To: Authorizing Official/Board Chairperson

Mr. Dolores Bellavance
Southern New Hampshire Services Inc.
40 Pine Street
Manchester, NH 03108 - 5040

From: Responsible HHS Official

Date: 01/22/2020

Dr. Deborah Bergeron
Director, Office of Head Start

From November 4, 2019 to November 8, 2019, the Administration for Children and Families (ACF) conducted a Focus Area One (FA1) monitoring review of the Southern New Hampshire Services Inc. Head Start and Early Head Start programs. This report contains information about the grantee’s performance and compliance with the requirements of the Head Start Program Performance Standards (HSPPS) or Public Law 110-134, Improving Head Start for School Readiness Act of 2007.

The Office of Head Start (OHS) would like to thank your governing body, policy council, parents, and staff for their engagement in the review process. The FA1 review allows the OHS to understand how programs are progressing in providing services in the 5-year grant cycle. The report includes the performance measures used to understand grantee progress towards program goals. You can use this report to identify where your program was able to describe progress toward implementing program services that promote quality outcomes for children and families. Please contact your Regional Office for guidance should you have any questions or concerns. Your Regional Office will follow up on the content of this report and can work with you to identify resources to support your program’s continuous improvement.

DISTRIBUTION OF THE REPORT
Ms. Marina Winkler, Regional Program Manager
Ms. Donnalee Lozeau, Chief Executive Officer/Executive Director
Ms. Sarah Vanderhoof, Head Start Director
Ms. Sarah Vanderhoof, Early Head Start Director
## Glossary of Terms

| Opportunity for Continuous Improvement (OCI) | An OCI is identified when the grantee is determined compliant in an area; however, through intentional, continuous improvement strategies, the agency has the opportunity to enhance overall program quality. |
| Area of Concern (AOC) | An area for which the agency needs to improve performance. These issues should be discussed with the grantee's Regional Office of Head Start for possible technical assistance. |
| Area of Noncompliance (ANC) | An area for which the agency is out of compliance with Federal requirements (including but not limited to the Head Start Act or one or more of the regulations) in one or more areas of performance. This status requires a written timeline of correction and possible technical assistance or guidance from the grantee's program specialist. If not corrected within the specified timeline, this status becomes a deficiency. |
| **Deficiency** | As defined in the Head Start Act, the term "deficiency" means: (A) a systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves: (i) a threat to the health, safety, or civil rights of children or staff; (ii) a denial to parents of the exercise of their full roles and responsibilities related to program operations; (iii) a failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management; (iv) the misuse of funds received under this subchapter; (v) loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or (vi) failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified; (B) systemic or material failure of the governing body of an agency to fully exercise its legal and fiduciary responsibilities; or (C) an unresolved area of noncompliance. |
**Program Design and Management**

**Program Design**
The grantee’s program design and structure takes into account community strengths and needs.

**Program Management**
The grantee has an approach for providing effective management and oversight of all program areas and fiduciary responsibilities.

**Program Governance**
The grantee maintains a formal structure for program governance that includes a governing body, a policy council (or policy committee for delegates), and parent committees.

**Program Design and Management Highlight**

The grantee designed its program service delivery model to reflect the information captured in the Community Assessment and ongoing program monitoring data. The program implemented targeted responses to data such as a dual language learning program as a result of the increased numbers of children enrolled in the program that spoke a language other than English. The grantee formed a response team to support the increased numbers of homeless and foster children resulting from the opioid crisis in the surrounding community. The grantee worked collaboratively with its Board of Directors and policy council to review the ongoing monitoring data for all program services. This collaborative process ensured progress toward program goals and goals were updated as needed. The grantee used its data analysis and review process to align the budget with staffing and program needs, assuring services consistently met the needs of enrolled families.
Designing Quality Education and Child Development Program Services

Alignment with School Readiness
The grantee’s approach to school readiness aligns with the expectations of receiving schools, the Head Start Early Learning Outcomes Framework (HSELOF), and state early learning standards.

Effective and Intentional Teaching Practices
The grantee has strategies to ensure teaching practices promote progress toward school readiness.

Supporting Teachers in Promoting School Readiness
The grantee has an approach for ensuring teachers are prepared to implement the curriculum and support children’s progress toward school readiness.

Home-based Program Services
The grantee has strategies to ensure home-based program services help parents to provide high-quality learning experiences.

Designing Quality Education and Child Development Program Services Highlight

The grantee recognized the value and success in its transition process for Head Start children with Individualized Education Programs (IEPs), which included Head Start teachers conducting a case conference with a child's receiving kindergarten teacher. This meeting ensured the effective transfer of children's school readiness data, progress toward kindergarten readiness, unique characteristics about the child and their family, and other relevant data for a seamless transition. To benefit all Head Start children transitioning to kindergarten, the grantee implemented these comprehensive transition processes program-wide, in partnership with the Manchester Community School Project Initiative.

The grantee worked with the Health Department, neighboring school districts, Community Mental Health, and the YMCA to expand their existing transition procedures. These expansion efforts coordinated community care with families, addressed absenteeism to increase school attendance, supported health education and health promotion for families with chronic diseases, and assisted families in accessing healthy homes in their communities. The Education Specialist stated these practices directly impacted services to children and families, including communication between the Head Start program, families, and receiving schools regarding updates and changes in kindergarten expectations. These efforts improved family engagement services that extended beyond the Head Start program. The Head Start Director stated these processes continued to evolve and were used most consistently with their largest partnering school districts and the rural communities. In addition, the grantee anecdotally reported that at least 80 percent of its exiting Head Start children scored Kindergarten Ready on the Kindergarten Assessment precheck conducted at the end of the child's last year in the Head Start program. The Education Specialist attributed their success in kindergarten readiness, in part, to their comprehensive and collaborative transition processes. The grantee planned to continually improve through working with school districts to determine opportunities to communicate children’s longitudinal performance in elementary school and beyond.
Designing Quality Health Program Services

Child Health Status and Care
The grantee has an approach for ensuring the delivery of high-quality health services.

Safety Practices
The grantee implements a process for monitoring and maintaining healthy and safe environments and ensuring all staff have complete background checks.

Designing Quality Health Program Services Highlight

The grantee implemented a system to collect children's basic health information at the time of application. Family service staff members engaged families in ongoing dialogue to expand their understanding of each child's health, oral health, and social-emotional needs upon enrollment, and beyond. The Health Services Specialist stated the system ensured health needs were entered into the Child Outcome Planning and Assessment (COPA) Database and tracked events to maintain ongoing care and follow-up. Grantee staff worked collectively and with consultants such as the Mental Health Consultant and the Public Health Nurse to address children's and families' health care needs and barriers to care. In addition, the grantee implemented a culture of health and safety that included ongoing safety checks and staff training. The grantee enforced its code of conduct through unannounced supervision monitoring. In collaboration with the Health Services Advisory Committee (HSAC), the grantee addressed trending staff and family needs, such as the ongoing opioid substance misuse disorder crisis in the community and a Hepatitis A outbreak the grantee was responding to at the time of the review.
Designing Quality Family and Community Engagement Services

Family Well-being
The grantee has an approach for collaborating with families to support family well-being.

Strengthening Parenting and Parent-Child Supports
The grantee has an approach for providing services that strengthen parenting skills.

Designing Quality Family and Community Engagement Services Highlight

The grantee supported family well-being by addressing the social and emotional needs of children and families. Through the analysis of Community Assessment and Program Information Report (PIR) data, which demonstrated an increase in opioid-related overdoses and deaths in the grantee's service area, the grantee determined enrolled children and families were experiencing increased social-emotional challenges resulting from exposure to the opioid crisis. To address this need, the grantee participated in Project Launch, a community collaboration developed in 2012. The partnership was designed to address child and family trauma resulting from the crisis and related extenuating circumstances, such as increased homelessness, children in foster care or living with relatives, domestic violence, and poverty. The collaboration expanded the grantee's awareness and services responsive to children and families. The grantee gained access to intensive trauma-informed training on the Pyramid Model adopted by the State of New Hampshire for all early childhood service providers, and the Adverse Childhood Experiences (ACEs) mental health response model. These trainings addressed the mental-health effects of severe childhood trauma. The grantee also received community support in presenting a two-part staff training on Nurtured Heart, which provided hands-on strategies for staff working with children expressing trauma-related behaviors and addressed secondary trauma and trauma fatigue.

The grantee created a social-emotional response team comprised of the Mental Health Consultant, two Social-Emotional Specialists with degrees in psychology, and Mental Health interns from the local university who were earning master's degrees in social work. The team supported case-conferencing with staff and families aimed at assisting individual family needs and provided teachers with classroom strategies that addressed trauma-related behaviors. These efforts have continued with targeted Training and Technical Assistance resulting from the program's 2018 to 2019 program data demonstrating 20 percent of Head Start families and 14 percent of Early Head Start families self-reported exposure to substance misuse. The grantee's most recent 5-year grant captured the response to the opioid crisis as one of its goals; its collective responses allowed teachers and family service staff to quickly identify the social-emotional needs of children and families and implement immediate goals and plans to support children's social-emotional development.
Eligibility, Recruitment, Selection, Enrollment, and Attendance
The grantee enrolls children or pregnant women who are categorically eligible or who meet defined income-eligibility requirements.

At least 10% of the grantee’s total funded enrollment is filled by children eligible for services under IDEA or the grantee has received a waiver.

Enrollment Verification
The grantee maintains and tracks full enrollment.

Fiscal Infrastructure, Capacity, and Responsiveness
The grantee’s fiscal staff have the qualifications needed to provide oversight of the grant.

The grantee has a budget development and revision process that includes stakeholders and appropriate approvals, and ensures continuous alignment with program design, goals, and objectives.

Developing Effective Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Strategies and Fiscal Infrastructure Highlight

The grantee's approach to enrollment and selection allowed the grantee to prioritize children with the greatest need. The grantee collected eligibility documentation from families at the time of application and used these documents for an initial eligibility determination. All eligibility documentation was provided to the ERSEA Manager for verification and placement of children on the waitlist as guided by the selection criterion. The grantee tracked attendance through ongoing communication with families and enrolled children from the program's waitlist. At the time of the review, the grantee stated 55 children or 12.7 percent of their Head Start enrollment, and 22 children or 21.5 percent of their Early Head Start enrollment was filled with children who qualified for services under the Individuals with Disabilities Education Act (IDEA). Less than 7 percent of enrolled families were determined to be over income.

The grantee was a multi-service Community Action Agency with various funding sources inclusive of Head Start, Early Head Start, and Early Head Start-Child Care Partnership Expansion grants. The grantee's fiscal team was made up of eight staff members with financial training and education. One of the team members was solely dedicated to the Head Start program. This staff member and the program management team worked collectively throughout the program year to review program data and determine fiscal impact and opportunities. The Chief Financial Officer stated the grantee managed its $48 million budget with a financial database that maintained the integrity of funding streams. This allowed the grantee to provide financial statements to the program's Board of Directors and the policy council on an ongoing basis for monitoring and informed financial decision making. The Board of Directors and the policy council shared the responsibilities of program and financial governance, approved the annual budget, revisions, and major expenditures, and made recommendations for program improvements that supported the grantee's progress toward program goals.