

**CITY OF LA HABRA  
EARLY HEAD START PROGRAM  
MONTHLY REPORT  
2020-21 FISCAL SCHOOL YEAR**

*For Consideration for meeting dated June 9, 2021*

**Program Information Summary (PIS) Report: April, 2021 (Attachment 1)**

**Section A: Agency Profile**

Item	Previous Month Report	Current Month Report
<b>Funded Enrollment</b>	50	50
<b>Number Enrolled (Cumulative)</b>		
Number of Children	55	58
Number of Pregnant Moms	3	3
<b>Number in the Waiting list</b>	0	0
<b>Enrollment by Eligibility</b>		
Below 100% Poverty Line	36	39
Categorically Eligible	14	13
Over-Income	8	8

**Section B: Staff and Qualifications**

Item	Supervisor	Home Base Educator
Total Number of Child Development Staff by Position	1	5
With a BA Degree	1	3
With an AA Degree	0	1
Without a Degree, enrolled with a Waiver	0	1

**Section C: Child and Family Services**

Item	Previous Month Report	Current Month Report
Number of Children/ Pregnant Women with Health Insurance	58	60
Number of Children with an Ongoing Source of Continuous, Accessible Health Care (Medical Home)	51	52
Number of children up-to-date with well-baby checks	35	38

Number of children with expired well-baby checks	16	18
Number of children with expired well-baby checks 30 days or less	4	0
Number of children who are up-to-date with Immunizations	53	56
Number of children with continuous accessible dental care (Dental Home)	47	47
Number of children who are up-to-date with oral health care	40	42
Number of children with expired oral health care	19	22
Number of children with an IFSP	19	16

### Family Partnership Agreements

Item	Previous Month Report	Current Month Report
Total Number of FPA's introduced	48	50
Total Number of FPA's completed	46	47
Total Number of FPA's with an established goal	46	47
Home based services (Month) Visits Completed	179	170
Home based services (year to date) Visits Completed	1469	1639
Number of Socializations (Month)	12	25
Number of Socializations (year to date)	127	152

### Monitoring Report:

### Financial Reports:

- Attached is the Cost Report for April 2021; the amount requested is **\$37,183.19** – this is **75%** of the budget (**Attachment 2**)
  - Total In-kind to-date is **\$97,547.12 (of \$127,065.00)** – this is **77%**
- Attached is the Credit Card Reports for April 2021. (**Attachment 3**)

### **CACFP Reports:**

- The total reimbursement for the month of April 2021 is **\$12,054.79 (Attachment 4)**  
*Note: EHS does not have a CACFP program because it is a home-based program option.*
- Attached is the Food Revenue and Expenditures analysis. **(Attachment 5)**

### **Information Shared:**

- **Training Info:** Healthy Children are Ready to Learn **(Attachment 6)**
- **PC Minutes:** April 2021 **(Attachment 7)**
- **Program Instruction:** 2021 American Rescue Plan Funding Increase for Head Start Programs **(Attachment 8)**
- **Program Instruction:** OHS Expectations for Head Start Programs for Program Year 2021-22 **(Attachment 9)**

### **Action Items, For Approval:**

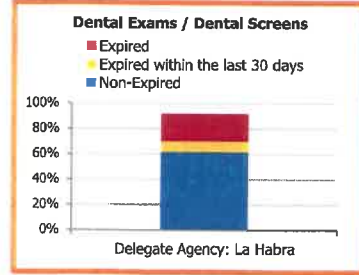
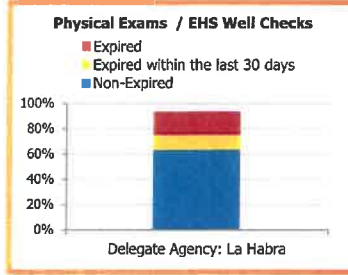
- Monthly Report
- Child and Outcome Report, 2<sup>nd</sup> Assessment **(Attachment 10)**
- Program Self-Assessment and Corrective Action Plan **(Attachment 11)**

**2020-2021 Program Information Summary**  
**Delegate Agency: La Habra**  
**April 2021**

ATTACHMENT 1

**Physical Exams / EHS Well Checks**

18.3%	11	Expired
11.7%	7	Expired within the last 30 days
63.3%	38	Non-Expired
93.3%	56	Total

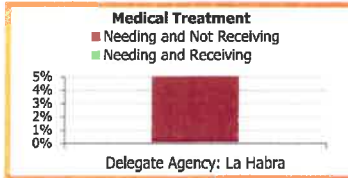


**Dental Exams / Dental Screens**

21.7%	13	Expired
8.3%	5	Expired within the last 30 days
61.7%	37	Non-Expired
91.7%	55	Total

**Medical Treatment**

		Needing and Receiving
5.0%	3	Needing and Not Receiving



**Dental Treatment**

		Needing and Receiving
		Needing and Not Receiving

**Access to Health Care**

96.7%	58	w/Health insurance
86.7%	52	w/Medical Home
78.3%	47	w/Dental Home

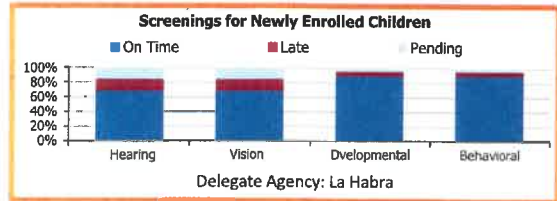


**Immunizations**

93.3%	56	Immunizations
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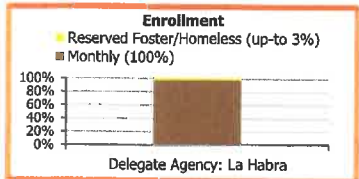
**Screenings for Newly Enrolled Children**

	Hearing	Vision	Developmental	Behavioral	Total Screenings
On Time	19	19	19	19	17
Late	3	3	1	1	1
Pending	3	3	1	1	1
Percentage	68.4%	68.4%	89.5%	89.5%	
	15.8%	15.8%	5.3%	5.3%	
	15.8%	15.8%	5.3%	5.3%	



**Children with Disabilities**

28.0%	14	Open IEP/IFSP
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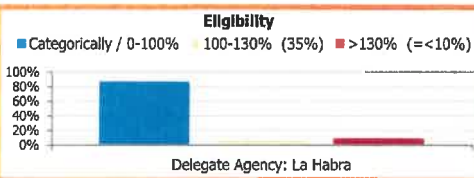


**Enrollment**

98.0%	49	Monthly (100%)
3.0%		Reserved Foster/Homeless (up-to 3%)
	50	Funded Enrollment
	60	Cumulative Enrollment

**Eligibility**

86.7%	52	Categorically / 0-100%
5.0%	3	100-130% (35%)
8.3%	5	>130% (= <10%)



**Attendance**

ADA

**Family Success Plans**

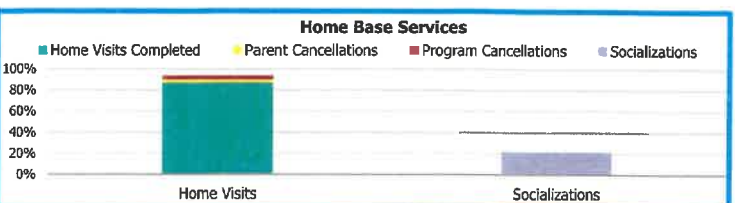
	50	Total number of families
100%	50	Introduced
76.0%	38	Completed
42.0%	21	Received at least one Family Service



**Home Base Services**

April Benchmark (HV = 4 / Soc = 2)

87%	170	Home Visits Completed
3.4%	5	Parent Cancellations
3.4%	5	Program Cancellations
21.4%	21	Socializations



April, 2021

**Early Head Start Basic Budget**

Major Cost Category	Approved Budget Amount	Cost This Period Amount	Cost to Date Amount Total	Budget Amount Remaining
PERSONNEL	312,253.00	22,405.98	236,991.17	75,261.83
FRINGE BENEFITS	121,640.00	7,494.47	97,630.84	24,009.16
TRAVEL	0.00	0.00	0.00	0.00
EQUIPMENT *	0.00	0.00	0.00	0.00
SUPPLIES	19,465.00	2,964.49	7,924.47	11,540.53
CONTRACTUAL	25,018.00	2,632.50	11,024.30	13,993.70
CONSTRUCTION	0.00	0.00	0.00	0.00
OTHER COSTS	18,629.00	1,575.75	16,767.17	1,861.83
INDIRECT COSTS	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>\$497,005.00</b>	<b>\$37,073.19</b>	<b>\$370,337.95</b>	<b>\$126,667.05</b>

**Early Head Start T&TA**

Major Cost Category	Approved Budget Amount	Cost This Period Amount	Cost to Date Amount Total	Budget Amount Remaining
PERSONNEL	0.00	0.00	0.00	0.00
FRINGE BENEFITS	0.00	0.00	0.00	0.00
TRAVEL	9,400.00	0.00	2,847.00	6,553.00
EQUIPMENT *	0.00	0.00	0.00	0.00
SUPPLIES	0.00	0.00	0.00	0.00
CONTRACTUAL	0.00	0.00	0.00	0.00
CONSTRUCTION	0.00	0.00	0.00	0.00
OTHER COSTS	1,850.00	110.00	1,649.00	201.00
INDIRECT COSTS	0.00	0.00	0.00	0.00
<b>Total</b>	<b>\$11,250.00</b>	<b>\$110.00</b>	<b>\$4,496.00</b>	<b>\$6,754.00</b>

**Non-Federal Share (In-Kind)**

	Approved Budget Amount	Cost This Period Amount	Cost to Date Amount Total	Budget Amount Remaining
EHS Basic	124,252.00	5,648.40	97,547.12	26,704.88
EHS T&TA	2,813.00	0.00	0.00	2,813.00
<b>Total</b>	<b>\$127,065.00</b>	<b>\$5,648.40</b>	<b>\$97,547.12</b>	<b>\$29,517.88</b>
<b>Reimbursement Request Total</b>		<b>\$37,183.19</b>		

**City of La Habra  
Child Development Division**

**Credit Card Expenses**

**Month Reporting: April, 2021**

<b>Charge By</b>	<b>Date Charged</b>	<b>Item/ Purpose</b>	<b>Amount</b>
<b>Smart &amp; Final (Non-Food Program)</b>		<i>No charges for the Month</i>	
<b>Smart &amp; Final (Food Program Items)</b>			
<b>Total:</b>			<b>\$0.00</b>

<b>Charge By</b>	<b>Date Charged</b>	<b>Item/ Purpose</b>	<b>Amount</b>
<b>Bank of the West Credit Card (M. Garcia)</b>	3/26/2021	NHSA Conference Registration	\$998.00
	4/1/2021	My Plate Home-Educator Supplies	\$719.00
	4/3/2021	Amazon: EHS Supplies	\$302.09
<b>Bank of the West Credit Card (A. Morales)</b>		<i>No charges for the Month</i>	
<b>Bank of the West Credit Card (A. Marceau)</b>		<i>No charges for the Month</i>	
<b>Bank of the West Credit Card (C. Villanueva)</b>	3/29/2021	Dollar Tree: Preschool Supplies	\$256.99
	3/31/2021	USPS: Mail for DCH	\$7.65
	4/1/2021	Dollar Tree: Preschool Supplies	\$147.92
	4/2/2021	99 cents Store: Preschool Supplies	\$11.85
	4/6/2021	CACFP Registration	\$199.00
	4/13/2021	Walmart: Preschool Supplies	\$579.89
	4/24/2021	Sam's Club: Children's Mask	\$59.60
<b>Total:</b>			<b>\$3,281.99</b>

**Child & Adult Care Food Program  
Claim For Reimbursement Summary for April 2021**

ATTACHMENT 4

04320-CACFP-30-GM-CS  
**CITY OF LA HABRA-CHILD DEV DIVISION**  
 110 E LA HABRA BLVD  
 LA HABRA, CA 90631-5436  
 Vendor #: 21830Z  
 payment address

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Apr 2021	0	05/12/2021	05/12/2021	05/13/2021	Original

**Child Care**

	Free	Reduced	Base	Total
Enrollment Totals	34	24	15	73
Eligibility Percentages	46.58%	32.88%	20.54%	100%

Agency Totals	Meals/Snacks	Federal Rate	Reimbursement Amount
<b>Breakfast</b>			
Free	435	1.8900	822.15
Reduced	307	1.5900	488.13
Base	191	0.3200	61.12
<b>Total</b>	<b>933</b>		<b>1,371.40</b>

<b>AM Snack</b>			
Free	108	0.9600	103.68
Reduced	76	0.4800	36.48
Base	48	0.0800	3.84
<b>Total</b>	<b>232</b>		<b>144.00</b>

<b>Lunch</b>			
Free	454	3.5100	1,593.54
Reduced	321	3.1100	998.31
Base	200	0.3300	66.00
CIL	975	0.2450	238.88
<b>Total</b>	<b>975</b>		<b>2,896.73</b>

<b>PM Snack</b>			
Free	428	0.9600	410.88
Reduced	302	0.4800	144.96
Base	188	0.0800	15.04
<b>Total</b>	<b>918</b>		<b>570.88</b>

**School Age**

	Free	Reduced	Base	Total
Enrollment Totals	32	32	24	88
Eligibility Percentages	36.36%	36.36%	27.28%	100%

Agency Totals	Meals/Snacks	Federal Rate	Reimbursement Amount
<b>Breakfast</b>			
Free	494	1.8900	933.66

Reduced	494	1.5900	785.46
Base	372	0.3200	119.04
<b>Total</b>	<b>1,360</b>		<b>1,838.16</b>
<b>Lunch</b>			
Free	597	3.5100	2,095.47
Reduced	597	3.1100	1,856.67
Base	447	0.3300	147.51
CIL	1,641	0.2450	402.05
<b>Total</b>	<b>1,641</b>		<b>4,501.70</b>
<b>PM Snack</b>			
Free	488	0.9600	468.48
Reduced	488	0.4800	234.24
Base	365	0.0800	29.20
<b>Total</b>	<b>1,341</b>		<b>731.92</b>
<b>Claim Reimbursement Total</b>			<b>12,054.79</b>

### State Reimbursements

Meal Description	Meals	State Rate	State Earnings
Total Breakfast	1,730	\$0.0000	\$0.00
Total Lunches	1,969	\$0.0000	\$0.00
Total			\$0.00

Agency Claim Reimbursement Totals	Meal Reimbursement	CIL Reimbursement	State Reimbursement	Totals
Current Claim Reimbursement Total	11,413.86	640.93	0.00	12,054.79
Previous Claim Reimbursement Total	0.00	0.00	0.00	0.00
<b>Net Claim Reimbursement Total</b>	<b>11,413.86</b>	<b>640.93</b>	<b>0.00</b>	<b>12,054.79</b>

Created By: LilianaN on: 5/12/2021 11:25:08 AM Modified By: LilianaN on: 5/12/2021 11:41:20 AM

ATTACHMENT 5

CITY OF LA HABRA  
CCFP-CENTERS FOOD ALLOCATION  
FOR THE FISCAL YEAR 2020-21

FOOD REVENUE vs FOOD EXPENDITURES ANALYSIS

Month	School Age CCTR (38501)			State-Preschool CSPP (38502)			Total			Revenue Over/ (Under) Expenditure Net Amount
	4702 Food Revenue	7114 Food Expense	Net Amount	4702 Food Revenue	7114 Food Expense	Net Amount	4702 Food Revenue	7114 Food Expense		
Jul-20	\$ 7,740.43	\$ 6,929.46	\$ 810.97	\$ 1,117.47	\$ 944.94	\$ 172.53	\$ 8,857.90	\$ 7,874.40	\$ 983.50	
Aug-20	\$ 7,369.38	\$ 4,074.38	\$ 3,295.00	\$ 3,311.97	\$ 2,841.27	\$ 470.70	\$ 10,681.35	\$ 6,915.65	\$ 3,765.70	
Sep-20	\$ 8,653.85	\$ 9,038.84	\$ (384.99)	\$ 4,946.83	\$ 6,346.62	\$ (1,399.79)	\$ 13,600.68	\$ 15,385.46	\$ (1,784.78)	
Oct-20	\$ 7,728.23	\$ 6,079.98	\$ 1,648.25	\$ 5,518.13	\$ 4,319.04	\$ 1,199.09	\$ 13,246.36	\$ 10,399.02	\$ 2,847.34	
Nov-20	\$ 6,405.77	\$ 6,817.00	\$ (411.23)	\$ 4,469.89	\$ 7,153.77	\$ (2,683.88)	\$ 10,875.66	\$ 13,970.77	\$ (3,095.11)	
Dec-20	\$ 5,425.49	\$ 4,089.43	\$ 1,336.06	\$ 3,369.33	\$ 3,532.18	\$ (162.85)	\$ 8,794.82	\$ 7,621.61	\$ 1,173.21	
Jan-21	\$ 5,446.82	\$ 6,009.24	\$ (562.42)	\$ 3,825.12	\$ 4,030.70	\$ (205.58)	\$ 9,271.94	\$ 10,039.94	\$ (768.00)	
Feb-21	\$ 5,849.30	\$ 4,727.62	\$ 1,121.68	\$ 3,997.36	\$ 3,249.99	\$ 747.37	\$ 9,846.66	\$ 7,977.61	\$ 1,869.05	
Mar-21	\$ 7,215.83	\$ 9,363.12	\$ (2,147.29)	\$ 4,920.80	\$ 5,223.83	\$ (303.03)	\$ 12,136.63	\$ 14,586.95	\$ (2,450.32)	
Apr-21	\$ 7,071.78	\$ 6,366.12	\$ 705.66	\$ 4,983.01	\$ 5,688.69	\$ (705.68)	\$ 12,054.79	\$ 12,054.81	\$ (0.02)	
<b>Total</b>	\$ 68,906.88	\$ 63,495.19	\$ 5,411.69	\$ 40,459.91	\$ 43,331.03	\$ (2,871.12)	\$ 109,366.79	\$ 106,826.22	\$ 2,540.57	
YTD Cook	\$ -	\$ 29,011.94	\$ (29,011.94)	\$ -	\$ 38,299.27	\$ (38,299.27)	\$ -	\$ 67,311.21	\$ (67,311.21)	
<b>Adjusted Total</b>	<b>\$ 68,906.88</b>	<b>\$ 92,507.13</b>	<b>\$ (23,600.25)</b>	<b>\$ 40,459.91</b>	<b>\$ 81,630.30</b>	<b>\$ (41,170.39)</b>	<b>\$ 109,366.79</b>	<b>\$ 174,137.43</b>	<b>\$ (64,770.64)</b>	

% of Food expense

92%

107%

98%

# HEALTHY CHILDREN ARE READY TO LEARN

ATTACHMENT 6



NATIONAL CENTER ON  
Early Childhood Health and Wellness

## Introduction

Health connects to school readiness long before a child enters school.<sup>1</sup> Healthy development continues to support learning throughout childhood and later life. “Health in the earliest years—actually beginning with the future mother’s health before she becomes pregnant—lays the groundwork for a lifetime of well-being...”<sup>2</sup>

## School Readiness Begins with Health

### Physical Health

Children who access ongoing health care<sup>3</sup> have better attendance and are more engaged in learning. Consistent attendance helps children prepare for school.<sup>4</sup> Routines such as handwashing and wearing helmets help children stay healthy and avoid injuries.<sup>5</sup>

**Oral Health:** Children with healthy teeth are better able to eat, speak, and focus on learning. Daily oral health hygiene and ongoing care from oral health professionals help make sure that children have healthy teeth.<sup>6,7</sup>

**Nutrition:** Good nutrition is essential for children’s brain development. Children who have access to nutritious food have energy to learn. Providing healthy snacks and meals helps children’s bodies grow, giving them what they need to talk, play, and learn together.<sup>8,9,10</sup>



**Physical Activity and Motor Development:** Staying active benefits young children’s physical and cognitive development. Activities that get children moving build motor skills that are useful to reading, writing, and math skills.<sup>11</sup>

**Sleep and Rest:** When children get enough sleep, they can pay attention, remember what they learn, and manage their feelings.<sup>12</sup> When programs schedule times for a nap, rest or quiet activities, children can focus on learning.<sup>13</sup>

**Perceptual Development:** When children use their senses to explore, it helps them learn about the world around them.<sup>14</sup> A child’s ability to see and hear affects their reading, writing, and speech and language skills. Sensory screening helps identify children who may need vision or hearing support.<sup>15</sup>

## Mental Health

Beginning at birth, children need positive relationships with the adults who care for them. When children learn to recognize and share their feelings with trusted adults, they feel good about themselves. These relationships help them develop the confidence to learn new skills.<sup>16</sup> Children also learn how to manage their feelings, thoughts, and behavior, skills in the [Approaches to Learning](#) domain.

### **Nurturing and Responsive Relationships:**

Early relationships shape children's learning and development. Children thrive when adults support their strengths and needs. Responsive adults help children feel safe and valued and learn how to get along well with others.<sup>17</sup>

**Self-Regulation:** Children who can manage their feelings can learn and play with peers. They are better able to plan, monitor and control their behavior. They can also adjust to changes in schedules and routines.<sup>18</sup>

**Prosocial Behavior:** Children who get along with adults learn to work together and follow rules. They can also show concern for, and share, take turns and compromise with other children.<sup>19</sup>

**Play:** When children play, they use their imagination and creativity. They also solve problems and learn to interact with others; skills that help them grow in all developmental areas.<sup>20</sup>

## Family Wellness

Services that promote family well-being help parents keep their families healthy. When families are healthy, safe, and financially secure, they can better support their children's learning.<sup>21,22</sup>

**Prenatal and Postpartum Services:** Services for pregnant mothers and expectant families set the stage for children's health and development. Postpartum services promote positive health outcomes for mothers and children.<sup>23,24</sup>

**Health Literacy:** Families who have health information they understand can make better health choices for their children.<sup>25</sup>

**Cultural and Linguistic Responsiveness:** Respecting cultural practices and home languages honors families' experiences and beliefs. This respect encourages children's growth and development by understanding who they are and where they come from.<sup>26,27</sup>



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## Comprehensive Early Childhood Health Services and Coordinated Approaches

Services that focus on the “whole child” promote children’s learning and development.<sup>28</sup> There are specific health conditions that impact learning, which can be identified and treated early. If they are not addressed, children with these conditions may fall behind.<sup>29</sup> Programs have several tools to support all children’s healthy development. Staff identify health conditions early through screening.<sup>30</sup> Managers maintain a system that tracks referrals and monitors services including follow-up plans.<sup>31</sup> Everyone works together to plan, design, and implement services that meet the needs of all children. Together these efforts can respond to these conditions and put children on track for school success.

**Early Identification and Intervention:** Using screening and ongoing assessment, staff identify issues that may impact a child’s readiness for school. Everyday, they use what they know about children’s health to notice when a child may look or act differently. Staff share concerns with families and respond to children’s health needs. Timely referrals and evaluations help programs plan for each child’s needs so all children can engage in learning.<sup>32</sup>

**Treatment and Follow-up:** When children with special health care needs have access to ongoing care, they can make progress in health and learning outcomes. To coordinate treatment and follow up, health providers share information with each other,<sup>33</sup> with families and with program staff.<sup>34, 35</sup>

**Safe and Secure Environments:** Making sure environments are safe reduces the chance that children may be injured. Managers train staff to look for and remove hazards and use active supervision. Everyone creates opportunities for children to explore and learn safely.<sup>36</sup>

For additional information about what children should know and be able to do in the early years, see the [Head Start Early Learning Outcomes Framework: Ages Birth to Five](#).



## Reflections

As a program, consider the following questions and possible action steps.

- How does health affect school readiness?
- How do you know that children are healthy and ready to learn? What data do you use?
- How do you communicate the connection between children's health and learning outcomes to staff and families?
- How do you screen for and manage health concerns that impact school success?
- How do you address children's health status when planning and conducting ongoing child assessment?
- How do you make use of community resources to support children's ongoing health and wellness?

## Notes

1. These early school experiences include family child care and home visiting programs as well as center-based care.
2. Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://www.developingchild.harvard.edu>
3. [Subpart D – Health Program Services. 1302.42 Child health status and care.](#)
4. [Subpart A – Eligibility, Recruitment, Selection, Enrollment, and Attendance. 1302.16 Attendance.](#) (a) Promoting regular attendance.
5. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment.](#) (e)(3) Promoting learning through approaches to rest, meals, routines, and physical activity.
6. [Subpart D – Health Program Services. 1302.42 Child health status and care.](#) (c) Ongoing care.
7. [Subpart D – Health Program Services. 1302.43 Oral health practices.](#)
8. [Subpart D – Health Program Services. 1302.42 Child health status and care.](#) (b)(4) Ensuring up-to-date child health status.
9. [Subpart D – Health Program Services. 1302.44 Child nutrition.](#) (a) Nutrition service requirements.
10. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment.](#) (e)(2) Promoting learning through approaches to rest, meals, routines, and physical activity.
11. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment.](#) (e)(2) Promoting learning through approaches to rest, meals, routines, and physical activity.
12. Paruthi S, Brooks LJ, D'Ambrosio C, et al. (2016). Recommended amount of sleep for pediatric populations: a consensus statement of the American Academy of Sleep Medicine. *J Clin Sleep Med.*; 12(6):785–786. Retrieved from: <http://www.aasmnet.org/Resources/pdf/Pediatricsleepdurationconsensus.pdf>
13. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment.](#) (e)(1) Promoting learning through approaches to rest, meals, routines, and physical activity.
14. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment.](#) (c) Learning Environment.

15. [Subpart D – Health Program Services. 1302.42 Child health status and care.](#) (b)(2-3) [Ensuring up-to-date child health status.](#)
16. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment.](#) (b)(1) [Effective Teaching Practices.](#)
17. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment.](#) (b)(1) [Effective Teaching Practices.](#)
18. [Subpart D – Health Program Services. 1302.45 Child mental health and social and emotional well-being.](#) (a) [Wellness promotion.](#)
19. [Subpart D – Health Program Services. 1302.45 Child mental health and social and emotional well-being.](#) (a) [Wellness promotion.](#)
20. [Subpart C – Education and Child Development Program Services. 1302.31 Teaching and the learning environment.](#) (c) [Learning Environment.](#)
21. [Subpart E – Family and Community Engagement Program Services. 1302.50. Family engagement.](#) (b)(3) [Family Engagement Approach.](#)
22. [Subpart E – Family and Community Engagement Program Services. 1302.52 Family partnership services.](#) (a) [Family partnership process.](#)
23. [Subpart H – Services to Enrolled Pregnant Women. 1302.80-1302.82](#)
24. [Subpart D – Health Program Services. 1302.46 Family support services for health, nutrition, and mental health.](#) (b)(1)(iii) [Opportunities.](#)
25. [Subpart D – Health Program Services. 1302.46 Family support services for health, nutrition, and mental health.](#) (a) [Parent Collaboration.](#)
26. [Subpart E – Family and Community Engagement Program Services. 1302.50. Family engagement.](#) (b)(2); (b) (5) [Family Engagement Approach.](#)
27. [Subpart D – Health Program Services. 1302.41](#) (a) [Collaboration and communication with parents.](#)
28. [Subpart E – Family and Community Engagement Program Services. 1302.53 Community partnerships and coordination with other early childhood and education programs.](#) (b) [Coordination with other programs and systems.](#)
29. Children’s Health Fund (2017). *Health Barriers to Learning: The Prevalence and Educational Consequences in Disadvantaged Children.* Retrieved from <https://www.childrenshealthfund.org/hbl-literature-review/>.
30. [Subpart D – Health Program Services. 1302.42 Child health status and care.](#) (c)(2) [Ongoing care.](#)
31. [Subpart D – Health Program Services. 1302.42 Child health status and care.](#) (d)(1-2) [Extended follow-up care.](#)
32. [Subpart D – Health Program Services. 1302.42 Child health status and care.](#) (c)(2) [Ongoing care.](#)
33. According to the [Family Education Rights Protection Act \(FERPA\)](#) and the [Health Information Portability and Accountability Act \(HIPAA\)](#), parental consent must be obtained before education and health information can be shared.

- 
34. [Subpart E – Family and Community Engagement Program Services. 1302.53 Community partnerships and coordination with other early childhood and education programs. \(b\) Coordination with other programs and systems.](#)
  35. [Subpart D – Health Program Services. 1302.41 \(a\) Collaboration and communication with parents.](#)
  36. [Subpart D – Health Program Services. 1302.47.](#)



City Of La Habra Early Head Start  
Policy Committee Minutes  
April 16, 2021

ATTACHMENT 7

**I. Call to Order**

The virtual meeting was called to order by Jessica Ochoa, at 10:08 am.

**II. Roll call made by: Michelle Garcia (Virtual meeting)**

**III.**

**Present**

**Absent**

1. Jessica Ochoa (Chairperson)
2. Diana Cabrera (Vice Chairperson)
3. Columba Chavez
4. Patty Herrera (Community Representative)
5. Mariela Juarez
6. Columba Chavez (Tardy)

**Staff Present:**

Michelle Garcia and Rosa Castrejon De Lopez

**IV. Approval of Policy Committee Agenda April 16, 2021**

Motion to Approve April 16, 2021 Agenda

First Motion made by: Diana Cabrera                      Seconded by: Patty Herrera

**Record of Voting:**

**Favor: 4**

**Against: 0**

**Abstention: 0**

**V. Approval of March 19, 2021 Minutes:**

Motion to Approve March 19, 2021 Minutes

First Motion made by: Patty Herrera                      Seconded by: Diana Cabrera

**Record of Voting**

**Favor: 4**

**Against: 0**

**Abstention: 0**

VI. PC Training: School Readiness Goals and Child Assessments – What is school readiness. What are our goals for our program. Children are ready for school, families are ready to support their children’s learning, and schools are ready for children. Physical, cognitive, social, and emotional development are all essential ingredients of school readiness.

VII. No Chairperson report provided for March 2021.

**VIII. Child Development Manager Report: Presented by: Michelle Garcia**

Michelle Garcia reviewed February 2021 Reports:

1. Early Head Start Program Monthly Report
2. Early Head Start Information Summary Report
3. Financial Report
4. CACFP Report
5. Commission Meeting Minutes: February 2021
6. PI: American Rescue Plan & Head Start
7. PI: Head Start Center-Based Service Duration Requirement for 45% of Slots.
8. Period I – Internal Monitoring Corrective Action Plan
9. Period I – Grantee Monitoring Corrective Action Plan
10. Community Assessment 2019 – 2024, Year 3 Update
11. Eligibility, Recruitment, Selection, Enrollment, and Attendance Plan 2021-22SY

Early Head Start Coordinator, Michelle Garcia, informed PC about updates in EHS Monthly Report, reviewed Information Summary Report, reviewed financial reports, CACFP reports, and Commission Meeting Minutes: February 2021. Shared, information items: PI: American Rescue Plan Head Start and Head Start Center-Based Service Duration Requirement for 45% of Slots. Action Items for Approval: Period I Monitoring Corrective Action Plan, Period I Grantee Monitoring Assessment 2019-2024, Year 3 Update and Eligibility, Recruitment, Selection, Enrollment and Attendance Plan 2021-22SY.

**IX. Approval of February 2021 Monthly Report:**

Motion to Approve February 2021 Monthly Report

First Motion made by: Mariela Juarez

Seconded by: Sandra Torres

**Favor: 5**

**Record of Voting  
Against: 0**

**Abstention: 0**

**X. Approval of Period I Internal Monitoring Corrective Action Plan:**

Motion to Approve Period I Internal Monitoring Corrective Action Plan

First Motion made by: Patty Herrera

Seconded by: Mariela Juarez

**Favor: 5**

**Record of Voting**

**Against: 0**

**Abstention: 0**

**XI. Approval of Period I Grantee Monitoring Corrective Action Plan:**

Motion to Approve Period I Grantee Monitoring Corrective Action Plan

First Motion made by: Diana Cabrera

Seconded by: Mariela Juarez

**Favor: 5**

**Record of Voting**

**Against: 0**

**Abstention: 0**

**XII. Approval of Community Assessment 2019 – 2024, Year 3 Update:**

Motion to Approve Community Assessment 2019-2024, Year 3 Update

First Motion made by: Diana Cabrera

Seconded by: Mariela Juarez

**Favor: 5**

**Record of Voting**

**Against: 0**

**Abstention: 0**

**XIII. Approval of ERSEA Plan 2021 – 22SY:**

Motion to Approve ERSEA Plan 2021 – 22SY

First Motion made by: Mariela Juarez

Seconded by: Sandra Torres

**Favor: 5**

**Record of Voting**

**Against: 0**

**Abstention: 0**

 **OFFICE OF HEAD START**

<p style="text-align: center;">ACF Administration for Children and Families</p>	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-PI-HS-21-03	2. Issuance Date: 05/04/2021
	3. Originating Office: Office of Head Start	
	4. Key Words: American Rescue Plan (ARP); Appropriations; Fiscal Year (FY) 2021; COVID-19	

**PROGRAM INSTRUCTION**

**TO:** Head Start and Early Head Start Grantees and Delegate Agencies

**SUBJECT:** FY 2021 American Rescue Plan Funding Increase for Head Start Programs

President Biden signed Public Law 117-2, the American Rescue Plan Act, 2021 (ARP), into law on March 11, 2021. The \$1.9 trillion American Rescue Plan includes \$1 billion for Head Start programs. All Head Start, Early Head Start, and Early Head Start-Child Care (EHS-CC) Partnership grantees are eligible to receive additional funds proportionally based on funded enrollment levels.

When combined with the \$750 million in the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the \$250 million in supplemental funds in the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, the Head Start program has received a total of \$2 billion in additional funding to support staff, children, and families during this unprecedented time.

This Program Instruction (PI) provides examples of activities grantees can consider as they continue supporting children and families and investing in safe and high-quality early childhood learning opportunities for children. This PI also describes the application requirements for these funds.

**Use of Funding**

The Office of Head Start (OHS) strongly encourages grantees to prioritize additional weeks of Head Start and Early Head Start programming with this funding, through summer programs or as extensions of the program year. At this time, Head Start programs are serving one-third fewer children than before the pandemic began. With ARP funding, programs have an opportunity to reach eligible children and families who did not enroll last year, or who did not engage in a full program year, due to the many uncertainties caused by the pandemic. Grantees are encouraged to prioritize programs for rising kindergartners, children with disabilities, children experiencing food or housing insecurity, children that were not able to receive any in-person services this year, or other areas determined by community needs.

Grantees do have flexibility to determine which one-time investments best support the needs of staff, children, and families, while adhering to federal, state, and local guidance. In making these determinations, grantees should consider how the use of the one-time funds could meet both short- and long-term needs and determine whether purchasing, leasing, or contracting for services is more prudent.

Other uses of funding include, but are not limited to, the following:

*Reach More Families*

- **Enrollment and recruitment.** Now is the time to focus on re-enrollment and enrolling new families. Programs can use funds to purchase services, materials, and technology to ramp up recruitment and

enrollment efforts so that as a program you are able to enroll the eligible children and families in your community.

- **Additional weeks of Head Start or Early Head Start programming.** Extending the program year or offering summer programming to increase the time children and families receive services.
- **Family supports.** Addressing families' economic security by partnering with them on employment, education, and career goals. Investing in the development of partnerships with local community colleges, apprenticeship programs, and local employers committed to helping Head Start and Early Head Start families find meaningful employment and career tracks. Assessing families' nutritional, health, and wellness needs more frequently. Ensuring materials and resources are available in languages families understand.
- **Mental health support for children and families.** Employing additional family service workers and mental health consultants to assist families with adverse circumstances, including families who may be experiencing homelessness.
- **Provision of meals and snacks not reimbursed by the U.S. Department of Agriculture,** including purchasing kitchen equipment and supplies to support in-person meal service.
- **Transportation.** Hiring bus drivers and monitors to allow more trips with fewer children per bus. Purchasing buses and other vehicles that support continuity of program service and reaching families most in need of services, including families experiencing homelessness.
- **Partnerships to increase the inclusion of children with disabilities.** Providing more training for teachers and families and more support for families. Remodeling classrooms and playgrounds to be accessible.
- **Partnerships to increase the enrollment of children experiencing homelessness.** Partnering with local shelters and public schools to identify and serve children and families experiencing homelessness.
- **Addressing unique needs within their communities,** such as providing internet access to support extended learning.

#### *Get Facilities Ready for In-person Comprehensive Services*

- **Ventilation to reduce risk of indoor transmission and make facilities safer.** Installing new heating, ventilation, and air conditioning (HVAC) systems or other improvements, such as windows that can open with safety measures to prevent falls.
- **Outdoor learning and play.** Purchasing or enhancing outdoor learning spaces, including nature-based learning and outdoor classrooms. Creating play areas and landscape features that promote exploration and discovery in a natural environment, such as plantings, gardens, and "loose parts" (i.e., materials for construction and pretend play), rather than traditional play structures or playgrounds.
- **Cleaning supplies and services.** Purchasing necessary supplies or contracting services to clean and disinfect facilities and vehicles.
- **Renovations or other space modification.** Converting available space into classrooms, modifying current classroom designs with room dividers, or adding well-ventilated modular classrooms.
- **Additional space.** Renting additional classroom space, due to physical distancing, to increase opportunities for more children to return to in-person services. Contracting for slots with child care providers in center-based or family child care settings to deliver comprehensive services.
- **Other locally determined facility, staff, and equipment or partnership actions** that are necessary to safely resume and maintain full in-person program operations.

#### *Support Head Start Employees*

- **Planning sessions for staff.** Preparing for a return to in-person comprehensive services starts to ensure everyone has the knowledge, skills, and resources necessary to operate effectively. This funding can be used to invest in planning sessions to prepare for providing services now and in the summer and fall.
- **Staff wellness and mental health support.** Conducting employee wellness surveys or engaging in other data collection to better understand the needs of team members. Increasing access to mental health consultation and therapy services for staff, contracting with an Employee Assistance Program (EAP), and instituting a staff wellness program that includes activities such as mindfulness breaks and opportunity for self reflection.
- **Additional staff.** Hiring additional classroom staff to meet physical distancing requirements or reduce group size. Bringing in full-time floaters to reduce the need to bring in outside substitutes.
- **Professional learning and development for staff.** Providing professional learning experiences on key topics such as equity, diversity, inclusion, bias, economic mobility, trauma-skilled practices, and other topics.

- **Other personnel costs.** Offering fringe benefits and expanding sick leave.
- **Vaccine support.** Providing transportation assistance to vaccination sites and temporary coverage to allow absence from the workplace for vaccination. Offering paid time off, sick leave, or other paid leave for the time spent receiving vaccination and if staff members experience side effects post-vaccination.

Grantees should carefully plan to engage in activities that are one-time or temporary in nature but have a long-term impact. Additional funding cannot be made available to sustain ongoing, long-term, or permanent expenses. For any ongoing activities, grantees would be responsible for sustaining additional costs either within their existing operations budget or securing outside support to continue activities beyond what is allocated through this opportunity.

### **Application Requirements**

All Head Start, Early Head Start, and EHS-CC Partnership grantees are eligible to receive additional funds. Each grantee may apply for a proportionate amount of the \$1 billion based on their total funded enrollment. Funds will be made available through a supplemental application in the Head Start Enterprise System (HSES). The funds will be awarded as supplements to the HE, HA, and HN grants currently used for the \$250 million in CRSSA funds. Additional instructions will be forthcoming. Note that grantees will also be asked to report on the ARP funds in HSES, similar to the fall prior data collection.

### **Waiver of Non-Federal Match**

The COVID-19 pandemic is a national emergency seriously affecting economic conditions in communities throughout the U.S. The Head Start Act recognizes that lack of resources in a community adversely impacted by a major disaster may prevent Head Start grantees from providing all or a portion of their required non-federal contribution. OHS has determined that the widespread impact of the COVID-19 pandemic adversely impacts all Head Start grantees. Consequently, OHS will approve requests for waivers of non-federal match for the funds awarded from the ARP. To request a waiver of non-federal match, enter \$0 in SF-424A Section C of your application. No additional justification of the waiver is required. The issuance of a notice of award constitutes approval of the requested waiver.

### **Additional Information**

Additional information and materials related to the pandemic are available on the [COVID-19 and the Head Start Community](#) webpage on the Early Childhood Learning and Knowledge Center (ECLKC) website. This webpage continues to be updated on a regular basis.

Please direct any questions regarding this PI to your Regional Office.

Thank you for your work on behalf of children and families.

/ Dr. Bernadine Futrell /

Dr. Bernadine Futrell  
Director  
Office of Head Start

Office of Head Start (OHS) | 330 C Street, SW | 4th Floor Mary E. Switzer Building | Washington, DC 20201  
<https://eclkc.ohs.acf.hhs.gov> | 1-866-763-6481 | [Contact Us](#)

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**From:** Office of Head Start <no-reply@hsicc.org>

HTML Plain text

**Subject:** ACF-PI-HS-21-04 Office of Head Start  
Expectations for Head Start Programs in Program  
Year 2021–2022

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**SUBJECT:** Office of Head Start (OHS) Expectations for Head Start Programs in Program Year (PY) 2021–2022

**INSTRUCTION:**

Since the onset of the COVID-19 pandemic, Head Start programs — inclusive of Head Start, Early Head Start, Migrant and Seasonal Head Start, American Indian and Alaska Native Head Start, and Early Head Start-Child Care Partnership programs — have faced unprecedented challenges. Beginning in spring 2020 and throughout PY 2020–2021, all of our directors, staff, and families have demonstrated resiliency, innovation, and perseverance. OHS has provided needed flexibilities and guidance that allowed programs to adapt services based on the changing health conditions in their communities. Now, as programs prepare for PY 2021–2022, OHS is providing updated guidance.

This Program Instruction (PI) outlines OHS's expectations for Head Start programs to begin working toward full enrollment and providing in-person comprehensive services for all enrolled children, regardless of program option. The PI also addresses whether virtual or remote services are an allowable, long-term, locally designed option (LDO).

By *virtual*, OHS means services for children provided through technology. *Remote* refers to services provided via the delivery of supports and resources, such as educational materials or food boxes.

**Operating Status and Enrollment**

OHS expects Head Start programs to provide comprehensive services in their approved program options beginning in PY 2021–2022, to the extent possible, as local health conditions allow.

OHS acknowledges programs are in different stages of fully returning to in-person services. Many programs continued to provide in-person services for children and families throughout the COVID-19 pandemic. These programs are expected to continue serving children in person, as local health conditions allow.

Other Head Start programs have been alternating between in-person services, virtual or remote services, or some combination of the two, due to community health conditions. These programs are expected to move to in-person services, as local health conditions allow.

OHS expects programs to work toward full enrollment and full comprehensive services, contingent upon U.S. Centers for Disease Control and Prevention (CDC) guidelines and state and local health department guidance and in consideration of local school districts' decisions.

In September 2021, OHS will begin reviewing monthly enrollment in the Head Start Enterprise System (HSES) and discuss program plans for moving to full enrollment. Programs should build toward full enrollment and provide comprehensive services for all enrolled children as soon as possible. Programs must communicate with their Regional Office and be able to demonstrate why they are unable to be fully enrolled or serve children in person in their approved programs options. All programs must have plans in place that allow for adaptation to changing guidance and to changes in community conditions, which may affect achieving full enrollment or cause programs to temporarily suspend in-person services.

Beginning January 2022, OHS will reinstate pre-pandemic practices for tracking and monitoring enrollment. OHS will also resume evaluating which programs enter into the Full Enrollment Initiative in January 2022. All programs will start fresh, including those participating in the Full Enrollment Initiative prior to the pandemic. Reported enrollment in January 2022 is the first month of enrollment that OHS will evaluate for the under-enrollment process.

**OFFICE OF HEAD START**

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-PI-HS-21-04	2. Issuance Date: 05/20/2021
	3. Originating Office: Office of Head Start	
	4. Key Words: ERSEA; Recruitment; Selection; Enrollment; Virtual and Remote Services; In-person Services	

**PROGRAM INSTRUCTION**

**TO:** Head Start and Early Head Start Grantees and Delegate Agencies

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### **Virtual and Remote Services**

Virtual and remote services for children are considered an interim strategy in the presence of an emergency or disaster and will not be approved as an LDO.

OHS has supported the implementation of virtual and remote services over the past 13 months. However, they are not an acceptable replacement for in-person comprehensive services. For PY 2021–2022, it is unallowable to have a program option run entirely by technology or delivering educational material, for example. OHS may still support some portion of services to continue remotely, as necessary.

OHS also recognizes that programs have discovered new virtual strategies for engaging families and reinforcing early learning and development at home. Innovations in virtual practice should be used as enhancements rather than substitutes for previously approved program options and service delivery.

Given their increased capacity to conduct virtual and remote services, programs may establish policies and procedures for temporary, weather-related virtual and remote services.

Head Start grantees have significant one-time funds and layered mitigation strategies available to support a return to in-person services. This includes access to the COVID-19 vaccine for adults.

### **Recruitment and Selection**

As grantees look to summer programming and PY 2021–2022, OHS expects programs to prioritize recruiting eligible children and families.

Almost one third of children served in Head Start programs before the pandemic — approximately 250,000 — have not received any services to date.

The pandemic has created and exacerbated long-standing disparities and inequities for families who have been marginalized for decades. The number of children and families in poverty has grown significantly. All grantees should update their community assessments to guide their intensive recruitment efforts and to ensure they are reaching families most in need of services. If a program determines that their pre-pandemic approved program option will not meet the needs of the community, they must submit an updated community assessment and request approval for a change in scope.

Programs should also revisit their established selection criteria based on findings from their updated community assessment. As always, programs must include specific efforts to actively locate and recruit all eligible children and, in particular, those whose families are English language learners, experiencing homelessness, or affected by substance misuse, as well as children with disabilities and children in foster care.

The funds grantees have received from the Coronavirus Aid, Relief, and Economic Security (CARES) and Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Acts, as well from the American Rescue Plan, can and should be used to support enhanced community partnerships and related recruitment efforts. Per OHS guidance in [ACF-PI-HS-21-03 FY 2021 American Rescue Plan Funding Increase for Head Start Programs](#), grantees have flexibility to determine which one-time investments best support the needs of staff, children, and families, while adhering to federal, state, and local guidance. This includes using funds to purchase

services, materials, and technology to ramp up recruitment efforts, as well as to provide vaccine outreach and support as one layer of mitigation and protection for staff, children, and families.

Program planning for a full return to in-person services should include new and returning families at every step. Clear communication with families and regular invitations for input ensure Head Start services are most responsive to families, children, and the community.

**Additional Information**

OHS will support grantees through webinars and guidance as programs continue and return fully to in-person services. Additional resources and information are available on the [Early Childhood Learning and Knowledge Center \(ECLKC\)](#) website.

Please direct any questions regarding this PI to your Regional Office.

Thank you for your work on behalf of children and families.

/ Dr. Bernadine Futrell /

Dr. Bernadine Futrell  
Director  
Office of Head Start

Office of Head Start (OHS) | 330 C Street, SW | 4th Floor Mary E. Switzer Building | Washington, DC 20201  
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## CONTRACT CHECKLIST

### Contractor Name:

### Contract #:

Place a check mark next to each item being returned. Please note that every form in your package is required.

- Checklist
- Signed California Civil Rights Laws Certification (CO-005)
- Signed Contractor Certification Clause (CCC-4/2017)
  - **Must complete ALL spaces, including Federal ID Number**
- Signed Federal Certification (CO.8)
  - **Must complete the place of performance**
- Signed (in **blue ink**) contract with original signatures
  - **Must complete printed name, title, and address of authorized signatory**
  - **Must ensure all of the contract language visible**

**OR**

Signed contract with a password-protected Adobe digital signature

  - **Must complete printed name, title, and address of authorized signatory**
  - **Must ensure all of the contract language visible**
- Encumbrance Page
  - **Informational only; do not sign.**
- For Public Agencies, must include board resolution or minutes authorizing execution of contract (if applicable)
- For Public Agencies, must include board resolution or minutes, authorizing delegation of authority (if applicable)

In accordance with *Directions for Contract Execution* section of this document, mail or e-mail all signed contracts and completed documents *as soon as possible* to:

### If returning the signed contract prior to July 9, 2021:

Contracts, Purchasing, and Conference Services  
California Department of Education  
1430 N Street, Suite 2213  
Sacramento, CA 95814-5901  
[CHILDDEVELOPMENTCONTRACTS@cde.ca.gov](mailto:CHILDDEVELOPMENTCONTRACTS@cde.ca.gov).



### If returning the signed contract after July 9, 2021:

Department of Social Services  
Contracts and Purchasing Bureau – Child Care Contracts Section  
744 "P" street – OB9 -6<sup>th</sup> Floor  
Mail Stop# 9-6-747  
[CHILDCARECONTRACTS@dss.ca.gov](mailto:CHILDCARECONTRACTS@dss.ca.gov).

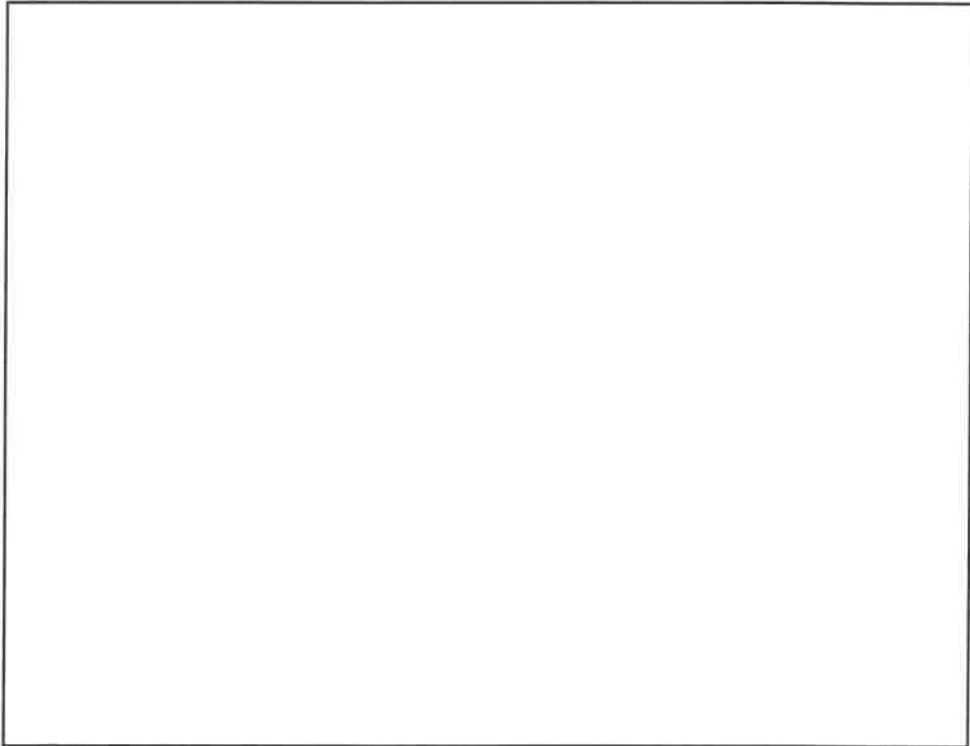
ATTACHMENT 10

**Desired Results Developmental  
Profile Summary Report**  
*Winter Assessments for School Year 2020-2021*

**City of La Habra  
Early Head Start**



Prepared By:  
**CCR**  
analytics  
[www.ccr-analytics.com](http://www.ccr-analytics.com)



## Presentation Overview Descripción de la Presentación

- 0 About the Desired Results Developmental Profile (DRDP)
  - 0 DRDP (2015) Results
  - 0 Action Plan
- 
- 0 Sobre el Perfil de Desarrollo de Resultados Deseados (DRDP)
  - 0 Resultados del DRDP (2015)
  - 0 Plan de Accion

## About the Desired Results Developmental Profile (DRDP 2015)

### Sobre el Perfil de Desarrollo de Resultados Deseados (DRDP 2015)



## Why Do We Assess Children?

- **For Teachers** -- Regularly assessing children helps teachers to identify strengths and needs allowing them to better target activities to meet children's needs.
- **For Program Management** -- Analysis of child assessment data helps to identify patterns that can inform training plans, curriculum planning, supply acquisition, and organizational goals.
- **For Best Practices** -- The regular assessment of children is widely acknowledged as a best practice in the field of early education.
- **For Funding Requirements** -- Regular child assessments are a required condition of state and federal funding.

## ¿Por Qué Evaluamos a los Niños?

- **Para Maestros** -- Evaluando a los niños regularmente ayuda a los maestros a identificar fortalezas y necesidades y les permite a seleccionar mejores actividades para encarecer las necesidades de los niños.
  - **Para los Gerentes del Programa** -- El análisis de la información de las evaluaciones de los niños ayuda a identificar patrones que pueden informar planes de capacitación, planeamiento del currículo, adquisición de materiales y las metas de la organización.
- Para Mejores Prácticas** -- La frecuente evaluación de niños es ampliamente reconocida como una mejor practica en la rama de educación temprana.
- **Para los Requerimientos al Solicitar Fondos** -- Evaluaciones frecuentes de niños son un requerimiento de los fondos estatales y federales.

## How Do We Assess Children?

- **Observation Based** -- Teachers observe children over a period of weeks. These observations can include notes on child behavior & interactions, samples of art work, pictures, or videos.
- **Teacher Assessments** -- At the end of an assessment period, teachers review their observations and compare them to a detailed framework of child development.
- **Authentic Assessments** -- Assessments based on the observations of children in real settings are considered more authentic than assessments based on tests conducted in artificial environments.
- **Not a Test** -- The DRDP child assessment is not a test where children are asked to demonstrate specific skills or knowledge at a specific time.

## ¿Cómo Evaluamos a los Niños?

- **Basado en Observaciones** -- Maestros observan a los niños durante el periodo de semanas. Estas observaciones pueden incluir notas en el comportamiento y interacción, ejemplos de trabajos de arte, fotografías o videos.
- **Evaluaciones de los Maestros** -- Al final del periodo de evaluación, los/las maestros/as repasan sus observaciones y las comparan a una estructura detallada del desarrollo de niño.
- **Evaluaciones Autenticas** -- Se consideran más las evaluaciones basadas en observaciones de los niños en ambientes reales que las evaluaciones basadas en exámenes administrados en ambientes artificiales.
- **No Es Un Examen** -- La evaluación del niño del Perfil de Desarrollo de Resultados Deseados no es un examen donde se le pide al niño que demuestre habilidades específicas o conocimiento en un tiempo específico.

## The DRDP (2015) Assessment Is Very Broad

The DRDP (2015) seeks to assess child development across a comprehensive set of developmental domains. Here are the developmental domains that are assessed:

- 01 Approaches to Learning: Self-Regulation
- 02 Social & Emotional Development
- 03 Language & Literacy Development
- 05 Cognition, Including Math & Science
- 06 Physical Development - Health

## Es muy extenso la evaluación del Perfil de Desarrollo de Resultados Deseados (DRDP 2015)

El Perfil de Desarrollo de Resultados Deseados (DRDP 2015) busca evaluar el desarrollo del niño a través de un conjunto comprehensivo de áreas de desarrollo . Aquí están las áreas de desarrollo que se evalúan:

- Desarrollo cognitivo, incluyendo Matemática y Ciencias Desarrollo del lenguaje y la alfabetización
- Desarrollo físico-Salud Desarrollo social y emocional
- Enfoques al aprendizaje: Auto-regulación

## Understanding the Data

- In order to meaningfully interpret the assessment results, the DRDP 2015 was aligned to the CA Early Learning Foundations.
- The CA Early Learning Foundations define developmental milestones for key ages in a child's development.
- The alignment allows us to understand a child's development within an age appropriate context and to meaningfully compare results across the DRDP domains and sub-domains. More can be found on the alignment here, [www.ccr-analytics.com/presentations/](http://www.ccr-analytics.com/presentations/)
- The graphs on the following slides show the percentage of children who meet or exceed their age specific developmental milestones.
- As children age over the course of the year, developmental expectations increase. For this reason you will not see huge increases between assessment periods.

## Comprendiendo la Información

- Para interpretar la información de los resultados de las evaluaciones en una manera significativa, el Perfil de Desarrollo de Resultados Deseados 2015 fue alineado con los Fundamentos del Aprendizaje Pre-escolar de California.
- Los Fundamentos del Aprendizaje Pre-escolar de California define las etapas de desarrollo para edades importantes en el desarrollo del niño.
- La alineación nos permite comprender el desarrollo del niño dentro un contexto apropiado basado en la edad y comparar de una forma significativa los resultados a través de las áreas y sub áreas de desarrollo del Perfil de Desarrollo de Resultados Deseados. Se puede ver más sobre la alineación en el link, [www.ccr-analytics.com/presentations/](http://www.ccr-analytics.com/presentations/)
- Las gráficas en los siguientes diapositivas demuestran el porcentaje de niños que cumplieron o superaron sus específicas etapas de desarrollo basado en su edad.

### How Much Does The Program Contribute to the Development of Children?

- It is fundamental that programs be able to demonstrate the impact they have on child development. Its not just about how much they grew, but how much the program contributed to that growth.
- One method for estimating program impact is to compare child assessment scores between children enrolled in the program last year and children newly enrolled -- **while controlling for age** and other demographic variables.
- The following pages compares the results of these two groups and shows how confident we are that the difference between the two groups is statistically significant (controlling for age and other demographic variables).

### ¿Cuanto Contribuye el Envolvimiento de la Programa al Desarrollo de Niños?

- Es importante que los programas puedan demostrar el impacto que tienen en el desarrollo del niño. No solamente es sobre cuanto se desarrollaron, pero cuanto contribuyó el programa a ese desarrollo.
- Un método para estimar el impacto del programa es comparar los resultados de evaluaciones entre niños matriculados en el programa el año pasado y los niños recién matriculados- **mientras tomando en consideración la edad** y otros variables demográficos.
- La siguiente paginas compara los resultados de estos dos grupos y demuestra lo seguro que estamos que la diferencia entre los dos grupos es significativa estadísticamente (tomando en consideración la edad y otros variables demográficos).

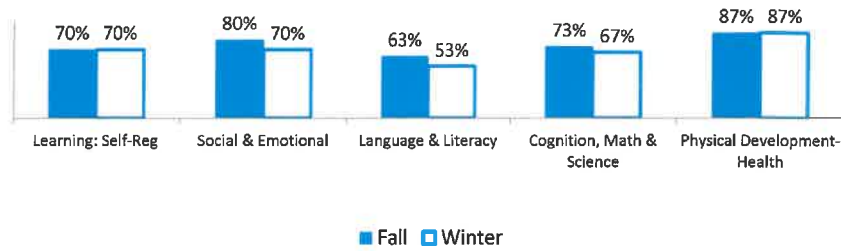
**Infants & Toddlers Results**  
**Resultados del Bebés y Niños Pequeños**



## DRDP Results for Infants & Toddlers

### Domain Comparison for All Infants & Toddlers

Winter 2020-2021 Percentage of Children At or Above Foundation Expectations

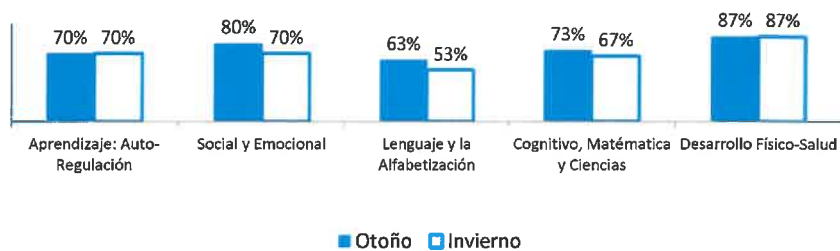


	Total
# of Children	38
Average Age (years)	1.8
% of English Language Learners	51%

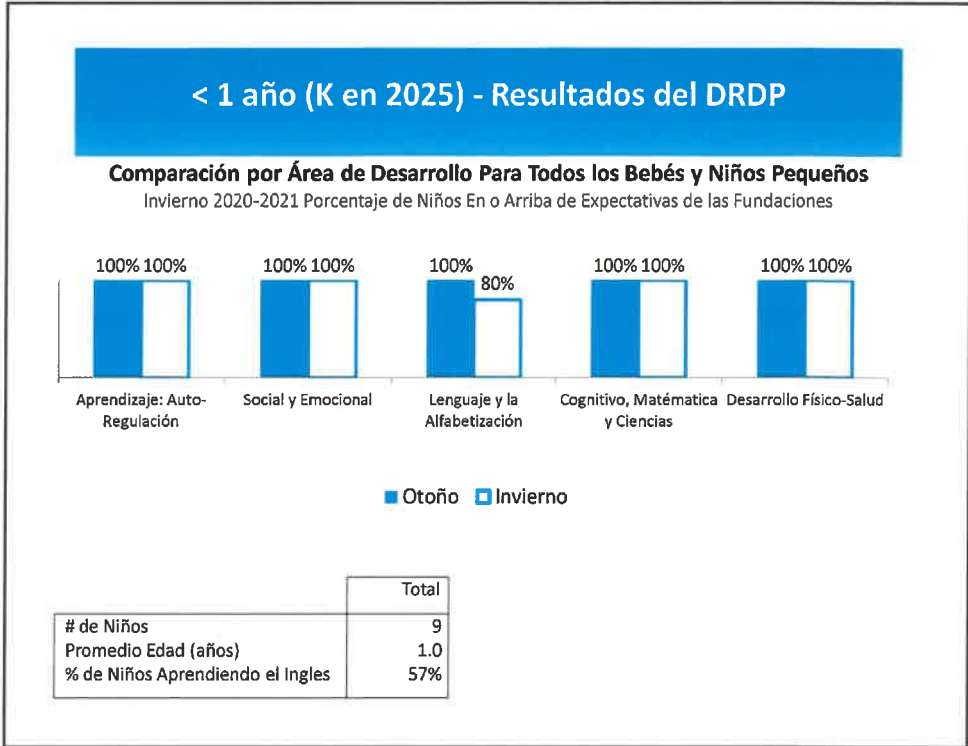
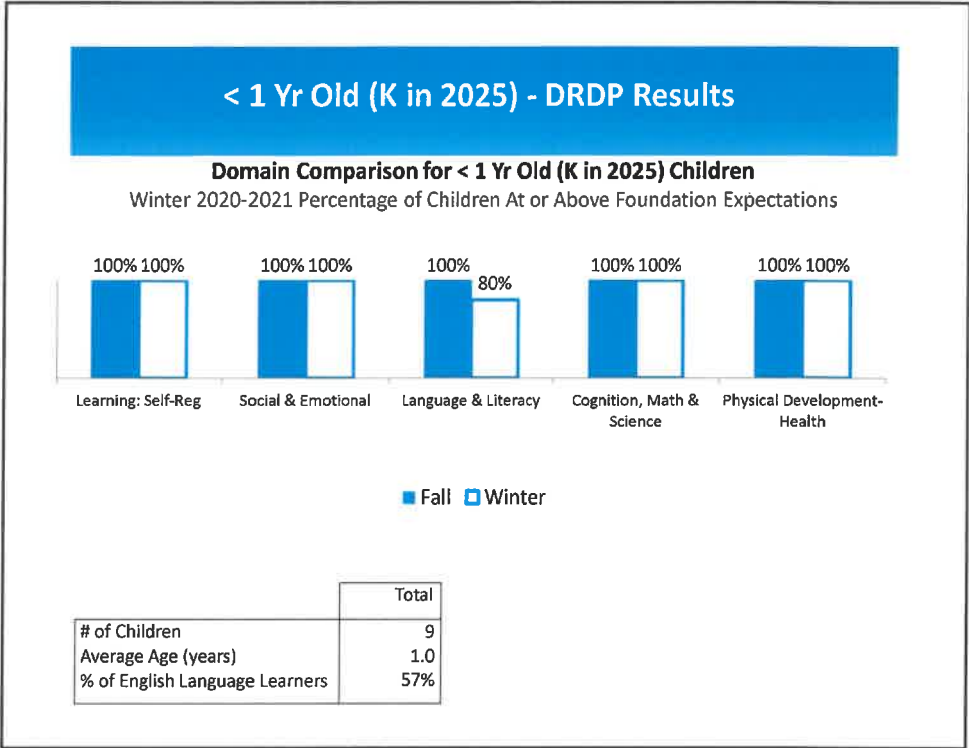
## Resultados del DRDP Para Bebés y Niños Pequeños

### Comparación por Área de Desarrollo Para Todos los Bebés y Niños Pequeños

Invierno 2020-2021 Porcentaje de Niños En o Arriba de Expectativas de las Fundaciones



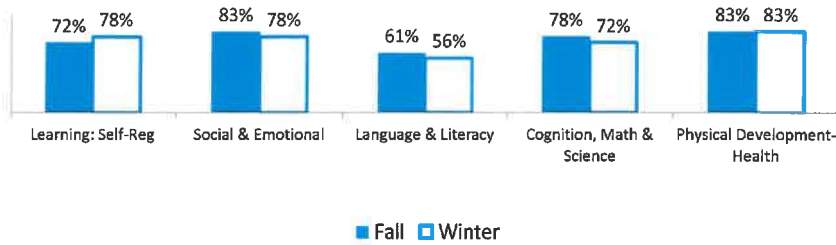
	Total
# de Niños	38
Promedio Edad (años)	1.8
% de Niños Aprendiendo el Ingles	51%



## 1 Yr Old (K in 2024) - DRDP Results

### Domain Comparison for 1 Yr Old (K in 2024) Children

Winter 2020-2021 Percentage of Children At or Above Foundation Expectations

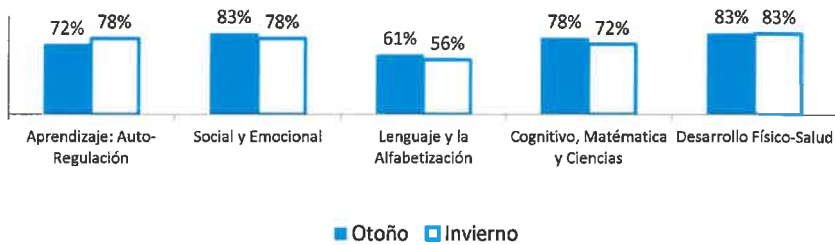


	Total
# of Children	21
Average Age (years)	1.9
% of English Language Learners	38%

## 1 año (K en 2024) - Resultados del DRDP

### Comparación por Área de Desarrollo Para Todos los Bebés y Niños Pequeños

Invierno 2020-2021 Porcentaje de Niños En o Arriba de Expectativas de las Fundaciones

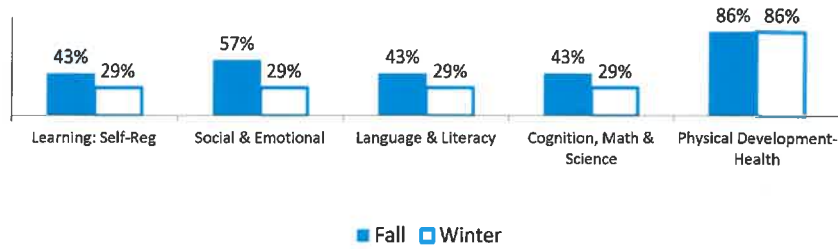


	Total
# de Niños	21
Promedio Edad (años)	1.9
% de Niños Aprendiendo el Ingles	38%

## 2 Yr Old (K in 2023) - DRDP Results

### Domain Comparison for 2 Yr Old (K in 2023) Children

Winter 2020-2021 Percentage of Children At or Above Foundation Expectations

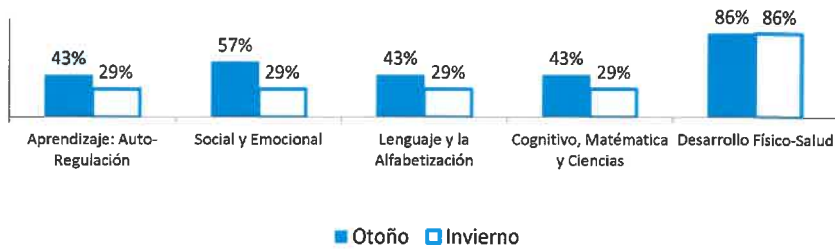


	Total
# of Children	8
Average Age (years)	2.6
% of English Language Learners	80%

## 2 años (K en 2023) - Resultados del DRDP

### Comparación por Área de Desarrollo Para Todos los Bebés y Niños Pequeños

Invierno 2020-2021 Porcentaje de Niños En o Arriba de Expectativas de las Fundaciones



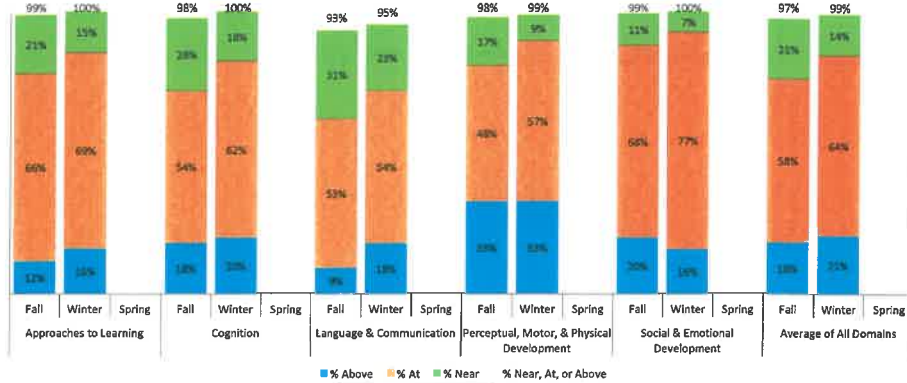
	Total
# de Niños	8
Promedio Edad (años)	2.6
% de Niños Aprendiendo el Inglés	80%

## All Early Head Start Children

### Early Head Start Domain Comparison

#### Aligned to the Early Head Start Outcomes Framework

Percentage of Ratings Near, At, or Above CA Early Learning Foundation Expectations Fall & Winter 2020-2021

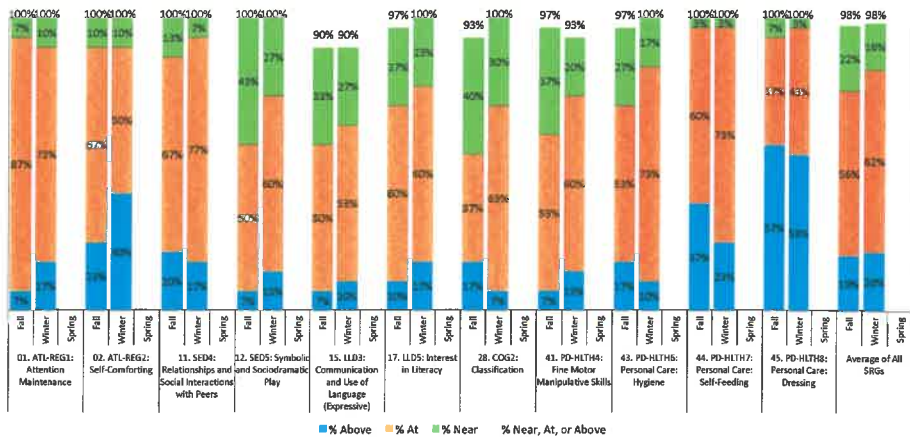


	<b>Total</b>
# of Children	30
% of children with IFSP	23%

## All Early Head Start Children

### EHS School Readiness Goals

Percentage of Ratings Near, At, or Above CA Early Learning Foundation Expectations Fall & Winter 2020-2021

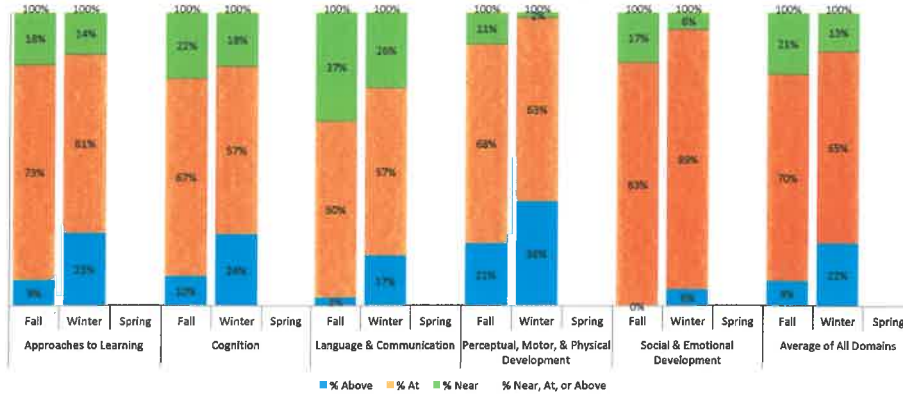


	<b>Total</b>
# of Children	30
% of children with IFSP	23%

## Children Who Are 2 Years Old EHS Outcomes Framework

EHS Domain Comparison for Children Were 2 Years Old as of September 1, 2020  
Aligned to the Early Head Start Outcomes Framework

Percentage of Ratings Near, At, or Above CA Early Learning Foundation Expectations Fall & Winter 2020-2021

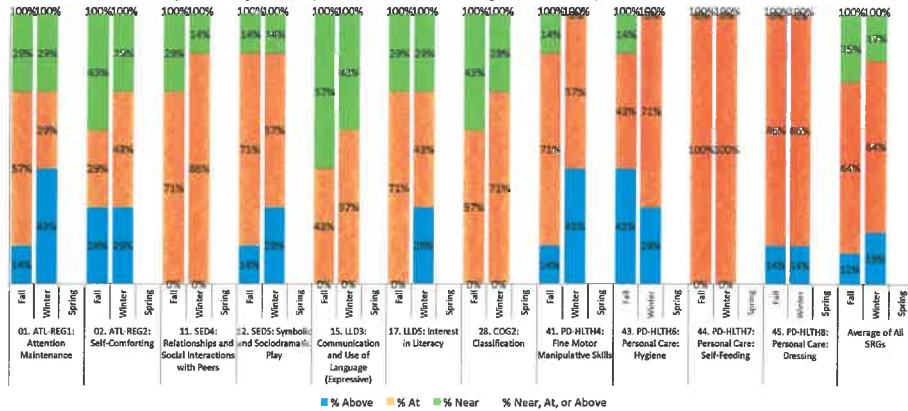


<b>Total</b>	
# of Children	7
% of children with IFSP	43%

## Children Who Are 2 Years Old School Readiness Goals

EHS School Readiness Goals for Children Who Were  
2 Years Old as of September 1, 2020

Percentage of Ratings Near, At, or Above CA Early Learning Foundation Expectations Fall & Winter 2020-2021



<b>Total</b>	
# of Children	7
% of children with IFSP	43%



## Actions: Do we need to make any changes based on the findings?

- **What are the three key findings?**
  - Based on the Foundations, the % of children who are near, at, or above expectations in the areas of Social/Emotional, Language/Literacy, and Cognition, Math, & Science
  - Based on the Child Outcomes and Framework, most of the children are at or above expectations.
  - For the 2 year old children, there has been an increase of children who are at and above the expectations.
- **Are there areas where we are doing great?**
  - For the 2 year old children, there was more children who at at and above the expectations based on the Framework.
- **Are there any areas where we could improve?**
  - Based on the Foundations, the children can improve on Social-Emotional; Language and Literacy; and, Cognition, Math, & Science.

## 2020-2021 EARLY HEAD START (EHS) SCHOOL READINESS GOALS AND ACTION PLAN

### Overall School Readiness Goal:

Children transitioning to Head Start from Early Head Start will be able to demonstrate abilities and knowledge as stated in the expectations described in the Head Start Early Learning Outcomes Framework at the Infant/Toddler level. Below are specific goals for program improvement for school readiness in the areas described: Approaches to Learning, Social and Emotional Development, Language Development, Cognitive Development, and Perceptual Motor and Physical Development? It is expected that at least 90% of the children transitioning to preschool at 36 months old will at Near, at or above age expectations as specified in the California Infant Toddler Learning Foundations in all Domains and specific School Readiness Goals Measures.

**Analysis:** Overall Fall DRDP results show that across all Domains assessment results showed more than 90% of the children are near at or above expectations. At the Measure level all measures more than 90% are above, at, or near the expectation, in particular 100% of the children are above, at, or near expectations for Attention Maintenance, Self-Comforting, Social Interactions, Expressive Language, Interest in Literacy, Classification, Fine motor Coordination and Personal Care. Expressive Language had the lowest result with 93% near at or above.

For the Winter DRDP results show that across all Domains, there is a decrease in the percentage of children who are at or above the Foundations expectations in the area of Social-Emotional, Language & Literacy, and Cognition, Math, & Science. For the Learning/Self-Regulation and Physical Development Domains, there was no growth noted. Based on the expectations with the Framework 100% of the children at above, at, or near the expectation.

### Initial Action Plan:

- Due to the COVID 19 closures plans are being made to provide Home-Educators with professional development opportunities through virtual coaching groups. School Readiness Goals will still be addressed with parents with virtual guidance and specific activities for children to engage in at home. Some examples include:
  - Age appropriate Lesson Plans and activities that support all School Readiness Goals will be provided virtually weekly for parents to engage with their children.
  - Weekly calls and contacts will be made with each parent to support them in carrying out the activities and provide individualizing strategies.
  - A “backpack” with materials for children to utilize at home will be distributed.
  - All above Support will be provided according to the age range of the child.
- EHS Coordinator will continue to be provided with training and coaching on providing Practice Based Coaching to support Home-Educators to ensure effective implementation of developmentally appropriate experiences for children in all Learning Domains utilizing child outcome results.
- EHS Coordinator will observe Home-Educators at least monthly with focus on HOVRs for Home Based programming either in classroom or on Zoom experiences.
- EHS Coordinator will ensure curriculum fidelity through Zoom observation and feedback utilizing High Scope curriculum checklists.

## 2020-2021 EARLY HEAD START (EHS) SCHOOL READINESS GOALS AND ACTION PLAN

<ul style="list-style-type: none"> <li>• Rater Reliability exercises and focus groups will be carried out to continue to increase understanding of the DRDP 2015 measures.</li> <li>• Increase the use of the Learning Genie Parent Engagement app to include daily interactions for children who are attending in class services</li> <li>• <b>Anticipated Outcome:</b></li> <li>• Improved Rater Reliability will improve the reliability of the data used to inform Lesson Planning and aggregated child outcomes for agency wide program improvement.</li> <li>• Engaging Parents in a more effective way will help improve their ability to support their child's School Readiness Goals and ultimately improve child outcomes across all domains.</li> </ul>
<b>Fall Evaluation:</b>
<b>Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO</b>
<b>Additional Actions/Steps to be taken to Supplement Prior Action Plan: Additional support to be provided to Home-Educators who continue to conduct home-visits virtually.</b>
<b>Winter Evaluation:</b>
<b>Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO</b>
<b>Additional Actions/Steps to be taken to Supplement Prior Action Plan: Home-Educators will continue to work with the parents in the domain areas and observe children's progress.</b>
<b>Spring (Final) Evaluation:</b>
<b>Additional Actions Needed For the Following Year Based on Spring Evaluation and Analysis: YES NO</b>
<b>Additional Actions/Steps to be taken to Supplement Prior Action Plan:</b>

<b>Domain: Approaches To Learning</b>
<b>Goal 1: Child demonstrates an increasing ability to control feelings and behavior</b>
<b>HSELOF: Goal IT-ATL 1</b>
<b>DRDP-PS: Measure IT ATL 2 – Self Comforting</b>
<b>Goal 2: Child develops the ability to show persistence in actions and behavior.</b>
<b>HSELOF: Goal IT-ATL 4</b>
<b>DRDP-PS: Measure IT ATL 1 – Attention Maintenance</b>
<b>Analysis:</b> Fall DRDP results show that in the Approaches to Learning Domain School Readiness Goals measures of Self Comforting and Attention Maintenance the 2-year-old children made slight gains with 100% of children near at or above expectations in attention maintenance and in the measure category in self comforting.

## 2020-2021 EARLY HEAD START (EHS) SCHOOL READINESS GOALS AND ACTION PLAN

For the Winter DRDP, the 2-year-old children made slight gains in the area of Self-Comforting and Attention Maintenance where in 100% of the children are near at or above expectations (with much gains at the expectations).

### Initial Action Plan:

- All observations, feedback and training will be done on a virtual format such as Zoom if not in the classroom or group.
- Training and coaching on CSEFEL strategies to focus on encouraging impulse control and self comforting strategies for children.
- Training will also include a focus on helping children label emotions and strategies for children to use to deal with negative emotions.
- Provide training for staff and parents on Trauma Informed practices to support Home-Educators in understanding how to support high risk children and families dealing with adverse experiences.

### Anticipated Outcome:

- Staff with a better understanding of strategies to support the social and emotional functioning of children in their class will be more effective in fostering impulse control and positive peer interactions. Consistency in implementing the CSEFEL strategies will reduce issues with peer aggression and increase successful participation in routines and socializations.
- Home-Educators will have a better understanding the effects of Adverse Experiences for children and practices that support children experiencing Trauma will further help them be more successful with supporting children's social and emotional development.
- Utilizing Functional Behavioral analysis strategies help Home-Educators determine why children may be engaging in certain behaviors and help them determine the best intervention strategies.

### Fall Evaluation:

**Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan: No changes**

### Winter Evaluation:

**Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan: No Changes**

### Spring (Final) Evaluation:

**Additional Actions Needed For the Following Year Based on Spring Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan:**

### Domain: Social and Emotional Development

**Goal 1: Child shows interest in, interact with, and develop personal relationships with other children.**

**HSELOF: Goal IT-SE 4**

## 2020-2021 EARLY HEAD START (EHS) SCHOOL READINESS GOALS AND ACTION PLAN

**DRDP-PS: Measure IT SED 4 – Relationships with peer**

**Goal 2: Child uses objects or symbols to represent something else.**

**HSELOF: Goal IT-C 12**

**DRDP-PS: IT Measure SED5 – Symbolic Play**

**Analysis:** Fall DRDP and Winter DRDP results for the Social Emotional Domain School Readiness Goals Measures of Symbolic Play and Peer Relationships show that 100% of the 2-year-old children were near at or above expectations in both measures. For the Winter DRDP, majority of the 2-year-old children are at the expectations.

**Initial Action Plan:**

- All observations and feedback will be done on a virtual format such a Zoom or from parent input.
- EHS Coordinator will utilize the High scope Curriculum fidelity checklist to continue to support adult to child interactions that encourage children in interacting and building peer relationships during socializations
- EHS Coordinator will utilize the Curriculum Fidelity checklist to observe and give feedback on implementing curriculum specific to encouraging and providing opportunities for pretend play throughout the parts of the day.
- Training will be provided with Home-Educators to support focusing on the stages of play and how Home-Educators can support the development of play intentionally.

**Anticipated Outcome:**

- Home-Educators will have a better understanding of the importance or peer relationships and pretend (symbolic) play in the early development of executive functioning skills for children and how those skills impact a child’s ability to interact successfully with others. As a result, Home-Educators will be able to better support children in their class with intentional activities that support peer interactions and pretend play and children will have greater gains in these areas.

**Fall Evaluation:**

**Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan: No changes**

**Winter Evaluation:**

**Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan: No changes**

**Spring (Final) Evaluation:**

**Additional Actions Needed For the Following Year Based on Spring Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan:**

**Domain: Cognition**

**Goal 1: Child understands simple patterns.**

## 2020-2021 EARLY HEAD START (EHS) SCHOOL READINESS GOALS AND ACTION PLAN

**HSELOF: Goal IT – C 10**

**DRDP-PS: IT Measure COG 2 - Classification**

**Analysis:** Fall DRDP and Winter DRDP results in the Cognition Domain School Readiness Goal measure of Classification shows that 100% of children near at or above expectations in the Fall Assessment. .

**Initial Action Plan:**

- All observations and feedback will be done on a virtual format such a Zoom or from parent input.
- EHS Coordinator will provide focused coaching for Home-Educators in providing curriculum that supports classification skills using the High School Numbers Plus Curriculum.

**Anticipated Outcome:**

- Home-Educators will increase their knowledge in skills in implementing the Numbers Plus curriculum specifically for toddlers in providing experiences that support classification. As a result, children will be able to show greater gains in this Domain.

**Fall Evaluation:.**

**Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan: No changes**

**Winter Evaluation:**

**Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan: No changes**

**Spring (Final) Evaluation:**

**Additional Actions Needed For the Following Year Based on Spring Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan:**

### **Domain: Language and Literacy – Language and Communication**

**Goal 1: Child uses increasingly complex language in conversation with others**

**HSELOF: Goal IT-LC 5**

**DRDP-PS: IT Measure LLD 3 - Use of Language Expressive**

**Goal 2: Child recognizes pictures and some symbols, signs, or words**

**HSELOF: Goal IT-LC 11**

**DRDP-PS: IT Measure LLD 5 - Interest in Literacy**

**Analysis:** Fall DRDP results in the Domain of Language and Literacy – Language and Communication School Readiness Goals measures of Expressive Language and Interest in Literacy showed that there were gains in both measures. Expressive Language while

## 2020-2021 EARLY HEAD START (EHS) SCHOOL READINESS GOALS AND ACTION PLAN

very challenging for a lot of our children, indicates 93% of the children near at or above expectations. Interest in Literacy has 100% of children near at or above expectations.

Winter DRDP results in the Domain of Language and Literacy – Language and Communication School Readiness Goals measures of Expressive Language and Interest in Literacy showed that there were gains in both measures. Expressive Language while very challenging for a lot of our children, indicates 100% of the children near at or above expectations. Interest in Literacy has 100% of children near at or above expectations.

### Initial Action Plan:

- All observations and feedback will be done on a virtual format such as a Zoom or from parent input.
- EHS Coordinator will utilize the High Scope Curriculum fidelity checklist to continue to observe and give coaching support to Home-Educators in ensuring language rich environments and specific support for children with language delays. Specifically, Home-Educators will be supported in implementing strategies of Self and parallel talk, as well as Tiered vocabulary supports. These strategies will be employed in a consistent and intentional way to support burgeoning language for children in the program.

### Anticipated Outcome:

- Home-Educators will learn research-based ways to support children in gaining vocabulary and communication skills. As a result, children will be able to be better supported in Peer to Peer interactions and language development in the classrooms.

### Fall Evaluation:

**Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan: No Changes**

### Winter Evaluation:

**Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan: No Changes**

### Spring (Final) Evaluation:

**Additional Actions Needed For the Following Year Based on Spring Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan:**

### Domain: Perceptual Motor and Physical Development

**Goal: 1. Child demonstrates healthy behaviors with increasing independence as part of everyday routines**

**HSELOF: Goal IT-PMP 9**

**DRDP-PS: : IT Measure PDHLTH 6,7,8 – Personal Care Routines hygiene, feeding, dressing**

**Goal: 2. Child coordinates hand and eye movements to perform actions.**

# 2020-2021 EARLY HEAD START (EHS) SCHOOL READINESS GOALS AND ACTION PLAN

**HSELOF: Goal IT-PMP 6**

**DRDP-PS: IT Measure PDHLTH 4 - Fine Motor Manipulative skills**

**Analysis:** Fall DRDP and Winter DRDP results in the Domain of Perceptual Motor and Physical Development School Readiness Goals measures of Self Care Routines and Fine motor coordination showed 100% of 2-year-old children near at or above expectations.

**Initial Action Plan:**

- All observations and feedback will be done on a virtual format such as a Zoom or from parent input.
- EHS Coordinator will review lesson plans and observe home visits to ensure that Home Educators are working in partnership with parents to support development in these areas.

**Anticipated Outcome:**

- Environments that are rich with experiences that support self-help and care skills will provide more opportunities for children to practice these skills. As a result, children will be more successful in the areas of self-care and hygiene.

**Fall Evaluation:**

**Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan: No Changes**

**Winter Evaluation:**

**Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan: No Changes**

**Spring (Final) Evaluation:**

**Additional Actions Needed For the Following Year Based on Spring Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan:**

First Assessment Period:

Approved by Sub-Board (Community Services Commission): February 10, 2021

Approved by Policy Committee: February 26, 2021

Second Assessment Period:

Approved by Sub-Board (Community Services Commission): \_\_\_\_\_

Approved by Policy Committee: \_\_\_\_\_

**CITY OF LA HABRA  
CHILD DEVELOPMENT DIVISION  
EARLY HEAD START PROGRAM**

**2020-2021 SELF-ASSESSMENT REPORT**

**BACKGROUND**

Each year the City of La Habra Early Head Start program conducts a program self-assessment using staff, parents, governing bodies and the community to evaluate the effectiveness and progress in meeting program goals and in implementing Federal and State Performance Standards and regulations, including the Head Start Act of 2007, SEC 461A.

**METHODOLOGY**

Due to the COVID19 pandemic, the process for the annual self-assessment had to be revised. Staff conducted the self-assessment using the Office of Head Start Aligned Monitoring System Focus Area Two Monitoring Protocol which assessed program management, Orange County Head Start, Inc. (OCHS) Monitoring Tools were used to examine the following areas: Health Services; Nutritional Services; Safe Environments; Disabilities Services; Mental Health Services; Family and Community Services; Education and Early Childhood Development, and Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA). The Monitoring protocol used provided a discussion point regarding the program’s program design and management, and governance structure. The protocol was designed to develop an understanding of the program’s foundation for program services.

There were 10 files reviewed utilizing the OCHS monitoring tools. There were no home-visits observed and socialization activity was observed via Zoom.

A review was also conducted of La Habra’s 2020-21 goals and objectives; La Habra’s 2019-2020 annual self-assessment & verification results, 2020-2021 child outcomes analysis for the 1<sup>st</sup> and 2<sup>nd</sup> assessment periods and School Readiness Goals.

**PROGRESS MADE TOWARDS 2020-21 PROGRAM GOALS**

<b>Goal #1: Community Awareness</b>		
<b>City of La Habra EHS Program will increase community awareness of the quality school readiness programs and integrated support services provided to children and families.</b>		
<b>Objectives</b>	<b>Measure</b>	<b>Progress Towards Goal</b>
<b>Increase the City of La Habra EHS Program presence in the community and on the internet.</b>	<b>Measure 1:</b> Develop a City of La Habra EHS Program Facebook account in year one, and increase the number of Followers, Likes and Shares on Facebook by 10% each year over the subsequent four years.	<i>Program is using City’s social media</i>  <i>Child Development created a Facebook account</i>  <i>EHS Coordinator has recently posted</i>

		<p><i>to increase awareness of program and is Continuing to post in social media to increase awareness of program</i></p>
	<p><b>Measure 2:</b> Redevelop the City of La Habra EHS Program Facebook website in year one, and increase the number of people visiting the website by 5% each year over the subsequent four years.</p>	<p><i>Child Development created a Facebook account during the 2019-2020SY</i></p> <p><i>EHS program is included in the La Habra Child Development Facebook page.</i></p>
	<p><b>Measure 3:</b> Increase attendance at open house events by 10% each year over the five-year period.</p>	<p><i>At this time, the program is not conducting open-house.</i></p>
<p><b>Increase City of La Habra EHS Program collaborations with community agencies.</b></p>	<p><b>Measure 1:</b> Develop a coordinated community referral process in year one, and increase the number of agencies participating in the referral process by 50% each year, and the number of referrals received by 5% each year, over the subsequent four years.</p>	<p>The program has coordinated with Orange County Regional Center for referrals. EHS Homebase, has children enrolled with IFSP's or have been referred during the month of July – September 2019, due to concerns from the ASQ-3 screening that was completed for each child.</p> <p>As of January 2020, there are 21 children with Individualized Family Service Plans (IFSP) enrolled in the program,</p> <p>Regional Center of Orange County has been part of our referral process. Children whom have scored low on ASQ-SE or ASQ-3 and or parent has concerned, we actually help the parent make the call for further evaluation through Regional Center.</p> <p>We have been enrolling children whom have been referred by Regional Center &amp; we have referred children to Regional Center due to developmental delays in communication/speech.</p>
	<p><b>Measure 2:</b> Increase the number of City of La Habra EHS Program hosting open house events by at least 25% each year, with full implementation by the end of year five.</p>	<p><i>N/A at this time due to COVID.</i></p>
	<p><b>Measure 3:</b> Attend at least one community meeting per quarter per Manager to maintain active</p>	<p>Child Development Manager attends the LA Habra Collaborative Meeting (every other month) and La Habra City</p>

	<p>partnerships, promote, and provide updates and announcements, regarding City of La Habra EHS Program services.</p>	<p>School District EDI meetings (monthly)</p>
	<p><b>Measure 4:</b> Participate in at least two community events within the City by providing an information booth to promote City of La Habra EHS Program services each year over the five-year period.</p>	<p>The Child Development Staff attended the Back to School Health Fair, Literacy Fair, and posted flyers at various places in the City.</p> <p>Program information was sent to all collaborative partners to share information regarding the program,</p> <p>Due to COVID-19 policies and procedures all events in La Habra have been cancelled.</p> <p>Flyers regarding the program have been included in the bags distributed at events such as the 5k run, eggstravaganza.</p> <p>The Citrus Fair is planned to take place in June, we will recruit in person.</p>
<p>Strengthen City of La Habra EHS Program relationships with the school districts.</p>	<p><b>Measure 1:</b> In year one, conduct an analysis of current transition and collaborative activities at each City of La Habra EHS Program.</p>	<p><i>The program is represented in the School District's school readiness collaborative wherein we are able to meet with district staff for transition.</i></p>
	<p><b>Measure 2:</b> In year one, evaluate and update all current school readiness, Memorandum of Understandings.</p>	<p>Program Collaborates with La Habra City School District.</p>
	<p><b>Measure 3:</b> In years two through five, develop a comprehensive set of MOUs based on the unique characteristics of each school district that Head Start children transition into, and implement the MOUs with at least 25% of school districts per year with full implementation with all school districts by the end of year five.</p>	<p>The EHS program collaborates with the La Habra City Child Development programs to transition the EHS children to preschool or with the grantee, School District does not have a program for transitioning EHS children.</p> <p>MOU with UCI EyeMobile, Mount St. Mary's, Cal State Fullerton.</p> <p>Nursing students from Cal State Fullerton have been attending as interns to assist in program duties.</p> <p>High School Students from La Habra have been volunteering in helping the home educators organizing and putting together take-home activities weekly.</p>

	<p><b>Measure 4:</b> In years two through five, develop a comprehensive plan for collaboration with each elementary school based on the unique characteristics of the school district, and implement the plan with at 25% of City of La Habra EHS Program total centers per year with full implementation at all centers by the end of year five.</p>	<p>The EHS program collaborates with the La Habra City Child Development programs to transition the EHS children to preschool or with the grantee, School District does not have a program for transitioning EHS children.</p> <p>We have a close collaboration with Regional Center.</p>
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**Goal #2: Parent and Family Engagement**

**City of La Habra EHS Program will increase parent and family engagement across all program areas and activities to promote family resilience.**

Objectives	Measure	Progress Towards Goal
<p>Increase participation in City of La Habra EHS Program parent engagement programs:</p>	<p><b>Measure 1:</b> UCLA by 5% each year (Health/Oral Health/Mental Health)</p>	<p><i>Healthy Smiles and the VCC: Gary Center provided dental screening to our children enrolled in EHS Home Base.</i></p> <p><i>Cal State Fullerton Nursing Student Intern provided a dental workshop.</i></p> <p><i>NAMI – Presented to our parents a on Promoting Positive Mental Health; Consequences for Toddlers and Strengthening Parent to Child Relationships.</i></p> <p><i>Vision Screening were provided to the children.</i></p> <p><i>UCI Eye mobile returned and provided full exams for children who did not pass the vision screening.</i></p> <p><i>Breast and Cervical Cancer Awareness; workshop to parents.</i></p> <p><i>Mental Health Consultant presented to our parents on Child Abuse and Domestic Violence.</i></p> <p><i>Nursing students will be providing via virtual a presentation to our parents on Health. On hold due to Pandemic.</i></p> <p><i>Month of April; will be providing Domestic Violence &amp; Child Abuse.</i></p> <p><i>Month of May will be providing Stress</i></p>

		<p>Management Virtual Zoom Workshops.</p> <p><b>Measure 2:</b> PNA by 5% each year (Nutrition)</p> <p>Provided a Nutrition Workshop in March via Zoom; St. Jude's Move More Eat Healthy</p>
		<p>Nursing Students Interning from Cal State Fullerton, presented a workshop to our families on healthy eating and making snack more appetizing to children using my plate portions, parents had the opportunity to make their own snacks.</p> <p>Program does not have a center-based program to complete the SAM.</p>
		<p><b>Measure 3:</b> SAM by 5% each year (Health and Safety)</p>
Develop, implement, and expand a Parent as Educators program (Education)	<p><b>Measure 1:</b> In years one and two, develop the Parent as Educators program.</p>	<p><i>Olive Crest provided a series on Parenting. Classes that began March 4, 2020. Due to COVID19, there was only 2 sessions that were completed instead of the 7 in the series.</i></p>
	<p><b>Measure 2:</b> In years three through five, implement the program and increase participation by at least 5% each year in years four and five.</p>	<p><i>Program will continue to work with agencies</i></p>
Increase quality of, and participation at, parent committee meetings.	<p><b>Measure 1:</b> In year one, conduct an analysis of current parent committee practices for the City of La Habra EHS Program.</p>	<p>For 2019-2020 EHS Home Base School Year; we have 6 PC members including Community Representative and 3 other members as alternates.</p> <p>The PC practice is following the Robert's Rule of Order when conducting meetings and PC has by-laws which the parents follow.</p> <p>Provided PC meeting Via Virtual monthly.</p>
	<p><b>Measure 2:</b> In year two, develop a comprehensive format for implementing parent committee activities to include agency priorities and regulatory requirements, while considering the unique characteristics of each center;</p>	<p>Provided trainings monthly during PC meetings.</p>
	<p><b>Measure 3:</b> In years three through five, increase parent participation by at least 5% each year.</p>	<p><i>Program will not be increasing the number of PC members, currently the by-laws indicate 6 members</i></p>
Implement and expand an agency-wide research- based	<p><b>Measure 1:</b> In year one, conduct an analysis of current parent education programs offered at each City of La</p>	<p><i>Program has been using the PITC curriculum for home-visits and to educate parents regarding their child's development.</i></p>

parenting education curriculum.	Habra EHS Program centers, select one curriculum to be used agency-wide, and develop a comprehensive plan for implementation.	<p><i>NAMI provided to parent variety of parent workshops; Promoting Academic Success; Communicating Effectively; Consequences for Toddlers; and Strengthening Parent to Child Relationships.</i></p> <p><i>Olive Crest will be providing a Parent Education course to our families enrolled in EHS beginning on March 4 – April 15, the course will be 7 weeks and will be provided here at our site from 6:00 – 8:00 pm. Due to COVID 19 only 2 sessions were provided.</i></p> <p><i>Orange County Department of Education; presented on A Guide to Young Children’s Healthy Brain Development.</i></p> <p><i>Banc of California provided presentation on Financial Literacy. Domestic Violence/Child Abuse Presentation was presented to parents.</i></p>
	<b>Measure 2:</b> Implement the selected curriculum agency-wide.	<i>During this 2<sup>nd</sup> year of implementation, we will continue to use the PITC curriculum.</i>
	<b>Measure 3:</b> In years three through five, increase parent participation by at least 10% each year.	<i>No update at this time</i>
	<b>Measure 4:</b> In years three through five, measure the impact of the program through parent survey.	<i>No update at this time</i>

**Goal #3: Staff Development**

**City of La Habra EHS Program will implement a comprehensive set of practices for recruitment, retention and development of responsive staff.**

Objectives	Measure	Progress Towards Goal
Improve personnel recruitment practices.	<i>Measure 1:</i> In year one, develop and implement a strategic recruitment and screening process.	Currently La Habra Early Head Start is fully staffed. Recent interviews were conducted, we have one eligible candidate on waitlist.
	<i>Measure 2:</i> Increase the pool of eligible, well-qualified applicants by 5% each year.	<i>At this time, we are currently recruiting home-educators and will try to create a pool of applicants.</i>
Implement a systematic approach to staff training and professional	<i>Measure 1:</i> In year one, conduct an analysis of current practices across the agency; develop a system to be used agency-wide; and develop a	<i>Staff training is provided twice a year for all the Child Development staff and EHS staff is trained at least once a month on topics pertaining to their</i>

development.	comprehensive plan for implementation and tracking.	<i>work and results of monitoring reports.</i>  <i>Staff that complete trainings obtain a certificate of completion and this is logged in the staff tracking log.</i>
	<i>Measure 2: In year two, begin implementation of the system agency-wide.</i>	<i>We began the tracking of trainings in year 1 and will continue to track staff's professional development.</i>
	<i>Measure 3: In year three through five-increase effectiveness by at least 10% each year based on data reports and staff survey.</i>	<i>No update at this time</i>
Establish an agency wide approach for management and leadership, and implement the approach 20% each year with full implementation by the end of year five.	<i>Measure 1: In year one, conduct an analysis of current leadership practices across the agency; select a leadership approach to be used agency-wide; and develop a comprehensive plan for implementation.</i>	<i>Program is in the process of determining the leadership practice that is within the guidelines of the mission of the City and the program.</i>
	<i>Measure 2: In year two, implement the selected leadership approach agency-wide.</i>	<i>Program will be implementing the coaching-leadership and diplomatic leadership style.</i>
	<i>Measure 3: In years three through five, evaluate effectiveness of implementation based on leadership assessments</i>	<i>No update at this time</i>

## PROGRESS MADE TOWARDS 2019-2020 CHILD OUTCOMES AND SCHOOL READINESS GOALS

The DRDP report represents a snap-shot of the developmental levels of students. The outcomes of this report should be used as one of many tools to guide the curriculum planning process. The DRDP (2015) tool and this report were not designed to "grade" the students, teachers, or the school and should not be used for those purposes.

### Overall School Readiness Goal:

Children transitioning to Head Start from Early Head Start will be able to demonstrate abilities and knowledge as stated in the expectations described in the Head Start Early Learning Outcomes Framework at the Infant/Toddler level. Below are specific goals for program improvement for school readiness in the areas described: Approaches to Learning, Social and Emotional Development, Language Development, Cognitive Development, and Perceptual Motor and Physical Development? It is expected that at least 90% of the children transitioning to preschool at 36 months old will at Near, at or above age expectations as specified in the California Infant Toddler Learning Foundations in all Domains and specific School Readiness Goals Measures.

**Analysis:** Overall Fall DRDP results show that across all Domains assessment results showed more than 90% of the children are near at or above expectations. At the Measure level all measures more than 90% are above, at, or near the expectation, in particular 100% of the children are above, at, or near expectations for Attention Maintenance, Self-Comforting, Social Interactions, Expressive Language,

Interest in Literacy, Classification, Fine motor Coordination and Personal Care. Expressive Language had the lowest result with 93% near at or above.

For the Winter DRDP results show that across all Domains, there is a decrease in the percentage of children who are at or above the Foundations expectations in the area of Social-Emotional, Language & Literacy, and Cognition, Math, & Science. For the Learning/ Self-Regulation and Physical Development Domains, there was no growth noted. Based on the expectations with the Framework 100% of the children at above, at, or near the expectation.

**Initial Action Plan:**

- Due to the COVID 19 closures plans are being made to provide Home-Educators with professional development opportunities through virtual coaching groups. School Readiness Goals will still be addressed with parents with virtual guidance and specific activities for children to engage in at home. Some examples include:
  - Age appropriate Lesson Plans and activities that support all School Readiness Goals will be provided virtually weekly for parents to engage with their children.
  - Weekly calls and contacts will be made with each parent to support them in carrying out the activities and provide individualizing strategies.
  - A “backpack” with materials for children to utilize at home will be distributed.
  - All above Support will be provided according to the age range of the child.
- EHS Coordinator will continue to be provided with training and coaching on providing Practice Based Coaching to support Home-Educators to ensure effective implementation of developmentally appropriate experiences for children in all Learning Domains utilizing child outcome results.
- EHS Coordinator will observe Home-Educators at least monthly with focus on HOVRs for Home Based programming either in classroom or on Zoom experiences.
- EHS Coordinator will ensure curriculum fidelity through Zoom observation and feedback utilizing High Scope curriculum checklists.
- Rater Reliability exercises and focus groups will be carried out to continue to increase understanding of the DRDP 2015 measures.
- Increase the use of the Learning Genie Parent Engagement app to include daily interactions for children who are attending in class services

• **Anticipated Outcome:**

- Improved Rater Reliability will improve the reliability of the data used to inform Lesson Planning and aggregated child outcomes for agency wide program improvement.
- Engaging Parents in a more effective way will help improve their ability to support their child’s School Readiness Goals and ultimately improve child outcomes across all domains.

**Fall Evaluation:**

**Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan: Additional support to be provided to Home-Educators who continue to conduct home-visits virtually.**

**Winter Evaluation:**

**Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO**

**Additional Actions/Steps to be taken to Supplement Prior Action Plan: Home-Educators will continue to work with the parents in the domain areas and observe children’s progress.**

**Domain: Approaches To Learning**

**Goal 1: Child demonstrates an increasing ability to control feelings and behavior**

**HSELOF: Goal IT-ATL 1**

**DRDP-PS: Measure IT ATL 2 – Self Comforting**

**Goal 2: Child develops the ability to show persistence in actions and behavior.**

**HSELOF: Goal IT-ATL 4**

<b>DRDP-PS: Measure IT ATL 1 – Attention Maintenance</b>
<p><b>Analysis:</b> Fall DRDP results show that in the Approaches to Learning Domain School Readiness Goals measures of Self Comforting and Attention Maintenance the 2-year-old children made slight gains with 100% of children near at or above expectations in attention maintenance and in the measure category in self comforting.</p> <p>For the Winter DRDP, the 2-year-old children made slight gains in the area of Self-Comforting and Attention Maintenance wherein 100% of the children are near at or above expectations (with much gains at the expectations).</p>
<p><b>Initial Action Plan:</b></p> <ul style="list-style-type: none"> <li>• All observations, feedback and training will be done on a virtual format such a Zoom if not in the classroom or group.</li> <li>• Training and coaching on CSEFEL strategies to focus on encouraging impulse control and self comforting strategies for children.</li> <li>• Training will also include a focus on helping children label emotions and strategies for children to use to deal with negative emotions.</li> <li>• Provide training for staff and parents on Trauma Informed practices to support Home-Educators in understanding how to support high risk children and families dealing with adverse experiences.</li> </ul> <p><b>Anticipated Outcome:</b></p> <ul style="list-style-type: none"> <li>• Staff with a better understanding of strategies to support the social and emotional functioning of children in their class will be more effective in fostering impulse control and positive peer interactions. Consistency in implementing the CSEFEL strategies will reduce issues with peer aggression and increase successful participation in routines and socializations.</li> <li>• Home-Educators will have a better understanding the effects of Adverse Experiences for children and practices that support children experiencing Trauma will further help them be more successful with supporting children’s social and emotional development.</li> <li>• Utilizing Functional Behavioral analysis strategies help Home-Educators determine why children may be engaging in certain behaviors and help them determine the best intervention strategies.</li> </ul>
<b>Fall Evaluation:</b>
<b>Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO</b>
<b>Additional Actions/Steps to be taken to Supplement Prior Action Plan: No changes</b>
<b>Winter Evaluation:</b>
<b>Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO</b>
<b>Additional Actions/Steps to be taken to Supplement Prior Action Plan: No Changes</b>
<b>Domain: Social and Emotional Development</b>
<b>Goal 1: Child shows interest in, interact with, and develop personal relationships with other children.</b>
<b>HSELOF: Goal IT-SE 4</b>
<b>DRDP-PS: Measure IT SED 4 – Relationships with peer</b>
<b>Goal 2: Child uses objects or symbols to represent something else.</b>
<b>HSELOF: Goal IT-C 12</b>
<b>DRDP-PS: IT Measure SED5 – Symbolic Play</b>
<p><b>Analysis:</b> Fall DRDP and Winter DRDP results for the Social Emotional Domain School Readiness Goals Measures of Symbolic Play and Peer Relationships show that 100% of the 2-year-old children were near at or above expectations in both measures. For the Winter DRDP, majority of the 2-year-old children are at the expectations.</p>
<p><b>Initial Action Plan:</b></p> <ul style="list-style-type: none"> <li>• All observations and feedback will be done on a virtual format such a Zoom or from parent</li> </ul>

<p>input.</p> <ul style="list-style-type: none"> <li>• EHS Coordinator will utilize the High scope Curriculum fidelity checklist to continue to support adult to child interactions that encourage children in interacting and building peer relationships during socializations</li> <li>• EHS Coordinator will utilize the Curriculum Fidelity checklist to observe and give feedback on implementing curriculum specific to encouraging and providing opportunities for pretend play throughout the parts of the day.</li> <li>• Training will be provided with Home-Educators to support focusing on the stages of play and how Home-Educators can support the development of play intentionally.</li> </ul>
<p><b>Anticipated Outcome:</b></p> <ul style="list-style-type: none"> <li>• Home-Educators will have a better understanding of the importance of peer relationships and pretend (symbolic) play in the early development of executive functioning skills for children and how those skills impact a child’s ability to interact successfully with others. As a result, Home-Educators will be able to better support children in their class with intentional activities that support peer interactions and pretend play and children will have greater gains in these areas.</li> </ul>
<p><b>Fall Evaluation:</b></p>
<p><b>Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO</b></p>
<p><b>Additional Actions/Steps to be taken to Supplement Prior Action Plan: No changes</b></p>
<p><b>Winter Evaluation:</b></p>
<p><b>Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO</b></p>
<p><b>Additional Actions/Steps to be taken to Supplement Prior Action Plan: No changes</b></p>
<p><b>Domain: Cognition</b></p>
<p><b>Goal 1: Child understands simple patterns.</b></p>
<p><b>HSELOF: Goal IT – C 10</b></p>
<p><b>DRDP-PS: IT Measure COG 2 - Classification</b></p>
<p><b>Analysis:</b> Fall DRDP and Winter DRDP results in the Cognition Domain School Readiness Goal measure of Classification shows that 100% of children near at or above expectations in the Fall Assessment. .</p>
<p><b>Initial Action Plan:</b></p> <ul style="list-style-type: none"> <li>• All observations and feedback will be done on a virtual format such a Zoom or from parent input.</li> <li>• EHS Coordinator will provide focused coaching for Home-Educators in providing curriculum that supports classification skills using the High School Numbers Plus Curriculum.</li> </ul>
<p><b>Anticipated Outcome:</b></p> <ul style="list-style-type: none"> <li>• Home-Educators will increase their knowledge in skills in implementing the Numbers Plus curriculum specifically for toddlers in providing experiences that support classification. As a result, children will be able to show greater gains in this Domain.</li> </ul>
<p><b>Fall Evaluation:</b></p>
<p><b>Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO</b></p>
<p><b>Additional Actions/Steps to be taken to Supplement Prior Action Plan: No changes</b></p>
<p><b>Winter Evaluation:</b></p>
<p><b>Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO</b></p>
<p><b>Additional Actions/Steps to be taken to Supplement Prior Action Plan: No changes</b></p>
<p><b>Domain: Language and Literacy – Language and Communication</b></p>
<p><b>Goal 1: Child uses increasingly complex language in conversation with others</b></p>
<p><b>HSELOF: Goal IT-LC 5</b></p>
<p><b>DRDP-PS: IT Measure LLD 3 - Use of Language Expressive</b></p>
<p><b>Goal 2: Child recognizes pictures and some symbols, signs, or words</b></p>

<b>HSELOF: Goal IT-LC 11</b>
<b>DRDP-PS: IT Measure LLD 5 - Interest in Literacy</b>
<p><b>Analysis:</b> Fall DRDP results in the Domain of Language and Literacy – Language and Communication School Readiness Goals measures of Expressive Language and Interest in Literacy showed that there were gains in both measures. Expressive Language while very challenging for a lot of our children, indicates 93% of the children near at or above expectations. Interest in Literacy has 100% of children near at or above expectations.</p> <p>Winter DRDP results in the Domain of Language and Literacy – Language and Communication School Readiness Goals measures of Expressive Language and Interest in Literacy showed that there were gains in both measures. Expressive Language while very challenging for a lot of our children, indicates 100% of the children near at or above expectations. Interest in Literacy has 100% of children near at or above expectations.</p>
<p><b>Initial Action Plan:</b></p> <ul style="list-style-type: none"> <li>• All observations and feedback will be done on a virtual format such a Zoom or from parent input.</li> <li>• EHS Coordinator will utilize the High Scope Curriculum fidelity checklist to continue to observe and give coaching support to Home-Educators in ensuring language rich environments and specific support for children with language delays. Specifically, Home-Educators will be supported in implementing strategies of Self and parallel talk, as well as Tiered vocabulary supports. These strategies will be employed in a consistent and intentional way to support burgeoning language for children in the program.</li> </ul>
<p><b>Anticipated Outcome:</b></p> <ul style="list-style-type: none"> <li>• Home-Educators will learn research-based ways to support children in gaining vocabulary and communication skills. As a result, children will be able to be better supported in Peer to Peer interactions and language development in the classrooms.</li> </ul>
<b>Fall Evaluation:.</b>
<b>Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO</b>
<b>Additional Actions/Steps to be taken to Supplement Prior Action Plan: No Changes</b>
<b>Winter Evaluation:</b>
<b>Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO</b>
<b>Additional Actions/Steps to be taken to Supplement Prior Action Plan: No Changes</b>
<b>Domain: Perceptual Motor and Physical Development</b>
<b>Goal: 1. Child demonstrates healthy behaviors with increasing independence as part of everyday routines</b>
<b>HSELOF: Goal IT-PMP 9</b>
<b>DRDP-PS: : IT Measure PDHLTH 6,7,8 – Personal Care Routines hygiene, feeding, dressing</b>
<b>Goal: 2. Child coordinates hand and eye movements to perform actions.</b>
<b>HSELOF: Goal IT-PMP 6</b>
<b>DRDP-PS: IT Measure PDHLTH 4 - Fine Motor Manipulative skills</b>
<p><b>Analysis:</b> Fall DRDP and Winter DRDP results in the Domain of Perceptual Motor and Physical Development School Readiness Goals measures of Self Care Routines and Fine motor coordination showed 100% of 2-year-old children near at or above expectations.</p>
<p><b>Initial Action Plan:</b></p> <ul style="list-style-type: none"> <li>• All observations and feedback will be done on a virtual format such a Zoom or from parent input.</li> <li>• EHS Coordinator will review lesson plans and observe home visits to ensure that Home Educators are working in partnership with parents to support development in these areas.</li> </ul>
<p><b>Anticipated Outcome:</b></p> <ul style="list-style-type: none"> <li>• Environments that are rich with experiences that support self-help and care skills will provide</li> </ul>

more opportunities for children to practice these skills. As a result, children will be more successful in the areas of self-care and hygiene.
<b>Fall Evaluation:</b>
<b>Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO</b>
<b>Additional Actions/Steps to be taken to Supplement Prior Action Plan: No Changes</b>
<b>Winter Evaluation:</b>
<b>Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO</b>
<b>Additional Actions/Steps to be taken to Supplement Prior Action Plan: No Changes</b>

## SELF-ASSESSMENT FINDINGS

### Identified Strengths

#### *Disabilities and Mental Health*

There were no identified concerns on both areas. Enrollment for children with disabilities was above the 10% requirement throughout the school year.

Follow-up from screenings were completed immediately and referrals were generated as soon as a concern was identified from the screenings (vision, hearing, ASQ and ASQ:SE).

### Identified Areas of Non-Compliance

After a review of all self-assessment findings, some items were corrected immediately while others were determined to be non-compliant and improving in these areas are needed:

- **Management Systems:**
  - **Monitoring (1)**
  - **Record-Keeping (1)**
  - **ERSEA (1)**
  - **Program Planning (1)**
- **Health (1)**
- **Family and Community Engagement (1)**

The areas of non-compliance were noted. Corrective Action Plans (CAP) were developed to address each area. *These plans are attached.*

Approved By:  
Community Service Commission (Sub-Board): \_\_\_\_\_  
Parent Committee: \_\_\_\_\_

## CORRECTIVE ACTION PLAN (CAP)

City of La Habra \_\_\_\_\_ 2021 \_\_\_\_\_  
 Program Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Reason for the CAP (choose one):  Self-Assessment 2020-2021  Self-Monitoring  Grantee Monitoring  Federal Review  Other: \_\_\_\_\_

### MANAGEMENT SYSTEMS

HS/EHS Regulation Performance Standard Head Start Act	Potential Area of Non-Compliance	Corrective Action Plan	Person(s) Responsible	Completion Target (Date)	Validation Steps	Validation of Completion (Date)
<b>Monitoring 1302.102(b)</b>	<p><b>Inconsistent Monitoring</b> - Schedule of Reports reviewed indicated there is a lack of consistent monitoring of Program Services.</p> <p>Although monitoring was completed, Program services was not consistently monitored in a monthly basis.</p>	<ol style="list-style-type: none"> <li>Update Monitoring timelines for completing monitoring of services.</li> <li>Implement monitoring timelines.</li> <li>Update Monitoring tools to be used</li> <li>Complete monitoring reports and corrective action plan, as needed.</li> <li>Share reports with stakeholders.</li> <li>EHS Coordinator and CD Manager will review SAPPs to make sure SAPPs are properly followed, including process for inputting socializations in ChildPlus.</li> <li>Revised SAPP will be presented to the Board and PC for approval</li> </ol>	<p>CD Manager</p> <p>CD Manager</p> <p>CD Manager</p> <p>CD Manager/ EHS Coordinator</p> <p>CD Manager</p> <p>EHS Coordinator/ Manager</p> <p>CD Manager</p>	<p>7/1/2021</p> <p>Monthly</p> <p>6/30/201</p> <p>Monthly</p> <p>Monthly</p> <p>7/1/2021</p> <p>8/31/2021</p>		

<p><b>Record-Keeping 1302.101 (b)</b></p>	<p>Program did not implement a recordkeeping system to effectively ensure the accuracy, completeness, and consistency of documentation – primarily:</p> <ol style="list-style-type: none"> <li>1. ERSEA - enrollment forms/ChildPlus data not fully/accurately completed;</li> <li>2. EDUCATION - lack of documentation indicating if translation was provided (Individual Development Form, Parent-Teacher Conference Form), and socializations not being accurately documented in ChildPlus.</li> <li>3. HEALTH - data per agency procedures, including Health History forms not scanned/attached in ChildPlus and ChildPlus Health events missing/incomplete. Overall, Health recordkeeping not consistent with grantee SAPPPs.</li> </ol>	<ol style="list-style-type: none"> <li>1. A meeting with staff who complete the data entry in ChildPlus; with Home Educators regarding inconsistencies with ChildPlus, lesson plans, tracking sheets and sign in sheets.</li> <li>2. EHS Coordinator reviewed all files to ensure information was consistent in the file and ChildPlus.</li> <li>3. EHS Coordinator and/or Child Development Manager will review information in ChildPlus and in file for accuracy.</li> <li>4. Prior to turning in paperwork, Home Educators will review all documentation, including review of tracking sheets, sign-in sheets, Individual Development Forms, Parent-Teacher Conference Forms, and lesson plans, to make sure information is accurate and consistent with documentation in ChildPlus.</li> <li>5. EHS Coordinator will review sign-in sheets with ChildPlus for accuracy.</li> <li>6. EHS Coordinator and CD Manager will review SAPPPs to make sure SAPPPs are properly followed, including process for inputting socializations in ChildPlus.</li> <li>7. Revised SAPPP will be presented to the Board and PC for approval</li> </ol>	<p>EHS Coordinator</p> <p>EHS Coordinator</p> <p>EHS Coordinator/ CD Manager</p> <p>Home-Educators</p> <p>EHS Coordinator</p> <p>EHS Coordinator/ CD Manager</p> <p>CD Manager</p>	<p>7/1/2021</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>7/1/2021</p> <p>8/31/2021</p>	
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<p><b>ERSEA 1302.15</b></p>	<p>Program has not ensured full enrollment based on the City of La Habra's EHS funded enrollment level. <i>Although OHS has provided flexibilities for enrollment for the 2020-21SY, this was a concern based on the agreement with OCHS.</i></p>	<p>1. FSA, Office Staff, and Program Leads are recruiting families in the community by approaching them and dropping flyers in various locations within the City. Home Educators are recruiting families while dropping off packets for families already enrolled. Posts have been placed in Facebook, Instagram, and social media. Flyers were shared with community partners who posted the information on their website/e-mail blasts. Recruitment is in place with Friskers &amp; La Habra Youth Center. Recruitment is in place with Familias Unidas de La Habra. Called former parents to inform neighbors in the community.</p>	<p>All Staff</p>	<p>7/1/2021</p>	
		<p>2. A recruitment log will be sent to the grantee every two weeks indicating where recruitment is being conducted.</p>	<p>CD Manager</p>	<p>Every 2 weeks</p>	
		<p>3. Contacted former parents to pass on information to neighbors regarding enrollment in EHS.</p>	<p>EHS Coordinator</p>	<p>7/1/2021</p>	
		<p>4. Home Educators will recruit in the community while dropping off packets to families enrolled in EHS.</p>	<p>Home-Educators</p>	<p>7/1/2021</p>	
		<p>5. EHS Coordinator and CD Manager will review SAPPs to make sure SAPPs are properly followed, including process for inputting socializations in ChildPlus.</p>	<p>EHS Coordinator/ CD Manager</p>	<p>7/1/2021</p>	
		<p>6. Revised SAPP will be presented to the Board and PC for approval</p>	<p>CD Manager</p>	<p>8/31/2021</p>	
<p><b>Program Planning</b></p>	<p>Program did not consistently complete reports/ requirements as stated in the program calendar.</p>	<p>1. EHS Coordinator and CD Manager will review SAPPs to make sure SAPPs are properly followed.</p>	<p>EHS Coordinator/ CD Manager</p>	<p>7/1/2021</p>	
		<p>2. Revised SAPP will be presented to the Board and PC for approval</p>	<p>CD Manager</p>	<p>8/31/2021</p>	

## HEALTH

HS/EHS Regulation Performance Standard Head Start Act	Potential Area of Non-Compliance	Corrective Action Plan	Person(s) Responsible	Completion Target (Date)	Validation Steps	Validation of Completion (Date)
<b>1302.42(b)-(d)</b>	Program did not ensure timely and/or intentional health follow-up with families, primarily due to insufficient follow-up on Well Checks, both new and expiring; and missing components of Well Checks. Overall, Health follow-up documentation not consistent with grantee SAPPs.	<ol style="list-style-type: none"> <li>1. FSA and Nurse Consultant will work closely reviewing and completing follow-ups in a timely manner.</li> <li>2. EHS Coordinator will set up a tracking system to make sure follow-ups are being completed according to timelines outlined in SAPPs.</li> <li>3. Health SAPPs will be reviewed to ensure all procedures, including follow-up, are consistent and include timelines for follow-up and data entry.</li> <li>4. Revised SAPP will be presented to the Board and PC for approval</li> <li>5. EHS Coordinator will implement a system for ongoing review of ChildPlus Health follow-up documentation for completeness and accuracy, alignment with SAPP.</li> </ol>	FSA  EHS Coordinator  EHS Coordinator/ CD Manager  CD Manager  EHS Coordinator	Monthly  Monthly  7/1/2021  8/31/2021  7/1/2021		

## FAMILY AND COMMUNITY ENGAGEMENT

HS/EHS Regulation Performance Standard Head Start Act	Potential Area of Non-Compliance	Corrective Action Plan	Person(s) Responsible	Completion Target (Date)	Validation Steps	Validation of Completion (Date)
<b>1302.52</b>	<b>Timely follow-up of Family Goals</b> Follow-up regarding family goals was completed after the due date.	<ol style="list-style-type: none"> <li>1. Discuss timelines for completion of each assessment for FSA</li> <li>2. Record family goals and follow-up in Child Plus.</li> <li>3. Once requested resources are provided to family FSA will follow up on family satisfaction.</li> </ol>	EHS Coordinator  FSA  FSA	7/1/2021  Ongoing  Ongoing		

		<p>4. FSA will provide an update on the transition process to the EHS Coordinator</p> <p>5. EHS Coordinator will provide updates to the CD Manager</p> <p>6. PFCE SAPPs will be reviewed to ensure all procedures, including follow-up, are consistent and include timelines for follow-up and data entry.</p> <p>7. Revised SAPP will be presented to the Board and PC for approval</p>	<p>FSA</p> <p>EHS Coordinator</p> <p>EHS Coordinator/ CD Manager</p> <p>CD Manager</p>	<p>Ongoing</p> <p>Monthly</p> <p>7/1/2021</p> <p>8/31/2021</p>	
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Community Service Commission: \_\_\_\_\_  
Policy Committee: \_\_\_\_\_