

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:

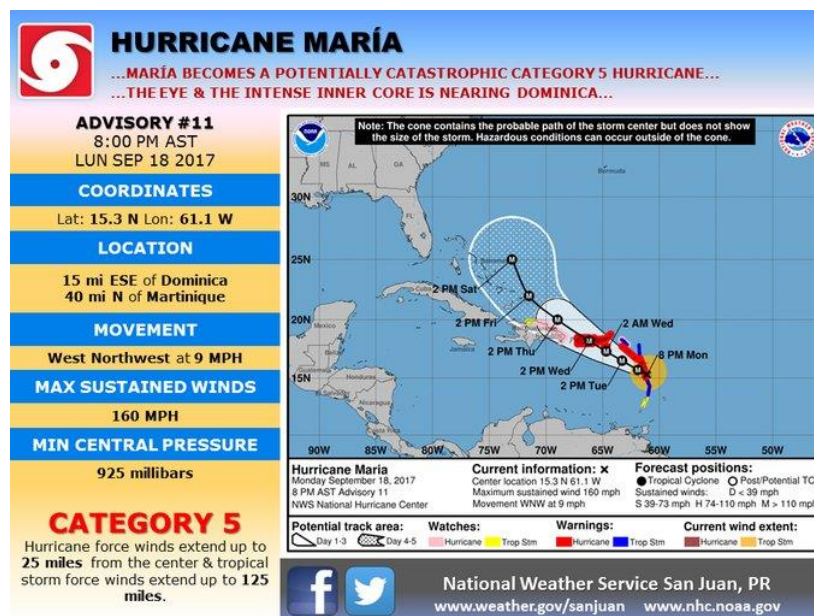
- Each child is unique and can succeed in the context of supportive relationships and environments.
- Families are the children's first and most important caregivers, teachers, and advocates and are empowered within EHS and the community.

- 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.

Environmental Impacts

The 2017-2018 school year was a challenging school year for EHS staff and families. As the result of the aftermath from hurricane Maria, which hit St. Croix on September 19, 2017, EHS staff vigilantly aimed to restore a sense of normalcy for the EHS children, the EHS parents and within their own personal lives. Despite the devastating impact from the hurricane throughout the island, EHS staff members reported back to work on October 3, 2018. With minimal damage to the EHS Center Base locations, EHS staff engaged in a massive outreach effort to locate and account for all EHS families in order to ensure their safety and identify any needs they had. Once all EHS families were accounted for, EHS operations resumed, with adjusted hours on October 17th, just 3 weeks after hurricane Maria.

In the months following the hurricane, a total of 17 EHS families dis-enrolled from EHS due to the increased hardships of living on the island. Seeking better access to medical care, better employment opportunities, and better educational opportunities or to reside with family members, all 17 families relocated to the U.S. mainland. As the environmental conditions improved on St. Croix, 3 families would eventually return to the island and were readmitted to EHS.



Program Enrollment

Monthly Enrollment-2017-2018 School Year: EHS Center Based and Home Based Program Options were fully enrolled (100 %) for the beginning of the school year, however, the Pregnant Women Program option had 11 vacant slots. EHS was in the midst of outreaching to fill the vacant slots when the island was hit by hurricane Maria.

- October, 2017: 3 Pregnant Women slots were filled and 8 Pregnant Women slots remained vacant. 7 EHS families withdrew from the Center Based program option as the result of hurricane Maria.
- November, 2017: 2 Pregnant Women slots were filled and 6 Pregnant Women slots remained vacant. 4 Center Based Slots were filled and 3 Center Based slots remained vacant as the result of families withdrawing. All Home Based slots were filled.
- December, 2017: 6 Pregnant Women slots remain vacant. All Center Based and Home Based slots were filled.
- January, 2018 through March, 2018: 1 Pregnant Women slot remained vacant.
- Vacant slots for additional families who withdrew after the hurricane were immediately filled from the EHS waiting list.

The average monthly enrollment for the EHS programs was as follows:

<u>Month/Year</u>	<u>Enrolled</u>	<u>% of Funded Enrollment</u>
Aug-18	120	100
Jul-18	120	100
Jun-18	120	100
May-18	120	100
Apr-18	120	100
Mar-18	119	99
Feb-18	119	99
Jan-18	119	99
Dec-17	114	95
Nov-17	111	93
Oct-17	105	88
Sep-17	109	90

The cumulative enrollment for the 2017-2018 school year was 144.

Eligibility

Figure 1-----Type of Eligibility N=144

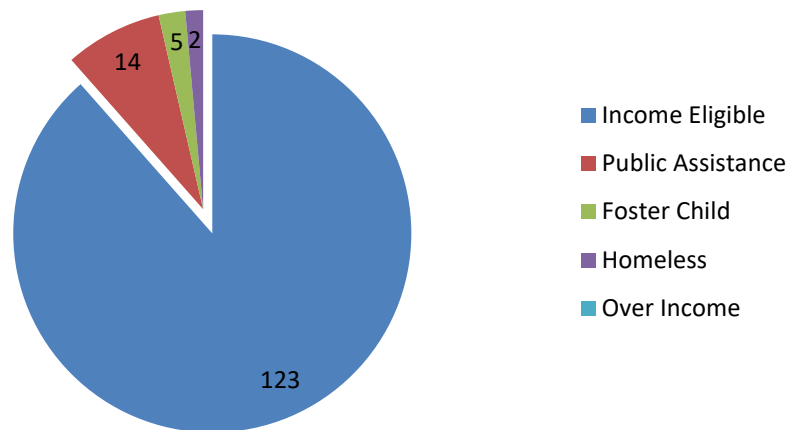
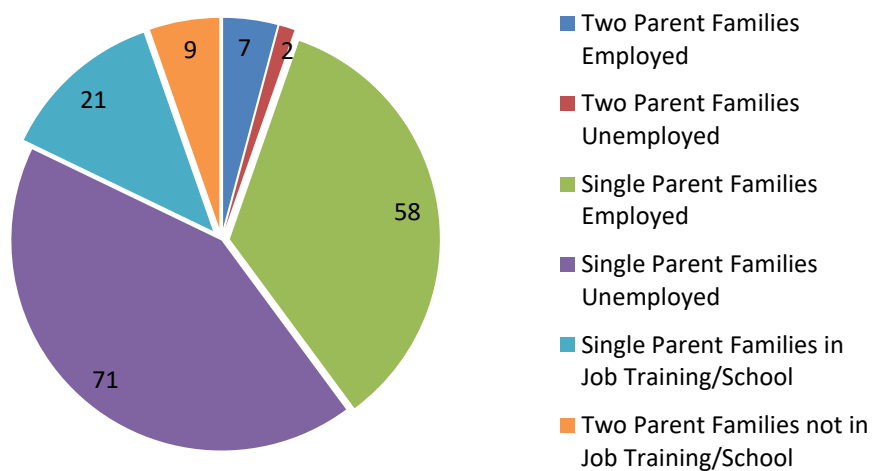


Figure 2-----Type of Household N=138

Two Parent Families: N=9 Single Parent Families N=129



Note (Figure 2): Data regarding job training/school may or may not include parents who are employed.

5-Year Grant Cycle

5-Year Grant-Performance and Progress Summary

Sub Section A: PROGRAM GOALS

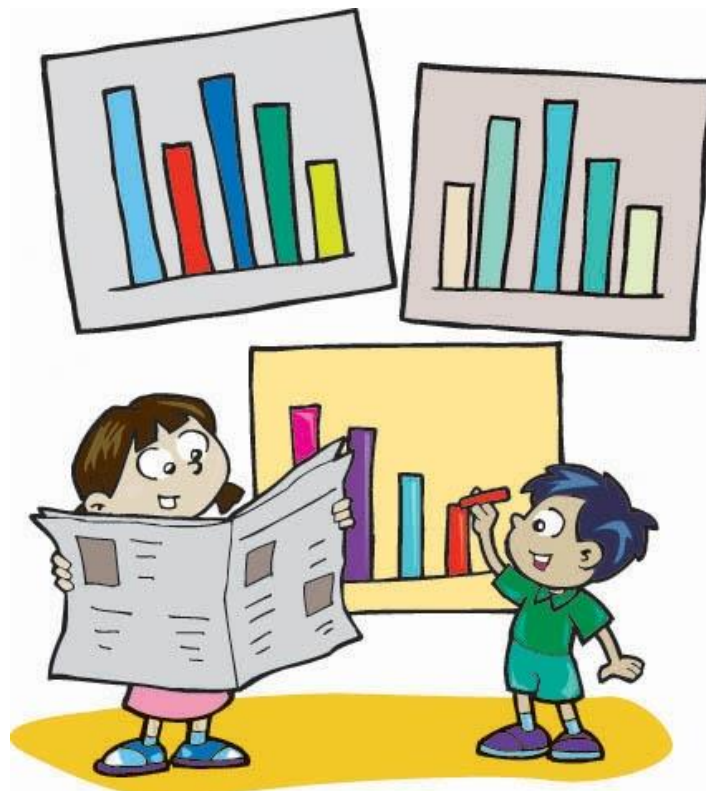
Goal #1: To improve the use of data driven decisions and to contribute to the development of a territory wide Early Childhood Integrated Data System (ECIDS) for all Virgin Islands Educational stakeholders

Objective	Strategy Update/Progress
EHS staff will input and maintain up-to-date all child and family data in CAP 60.	<p>All child information up through the end of last school year (2017-2018) 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.</p> <p>The Education and Disability Manager has ensured that all of her formal and informal communications made with parents/guardians requiring follow-up have been notated as a means of documentation for particular children into CAP 60.</p> <p>The Health Services Coordinator has ensured that all student information such as dental screening dates, physicals, immunization information, ASQ and ASQ-SE and other pertinent health information regarding a child has been notated into CAP 60.</p> <p>Cap 60 is now customized and synchronized with the domains in COR Advantage online system. Teaching staff, FCPC Coordinators, Education / Disability Manager have inputted and extracted data from the CAP 60 system.</p> <p>Staff have become more familiar with the new COR advantage system. Laptops purchased for each classroom assist in accessing and inputting data in the classroom. However, due to staffing shortage, it is difficult for staff to consistently find time to keep the data systems updated.</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</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.

Education). However, EHS is at a standstill with VIVIS at this present time and is awaiting an amendment to the MOU, prior to authorizing data extraction from CAP 60, to include necessary wording which supports Head Start compliance.

Expected Outcome: To improve agency collaborations and integrated access to cross agency data.



Goal #2: To improve school readiness and individual and overall child assessment scores: EHS SR Goals were updated during the 2016-2017 school year to reflect consistency with COR Advantage. There were no changes in the SR Goals this year.



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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Actions taken this year to assist in improving overall child assessment scores:

1. Education staff ensured that lesson plans and daily objectives were aligned with the SR goals and High Scope Key Development Indicators (KDI's) to support children in being Head Start ready.
2. When completing the formal bi-annual teacher evaluations, the Education and Disability Manager (EDM) observed and reflected on the KDI's for a particular segment of the day and provided teachers with feedback of their observed strengths and areas of improvement. Further, on a weekly basis teachers were encouraged to intentionally incorporate the KDI's throughout their lesson planning.
3. During the week long High Scope training, one day was set aside to model and teach staff to incorporate the KDI's into their daily lesson planning and to incorporate the KDI's into the daily activities. Following the workshop, the EDM met with staff and provided suggestions for about 5-6 weeks of lesson planning.
4. Daily, parents were given copies of the SR Goals as part of the daily communication log. The log noted what the targeted daily domain was for each teacher and for the individual students by class.
5. Staff received continuing professional development in regards to the COR curriculum.
6. The program continued to promote items for students as their growth and development expanded. Examples: puzzles in different sizes for fine motor skills, and picture books for language, literacy and communication.
7. The program monitored child-scoring data and made intentional decisions to purchase educational supplies that supported the areas of concern: i.e., building blocks that support exploration, logic and creativity.
8. The hiring of an Education and Disability Manager and the on-going services of an Educational Consultant, have renewed the focus on school readiness for each student.
9. The program re-assessed all ASQ/ASQ SE low-scoring students and made the appropriate recommendations.

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. Appointments for health services became even more difficult after hurricane Maria, however, EHS makes every effort to advocate for families needing expedited</p>

	<p>appointments in order to support the child's attendance and return to school.</p> <p>EHS has on-going communication with members of the Health Advisory Board (HAB) to assist in providing direction and suggestions with on-going challenges. The last HAB meeting was held on July 7, 2018.</p> <p>EHS has a MOU with a private sector health service provider, who has been supportive and accessible with assisting families/children with medical concerns when they are unable to be seen in a reasonable time by the Community Health Centers.</p> <p>EHS has a MOU with the local health center which provides medical and dental services to EHS children and families.</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>
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Goal #4: To improve the compliance rate of health screenings and up-to-date immunization for all families and children

Objective	Strategy Update/Progress
<p>Promote and educate on the importance of health screenings and up-to-date immunizations</p> <p>Improve coordination of health services with medical providers</p> <p>Ensure EHS's involvement in initiatives/activities related to promoting wellness for children</p>	<p>Current Compliance rate of health screenings is 98%.</p> <p>During orientation and the first parent meeting, parents were notified of the various deadlines in regards to the completion of physical, vision, hearing and dental screenings. Documentation on EHS receiving and updated immunization card as well as completion of the ASQ, and ASQ-SE were also discussed.</p> <p>Health Service Coordinator contacted parents in reference to Health Compliance items that were not completed.</p> <p>Health memos were given to EHS parents in regards to screenings.</p> <p>Health and Hearing screenings were conducted at the EHS Center Based location.</p> <p>The program offered transportation to families that needed to be transported to the center in order to complete a scheduled screening.</p>

	<p>Health memos and educational materials were sent out to parents regarding community health concerns or contagious outbreaks, including Norovirus, protecting children from colds and flu, trauma counseling, Impetigo, and Leptospirosis.</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><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
<p>Increase communication and engagement efforts between all EHS staff and parents</p> <p>For Family and Community Partnership Coordinators (FCPC) to make contact with every parent/family no less than once per month</p> <p>Educate parents and staff in the importance of parents as partners</p>	<p>At the beginning of the SY, all parents were strongly encouraged to attend the Orientation Day Program activities where they were provided the opportunity to meet and greet their child's teacher.</p> <p>For parents who had a child with a disability, the Education and Disability Manager encouraged parents to be their child's advocate and helped them to feel comfortable in the eligibility or transition process by meeting with them prior to the meetings to review their child's identified need/s, paperwork and forms that would be presented at the Disability Service Provider meeting or Education Diagnostic Center gatherings.</p> <p>The parents and teachers met three times a year at the P/T conferences to discuss children's progress and parents were also encouraged to attend workshops and socialization activities.</p> <p>During 2017-2018, the Family and Community Partnership Coordinator reported parent activity participation as follows:</p> <ul style="list-style-type: none"> • 54% of parents participated in the Parent/Teachers Conferences and Center Based Home Visits. • 21% of parents participated in Parent Workshops. • 11% of parents participated in classroom activities.

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>Despite two category 5 hurricanes, the policy council still functioned, and parents were able to participate in selection</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>Attendance was stressed to parents during the Orientation Day and on the first day of school. Further, the Family and Community Partnership Coordinators distributed attendance certificates to parents on a monthly basis to encourage good attendance.</p> <p>Although new parents may not have fully understood Child Observation Recordings (COR), they were educated on how attendance affected their child's COR results and that they would be able to visibly see this impact as the overall developmental scores would reflect and be reviewed at Parent/Teacher conferences.</p> <p>As the result of hurricane Maria, the attendance rate varied throughout the school year. However, when transportation was reinstated in the month of January, the attendance rate increased for the school year.</p> <p>EHS did not meet the 85% attendance goal for the 2017-2018 school year. Contributing factor was hurricane Maria which impacted the community and the program. Operating hours were reduced and the program was unable to provide school bus coordinated transportation for a period of time after the hurricane.</p> <p>The program at times made home visits to parents with children that needed clearance to return to school in an effort to have said student return earlier.</p> <p>The implementation of the Daily Absence Tracker helped to keep track of absent students and aided with family follow up which the program attempted to complete within the first hour of school after identifying that a child was absent from school.</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 with a pediatric care provider (Pediatric Care Center of the Virgin Islands), who provides primary care services for EHS children who are uninsured and/or needs to be assessed by a physician for immediate assessment continues.</p> <p>MOU with Frederiksted Health Center continues as they provide primary and dental services to MAP clients/children.</p> <p>Partnership Agreement is on-going with Red Cross to provide disaster preparedness support and training to EHS staff and parents.</p> <p>Partnership Agreement is on-going with VI Office of Highway Safety to provide safety and education training and education to EHS staff and parents.</p> <p>The program continues to partner with Head Start to provide transition information and a tour/experience for those leaving EHS.</p> <p>EHS managers remain open and vigilant about seeking organizations that may be viable partners with EHS.</p> <p>The program is currently seeking a licensed dietician to provide nutritional support to the program.</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>Many community initiatives were birthed as a result of the hurricanes Irma and Maria. Island Therapy Solutions, for example, received a federal grant whereby EHS parents experiencing or coping with difficulties or mental health issues, as a result of the hurricanes, were referred for services.</p> <p>Communication between Disability Therapists and EHS teachers, as it pertains to progress and/or concerns of child/children, continued. FCPC and EDM participated in 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, 2017 to April 30, 2018

Actual Expenditures May 1, 2017 to April 30, 2018

PUBLIC AND PRIVATE FUNDS:

U. S. Department of Health and Human Services, Administration for Children and Families	\$ 1,898,922	\$ 1,529,278
Department of Education—Special Nutrition Program	68,000	56,771
Government of the Virgin Islands	30,000	19,309
In-Kind	144,731	106,189
LSS Cash Match & Contributions	-	30,568
TOTAL REVENUE	\$ 2,141,653	\$ 1,742,115

EXPENDITURES:

Salaries	\$ 979,477	\$ 999,457
Fringe Benefits	253,341	253,671
Supplies	236,476	118,960
Utilities	46,321	52,903
Building, Equipment, & Vehicle	234,100	130,316
Training	52,592	32,122
Other	310,949	4,999
In-Kind	28,397	149,687
TOTAL EXPENDITURES	\$ 2,141,653	\$ 1,742,115

\$369,644 of U.S. Department of Health and Human Services approved budget were not expended mainly due to hurricane Maria which struck the island of St. Croix in September, 2017.

Annual External Audit Report:

The audit for the fiscal year ending September 30, 2017 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 118 children who enrolled in the Home Based and Center Based Programs the following occurred:

Medical Exams: 85 children (72 %) upon enrollment had received up-to-date medical exams. At the end of the enrollment year, 115 out of 118 children (97 %) were up-to-date on age appropriate preventative and primary health care according to the EPSDT schedule for well child care.

Immunizations (Upon enrollment and at the end of enrollment): 19 children (16%) were up-to-date on all immunizations, 92 children (78%) had received all immunizations possible at the time but not received all immunizations appropriate for their age and 6 children (.05 %) were exempt from immunization



Dental Exams: Out of 118 children enrolled in the Home Based and Center Based Programs, 108 children (92 %) were up-to-date on age appropriate preventative and oral health care according to the EPSDT schedule.

Pregnant Women's Program

26 out of 26 Pregnant Women (100 %) who received services in the Pregnant Women Program received prenatal health care.

24 out of 26 (92 %) received postpartum health care.



Intervention Services

21 out of 118 children (18 %) 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: 9

Children who received medical treatment since previous year for:

• Asthma	9
• 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

- ◇ **Movie: "Courageous- Honor Begins at Home":** A movie about four law enforcement officers (four fathers) who are focused and confident and speak about being fathers and a positive example for their children and that a positive role model starts at home.



Parent Involvement Activities

SOCIALIZATIONS, EVENTS AND WORKSHOPS

Center Based Parent Activities

- ◇ Making Holiday Treats
- ◇ Hat Parade
- ◇ Spring Hunt
- ◇ Week of a Young Child: Music Monday, Tasty Tuesday and Work Together Wednesday
- ◇ Pajama Rama Story Time

Workshops

- ◇ Stress Management
- ◇ Introduction to School Readiness and COR Advantage
- ◇ Car Seat Safety
- ◇ Head Start Transition
- ◇ Wellness Training
- ◇ Disaster Preparedness
- ◇ Budgeting
- ◇ Resume and Interviewing
- ◇ Family Planning

Socializations

- ◇ Positive Words, Powerful Result
- ◇ African Heritage Celebration Parade
- ◇ Making Home Made Play Dough
- ◇ Book Making
- ◇ Skin and Hand Care
- ◇ Farewell/Arts and Crafts
- ◇ Making African Place Mats
- ◇ Bookmobile Visit
- ◇ Water play/Sprinkler Play
- ◇ Making Valentine Wreaths





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 is: 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 the following activities/items designed to improve the school readiness of children enrolled in the EHS program.

- Professional Development (PD) Plan:
 - At the end of the previous school year, a comprehensive Professional Development plan was developed and approved by the School Readiness Team, which included orientation, on-going reflective supervision, workshops, and implementation of the Practice-Based Coaching model. Edits were made at the beginning of the year, especially in determining the calendar for workshops.
- Professional Development Self-Assessment:
 - PD Self-Assessment forms were developed the previous year. These were amended to include staff's comfort level with the subdomains of the COR Advantage to guide both individualizing PD and topics for workshops. The spring High-Scope training focused on subdomains identified both through this process and analysis of the COR results.
- Practice-Based Coaching (PBC):
 - At the end of the previous school year, the School Readiness Team identified “nurturing, responsive, and effective interactions and engaging environments” as the focus of PBC. Specific competencies were selected based on the Pyramid Model “Inventory of Practices for Working with Infants and Toddlers.”
 - The Education and Disabilities Manager and the consultant hired to implement the PBC model were trained by the Early Childhood Specialist from the Regional Office in implementation of the PBC Model.
 - It was decided that a pilot PBC initiative would be implemented during the 2018-19 school year.
 - Staff was presented with an orientation of the PBC Model to facilitate their understanding of the new initiative and to solicit interest in participation. For the pilot, the first group of coachees will be those who express an interest.
- Implementation of COR Advantage:

- An analysis of the implementation of the COR Advantage was conducted, as the previous year was the first year of implementation. One of the major questions asked in the analysis was: How do children from Early Head Start perform when leaving the program as they enter head Start or other preschool options? Compilation of children's scores by domain indicated that on average, children scored within the range of expected scores for preschool children across all subdomains. Some of the highest scores were in the Physical Development and Health domain and the lower scores were within the Domains of Language, Literacy, and Communication and mathematics.
- Dual Language Learners (DLL):
 - One issue identified was that we may not be capturing the number of children who are DLL accurately. To remedy this potential issue, staff amended the application form to be in alignment with language from the PIR regarding race, ethnicity, and language. The new form will be implemented for the 2018-2019 school year. Training was conducted on meeting the needs of children who are DLL.
- Developmental Screening:
 - The previous year, a new developmental screening schedule was planned; however, due to the hurricanes in the fall, the schedule had to be adjusted.
 - As in prior years, questionnaires were given to the parents to complete and staff analyzed the results. A large percentage of children needed to be re-screened, as results indicated either follow-up or monitoring was needed. Staff provided follow up screenings. Due to the large number of re-screenings, the Team decided that staff would conduct both the ASQ and ASQ-SE during the first home visit of the school year in the fall of 2018 with the parent(s) in an effort to obtain more accurate results and to minimize the number of re-screening needed.
- Orientation for Parents:
 - Last year the program changed the orientation process for parents in an effort to build relationships with families. For returning children, staff provided 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 was a two-fold process: first, to attend a group meeting to review the parent handbook and review policies and followed by a visit with their child to the classroom, where they met their child's teachers, learned about the daily routine, and were introduced to the communication form. Children were encouraged to explore and become familiar with the classroom. This new procedure was successful, it will be implemented again in the beginning of the 2018-19 school year.
- Parent Training:
 - Parent surveys regarding their educational needs regarding the care and education of their children were distributed and analyzed. These will be used to design workshops and other training opportunities.
- Parenting Curriculum:
 - The Pyramid Model was selected as the parenting curriculum. Implementation was not feasible due to the hurricane and recovery. It will be implemented in the next school year (2018-2019).
- Home Visiting and Infant and Toddler CDAs:
 - One of the major challenges is the shortage of qualified staff. As the Performance Standards indicate, programs can design local alternatives with equivalent content that meets the Standards. This was accomplished by the School Readiness Team.

- Orientation Training for New Staff:
 - Orientation training for new educational staff was re-designed to demonstrate the flow and alignment of recent initiatives of Early Head Start nationally and locally. It is a series of workshops that begins with an overview Head Start Model for Effective Practice Supporting School Readiness for All Children (the house) and how the foundation is tied to brain development and how children learn, followed by an introduction to the Early Learning Outcomes Framework (ELOF) and how it responds to that development. Next, staff are provided with an overview of the EHS school readiness goals and HighScope curriculum (first pillar) and how they are aligned with the ELOF. Next, an overview of how to implement the COR Advantage as the on-going assessment (second pillar) is provided with guidance in how to use the results of assessment to plan for individual and groups of children (the roof).

Staff Development Workshops

HighScope training was provided throughout a week in March which included:

- Active Learning
- Language and Literacy
- Math and Science
- Intentional Planning and Group Time
- Using COR Data for Individualizing and Planning for groups

Other workshops included:

- Meeting the Needs of Dual Language Learners

*THANK YOU FOR CHECKING OUT OUR
ANNUAL REPORT!!*



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