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Section I. Program Design and Approach to Service Delivery

Sub-Section A: Goals

1. Program Goals, Measurable Objectives, and Expected Outcomes

a) Program Goals (see below)

b) Measurable Objectives Descriptions (see below)

Program Goals	Measurable Objective Description
<p>Goal 1: MPS Head Start (MPSHS) staff will foster strong engagement with families built on respect and shared goals to improve outcomes for children and families.</p>	<p>A. Through increased participation in monthly parent committee meetings, parents will gain leadership opportunities and advocacy skills to improve children and family outcomes.</p> <ul style="list-style-type: none"> ● 10% of families participating in monthly meetings by end of year 1; ● 20% of families participating in monthly meetings by end of year 2; ● 30% of families participating in monthly meetings by end of year 3; ● 40% of families participating in monthly meetings by end of year 4; ● 50% of families participating in monthly meetings by end of year 5. <p>B: Through increased participation in monthly policy council meetings, parents will build leadership and advocacy skills to improve children and family outcomes.</p> <ul style="list-style-type: none"> ● 25% of sites represented monthly by end of year 1; ● 30% of sites represented monthly by end of year 2; ● 35% of sites represented monthly by end of year 3; ● 40% of sites represented monthly by end of year 4;

	<ul style="list-style-type: none"> ● 45% of sites represented monthly by end of year 5. <p>C. Through increased participation in program activities, father/father figures will build leadership and advocacy skills to improve children and family outcomes.</p> <ul style="list-style-type: none"> ● 10% participation in program activities by end of year 1; ● 20% participation in program activities by end of year 2; ● 30% participation in program activities by end of year 3; ● 40% participation in program activities by end of year 4; ● 50% participation in program activities by end of year 5.
<p>Goal 2: MPSHS ensures children are ready to enter kindergarten by providing them with social, emotional, physical, and developmental skills that prepare them for a successful</p>	<p>A. Children will use curiosity, persistence, and creativity in social and cultural contexts to extend their learning. Ninety percent of three-year-olds and 75% of four-year-olds will be proficient in the following by the end of the year.</p> <p><u>K3 children will be able to:</u></p> <ul style="list-style-type: none"> ● Participate in an increasing variety of experiences independently. *P-ATL 10 ● Maintain interest in an activity for an appropriate period of time. *P-ATL 6 <p><u>K4 children will be able to:</u></p> <ul style="list-style-type: none"> ● Persist with a difficult or non-preferred activity. *P-ATL 7, 11 ● Maintain concentration despite distractions or interruptions. *P-ATL 6 <p>B. Children will demonstrate self-regulation, and a personal sense of well-being and maintain secure relationships. Seventy percent of three- and four-year-olds will be proficient in the following by the end of the year.</p> <p><u>K3 children will be able to:</u></p>

**kindergarten
experience.**

- Answer the question, “How do you feel?” with a feeling word (e.g., angry, happy, mad, sad, alone). *P-SE 6
- Begin using emotionally charged words (e.g., I’m mad) to get needs met as opposed to simply acting out needs. *P-SE 8

K4 children will be able to:

- Begin to recognize that others smile when they smile and others look unhappy when they cry. *P-SE 6
- Express wants and needs in conflict situations. *P-SE 8

C. Children will interpret meaning through listening, speaking, and acquiring concepts needed to become successful readers and writers. Eighty percent of three-year-olds and 75% of four-year-olds will be proficient in the following by the end of the year.

K3 children will be able to:

- Demonstrate basic book knowledge (e.g., holding a book upright, turning pages right to left). *P-LIT 2
- Recognize matching /dissimilar sounds of consonants and vowels. P-LIT 1
- Retell a familiar story, poem, or song in their own words. P-LC 2
- Communicate by scribbling and with some letter-like shapes. P-LIT 6

K4 children will be able to:

- Engage in pretend reading with other children, a doll, or a toy animal. *P-LIT 2
- Recognize rhymes in poems, readings, or conversation most of the time. P-LIT 1

- Recall story events using some spoken dialogue. P-LC 2
- Write their name without assistance. P-LIT 6

D. Children will develop cognitive skills to acquire knowledge to use in early mathematical concepts and scientific tools to extend their learning. Seventy percent of three- and four-year-olds will be proficient in the following sub-objectives by the end of the program year as evidenced by ongoing child assessment data that are aggregated and analyzed three times per year.

K3 children will be able to:

- Sort diverse objects by one attribute and then by another (e.g., size, then shape). *P-MATH 9; P-SCI 3
- Share ideas/thoughts when observing the natural world/physical phenomena.
P-SCI 1

K4 children will be able to:

- Sort diverse objects based on multiple attributes (e.g., size and shape). *P-MATH 9; P-SCI 3
- Share ideas/thoughts when observing the natural world/physical phenomena.
P-SCI 1

E. Children in Head Start will be able to effectively care for their own physical needs, use their small and gross motor skills, and integrate input from all sensory systems. Seventy-five percent of three- and four-year-olds will be proficient in the following sub-objectives by the end of the program year as evidenced by ongoing child assessment data that are aggregated and analyzed three times per year.

K3 children will be able to:

	<ul style="list-style-type: none"> ● Describe basic traffic safety rules without assistance. *P-PMP 6 ● Move around obstacles with balance and direction. P-PMP 2 ● Cut with scissors along a straight line. <p><u>K4 children will be able to:</u></p> <ul style="list-style-type: none"> ● Describe basic traffic safety rules without assistance. *P-PMP 6 ● Jump forward many times, maintaining balance most of the time. *P-PMP 2 ● Use scissors to cut a pre-formed simple shape.
<p>Goal 3: MPSHS will develop and maintain mutually supportive partnerships with local organizations in order to empower families and support positive child outcomes.</p>	<p>A. The program will strategize with members of the Health Services Advisory Committee to identify at least one additional community partnership each year to increase access to health resources for families so that children are up to date on their age-appropriate preventive medical and oral healthcare appointments.</p> <p>B. MPSHS will partner with the MPS Department of Specialized Services to obtain parental consent for assessments, for the initial evaluations of enrolled children.</p> <ul style="list-style-type: none"> ● 80% will be obtained by end of year 1; ● 85% will be obtained by end of year 2; ● 90% will be obtained by end of year 3; ● 95% will be obtained by end of year 4; ● 100% will be obtained by end of year 5. <p>C. The Head Start program will partner with at least one additional community agency each year to support and promote family engagement based on current family needs. At the end of five years, MPSHS will maintain partnerships with at least eight community agencies.</p>

	D. The Head Start program will maintain full enrollment through program referrals from one new community partner each year.
<p>Goal 4: MPSHS will maintain classrooms that are safe, healthy, and positive environments.</p>	<p>A. Staff will provide additional training and support to MPS administrators and instructional staff focusing on active supervision strategies and program policies and procedures to promote safe and healthy learning environments, thus decreasing the number of reportable student incidents in the classroom each year.</p> <p>B. Instructional staff will be provided with behavioral classroom management strategies for children who need additional support. The staff who implement the social-emotional learning curriculum and request additional behavioral support will see an overall improvement in identified behaviors when the additional classroom-managed behavior support strategies are implemented with fidelity.</p> <ul style="list-style-type: none"> ● 50% overall improvement in identified behaviors by end of year 1; ● 60% overall improvement in identified behaviors by end of year 2; ● 70% overall improvement in identified behaviors by end of year 3; ● 80% overall improvement in identified behaviors by end of year 4; ● 90% overall improvement in identified behaviors by end of year 5.

- a. To demonstrate the agency’s approach to measuring progress and outcomes, select a few measurable objectives and describe the following:
- i. Activities or action steps to meet the objective
 - ii. Data, tools, or methods for tracking progress
 - iii. Expected outcomes
 - iv. Expected challenges

Goal 1 – *Measurable objective selected:*

A) Through increased participation in monthly parent committee meetings, parents will gain leadership opportunities and advocacy skills to improve child and family outcomes.

i. *Activities or action steps to meet the objective:* All MPS Head Start (MPSHS) program staff will be trained in parent committee meeting procedures, and all new staff will be onboarded throughout the program year. Family partnership associates will be strategically assigned to schools within a smaller geographical radius and with consistency to better build relationships with families. At the time of registration, the program staff will provide families with information about the parent committee meeting expectations and opportunities for engagement. Families will be surveyed about the best dates, times, and desired topics of discussion. The MPSHS program will utilize varied resources such as consultants, Region V Training and Technical Assistance support, governance training by the Wisconsin Head Start Association, and resources found on the Early Childhood Learning and Knowledge Center (ECLKC) website such as Head Start Policy Council – Tips for Parents and Families to train and support participants effectively. Information sessions will be offered and families will be encouraged to ask questions about the parent committees and policy council. Parent training on Head Start governance procedures, roles, and the importance of parent committee meetings will take place at the beginning of the year. Ongoing training will be provided throughout the year as additional families join and as needs arise based on participant feedback.

The ERSEA/FPA coordinator and family partnership associates will work with site-level parent coordinators to coordinate monthly meetings and disseminate calendars with dates and topics to each family. The MPSHS program staff will provide ongoing reminders through communication platforms such as ChildPlus, ClassDojo, Remind app, flyers, and phone calls.

Family partnership associates will meet with parents and help facilitate meetings each month for each of their assigned sites.

By attending various parent meetings and training opportunities, parents can share their voices on matters that affect their child's development and education. Parents will develop strategies to build relationships with instructional staff and within their community to make informed decisions that would affect their child. They will be encouraged to take on leadership roles such as policy council chairperson and parent committee leaders.

ii. *Data, tools, or methods for tracking progress:* A collaboration log will be developed for the ERSEA/FPA coordinator to document monthly meetings with the parent coordinator. A tracking tool will be used to monitor and evaluate the means of communication and how often staff reaches out to parents inviting them to the parent committee meetings. Attendance for each meeting will be collected via an electronic form.

Outcomes: Through education, recruitment, and ongoing progress monitoring, the MPSHS program expects to have:

- 10% of enrolled families participating in parent committee meetings by the end of year 1;
- 20% participation by the end of year 2;
- 30% participation by the end of year 3;
- 40% participation by the end of year 4;
- 50% participation by the end of year 5.

Challenges: A potential challenge is ensuring that families attend monthly parent meetings. Conflicting schedules, time frames provided for meetings, lack of transportation, and providing information in a way that is accessible to all families (language, varied literacy levels, etc.) are anticipated barriers that need to be considered as the MPSHS program continues to monitor

progress with the goal of engaging as many families as possible. One additional challenge may be providing training and support to staff with a high turnover rate to ensure that meetings are relevant to the parents' individual needs at each site.

Goal 3 – Measurable objective selected:

D) The program will maintain full enrollment by creating a network of collaborating agencies and increase participation in the network by one community partner each program year.

i. *Activities or action steps to meet the objective:* The MPSHS program will reevaluate and design an updated recruitment plan with staff, parents, policy council, etc., to identify community resources and possible future community partners and referral sources. MPSHS will utilize data from the Milwaukee Head Start Collaborative 2022 Community Assessment (2020 Community Assessment) to determine areas of highest need to select and develop new community partnerships. In the first year, the MPSHS program will create a network of collaborating agencies such as W-2 agencies, community healthcare clinics, WIC, birth-to-three programs, and fatherhood programs and identify mutual needs and benefits of the partnerships. The network will hold quarterly meetings at an agreed-upon time and place.

ii. *Data, tools, or methods for tracking progress:* The program will use the recruitment plan, meeting agendas, meeting sign-in sheets, ChildPlus attendance reports, and ChildPlus Program Information Report data to track progress.

Outcomes: Through networking, partnership building, and collaboration with community agencies, MPSHS will receive more enrollment referrals, which will result in the program reaching and maintaining full enrollment each year.

Challenges: MPSHS anticipates challenges with staff retention and competition with other early programs and local community daycare centers.

Goal 4 – *Measurable objective selected:*

A) MPSHS staff will provide three additional training sessions and support to 39 MPS administrators and all instructional staff focusing on active supervision strategies and program policies and procedures to promote safe and healthy learning environments, thus decreasing the number of reportable student incidents in the classroom each year.

i. *Activities or action steps to meet the objective:* MPSHS instructional staff will participate in two annual required pieces of training, one prior to the beginning of each year and one after the first semester in January, that focus on active supervision and programmatic policies.

Instructional staff will develop an active supervision implementation plan at the beginning of the year. Code of conduct and active supervision posters will also be displayed in each MPSHS classroom. MPSHS staff will provide district administrators with annual required training on active supervision strategies and programmatic policies and procedures for reporting incidents. MPSHS will develop a component of onboarding devoted to active supervision and programmatic policies and procedures for new hires throughout the program year. MPSHS will utilize the current policies and procedures for incident reporting. Additionally, MPSHS will increase the paraprofessional work hours from 30 to 35 hours per week. MPSHS will conduct opening day/orientation training for MPSHS instructional staff during the district professional development (PD) days at the beginning of the year. MPSHS instructional staff will participate in a refresher training on active supervision on the district's last PD day in December.

ii. *Data, tools, or methods for tracking progress:* MPSHS will document training by sign-in sheets and agendas. Each instructional staff member will be required to read and sign the MPSHS Code of Conduct form to document their understanding. Through training and support, the program will see fewer documented reportable student incidents each year to the Region V.

Outcomes: Through additional training and classroom support, MPSHS expects to see an increase in safe and healthy learning environments and a decrease in reportable student incidents in the classrooms each year.

Challenges: MPSHS anticipates challenges with instructional staff turnover and scheduling conflicts with training and meetings for all stakeholders. Teachers require release time for district-planned PD opportunities to address program-specific requirements and policies and procedures. **The program has dedicated seven additional training dates each program year to proactively mitigate this challenge. Once a month, teachers will have student release days dedicated to ongoing training and professional support.**

d.) Describe how your actual outcomes from the prior project period informed the above.

In developing goals for the non-competitive new grant, MPSHS reviewed programmatic data such as the Milwaukee Head Start Collaborative 2022 Community Assessment, the City of Milwaukee 2022 Community Health Assessment, federal review discussion and reports, feedback from Region V, child outcomes data, school readiness data, and the Head Start Program Information Report. The MPSHS programmatic team reflected on the former goals from the 2018–2022 grant. It was determined that the number of goals included in the program term impacted the attainability and intentionality of the desired objectives and outcomes. Site visit data from June 2022 and the program performance summary report showed an increase in reportable student incidents. These findings highlight the need for actionable goals to ensure a culture of safety and active supervision in programming.

Since the beginning of the COVID, MPSHS has noted a decrease in family engagement during the monthly committee meetings. This lack of engagement has been detrimental to the program and student outcomes. It has led to a lack of participation in governance elections and

involvement in policy council meetings. In turn, families are not able to advocate for and fully participate in their children's education. Therefore, building strong family engagement has become a focus on several measurable outcomes.

MPSHS recognizes the value of building strong community partnerships that benefit staff, students, and families. Community agencies provide key health resources such as dental and medical health care services for families, which have been noted as a great need based on the data from the 2017–2018 Program Information Report and FA1 monitoring review.

MPSHS has been under-enrolled in the previous project period despite increased and joint efforts with the MPS Department of Student Services and Department of Communications and Marketing. MPSHS has participated in the annual district Kindergarten Enrollment Fair and various health and community fairs and events. The recruitment and enrollment plan included increased marketing efforts such as radio announcements, social media blasts, radio interviews, program-branded items, and printed materials. Moving forward, MPSHS will focus on strategies to reach 100% actual enrollment by submitting a request for decreased funded enrollment and the creation of a network of community agencies to address actual enrollment numbers.

2. School Readiness Goals Alignment

School-readiness goals are intentionally designed for the students to be successful as they enter kindergarten. The MPSHS school-readiness goals are aligned with the Head Start Early Learning Outcomes Framework (ELOF). This framework guided MPSHS in selecting the Frog Street curriculum – a program that is developmentally, culturally, and linguistically appropriate. In tandem, the Frog Street curriculum is aligned with the Wisconsin Model Early Learning Standards (WMELS) framework focused on developmentally appropriate expectations for young children. The WMELS reflect attention to all the domains of a child's learning and development.

To address the Program Performance Standards, the MPSHS school-readiness goals are developed using data from the progress monitoring tool, which is aligned to both the ELOF and the WMELS framework. Children in the classroom are offered many opportunities in their learning to play, explore, discover, and problem-solve through intentionally planned curricular activities that address every domain of learning. To support K3 and K4 students as they enter kindergarten, standards-based reports are used three times a year to inform parents of the progress that their child is making in each of the learning domains. MPSHS and the district-funded classes use the same progress reports to provide a system of continuity for families as their children transition from Head Start into kindergarten.

3. Involvement of governing body, policy council, and parents with program goals

To inform the goal-setting process, the MPSHS Policy Council and the Milwaukee Board of School Directors (MBSD) liaison engaged in conversations regarding the strengths of the program and the families' thoughts about the future of the program. A survey was sent to all MPSHS families to understand families' needs for support services, desired information and education, and their expectations for the program. The data collected from conversations and surveys were used to modify and update the program goals and approaches to service delivery. For example, a main theme from parents was the desire to keep their children safe and healthy. Several families spoke of the desire for additional information and education regarding when to keep their children home from school if their children are ill. The leadership staff used this feedback to determine the need for health kits with supplies and educational materials that will be distributed to each family. Ultimately, parental input will assist MPSHS in making progress toward Goal 4 – maintaining classrooms that are safe, healthy, and positive environments.

Sub-Section B: Service Delivery

1. Service and Recruitment Area:

Milwaukee has been identified as the service and recruitment area for the proposed program.

According to the 2021 U.S. census, Milwaukee has 569,330 residents and more than 229,470 households. Our service area focuses on recruiting children who will be three and four years of age by the public-school cutoff date of September 1 and families from underserved areas, including families below the poverty level. The Milwaukee Head Start Collaborative 2022 Community Assessment indicates this service area has high crime, poverty, loss of manufacturing jobs, poor health, lower educational attainment in Black and Hispanic populations, and high infant mortality rates in the inner-city Milwaukee neighborhoods.

Students who have the greatest need for services (as determined by their selection criteria score) living in Milwaukee can participate in the program.

Child poverty is a significant issue in Milwaukee where 39% of children under five years of age live in poverty. In MPS neighborhoods, 48% of children under five live in poverty. 89.3% of children are living in “high poverty or extremely poor neighborhoods.” The neighborhoods served by MPSHS programs are among the most racially diverse in the state and some of the most segregated in the city. According to the Milwaukee Head Start Collaborative 2022 Community Assessment, highly concentrated poverty is linked to “high crime, high dropout rates, worse mental and physical outcomes, and financial insecurity.”

There are 45,000 children under the age of five in Milwaukee but only 28,000 childcare slots. Many families, particularly on the city’s south side, live in a “child care desert,” defined as a census tract with more than three children under age five for every licensed childcare slot. This lack of access disproportionately impacts Hispanic or Latinx communities who are largely located in south central Milwaukee. (MHS Collaborative 2022 Community Assessment)

Neighborhood Type*	Census Tracts	# under 5 in Poverty	Total # under 5
Low Poverty (<20%)	10.1%	623	2,759
High Poverty (20%–40%)	59.7%	7,935	16,809
Extremely Poor (>40%)	30.3%	3,884	6,277
Total	119	12,442	25,845

***Neighborhood type determination based on all ages poverty rate**

c. MPSHS has no childcare partners.

2. Needs of Children and Families

According to the Milwaukee Head Start Collaborative 2022 Community Assessment, the estimated number of eligible children under five years of age in the city of Milwaukee is approximately 45,000. Eligible children fall into the following categories:

- Race – Black: 55%, White: 18%, Two or More Races: 10%, Some Other Race: 11%, Asian: 5%, American Indian and Alaska Native: 1%.
- Ethnicity – 20% Hispanic or Latino, 80% not Hispanic or Latino.
- Spoken language – 79% of residents speak English, 21% speak Spanish, 2% speak other Indo-European languages, 3% speak Asian and Pacific Island languages and 1% speak other unspecified languages.
- Children experiencing homelessness – 1,459.
- Foster care – 749 citywide.

- Dual language learners – 24% speak a language other than English, 75% speak Spanish.
- Disabilities – 7,766. Just under 20% of all students in the Milwaukee Public Schools district are categorized as students with disabilities. Applying this percentage to the total number of children under age five (24,318) in the MPS neighborhoods, we estimate that there are 7,766 children under age five who are classifiable as students with disabilities.

In adults ages 25 years and over living in MPS neighborhoods, 15% have attained a bachelor's degree or higher (compared with 25% citywide), and 78% have attained a high school diploma or higher (compared with 84% citywide).

Nutrition continues to be a challenge as many of the city's lowest-income residents live in food deserts. According to the City of Milwaukee 2022 Community Health Assessment, with limited access to nutritious food, including fresh fruits and vegetables, 21% of children in Milwaukee County experience food insecurity. Further, children from low-income families have fewer opportunities for physical activity due to safety concerns. With declining activity levels, these children are at greater risk for obesity and associated health problems when they become adults. Focus group parents reported mixed availability of neighborhood dental and medical providers, with a particular concern noted about a shortage of pediatric dentists and providers who accept all public insurance. Feedback indicated that parents with children who receive dental care at school are satisfied with the services provided.

Milwaukee has several services designed to address some of these challenges, including home visiting, prenatal care coordination, nutrition services, and screening services, among others.

As a leading provider of Head Start programming in Milwaukee County for more than 50 years, MPS is acutely aware of the health disparities specifically impacting low-income three- and four-year-olds. The differences in social determinants of health, such as quality education, healthy

food accessibility, healthcare access, and community safety, are obstacles that need to be addressed in order for equitable health progress to be attained.

Poverty among Milwaukee's youngest residents is a pressing issue. Nearly a third (32%) of all children 0–5 years of age in Milwaukee live in poverty. It is highest among Milwaukee's communities of color (Hispanic, Black, and Asian) within the north, north-central, and south sections of the city. The pandemic had devastating impacts on these communities and the economy, resulting in families needing assistance to make ends meet. Nearly 25% receive assistance through the Temporary Assistance for Needy Families program, and 34% receive supplemental nutrition assistance with FoodShare benefits. Further exacerbating the issue, a total of 2,942 school-age children in MPS were reported to be without a home in the 2021–2022 year. Sixty-four children identified as homeless, and 24 were in foster care placements. (2022 Office of Head Start Program Information Report)

Milwaukee has a higher proportion of low-income families, which contributes to less-favorable health outcomes compared to those that are experienced nationwide. For instance, Milwaukee continues to have one of the worst infant mortality rates in the nation, specifically for African Americans, whose babies die at a rate about 2.5 times that of white babies. This fact may be attributed to Milwaukee County existing in what is known as a health professional shortage area, an area that has either a partial or a full shortage of specific types of providers. With Milwaukee County's total population having only 20.9% physician coverage in pediatrics, vulnerable children have limited access to needed healthcare services. When it comes to oral care, services are even harder to come by, with 60 counties out of 72 in the state qualifying as a health professional shortage area for dental providers. Taking care of one's oral health is crucial for maintaining overall health. Adults are more likely to develop heart conditions, diabetes,

respiratory problems, and certain cancers whereas pregnant mothers can be expected to have preterm babies or babies born with low birth weight when the mothers experience poor oral health. For young and school-age children, pain and swelling is the number one issue that can impair healthy development. In fact, untreated oral pain is the leading reason for children missing school in MPS (Blake, 2022). The health professional shortage ultimately limits the ability of Milwaukee residents to receive dental care in situations when it is urgent, which is particularly relevant in the case of young children. This need correlates to the 23.9% of Milwaukee healthcare partnership survey respondents identifying access to healthcare as a top priority for 2022 (City of Milwaukee 2022 Community Health Assessment).

Lead poisoning continues to be a challenge for the Milwaukee community. August 2022, the Milwaukee Health Department counted 15,766 children under six with a reported test. However, “the children who are being lead tested are children who are likely to have more resources and whose parents are taking them to the pediatrician and they are getting tested in those spaces. The population at the highest risk, which contributes to the higher percentage in previous years, doesn’t necessarily have access” (Dirr, 2022).

Increasingly, social scientists and medical and mental health professionals are considering crime and associated violence as a public health concern. Community needs survey respondents ranked safety as a primary area of concern and a factor that makes it hard to raise their children. It was reported that some families did not feel comfortable letting their children play outside without constant supervision. “We don’t feel safe out on the streets. I would never let my child play outside in the street, especially alone because we do not feel safe.” In 2020 alone, the Milwaukee Police Department reported over 45,000 Class A offenses with assaults at 29.2%. And since the onset of the COVID-19 pandemic, Milwaukee’s homicide rate has skyrocketed to a 97% increase

compared to 2019 statistics. With crime and violence having lasting physical, emotional, and behavioral effects on children and their families, public safety is a daily concern for households located in densely populated inner-city neighborhoods where crime remains at high levels. Many families are unaware of community resources that provide additional activities and support for youth which, in turn, factors into their selection of schools.

As MPSHS continues to keep children and families at the center of our work, the needs of adults providing the services are just as important. A child's social and emotional development from birth to age three is incredibly important as it directly impacts their long-term brain structure and resulting behavioral patterns through adulthood. MPS staff reported that the COVID-19 pandemic negatively affected their mental health with increased stress, burnout, and lack of work-life balance.

MPSHS remains dedicated to strategically recruiting and serving enrolled children and families. MPSHS has a demonstrated record of implementing services effectively and helping children prepare for and achieve success at school and in life.

According to the Milwaukee Head Start Collaborative 2022 Community Assessment, there are 471 licensed family child care centers, 273 licensed group centers, and 89 public school programs available in MPS neighborhoods. 309 are rated with three stars and above, and 310 are rated at two stars and below. Two-hundred fourteen are not rated. These centers have a combined 28,495 slots for approximately 45,000 children under the age of five in Milwaukee.

3. Proposed Program Option(s) and Funded Enrollment Slots

MPSHS will operate 39 center-based sites within MPS, with full-day K3 programming at all 39 sites and full-day K4 programming at 8 sites. The full-day option meets the needs of working

families, and the variety of options within each region of the school district provides 39 locations that may offer families transportation based on their primary address.

MPSHS will ensure compliance with staff-child ratios and group size maximums in classrooms by monitoring attendance weekly in all classrooms. The program will work with school leaders to obtain updated staffing patterns and human resources to ensure that staff vacancies are being filled on an ongoing basis, and utilizing staffing agencies such as TalentBridge, Parallel Employment Group, and the Aesop substitute teacher pool. Additionally, the program will maintain a program pool of staff consisting of 7 teachers and 7 paraprofessionals to maintain staff-child ratios and other program support.

b) If requesting a locally designed program option variation (LDO) waiver: (N/A)

c) Program option(s) will meet the needs of children and families in the community

The program will provide center-based options to accommodate the needs of the parents and community. Utilizing the center-based option, the program can meet the needs of a larger population of students. It is embedded within MPS and therefore employs certified, licensed teachers in early childhood in every classroom.

d) The current funded enrollment for MPSHS is 1,506. Throughout the prior five-year grant (FY18–FY23) period, MPSHS has not been able to fulfill its funded enrollment for three- and four-year-old programming. Maintaining the current funding while decreasing the funded enrollment would allow MPSHS to better staff and serve the children and families.

i). MPSHS proposes to maintain the amount of \$11,650,539.

ii.) The currently funded enrollment for MPSHS is 1,506. Throughout the prior five-year grant (FY18–FY23) period, MPSHS has not been able to fulfill its funded enrollment for three- and four-year-old programming. Maintaining the current funding while decreasing the funded

enrollment would allow MPSHS to better staff and serve the children and families of Milwaukee. Thus, MPSHS is proposing a funded enrollment of 1,291.

iii.) (N/A)

4. Centers and Facilities:

The Milwaukee Public Schools Head Start program is proposing changes to the service locations and enrollment options to include the following:

- Eliminate H4 from seven schools: **Bruce, Hawthorne, Keefe, Kilbourn, Metcalfe, Pratt, and Siefert**. These schools have board-funded options for enrollment, and this change will eliminate competition from within the district.
- Eliminate one H3 from three schools: **Lincoln (bilingual), Congress (monolingual), and Thurston Woods (monolingual)**. These sites were selected based on historical enrollment and staffing trends and the needs as reported in the Milwaukee Head Start Collaborative 2022 Community Assessment.
- The eliminated H3 seats will be allocated to three sites in the **Southwest Region** per the data found on the Community Assessment that show a great need for quality child care.
- **Longfellow H4–bilingual** will convert to H3–bilingual to provide more H3 bilingual options based on historical enrollment trends.
- Convert half-day H3 to full-day H3 at **ALBA (bilingual), Forest Home (one monolingual, and one bilingual), Mitchell, and Riverwest** to provide full-day care for working families.

5. Eligibility, Recruitment, Selection, Enrollment, and Attendance

MPSHS will develop a strategic recruitment plan targeting children and families who meet eligibility criteria based on the Milwaukee Head Start Collaborative 2022 Community Assessment. This recruitment plan, which identifies families with the greatest needs in the

Milwaukee area and provides strategies for implementation in targeted neighborhood areas, will be developed in consultation with staff and policy council members. Recruitment in target areas will include yard signs, radio ads, social media posts, and television advertisements. Newsletters and flyers printed in English, Spanish, and additional languages will be distributed throughout the community at health clinics, low-income housing areas, laundromats, grocery stores, and WIC locations. The program will collaborate with the MPS district's enrollment events.

The program will work toward establishing supportive partnerships with local organizations to create a network of collaborating agencies, such as W-2 agencies, community healthcare clinics, WIC, birth-to-three programs, and fatherhood programs, and identify mutual needs and benefits of the partnerships, with the goal of maintaining 100% actual enrollment in MPSHS. Eligibility criteria will be utilized to ensure that the children most in need enter the program. The policy council will review and approve the criteria selection systems on an annual basis. Points will be awarded based on the age of the child and income, and on categorical factors such as homelessness, SSI or public assistance, disabilities, social or family needs, completion of Early Head Start, or children previously enrolled in Head Start. Points will be weighted based on the eligibility criteria; for example, the highest-risk families, such as homeless families, receive more points for qualifying categorically than those qualifying by income.

MPSHS will target specific geographical locations to recruit children and families year-round throughout Milwaukee. The recruitment plan will focus on enrolling vulnerable children with disabilities, children experiencing homelessness, and children placed in foster care. Applications will be available throughout the year, which will allow the program to maintain a waitlist.

MPSHS will accommodate families through conveniently located registration sites.

One of the challenges of recruiting and enrolling the highest-needs population of families in Milwaukee is the instability of work and housing. This causes many families to be transient. The family is not always able to get their children into quality care. Additional challenges may include competition with other local child care and Head Start programs with earlier start times and/or later end times that better align with caregivers' work schedules.

Program staff will also be trained on the importance of regular attendance and will share the information with families. Attendance will be addressed during registration, orientation, and parent meetings and emphasized regularly with families through instructional staff, family partnership associates (FPAs), and school-based initiatives.

Attendance will be monitored daily and phone calls will be made to a family if a child does not arrive on a program day. Attendance will be monitored every two weeks by FPAs to make sure that the program meets or exceeds the 85% attendance threshold and to identify any chronic absences or trends. Families that fall below the 85% attendance threshold will be put on an attendance improvement plan with the support of the FPAs to identify obstacles, create available steps to improve attendance, make necessary referrals, and collaboratively support regular attendance. Families experiencing homelessness will receive resources provided by the district's Homeless Education Program, which involves potentially offering transportation options to improve attendance. Identifying the barriers to attendance can indicate the appropriate solutions.

6. Education and Child Development

i.) MPSHS has implemented the Frog Street Threes and Pre-K curriculum, an integrated, comprehensive program that focuses on early brain development and intentional instruction, and it incorporates all learning domains. Frog Street is available in English and Spanish. To ensure

continuity of services throughout the district and within all classrooms, all instructional staff follow a Frog Street pacing guide to support the transient population of students.

To further support the social-emotional needs of children, the Second Step program is focused on developing social-emotional skills and techniques. The program provides lessons that address cooperation, communication, and decision-making, which assists in building students' confidence in their daily interactions with their peers. All staff follows a Second Step pacing guide to support the transient population of students

ii). The Frog Street curriculum is research-based and developmentally appropriate for three- and four-year-olds. It has an organized developmental scope and sequence that focuses on early literacy and on building a strong foundation in early math skills. The curriculum is divided into nine thematic units and is provided in English and Spanish, to support dual-language learners.

iii.) The Frog Street curriculum is aligned with the ELOF and the WMELS, which provide the support needed for the effective implementation of teaching and learning within the classrooms.

iv.) In collaboration with the MPS early childhood department, a Frog Street overview was developed to assist teachers who are new to K3 and K4 and need assistance in the beginning stages of Frog Street implementation. In addition, in-person Frog Street Level One training is scheduled to provide a learning opportunity in a smaller, personal, and hands-on setting. The education coordinators use the Brain Smart Start fidelity of implementation tool as a gauge in the area of the morning greeting circle and in Brain Smart Start, which focuses on elements of Conscious Discipline. Building leaders and school support teachers at each site are provided with the Frog Street Pre-K "Administrator Classroom Observation for Curriculum Fidelity Checklist" to provide specific feedback to teaching teams.

MPSHS supports instructional staff with the implementation of the Frog Street curriculum through summer professional development, fidelity observations and feedback, and in-classroom modeling and support. The education coordinators provide one-on-one support for instructional staff who may have questions about the curriculum and daily implementation. New teachers are paired with a buddy for the first year in the program. The selected buddy will be available to assist and support their assigned new staff member with basic curricular implementation.

MPSHS supports instructional staff with the implementation of the Second Step program through PD at the beginning of each year and in-class modeling and support. The MPS district also offers an MPS-specific Second Step training video on its training platform. The Second Step website, secondstep.org, offers self-paced modules. Each MPSHS site has a Second Step/SEL champion who is available to consult with instructional staff for additional support. At the beginning of the 2022–2023 year, MPSHS staff collaborated with the MPS social and emotional learning team to present training to district early childhood instructional staff on the intersectionality of the Frog Street and Second Step curriculums. Similar collaborations and training will continue to occur.

Home-based programs:

i.) MPSHS will use four tools to screen and measure children’s progress: the Galileo Pre-K Assessment System, the Brigance Screens III, the Brigance IED III, and PALS Español. The Galileo Pre-K Assessment System is an online database designed to assist teachers and administrators in the ongoing collection and analysis of children’s progress in all of its domains. Following the completion of the Brigance Screens III developmental screener and the baseline assessment for each domain in Galileo, teachers will develop short-term learning plans based on the results of the screening and the evaluation of each child’s current needs, interests, and abilities in consultation with each student’s parent or guardian. Wisconsin State Statute

118.016(1) requires that an early literacy screener be administered to all K4–grade 2 students. Areas assessed include name writing, alphabet knowledge, beginning sound awareness, print and word awareness, and rhyme awareness. The Brigance IED III and the PALS Español for the bilingual classrooms provide this information to the Wisconsin Department of Public Instruction (WI DPI) for all K4 MPSHS students following the MPS testing window. Instructional staff also use the results from these assessments to guide lesson planning and allow for differentiated instruction. In addition, the instructional staff uses ongoing assessments from the Frog Street curriculum to inform instruction and identify students’ developmental progress. Data from ongoing assessments are collected through observation, developmental checklists, anecdotal records, and work samples.

Developmental screeners provide information that indicates whether a child is within developmentally appropriate limits or is potentially at risk for delays. In the summer of 2021, MPS adopted the Brigance Early Childhood Screens III for all K3, K4, and K5 classrooms and began full implementation during the 2022–2023 year. MPSHS made the decision, with the approval of the policy council, to follow the district’s lead as there are several benefits to adopting the Brigance Screens III. MPSHS staff administers only one screener, as opposed to three, in order to meet both district and Head Start requirements. Having the same screener creates continuity when students transition from K3 to K4 to K5, or when students move from board-funded classrooms to classrooms and special education classrooms to regular education classrooms. The Brigance Early Childhood Screens III is available in English and Spanish. The Parent Report—Self-help and Social-Emotional Scales, which gains the caregiver’s perspective on their child’s development, has already been translated into Hmong, Karen, and Arabic. Other languages will also be made available if a need arises.

ii.) Parents and family members are an integral part of MPSHS and their children's learning. In order to support families in their child's learning, MPSHS will attempt to engage families in every aspect of their child's education. At the beginning of the year, parents will be asked to complete the Brigance Parent Report—Self-help and Social-Emotional Scales. The results of the screener provide in-depth information regarding their child's social-emotional and self-help development and providing additional insight for the classroom teacher. Results of screenings will be shared with families during parent-teacher conferences and home visits, and with parent input, an individualized child development plan will be created for each child. Through parent orientations, school-based open houses, and parent committee meetings, families will receive program information that includes curricular resources, instructional materials, and opportunities for parental involvement through volunteering in the classroom. Additionally, if a child has an IEP or receives school-based interventions, caregivers will be invited to attend the scheduled meetings.

Families will be given many opportunities to engage with the Frog Street and Second Step curriculums during parent orientations, school-based open houses, school-wide family events, parent-teacher conferences, educational home visits, parent meetings, and policy council meetings. Teachers will share monthly home-school communications with families regarding educational activities for home learning. Seesaw, a digital interactive learning platform, is provided by the school district to engage students in the home setting. Through Seesaw, parents have access to teacher-provided activities that directly align with the themes taught in the classroom. In addition, ReadyRosie is the parent curriculum that supports home-school learning. Strategies are shared through a five-minute video along with a weekly email message that contains activity suggestions for parents to complete with their children.

The staff welcomes and encourages families to support their children in the school learning environment. Families are encouraged to volunteer so that they may observe instructional strategies in which their children are learning and see teachers implement the curriculum. Through parent volunteerism, the home and school families work together as a team to improve child outcomes. Families are provided with volunteer opportunities such as reading to children, preparing materials for the classroom, creating art projects with the children, assisting with family-style dining, and/or chaperoning field trips.

e.) For programs serving AIAN children: N/A

7. Health

i.) At the time of registration, MPSHS will work with families to obtain information related to health, nutrition, and oral health for each child. The MPSHS health team will ensure that each child is up to date with physical exams, including immunizations, hemoglobin, and lead levels, as evidenced by ChildPlus reporting. An established program spreadsheet will also be used to document elevated child lead levels and low hemoglobin levels. These data will allow the health team to track subsequent levels and follow up with individual families with information regarding care and repeat labs.

The MPSHS health team will meet the nutritional needs of each child by identifying their nutritional status through medical records review and parental reporting and using that information to identify dietary/modification needs and food allergies. The MPSHS health team will verify nutritional needs and confirm them with each child's healthcare provider. New or additional dietary requirements will be shared with the MPS Department of Nutrition Services for appropriate accommodations. Nutritional needs will be shared with the classroom teacher, school nurse, and district Department of Nutrition Services.

The MPSHS health team will also ensure that each child receives a dental exam and preventive treatment from an oral healthcare professional. The MPSHS health team will assist children and families with resources for establishing a dental provider for long-term oral health needs and follow-up, as evidenced by ChildPlus reporting. MPSHS will also partner with a mobile dental program, and Preferred Dental, to provide onsite, comprehensive dental services.

The MPSHS health team will continue to conduct hearing and vision screenings. The results of these screenings will be given to parents/guardians. Follow-ups for failed hearing screens will be conducted by MPS Audiology Services. A list of local providers will be given to parents/guardians for any child who fails their vision screening to ensure that appropriate follow-up is completed by an ophthalmologist.

In order to communicate effectively, the MPSHS staff will provide services in the children's and families' primary language using Language Line Services and/or bilingual staff. Written resources are offered in multiple languages to meet the needs of families. Additionally, MPSHS will provide communications in video format to reach and provide educational resources to an audience of caregivers in multiple languages. The coordinator will continue to work with the local Health Services Advisory Committee to find local health services that provide accommodations for children with special needs.

Based on conversations with current MPSHS parents, the program has learned of families' desires for additional health information in an effort to keep their children and other children in the classroom safe and healthy. Beginning in FY24, to support at-home care, health kits will be distributed to each family. The health kits will consist of some health essentials such as toothbrushes, toothpaste, floss sticks, thermometers, health information, and guidelines regarding when to keep children home from school due to illness.

ii.) MPSHS has mental health staff available for families and staff to connect and consult with for purposes of supporting students' social and emotional well-being in the classroom and/or home setting. Social and emotional resources are provided in various ways depending on the needs of each student. Mental health staff members are available to consult with teaching staff and caregivers to identify strategies or resources that can support students' social and emotional well-being. Mental health consultations may begin with caregivers at the time of registration or at any time throughout the child's enrollment. Consultations will occur in person, virtually, or via telephone. Consultations may lead to providing specific school resources, offering interventions, or observing the student to gather additional information to best support the student. Referrals to community resources will be made when appropriate.

MPS has collaborated with several community agencies called the School Community Partnership for Mental Health (SCPMH) in many schools, including several MPSHS sites. In this program, community-based mental health providers deliver services in the schools directly to children with beginning and/or unmet mental health concerns that extend beyond what can be addressed by school support staff. SCPMH focuses on delivering mental health services to students in need; providing school staff, families, and students with better/faster access to resources; providing mental health awareness training to school staff, families, and students; and reducing the stigma of mental health services for youth. MPS is currently collaborating with community-based mental health providers to deliver teletherapy for children who have experienced an acute traumatic experience. For all of these services, school support staff make a referral, and parental consent is required. Services are either completely free or a co-pay may be requested. Service providers will work with families that need financial assistance.

8. Family and Community Engagement

a). Head Start recognizes parents as the primary educator of their child/children and encourages them to be partners in the education of their children. Two educational home visits are also conducted each year. It is during these visits that parents in their home environments will gain insight and provide input toward their child's school-readiness development and progress. MPSHS celebrates the diversity of the families in the program. To promote and engage in meaningful conversation during conferences and home visits, the program ensures that one of the instructional team members speaks the home language of the family or that an interpreter is present either in person or through the district-provided Language Line Services.

MPSHS plans to develop a strategic family engagement plan using the Parent, Family, and Community Engagement (PFCE) Framework. This will be a resource to establish parent and family engagement activities that promote positive child and family outcomes. Thus, MPSHS will use a three-step, research-based, best-practice approach that involves (1) working with the PFCE (self-assessment) team; (2) using the PFCE assessment tool, and (3) creating a PFCE action plan. The family engagement plan will be reviewed annually using these steps to create a family engagement plan with stakeholder input.

MPSHS will focus on building strong working relationships with public and private entities that reflect the diverse population of families within the Milwaukee community and that support effective, research-based family literacy and parenting skills training. Many varied opportunities will enable families to be actively engaged in bridging the home-school connection. For example, a working relationship with the Milwaukee Public Library has been established. The Milwaukee Public Library hosts family engagement events at several locations such as Story Time, which focuses on promoting family literacy and parent-child activities based on the skills of early literacy development for children 0–5 years of age. MPSHS coordinates with the

Milwaukee Public Library to ensure that families and children obtain library cards and are informed of the library system's early literacy and family literacy programs. These community events support families seeking employment, provide classes to develop families' computer literacy skills, and offer family enrichment activities.

Fathers are encouraged to take an active role in the education of their children and in MPSHS. They are specifically urged at the time of registration to participate in parent committee meetings and join the MPSHS Policy Council. Fathers may be recommended for leadership roles by program or district staff. In addition, the school-based sites offer activities and/or district-wide events that focus on topics of interest to the father/father figure to support the home-school connection and to build relationships. MPSHS intends to coach participants through a strength-based lens to develop positive child and family outcomes.

b.) MPSHS will work with families to ensure that families have the necessary resources to support their children at home and in school. When families and MPSHS staff collaborate, students will leave MPSHS ready for kindergarten. Staff members will survey families for their input to determine interests and needs, and they will prioritize activities to increase parent engagement. Activities such as Dining with Dads, Muffins with Moms, school-based literacy and math events, and focused parent training will be implemented in collaboration with site-based parent coordinators to strengthen home and school partnerships. Families will continue to be encouraged to volunteer in the classroom, as volunteering in the schools improves communication, builds strong relationships, allows parents to learn important child development skills, and demonstrates the importance of community.

Additionally, MPSHS families will be offered curricular resources through parent portals such as Galileo Pre-K Parent Center and the Seesaw learning platform. Parent education opportunities, as

outlined in the program's training and technical assistance plan, will be provided and encouraged. Engagement opportunities, such as monthly parent meetings, and district-wide training, such as English as a Second Language classes, General Education Development courses, and the MPS M³ Milwaukee Parent Institute, will also be shared with families. As a district, MPS offers families diverse learning opportunities that are available for all multilingual and multicultural learners. For example, the Frog Street curriculum used in the three- and four-year-old classrooms provides parents with activities, known as the PATT (Parents Are Teachers Too) Mat, in English and Spanish that allow parents to play an integral role in their child's learning. The cultural and linguistic diversity of the families served is one of the greatest assets of the program. The program strives to create quality environments that respect, reflect, and accommodate diversity.

c). MPSHS will continue to implement the ReadyRosie Active Family Engagement System to empower families to promote school readiness. The system was first implemented by MPSHS during the 2020–2021 year. ReadyRosie was selected as it is evidence-based, research-based, and aligned to the ELOF and the Parent, Family, and Community Engagement Framework. It was selected due to its accessibility through technology in multiple languages. The ReadyRosie program will be introduced annually at parent orientations and site-based parent meetings. Ongoing participation will be encouraged through flyers, videos, and direct communication with families. Family workshops provided by ReadyRosie will be offered and facilitated by the Head Start ERSEA/FPA coordinator and family partnership associates.

Throughout the year, the ReadyRosie dashboard will be monitored by program staff to assess families' usage and to increase participation and differentiate as needed. At the end of the year, families will be surveyed to obtain feedback on program implementation for future years.

d.) At the time of registration, each family completes the MPSHS Strengths and Needs Assessment. Upon a family's acceptance into MPSHS, family partnership associates review the completed form and work with each family to develop family goals and provide resources. In an effort to track the needs and progress of each family, MPSHS staff uses ChildPlus reporting to monitor goals, contacts families regularly to check in, and reviews both the family need assessment and outcomes biannually.

e.) MPSHS will continue to nurture existing community partnerships such as those with the MPS district, Preferred Dental, and the UW–Madison Division of Extension FoodWise program. Through these partnerships, the program is able to support families in obtaining food, clothing, mental health services, dental care, and educational programming. MPSHS also plans to develop new partnerships with community agencies such as the Social Development Commission, Community Advocates, and the Milwaukee Fatherhood Initiative to support the various and diverse needs of children and families.

9. Services for Children with Disabilities

a.) MPSHS ensures that all children with disabilities have full access to, and the opportunity to be engaged in, program services and activities that promote social and emotional development, language and literacy skills, and cognition development. MPSHS staff uses resources such as the ELOF, IDEA, Americans with Disabilities Act, Milwaukee Head Start Collaborative 2022 Community Assessment, curriculum that provides strategies to support individualized learning, WMELS, WI DPI, and resources located on the ECLKC website to guide and implement full participation of all children. MPSHS staff receives the necessary PD from the noted resources to ensure engaging classroom environments where developmentally appropriate equipment, physical space, and materials are accessible to all children. The MPSHS mental health and

disabilities team completes classroom visits and consults with instructional staff, MPS special education staff, and caregivers regarding children's progress, potential concerns, or additional support needs. Additionally, the team provides both the regular and special education staff with additional visual, sensory, and/or behavioral support materials to help children be successful. Families are also provided with the same support materials as necessary to use at home to maintain the same language and strategies across all environments.

b.) MPSHS ensures that the individualized needs of children with disabilities are met through PD from the noted resources above, classroom visits, and consultation with regular education teachers, special education staff, and caregivers. In addition to meeting the needs of all children, MPSHS collaborates with caregivers and with MPS, which is the local educational agency. From the time that children are referred for a special education evaluation, MPSHS provides resources that support caregivers' involvement in their children's Individualized Education Programs (IEPs), provides disability information and resources, ensures that caregivers are aware of their rights in the special education process, and supports the families in the acquisition of skills to advocate for their children. Upon parent and/or teacher request, MPSHS staff provides additional resources, such as referral to community-based resources, support and/or advocacy regarding a child's IEP, and collaboration between parents and schools in the development of interventions – for example, behavior plans, and check-in/check-out – to support the needs of the identified child. After the evaluation process, MPSHS staff attends IEP meetings and advocates for children to remain in the least restrictive environment, or in the regular education environment, for service delivery as much as possible. Upon a caregiver's request or a child's needs, the MPSHS mental health and disabilities team advocates for an IEP meeting in order to address current concerns or needs and to identify resolutions.

MPSHS collaborates with the local educational agency on many different levels. During the registration process, staff works with the MPS Department of Specialized Services to place children with current IEPs in schools that offer the required services. MPSHS staff also assists in obtaining any out-of-district IEPs for children whose caregivers identified as previously receiving services in another city or state. A copy of the IEP is then forwarded to the MPS Department of Specialized Services for processing. As needed, staff presents information to district evaluation teams that requires collaboration.

During the referral and evaluation processes, the MPSHS staff assists the initial evaluation teams in obtaining the necessary parent/guardian signatures that provide consent for testing or services. MPSHS mental health and disabilities staff provides health and/or screening information to the special education evaluation teams, especially when health or screening information may impact the evaluation team compositions; for example, high lead levels may require a nurse. MPSHS staff attends and participates in special education meetings to support a parent's understanding of the special education process. MPSHS supports the special education teams in writing appropriate goals that are developmentally appropriate, functional, and measurable.

Through classroom visits and consultation with caregivers and instructional staff, MPSHS ensures that IEP services are being delivered as required and collaborates with regular education and special education staff to determine additional services are needed. MPSHS staff supports the use of an evidence-based curriculum that allows for differentiation and specialized instruction to support the child's IEP goals. The staff ensures environments, materials, and accessibility are developmentally, culturally, and linguistically appropriate.

10. Transition

a.) MPSHS will collaborate with outside agencies and the MPS Department of Specialized Services to assist families in selecting a site that provides the comprehensive services offered by MPSHS. The MPS ERSEA coordinator will reach out to ERSEA coordinators of Early Head Start programs and the Bridges to School coordinator to develop partnerships and offer MPS services to those families interested in attending MPSHS. The Bridges to School coordinator position was developed by the MPS early childhood office in partnership with United Way, 4C For Children, and the City of Milwaukee Office of Early Childhood Initiatives to support the transition of children from surrounding community-area child care to MPS schools. The mental health and disabilities coordinator will reach out to community birth-to-three agencies with enrollment and site information for attracting interested families.

b.) MPSHS wants to ensure that every student is successful as they enter their classroom community. Students and families will feel welcomed and at ease as they begin their academic journey with the support that they will receive from MPSHS staff. A focus on transitions will be an integral part of creating positive relationships and learning environments. Strategies focused on transition will support students and families and promote a sense of ease as they move from the home setting to the school setting, from one classroom to another classroom, and from one activity to the next.

At the beginning of the year, MPSHS will send a welcome letter to each family. This letter will share information regarding their selected school, classroom assignment, and information about staggered-start days. A staggered start helps to limit the number of students in attendance for the first three days of school. Families are welcome to join their children on their assigned first day of school. This opportunity allows parents to become oriented with the school and classroom instructional team, ask questions and share information pertaining to their child.

MPSHS will conduct parent orientation meetings at the beginning of the year to share information about MPSHS and expectations in the classroom. Families unable to attend the in-person parent orientation will receive an email with a link to a recorded presentation. Parent committee meetings will take place throughout the year and will address transitions periodically. Also, the family partnership associates will support families that enroll students in MPSHS. At each MPSHS site, a transition plan will be developed to support students and families throughout the year. The plans will begin in K3 and will follow students through K4 until the students exit MPSHS and enter kindergarten. Instructional staff will work collaboratively with colleagues, including special education staff, if applicable, to design a plan that includes transition strategies from the moment that students enter the classroom and continue throughout the year. Examples of activities included in transition plans are practicing walking through the line in the cafeteria, visiting kindergarten teachers within the school building, and learning about routines and expectations in kindergarten. Intentional lessons and activities using children's literature will focus on transitioning into and out of the program along with daily routines, procedures, and changes outside of the learning environment to help children with the day-to-day transitions while at school. During parent-teacher conferences and home visits, instructional staff will share with parents the strategies implemented in the classroom along with upcoming transitional activities. At the end of each year, instructional staff will provide students and families with resources and activities that will help and support students during the summer months and prepare them for the next year. For example, the final unit of the Frog Street Pre-K curriculum focuses on the changes throughout the year and preparation for the next year.

c.) Family partnership associates will support and offer assistance to families that inform them of the family's relocation to a new city or state. The ECLKC website's Head Start Center Locator

will be used to identify Head Start programs or early childhood programs in the family's new community setting. This resource is available to assist families in finding a neighborhood Head Start Center with ease in order to provide a seamless transition for each child and family.

11. Services to Enrolled Pregnant Women: N/A

12. Transportation

a). As of January 18, 2023, 48.5% of MPSHS students utilize transportation services daily. During the enrollment process, all families of Head Start students are informed of transportation services offered in collaboration with the MPS Department of Transportation Services whose system accommodates varied needs, all within published policies and guidelines. The eligibility for transportation service is governed by MBSD Administrative Policy 4.04, with eligibility being dependent upon the school a student attends and their home address. If eligibility for busing is not met, families are informed of their need to provide transportation for their child, and the Head Start transportation waiver must be signed.

b.) MPS currently has an approved transportation waiver on file for the exclusion of bus monitors and child restraints. All buses are equipped with a GPS mobile data tracking system. For families experiencing homelessness or students currently in out-of-home care, the Head Start mental health and disabilities team works with MPS social workers to provide the transportation resources such as tickets for public transportation or door-to-door busing.

Sub-Section C: Governance, Organizational, and Management Structures

In this section, describe the governance, organizational, and management structures that support quality services and maintain accountability, efficiency, and leadership within your program.

1. Governance

Structure

a.) The governing body of MPSHS is the MBSD. As a result of the school board being publicly elected, MPSHS meets the exception authorization as outlined in 642 (c) (1) (D) of the Head Start Act.

b.) The MBSD is a publicly elected body. All members are representative of the communities from which they are elected.

c.) MPSHS will establish a policy council early in the year to ensure that a governing body is run by parents of MPSHS. MPSHS Policy Council will be made up of a parent representative from each school. The council will be in place in order to make decisions regarding the best interests of the Head Start program and to ensure that parents have an opportunity, annually, to become a representative on the policy council for a one-year term. MPSHS Policy Council representatives will be elected by parents from each MPSHS parent committee, which will ensure the diversity of representatives and a voice from each school community.

Efforts to improve participation will be founded on building capacity among both groups to partner with one another for student success. A process condition for this success is based upon the ability to build and enhance the capacity of members in the four “C” areas, which are **capabilities** (skills and knowledge), **connections** (networks), **cognitive** (beliefs, values), and **confidence** (self-efficacy). It will be through training that relationship building will occur with both the governing body and policy council building upon the four “C” areas.

Processes

Governing Body

a.) Comprehensive training will be provided for the governing board on Head Start requirements, roles, and responsibilities at the beginning of each year. After this training, ongoing sessions on

program and policy updates will be shared with the governing board. Every meeting has an established agenda inclusive of content-specific information, and, when necessary, outside consultants with expertise in this area will be contracted to conduct training.

A specific resource that is available and utilized is the ECLKC organizational leadership training titled “Head Start Leadership and Governance Training: Values, Regulations, and Skills.” This training will be made available to this group to assist in refining their governance knowledge and leadership skills.

Director Erica Siemsen, the assigned MBSD liaison, is present at monthly policy council meetings to share pertinent district information with MPSHS families and gain information that will be shared with the school board as a whole. The MPS leadership team creates and distributes a monthly director’s report with program activities, enrollment information, and financial data for the MBSD’ oversight.

b.) N/A

Policy Council and Policy Committee

c.) MPSHS Policy Council will receive monthly reports, such as coordinators’ reports on each service area, financial and nutrition reports, and any other pertinent information that needs to be discussed and shared. Before each monthly meeting, every policy council member will receive an agenda, detailed reports, and the previous month’s meeting minutes for review. The governing body will participate in the self-assessment process to determine the effectiveness of MPSHS and share ideas for program improvement.

Parent Committees

d.) Policy council representatives will be elected by parent committees at each site. These representatives will lead and share policy council information at parent committee meetings.

Parent committee meetings will be held monthly and facilitated by the assigned family partnership associate who will communicate parents' topics and/or concerns from the meeting to the school leader and the MPSHS Policy Council representative. These will focus on various topics, such as school information, concerns, and ideas for program implementation, and training opportunities. Data from parent surveys and needs assessments will be used to determine future topics.

e.) Policy council representatives will relay information between the parent committees and the policy council during monthly in-person parent committee and policy council meetings. Parents' concerns and ideas will be shared between the two governing bodies to facilitate communication.

Relationships

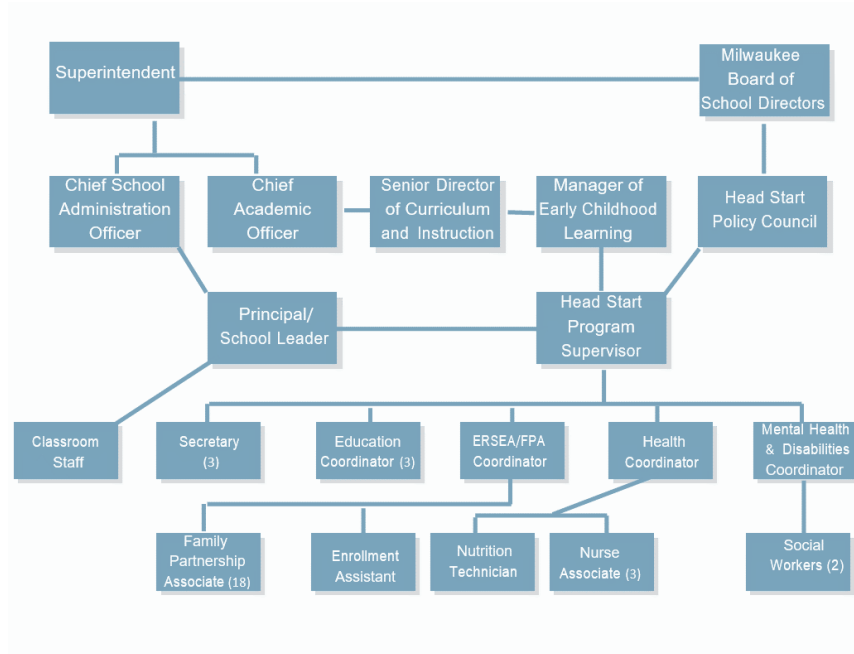
a.) The governing body and policy council members will receive annual training in the fall on Robert's Rules of Order, Head Start Program Performance Standards, roles and responsibilities, leadership, and other topics as requested by policy council members. Members will be given the opportunity to attend national and regional conferences. The policy council will learn about program planning, setting goals, personnel decisions, and budgets

b.) The governing body is composed of individuals holding positions in public elections. As such, they fall under the exception listed in 642(c)(1)(D) of the act. Any individual who may have any conflict of interest will be reported to the Office of Head Start.

c.) MPSHS has bylaws that outline a means for meaningful consultation and collaboration on joint decisions. The program uses Robert's Rules of Order to ensure that effective parliamentary procedure is followed. The school board director acts as a liaison between the MBSD and the policy council and ensures collaboration.

2. Human Resources Management

a.) MPS Organizational Chart



b.) The MPS Office of Human Resources has a formal process for hiring new employees which includes conducting background checks and checking references on all personnel who work with children. MPS requires background checks for consultants and contractors who perform services for the district. Human Resources works in conjunction with the State of Wisconsin’s Department of Justice through its Crime Information Bureau. Background checks are required to be submitted no later than ten days prior to the first date of the term of the employee’s contract.

c.) The Head Start program has reviewed the process for orientation and onboarding to support new staff in understanding policies and procedures derived from the Office of Head Start and their roles within MPSHS. New Teacher and New Paraprofessional Google Classrooms have been created, representing all service areas with specific information along with an onboarding recording, which is self-paced. Teachers new to MPSHS are paired with a buddy teacher for the first year in the program who is available to assist and support the new staff member with basic questions on policies, procedures, and curricular implementation. The new staff is directly

supported by MPSHS education coordinators through meetings, regular check-ins, classroom observations and feedback, and as determined by needs assessments, requests, and observed challenges. The school district assigns new teachers a mentor from the MPS induction and support office. Teachers are provided with support and PD on a monthly basis during the New Educators Institute throughout their first year of teaching in MPS. Volunteers go through a process through Human Resources prior to volunteering in the classroom.

d.) The education coordinators review the annual Instructional Staff Needs Assessments filled out annually by instructional staff as well as the results of CLASS observations in order to provide support for effective practices. Education coordinators, and school support teachers provide individualized support for instructional staff in implementing the curriculum with fidelity. The instructional staff is encouraged to reach out with requests for any school-based/classroom curricular support that individuals may need. Through repeated observations based on effective teaching practices and developmentally appropriate practices, education coordinators are also able to identify any additional needed support. This intentional level of support is beneficial to retain staff within the program and ensure that high-quality services are delivered to all children. Instructional staff will be released one day each month to provide training to include topics such as active supervision, child safety incidents, and CLASS.

The early childhood office and the Head Start program collaborate to design PD opportunities that focus on developmentally appropriate practices. These provide staff with relevant topics that focus on best teaching practices for three- and four-year-olds. PD training focuses on CLASS domains and strategies. Individualized professional learning in the dimensions of CLASS is offered on the Teachstone platform throughout the year in the form of exemplar videos, articles, blogs, and communication with their education coordinator.

During the summer, the self-led Summer Academy Google Classroom provides various webinars focused on programmatic expectations, school-readiness goals, curricula, and topics such as anti-bias classrooms, dual language learners, and social-emotional teaching and learning.

Professional development opportunities focused on Frog Street have been developed. A recorded Frog Street overview was developed to provide immediate support for instructional staff as they begin the initial implementation of the curriculum. Frog Street Level One training is scheduled throughout the year to provide instructional staff with more in-depth, in-person training.

Practice-based coaching is an essential component to support instructional staff in effective teaching practices. Due to high staff caseloads, the Head Start program will hire an instructional coach to conduct classroom observations and provide feedback on individual educational goals.

Head Start instructional staff, identified by several data sources will engage in coaching cycles with the Head Start coach. The Head Start coach will have successfully taught in an early childhood setting, will be trained in practice-based coaching and in the implementation of the Frog Street curriculum, and will be reliable in the CLASS tool. This highly qualified instructional coach will work collaboratively with education coordinators to provide the support needed to implement effective teaching practices in the classroom. Coaching data will be used to inform the individual and programmatic professional development needs. Individual staff PD will be identified and supported through program and district training or workshops. All Head Start teachers will be provided with access to the Teachstone “all-in-one platform” that focuses on social-emotional learning, language, and literacy skills and supports dual language learners and positive teacher-child interactions, and offer learning resources.

The mental health and disabilities team will collaborate with school staff regarding normal childhood development, behavioral issues, special education referrals and services, local mental

health resources, and specific socio-emotional concerns. They will provide guidance and support on using screening results to address identified social and emotional needs. The mental health and disabilities team will provide training to school staff the following: how to make timely referrals, soliciting ideas on how to address children's needs, assisting staff in determining appropriate intervention strategies, suggesting accommodations or modifications, and providing staff and parents with professional development.

The team will visit each Head Start classroom and provide consultation to staff in regard to an individual child's behavioral or developmental concerns. Due to an increase in children being identified with an autism spectrum disorder. MPSHS will include more PD in the area of autism spectrum disorder. They will seek experts within and outside of MPS to present resources and strategies for sensory, behavior, academic, and social-emotional development.

3. Program Management and Quality Improvement

a.) Oversight of MPSHS is provided by the MPS administrative team composed of the chief of the Office of Academics, Jennifer Mims-Howell; the senior director of the Department of Curriculum and Instruction, Dr. Felicia Saffold; and the early learning manager, Krissy Washington. The MPS administrative team monitors and guides the program through regular analysis of progress that MPSHS is making toward advancing goals and outcomes. As a result, the team ensures quality through connective district-wide efforts, to ensure that Ambitious Instruction is provided. With a consistent PD focus for leaders and staff on explicit instruction, formative practices, and engagement, evidence-based practices that are developmentally and academically supportive ensure that learning needs are being met.

b.) MPSHS managing officers ensure continuous improvement by adhering to a system that involves the "plan, do, study, act" approach. This continuous improvement process is fulfilled by

weekly walkthroughs, conducted by coordinators to collect CLASS, district, and curriculum data, in addition to providing resources and instructional support to teachers. Data is reviewed when the coordinators meet with the early learning manager. During the weekly team meeting, plans for action are created to address issues or concerns.

c.) MPSHS supervisor will review budget summaries and expenditure reports weekly to ensure that the program adheres to rules and procedures set forth by the MBSD and policy council. The MPSHS supervisor works collaboratively with the MPS Office of Finance to monitor expenditures and maintain compliance.

The budget is developed based on the needs of services outlined in the Milwaukee Head Start Collaborative 2022 Community Assessment. The policy council approves the budget. After approval by the policy council, it is submitted to the MBSD. There are written policies and procedures for the development of the budget. All expenditures must be approved by the Head Start supervisor and the senior director of the Department of Curriculum and Instruction. Vendor payments are submitted and paid on a weekly basis. Copies of all invoices and bills are kept in the MPSHS program office. Payroll records are reviewed regularly and compared with personnel and department records. The program maintains an efficient, effective reporting system. Fiscal reports are reviewed monthly at policy council meetings.

Oversight is provided by the early learning manager who reviews the budget summary expenditure reports weekly to ensure that the budget is in order according to the rules set in place by the MBSD and the MPSHS Policy Council.