 participants
Health Manager Meeting: $4,464.00
  $1488 p/p x 3 participants
Integrating Health and Nutrition into Infant/Toddler Programs (local training): $5,347.00
  Consultant Fees: $3,847 ($975 training per day x 3 days) + $922 travel cost
  Materials: $1,500 ($10.00 x 150 participants)

OTHER        Non- Federal   $650,000.00
  Reimbursement to Child Care Partners – Annual $650,000.

Volunteers: $1,674,614
  Classroom, Parent/child curricular activities, and Parent extracurricular activities = 875
  (750 parents plus 125) @74.00% participation x 1 hour day x 240 days x $10.92 (teacher
  assistant rate) = $1,674,614.

Professional in-kind services for Advisory Committee: $13,981.00
  3 professionals each for Education, Nutrition, Health, Parent Involvement, and Social
  Services = 15 x 46.67 hourly rate x 2 hours x 6 meetings per year = $8,221.15; 6 Inclusion
  professionals x 80.00 hourly rate x 2 hours x 6 meetings = $5,760.00.

Professional in-kind services for ELC Board meetings: $35,200
  20 members x 11 meetings x 2 hours x 80.00 hourly rate = $35,200.00.

Professional in-kind services for ELC Finance Committee: $7,040
  4 members x 11 meetings per year x 2 hours x 80.00 hourly rate = $7,040.00

Professional in-kind services: $1,000.00
  In kind donation from ChildPlus.net for implementation/training.
SELF-ASSESSMENT PLAN

PURPOSE

Self-Assessment is a vital component of the planning cycle. The self-assessment creates a time for the program to critically examine the data collected throughout the program year. The program uses this time to uncover patterns or trends in the data that may not be immediately evident during the regular ongoing monitoring process. The results of the self-assessment are used for program planning which include the development of goals and objectives, determination of training and technical assistance priorities, and the allocation of program funds.

Although inter-related, ongoing monitoring and self-assessment are distinct and separate systems. Ongoing monitoring takes place throughout the program year, examines whether the program is meeting regulatory requirements, and looks to answer the question, “Are we doing things right?” Self-Assessment takes place annually, examines the effectiveness of program operations, and attempts to answer the question, “Are we doing the right things?”

The self-assessment process described here will allow the program to analyze the effectiveness of key management systems, as those systems impact services delivered to children and families. Through the implementation of this process, we will focus on big issues, and answer three pertinent questions:

1. How can we better serve children and families in our community?
2. Where are we at risk?
3. How can we improve or streamline operations?

PERFORMANCE STANDARD

1304.51(i)(1) At least once each program year, with the consultation and participation of the policy groups and, as appropriate, other community members, grantee and delegate agencies must conduct a self-assessment of their effectiveness and progress in meeting program goals and objectives and in implementing Federal regulations.
PARTICIPANTS

The inclusion of multiple perspectives ensures that all service areas and viewpoints are represented and considered during the analyses of data and the development of a program improvement plan. For this reason, various stakeholders (community representatives and parents) will be invited to participate along with key management staff from the Early Head Start Program.

PROCESS

Data Collection

The Neighborhood Place for Early Head Start will use existing information from various internal and external monitoring reports and/or inspections. Additionally, the program will use information from the program’s database and children’s records to determine areas of strength, as well as areas needing improvement. Each service area director or manager will identify the documents that will be reviewed as part of the self-assessment.

Timeframe: April 4, 2016 – April 6, 2016

Data Analysis

The self-assessment participants will collectively review the data for each service area. Data analysis will focus on identifying major area(s) of strength, major area(s) of improvement, and system(s) impacted by the finding(s) for each service area. Service areas will consist of: education, family and community engagement, health, nutrition, mental health, and disability. The Early Head Start systems will consist of: self-assessment; planning; program governance; human resource; facilities, materials, and equipment; record-keeping and reporting; communication; ongoing monitoring; fiscal management; and ERSEA.

Timeframe: April 11, 2016 – April 15, 2016

Report Presentation

Two reports will be developed as a result of the data analysis. The summary report will recapitulate the results from the data analysis. A program improvement plan will detail the steps to be taken to strengthen the program. The program improvement plan will identify the individuals responsible for each step and the timeframe for completing each step. Both reports will be presented to the Policy Council and the Early Learning Coalition of Miami-Dade/Monroe Board.

Timeframe: April 25, 2016 - May 2, 2016
Goal: Increasing staff’s knowledge of the best early childhood practices in all areas of development and applying this knowledge to practice is a goal of The Neighborhood Place for Early Head Start.

Method for Achieving Goal: Scaffolding or building staff’s knowledge and connecting that knowledge to every day practice will be attained through continuous and sustained learning and support. Information will be introduced through workshops, courses, research, journals and periodical literature, peer discussions, and webinars. Information learned will be reinforced by using individual technical assistance and support and internalized through self-reflection.

Expected Outcomes: It is expected that staying abreast of the latest trends in all facets of early childhood and developing systems for implementation will result in the highest quality of service for children and families. Various tools, such as environmental rating scales, parent surveys, ongoing assessments, goal attainment from family partnership agreements, monitoring tools, etc. will provide information to assess the level of quality and satisfaction in the program.

Funding: $232,374.00

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<thead>
<tr>
<th>Topic/Cost</th>
<th>Service Area(s) Impacted</th>
<th>Expected Outcomes</th>
<th>Target Participants</th>
<th>Materials/Cost</th>
<th>Timeframe</th>
<th>Total Cost</th>
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<tbody>
<tr>
<td><strong>Topic:</strong> Policy Council Budget Training &lt;br&gt; <strong>Cost:</strong> N/A (in-house training)</td>
<td>• Parent Engagement &lt;br&gt; • Governance &lt;br&gt; • Fiscal</td>
<td>• Participants will learn fiscal terms and the organization of budget. &lt;br&gt; • Participants will be able to identify red flags in the budget and ask appropriate questions.</td>
<td>• Parents &lt;br&gt; • Community Representatives</td>
<td><strong>Materials</strong> Breakfast &lt;br&gt; <strong>Cost:</strong> $234.00 (26 people @ $9.00 p/p)</td>
<td>12/2016</td>
<td>$234</td>
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<tr>
<td><strong>Topic:</strong> EHS Staff Budget Training &lt;br&gt; <strong>Cost:</strong> N/A (in-house training)</td>
<td>• Management</td>
<td>• Participants will learn fiscal terms and the organization of budget. &lt;br&gt; • Participants will be able to identify red flags in the budget and ask appropriate questions. &lt;br&gt; • Participants will be able to develop a budget and plan for their service area effectively.</td>
<td>• Directors &lt;br&gt; • Managers</td>
<td><strong>Materials</strong> N/A</td>
<td>8/2016</td>
<td>N/A</td>
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| **Topic: Governance Training** | • Parent Engagement  
• Governance  
• Fiscal | • Participants will understand the EHS regulations and the role of the ELC Board and Policy Council in shared decision-making. | • Parents  
• Community Representatives  
• ELC Board Members | **Materials**  
Breakfast  
Cost: $400.00  
(40 participants @ $10.00 p/p)  
Manuals (10 in a set)  
Cost: $340.00  
(4 sets @ $85.00 a set) | 12/2016 | $4,540 |
| **Cost:** $3,800  
(1 contracted consultant x 1 day) | | | | | |

| Topic: CLASS Observer Recertification | • Education | • Education staff will maintain CLASS reliability to conduct bi-annual CLASS Observations in TNPEHS Classrooms. | • Director of Child Development and Education  
• Education Specialist  
• Technical Assistance Specialists | **Materials:** N/A | 8/2016 - 7/2017 | $1,000 |
| **Cost:** $1,000  
[$100 p/p x 5 participants x 2 modules (toddler and infants)] | | | | | | |
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<tbody>
<tr>
<td><strong>Topic: Head Start Preservice</strong>&lt;br&gt;Keynote Speaker: $10,000 (all inclusive)</td>
<td>• Health&lt;br&gt;• Education&lt;br&gt;• Disability&lt;br&gt;• Family Engagement&lt;br&gt;• Mental Health&lt;br&gt;• Nutrition</td>
<td>• Participants will obtain the latest information about the Early Head Start program and early childhood.&lt;br&gt;• Participants will have the opportunity to network with other programs to exchange ideas.</td>
<td>• Directors&lt;br&gt;• Managers&lt;br&gt;• Parents&lt;br&gt;• Providers&lt;br&gt;• Teachers&lt;br&gt;• Family Advocate&lt;br&gt;• Monitors&lt;br&gt;• Board Members&lt;br&gt;• Support Staff</td>
<td><strong>Materials</strong>&lt;br&gt;Program&lt;br&gt;<strong>Cost:</strong> $5,000&lt;br&gt;(400 programs x $12.50)&lt;br&gt;Food for participants&lt;br&gt;<strong>Cost:</strong> $8,000&lt;br&gt;(400 participants x $20.00)&lt;br&gt;Conference bags&lt;br&gt;<strong>Cost:</strong> $2,625&lt;br&gt;(400 participants x $6.56)</td>
<td>8/2016-7/2017</td>
<td>$25,625</td>
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<tr>
<td><strong>Topic: A Winning Trifecta: Knowledge, Implementation, and Evaluation of DEC Recommended Practices</strong>&lt;br&gt;Cost: $9,760 ($2,440 x 4 participants)</td>
<td>• Disabilities&lt;br&gt;• Education&lt;br&gt;• Family Services</td>
<td>• Participants will absorb new skills and practices so that teaching can be enhanced in the classrooms. This event also aims to support families of children with disabilities by promoting and encouraging good policies and practices in the classrooms these children attend.</td>
<td>• Director of Education&lt;br&gt;• Technical Assistant/Education Staff&lt;br&gt;• Disabilities and Mental Health Manager&lt;br&gt;• Director of Family Support Services</td>
<td><strong>Materials</strong>&lt;br&gt;N/A</td>
<td>10/17/16-10/21/16</td>
<td>$9,760</td>
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<td><strong>Toddler CLASS® Observation Train-the-Trainer</strong></td>
<td>• Education • Mental Health</td>
<td>• Education staff will be able to train other participants to become reliable CLASS observers and provide an overview to EHS teaching staff and TNPEHS staff on the Toddler CLASS Observation Tool.</td>
<td>• Education Specialist (1)</td>
<td><strong>Materials:</strong> N/A</td>
<td>8/2016 - 7/2017</td>
<td><strong>$4,500</strong></td>
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<tr>
<td><strong>Introduction to Toddler CLASS®</strong></td>
<td>• Education • Mental Health</td>
<td>• EHS teaching staff will be able to gain a deeper understanding of developmentally appropriate teacher-child interactions and implement strategies in EHS classrooms.</td>
<td>• EHS Partners (Directors and Teaching Staff)</td>
<td><strong>Materials:</strong> Toddler CLASS Dimension Guides</td>
<td>8/2016 - 7/2017</td>
<td><strong>$3,000</strong></td>
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<td><strong>Topic:</strong> Parenting Journey (Parent Sessions)</td>
<td>• Family Services</td>
<td>Families will have the opportunity to engage in a curriculum that builds on current strengths and parent child interactions.</td>
<td>• Family and Community Support Director</td>
<td><strong>Materials:</strong> PJ Parent Books 12 sets (12 books per set)</td>
<td>8/1/16-7/31/17</td>
<td>$22,482</td>
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<tr>
<td><strong>Cost:</strong> N/A</td>
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<td></td>
<td>• Disabilities and Mental Health Manager</td>
<td><strong>Cost:</strong> $1,392 (12 sets @ $116)</td>
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<td><strong>Topic:</strong> Parenting Journey Consultation</td>
<td></td>
<td>Consultants will ensure the fidelity of the delivery of the program.</td>
<td>• Family Advocate</td>
<td><strong>Materials:</strong> Cohort materials</td>
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<td><strong>Cost:</strong> $600 ($50 p/h x 2 hours x 6 consultative sessions)</td>
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<td>• EHS Parents</td>
<td><strong>Cost:</strong> $1,050 ($175 per cohort x 6 cohorts)</td>
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<td><strong>Materials:</strong> Food for participants</td>
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<td><strong>Cost:</strong> $19,440 ($15 p/p x 18 participants per cohort x 6 cohorts x 12 sessions per cohort)</td>
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<td><strong>Topic: Western Kentucky University Training</strong></td>
<td>- Family Services</td>
<td>Family services staff will have the opportunity to receive training in order to thoroughly understand their job function as it pertains to the EHS program.</td>
<td>- Family Advocates&lt;br&gt;- Director of Family Support Services</td>
<td>Materials: N/A</td>
<td>8/1/16-7/31/17</td>
<td>$15,085</td>
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<td><strong>Cost:</strong></td>
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<td>$15,085 (2,155 per session x 7 sessions)</td>
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<td><strong>Topic:</strong></td>
<td>- Family Services</td>
<td>Participant will become familiar with best practices in ensuring that staff is properly trained and supervised in the area of Family Services.</td>
<td>- Director of Family and Community Support Services&lt;br&gt;- Family Advocates</td>
<td>Materials: N/A</td>
<td>8/1/16-7/31/17</td>
<td>$3,435</td>
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<td><strong>Cost:</strong></td>
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<td>$3,435 (1,145 p/p x 3 participants)</td>
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| **Toddler CLASS® Observation Training** | • Education  
• Mental Health | • Education staff will learn how to conduct CLASS observations in TNPEHS toddler classrooms to monitor and support developmentally appropriate teacher-child interactions. | • Education Specialist (1)  
• Technical Assistance Specialists Staff (2) | Materials:  
CLASS Training Program Materials  
Cost:  
$375  
(3 packages x $125 per package) | 8/2016 - 7/2017 | $375 |
| **Western Kentucky University Training and Technical Assistance:**  
• Challenging Behaviors of Infants and Toddlers  
• Social-Emotional Development | • Education  
• Mental Health | • EHS Teachers and TNPEHS Education staff will learn key strategies to implement and support in EHS classrooms in regards to Social Emotional Development. | • Director of Child Development and Education (1)  
• Education Specialist(2)  
• Technical Assistance Specialists(4)  
• Disabilities and Mental Health Manager (1)  
• EHS Partners (Center Directors and Teaching Staff) (64) | Materials:  
N/A | 8/2016 - 7/2017 | $8,620 |
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<tr>
<td><strong>Topic:</strong> 2016 Early Educators Leadership Conference</td>
<td>• Education</td>
<td>• Participants will improve their leadership skills by obtaining practical knowledge to be used in daily practice.</td>
<td>• Director of Child Development and Education (1) • Education Specialist(2) • EHS providers (2 Directors)</td>
<td>Materials: N/A</td>
<td>8/2016 - 7/2017</td>
<td>$6,475</td>
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<tr>
<td><strong>Cost:</strong> $6,475</td>
<td>(5 participants x $1295 p/p)</td>
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<td><strong>Topic:</strong> Making the Most of the Child Welfare System</td>
<td>• Education • Family Services • Disabilities • Mental Health</td>
<td>• Participants will gain knowledge on the impact of maltreatment on young children’s development. • Participants will learn strategies for Early Head Start caregivers to support and nurture children through their toughest life journey.</td>
<td>• Technical Assistance Specialists • Family Advocates • EHS Provider (Directors and EHS Teaching Staff)</td>
<td>Materials: N/A</td>
<td>8/2016 - 7/2017</td>
<td>N/A</td>
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<tr>
<td><strong>Cost:</strong> N/A</td>
<td>(training offered by Linda Ray Intervention Center free of cost)</td>
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<tr>
<td><strong>Topic:</strong> Creative Curriculum Training</td>
<td>• Education</td>
<td>• Participants will learn how to plan individualized routines and experiences that are responsive to young children’s needs and that support their development and learning in all areas.</td>
<td>• Technical Assistance Specialists (6) • EHS Providers (34 EHS Teaching Staff)</td>
<td>Materials: N/A</td>
<td>8/2016 - 7/2017</td>
<td>$5,520</td>
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<td><strong>Cost:</strong> $5,520</td>
<td>(40 participants x $138 p/p)</td>
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| **Topic:** Mandated Reporter/Child Abuse Training | • Education  
• Family Services  
• Health  
• Disabilities and Mental Health  
• Human Resource | • Participants will be gain insight on their legal, professional, and ethical responsibility for mandated reporting and have basic knowledge of the reporting process. | • Directors  
• Managers  
• Family Advocates  
• Technical Assistance Specialists  
• EHS Providers | **Materials:** N/A | 8/2016 - 7/2017 | N/A |
| **Cost:** N/A | | | | | |
| **Topic:** Digital Press Release (PRSA) | • ERSEA | • Participant will learn how to create eye catching press releases in the digital age. | • ERSEA Manager | **Materials:** N/A | 2/2017 | $250 |
| **Cost:** $250.00 ($250.00 x 1 participant) | | | | | |
| **Topic:** Public Relations Online (MDC) | • ERSEA | • Participant will learn PR strategies and tactics. | • ERSEA Manager | **Materials:** N/A | 2/2017 | $400 |
| **Cost:** $400.00 ($400 x 1 participant) | | | | | |
| **Topic:** Western Kentucky Health/Nutrition Trainings | • Health | • Participants will have the opportunity to obtain practical information that will help them develop better systems in their respective areas. | • Director of Health  
• Nutritionist | **Materials:** N/A | 08/2016-07/2017 | $3,400 |
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<td><strong>Topic:</strong> H G Jones Associates</td>
<td>ERSEA</td>
<td>• Participants will begin to develop a systems outlook and approach to ERSEA -Understand the regulations governing ERSEA -Be able to transfer their knowledge to others in their program. • Participants will have an in-depth analysis of its ERSEA processes and an outline of possible solutions to important issues. • Participants will be able to use a systems approach and integrate ERSEA into its overall program planning activities -Participants will be able to use their knowledge of the regulations to make quality decisions for enhancing current ERSEA plans, policies, procedures, and process. • Participants will be able to transfer their knowledge to support other key staff and partners -Participants will identify roles and responsibilities for governing bodies, program managers, the ERSEA team and partners - Participants will have holistic perspective of ERSEA including strengthening accountability measures</td>
</tr>
<tr>
<td>Cost: $5,677.00 ($5,677.00 for all trainings and competency exam x 1 participant)</td>
<td>ERSEA Manager</td>
<td>Materials: N/A</td>
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<tr>
<th>Total Cost</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>$5,677.00</td>
<td>9/2016 - 11/2016</td>
</tr>
<tr>
<td>Topic/Cost</td>
<td>Service Area(s) Impacted</td>
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| **Topic:** Finding the Keys to ERSEA | • ERSEA | • Participants will increase their knowledge of applicable regulations and their adherence to the Head Start Act as well as proposed rules, etc.  
• Participants will expand their understanding of the practical application of ERSEA.  
• Participants will develop an understanding of the relationship of the Communitywide Strategic Planning and Needs Assessment and ERSEA.  
• Participants will enhance their understanding of how ERSEA impacts all services. | • ERSEA Manager  
• Director of Family and Community Support Services  
• Disabilities and Mental Health Manager  
• Family Advocate | Materials: N/A | 7/2017 - 7/2017 | $5,600 |
| **Cost:** | | | | | | |
| $5,600 | ($1400 p/p x 4 participants) | | | | | |
| **Topic:** CDA and College Courses | • Education | • Participants will have the opportunity to attain a CDA, AA, BA or renew their CDA | • EHS teachers  
(20 Participants to pursue a CDA and 20 participants to pursue an AA) | Materials: Books | 01/2017-07/2017 | $78,840 |
<p>| <strong>Cost:</strong> | | | | | | |
| $57,840 | ($118 per credit x 12 credits per year x 40 participants) + ($30 registration p/p x 40 participants) | | | | | |</p>
<table>
<thead>
<tr>
<th>Topic/Cost</th>
<th>Service Area(s) Impacted</th>
<th>Expected Outcomes</th>
<th>Target Participants</th>
<th>Materials/Cost</th>
<th>Timeframe</th>
<th>Total Cost</th>
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<tr>
<td><strong>Topic:</strong> Yearly Health/Orientation Fair</td>
<td>• Health • Family Services</td>
<td>• Participants will learn about the required initial health screenings and screenings will be offered for enrolled children  • Participants will receive an orientation of the EHS program and school the child attends.</td>
<td>Enroll children (750) and their parents</td>
<td><strong>Materials:</strong> Orientation booklets  <strong>Cost:</strong> $2,062.50  ($2.75 booklets X 750 participants)  Passports  <strong>Cost:</strong> $2,062.50  ($2.75 x 750 passports)  Raffle Tickets (2000/roll)  <strong>Cost:</strong> $12.00  (1 Roll x $12)  Food  <strong>Cost:</strong> $4,125  ($5.50 x 750 participants)  Toothbrushes Pediatric (144/pack)  <strong>Cost:</strong> $99  6 packs x,$16.50 per pack  <strong>Toothpaste:</strong> (144/pack)  <strong>Cost:</strong> $279  (6 packs x $46.50 per pack)  <strong>Plastic Grab Bags:</strong>  <strong>Cost:</strong> $375  ($0.50 x 750 bags)</td>
<td>07/2017</td>
<td>$9,015</td>
</tr>
<tr>
<td>Topic/Cost</td>
<td>Service Area(s) Impacted</td>
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| **Topic:** Pedestrian Safety Training | • Education  
• Parent Engagement  
• Health and Safety | • Parent will have an opportunity to participate in the required pedestrian training | • EHS Parents | **Materials:**  
Brochures  
**Cost:**  
$330  
($0.11 copy per page x 4 pages x 750 copies) | 8/2016 | $330 |
| **Cost:** N/A  
(no cost in-house training) | | | | | |
| **Topic:** High Impact Series Maximizing Time Management Through a Successful Sourcing Plan (AIRS Webinar) | • ERSEA | • Participant will learn the steps needed to follow and reach a broad spectrum of candidates, as well as learn ways to conduct effective recruitment. | • ERSEA Manager  
• Family Advocate (2) | **Materials:**  
N/A | 6/2017 | $300 |
| **Cost:** $300  
($100 x 3 participants) | | | | | |
| **Topic:** Adult and Pediatric First Aid/CPR/AED | • Health/Safety | • Participants will have the ability to perform CPR and First on pediatric children as well as adults. | • EHS staff (40)  
• Classroom teachers in need of renewal (230) | **Materials:**  
N/A | 8/2016-12/2016 | $8,100 |
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| **Topic:** Health Manager Meetings  
  **Cost:** $4,464  
  ($1488 p/p x 3 participants) | • Health | • Participants will have the opportunity to learn about the latest trends and stay abreast of changes/new regulations affecting health. | • Director of Health  
 • Nutritionist  
 • Jackson Project Coordinator | **Materials:** N/A | 04/2017-07/2017 | $4,464 |
| **Topic:** Integrating Health and Nutrition into Infant/Toddler Programs  
 (local training)  
  **Cost** $3,847  
  [($975 training per day x 3 days) + $922 travel cost] | • Health | • Childcare providers and EHS staff will become knowledgeable of how health/nutrition is integrated in their school | • EHS staff (40)  
 • Directors and Owners (60)  
 • Parents (45) | **Materials:**  
 **Cost:** $1,500  
 ($10.00 x 150 participants) | 01/2017-07/2017 | $5,347 |