I. Welcome and Introductions

   J. Schaechter called the meeting to order and welcomed everyone. Quorum was established.

II. Approval of Minutes

   • Motion to approve minutes by B. Eadie.
   • Motion seconded by G. Motes.
   • Motion unanimously passed.

III. School Readiness Plan

   • J. Russell presents the amended School Readiness Plan. OEL requires the coalition to submit the following SR Program Plan Elements that have changed based on revisions to statutory requirements and rules.

   o Motion to approve the amended plan B. Eadie
   o Motion seconded by J. Haj
   o Motion unanimously passed.

II. Early Head Start

   • B. Torres presented the Federal Food Program report to the committee. This report shows the daily counts of food served to the early head start children. No big discrepancies were found.

   • B. Torres stated that during the month of January, the Early Head Start Program conducted various focus groups as part of their self-assessment. Board members from the Early Learning Coalition and the Early Learning Children’s Foundation participated in the focus groups along with staff, childcare partners, and community partners. Their task was to analyze program data, find program strengths and opportunities for improvement, identify possible underlying causes for some of the challenges, and make recommendations. The following nine (9) challenges were found to be opportunities for improvement:
• Ensuring that all developmental and social-emotional Ages and Stages Questionnaire (ASQs) are completed within the first 45 days of the child’s entry in school.
• Helping parents of children with special needs understand the Individualized Family Support Plan (IFSP).
• Decreasing the number of families who deny social-emotional support services for their children.
• Decreasing the number of missing well-baby checkups for certain months.
• Increasing childcare centers’ implementation of family style dining.
• Decreasing the teacher turnover rate.
• Increasing the waitlist at some of the centers.
• Providing additional professional development for the Family Advocates so that they can better understand the requirements of the program.
• Developing a process for attaining the non-federal share.

- Staff used each of these items and their recommendations to develop a program improvement plan.
  - Motion to approve the Self-Assessment Plan by B. Eadie.
  - Motion seconded by J. Haj
  - Motion unanimously passed.

- B. Torres stated that the Recruitment and Selection Plan was developed by Early Head Start to increase community awareness about the program, encourage families to apply for services, and ensure the neediest and most at-risk families in the community are selected for the program. Some of the targeted population are infants and toddlers who:
  - Are currently homeless
  - Are in foster/kinship care
  - Are part of a family with prior DCF history
  - Are on TANF
  - Are on SSI
  - Are from low income families
  - Are from Domestic violence/Incarcerated Parents/At-Risk/Substance Abuse
  - Have and IFSP or diagnosed disabilities
  - Have teenage parents
  - Come from families impacted by Gun Violence

- As part of the recruitment plan, staff will be attending community events and working with community partners to share information with their clients about the program. Social media will be used to recruit families.
  - Motion to approve the Recruitment Plan by B. Eadie.
  - Motion seconded by J. Haj
  - Motion unanimously passed.
III. Evidence Based program Review Project Update

- A. Espinosa stated that children who participate in a developmental screening program are more likely to be identified with developmental delays, referred to Early Intervention, and eligible for Early Intervention services sooner and more efficiently than children who received surveillance alone. Definitions of “delay” are varied and inconsistent, and results, across tools could be problematic. Physicians prefer parent-completed screening tools such as Ages and Stages Questionnaires (ASQ) or Parents’ Evaluation of Developmental Status (Peds). Ages and Stages Questionnaire is the most widely used screening tool. It takes 10-15 minutes to complete and was designed as a Parent Administered Tool.

IV. Public Comments

V. Adjourn