

**SECTION I. Program Design and Approach to Service Delivery**  
**Sub-Section A: Goals**

**PROGRAM GOALS - ACHR CDP FY 19 - FY 23**

1	<b>Program Goal 1: The program will increase the capacity of E/HS staff to recognize and appropriately assist children and families who are in trauma, affected by substance abuse problems, domestic violence, and similar issues including special needs.</b>	
1	<b>Objective(s) Goal 1</b>	<b>Progress/concerns in November 2021 after most of Year 3 11/9/21</b>
1a	Provide all E/HS staff with training to help them understand the long-term effect of trauma on children and adults.	Provided training using videos, webinars and live training; more will be needed. All education staff, health staff, FEA had trauma related training. Staff also viewed film “Resilience”
1b	Provide staff additional T/TA related to trauma care, mental health needs, and special needs such as Autism Spectrum Disorder.	<ul style="list-style-type: none"> <li>• Auburn University staff provided consultation to Education and Health/Disabilities Management team members;</li> <li>• AU special education dept. working on videos for staff to access.</li> <li>• Behavior/Intervention Specialist provided training to staff, bus aides and others.</li> <li>• AU special Ed faculty member provided 1-1 education with a few of our teachers</li> <li>• Education, health/mental health, and some other staff received full day training on trauma/effects of trauma</li> <li>• Education staff, health staff participated in 3 part series <i>Understanding Trauma: Reaching and Teaching Children who have Trauma.</i></li> <li>• Home-based staff, select center-based staff received series of training on resilience at 3 center sites through CCRC. Further training is scheduled in new year through same grant.</li> <li>• Yr 3-Strengthened contract with EAMH to offer additional help for children, parents, and staff.</li> <li>• Yr 3 Health Services Coordinator trained education staff, health staff and transportation on to work with child with special needs including autism and handle situations that can occur with children special needs and/or impacted from trauma.</li> <li>• Yr 3- Each HS classroom provided with a book on working with young children w/ Autism (ASD); HS/EHS resource book on <i>Reaching and Teaching Children Who Have Trauma</i> purchased for each center and home-based resource areas.</li> <li>• Yr-3 EHS Resource book <i>Don’t Hit my Mommy</i> as a staff resource</li> </ul>

1c	Locate training opportunities and other resources to assist staff (family engagement, classroom, health, mental health, managers, etc.), in supporting all families, particularly those affected by trauma.	<ul style="list-style-type: none"> <li>• Found great video set – and was no longer available. Still trying.</li> <li>• Some Family Engagement Advocates and all Home Parent Educators attended CCRC’s Strengthening Families offered by the state.</li> <li>• Hired (12/19) new FE Coordinator with extensive experience with casework with families in crisis such as domestic violence, homelessness, child abuse/neglect, and foster care. We look forward to the information/training she can provide</li> <li>• Yr3-FECoordinator became Programs Coordinator. Hired new FE Coordinator who has experience with children, families and some training in trauma.</li> <li>• Yr3- More trauma resources now on ECKLC and are accessible to staff.</li> </ul>
1d	Consider use of Conscious Discipline Training for all E/HS staff to undergird the above.	<ul style="list-style-type: none"> <li>• Classroom staff and some health staff had training in Conscious Discipline-Ongoing training. Is necessary especially with staff turnover.</li> <li>• Provided most E/HS staff (all varieties of positions) additional Conscious Discipline training spring 2018.</li> <li>• Provided in-house Conscious Discipline training to classroom, some health and home-based staff 2019.</li> <li>• During Pandemic Spring of 2020, cancelled group training; Purchased 2 virtual training series for education staff (infant-toddler and preschool versions). Hope to have live training in Spring of 2021.</li> <li>• Yr 3- Due to COVID Still unable to have large group Conscious Discipline Training onsite in 2021-22.</li> <li>• Yr 3-During Pandemic Spring of 21 purchased additional Conscious Discipline virtual training (10 session series, Infant-toddler Series) for staff to access.</li> <li>• Yr 3- One Center Educator (director) and Mentor Teacher attended 7-day Conscious Discipline Institute in Orlando, FL.</li> </ul>
1e	Search for and assist <u>staff</u> in accessing and using a variety of resources to help them support and/or refer children and adults who have experienced trauma, including resources to assist with substance abuse issues (e.g. information about prevention, understanding effects of opioids and other substances on the family).	<ul style="list-style-type: none"> <li>• Resource manual (Branching Out) now on ACHR website for easy access for staff and parents, and to share with the community.</li> <li>• Enhanced contract with East Alabama Mental Health; they can help us find resources to assist staff in working with families.</li> <li>• FEAs attended outside training on the effects of opioids.</li> <li>• HS, EHS staff attended training on Mental Health First Aid (through trainers from mentalhealthfirstaid.org) to assist staff in identifying and responding to persons in mental health crisis.</li> <li>• Yr 3- In 2021 children’s books around trauma purchased for use in staff training on trauma and trauma sensitive care (group training not yet complete due to COVID).</li> </ul>

ACHR E/HS Goals and Narrative –Goals/Objectives written in 11/18 for Year 1- FY 19; Grant is for Year 4, FY 22 -Progress/concerns column as of 11/21

1f	Increase E/HS staff ability to build deeper relationships with children and family members so staff become more effective in working with children, setting goals with families and supporting children and families in meeting those goals.	<ul style="list-style-type: none"> <li>• Continue work with staff on Conscious Discipline techniques in building empathy and connections.</li> <li>• Some Family Engagement and all Home based staff attended Strengthening Families Training</li> <li>• Searching for additional training for developing deeper relationships and connections with families.</li> <li>• Family Engagement job descriptions revised to better reflect expectations leading to effective relationships with families.</li> <li>• Conscious Discipline training for classroom staff and home visitors included importance of connections and how to build them with children.</li> <li>• Yr3 EHS staff training on the role of temperament in teacher-child relationship.</li> </ul>
1g	Locate and utilize additional resources available to provide quality services for individual children who have special needs.	<ul style="list-style-type: none"> <li>• Working with AU Special education and other consultants for children who are just below cutoff (which in AL is 80, not 75 as in nearby states).</li> <li>• Have contract with EAMH to provide additional services to children</li> <li>• Working on improving partnerships with the schools.</li> <li>• Have added to Drop Box File <i>Special Needs Resource File</i> list of professionals and organizations who we have connections with who can provide knowledge and/or services for children/families around disabilities.</li> <li>• Yr 3 Using some special DHR funding to purchase sensory items for classroom kits as well as weighted blankets and animals to help children with special needs.</li> </ul>
1h	Improve processes for communication of concerns to special services team and as needed creation of individual plans of action.	<ul style="list-style-type: none"> <li>• Re-established monthly special services team meeting in order to discuss individual children, develop action plans, as needed, and update group on progress of current referrals and children with IEPs/IFSPs and others not with IEP/IFSPs but receiving outside services.</li> <li>• Continued Special Services Team meetings until Pandemic hit. Started communication by Zoom and email to keep the flow of information going.</li> </ul>
1i	Monitor national information and resources on opioids; provide staff training as available (hopefully through coming resources) so staff will know signs of substance abuse and when to refer.	<ul style="list-style-type: none"> <li>• Education and Disabilities staff monitored and read current national information to identify credible on-line resources.</li> <li>• Classroom staff, Home Parent Educators, health and disabilities staff attended a full day trauma training on site in June or August 2019.</li> </ul>

ACHR E/HS Goals and Narrative –Goals/Objectives written in 11/18 for Year 1- FY 19; Grant is for Year 4, FY 22 -Progress/concerns column as of 11/21

1 a-i	<p><u>Activities/action steps</u></p> <ol style="list-style-type: none"> <li>1 ) Develop and continue to add to a file on Dropbox with current information about specific disabilities and make it available to teachers/Home Parent Educators/Family Engagement Advocates including web links.</li> <li>2) As part of some children's transition into the center, reinstitute a process to assist teachers in becoming more comfortable with children with specific special needs through education and information about that child's needs or disability. May include talking with a teacher who has had a child with similar problems.</li> <li>3) Create a list of specific, workable strategies/activities for children who have special needs; remind staff that every child is different and are diverse learners.</li> </ol>	<ol style="list-style-type: none"> <li>1) Space on Drop box is limited but file added. In future may put links on website. We could do header, link and summary of what is on link.</li> <li>2a) Classrooms have a picture routine We send a copy to the parent of a child with special needs to help with transition.</li> <li>2b) Developed photos of classrooms, classroom staff, buses, bus seats, etc. to use in transitional home visits.</li> <li>2c) Depending on severity of child’s needs, Special services team or educators and parent may meet before child enters to discuss options/strategies. For some children we do a trial run, (ex. parent bringing child for first few days instead of putting child on bus).</li> <li>2d) Educators work alongside staff in supporting staff/family in transitioning children with disabilities.</li> <li>3) A folder called <i>Special Needs Resources</i> set up in Drop Box and divided into sub topics. Information has begun to be added. <ul style="list-style-type: none"> <li>• Yr 3- Extra work that was being done around COVID took away time to expand this resource. Still to be done.</li> </ul> </li> </ol>
1 a-i	<p><u>Data/tools/methods</u></p> <ol style="list-style-type: none"> <li>1) Pre-post staff survey (e.g. how helpful information was, changes in comfort level, success with strategies)</li> </ol>	<p>Develop staff survey and implement next program year.</p> <ul style="list-style-type: none"> <li>• Yr 3 Not completed during COVID as other new tasks took precedence</li> </ul>
1 a-i	<p><u>Expected Outcomes</u></p> <ol style="list-style-type: none"> <li>1) Teachers/Home Based Parent Educators/ Family Engagement Advocates become more comfortable and skillful in working with diverse learners through use of resource file and other resources along with assistance from support staff (Interventionist, Coaches, Educators)</li> </ol>	<ul style="list-style-type: none"> <li>• Once special information files are in place on website, survey classroom staff and Home Parent Educators and then survey again in 6-9 months</li> </ul>
1 a-i	<p><u>Expected Challenges</u></p> <ol style="list-style-type: none"> <li>1) Staff time to collect resources and organize</li> <li>2) Teacher/Home Parent Educator/Family Engagement Advocate time to meet and/or read resources</li> <li>3) Teacher/Home Parent Educator/Family Engagement Advocates buy-in to applying learning/strategies consistently in the moment instead of wanting a “quick-fix”.</li> </ol>	<p>As expected</p> <p>FY3 Made more challenging by the challenges of COVID</p>

2	<b>Program Goal 2: The Program will support E/HS families that are in or approaching crisis and continue to support them until they no longer need it, reject the support, or leave the program.</b>	
2	<b>Objective(s) Goal 2</b>	<b>Progress/concerns in November 2021 after most of Year 3 11/9/21</b>
2a	Identify children & families who are in or approaching crisis. (Initial working target group 10-20 families spread among family engagement staff & Home Parent Educators )	Through ongoing relationships with families, so far in Yr 1 staff have identified 21 families in crisis and referred for services. We plan to use a slightly different Family Assessment Tool and then transfer information to ChildPlus to help identify and better track additional families in crisis Y3 Staff revised the family engagement summary (FES). It was distributed to families via hard copy and Survey Monkey. All FEA’s and Parent Educators use it; information gathered is entered in Child Plus.
2a	<u>Activities/Action Steps</u> 1) Choose or create tool/s to identify children & families in greatest need to prioritize time/resources. (Ex.: info from teacher; family interviews; child behaviors in the classroom (DECA & referrals). 2) Use the Child Plus Family Assessment Tool	Continuing to use family engagement summary. Plan to begin use of ChildPlus Family Assessment Tool. • Yr3 Began using ChildPlus Family Engagement Assessment tool entering from FES. The tool helps to identify areas of greatest need and support. FEAs work with individual families to set family goals and link them with community resources to remove family barriers. The DECA is administered by the Behavior Specialist and Parent Educators who help identify social, emotional, behavioral needs. If an area of need identified, the DECA suggests strategies which are shared with teachers & parents as appropriate. If DECA shows a child has problematic behaviors, our mental health specialist meets with teachers and FEAs to determine additional family support is needed.
2a	<u>Data/tools/methods:</u> 1) Review potential tools 2) Develop procedure for what information will be used and how it will be aggregated to determine confidential priority list.	Challenge: Have not been able to identify new tool we want to use. We will continue to look or create. Yr 3: Began using ChildPlus Family Engagement Assessment tool to obtain data that is more helpful. Yr3 Began using Survey Monkey- cost-effective, time sensitive, workable and enables staff to collect information and data; allows privacy for parents in answering questions and it seems they respond more honestly.

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2a	<p><u>Expected Outcomes:</u></p> <ol style="list-style-type: none"> <li>1) Acceptable tool located &amp; use begun.</li> <li>2) ACHR staff more able to identify children/families affected by trauma and progressing towards ability to find ways to assist them.</li> <li>3) Password protected list of identified potential children/families affected by trauma created in order to begin working with them.</li> </ol>	<p>FY3 Have not identified acceptable tool to identify families affected by trauma.</p> <p>FY3 Using Family Engagement Summary and goal setting process to help us discuss barriers with families; through those discussions trauma often is identified.</p>
2a	<p><u>Expected Challenges</u></p> <ol style="list-style-type: none"> <li>1) Finding useful, workable, acceptable, cost-effective tool/s that will produce the information needed.</li> <li>2) For parents to be trusting enough to answer sensitive questions honestly.</li> </ol>	<p><u>Challenges:</u> Finding useful, workable, acceptable, cost-effective tool/s that will produce the information needed.</p> <p>Getting parents to open up to staff and to implement changes needed.</p> <p>Time for ongoing follow-up &amp; support of families over multiple years.</p> <p>Yr 3 COVID interrupted normal work; many families in crisis mode and FEA’s made many contacts with families and tried to obtain new resources and referrals for families where need for help was indicated (e.g. food, employment, housing assistance and guidance around new laws on eviction)</p>
2b	<p>Begin small staff meetings among educators, health staff and individual family engagement staff to discuss families known to be in or nearing crisis and ways each can be supported.</p>	<p>Doing Have begun Special Services Meetings - there is discussion of children having serious challenges and as part of that there is discussion about some of their families who are in crisis and action plans made.</p> <p>Yr3 Zoom meetings weekly and as needed with educators, health staff, FEAs and others if needed to address concerns children are having.</p>
2c	<p>Involve more parents in active family engagement research-based classes/trainings that meet E/HS regulations. (Probably Conscious Discipline). Will offer Conscious Discipline parenting through “Parent Café” which will be virtual during COVID-19.</p>	<p>Doing We offer Conscious Discipline parenting; not well attended last year. To increase participation, with help from our policy council are exploring what times parents would prefer training.</p> <p>Through community partner that offers classes throughout the year, offering parents Triple P Parenting. Working on system to receive feedback from partner so we know which parents attend.</p> <p>Yr-3 Received small grant; began using Ready4K txt tool; text sent to parents 3x/week. Implementation a challenge; learning curve.</p> <p>Yr3 Holding via Zoom weekly parenting classes; topics like safe sleeping, leadership, 24/7 Fathering curriculum/ Understanding Dad curriculum through Family Resource Center. Adverse Childhood Experiences (ACE), Creating Healthy Sleep Routine, Parental Resilience, Social and Emotional Connections.</p> <p>Yr-3 Currently working to implement special needs topics</p>

2b-c	<u>Activities/Action Steps</u> 1) Involve parents identified most in need – initial goal is to involve 40 parents; project that 37 will actually participate and of those, 40% (shown by pre-post test or survey) feel situation is improved. 2) Advertise both Conscious Discipline Parenting class opportunities and also the Triple P Parenting class through Family Resource Center since the two classes are both research-based parenting classes but one may suit a family better than the other.	
2b-c	<u>Data/tools/methods</u> 1) Pre-Post Test or survey of knowledge and changes in parenting behaviors before/after parenting session completed. 2) Possible use of DECA post-test in addition to current use of DECA	Began to use DECA tool that connects Conscious Discipline strategies to children’s DECA needs. Strategies for parents to use at home as well as strategies for classroom are shared with parents.  Looking into other ways of using DECA data through the DECA online system.
2b-c	<u>Expected Outcomes</u> 1) Increased ability of parents to use helpful parenting strategies to assist in their child’s social/emotional skills and behavior. 2) Possible increase in child’s DECA strengths and/or COR scores.	FY3 Due to COVID have been limited to providing parents flyers or web links to information and Zoom classes (above). We do not have good data for outcomes.  Difficult to compare scores (or even have 2 to compare that are valid) during this period due to erratic attendance and virtual learning,
2b-c	<u>Expected Challenges</u> 1) Increasing parent participation in parenting classes 2) Parent time to attend classes – and therefore regular attendance also a challenge. 3) Parent participation levels during sessions. 4) Family and classroom interventions are lengthy processes that may not yield immediate results.	Challenges are as expected.  Working on adjusting the time parenting classes are offered. FY2 Unexpected challenge is that parents are “turned off” by the title “parenting class.” Have had comments indicating they feel they are good parents and do not need parenting class. Working on re-branding. Rebranded as “Parent Café”—implementation stopped by pandemic. FY3 During COVID unable to meet in person for parenting classes. This limited ability to provide this service for some. FY3 Offering virtual option - getting consistent participation-progress! <u>FY3 Challenges:</u> COVID interrupted normal work. FE staff maintained contact with families; provided community resources info. Families not as responsive to FEAs during pandemic. More personalized contacts like home visits have been limited.
2d	Find or create support groups for parents who are willing to attend - and assist parents in creating their own support groups.	ACHR has developed a fatherhood group at 2 of 3 centers. Meetings/events are well attended. Continuing to pursue forming other groups based on families interests. (no longer doing)  FY3-Partnered with Dad’s League through Family Resource Center; offers support groups that discuss how to improve co-parenting skills.

2e	Assist families in accessing transportation to participate in programs, therapy, jobs etc.	<p>Provided transportation for children to therapy and other services.</p> <p>Family Engagement staff/Home Parent Educators inform parents about transportation services provided by Medicaid and other affordable transportation options when funds are available.</p> <p>FY-3 FE collaborated with Achievement Center-gas vouchers to families in need.</p>
2f	Find ways for Home Parent Educators to spend more time with families who need more than average support; may include reducing caseload. Able to hire an additional Home Parent Educator with Quality Improvement money.	<p>FY3 QI did reduced caseloads a little; ideally would be a little more eventually; now having problems finding enough home visit staff.</p> <p>FY3 COVID continues to cause challenges for in-person home visits as many families with young children are uncertain of doing so.</p>
g	Also see Objective 1e.	See 1 e.
<b>3</b>	<b>Program Goal 3: Continue efforts to enhance children's school readiness.</b>	
<b>3</b>	<b>Objective(s) - Goal 3</b>	<b>Progress/concerns in November 2021 after most of Year 3 11/9/21</b>
3a	The program will increase parent/community participation in School Readiness Advisory Committee to increase understanding and enhance children's transitions to receiving schools.	Challenge: Due to employment and other reasons, we have had difficulty in keeping parents involved in the committee. One of 2 meetings held. 2nd meeting cancelled during COVID. Will try virtual meetings in Yr 3
3b	Work toward collaboration that is more meaningful with all 4 schools systems and the receiving elementary schools as mandated by the ESSA (Every Student Succeeds Act) and to improve children's transitions to receiving schools.	<p>Had meetings/contact with school systems; we have ESSA agreements with 3 of 4 systems.</p> <p>Challenge: One system is not responsive and we continue to pursue them for an agreement.</p> <p>YR 3- must push LEAs to get the remaining ESSAs; like HS, schools focused on the current challenges.</p>
3a-b	<p><u>Activities/Action Steps</u></p> <ol style="list-style-type: none"> <li>1) Refine the state mandated collaboration agreement so that it becomes meaningful for our children, families and staff.</li> <li>2) Establish additional working partnerships with receiving schools.</li> <li>3) Get more schools represented in the school readiness meeting - need representation from all 4 school systems</li> </ol>	<p>Working with school two systems to expand agreements to become meaningful partnerships - not just meet minimum requirements of the state's partnership form.</p> <p>Still in development.</p> <p>FY2 &amp; 3 Everyone is busy; challenging to get representation from school systems at meetings.</p>
3a-b	<u>Data/tools/methods</u> Survey to receiving school and HS personnel about success of partnerships and transition processes.	Still in progress. Will be asking schools for results of kindergarten entry assessments from our transitioned children.
3a-b	<p><u>Expected Outcomes:</u></p> <ol style="list-style-type: none"> <li>1) Increased interaction between school systems, schools and Head</li> </ol>	ESSA work brought us together with school systems for basic agreement. Challenge Yr 2 & 3: During pandemic, it has been difficult to find times that all parties can meet. Virtual

	Start in which meaningful information is exchanged that positively contributes to HS children’s smooth transitions into receiving schools.	transition meetings were held between Educators/Interventionist and school personnel regarding transitioning children. Yr 2 Children had completed field trips to receiving kindergartens just prior to pandemic shut down. Yr 3 no visits
3a-b	<p><u>Expected Challenges:</u></p> <ol style="list-style-type: none"> <li>1) Coordinating time by both parties for communication and activities.</li> <li>2) Cooperation from all school systems and schools.</li> </ol>	Challenges: One school system has not responded yet to our overtures.
3c	Continue to participate in community groups that also have concerns/programs affecting school readiness and later school success of children such as mental health issues (e.g. challenging behavior, threatening others with harm, suicide threats).	ACHR participates in the Lee County Children’s Policy Council, Envision Opelika, Southern Union Early Childhood Advisory Board, CAP-LC, Autism Group, Camp Good Grief
3d	Continue to improve children's school readiness - focus on self-regulation/social skills and higher order thinking and cognition.	<p>Our school readiness data has been very good. We continue to provide staff with training and support around self-regulation /social skills and higher order thinking and cognition. Learning to support these are two key challenges and most new staff do not come with the knowledge necessary to excel at these parts of quality teaching and learning, especially Instructional Support and Conscious Discipline skills.</p> <p>YR-3 School Readiness scores dropped some with the time in virtual but still pretty close to target. Proud of our classroom staff and parents for their innovation and persistence in helping children continue to learn.</p>
3c-d	<p><u>Activities/Action Steps</u></p> <ol style="list-style-type: none"> <li>1) Use CLASS scores to determine areas in which staff need additional professional learning/training activities.</li> <li>2) Coaches work with designated staff in these areas.</li> <li>3) Provide continued support of Conscious Discipline implementation.</li> </ol>	<p>CLASS scores are considered when planning professional development.</p> <p>Professional Development opportunities in YR1 included sessions related to quality teaching and learning, curriculum implementation, and Conscious Discipline.</p> <p>Challenge: Enough quality time for coaches and mentors to provide support to staff as each have other job responsibilities.</p> <p>Yr 2 + Y3 challenge- Pandemic closure prohibited 2<sup>nd</sup> CLASS observations. Positive outcomes included classroom staff participating in extensive additional virtual PD on a variety of teaching and learning topics.</p>
3c-d	<p><u>Data/tools/methods</u></p> <ol style="list-style-type: none"> <li>1) Coaching data</li> <li>2) CLASS data</li> </ol>	<p>Coaches work with staff using established coaching goals reviewed annually; goals related to CLASS skills are included.</p> <p>Overall CLASS data is tracked and average scores exceed minimum thresholds and 10% minimums. Yr 2.Observations cut off during pandemic. Changes to CLASS scores shared and discussed with HS classroom staff during back to school training.</p> <p>Yr-3 problems with doing observations continued due to COVID.</p>

3c-d	<u>Expected Outcomes</u> 1) Teachers continue to grow in teaching and learning skills related to CLASS and Conscious Discipline skills.	Average CLASS scores exceed minimum thresholds and 10% minimums. Yr 2 & Yr3 Data incomplete due to pandemic.
3c-d	<u>Expected Challenges</u> 1) Staff turnover means many staff are starting from beginning of their learning/training journey each year. 2) Increases in children with special needs is placing additional stress and challenges on classroom and support staff.	Classroom Staff turnover can (and has) set CLASS scores back as new staff have much to learn about the skills observed in CLASS.  In spite of administrative support, increases in children with diagnosis and many additional children without “official” diagnoses or services (especially ASD) continue to cause stress and challenges to teaching staff.  Additional Challenge: tracking which specific goals were chosen and reached by individuals being coached. Working on method to do this for Yr 2. Challenge: Pandemic cut off in classroom coaching and progress towards goals that required adult-child observations. YR 3 will also be challenging, as in-class observations are not safe. Some use of classroom cameras may be helpful for feedback to classroom staff.
4	<b>Program Goal 4: Increase access to and documentation of health events.</b>	
4	<b>Objective(s) Goal 4</b>	<b>Progress/concerns in November 2021 after most of Year 3 11/9/21</b>
4a	The program will improve documentation of immunizations/well child check-ups/dental visits, especially in Russell County.	Staff trained & able to access immunization records on Imprint website from health care entities that log into database. Majority of pediatricians we work with use Imprint System; a few do not (mostly in Russell County). New statewide legislation proposed to mandate use of Imprint System so information can be easily accessed if needed.  Yr 3 – Continue to use Imprint system; staff who use system (in centers & homebased program) received updated training. Continue to get well child check and dental doc from parents; health staff & FEAs work together to help parents get this doc.
4b	Increase number of parents who take their children for oral and well-child health care AND who bring in the needed documentation; decrease reminders needed so parent will be more ready for school.	Continuing to work with dentists and pediatricians to refer children who need an updated appointment or find service for children without dental or medical home. Continuing effort to educate parents on need so they bring documentation without being prompted as child gets ready for elementary. When parents bring new medical records, we recommend they keep copies (and any other pertinent child records) so that they will always have this documentation too.  Yr 3 – Continue to educate parents about need to keep scheduled medical and dental visits. Provided parents with written education, sent texts, and educated through social media and website. Even so, many parents have not kept required appointments due to COVID risk. Many local pediatricians started doing “well child check-ups” via telehealth if child did not require vaccinations. As COVID numbers decreased, many returned to in clinic well child appointments; because need is great, the appointment scheduler is backed up (can take parents weeks to schedule a Well child check). When parents are able to get/keep these appointments, we ask/remind them to bring doc

4a-b	<p><u>Activities/Action Steps</u></p> <ol style="list-style-type: none"> <li>1) Find incentives that will encourage parents to bring in well child checks and take their child to the dentist. (Points for having well child check + immunization at center as part of application process?)</li> <li>2) Review ERSEA points system to encourage bringing documentation at enrollment.</li> <li>3) Drawing for gift cards if parent brings in well child check during the year?</li> </ol>	<ol style="list-style-type: none"> <li>1) Have not found incentives; will work on this harder</li> <li>2) ERSEA point system reviewed &amp; sent to Policy Council (points were added for having medical documentation at enrollment).</li> <li>3) Under consideration.</li> </ol> <p>Yr 3 Decided do not have resources for incentive; even if funds available, it would not be the most beneficial way to build relationship between parents and medical providers. We continue to educate parents and encourage them to take their children and to keep all appointments for the overall health of their child.</p>
4a-b	<p><u>Data/tools/methods</u></p> <ol style="list-style-type: none"> <li>1) % of parents bringing in own well checks, dental screening paperwork, and immunization results (Enter data in ChildPlus in a way that this can be pulled).</li> <li>2) Encourage parents through education.</li> </ol>	<ol style="list-style-type: none"> <li>1) Need a way to run/compare numbers of parents (year to year) who bring in proof of immunization and well child check by time of orientation, entry, etc.</li> <li>2) Looking into incentives for parents that will build medical autonomy for them and their children.</li> </ol> <p>Yr 3 – Percentage of parents bringing well child checks can be pulled from child plus as well as dental exams returned. We have not found a way to see which parents brought documents at orientation and which parents have brought later. This could be because Orientation changed due to COVID. We did second year of drive thru orientation; parents bring/send documents at various times (instead of on orientation day).</p>
4a-b	<p><u>Expected Outcomes</u></p> <ol style="list-style-type: none"> <li>1) An increasing number of families develop life habit of keeping up with children’s health/oral check-ups/care by approx. 5% per program year.</li> </ol>	<p>Since scheduling appointments takes time, we have to send reminder before parent would be turning in form to meet deadline – so this is a challenge to measure except by self-report.</p> <p>Yr3 Due to COVID have had a decrease in parents keeping medical/dental appts and bringing documentation. We are also still trying to find/develop a way via child plus to collect this data.</p>
4a-b	<p><u>Expected Challenges</u></p> <ol style="list-style-type: none"> <li>1) Developing way of tracking when parent provides timely paperwork without multiple reminders.</li> <li>2) Helping parents to develop new habits that will become a way of life, not a response to a reward.</li> <li>3) Finding ongoing appropriate incentives through in-kind and other means that will have effect of encouraging, but that can be phased out so that habit is built.</li> </ol>	<p>As expected</p> <p>Getting parents to bring/sent up-dated information. We can usually get the immunization documentation (though a few parents have withdrawn their child rather than provide this document or a waiver from the physician).</p> <p>The larger problem is getting documentation of the Well-Baby/Well-Child Check. Parents forget to request it and some physicians will not provide it unless a \$10 fee is paid.</p>

4c	<p>Find additional sources of oral health care for adults and additional sources of health care in rural areas of Lee and Russell Counties to improve ability of adults to care for children.</p>	<p>Continuing to find and build working relationships with new low cost or free of charge healthcare providers.</p> <p>Auburn School of Nursing, The VCOM (Osteopathic School in Auburn), and the Auburn University Harris School of Pharmacy partnered to open a free and/or reduced fee clinic in a lower income community in Auburn. Projected to open next year; will help serve many of our families.</p> <p>East Alabama Medical Center, Auburn University, and the City of Opelika partnered to open a low-income mobile wellness clinic offering services such as primary and preventive health, screening for chronic illnesses, and disease prevention education.</p> <p>Mercy Medical Center, low cost clinic in Auburn, available to anyone without insurance. We refer our families (adults &amp; occasional children not covered by insurance) to this clinic for some medical screens, routine medical exams, and healthcare counseling.</p> <p>Yr3 Auburn Clinic opened on limited basis. Opelika mobile clinic has not.</p>
5	<p><b>Program Goal 5: Having reviewed gradual changes in location of some of our families, the program will find and open a location in or near Phenix City AL that can house EHS classrooms, home parent educator(s) and support staff (cook, janitorial, manager, family engagement advocate) to improve service to families living in that area and reduce their need to drive to services.</b></p>	
5	<p><b>Objective(s) Goal 5</b></p>	<p><b>Progress/concerns in November 2020 after most of Year 2 11/11/20</b></p>
5a	<p>Further research area; consider all options prior to making decision to be sure this change would be</p> <ol style="list-style-type: none"> <li>1) better meet the community need long-term</li> <li>2) appropriate for needs of children/staff</li> <li>3) be financially viable</li> </ol>	
5a	<p><u>Activities/Action Steps</u></p> <ol style="list-style-type: none"> <li>1) Survey current EHS parents to more firmly determine need.</li> <li>2) Survey stakeholders in proposed areas to determine potential support.</li> <li>3) Look carefully at each potential location – pluses and minuses</li> <li>4) Begin to look at potential costs including differences in driving distances for both staff and parents; cost of another kitchen site vs transporting food etc.</li> </ol>	<p>When recruiting, family engagement &amp; home based parent educators find fewer families in the Hurtsboro area. They are recruiting families from farther away. Some parents communicated desire for facility further east. Center based EHS families were interviewed for opinion on relocating Russell County EHS during this program year. There were positive responses from families working closer to Phenix City and those who live north of Hurtsboro.</p> <p>Staff have continued to hunt locations; contact owners.</p> <p>YR2 Agency working on partnership with old school facility in Phenix City</p> <p>YR3 Recently hoped for partnership for old school facility fell apart; not viable. We are beginning a new search, as the need has not changed.</p>

	<p><u>Data/tools/methods</u></p> <ol style="list-style-type: none"> <li>1) Create survey asking parent opinion about possible relocation and also a questionnaire to either send stakeholders or to use as a guide when meeting with someone</li> <li>2) Review, tally, and consider carefully survey results</li> </ol>	<p>Home based Educators for several years have mostly recruited families from Phenix City area. The need for home based in rural Russell is now so low that we have moved all but one Home Based Educator to Lee County so that they will have a caseload.</p> <p>Yr 2: Numbers of eligible HS children in current Hurtsboro location continues to dwindle as fewer jobs are available, younger residents moving and more state funded pre-K classrooms are available all around the county.</p> <p>Yr3 Serious problems enrolling enough children, especially in Hurtsboro. Brainstormed; added recruitment items (pens, notepads, key chains etc., with our logo) to give potential clients; this has helped attract some attention, has increased name recognition in the community and staff morale.</p>
	<p><u>Expected Outcomes</u></p> <ol style="list-style-type: none"> <li>1) Parent data to support moving location of EHS to Phenix City area or Smith’s area</li> <li>2) Support of stakeholders probably favorable; need to know for sure.</li> </ol>	
	<p><u>Expected Challenge</u></p> <ol style="list-style-type: none"> <li>1) Balancing conflicting needs.</li> <li>2) Determining best, most cost-effective strategies to meet the need of families in eastern Lee and Russell Counties</li> </ol>	
5b	<p>If research bears out information in CNA, and there is long-term need and is possibly financially viable, search to locate a building large enough to house classrooms (5-6), offices (including Home Parent Educators), kitchen and playground that requires doable changes to make it meet regulations.</p>	<p>Have been continuing to assess need. New census projections, as well as parent comments and Family Engagement/Home Parent Educator observation of trends indicate a high need for services for 0-3 in Phenix City Area.</p> <p>Have been in process of looking for buildings; working on partnership with group renovating old school building in Phenix City area that we believe will work to relocate Edelman Center EHS/HS closer to where families in need live. This would decrease length of transportation for most children and families.</p> <p>FY3 Location did not work out; beginning new search. Current statistics show need in that area.</p>
<b>6</b>	<b>Program Goal 6: The program will further improve children’s attendance/timeliness.</b>	
6	<b>Objective(s) Goal 6</b>	<b>Progress/concerns in November 2021 after most of Year 3 11/9/21</b>
6a	<p>Review attendance tracking and current process for signing children in/out to determine if there are more efficient ways to make tracking faster and easier while maintaining accuracy.</p>	<p>Have begun, but not completed this review. Yr 2, completed review of ways to use ChildPlus for child attendance.</p> <p>Yr3 Implemented child bar code scanning - increased touchless sign in; still have some glitches in system including false absence when accidentally scan 2x; expect it to improve timely attendance monitoring when resolve.</p>

6b	Continue to work with parents so they understand importance of child(ren) regularly attending classes and being on time, both in E/HS and also later in the school system.	Staff explain importance attendance at orientation. Parents receive 1-page handout on attendance; handout again in revision process There is information in the parent handbook, and on Facebook posts. YR 3: Added parent education materials about importance of attendance to our Facebook page and website.
6c	Find creative ways to help each parent whose child has poor timeliness/attendance achieve the goal of good attendance.	In a new process, we increased parent’s awareness of their children being tardy by having them sign a log (15D10 created) when arriving after 8:15 a.m. After 2 tardies, Family Engagement staff contact parent to discuss ways to increase ability to be on time each day so children can get the most out of Head Start.
6a-c	<p><u>Activities/Action Steps</u></p> <ol style="list-style-type: none"> <li>1) Consider scanner system as part of the tracking system.</li> <li>2) Consider other alternatives.</li> <li>3) Take pictures of children's faces (with parent permission) and upload into Child Application and the Emergency card to increase safety and accuracy, especially at the beginning of the year or as new children enter (or new staff)</li> </ol>	<ol style="list-style-type: none"> <li>1) Scanner system implemented at smallest center; positives and negatives of implementing at larger centers under consideration. Not sure use will solve any issues of concern; could create others. FY2 in mid-October implemented scanner system at the two larger centers because its use means one less contact. Parents seem appreciative. Have drivers scanning bus children in from the DHR list. Only a few glitches so far.</li> <li>2) FY3 - Still working on &amp; rethinking (how to and what to do about PPI).</li> <li>3) FY3 - Picture system was process; experimented with use; now are considering whether it is wise given concerns over PPI. Expect to discuss with PC late this year</li> </ol>
6a-c	<p><u>Data/tools/methods</u></p> <ol style="list-style-type: none"> <li>1) Data from current system vs scanner system for attendance tracking</li> <li>2) Data from current system vs system including child photos as buses load/unload</li> </ol>	
6a-c	<p><u>Expected Outcomes</u></p> <ol style="list-style-type: none"> <li>1) Identifying children quicker as staff change or at start of year/when new child is added because of use of children’s photos for verifying identification on buses, field trips, etc.</li> </ol>	
6a-c	<p><u>Expected Challenges</u></p> <ol style="list-style-type: none"> <li>1) Developing method of collecting and organizing photos for use.</li> <li>2) Using scanner system to track attendance in larger center may present logistics concerns.</li> </ol>	As expected. FY-3 Scanner system in larger centers still new; having some glitches & challenges. Staff cross checking data
7	<b>Program Goal 7: The program will continue efforts to ensure that the agency continues to meet its growing in-kind requirement.</b>	

7	<b>Objective(s) Goal 7</b>	<b>Progress/concerns in November 2021 after most of Year 3 11/9/21</b>
7a	Increase sources and improve documentation of donated time and goods (In-kind).	
7a	<p><u>Activities/Action Steps</u></p> <ol style="list-style-type: none"> <li>1) Find ways to improve speed and accuracy of data entry so that all items that could/should count as in-kind, do count (continue transition into use of the ChildPlus system to document in-kind; up-front time cost is large, but enables more variety in ways to look at donations).</li> <li>2) Find time for In-Kind Manager to do more outreach in the community including attending meetings &amp; visiting businesses.</li> <li>3) Improve ACHR website and the Facebook Page as possible way for members of the community to find us and donate time or goods the program can use.</li> <li>4) Further discuss and assess joining Village Creed group (there is a considerable cost; weigh options) as a way to get additional volunteers.</li> </ol>	<ol style="list-style-type: none"> <li>1) So far have not been successful at improving data entry and speed.</li> <li>2) With the amount of data entry, time is very hard to come by for outreach. We are actively working on this.</li> <li>3) Have up-dated website and Facebook page and included more information to encourage volunteers and donors.  Yr 2 Use of social media during pandemic greatly increased as part of family support processes. Information about resources in the community, COVID facts, mental health support were part of the posted information. Staff supported children’s learning by recording children’s books and other learning activities. YouTube channel used to house a variety of video resources such as how to fill out orientation forms, making masks, nutrition/cooking videos as well as teaching content.  Yr3: Social Media and Website updated regularly. Added new pages including ACHR staff page for staff updates and information. Continue to regularly update ACHR Family page so parents/staff can get the most updated information (information usually goes on Facebook as well, but also on website for parents that do not have Facebook). Text sent to parents when there is update to ACHR Family  Using website and especially Facebook to thank volunteers and give information about how people can help. Very difficult with COVID to determine whether this effort has/will make a difference. Have very few volunteers.</li> <li>4) Unfortunately, because we are a large agency cost of joining Village Creed is more than it is worth in possible volunteers. We hear that other community organizations are saying the same thing. Instead, focusing on increasing relationships with the community including colleges in our area.</li> </ol>
	<p><u>Data/tools/methods</u></p> <ol style="list-style-type: none"> <li>1) Monitor In-kind Reports in ChildPlus</li> </ol>	

	<p><u>Expected Outcomes</u></p> <ol style="list-style-type: none"> <li>1) Ongoing flow of In-kind and documentation indicating progress quarterly on in-kind.</li> <li>2) Additional digital methods of soliciting in-kind.</li> </ol>	<p>YR 2 Prior to pandemic, a number of successful volunteering partnerships were underway including students from AU school of education, Human Development and Family Studies, SUSCC Nursing, AU Women’s Athletic Department, and Dept of Kinesiology. After pandemic began, all centers closed and on-site volunteering ceased. Local businesses have suffered and many are not able to make donations during this time. Local Kiwanis RIF initiative ended.</p> <p>Yr 3 Groups volunteering with established entities that could provide vaccinated volunteers began again in August 2021 (e.g. Nursing Students, ECE Students, Foster Grandparents, HDFs students, AU Athletics Dept.) in a limited manner.</p>
	<p>Expected Challenges:</p> <ol style="list-style-type: none"> <li>1) Time needed to implement the activities above; data entry in Child Plus is useful, but time consuming.</li> <li>2) Competition within the community from the many non-profits for community donations and volunteers.</li> <li>3) Finding additional persons to help enter data accurately.</li> <li>4) Alabama DHR makes having volunteers a challenge because they must have all documents staff have including references &amp; medical.</li> </ol>	<ol style="list-style-type: none"> <li>3) In-Kind Manager worked diligently on partnership with another agency to secure volunteers to enter data, which would have helped us a lot. Agreement fell through at last minute because unexpectedly they decided their projected volunteers required more direct/constant/on-going supervision than our staff had time to provide and thus negating the value of the partnership.</li> </ol> <p>Yrs 2&amp;3 Volunteer rate very low due to COVID; parents not as diligent about documenting time they spend. We understand – they have other concerns, but . . .</p>
7b	<p>Enlist ALL E/HS staff, as well as others, in focusing on finding and properly documenting in-kind.</p>	<p>In-Kind Manager having mixed success; can see there is some undocumented in-kind. Yr 2 – we must find a way to make the documentation easier. Firefighters, for example, don’t want to take the time to complete forms. A project for this year. We must have those documented because with DHR regs (vols. must have physical, CBC etc.) it is hard to get someone to volunteer.</p> <p>We are working on closing those gaps and trying to find ways to make the required documentation easier/more routine.</p> <p>Yr 3 – as volunteers beginning to return, we reworked forms to make it easier for them</p>
8	<p><b>Program Goal 8: The program will improve staff ability to work with growing population of those whose native language is not English, particularly those who speak Spanish, and encourage bilingualism among our English-speaking children.</b></p>	
8	<p><b>Objective(s) Goal 8</b></p>	<p><b>Progress/concerns in November 2021 after most of Year 3 11/9/21</b></p>
8a	<p>Explore ways to find staff who speak another language in addition to English.</p>	<p>We have two staff at two centers who speak Spanish.</p> <p>We have another who speaks Turkish in EHS.</p> <p>We are using an online program for advertising job openings that is seen by a diverse population.</p> <p>Yr 2 At end of year had lost two Spanish speaking staff but hired 2 degreed Spanish speaking HS teachers. Yr -3 Still have two degreed HS teachers who speak Spanish.</p>

8b	Locate additional resources for foreign language speakers, find resources to translate more documents into Spanish, and, when there are several families who speak a language other than English or Spanish, into other languages.	<p>Have translated a few forms into Spanish including our application. Are using online website that translates forms.</p> <p>Using Google translate to communicate with family if volunteer not available.</p> <p>Have sent home some everyday phrases and asked families to help with translations. Families are very happy to do this. Yr – 3 Continuing to do this.</p> <p>YR 2 Documents now added to web site are translatable into many languages.</p> <p>Yr 3- All parent orientation forms translated into Spanish.</p> <p>Yr 3-1 Spanish-speaking bus driver hired.</p> <p>Yr 3- Home Base <i>Partners for a Healthy Baby</i> purchased for Home Base Program</p>
8c	Seek families who are not native and help them feel secure about applying for Head Start.	<p>Some staff approach families in communities/talk about applying for HS.</p> <p>We put up fliers and work with the school systems to have them refer families to HS.</p> <p>Need to review our recruitment policies to include additional ideas.</p> <p>YR 2 Now have a connection with HICA-Hispanic Interest Coalition of Alabama who can assist Spanish Speaking families.</p> <p>Yr 3- Unsuccessfully tried searching for Spanish speaking home visitors and family engagement staff. This remains a priority.</p>
8d	Continue to encourage bilingual family members to come to centers to volunteer with children and encourage bi-lingualism (e.g. reading with children and doing preschool activities from home country)	<p>During parent orientation and home visits, classroom staff encourage families to come into the centers.</p> <p>Some FEAs encourage their families to volunteer.</p> <p>YR 2: All volunteering ceased when COVID hit. Planning for children to be assigned tablets for virtual learning. Learning software can be used in Spanish.</p> <p>Yr 3 Unable to have visitors in centers due to COVID through July 2021.</p>
8e	Encourage continued development of children's home language and bi-lingualism	<p>Classroom staff and Home Parent Educators received training on importance of continuation of home language to child outcomes and the benefits of bi-lingualism and bi-literacy. Staff received sets of printed materials from ECKLC on DLL and the Planned Language Approach.</p>
8a-d	<p><u>Activities/Action Steps</u></p> <ol style="list-style-type: none"> <li>1) Explore ways to advertise for bi-lingual volunteers (parent orientation, flyers, Facebook, Website)</li> <li>2) Increase information to parents on benefits of bilingualism/biliteracy (both in English and other languages)</li> <li>3) Create Quick Start Guide for classroom staff on working with bilingual volunteers and include things volunteers can do that support children’s home language/s.</li> </ol>	<p>Are sending out handouts and information on importance of bilingualism.</p> <p>Have posted benefits of being bi-lingual on Facebook</p> <p>Have trained education staff on the importance of this long-term and encouraging them to talk with their families about bilingualism/biliteracy.</p> <p>Need to work more with advertising in a variety of areas.</p> <p>Yr3 COVID disrupted progress; did not want volunteers and did not advertise for bi-lingual volunteers. This summer we did a Facebook query for volunteers who could call in during parent orientation- got responses saying we should pay for this service.</p> <p>Yr3 we put information on the benefits of bilingualism on our Facebook page.</p>

8a-d	<u>Data/tools/methods</u> 1) Log of bi-lingual volunteers as they sign up to volunteer; sign in/out. 2) Follow-up survey from volunteers at end of program year. 3) <del>Follow-up survey from classroom staff at end of program year.</del>	Have not done as well as we should; hard to differentiate without seeming to discriminate in some way.  Need to create surveys. FY3 No volunteers so no data
8a-d	<u>Expected Outcomes</u> 1) Increased numbers of bi-lingual volunteers supporting development of children’s home language in classrooms. 2) Other children in the classroom have increased acceptance and understanding of other languages and cultures.	Parents are helping by translating things at home and sending back for use in the classroom. Building school families and empathy helps children be more accepting of others. Teachers learn and use some words in children’s home language in the classroom and both the DLLs and English language speakers benefit. In classrooms without DLLs children also are exposed to knowledge of other languages and may learn things such as words, phrases, or counting in other languages.  FY3 When available we place Spanish speaking children with teachers who speak Spanish. Our E/HS children are accepting of one another. Have not had bi-lingual volunteers.
8a-d	<u>Expected Challenges</u> 1) Finding volunteers with time and confidence to come to classrooms during the morning hours. 2) Paying for background checks on repeat volunteers.	Added challenge - have a relatively low number of DLLs yet we have families who speak as many as different languages/dialects; makes this area extremely challenging in terms of translation of material/finding translators to assist. We are a university community and the area has manufacturing plants from other countries. YR 2: No progress, then COVID shut down. YR 3: No progress with volunteers
9	<b>Program Goal 9: The program will continue to improve ways of communicating with parents including expanding parent's electronic access to and interest in materials (parent newsletter, health information, parent handbook etc.).</b>	
9	<b>Objective(s) Goal 9</b>	<b>Progress/concerns in November 2021 after most of Year 3 11/9/21</b>
9a	Improve rapid group and individual communication with parents; continue texting information to parents (through ChildPlus) and explore other avenues like blogs, Gmail chats for potential use.	Using multiple avenue – Texting, ACHR website, Facebook, and You tube. Staff is texting and emailing parents via our child data base system - used for reminders about the need for immunization, weather closing, reminders of parent meetings, etc.  Parents have responded well to these modes, so we will continue and increase these efforts to engage younger, more tech-savvy parents  YR 3: Texting continues to be an effective way to contact and share information with parents, even those without internet. Exploring new ways to communicate with staff and parents such as monthly activity calendars.

ACHR E/HS Goals and Narrative –Goals/Objectives written in 11/18 for Year 1- FY 19; Grant is for Year 4, FY 22 -Progress/concerns column as of 11/21

9b	Increase use of agency Facebook page to provide parents with information	<p>Added resources and community information on Facebook (and website) as new items become available. Our following is trending upward.</p> <p>Yr2-3 Many photos of children participating in various spirit activities were added, which parents really enjoyed.</p> <p>FY3 Facebook following continues to increase; currently have 926 followers.</p>
9c	Do a major revision to the ACHR website. (Must become more useable on smart phones as many parents have and use those.)	<p>Major revision accomplished. Considerable effort put into making the site cell phone-friendly. Have worked on linkage among website, Facebook page and YouTube channel. Will continue to add to the site and ask parents what other information they would like to see or find links to.</p> <p>Fy3 Continued to add information to our social media. Staff member wrote a book “Being Safe Our School Space” about what school would be like when they returned. Prior to that a book about learning from home. Both placed on website, linked to Facebook, and a video of staff reading them loaded on YouTube.</p>
9d	Continue work on ACHR’s YouTube channel and both create and link videos useful to parents.	<p>Have attached links on Facebook</p> <p>We are working on making new video for our You Tube channel</p> <p>FY 3 During the COVID period, staff made many videos --activities for children, videos of staff reading books to children, exercise videos and cooking activities.</p> <p>A staff member did a video series about how to fill out the Parent Orientation forms because staff were not doing face-to-face orientation with parents.</p>
9e	Offer brief training sessions to parents when needed to help them be able to access information in various ways.	<p>Home Parent Educators share information with parents to help them access information online. Offer some training to parents on requested topics. Offer links to webinars &amp; information on websites.</p> <p>We find we need to train more of our staff on the finer points of using these tools and will do so in the next year so they can share with parents.</p> <p>FY2&amp;3 Via phone and computer staff helped parents learn to download the Zoom app so they could access exercise classes, home visits and meetings such as PC.</p> <p>FY2&amp;3 – during the period children were learning virtually, we leant them tablets loaded with various software. Staff talked with parents by phone and interfacing apps to help them learn to help their children access multiple types of information and learning games on the tablets.</p>
9	Action Steps	Above list is in essence action steps
9	Data	Data – documentation of item accomplished and feedback that parents give us. Documentation is on our social media.

<b>10</b>	<b>Program Goal 10: The program will improve staff retention to increase the quality of program services and reduce the need for repetitive training.</b>	
10	<b>Objective(s) Goal 10</b>	<b>Progress/concerns in November 2021 after most of Year 3 11/21</b>
10a	Creatively improve human resources functions to make information more understandable, accessible to staff to support staff retention.	<p>During orientation, there is a variety of human resource information shared. Staff have an opportunity to ask questions.</p> <p>Still need to review process with all departments to ensure that all staff receive the same information.</p> <p>Fy3 Need to find funds to support Human Resource staff member to be responsible for parts of the staff life cycle (i.e., recruiting, hiring documentation, general orientation, ensure training is occurring and documented, employee benefits etc. That would free current staff who share in the process to focus on other tasks</p>
10b	Evaluate the work environment to find ways (working within regulations and child needs) to make it more inviting to employees.	<p>We greet and offer assistance when employees enter the center.</p> <p>We are working on everyone being friendly and helpful.</p> <p>YR 2 Connections with and support for classroom staff, home educators, and health staff strengthened through virtual contact (Zoom, FaceTime Google Duo, email, phone) between staff and supervisors during lockdown and planning times.</p> <p>Y3 Need to provide additional training for managers on topics of confidentiality, Leadership, trauma informed and cultural competency (as applies to staff needs).</p> <p>Y3 Center staff in person meetings and wellness meetings disappeared during much of COVID. Instead, provided individual support and discussion via phone, text messaging and interfacing apps. Plan to start doing these in person again on a routine basis, even if some are virtual to keep staff informed and provide another avenue of support.</p>
10c	Create and maintain a “school family” in each center based on the Conscious Discipline program.	<p>Need to continue work to improve “school family” concept and an “ACHR family” and to incorporate strategies for all staff.</p> <p>We restructured our website and in process, created “ACHR Family” section with access via password for both staff and E/HS families. We continue to work on content that is both useful and positive.</p> <p>YR 2 Once pandemic hit, classroom staff and home visitors learned more about Conscious Discipline philosophy, techniques, and skills through PD online webinars and podcasts. Some classroom staff and home educators demonstrated their enthusiasm/knowledge by recording “I Love You” rituals and calming breathing techniques that they shared with families/children during virtual learning. The phrase “school Family” has more meaning to both children and staff as the physical separation highlighted their caring and connections with one another.</p> <p>YR3 We have been celebrating staff on a website for staff highlights and have added to the Facebook page.</p>

<p>10a- c</p>	<p><u>Activities/Action Steps</u></p> <ol style="list-style-type: none"> <li>1) Hang posters showing appropriate child and adult behaviors, such as children waiting safely to get on the bus, children (or adults) using breathing techniques, or adult squatting to be at child level to interact.</li> <li>2) Post a map so that people can mark where they have lived and perhaps use that as a conversation starter with others; may want to extend it to regular volunteers.</li> <li>3) Take candid, mostly flattering staff photos, including some showing positive interactions with children and post them.</li> <li>4) Add Kindness Tree at each center (two to go 11/19) and model/encourage its use.</li> <li>5) Acknowledge other positive staff actions with a Thank You message.</li> <li>6) Add a “suggestion/comment” box at each center (sealed).</li> </ol>	<ol style="list-style-type: none"> <li>1) Not accomplished; need to take more pictures of staff with children</li> <li>2) Not accomplished.</li> <li>3) Accomplished FY3 Posted photos of staff in centers and photos of children/ teachers doing activities on Facebook. Made buttons for each teacher with pictures of them so child could see what they look like behind the mask.</li> <li>4) One center now has a kindness tree and celebration board and we “wish well” when staff have concerns - professional or personal.</li> <li>5) Have begun to acknowledge people’s kindness and participation with Thank You and notes. Also birthday cards. FY3 – EHS and some HS Mgt staff is popping in to rooms or greeting staff at the door. Because of COVID there is more interface at the doors with parents, which has been popular.</li> <li>6) Darden has a comment box – but staff (so far) do not use it.</li> </ol> <p>Also FY 3: Doing special “staff spotlight” pgs on Facebook; making congratulatory loudspeaker announcements at centers for staff and team accomplishments.</p> <p>FY 3 Purchased items related to recruitment with ACHR logo such as shirts, bags, key tags, hang tags, aprons and masks. These items were very popular with staff. In addition, other items such as table covers made staff feel more professional when again beginning to be present at community events appropriate to recruiting.</p>
<p>10a- c</p>	<p><u>Data/tools/methods</u></p> <ol style="list-style-type: none"> <li>1) Create/find staff satisfaction survey; use periodically &amp; tally &amp; compare.</li> <li>2) Tally/monitor comments/suggestions from box at each center.</li> </ol>	<ol style="list-style-type: none"> <li>1) Yr2 Developed staff survey and have sent staff link. Not completed yet. Few staff completed it. YR 3 Created new staff survey, beginning use. Beginning to schedule exit interviews to gather data. Individual interviews of staff carried out by Programs Coordinator. Finding qualified classroom staff and other positions, even bus aides, a major challenge. Reasons include ongoing increase in Pre-K programs, COVID, and low salaries compared to those in the area (high due to lack of employees in every area).</li> <li>2) Need to add tracking staff retention to data. It must be noted that no matter what we do, the large increase in Pre-K classes across the state as well as in our own area will have an impact on staff retention.</li> </ol>
<p>10a- c</p>	<p><u>Expected Outcomes</u></p> <ol style="list-style-type: none"> <li>1) Dissatisfaction on initial survey, continuing until staff have had a chance to have input and some new strategies are in place.</li> <li>2) Strategies developed that will increase (not totally resolve) staff satisfaction/retention.</li> </ol>	

10a-c	<p><u>Expected Challenges</u></p> <ol style="list-style-type: none"> <li>1) Finding realistic, achievable, sustainable strategies that will be positive for a large number of people who are of various ages, educational levels &amp; backgrounds and that will create an on-going atmosphere of mutual caring and support.</li> <li>2) Retaining staff until and beyond the two to three years it takes them to become effective in the program so that we can provide continuity and quality services to children and families.</li> </ol>	<ol style="list-style-type: none"> <li>1) We are continuing to work on this.</li> <li>2) Retaining staff until and beyond the two to three years, or even one year, has been a serious challenge. It is very difficult to hire at all right now. There is a lack of employees in general because of COVID. Salaries in our areas, even for starting positions in fast food have gone beyond what our budget will pay.</li> </ol>
11	<p><b>Program Goal 11: The program will work in partnership with other programs in the community and with law enforcement to reduce the violence and crime that is growing rapidly in our areas.</b></p>	<p><i>NOTE: Current focus is on learning more about trauma and how to increase resilience in children and families; this is lower priority with limited time available.</i></p>
	<p align="center"><b>Objective(s) Goal 11</b></p>	<p align="center"><b>Progress/concerns in November 2021 after most of Year 3 11/9/21</b></p>
11a	<p>Work to connect families within neighborhoods, help them get to know one another, and support one another in various ways.</p>	<p>Forming “Parent Café” program that will include parent networking as well as offering parenting, health and wellness. Fy3 Used Zoom to connect some families</p>
11b	<p>Sponsor meetings between members of the community and law enforcement to try to build trust on both sides and gradually find ways to reduce violence.</p>	<p>Several staff attended a community meeting in Opelika on Stop the violence.</p>
11c	<p>Offer information to families about safety at home.</p>	<p>Have posted about gun safety, car seat safety, safe sleep &amp; other related topics.                      Yr 3- Family Engagement has been collaborating with Family Resource Center. Began August 2021-offering parenting classes virtually (safe sleep, shaken baby, Adverse Childhood Experiences (ACE), Parental Resilience, Social and Emotional Connections.                      Yr3 Programs Coordinator connected Opelika Mayor Police Department in a collaborative effort to reduce gun violence in the neighborhoods surrounding Darden Center.</p>
11d	<p>Mobilize fathers to work on projects related to community safety.</p>	
11a-c	<p><u>Activities/Action Steps</u></p> <ol style="list-style-type: none"> <li>1) Connect families/community law enforcement in positive ways                         <ol style="list-style-type: none"> <li>a) Invite members of law enforcement to events where they can meet families/children.</li> <li>b) Have law enforcement persons at event or parent meeting to share community safety tips.</li> <li>c) Invite officers to visit preschool classrooms as resource visitors/community helpers.</li> </ol> </li> <li>2) Explore ways to hold meetings where there can be dialog between law enforcement and residents to encourage mutual understanding and respect and eventually sharing of concerns and ideas.</li> </ol>	<p>Police officers come to center as resource visitors                      Parents offered gun safety/reducing child deaths from guns at parent events                      Yr3 Due to COVID no in person groups</p>

ACHR E/HS Goals and Narrative –Goals/Objectives written in 11/18 for Year 1- FY 19; Grant is for Year 4, FY 22 -Progress/concerns column as of 11/21

11a-d	<u>Data/tools/methods</u> 1) Records of events 2) Develop survey for families/review results. 3) Consider ways to gather input from law enforcement.	YR3 Trying Survey Monkey as tool to collect data from families to use develop a strategy to meet this need. Plan to collect data on family’s feelings toward law enforcement and to help develop new strategies to improve community relations.
11a-d	<u>Expected Outcomes</u> 1) Increased number of positive contacts between program families/children and members of law enforcement.	YR3 Due to COVID no in person groups
11a-d	<u>Expected Challenges</u> 1) Existing fears and negative feelings of families and or members of law enforcement. 2) Low attendance at events 3) Distrust 4) Finding or holding additional events that include police officers.	Challenges have been as expected. Additionally - difficult to find the time to push for and arrange added events. This year and in the coming year, our focus is on learning more about trauma, how to increase resilience in children and families and sharing that information with staff in all areas, with parents and others in the community. We believe working on those things will have an impact on violence.