

South Carolina First Steps: Early Head Start-Child Care Partnership Program
Refunding application

South Carolina First Steps to School Readiness (website: scfirststeps.org)

1300 Sumter Street, Suite 208, Columbia, SC 29201

Contact: Rebecca Brown, EHS Director

803-734-3296 (o), 803-609-9305 (c), 803-734-1431 (f), and e-mail: rebrown@scfirststeps.org

Abstract

The South Carolina First Steps to School Readiness Early Head Start-Child Care Partnership (SCFS EHS-CCP) Program is funded to serve 254 infants and toddlers in 15 child care partner sites in 12 South Carolina counties: Allendale, Anderson, Bamberg, Berkeley, Dillon, Georgetown, Laurens, Lexington, Newberry, Orangeburg, Saluda, and York. SCFS EHS-CCP sites will deliver comprehensive services in a center-based model, which ensures the program is flexible and responsive to infants, toddlers, and their families. Services are provided Monday through Friday for 10 hours per day/48 weeks per year to address the needs of working families. All centers will participate in the Child and Adult Care Food Program (CACFP) to ensure infants and toddlers are served nutritious meals (breakfast, lunch, and a snack). SCFS will provide home visits and parent conferences that will be conducted twice a year; linkage of families to resources and services (for basic needs, health, mental health, education, and employment); parent education and training, parent engagement, socialization and empowerment activities and support services for families with children with developmental delays or disabilities.

TABLE OF CONTENTS

SECTION I. PROJECT DESIGN AND APPROACH TO SERVICE DELIVERY

SUB-SECTION A: GOALS

	pg.
A.1. Goals, Objective, Outcomes	pg.
A.2. Community Needs Assessment Informed Goals	pg.
A.3. School Readiness Goals	pg.
A.4. Program Impact	pg.

SUB-SECTION B: SERVICE DELIVERY

B.1. Needs of Children and Families	pg.
B.2. Service Area	pg.
B.3. Justification of Proposed Funded Enrolled	pg.
B.4. Centers and facilities	pg.
B.5. Recruitment/Selection Plan	pg.
B.6. Transportation	pg.
B.7. Educational Services	pg.
B.8. Health	pg.
B.9. Family Services and Social Services	pg.
B.10. Early Head Start Specific	pg.
B.11. Transition	pg.
B.12. Coordination	pg.

SUB-SECTION C: APPROACHES TO SCHOOL READINESS

	pg.
C.1. Child Assessment Data	pg.
C.2. Curriculum	
C.3. Staff-Child Interaction Observation Tools	pg.

SUB-SECTION D: PARENT, FAMILY, AND COMMUNITY ENGAGEMENT

	pg.
D.1. Goals and Objectives	pg.
D.2. Tools, Methods	pg.
D.3. Communicated to Family	pg.

SUB-SECTION E. GOVERNANCE, ORGANIZATIONAL AND MANAGEMENT STRUCTURE, ONGOING OVERSIGHT

	pg.
E.1. Governing Body Structure	pg.
E.2. Program Governance requirements	pg.
E.3. Advisory Committee	pg.
E.4. Policy Council/Parent Committee	pg.
E.5. Organizational Chart	
E.6. HR Systems	pg.
E.7. Staff Qualifications	pg.
E.8. Provide Comprehensive Services	pg.
E.9. Management systems	pg.

SECTION II. BUDGET AND BUDGET JUSTIFICATION NARRATIVE pg.

Section I. Program Design and Approach to Service Delivery

SUB-SECTION A: Goals

1. **a-d. Program Goals, Objectives, and Expected Outcomes:** SOUTH CAROLINA FIRST STEPS (SCFS) will assist our Early Head Start-Child Care Partners to improve their Quality Rating and Improvement System (QRIS) ratings as measured by the SC ABC Quality Program.

OBJECTIVE	EXPECTED OUTCOMES	DATA TOOLS/METHODS for TRACKING PROGRESS
<p>1. South Carolina First Steps will develop a process for measuring and improving the quality of EHS classrooms using the Infant/Toddler Environment Rating Scale (ITERS-3). By the end of year one, SCFS will assess all EHS-CCP classrooms and develop a Training and Technical Assistance plan designed to improve all EHS-CCP classrooms to an average score of 5 or higher by the end of the grant period.</p>	<ul style="list-style-type: none"> • All Child Care Partners will be trained in the use of the Infant-Toddler Environment Rating Scale, 3rd Edition (ITERS-3) and how this tool can contribute to classroom quality. • During Year One, all EHS classrooms will be assessed using the ITERS-3 and a technical assistance/quality improvement plan will be developed for each. • ITERS-3 assessments will be completed yearly, with the goal of advancing each classroom to/sustaining each classroom at a score of 5 or higher. (Note: the authors of this valid and reliable measure identify scores of five or higher as indicative of “high quality.”) • Analysis of ITERS-3 results will determine where professional development is needed, which (if any) procedures require modification, and where might additional learning materials be necessary. 	<ul style="list-style-type: none"> • Annual ITERS-3 results • Use of partial scales results to assess progress after technical assistance has been provided (e.g. improved scores in Health + Sanitation, after diapering training and technical assistance).
<p>2. South Carolina First Steps will improve the administrative capacity and sustainability of our EHS-Child Care Partners. By the end of year one, each center</p>	<ul style="list-style-type: none"> • FS EHS teacher salaries will remain competitive and market appropriate to support teacher retention. 	<ul style="list-style-type: none"> • Summary reports on payroll, expenses, CACFP and voucher revenue, parent co-pays. • Analysis of teacher salaries by education and experience for

<p>will have a fiscal stability assessment and improvement plan in place.</p> <p>By the end of the grant period, child care partners will be able to produce revenue vs. cost projections for each classroom in their centers.</p>	<ul style="list-style-type: none"> • Child care partners will project monthly cash flow, develop preventive maintenance plans and budget for irregular expenses. • CCP will identify potential revenue sources and project annual costs by classroom. 	<p>use within wage comparability study.</p> <ul style="list-style-type: none"> • Annual fiscal audits
<p>3. SC First Steps will support EHS CCP partners in the advancement of their quality ratings as measured by South Carolina's ABC Quality (QRIS) Program. By the end of the grant period 80% of all child care partners will be rated at Level B+ or higher.</p>	<ul style="list-style-type: none"> • Each child care partner will participate in the SC ABC Quality Program and receive a baseline quality rating during Year One. • Each center will work in collaboration with its Education Coordinator and local ABC Quality Monitor to develop a quality improvement plan. 	<ul style="list-style-type: none"> • ABC Quality Ratings
<p>4. SC First Steps will ensure that Head Start Environmental Safety Standards are met in all classrooms and on all playgrounds. By the end of the first year systems will be in place for training and monitoring each element of the Environmental Safety Standards. All EHS classrooms and playgrounds will be compliant before enrollment of children. By the end of the grant period 80% of non-EHS classrooms will be compliant.</p>	<ul style="list-style-type: none"> • First Steps staff will monitor compliance with these and other Head Start Standards using the internal monitoring software in Child Plus and other program forms as necessary. • Reports will be analyzed to determine if there are patterns of non-compliance or safety concerns at center sites or on certain standards. Training, technical assistance, and additional monitoring will be provided to sites in areas in which they are performing poorly. Centers with a good monitoring history will be provided incentives and will be asked to partner with weaker sites. • Root causes of non-compliance will be identified and center directors will develop corrective action plans in collaboration with SCFS staff. 	<ul style="list-style-type: none"> • ChildPlus Internal Monitoring software for Environmental Safety Standards. Reports can be run to discover patterns of non-compliance and to determine higher and lower functioning sites.

PROGRAM GOAL 2: SOUTH CAROLINA FIRST STEPS (SCFS) will improve the mental health outcomes of enrolled infants and toddlers, their families, and among EHS-CCP staff as measured by Mental Health Assessment Tools.

OBJECTIVE	EXPECTED OUTCOMES	DATA TOOLS/METHODS for TRACKING PROGRESS
<p>1. SC First Steps will identify children with mental health (MH) concerns and refer them for further evaluation and treatment.</p> <p>By the end of the first year, education and family service staff will be trained in mental health screening procedures and a tracking process developed to ensure timely referrals will be developed.</p> <p>By the end of the second year, staff will conduct Mental Health screening with families and make necessary referrals within 90 days of enrollment.</p>	<ul style="list-style-type: none"> • Children and families with mental health concerns will be quickly identified and referred for services by a mental health professional. • Develop a Mental Health plan for enrolled infants and toddlers and their families. Include participation of BabyNet (IDEA Part C) partners involved in delivery of mental health services. • Mental Health resources will be identified for families for referred families. 	<p>ASQ:SE will be used to identify children with potential mental health risks</p> <p>Annual family assessment using the Edinburgh Depression Scale</p> <ul style="list-style-type: none"> • Results of needs assessment • MOUs in place
<p>2. At the end of the first year a Mental Health needs assessment will be conducted and parent trainings planned to address ongoing MH needs.</p> <p>At the end of the grant cycle, SCFS will have established MOUs with partner agencies to provide specialized MH family services and training in a variety of areas, including depression, stress, domestic violence and substance abuse.</p>	<ul style="list-style-type: none"> • MOUs will be developed with partner agencies that provide mental health services to low income families. • Training will be provided to staff and families on how adverse experiences affect their ability to function as teachers and parents. Strategies to counteract the effects of these adverse experiences will be developed 	<ul style="list-style-type: none"> • MOUs in place.
<p>3. SCFS will develop training plans for teaching staff on coping with the challenging behavior of children aged 0-3 and how to include individualized lesson plans for them</p> <p>By the end of the first year teaching staff will be trained in</p>	<ul style="list-style-type: none"> • Education Coordinators and Teacher Mentors will be certified trainers in Center for Social Emotional Foundations in Early Learning (CSEFEL) and Conscious Discipline and will provide annual training and individualized classroom technical assistance in various mental health strategies. 	<ul style="list-style-type: none"> • Trainings completed • Staff receiving “train the trainer” certification

<p>CSEFEL and Conscious Discipline and be able to articulate strategies for working with challenging behavior from young children.</p> <p>By the end of the grant cycle, mentor coaches will have received “train the trainer” certification in these strategies so that new teachers can be provided with individualized training in a classroom setting.</p>		
--	--	--

PROGRAM GOAL 3: SOUTH CAROLINA FIRST STEPS (SCFS) will maximize the language and literacy acquisition among enrolled children and reduce the percentage of children with qualifying speech delays.

OBJECTIVE	EXPECTED OUTCOMES	DATA TOOLS/METHODS for tracking Progress
<p>1. SC First Steps will train teachers in the Program for Infant-Toddler Care (PITC) and use the Program Assessment Rating Scale (PARS) assessment tool to measure the quality of language and literacy interactions. At the end of the first year all teachers, teacher mentors, center directors and FS staff will receive PITC/PARS training and a baseline assessment will be conducted.</p> <p>By the end of the grant, PARS assessment results will have increased in each classroom.</p>	<ul style="list-style-type: none"> The PARS is a tool that measures the responsiveness of each toddler in the classroom. School Readiness scores are expected to increase in all areas but especially in the cognitive, language and Social/Emotional areas as a result of increased teacher engagement. 	<ul style="list-style-type: none"> PARS assessments across the grant will be compared between classrooms and centers. Results will be used in the development of training and technical assistance plans and for individual teacher professional development plans.
<p>2. The SCFS program will strengthen the parents’ understanding of early brain development and language acquisition through the receipt of annual training.</p> <p>Parent participation in language and literacy events will increase every month as measured by attendance, classroom</p>	<ul style="list-style-type: none"> Parent will deepen their understanding that using language experiences with very young children will build their brains and prevents some speech delays. Parents will increase their participation rates in language and literacy events 	<ul style="list-style-type: none"> Child Plus in-kind volunteer hours report by classroom and center SCFS will track the time parents spend reading to their child at home through home educational activity forms. Child Plus captures the category of IFSP eligibility

<p>volunteering frequency and book reading at home</p> <p>At the end of five years each center will have established a book lending library and at least 50% of the parents will read to their child five days per week.</p>	<p>in the centers and will engage in more of these activities at home as measured by classroom volunteer hours and home reading activities.</p> <ul style="list-style-type: none"> Each center will have a parent- child literacy area equipped with a story reading chair and a children's book lending library. 	<p>and a report can be made on the percentage of IFSPs due to speech delays in each program year.</p>
<p>3. SCFS EHS CCP teachers will utilize the Creative Curriculum to improve the school readiness domains of language and literacy as measured by scores with TS Gold. At the end of the first year teachers and center directors will be proficient at entering anecdotal records into TS Gold will be able to track children's educational outcomes at classroom, center and program levels. By the end of the grant period there will be a reduction of children participating (for at least one year) with speech delays due to participation in SC FS.</p>	<ul style="list-style-type: none"> Language and Literacy outcomes from TS Gold (Language objectives 8, 9, 10) and (Literacy 15-19) will increase annually for the program as a whole. <p>Children with ASQ and ASQ: SE scores in the range of concern will be referred to our Part C provider, BabyNet. The number of referrals made to BabyNet due to language delays is expected to decrease from years one to ear five due to the strategies in the previous objectives.</p>	<ul style="list-style-type: none"> Teaching Strategies Gold will also provide information on comparative outcomes for both language and literacy outcomes.

A. 2. Community Assessment & Self-Assessment: SCFS EHS-CCP will complete a community assessment by March 2017. The information gathered to determine service areas will be provided from the state office of First Steps and the United Way of the Midlands' community needs assessment. The community assessment outlined priority service areas.

Self-Assessment will be completed by the spring of 2017. SCFS will use the current *Head Start Monitoring Protocol* as the Self-Assessment tool.

A.3.a. School Readiness Goals: The table below lists the EHS-CCP school readiness goals across all the five domains with evidence of alignment with the *Head Start Parent and Family Engagement Outcomes*, *Head Start Early Learning Framework*, *Teaching Strategies GOLD*, and South Carolina *Early Learning Guidelines for Infants and Toddlers*.

SCFS School Readiness Goals	Head Start Parent and Family Engagement Outcome	Head Start Early Learning Outcomes Framework	Curriculum Support	Teaching Strategies GOLD Alignment	SC's Infant Toddler Guidelines
1. Children will begin to regulate their own emotions and behaviors by managing their feelings with the support of familiar adults in the classroom and home environment.	Positive Parent-Child Relationship Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development.	Domain Social Emotional Development Sub-domain Emotional Functioning Goal IT-SE 9 P-SE 8	Creative Curriculum for Infants, Toddlers, & Twos (Second Edition, Volume 1) Pg. 24-25, 113-116	Social-Emotional Regulates own emotions and behaviors A. Manages feelings	S.D.I.I Attachment: The child will form relationships with consistent caregivers ED.4. The child will develop strategies to control emotions and behavior
2. Children will begin to regulate their own emotions and behaviors in the classroom or play group experiences as they begin to learn to solve social problems.	Positive Parent-Child Relationships Beginning with transitions to parenthood, parents and families develop warm relationships that nurture	Domain Social Emotional Development Sub-Domain-IT Emotional Functioning P-Relationships with other children Goal IT-SE 6 P-SE 5	Creative Curriculum 2nd Edition, for Infants, Toddlers, & Twos Volume 1 Pg. 24-25, 113-116 25b Conscious Discipline	Social Emotional 3. Regulates own emotions and behaviors b. Solves Problems	ED.2.1 The child will experience and express a variety of feeling through facial expression, gestures and sounds

	their child's learning and development.		Pg. 23-54, 187-221		
3. Children will demonstrate positive approaches to learning by using curiosity and motivation in the classroom and home environment	Families as Lifelong Educators Parent and families observe, guide, promote, and participate in the everyday learning of their children at home, school and in their communities	Domain Approaches to Learning Sub-Domain Initiative and Curiosity Goal IT-ATL 7 P-ATL 11		Cognitive 11. Demonstrate positive approaches to learning c. Solves problems d. Shows curiosity and motivation	CD2.1 The child will be able to remain focused on a task or object and to persist in the face of obstacles.
4. Children will demonstrate phonological awareness by noticing and discriminating rhyme in the classroom and home environment	Families as Lifelong Educators Parent and families observe, guide, promote, and participate in the everyday learning of their children at home, school, and in their communities	Domain IT-Language & Communication P-Literacy Sub-Domain IT-Emergent Literacy P-Phonological Awareness Goal IT-LC 9 P-LIT 1	Creative Curriculum for Infants and Toddlers Literacy	Literacy 15 Demonstrate phonological awareness Notices and discriminates rhyme	LCD 2. The child will develop the ability to use sounds, words, gestures, and eventually, signs or words to communicate his or her wants needs and feelings

6. Children will use number concepts and operations by counting in the classroom and home environment.	Families as Lifelong Educators Parent and families observe, guide, promote, and participate in the everyday learning of their children at home, school, and in their communities	Domain IT-Cognition P-Mathematics Development Sub-Domain IT-Emergent Mathematical Thinking P-Counting and Cardinality Goal IT-C8 P-Math 1 Domain IT- Cognition Domain P-Mathematics Development	Creative Curriculum 2nd Edition, for Infants, Toddlers, & Twos Volume 1 pg. 92-96	Mathematics 20. Uses number concepts and operations a. Counts	CD.1.1 The child will learn to group people and objects based on their attributes.
7. Children will use appropriate conversational and other communication skills.	Families as Lifelong Educator's Parent and families observe, guide, promote, and participate in the everyday learning of their children at home, school, and in their communities	Sub-Domain IT- Language 10 a and b	Creative Curriculum 2nd Edition, for Infants, Toddlers, & Twos Volume 3 pg. 58-60.	Language 10a. Engages in conversations 10b. Uses social rules of language	SD.2.1. The child will engage in give-and-take exchanges with an adult. LCD.1.1.1 The child will comprehend the message of another's communication.
8. Children will demonstrate balancing skills in the classroom and home environment	Families as Lifelong Educator's Parent and families observe, guide, promote, and participate in the everyday		Creative Curriculum 2 nd Edition, for infants, Toddlers, & Twos Volume 2 pg. 365-380 I am Moving, I am Learning (IMIL)	Physical 5.Demonstrates balancing Skills	MD.I.I. The child will coordinate the movements of his or her body in order to move and interact with the environment

	learning of their children at home, school, and in their communities		EX. Choosey Activities, Choosey songs		
--	--	--	---------------------------------------	--	--

A.3.b. Development of School Readiness Goals: SCFS will involve parents in developing school readiness goals by forming a School Readiness Committee comprised of SCFS staff, CCP staff, and parents. This committee, the Board of Trustees, the Governance Council, and the Policy Council will receive reports three times per year on the progress of enrolled children toward these school readiness goals. The school readiness data will be analyzed at the classroom, center, and program-level.

A.4. Program Impacts: At the end of grant cycle the following impacts will have been demonstrated: Goal 1: All classrooms will have an average ITERS score of 5 or higher. 80% of EHS-CCP centers will be rated B+ or higher by QRIS. Goal 2: MOUs will have been established with partner agencies to provide Mental Health family services and training. Mentor Coaches will have received “Train the Trainer” certification in CSEFEL and *Conscious Discipline*. Goal 3: PARS assessment scores will have increased in each classroom. 50% of parents will read to their children 5 days a week. Goal 4: There will be a reduction of enrolled children with speech delays due to participation. For other program outcomes see **Sub-Section A: Goals**.

SUB-SECTION B: Service Delivery

B.1.a. Needs of Children and Families: There is a significant need for EHS services in the 12 county service area. There are only 16 programs in South Carolina that are providing free, high

quality services to low income families with children aged 0-3. The twelve counties in the SCFS service area either had no existing Early Head Start programs or were high identified by OHS as federal priority zip codes due to concentrated poverty. There are an estimated 12,000 unserved, eligible children that need full day, full year, seamless, comprehensive child care services that meet the needs of low-income families in SCFS's EHS-CCP twelve county service area. SCFS EHS-CCP sites will **serve 254 infants, toddlers** and their families in a **full day (10 hours), full year (48 weeks) center-based** early learning child care program, 5 days a week. SCFS EHS CCP is designed to serve twelve SC counties selected on the basis of: 1) one or more priority zip codes, and/or 2) the lack of existing EHS services. Table A (below) documents the basis of need for each selected county and the child care partner under contract to serve children.

County	Center Zip	Priority Zip Code per FOA	Absence of EHS?	% children (0-17) in poverty	County's ranking by # of children in poverty	% children in concentrated areas of poverty	County's ranking by # of children in concentrated areas of poverty	% Household head lacking high school diploma	County's ranking by % of household head lacking high school diploma (Of 46)	Estimate of eligible infants and toddlers (0-3) in county	Number of infants and toddlers on subsidy in county	Number of children on subsidy within priority zip code
Allendale	29810	29810 , 29827, 29846	Yes	48.90%	46/46	92.20%	39/46	20.50%	37/46	161	19	29810: 19 29827: 0 29746: 0
Anderson	29624	29622, 29424	No	24.10%	8/46	10.70%	10/46	16.60%	21/46	1,690	292	29622: 0 29624: 27
Bamberg	29042	29042	No	37.40%	36/46	34.50%	33/46	15.30%	16/46	186	26	29042: 21
Berkeley	29479	No	Yes	23.40%	5/46	3.90%	2/46	11.60%	8/46	1,883	254	29468: 0 29479: 0
Berkeley	29461	29468	Yes	23.40%	5/46	3.90%	2/46	11.60%	8/46	1,883	254	29468: 0 29461: 0
Dillon	29536	29536 , 29563	Yes	47.70%	45/46	49.60%	36/46	28%	44/46	648	72	29536: 60 29563: 7
Georgetown	29440	29510	Yes	37%	34/46	34.40%	32/46	12.50%	10/46	680	80	29510: 0 29440: 0
Georgetown	29585	29510	Yes	37%	34/46	34.40%	32/46	12.50%	10/46	680	80	29510: 0 29585: 0
Georgetown	29510	29510	Yes	37%	34/46	34.40%	32/46	12.50%	10/46	680	80	29510: 0 29510: 0
Laurens	29325	No	Yes	36.60%	33/46	Not available	Not available	20.50%	40/46	908	65	Not available
Lexington	29160	No	Yes	21.40%	3/46	5.20%	4/46	9.90%	4/46	2,221	380	Not available
Newberry	29108	No	Yes	32.70%	28/46	15.50%	17/46	21.40%	39/46	435	61	Not available
Orangeburg	29048	29059	Yes	34%	29/46	28.60%	31/46	17.90%	26/46	1,225	226	29059: 6
Saluda	29138	No	No*	28.20%	16/46	22.20%	26/46	24.40%	43/46	222	4	Not available
York	29732	No	Yes	21.10%	2/46	4.40%	3/46	11.40%	6/46	1,949	307	Not available

* Saluda County is home to an existing grantee but serves only 14.4% of the county's eligible population

County-level risk data: SC Kids Count 2014 Estimates of eligible children derived from 2012 pop. 0-5 x .6 [to estimate 0-3] x % children 0-17 at or below federal poverty

Table B lists the child care partner centers by counties as listed in Table A.

County	Child Care Center	EHS Classrooms	EHS Infants/ Toddlers	Zip
Allendale	Little New Steps	2	16	29810
Anderson	Kiddie University	2	16	29624
Bamberg	Progressive Family Life CDC	2	16	29042
Berkeley	Betty's Daycare	2	16	29479
Berkeley	The House of Smiles	2	16	29461
Dillon	Little Treasures	2	16	29536
Georgetown	Small Minds of Tomorrow II	1	8	29440
Georgetown	Pawley's Island CDC	1	8	29585
Georgetown	Little Smurf's	2	16	29510
Laurens	Thornwell Home for Children	6	48	29325
Lexington	Lexington 4 CDC	2	16	29160
Newberry	Newberry CDC	2	16	29108
Orangeburg	Wright Way CDC	2	16	29048
Saluda	Saluda Schools	2	16	29138
York	House of Joy	2	16	29732
	Total	32	256	

Table B: Partner centers by county, classroom, # infant/toddler and zip code

B.1.b. Needs of Children and Families: The families served in EHS CCP programs live in poverty and lack education and employment opportunities. They have limited access to health care, are predominantly single-parent households, need assistance securing housing and food, may be struggling with substance abuse issues, and will benefit from connections to services and resources available to assist them.

Education: Children living in poverty consistently lag behind in a range of school-readiness skills when compared to their more affluent peers. Children who do not enter kindergarten ready-to-learn perform below proficient as they move through other grade levels in school¹. SCFS EHS

¹ U.S. Department of Education Institute of Education Sciences' National Center for Education
SC First Steps Early Head Start Child Care Partnership Grant 04HP0016 FY16 14 | 44

CCP program strives to improve education outcomes for children and their families at high risk of school failure by focusing on the following key impact areas: individualized quality ECE services, family engagement, health/mental health, and parenting skills education services.

Health: Access to affordable healthcare is one of the major concerns of the service area population. Even with the implementation of the Affordable Care Act of 2010, which required all citizens to obtain health insurance, an estimated 13.5% of the population was not insured as of 2015, the majority of which report an income of below \$25,000. According to the United Way 2014 Community Health Needs Assessment, 33% of the survey respondents were uninsured. 60% reported that the main reason they did not have insurance was due to the cost of coverage. Even for those who did have insurance, 27% reported that one of the barriers that prevented them from receiving health care services in the past year was that their insurance did not cover the services needed (i.e. medical bills, prescriptions, etc.). Additional barriers discussed included a scarcity of medical professionals accepting Medicaid, as well as gaps in Medicaid eligibility. The top area of concern for the community as identified in the needs assessment is access to care and availability of health services. In the rural area of SC, where the EHS-CCP programs are located, many physicians and dentists do not accept Medicaid patients, so families must travel in order to receive the necessary services. A health survey completed by United Way in 2014 indicates the following concerns: 1. **Mental Health (Depression/Anxiety):** reported by 30% of low income respondents and 17% of the health professional respondents. 2. **Asthma:** the most common reason for child hospitalizations in the state and 3. **Diabetes:** 11.3% of adults in SC have been diagnosed with diabetes, another common issue associated with obesity. 1 in 4 four year-olds is obese or overweight in SC according to the University of South Carolina.

Nutrition: SCFS (in collaboration with WIC, & DHEC, will work to educate parents so they improve family eating habits. All centers are participating in the CACFP program. Attention to nutrition and regular medical visits for pregnant mothers results in a decrease in infant mortality rates. The infant mortality rate has gone down in SC, however not among African Americans (10.2%).

Social Services: South Carolina reports an upward trend in crime, based on data from the past 12 years. SC ranks second in the nation for the percentage of women murdered by men, with sexual assaults in the state surpassing national averages for over 30 years. Last year, 33 SC women were killed by their intimate partners. These high percentages have been stable for 13 years.²

According to the SC Department of Alcohol and Other Drug Abuse Services (DAODAS), drug use is on the rise in our service area. SCFS has a goal to address and to provide a strong support system for families struggling with substance abuse and/or domestic violence issues. The SCFS EHS-CCP Family Advocates and Health Coordinator will provide referrals. SCFS EHS-CCP will maintain a training calendar for parents that address parent-identified training needs and concerns, many of which focus on family health and social service needs. Training is provided by staff, community partners, and other experts.

Housing: The National Low Income Housing Coalition has calculated how much money an individual would have to earn working full-time (40 hours per week, 52 weeks per year) in order to afford the Fair Market Rent (FMR) price of a two-bedroom apartment (without spending more than 30 percent of his/her income). In SC, the FMR rate for a two bedroom apartment as of 2014 is \$756, which equates to a necessary monthly income of \$2,521 (\$30,258 annually), or \$14.55 per hour (Arnold, Crowley, Brave, Brundage, & Biddlecome, 2014). This clearly poses an issue

² www.scag.gov, 2013.

for those in poverty. Especially in cases where only one household member is employed; this person would have to work 80 hours per week to afford standard housing for the family.

Existing Child Care Services: In our 12 county service area there are 757 regulated child care providers. A voluntary 5-tier quality rating system (QRIS) administered by the SC Department of Social Services (DSS), is called the ABC Quality System. The ABC Quality System assigns letter grades (A+, A, B+, B, and C) linked with quality standards and to subsidy reimbursement rates. Among the 12 counties represented, 285 providers participate with the 54% represented at the lowest or “C” level. One of the key goals of SCFS EHS-CCP is to increase quality. By the grants end of grant cycle 80% of Child Care Partnerships (EHS-CCP) will have achieved B+ or higher on the SC QRIS. This will entail improvement in quality indicates for both EHS and Non-EHS classrooms at a center.

B.1.c. Needs of children with disabilities: SCFS EHS-CCP will work closely with its community partners to identify and recruit children with disabilities to the program. SC BabyNet serves children with a 40% delay in one developmental domain or a 25% delay in at least two developmental domains. SCFS is the state’s lead agency for SC Baby Net, the state’s early intervention program under Part C of the Individual Disabilities Education Act. SCFS actively recruits and enrolls children with disabilities to ensure at least 10 percent of the Early Head Start enrollment. SCFS provides EHS application forms to eligible Part C clients, hospitals, health centers, and school districts for potential enrollees throughout the year. During the application process, questions are asked and priority points are assigned for homelessness, foster care and special needs. Selection is determined ranking of the points. A worksheet is completed for each application received and the data is then entered into the Child Plus data system. Subsequently, a report of the applicants on the waiting list is produced from the child data system. This ranked

listing is used to select children for enrollment in each EHS Center. Waiting lists are maintained throughout the program year for all centers in order to promptly fill vacancies within 30 days. Children with the most priority points are placed at the top of the waiting list.

SCFS provides services to meet the unique needs of **dual language learners** (DLLs). There are pockets of high-need Latino families living in our service area and we actively recruit these families. We have children's books in Spanish in all classrooms. In addition, the classroom materials are labeled in the child's home language. Teachers and Family Advocates will invite families we serve to share the family traditions of their home culture. Family advocates and teachers who are bilingual will receive hiring preference. Unless teachers and family members make an effort to support both the home language and English, these young DLLs can easily lose the balance between the two languages.³ Materials are being translated into Spanish. We are partnering with PASOS, a community-based organization designed to help **South Carolina's Latino community** and service providers work together for strong and healthy families. PASOS provides education on family health and positive parenting skills; individual guidance for participants in need of resources; and partnership with health care and social service providers to help them provide more effective services.

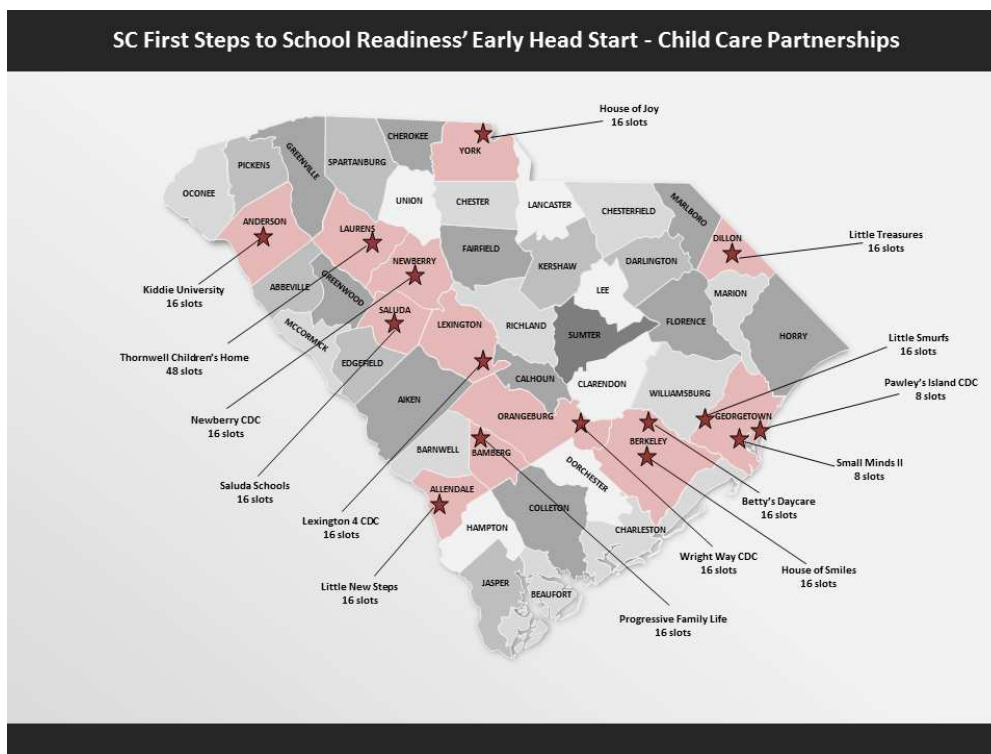
SCFS EHS CCP will remain responsive to all special populations in need within our program. Families who are homeless and children who are in foster care receive the highest number of priority points on our priority rating scale. SCFS EHS-CCP Family Advocates will link **homeless families** to services at our partnering agencies to help them move into a stable housing situation as soon as possible. The stress of homelessness can be passed on to the children in a family. Lack of childcare is one of the most significant barriers to financial self-sufficiency and

³Puig 2010; Ayankoya and Kasprzak , 2011.

thus housing stability. SCFSEHS CCP will provide a stable environment that contributes to the healthy development and wellbeing of children living with the stress of transitioning from insecure housing situations.

SCFS EHS CCP will work with DSS' **foster care** program to recruit and coordinate service delivery and care for foster children by way of a MOU. SCFS will network with the agencies providing statewide supervision and assistance services, such as the SC Department of Education, Department of Social Services, SC Department of Mental Health, and health clinics. These agencies help us recruit the neediest children. One of our child care partners is **Thornwell Home for Children**, which is a private residential foster care program.

B.2.a. Service Area: Map



B.2.b Greatest need- See section B1a and B1b. Poverty percentage for families with children under 18 in Allendale County is 48.9%, in Bamberg County it is 37.4%. The percentage of children 0-5 receiving SNAP benefits in York county is 45.99%; The percentage of children born under 5.5 lbs.in Saluda county is 14%; The percentage of babies born to mothers without a high school diploma in Orangeburg County is 19%; and in Laurens County it is 23.50%; Reported incidents of domestic violence in Lexington County is 2,455; the estimated number of children under 6 exposed to substance dependence or abuse, based on SC Rate of Adults 18+ (9.17%). The substance dependence/abuse rate among young adults (18-25) in South Carolina is double the national rate (19.67%).

B.2. c. Delegates: Not Applicable

B.2. d. Partnership Contracts: SCFS sent a letter of invitation to all licensed child care providers in the identified 12 county area and the opportunity to apply was advertised in South Carolina Business Opportunities, the publication of the state's Office of Materials Management. The following were held and provided: A webinar, face to face meeting, FAQ about EHS, SCFS application and scoring rubric. A team of three early childhood experts reviewed 37 applications and selected 15 centers using the scoring rubric. Visits were made to all sites. A SCFS EHS-CCP contract was signed. Joint meeting of all partners was held March 2016 and ongoing training provided. A sample child care partnership contract is in the attachments.

B.3.a. Program Option: SCFS has no changes to the original proposed program option. Research shows that participation in center-based ECE programs is particularly beneficial for children of low-income families (Gormley, Gayer, Phillips, & Dawson, 2005) and harder for low income families to find. Our **center based** programs will provide referrals to the First Steps

Parents As Teachers (PAT) Home Visiting program if a family is no longer interested in employment or educational opportunities in which full time child care is needed.

B.3.b-c. Not Applicable

4. a-b. Centers and Facilities: No additions or deletions to the service area are proposed. See section B1a and B2 for location of services and greatest need for services.

4. c. Health and Safety: All staff will implement SCFS EHS-CCP policies and procedures to ensure the continued health and safety of all children, staff, and the environment in the program.

All staff will be trained in implementation of the Head Start Health and Safety guidelines.

Teachers will incorporate nutrition and health (including mental and oral health) activities into daily classroom activities. The Health Coordinator will monitor program implementation to ensure

all EHS-CCP children receive ongoing health care and documentation in ChildPlus. EHS-CCP

Teachers will identify and address recurring medical, dental, and environmental health concerns by observing children on a regular basis, partnering with families and tracking their development and

progress using ChildPlus. Teachers will be trained in health-related areas such as: conducting daily health checks, recognizing and reporting child abuse and neglect, short-term exclusion procedures,

parent communication, and in screening and assessment tools. To determine each child's health

status within 90 calendar days of enrollment, SCFS EHS-CCP Family Advocates will interview parents to obtain the child's health history and to determine whether each child has a source of

ongoing health care and a medical home. All of the required health documentation is reviewed

by the Health Coordinator. SCFS EHS CCP will link children who do not have a medical home with community resources to establish one. SCFS EHS Family Advocates will connect families

in need with the Medicaid program (CHIP) and provide information about options for health

insurance coverage. SCFS staff assists families with making appointments, and follows up with

evaluation to determine if families secured and utilized quality health services. All facilities that need minor renovations are on track to be completed in June 2016.

5. Recruitment and Selection: SCFS EHS-CCP recruitment and selection process for children and families is designed to ensure services will be provided to those who have the greatest need. In this partnership model, both the SCFS EHS-CCP Family Advocates and the child care partners will work together to recruit eligible families. CCPs were selected based on their current alignment with serving likely EHS eligible children. Children and families will be referred from the following partner agencies: Local County First Steps, school districts, DSS, the United Way 211 Referral Service, Child Care Resource and Referral, family shelters, WIC, SSI, TANF, and Medicaid. Priority will be given to children with the following risk factors: **1)** Families who have child care subsidies so SCFS can meet target goal of 25% children with subsidies **2)** at or below federal poverty guidelines (0-25%,26-50%,51-75%,76-100%), with first priority given to TANF-eligible clients whose annual family income levels fall at/below 50% of federal poverty, **3)** Eligibility for services under the Individuals with Disabilities Education Act, Part C. The program will work with providers to ensure not less than 10% of enrollment opportunities will be provided for children with disabilities. The program will solicit applications from EHS-CCP eligible families within the service area from a wide spectrum of sources: grocery stores, laundromats, public schools, financial aid offices, faith-based agencies, churches, and counseling offices. Public service announcements will be published/broadcast in local media, church bulletins, GED programs, radio stations and at back-to-school events. Enrollment selections will be made prior to a new program year. Applications received at the end of a current program year will be rolled over into ChildPlus so all applicants have the opportunity to be selected for the subsequent year. Wait lists will be maintained to ensure vacancies are replaced immediately

given that the CCPs cannot afford loss of revenue. Parents will be notified by an EHS-CCP acceptance letter in order to start the enrollment process. Selections are made through the year when a vacancy occurs to maintain full enrollment. Applicants are prioritized by allocating points for conditions indicating need. Policy Council approves the point system used as the selection criteria. Children not selected for the program remain on the waiting list as long as they are eligible. DSS determines whether a family meets eligibility for TANF and other welfare services. SCFS EHS-CCP will collaborate with Child Protective Services and foster parents to recruit children in the foster care system to our program.

B.5.b. Not less than 10% of the enrollment opportunities **will be for children with disabilities.** SCFS is the state's lead agency for IDEA, Part C and will work to actively ensure that at least 10% of enrolled children receive services as the result of a disability or developmental delay.

B.6.a. Child Transportation SCFS is not providing child transportation. However, transportation supports through the use of gas cards have been budgeted to assist parents when this is a deterrent to bringing the children into care.

B.6.b. Access other transportation to EHS: Family Advocates (FAs) will work with the families to help with transportation needs in such as affordable car maintenance, provision of gas cards to assist with attendance at child care, Policy Council and parent engagement activities. SCFS EHS-CCP will develop partnerships with approved local cab companies and local churches that have church vans to help parents with their transportation needs to the EHS program on a limited basis.

B.7.a. Educational Service: SCFS EHS-CCP child care providers will offer high-quality, individualized education and early childhood development services consistent with the

requirements set forth in 45 CFR §1304.21 Mixed-age groupings will use the research based curriculum *Creative Curriculum for Infants and Toddlers*. Developmentally and linguistically appropriate classrooms will be inclusive of children with disabilities and focus on the development of secure relationships, trust and emotional security. Each enrolled child will be provided opportunities to explore a variety of sensory and motor activities in a setting designed to support his/her emerging communication skills through interactions with others and opportunities to express himself/herself freely. *Creative Curriculum* is aligned to the SC *Early Learning Standards*, *SC Infant Toddler Guidelines* and the *Head Start Early Learning Framework Outcomes*.⁴ Teachers will provide developmentally appropriate activities and opportunities so children experience success and excitement in the classroom. Teachers will be supported by Teacher Mentors who guide them in the research-based *Program for Infant Toddler Caregiver* (PITC) approach.⁵ PITC is a relationship-based approach using the philosophies of “continuity of care” and “primary care giving.” Using a holistic approach, SCFS EHS-CCP considers the whole child in planning a full array of activities that stimulate physical, social, emotional, and cognitive growth and development. Teachers will focus on school readiness skills and present learning experiences in developmentally, culturally, and linguistically appropriate ways. SCFS will respect the home cultures from which children come and will ensure these cultures are reflected in the learning environment. *The Creative Curriculum* improves cognitive and social/emotional outcomes in young children. It guides teachers in creating a developmentally appropriate nurturing environment for children age 0-3. SCFS EHS-CCP will implement primary care, where each teacher has primary responsibility for a group of four children. This responsibility includes building trust and attachment, daily observations,

⁴ Refer to the teachingstrategies.com website for research basis.

⁵ PITC was produced by WestEd for the California Department of Education and is based on the most current ongoing evidence-based research about how very young children learn and develop.

completing a daily communication log, caretaking routines, and culturally responsive care giving and partnering with the family. The curriculum is built on individual child interest. Consistency in staffing and scheduling help children build trust and security. Teachers will incorporate self-help activities into the educational approach to build independence and self-confidence. These activities encourage the use of language and fine motor skills as children set the table for meals, wash hands, brush teeth, and engage in other daily tasks. When children feel a sense of mastery, they have a positive sense of self. Research-based child development principles support realistic expectations and facilitate children's involvement in problem-solving, resulting in improved self-control and respect for self and others. Young children learn through play. Outdoor learning environments provide varied opportunities for children to acquire developmentally appropriate skills. Because all aspects of child development are interdependent, SCFS EHS-CCP will provide outdoor learning activities to support all areas of development. Materials and equipment are readily accessible to children so they can follow their own interests with lesson plans that incorporate physical experiences in the world. The classrooms will encourage lifelong learning and provide opportunities for children to grow and develop in warm, nurturing, and inclusive environments where children, parents, and staff truly enjoy interacting with one another. Our mixed-age classrooms support a continuity of care approach which supports strong attachments and a sense of security between children, caregivers, and families. Weekly lesson plans include individual child planning which directly impacts the child's growth and development.

B.8.a-b. Health and Screening Practices: Consistent with 45 CFR §1304.20, SCFS EHS-CCP will work in collaboration with parents and the Health Coordinator (HC), FAs and teachers to determine the health and developmental status of children by the completion of well-baby checks, developmental, sensory, and behavioral screenings within 45 calendar days of

enrollment. Parents will receive results and recommendations from screenings and referrals for appropriate services will be made as needed along with follow up to ensure parents have secured needed treatment. SCFS will ensure all children receive regular well-child health care. SCFS EHS-CCP Health Coordinator and Family Advocates will assist parents with obtaining additional assessments from primary health providers if necessary. The Health Coordinator will ensure that **vision, hearing, and dental screenings are completed within 45 days of enrollment**. SCFS EHS-CCP HC and FA will determine and prioritize **dental health needs** of all children **within 90 days of enrollment** and ensures follow up and treatment occurs within specified timeframes. Children who do not have an identified dental home will have the opportunity to receive initial screenings and preventive examinations as well as ongoing dental care services. One of our health partners, SC Lions Club, will provide hearing and eye exams for children with parents' permission.

Nutrition Education will be integrated into the weekly teacher lesson plans so children learn and experience healthy eating habits. Teachers, parents, and children plan food-related classroom activities. Because many of our impoverished families may not have a meal waiting at home at the end of the day, SCFS EHS-CCP assists families in finding resources to address food insecurity. Children will be weighed and measured quarterly to make sure they are growing and thriving. The HC will review the results of nutrition assessment on each child that includes a hemoglobin/hematocrit test. The HC will track children whose BMI indicates over or underweight status and partners with families to develop a plan of action to address any weight issues. The HC will review meal planning with families that may have special dietary requirements for children with nutrition-related health problems, and special feeding needs for children with disabilities.

SCFS will provide **Mental Health** consultants and parent training on the use of the research-based *Conscious Discipline Curriculum*, which teaches the adult/child techniques for managing behavior, developing self-control and increasing positive self-image. Discipline and self-control is identified as major issues by child care providers with infant/toddlers. Parents and staff will be provided with *Adverse Childhood Experiences* training on the effect that stress has on early brain development and how this may influence parent and caregiver responsiveness to young children. The FAs will assist with accessing mental health resources and act as a liaison between community-based agencies and our program. **Developmental Screening:** The ASQ and the ASQ-SE Developmental Screening Tool for each child are completed by the classroom teachers and parents within **45 days of enrollment**. Children with abnormal results are referred to a mental health consultant for further assessment and follow-up. We will develop a follow-up treatment plan that will assist parents in assessing ongoing health care needs and will notify parents in writing of all abnormal screenings and examination results. Family Advocates will meet with parents and classroom teachers to review existing treatment plans and determine the level of services needed to provide ongoing care for each child identified as being in need of treatment. If it is discovered that mental health follow-up is needed for child or parent the mental health consultant will be contacted.

Oral health care is implemented daily as children brush teeth or teachers wipe infants' gums after bottle-feeding. Oral care is taught in each classroom.

B.9.a. Family Services and Social Services: Comprehensive family services will be provided by 8 FAs covering the service area. The Local Partnership Offices have the capacity to provide child care technical assistance, 3 year-old and 4K scholarships, training, developmental

screenings, connections to family literacy, evidence-based PAT home visitation, and priority enrollment in other Local Partnership services. **PASOS** will provide training, translation reviews, and technical assistance to ensure the Latino families are served and CCP staff are supported.

Technical College of the Low Country will partner with the TEACH scholarship program to ensure the free, online delivery of the final two courses in the Infant-Toddler Credential as necessary to meet the needs of working teachers. Family Advocates in partnership with Local Partnerships will also connect EHS-CCP families to an array of existing resources designed to support the needs of diverse families including connections to fatherhood programs offered by our grant partners at the **SC Center for Fathers and Families**, grand-parenting opportunities including Georgetown County's **Parenting a Second Time Around** program.

B.9.b. Parent Engagement/Parent Involvement: The Family Advocates (FAs) and CCP Teachers will ensure each site meaningfully engages parents and other family members, with special attention to mothers, fathers, grandparents, foster parents, and kinship caregivers, as full partners in the education and healthy development of their children. Engagement includes participation in the program in leadership roles by serving on the Policy Council and/or Parent Committees and by attending state and national EHS parent conferences. Parents/family will be encouraged to participate in parent education meetings designed to help parents to understand child growth and development. Directly after the parent meeting they will join their child to participate in Parent and Child Time Together (PACT) to support the parent-child relationship. During PACT, parents practice what they learn in Parent Committee meetings/workshops with hands-on guidance from supportive teachers who assist and model. Parents record time spent interacting with their child and engaging in activities on the Parent Activity/Parent In-Kind Report. Family engagement will occur daily within each CCP through an open door policy,

lesson plans signed by parents, and monthly family socializations. Written communication between school and home will occur daily regarding infants' feeding, sleep, and elimination patterns. The program will support the vital role that families play in nurturing their children's learning and development.

B.9. c. Individual Family Assessments: SCFS EHS-CCP will have one ERSEA Coordinator who will manage 8 Family Advocates located in the Local Partnership offices. Each Family Advocate will carry a case load of 32 families and be partnered with two child care centers in their county region. EHS-CCP in accordance with 45 CFR §1304.40, each family enrolled within a SCFS EHS-CCP site will be engaged in a process of **culturally-competent family goal setting** to ensure family well-being. The FAs will assist families in setting individual short and long term goals and taking the steps necessary to achieve those goals. Goals will be developed soon after enrollment and updated every 3 months. A Parent Interest Questionnaire will be used for assessing parent's needs and interests. For the families who have been on TANF and who will soon transition off public assistance, SCFS EHS-CCP will support families with meeting goals for self-sufficiency.

B.9.d. Parent Participation/Child Care/Transportation: To increase parent participation we have built our program around 6 core standards: 1) Create a welcoming school climate; 2) Provide families information related to child development and creating supportive learning environments(PACT); 3) Establish effective school-to-home and home-to-school communication; 4) Strengthen families' knowledge and skills to support and extend their children's learning at home and in the community; 5) Engage families in school planning, leadership and meaningful volunteer opportunities; 6) Connect children and families to community resources that strengthen and support child's learning and well-being. Child care will

be provided for “after hours” presentations. “Buddy share a ride” will be developed to assist parents to attend programming.

B.9.e. Child Attendance: Children are best able to benefit from their EHS experience if they attend the program on a regular basis. FAs and CCP staff will regularly discuss the importance of regular attendance with the parents and encourage their cooperation in bringing their children on time and on a regular basis – a particular goal of EHS-CCP. When a child is absent and it has not been reported, the FA will contact the family to determine the reason for the absence. If the child has not returned to school by the third day, the FA will contact the family to follow up on how the child is doing. If parents neglect to notify program when their child is absent, the parent will be reminded of the importance of regular attendance and need to notify the classroom promptly if their child is to be absent or tardy. If absenteeism continues, staff will work with the parent to develop appropriate intervention strategies to encourage regular attendance. SCFS will ensure families understand the importance of attendance by assisting them with any barriers related to attendance, it may be determined necessary by the FA to problem solve with the family using an Attendance Support Plan.

B.10.a. EHS Specific Continuity of Services: SCFS EHS-CCP sites will deliver comprehensive services in a center-based model, which ensures the program is flexible and responsive to infants, toddlers, and their families. Following the intention of the Office of Head Start EHS-CCP program, services are provided Monday through Friday for 10 hours per day for 48 weeks to address the needs of working families. All centers will participate in the Child and Adult Food Care Program (CACFP) to ensure infants and toddlers are served nutritious meals (breakfast, lunch, and a snack). SCFS will provide home visits and parent conferences will be

conducted twice a year; linkage of families to resources and services (for basic needs, health, mental health, education, and employment); parent skills education and training, parent engagement, socializations and empowerment activities; and, a range of supportive services for families with children with developmental delays or disabilities.

B.10.b-c. Pregnant Women: No pregnant women are enrolled in the program; however, mothers of children enrolled in the program will be offer prenatal education using the *Partners for the Healthy Baby* Curriculum. Referrals of expectant women to the program will be made so that new mothers can complete enrollment applications for their infants once they have been delivered.

B.11.a. Transition to Head Start Community Program: As per Performance Standard 1304.41 (c)(1), **SCFS EHS-CCP** will provide opportunities for parent engagement as part of transition activities to Head Start and preschool by way of carefully defined policy and process for early learning transitions and the maintenance of collaborative relationships within the community that will support transitions from EHS to Head Start and other ECE programs through orientation, literature/materials, and school visitation. Support to families will be provided to expand their knowledge about preschool programs, community resources and services; linkage with schools and/or neighborhood groups; and how to understand the procedures at the new school their child will attend. Teachers will work to prepare parents to become their children's advocate through transition periods by providing (at a minimum) two home visits and two staff-parent conferences. One of these conferences is held toward the end of the child's participation in the program to explain to parents their child's progress while enrolled in EHS. Education and training will be offered to parents to prepare them to exercise their rights and responsibilities with respect to the education of their children in the school setting and in communicating with teachers and other school personnel.

Transitions Within: SCFS subscribes to the concept of continuity of care and believes children who have a secure relationship with their teacher have more positive relationships with other children. Teachers and their primary mixed age group of children will move together to another classroom if different equipment or materials are needed. Transition planning will take place to mitigate the loss if a teacher leaves the program.

B.12.a. Coordination: Through our many community partnerships, we help families access the following services:

- Health services: Medical, dental, mental health, disabilities, nutrition, and pre/postnatal services are provided at no cost to our families through our collaborations.
- Higher education: We will support families in completing high school, Adult Basic Education (ABE), GED, technical college, vocational programs, and college/university. We help our parents navigate the maze of the enrollment process, apply for financial aid, and balance parent/child/school transitions and we support them in achieving their education goals and becoming lifelong learners.
- Job placement and training: We help prepare parents for the workplace and link them to job skills training through our partnerships with community workforce agencies.
- Community agencies and resources: Cultural events, free children's museum passes, financial contributions, space for meetings and recreation, foster grandparents to provide one-on-one educational support for children.
- Business community connection: Space for meetings, parent education/training, tax preparation, personal financial management, internships, in-kind resources.

SUB-SECTION C: Approach to School Readiness

C.1.a. Child Assessment Data: SCFS EHS-CCP adopted *Teaching Strategies GOLD* which is culturally and linguistically appropriate as our overall child assessment system. The *TS GOLD* assessment system is a seamless, observation-based assessment system for children from birth through kindergarten that blends ongoing, authentic assessment in all areas of development and learning with intentional, focused performance tasks for selected predictors of school readiness. *TS GOLD* is inclusive of children with developmental delays and disabilities, children who are English Language Learners and children who are advanced learners. *TS GOLD* is designed to be used on a daily basis with documentation of everyday experiences. **Analyze and Aggregate**

Child Assessment: In October, the first available data will be pulled, analyzed and program goals are reviewed and presented to Policy Council and the Governance Council. SCFS EHS-CCP has **three checkpoints** to allow for comparisons to be made and to provide opportunities for our program to monitor their success. The teachers will design the program to fit the unique developmental needs of the children in their classroom, to ensure the classroom is safe and nurturing, and to utilize age-appropriate materials and activities. Teachers will collaborate with parents and other family members to set individualized goals for their children. This helps children know exactly what is expected of them, both in their childhood and as they develop into healthy adults. Parent and child goals are revisited three times per year during home visits and parent conferences. School readiness is ultimately achieved by focusing on all child development domains, implementing the program's comprehensive curriculum, and utilizing outcome data to individualize the delivery of instruction for continuous program improvement. **Progress towards meeting school readiness goals.** SCFS EHS-CCP is in its beginning stages and has not yet pulled any data to be reviewed. Teachers will share the progress of individual children with their parents/families at **two formal parent-teacher conferences** yearly. With the support of the

SCFS Local Partnerships, training and literature will be provided to the community-at-large on how to support and implement school readiness goals. Each classroom posts their progress in achieving school readiness goals on their bulletin board. Progress toward achieving these goals is compared to progress at the last checkpoint. Teachers provide support materials to parents to assist them in helping their child to achieve. Our School Readiness Council (SRC) includes one staff member from each center and a local school teacher. The council will meet to revisit and revise (as necessary) the school readiness goals. Annually, the progress of the school readiness goals will be published in the annual report and posted on the SCFS website. Teachers will use the results of *TS GOLD* to **individualize their lesson/learning plans for each child and to inform the choices** they make for their classroom. If the child scores below age appropriate expectations, **referrals are made**. *TS GOLD* will generate reports that show growth and performance by center, class, and individual child in a format that lends itself **to presentation to the family, community, and other stakeholders**. Program leadership will use data on child outcomes gathered from *TS GOLD* to drive professional development decisions program's process for self-assessment and ongoing continuous improvement. **Ensure Fidelity:** Every teacher will be trained in *TS GOLD* and will complete the *TS GOLD* reliability check. This will ensure teachers know the tool and are reliable to the tool. Ongoing training and support in the use of observation to inform their instruction will be provided, that will also increase fidelity to the assessment tool.

C.2.a-c. Curriculum: See 1b7 *Teaching Strategies Creative Curriculum, Program for Infants and Toddlers (PITC), and Conscious Discipline. Teaching Strategies Creative Curriculum* is linked to *TS GOLD* assessment system. *Creative Curriculum* has been aligned to the Head Start Framework, the SC Early Learning Standards, and the SC Infant Toddler Guidelines in 2010 and

2013. It is presently being aligned to the Head Start Early Learning Outcomes Framework. Resources for Infant Educators (RIE) strategies will be explored to improve classroom quality.

C.3.a-d Staff-Child Interaction Observation Tools: SCFS EHS-CCP will use *Program Assessment Record for Infants and Toddlers (PARS)*, and *Infant Toddler Environment Rating Scale (ITERS)*. Teacher Mentors will use the sub scales tools in PARS as an observation tool when observing classroom teachers for child-adult interaction. Education Coordinators and Teacher Mentors will use the PITS PARS tool at least twice a year with each teacher. The Education Coordinators/Teacher Mentors will begin to use reflective supervision when discussing the results of the observation with the teacher. ITERS be used twice a year as a pre/post tool to look at over all classroom quality and Teacher/Child interactions. Teachers will be provided with a summary report, which identifies strengths and areas in need of strengthening. In response to the report, a written plan of action will be developed to identify the Teacher’s professional development needs. The plan of action will be reviewed periodically to ensure strategies for improvement are implemented and Teachers feel supported in gaining knowledge and skills. **Fidelity to PARS and ITERS** – Education Coordinators and Teacher Mentors will attend PITS/PARS and ITERS trainings to continue their professional development with the PARS and ITERS. They will partner to complete a classroom assessment to ensure reliability with the tools.

SUB-SECTION D: Parent, Family, and Community Engagement

Sub-section D.1. Goals: The chart below outlines the SCFS PFCE Goals and Objectives.

Long Term Goal	Objective
To strengthen family and community partnerships utilizing the Head Start Framework for eligible children and their families as measured by ongoing progress monitoring, annual	Startup objective: By July 2016, the program will have no less than 246 eligible children in the Child Plus data system data base, ensuring there are at least 126 eligible children on the waiting list. By August, 2016, family advocates will receive training in the Family Partnership Agreement, including relationship building skills with families.

self-assessment, and formal program reviews.	<p>Provide training to teachers and family advocates to support effective collaboration in meeting the needs of families.</p> <p>During the 2016-2017 year, develop a plan to utilize social media, including a program website for families, to expand the program's ability to communicate with parents</p> <p>During the 2016-17 school year, the program will develop an activity with a focus on father involvement to be shared during the initial orientation process with families.</p>
Goal 1 Family Advocates will support families as lifelong learners, facilitate long-term family stability, and promote strong connections to peers and community through a cadre of staff that possesses theory, knowledge, and experience in developing goal-directed relationships with families.	<p>Objective 1: Staff with knowledge, skills and experience will support families in reaching their goals by enhancing healthy self-reliance through identifying family aspirations, building on existing family strengths, partnering in setting and working towards life/educational/career goals and encouraging the use of relevant community resources.</p> <p>Objective 2: Staff, that are both knowledgeable and skilled, will support families in: identifying and enhancing peer/community connections through the development of family support groups to enhance relationships with children and peers; and through memberships in parent advocacy/leadership groups within the community.</p>
Goal 2 Family Advocates will support parents/expectant families in promoting the health, well-being and development of their families including infants and toddlers through health/nutrition education that supports positive lifestyle practices.	<p>Objective 3: Staff will support parents/expectant families to identify the connections between the success of their children in school, the well-being of the family and healthy life practices including, regular medical and dental care; balanced nutrition; regular physical exercise; routine health practices; and disease prevention activities.</p> <p>Objective 4: Staff will support increased connections to and collaborations with community agencies involved in supporting and providing: nutrition education; physical activities; education on healthy lifestyles for families.</p>

D.1.-2. Identify, PFCE Goals/Objective, Data Tools. The process to identify parent goals was discussed in B.9.c. The overarching focus of family engagement is supporting the parent-child relationship. Emphasis is also placed on increasing family literacy, building trust with families, and utilizing a range of key strategies for building partnerships.

- Talk *with* families not *at* them, recognizing that families are the senior partners in the relationship. (Staff will help families, when assistance is needed in prioritizing goals and steps towards goals).
- Work with families to help them achieve what they want to accomplish. (**Parent surveys, and Questionnaires**)

- Use the *Parent, Family, Community Engagement Markers of Progress* instrument to assist us in helping families to identify strengths and areas in need of improvement.

ChildPlus will aggregate data and created reports for analysis on progress of the PFCE goals.

- Explore assets and weaknesses in the surrounding community and consider how the program and the families we serve can have a positive impact.

D.3. PFCE Goals Communicated to Families: The PFCE goals will be approved by the SCFS Policy Council and shared at parent committee meetings with families. The FAs will share the goals with each family as they develop their own family goals. The PFCE goals will be posted on school bulletin boards and shared on the SCFS website.

SUB SECTION E. Governance, Organizational and Management Structure, and Ongoing Oversight:

E.1.a-c. Governing Body Structure: SCFS is a state-operated non-profit governed by a diverse, politically appointed and ex-officio Board of Trustees which serves concurrently as the state's Early Childhood Advisory Council. Under the Head Start Act of 2007, SCFS EHS-CCP is governed by the Board of Trustees. The Board of Trustees meets Section 642(c)'s membership requirements.

In accordance with the Head Start Action Section (642(c)(1)(B)(v))⁶, the Board of Trustees established, by charter, a dedicated EHS-CCP Governance Council to assist in carrying out its governing duties. (See Charter in Attachments). No members of the Board of Trustees or Policy Council have a conflict of interest with SCFS' grant, nor any of its partners or vendors.

⁶ "Exceptions shall be made to the requirements of clauses (i) through (iv) for members of a governing body when those members oversee a public entity and are selected to their positions with the public entity by public election or political appointment."

E.2.a-g. EHS-CCP Accountability of Funds: SC First Steps' internal finance staff manages a combined state and federal budget totaling \$41.4 million, inclusive of implementation of the state's IDEA Part C early intervention program. The agency completes an annual audited financial report as part of the state's Comprehensive Annual Financial Report. Its most recent audit received the highest ("unqualified") rating. SCFS Local Partnerships are also subject to annual fiscal audits. SCFS operates a statewide accounting and finance system through which all Local Partnership funds are transacted. The fiscal controls within this system are determined by SCFS and outlined in a common operations manual. All federal funds and non-federal share contributed by Local Partnerships are uniformly tracked and reported by SCFS. SCFS contracts with a pair of regional accounting firms (RFMs) responsible for issuing payments. EHS-CCP vendors' invoices will be submitted for approval by SCFS before processing by the RFMs.

Regular reporting of required information to the Board of Trustees, Governance Council and Policy Council: The EHS Director's Report includes the following information: Program Enrollment funded and actual, Daily Average Attendance, Subsidies Report, School Readiness report, ERSEA Priorities, Policy and Procedures updates/changes, Personnel, Facilities, Materials, Equipment, Financial Reports and IM/PI. **Selection of Audit:** The Board of Trustees will select and approve an outside audit firm. Upon completion of the audit and acceptance of the draft audit report and management letter, the final report will be reviewed by the agency's executive staff, Board of Trustees, Governance Council, and Policy Council. SCFS **will maintain a formal structure of shared governance** where parents participate with EHS staff, community members and the SCFS Board of Trustees in policy making or in other program decisions. SCFS, as the grantee agency, will have ultimate legal and fiduciary responsibility for managing the EHS-CCP grant and for ensuring the provision of EHS-CCP services in

accordance with the grant award stipulations and Head Start Program Performance Standards and Head Start Act. Responsibility and authority for program direction and policy development will be shared between Board of Trustees and the Policy Council. The Policy Council and Parent Committees will be routinely oriented, trained and supported for their responsibilities. In accordance with the HS Act and HSPPS, the **EHS Policy Council** and **Parent Committees** will be comprised of at least 51% of current parent representatives elected by local Parent Committees and community representatives. They will work in partnership with key management staff and the Board of Trustees to develop, review and approve program policies. The SCFS Governing Body and Policy Council membership will reflect the program's diverse population and service area. The Board of Trustees composition is stated above see E.1.a.

Governing Board and Policy Council will set and monitor all overall EHS priorities and operational systems. An in-depth SCFS EHS-CCP **Community Assessment** will be conducted every three years, updated annually, and used in decision-making, program planning and for to modify goals and objectives, operational plans, policies , recruitment and selection, service delivery, program options and program expansion. A program **Self-Assessment** will be conducted annually by a team inclusive of program staff, representatives from Policy Council parents, the Board of Trustees, and the Governance Council, along community representatives from each program area. The results will be shared with all stakeholders. Corrective action plans will be developed along with time frames for corrections and shared. Managers and Center Directors will monitor the Correction Action Plans and provide regular status reports. EHS-CCP will develop an **on-going monitoring system** to assess the quality of services provided and determine compliance with HSPPS. Monitoring instruments will be developed for each area of program operations. Coordinators will conduct monitoring on a regular basis. Monitoring results

will be routinely shared with CCP Center staff upon completion of the monitoring activity. The Center Director and appropriate staff person will sign the corrective action acknowledging the results of the monitoring and the plan for correction. Coordinator will be responsible for follow-up until correction had been made. A summary of monitoring visits will be provided to EHS-CCP Director with the monthly reports. The EHS-CCP Director will respond back to staff as needed for each service area in writing. Each area is tracked from month to month to ensure areas of concern have been addressed, meeting the HS Performance Standards.

E.3. Responsibility of the SCFS Governing Body: See section E.3.

E.4. Policy Council Composition: Policy Council is composed of at least 51% current parents and no more than 49% of community representatives who provide oversight and guidance for the program. At least 10 Meetings will be held yearly. Each EHS center holds Policy Council elections for parent representatives and an alternate in September of each year.

E.5. Organizational Chart: See attachment

E.6. Criminal Record Checks/Health Exams/TB: SCFS will ensure all new employees, before they start working with children, have a state or national criminal record check, as required by state law. SCFS will ensure each staff member has an initial screening for tuberculosis and a physical exam every two years. Regular volunteers will be screened for tuberculosis in accordance with SC Childcare Licensing regulation.

E.7. Staff Qualifications: SCFS EHS-CCP is overseen by **Director** Rebecca Brown, who provides agency-level project supervision and management. She holds a BA. in Psychology from Western Michigan University, is PITC certified, and has 26 years of experience in early childhood education, 14 years in Head Start. **EHS-CCP Fiscal Manager**, Lavinia Tejada is a

CPA and graduated from Rutgers University, and has 21 years of experience in financial management. Two **Regional Education Coordinators:** Tanvi Solanki, has a M. Ed in Birth-Kindergarten Interdisciplinary Studies from the University of North Carolina at Greensboro. Ms. Solanki has 10 years of experience working in early intervention. Jennifer Adams has a BA in Christian Education and an AA in ECE/PITC from Horry Georgetown Technical College. She has 14 years of experience working in ECE. **Health Coordinator** Catherine Dowdy, M.Ed. from Troy University, has 11 years of experience working in the field of behavioral health. **ERSEA Coordinator**, Nikkia Rogers has a M.B.A from University of Phoenix. She has 5 years of Head Start experience as ERSEA/Family Coordinator and additional 4 years of experience working with young children. Eight **Family Advocates** will be hired by SCFS and deployed at the Local Partnerships across the service area. EHS-CCP Teachers will meet HSPPS qualifications for Infant-Toddler teachers.

E.8.a-d. Plan, Organize and Provide Comprehensive Services: SCFS EHS-CCP will support educator-child relationships in the following ways: Education Coordinators and Teacher Mentors will assist center directors and teachers in understanding and implementing the program's relationship based curriculums. They will assist teachers in planning and meeting the school readiness goals and outcomes. The Family Advocates and ERSEA Coordinator will work with center directors, teachers, and families in supporting each child's school readiness goals through the development of Family Goals and PACT. They will ensure each center is fully enrolled and parents are supported.

Research shows the quality of teaching delivered by a supported, knowledgeable educator is one

of the most influential factors in student achievement.⁷ SCFS will support the teachers through observation, mentoring, and ongoing professional development that is intentional, reliable, and based on the results from our scientifically proven classroom evaluation tools and our ongoing assessment tools. SCFS EHS-CCP will measure learning outcomes for children against our expectations for **teacher-child interactions**, the PARS, TS GOLD, and the goals set forth in our own School Readiness Plan. Professional development will play a role in nurturing teacher quality. The Teacher Mentor, Center Director, Education Coordinator will conduct **teacher observations formally and informally throughout the year**. They will provide reflective supervision of teachers in these four ways: 1. *ITERS* scores from pre/post assessments. 2. Level of growth/improvement of child assessment data using *TS GOLD*. 3. Completion of lesson plans and consistency in making them readily available to parents each week. 4. Ability to maintain current documentation (weekly notes) on the progress of every child. The Education Coordinators will meet with each center director to prepare an annual performance evaluation and a Professional Development Plan for each teacher. Teachers and Family Advocates will partner with families on an on-going basis to support their role as “first teacher of their child”.

E.9. Management System: Strategic Plan: EHS-CCP staff will convene meetings with Policy Council, EHS-CCP staff, and Board of Trustee to review results of data; long/short program and fiscal goals, review of the current strategic plan, develop or revise plans for each specific area, work with and obtain approval of Policy Council and Board of Trustees, and share strategic plan with all staff and both Boards. **Internal communication:** program has mechanisms for regular communication among all program staff to facilitate quality outcomes for children and families. The education team will deliver information monthly at staff meetings. All center directors are responsible for passing on information to the staff members they supervise. Information is distributed by the SCFS office. Following is a list of

⁷ Chetty, Friedman & Rockoff, 2012.

communication methods among staff: meeting agendas, interoffice memoranda, bulletin board postings, newsletters, faxes, E-mail, telephone contacts, Community Assessment, Health Advisory Committee information, Mission /Vision/Goals, Policies and Procedures. SCFS will ensure that timely and accurate information is provided **between staff, governing bodies, and policy groups.**

External communication: SCFS has established effective systems of communication to ensure that timely and accurate information is provided between staff, the community and community partners. Information is distributed to community and community partners from the EHS staff in the following ways: official letters, memos E-mail, telephone contacts, flyers, brochures and handouts, bulletin board postings, calendar of events, referral forms, and release of information. **Two way communications with families:** SCFS ensures that effective, timely, accurate two-way comprehensive communications between staff and parents are carried out on a regular basis throughout the program year. Communication with parents is carried out in the parents' primary or preferred language. **Record keeping system:** serves as documentation that the agency is meeting State, Federal, and Local program requirements. A confidentiality policy has been developed to ensure that all staff are aware of and must sign a statement verifying that the policy has been shared and is understood by each employee. This statement is maintained in the employee's Human Resource files. All records are maintained in locked file cabinets. The agency has identified persons responsible for maintaining the records. Agency records are grouped by the following categories, **Administrative, Personnel Records, Family Records, Child Records, and Fiscal.** **Reporting system:** Training on recordkeeping will be provided to staff, which is inclusive of types of records to be maintained, record content and documentation to be included. Records are monitored on a regular basis. *Child Plus*, *GOLD*, reports are generated as internal reports. They are used as part of our monitoring system for child outcomes and program improvement. **External reporting system:** The EHS Director's report is submitted to the Policy Council, the Governance Council, and SCFS Board of Trustees. Once items have been approved, information is distributed to community partners and the community by posting at each of the centers. New information concerning center, family engagement activities, and workshops will be posted on Facebook. SCFS Annual Report and other

pertinent reports will be posted on the web. **Financial Monitoring** was described in E2a. **Self-Assessment** process was explained in E2. No Self-Assessment report has been completed as we are in the startup phase of the grant.