

**ADAMS COUNTY HEAD START
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Section I. PROGRAM DESIGN AND APPROACH TO SERVICE DELIVERY

SUB-SECTION A: Goals

PROGRAM GOALS: MEASURABLE OBJECTIVES, EXPECTED OUTCOMES, CHALLENGES, AND REVISIONS

Due to the decrease in number of children now served not all outcomes can be compared to previous years. Adams County Head Start has 256 slots, 193 less than years 1-2 of the grant. This change impacted the baselines for some of the program objectives.

Program Goal 1: Adams County Head Start (ACHS) will enhance comprehensive services to maximize children's potential to enter kindergarten with a successful academic and social emotional foundation.

Objective 1: Providing professional development for teaching staff to increase instructional support in their teaching practices will result in 64% of our teachers demonstrating a positive increase in their CLASS scores from fall to spring annually.

Overall, the program rated at or above the national average scores in the areas of Emotional and Instructional Support; however, a .67 decrease in Classroom Organization was identified in this year's CLASS scores compared to the national average scores. When this year's scores were compared to last year's, a decrease of .36 was observed.

The program did not meet the anticipated 64% increase; only 47% of the teachers demonstrated growth from their CLASS pre to post scores in at least one of the domains. Scores from five teachers were not included; two left the program, two started later in the year, and one was a substitute teacher.

Three teachers scored lower on their CLASS scores averaging a .42 decrease. CLASS outcomes for this year reflect the need for supplementary training in the Classroom Organization and Instructional Support domains. Factors potentially impacting the outcome were the need for

additional observation and scoring training for education supervisors to ensure consistency of scores with fidelity.

A plan to reach the 64% benchmark was developed and is to be implemented next year. CLASS observers will be trained to enhance fidelity of the tool and teachers will receive CLASS training to increase knowledge in all domains. Additionally, the program will utilize a peer coaching approach to support teachers who need additional guidance. Staff who scored the lowest will receive additional support from the education coach.

Objective 2: Increase exposure to family literacy by participating in the Families and Fathers Reading Every Day (FFRED) program resulting in determining the baseline in year one of five; from year two through five, the program will experience: a 10% increase on # of reading hours at home; a 5 % increase in # of books given to families by Head Start; and a 10% increase in the # of families reading to their children at home.

Objectives two and three were merged in 2015-2016. See outcomes under objective three.

Objective 3: Promote the importance of parent involvement in building their child's literacy and vocabulary skills. Parent participation data from the first grant year in literacy and vocabulary knowledge will be used to identify a baseline of our HS family community. The parent participation baseline will increase by 3% annually.

Family participation was significant this year. Adams County Head Start served two hundred and eighty families. One thousand five hundred and seventy-eight family members participated in reading time with their children, generating 2,250 hours. Participants received one book per week, with a total of 741 Fathers and Families Reading Every Day (FFRED) books distributed. This year's parent participation increased by 91%; hours of reading time by 93%; and books given to families by 119%.

This year's Cultural Literacy Festival took place in May with 342 adults and children attending. Children engaged in a myriad of activities that focused on book themes to enhance

early childhood literacy. Families also had the opportunity to participate in a book swap. The activities were a big success in promoting literacy as evidenced by the number of participants.

Three thousand six hundred and three books were checked out by families who participated in the Lending Library program. Approximately 790 hours of adult reading with children were generated and 727 family members participated this year. As mentioned earlier the program moved to an all full day model which decreased our enrollment slots by 193; even with this decrease, participation only decreased by two parents.

The Family Connection program continued the promotion of early literacy at home. Each family in the program received nine books this year, 3% more than last year. Teachers introduced the books through classroom activities and they also presented the same books to the parents at parent cafés while demonstrating how parents can engage their child while reading. Throughout the year families had the opportunity to participate in five extension activities related to the book. These activities were completed in the home by the parent and child. Four hundred and thirty-six individuals read to a student at home, generating 602 reading hours; almost double compared to last year.

Objective 4: The health and nutrition area will strengthen the follow-up process in place for children who have been identified at high risk for health/nutritional needs as evidenced by initiating the follow-up process through the following steps: Provide screening form with necessary follow-up to parent day of screening; Create a COPA referral for that child within 5 business days after screening; Case note all communication with family regarding necessary follow-up; If amenable with family, establish a FPA goal based on referral and necessary follow-up if necessary appointment with referred specialist is not complete within one month of referral notification; and Expecting a 5% annual increase in the completion of hearing, vision and dental referrals from baseline established 2015-2016.

All children needing a referral received one within five days after their screening. The total

number of referrals made, for both sensory and dental treatment, was 146 and 100 of these were completed by June 2018. This is a 20% increase for completed referrals from 2017. Based on the referral process areas needing improvement last year, the goal of a 10% annual increase was achieved. All referrals that remain in progress are for children expected to return for their second year at ACHS.

This year dental screenings began in early September and only two centers had their second six month dental screenings during the first week of May. This allowed more families the months of May and June to receive follow-up care from their dental homes. Additionally, the health team was able to work with the Family Service Specialists (FSS) at two centers in order to develop family partnership agreements with two families who were referred for dental and vision needs. Both families were able to verbalize barriers and develop a plan for their children to receive the recommended follow-up care based on the screening referral. In both cases, each child received the recommended oral health care. In addition, one child also received the prescription glasses needed for vision correction.

The health team continues to contact families as file audits take place during the remainder of June and July to provide support for any necessary care, including returning children who will still be receiving care next year. The health specialist (HS) will determine whether a family goal is amenable for the parent/guardian to successfully support and meet the family where they are at in this process. Families who developed health goals this year felt supported. They understood the importance of the early screening process and of receiving the necessary follow-up care.

Reasons for incomplete referrals mirror similar reasons as previous years: the child dropping

out of the program or transitioning to kindergarten; medical/dental providers not having appointment times available that corresponded to the schedule of the family's availability; the appointment needing to be scheduled at a much later time after the referral was given to the parents; and some parents choosing not to follow up on the referral even after receiving support and guidance regarding the timeliness surrounding their child's medical/dental care.

Objective 5: Provide parents with a minimum of three annual group based parent education sessions on developmental and social-emotional topics. The baseline for parent attendance will be established in year one and a 3% annual growth is expected.

Six successful parent education sessions on social emotional and development topics were offered this year. There was a 16% annual growth in parent attendance, vastly surpassing the anticipated 3% increase. Last year, a total of 82 parents participated in at least one of the three parent workshops. This year 95 attended at least one of the six workshops. There is only a difference of 13 parents in attendance from last year. Considering the reduction in program slots by almost half compared to last year, the percentage of parents participating is definitely higher this year.

Various educational opportunities were offered this year. In November and March the mental health consultants presented topics related to managing challenging behaviors and social emotional development during the transition to kindergarten process at all parent cafes.

In October and April parents had the opportunity to connect and relax with their children through creative movements, songs, stories, and games in the Family Yoga workshop offered by a licensed pre-school yoga teacher. Parents learned about the benefits of mindfulness and yoga practice including how it helps increase focus, self regulation, emotional expression, and the

enhancement of the connection of feeling the body and connections with others. Eleven parents participated in these activities. Additionally, a workshop on special education law was offered in December and one parent attended. The January's workshop on Advocacy did not have any participants.

In addition to the workshops, ACHS continued providing therapeutic services with the support from Denver Children's Advocacy Center. Seven families, facing multiple barriers accessing mental health treatment, received onsite therapy free of charge to them and to ACHS. These services were made possible through a grant from the Rose Foundation secured by the Denver Children Advocacy Center to ensure vulnerable children are able and ready to learn no matter their circumstance.

Objective 6: Identify teaching staff needs related to mental health and special education. The education and support areas will work closely to coordinate training for staff.

To support children experiencing learning/behavioral challenges the collaborative team composed of the education supervisor, teachers, special education school district personnel, mental health consultant, and the special education and support services program supervisor attended monthly collaborative meetings. Based on several sources professional development needs for the education staff were identified by the special education and support services program supervisor. The sources included the Teaching Pyramid Observational Tool (TPOT), teachers' feedback gathered in monthly collaborative meetings, and teacher surveys. After identifying staff professional development needs, the special education and support services program supervisor and education manager incorporated trainings.

The Special Education and Support Services department provided 16 trainings/educational

opportunities on mental health and special education topics for the teaching staff. They received seven trainings on classroom management. These were Proactive Teaching, Building Positive Relationships with Students, Motivating Students through Incentives, Decreasing Inappropriate Behaviors through Ignoring and Redirecting, Teaching and Promoting Social Skills and Problem Solving, Managing Anger, Utilizing Friendship Skills and Understanding, and Communicating Feelings. Two other trainings were offered by the mental health consultant on Trauma in the Classroom and Its Impact on Development, Learning, Behavior, and Classroom Dynamics; along with Compassion Fatigue and Self-Care for Long Term Health.

Six additional educational opportunities were provided through a Resilient Educators group where education staff had the opportunity to explore topics related to compassion fatigue, secondary stress, self-care and resiliency, and learned about basic mindfulness practices to incorporate in the classroom and their personal life. Participation was a success, as 100% of the teaching staff attended at least one Resilient Educators group meeting.

Objective 7: Align professional development needs with each area to maximize ACHS's quality of services.

Adams County Head Start paid tuition for teachers pursuing educational advancement. This year seven education staff successfully completed college classes/degrees. By the end of the school year, one staff received a Child Development Associate, four are working towards an AA/AS, and two are working towards a BA/BS.

Family services staff received two special education and mental health trainings. The first was on How to Navigate through the Mental Health and Special Education Process in ACHS. The second was on The Trauma-Informed Approach and Self-Care. All FSSs have the Family

Development Credential and the family service leadership team received a Reflective Leadership training to align leadership practices with the Family Development Credential. Family Services Specialists will receive a refresher course in August.

In September the health and nutrition services manager became a certified asthma educator. The health team was trained on Managing Challenging Behaviors and How to Navigate through the Mental Health and Special Education Process. This year members of the health team were invited to present at the NHSA Conference held in Austin, Texas on unique processes used by the program to work with families and on cultivating medical provider partnerships. The nutrition leadership team attended trainings on updated CACFP menu requirements which were implemented this year.

Adams County provides numerous trainings for employees at no cost to the program. For example, a detailed training on Cultural Humility was provided for employees in an all day session. In addition, certificate programs are offered for Organizational Professionalism and Organizational Leadership. Other classes on skill building, cultural awareness and wellness trainings are also offered. The county also implemented the “LEAD Reads” which helps staff expand their learning through books.

Objective 8: Enhance case management efforts across the program through the implementation of motivational interviewing and stages of change frameworks in addition to improving the current case management process. The program will develop an action plan with timelines to track and measure progress and identify necessary changes.

The program continues to use case management and Motivational Interviewing (MI) as fundamental philosophies to identify family needs, their priorities, and meeting the family where they are to help them achieve their goals. In 2017-2018, the family services team participated in

a one day advanced MI training hosted by the Human Services Network of Colorado. All eight FSSs and their supervisor attended and were trained on advanced concepts of communication and change talk, motivational stages, principles of MI, and the benefits of MI. With this knowledge and skills, the FSSs have been able to provide effective case management for families. The program is working to schedule a MI refresher training for the family services staff next year. As a way to ensure and track that MI is being used the area has adopted a new case note technique called DAP (Data, Assessment, Plan) which staff were trained on. Brief DAP refreshers have taken place during Family Services team meetings. Since the implementation of DAP, a case note audit was completed by the quality assurance manager. During the audit 3 files from each FSS caseload and 2 files from family services supervisor were assessed to identify whether DAP was being implemented in case notes. The results indicated that 11 files had the appropriate format and 15 did not. Three FSS's and their supervisor demonstrated an understanding of its implementation and five FSSs appeared to need further training. Going forward the Family Services team will receive another training on DAP in August and will have frequent refreshers to ensure proper use of the technique. If staff continues to struggle, their supervisor will work with them on an individual basis. The Family Services leadership will conduct DAP audits for proper use and consistency.

This year the health team attended a one day Advanced Motivational Interview conference provided by the University of Denver School of Nursing. The conference was specifically designed for healthcare professionals working directly with clients on health issues related to readiness, barriers, and motivation to change. This advanced course will also help serve future

efforts to build a robust tobacco cessation initiative for families in ACHS.

The health team continues case noting as a mechanism to measure the health specialist's ability to utilize MI skills. The expectation is that HSs use case noting to align subjective, objective, assessment and plan (SOAP) information. This includes indicating families' barriers and the support provided by the HS for the family to receive necessary medical/dental care. Additionally, the team is also expected to accurately describe the family's willingness toward the behavioral change(s) and document the support provided to the parent/guardian working on completing the recommended follow-up.

The health and nutrition manager (HNM) conducted a random audit of 50% of all incomplete referrals measuring the team's use of the new case note guidelines and to receive an equitable measure amongst all HS. Audit outcomes indicated that 43 referrals were incomplete as of mid-June. Twenty-two of these referrals were randomly selected to assess if case notes had the necessary information to understand why the child did not receive the needed care. The results were as follows: 32% of them did not address the parent/guardian's barriers/reasons why the follow-up could not be completed within the year. Fifty-nine percent of the twenty-two referrals had case notes that included what the HS did to support the family. Sometimes support provided was to contact a medical/dental provider for the family, or to explain why the referral was provided and continue to encourage the parent to receive the care necessary for their child. Sixty-four percent of the twenty-two referrals indicated the parent's willingness to follow through with scheduling an appointment and receiving the care necessary with either a future appointment date noted, or a verbalization that the parent was going to call their provider to schedule an

appointment that week. Out of the fifteen barriers noted, the top three barriers were time to schedule and bring their child to a follow-up appointment, forgot to schedule an appointment, or the parent simply did not understand the process.

The HNM will continue to work with each health specialist to fine tune their MI practices as well as their case noting during the next year. Case note audits will continue throughout the year to help identify the team's strengths and weaknesses so the program can effectively advocate for families and help the parents become their child's best role model in preventive care.

Program Goal 2: Adams County Head Start will strengthen the transition process to the local school system for children and families so that Head Start children succeed in kindergarten and beyond. Goal 2 Expected Outcome: Parents know how to navigate the school system to ensure their children's needs are shared with the local school system and addressed.

Objective 1: 100% of families will understand their child's developmental progress throughout the school year and will be informed of the progress their child has made to meet expectations set for children starting kindergarten. The content shared with families includes developmental progress discussions, sharing of portfolios, and TS GOLD information; parents will receive information of the school district's general entry to kindergarten developmental expectations; families will receive developmentally appropriate activities that help maintain and strengthen children's developmental skills during the summer months before entering kindergarten.

Parents received information on their child's developmental progress throughout the school year through several venues, such as parent teacher conferences, home visits, and one-on-one discussions. Per the self-assessment, the anticipated outcome was achieved. One-hundred percent of families who participated in a second parent teacher conference or last home visit received their child's TS GOLD outcomes. During the May home visits families were given kindergarten transition guides that included information about kindergarten readiness, resources for families, and contact information for all public schools in Adams County. They also received

activities to help their child maintain and strengthen academic skills over the summer months.

Objective 2: HS parents will learn about the school options available to them including their home school and other options. A 10% increase on the following is expected by year five of the grant. The baseline being the outcomes generated from the previous year's data; Number of parents attending the Kinder Transition parent cafe; Number of parents who selected a school for their child before the program year ends; Number of transition packets given to parents containing information about the school and an identified point of contact for future questions.

Kindergarten transition was the focus of the January parent café at each center with 49 parents attending; which was a 44% increase in attendance from last year. Parents learned about the school districts' guidelines on what their child needs to know to be ready for kindergarten as well as the options offered by the school districts' Choice program. Choice is an event that provides a window of time where school districts offer families the opportunity to register their child at a school other than their designated school.

Out of 295 children enrolled 204 are of age to transition to kindergarten. Out of these, 34 left the program prior to the end of the school year and 170 completed the year. Ninety-nine percent of the 170 selected an elementary school prior to the school year ending.

Objective 3: In collaboration with the school districts the education leadership will establish kindergarten developmental expectations. After year one, these meetings will take place annually and an annual debriefing meeting at the end of each program year will be held to identify how the process can be strengthened by the collaboration.

This objective was omitted before the start of the 2016-2017 program year and its omission was reported in last year's grant application.

Objective 4: The receiving school is aware of the child's needs and the parent has the necessary health/nutritional documentation in place before school starts. This successful transition will be measured by Establishing a relationship with school district RNs/Health Clerks; Number of parents with children who have health/nutritional needs contacted by the Health Specialist to provide guidance and support through the transition process will

increase by 5% annually where baseline is established 2015-2016; and The number of parent contacts, case management support provided by the health team, and number of children who left the program with the necessary documentation needed by the school to address their health/nutritional needs will be 85% annually.

In 2017-2018 the program supported families on how to collaborate with the chosen school district health and nutrition teams in order to aid them in the kindergarten transition process for their child's medical/dietary needs. There were 27 children with health/nutrition needs throughout the year. Eighteen families chose schools and only four of the 27 children dropped from the program. Additionally, one health care plan was no longer needed as the child grew out of the allergy.

By mid-May three families were still unsure of which school their child will attend in August. Last year 10 families successfully made contact with the chosen school. This year five out of the 20 families (25%) had chosen a school and successfully made contact with the appropriate health or nutrition office in the school by mid-June. The three families, who are still undecided on a school at this time, plan on contacting the school in August. Although this is a 15% decrease of families who made contact with their health and/or nutrition departments last school year, the health team successfully provided guidance and advisement. The team also gave families the paperwork needed to provide their chosen school prior to their child starting. The packet contained their chosen school's health and nutrition contact information, blank health care and special diet forms, as well as other necessary medical information. This information was provided to 100% of families (23) whose children remained in the program until the end of the year. Based on last year, the anticipated outcome was 85% of families were to receive guidance and advisement this year and we exceeded this goal.

In June the health team attempted to follow-up with parents in regard to contacting the health and nutrition department(s) of their chosen school. Eleven parents were unavailable for various reasons: voice mail was full, no email available, phone disconnected, etc. We successfully left messages or sent emails to seven out of the 11 parents (64%) to determine if further support was needed and if they contacted their chosen school. Follow-up will continue until the end of June.

The program continued guiding families on how to advocate for their child's special dietary needs (religious restrictions surrounding specific foods, etc.) without a required Health Care Plan. The process included giving parents the public school forms in English and other languages as needed.

Objective 5: HS children with special developmental and/or mental health needs successfully transition to the receiving school(s) as measured by an annual increase of 3% of parents making at least one contact with school personnel to discuss their child's individual needs after the baseline number is set in year one of five.

Based on criteria set by ACHS, 20 out of 23 students with special education and/or mental health needs successfully transitioned to kindergarten this year; surpassing the anticipated 3% annual increase from the 66% baseline. Eighty-seven percent of students with IEPs successfully transitioned.

The criteria used to identify a successful transition were:

- formal enrollment took place
- receiving school obtained a copy of the IEP paperwork
- parent/guardian knew the school district and their child's home school
- a school was selected
- parent had the opportunity to contact/meet a representative of the school

- parent expressed feeling confident that the transition to kindergarten was successful

Objective 6: Provide the professional development necessary and implement monitoring processes to assess the transition efforts. The process will be monitored by the Area Implementation Action Plan quarterly.

The family services area received kindergarten transition information at FSS staff meetings beginning in September when the area's timeline for kindergarten transition was reviewed with the team. Throughout the year monthly transition tasks were reviewed at each meeting. In February the family services area received training on kindergarten transition covering the Head Start Performance Standards (HSPS), the kindergarten process, and forms to ensure compliance and completeness. The outcome is measured by the number of kindergarten transition packets distributed to families; one hundred percent of the families who completed the school year who are transitioning to kindergarten received these packets.

The health area received kindergarten transition process training in November and monthly supervision meetings were held with each team member to review this process for transitioning children. The HNM provided a universal template at the beginning of the year to track transitioning families with dietary needs and health care plans (HCPs). The health area put a plan in place that resulted in 85% of families transitioning. The team provided families with guidance, tools to advocate for their child's health and nutrition needs while in public schools, and appropriate support on how to manage this process so their child receives appropriate health care while attending their chosen school district. Additionally, they continued to educate families on school lunch policies and provided blank HCP forms for families to follow the selected school's process.

This year the program was unsuccessful in identifying any training that solely encompassed the principles of the teach-back method. Instead, the team was trained in August on proper case noting methods using the SOAP noting format to capture details of any guidance or parent advocacy provided by the health team. Additionally, the HS attended an advanced motivational interviewing (MI) conference, which included principles on paraphrasing and teach-back techniques within the MI framework.

The special education and support services program supervisor provided an orientation in August for the education, family services, and health staff to discuss the importance of working as a team in supporting the students and families with IEPs for a successful transition to kindergarten. The orientation included staff roles and responsibilities throughout the transition process. During collaborative meetings in March and April the team gathered required documentation and information. Transition meetings were also scheduled in these months. The team provided appropriate guidance and support to families on how to advocate for their child with special education needs. The program prepares the necessary paperwork for parents to enroll their child at the selected school. Parents also receive support to connect with a special education representative from the chosen school. The plan for next year is to continue strengthening the process in place.

Program Goal 3: Enhance family wellbeing through individualized support by meeting families where they are. Goal 3 Expected Outcome: By focusing on being more family-centered , ACHS will provide individualized, culturally responsive, and relevant services for the family that will maximize the assistance ACHS can provide for each family's needs in support of self-reliance beyond HS.

Objective 1: Gather more information about families during the enrollment process and throughout the program year that will be used in collaboration with all ACHS areas to

adequately support families. In year one, all ACHS areas will develop an integrated process and pilot the coordination of the multi-disciplinary team's roles and responsibilities in the development of family goals. The implementation and enhancement of the process will take full effect starting year two.

This year the Special Education and Support Services department implemented pre and post surveys to assess parent knowledge on their child's IEP process. The survey focused on parent knowledge at entry into the program and at the end of the school year after receiving support from the Special Education and Support Services area. Twenty-nine parents participated and outcomes indicate that most parents learned more about this process by the post survey time. The survey also asked families what topics they wanted to learn more about and most were related to how to support their child with an IEP at home; including the resources available for them and the desire to have one-on-one meetings with the department to learn more about their child's specific needs.

The family goal planning process was restructured this year to provide support to the Health and Special Education and Support Services areas. The initial contact with the family is done by the Family Services team to determine if the family wants to establish a health or special education and support services goal. When a need is identified the family services specialist contacts the appropriate team member who meets with the family to develop a goal and supports them in the process of meeting it.

The Family Strengths and Priorities Assessment and the Family Referral forms are reviewed annually and updated as needed. The updates help staff better assess family needs and provide insight on how they can be supported with their family partnership agreements (FPAs). The area continued utilizing a pre and post survey as a family assessment tool. Pre-assessment questions

were completed by families at enrollment and the post-assessment in April and May. Outcomes indicated the need to enhance reliability measures. The program plans to provide staff with a refresher on effective case management and MI. Adams County Head Start focused on and emphasized the importance of parent involvement this program year and saw significant growth within the FFRED program as well as the participation at the Cultural Literacy Festival and Policy Council (PC).

Program Goals - Challenges and Revisions: No changes in this section.

School Readiness Goals (SRGs)

No changes were made to the ACHS School Readiness Goals during the year. The goals and outcomes are outlined in the table below.

Adams County Head Start School Readiness Goals			
<u>Social and Emotional Development</u> Children will: <ul style="list-style-type: none"> Engage in and maintain positive adult-child relationships and interactions. Engage in and maintain positive peer relationships and interactions Display levels of attention, emotional regulations, and behavior in the classroom that are appropriate to the situation and the supports available Learn and internalize (follow) classroom rules, routines, and directions Develop and display a sense of self, confidence in their abilities, and a strong identity that is rooted in their family and culture. 	<u>Language and Literacy</u> Children will: <ul style="list-style-type: none"> Use and comprehend increasingly complex and varied vocabulary: Use and comprehend oral language for conversation and communication: Identify and discriminate the sounds within words as separate from the word itself. Use and understand print as a system of visible marks that represent the sounds within words and words themselves Engage with literature in developmentally appropriate ways. Children who are Dual Language Learners will demonstrate increased competency in their home language while developing proficiency in English. 	<u>Cognition and Mathematics</u> <ul style="list-style-type: none"> Children will use math regularly and in everyday routines to count, compare, relate, identify patters and problem solve. 	<u>Physical Well-Being and Motor Development</u> Children will: <ul style="list-style-type: none"> Demonstrate control of large muscles for movement, navigation, and balance Demonstrate control of small muscles for such purposes as using utensils, self-care, building, writing, and manipulation. Identify and practice healthy and safe habits.

Children's Progress in Achieving School Readiness in the 2017-2018 School Year for 4 Year Olds		
Developmental Domains	Program Outcome Percent	Met Widely Held Expectations
Social-Emotional	99%	Yes
Physical	100%	Yes
Language	95%	Yes
Cognitive	97%	Yes
Literacy	96%	Yes
Math	92%	No

School readiness outcomes reflect a 95% or higher score based on the TS Gold widely held expectations (WHE) in five developmental domains. Math was the lowest TS Gold score this year. Data reflects the need to focus on strengthening math in the curriculum being used so that teachers can increase focus on math concepts.

A plan that includes training and ongoing monitoring has been implemented for the next program year and will improve data fidelity. All teachers are to receive training on TS GOLD objectives and outcomes to ensure data fidelity. The program has decided to utilize the Creative Curriculum's online resources to simplify and streamline the data gathering and lesson planning process. An increase in TS GOLD outcomes is expected as the fidelity of data improves with the implementation of teacher trainings, ongoing monitoring, and additional resources.

During the year parents provided input on the existing SRGs through discussions with teachers during home visits and parent teacher conferences. Key questions were asked to elicit feedback on what parents need to know about kindergarten, what preparation is required for kindergarten, and how ACHS can help their child prepare for school. The SRGs were also presented to parents at parent cafés. Policy Council and the Board of County Commissioners (BOCC) also received the current SRGs. In the September education staff meeting, the team reviewed SRGs, the Early Learning Framework (ELF), and provided input. Information shared

and analyzed resulted in no changes to the SRGs as they also align with ELF and HSPS.

The parents participated in a pre and post school readiness survey that assessed frequency of activities carried out with their children to prepare them for school. Outcomes indicated families value the following activities: ensuring children are fed, go to bed on time, and are clothed for the weather; ensure they have time and a safe place to play; children's strengths are praised; and parents are helping children care about others. Activities scoring highest for the frequency of the "Not Yet" category indicating families have not done this activity with their children include: families taking children to the library; showing children books and pictures of people from other cultures; and helping children say parent's name, address, and phone number. Areas demonstrating the most growth from pre to post survey were teaching children how to calm down; reading to them; helping children find and name shapes and colors around them; show words and symbols to children in their language and the sounds they make; and talk with them about the weather and/or seasonal changes.

Adams County Head Start recognizes the importance of family involvement in school readiness. The program implemented literacy efforts to increase parent involvement in their child's learning by building a stronger school readiness foundation for children by providing books on problem-solving concepts, social-emotional, and imagination topics. This fall and spring ACHS continued a ten week family literacy class utilizing the Motherread/Fatheread (MF) curriculum which complements the dialogic reading already implemented in the classrooms. The focus of the curriculum is to teach parents how to enhance reading skills while reading to their children. The fall class was in English and had four enrollees with two completing the

program. The spring class was in Spanish. Three parents enrolled and all finished the program. As a component of MF, participants complete a pre and post assessment to gauge where they are at in family literacy and how they read to their child. According to the post assessment, all participants experienced growth across all areas. For next year, ACHS plans to implement two MF classes, one in the fall and one in the spring. Efforts to promote parent participation will continue next year for MF.

Program Goals - Challenges and Revisions: No changes in this section.

SUB-SECTION B: Service Delivery

Service and Recruitment Area Updates: No major changes or updates have occurred.

Needs of Children and Families Updates: No major changes or updates have occurred.

Chosen Program Option(s) and Funded Enrollment Slots Updates:

This year ACHS served 295 children in full day center-based options. These options included four full day classrooms implementing the 1020 duration requirement five days a week and 12 full day classes offering 137 days for four days a week. Six and a half hours of daily instruction took place in all full day sessions from August to May.

For the next year ACHS will serve 256 children. The four 1020 full day classrooms will be in session Monday through Friday with occasional no school days to accommodate training, parent/teacher conferences, home visits and planning. The 1020 full day classrooms will provide more than 1020 hours of classroom time for students. The additional 12 full day classrooms will be in session Monday through Thursday and for at least 128 days.

The implementation of four 1020 duration classrooms was met with a few challenges. The

most challenging was providing coverage in order to give teachers sufficient time for weekly lesson planning, administrative tasks, analyzing children's data, attending trainings, etc. After analyzing program needs, two viable options were identified. One is to hire additional classroom aides. The other is to make schedule adjustments for teacher assistants in the full day sessions in order to support the 1020 classrooms at least once a week. Due to the funding impact of hiring additional classroom aides, ACHS will pilot using current staff to support in the 1020 classrooms. In order to accomplish this, full day classrooms will have fewer days in session than last year. This still meets HSPS and will provide some flexibility to support the 1020 classrooms.

The need for full day sessions is reflected in the community needs assessment and the program's success of maintaining full enrollment this year. It is imperative to secure additional funds to continue this option. To ensure sustainability for full day sessions, ACHS continues identifying and securing additional funds. The program anticipates a percentage of the cost will come from the OHS and the rest from other funding sources as these are secured.

Centers and Facilities Updates: Securing classroom space continues to be a challenge for the program. ACHS is currently seeking locations to house two classrooms.

Eligibility, Recruitment, Selection, Enrollment, and Attendance Updates:

Adams County Head Start implemented an enrollment action plan in February of 2017 to address last year's challenges in maintaining full enrollment. It included transitioning double sessions to full day classrooms. The implementation of all full day classrooms has significantly improved enrollment and is no longer an issue. All slots were filled before the 30 day vacancy threshold. The program contributes this to the need for full day sessions in the community.

Education and Child Development Updates:

There was a focus on streamlining curriculums used for consistency and effectiveness. The program's curriculums are Incredible Years (IY), Culture of Wellness and Creative Curriculum. The newest version of Creative Curriculum was implemented in all 16 classrooms this year.

The program received an IY grant this year to continue training and coaching the education team on classroom management and curriculum implementation. The main goal is for all education staff to be trained on both components of the IY program; classroom management and IY curriculum by the end of next year. Two lead teachers in the program obtained their Incredible Years Coach certification this year, making them reliable coaches to support other education staff. Adams County Head Start, in partnership with Invest in Kids, plans to expand the number of staff who will become peer coaches to support the sustainability of the IY curriculum in the program.

The mental health team introduced a new classroom observation tool to the education team, the TPOT. In the fall the mental health team conducted 16 observations to measure how well teachers implemented the 3-tiered Pyramid Model of practices supporting children's social competence and preventing challenging behaviors. This tool has the same framework used in the IY program. The outcomes of the TPOT provided data to identify strengths, opportunities for professional growth, and red flags to consider for potential training, coaching and professional improvement.

This was the first year the TPOT was utilized and only one observation per classroom was conducted. The mental health team will continue utilizing the pre and post TPOT next year.

The first observation will take place within the first 45 days of school and the second within the last two months of school.

Health Updates:

The health area developed two videos with the assistance from the county's Communications Department. One video specifically targets families and explains the screening process from start to finish. The goal of this video is to build parent awareness on early screening practices and why this is such an important piece to detect health issues early in the child's education process. The second video targets education training and highlights how to provide family-style meal service that is both effective and beneficial to the learning process and in forming healthy eating habits within the preschool population.

The health area's newest endeavor for next year entails the creation of a tobacco cessation program for families. According to the program's 2017-2018 data, five percent of enrolled children are diagnosed with asthma. Out of these, 36% have adults who verbalized smoking in the household and around their child(ren). The program is partnering with the American Lung Association. The collaboration will provide the HS and the FSSs with more focused training on counseling, including how to utilize motivational interviewing skills to understand where families are in their cessation process and assist families with reducing/quitting smoking in order to improve their children's health outcomes as well as their own health outcomes. The program has sought funding and is pending response from the PHS Commissioned Officers Foundation for the Advancement of Public Health to support the program's smoking cessation efforts being implemented next year.

This year the program piloted the initiation of “Family Yoga” classes. These classes were provided in English and Spanish. The classes introduced families to the benefits of yoga and mindfulness for children, teens, and adults.

The Resilient Educators Group was introduced by the mental health team. The group met monthly and experienced a gradual increase in attendance after the first month. Teachers expressed their desire to continue with the group during the next school year and the program plans to implement them on a monthly basis.

Family and Community Engagement Updates:

Adams County Head Start’s transition to full day classes reduced the number of children served and, as a result, FSSs’ case loads decreased which improved intentionality and the implementation of MI. Two programs specifically promoting father involvement were FFRED and MF. These programs are specific to family literacy as to include relationship building among the parent and their child. The MF program provides classes and books in both English and Spanish.

Services for Children with Disabilities Updates:

Full day classes have impacted the special education services. The program observed a slight increase of parents, whose children have an IEP, expressing difficulties transporting their children from the program to the school district’s preschool classrooms. Six out of 37 families declined IEP services. Adams County Head Start supported families in finding other therapeutic services that fit parents’ schedules. The program also advocated for children to have transportation from the school districts. Only one out of five school districts was able to provide

transportation. The program continues to collaborate with school districts to explore potential solutions.

Transition Updates: No major changes have occurred. Please see Program Goal 2 for updates.

Services to Enrolled Pregnant Women Updates: It is not applicable.

Transportation Updates: No changes or updates have occurred.

SUB-SECTION C: Governance, Organizational and Management Structures

Governance Updates

Structure - No changes have been made in this area.

Processes - Policy Council bylaws were revised to incorporate changes in the HSPS, such as, PC Representatives' ability to serve five years instead of three. Information on the new regulations in the HSPS was also provided. An in depth discussion took place with PC representatives and Head Start management after potential changes to the PC bylaws were introduced. For example, it was recommended that a quorum consist of three PC representatives instead of five. After a detailed discussion of the pros and cons of having three or five, PC recommended that we continue to have five as a quorum and it was implemented into the bylaws.

The recommended changes to the bylaws were also presented to the governing board during a study session. BOCC agreed with the recommendations. The proposed new PC bylaws were approved through a Public Hearing by the BOCC. The BOCC's approval was shared with PC at the following PC meeting.

The PC meeting minutes are approved by representatives and the minutes are also posted at each center for parents to have access to them. They share parent ideas/comments from their

centers and take information shared at the PC meeting back to the centers they represent.

Relationships- no changes have been made in this section.

Human Resources Management Updates

Current Organizational Chart - The organizational chart reflects a position upgrade. The senior administrative clerk position is now support services specialist. Please reference the organizational chart on Attachment H (i).

Criminal Background Checks System - Adams County Head Start implemented a process to ensure compliance of HSPS 1302.90 (b)(5) in regard to completing four background checks for each employee, consultant, or contractor at least once every five years. Adams County Head Start moved forward with the implementation of a rotating system even though Office of Head Start (OHS) extended the deadline to implement the regulation. A tracking system was developed to monitor when the next round of employees are due to complete their background checks.

New Hire, Consultants, and Contractors, and Volunteer Orientation - A few changes were implemented to enhance the process of orientation for new hires, consultants, contractors and volunteers. For example, the orientation checklist was updated to ensure all required documents, policy reviews, position timelines, in addition to new orientation guidelines set by the county were reviewed with the individual. The regulation to complete background checks at least every five years was also implemented into program SOPs.

Program Staff Training and Professional Development Key Features- A few key implementations took place regarding staff training and professional development. Adams

County Head Start continues to strengthen the process for training documentation using databases with fidelity.

Adams County Head Start has also implemented a research-based coordinated coaching strategy with an intentional facilitation of the Creative Curriculum. The coach will observe, assess, and analyze the teachers through a guided set of methods and routines developed by Teaching Strategies Creative Curriculum. The coach will provide a framework to the curriculum, offer guidance and strategies, and support to encourage the growth and development of the teachers as well as the children. The coach will attend trainings on the proper implementation of the Creative Curriculum Coaching to Fidelity Assessment tool, CLASS tool, and IY curriculum.

The education coach, hired in May, is currently working on the program's coaching philosophy and approach. The focus is on peer coaching, curriculum and assessment tool implementation with fidelity along with individualized approaches for staff's professional development.

Program Management and Quality Improvement Updates:

Program Oversight Systems Key Features- The education area identified a need to enhance the fidelity of the program's TS Gold and CLASS observations. These were included in the program's self-assessment action plan (see Attachment A) and in the training plan for next year.

Program Continuous Improvement Key Features - Key components of the program's ongoing oversight are internal audits, state program inspections, and ongoing monitoring. All of these took place throughout the year identifying areas in need of enhancement and all findings were corrected, strengthening the program's monitoring capacities. Key features of the program's

continuous improvement included the successful implementation of listening sessions, providing staff with the opportunity to voice their thoughts and ideas to their manager. Additionally, the administrator as well as the quality assurance manager met with staff at their centers to discuss challenges and strengths experienced at their respective centers and their roles.

Goal/objective outcomes, audits, monthly monitoring reports, classroom observations, staff input, FPA outcomes, child developmental outcomes, CLASS scores, PIR data, self-assessment action plan, HSPS, and state regulations were used to develop the 2018 - 2019 Training Plan. Trainings are designed to provide staff the knowledge and skills needed for serving children and families. Additionally, new ACHS staff participates in a new employee orientation where the program's policies and procedures are reviewed. See Attachment E for ACHS's 2018 – 2019 Training Plan.

Strategic Planning took place with several stakeholders including PC members, staff, parents, leadership, and providers. Several tools were utilized to gather information for future program improvements; from clicker evaluations, surveys, group-based discussions, and data analysis. Stakeholders also participated in the program's annual self-assessment, an ongoing continuous improvement tool, focusing on the program's five year goals (see Attachment G), external evaluations, and ERSEA.

Management Budget and Staffing System Key Features- The program has experienced challenges with staffing for the 1020 classrooms. Please refer to the *Chosen Program Option(s) and Funded Enrollment Slots* sections of this application.

Section II. BUDGET AND BUDGET JUSTIFICATION NARRATIVE

Financial and Property Management

Adams County Head Start annually reviews their SOPs to ensure all existing Performance Standards and Code of Federal Regulations (CFR) for Head Start are met. These procedures support internal controls to effectively manage grant funds, property, and other assets. As a program under Adams County, there are several systems in place for checks and balances. These systems include standard procedures from the Attorney's office, the BOCC, and the Finance, Purchasing, and Payroll departments. The Purchasing Department has a thorough system for purchases, based on the monetary amounts for services, equipment, and or supplies that require authorizations from various levels of management for approval.

Adams County Head Start internal controls include procedures that address cost principles; the Davis-Bacon Act; disposition of equipment and facilities; general ledger; how to manage ACHS property; purchase requests; holding periodic cost projections, budgeting, and budget variance.

Equipment Purchases over \$5,000

Adams County Head Start abides by the C.F.R part 75.439(b)(2) rules. Adams County Head Start has a SOP on purchasing equipment costing \$5,000 or more. The SOP states that in the event that ACHS would like to purchase equipment costing \$5,000 or more, an approval by PC is required followed by a request sent to the OHS for written approval.

In addition, Adams County has a procedure for the procurement of materials, equipment, services, and supplies over \$5,000. A documented request of at least three quotes is required for

purchases ranging from \$5,000 to \$25,000. A formal solicitation including a public advertisement or a sole source justification, and approval from the BOCC is required for purchases over \$25,000.

Funding Sources

Adams County Head Start's full year budget, November 1, 2018 to October 31, 2019, is \$5,403,138. The funding sources include the requested amount from the Office of Head Start Program Operations (OHSPO), OHS Training and Technical Assistance (TTA), and the United States Department of Agriculture (USDA). Non-federal share in-kind contributions include Adams County contributions, Temple Buell grant, Seed grant, CPP. The funding sources are listed below in detail.

The USDA provides up to \$250,000 for reimbursement of food (breakfast, lunch, and snacks) for children, food supplies, and a portion of the nutrition staff salary/benefits.

Adams County provides \$50,000 towards salary and benefits.

The Temple Buell grant award of \$25,000 will be used to purchase new technology and software systems. These systems will give teachers the tools to gather data to individualize each child's developmental outcomes and school readiness.

The Seed grant award of \$5,000 will be used to create and sustain a tobacco cessation initiative. The initiative can be easily integrated into the current health screening and family advocacy model.

Colorado Preschool Program funds of \$219,547 will be used toward teacher and paraprofessional salaries and benefits.

The non-federal in-kind contribution of \$1,030,628 is attained through contributions through Adams County, Adams County cost allocations plan, Temple Buell grant, Seed grant, CPP funds, parent/guardian volunteer work, and donated contract vendor program hours.

The total requested amount from the OHS is \$4,122,510 (\$4,073,703 for PA 22 and \$48,807 for PA 20). Office of Head Start Program Operations funds will be used for personnel salary and benefits, supplies, contracts, and other expenses. Office of Head Start TTA funds will be used for travel and training. Administrative costs will not exceed 15% of the budget. Below is a description of the costs by object class category within SF-425A Section B-6.

Object Class Category (a) Personnel

Salaries – (see Attachment H (ii)) ACHS has 70 staff members. The total cost for salaries is \$2,604,956. Salary cost of \$2,285,758 is being requested from OHSPO. United States Department of Agriculture will contribute \$42,151 for salary costs. In-kind contributions of \$277,047 include Adams County’s contribution of \$50,000, the state’s CPP contribution of \$219,547 and Adams County’s cost allocations plan contribution of \$7,500.

Child Health and Development Personnel

- The total cost for program managers and content area experts is \$317,199. The USDA funds will cover \$9,316 and \$307,883 is being requested from the OHSPO. Program managers and content area experts include the health and nutrition manager, nutrition supervisor, education manager, two education supervisors, and one education coach.

- The total cost for education personnel is \$1,165,145. Colorado Preschool Program funds will cover \$219,547 and \$945,598 is being requested from the OHSPO. Education personnel include 16 teachers, 16 teacher assistants, and eight classroom aides.
- Family child care personnel incur \$0 as there are no employees in this section.
- Home visitors incur \$0 as there are no employees in this section.
- The total cost for health services is \$85,359 which is being requested from the OHSPO. Health services include two health specialists.
- The total cost for nutrition services personnel is \$65,186. The USDA funds will cover \$32,835 and \$32,351 is being requested from the OHSPO. Nutrition services personnel include one lead cook and two assistant cooks.

Special Education and Support Services Personnel

- The total cost is \$109,847 for the special education support services program supervisor and support services specialist. The total of \$66,847 is being requested from the OHSPO and \$43,000 is covered by Adams County.

Family and Community Partnership Personnel

- The total cost for program manager and content area expert is \$118,705 which is being requested from the OHSPO. Program manager and content area expert include one family services manager and one family services supervisor.
- The total cost for other family and community partnership personnel is \$288,686 which is being requested from the OHSPO. Other family and community partnership personnel include seven family services specialists.

Program Design and Management Personnel

- Total salary cost for the executive director is \$150,204. The executive director works approximately 5% of the time with the Head Start team totaling up to \$7,500. In-kind contribution of \$7,500 will be paid by Adams County and \$0 is being requested from the OHSPPO. The executive director is the Adams County Human Services Department director.
- The total cost for the Head Start director (administrator) is \$101,555 which is being requested from the OHSPPO.
- The quality assurance manager incurs a total cost of \$77,843 which is being requested from the OHSPPO.
- Staff development incurs \$0 as there are no employees in this section.
- Managers are included in specialized areas.
- The total cost for clerical personnel is \$102,351 and is being requested from the OHSPPO. Clerical personnel include one data management specialist and one administrative coordinator.
- The total cost is \$66,687 for fiscal personnel. Adams County funds will cover \$7,000 and \$59,687 is being requested from the OHSPPO. Fiscal personnel include one fiscal grants analyst.

Other Personnel

- The total cost for maintenance personnel is \$98,893 which is being requested from the OHSPPO. Maintenance personnel include one facilities supervisor and one maintenance/bus driver.
- Transportation personnel incur \$0 as there are no employees in this section. Bus driver is included with maintenance personnel.

Object Class Category (b) Fringe Benefits

Benefits provided to employees include health, dental, vision, life insurance, long term disability, FICA, worker's compensation, Medicare, unemployment, and Adams County retirement plan. The total estimated cost for benefits is based on the most recent factors as provided by the Payroll Department (see Attachment H (iii)). The total cost is \$1,032,500 which is being requested from the OHSPPO. The allocated funds are explained below.

Health Insurance

The annual estimated cost for health insurance is based on last year's rate as provided by as provided by the Payroll Department. The cost is \$555,884 which is being requested from the OHSPPO. The breakdown is as follows:

- Single coverage incurs an average annual cost of \$7,506. The employee's average annual contribution is \$1,005 and the remaining annual average cost of \$6,501 is being requested from the OHSPPO.
- Two-party coverage incurs an average annual cost of \$15,754. Average annual contribution by employee is \$2,898 and the remaining annual average cost of \$12,856 is being requested from the OHSPPO.

- Family coverage incurs an average annual cost of \$22,659. Average annual contribution by employee is \$4,963 and the remaining annual average cost of \$17,696 is being requested from the OHSPO.

Dental Insurance

Dental insurance estimated annual cost is based on last year's rate as provided by the Payroll Department. The cost is \$11,321 which is being requested from the OHSPO. The breakdown is as follows:

- Single coverage incurs an average annual cost of \$411. The average annual contribution by employee is \$308 and the remaining annual average cost of \$103 is being requested from the OHSPO.
- Two-party coverage incurs an average annual cost of \$832. The average annual contribution by employee is \$624 and the remaining annual average cost of \$208 is being requested from the OHSPO.
- Family coverage incurs an average annual cost of \$1,446. The average annual contribution by employee is \$1,084 and the remaining annual average cost of \$362 is being requested from the OHSPO.

Vision Insurance

The estimated annual cost for vision insurance is based on the most recent based on last year's rate as provided by the Payroll Department. The total cost is \$2358 which is being requested from the OHSPO. The breakdown is as follows:

- Single coverage incurs an annual cost of \$60. The annual contribution by employee is \$41 and the remaining annual cost of \$19 is being requested from the OHSPO.
- Two-party coverage incurs an annual cost of \$146. The annual contribution by employee is \$101 and the remaining annual cost of \$45 is being requested from the OHSPO.
- Family coverage incurs an annual cost of \$263. The annual contribution by employee is \$181 and the remaining annual cost of \$82 is being requested from the OHSPO.

Life Insurance, Long-Term Disability, FICA, Worker's Compensation and Medicare

The estimated annual cost is based on the most recent based on last year's rate as provided by the Payroll Department. The cost is \$235,677 which is being requested from the OHSPO.

Adams County Retirement Plan

The estimated annual cost for the Adams County Retirement Plan is based on the most recent based on last year's rate as provided by the Payroll Department. The cost is \$212,260 which is being requested from the OHSPO.

Unemployment

The estimated annual cost for unemployment is based on the most recent based on last year's rate as provided by the Payroll Department. The total cost is \$15,000 which is being requested from the OHSPO.

Object Class Category (c) Travel

Travel funds needed for ACHS are included in the OHS TTA section which includes regional conferences. This section is where ACHS budgets to send employees, parents, and volunteers to conferences. The total cost for regional conferences is \$3,500. In addition, state and national

conferences are also budgeted in this section. The total cost for state and national conferences is \$8,000. The total amount requested by OHS TTA is \$11,500 for travel.

Object Class Category (d) Equipment

Equipment requests \$0 as there is no need at this time.

Object Class Category (e) Supplies

Supplies needed for ACHS include classroom, office, health and safety, and “other” supplies. The total annual cost for supplies is \$186,690. The total amount requested from the OHSPPO is \$170,490. The in-kind total of \$16,200 is provided by the Temple Buell grant. The breakdown is as follows:

- The total cost for classroom supplies is \$49,873 which is being requested from the OHSPPO. Classroom supplies are for education, health, disability, nutrition, and family services. Examples include books, paper, pencils, crayons, markers, reading materials, learning activities, toothbrushes, homework projects, toothpaste, supplies for special needs, and literacy materials for children and their families.
- The total cost for office supplies is \$34,791 which is being requested from the OHSPPO. Office supplies will be used by staff.
- The total cost for health and safety materials and medical supplies is \$48,977 which is being requested from the OHSPPO. Health and safety materials and medical supplies include first aid supplies and lead and anemia testing supplies.
- The total cost for the teacher Creative Curriculum supplies is \$16,200 which is provided by the Temple Buell grant as in-kind. The total requested from OHSPPO is \$0.

- The total cost for “other” supplies is \$36,849 which is being requested from the OHSPPO. “Other” supplies include laundry services, cleaning supplies, miscellaneous institutional supplies, and supplies for field trips that do not fit under office, classroom, health and safety materials, and medical supplies.

Object Class Category (f) Contractual

Adams County Head Start contracts with many companies and organizations to provide health, mental health, dental, nutrition, and translation services. The total cost of contractual services is \$443,550. The USDA will provide \$207,849 and \$235,701 is being requested from the OHSPPO. The breakdown is as follows:

- Administrative services incur \$0 as there are no costs associated with contractual costs.
- Adams County Head Start does not currently have any single item in “contractual” costing more than \$150,000.
- The total cost for health services is \$62,000 which is being requested from the OHSPPO. The health services contract will be with Children’s Hospital, which will provide nursing consultation services, staff training, and supervision on health issues. Additionally, medical clinics will provide health screenings and immunizations to ACHS children who do not have insurance.
- The total cost for dental services is \$49,807 which is being requested from the OHSPPO. The dental service contract with Salud Family Health Centers provides dental check-ups, sealants for children’s teeth, and direct services to children.

- The total cost for mental health services is \$76,894 and is being requested from the OHSPPO. Mental health services include Denver Children’s Advocacy Center which provides mental health services to ACHS children and families.
- The total cost for food service supplies is \$222,849. The USDA will provide \$207,849 and \$15,000 is being requested from the OHSPPO. Food services contracts include Sysco, Andrews Food Service, and Meadow Gold. They provide food supplies for breakfast, lunch, and snack for children and food for parent meetings, PC meetings, and family activity events.
- The total cost for translation and interpretation services is \$32,000 and is being requested from the OHSPPO. The translation and interpretation services contract is with CESCO Linguistic Services. CESCO provides on-site interpretation and written translation. They will also translate documents for personal identifiable information (HSPS 1303C).
- Child transportation services incur \$0 as there are no associated contractual costs.
- Training and technical assistance incur \$0 as there are no associated contractual costs.
- Family child care services incur \$0 as there are no associated contractual costs.
- Delegate agency costs incur \$0 as there are no associated contractual costs.

Object Class Category (g) Construction

- There are no costs associated with our program in this area.

Object Class Category (h) Other

Adams County Head Start incurs many other costs that do not fit in the above categories. The total cost for “other” is \$1,052,835. The total in-kind contribution is \$703,581 which includes

\$605,959 from the Adams County cost allocation plan, \$5,000 from the Seed grant, \$92,622 from volunteers, and \$349,254 is being requested from the OHSPPO. These other costs are outlined and broken down as follows:

- Depreciation Method – ACHS currently occupies one Adams County owned building. Adams County uses a depreciation schedule for this building. The total cost using depreciation method is \$17,255. Non-federal contribution by Adams County is \$5395 and \$11,860 is being requested from the OHSPPO.
- Lease agreements include five different classroom locations (see Attachment H (iv)). The total cost for lease agreements is \$132,111 and is being requested from the OHSPPO.
- Mortgage – There are no costs associated with our program in this area.
- Utilities and telephone costs include cell phone, internet service, water, gas, electricity, sewer, and sanitation. The total cost for utilities and telephone is \$32,270 which is being requested from the OHSPPO.
- Building and child liability insurance –Child liability insurance is covered by the county's insurance policy; they also provide a child liability insurance policy for the program. The total costs for insurance is \$34,114. In-kind contribution of \$34,114 will be given by Adams County and \$0 is being requested from the OHSPPO.
- Building maintenance / repair and other occupancy include janitorial services at all non-county owned facilities, supplies for minor facility and playground repairs, and building repair and maintenance. The total costs for building maintenance / repair and other occupancy is \$54,300 which is being requested from the OHSPPO.

- Incidental alterations /renovations – There are no costs to our program for this area.
- Local travel costs include mileage reimbursement, vehicle maintenance and repair, gas and oil. Adams County Head Start uses a mileage reimbursement rate established by the IRS. Currently the rate is \$0.545 per mile. The total cost for local travel is \$30,902 and is being requested from OHSPO.
- Nutrition Services – There are no costs to our program in this area.
- Child Services Consultants – There are no costs to our program in this area.
- Volunteers include parents and guardians who spend time helping with meals, clean up, classroom organization. The program also sends projects home for volunteers to cut, color, or prepare so they can be used in the classroom. All of this time is valued at the rate of an assistant teacher's salary and benefits. The total in-kind contribution is estimated to be \$92,622.
- Substitutes – There are no costs to our program in this area.
- Parent services include costs associated for parent trainings and PC meetings, and child care for these meetings. Costs also include meetings supplies. The total cost for parent services is \$35,285 being requested from the OHSPO.
- Accounting, human resources, and legal services are provided by Adams County. These include costs for accountants, accounts payable clerks, purchasing agents, accounts receivable clerks, payroll technicians, budget specialists, human resources specialists, and training and legal services. The total cost for these services is \$325,511. An in-kind

contribution of \$325,511 is provided by Adams County and \$0 is requested from the OHSPPO.

- Information technology and facility services are provided by Adams County. The total cost for these services is \$246,334. An in-kind contribution of \$246,334 is provided by Adams County and \$0 is requested from the OHSPPO.
- Publications/advertising/printing include all printing costs for the program. Printed materials include the annual report, staff calendars, parent calendars, parent handbooks, forms, letterhead, and business cards. Total costs for publications/advertising/printing is \$16,004 is being requested from the OHSPPO.
- Other includes the cost for membership dues for the National Head Start Association and the Colorado Head Start Association, licensing fees and postage costs, and lease payments for copiers. The total cost is \$36,522 and is being requested from the OHSPPO.
- The tobacco cessation initiative that will be implemented into the current health screening and family advocacy model is also in the other category. The total cost is \$5,000 and is being provided by the Seed grant award as in-kind. \$0 is requested from OHSPPO.

Object Class Category (h) Other Training

Training and staff development for staff is an important piece of ACHS. Workshops and classes are actively sought to give employees additional knowledge. The total cost for training or staff development is \$71,107. Adams County Head Start is requesting \$37,307 from OHS TTA. The total in-kind contribution for training is \$33,800 and includes \$25,000 provided by Invest in Kids for the IY. A total of \$8,800 from Temple

Buell grant. Total costs are outlined and broken down as follows:

- Tuition and books for college courses, for approximately 16 college courses, are available to support employees pursuing college degrees. The total cost for tuition and books for college courses is \$11,000 which is being requested from the OHSPPO.
- Education staff workshops include language and literacy, Creative Curriculum with fidelity, CLASS, coaching training, TS Gold, and social/emotional development. Total cost for education staff workshops is \$29,150. In-kind training \$8,800 is provided by Temple Buell grant and \$20,350 is being requested from OHSPPO.
- Pre-service trainings include HSPS training and SOPs training with all staff. The total cost for pre-service training including consultants that facilitate the trainings, is \$2,000 which is being requested from the OHSPPO.
- Staff workshops cover topics such as health, nutrition, cultural diversity, team building, and family and support services. The total cost for staff workshops is \$3,957 and is being requested from the OHSPPO. These workshops include consultant fees and training materials.
- In-kind contribution of \$25,000 is provided by the Invest in Kids program for the continued support of the IY curriculum.
- Adams Count Head Start does not currently have any single item in “other” costing more than \$150,000

Object Class Category (i) Total Direct Charges

Total direct charge requested from OHSPPO is \$4,073,703. Total direct charge requested

from OHS TTA is \$48,807.

Object Class Category (j) Indirect Charges

Adams County Head Start does not have any indirect charges.

Object Class Category (k) Totals

Category totals requested from OHSPO is \$4,073,703. Category totals requested from OHS TTA is \$48,807.

Adams County Head Start does not have plans, for this budget year, to make a single item purchase of \$150,000 or more.

Adams County Head Start follows Adams County Capital Assets Policies and Procedures once ACHS takes possession of property or asset. The procedures state that once it is acquired, general accounting creates an asset record in the capital asset module using the JD Edwards software program. This system helps maintain complete and accurate information relating to its capital assets as required by the Governmental Accounting Standards Board for the purpose of financial presentation in accordance with Generally Accepted Accounting Principles. Once in the system a physical capital asset tag for equipment will be issued with an asset number and bar code. On a rotating base accounting staff conducts an annual inventory review.

ADAMS COUNTY HEAD START NON-FEDERAL MATCH

Adams County Head Start complies with Federal Statutes, regulations, and the terms and conditions of the Federal Awards CFR75.303. Adams County Head Start monitors to ensure compliance with internal controls. Below are the total contributions that ACHS will use as the non-federal resources per grant agreement.

Donated services provided by the grantee's, Adams County, Cost Allocation Plan is \$613,459. The Cost Allocation Plan is used by the county to claim indirect costs as charges against grants. The document is prepared in compliance with 2 CFR Part 200. Consultants prepared the Cost Allocation Plan utilizing a double step-down methodology.

Volunteer time (4,312 hours based on a rate of \$21.48 per hour) is \$92,622. This rate is based on the average teacher assistant's salary and benefits. The projected hours is based on last year's total parent volunteer hours.

Invest in Kids gives ACHS an in-kind contribution of \$25,000. This is based on training expenses and materials per application.

Adams County contribution of \$50,000 is a non-federal contribution to Head Start's personnel and based on current salaries.

Temple Buell grant of \$25,000 is a non-federal contribution given to ACHS to purchase equipment for the program.

Colorado Preschool Program of \$219,547 is a state, non-federal contribution used on education staff salary and benefits.

Seed grant of \$5,000 is a non-federal contribution given ACHS for tobacco cessation.

Total in-kind contribution and non-federal match from donated goods, services and volunteer hours is \$ 1,030,628.