



District of Columbia  
Office of the State Superintendent of Education

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

Program Year 2019-2020

Nov. 2, 2020

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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, 2019-Aug. 31, 2020, also known as program year 2019-2020, 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 build capacity, increases access and enhances the quality of care for infants and toddlers. The QIN brings EHS services, such as, family engagement, coaching and technical assistance, mental health and child health services to children and families who are deemed the most vulnerable, enrolled in child care centers and family child care homes throughout the District. Serving children in wards 1, 2, 4, 5, 6, 7 and 8, the QIN included two hubs during the 2019-2020 program year: United Planning Organization (UPO) and Easterseals DC MD VA (Easterseals). UPO supported a network of 16 federally funded child development centers. Twelve of these centers are supported by the original EHS-CCP grant and four are supported by the EHS-CCP expansion grant. Through local funds, Easterseals supported a network of 19 family child care homes. One of the 19 participating family child care homes elected to discontinue participation in the program during the program year. 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. 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 as part of the EHS-CCP grant requirements.

OSSE’s program model continues to promote the continuity of care approach. All 16 of the federally funded EHS-CCP child development centers and the 18 locally funded child development homes offer a full-day (no fewer than 10 hours) and full-year (no fewer 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 under the EHS-CCP baseline grant number 03HP000352 in program year 2019-2020.

**Table 1: QIN Participating Providers**

Child Care Partner (CCP)	Year 1 EHS-CCP Slots	Days of Operation	Hours of Operation
1. Bell Teen Parent and Child Development Center	13	Monday–Friday	7 a.m.- 5 p.m.
2. Big Mama’s Children Center	13	Monday–Friday	6:30 a.m.- 6 p.m.
3. Board of Child Care	14	Monday–Friday	7 a.m. - 6 p.m.
4. Christian Tabernacle Child Development Center 1	19	Monday–Friday	6 a.m. - 6 p.m.

Child Care Partner (CCP)	Year 1 EHS-CCP Slots	Days of Operation	Hours of Operation
5. Community Educational Research Group	12	Monday–Friday	6:30 a.m. - 6 p.m.
6. Jubilee Jumpstart	12	Monday-Friday	7:30 a.m. - 6 p.m.
7. Kennedy Child Development Center	7	Monday–Friday	7 a.m. - 6 p.m.
8. Love and Care Child Development Center	9	Monday–Friday	7 a.m. - 6 p.m.
9. Loving Care Day Nursery, Inc.	41	Monday–Friday	7 a.m. - 6 p.m.
10. Southeast Children’s Fund I	19	Monday–Friday	7 a.m. - 6 p.m.
11. Southeast Children’s Fund II	23	Monday–Friday	7 a.m. - 6 p.m.
12. Sunshine Early Learning Center	18	Monday–Friday	7 a.m. - 6 p.m.
<b>Total</b>	<b>200</b>		

Table 2 provides a list of the federally funded programs participating in the QIN under the EHS-CCP baseline grant number 03HP000186 in program year 2019-2020.

**Table 2: QIN Expansion Participating Providers**

CCP	Year 1 EHS-CCP Slots	Days of Operation	Hours of Operation
13. House of Ruth Kidspace Child and Family Development Center	24	Monday-Friday	7 a.m. - 6 p.m.
14. Kids Are People Too #5	48	Monday-Friday	5:30 a.m. - 11:59 p.m.
15. Kids Are Us Learning Center	24	Monday-Friday	6:30 a.m. - 12 a.m.
16. National Children’s Center	70	Monday-Friday	7 a.m. - 6 p.m.
<b>Total</b>	<b>166</b>		

## **SECTION I: Program Year 2019-2020 Budget**

### **SUBSECTION A: TOTAL AMOUNT OF FUNDS AND SOURCES**

For OSSE's baseline grant number 03HP000352, in program year 2019-2020 (Sept. 1, 2019 – Aug. 31, 2020), the total federal funds received was \$947,428 of which \$844,427 was awarded to the hub. The total amount of local funds awarded to the hub was \$1,580,000. Sub-section B provides an explanation of budgetary expenditures and the proposed budget for program year 2019-2020.

For OSSE's expansion grant number 03HP000186, in program year 2019-2020 (March 1, 2019 – Feb. 28, 2020), the total federal funds received was \$1,763,361. The total amount of expansion funds awarded to the hub was \$1,384,988. For the expansion grant, in program year 2020-2021 (March 1, 2020 – Feb. 28, 2021), the total federal funds received was \$1,537,810 and the amount awarded to the hub was \$1,444,749. Sub-section B provides an explanation of budgetary expenditures and the proposed budget for program year 2019-2020 and 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 for the Healthy Futures Memorandum of Understanding with the Department of Behavioral Health (DBH). Federal baseline and expansion grant funds for the hub were budgeted as contractual costs to be issued under the agreements OSSE has in place with the hub, UPO. Within the budgets of the hub, contractual funds under the baseline grant were budgeted as salaries and fringe benefits, other costs (e.g., teacher stipends), contractual costs for training and technical assistance and indirect cost for operations. Within the budget of the hub, contractual funds under the expansion grant (2019-2020) were budgeted as salaries and fringe benefits,

contractual costs, including management of the contract for the shared services hub and other contracts with third-party vendors to conduct facility repairs to enhance health and safety, as well as quality needs at participating CCPs and to provide necessary training for staff, other objects (i.e. stipends to teachers) and indirect cost. In the 2020-2021 budget, the contractual funds issued to UPO were budgeted as detailed for the 2019-2020 budget for the original application. The Quality Improvement/Cost of Living Adjustment and COVID-19 supplemental funding included budgetary items for supplies, supplies and materials, other objects and indirect costs.

Local funds for the hub were budgeted for salaries and benefits, contractual services, supplies and materials, equipment, fixed property costs and other objects. Table 3 outlines the proposed budget for program year 2019-2020 baseline grant.

**Table 3: Program Year 2019-2020 Baseline Grant Proposed Budget**

Entity	Baseline Federal Share Operations (Salary (personnel + fringe), stipends and indirect cost)	Baseline Federal Share Training and Technical Assistance (TTA) (Ongoing training in curriculum and assessments for teachers and coaches)	Baseline Federal Share Total	Non-Federal Share (20% of the grant amount)	Total Budget with Non-Federal Share
OSSE	\$156,061	\$0	\$156,061	\$0	\$156,061
UPO	\$818,669	\$22,698	\$841,367	\$249,357	\$1,090,724
<b>Total</b>	<b>\$974,730</b>	<b>\$22,698</b>	<b>\$997,428</b>	<b>\$249,357</b>	<b>\$1,246,785</b>

Table 4 outlines the proposed budget for program year 2020-2021 expansion grant.

**Table 4: Program Year 2020-2021 Expansion Grant Proposed Budget**

Grant ee	Federal Share Base Funding (Salary (personnel + fringe), contract ual, stipends and indirect cost)	Federal Share Training and Technical Assistance (TTA) (Ongoing training in curriculum and assessments for teachers and coaches)	Local and Private Sector Funding (Subsidy funds for 166 children and comprehensive services for 94 children and diapers, wipes and gloves for the additional 72 children)	QI and COLA	COVID	Total Budget	Non- Federal Share (COVID funding exempt from NFS requirements)	Total Budget with Non- Federal Share
OSSE (OSSE and DBH)	\$385,354	\$0	\$385,354	\$7,707	\$0	\$393,061	\$0	\$393,016
UPO	\$888,495	\$31,846	\$920,341	\$78,526	\$145,882	\$1,144,749	\$347,984	\$1,492,733
<b>Total</b>	<b>\$1,273,849</b>	<b>\$31,846</b>	<b>\$1,304,695</b>	<b>\$86,233</b>	<b>\$145,882</b>	<b>\$1,537,810</b>	<b>\$347,984</b>	<b>\$1,885,794</b>

As of Nov. 2, 2020, budgetary expenditures for program year 2019-2020, for OSSE’s baseline grant, federal funds totaled \$593,465 and were spent in the approved categories. Budgetary expenditures for program year 2019-2020 local funds totaled \$916,361 and were spent in the approved categories. Table 5 outlines spending upon the end of program year 2019-2020, for OSSE’s baseline grant, which ended on Aug. 31, 2020 and OSSE’s local grant, which ended Sept. 30, 2020.

**Table 5: Program Year 2019-2020 Expenditures for Baseline Grant**

Type of Expenditure	FY20 Federal Funds	FY20 Local Funds	Total Funds
Budgeted	\$997,428	\$1,580,000	\$2,577,428
Expenditure	\$593,465	\$ 916,361	\$1,509,826
<b>Balance</b>	<b>\$403,963</b>	<b>\$663,639</b>	<b>\$1,067,602</b>

As of Nov. 2, 2020, budgetary expenditures for program year 2019-2020, for OSSE’s expansion grant, federal funds totaled \$739,640 and were spent in the approved categories. Table 6 outlines current expenditures of program year 2020-2021, for OSSE’s expansion grant, which will end Feb. 28, 2021.

**Table 6: Program Year 2020-2021 Expenditures for Expansion Grant**

Type of Expenditure	FY20 Federal Funds
Budgeted	\$1,537,810
Expenditure	\$739,640
<b>Balance</b>	<b>\$798,170</b>

During program year 2019-2020, the QIN hub evaluated each CCP facility and identified facility and material upgrades at two expansion sites; Kids Are People Too and Kids Are Us Learning Center. Unfortunately, due to the public health emergency brought on by the Coronavirus (COVID-19), facility improvements could not be made. Once the public health emergency is lifted and/or non-essential services can commence, facility improvements will move forward as planned. Facility improvements will include walls to create seven separate classrooms, remodeled kitchen, reception and office space, creation of a dual staff lounge/conference room along with classroom materials and supplies.

## 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 is from program year 2018.

## SECTION II: QIN Participation

### SUBSECTION A: CHILDREN AND FAMILIES SERVED

OSSE funds 366 slots with federal funds. The cumulative enrollment for children served in program year 2019-2020 was 371. The total number of families served in program year 2019-2020 was 337. The average enrollment of children per month, as a percentage of total funded enrollment for program year 2019-2020, related to the EHS-CCP baseline grant was 100 percent. The average enrollment of children per month, as a percentage of total funded enrollment for program year 2019-2020, related to the EHS-CCP expansion grant was 74 percent. Table 7 contains information on the number of children enrolled by eligibility type for the EHS-CCP baseline grant. The number of 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 in QIN Facilities by Type of Eligibility (Baseline)**

Type of Eligibility	Number of Children Enrolled
Income below 100 percent of federal poverty line	90
Public assistance such as Temporary Assistance for Needy Families	131

Type of Eligibility	Number of Children Enrolled
(TANF) or Supplemental Security Income (SSI)	
Status as a foster child	Suppressed
Status as homeless	Suppressed
Over income	Suppressed
Exceeding the allowed over income enrollment	Suppressed
<b>Total</b>	<b>235</b>

Table 8 contains the number of children enrolled by eligibility type for the EHS-CCP expansion grant. The number of 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 8.

**Table 8: Number of Children Enrolled in QIN Facilities by Type of Eligibility (Expansion)**

Type of Eligibility	Number of Children Enrolled
Income below 100 percent of federal poverty line	62
Public assistance such as Temporary Assistance for Needy Families (TANF) or Supplemental	52

Type of Eligibility	Number of Children Enrolled
Security Income (SSI)	
Status as a foster child	Suppressed
Status as homeless	Suppressed
Over income	Suppressed
Exceeding the allowed over income enrollment	Suppressed
<b>Total</b>	<b>136</b>

Figure 1 includes information on how long the children enrolled in program year 2019-2020 for the baseline grant were enrolled in the QIN.

**Figure 1: Percentage of Children Enrolled in the QIN, by Number of Years Enrolled**

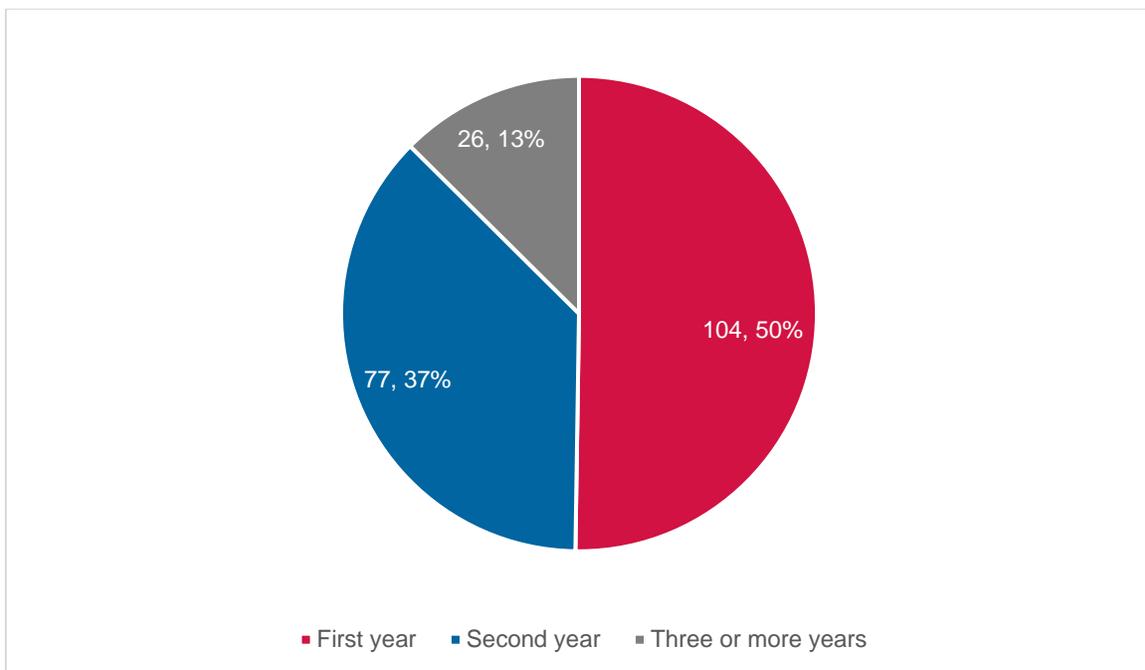
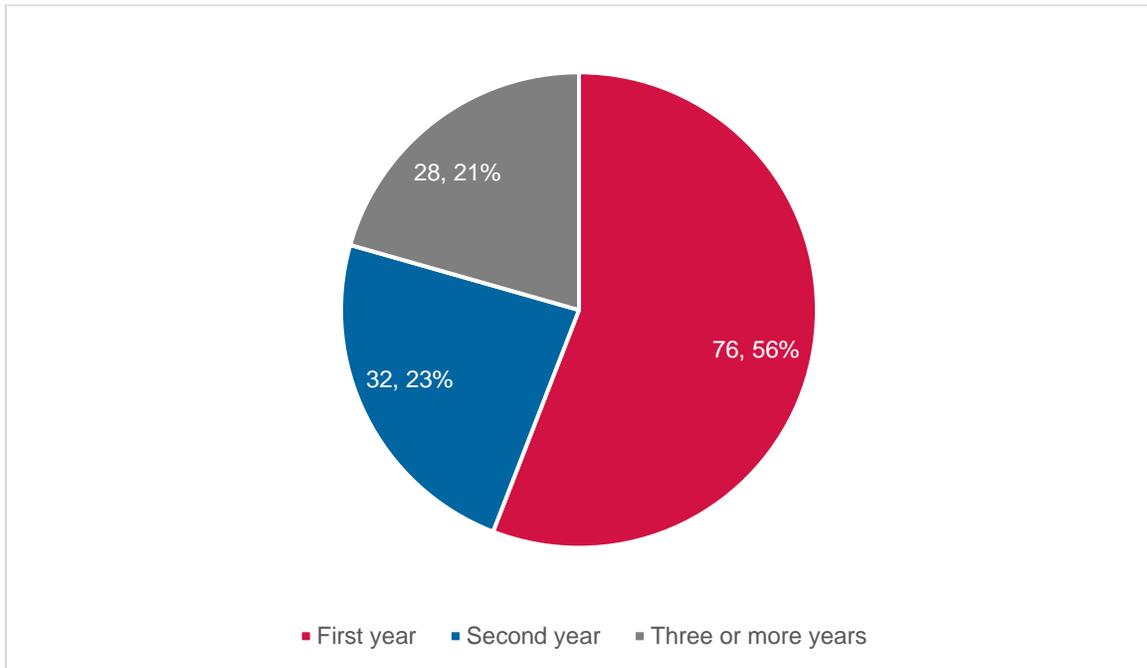


Figure 2 includes information on how long the children enrolled in program year 2019-2020 for the expansion grant had been enrolled in the QIN.<sup>1</sup>

**Figure 2: Percentage of Children Enrolled in the QIN, by Number of Years Enrolled**



The majority of children served came from single-parent homes at the time of enrollment. Figure 3 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. The number of families was removed in Figure 3 as some reported numbers were less than 10.

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<sup>1</sup> Children in their third year under expansion grant had been served through a public-private partnership prior to receiving federal funding.

**Figure 3: Number of Families Served by Type of Family at Enrollment**

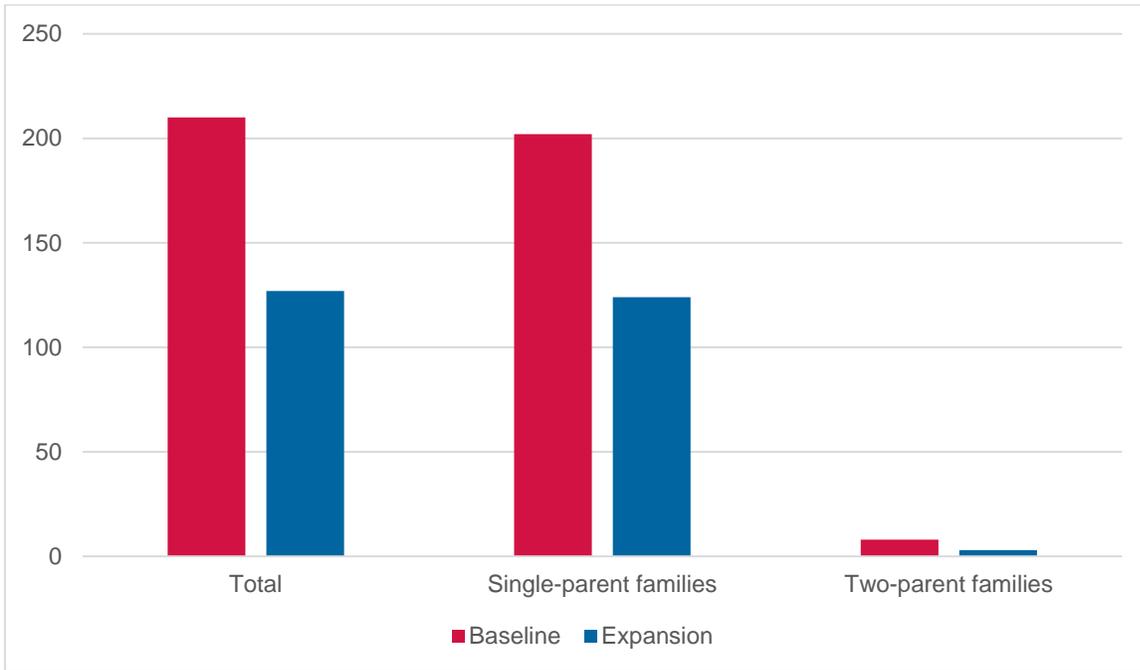
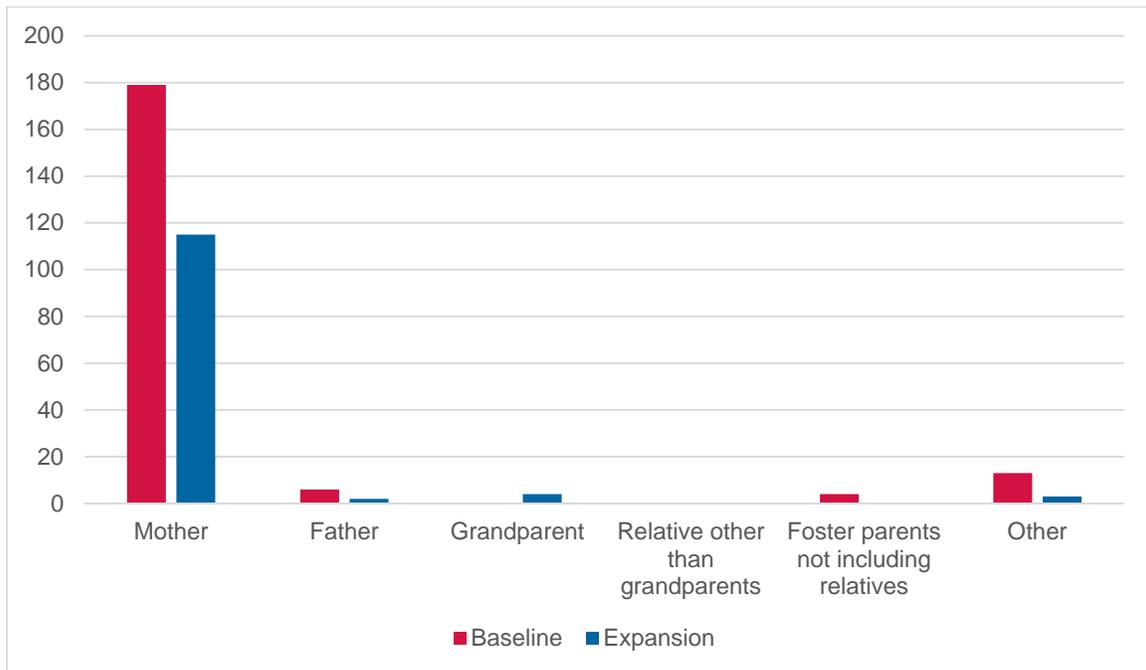


Figure 4 shows the number of single-parent families by parent/guardian description. The number of families was removed in Figure 4 as some reported numbers were less than 10.

**Figure 4: Number of Single-parent Families by Parent/Guardian Description**



In single-parent families, those with employment and those not currently working approximately evenly split (see Figure 5). 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). The number of families was removed in Figure 5 as some reported numbers were less than 10.

**Figure 5: Number of Families Served by Number of Parents Employed at Enrollment**

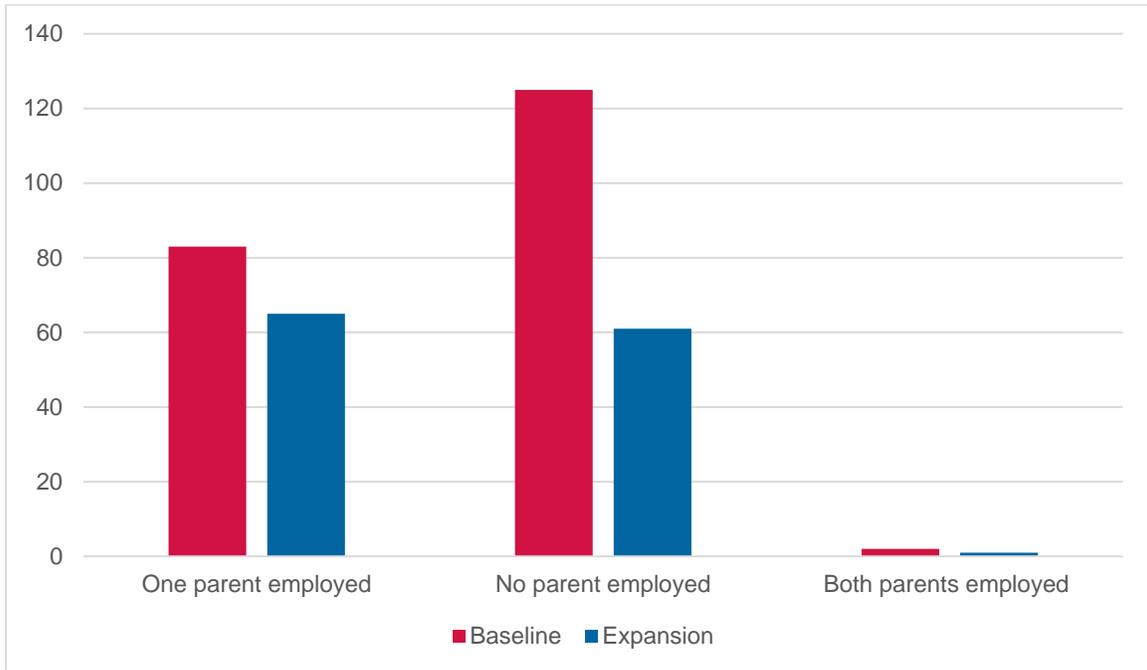
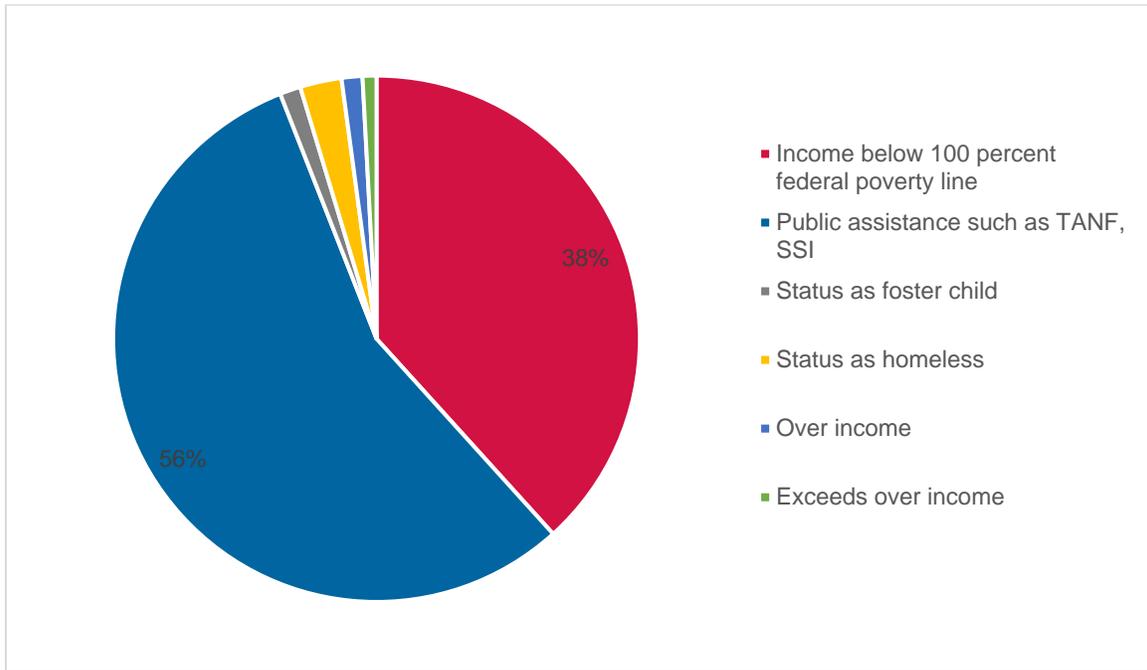


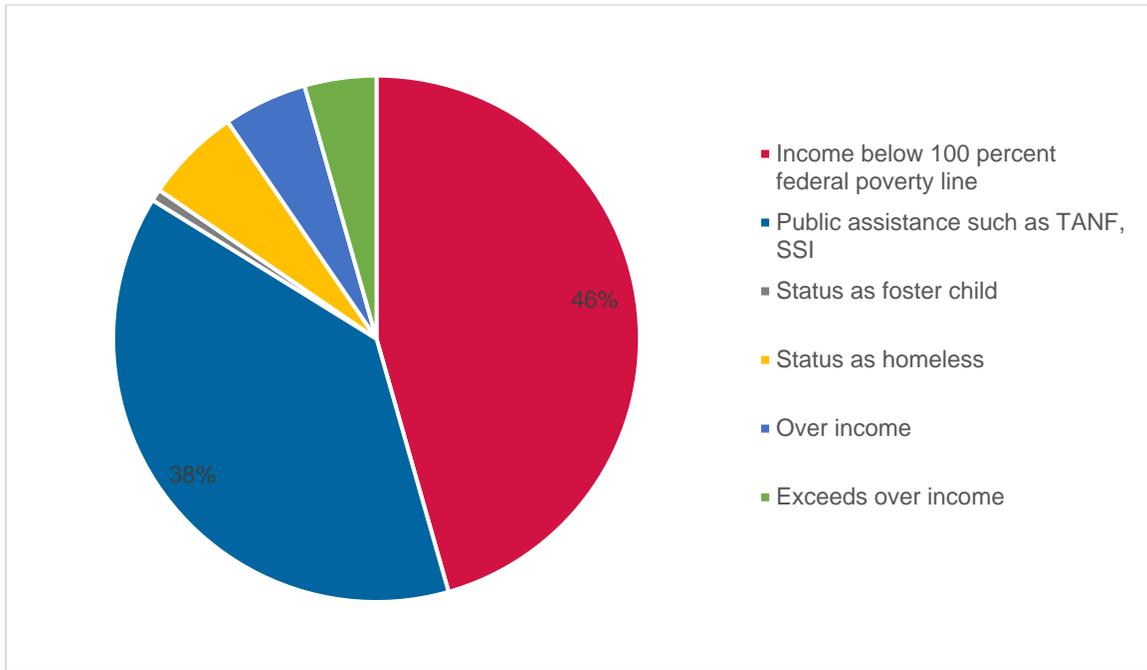
Figure 6 shows the cumulative enrollment of children by eligibility type under the baseline grant. The number of children enrolled based on eligibility type were removed in Figure 6 as some reported numbers were less than 10.

**Figure 6: Cumulative Enrollment of Children by Eligibility Type**



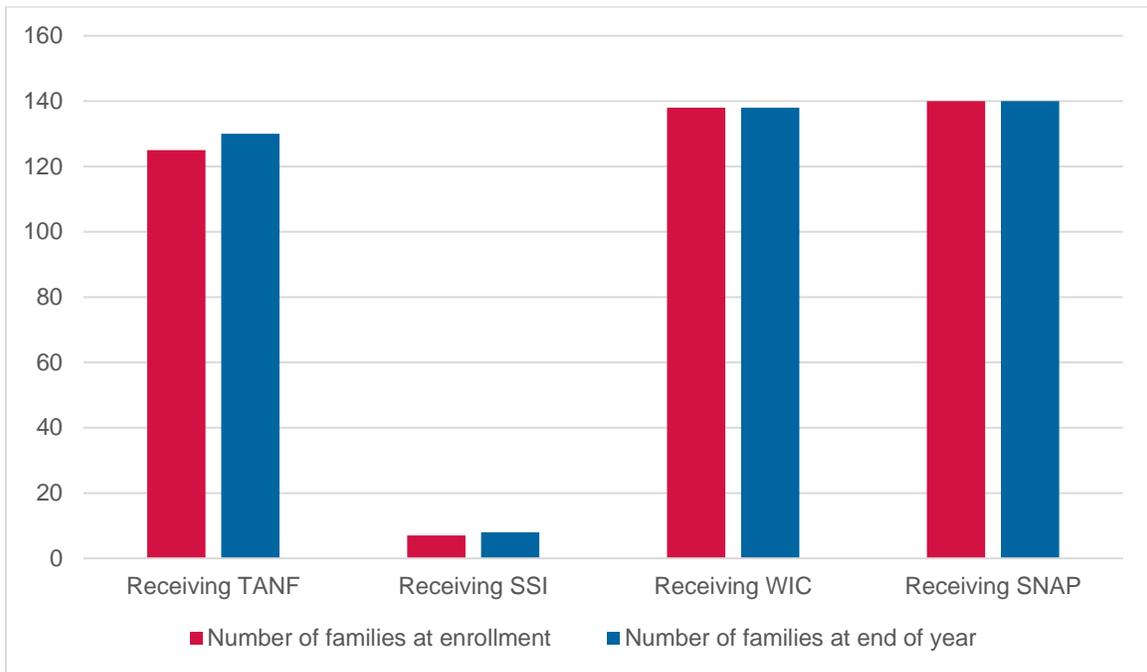
Details on the types of federal assistance that families are receiving are available in Figure 7. The number of children enrolled was removed in Figure 7 as some reported numbers were less than 10.

**Figure 7: Cumulative Enrollment of Children by Eligibility Type**

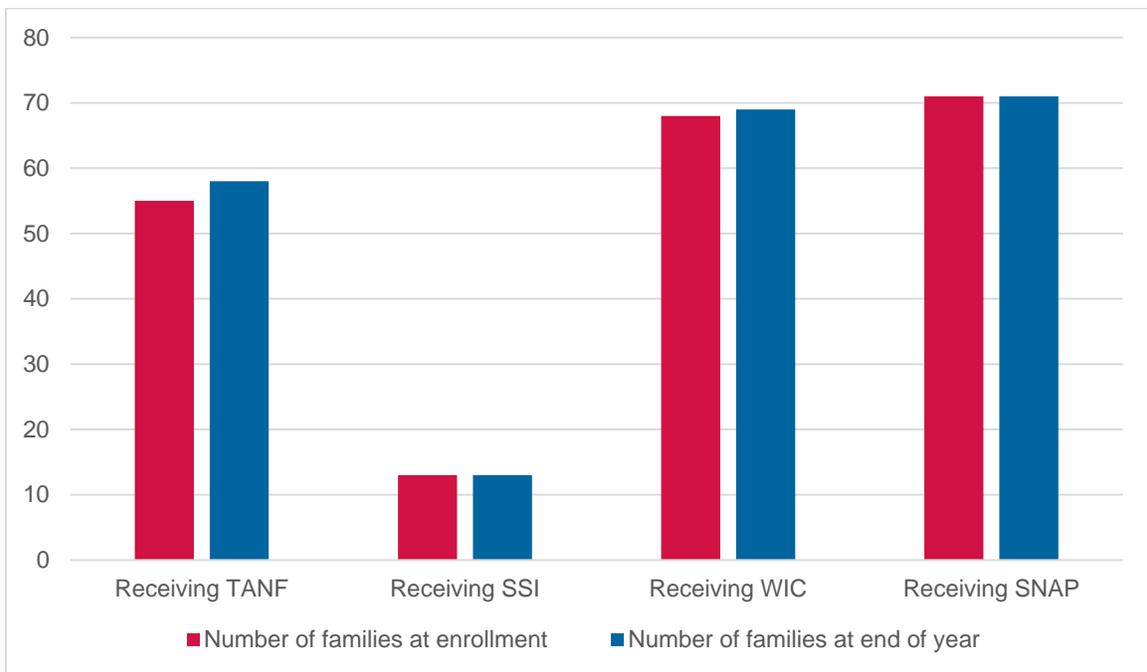


A breakdown of the number of families by assistance type can be found in Figure 8 for the baseline grant and Figure 9 for the expansion grant. The number of families was removed in Figure 8 and 9 as some reported numbers were less than 10.

**Figure 8: Number of Families by Type of Federal Assistance or Other Assistance Received**



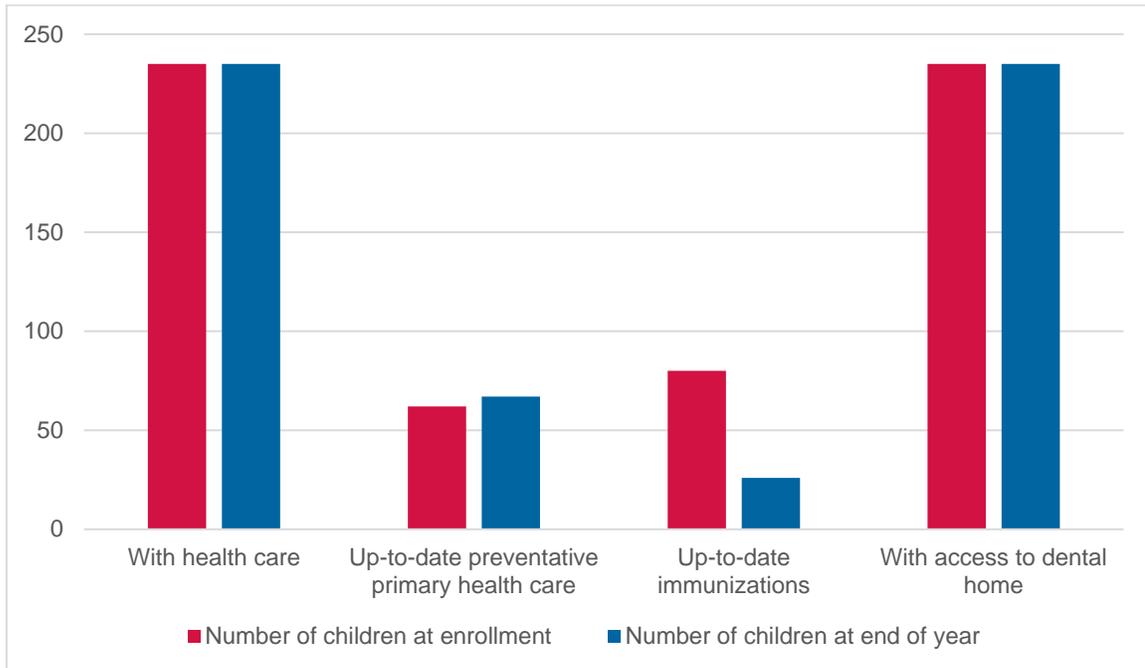
**Figure 9: Number of Families by Type of Federal Assistance or Other Assistance Received**



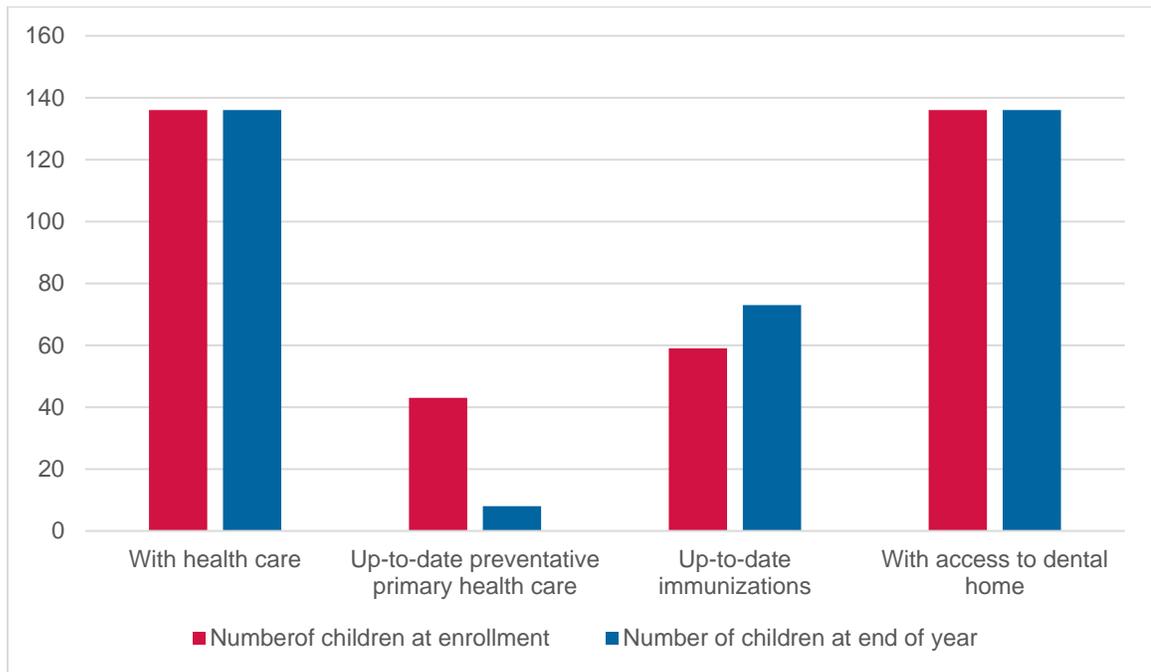
The physical, nutritional, mental and oral health needs of children are priorities. Figures 10 and 11 show the number of children enrolled by the types of health services and health insurance

coverage they are receiving. The number of children was removed in Figure 10 and 11 as some reported numbers were less than 10.

**Figure 10: Number of Children Enrolled by Type of Health Services Received**

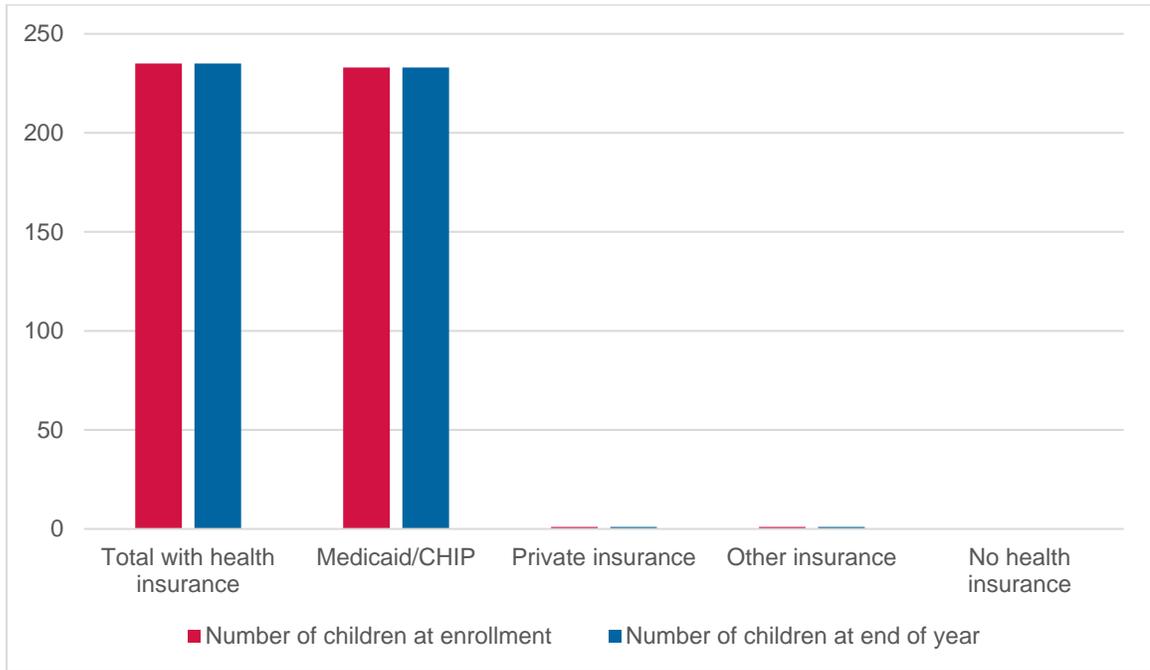


**Figure 11: Number of Children Enrolled by Type of Health Services Received**

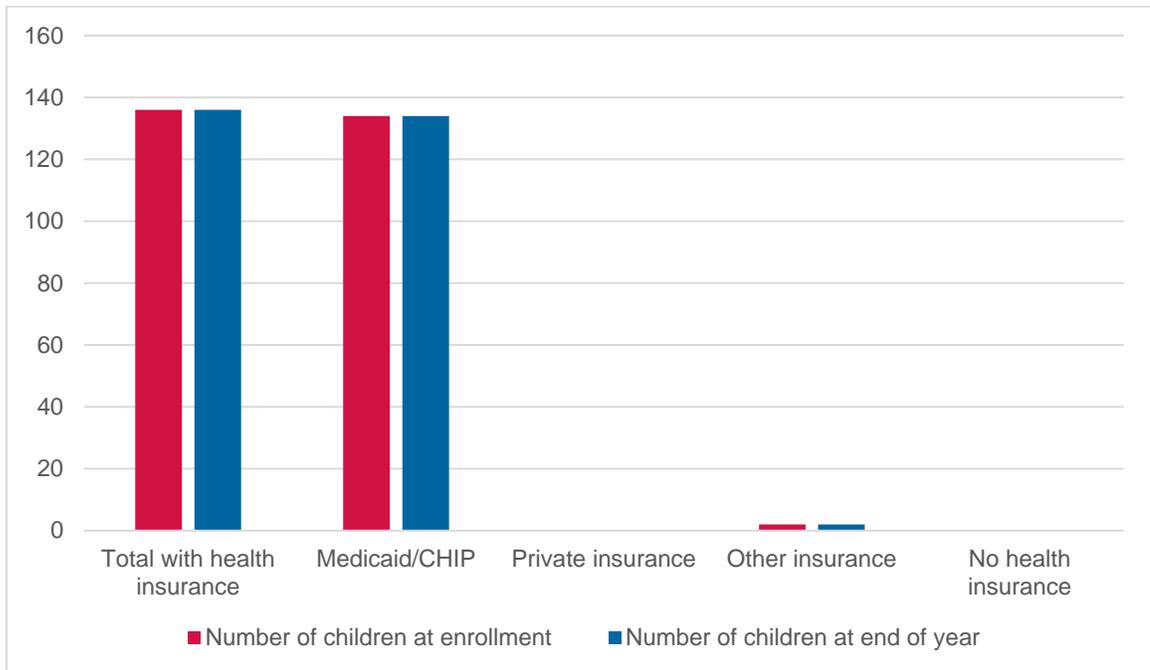


Figures 12 and 13 provide a breakdown of children enrolled by health insurance type. The number of children was removed in Figure 12 and 13 as some reported numbers were less than 10.

**Figure 12: Number of Children Enrolled with Health Insurance by Type**



**Figure 13: 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 has implemented to ensure the needs of the children are being 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.
  - 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 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 families 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 a partnership with Strong Start, the DC Early Intervention Program (DC EIP). OSSE continues to strengthen the relationship between QIN and Strong Start through its Ages and Stages Questionnaire (ASQ) online initiative. Through this initiative, CCP teachers and administrators will be provided 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. This initiative will produce a universal process for completing ASQs, submitting referrals and rescreening. Through this process, teachers will have more immediate data available to them to individualize instruction and support children in families to attain their identified developmental goals. In addition, OSSE will have access to the data in order 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 training on the ASQ, third edition (ASQ-3) and ASQ: Social-Emotional, second edition (ASQ: SE-2) and will receive ASQ online implementation training by Nov. 30, 2020 along with online access to the ASQ.

- The Head Start Program Performance Standards (HSPPS) 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 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. Additionally, DC Action for Children and the Bainum Family Foundation support the interagency steering committee. 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 EIP, 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 2019-2020, as found in Figure 11.
    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 preventative health screenings for program year 2019-2020 baseline

grant was 26 percent. This is a decrease from the previous year when 53 percent of children were up to date on preventative health screenings at the end of enrollment.<sup>2</sup> At the end of enrollment, the percentage of children up-to-date on preventative health screenings for program year 2019-2020 expansion grant was 6 percent. This is also a decrease from the previous year when 42 percent of children were up-to-date on preventative health screenings at the end of enrollment.<sup>3</sup> It is important to note that the health care system was heavily impacted by the Coronavirus (COVID-19) public health emergency, with many health care providers significantly reducing the number of patients seen 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 2019-2020. This is an increase from the 2018-2019 program year when only 21 percent of children had access to a dental home.

## SUB-SECTION C: INFORMATION RELATED TO PARENT INVOLVEMENT ACTIVITIES

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

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<sup>2</sup> 2019 Annual Report

<https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2020%20QIN%20Annual%20Report.pdf>

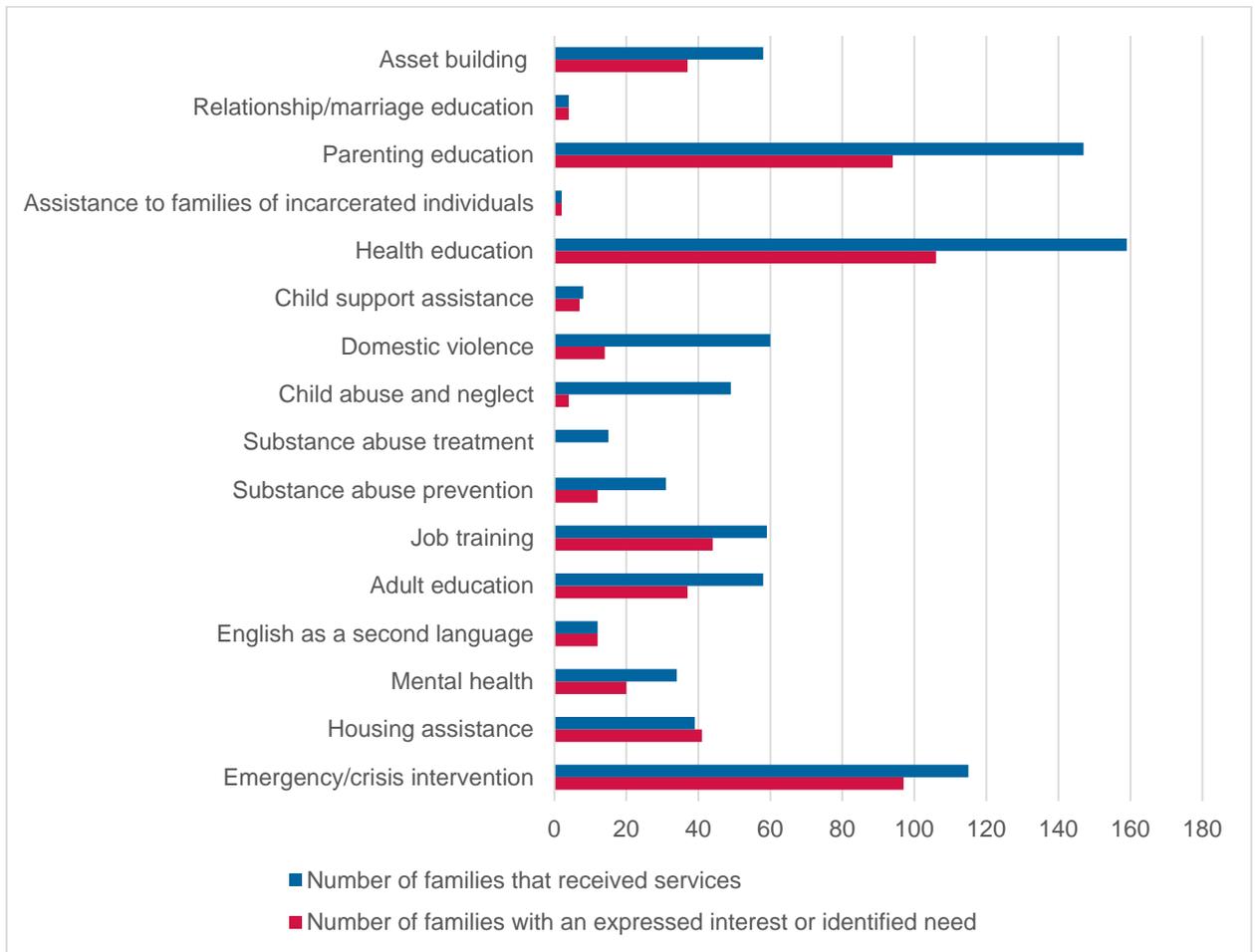
<sup>3</sup> Ibid.

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. 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 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.

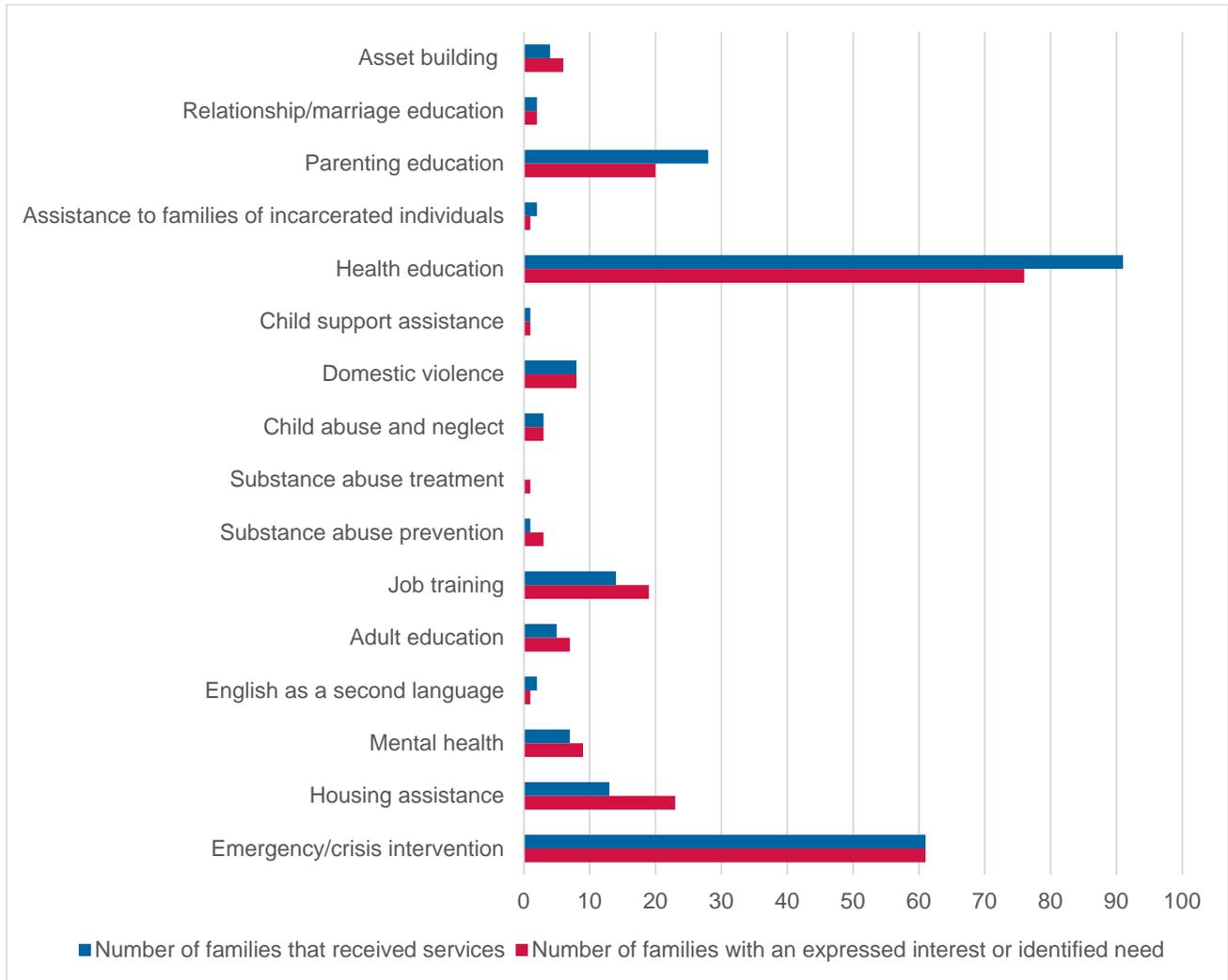
Other ways in which the FES supports families include providing opportunities for children and families to participate in program activities such as family literacy services that will enhance staff-family relationships, coordinating and integrating Head Start services in order to enhance effectiveness and supporting families in accessing other community resources. During program year 2019-2020, all families served under the baseline and expansion grants who expressed

interest in additional supports received it regardless of identified need (see Figure 14 and 15). Data labels for the number of families by services received (Figure 14 and 15) have been removed as some were reported as less than 10.

**Figure 14: Number of Families by of Services Received**



**Figure 15: 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, Table 9 shows the family engagement activities that fathers participated in directly under the baseline grant.

**Table 9: Number of Fathers/Father Figures who Engaged in Various Family Engagement Activities (Baseline)**

Activity	Number of fathers/father figures engaged
Family assessment	54
Family goal setting	56
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#### SUB-SECTION D: THE AGENCY’S EFFORT TO PREPARE CHILDREN FOR KINDERGARTEN

Seamless birth to 3 transitions are important part of Head Start 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 fiscal year 2018, 72 percent of 3-year-old children and 86 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.<sup>4</sup> In program year 2019-2020, four of the 16 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

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<sup>4</sup> Fiscal Year 2018 Pre-K Report, <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/OSSE%20Annual%20Pre-K%20Report%202018.pdf>

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

In an effort to help educators connect theory and practice, UPO has continued 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. Through a contract with UPO, Teaching Strategies provided curriculum, coaching and assessment refresher trainings for teachers and coaches for Teaching Strategies GOLD. Throughout program year 2019-2020 professional development opportunities were also offered to help equip teachers to use the Teaching Strategies GOLD assessment 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 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 EIP 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 to ensure that children are having timely and smooth transitions between the two programs.

During the 2019-2020 program year, the program successfully guided, supported and encouraged continued educational attainment, stable employment, housing and resources for

several parents. One parent, who served as president of her parent committee and as secretary of the policy council attended parent cafés, ACT Raising Safe Kid and most notably completed her associate's degree in early childhood education, during her time in the QIN, all while raising three children. At the end of the 2019-2020 program year, her youngest child transitioned to pre-K, but she expressed joy in being part of the QIN, gratitude for the new skills she learned (e.g., parenting, leadership, advocacy) and the resources she was able to have access to (e.g., diapers, food, toys and mental health support). This parent is now pursuing a bachelor's degree in early childhood education from the University of the District of Columbia. Another parent found herself facing challenges shortly after the birth of her child. With the support of the QIN and through the receipt of metro fare cards, diapers, one-on-one parenting sessions, she was able to refocus her efforts to complete her high school diploma while also pursuing an unarmed security officer certificate. Lastly, a single mother found herself homeless, without transportation and employment. Her FES connected her with resources (e.g., clothing, groceries, diapers, wipes, gift cards) and worked with her to create a resume, apply for jobs and prepare for interviews. Through the support received, this mother has started her own photography company and works with her FES to continue establishing new goals and achieving them. These stories only begin to scratch the surface of the impact the QIN has achieved through the EHS-CCP grant.

OSSE looks forward to submitting the continuation grant application and will continue to expand and leverage federal, local and private funding to provide high-quality early childhood education to the District's most vulnerable and youngest learners and their families. In the past year, the QIN has improved in several areas, including, but not limited to, monitoring implementation of the HSPPS and providing technical assistance as needed; streamlining the eligibility, recruitment,

selection, enrollment and attendance (ERSEA) collection of data; policy council engagement and empowering members and QIN families to be their child's best advocate and informing systematic changes based on the monitoring of child progress. These are areas that OSSE will continue to build and approve upon. Additionally, OSSE will continue to look for ways to incorporate feedback from our families, collaborate with the early learning community in the District and make system improvements to the QIN program.

## APPENDIX A: 2018 FINANCIAL AUDIT

The most recent financial audit, which is from 2018, may be accessed at the following link:

[https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/DC%20Government UG-S18%20080719.pdf](https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/DC%20Government%20UG-S18%20080719.pdf)