



District of Columbia
Office of the State Superintendent of Education

**Early Head Start-Child Care
Partnership
(EHS-CCP) Grant
Annual Report
Program Year 2017-2018**



Table of Contents

INTRODUCTION	3
SECTION I: PROGRAM YEAR 2017-2018 BUDGET	6
SUB-SECTION A: TOTAL AMOUNT OF FUNDS AND SOURCES	6
SUB-SECTION B: EXPLANATION OF BUDGETARY EXPENDITURES AND PROPOSED BUDGET	6
SUB-SECTION C: MOST RECENT FINANCIAL AUDIT	8
SECTION II: QIN PARTICIPATION	8
SUB-SECTION A: CHILDREN AND FAMILIES SERVED	8
SUB-SECTION B: CHILD HEALTH.....	12
SUB-SECTION C: INFORMATION RELATED TO PARENT INVOLVEMENT ACTIVITIES	16
SUB-SECTION D: THE AGENCY'S EFFORTS TO PREPARE CHILDREN FOR KINDERGARTEN	21
APPENDIX A: FACILITY IMPROVEMENTS	26
APPENDIX B: 2017 FINANCIAL AUDIT.....	29

INTRODUCTION

As required by the Head Start Act (section 644(a)(2)), the Office of the State Superintendent of Education (OSSE) is responsible for making a public annual report for each program year as an Early Head Start-Child Care Partnership (EHS-CCP) grantee. This annual report covers Sept. 1, 2017-Aug. 31, 2018, also known as program year 2017-2018. OSSE is the state education agency for the District of Columbia (DC) and is charged with raising the quality of education for all DC residents. OSSE is DC's lead agency for the Child Care and Development Block Grant (CCDBG), Part C and Part B of the Individuals with Disabilities Education Act (IDEA), the Head Start State Collaboration Office (HSSCO) and the EHS-CCP grant.

OSSE leveraged the EHS-CCP opportunity to develop a neighborhood-based Quality Improvement Network (QIN) to improve and expand the quality of infant and toddler care in DC. Serving children in wards 1, 2, 4, 5, 6, 7 and 8, the QIN included three hubs during the 2017-2018 program year: United Planning Organization (UPO), CentroNía and Mary's Center. UPO and CentroNía supported a network of 14 federally funded child development centers in addition to three centers that were funded through a public-private partnership with the Bainum Family Foundation. Through local funds, Mary's Center supported a network of 14 child development homes. The hubs provide continuous, intensive and comprehensive child development and family support services. The hubs also provide coaching, professional development, coordination and technical assistance to help child care partners meet Early Head Start (EHS) standards. OSSE is maximizing the impact of the QIN by leveraging local, federal and public-private funding to increase the number of children birth to age 3 served in EHS quality settings by 1,000 in the 2018-2019 program year. The QIN is supported by an interagency

steering committee comprised of DC agencies that serve young children and families. OSSE developed this annual report as part of the EHS-CCP grant requirements.

OSSE's program model continues to promote the continuity of care approach. All 14 of the federally funded EHS-CCP child development centers, the three public-private partnership-funded child development centers and the 14 locally-funded child development homes offer a full-day (no less than 10 hours) and full-year (no less than 48 weeks) model. Infants and toddlers remain with the same teachers throughout the duration of their care whenever possible. Classroom materials and furniture are adjusted to meet the developmental needs of specific children in the classroom. As children exit the program, the EHS slots are filled with newly-enrolled children. Table 1 provides a list of the federally-funded programs participating in the QIN in program year 2017-2018.

Table 1: QIN Participating Providers

Child Care Partner (CCP)	Year 2 EHS-CCP Slots	Year 3 EHS-CCP Slots	Year 4 EHS-CCP Slots	Year 5 EHS-CCP Slots	Days of Operation	Hours of Operation
1. Jubilee Jumpstart	16	10	10	10	Monday–Friday	7:30 a.m.–6 p.m.
2. Big Mama's Children Center	12	12	12	12	Monday–Friday	6:30 a.m.–6 p.m.
3. Lt. Joseph P. Kennedy Institute Child Development Center (CDC)	16	14	14	14	Monday–Friday	7 a.m.–6 p.m.
4. Community Educational Research Group	12	12	12	8	Monday–Friday	6:30 a.m.–6 p.m.
5. Christian Tabernacle Church of God Inc. Day Care Center 1	8	8	8	8	Monday–Friday	6 a.m.–6 p.m.

Child Care Partner (CCP)	Year 2 EHS-CCP Slots	Year 3 EHS-CCP Slots	Year 4 EHS-CCP Slots	Year 5 EHS-CCP Slots	Days of Operation	Hours of Operation
6. Christian Tabernacle Church of God Inc. Day Care Center 3	0	6	6	8	Monday–Friday	6 a.m.–6 p.m.
7. Love and Care Child Development Center Inc.	12	12	12	12	Monday–Friday	7 a.m.–6 p.m.
8. Loving Care Day Nursery Inc. # 2	30	24	24	28	Monday–Friday	7 a.m.–6 p.m.
9. Board of Child Care	11	11	11	11	Monday–Friday	7 a.m.–6 p.m.
10. GAP Community Child Care Center Inc.	20	16	16	12	Monday–Friday	7 a.m.–6 p.m.
11. Southeast Children’s Fund CDC I	21	21	21	21	Monday–Friday	7 a.m.–6 p.m.
12. Southeast Children Fund CDC II	21	24	24	24	Monday–Friday	7 a.m.–6 p.m.
13. Bell Teen Parent and Child Development Center	21	14	14	16	Monday–Friday	7 a.m.–5 p.m.
14. Sunshine Early Learning Center	0	16	16	16	Monday–Friday	7 a.m.–6 p.m.
Total	200	200	200	200		

In addition to the 200 federally funded EHS-CCP slots in the child development centers, OSSE provides funding to support 200 additional low-income children in these CDCs. Additionally, OSSE provides funding for approximately 92 low-income infants and toddlers who are served through the QIN in child development homes and an additional 94 infants and toddlers in CDCs funded through a public-private partnership. Therefore, the QIN impacts approximately 580 children across the District. Table 2 provides information on children served through QIN in years two through five.

Table 2: QIN Slots by Year

Provider Type	Year 2	Year 3	Year 4	Year 5
Centers–EHS Eligible	200	200	200	200
Centers–Low-Income	200	200	200	200
Centers–Low-Income, Public-Private Partnership	0	0	94*	94
Homes–EHS Eligible and Low-Income	40	70	70	92
Total	440	470	564	586

*Beginning May 1, 2018

SECTION I: Program Year 2017-2018 Budget

SUB-SECTION A: Total amount of funds and sources

In program year 2017-2018, the total federal funds received was \$1,259,319, which was comprised of the grant award amount of \$956,204 and a program year 2016-2017 carryover of \$303,115. The total amount of local funds received was \$1,800,000. Sub-section B provides an explanation of budgetary expenditures and the proposed budget for program year 2017-2018.

SUB-SECTION B: Explanation of budgetary expenditures and proposed budget

Federal funds for OSSE were budgeted for salaries and fringe benefits. Federal funds for the hubs were budgeted as contractual costs to be issued under the agreements OSSE has in place with the hubs. Within the budgets of each hub, contractual funds were budgeted as salaries and fringe benefits, other costs (e.g., teacher stipends), indirect cost for operations and contractual costs for training and technical assistance.

Local funds for the hubs were budgeted for salaries and benefits, contractual services, supplies and materials, fixed property costs and other objects. Budgetary expenditures for program year 2017-2018 federal funds totaled \$1,194,449 and were spent in the approved categories. Budgetary expenditures for program year 2017-2018 local funds totaled \$1,787,691

and were spent in the approved categories. Table 3 outlines the proposed budget for program year 2017-2018.

Table 3: Program Year 2017-2018 Proposed Budget

Grantee	Federal Share Operations (Stipends, some coaches and staff)	Federal Share Operations Plus Cost of Living Allowance (COLA)	Federal Share Training and Technical Assistance (TTA) (Ongoing training in curriculum and assessments for teachers and coaches)	Local Funds Share (Salaries and fringe benefits, consultants, contracts, equipment, travel, supplies, rent, other direct costs)	Non-Federal Share (20% of the grant amount)	Total Budget with Non-Federal Share
OSSE	\$139,817	\$141,215	--	--	--	\$141,215
CentroNía	\$422,034	\$426,254	\$12,100	\$900,000	\$127,166	\$1,465,520
UPO	\$362,413	\$366,037	\$10,598	\$900,000	\$111,885	\$1,388,520
Total	\$924,264	\$933,506	\$22,698	\$1,800,000	\$239,051	\$2,995,255

Table 4 outlines spending upon the end of program year 2017-2018, which ended on Aug. 31, 2018. A request for carryover was submitted for the unused federal funds to be spent in program year 2018-2019. Using the carryover budget during program year 2017-2018, QIN hubs evaluated each CCP facility and identified numerous facility upgrades. Funds were used for new playground flooring, playground fences, exterior perimeter fences, exterior painting, doors, bathroom renovations and the replacement of classroom cabinetry. Please see Appendix A for examples of the work completed using carryover funds.

SUB-SECTION C: Most recent financial audit

As required, the most recent financial audit for DC federally funded programs is included in Appendix B (as a link). It is from program year 2016-2017.

Table 4: Program Year 2017-2018 Expenditures

Type of Expenditure	FY18 Federal Funds	FY17 Carryover Funds	FY18 Local Funds	Total Funds
Budgeted	\$956,204	\$303,115	\$1,800,000	\$3,059,319
Expenditure	\$891,334	\$303,115	\$1,787,691	\$2,982,140
Balance	\$64,870	\$0	\$12,309*	\$77,179

*Local funds are not carried over.

SECTION II: QIN Participation

SUB-SECTION A: Children and families served

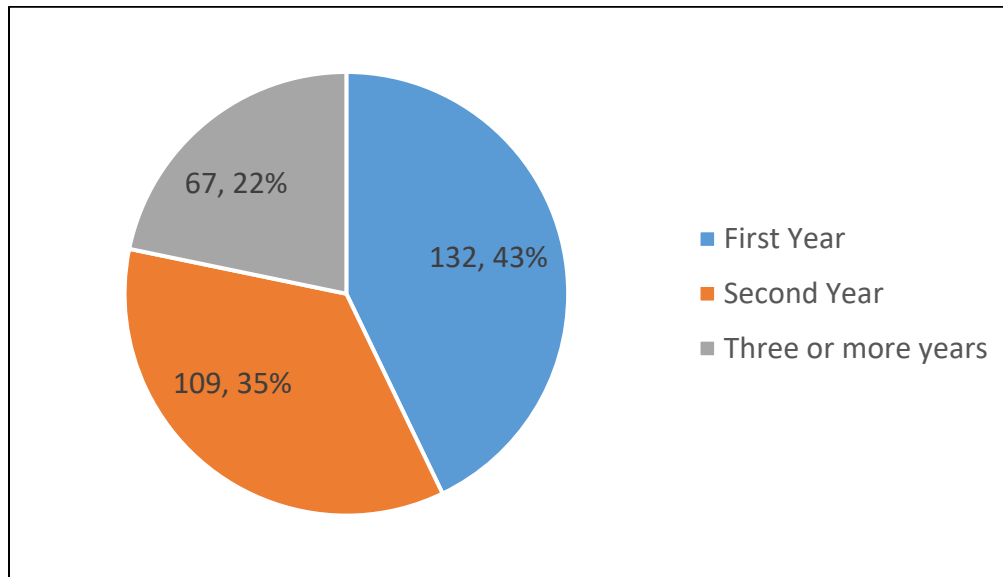
OSSE funds 200 QIN slots with federal funds. The cumulative enrollment for children served in program year 2017-2018 was 308. The total number of families served in program year 2017-2018 was 267. The average enrollment of children per month, as a percentage of total funded enrollment, for program year 2017-2018 was 100 percent. Table 5 contains information on the number of children enrolled by type of eligibility. Figure 1 includes information on how long the children enrolled in program year 2017-2018 had been enrolled in the QIN.

Table 5: Number of Children Enrolled in QIN Facilities by Type of Eligibility

Type of Eligibility	Number of Children Enrolled
Income below 100 percent of federal poverty line	114
Receipt of public assistance such as Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI)	158
Status as a foster child	8
Status as homeless	24
Over income	3

Type of Eligibility	Number of Children Enrolled
Exceeding the allowed over income enrollment	1
Total	308

Figure 1: Percentage of Children Enrolled in the QIN, by Number of Years Enrolled (n=308)



The majority of children served came from single-parent homes at the time of enrollment. Figure 2 shows the number of families served by whether there were one or two parents in the family at time of enrollment. Families in which no parent is employed comprised more than half of the population served (see Figure 3). There is also a significant number of families receiving assistance through programs such as: Temporary Assistance for Needy Families (TANF); Women, Infants and Children (WIC); Supplemental Nutrition Assistance Program (SNAP); and Supplemental Security Income (SSI). Figure 4 shows the cumulative enrollment of children by eligibility type. Details on the types of federal assistance that families are receiving are available in Figure 5.

The physical, nutritional, mental and oral health needs of children are priorities. Figures 6 and 7 show the number of children enrolled by the types of health services and health insurance coverage they are receiving.

Figure 2: Number of Families Served by Type of Family at Enrollment (n=267)

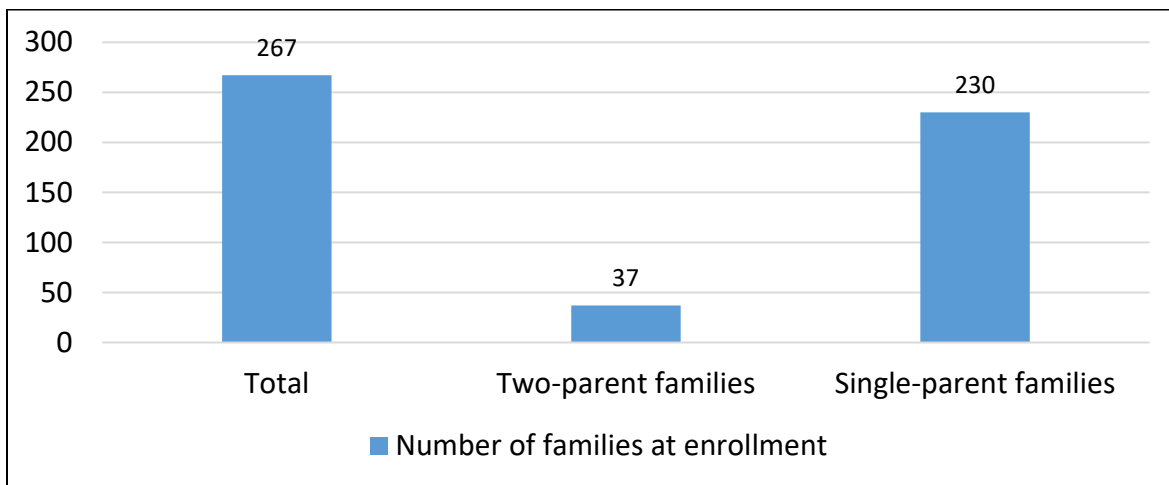


Figure 3: Number of Families Served by Number of Parents Employed at Enrollment (n=267)

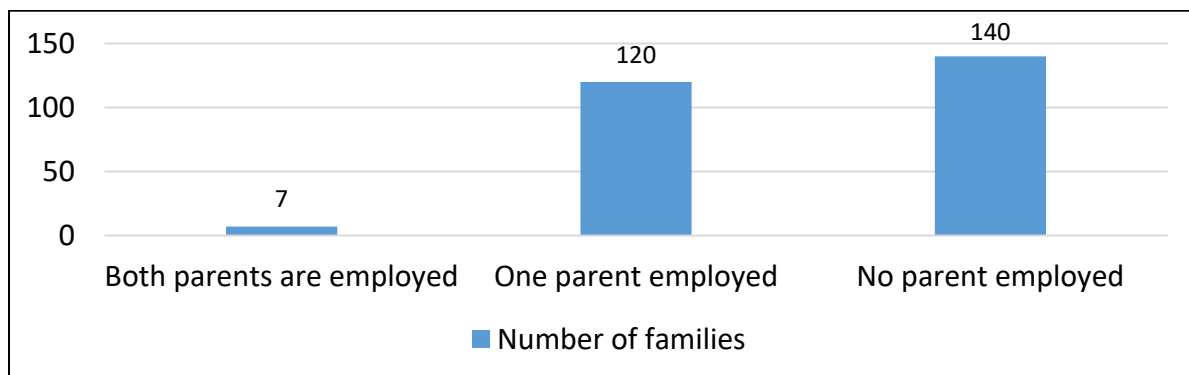


Figure 4: Cumulative Enrollment of Children by Eligibility Type (n=308)

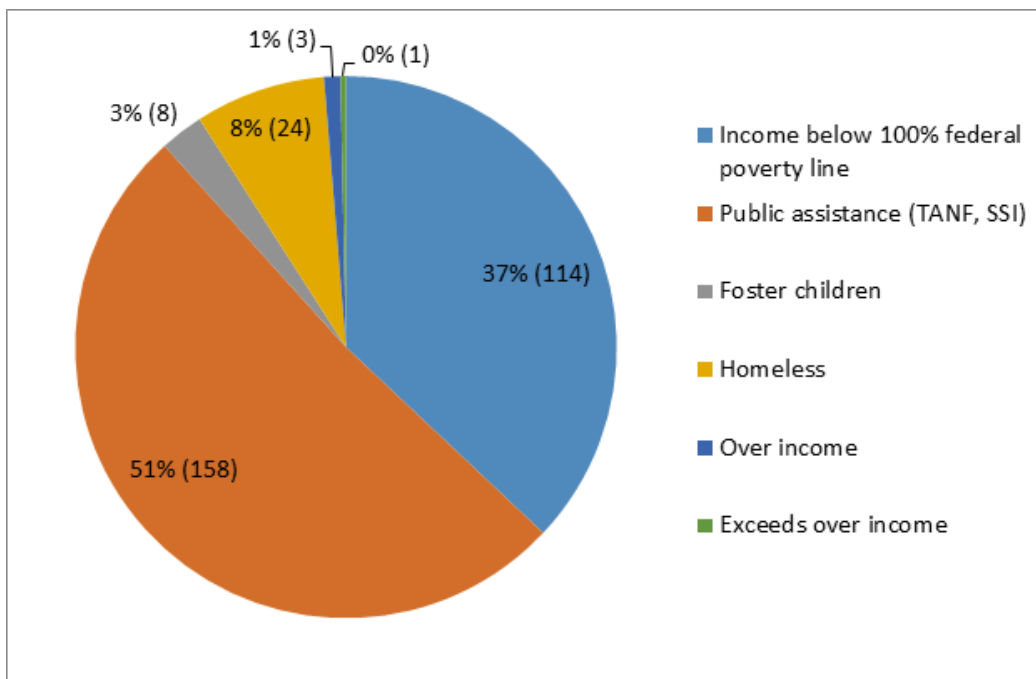


Figure 5: Number of Families by Type of Federal or Other Assistance Received (n=267)

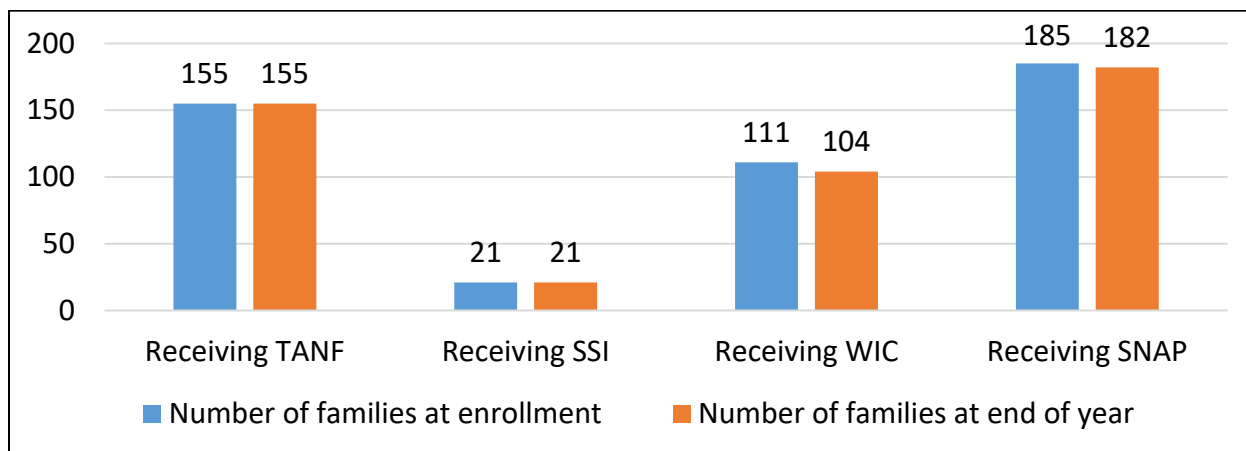


Figure 6: Number of Children Enrolled by Type of Health Services Received (n=308)

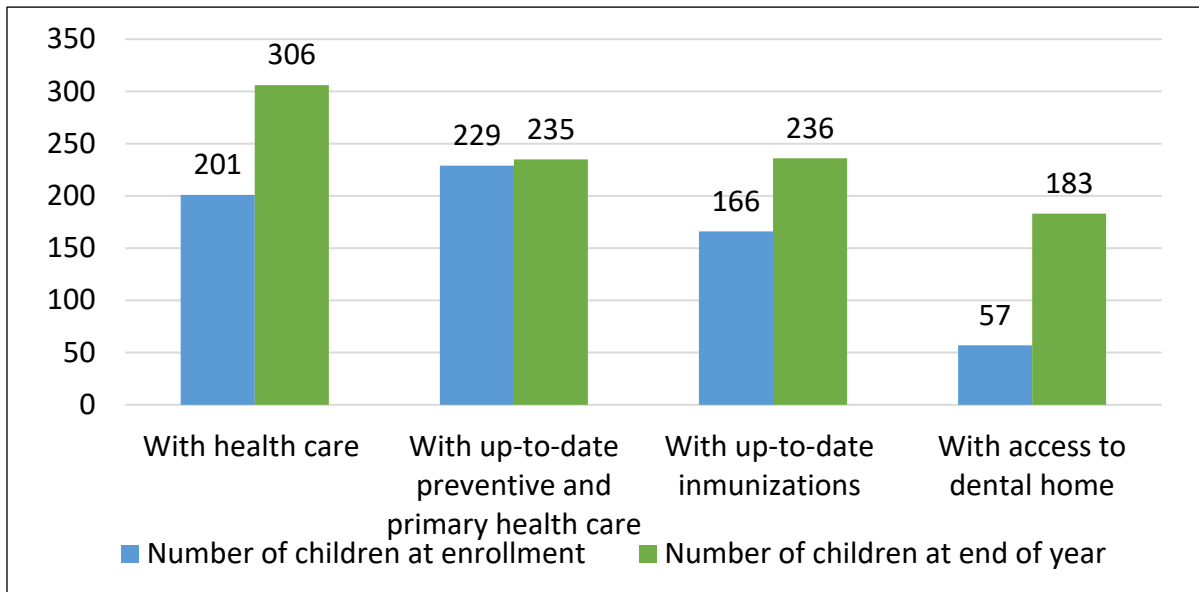
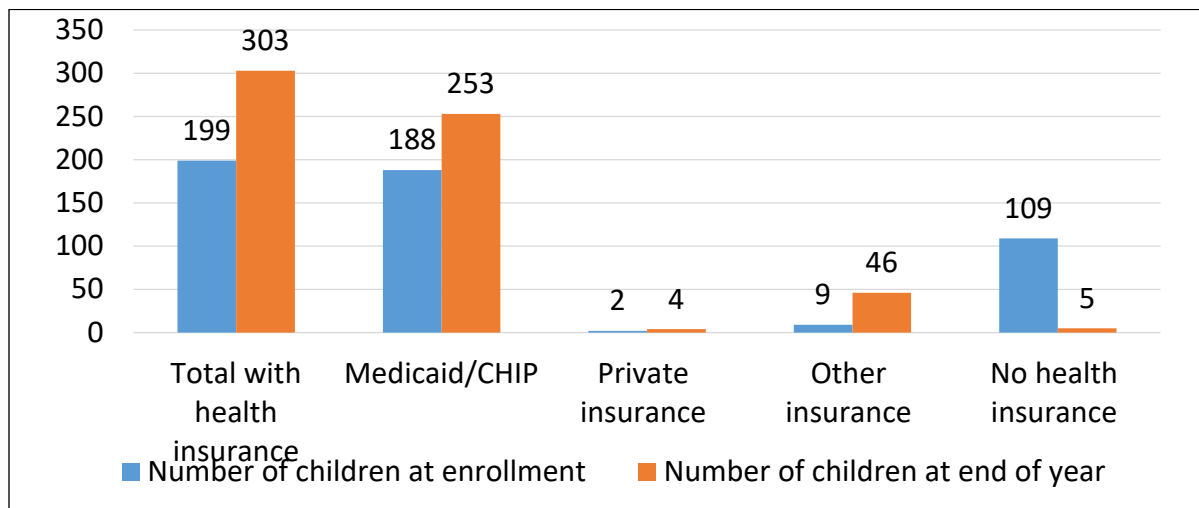


Figure 7: Number of Children Enrolled with Health Insurance by Type of Health Insurance (n=308)



SUB-SECTION B: Child Health

As mentioned, the physical, nutritional, mental and oral health needs of children are priorities. Listed below are the ongoing activities that the hubs have implemented to ensure the needs of the children are being met.

- Assessing the current methods of service delivery at CCPs to identify gaps in delivery of comprehensive services.
- Monitoring and analyzing health data to identify trends and training needs for staff and families.
- Monitoring to ensure that children receive all needed services, including vision services, hearing services, developmental screenings and dental care.
 - Currently, children’s health screenings are a required form for enrollment in any licensed DC child care facility. In an effort to support all families, family engagement specialists (FESs) and health staff monitor and review children’s health certificates and other health information to identify potential health issues. They support parents in obtaining appropriate referrals and follow-up care to include timely well-child visits; developmental, sensory and behavioral screenings; and immunizations.
- Coordinating with the Department of Behavioral Health (DBH) to provide mental health resources to every CCP.
 - DBH continues to provide mental health consultations to every CCP to ensure the implementation of activities around mental health related to prevention, identification, referral and treatment. They also continue to consult onsite with staff and parents to address behavioral concerns and provide targeted help with individual children and families. If the mental health staff determines that parents or children need ongoing mental health care, they are referred to community-based mental health agencies and the FES will monitor to ensure the services are received in a timely and appropriate manner.

- Providing comprehensive multidisciplinary developmental evaluations through Strong Start, the DC Early Intervention Program (DC EIP).
 - The Head Start Program Performance Standards (HSPPS) require that all children receive a developmental screening within 45 days of enrollment in a CCP.
- Developmental screenings are the responsibility of the CCP. The teacher and the parent jointly administer the Ages and Stages Questionnaire (ASQ). The CCPs obtain consent from parents to refer or re-screen as needed, and referrals and re-screenings are monitored and tracked by staff designated by the hubs. Once eligibility is determined and the family gives consent to participate in DC EIP, the infant-toddler disability coordinator supports the teacher in meeting the developmental goals in the child's individualized family service plan (IFSP).
- Ensuring that children are referred to DC EIP in a timely matter.
 - The hubs' infant and toddler disability coordinators work with DC EIP to ensure that children are referred in a timely manner and support communications with families as needed. Infants and toddlers who score in the "at-risk" category on either the ASQ or ASQ: Social-Emotional are referred to DC EIP for a comprehensive multidisciplinary developmental evaluation. The coaches and the hub education and infant-toddler disabilities coordinators track referrals to early intervention, special education, early childhood mental health and other therapeutic services. For children not found eligible for IDEA Part C and for families who decline to participate in Part C services, the hubs offer wrap-around supports, linkages and referrals to

other community programs that support child development (e.g., home visiting programs, playgroups, the Hannen Program, etc.).

- Coordinating services with relevant DC agencies to support families' other needs.
 - In addition, through the interagency steering committee, the hub agencies coordinate services with DC agencies—such as the Department of Human Services (DHS), DBH, the Department of Health Care Finance (DHCF) and DC Health—which can support families in achieving their goals in areas such as employment training, self-sufficiency, mental health and substance abuse treatment. The QIN works with programs in the public and private sectors to ensure families are utilizing District resources and families are connected to the resources they need. For example, Help Me Grow through DC Health, Healthy Futures through DBH, Strong Start – DC's early intervention program, Early Stages and DC Child Care Connections have all presented to the policy council and actively work to support the efforts of the QIN. There is a coordinated effort to deliver information to ease the burden for children and families.
- Ensuring that children and families have access to medical and dental services.
 - The following information is a breakdown of the medical and dental participation for program year 2017-2018, as found in Figure 6.
 1. At the end of enrollment, 98 percent (303 children) had health insurance, an increase of 104 children from the number of children at the time of enrollment. This is an increase from the previous year when 96 percent of children at health insurance at the end of enrollment.

2. At the end of enrollment, the percentage of children up-to-date on preventative health screenings for program year 2017-2018 was 76 percent. This is an increase from the previous year when 58 percent of children were up-to-date on preventative health screenings at the end of enrollment.
3. The percentage of children up-to-date on preventative dental screenings was 53 percent at the end of enrollment. This is a decrease of children with up-to-date preventative oral health care from the previous year when 54 percent of children were up-to-date at the end of enrollment.
4. Fifty-nine percent of participating children had access to continuous dental care at the end of enrollment. This is an increase from the previous year when 54 children had continuous access to dental care at the end of enrollment.

SUB-SECTION C: Information related to parent involvement activities

Although hub family engagement provides assistance to all families, the FES supports families receiving TANF in achieving the goals outlined in their individual responsibility plan which include goals, career interests and the steps needed to achieve self-sufficiency. Hubs have assigned FES to work with each family with enrolled children in developing a family partnership agreement, which includes a family action plan. The family partnership agreement identifies goals and aspirations for the family and the child, in the classroom, home and community that are achieved through an information-sharing, goal-oriented relationship, using community supports and resources. If a family identifies a need for mental health support, the FES will refer the family to the mental health staff providing support at the CCPs. The FES will then work with the family to determine the appropriate mental health supports and, if needed,

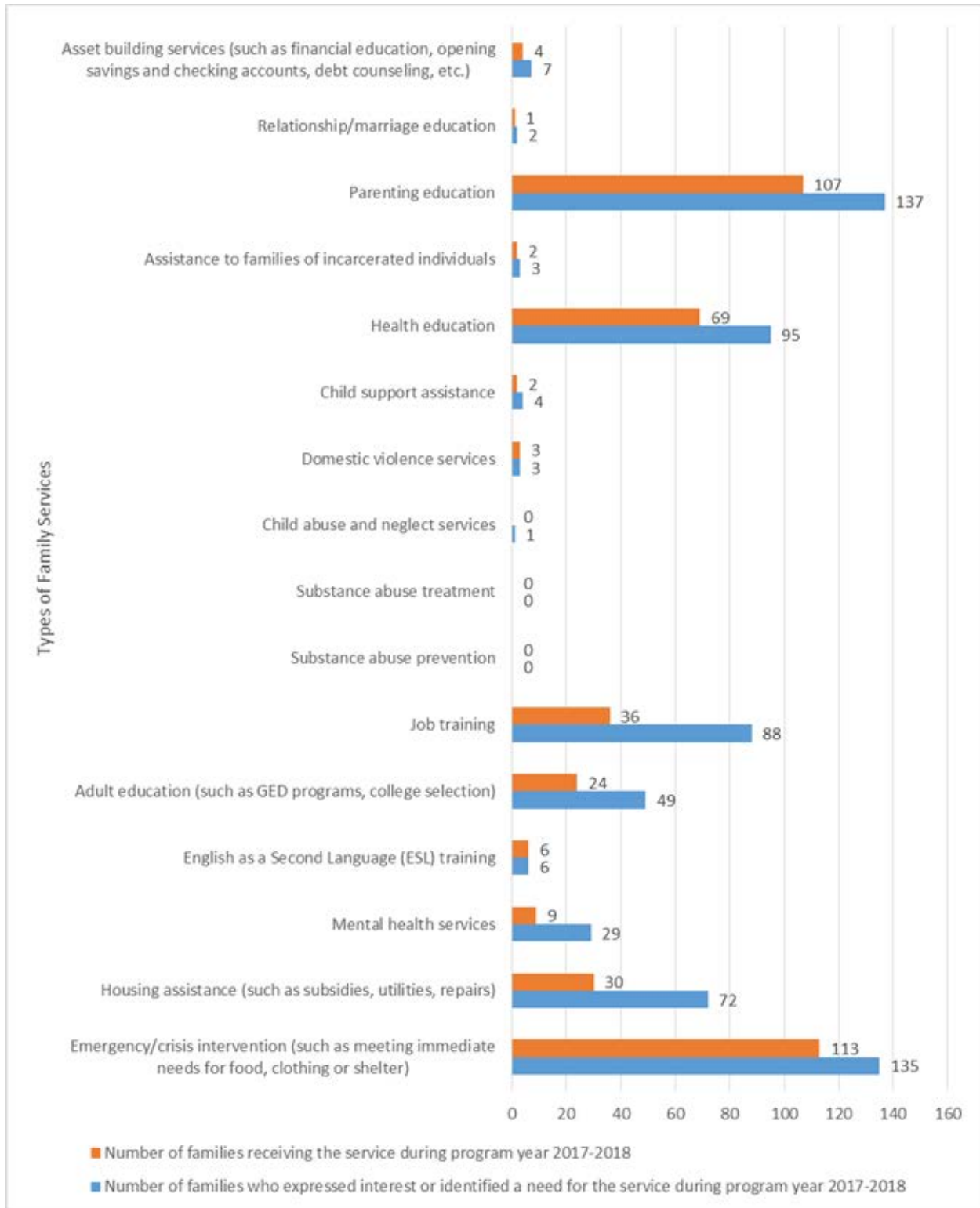
refer the family to a community-based mental health agency. The FES will monitor to ensure the services are received in a timely and appropriate manner. The FES and health staff monitor children's health certificates and other health information to identify potential health issues. They support parents in obtaining appropriate referrals and follow-up care to include timely well-child visits, immunizations and developmental, sensory and behavioral screenings. The hub manager monitors the collection of all health data. All health service activities, including efforts to procure medical care, are entered into a secure data management system that is utilized by hubs and monitored by OSSE staff. Hub managers meet with FESs monthly to analyze data that is used to identify trends and training needs for families. The FES serves as the primary point of contact for families and will monitor and report on progress toward the families' goals. The FES assigned to each center works with families and center directors to address issues such as attendance and chronic absenteeism.

Other ways in which the FES supports families include providing opportunities for children and families to participate in program activities such as family literacy services that will enhance staff-family relationships; coordinating and integrating Head Start services in order to enhance effectiveness and supporting families in accessing other community resources. This program year, families have expressed the need for additional supports across a wide range of services; see Figure 9. Education was an area of interest for families; the program assisted or connected 107 families with parenting education, 69 families with health education, 36 families with job training and 24 families with support around adult education. Families have also been reaching out for emergency/crisis intervention. The program has been able to provide this support to 113 families during the 2017-2018 program year. The trust and partnerships

between families and FESs has led to the growth of robust parent committees and an engaged, vocal and passionate policy council. Parents and the FES work together to establish and maintain parent committees at each participating CCP. The parent committees nominate fellow EHS parents to represent their program at the policy council, advise on policy, raise concerns and serve as the vehicle of communication between the CCP and the policy council. Parents are also empowered to take leadership roles in their child's education through their participation in the parent committee and policy council.

The policy council consists of parent representatives from each of the QIN CCPs and five representatives from the community. The chair, vice-chair and secretary of the policy council are elected by the policy council on an annual basis from parents whose children are enrolled in the QIN and who were elected by their parent committee to represent their child development centers. During this last program year, the policy council held 11 meetings with topics that included the Program Information Report, My School DC online common lottery application for school placement, home visiting, governance, housing, school readiness goals, health and safety, monitoring protocol, TANF and program planning, etc. The policy council takes part in providing feedback, input and decision-making on a variety of topics that include school readiness goals; development and implementation of the annual self-assessment; the QIN grant continuation application; the expansion grant application; hiring of the program manager; budgeting and spending; and practice and policy.

Figure 8: Number of Families by Type of Services Accessed (n=267)



In addition, the FES facilitates parent cafés that are hosted and coordinated by EHS parents at each of the CCPs. Parent cafés are a peer-to-peer learning opportunities that provide a safe spaces for families to learn about the Strengthening Families Protective Factors framework. Parents interested in leading a parent café or serving as a host receive training and stipends to support their participation.

Additional parent engagement activities included parent workshops and trainings that discussed domestic violence, developmental stages, curriculum, literacy, healthy and safe environments, transitions and self-care; festivals, back-to-school events; and presentations from WIC on health and nutrition and DBH, Healthy Futures on mental health.

Across both hubs, fathers attended a variety of family engagement activities offered that included child development experiences, program governance, parent education workshops, goal setting and family assessments. Additionally, Table 6 shows the family engagement activities that fathers participated in directly.

Table 6: Number of Fathers/Father Figures who Engaged in Various Family Engagement Activities

Activity	Number of Fathers/ Father Figures Engaged
Family assessment	36
Family goal-setting	32
Involvement in child's Head Start child development experiences	20
Head Start program governance	5
Parenting education workshops	21

OSSE's EHS program model has made a positive impact on the families it serves. During the grant period, families have experienced achievement in individual child, parent and family goals. In addition to the QIN prioritizing continuity of care for children, the program recognizes that the family's success is necessary to move the family forward. Through the implementation

of comprehensive services and the assistance of experienced staff, our families have reached milestones that will positively affect their future. Higher education, employment, volunteer opportunities and empowering fathers are some highlights from the most recent program year.

SUB-SECTION D: The agency's efforts to prepare children for Kindergarten

Seamless birth to 3 transitions are important and OSSE places an emphasis on the development and implementation of strong service plans for pre-K3 to pre-K4 and pre-K4 to kindergarten transitions. In fiscal year 2017, 69 percent of 3-year-old children and 89 percent of 4-year-old children in DC were enrolled in a pre-K program offered across three sectors, which included traditional schools, public charter schools and community-based organizations. In program year 2017-2018, four of the 14 QIN sites participated in DC's Pre-K Enhancement and Expansion Funding program (funded through OSSE) and were able to transition children to pre-K classrooms within the same centers if the parent chose to stay at the center until the child turned age 5.

Additionally, in an effort to help educators connect theory and practice, both hub agencies continue training teachers and leadership with the foundational knowledge of early childhood. DC uses the Teaching Strategies GOLD assessment system or the paper-based Child Assessment portfolio for observations and documentation regarding children's growth and development. Through a contract with OSSE, Teaching Strategies provided curriculum, coaching and assessment training for teachers and coaches for Teaching Strategies GOLD. In July 2018, OSSE hosted multiple two-day trainings for teachers and CCP directors, and community of practice meetings and intensive trainings have also been offered to help equip teachers to use the GOLD assessment system. GOLD data is collected four times a year and the coaches

assigned to each QIN site work to support teachers in ensuring data accuracy. Teachers continue to focus on how to use data to improve children's outcomes and how to conduct accurate observations to inform planning.

A key component of school readiness for EHS are the school readiness goals, which are aligned to the DC Common Core Early Learning Standards (DC CCELS). OSSE developed a draft of the school readiness goals in the initial EHS-CCP baseline application, which was initially presented during the policy council meeting on May 19, 2016. OSSE completed a detailed crosswalk of the Head Start Early Learning Outcomes Frameworks (HSELOF) and the DC CCELS in April 2016. Through this comprehensive review, OSSE identified close alignment between the HSELOF domains, sub-domains, goal statements and indicators and the DC CCELS domains, standards and indicators.

In program year 2016-2017, an internal OSSE working group— comprised of content experts in the field of early childhood education—was formed to develop a final version of school readiness goals for the EHS-CCP grantees. Hubs, CCPs, the QIN governing board and the policy council were engaged once the initial draft of the school readiness goals was complete. The school readiness goals were approved in February 2018. A full description of the goals are included in Table 7 below.

Since the school readiness goals were completed, the hub QIN teams have worked to implement strategies in the children's home and child care facility that will maximize their impact. When the FES meets with a parent, the school readiness goals are reviewed. The parent then selects a goal that will be highlighted in the family partnership agreement. The parent, the FES, the coach and the teacher plan activities to be done in the classroom and in the home that

will support the child's growth in the chosen area. The FES and the coach monitor progress as they continue to work with the parent and teacher throughout the year. This information is all tracked in the teams monitoring tools and the school readiness goals and progress are assessed using the Infant/Toddler Environment Rating Scales-Revised and the GOLD assessment.

Table 7: School Readiness Goals

Approaches to Learning is about how children learn to perceive and process information. Skills in this area of development are related to thinking: remembering, problem solving and decision-making.
a. Children will approach knowledge acquisition and tasks with openness and curiosity.
b. Children will show persistence as they approach tasks flexibly.
c. Children will show cooperation and participate constructively in group situations and balance the needs and rights of self and others.
Social-Emotional Development is at the core of children’s learning because it affects all other areas of development. As children grow socially and emotionally, they are learning self-regulation skills that are crucial to developing executive function skills.
a. Children will regulate emotions and behaviors including managing feelings, following limits and expectations and taking care of their own needs appropriately.
b. Children will establish and sustain positive relationships with adults and peers.
c. Children will develop a strong sense of self and belonging to family and community.
Communication, Language and Literacy Development involves learning to understand others and to use language to communicate. This area also reflects the growing emphasis on exposing young children to both informational texts and literature from an early age.
a. Children will demonstrate understanding of increasingly complex language and use it to express self.
b. Children will demonstrate an understanding of print concepts and printed materials read aloud.
c. Children will discriminate the sounds of language and communicate in their home language.
d. Children will demonstrate phonological awareness, have knowledge of the alphabet, comprehend and respond to books and text and use emergent reading and writing skills.
Cognition and General Knowledge involves connecting prior experiences with new knowledge to lay a foundation for children to understand and function in the world around them.
a. Children will actively explore their environment to discover what objects and people do, how things work and how to make things happen.

b. Children will begin to learn math concepts, including developing a sense of numbers and quantities, spatial awareness and classification.
c. Children will observe, describe and demonstrate basic scientific concepts and reasoning.
d. Children will use symbols and images to represent something not present.
Perception, Motor and Physical Development involves developing competence in physical development and coordination of the whole child. Children who feel good about themselves physically are often more successful in their work in school.
a. Children will use perceptual information to guide actions in exploring objects, experiences and interactions.
b. Children will develop strength and coordination of gross motor and fine motor movement in order to participate in daily routines and activities.
c. Children will use sensory information and body awareness to understand and adjust their movements in their environment.
d. Children will identify and practice healthy and safe habits.

Additionally, OSSE supports school readiness by providing a seamless birth to 3 approach and offering Pre-K Enhancement and Expansion funding to community-based organizations. For children receiving services through the Individuals with Disabilities Education Act (IDEA), the DC early intervention program and service providers develop individualized transition plans and conduct a transition meeting for all children when they age out of Part C. These meetings are held based on the needs of individual children and with parent permission. Additionally, leadership at Part C and Part B programs meet on a monthly basis to analyze data to ensure that children are having timely and smooth transitions between the two programs.

During the 2017-2018 program year, the program successfully guided, supported and encouraged continued educational attainment, permanent housing and stable employment for several parents. EHS parents had the opportunity to earn a child development associate (CDA). One parent earned a CDA and is now working as a teacher with UPO. Another parent completed a high school diploma and is pursuing a Clinical Medical Assistant degree at Montgomery College. Three parents expressed interest in obtaining stable employment that would provide the opportunity to maintain stable housing. They received support with resume writing, applying for jobs and developing interview skills that resulted in employment with the Executive Office of the Mayor, Mary's Center and Edgewood Apartments.

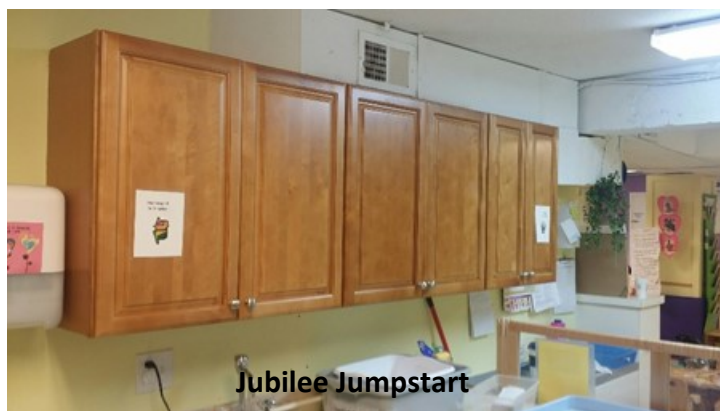
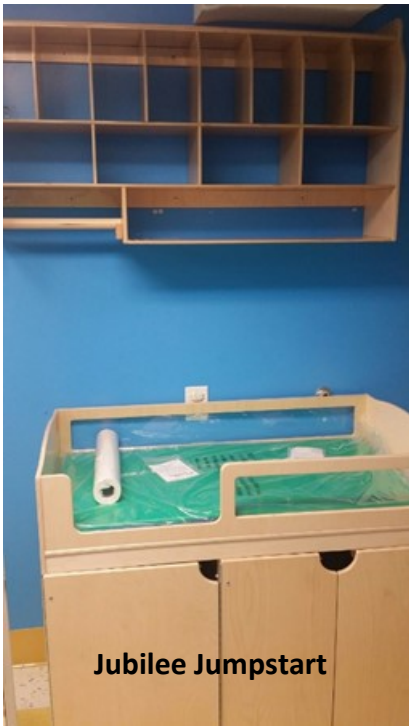
In addition, during the 2017-2018 program year, the QIN held its first cohort of the Fatherhood Initiative. Five QIN fathers completed the course, the youngest of them only 17 years old. The purpose of the program is to empower men to foster responsible fatherhood by using evidence-based, skill-building workshops/groups, education, case management and coaching on healthy relationships and responsible parenting. The curriculum is written in two languages (English and Spanish) and it is based

on principles of parental nurturing that cut across social, racial and geographic characteristics. The QIN began a parent-led classroom volunteer initiative that allows parents to engage in activities with children in the classroom. The initiative specifically creates opportunities for parents who are unable to attend prescheduled parent engagement activities in the classroom.

OSSE, in collaboration with QIN coaches, and Capital Quality, DC's quality rating and improvement system (QRIS), quality facilitators, created a monthly coordination meeting to ensure alignment between QIN and Capital Quality. All QIN programs participate in Capital Quality and are actively engaged. While QIN coaches work directly with teachers, quality facilitators work with site leadership, such as the director or education lead for the facility. Both the QIN coaches and quality facilitators use practice-based coaching. Because quality facilitators engage site leadership in the development of a continuous quality improvement plan for their programs, coordination between quality facilitators and QIN coaches has focused on defining and supporting fidelity of curriculum implementation aligned to DC CCELS, creating and implementing program-level professional development plans to enhance high-quality teacher-child interactions and classroom environments and incorporating HSPPS and resources available through the Head Start Early Childhood Learning and Knowledge Center (ECLKC).

OSSE looks forward to reapplying for the grant and will continue to expand and leverage federal, local and private funding to provide high-quality early childhood education to the District's youngest learners. In the past year, the QIN has improved in several areas, including, but not limited to, monitoring, ERSEA, policy council engagement and child progress monitoring. These are areas that OSSE will continue to build and approve upon. Additionally, OSSE will continue to look for ways to build on and improve the current QIN model.

Appendix A: Facility Improvements



Appendix B: 2017 Financial Audit

The most recent financial audit, which is from 2017, may be accessed at the following link:

<https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/DC%20FY%202017%20Single%20Audit%20Report.pdf>