



**LEARNING • EMPLOYMENT • ASSISTANCE • PARTNERSHIP •**

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**Washington County EOC, Inc. dba L.E.A.P.**

**Head Start/ Early Head Start**

**Continuation Application**

**Fiscal Year 2022**

**PY 03**

*Approved by the Board of Directors and Policy Council:*

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## Section I. Program Design and Approach to Service Delivery

### Sub-Section A: Goals

1. **Additions, deletions or revisions to Program Goals, Measurable Objectives, and Expected Outcomes since last year's application?**

There are no additions, deletions or revisions to Program Goals, Measurable Objectives or Expected Outcomes since last year's application. Please see attachment in the Document's section of HSES for the chart of Program Goals, Measurable Objectives, and Activities to Meet Objectives, Measurement tools, Expected Outcomes and Expected Challenges.

2. **For each Program Goal: (a) Demonstrate Progress/Outcomes toward meeting Measureable Objectives and Expected Outcomes and (b) Describe any Challenges in achieving progress toward Expected Outcomes and How the program is working to address those Challenges.**

Program Goal 1: *LEAP HS/EHS will become the community leader in early learning and family resource development to assist in moving out of poverty.*

- (a) Progress Goal 1: Significant progress has been achieved with the program's use of social media and the agency's website to publicize program activities and events that support the community. Program staff participate in community partner's committee and board meetings, ensuring that Head Start has a voice in advocating for the needs of the community we serve. Relationships with community partners

continue to be fine-tuned to make the most of everyone's time and to maximize the effectiveness of meetings. Agendas are geared more toward communicating activities and providing resources and training that will benefit the entire community. For example, the Health Advisory meetings will contain topics that affect our Head Start families but also the community at large. Area experts will present information on issues and give guidance and feedback to committee participants. Recruitment and outreach activities are scheduled monthly to ensure that partnerships are active.

(b) Challenges Goal 1: Despite the fact that relationship-building with community partners is a priority for programming, participant recruitment and enrollment continues to be a struggle. Though collaboration with community partners continues, the pandemic continues to impact the ability to conduct face to face meetings with parents and partners. Contacts are limited to phone, virtual, and outdoor meetings. Relationships with some parents, as a result, has suffered. Not all parents have the means to reach out virtually, being impacted by lack of computer or internet access. Relationship-building is best achieved face to face. Staff make in-person, socially distanced visits, when able. The pandemic affects relationship-building that is normally developed. Participation in large outdoor public events had to be canceled due to the effects of the pandemic in our area.

(c) Plan to Address Challenges Goal 1: Prior to President Biden's vaccine mandate, the agency implemented a vaccine mandate that went into effect September 30. Additionally, the program is tracking vaccine status of enrolled families. This data

helps us to determine how we can safely provide in person services to families.

This would include such things as in person home visits, parent cafés and open house events. The program continually works on developing creative ways to reach and engage parents in the community. Outreach efforts will continue with the intent of developing new opportunities and connections with partners in our community. During COVID, we continue to look for safe and consistent ways to maintain contact with families who are not vaccinated; we are reaching out to community organizations who have large space for staff to meet privately but socially distanced to assist with making sure these families have the services and supports that are needed. We work with our local public health agency to educate families on the importance of getting vaccinated.

Program Goal 2: *LEAP will develop a fund development strategy to consolidate and create unrestricted resources to ensure program sustainability.*

- (a) Progress Goal 2: The agency has hired an Outreach Coordinator (paid for by grants other than Head Start) to improve customer and partner relations within the community we serve, and the neighboring communities. Through these efforts we saw an increase in monetary donations as well as donations of items needed for programming and to assist families. A Small grant from a local bank was received that allowed the program to implement a multi-part financial literacy training for families.
- (b) Challenges Goal 2: The program continues to need to increase unrestricted cash and item donations to ensure the program is meeting its requirement for non-

federal share. Historically, this has been a struggle for the program and continues to be so now. Additionally the program needs to address the high staff turnover and long-term vacancies; to do so financial supports are needed to ensure program sustainability. Though progress was started in this regard, the recent resignation of the agency's Outreach Coordinator has impacted these efforts. Multiple long-term vacancies has put strain on the program's ability to coordinate efforts to develop new funding opportunities.

- (c) Plan to Address Challenges Goal 2: The grantee will fill the vacant Outreach Coordinator position and will resume efforts to build connections and contacts. The Outreach Coordinator along with agency leadership and the Board of Directors will develop a strategy and action plan to establish annual giving events.

Program Goal 3: *LEAP will provide exemplary support and opportunities for ongoing skill development to enhance staff feelings of competence and professionalism, and be recognized regionally as a desired place to work.*

- (a) Progress Goal 3: The program has hired an Onboarding Coordinator, who in conjunction with program leadership, has developed and implemented a hiring and onboarding framework that includes a comprehensive plan for orientation and ongoing professional development. Program supervisors are engaged in monthly supervision training and professional development and are utilizing ongoing monitoring data in staff's professional development plans. The program is also monitoring and utilizing data related to reasons why staff are leaving and/or why staff stay. This information is used in program planning and development. Monthly

staff wellness activities are scheduled and trauma informed training for leadership staff has occurred. All program staff will participate in ongoing training on the effects of trauma.

(b) Challenges Goal 3: The grant recipient, like similar recipients, continues to struggle with recruiting, hiring and retaining qualified staff. The program continues to look at data regarding why potential hires do not follow through with applications, interviews, and hiring processes, and why hired staff leave for other agencies. Data also shows that some of our lead teacher positions are vacant in excess of 365 days, therefore establishing the need to continue this program goal. Long term vacancies lead to high rates of burn-out and fatigue in existing staff and leadership positions. The process to fill vacant positions is lengthy and costly. Many of the applications that are received do not meet the minimum requirements for positions. Many staff are experiencing pandemic fatigue. Wages for positions are low in comparison with job postings and positions available in the community (such as local convenience stores, fast food chains and big box department stores). Data that demonstrates the wage disparity was the finding of a comparability study that was performed by the DeLark Agency. Increased NYS unemployment benefits provided many with the opportunity to remain at home during the pandemic.

(c) Plan to Address Challenges Goal 3: The grantee will work with the Board of Director's to identify ways to increase staff wages. A revision to the wage scale is in process to allow the agency to upgrade positions requiring 4-year degrees and to implement merit increases to high performing staff. The grant recipient will work to

establish a wellness policy and budget for providing wellness activities, events and retention bonuses.

3. School Readiness Goals: There are no additions, deletions or revisions to LEAP Head Start / Early Head Start's school readiness goals. Goals were developed based on identified areas of need and utilizing the Head Start Early Learning framework as a developmental guide. School readiness goals are aligned with the ELOF, the Desired Results Development Profile (DRDP) which measures growth and development and the Creative Curriculum which guides planning and new skill development and mastery along with NYS Pre-K Foundation to the Common Core for specific ways to measure progress and inform lesson planning and implementation strategies.
4. Program Goals: No additions, deletions, or revisions.

## **Sub-Section B: Service Delivery**

### **1. Service Area and Recruitment Area**

- (a) There are no updates or changes to the service and recruitment area. The recipient continues to provide services to eligible residents of Washington County, New York, including children and families that may reside in Vermont and who live within the Granville Central School District limits in Granville, NY.
- (b) Service Area Need: There are many families who lack access to affordable child care and there is limited availability to low cost pre-schools. Our service area spans the length of the county; two of our centers are located in the Hudson Falls/Fort Edward area which have the greatest population cluster. All 11 of the county's local school



districts offer Pre-Kindergarten. The Cambridge and Whitehall Central Schools each offer 18 full day slots; the remaining nine districts offer half day slots, this does not meet the needs of working families. See #2 below for evidence of need.

(c) Child care partners are not being proposed at this time.

## **2. Needs of Children and Families**

(a) Eligible children and pregnant women: According to recently collected data as part of our Community Assessment, poverty for children under the age of 18 is 15.3%. The poverty rate in Washington County, NY is 11.3%. The estimated number of eligible pregnant women and children under age five is 542. Of children 0-4, little boys (23.1%/ 371) are more likely to be in poverty than little girls (13.19%/ 184). Of those families with female heads of household and children present, 30.4% live in poverty.

(b) Data: The LEAP Community Assessment is under. Washington County, NY has a total population of 61,302 with 6,927 residents (11.3%) living below the poverty level; 4.7% of the population are under 5 years old. Of the population of 5 year-olds and under, only 5.7% are receiving preschool or nursery school education. In this community, the highest vulnerabilities were found in areas with high population density, high uninsured rates and a high proportion of older residents.

3. Availability in Area of Child Care Services: LEAP Head Start / Early Head Start is one of three licensed day care centers in the County. One is a small private preschool located in Cambridge, NY and the other is in Fort Edward, NY and provides services to children with

disabilities. Last year another licensed center closed. There is a total of 33 individually owned and operated, licensed Family Day Cares throughout the county; this represents 14 less licensed Family Day Cares since COVID. These offer limited slots for care. Universal Pre-K is offered at all of the 11 school districts in the county. Nine of these run for 2.5-3 hrs. daily with some schools not offering transportation. There is a lack of availability to quality, licensed child care for families throughout the county. The services of LEAP Head Start/Early Head fills this void particularly for pregnant women and children who are not eligible for Pre-K based on age. During the ongoing pandemic we are operating full in person services while remaining compliant with Public Health and CDC guidance. The program continues to meet the health, nutrition, education, mental health and family services needs of eligible families in the county.

#### **4. Chosen Program Option & Funded Enrollment Slots**

(a) Program Options: There are no requests for changes or revisions to our program

options. L.E.A.P. is currently funded for 341 total slots. L.E.A.P. operates two program options each for both Head Start and Early Head Start: Center-based and Home-based.

##### Head Start

Center-Based: L.E.A.P. operates 198 slots in a full day and half day program option. There are 6 classes, with 6 hours a day/ 5 days a week for 170 days equaling 1020 hours per year. Each child receives a minimum of 4 home visits per year.

L.E.A.P. operates half day classes served in double session for the remaining 94 children in the center-based option.

Home-Based: We operate 25 slots in the Head Start Home Based option. Each child receives a minimum of 32- 1.5-hour home visits per year with 16 2-hour socializations.

Early Head Start

Center-Based: We operate 40 slots in 5 classes of 8 children at 6 hours a day, 5 days per week for 230 days per year, totaling 1380 hours per year.

Home-Based: We operate 78 EHS HB slots for children aged newborn to 3 years old and pregnant women (project 3 women at any given time). Each child receives 48 Home Visits for 1.5 hrs. each week and 22 two-hour socialization experiences per year. The program is actively working to maintain all funded enrollment slots and was making great strides in enrollment prior to the pandemic. The program will continue with its recruitment strategies as part of the enrollment plan. Increased efforts will be made to target pregnant women to provide prenatal supports and services and enrollment of the baby once it is born. Our funded enrollment slots are broken down as follows:

Head Start / Early Head Start Program Options and Funded Enrollment Slots Total = 341											
Head Start	Location	Funded Center-Based		Funded Home-Based County-wide	Total Head Start Funded Slots	Early Head Start	Location	Funded Center-Based		Funded Home-Based County-wide	Total EHS Funded Slots
	Dix Avenue Hudson Falls	Rainbow AM	15	25			Dix Avenue		0	78	
		Rainbow PM	15								
		Cloud AM	15								
		Cloud PM	15								
		Sunshine Full Day	18								
	River Street-Hudson Falls	Hilltop Full Day	18				River Street	Moon Full Day	8		
		Sky Full Day	18					River Full Day	8		
			Star Full Day					8			
	Cambridge	Valley Full Day	18				Cambridge	Willow Full Day	8		
	Whitehall	Meadow Full Day	18				Whitehall	Maple Full Day	8		
		Moun-tain Full Day	14								
	Granville	Apple Hill AM	17								
		Apple Hill PM	17								
Total Head Start Funded		198-CB/HS	25 HB/HS	223 Total HS	Total Early Head Start Funded		40 CB/EHS	78 HB/EHS	118 Total EHS		

Challenge: COVID-19 continues to affect Washington County with a high rate of positive cases reported. This impacts the day to day operation of classrooms and home visits. We have been unsuccessful at filling all the Head Start slots as some parents are still uncomfortable sending their child to a group setting. Attendance numbers are impacted as children who are symptomatic must remain at home. When symptomatic children test positive, classrooms have to be closed due to mandatory quarantining. When quarantining occurs, children and families impacted

receive services remotely. This includes activities, meals, and hygiene supplies delivered to their homes once per week. Home-based services are occurring socially distanced: in person, in the home (if families are fully vaccinated), outdoors (weather permitting) or in a large community space. As per guidance from the OHS, these adaptations will continue to be responsive to local, state and federal guidelines to reduce the spread of the virus. Home-based services are provided in-person if the family participates in the protocols that have been established: wearing a mask, maintaining a minimum of 6 ft. distance, having a safe/confidential space to meet outdoors or a large private public space is available nearby that would meet the safety protocols. All required program services are being offered to families. Careful documentation and ongoing monitoring is taking place to ensure compliance with the Performance Standards.

- (b) LDO Waiver: The recipient is not requesting a locally-designed option variation waiver at this time.
- (c) Program Options Meeting needs of families: Currently the program offers a combination of full day and double session services. Hudson Falls and Fort Edward are the two largest towns in our county. The two LEAP centers housed in Hudson Falls provide services to eligible families from both Fort Edward and Hudson Falls. Families who live on the outskirts of these towns, such as in Argyle and Fort Ann and who have transportation, enroll in these centers. The Dix Avenue Center offers two Double session classrooms and one full day classroom. Hudson Falls Central School offers a large UPK program for half a day only. In collaboration with the school, we

offer double session slots to children who attend either the morning or afternoon UPK class. This partnership works well as we do not compete for enrolling the same children; this benefits the family by providing them with a longer day of child care. Similarly, we offer a double session program in Granville and work in collaboration with the Granville Central School to provide Head Start services to eligible children who attend either their morning or afternoon UPK session. Double session classrooms operate 13 days per year, 4 days/week for 3.5 hours each session. Early Head Start runs the full calendar year, 230 days or a total of 1383 hours per year. Head Start operates 173 days or a total of 1041 hrs. This schedule works in conjunction with the hours of the public school and families are able to self-transport or utilize program transportation if available and based on need. Home-Based services are provided to those families who are not within close proximity to a center or due to their family circumstances are better served through the Home-Based model.

- (d) Funded Enrollment Changes: The grantee is not requesting any changes to our funded enrollment in this application.

#### **4. Centers and Facilities**

- (a) Changes to Service Locations: There are no additions, deletions or changes to our service locations or partners.
- (b) Renovations/Repairs: There are no plans for minor renovations and repairs to any of the facilities at this time.
- (c) There are no facilities activities that are subject to 1303 Subpart E at this time.

## 5. **Eligibility, Recruitment, Selection, Enrollment and Attendance**

(a) Recruitment Process: To meet the challenge of recruiting families in greatest need of program services L.E.A.P. utilizes a wide variety of strategies during the recruitment process. All staff share a part in recruitment and positive public relations. The program continues to utilize the agency website as a means of connecting with families. Interested families can now independently reach out to the program for information or to begin the application process directly through our website. This enrollment link is connected to ChildPlus and provides an effective way of monitoring and following up on applications and requests for information. Social media is a vital pathway to connect with the current generation of young families. Our agency Facebook page has updated postings that highlight day to day programmatic events and activities. The Outreach Coordinator position is focused on agency exposure, educating the public about the services we provide, as well as looking for alternate sources of nonfederal funding. This position will keep our messages current, relevant and consistent; keeping our name front and center in the broader community. The recipient engages in a continual cycle of recruitment and public relation activities including but not limited to: flyers and brochures placed at libraries, churches, convenience stores, laundromats, agencies, medical and dental offices. Monthly recruitment events are scheduled on the program calendar and assigned to specific service area staff. Ongoing door to door efforts target specific neighborhoods throughout the county.

- i. Vulnerable Population: To ensure that we are reaching the foster care and homeless population, the Director, Family Services Coordinator and Home-Based Coordinator meet with the staff of the local foster care provider, Berkshire Farms and the local Department of Social Services. Center Coordinators and the Disabilities Manager establish relationships with the local school districts; communicating directly with school nurses, guidance counselors, social workers, CSE chairpersons, PTSO members, and teachers. Family Advocates and Home Visitors meet with staff at local homeless shelters to discuss services and provide information on how to refer families. It is vital to continually remind and educate our community partners about the depth and breadth of our services. For example, many are not aware that we serve pregnant women of all ages (teens-adults). Staff participate in collaborative services committee meetings to keep partners informed of our services and how to make referrals. During the pandemic our flyers have been added to local food kitchens, pantries and food baskets. Communication takes place with partners via through the Health Advisory committee and office visits; information tables at other agency events (WIC, Cornell Coop. Ext., Public Health, DSS family court day, Washington County Fair, Sandy Hill Days, Car Seat safety checks, job fairs, etc.). Lawn signs are placed throughout our rural county to reach those in remote areas. We also continually



assess our enrollment process to reduce barriers or bulky “requirements” that can clog the path from acceptance to enrollment.

- ii. Strategies to Promote Attendance: At the time of enrollment and during orientation, staff inform families about the benefits of regular attendance as well as program attendance policies and expectations. Staff utilize “Attendance Works” materials as a tool to talk with parents about how regular attendance contributes towards their child’s school readiness, and greater success in public school, the work force and beyond. Staff inform parents that an 85% attendance rate is expected, and they review how we respond to low attendance. Attendance is taken daily; all absences are followed up by Family Advocates. Classroom teachers reward good attendance as an incentive for children to want to attend school. Attendance data is reviewed monthly via an Ongoing Monitoring meeting to address attendance issues and next steps. If, at any time, a child develops a pattern of absence that puts the child at risk of missing 10% of program days per year, the Family Advocate will work with the family through the program’s Comprehensive Case Management process to assess and develop strategies to improve the child’s attendance. First, they will determine with the family what is causing the absences; for ex. – car issues, job schedule change, day care arrangements, multiple caregivers, lack of public transportation, family habits (oversleeping, no alarm clock, etc.), child behavior management issues, substance abuse,

etc. Solutions are processed together, and an attendance goal and plan put in place. While solutions are individual for each situation they might include: switching from AM group to PM group; getting on the transportation wait list; purchasing an alarm clock; one on one counseling on parenting techniques; gas cards; connecting with local BOCES for car repair; or an incremental goal and congratulations for the child's gradual improvement in attendance, to name a few. [If after intensive case management there is continued chronic absence, a child's slot will be considered vacant.] If a child's absence is due to circumstances related to the COVID pandemic, i.e. illness, close contact, quarantine requirements the child/family will receive remote services until they are cleared to return for in person services. If a child is determined to be homeless, the Family Advocate or Home Visitor will help the family secure the required immunizations and other necessary documents for the child to attend programming. If transportation is an issue, every effort will be made to provide transportation via the program or another community resource. If a child becomes homeless after being enrolled, the Family Advocate will work with the family to continue services. This may include a schedule for visiting the family in their temporary location by the Education Staff and/or Family Advocate. In either case the Family Advocate or Home Visitor will work collaboratively with Health staff to insure continuous care; and with local social service agencies to secure

safe, affordable housing. Attendance and all related actions are documented in ChildPlus.

## 6. Education and Child Development

### a. Center-based program:

#### i. Curriculum: There is no change to curriculum.

Center-based Early Head Start classrooms implement The Creative Curriculum Infant, Toddlers & Two's. Center-based Head Start classrooms implement The Creative Curriculum for Preschool. The program has invested in providing a whole-child approach in the classroom by implementing expanded curriculum resources to provide teachers with the tools they need to support and nurture all areas of children's development and learning, from social-emotional and cognitive skills to language, literacy, math and science. These curriculum enhancements, in the form of Teaching Guides, direct curriculum instruction and learning through intense studies covering a variety of topic areas. These provide children with experiences and interactions to engage them in all developmental areas. Due to COVID-19, a enrolled children may be quarantined for periods of two weeks depending on exposures, during this time children will receive services remotely. Teaching teams prepare materials and lesson guidance on a weekly basis to deliver to the children quarantined at home.

#### ii. The Creative Curriculum is a research- based curriculum that is rooted in developmentally appropriate practices that reflects current research about

developmental and learning expectations for young children along with effective teaching practices. The Creative Curriculum is developmentally appropriate; teaching practices match how children develop and learn so teachers can promote optimal development and learning, making decisions about the individual education of each child based on information about child development and how children learn, the individual strengths, needs, and interests of each child; and the cultures of each child's family and community. The curriculum is based on five principles: Positive interactions and relationships with adults provide a foundation for successful learning; Social-emotional competence is a significant factor in school success; Constructive, purposeful play supports essential learning; The Physical environment affects the type and quality of learning interactions; Teacher-family partnerships promote development and learning. The Creative Curriculum provides a Scope and Sequence of concepts and skills that align with the Head Start Early Learning Outcome Framework (ELOF). The scope of the concepts and skills are presented in the sequence in which they are introduced. The curriculum along with its enhancements ensure that skills are introduced and reinforced in a logical, thoughtful, sequential, and coherent order. All the resources in the curriculum are rooted in 38 research-based learning objectives. Objectives include developmental progressions from birth through kindergarten that show the typical sequence of milestones that children will reach along the path to skill mastery.

The Desired Results Developmental Profile (DRDP-2015) is used to assess children's progress and to inform instruction. The DRDP is designed to ensure all children

have the opportunity to demonstrate their knowledge and skills through Universal Design. The universal design's purpose is to provide age-appropriate, culturally-appropriate, individually-appropriate early childhood curricula and assessments.

iii. The Creative Curriculum is aligned to the Head Start ELOF and provides both a crosswalk and a Scope and Sequence for each applicable age group. The DRDP assesses children from early infancy to Kindergarten entry along a developmental continuum. Additionally, the grantee has aligned the curriculum objectives to the ELOF and DRDP measures for Head Start and Early Head Start. The program has also aligned curriculum objectives to the State Early Learning Standards.

iv. LEAP Head Start/Early Head Start is committed to providing ongoing curriculum training to teaching staff on an annual basis and as needed throughout the year. Pre-service curriculum training is required for all new staff covering curriculum overview, training on the Objectives for Development and Learning, as well as, how to use the DRDP assessment system. All teaching staff are required to complete the Inter-Rater reliability course to ensure that they are making accurate assessments of children related to the objectives. Large in person training events are provided at the start of the school year for education staff to address areas of need related to curriculum implementation and fidelity.

Update: During the pandemic all training is offered virtually. The Education Coordinator utilizes the Teaching Strategies Fidelity Tool for Administrators to assess the degree to which the curriculum is being implemented in the way in which it was intended. Data about a teacher's use of the curriculum and

assessment are collected three times per year during a classroom observation and an interview with the teacher. The evidence of implementation is scored and calculated to describe both overall fidelity and implementation of curriculum resources. The Practice-based Coach utilizes the Fidelity Tool to provide in classroom support to teachers to improve practices. The Fidelity Tool is used during the program self-assessment event to collect data about the degree of curriculum implementation and to include in program improvement reports. Coaching and professional development is provided to teaching staff to improve the effectiveness of their implementation and to ensure curriculum fidelity.

(b.) Home-based Program Curriculum: There is no change in our Home-Based curriculum.

- ii. Our Home-Based program uses Growing Great Kids: Prenatal to 36 months for Early Head Start and Growing Great Kids for Preschoolers curriculum for the Head Start program. The Growing Great Kids Curriculum supports the development of the child through the growth of the Parent-Child Relationship. The focus is on building a secure attachment relationship and through that focus, growth in all other domains can be supported. GGK supports the attachment process by encouraging positive parent-child interactions with the use of strength-based language and strategies. This skill-driven curriculum provides the home visitors with research-based, strength-based, and

solution-focused “Home Visit Conversation Guides” for engaging parents, cultivating secure attachments, and bolstering child development, while building parenting, healthy families, and other essential life skills with parents who themselves may have experienced childhood adversity and other traumatic events. GGK builds Home Visitor competencies for: nurturing parental resiliency; advancing individual and family functioning; reducing a child’s exposure to toxic stress; nurturing parents’ problem-solving skills; strengthening the families’ support networks; and enabling parents to construct protective buffers around their children.

- iii. Growing Great Kids is a developmentally appropriate, research-based, early childhood home-visiting curriculum that aligns with the Head Start Early Learning Outcome Framework. The curriculum provides learning goals and activities that align with the Head Start Early Learning Outcomes Framework developmental domains of: (1) Approaches to Learning, (2) Social & Emotional Development, (3) Language & Literacy, (4) Cognition, and (5) Perceptual, Motor, & Physical Development. The content is grounded in a comprehensive body of research regarding current mental health, child development, and early brain development science. Content-rich and skill driven, the curriculum promotes child development and parenting goals outlined in the framework. Specifically designed to promote the

parent's role as his/her child's "developmental specialist", through effective learning experiences that support important early learning outcomes, the activities also encourage incorporating the family's traditions, culture, values, and beliefs. Through a conversation style approach, the curriculum supports all caregivers as they work to create a learning environment in the home that is safe, nurturing, responsive, and language and communication rich. Common household items are used to make sturdy, economical, creative toys that encourage parent-child interactions. The Child Development Milestone Charts embedded in the curriculum are based on what research indicates is a developmentally appropriate scope and sequence for early learning. The milestones charts help the parent and home visitor determine which activities best enrich their child's stage in development. The Home-Based program is using DRDP to assess the children's progress in the Early Learning Domains.

- iv. Curriculum Training: All Home Visitors receive the in depth, comprehensive, hands-on, 4-day training provided by Growing Great Kids, Inc. giving them Tier I certification. After using the curriculum for a period of time, staff complete the on-line enhanced training giving them Tier II certification. Through LEAP Head Start's Professional Development system and Comprehensive Case Management, Home-Based Supervisors monitor curriculum fidelity and continued skill



development of staff. These sessions (staff member with supervisor) are scheduled every six weeks. GGK provides a self-assessment tool that measures core Competencies for Effective Home Visiting. The competencies are discussed during professional development and plans are put in place to support skill development. Supervisors have online access to the Growing Kids Professional Development Academy's Great FIT (Fidelity Implementation Training). The T/TA budget includes a GGK training line item in place to train new staff as needed. LEAP Head Start/ Early Head Start also uses HOVRS (Home Visiting Observation and Rating Scale) as a mechanism for staff self-reflection, skill development, and monitoring. Home Visitors are observed three times a year and establish goals for their skill development. Peer shadowing or appropriate follow-up training is arranged through this process. Challenge: As the COVID-19 pandemic continues, curriculum training has been conducted virtually. Home visits are conducted in person if family is vaccinated and complies with health and safety protocols, outdoors if physical distancing is not possible indoors as long as confidentiality can be maintained. For families who are quarantined, Home Visitors are delivering lessons and materials as part of the GGK curriculum.

- v. Home Based Socializations are offered approximately twice a month. Socializations take place within each community, providing parents to

a variety of community resources and exposing the community to our wonderful program. All socializations are parent/child activities based on the Growing Great Families portion of the GGK curriculum. They have included: apple picking, library story time, touring a dairy farm, strawberry/blueberry picking, pumpkin hunting, exploring a local park, etc. Follow up “homework” is given to families following activities that are less conducive to “structured” conversations. HB families are also invited to all center-based parent activities many of which are parent-child oriented. Challenge: Due to the ongoing COVID-19 pandemic, the HB staff have adjusted how they facilitate socializations to maintain all participant’s health and safety. Small, socialization events are offered outdoors and in-person with specific protocols outlined to be followed. The program will continue to offer these socializations weather permitting and when safe to do so in our community. Socialization events for parents are also offered virtually in the form of parent meetings, guest speakers, and training topics. The grantee will continue to provide creative but safe opportunities for socialization during the pandemic.

**7. Health:**

(a) The Health Component staff is composed of a Health and Nutrition Coordinator, a Child Health Nurse, RN (also our consultant), and a Child Health Nurse, LPN. During the enrollment process, the Health staff review all required medical documentation.

These include: current physical, immunization record, dental/oral exam or screening. All Health data and screenings are tracked in the ChildPlus system. Any medical plans needed are also prepared at this time such as: documented allergies (food and otherwise), asthma plans, seizure plans, medication administration plans, etc. To insure a child's safe and healthy participation these plans are completed before the child begins attending a center-based classroom. For Home-Based, home visits may begin before these documents are complete and the Home Visitors work with the family to secure current medical check-ups and assessments within the 45-day parameter. The Health staff also review and document HB health information. When appropriate, medical plans are put into place for HB children as well. The Health staff are tasked with completing all sensory and growth screenings for each child. For vision we use a PlusOptiX screener, for hearing the ERO SCAN by Maico, and Pronto for hemoglobin. Parent permission is secured during enrollment process and parents are informed of the types of screenings that Head Start staff will be performing through the orientation process. Results are sent to parents within 24 hours of the screening. Should a referral be recommended the Health staff in partnership with the Family Advocate or Home Visitor will support the parent to follow-up with their pediatrician or a specialist and secure outside services if warranted.

- i. The Health status of all children is monitored via many internal systems. Classroom staff perform daily health checks. The Child Health Nurses run monthly reports from ChildPlus. These reports trigger events

that will be expiring, allowing the health staff time to work with the family to secure timely appointments. Through our Comprehensive Case Management system, each child is reviewed, concerns or observations are brought to the full team (education, family services, health, mental health, disabilities). Follow up plans are developed via the Full Team meeting and in conjunction with the parents. Communication with parents is constant and vital. All health information is protected, and all health decisions are made by the parent/guardian. No action or communication is made without parent/guardian permission and knowledge.

ii. Mental Health Services Update: Services are provided through a consultation agreement with the practice of Dr's. Osika & Scarano. Osika & Scarano provide a licensed MH staff counselor dedicated to Head Start/Early Head Start families. The counselor provides observations of children and mental health services provided on site or through telehealth services, as able. MH counselor participates in Case Management meetings and consults with program staff. The counselor works to connect families with long term mental health providers who can support the family beyond their time in the Head Start program. The program is adopting a trauma informed culture and the MH Counselor will assist leadership in providing training to staff on how to develop a trauma informed approach; helping staff to understand the effects that

trauma has on the brain and resulting behaviors. The program's Onboarding/Wellness Coordinator focuses on the program's goal of developing an onboarding approach that supports staff professional development and creates a network of support geared toward staff wellness. The Onboarding Coordinator provides training and staff wellness activities and opportunities for staff to self-care and develop healthy boundaries.

## **8. Family and Community Engagement**

- a. Strategies for Building Relationships: LEAP Head Start/ Early Head Start applies a comprehensive approach to all service areas. All staff play a role in building trusting and respectful relationships with families. From Transportation staff to the Director, the expectation is that families and children will receive a warm and sincere greeting. Regular communication is important and inherent as evidenced by weekly classroom newsletters, phone calls from Family Advocates and Home Visitors, a staff member personally greeting families at drop off and pick up times, quick and timely responses by administration to parent concerns, and regular sharing with parents of their child's developmental progress, as well as, challenges. Our centers are safe havens not only for the children but for parents as well. We gain their trust by respecting their role in running their family and raising their child. We work at fostering a partnership with them, understanding they may have had negative experiences elsewhere. Challenge: Due to the ongoing COVID-19 pandemic, the program has had less in person contacts with some of our families. We have all learned together how to utilize other means of

communicating and relationship building. During this time period, staff continue to communicate using Google Meets, ZOOM, phone calls, emailing and text messaging as well as in person, physically distanced meetings and conferences. Program Staff are gathering data on the number of enrolled families who have received the vaccine. Many families are not vaccinated and some refuse to comply with health protocols such as wearing a mask. This makes in person contacts more challenging. Despite this, the program continues to plan meetings and events to include the possibility for all to participate safely. We continue to educate families about the importance of the vaccine and its benefits. We understand that not everyone believes in vaccines, so in these situations, we develop individualized plans of service delivery and contact so we can maintain a relationship with the family and build trust and mutual respect.

b. Engagement Activities: L.E.A.P. Head Start/Early Head Start provides parents with a variety of activities to promote family engagement in the program. We offer: Parent Cafes with focused agenda or workshops, parent committee meetings, join-your-child activities, Father/Child events, as well as Parenting Classes (STEP). Parent Cafes are offered twice a month at all centers. The cafes are designed to be informal gatherings with a focus topic. Family Advocates guide the discussions. Topics include: subjects of interest from the parent survey, child development, school readiness, family outcomes, parents sharing a skill/ cultural tradition, literacy, presentations from community partners such as WIC, Public Health, Fidelis (health insurance), timely topics – school/home safety, disaster preparedness, and other topics unique to the site’s community. During the ongoing COVID pandemic, all of the Parent Cafés have been

hosted virtually. The Cafés are designed to act as a support group. In addition to the focus topic many of the parents have expressed that they like the format. Post-pandemic we plan to continue to offer the “Virtual Parent Cafés” as an option.

Father/Child activities are offered throughout the year. While this engagement activity is named “Father/Child,” our staff encourage any and all adults in the family unit to attend. We have found, however that a specific invitation to fathers/men encourages more participation from the male role model in the child’s life. Father/Child activities are offered throughout the year. These are activities based on a book or theme that has a quiet or listening time, a physical activity, and a project to make and take home.

While this parent engagement activity is named Father/Child, our staff encourage any and all adults in the family unit to attend. It is not limited to fathers; however, we have found the specific invite to fathers/men encourages more male role models in the child’s life to attend the activity. Program leadership staff are meeting regularly with our T/TA specialist to assist in developing strategies to engage parents more effectively and consistently. Parent engagement is an important component of our program and developing strategies that will engage parents is an ongoing effort. Parent Orientation is typically offered in groups or individually to best meet the needs of the families. The orientation provides a review of the Parent Handbook, the Family Partnership Agreement, an overview of our comprehensive case management system and their role in it, the importance of attendance, and the many ways they are welcome to participate in the program. During COVID, many of the parent orientations are conducted virtually or 1:1 in person and there is an emphasis on the program’s health and safety protocols.

New to the program is the development of a Diversity, Equity, Inclusion (DEI) Committee. This committee is composed of program staff and leaders. We are hoping to engage parent participation, as well. The purpose of the committee is to educate staff and families on the importance of recognizing differences, making sure that everyone is being treated fairly and has the same opportunity and that everyone feels welcome and are not excluded by policies, activities or implicit bias. Washington County is a culturally limited area; there is typically not a large number of bilingual families enrolled in the program. In our home visiting program we see the higher number of bi-lingual families. Bi-lingual Home Visitors are assigned to work with families so that services can be provided in the family's home language. Recently our program staff are engaged in an Immigrant Support Network which is funded through a state grant. This network provides training, education and resources available to immigrant families. This has been a wonderful opportunity to improve service delivery and resources to immigrant families in the area. Recently all of our enrollment forms were created in a Spanish version.

- c. Research-based Parenting Curriculum: There are no changes to the grantees research-based parenting curriculum. The S.T.E.P. (Systematic Training for Effective Parenting) curriculum was chosen based on the following: 1) materials are practical, easy to read and understand as well as universal in parenting scope, 2) the video clips are real and timeless examples of parenting challenges that we felt parents could relate to, 2a) clips are culturally diverse, 3) the curriculum is flexible enough to be used in small groups and individually, 4) the training for staff was reasonable both in time, distance, and cost, and 5) the cost of the materials was within our



budget, 6) the curriculum was included on the National Center on PFCE “Compendium of Parenting” list of acceptable curriculums. Family Advocates are trained S.T.E.P. instructors. They have working relationships with the parents which supports a safe and inviting environment for parents to participate in the parenting classes. Consecutive parenting class sessions are scheduled on an alternating basis amongst the five centers. Home Based families are invited to the site most convenient for them. The materials are also used for individual parenting support as Family Advocates work with families on their personal goals. During COVID-19, all parenting classes are conducted virtually.

d. Strategies for Parent Partnership Services:

- i. Family Assessment: Using a module from ChildPlus, L.E.A.P. Head Start/Early Head Start developed an assessment tool with questions designed to be less judgmental and more conducive to partnership. The Family Assessment employs a rating system and is completed via interview or conversations with the parent/guardian and the Family Advocate/Home Visitor. The assessment questions reflect the seven outcome areas of the PFCE Framework. The purpose of the Family Assessment is to determine and measure family outcomes. The goal of the interview/conversation is to begin building the parent-staff relationship. Strengths, interests, and concerns revealed during the conversation will guide the ways in which the parents and program staff can work together to achieve family goals and support the child’s appropriate development and school readiness. The Family Assessment is completed within the

first 90 days of entering the program and again 1-2 months before the end of the program year or completing the program. The ratings are entered in ChildPlus.

- ii. Tracking Progress: The initial assessment serves as a tool to determine what goals each family would like to work on in partnership with program staff while participating in the program. The second assessment serves as a tool to measure goal progress or reconsideration. Between assessment periods is when the real work happens. Family Advocates and Home Visitors invest in building a foundation of mutual trust and respect that encourages and supports families in reaching their goals. Staff help parents break down their larger goals into manageable steps. Staff connect families with partners and resources in the community. Home Visitors meet weekly with their families. Family Advocates have day to day contact with parents and structured conferences three times a year. Family goals are also supported through the Comprehensive Case Management system. All contacts, steps, and progress are tracked in ChildPlus within Family Services information and the outcomes tab. Celebrating the successes together, parents can believe in the partnership as their own expertise is brought to light and they feel the passion we share with them to provide a thriving future for their child and family.
- e. Community Partnerships: L.E.A.P. Head Start/Early Head Start benefits from strong and longtime community partners. Washington County WIC, Washington County Public Health, Cornell Cooperative Extension, Adirondack Health Institute, Department of Social Services all share in a desire to provide seamless services to our mutual clientele. Referrals for services are mutual. Informational training for staff is both topic and service-related; we need to

mutually understand each other's program. With consent, WIC shares Hgb results and Public Health provides lead screenings and education. We have a system for sharing dental exam data with Glens Falls Pediatric Dentistry and they offer dedicated appointments for high-need cases. The Glens Falls Hospital Dental van provides screenings on a limited schedule. Hudson Falls School District provides transportation for students who are enrolled in UPK and attend Head Start in one of double session classrooms. All school districts work collaboratively to facilitate smooth transitions to kindergarten and CPSE services. Challenges: All area agencies are challenged with staff turnover or shortages. We also are challenged with keeping our enrollment full. We need to make sure area organizations know who we are, who we serve, and what we do. To respond to those challenges, we are doubling our efforts to contact and meet face to face/virtually with agencies who serve foster children and homeless families. Meetings with the leaders of Berkshire Farms (foster care) and Social Services (homeless) as well as Waite House (homeless teen shelter). Constant re-education about the Head Start/Early Head Start program and exposure to the public is vital particularly during COVID when in person contacts are limited. It is important to continue to link families with partners who can provide supports and resources. These connections are scheduled on the annual calendar and are assigned tasks to dedicated groups of staff. This ensures that these outreach connections happen on an ongoing basis.

**9. Services for Children with Disabilities:**

- a. Ensuring Full Participation: Our program ensures children with disabilities can participate in program services and activities fully by implementing individual strategies to ensure they are successfully able to participate. Teaching teams communicate with

therapists, services providers, mental health consultant, and the disabilities manager regularly for consultation and to identify accommodations that can be made for every child to participate successfully in our program. We welcome and encourage therapists and services providers to treat children at our centers. We ask parents to sign releases so we can communicate regularly with them to carry over any strategies to the classroom. We attend initial eligibility, annual review, review, and transition meetings with LEA to be informed about the child's needs and what we can do to support children receiving services. Our program purchases materials and equipment necessary for the child to fully participate as well. Protocols and procedures are established and implemented in response to the ongoing COVID-19 pandemic. The procedures and protocols ensure that children with disabilities are able to participate in services fully and that services outlined in their IFSP or IEP continue to happen. Itinerant therapists provide in person therapies to children in the classroom. All therapists follow health protocols. All newly enrolled children have a developmental screening.

b. Individualization: We ensure the individualized needs of children with disabilities are met by discussing and establishing goals with the family and with the LEA. We use DRDP to assess and monitor a child's progress and, we outline individual goals for a children and collect data. We use this data to determine the success of our plans and if we are meeting the child's needs. This helps us to determine if our goals need to be adjusted and what accommodations can be made to help that child succeed. At the initial home visit, home based visitors and teaching teams work with the parent to establish goals for their children. These goals become an integral part of the child's

individual plan. We collaborate with parents by meeting with them regularly, having conversations with them about their child's progress and create new goals if appropriate. We also discuss with parents the types of strategies that are successful at home and if we can implement in the classroom. If a child is determined to need further evaluation, we review the screening with the family, outline the process, offer support and assistance in any way they may need. Our Family Advocates and the Disabilities Manager are available to answer any questions, discuss anything further, attend meetings, and transport families to evaluation appointments and meetings with the LEA. Response to a Challenge: Due to the ongoing COVID-19 pandemic, there have been some impacts to scheduling and completion of evaluations. Most agencies are completing evaluations in person but there are some who are still using telehealth. The disabilities manager and family advocate work together to arrange for virtual evaluations to happen at the center if families do not have the internet or technological equipment to do this at home. LEA agencies who are conducting evaluations in person have the opportunity to complete the evaluation at our center. The disabilities manager and family advocate continue to make these arrangements as well. The Disabilities Manager presents training on screenings, the referral process, and IEP/IFSPs throughout the year at Parent Cafés. This is available for all parents to participate in. We coordinate and collaborate with the local agency by communicating regularly, sharing data, and requesting meetings when necessary. We communicate on a regular basis with therapists and service providers regarding individual child's goals and recommended strategies. Established protocols allow

therapists and service providers to treat children safely in-person at the center despite the current level of transmission in our area.

## **10. Transition**

a. Strategies to Transition to/from EHS: There are no changes to our transition practices. Every child enrolled in LEAP Early Head Start is scheduled for a Transition Planning Meeting which takes place at the Full Team Meeting closest to the date when a child turns 30 months or 2.5 yrs. If the date that the child reaches 30 months falls after March 30, the Transition Planning Meeting will occur at the April Full Team Meeting. During the Transition Planning Meeting, the Family Support Team/HB Case Management team will complete the Early Head Start Transition Plan when transitioning a child from the Early Head Start Program to the Head Start Program, or to another program in the community. The Family Advocate/Home Visitor schedules a meeting with the parent at a time soon after the Transition Planning Meeting. Additional support staff may be invited if appropriate. Transition steps will be discussed with the parent. If the parent wishes for their child to transition to Head Start, a new eligibility is completed. The transition plan will include opportunities for the parent/child to visit the preschool room; spending time in the classroom during various parts of the day. The parent is given the opportunity to visit the preschool room in-person however, due to covid-19 the parent is introduced to the classroom virtually through a Google Meets meeting or the Google Classroom. If the child has a diagnosed disability, a transition evaluation from Early Intervention to the CPSE must be scheduled. If eligible, the child is placed on the waiting list for Head Start enrollment.

The child is accepted into Head Start, and a classroom or Home Visitor is assigned. A transition meeting between the EHS teacher and the new HS teacher/home visitor will take place. The EHS teacher will complete a Child's Transition Snapshot to share pertinent information regarding eating habits, rest time needs, interactions with other children and adults and other information to help support the transition. The family receives an acceptance letter which outlines the information which must be in place for child to begin, including a current physical form and up to date immunizations. A Health Plan must be in place, if appropriate. A new Family Profile must be completed. The child's ChildPlus file will be reassigned so the child is transferred from EHS to HS. Applicable Health Plans must be reviewed and discussed with the new team of staff, this must be completed a minimum of three program days prior to the child's entry. The new classroom team will conduct a 1st Home Visit. The child enters Head Start. During this time, all transition meetings are held virtually.

b. Children transitioning from Head Start to kindergarten engage in planned activities throughout the school year wherein the lessons and daily routine progressively adapts to support children in developing school readiness skills that will ease their transition and help them succeed. Throughout the year, with parental releases, Head Start and School District staff communicate about children participating in both HS and Pre-K programs. HS staff and parents attend CPSE to CSE transition meetings. Disability Manager works closely with all local school district CPSE/CSE staff to support the needs of the child. Teachers/Home Visitors introduce books and stories about kindergarten and will discuss what happens in kindergarten. Teachers/Home

Visitors will provide developmentally appropriate lessons/activities to strengthen/develop school readiness skills. Teachers, HV and FA will visit the local districts with children and parents. The visit may include the kindergarten classroom, library, cafeteria, gym, nurse's office, and playground. School district teachers and other staff are invited to visit the Head Start classrooms during the district's round up/transition season. These visits will take place using a virtual platform or with socially distant protocols in place, depending upon current COVID infection rates in the area. Head Start staff communicate with parents the importance of being positive about the child's new adventure. Resources are shared regarding the importance of establishing a routine at home with regular meals, homework time, family time, and bed time. Head Start CB staff provide parents with an end of the year report card which can be shared with the kindergarten staff.

c. When children transition to other programs, the Family Advocate will, with permission from the parent, share medical and educational records with the new program. Family Advocates will offer transportation to assist families in visiting the new program prior to a decision being made. Teachers and Home Visitors, with parental permission, will share pertinent information with the staff in the new program to ease the child's transition.

## **11.Services to Enrolled Pregnant Women**

a. Access to Ongoing Care: Pregnant Women are enrolled in the LEAP Early Head Start Home-Based program. Upon acceptance the enrollment process begins



immediately. During the enrollment process the Home Visitors determine if the pregnant women have a source of ongoing prenatal care. If she does not, that becomes a priority goal. In partnership with the Home Visitor and health staff, provider options are shared with the pregnant women. Pregnant women receive supports and assistance with establishing communication with the provider of her choice, obtaining transportation to appointments using community resources, and help with referrals and consents. All these actions, as well as the final determination of a continuous health care provider, are tracked in the ChildPlus system. All regular prenatal visits are supported, monitored by the Home Visitor and tracked by the Health Staff. Our health care partners, such as Hudson Headwaters Health Care Network, Women's Care, local OB/GYN practices, Fidelis and other insurance navigators, are eager and ready to provide services. We enjoy strong and active partnerships with WIC, Early Intervention, Public Health, and Community Maternity Services. Referrals are mutually exchanged, and services supported.

b. Pre and Postnatal Education: The Growing Great Kids Curriculum begins with prenatal education. Fetal development information covers every trimester in detail. The importance of maternal nutrition, the risks associated with alcohol and drug abuse, stress reduction and mental wellness are individual units. The curriculum transitions beautifully with no gaps right into postpartum recovery, infant care, safe sleep practices, and postpartum depression signals. We have an entire unit in our prenatal curriculum entitled Prenatal Attachments for Moms and Dads." This includes information on becoming a father, becoming a winning family team, a driver's course

for dads. Once the baby is born, the pregnant women's enrollment status becomes completed and the baby is enrolled as a child. A postnatal visit is arranged with Public Health nurses or completed by our staff. The Edinburgh Post Natal Depression screening is administered, and appropriate referrals are made if indicated.

c. Because pregnant women are served in our Home-Based program, it is quite natural that relevant family members are included in the home visits. Therefore, receiving all the information relating to healthy pre-natal and postpartum maternal care as well as infant care, health and development. The Home Visitor facilitates seamless transitions from Pregnant Woman to Early Head Start child to Head Start child if still eligible, through our Comprehensive Case Management system. The program will be participating in training on the Bridge Model, this institute will focus on how to help our Early Head Start (EHS) program increase our ERSEA efforts and to develop family and community partnerships strategies and approaches that support making progress toward positive outcomes for pregnant moms, their babies, and families.

## **5. Transportation**

a. Level of need: There is a high level of need for transportation in certain parts of Washington County. This is a very rural county, with widely dispersed populations. There is no county-wide public transportation system. The Greater Glens Falls Transit (GGFT) public bus system has a single route through the villages of Fort Edward and Hudson Falls to the city of Glens Falls. This route only travels State Route 4, through these two towns. There are two bus stops within a two-block radius of the Head Start centers in Hudson Falls. This transportation, however, is not feasible for most families

due to the walking distance from the bus stop to the center during the winter months. Some side streets become impassable for walkers when snow amounts increase to 4 inches and above. In our service area, snow fall begins mid-November, and accumulates through the winter, with thaw late March to mid-April. This means that there may be snow and ice on the ground for that entire period. Often temperatures drop to 0 degrees fahrenheit and below for several weeks, accompanied by directives from Public Safety to minimize exposure outside. Of those who rent homes, 15% have no access to a vehicle as opposed to those who own their own homes (3%). The town of Whitehall has as many as 25% of households without any access to vehicles or public transportation. In Granville since we are now located in the public school, we have noticed that many of our families are providing transportation for their child to school.

- b. Assisting Families in Accessing Transportation: L.E.A.P. meets this need by providing bus transportation to children living in the Hudson Falls and Whitehall areas. In order to control costs to our most populated centers in Hudson Falls, we have partnered with the Hudson Falls School district who provides transportation for the children we share with the pre-k program. Prior to the pandemic, the Hudson Falls School District also provided transportation to eligible 4-year-old children living inside the Hudson Falls School District who attended the full day Head Start Center. This was suspended to avoid crossing pods with children who were also being transported to the public school. We are anticipating that this collaboration will resume once the county COVID levels are lower. We provide transportation for

families in need of medical appointments and through case management, find transportation for other needs through other available resources. Meeting the transportation needs of all the families is an ongoing challenge. Transportation is very expensive. The NYS Department of Transportation has rigid standards regarding bus inspections and safety. While these inspections are important for the safety of the children, it is very expensive and often buses are in need of costly and time consuming repairs. This can impact the program's ability to provide consistent transportation. Hiring staff who have a Commercial Driver's License (CDL) or who are willing to go through the training to be licensed, is extremely difficult. The program often finds itself in competition with school districts who are also looking for CDL Bus Drivers and who can pay more and provide better benefits. Recently, two aging buses were removed from our fleet. The grantee is in the process of purchasing two new buses with ARP funds this will allow us to more consistently provide transportation when a bus is being serviced. Challenge due to Pandemic: Transportation provided in-house is being provided to families in Hudson Falls, Fort Edward and Whitehall based on need. The grantee is only transporting 14 children on each bus. All health protocols and sanitation guidelines are followed on buses. Children may only be seated with another child if that child is their sibling. All children receiving bus transportation are enrolled into the same classroom. Keeping groups of children contained to a "pod," assists the program in reducing cross exposure.

## **Sub-Section C: Governance, Organizational and Management Structures**

### **1. Governance-**

#### **Structure**

- a. Members of the L.E.A.P Board providing Fiscal, Legal and Early Childhood expertise:
  - i. Fiscal Management or Accounting: Ben Bishop.
  - ii. Experience in Early Childhood Education: Robert Dingman; Tammy DeLorme; and Diane Cantiello. Pregnant Women and Early Childhood Development: Susan Hughes.
  - iii. Licensed Attorney, familiar with program governance issues on the governing body: Jeffrey Meyer, Esq. For any other legal concerns, L.E.A.P. maintains a professional legal firm on retainer: Bartlett, Pontiff, Stuart and Rhodes, PLLC with offices located in Glens Falls, NY.
- b. Governing Body Membership Representing Community: L.E.A.P. is a Community Action Agency, and therefore has a tripartite board consisting of one-third members from the public sector (elected public officials or their designee); one-third members from low-income sector; and one-third from the private sector (major groups and interests in the community). The board is dynamic in that it represents all possible groups that make up Washington County. We have members that represent Veterans; an Early Intervention Coordinator, a member that represents youth and displaced youth; a Town Supervisor; a Director of Human Resources for a large grocery chain and the Commissioner of Social Services serving as board member; which is very appropriate considering the strong

partnership we have with Washington County in serving the population of Washington County.

- c. Composition of Policy Council : (per Bylaws approved 3/2019) The Policy Council shall be made up of at least 51% parents or legal guardians of a presently enrolled Head Start/Early Head Start child/children; plus representatives from the community. Number of Policy Council representatives are outlined as follows per center:  
  
Cambridge– 1; Dix Avenue– 1; Granville– 1; River Street– 2; Whitehall– 1; Home Based Program (and pregnant mothers)- 1. Additional Policy Council positions are open to any interested parent or guardian from any center. Community Representatives are typically representative of public or private community/civic agencies that have a concern for children and low income families. We have 1 Community Representatives on Policy Council who works at Community Maternity Services. Parents serving on the Council represent Center-based and Home-based option with children receiving Head Start and Early Head Start services.

### **Governing Body Processes**

- a. Key Processes to Ensure Oversight: The governing body meets eleven times annually. A monthly report is provided to the board members via a Board Portal on our agency's website; the board receives monthly comprehensive reports from all program service areas. Information in the reports include ongoing monitoring reports from all components of the Head Start program, data on school readiness (3 times annually at the close of every assessment checkpoint); results of internal CLASS assessments; monthly meal and snack counts as reported for CACFP; monthly financial statements;

credit card expenditures; attendance for Head Start and Early Head Start center based programs and for Home Based programs. The Board and Policy Council utilize these data reports to assist them in oversight and decision making.

- b. The Board and Policy Council Advisory Committee: The board has a standing advisory committee for the Head Start program. This advisory committee meets quarterly, or more if needed, and works closely with the Policy Council to move business items from the Council to the Board of Directors. The Chairperson from the Policy Council sits on this advisory committee. They also have a seat on the board (as per agency and policy council bylaws). Program management and policy council work monthly on items governing program. Some items requiring joint approval: Head Start Self-Assessment, Community Assessment, Annual Report, Head Start policies and procedures governing personnel, Head Start budget and all grant applications, selection points criteria. These are worked on in Policy Council meetings or other workshops throughout the year. When the final draft is ready, policy council and program management will bring the items to the Board Committee for review, and recommendation of action to the full board. The Board practice is to hear the recommendation from the advisory committee and policy council prior to taking any action. The board does not act without recommendation from these two committees.

This ensures and protects the commitment to joint governance.

- c. Policy Council receives the same program information as the Board, with more detail. Each service area in Head Start provides an “on-going monitoring” monthly data and progress report. Each report is reviewed in person by the Director with Policy Council at

the monthly policy council meeting. Key data points are highlighted by the Director to ensure that all members understand the data and have what they need to guide their decisions. The policy council then submits their decisions to the Board of Directors in a report from the Policy Council Chairperson to the Board in monthly meetings.

- d. & e. Parent Committee Communications: Meetings are held monthly at each center. They are parent driven but facilitated by family advocates. Policy council reps from the centers participate in these meetings, so information flows: from parents/ staff to policy council to program administration then to the Board of Directors.

Challenge: Board of Directors, Policy Council and Committee meetings are all being conducted virtually during as the pandemic continues to impact the county. Internet access can be challenging for some parents and in these cases they phone into the meeting. All reports are mailed to PC members; the Board members receive access to the monthly program reports uploaded to the Board portal on the website.

**Relationships:**

- a. Orientation: New board members orientation happens in joint combination with the Board Chairperson and Executive Director. Board bylaws, joint governance procedures, the role of Policy Council and program management, fund development responsibilities are discussed as well as, information history on Community Action and Head Start.
- Training for the advisory committee is done by the policy council chairperson and the Head Start Director. This training is more specific to the Head Start program and highlights the annual action items requiring board approval, and the procedures surrounding this. Orientation for the Policy Council is done in the first meeting after the



election of the council (at the start of the program year- July). Joint governance in explained and reviewed. The first written information packet, with all data, is reviewed and explained. The Finance Director also does a Head Start budget training which explains source of funding, and the major categories in the grant.

- b. Conflict of Interest: There is a Conflict of Interest Policy for Directors, Officers, Senior Management, and other staff as determined by the Executive Director in coordination with the Board of Directors. There are no changes to the Conflict of Interest Policy ensuring the governing body members do not have conflict of interest with the Head Start/Early Head Start program or other partners/vendors.

- c. Joint Decision Making: Items of business go to both bodies. There are two members from the Policy Council that sit on the Board of Directors: The Policy Council Chairperson, and another Policy Council member; both are elected by the members of the Policy Council to be representative members on the Board of Directors. Policy Council has a standing agenda item on the “Board Agenda,” where discussion happens when needed. This structure is supported in the Bylaws for the Governing Board and the Policy Council.

## **2. Human Resources Management**

- a. Organizational Chart: Please refer to the Documents tab for a copy of the Organizational Structure.
- b. Criminal Background Checks: When new staff have been selected for a position, the hiring manager alerts the Human Resources Manager. A meeting is arranged between the HR Manager and the candidate; the paperwork process for the criminal

background check begins at this meeting. All pertinent forms for submission to the proper agencies are completed and an appointment is scheduled for fingerprinting. The Human Resources Manager enters all the required information into the State system and waits for the results of all background checks. If the candidate has successfully met the conditions, they are then offered the position, and a start date is determined. The Human Resources department keeps track of background checks and clearances and does not give a start date until all conditions for hire have been met.

- c. Orientation: Update: Onboarding processes begin at the time a vacant position is posted. The program's Onboarding Coordinator has revised all advertisement postings for positions, developed new interview questions for each position type and candidate interview packets are provided during interviews. Hiring procedures are revised and all hiring staff are trained. All new hires will receive a two-week training plan where the employee is oriented to the agency, program, and position. These orientations are facilitated by the HR Manager, the Onboarding Coordinator and the supervisor. The first day includes all hiring paperwork, including tax forms, enrollment in health insurance and 401(k) plans, and review of the Employee Handbook (personnel policy) and the Employee On-line Time Management system (PayChex TLO). Staff watch and review all required training videos. Additionally new staff meet with component area leaders to learn about each service area to develop an understanding of the comprehensiveness and interdisciplinary nature of all the Head Start services. Supervisor training then commences with topics focused

on: “Arrival and Departure Procedures” (Active Supervision of children); HS Performance Standards; Policies and Procedures; Creative Curriculum/ DRDP; ChildPlus; Teacher’s Guidebook (outlining classroom plans, lesson plans, scheduling, active supervision, playground safety, etc.); HS Program Calendar; Case Management Protocol; ERSEA; Parent Engagement; in-kind (what it is and how to document); CACFP rules and guidelines; disabilities/ CPSE; health and nutrition; mental health; Day Care Licensing; Tour of ECKLC. Depending on the position, a new employee will then shadow a seasoned staff member in the current position. New teachers work with the Education Coordinator and Practice-Based Coach in and out of the classroom over a period of several weeks. Their training is closely supervised by the Education Coordinator. Only when both parties are satisfied with the progress of the new teacher, does the teacher move from “orientation/ new hire” to regular professional development. All new teachers are also strongly encouraged to work with the Practice Based Coach for a period of 6 months or as determined by the new teacher and coach.

- d. Professional Development: L.E.A.P. has a professional development system and policy which ensures that all staff receive regular, professionally supported, development on an ongoing basis which includes periodic and annual evaluation. All staff evaluate themselves and compare their assessments with those of their supervisor in a face to face meeting. Individual professional development meetings focus on work performance, feedback and skill development for the employee’s current job. Supervisors and staff create a Professional Development plan which is

included on the Personnel tab in ChildPlus. Professional Development plans are updated and training decisions are based on the needs of staff. The administrative team identifies training needs, and hires/schedules training opportunities for staff. These identified trainings are outlined in the training plan (please see the documents tab in HSES for the comprehensive training plan and budget).

- e. Practice-Based Coaching: This is being implemented using the Practice-Based Coaching model. Staff complete a self-assessment to identify areas of improvement. Staff may be identified by their supervisor. Constructive and supportive conversations and plans are put in place to develop staff skills and proficiency. We have also implemented a “Teacher Support Group” to provide teachers opportunities to share successes and resources to assist one another. These sessions are scheduled throughout the year. Teachers have the chance to learn from one another. Our PBC also provides guidance and support for assisting teachers in developing “Behavior Intervention Plans.” The Coach provides modeling and instruction on how to implement and teach positive social skills and intervene with strategies before behaviors accelerate. The DECA and Pyramid model are used to provide behavioral plans for children in need.

### **3. Program Management and Quality Improvement**

- a. Program System for Oversight and Correction: Managing the program requires a system of communication with all stakeholders (children, families, staff, governing bodies, community partners) and an accurate accounting of the services and all regulatory requirements. ChildPlus manages all program systems for enrolled

families and staff. Accurate data is essential to oversee enrollment, recruitment, eligibility, waiting lists, child and family services, education/assessment, health/screenings, disabilities and services, mental health, staff professional development, staff training records, staff education qualifications, center/classroom/playground safety inspections, etc. These program services and components are all tracked in ChildPlus. The program has and will continue to invest in rigorous training to ensure that staff are trained on how to use ChildPlus. The CP database provides program administrators with the ability to review and examine data reports and service deliveries. The program has a system of scheduled multi-disciplinary and component specific meetings and trainings to ensure that there is an ongoing system in place to communicate. System focused meetings are pre-scheduled on the Program Annual Calendar.

- b. Management Process for Ensuring Ongoing oversight and Improvement: Monthly meetings of all service area coordinators and managers occur to analyze program data. Trends are examined; this guides any mid-course corrections that need to be made. Data provides guided focus to areas that are identified as needing more in depth assessment. This is how focus areas are identified for the program Self – Assessment. Active Supervision and Arrival Departure Procedures training happens bi-monthly with daily random observations to ensure these procedures are being implemented. Program goals and objectives are reviewed twice per year to evaluate progress and develop new and/or updated plans. Action plans are also reviewed monthly. The administrative team meets at the end of each year, to review data,

systems and self-assessment results. Improvement plans are summarized and included in the self-assessment report. Board and Policy Council participate in this process. Oversight for the education, health and safety components happens on a regular basis. Health, education and safety data is included in the monthly data review. Comprehensive Case management occurs twice per month to ensure all school readiness and individual goals are reviewed and discussed. Education staff and Health/Safety staff each meet every month for training, communication about systems and to implement improvement plans identified during ongoing monitoring meetings. Education staff also meet regularly to review notes from informal observations, CLASS scores, DRDP Child Assessment Data, child screening data, and school readiness goals to ensure that all classrooms are providing the components necessary as per the school readiness plan. Health staff meet quarterly to review all child and staff incident reports; noting any trends and improvement plans needed to be addressed at component or center meetings.

c. Management Process and Systems for Continuous Program Improvement: There are no new systems. The program administrative team meets monthly to review data. Results of data analysis is carried into professional development in the form of training and individual meetings. For teachers, student assessments are reviewed; lesson plans are examined and observed in action. Training or coaching is provided to ensure that school readiness activities are planned and implemented with fidelity. Any new data, trends, information is discussed with staff during individual meetings, and group trainings. Annually the management team meets to assemble a program

calendar. The calendar ensures that the required number of planned class operating days and hours are scheduled. Staff professional development days (when children are not present) are scheduled for large-group/component-specific staff training (as identified in the T/TA plan). Individual professional development meetings are scheduled every 6-weeks. All service area component meetings and trainings are scheduled. Management ensures that coverage for classrooms is planned with qualified substitutes. Training needs are planned for in the T/TA plan and supported by the T/TA budget. It is the culture and expectation of the program to follow the schedule as much as possible.

## **Section II. Budget and Budget Justification Narrative**