

Webb County Commissioners' Early Head Start Program Refunding Narrative for FY 2014 - 2015

The Webb County Commissioners Court Head Start program is respectfully submitting an application for Early Head Start to serve 72 eligible children, to include pregnant women, in Laredo, El Cenizo, Rio Bravo, Texas (Webb County). Webb County is currently the Head Start provider for all of Webb County and is targeting an English language deficient population. Specifically, this program is applying for funds to provide Early Head Start Services to 8 pregnant women, 8 home based families, and 40 center based children. Additionally, 16 children will be served by Texas Migrant Council, doing business as "Teaching and Mentoring Communities (TMC)," as a delegate agency using a center based model.

This program is requesting \$903,290 of Federal funds for its on-going budget for a 12-month period. Of which, \$21,756 will be used for Training and Technical Assistance. This program benefits from the assistance of the Webb County Auditor, Purchasing Agent, Engineer, Administrative Services Department, Treasurer, County Attorney, Management Information Systems Department, Records Management Office, Road and Bridge Department, Community Development Office, and Public Information Office free of charge. Webb County Commissioners' Court does not receive any indirect costs fees for administering this grant. This is a tremendous financial support for this program.

I. Need for Assistance

As previously stated in our most recent application, the need for assistance in Webb County continues to exist, and is increasing at an alarming rate. The program completed a Community Assessment Update for the 2013 – 2014 program year. Family Service Workers, the Head Start and Early Head Start Parent Involvement Committee, and the Policy Council Community Assessment Committee surveyed the families of currently enrolled children and their relatives. Additionally, surveys were collected from the City of Laredo Women Infant and Children (WIC) Program, the Texas Department of Human Services Food Stamp office, the Texas Workforce Center, and community partners.

This Community Assessment update presents an overview of the current community conditions for Webb County Commissioner's Head Start and Early Head Start service area which includes Laredo, Texas. This assessment is to be used to aid in identifying the needs of low-income children and families in Webb County and the surrounding communities. It will also be used in developing goals and objectives for program and strategic planning. This Community Assessment update includes information derived from standard local program data as well as local area community, state, and national sources on, but not limited to: Population Profile/Demographics, Poverty, Employment, Education, Housing, Workforce Development and Income, Nutrition, Health Care, Head Start and Early Head Start-eligible and available children, Childcare and School District Pre-K programs, Special needs children, Transportation, Profile of Head Start Families, Education, Health, and Social Service Needs, Community Resources and Survey results. Webb County Commissioner's Head Start and Early Head Start will further utilize the Community Assessment update information for the Head Start and Early Head Start program to address the following issues:

- ❖ Determine the philosophy, and long-range and short-range program objectives;

- ❖ Determine the type of content area services that are most needed and the program option or options (full day/full year) that will be implemented;
- ❖ Determine possible collaborations (and partnership design options) with child care centers and family child care homes;
- ❖ Determine strategies to successfully recruit and partner with local community organizations;
- ❖ Determine appropriate locations for centers and the areas to be served; and
- ❖ Set criteria that define the types of children and families who will be given priority for recruitment and selection.

Primary and secondary data was obtained from a variety of sources. The sources included the following: The Annie E. Casey 2013 Kids Count Data Book, 2012-2013 Head Start Program Information Report (PIR), www.wikipedia.org, 2014, Texas Workforce Commission (TWC), Kids Count Data Center, US Census Bureau Quick Facts 2012, American Community Survey 2008-2012, Texas Department State Health Services 2013, www.city-data.com/county/Webb_County, Region I Education Service Center, County Health Rankings 2013, Texas Department of State Health Services, Center for Health Statistics, Center for Disease Control and Prevention, State Health Improvement Plan, Webb County Agri-Life Extension, Texas Behavioral Risk Factor Surveillance System, Texas Youth Risk Behavior Surveillance System, Texas Department of Family and Protective services, Texas Department of Public Safety, 2012 Crime Report, www.city-data.com/city/Laredo-Texas, 2012, city-data.com, 2013, Texas Early Childhood Needs Assessment, Webb County Community Plan 2011, United Way, <http://www.cdc.gov/healthyyouth/obesity/facts.htm>, and surveys of staff, Head Start parents, Policy Council, Board of Directors, and local community organizations. Relevant data and facts were researched and collected about the State of Texas, Webb County and the city of Laredo. This was accomplished by accessing websites of various local agencies and organizations, by e-mail inquiries, and by telephone interviews. The data gathered pertains to general demographics and economics, education attainment, disabilities, health, nutrition, social service issues, transportation, housing and child care. Most of the data comes from published sources available online or in a draft form from the originating public agencies. The information was also used to frame a report that defines the number of Head Start and potential Early Head Start eligible children living in the service area, analyze the greatest needs for the families and community, and determine what our program can do to meet those needs. Two surveys were created and administered to parents, staff, Policy Council, Board of Directors, and community partners. Questions in the surveys were tailored to gather data not found from other data assessments. Results of the surveys were compiled and analyzed to determine future needs and directions of the Head Start and Early Head Start program.

Webb County, Texas is located on the US/Mexico border separated only by the Rio Grande River and several international bridges from a more populous city, Nuevo Laredo, Mexico. Laredo is the south entry point to the United States on US Highway 35 which serves as the route to Canada for thousands of trucks bearing cargo shipped thorough Mexico from around the globe. The major city in Webb County, Laredo is the largest inland port in the United States and, as such, is a dynamic center of commerce. The majority of Webb County residents live in the city of Laredo, but a substantial number dwells in rural areas. Webb County is the site of several “Colonias,” clusters of residents whose homes were built during a period of time when the county governments in Texas did not have adequate authority to exercise control over real estate sales by unscrupulous landowners and developers who sold property that was lacking in access to basic utilities and sewage disposal facilities. Since 1989, a series of state laws have been passed to

control the growth of these economically deprived areas, and efforts by Texas A&M University. The Colonias Program and elected state and local officials have vastly improved the conditions of those areas. However, challenges remain for the Colonias' residents even in 2012.

The Webb County region has undergone rapid change since 1990 as a result of multiple factors including the North American Free Trade Agreement (NAFTA) which provided a boost to the economy and drew hundreds of people from other regions into the area. Other change agents included the founding, in 1995, of Texas A&M International University, a four-year and graduate institution that has enlarged opportunities for advanced education to this border community, augmenting the long-standing contribution of Laredo Community College to the higher education access provided for Webb County residents. In 2004, the University of Texas Health Science Center-Laredo opened and is poised to increase the opportunities of local residents to gain expertise in health related fields.

The dynamic growth of the County in the last decade that has brought economic prosperity to some that contrasts with the continuing challenges of poverty and low education levels among many other Webb County residents. Federal and State programs designed to overcome the effects of poverty on children have undoubtedly transformed the lives of many. Among the most successful programs in the United States, the Head Start Program has a long history of alleviating some of the major barriers to the success of at-risk children regardless of socioeconomic and disability status.

School districts in Webb County have been particularly challenged during the past decades because of the young median age of the population, with young families whose children flooded the public schools creating both overcrowding and the need to continually increase infrastructure and teaching/staff resources. Challenges to the Laredo/Webb County schools have been exacerbated by the number of students whose initial schooling was in Spanish, and whose home language is Spanish, so that the children's English proficiency requires remediation. State budget cuts during the ongoing recession have had a heavy impact on school districts in Webb County, reducing the number of teachers available at all levels and causing schools to exercise creative ingenuity to continue to provide needed services. Additionally, changes in the assessment of student performance have pressured schools to enhance measurable student performance even while resources are declining.

HIGHLIGHTS AND CONSIDERATIONS - DEMOGRAPHIC AND ECONOMICS

- ❖ From 2010 to 2012, the population for Webb County increased by 3.5%. Laredo City had an increase in 2012 of 3.7%, while the State of Texas increased in population by 3.6%.
- ❖ The median age for Webb County is twenty-seven (27) compared to the median age for Texas is thirty-three (33) years old.
- ❖ The total household (67,003) for Webb County represents .07% of the total household in Texas.
- ❖ Married households with children under age 18 for Laredo City (31%) is greater than the State rate (23.5%). Single female-only households in Laredo City (13.6%) is 5.2% greater than the State rate of 8.5%.

- ❖ The total population is projected to increase in Webb County within the next six (6) years by 2.8% while the City of Laredo is projected to increase by 7.1%. The State of Texas is projected to decrease by approximately 2.8%.
- ❖ Population by race has remained relatively stable. The Hispanic population in Webb County (95.4%) is well above the State average of 38.2%.
- ❖ The population for children ages 0-5 in Webb County is estimated at 25,086 in 2012. This represents approximately 10% of the child population, ages 0-5, which is above the State rate of 7.7%.
- ❖ The child poverty rate continues to increase for Webb County at 57.6% in 2012. Webb County's child poverty rate is considerably higher than the State rate of 45.9%.
- ❖ The adult poverty rate for Laredo is 29.8%, slightly below the rate for Webb County. Both the city of Laredo and Webb County's adult poverty rate is significantly higher than the State rate of 17.4%.
- ❖ The median household income for the city of Laredo for 2012 (\$39,011) is slightly above the median income for Webb County in 2012 (\$38,421). Median household income did increase from the year 2011. Both Laredo City and Webb County have a median household income that is significantly below the State household median income of \$51,563.
- ❖ Children receiving TANF benefits (4.1%) is higher than the State rate of 1.4%.
- ❖ The average unemployment rate for Webb County has decreased to 6.7% in 2013 from 8.1% in 2011. Webb County unemployment rate is below the State rate of 8.4% for 2013.
- ❖ The divorce rate for males 15 years and older in Webb County is 6.9%, which is below the State rate of 9.3%. Single males 15 years and older in Webb County (36.8%) is slightly above the State rate of 34.2%.
- ❖ The divorce rate for females 15 years and older in Laredo City is 9.4%, which is below the State rate of 12.2%. Single females (32.5%), age 15 and older in Webb County, is higher than the State rate of 27.6%.
- ❖ The total number children being raised by their grandparents stands at 4,414 in Laredo City and 4,853 in Webb County. Single female grandparents, who are raising their grandchildren stand at 63.6% in Laredo City, and is higher than the State rate of 61.2%.

HIGHLIGHTS AND CONSIDERATIONS – EDUCATION

- ❖ The graduation rate for Webb County is 89.2% for 2012, which shows a slight increase of 0.7% from 2011. The graduation rate is slightly above the State of Texas rate of 87.7%.
- ❖ The high school drop-out rate for Webb County is 5.6% in 2012, which shows a slight increase in drop-outs from 2011 of 0.7%. Even though the State of Texas had a slight decrease in drop-out rate, Webb County (5.6%) is still slightly lower than the overall State rate of 6.3%.

- ❖ Individuals receiving a G.E.D. experienced a marginal increase from 2011 (0.3%) to (0.5%) in 2012.
- ❖ The population with a Bachelor's degree or higher in Laredo City is 17.4% in 2012. Webb County stands at 16.9%. Both Laredo City and Webb County's population with a Bachelor degree is significantly lower than the State rate of 26.3%.

HIGHLIGHTS AND CONSIDERATIONS – DISABILITIES

- ❖ Speech and Language, Other Health Impairment and Non-Categorical Early Childhood are the largest categories of children with disabilities, 0 to 5 years old, in Webb County.
- ❖ The number of children receiving services from Early Childhood Intervention totaled 53,766 for the State of Texas. Approximately 682 birth to three year old children received disabilities services in Webb County. This represents 1.3% of the total number of children being served in the State of Texas.

HIGHLIGHTS AND CONSIDERATIONS – HEALTH CARE

- ❖ The uninsured children rate in Webb County is 13.8% in 2012. This indicates a decrease of approximately 3.9%. The uninsured rate is slightly lower than the State rate of 16.0%. In March 23, 2010, President Obama signed the Affordable Care Act. The law expands health coverage and puts in place comprehensive health insurance reforms that will roll out over four years and beyond, with most changes taking place April 1, 2014.
- ❖ Children enrolled in SSI stands at 36% for Webb County which is significantly above the State rate of 19.8%.
- ❖ Low birth weight infants has experienced a slight decrease from 2012 (7.3) to 7.2% in 2013. The State ranks slightly higher (8.4%) than Webb County in 2013.
- ❖ Births to teens ages 15 – 19 in Webb County is at 78.7% which is above the State rate of 45.7% in 2011. Births to teens had a marginal increase in 2012 to 79.3%. Infant deaths were at 3.4% for Webb County in 2011 and increased to 4.1% in 2012.
- ❖ Infant mortality is defined as the number of babies who die out of every 1,000 babies who are born alive in a year. Infant mortality can be divided into neonatal mortality and post neonatal mortality. When newborn babies die less than 28 days after they are born, it is called neonatal mortality. When babies die, who are older than 27 days but younger than one year, it is called post neonatal mortality. The leading causes of neonatal death are birth defects, prematurity, problems with the mother's pregnancy, difficulty breathing and bleeding.
- ❖ Webb County has a primary care health care shortage (partial) and a mental health professional shortage for the entire county.

HIGHLIGHTS AND CONSIDERATIONS - NUTRITION TRENDS

- ❖ Webb County participants receiving WIC service is at 70.8%, which is significantly above the State rate of 40.9%.
- ❖ Children participating in the SNAP (Food Supplement Program) decreased from 2010 to 2013 by 2,807 children.
- ❖ Children participating in the free and reduced lunch program have decreased slightly from 2011 to 2012 by approximately 1.7%.
- ❖ The percentage of students who are overweight, age 15 or younger is 14.4% in Webb County. Hispanic females have the highest rate of being overweight by race and gender of 19.2% and 11.9%.
- ❖ Adults who have income less than \$25,000 had an obesity rate of 40.7%. Adults with no high school diploma have an obesity rate of 39.5% which is higher than adults who have a high school diploma and higher.
- ❖ Childhood obesity has both immediate and long-term effects on health and well-being. Children and adolescents who are obese are likely to be obese as adults and are therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. One study showed that children who became obese as early as age 2 were more likely to be obese as adults.
- ❖ Immediate health effects of obesity:
 - Obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. In a population-based sample of 5- to 17-year-olds, 70% of obese youth had at least one risk factor for cardiovascular disease.
 - Obese adolescents are more likely to have pre-diabetes, a condition in which blood glucose levels indicate a high risk for development of diabetes.
 - Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.
- ❖ Long-term health effects:
 - Overweight and obesity are associated with increased risk for many types of cancer, including cancer of the breast, colon, endometrium, esophagus, kidney, pancreas, gall bladder, thyroid, ovary, cervix, and prostate, as well as multiple myeloma and Hodgkin's lymphoma.
 - The number of confirmed victims of child abuse for 2013 per 1000K is 10.9% which is above the State rate of 9.3%.
 - Domestic violence survivors who are limited English proficient represent one of the most critical underserved populations due to Texas' unique make-up as a state where the average percentage of residents who speak a language other than English in the home ranks much higher than the national average.

- The number of children in foster care has increased from 5.1% in 2011 to 6.2% in 2012.

HIGHLIGHTS AND CONSIDERATIONS - TRANSPORTATION

- ❖ Webb County and Laredo City are largely auto-oriented. Approximately 80% of all residents in Laredo City used cars to drive to work and carpool.
- ❖ Surveys indicated that Head Start transportation is necessary for families and children in the Webb County Head Start service area.

HIGHLIGHTS AND CONSIDERATIONS – HOUSING

- ❖ Home ownership rate in Webb County is 63.7% which is only a slight increase from the State rate of 63.9
- ❖ The homeowner's vacancy rate is very low in Laredo (1.0%) and Webb County 0.9%). The State of Texas currently has a homeowner's vacancy rate of 2.1% for 2012.
- ❖ The homeowner's occupied rate is 63.7% in Webb County for 2012.
- ❖ The rental vacancy rate is 4.6% for Webb County, which is significantly lower than the State rate of 9.6%.
- ❖ Laredo City has a rental occupied rates of 37.1%, which is only slightly above the State rate of 36.1%.
- ❖ Occupied households with no vehicles stand at 8.6% in Laredo City, which is above the State rate of 5.9%.

HIGHLIGHTS AND CONSIDERATIONS - CHILD CARE

- ❖ Attending high-quality preschool can significantly contribute to the healthy development of young children, especially those who are in low-income families, according to *The First Eight Years*. However, nationally, sixty-three (63%) percent of 3-and 4-year olds in low-income families were not attending a preschool program, compared with 45 percent of their more affluent counterparts.
- ❖ Subsidized child care is a critical component of the overall child care market in Webb. Consider pursuing child care subsidy dollars to extend Head Start school hours.
- ❖ The percentage of children, ages 3 to 5 that are enrolled in a nursery school or preschool is consistent in the City of Laredo and Webb County at 7%. Enrollment percentage is higher than the State rate of 6.2%.
- ❖ Head Start currently serves 28% of eligible children in Webb County and a very small percentage of Early Head Start infants and toddlers.
- ❖ Webb County has a total of 10,786 potentially eligible children. Approximately 6,472 are eligible for Early Head Start and 4,314 children are eligible for Head Start.

- ❖ Total Funded Enrollment - Head Start 1,218 full day program and a funded enrollment of fifty-six (56) in the Early Head Start program.
- ❖ There is a current wait list for the Head Start Center based is 765 and the current waiting list for Early Head Start and Home based is 153 with 16 pregnant women according to the Director's Monthly Report – January, 2014.

HIGHLIGHTS AND CONSIDERATIONS - PROFILE OF HEAD START FAMILIES AND CHILDREN SERVED.

- ❖ Approximately 12.5% of the Head Start children were overweight. 11.7% of the children were obese. 0.7% of the children were underweight.
- ❖ Approximately 84% of the families served were below the federal poverty level. Approximately 2.7% of the families served were over income.
- ❖ In Head Start two parent families, 82% had one parent that was employed. Out of the single parent families, approximately 43% were not employed, while 57% of the single parents were employed. Approximately 9.3% of two parents families have households where neither parent was employed.
- ❖ 69% of two parent Head Start families were neither in job training or school, while only 27% of the two parent families, one parent was either in job training or school.
- ❖ 68% of Early Head Start families are single parents and 31.8% are two parent families.
- ❖ 72% of Early Head Start single families, the parent is employed; 90% of Early Head Start children served have income below 100% of the Federal Poverty.
- ❖ 82% of two parent Early Head Start families are neither in school or job training. The top two services requested and received by families were emergency crisis and mental health.
- ❖ 76.5% of Early Head Start single parent families are not in job training or school; 38% of Early Head Start families have received an Associates.
- ❖ Head Start families are utilizing WIC and SNAP programs.

HIGHLIGHTS AND CONSIDERATIONS – SURVEY RESULTS AND SOCIAL, HEALTH AND EDUCATION NEEDS OF FAMILIES

- ❖ Child care continues to be a major issue for low-income families. Children qualifying for Head Start represent 80% needing Center-based services.
- ❖ Top health, social and educational needs of Head Start families was medical care, safety, under-employment and drug abuse.
- ❖ Barriers to accessing and availability of community resources were strict guidelines and not aware of existing services.

HIGHLIGHTS AND CONSIDERATIONS – COMMUNITY RESOURCES

- ❖ Parents are not fully aware of existing services. Ensure that parents are aware of all existing resources, rules and eligibility criteria, hours of operation, etc.
- ❖ Agency rules and eligibility criteria are very strict.
- ❖ Transportation is difficult to find in order to get to resource agencies.
- ❖ Expand partnership opportunities to new and non-traditional partners.
- ❖ Serve on other community organization's advisory boards and committees.

II. Results, Expected Program Outcomes, Program Goals and Objectives

For the 2014 - 2015 fiscal year, there is no expected or planned change in the program objective, design, or implementation. The general operation of the program in all content areas has generated positive results as evidenced by the following:

A. 2013 Federal On-site Monitoring Review

From 1/13/2013 to 1/18/2013, the Administration for Children and Families (ACF) conducted an on-site monitoring review of the Webb County Commissioners Head Start and Early Head Start programs. *The Overview of Findings letter from Administration for Children and Families, dated 10/22/2013, stating that previously identified findings have been closed is attached to this application electronically via document upload to the GABI.*

Additionally, from 1/27/14 to 1/31/14, the program conducted its annual Local Self Assessment. Based on the information gathered during this review, it was determined that the program is in compliance with all Head Start Program Performance Standards and applicable laws, regulations, and policy requirements. *The Program Improvement Plan is attached to this application electronically via document upload to the GABI.*

B. On-going Staff Development and Educational Advancement

The program has placed significant emphasis on continuous quality improvement of its staff development plan. Accordingly, collaboration with the Laredo Community College and Texas A&M International University has resulted in the successful completion of credentials for several Early Head Start employees

C. Program Changes:

For the 2014 – 2015 program year, the center base option will continue to serve 40 eligible children and their families. The number of home base slots will remain the same at 16, to include 8 pregnant women. Early Head Start services will continue to be provided at the following locations:

	Sierra Vista	Little Palominos
EHS	2 Classes	3 Classes

For the 2014 – 2015 program year, children enrolled in the center-base option will be offered services from 7:45 a.m. to 3:00 p.m. (no change). Additionally, the program will continue to offer Head Start services along with Early Head Start services at two sites. Therefore, to accommodate the needs of parents, the program has designed the schedule to allow parents that have a child enrolled in HS and another child enrolled in EHS to pick-up their children at the same time. The program will continue to cost allocate the salaries of two Area Service Manager and two Family Service Worker positions between HS and EHS to serve both programs at Sierra Vista and Little Palominos.

III. Approach

For the 2014 – 2015 program year:

The 8 home based families and 8 pregnant women will be offered support, guidance, information, and child development services in their homes. Home visits will be for a minimum of 90 minutes per week. The home-based program will have two socializations per month as an opportunity to support child development and learning. Socializations build on the experiences and goals that are addressed during home visits and they attend to the children’s and parents needs. In addition, they incorporate topics related to medical, dental, mental health, nutrition, or child development and education issues. The home-based option will:

- Use the home environment to help parents create rich learning opportunities that build on everyday routines and support their child’s development.
- Provide support to families whose life circumstances might prevent them from participating in more structured settings, families such as those who suffer severe stressors like maternal depression or substance abuse.
- Be flexible and offer support and child development services during nontraditional hours to families who work or go to school.
- Work with families who live in rural communities and who otherwise would not be able to receive needed services.
- Identify the family’s child development goals. Each home visit will maintain a focus on those goals.
- Meet the goals for children’s development and learning by providing experiences, identifying the roles of staff members and parents, and by identifying the necessary materials and equipment.
- Recognize parents as their children’s first and most important teachers.

The 40 center-based children will be offered classes from 7:45 to 3:00, Monday through Friday, for 220 days annually. All center-based children will be provided a nurturing, safe and a developmentally appropriate learning environment. The program will provide multiple experiences to infants and toddlers that will enhance their physical, emotional, intellectual, language, and social development. Additionally, the program will promote parents as primary caregivers and educators of their children and encourage them to be strong advocates for their children.

Education and Early Childhood Development Curriculum: The *Creative Curriculum for Infants, Toddlers, and Twos* has been selected as the curriculum for the EHS program. This curriculum is based on scientifically valid research and is developmentally appropriate. Teachers will create responsive environments, individualize their care, meet children's needs, promote social-emotional development, support cognitive, physical, and language development, and partner with families. Infants and toddlers will:

- a. Develop secure relationships
- b. Learn concepts and develop in all areas of development while acquiring skills to learn English as a second language.
- c. Explore the environment and a variety of sensory and motor experiences.
- d. Screening and Assessment:
 - Home Language Survey/Dominant Learning Style/Temperament & Interests
 - Developmental Screening
 - Hearing and Vision Screening
 - Behavioral Screening
 - Ongoing Assessment
- e. Learning Through Daily Routines: hellos and good-byes, diapering and toileting, eating and mealtimes, sleeping and napping, getting dressed, etc.
- f. Learning Through Daily Activities: playing with toys, imitating and pretending, enjoying stories and books, connecting with music and movement, creating with art, tasting food, exploring with sand and water, going outdoors, etc.

Compiling and Evaluating Educational Progress and Outcomes: The program will use the Teaching Strategies GOLD as an observation-based assessment system to promote and support children's learning and developmental progress. It measures the knowledge, skills, and behaviors that are predictive of school success, focusing on 38 objectives. The objectives are organized into areas of development and learning, content learning, and English language acquisition. Children's development and progress are reviewed with the parents during the home visits and parent teacher conferences. This assessment system provides teachers with a reporting method for measuring the children's progress. The reports will be done four times during the year, in fall, winter, spring, and summer. Through the ongoing analysis of this data, teachers will be able to effectively individualize and meet the needs of every child in the five essential domains: Physical development and health, Social and emotional development, Approaches to Learning, Language and Literacy, and Cognition and General Knowledge.

Limited English Proficiency – Identification and Instruction Procedures: The Webb County Early Head Start program uses the following procedure for identifying children with limited English proficiency. During the first forty-five (45) days of school, the teacher conducts the Home Language Survey with the parents to determine the dominant language of the child. Teachers promote and follow the children’s progress in acquiring receptive and expressive language in English. Children are continually exposed to experiences in the classroom that promote listening and speaking skills.

Teachers conduct circle time twice during the school day. Circle time consists of “read alouds,” daily news, and theme introduction. The first circle time instruction of the day is offered in the child’s primary language. Children with a strong vocabulary in their primary language learn to read, write, and speak in a second language faster. The second circle time instruction of the day is in the English language. This instruction promotes new vocabulary words through singing, rhyming, storytelling, and conversations. The Early Head Start staff works closely with parents to ensure that learning continues to take place after the child leaves the classroom environment.

Additionally, classrooms have learning centers that provide many opportunities for children to engage in hands on activities independently. The learning centers offer activities that promote literacy such as books, writing materials, and opportunities to communicate with other children and adults. Teachers implement effective ESL instruction through interaction, connecting the class instruction to the child’s culture, making the children feel comfortable with using their primary language, and in modeling the English language. The key component for Early Literacy is oral language. The program promotes early literacy through activities such as: listening, rhyming, and alliteration. Phonological awareness and alphabet knowledge is reinforced on a daily basis during circle time, through the material in the learning centers, and by providing a rich print environment.

Child Health and Development Services: All EHS children will be provided with:

- Medical examination and Dental examination.
- If necessary, Medical follow-up, Eye Exam, Hearing Exam, Blood Exam, Blood Pressure Exam, Prescription medication intake monitoring, Dental follow-up, Special clinics.

Family and Community Engagement: All EHS families will be provided with:

- Development of a family partnership agreement: Communication with families begins when the application for services is initiated. Upon enrollment, the Individual Family Partnership Agreement is explained and goals are created. On-going communication occurs with families through contact at the center, telephone calls, parent meetings, parent conferences, newsletters, home visits, etc.
- Community Resources: A Community Resource Directory which lists local service agencies is provided to all parents. Additionally, families are offered trainings throughout the year on topics including domestic violence, gang intervention, budgeting, substance abuse, etc. If necessary, out-of-agency referrals are initiated and follow-up takes places regularly. Families are referred to local community resources and private consultants are contracted as needed to provide counseling, trainings, linkage, and technical assistance.

- Other Social Services: The Family and Community Services Advisory committee will assist the EHS program in meeting the needs of families in crises. The committee is composed of six (6) HS/EHS parents, three (3) staff members, and a community professional in the field of social service. The committee meets twice a year or when the need arises.

Disability Content Area: All EHS children will be provided with the following services:

- Trained staff will work with children with special needs. A minimum of 10% of EHS children will have special needs, and these children will be included in all program activities. EHS staff will work closely with community agencies and other programs for young children with disabilities (ECI) to ensure that children with special needs obtain the care they need.
- Screening for early identification and possible need for special services.
- If needed, professional evaluation of speech, occupational, physical, neurological, and psychological functioning to determine eligibility for disability service.
- Children assessed/diagnosed will be provided with appropriate services. If transportation is needed for such therapy, arrangements are made with the public school system, medical transportation system, or Head Start transportation department.
- If child meets disability criteria, an Individual Family Service Plan, IFSP, or and Individual Education Plan, IEP, is developed.
- Opportunities for all parents to attend training on various disability related topics.

Parent Involvement: All EHS families will be provided with the following services:

- Orientation of all EHS services to enable parents to participate in the planning and implementation of all program components;
- Program governance training;
- Opportunities for parents to volunteer in program operations;
- Training on community services to promote awareness and utilization of available resources;
- Referral and linkage to local educational and work training institutions, which may lead to self-enrichment and gainful employment;
- Home visits and teacher/parent conferences to enable staff to acquire a better understanding of each child's abilities and experiences;
- Monthly newsletter, calendars, and policy group meeting so as to maximize communication mechanisms between staff and families;
- Opportunity for parents to participate in program and community committees/councils/organizations;
- Outreach to fathers/father figures: Various conferences, trainings, and meetings to promote the role of fathers in building father/child relationships;
- Various conferences, trainings, activities and meetings are planned throughout the year to promote healthy family relationships;
- Special program events to promote cultural awareness and enhance community awareness;
- Library incentive program to encourage the use of all programs available at the local public library and community center libraries (GED, ESL, computer skills trainings, etc.);
- HS and EHS parents and former parents are provided many opportunities to advance personally and professionally. Qualified parent applicants are given priority for employment with the program.

Child Nutrition Content Area:

Children in Early Head Start will receive food appropriate to his or her nutritional needs, developmental readiness and feeding skills. Infants are fed “on demand.” All infants will be held during feeding. This program will support breastfeeding and will practice safe handling of breast milk as follows:

- a) Accepting, storing, and serving expressed human milk for feedings;
- b) Accepting human milk in ready-to-feed sanitary containers labeled with the infant’s name and date, and storing it in a refrigerator for no longer than 48 hours;
- c) Ensuring that staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in human milk;
- d) Ensuring that staff wears disposable gloves while handling breast milk;
- e) Providing a comfortable place for breastfeeding and coordinating feedings with the infant’s mother.

During Socialization activities, each child and parent will be provided with nutritious snacks and meals, recipes, meal preparation information, and tips for appropriate exercise. The Registered Dietician and various community partners such as Agrilife and Women's Infant's and Children's Clinic provide presentations.

Safe Handling of Infant Formula

- a) Staff serves formula and infant food that only comes to the facility in factory-sealed containers such as ready-to-feed-powder, concentrate formulas, or baby food in jars. Formula and infant food are prepared according to the manufacturer’s instructions.
- b) Bottle feedings do not contain solid foods unless the child’s health care provider supplies written instructions and a medical reason for this practice.
- c) Staff discards any formula or human milk that has been at room temperature for more than one hour.
- d) Staff discards any formula or human milk that has been served to an infant but has been not completely consumed.
- e) If staff warm formula or human milk, the milk is warmed in water at no more than 120°F for no more than five minutes.
- f) No milk or food is warmed in a microwave oven.

Safe Food Practices with Infants

- g) Teaching staff do not offer solid foods and fruit juices to infants younger than six months, unless recommended by the child’s health care provider and approved by families.
- h) Sweetened beverages are avoided.
- i) If juice (only 100% fruit juice is recommended) is served, the amount is limited to no more than four ounces per child daily.
- j) The program serves only whole milk to children of ages 12 months to 24 months, unless there is a doctor’s order to continue with formula or other milk substitute.
- k) The program does not feed honey to children prior to one year of age.

Safe Food Practices will be implemented to Prevent Choking

Center-based Early Head Start staff will update feeding schedules daily, review with parents' feedings, breast feedings, baby food, food intolerance, preferences, voiding patterns and changes related to feeding and nutrition. The quantities and kinds of food served must conform to the recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu planning requirements.

At the Webb County HS and EHS program, meal time is part of the holistic educational philosophy. This approach allows for instruction and modeling of disease prevention and the promotion of healthy food choices. While providing for the child's nutritional needs, the nutrition program offers each child the opportunity for:

- Building positive self-esteem by promoting decision making skills and teaching independence;
- Building good eating habits and attitudes toward healthy food by introducing a variety of unfamiliar nutritious foods;
- Building socialization skills by demonstrating that meal time is a pleasurable and enjoyable experience;
- Building food etiquette by teaching mealtime activities;
- Building a healthy lifestyle through exercise and nutrition education curriculum.

A Registered Dietician (RD) will be contract for assistance. The RD will provide ongoing training, nutrition counseling, and menu revision. A vital part of the Head Start Nutrition component is the Nutrition Health Service Parent Committee, primarily composed of parent representatives from all center sites. This committee empowers parents by educating them on nutrition fundamentals and by providing their input in planning menu entrees and nutritional services.

Child Mental Health Content Area:

In an effort to meet the mental health need of the infants and toddlers served by this EHS program, the following services will be implemented:

- Observation of infant-toddler interactions in multiple settings to identify strengths and potential next steps;
- Staff will keep in mind the multiple, potentially interactive origins of an infant's or toddler's behavior, namely, biology (including temperament), developmental stage, environment, and goodness of fit between the baby and his or her family and the child-care setting;
- Staff will identify and share observations of strengths in the infants' and toddlers' relationships with their parents and teachers;
- The program will provide regular supervision that allows staff members to reflect on their observations and feelings;
- Behavioral screening with parental input for early identification of need for intervention;
- Classroom, socialization, and individual observations, done by professionals in the field, if necessary;
- Education on mental health issues (child abuse prevention and treatment issues, fetal alcohol syndrome, domestic violence issues, maternal depression, positive discipline, stress management, etc.);
- Follow-up on children with behavioral concerns;
- Individual Observations when necessary (with parental consent);

- Parent/Teacher conferences with a consultant when necessary;
- Positive Guidance Plan when necessary;
- Referrals to community agencies for children and their families when necessary (individual therapy, play therapy, individual therapy, group therapy, family therapy, parenting skills, substance abuse counseling);
- Opportunities for parents to attend group discussion on child development, appropriate discipline techniques, and other areas of mental health/behavioral concern.

Transportation:

All EHS home based families will be offered the opportunity to participate in socialization activities. Transportation, as appropriate, will be offered to families in need of transportation to such activities. These families will be provided with information and curriculum on transportation safety.

Transition:

The Webb County HS and EHS program will provide a continuum of services prenatally through age five. Transition of families will be based on individual need and the readiness of the child. Throughout the transition process, the program will maintain ongoing relationships with families during their children's first five years of life. The program will make every effort to meet the needs of families and children related to the challenges, special needs, and stress that accompanies change.

Home Visitors (HV) will assist pregnant women, infants, and toddlers being served in the home environment to transition smoothly into the center based program, if appropriate. Each HV will build trusting relationships with families throughout their enrollment in the program. This will provide infants and toddlers an opportunity to receive care from a caregiver who understands and is aware of his/her unique needs. The HV will provide stability in a developing relationship for the child and family.

Teachers will be assigned to be primarily responsible for the care of a child during the course of their enrollment in the center based program. Teachers will provide infants and toddlers an opportunity to build a trusting relationship that will enable them to be smoothly transitioned throughout the different stages of development. The Teacher will take the lead and provide continuity for the child and family. The transition process from EHS to HS will begin six months prior to the child's third birthday, when the parent indicates new childcare arrangements will be made or when child is an appropriate age to move into Head Start or another preschool.

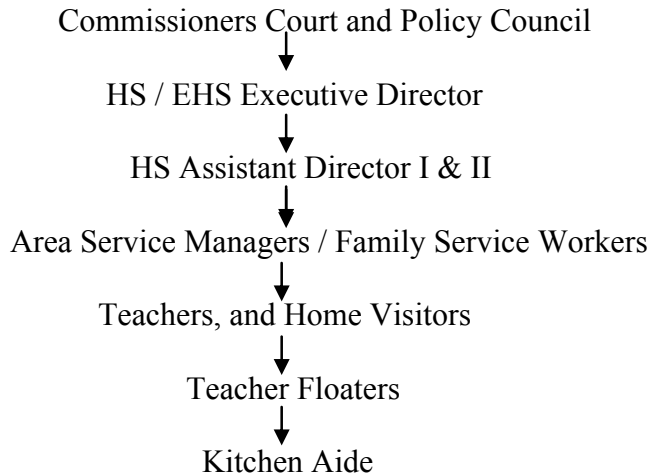
Staff and Position Data

The EHS program is committed to employing and retaining qualified, educated, competent, and trained staff. The chart below demonstrates this agency's plan to ensure retention of staff, and to create the kind of responsive/continuous relationships between caregivers and children crucial to learning and development of infants and toddlers. All full-time staff will work 40 hours per week, and all staff will be employed year-round.

<u># of Positions</u>	<u>Position Title</u>	<u>Education level</u>	<u>% Paid by EHS</u>
1	HS/EHS Executive Director	B.S.,M.A., LPC, LBSW	6%
1	Assistant Director (Licensing/Program)	B.A.	6%
1	Assistant Director (Soc.Svc.)	A.A.	6%
1	Education Director	B.A.A.S., M.S.	6%
1	Computer Specialist	A.A.	6%
1	Records Manager	N/A	6%
1	Accounts Payable	N/A	6%
1	Admin. Secretary	N/A	6%
1	Health & Safety Director	B.A.	6%
1	Nurse	LVN	6%
1	Mental Health Coordinator	B.A.A.S.	6%
1	Disability Coordinator	C.D.A.	6%
1	Education Assistant	B.A.	6%
1	Parent Involvement Coordinator	N.A.	6%
1	Nutrition Coordinator	A.A.	3%
1	FCE Coordinator	Certificate	6%
1	Maintenance Worker	N/A	6%
2	Area Service Manager	A.A.	40%
2	Family Service Workers	BA / AA	30%
1	Teacher	BSIS	100%
8	Teachers	A.A.	100%
1	Teachers	CDA	100%
2	Home Visitor	CDA	100%

1	Part-time Teacher Floater	AA	100%
2	Part-time Teacher Floater	CDA	100%
1	Kitchen Aide	None	100%

Organizational Chart:



IV. Budget Appropriateness and Reasonableness:

T/TA Budget

<u>Category</u>	<u>Purpose</u>	<u>Amount</u>
■ Travel	Airfare, per diem, hotel, and taxi for staff members to attend the National Head Start Conference, the South-by-Southwest Director’s Conference, and EHS specific trainings/conferences.	5,000
■ Supplies		
Recognition Supplies	Special Awards, Certificates, Incentives, Plaques, Tokens, Seasonal /Occasional Greeting Cards, and the like for staff/parents as incentives for educational accomplishments, excellent performance, low absenteeism, Teacher Appreciation Week, etc.	1,000
Trainings Meetings & conferences	Materials needed for staff and parent trainings and conferences (First Aid, CPR, Transition Conference bags, books, videos, pens, highlighters, pads, etc.)	1,000
Books	Books and materials for educational enhancement/advancement and CDA certificate.	300
■ Contractual		

TMC	See Delegate Agency Narrative	2,400
■ Other		
CDA Renewal Fees	Fees for licenses and renewals	3,500
Training Registration	Conference and Registration Fees	3,556
College Tuition	Tuition for staff to attend college (Texas A&M University, Laredo Community College, and Other Colleges (on-line courses, etc.).	3,000
Meetings & Conferences	Fees for staff/parent/community representative training luncheons (food and drink) and conferences, including Supervisory Training, Transition Conference, Staff Appreciation Awards Ceremony and the like. Fees for conference/meeting room rental.	2,000
	Total T&TA:	<u>\$21,756</u>

******* Break down of TRAVEL Expenses *******

Number of Employees	Purpose of Travel	Title of Staff	Destination	Cost
2	National Head Start Conference	Management Staff	To Be Determined	1,500
4	Specialized Content Area Trainings – Number of Conferences to be determined	Administration, Coordinators, Assistants, Area Service Managers, and Family Service Workers	To Be Determined	3,500
Total Travel:				<u>\$ 5,000</u>

B. Refunding Budget

Total Supplies **\$52,150**

<u>Category</u>	<u>Description</u>	<u>Amount</u>
Office	Pens, pads, tape, etc.	3,500
Janitorial	Cleaning/Bathroom supplies	16,000
Minor Apparatus/Tools	Lawn mowers, microwave ovens, refrigerators, vacuum cleaners, computers, printers, cameras, video camera, monitoring system for classrooms, etc.	1,600
Classroom	Instructional material/supplies	21,050
Medical/Dental	First aid kits, toothbrushes, toothpaste, etc.	1,000
Disability	Recommended supplies for disabled children	1,000
Kitchen	Wraps, gloves, pots/pans, disinfectants, dishes, etc.	1,000
General	Diapers, bibs, other infant and toddler incidentals, etc.	7,000
	Total:	<u>52,150</u>

Total Occupancy	\$ 23,525
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| <ul style="list-style-type: none"> ▪ <u>Utilities:</u>
light, water, gas | \$ 9,000 |
| <ul style="list-style-type: none"> ▪ <u>Telephone</u>
Internet Service / equipment rental / Cellular phone | \$ 3,000 |
| <ul style="list-style-type: none"> ▪ <u>Building Insurance</u>
Liability insurance for all buildings | \$1,000 |
| <ul style="list-style-type: none"> ▪ <u>Center Maintenance/Repairs</u>
Repair / maintenance / fire alarm system | \$ 9,225 |
| <ul style="list-style-type: none"> ▪ <u>State Registration Fees</u>
Renewal of State License for centers. | \$ 800 |
| <ul style="list-style-type: none"> ▪ <u>Day Care Licensing Fees</u>
Health & Fire Dept. | <u>\$ 500</u> |

Total: \$23,525

Total Equipment Rental and Repair	\$ 2,000
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|---|--------------|
| <ul style="list-style-type: none"> ▪ <u>Equipment Rental</u>
Pagers, Faxes, Copiers | 1,000 |
| <ul style="list-style-type: none"> ▪ <u>Equipment Maintenance/Repairs</u>
(a/c, stoves, lawn mowers, etc.) | <u>1,000</u> |

Total: \$ 2,000

Total Child Travel	\$ 6,000
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|--|--------------|
| <ul style="list-style-type: none"> ▪ <u>Vehicle Insurance</u>
Insurance for all Head Start vehicles | 2,000 |
| <ul style="list-style-type: none"> ▪ <u>Vehicle Fuel & Lubricants</u> | 2,000 |
| <ul style="list-style-type: none"> ▪ <u>Vehicle Parts & Maintenance</u>
Maintenance for vans, maint. trucks, and busses | <u>2,000</u> |

Total: \$ 6,000

Total Staff In-Town Mileage **\$ 2,000**

- Mileage for staff to attend parent conference meetings, office meetings, monitoring, home visits, center visits, etc.

Total Other: **\$ 9,000**

- Parent Initiatives & Socializations 4,000
 All provisions needed to support parent initiatives. Reimbursement to parents for gas, mileage, childcare services, and other reasonable expenses to enable parents to attend program activities (Transition Conference, Fall Parent Conference, Building Family Relationships Day, Educational Conferences, Father Involvement/Healthy Relationship trainings, Parent Volunteer Awards ceremony, GED Testing Fees, GED/ESL Recognition Ceremony, Policy Council meetings, conferences, and trainings).
- Med/Dental Services 1,000
- Mental Health / Disability Services 2,000
- Child Liability Insurance 2,000

Total: \$ 9,000

Total Nutrition/Food/Non-USDA **\$2,000**

- Non-reimbursable USDA food items
- RD contractual services
- Funds to cover potential USDA deficit due to an increase in prices of food products, maintenance for kitchen equipment, space rental, equipment rental, and similar expenses that result in a higher cost of operation for the food program.

Utilization of USDA Funds **\$ 39,718**

The Webb County Early Head Start program will continue to utilize funds from USDA for the purpose of paying personnel salaries, fringe benefits, office supplies, kitchen supplies and food cost. An estimated reimbursement from USDA for a total of \$39,718 is expected to serve 85% of funded enrollment at the center level.

USDA Reimbursement Rates

	Breakfast	Lunch/Supper	Snacks
Free	\$1.58	\$2.93	\$0.80

Formula for estimating reimbursement for USDA:

number of children (85% attendance) X number of days X reimbursement rate.

Early Head Start Program (*40 children X 85% = 34):

*34 X 220 days X \$1.58 for **breakfast** = \$11,818

*34 X 220 days X \$2.93 for **lunch** = \$21,916

*34 X 220 days X \$.80 for **snack** = \$5,984

Total PROJECTED reimbursement from USDA = **\$39,718**

Personnel (COLA)**\$ 404,600**

All Webb County Early Head Start employees received no less than a 1.50% salary increase. All employees with no credential received a 3.25% salary increase, all employees with a CDA credential received a 3.50% increase, all employees with an Associate degree received a 3.75% increase, employees with a bachelor received a 4.0% increase and employees with a Master's Degree received a 4.25% increase. Exceptions include an Area Service Manager who received a 1.50% versus a 3.75% increase and two Home Visitors received a 1.50% versus a 3.50% salary increase in an effort to move towards parity in salaries amongst similar positions.

The total cost of the salary increases is \$12,826. This is \$4,087 above the amount received for COLA. The additional funds came from cost savings afforded to this program by cost allocating the salary of the Area Service Manager with Head Start and the elimination of the Family Advocate position. The salary adjustments were approved by Policy Council and the Webb County Commissioners' Court so as to off-set the increase in the cost of living and the potential increase in October 2014 to the employee's contribution to health insurance benefits (pending Commissioners' Court action scheduled for September 2014). The total cost of the salary increases is outlined in the Budget Narrative section of this application.

Fringe Benefits**\$176,685**

The Webb County Head Start Program, with the approval of the Policy Council and Commissioners Court, will allocate a total amount of \$176,685 to the Fringe benefits line item.

*******A detailed breakdown of salary, COLA, and fringe benefits is found in the Budget Narrative section of this application.**