



ADMINISTRATION FOR
CHILDREN & FAMILIES

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Program Performance Summary Report

To: Authorizing Official/Board Chairperson

Ms. Cheryl Bradley

Child Inc.

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From: Responsible HHS Official

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Dr. Deborah Bergeron

Director, Office of Head Start

From April 6, 2020 to April 10, 2020, the Administration for Children and Families (ACF) conducted a Focus Area One (FA1) monitoring review of the Child Inc. Head Start and Early Head Start programs. This report contains information about the grantee's performance and compliance with the requirements of the Head Start Program Performance Standards (HSPPS) or Public Law 110-134, Improving Head Start for School Readiness Act of 2007.

The Office of Head Start (OHS) would like to thank your governing body, policy council, parents, and staff for their engagement in the review process. The FA1 review allows the OHS to understand how programs are progressing in providing services in the 5-year grant cycle. The report includes the performance measures used to understand grantee progress towards program goals. You can use this report to identify where your program was able to describe progress toward implementing program services that promote quality outcomes for children and families. Please contact your Regional Office for guidance should you have any questions or concerns. Your Regional Office will follow up on the content of this report and can work with you to identify resources to support your program's continuous improvement.

DISTRIBUTION OF THE REPORT

Mr. Kenneth Gilbert, Regional Program Manager

Mr. Albert Black, Chief Executive Officer/Executive Director

Mr. Patrick Sanders, Head Start Director

Mr. Patrick Sanders, Early Head Start Director

Glossary of Terms

Opportunity for Continuous Improvement (OCI)	An OCI is identified when the grantee is determined compliant in an area; however, through intentional, continuous improvement strategies, the agency has the opportunity to enhance overall program quality.
Area of Concern (AOC)	An area for which the agency needs to improve performance. These issues should be discussed with the grantee's Regional Office of Head Start for possible technical assistance.
Area of Noncompliance (ANC)	An area for which the agency is out of compliance with Federal requirements (including but not limited to the Head Start Act or one or more of the regulations) in one or more areas of performance. This status requires a written timeline of correction and possible technical assistance or guidance from the grantee's program specialist. If not corrected within the specified timeline, this status becomes a deficiency.
Deficiency	<p>As defined in the Head Start Act, the term "deficiency" means:</p> <p>(A) a systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</p> <ul style="list-style-type: none"> (i) a threat to the health, safety, or civil rights of children or staff; (ii) a denial to parents of the exercise of their full roles and responsibilities related to program operations; (iii) a failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management; (iv) the misuse of funds received under this subchapter; (v) loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or (vi) failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified; <p>(B) systemic or material failure of the governing body of an agency to fully exercise its legal and fiduciary responsibilities; or</p> <p>(C) an unresolved area of noncompliance.</p>



Program Design and Management

Program Design

The grantee's program design and structure takes into account community strengths and needs.

Program Management

The grantee has an approach for providing effective management and oversight of all program areas and fiduciary responsibilities.

Program Governance

The grantee maintains a formal structure for program governance that includes a governing body, a policy council (or policy committee for delegates), and parent committees.

Program Design and Management Summary

Child Inc.'s Community Assessment informed the program's structure and design. Data from Travis County, City of Austin, and Success by Six provided additional community information. The City of Austin, an urban area facing gentrification, resulted in homeless and transient families being unable to find affordable houses. In response, the program partnered with homeless shelters and the City of Austin to obtain referrals for families experiencing homelessness. Community data indicated the need to improve services for the increased number of Spanish-speaking families. Fifty percent of enrolled families spoke Spanish. As a result, the program placed a bilingual teaching staff in every classroom and assigned a Spanish-speaking Family Advocate to the families. Child, Inc. continued to ensure the community needs influenced program decision-making. Program options included center-based Head Start, Early Head Start, and Early Head Start home-based. The program also partnered with three independent school districts to extend Head Start options throughout the city and county. These partnerships provided flexibility in the location of slots in the Austin Independent School District due to the transient population. As the community changed, the program was able to move classrooms to the school campus. The program partnered with American Youth Works, a two-generation program, to provide Early Head Start services to parents obtaining their General Equivalency Diploma (GED) or vocational skills. Child, Inc. continued to use community data to guide program design and infrastructure.

The program also had an approach to providing effective management and oversight of all program areas. Program goals emerged from the 5-year strategic plan. Action steps detailed timelines and the responsible party for the work to monitor and track goal progress. Continuous monitoring identified program strengths, trends, and challenges. For example, the Quality Assurance Manager (QAM) monitored and tracked accidents in each center. The data indicated Early Head Start reported more accidents. However, the QAM identified one site reported 10 accidents, while another reported zero. An assessment of data identified a lack of safety practices and improper documentation of incidents. This data review resulted in training on safety policies and procedures for all staff, including the importance of accurate documentation.

Lastly, the program maintained a formal structure for governance that included the Board of Directors, a policy council, and Parent Committees. The Board included an attorney, two early childhood educators, a financial professional, a Human Resources professional, and community members. During monthly Board meetings, a review of program data from each content area provided evidence in identifying strengths, areas of improvement, and resources for the program. For example, as the program began searching for a new location, a Board representative collaborated with the program staff to acquire a building in a low-income neighborhood. Parents from each program site were elected to the policy council. The policy council meetings addressed parent concerns and needs. For example, the policy council identified a concern with traffic during arrival and departure at one of the centers. The program partnered with the police department to provide suggestions on the flow of traffic; as a result, traffic was redirected during pick-ups and drop-offs. The Board of Directors and the policy council were able to participate in the program decision-making due to intentional annual training and monthly reporting. Annual training covered the Head Start Program Performance Standards roles and responsibilities, by-laws, Robert Rules of Order, organizational structure, program governance, and financial reporting. Monthly meetings included a review of data such as enrollment, attendance, Child and Adult Care Food Program (CACFP), credit card expenses, finance committee (financial report), child outcomes, family goals, and health services. The program, in collaboration with the Board and the policy council, persistently focused on the needs of the community by fostering a program-wide accountability structure. Ongoing monitoring, program management, and governance ensured effective practices to meet program goals and Federal regulations.



Designing Quality Education and Child Development Program Services

Alignment with School Readiness

The grantee's approach to school readiness aligns with the expectations of receiving schools, the Head Start Early Learning Outcomes Framework (HSELOF), and state early learning standards.

Effective and Intentional Teaching Practices

The grantee has strategies to ensure teaching practices promote progress toward school readiness.

Supporting Teachers in Promoting School Readiness

The grantee has an approach for ensuring teachers are prepared to implement the curriculum and support children's progress toward school readiness.

Home-based Program Services

The grantee has strategies to ensure home-based program services help parents to provide high-quality learning experiences.

Designing Quality Education and Child Development Program Services Summary

Child Inc. described its approach to school readiness aligned with the expectations of receiving schools, the Head Start Early Learning Outcomes Framework (HSELOF), and the Texas early learning standards. The program partnered with the Del Valle Independent School District and the Manor School District to learn of their expectations and to improve transitions. A school readiness committee reviewed all the documents to ensure they aligned. The program developed a school readiness document to show the alignment between the receiving schools, HSELOF, and the Texas early learning standards. This process included an ongoing review and revision of school readiness goals based on child assessment data, classroom monitoring, and staff data for continuous program improvement. Transition planning began when parents completed their application. Family Advocates had discussions with parents about their education plans once the child turned 3 years old. When a child turned 30 months, the Family Advocate contacted the family to schedule a transition meeting with all staff working with that child. A transition plan was developed to include a timeline for action items such as submitting a new Head Start application, visiting the new classroom, meeting the teacher, sharing child outcomes, and participating in classroom activities in the new setting. Transition activities for children entering kindergarten began in the spring. Activities included children and parent visits to the receiving school, participating in meal activities like carrying trays and opening milk, and developing the children's self-help skills. The program focused on ensuring a smooth transition. To accomplish this, it partnered with neighborhood school personnel to attend parent meetings to inform parents about kindergarten expectations. In addition to collaborating in transition activities, the Creative Curriculum aligned with the receiving schools' curriculum. The curriculum was responsive to the needs of children and allowed teachers to individualize instructional support. This collaborative approach to transitions prepared children for their new educational setting. The concerted effort of education alignment included staffing meetings for children with an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). The Disabilities Manager spot-checked lesson plans to ensure IEP and IFSP goals were implemented. School staff and teachers worked together to ensure the child received continuous services and a smooth transition.

The program implemented strategies to ensure teaching practices promoted progress toward school readiness. The Education Manager trained teachers on how to use data. Throughout the year, the review of classroom profiles and checkpoints ensured data improved children's growth and development. To provide teachers with individualized support, Practice-Based Coaching was implemented. The six coaches worked with all programs. Classroom Assessment Scoring System (CLASS) data was used to place teachers in a rank: high, high-medium, medium, low-medium, and low. The level of coaching was dependent on teacher ranking. The coaches conducted a needs assessment with the teachers and developed an action plan to guide coaching sessions. Mentor Coaches met with assigned teachers and conducted classroom observations using video recordings. As a result of the programs focus on effective teaching strategies and school readiness, 13 Head Start centers and 1 partnering site received a National Association for the Education of Young Children accreditation. Additionally, the program continued its work toward teacher professional development during the state's stay-at-home order during the COVID-19 pandemic. Coaching continued through virtual sessions. Subscriptions to My Teachstone were purchased, and coaches assigned training videos to teachers based on their individual plans and scheduled a debrief to discuss how to connect the strategies to the classroom.

The program had strategies to ensure home-based services helped parents to provide high-quality learning experiences. Home visitors completed the Ages and Stages Questionnaire-3 developmental screener and the Teaching Strategies GOLD development assessment during the first home visit. The home visitors reviewed the data with the parent and mapped out an individualized learning plan. Home visitors modeled activities using materials found at home. The program's approach to providing high-quality educational services was evident through ongoing monitoring, effective teaching practices, and support for teaching staff.



Designing Quality Health Program Services

Child Health Status and Care

The grantee has an approach for ensuring the delivery of high-quality health services.

Safety Practices

The grantee implements a process for monitoring and maintaining healthy and safe environments and ensuring all staff have complete background checks.

Designing Quality Health Program Services Summary

The program had an approach to ensuring the delivery of high-quality health services. Once a family was accepted in the program, the health, family services, and ERSEA staff collaborated on notifying the family of their acceptance and detailing all health requirements, such as the child's health history, immunization, and insurance. The health team and Family Advocates contacted parents who did not have the required health documentation and provided resources and support to obtain the necessary information. Health insurance resources included MAPS, Superior Health, and Texas Medicaid. The health team scheduled clinics for hearing and vision screening within the first 45 days. The University of Texas Nursing School and American Youth Works collaborated with the health team to assist in screening all enrolled children within the first 45 days of enrollment. As a result, the program completed all screenings by the 35th day this year. For dental requirements, the State Department of Oral Health provided in-house dental exams within the first 3 to 4 months of school. The program partnered with Lonestar, Access Dental, and My Dental to become dental homes for families. Family Advocates used the ChildPlus to-do list to set reminders for 30 days before 30-, 45-, and 90-day deadlines. Daily monitoring ensured health requirement compliance and identified professional development needs for Family Advocates. High-quality health services were maintained as a result of the health team's collaborative approach with all content areas.

The program expanded its vision for the Health Services Advisory Committee by renaming it to the Community Advisory Council (CAC) to attract more than health representatives and to be more comprehensive. The CAC included the Director of Pediatrics, parents (including dads), the Management Team, Salvation Army, a professor from the University of Texas Department of Education, and a representative from the mental health clinic. The CAC worked with the Health Manager who requested feedback on how to work with doctors in the area regarding adding blood pressure readings on the physical form. The CAC was able to inform community agencies about Head Start requirements for children's physical records. The networking efforts of the CAC developed an awareness of the importance of adding blood pressure data to children's physical exam forms.

The program employed a licensed mental health professional, the Mental Health Manager. The mental health team worked closely with the education team to support the implementation of the Second Steps curriculum and the Pyramid Model for Social Emotional Competence in Infants and Young Children. Parents completed the Ages and Stages Questionnaire: Social-Emotional (ASQ: SE). The ASQ online and ChildPlus health databases tracked children's progress. For targeted children, the Mental Health Consultant followed up with a child observation and parent conference to determine the needs of the children. An individualized plan supported the children in the school. The Vida clinics provided on-site therapy for children and families in the partner sites.

The program had strategies for maintaining healthy and safe environments. Teachers completed daily classroom health and safety checklists. The playgrounds were checked before children arrived at the center and throughout the day. The facilities department received requests for repairs and prioritized repairs based on the level of safety concerns. The program trained all staff on the required topics and agency safety policies during the annual in-service. Additional strategies included staff, vendors, and contractors signing a standard of conduct and pledging to uphold the expectations. All staff was checked for criminal history, child abuse, and sex offender status before starting with the agency. Child, Inc. ensured the learning environment was healthy and safe for all children.



Designing Quality Family and Community Engagement Services

Family Well-being

The grantee has an approach for collaborating with families to support family well-being.

Strengthening Parenting and Parent-Child Supports

The grantee has an approach for providing services that strengthen parenting skills.

Designing Quality Family and Community Engagement Services Summary

The program had an approach for collaborating with families to support family well-being. Family goal-setting began at enrollment. A Family Advocate facilitated a family needs assessment (FNA) with the parents to identify their strengths and needs. Each FNA received a score between one and three. A score of three signified a thriving family, a two meant stable, and one suggested the family needed support. The Family Advocate used ChildPlus to monitor and track family goals through action steps, including follow-up dates. The program provided services for pregnant women by implementing the Partners for a Healthy Baby curriculum. Catholic Charities sponsored weekly parent training based on the Parent, Family, and Community Engagement (PFCE) Framework. The pregnant women received a car seat for participating. Data obtained from the FNA informed the PFCE Manager of family needs, which drove community partnerships and resources. Aunt Berta and the Austin Voices were used in acquiring resources for the parents, such as diapers, English as a Second Language and GED classes, and Medicaid. A resource guide was created to provide immediate access for the Family Advocate to share with families. The program fostered a culture of nutritional wellness. With this in mind, Child, Inc. partnered with Brighter Bites to provide fresh fruits and vegetables with healthy recipes every Thursday. The program provided comprehensive resources to support family well-being.

Child, Inc. provided various opportunities for parents to improve their parenting skills. One opportunity included participating in the ReadyRosie parenting curriculum workshops. Teachers used the curriculum to share weekly individualized activities. During parent meetings, the Family Advocate used the ReadyRosie parent training to provide financial literacy, early learning for children, health, healthy eating, well-being, and transition. Another opportunity was a partnership with America Youth Works. With a two-generational approach to learning, parents attended vocational classes while children attend the Head Start program. A collaboration with Safe Alliance provided parent education and Science, Technology, Engineering, and Math activities for children. When the parent participated in the parent education with Safe Alliance, they received a year's admission to the Thinkery. Child, Inc. engaged families to promote children's learning and development.



Developing Effective Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Strategies and Fiscal Infrastructure

Eligibility, Recruitment, Selection, Enrollment, and Attendance

The grantee enrolls children or pregnant women who are categorically eligible or who meet defined income-eligibility requirements.

At least 10% of the grantee's total funded enrollment is filled by children eligible for services under IDEA or the grantee has received a waiver.

Enrollment Verification

The grantee maintains and tracks full enrollment.

Fiscal Infrastructure, Capacity, and Responsiveness

The grantee's fiscal staff have the qualifications needed to provide oversight of the grant.

The grantee has a budget development and revision process that includes stakeholders and appropriate approvals, and ensures continuous alignment with program design, goals, and objectives.

Developing Effective Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Strategies and Fiscal Infrastructure Summary

The program enrolled children or pregnant women who were categorically eligible or who met the defined income-eligibility requirements. Children and pregnant women followed the same eligibility process. The Family Advocates, home visitors, ERSEA Manager, and Eligibility Specialist verified age, income, address, and determined the category in which the families would be eligible. All eligibility interviews took place in person. Documentation included W-2, pay stubs, self-declaration, taxes, Supplemental Security Income (SSI), Temporary Assistance for Needy Families, or a foster care letter. A two-step verification process ensured all families enrolled met the eligibility requirements. An additional strategy to ensure compliance included the quality assurance team conducting a 20 percent review of eligibility files beginning in the fall and throughout the year. ChildPlus was used to maintain ERSEA data and monitor compliance. The selection criteria assigned points to families based on data from the Community Assessment and community partners, such as education, size, disabilities, homelessness, foster care, SSI, age, and income. The ERSEA team selected and revised the criteria annually with approval by the policy council and the Board. The program's ERSEA process ensured eligible families received services.

The program maintained and tracked full enrollment for all participants. The ERSEA Manager received attendance for all classrooms by 9:30 a.m. every day. Within hours, the Family Advocate or center Manager contacted the family to determine why the child did not attend school. If the family did not respond, the Family Advocate reached out to the person on the emergency card or conducted a home visit. After exhausting these strategies, a certified letter was sent to the family informing them of a deadline to contact them or the slot would be determined vacant. After 10 consecutive days of absence, the slot was deemed vacant. Once the ERSEA Manager received an email notification of a child's or pregnant woman's withdrawal, they were removed from the enrollment and terminated in ChildPlus. The program received a waiver for the requirement to provide services for 10 percent of children identified with a disability. Two factors were identified as challenges in meeting this requirement. One was the lengthy evaluation process with the Local Education Agency. The other barrier was the children enrolled in the partnership were required to have 3 months of intervention before they could be considered for a formal individual evaluation. The program worked to improve agency procedures by improving parent knowledge about disabilities, focused recruitment, and identifying additional community agencies to provide services. The program maintained ERSEA compliance through ongoing monitoring and training.

The program had systems to ensure financial oversight of Head Start and Early Head Start funds. The program was a single-purpose organization. All funds were allocated for the sole purpose of operating Head Start and Early Head Start programs. Additional funding sources included the CACFP, United Way, City of Austin block grant for Early Head Start, and Travis County supplemental funding. The program used the Abila MIP funding accounting software system to track and support its finances. Although the Chief Financial Officer (CFO) position had been vacant since November 2019, the program fiscal staff

had the qualifications needed to provide oversight of the grant. The Controller stepped into the CFOs role until the hiring of a CFO. The Controller ensured compliance of the Federal government and regulations through the submission of quarterly reports of program enrollment and performance. The program described how its budget development process began 2 months before the refunding date. The Head Start Director met with the content area Managers to discuss the program needs and ensured all goals of the strategic plan were in the budget. For example, a program goal explained the need to recruit, develop, and retain qualified staff. In essence, the Training and Technical Assistance budget set aside funds for Child Development Associate credential certifications, tuition, CLASS video subscriptions, and conferences. A monthly review of financial worksheets identified the over and underspending of funds. If funds went over the projected budget, the Head Start Director and Controller investigated to determine where the issues were. The program policy for budget revision included the Head Start Director and Controller determining availability from the core fund. If funds were not in the core fund, the budget revision process began. The process involved discussing the need with the policy council and the Board of Directors for approval. Effective collaboration among program leadership and the governing board ensured active budget development, implementation, and oversight.

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