



District of Columbia
Office of the State Superintendent of Education

EARLY HEAD START-CHILD CARE PARTNERSHIP (EHS-CCP) ANNUAL REPORT

Program Year 2020-2021

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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 EHS-CCP grantee. This annual report covers Sept. 1, 2020-Aug. 31, 2021, also known as program year 2020-2021, for EHS-CCP baseline grant number 03HP000352 and expansion grant number 03HP000186. OSSE is the state education agency for the District of Columbia (DC) and supports increasing 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 grants.

OSSE leveraged the EHS-CCP grants to develop the Quality Improvement Network (QIN), which builds capacity, increases access and enhances the quality of care for infants and toddlers. The QIN brings Early Head Start (EHS) services, such as eligibility, recruitment, selection, enrollment, attendance (ERSEA), family engagement, education and child development and comprehensive supports to children and families who are deemed the most vulnerable, enrolled in child care centers and family child care homes throughout the District. The QIN serves children in wards 1, 2, 4, 5, 6, 7 and 8. The QIN included two hubs during the 2020-2021 program year: United Planning Organization (UPO) and Easterseals DC MD VA (Easterseals). At the beginning of program year 2020-2021, UPO supported a network of 16 federally funded child development centers. Twelve of these centers were supported by the original EHS-CCP grant 03HP000352 and four were supported by the EHS-CCP expansion grant 03HP000186. During the 2020-2021 program year, two CCPs, Southeast Children's Fund I and II, voluntarily closed due to the public health emergency's impact on their

financial viability.¹ Children from both facilities were transitioned to a sister organization, Sunshine Early Learning Center, and did not experience a disruption in service. Currently, children and families are served by 14 centers under the EHS-CCP grant 03HP00352 and 03HP000186. Through local funds, Easterseals supported a network of 18 family child care homes. The hubs provide continuous, intensive and comprehensive child development and family support services. The hubs also provide coaching, professional development, coordination and training and technical assistance (TTA) to help CCPs meet Head Start Program Performance Standards (HSPPS). OSSE is maximizing the impact of the QIN by leveraging local and federal funding to increase the number of children birth to age 3 served in EHS settings. The QIN is supported by an interagency steering committee comprised of DC agencies and advocacy organizations that serve young children and families. OSSE developed this annual report for the federally funded baseline and expansion grants 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 and 18 locally funded child development homes offer a full-day (no fewer than 10 hours) and full-year (no fewer than 48 weeks) service model. When possible, infants and toddlers remain with the same teachers throughout the duration of their care. 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

¹ Southeast Children's Fund II closed on Sept. 28, 2020 and Southeast Children's Fund I closed April 9, 2021.

under the EHS-CCP baseline grant number 03HP000352 at the end of program year 2020-2021 at the end of the program year.

Table 1: QIN Baseline Participating CCPs

CCP	EHS-CCP Slots	Days of Operation	Hours of Operation
1. Bell Teen Parent and Child Development Center	32	Monday–Friday	6:30 a.m. - 4:30 p.m.
2. Big Mama’s Children Center	12	Monday–Friday	6:30 a.m. - 6 a.m.
3. Board of Child Care	12	Monday–Friday	8 a.m. - 6 p.m.
4. Christian Tabernacle Child Development Center 1	22	Monday–Friday	7 a.m. - 6 p.m.
5. Community Educational Research Group	8	Monday–Friday	6:30 a.m. - 6 p.m.
6. Jubilee Jumpstart	18	Monday-Friday	7:30 a.m. - 6 p.m.
7. Kennedy Child Development Center	8	Monday–Friday	7 a.m. - 6 p.m.
8. Love and Care Child Development Center	12	Monday–Friday	7 a.m. - 6 p.m.
9. Loving Care Day Nursery, Inc.	37	Monday–Friday	6 a.m. - 7 p.m.
10. Sunshine Early Learning Center	39	Monday–Friday	6 a.m. - 6 p.m.
Total	200		

Table 2 provides a list of the federally funded programs participating in the QIN under the EHS-CCP expansion grant number 03HP000186 in program year 2020-2021.

Table 2: QIN Expansion Participating CCPs

CCP	EHS-CCP Slots	Days of Operation	Hours of Operation
11. House of Ruth Kidspace Child and Family Development Center	24	Monday-Friday	7 a.m. - 6 p.m.
12. Kids Are People Too V	48	Monday-Friday	5:30 a.m. - 11:59 p.m.
13. Kids Are Us Learning Center	24	Monday-Friday	6:30 a.m. - 12 a.m.
14. National Children’s Center	70	Monday-Friday	7 a.m. - 6 p.m.
Total	166		

SECTION I: Program Year 2020-2021 Budget

SUBSECTION A: TOTAL AMOUNT OF FUNDS AND SOURCES

For OSSE's baseline grant number 03HP000352, in the federal fiscal year (FFY) Sept. 1, 2020-Aug. 31, 2021, the total federal funds received was \$1,265,885, which included \$974,730 for program operations, \$22,698 for TTA, \$175,762 in Coronavirus Aid, Relief and Economic Security Act (CARES Act) funding and \$92,695 for Cost-of-Living-Adjustment (COLA) and quality improvement (QI), of which \$1,106,764 was awarded to the UPO hub. The total amount of local funds awarded to UPO during the local fiscal year Oct. 1, 2020-Sept. 30, 2021 was \$1,580,000. Section I, subsection B, provides an explanation of budgetary expenditures and the budget for program year 2020-2021.

For OSSE's expansion grant number 03HP000186, in the FFY March 1, 2020-Feb. 28, 2021, the total federal funds received was \$1,537,810 which included \$1,273,849 for program operations funding, \$31,846 for TTA, \$145,882 in CARES Act funding and \$86,233 for COLA and QI, of which \$1,144,749 was awarded to the UPO hub. Sub-section B provides an explanation of budgetary expenditures and the budget for program year 2020-2021.

SUBSECTION B: EXPLANATION OF BUDGETARY EXPENDITURES AND PROPOSED BUDGET

Federal baseline and expansion grant funds for OSSE were budgeted for salaries and fringe benefits as well as contractual funds to the Department of Behavioral Health (DBH), Healthy Futures program. Remaining federal baseline and expansion grant funds were budgeted as contractual costs issued to UPO. The UPO budget for the baseline grant, budgeted funds as salaries and fringe benefits, other costs (e.g., teacher stipends), contractual costs for TTA and indirect cost for

operations. Table 3 outlines the budget for FY 2020-2021 (Sept. 1, 2020-Aug. 30, 2021) baseline grant.

Table 3: FY 2020-2021 Baseline Grant Budget

Entity	Baseline Federal Share Operations	Baseline Federal Share TTA	Baseline Federal Share Total	CARES Act	COLA/QI	Non-Federal Share	Total Budget with Non-Federal Share
Description	Salary (personnel + fringe), contractual, stipends and indirect cost	Ongoing training in curriculum and assessments for teachers and coaches	Operations + TTA	Exempt from non-federal share	COLA/QI	25% of the grant amount	Total Federal Share + Non-Federal Share
OSSE	\$156,061	\$0	\$156,061	\$0	\$0	\$0	\$156,061
UPO	\$818,669	\$22,698	\$841,367	\$175,762	\$92,695	\$272,580	\$1,382,404
Total	\$974,730	\$22,698	\$997,428	\$175,762	\$92,695	\$272,580	\$1,538,465

The UPO budget for the expansion grant, budgeted funds as salaries and fringe benefits, contractual costs for the shared services hub, supplies and materials (e.g., classroom furnishings), other objects (e.g., stipends to teachers) and indirect costs. Table 4 outlines the budget for FY 2020-2021 (March 1, 2020-Feb. 28, 2021) expansion grant.

Table 4: FY 2020-2021 Expansion Grant Budget

Entity	Expansion Federal Share Operations	Expansion Federal Share TTA	Baseline Federal Share Total	CARES Act	COLA/QI	Non- Federal Share	Total Budget with Non- Federal Share
Description	Salary (personnel + fringe), contractual, stipends and indirect cost	Ongoing training in curriculum and assessments for teachers and coaches	Operations + TTA	Exempt from non-federal share	COLA/QI	25% of the grant amount	Total Federal Share + Non- Federal Share
OSSE	\$385,354	\$0	\$385,354	\$0	\$0	\$0	\$385,354
UPO	\$888,495	\$31,846	\$920,341	\$145,882	\$86,233	\$347,984	\$1,500,440
Total	\$1,273,849	\$31,846	\$1,305,695	\$145,882	\$86,233	\$347,984	\$1,885,794

The UPO hub budgeted local funds as salaries and benefits, contractual services, supplies and materials, equipment, fixed property costs and other objects.

As of Nov. 17, 2021, baseline grant budgetary expenditures for FY 2020-2021 totaled \$838,476.95 and were spent in the approved categories. Table 5 outlines spending at the end of fiscal year 2020-2021, for OSSE's baseline grant, which ended on Aug. 31, 2021 and OSSE's local grant, which ended Sept. 30, 2021.

Table 5: FY 2020-2021 Expenditures for Baseline Grant

Type of Expenditure	FY21 Federal Baseline Funds	FY21 Local Funds	Total Funds
Budgeted	\$1,106,764	\$1,580,000	\$2,686,764
Expenditure	\$838,476.95	\$1,299,638.85	\$2,138,115.80
Balance	\$268,287.05	\$280,361.15	\$548,648.20

As of Nov. 17, 2021, budgetary expenditures for FY 2020-2021, for OSSE's expansion grant, federal funds totaled \$1,144,749 and were spent in the approved categories. Table 6 outlines current expenditures of FY2020-2021, for OSSE's expansion grant, which ended Feb. 28, 2021.

Table 6: FY 2020-2021 Expenditures for Expansion Grant

Type of Expenditure	FY21 Federal Funds
Budgeted	\$1,144,749
Expenditure	\$789,770.41
Balance	\$354,978.59

At the time of this report, a no-cost extension has been requested by the QIN, in the amount of \$145,882 for obligated and fully expended funds that were not drawn down in time under the expansion grant. Additionally, the QIN will request a carryover for all unspent funds under both the baseline and expansion grants.

During FY 2020-2021, the UPO hub used CARES Act funding to evaluate each CCP facility and identified materials and supplies needed to support in their continued response to coronavirus (COVID-19). CCPs received personal protective equipment (PPE), educational materials and supplies to address staff mental health. Additionally, CCPs received routine deep cleaning services to ensure the health and safety of children and staff at the facilities. UPO leveraged their own CARES funding to provide families with emergency assistance to include housing, PPE, food and personal care items.

QI funding received allowed the QIN to develop the role of the program intervention manager who is responsible for the implementation of a program-wide trauma-informed environment that is responsive to the ever-changing needs of children, families and staff. For the 2020-21 program year, this funding supported the implementation of trauma-sensitive learning

environments that addressed the domains of learning and development impacted by trauma, particularly those related to COVID-19.

SUBSECTION C: MOST RECENT FINANCIAL AUDIT

As required, the most recent financial audit for DC federally funded programs is included in Appendix A (as a link); it was conducted in 2020.

SECTION II: QIN Participation

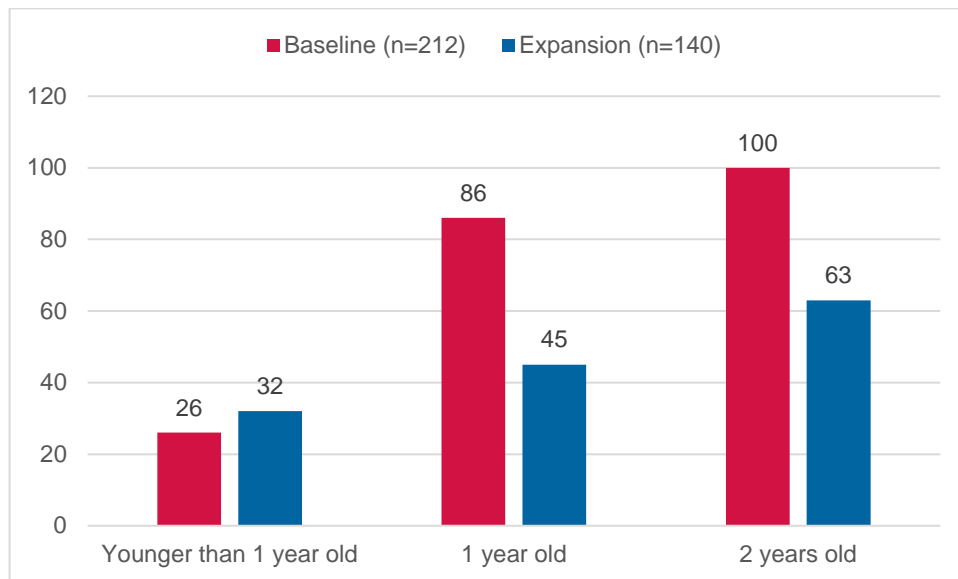
SUBSECTION A: CHILDREN AND FAMILIES SERVED

Three hundred and sixty-six EHS slots are federally funded in DC. The cumulative enrollment for children served through federal funds during program year 2020-21 was 352. The total number of families served through federal funds for program year 2020-21 was 323. The average enrollment of children per month, as a percentage of total federally funded enrollment for program year 2020-21, for the EHS-CCP baseline grant was 80 percent. The average enrollment of children per month, as a percentage of total federally funded enrollment for program year 2020-21, for the EHS-CCP expansion grant was 58 percent. Table 7 contains information on the number of children enrolled by eligibility type for the EHS-CCP baseline and expansion grants. Some of the values reported for children enrolled with an eligibility status as a foster child, homeless, over income or exceeding the allowed over income were less than 10 and therefore are not reported in Table 7.

Table 7: Number of Children Enrolled by Eligibility Type

Eligibility Type	Number of Children Enrolled	
	Baseline n=212	Expansion n=140
Baseline Grant		
Income at or below 100 percent of federal poverty line	104	48
Income between 100 and 130 percent of federal poverty line	Suppressed	Suppressed
Public assistance (e.g., TANF, SSI)	85	70
Foster care	Suppressed	Suppressed
Homeless	Suppressed	Suppressed
Eligibility based on other type of need	Suppressed	Suppressed
Total cumulative enrollment	212	140

Figure 1 includes information on the number of children enrolled by age at enrollment for both the baseline and expansion grants.

Figure 1: Number of Children by Age at Enrollment

The majority of children served came from single-parent homes at the time of enrollment. Figure 2 shows the number of families served in both the baseline and expansion grants by type of family at the time of enrollment. Of the single-parent homes, most of the parent/guardians

described themselves as mothers. In Figure 2, some of the values reported for families by type of family were less than 10 and were therefore removed.

Figure 2: Number of Families Served by Type of Family at Enrollment

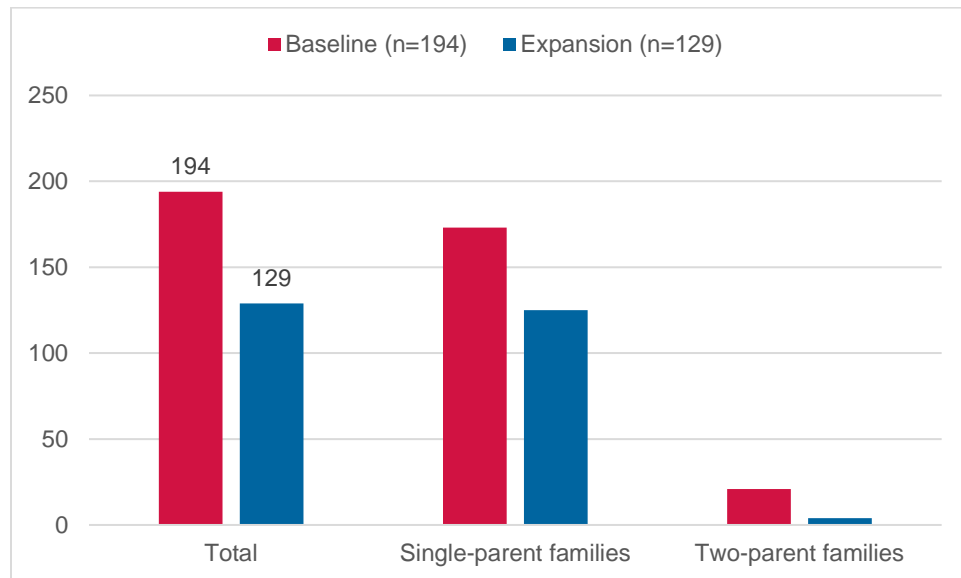
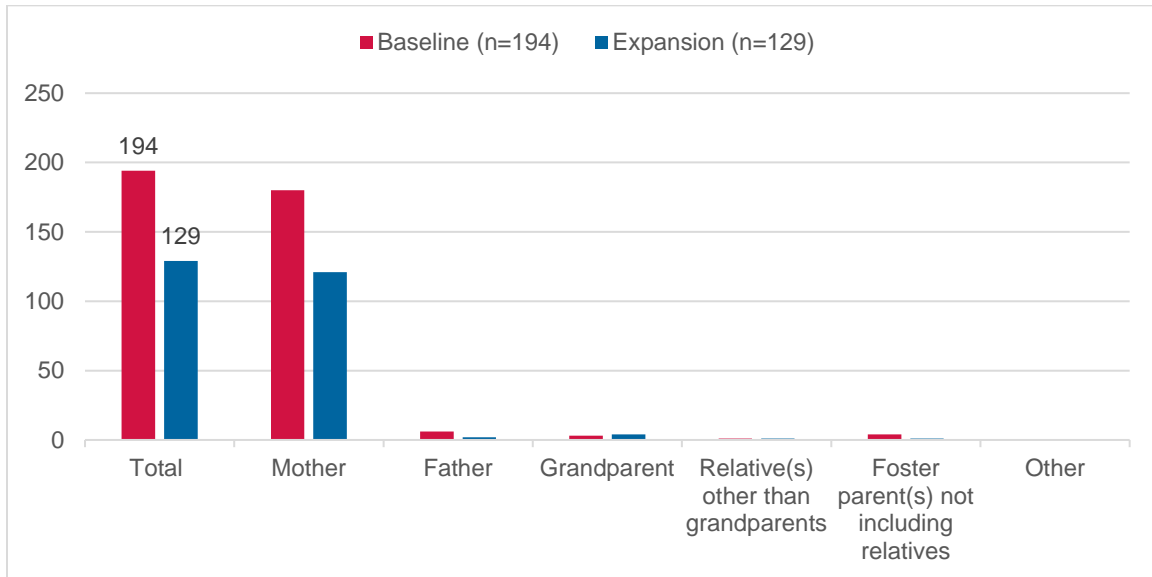


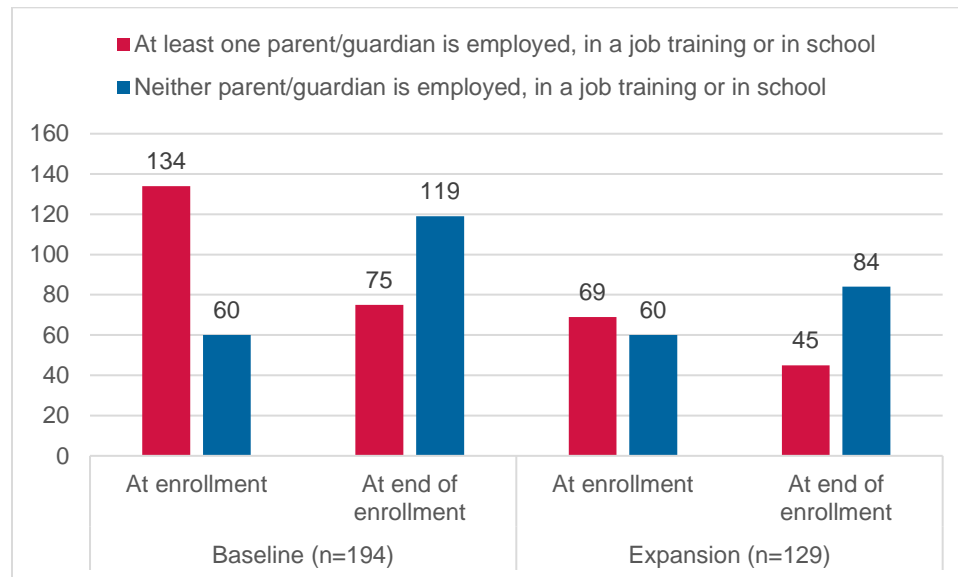
Figure 3 shows the number of families by parent/guardian description. Some of the values reported for families by parent/guardian description were less than 10 and were therefore removed.

Figure 3: Number of Families by Parent/Guardian Description



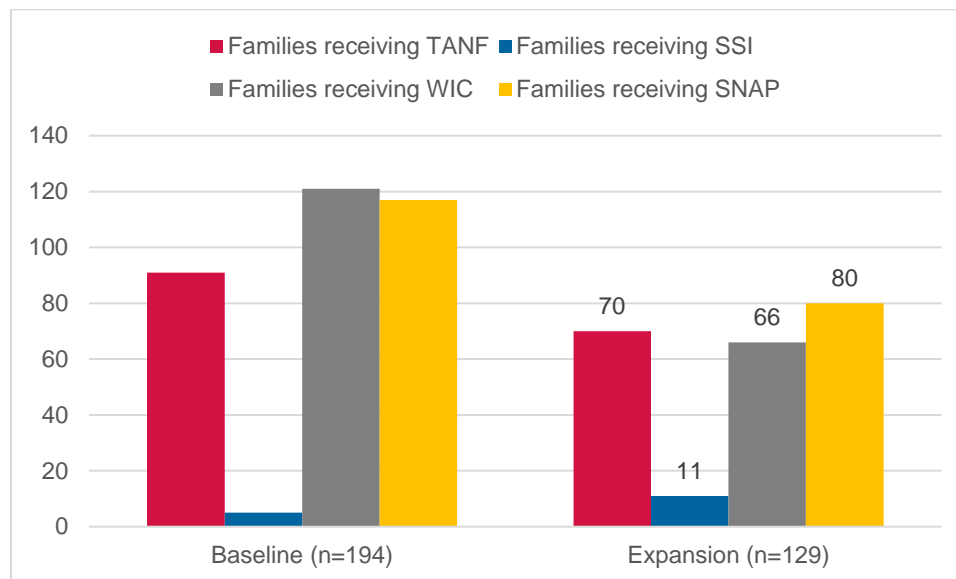
During the 2020-21 program year, the District of Columbia declared a public health emergency resulting from COVID-19 that temporarily modified government operations, shut down businesses and some child care services, etc. Nationwide, families lost their jobs as some businesses permanently closed and others reopened with tighter restrictions and/or needing fewer employees. QIN families also experienced changes in their employment, job training or school status. Figure 4 provides a comparison of employment, job training and school data for families at the beginning and end of enrollment for both the baseline and expansion grants.

Figure 4: Number of Families Employed, in a Job Training or in School



Despite the changes in families' employment, job training or school status, the QIN did not see significant changes in the 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). In Figure 5, some of the values reported for families receiving federal assistance were less than 10 and were therefore removed.

Figure 5: Number of Families Receiving Federal Assistance



The physical, nutritional, mental and oral health needs of children are priorities. Figure 6 shows the number of children enrolled that are up-to-date on preventative health care, all immunizations, all immunizations possible at the time but not all immunizations required according to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and access to a dental home.

Figure 6: Number of Children Enrolled by Type of Health Services Received

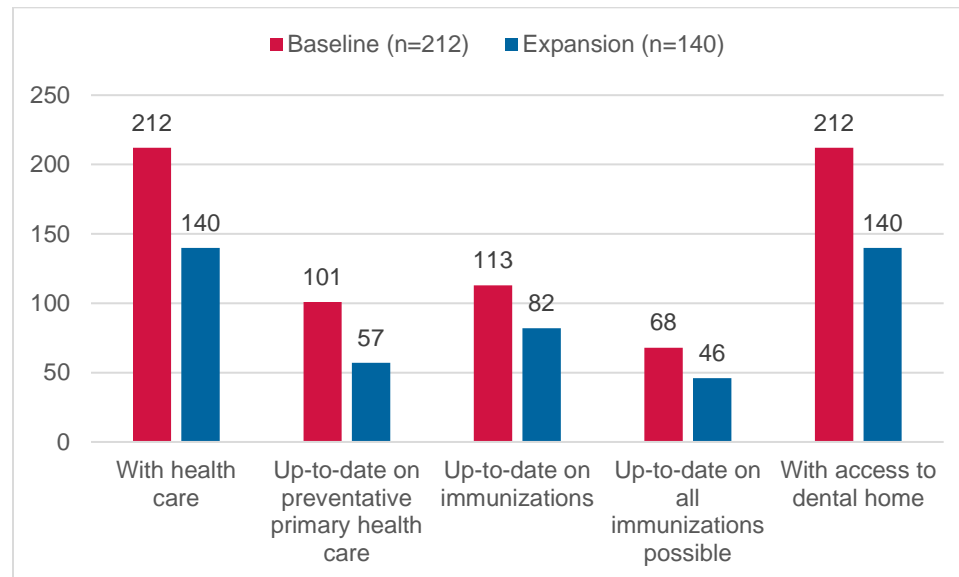
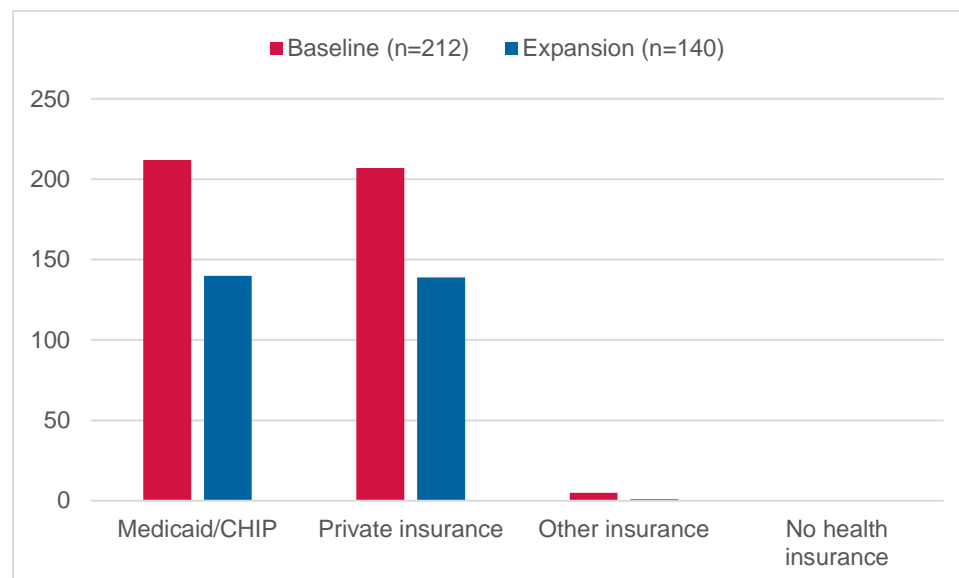


Figure 7 provides a breakdown of children enrolled by health insurance type. Some of the values reported for children with health insurance by type were less than 10 and were therefore removed.

Figure 7: Number of Children Enrolled with Health Insurance by Type



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 UPO implements to ensure the needs of children are met.

- Assessing the current methods of services 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.
 - 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. FESs and health staff 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 provides mental health consultations to every CCP to ensure the implementation of activities around mental health related prevention, identification, referral and treatment. DBH also consults onsite with staff and

parents to address behavioral concerns and provide targeted help with individual children and families. If the mental health consultants determine that families or children may need ongoing mental health care, they are referred to community-based mental health agencies and the FES monitors to ensure the services are received in a timely and appropriate manner.

- Providing comprehensive multidisciplinary developmental evaluations through a partnership with Strong Start, the DC Early Intervention Program (DC EIP). OSSE strengthens the relationship between QIN and Strong Start through its Ages and Stages Questionnaire (ASQ) online initiative. This initiative provides teachers and administrators with the tools, training and technical assistance needed to move the completion of the ASQs from a paper-based system to an online system. This initiative is funded through DC Health. The goal of this initiative is to produce a universal process for completing ASQs, submitting referrals and rescreening. Through this process, teachers have more immediate data available to them to individualize instruction and support children to attain their identified developmental goals. In addition, OSSE has access to the data to facilitate the transition of families from EHS to pre-K with the necessary resources and supports they need. As of this report, all CCPs have received a three-part ASQ online training, access to the online system, 1:1 TTA and support with migrating existing online systems. QIN and Strong Start meet bi-weekly to coordinate ongoing implementation and mitigate challenges of the initiative. The HSPPS and DC's subsidized child care policy, require that all children receive

a developmental screening with 45 days of enrollment in a CCP. Developmental screenings are the responsibility of the CCP. The teacher and the parent/guardian jointly administer the 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 Strong Start, the disability liaison supports the teacher in meeting the developmental goals in the child's individualized family service plan (IFSP).

- Ensuring that children are referred to Strong Start, DC EIP in a timely matter.
 - The hubs' infant and toddler disability liaison works with Strong Start 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 Strong Start for a comprehensive multidisciplinary developmental evaluation. The coaches and the disabilities liaison 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, etc.).
- Coordinating services with relevant DC agencies to support families' needs.

- Through the interagency steering committee, the QIN hub coordinates services with DC agencies—such as the Department of Human Services (DHS), DBH, the Department of Health Care Finance (DHCF), Child and Families Services Agency 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, Early Stages and DC Child Care Connections, the District’s child care resource and referral program, 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 2020-21, as found in Figure 6.
 1. At the end of enrollment, 100 percent of children served under the baseline and expansion grants had health insurance.
 2. At the end of enrollment, the percentage of children up-to-date on a schedule of age-appropriate preventative health and primary health care for program year 2020-21 baseline grant was 48 percent. At the end of enrollment, the percentage of children up-to-date on a schedule of age-

appropriate preventative health and primary health care for program year 2020-21 expansion grant was 41 percent. It is important to note that at the beginning of the public health emergency, the health care system was heavily impacted by COVID-19, with many health care providers significantly reducing the number of patients seen, moving to virtual visits and/or only providing services directly related to COVID-19.

3. The percentage of children with access to a dental home was 100 percent for program year 2020-21.

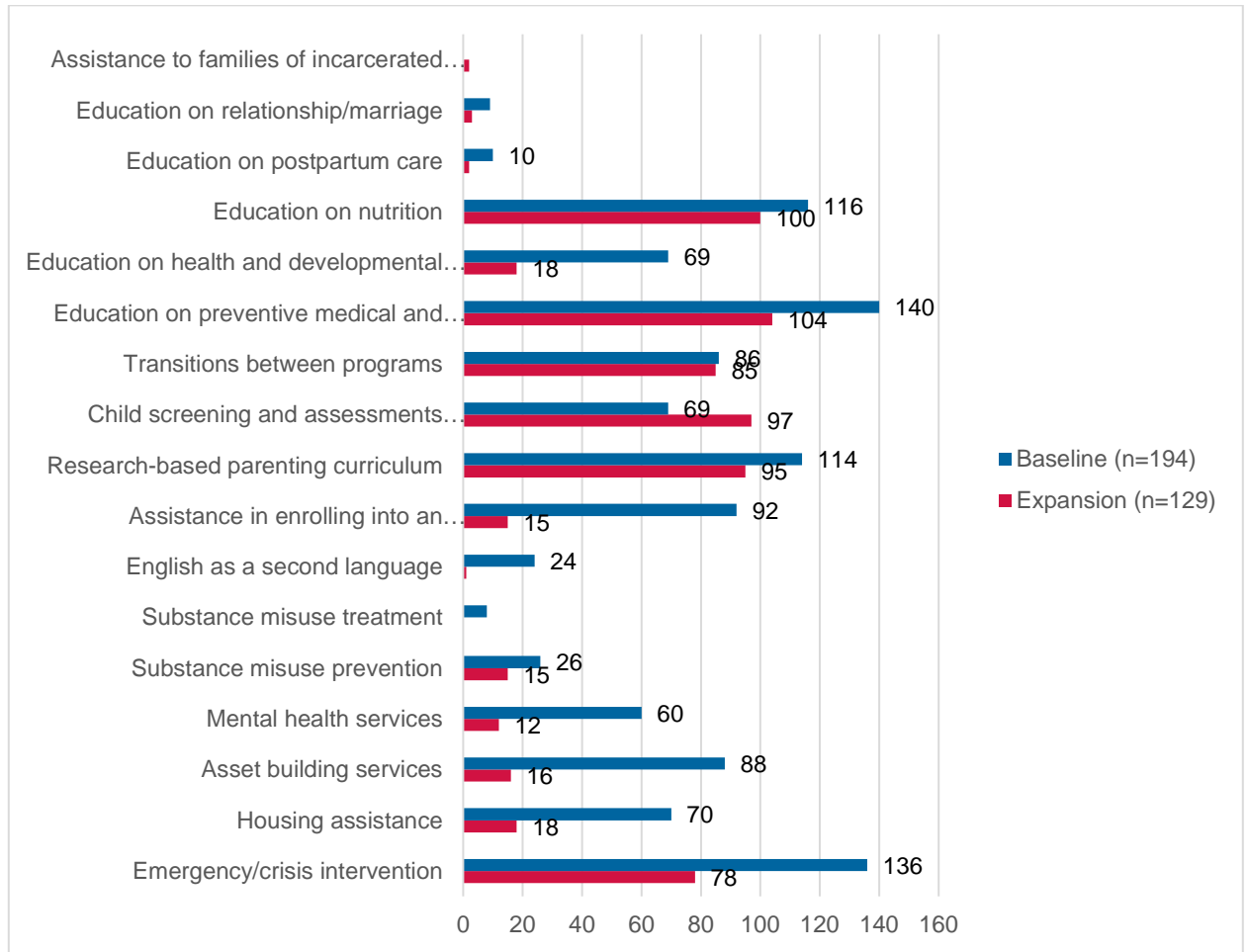
SUB-SECTION C: INFORMATION RELATED TO PARENT INVOLVEMENT ACTIVITIES

Hubs have assigned FESs 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 refers the family to the mental health consultant providing support at the CCPs. The mental health consultant works with the family to determine the appropriate mental health supports and, if needed, refers the family to a community-based mental health agency. The FES monitors 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. The FES supports families 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 ChildPlus, 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 monitors and reports 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.

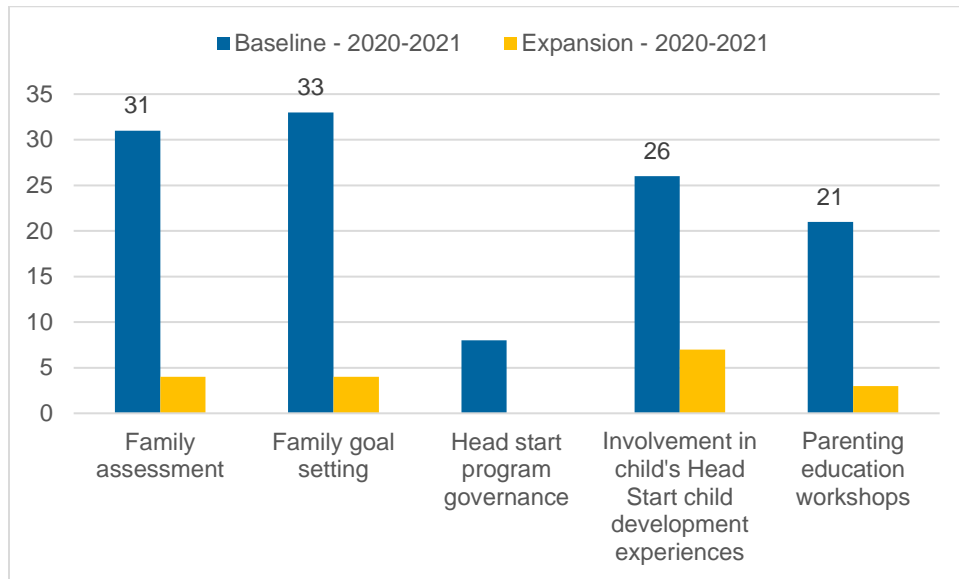
Other ways in which the FES supports families include providing opportunities for children and families to participate in program activities, such as, family literacy services that enhance staff-family relationships, coordinating and integrating Head Start services to enhance effectiveness and supporting families in accessing other community resources. During program year 2020-21, all families served under the baseline and expansion grants who expressed interest in additional supports received it, regardless of identified need (see Figure 8). Some of the values reported for families by services received were less than 10 and were therefore removed.

Figure 8: Number of Families by of Services Received



Across both grants, 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, Figure 9 shows the family engagement activities that fathers participated in directly under the baseline and expansion grants. Some of the values reported for fathers engaged in EHS activities were less than 10 and were therefore removed.

Figure 9: Number of Fathers/Father Figures Engaged



SUB-SECTION D: THE AGENCY'S EFFORT TO PREPARE CHILDREN FOR KINDERGARTEN

Seamless birth to 3 transitions are important part of EHS and OSSE places an emphasis on the development and implementation of strong service plans for pre-K 3 to pre-K 4 and pre-K 4 to kindergarten transitions. In school year 2019-20, 37 percent of 3-year-old children and 42 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.² In program year 2020-21, six of the 14 QIN sites participated in DC's Pre-K Enhancement and Expansion Program (PKEEP), funded through OSSE with local funds and were able to transition children to pre-

² Fiscal Year 2020 Pre-K Report, osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/OSSE%20Annual%20Pre-K%20Report%202020.pdf

K classrooms within the same centers if the parent/guardian chose to stay at the center until the child turned age 5.

In an effort to help educators connect theory and practice, UPO continues to train teachers and leadership with the foundational knowledge of early childhood. DC uses the Teaching Strategies GOLD assessment system for observations and documentation regarding children's growth and development. Throughout program year 2020-21, professional development opportunities were offered to help equip teachers in using the Teaching Strategies GOLD system. Teaching Strategies 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.

OSSE supports school readiness by providing a seamless birth to 3 approach, as well as offering universal pre-K, which includes the PKEEP, through community-based organizations. For children receiving services through IDEA, the Strong Start 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/guardian permission. Additionally, leadership at Part C and Part B programs meet on a monthly basis to analyze data and ensure that children have timely and smooth transitions between the two programs.

SECTION III: Closing Remarks

During the 2020-21 program year, the QIN program successfully supported children, families and CCPs as they responded to the public health emergency. Through CARES Act funds, CCPS were

equipped with supplies and materials to adequately respond to COVID-19. Families were also provided with PPE equipment and supplies to help navigate COVID-19 in their personal lives.

OSSE also leveraged QI funding to expand support services through the role of the program intervention manager. Since hiring the program intervention manager, the QIN expanded trauma-informed approaches to quality classrooms by conducting trainings on cultural humility and trauma-informed care; supporting trauma-informed care within comprehensive services by strengthening the partnership with the DBH, Healthy Futures program to coordinate and discuss child and family supports and referrals; and supporting the needs of the QIN workforce by conducting staff wellness activities in collaboration with Healthy Futures mental health consultants. Additionally, since receiving QI funding, six UPO hub staff were trained as parent café facilitators, three parents were trained as facilitators and table hosts and parent cafés have been held virtually every other month.

During the 2020-21 program year, the QIN successfully encouraged families to advocate for their children, guided and supported families in developing school readiness goals and secured families' health and well-being. One parent, who served as vice-chairperson for the policy council, learned how to build protective factors³ while her child was enrolled in the QIN. During her time in the program, she learned how to overcome adversity, create resilience and had the opportunity to help her community. This parent expressed gratitude for her FES, who was available to guide her and encourage her to advocate for other children and families. She described the QIN as a community of parents with different backgrounds, cultures and nationalities, but with similar

³ Protective Factors www.childwelfare.gov/topics/preventing/promoting/protectfactors/

experiences and a mutual goal of improving the quality of care at their respective centers. Now, this parent uses her skills to encourage and support other parents to advocate for their children.

Another parent found that her child was experiencing challenges with morning transitions and routines. She worked with her FES to develop a goal focused on transitions and received strategies, such as, creating a predictable routine and playing music to indicate a transition. With the supports at the center and the strategies used at home, the child made significant progress with transitions and routines.

The public health emergency required the QIN to expand the breadth of services available to families. QIN families were no exception to the consequences of COVID-19. One parents' experience coping with the public health emergency was challenging. She experienced a reduction in work hours and was overwhelmed by the uncertainty. Through the QIN, and with the support from her FES, her family had access to food, diapers and PPE to stay healthy and safe. The QIN provided encouragement and support and now this parent is pursuing a GED and looking forward to furthering her education. Despite the challenges of the last year, she shared that the QIN has been a great experience and she looks forward to serving as an example that it is never too late to pursue your dreams. Through feedback received from policy council, QIN families, the self-assessment and the data analysis found in this report, the QIN continues to be a critical program for children and families in the District.

OSSE will continue to expand and leverage federal and local funding to provide high-quality early childhood education to the District's most vulnerable and youngest learners and their families.

APPENDIX A: 2020 Financial Audit

The most recent financial audit, which is from 2020, may be accessed at the following link:

cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/FY%202020%20DC%20CAFR_Full%20Report.pdf