

Lutheran Social Services of the Virgin Islands, Inc

Early Head Start



Program Overview

Lutheran Social Services of the Virgin Islands (LSSVI) is a multi-service non-profit organization that began as the Queen Louise Home for Children (QLH), which has been in continuous operation since 1904. On the QLH campus there are three programs that serve as a safe haven for children. The programs include Cottages A/B for children who have been abandoned, abused or neglected, Sister Emma Cottage for children with special needs and the Early Head Start program. In September 2003, LSSVI opened the only Early Head Start (EHS-Concordia West) in the Virgin Islands. At the end of 2009, LSSVI/EHS was awarded an expansion grant (Concordia East) which began services in July of 2010.

The LSSVI/EHS programs serve a total of 120 children, families and pregnant women. There are 72 children enrolled in the Center-Based Program, 24 children enrolled in the Home-Based Program and 24 individuals in the Pregnant Women Program. The EHS program is funded for a total enrollment of 120 and services the entire island of St. Croix.

Mission:

To partner with parents to promote the development of the total child providing for their approaches to learning, social and emotional, cognitive, language, and physical needs while assisting parents to learn the skills needed to support their child's growth and development with special emphasis on school readiness. Early head Start aims to accomplish this by adhering to the following guiding principles:

- Each child is unique and can succeed in the context of supportive relationships and environments.
- Families are the children's first and most important caregivers, teachers, and advocates and are empowered within EHS and the community.

- Nurturing, responsive, and consistent care helps create safe environments where children feel secure and valued.
- Areas of development, including approaches to learning, social and emotional, cognitive, language, and physical, are important and are integrated recognizing that children learn many concepts and skills at the same time.
- Teaching must be intentional and focused on how children learn and grow by providing developmentally appropriate opportunities for exploration and meaningful play.
- Every child and family has diverse strengths rooted in culture, background, language, and beliefs.
- Fostering relationships with the larger community ensures that families and staff are respected and served by a network of community agencies in partnership with one another.
- Developing a continuum of care, education, and services allows for stable, uninterrupted support to families and children during and after their EHS experience.

Program Enrollment

Monthly Enrollment: In 2016-2017 school year, EHS Center- Based Option was fully enrolled 100 % of the time September 2016 through August 2017.

Both the Home Based and Pregnant Women Program Options were fully enrolled 100% from October through August of the 2016-2017 school year. During the month of September 2017, the Pregnant Women Program Option had difficulty identifying women in their early stages of pregnancy and as the result had only enrolled 4 pregnant women. On-going outreach, however, continued and the vacant slots were filled in early October.

In 2016-2017, Early Head Start had a cumulative enrollment of 139 and 100% of those families were income eligible. The average monthly enrollment for the EHS programs was as follows:

<u>Month/Year</u>	<u>Enrolled</u>	<u>% of Funded Enrollment</u>
Aug-17	120	100
Jul-17	120	100
Jun-17	120	100
May-17	120	100
Apr-17	120	100
Mar-17	120	100
Feb-17	120	100
Jan-17	120	100
Dec-16	120	100
Nov-16	120	100
Oct-16	120	100
Sep-16	112	93

Eligibility

Figure 1-----Type of Eligibility N=139

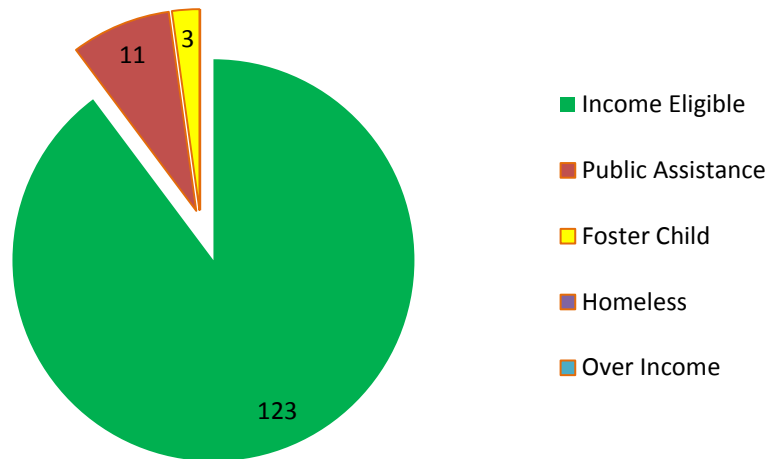
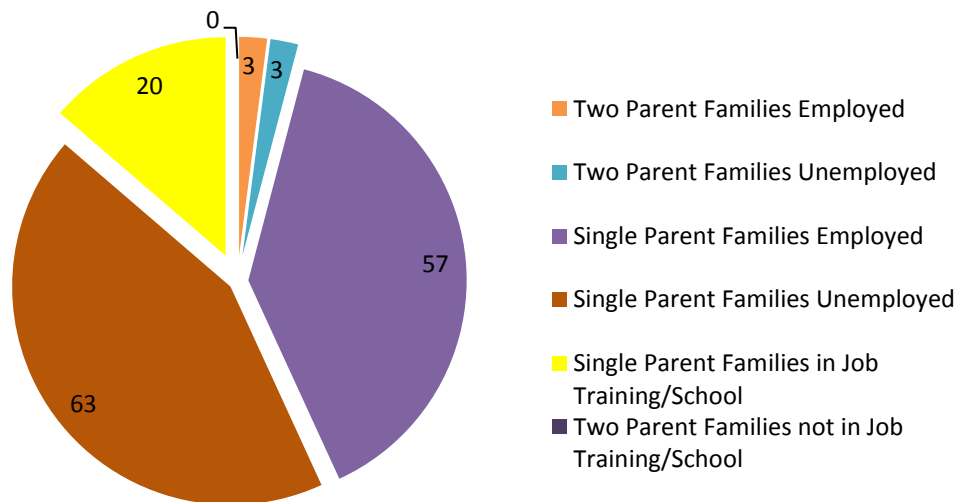


Figure 2-----Type of Household N=131
Two Parent Families: N=11 Single Parent Families N=120



5-Year Grant Cycle

5-Year Grant-Performance and Progress Summary

Sub Section A: PROGRAM GOALS

Goal #1: To improve the use of data driven decisions and to contribute to the development of a territory wide Early Childhood Integrated Data System (ECIDS) for all Virgin Islands Educational stakeholders

Objective	Strategy Update/Progress
<p>EHS staff will input and maintain up-to-date all child and family data in CAP 60.</p> <p>EHS, local agencies, programs and other stakeholders will collaborate and exchange information across agencies in order to collect, assess and improve student achievement/outcomes from birth.</p>	<p>All child information up through the end of last school year (2016-2017) is up-to-date.</p> <p>Lack of time to input data causes delay in the expeditiousness of the inputting of information. EHS has updated their operating program schedule to allow for more days and time to focus on tasks such as the inputting of data. The goal of this change is to allow staff the necessary time to aggregate, input and analyze data that has been collected.</p> <p>High Scope (EHS Curriculum) transitioned from paper based format to an on-line Assessment tool (High Scope COR-Advantage) which captures more information and developmental domains. With this new transition, EHS is currently working with CAP-60 to once again, customize the database to be in sync with the new domains of COR Advantage.</p> <p>For school year 2016-2017, EHS staff were trained on the COR-Advantage and implemented its use.</p> <p><u>Expected Outcome:</u> EHS will have a central data base of on-line family and child information which allows for accessible collection and assessment and outcome data.</p> <p>EHS continues to be an active stakeholder in VIVIS (US Virgin Islands Virtual Information system and United State Department of Education) and participate in monthly meetings with other stakeholders throughout the US Virgin Islands.</p> <p>VIVIS is currently in conversation with CAP 60 to identify the steps needed to extract and upload EHS data from CAP 60 into their ECE aligned system. EHS is expected to be on-line with VIVIS before the end of 2017.</p> <p><u>Expected Outcome:</u> To improve agency collaborations and integrated access to cross agency data.</p>

Goal #2: To improve school readiness and individual and overall child assessment scores: EHS SR Goals were updated to reflect consistency with COR Advantage



Office of Head Start's Definition of School Readiness – Head Start defines school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life.

The Head Start Approach to School Readiness means that children are ready for school, families are ready to support their children's learning, and schools are ready for children.

<ul style="list-style-type: none"> ▪ <u>Perceptual, Motor and Physical Development Movement:</u> Children will demonstrate increasing ability to move parts (i.e.-hands and fingers) or their entire body with objects and/or in response to music. ▪ <u>Social & Emotional Development</u> *Sense of Self: Children will demonstrate increasing ability to distinguish self from others and express initiative during activities. *Social Relations: Children will demonstrate increasing ability to relate to other children, form attachments and relate to adults. ▪ <u>Language & Literacy</u> Communication and Language: Children will demonstrate increasing ability to listen and respond, communicate non-verbally, speak, participate in communication and explore picture books and show interest in rhymes and songs. 	<ul style="list-style-type: none"> ▪ <u>Cognition</u> *Exploration: Children will demonstrate increasing ability to use their senses to explore and investigate their environment to discover what objects and people do, how things work, and how they can make things happen). *Early Logic: Children will demonstrate increasing ability to utilize objects, categorize objects, development number understanding, use space and objects around them and remember the daily routine. ▪ <u>Approaches to Learning</u> *Creative Representation: Children will demonstrate increasing ability to participate in make-believe play, explore building and art materials and respond to and identify pictures and photographs. *Curiosity and Persistence: Children will demonstrate increasing ability to explore their environment and new materials, maintain focus on activities, and increase their engagement in activities until completion. ▪ <u>Dual Language Learners</u> Children who are dual language learners will demonstrate increasing ability to comprehend or understand the English language; speak or use English, and understand and respond to books, storytelling
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Goal #3: To increase the availability of appropriate and coordinated health services for children and families

Objective	Strategy Update/Progress
Promote collaboration of public and private sector health service providers	<p>EHS continues to reach out to private and public sector health service providers to assist EHS families who are in need.</p> <p>Other than going to the Emergency Room, the continued lack of providers who accept MAP for ongoing and routine medical care and follow-up is having an on-going negative impact on the long waiting time for appointments. EHS makes every effort to advocate for families needing expedited appointments in order support the child's attendance and return to school.</p> <p>EHS has on-going communication with members of the Health Advisory Board to assist in providing direction/suggestions with on-going challenges.</p> <p>EHS has secured a MOU with a private sector health service provider who has been supportive and accessible with assisting families/children with a medical concern when they are unable to be seen in a reasonable time by the Community Health Centers.</p> <p>EHS has secured an updated MOU with the Local Health Center which provides medical and dental services to EHS children and families.</p> <p>Despite several phone calls and an in person meeting with the Director of Infants and Toddlers, EHS has not yet been successful with securing an updated MOU with Department of Health's Infant and Toddlers Program. This effort will be revisited.</p> <p><u>Expected Outcome:</u> EHS children will receive health services in a timely manner which will support their overall well-being and improved attendance rate at school.</p>

Goal #4: To improve the compliance rate of health screenings and up-to-date immunization for all families and children

Objective	Strategy Update/Progress
Promote and educate on the importance of health screenings and up-to-date immunizations Improve coordination of health services with medical providers	<p>Current Compliance rate of health screenings is 100%.</p> <p>EHS increased their outreach efforts/communication with parents prior to the first day of school regarding educational information on the benefits of ensuring their children are up-to-date on all health related issues.</p>

Ensure EHS's involvement in initiatives/activities related to promoting wellness for children	<p>MOU established with Frederiksted Health Center and Pediatric Care Center of the Virgin Islands.</p> <p>Nurse and physician from the Health Advisory Board facilitated parent health workshops which on-going and parents are also given information on Community Health Events.</p> <p>Nursing students from University of the Virgin Islands conducted routine Hearing and Vision Screenings for EHS students.</p> <p>Health memos and educational materials were sent out to parents regarding community health concerns or contagious outbreaks.</p> <p>EHS established a Developmental and Social Emotional/Behavioral Protocol that lists current screening tools, screening process and screening follow-up for new and returning children.</p> <p>The data tracking system that is utilized by the Health Services Coordinator is consistently updated to track and ensure that all children are up-to-date with their immunizations and health screenings and that all necessary screenings are completed within compliance timeframe.</p> <p>Health information is now captured in CAP 60 database.</p> <p><u>Expected Outcome:</u> Parents will have an increased knowledge and understanding of health literacy. This knowledge will result in their ability to be self-aware and proactive regarding their child's wellness needs.</p>
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Goal #5: To improve parent participation in parent/teachers conferences, governance responsibilities and other program activities

Objective	Strategy Update/Progress
Increase communication and engagement efforts between all EHS staff and parents	EHS staff continued to brainstorm ideas to increase parent involvement (i.e.: occasional raffles and more hands-on activities). However, despite surveys that captured parent's interests and suggestions, participation remained low.
For Family and Community Partnership Coordinators (FCPC) to make contact with every parent/family no less than once per month	EHS attempted to engage parents who consistently attended EHS activities and Policy Council members, to work together to assist in brainstorming parent participation ideas/suggestions.

<p>Educate parents and staff in the importance of parents as partners</p> <p>Educate parents on the importance and benefits of embracing a leadership role of being involved in governance activities such as policy council and parent committee.</p>	<p>On-going, EHS staff received trainings and updates regarding Parent, Family and Community Engagement Strategies.</p> <p>The FCPC's created a Family Engagement Implementation plan which outlines various steps and activities to promote parent engagement (examples: varying cultural activities and displays, increase the amount of translated literature in Creole and Spanish)</p> <p>Teacher were more proactive in their communication with parents regarding encouraging and reminding them to participate in EHS activities.</p> <p>Two parents that comprised the Parent Committee worked together to recruit other parents and plan activities to engage parents.</p> <p><u>Expected Outcome:</u> Increased communication, attendance and participation from parents at parent meetings, policy council meetings, parent teacher conferences and other activities thus allowing them to take the lead on advocating and being a voice for their child/children.</p>
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Goal #6: To improve attendance rate:

Objective	Strategy Update/Progress
<p>Educate parents on the importance of attendance and how chronic absenteeism affects school readiness</p> <p>Promote partnerships with parents and identify any barriers that might impact attendance</p> <p>Increase parent education on school readiness</p> <p>Increase communication and engagement efforts between all EHS staff and parents</p>	<p>EHS increased their efforts to identify barriers and provide solutions to obstacles that affected a child's attendance to school (i.e.: provide transportation to families that need a ride to go to the doctor to get medical clearance in order to return to school, adjust bus transportation services more frequently to provide transportation services to families who may only need the service short term).</p> <p>EHS tracked monthly attendance and children who have an attendance rate of 85% or greater received a certificate. Parents whose child had an attendance rate which fell below 85% received a letter and a phone call to ascertain what obstacles existed affecting the child's attendance to school.</p> <p>Family and Community Partnership Coordinators will made home visits to follow-up with families whom they were unable to get in contact with.</p>

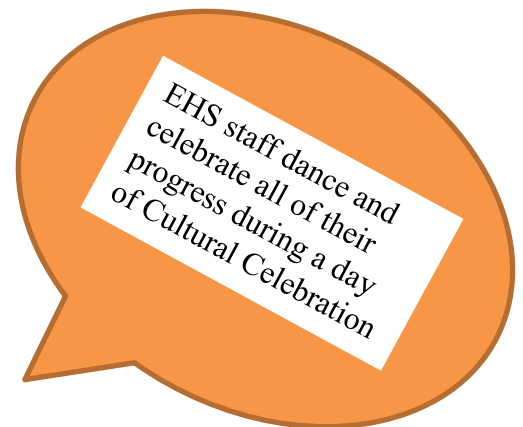
Expected Outcome: For EHS to maintain an average attendance rate of 85%, 80 % of the school year.

Goal #7: To increase community partnerships

Objective	Strategy Update/Progress
<p>Increase involvement and partnerships with community service/volunteer based programs</p> <p>Increase partnerships with programs and/or agencies that support father engagement.</p>	<p>MOU established with a pediatric care provider (Pediatric Care Center of the Virgin Islands) who will provide primary care services for EHS children who are uninsured and/or needs to be assessed by a physician for immediate assessment.</p> <p>MOU updated with Frederiksted Health Center to continue to provide primary and dental services to MAP clients/children.</p> <p>Partnership Agreement on-going with Dr. Lateef, Professor at University of the Virgin Islands to provide literacy support and education to EHS parents.</p> <p>Partnership Agreement on-going with Red Cross to provide disaster preparedness support and training to EHS staff and parents.</p> <p>Partnership Agreement on-going with VI Office of Highway Safety to provide safety and education training and education to EHS staff and parents.</p> <p>Partnership Agreement on-going with a registered dietician to provide nutritional consultation, training and education to EHS staff and parents.</p> <p>Despite several phone conversations and a one-on-one meeting with the Director of Infants and Toddler, EHS has been unable to secure an updated MOU with DOH Infants and Toddlers Program.</p> <p>Despite the attempt to secure an updated MOU with Head Start (HS), EHS has been unsuccessful with accomplishing this task as the result of, what the EHS Director was told, the unavailability of the HS's legal council to review the MOU.</p> <p><u>Expected Outcome:</u> To increase partnerships with local entities that will provide services to children, families and fathers that are supportive, encouraging, and efficient.</p>

Goal #8: To improve communication with disability service providers and therapists

Objective	Strategy Update/Progress
<p>Promote collaboration with Agency and therapists who provide developmental services and support to children with disabilities</p> <p>Re-introduce and revise, if necessary MOU between EHS and Infants and Toddlers Program</p>	<p>Despite several phone conversations and a one-on-one meeting with the Director of Infants and Toddler, EHS has been unable to secure an updated MOU with DOH Infants and Toddlers Program.</p> <p>Improved communication between Therapists and EHS teachers as it pertains to progress and/or concerns of child/children. FCPC participates in the IFSP meetings held with the parent and therapist.</p> <p>EHS currently tracks health and background check on all therapists to ensure they are in compliance with the Head Start Performance safety guidelines.</p> <p><u>Expected Outcome:</u> For all children with an IFSP to receive the necessary services to support their assessed developmental concerns.</p>



Funding Sources

Early Head Start

LUTHERAN SOCIAL SERVICES OF THE VIRGIN ISLANDS, INC



Approved Budget May 1, 2016 to April 30, 2017

Actual Expenditures May 1, 2016 to April, 30, 2017

PUBLIC AND PRIVATE FUNDS:

U. S. Department of Health and Human Services, Administration for Children and Families	\$ 1,738,422	\$ 1,553,748
Department of Education—Special Nutrition Program	66,585	72,007
Government of the Virgin Islands	30,000	29,550
In-Kind	104,605	104,038
Interest & Other Income	-	761
TOTAL REVENUE	\$ 1,939,612	\$ 1,760,104

EXPENDITURES:

Salaries	\$ 1,168,869	\$ 1,010,012
Fringe Benefits	275,778	251,074
Supplies	188,506	197,073
Utilities	63,200	49,176
Building, Equipment, & Vehicle	136,859	168,556
Training	41,147	42,785
Other	28,150	28,538
In-Kind	37,103	12,890
TOTAL EXPENDITURES	\$ 1,939,612	\$ 1,760,104

\$184,674 of Federal Funds approved were not expended; a "One Time Funding Request was submitted and approval was received for \$143,527 to be used in grant year ending 4/30/18.

Annual External Audit Reports:

The audit for the fiscal year ending September 30, 2016 was conducted by Bert Smith & Co., Independent Auditors. The type of auditor's report issued on the Financial Statement was "Unmodified" and the type of auditor's report issued on compliance for Federal Awards--major programs (which includes Early Head Start) was "Unmodified".

Health Services

Out of 114 children who enrolled in the Home Based and Center Based Programs the following occurred:

Medical Exams: 73 children (64 %) upon enrollment had received up-to-date medical exams. At the end of the enrollment year, 114 out of 114 children (100 %) were up-to-date on age appropriate preventative and primary health care according to the EPSDT schedule for well child are.

Immunizations (Upon enrollment and at the end of enrollment): 27 children (24%) were up-to-date on all immunizations, 85 children (75%) had received all immunizations possible at the time but not received all immunizations appropriate for their age and 2 children (2 %) were exempt from immunizations



Dental Exams: Out of 114 children enrolled in the Home Based and Center Based Programs, 114 children (100 %) upon enrollment had received up-to-date age appropriate oral and dental exams. At the end of the enrollment year, 114 out of 114 children (100 %) were up-to-date on age appropriate preventative and oral health care according to the EPSDT schedule.

Pregnant Women's Program

25 out of 25 Pregnant Women (100 %) who received services in the Pregnant Women Program received prenatal health care.
25 out of 25 (100 %) received postpartum health care.



Intervention Services

11 out of 96 children (11%) of children enrolled had an Individualized Family Service Plan (IFSP) indicating eligibility for intervention services under the Individuals with Disabilities Education Act

Children diagnosed with a chronic condition since previous year: 7

Children who received medical treatment since previous year for:

• Asthma	11
• Hearing Difficulties	0
• Vision Problems	0





Parent Involvement Activities

EHS recognizes and reinforces that Parents are their children's first and most influential teachers. With this said, parents are encouraged to be as involved as possible in the program and partner with the teachers to maximize the success of their children and the EHS Program. The following are examples of activities, events and workshops which parents were encouraged to participate in to support the developmental transformation of their children and EHS:

- ◇ **Parent Volunteers:** Parents are encouraged to volunteer in classrooms or events
- ◇ **Parent Orientation:** Parents are encouraged to attend and learn about EHS policies and services offered
- ◇ **Parent/Teacher Conference:** Parents are encouraged to take advantage of this one-on-one opportunity to meet with the teachers and review the progress of their child's development
- ◇ **Policy Council:** Parents are encouraged to join and become part of a governing body that has the ability to make programmatic changes and suggestions
- ◇ **Parent Committee Meetings:** Parents are encouraged to establish a forum for them to share ideas and information to support the improvement and success of EHS
- ◇ **Parent Meetings:** Parents are encouraged to attend these meetings to keep up to date on program updates, events and announcements
- ◇ **Home Visits:** Parents are encouraged to participate in Teacher/Parent home visits to establish a mutual partnership of child-teacher roles and discuss the child's strengths, any concerns and set goals.
- ◇ **Socializations:** Parents are encouraged to attend informational and educational sessions and engage in a variety of fun activities while socializing with other EHS parents from their and other EHS program options.



FATHERHOOD INITIATIVES

- ◇ **Fathers Open Discussion:** Fathers, grandfathers and/or father figures participated in an open discussion about the important role they play in their child's life as it pertained to guiding their young ones as they begin their education.
- ◇ **Workshop Topics:**
 - Fathers as Role Models and Mentors
 - The Power of a Father
 - Leaving a Legacy for Your Child/ren



Parent Involvement Activities

SOCIALIZATIONS, EVENTS AND WORKSHOPS

- ◇ Meet and Greet
- ◇ Dental Screenings
- ◇ Vision Screenings
- ◇ Story Time Socialization
- ◇ Tie Dye Socialization
- ◇ Smoothie Socialization
- ◇ Picture Frame Socialization
- ◇ Spring Hunt Socialization
- ◇ Fun in the Park Socialization
- ◇ Learning to KNOW your plant Socialization
- ◇ Fire Station Socialization
- ◇ Scavenger Hunt Socialization
- ◇ Rising Star Steel Pan Socialization
- ◇ Baking Socializations
- ◇ Keeping Your Skin Healthy Socialization
- ◇ Farewell Socialization
- ◇ Designing Pillow Cases Socialization
- ◇ Early Head Start to Head Start Transition Fieldtrip and meeting
- ◇ Healthy Food Parade
- ◇ Week of a Young Child Celebration
- ◇ Health Fair
- ◇ Literacy Development Workshop
- ◇ Challenging Behaviors Workshop
- ◇ Managing Child Temperament Workshop
- ◇ Women's Pampering Workshop
- ◇ Poison Control Workshop
- ◇ Parents as Partners Workshop
- ◇ Employment Preparation Workshop
- ◇ Disaster Preparedness Workshop
- ◇ Healthy Relationship Workshop
- ◇ S.T.E.M Activity: (Science, Technology, Engineering and Math)
- ◇ Zika Virus Educational Session
- ◇ Health Workshop: Preventing Childhood Illnesses
- ◇ Head Start Transition Meeting
- ◇ African Heritage and Cultural Socialization





School Readiness

Early Head Start (EHS) continues year after year to ensure that School Readiness is a top priority. The program is committed to setting School Readiness goals that will prepare students for Kindergarten. The following is a summary of steps made within the past year to support school readiness:

EHS Approach to School Readiness

School Readiness Team:

The mission of School Readiness Team was established: To prepare infants and toddlers developmentally – including in the domains of approaches to learning, social and emotional, cognitive, language, and physical development – for preschool and/or Head Start, working with parents to observe and plan developmentally-appropriate activities to ensure that children successfully meet the EHS School Readiness Goals.

The School Readiness Team focused on implementing decisions made in spring 2016 designed to improve the school readiness of children enrolled in the EHS program.

- The COR Advantage was adopted as the on-going assessment tool. Staff received training in August, 2016 prior to the beginning of the school year. The Education Supervisor provided support as needed to answer questions and concerns that staff had to facilitate implementation.
- Staff participated in training focused on using assessment information to plan for groups of children and individual children.
- Home Visiting staff began their implementation of the COR Advantage so that their children could be included in the collection of assessment data.
- An alignment chart was completed depicting the alignment among the Head Start Early Learning Framework (ELOF), Lutheran Social Services Early Head Start school readiness goals, the curriculum (High Scope), the assessment tool (COR Advantage), and the state guidelines (VI Infant and Toddler Developmental Guidelines and the VI Early Learning Guidelines)
- Additional staff in-service professional development days, as well as, assessment days to enable staff to complete the COR Advantage.
- The new weekly lesson plans were implemented to better reflect the curriculum, include teachers' practices, and focus on individualizations. Staff participated in training on how to use the new lesson plans in August, 2016.
- In alignment with the new developmental screening schedule, children now receive the ASQ and ASQ-SE two times per year. Staff focused on follow up, re-screening and referrals as necessary, as well as providing suggestions of activities for teaching staff related to individual needs.
- The new Daily Family Communication forms were implemented to include information about children's activities and progress that support school readiness goals.

Other Activities/Decisions of the School Readiness Team:

- Orientation for the coming year was changed in an effort to build relationships with families. For returning children, staff will provide information to review policies and procedures, as well as, review

school readiness goals at the end-of-year home visit in July. A fact sheet and guide for staff with discussion points was developed. For new parents, orientation will be a two-fold process: first to attend a group meeting to review the parent handbook and review policies followed by a visit with their child to the classroom, where they will meet their child's teachers, learn about the daily routine, and be introduced to the communication form. Children will be encouraged to explore and become familiar with the classroom.

- Parenting curricula were reviewed and it was determined that the Pyramid Model will be implemented for the coming school year. The Team also recognized that teaching staff would need to be trained in the model as well.
- The Education supervisor began meeting with home visiting staff to ensure they meet the qualification for a Home Visiting CDA.
- A Professional Development Plan was written to include orientation, training, reflective supervision and practice-based coaching. The Team determined that the focus of practice-based coaching for the coming school year will be "nurturing, responsive, and effective interactions and engaging environments."
- Since teaching staff is often asked to complete follow-up screenings for children, the Team recommended that they receive training in administering the ASQ and ASQ-SE.
- Professional Development Self-Assessment forms were developed and disseminated to staff to assist the Education Supervisor in meeting their individual staff development needs and determining if there are group needs.
- At the end of the school year, the final COR Advantage results were compiled for children who transitioned out of EHS due to age. The School Readiness Team will use this information to plan professional development and strategies to meet the school readiness goals of children in the program.

Staff Development Workshops

During the annual August pre-service workshops, staff received training from High Scope. Topics included the importance of and practices that promote high quality adult-child interactions, steps to help children resolve conflicts, implementing intentional teaching practices, how to use the new lesson plan forms, and using the COR Advantage.

Workshops throughout the school year focused on sharing information about the ELOF, including its relationship to the EHS school readiness goals, High Scope, and intentional and best practices. The EHS Education Manager and Early Childhood Specialist from the Regional Office collaborated to present each topic focused on the five domains of the ELOF. The first topic presented focused on the Social and Emotional Domain and was presented during the August pre-service, as it built on the High Scope presentation. The other four domains were presented throughout the school year, all including expectations for children and strategies for promoting each domain.

Other topics presented during the school year included: Partnerships with Parents, Individualizing Care, Using Resources to Plan for Your Group, and Working as a Team.

COACHING

Coaching is a continuous improvement professional development strategy that is designed to support teaching and home visiting staff to implement effective and promising practices that help children develop to their fullest potential and achieve positive outcomes. It is a way to provide individualized professional development based

on experiences, needs, and goals. It is a means that supports and assists staff in implementing the Head Start Early Learning Framework (ELOF), what to teach, and the High Scope curriculum, how to teach. The Lutheran Social Services Early Head Start Program utilizes the Head Start Practice-Based Coaching model as a guide for implementing its coaching strategies, as pictured below.



The Early Childhood Specialist from the Regional Office provided training for the Education Supervisor. As an outcome of the training and to meet the Head Start August 2017 deadline, the Educational Supervisor drafted a comprehensive Professional Development Plan, subsequently approved by the School Readiness Team. It specifically outlines the processes for both reflective supervision and coaching, as well as, differentiates between the two. The Team determined that the Program will pilot the coaching strategy in the 2017-18 school year. The focus of coaching will be on “nurturing, responsive, and effective interactions and engaging environments.” Staff will be presented with an orientation workshop on Practiced-Based Coaching. For implementation of the pilot, selection of teaching teams/home visitors will be made based on interest.

Collaborative Coaching Partnership:

The first goal in coaching is to build a trusting and collaborative relationship with staff, letting them know that the coaching process is designed to support their teaching practices and professional development goals and is not a threatening or punitive process. It is a relationship-based interactive process designed to promote teachers’/home visitors’ growth as early childhood professionals.

Focused Observation:

The coach utilizes The Pyramid Infant Toddler Observation Scale (TPITOS) along with observation of the implementation of Key Developmental Indicators (KDIs) of the High Scope curriculum as the classroom teacher observation tool. For observation of Home Visitors, a locally designed tool was developed that includes observation of the organization of the visit, relationship with and responsiveness to the parent, relationship with and responsiveness to the child, and support of the parent-child relationship, as well as the implementation of the KDIs and the Partners for a Healthy Baby curriculum. The first classroom observation is a general one which involves gathering and recording information about the overall teaching practices, teacher-child interactions, and teacher-teacher interactions during classroom activities, routines, and transitions. The first

Home visiting observation is also an overview of the home visit. Subsequent observations are more focused based on individual professional development goals and the action plan.

Reflection and Feedback:

After the observation, the coach meets with the teaching team or home visitor to review the observation, first focusing on strengths and then discussing emerging skills, challenges and recommendations for improvement. Staff is encouraged to reflect on their practices and skills, as well as areas that they would like to have more support or information. During the meeting, the coach also discusses individual needs of children based on IFSP goals and objectives and results of developmental screening and COR Advantage results with staff to assist them in appropriate lesson and individualized planning. The goal of the meeting is to assist staff in reflecting on their practices and establishing shared goals and action steps to support their professional development.

Shared Goals and Action Planning:

As part of the meeting described above, the coach works with staff to establish a shared action plan to support staff in increasing their skills and expertise. Goals are clearly defined and achievable. Support strategies and resources needed are also clearly defined to guide future coaching. Examples of support strategies and resources provided by the coach include: focused future observations of activities or specific children, education articles about specific topics, videos to view and reflect on, and modeling activities or interactions in the classroom or home visit. The action plan provides a guide for continued support and coaching.

Expected Outcome: For staff to feel encouraged, supported, motivated, and guided in order for them to implement optimal environments and teaching strategies which promote each child's growth and development; and, in the case of home visiting, promotes parent-child relationships and interaction.

COR Advantage Results – Summary of Results for Children Transitioning from EHS in August 2017

Introduction:

The High Scope COR Advantage was selected as the on-going assessment instrument for the EHS Program. The 2016-17 school year marks the first year it was implemented by the EHS program. The instrument is designed to provide developmental information and to monitor developmental progress for children ages birth through kindergarten. It is aligned with both the Head Start Early Learning Outcomes Framework and the High Scope curriculum. It is divided into nine (9) domains which are then further divided into 36 sub-domains (see the chart below). Scores can range from 0-7. Typically, infants and toddlers are expected to perform in the range from 0-3; preschoolers from 2-5; and kindergarteners from 4-7.

Summary:

The chart below indicates aggregated results of the COR Advantage assessment for children who transitioned out of the Early Head Start Program at the end of the 2016-17 school year due to age. Children transition between 2.6 and 3.6 years. Results include all children, including class-based, home-based and those with disabilities, developmental delays, and/or dual language learners. There were a total of forty (40) children who transitioned. Most domains and subdomains included all 40 children; however, in some domains, scores were only recorded for 39 and in one case 38. In the English Language Learning Domain, there were scores for only two (2) children.

The program implemented the COR Advantage for the first time this school year. Scores were collected three (3) times throughout the year. With use and practice, teaching staff have become more familiar and more accurate with the assessment tool. The scores below reflect the end of the year, or third, scoring period. The School Readiness Committee will be able to use these results as a base-line for determining targets for children's achievement and for designing professional development activities and strategies.

COR ADVANTAGE DOMAIN / SUB-DOMAIN	AVERAGE SCORE
Approaches to Learning	
A. Initiative and Planning	3.30
B. Problem Solving with Materials	3.60
C. Reflection	3.10
Social and Emotional Development	
D. Emotions	3.40
E. Building Relationships with Adults	3.48
F. Building Relationships with Children	3.60
G. Community	3.48
H. Conflict Resolution	3.10
Physical Development and Health	
I. Gross Motor Skills	3.98
J. Fine Motor Skills	3.50
K. Personal Care and Healthy Behavior	3.90
Language, Literacy, and Communication	
L. Speaking	3.53
M. Listening and Comprehension	3.05
N. Phonological Awareness	2.65
O. Alphabetic Knowledge	2.50
P. Reading	2.80
Q. Book Enjoyment and Knowledge	3.60
R. Writing	2.79
Mathematics	
S. Number and Counting	3.08
T. Geometry: Shapes and Spatial Awareness	2.95
U. Measurement	2.95
V. Patterns	2.87
W. Data Analysis	2.95
Creative Arts	
X. Art	3.28
Y. Music	3.51
Z. Movement	3.61
AA. Pretend Play	3.51
Science and Technology	
BB. Observing and Classifying	3.21
CC. Experimenting, Predicting, and Drawing Conclusions	2.97
DD. Natural and Physical World	3.13

COR ADVANTAGE DOMAIN / SUB-DOMAIN	AVERAGE SCORE
EE. Tools and Technology	3.42
Social Studies	
FF. Knowledge of Self and Others	3.13
GG. Geography	3.26
HH. History	3.27
English Language Learning (ELL)¹	
II. Listening and Understanding English	5.00
JJ. Speaking English	4.00

Of the 40 children who transitioned from Early Head Start:

- 32 children transitioned to Head Start
- 4 children transitioned to Private School
- 2 children were placed on the waiting list for Head Start
- 2 children transitioned to a “home school” setting

¹ Note: Only 2 children were scored in this Domain.

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