

House District \_\_\_\_\_

Senate District \_\_\_\_\_

**THE TWENTY-FOURTH LEGISLATURE  
HAWAI'I STATE LEGISLATURE  
APPLICATION FOR GRANTS & SUBSIDIES  
CHAPTER 42F, HAWAI'I REVISED STATUTES**

Log No: 49-0

For Legislature's Use Only

Type of Grant or Subsidy Request:

GRANT REQUEST - OPERATING

GRANT REQUEST - CAPITAL

SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST

DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS - OFFICE OF COMMUNITY SERVICES

AND PROGRAM I.D. NO. \_\_\_\_\_

**1. APPLICANT INFORMATION:**

Family Support Services of West Hawaii:

Dbas:

Street Address: 75-127 Lunapule Raod #11  
Kailua-Kona, HI 96740

Mailing Address: Same as Above

**2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:**

Name ELLEN O'KELLY

Title Program Manager

Phone # 808 334-4179

Fax # 808 329 4730

e-mail eokelly@fsswh.org

**3. TYPE OF BUSINESS ENTITY:**

- NON PROFIT CORPORATION
- FOR PROFIT CORPORATION
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL

4. FEDERAL TAX ID #: ██████████

5. STATE TAX ID #: \_\_\_\_\_

6. SSN (IF AN INDIVIDUAL): \_\_\_\_\_

**7. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:**

(Maximum 300 Characters)

**8. FISCAL YEARS AND AMOUNT OF STATE FUNDS REQUESTED:**

FY 200~~8~~<sup>9</sup> \$ 71,428.00

FY 2008-2009 \$ \_\_\_\_\_

**9. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:**

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$ 12,350

FEDERAL \$ 569,639

COUNTY \$ 0

PRIVATE/OTHER \$ 0

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

████████████████████  
AUTHORIZED SIGNATURE

JOANN BISHOP FREED, EXECUTIVE DIRECTOR

NAME & TITLE

11.29.07  
DATE SIGNED

## BUDGET

(Period 2008 to 2009)

Applicant/Provider: Family Suppr of West Hawaii  
 RFP No.: OCS LBR 903-13  
 Contract No. (As Applicable): \_\_\_\_\_

BUDGET CATEGORIES	Budget Request (a)	(b)	(c)	(d)
<b>A. PERSONNEL COST</b>				
1. Salaries	44,317	352,050		
2. Payroll Taxes & Assessments	5,260		2+3	
3. Fringe Benefits	6,238	88,291	2+3	
<b>TOTAL PERSONNEL COST</b>	<b>55,815</b>	<b>440,341</b>		
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island	200	10,100	1+2	
2. Airfare, Out-of-State			1+2	
3. Audit Services		2,000		
4. Contractual Services - Administrative		0		
5. Contractual Services - Subcontracts		0		
6. Insurance	300	3,600		
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space	2,580	30,000		
10. Mileage	1,068	22,000		
11. Postage, Freight & Delivery	100			
12. Publication & Printing	300	900		
13. Repair & Maintenance	300	2,400		
14. Staff Training	1,100	13,838		
15. Substance/Per Diem	420			
16. Supplies	6,245	16,370		
17. Telecommunication	1,200	15,000	17+19	
18. Transportation	400			
19. Utilities	1,400		17+19	
20. Parent Services		2,870		
21. Other		2,400		
22.				
23.				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>15,613</b>	<b>121,478</b>		
<b>C. EQUIPMENT PURCHASES</b>	<b>0</b>	<b>0</b>		
<b>D. MOTOR VEHICLE PURCHASES</b>	<b>0</b>	<b>0</b>		
<b>TOTAL (A+B+C+D)</b>	<b>71,428</b>	<b>561,819</b>		
<b>SOURCES OF FUNDING</b>	(a) Budget Request	71,428	Budget Prepared By: Ellen O'Kelly (808) 334-4179 Name (Please type or print) Phone	
	(b) EHS Operating Budget	569,639	Signature of Authorized Official Date <u>11-29-07</u>	
	(c)		JOANN BISHOP FREED, Ex. DIR Name and Title (Please type or print)	
	(d)			
<b>TOTAL REVENUE</b>	<b>641,067</b>	For State Agency Use Only		
		Signature of Reviewer		Date



**BUDGET JUSTIFICATION  
PERSONNEL: PAYROLL TAXES, ASSESSMENTS, AND FRINGE BENEFITS**

Applicant/Provider: Family Support Services of West Hawaii      Date Prepared: 10/25/2007

RFP No.: \_\_\_\_\_ Period: \_\_\_\_\_ to \_\_\_\_\_

Contract No.: \_\_\_\_\_  
(As Applicable)

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
<b>PAYROLL TAXES &amp; ASSESSMENTS:</b>			
Social Security	As required by law	7.65%	\$3,390.00
Unemployment Insurance (Federal)	As required by law	exemt	
Unemployment Insurance (State)	As required by law	1.61%	\$714.00
Worker's Compensation	As required by law	2.00%	\$886.00
Temporary Disability Insurance	As required by law	0.61%	\$270.00
<b>FRINGE BENEFITS:</b>			
Health Insurance		0.11	\$4,875.00
Retirement		0.03	\$1,330.00
<b>SUBTOTAL:</b>			
			\$6,238.00
<b>TOTAL:</b>			
			\$11,498.00
<b>JUSTIFICATION/COMMENTS:</b>			



**BUDGET JUSTIFICATION  
PROGRAM ACTIVITIES**

Applicant/Provider: Family Support Services of West Hawaii

RFP No.: \_\_\_\_\_ Period: \_\_\_\_\_ to \_\_\_\_\_ Date Prepared: 10/25/2007

Contract No.: \_\_\_\_\_  
(As Applicable)

DESCRIPTION	AMOUNT	JUSTIFICATION/COMMENTS
1. Airfare for Home Visitor	200	Attend HAEYC Conference
6. Liability Insurance	300	\$30 x 10 children
9. Space Rental	2,580	Cost allocation based on \$215 x 12 months x 1 staff
10. Mileage	1,068	200 miles x 12 months x \$.445
11. Postage	100	10 mailings x 10 families
12. Printing	300	30 forms x 10 families
13. Repair and Maintenance	300	cost allocation based on 2 van maintenance checks per year approximately one sixth of total EHS maintenance costs per year
14. Staff Training	500	5 college credits at \$100 per credit
15. Per Diem	420	2 nights x \$210 per night (HAEYC conference)
16. Supplies	6,245	\$624.50/ family per year inclusive of curriculum materials, educational toys, family literacy materials, etc.
17. Telecommunication	1,200	\$100 per month x 12 months x 1 staff
18. Transportation	400	15 passenger van @ \$200 x 2 excursions
19. Utilities	1,400	Cost allocation \$116.66 x 12 months
<b>Total:</b>	<b>15,013</b>	

## Performance Output and Outcome Measurements

Performance Output and Outcome	Estimated Numbers
Total Enrollment	11
Children	11
Families	11
Pregnant Women	To be determined
Enrollment of Children by Program Option	Home based
Full Day	NA
Part Day	NA
Children Who Received Physical Examinations	Estimate 10
Children Who Received Medical Treatment	Estimate 10
Children Completed Dental Exams	Estimate 10
Children Received Dental Treatment	Estimate 5
Children with Up-to-Date, or All Immunizations	Estimate 10
Children with Health Insurance	Estimate 5
Children Professionally Diagnosed with Disability	Estimate 1
Children with Disability Who Received Services	Estimate 1
Children with Mental Health Problems	To be determined
Children Who Received Mental Health Services	Estimate 10
Children (and pregnant women in EHS) Who Dropped Out	Estimate 5
Families Who Participated in a Goal Setting Process Leading to Individualized Family Partnership Agreement	Estimate 10
Parents/Guardians Who Received Job Training/School Services	Estimate 6
Total Parents/Guardians Employed	Estimate 4

**DECLARATION STATEMENT  
APPLICANTS FOR GRANTS AND SUBSIDIES  
CHAPTER 42F, HAWAII REVISED STATUTES**

The undersigned authorized representative of the applicant acknowledges that said applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to section 42F-103, Hawaii Revised Statutes:

- (1) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant or subsidy is awarded;
- (2) Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow the state agency to which funds for the grant or subsidy were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and assuring the proper expenditure of the grant or subsidy.

In addition, a grant or subsidy may be made to an organization only if the organization:

- (1) Is incorporated under the laws of the State; and
- (2) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.

Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (1) Has been determined and designated to be a non-profit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Family Support Services of West Hawaii

\_\_\_\_\_  
(Typed Name of Individual or Organization)

  
(Signature)

JoAnn Bishop Freed

\_\_\_\_\_  
(Typed Name)

November 29, 2007

\_\_\_\_\_  
(Date)

Executive Director

\_\_\_\_\_  
(Title)



**STATE OF HAWAI'I**

**Head Start and Early Head Start**

**Community Assessment Report**

**May 2005**

# STATE OF HAWAII

## 1. General Information

### 1.1. Organization



Capital: Honolulu (on Oahu)

State Abbreviation/Postal Code: Hawaii/HI

Motto: Ua Mau Ke Ea O Ka Aina I Ka Pono (The life of the land is perpetuated in righteousness)

State Symbols:      State flower : hibiscus (yellow) (1988)  
                            State song: "Hawaii Pono" (1967)  
                            State bird: nene (Hawaiian goose) (1957)  
                            State tree: kukui (candlenut) (1959)

Nickname: Aloha State (1959)

Origin of name: Uncertain. The islands may have been named by Hawaii Loa, their traditional discoverer. Or they may have been named after Hawaii or Hawaiki, the traditional home of the Polynesians.

10 largest cities (2000):

Honolulu	371,657
Hilo	40,759
Kailua	36,513
Kaneohe	34,970
Waipahu	33,108
Pearl City	30,976
Waimalu	29,371
Mililani Town	28,608
Kahului	20,146
Kihei	16,749

Residents: Hawaiian, also kamaaina (native-born non-ethnic Hawaiian), malihini (newcomer)

First settled by Polynesians sailing from other Pacific islands between A.D. 300 and 600, Hawaii was visited in 1778 by British captain James Cook, who called the group the Sandwich Islands.

Hawaii was a native kingdom throughout most of the 19th century, when the expansion of the sugar industry (pineapple came after 1898) meant increasing U.S. business and political involvement. In 1893, Queen Liliuokalani was deposed, and a year later the Republic of Hawaii was established with Sanford B. Dole as president. Following annexation (1898), Hawaii became a U.S. territory in 1900.

The Japanese attack on the naval base at Pearl Harbor on Dec. 7, 1941, was directly responsible for U.S. entry into World War II.

Hawaii, 2,397 mi west-southwest of San Francisco, is a 1,523-mile chain of islets and eight main islands—Hawaii, Kahoolawe, Maui, Lanai, Molokai, Oahu, Kauai, and Niihau. The Northwestern Hawaiian Islands, other than Midway, are administratively part of Hawaii.

The temperature is mild, and cane sugar, pineapple, and flowers and nursery products are the chief products. Hawaii also grows coffee beans, bananas, and macadamia nuts. The tourist business is Hawaii's largest source of outside income.

#### Head Start 2003-04 Workforce development data

Program	% employees who were/are HS parents	# of volunteer hours	# of employees
Head Start	32% avg.	76,353	548
Early Head Start	12% avg.	10,066	68

#### 1.2. Families Served

Data on children and families served in 2003-04 for Head Start programs

	Number of Children served 2003-04
Head Start	2,686
Early Head Start	377
Total	3,063

#### 1.3. Geography and Natural History

The Hawaiian Islands are of volcanic origin and are edged with coral reefs. Hawaii is the largest and geologically the youngest island of the group, and Oahu, where the capital, Honolulu, is located, is the most populous and economically important. The

other principal islands are Kahoolawe, Kauai, Lanai, Maui, Molokai, and Niihau. The Northwestern Hawaiian Islands, consisting of uninhabited islets and excluding Midway, stretch more than 1,100 mi (1,800 km) from Nihoa to Kure. Most of islets are encompassed in the Hawaiian Island National Wildlife Refuge; the surrounding waters and coral reefs are in the vast 84-million-acre (34-million-hectare) Northwestern Hawaiian Islands Coral Reef Reserve. Palmyra atoll and Kingman Reef, which were within the boundaries of Hawaii when it was a U.S. territory, were excluded when statehood was achieved.

Land area: 6,423 sq mi. (16,637 sq km)

Geographic center: Between islands of Hawaii and Maui

Number of counties: 5 (Kalawao non-functioning)

Hawaii's highest peak is Mauna Kea (13,796 ft). Mauna Loa (13,679 ft) is the largest volcanic mountain in the world by volume.

Largest county by population and area: Honolulu, 899,593 (2004); Hawaii, 4,028 sq mi.

State forests: 19 natural area reserves (over 109,000 ac.)

State park: 52 (25,000 ac.)

The only U.S. state in the tropics, Hawaii is sometimes called "the Paradise of the Pacific" because of its spectacular beauty: abundant sunshine; expanses of lush green plants and gaily colored flowers; palm-fringed, coral beaches with rolling white surf; and cloud-covered volcanic peaks rising to majestic heights. Some of the world's largest active and inactive volcanoes are found on Hawaii and Maui; eruptions of the active volcanoes have provided spectacular displays, but their lava flows have occasionally caused great property damage. Mauna Kea and Mauna Loa are volcanic mountains on Hawaii island; Haleakala volcano is on Maui in Haleakala National Park.

Vegetation is generally luxuriant throughout the islands, with giant fern forests in Hawaii Volcanoes National Park. Kahoolawe, however, is arid, and Niihau and Molokai have very dry seasons. Although many species of birds and domestic animals have been introduced on the islands, there are few wild animals other than boars and goats, and there are no snakes. The coastal waters abound with fish.

#### **1.4 Government**

Hawaii's constitution was drafted in 1950 and became effective with statehood in 1959. The governor is elected every four years. The legislature has a senate with 25 members and a house of representatives with 51 members. The state elects two

representatives and two senators to the U.S. Congress and has four electoral votes. Multicultural Hawaii has long been a Democratic state, but Republicans have made recent gains. In 1994, Democrat Benjamin J. Cayetano became the first Filipino American to be elected governor of a U.S. state; he was reelected in 1998. Linda Lingle, elected governor in 2002, became the second Republican to win the office since statehood.

Governor: Linda Lingle, R (to Dec. 2006)  
 Lieut. Governor: James "Duke" Aiona, R (to Dec. 2006)  
 Senators: Daniel K. Akaka, D (to Jan. 2007); Daniel K. Inouye, D (to Jan. 2011)  
 U.S. Representatives: 2  
 Atty. General: Mark J. Bennett, R (to Dec. 2006)  
 Organized as territory: 1900  
 Entered Union (rank): Aug. 21, 1959 (50)

## 2. Education

### 2.1. Number of Schools and Enrollment

School Enrollment by type of school and age <sup>i</sup>

Subject	State total	% enrolled in school
<b>TYPE OF SCHOOL</b>		
Persons 3 years and over enrolled	320,842	
Preprimary school	17,909	
Public school	7,529	
Elementary or high school	223,185	
Public school	188,699	
College	79,748	
Public college	58,987	
<b>AGE</b>		
Persons 3 years and over enrolled	320,842	
3 and 4 years	15,460	49.9
5 to 9 years	81,782	96.0
10 to 14 years	82,233	98.7
15 to 17 years	46,795	96.2
18 and 19 years	18,336	58.2

### 2.2. Funding Sources

Unlike most of the United States, Hawaii's schools are funded almost entirely through state funds<sup>ii</sup>. Federal funding provides a small share: 8.1% in 1996-1997. In the rest of the nation, local governments play a significant role in public education, funding an average of 45% of elementary and secondary education<sup>iii</sup>.

2.3. Children ages 3-5 enrolled in nursery, preschool and kindergarten (see previous table)

#### 2.4. Head Start Eligible Children

- In 2001, Hawai'i served an estimated monthly average of 8,900 children with subsidized child care, an increase from 2000, when 7,200 children were served and in 1999, when 7,100 children were served.
- In 2003 3,063 Hawai'i children were served by Head Start, a 0.3% decrease from 2002.

#### 2.5. High School Matriculation

The percentage of persons aged 25 and older with less than a high school education: <sup>iv</sup> is 8.1%

#### 2.6. Children (K–12) on free/reduced-cost school lunch program

<u>2002</u>	<u>2003</u>	<u>2004</u>
39%	49%	48.95%

### 3. Health & Wellness

In 2003, Hawaii health centers served:

- 75,218 total patients
- 13,892 patients preferring to be served in languages other than English
- 94 migrant/seasonal farm workers
- 7,688 homeless patients
- 2,171 infants
- 2,009 prenatal care patients
- 22,183 women of childbearing age (ages 15 through 44)

<b>Clinicians</b>	State	US
Primary Care Physicians as a Percent of Total Physicians, 2003	42%	40%
Rate of Nonfederal Physicians per 100,000 Civilian Population, 2003	301	280
Registered Nurses per 10,000 Population, 2002	62	78
Physician Assistants per 10,000 Population, 2004	1	2
Number of Residents Without Access to a Primary Care Provider, 2003	1,345	36,048,131
Percent of Residents Without Access to a Primary Care Provider, 2003	<1%	12%
<b>Hospital Utilization</b>	State	US
Hospital Emergency Room Visits per 1,000 Population, 2002	251	382
Inpatient Days per 1,000 Population, 2002	698	683

### 3.1. Teen Pregnancy and Low Birth Rate

Factors affecting birth outcomes include the mother's pre-pregnancy health status; prenatal care, nutrition during pregnancy, smoking, drug and alcohol use during pregnancy. Four causes account for more than half of all infant deaths; birth defects, disorders relating to short gestation and unspecified low birth weight, sudden infant death syndrome, and respiratory distress syndrome. Infant mortality is highest among infants born to young teenagers and to mothers 44 years or older<sup>v</sup>.

	State	US
Low birth weight <sup>1/</sup>	7.5	7.8
Births to mothers age 15-17 <sup>2/</sup>	22.7	27.4
Pregnancies to girls 15-17	51.6	nr
Unmarried mothers <sup>3/</sup>	32.3	33.2
No prenatal care <sup>4/</sup>	16.6	16.8
Infant mortality <sup>5/</sup>	7.3	6.9

1/ Percentage of live births less than 2500 grams

2/ Number of live births to women age 15-17 per 1,000 populations

3/ Percentage of live births to unmarried mothers

4/ Percentage of live births to mothers receiving no prenatal care in their first trimester

5/ Number of deaths under age 1 per 1,000 live births

6/ not reported

### 3.2. Immunizations

In the state of Hawai'i the percentage of children age 19-36 months not fully immunized is 22% below the national average of 23.8%.<sup>vi</sup>

### 3.3. Risk and Protective Factors<sup>vii</sup>

The Risk and Protective Factor information presented here is statewide data. These tables summarize the results of the 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study for students participating throughout the State of Hawaii from public, private, and charter schools (6th Grade = 5,579; 7th Grade = 4,668; 8th Grade = 4,671; 9th Grade = 4,303; 10th Grade = 3,793; 11th Grade = 3,444; 12th Grade = 3,293).

#### *Protective Factors*

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research reviewed by Drs. Hawkins and Catalano include social bonding to family, school, community and peers; healthy beliefs and clear standards for behavior; and individual characteristics. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior.<sup>viii</sup>

	6 <sup>th</sup> Grade	7 <sup>th</sup> Grade	8 <sup>th</sup> Grade	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
<b>Community Domain</b>							
Community Opportunities for Positive Involvement	44.70%	46.60%	48.20%	46.80%	51.00%	49.80%	53.80%
Community Rewards for Positive Involvement	37.20%	42.60%	37.10%	45.60%	43.40%	41.30%	38.20%
<b>Family Domain</b>							
Family Attachment	60.60%	65.40%	57.20%	53.50%	51.70%	56.20%	55.90%
Family Opportunities for Positive Involvement	57.50%	57.20%	47.00%	40.90%	38.80%	35.90%	33.70%
Family Rewards for Positive Involvement	55.70%	56.60%	47.60%	56.70%	54.30%	51.30%	49.40%
<b>School Domain</b>							
School Opportunities for Positive Involvement	43.30%	55.60%	48.40%	47.90%	47.10%	43.90%	29.10%
School Rewards for Positive Involvement	30.70%	39.90%	32.40%	27.00%	22.60%	20.50%	23.00%
<b>Peer-Individual Domain</b>							
Peer Disapproval of ATOD Use	74.10%	63.50%	56.00%	52.60%	54.30%	59.80%	53.90%
Belief in Moral Order	57.40%	55.70%	54.30%	45.60%	39.20%	39.10%	38.50%
Educational Aspirations	34.60%	35.00%	38.00%	39.70%	45.60%	47.20%	46.50%

**Risk Factors:**

The accumulation of risk factors increases the probability of substance use or engagement in other problem behaviors. In the current study, one fourth (26%) of the students who were diagnosed with a substance abuse problem had 10 to 14 risk factors, and over two thirds (67%) of the students who were diagnosed with a substance abuse problem had 15 or more risk factors. In comparison, only 7% of the students who were diagnosed with a substance abuse problem had 0 to 10 risk factors. Listed below are the percentages of students who have a low number of risk factors (0 to 9 risk factors), a moderate number of risk factors (10 to 14 risk factors), and a high number of risk factors (15 to 24 risk factors). Because of the high probability of having a substance abuse problem with even a moderate number of risk factors, students should be considered at great risk if they fall in either the moderate or high category

	6 <sup>th</sup> Grade	7 <sup>th</sup> Grade	8 <sup>th</sup> Grade	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
<b>Community Domain</b>							
Community Disorganization	42.30%	46.60%	52.40%	51.00%	52.60%	54.30%	52.70%



	6 <sup>th</sup> Grade	7 <sup>th</sup> Grade	8 <sup>th</sup> Grade	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Transition & Mobility	51.70%	58.60%	38.30%	44.30%	43.60%	44.30%	44.20%
Exposure to Community ATOD Use	34.70%	41.20%	48.20%	51.60%	46.70%	53.60%	42.40%
Laws & Norms Favorable to Drug Use	36.90%	38.40%	39.60%	40.60%	37.70%	33.80%	33.00%
Perceived Availability of Drugs & Handguns	37.50%	40.00%	47.70%	45.10%	44.10%	38.90%	43.10%
Ability to Purchase Alcohol or Tobacco	1.30%	2.80%	5.30%	7.80%	11.30%	14.20%	20.50%
<b>Family Domain</b>							
Poor Family Supervision	37.00%	35.70%	35.40%	34.00%	36.50%	36.80%	45.30%
Lack of Parental Sanctions for ASBs <sup>1/</sup>	11.00%	15.60%	22.40%	30.30%	34.50%	30.10%	27.10%
Parental Attitudes Favorable Toward ATOD <sup>2/</sup> Use	5.00%	8.50%	12.50%	18.20%	21.40%	27.60%	31.40%
Exposure to Family ATOD Use	50.00%	46.40%	54.10%	47.30%	39.40%	41.70%	43.60%
Parental Attitudes Favorable Toward ASB	15.30%	21.60%	26.40%	30.50%	28.60%	32.00%	28.50%
Family (Sibling) History of ASB	19.40%	27.00%	34.00%	42.30%	32.30%	36.90%	43.40%
<b>School Domain</b>							
Low School Commitment	40.50%	42.80%	43.30%	41.90%	45.10%	48.60%	50.90%
Poor Academic Performance	47.80%	50.20%	50.80%	54.20%	52.10%	50.90%	49.90%
<b>Peer-Individual Domain</b>							
Early Initiation of Problem Behaviors	25.40%	38.60%	32.30%	38.10%	37.10%	39.20%	41.60%
Favorable Attitudes Toward ATOD Use	8.60%	18.10%	29.80%	42.60%	44.00%	40.70%	48.10%
Low Perceived Risk of ATOD Use	18.30%	22.20%	30.50%	35.20%	25.60%	25.10%	27.70%
Antisocial Behaviors (ASBs)	14.10%	21.10%	28.30%	31.90%	30.90%	30.30%	31.20%
Favorable Attitudes Toward ASB	30.50%	44.50%	54.30%	52.30%	46.00%	47.00%	47.80%
Friends' ATOD Use	21.30%	29.40%	47.30%	46.40%	46.60%	52.30%	46.80%
Interaction with Antisocial Peers	30.80%	44.60%	55.90%	49.50%	48.00%	52.80%	51.90%
Friends Rewards for Antisocial Involvement	45.70%	39.30%	39.60%	41.00%	39.10%	38.00%	38.10%
Rebelliousness	28.00%	29.60%	22.60%	28.40%	29.30%	28.60%	30.30%
Sensation Seeking	27.80%	26.90%	36.00%	35.70%	38.30%	33.70%	34.60%

<sup>1/</sup> ASB – Anti Social Behavior

<sup>2/</sup> ATOD – Alcohol Tobacco or Other Drug

### 3.4. Substance Abuse (Treatment Needs)<sup>ix</sup>

Again, the substance abuse information presented here is statewide data. These tables summarize the results of the 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study for students participating throughout the State of Hawaii from public, private, and charter schools (6th Grade = 5,579; 7th Grade = 4,668; 8th Grade = 4,671; 9th Grade = 4,303; 10th Grade = 3,793; 11th Grade = 3,444; 12th Grade = 3,293).

Students responded to abuse and dependency questions for each of the following substances: alcohol, marijuana, stimulants (cocaine, methamphetamine, speed), depressants or downers (sedatives, heroin), hallucinogens, and club drugs (ecstasy/MDMA, GHB, Rohypnol, Ketamine). The percentage of students who are dependent on or who abuse each of the substances is presented first. Next, a summary of alcohol and other drug treatment needs is presented. Total column percentages will not always equal the sum of their parts because of rounding. The most accurate percentages are those found next to TOTAL.

	6 <sup>th</sup> Grade	7 <sup>th</sup> Grade	8 <sup>th</sup> Grade	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
<b>Alcohol Treatment Needs</b>							
Alcohol dependent	0.20%	0.90%	1.80%	3.30%	6.50%	7.70%	9.80%
Alcohol abuser	0.10%	0.20%	0.50%	1.00%	1.40%	2.10%	3.20%
<b>TOTAL</b>	<b>0.30%</b>	<b>1.10%</b>	<b>2.30%</b>	<b>4.30%</b>	<b>7.80%</b>	<b>9.70%</b>	<b>13.00%</b>
<b>Marijuana Treatment Needs</b>							
Marijuana dependent	0.10%	0.60%	1.40%	3.20%	5.10%	6.60%	7.30%
Marijuana	0.10%	0.20%	0.50%	0.60%	1.20%	1.70%	2.70%
<b>TOTAL</b>	<b>0.30%</b>	<b>0.80%</b>	<b>1.90%</b>	<b>3.90%</b>	<b>6.30%</b>	<b>8.40%</b>	<b>10.00%</b>
<b>Stimulant Treatment Needs</b>							
Stimulant dependent	0.00%	0.10%	0.20%	0.30%	0.60%	0.90%	1.00%
Stimulant abuser	0.10%	0.10%	0.10%	0.10%	0.20%	0.20%	0.30%
<b>TOTAL</b>	<b>0.10%</b>	<b>0.20%</b>	<b>0.30%</b>	<b>0.40%</b>	<b>0.80%</b>	<b>1.10%</b>	<b>1.30%</b>

### 3.5. Crime

In 2001, one child younger than 18 was killed in firearm homicides in Hawaii, compared with none in 2000.

In 2002, 9,850 children younger than 18 were arrested in Hawaii, a 32% decrease from 14,433 arrests in 1998. Of the arrests in 2002, 1,997 were for violent crimes and 36 were for possession of a weapon.

A 1999 census of juvenile offenders showed 118 children in juvenile correction facilities in Hawaii.

The Department of the Attorney General's semi-annual Uniform Crime Report shows that the number of Index Crimes reported in Hawaii for the first six months of 2004 decreased 10.2% from the figure reported for the first half of 2003. The number of violent Index Crimes (murder, forcible rape, robbery, and aggravated assault) decreased 12.6%, while property Index Crimes (burglary, larceny-theft, and motor vehicle theft) fell 10.1%. Net decreases in violent, property, and total Index Crimes were reported by all four of Hawaii's counties.

The number of murders reported statewide for the first half of 2004 increased 45.5%, up from 11 in 2003 to 16 in 2004. *(Note small base numbers, and that a record low murder tally was reported in 2003.)* Forcible rapes decreased 7.3%, robberies plunged 42.5%, and aggravated assaults rose 7.3%.

The number of property Index Crimes reported in Hawaii for the first six months of 2004 decreased for all three offenses: 7.6% for burglary, 11.5% for larceny-theft, and 6.8% for motor vehicle theft.

The net decreases in violent, property, and total Index Crimes during the first half of 2004 totaled 12.8%, 9.1%, and 9.3%, respectively, for the City & County of Honolulu; 15.4%, 16.9%, and 16.9% for Hawaii County; 9.4%, 11.2%, and 11.2% for Maui County; and 12.1%, 6.7%, and 7.1% for Kauai County.

Statewide Index Crime arrests decreased 17.3% for adults and 3.5% for juveniles in the first half of 2004. Juvenile Index Crime arrests, which provide the best available measure of the extent of serious juvenile crime in Hawaii, set six consecutive annual record lows starting in 1998 and are on pace to extend the trend to seven years once complete 2004 data are available.

Statewide drug arrests decreased 3.2% during the first half of 2004, although arrests for the "Non-Narcotics" drug category, which includes crystal methamphetamine, increased 18.8%. The increase in this category is attributable to increases reported by Hawaii, Maui, and Kauai Counties, which were partially offset by a decrease reported by the City & County of Honolulu.

### 3.6. Domestic Violence

The following table provides General Domestic Violence Statistics in Hawaii from Hawaii State Coalition Against Domestic Violence<sup>x</sup>

	1999	1998
Reports of abuse of family or household members	8,013	8,964
Arrests	3,759	3,974
Filings for Family Court TRO's	3,055	3,275
Arrests for violation of orders	1,261	1,470
Calls to shelter hotlines and referral services	10,928	11,392

### 3.7. Child Abuse & Neglect<sup>xi</sup>

Duplicated Child abuse and neglect reports for Oahu 1999-2003. The term duplicated indicates counts by report. It counts a child each time that he/she was found to be a victim.

Year	Reported	Confirmed
1999	5962	2935
2000	6184	3533
2001	7210	3930
2002	7318	3744
2003	7835	3868

- In 2002, 3744 children were substantiated or indicated as abused or neglected in Hawai'i, a rate of 12.7 per 1,000 children, representing a 5% decrease from 2001. Of these children 18.5% were neglected, 12.7% were physically abused, and 6.6% were sexually abused.
- In 2002, seven children died as a result of abuse or neglect.
- On September 30, 2002, 2762 children in Hawai'i lived apart from their families in out-of-home care, compared with 2,584 children on September 30, 2001. In 2002, 39.2% of the children living apart from their families were age 5 or younger, and 10.1% were 16 or older.

### 3.8. Dental:

In 1999 the oral health report for Hawaii noted <sup>xii</sup>

- 74.7% of the population visited the dentist or dental clinic within the past year.
- 74.0% of the population had their teeth cleaned by a dentist or dental hygienist within the past year.
- 15.9% of the population 65+ have lost all of their teeth
- 8.8% of the population on public water systems is receiving fluoridated water.
- 3
- 81.5 percent of first-graders in Hawai'i have one or more cavities in their permanent teeth compared with the national average of 6 percent,
- 16 percent of kindergartners suffer from "baby-bottle" tooth decay compared with 5 percent nationally.

From the same report: "Our children have the worst dental health in the nation, with double the number of cavities, three times the rate of baby bottle tooth decay, and a third more unmet treatment needs. Filipino, Southeast Asian, Native Hawaiian, Pacific Islander, and Korean children have cavity rates three times the national average.

At least 350,000 Hawaii residents are uninsured for dental care and another 75,000 children have inadequate access because their benefits are covered under Medicaid or QUEST. These numbers add up to more than one third of the state's population.

Hawaii has 10 federally designated dental health professional shortage areas (Hāna, North and South Kohala, North and South Kona, Hāmākua, Hilo, Puna, Ka'ū, and Kalihi-Pālana) where about 190,000 people live."

Synopses of State and Territorial Dental Public Health Programs  
Trends Hawaii<sup>xiii</sup>

<b>Infrastructure</b>			
	<u>2002</u>	<u>2003</u>	<u>2004</u>
Population served by public water system	1,251,203	1,211,537	1,244,898
Percentage of people on public water systems that receive fluoridated water <sup>2</sup>	8.7%	9%	8.6%
Number of dental schools	0	0	0
Number of dental hygiene schools	1	1	1
Number of dental assisting schools	0	0	Not Asked
Number of community-based low-income dental clinics <sup>2</sup>	8	8	—
Number of school-based or school-linked dental clinics <sup>2</sup>	0	0	Not Asked
Number of school-based health centers with an oral health component <sup>2</sup>	0	0	—
Number of local health departments with a dental program <sup>2</sup>	0	0	Not Asked
Number of tribal, state, or local agencies with service populations of 250,000 or more <sup>2</sup>	1	1	—
Number of agencies with a dental program <sup>2</sup>	1	1	—
Number of dental programs directed by a dental professional <sup>2</sup>	1	1	—
Number of directors with an advanced public health degree <sup>2</sup>	1	1	—
<b>Workforce</b>			
	<u>2002</u>	<u>2003</u>	<u>2004</u>
Number of dentists in the state	1,352	1,352	—
Percentage of dentists enrolled in Medicaid <sup>3</sup>	35%	35%	—
Percentage of dentists enrolled in SCHIP <sup>3</sup>	—	—	—
Number of dental hygienists in the state	721	721	—

<b>Administration</b>			
	<u>2002</u>	<u>2003</u>	<u>2004</u>
State dental director devotes full time to his/her duties	Yes	Yes	—
Full-time equivalents (FTEs) <sup>4</sup>	28.00	28.00	—
Contracted full-time equivalents (FTEs) <sup>4</sup>	0.00	0.00	—
Percentage of time dental director spends on Medicaid/SCHIP issues	40%	40%	—
Percentage of time dental director spends on Medicaid/SCHIP issues that is paid for by Medicaid/SCHIP	—	0%	—
<b>Programs</b>			
	<u>2002</u>	<u>2003</u>	<u>2004</u>
Abuse/Neglect Education or Prevent Abuse and Neglect through Dental Awareness (PANDA) — health professionals reached	—	—	—
Access to Care — people served	Has Program	Has Program	—
Dental Screening — people served	Has Program	Has Program	—
Dental Sealants — children served	—	—	—
Early Childhood Caries/Baby Bottle Tooth Decay Prevention — mothers, children, and others served	Has Program	Has Program	—
Fluoridated Community Water Supplies — people served	109,147	109,147	107,061
Fluoride Mouth rinse — children served	1,200	1,200	—
Fluoride Supplements (Tablets/Drops) — children served	—	—	—
Fluoride Varnish — children served	—	—	—
Mouth guard/Injury Prevention — people served	—	—	—
Needs Assessment/Oral Health Surveys — people served	7,500	7,500	—
Oral Health Education/Promotion — people served	Has Program	Has Program	—
Smoke and Spit Tobacco Cessation — people served	—	—	—

<sup>1</sup> SCHIP is the State Children's Health Insurance Program.

<sup>2</sup> Item related to *Healthy People 2010* oral health objectives.

<sup>3</sup> Wording of question changed between 1998 and 2002.

<sup>4</sup> FTE is full-time equivalent. The number of work hours budgeted per week divided by 40 hours per week equals the number of full-time equivalent workers.

— Indicates items for which respondent did not provide information for a year.

Has Program Indicates that the oral health unit funds, supports or otherwise facilitates the program, but did not report number served.

### 3.9 Disabilities

For 2003 an estimated 148,000 people in Hawaii have a disability, or 13.0% of the population age 5 and over. An estimated 22,000 people, or 2.0% of the population 5 and over, have difficulty performing self-care activities, also known as Activities of Daily Living, such as dressing, bathing, or getting around inside the home.

Subject	Population (Thousands)	With a disability (Thousands)	With a disability (Percent)	With a self-care difficulty (Thousands)	With a self-care difficulty (Percent)
Total in Hawaii (ages 5 and over)	1,137	148	13.0%	22	2.0%
<b>Disability Type</b>					
Sensory		39		7	17.0%
Mobility		86		20	22.9%
Cognitive		51		12	24.0%
Self-care		22		22	
Leaving the home		42		18	43.1%
Work disability		78		19	24.0%
<b>Gender</b>					
Male	563	75	13.4%	10	1.8%
Female	573	73	12.7%	12	2.1%
<b>Age</b>					
Children (5-17)	210	10	4.9%	1	0.5%
5-15	179	8	4.7%	1	0.4%
16-17	31	2	5.9%	<0.5	1.3%
Working Ages (18-64)	763	77	10.1%	10	1.3%
18-44	449	34	7.6%	4	0.9%
45-64	314	43	13.7%	6	1.9%
Elderly (65+)	164	61	37.2%	11	6.8%
65-74	81	19	23.9%	3	3.7%
75-84	65	30	45.7%	5	8.2%
85+	17	12	67.9%	3	16.6%
<b>Race</b>					
White	441	57	12.9%	10	2.2%
African American	33	2	5.9%	<0.5	<0.05%
Asian/Pacific Islander	806	102	12.7%	14	1.7%
American Indian/Alaska Native	19	3	15.2%	<0.5	1.8%

<b>Ethnicity</b>					
Hispanic	78	9	11.0%	<0.5	0.6%
Non-Hispanic	1,058	139	13.2%	22	2.1%
<b>Family Income</b>					
In poverty	119	24	20.1%	5	4.0%
Above poverty	1,015	124	12.2%	17	1.7%
<b>Benefit Reciprocity</b>					
Social Security (OASDI)	170	65	38.2%	11	6.7%
Supplemental Security Income	18	17	93.6%	6	31.0%
<b>Employment (Ages 18-64)</b>					
Employed	542	32	5.8%	2	0.3%
Unemployed (in labor force)	37	4	10.1%	<0.5	0.4%
Not in labor force	166	41	24.5%	8	4.8%
<b>Living Arrangement</b>					
Lives alone	107	28	26.2%	4	4.0%
Lives with others	1,030	120	11.6%	18	1.8%

Source: Tabulations by the Center for PAS from the 2003 American Community Survey (ACS).

An estimate of children with special health care needs (CSHCN), age 0-4 years, by county.

State	Honolulu	Hawaii	Kauai	Maui
9,876	7,173	1,203	456	1,044

CSHCN are defined as having a medical, behavioral, or other health condition that has lasted or is expected to last 12 months or longer, and who meet one or more of the following:

- Increased use of medical care, mental health, or educational services
- Need for prescription medicines
- Limited ability to do things
- Need for special therapy
- Need for treatment/counseling for an emotional, developmental, or behavioral problem

Method of calculation:

	State	Honolulu	Hawaii	Kauai	Maui	Data source
CSHCN age 0-4 years	9,876					Hawaii data from the National Survey of Children's Health, 2003
Children	85,073	61,792	10,361	3,930	8,990	2003 State of Hawaii Data



age 0-4 years by county		72.6%	12.2%	4.6%	10.6%	Book at <a href="http://www3.hawaii.gov/DBEDT">www3.hawaii.gov/DBEDT</a> (Statistics & Economic Information, State of Hawaii Data Book, State of Hawaii Data Book Updates). Table 1.29 – Resident population, by selected age groups and sex, by counties: 2003.
Estimated number of CSHCN by county	9,876	7,173	1,203	456	1,044	Multiply 9,876 by the estimated proportion by county.

Hawaii 2003 Birth to Three Children Served by County	DEVELOPMENTALLY DELAYED AND/OR BIOLOGICALLY AT RISK				ENVIRONMENTALLY AT RISK				TOTAL			
	0-1	1-2	2-3	Total	0-1	1-2	2-3	Total	0-1	1-2	2-3	Total
<b>Oahu</b>												
<b>Oahu Total</b>	357	527	780	1664	517	409	215	1141	874	936	995	2805
<b>Hawaii</b>												
<b>Hawaii Total</b>	96	127	126	349	158	106	96	360	254	233	222	709
<b>Maui</b>												
<b>Maui Total</b>	85	136	76	297	104	41	39	184	189	177	115	481
<b>Kauai</b>												
<b>Kauai Total</b>	23	26	46	95	46	23	19	88	69	49	65	183
<b>Cumulative Total</b>	561	816	1,028	2,405	825	579	369	1,773	1,386	1,395	1,397	4,178

### 3.10 Other health and wellness issues

As of December 2002, 2,704 adults and adolescents, as well as 16 children younger than 13, had been diagnosed with HIV/AIDS in Hawaii.

In 2002, 12 Hawaii children younger than 20 committed suicide, a rate of 3.63 per 100,000 children in the population

## 4. Socio Demographic Data

The reported population for the State of Hawai'i in 2003 was 1,244,898 respectively<sup>xiv</sup>. Below are several tables providing a broader understanding of the characteristics of the local population and in many cases the comparison to the state.

Age group	State total
Total persons	1,244,898
Under 5	83,507
5 to 13	147,382
14 to 17	64,625
18 to 24	123,045
16 years and over	981,627
18 years and over	949,384
15 to 44	529,157
65 years and over	166,910
85 years and over	20,353
Under 18 years	295,514
18 to 64 years	782,474
65 years and over	166,910
Percent:	
Under 18 years	23.7
18 to 64 years	62.9
65 years and over	13.4

#### 4.1. Rural v Urban Separation<sup>xv</sup>

Subject	State total
Land area (square miles)	6,422.6
Urban	(NA)
Rural	(NA)
Resident population	1,211,537
Urban	1,109,179
Percent <sup>1/</sup>	91.6%
Rural	102,358
Percent <sup>1/</sup>	8.4%

1/ Percent of state population for "state total" column; percent of county population for all other columns

#### 4.2. Ethnicity<sup>xvi</sup>

Ethnicity <sup>1</sup>	State total
All groups	1,222,281
Unmixed (except Hawaiian)	739,890
Caucasian	286,727
Black	11,587
Japanese	203,963

Ethnicity <sup>1</sup>	State total
Chinese	47,609
Filipino	162,542
Korean	10,236
Samoa/Tongan	17,226
Mixed (except Hawaiian) <sup>2/</sup>	223,901
Hawaiian/part Hawaiian	258,490

1/ Ethnicity are based on the ethnicity of the father and mother (four possible listings for each parent). Definitions used in this table differ from those in reports by the U.S. Census Bureau. In the 1980 and 1990 census tabulations, a person's ethnicity was determined by self-identification or by the race of the mother, thus mixed race was not a separate category. For the Census 2000, people were allowed to select more than one race.

2/ Includes other ethnicities not listed, don't know, refused or missing (57,394). The figure shown is the weighted figure.

More ethnic and cultural groups are represented in Hawaii than in any other state. Chinese laborers, who came to work in the sugar industry, were the first of the large groups of immigrants to arrive (starting in 1852), and Filipinos and Koreans were the last (after 1900). Other immigrant groups—including Portuguese, Germans, Japanese, and Puerto Ricans—came in the latter part of the 19th cent. Intermarriage with other races has brought a further decrease in the number of pure-blooded Hawaiians, who comprise a very small percentage of the population.

#### 4.3. Population Changes<sup>xvii</sup>

County/ District	April 1, 1980	April 1, 1990	April 1, 2000	1980-1990 % change	1990-2000 % change
State of Hawaii	964,691	1,108,229	1,211,537	14.9%	9.3%
Hawaii County	92,053	120,317	148,677	30.7%	23.6%
North Kohala	3,249	4,291	6,038	32.1%	40.7%
South Kohala	4,607	9,140	13,131	98.4%	43.7%
North Kona	13,748	22,284	28,543	62.1%	28.1%
South Kona	5,914	7,658	8,589	29.5%	12.2%
Ka'u	3,699	4,438	5,827	20.0%	31.3

#### 4.4. Income Type And Per Capita Income In 1999, 2000<sup>xviii</sup>

Subject	State total
Households	403,572
With earnings	334,392
Mean earnings (dollars)	58,733
With Social Security income	112,350
Mean Social Security income (dollars)	11,611
With Supplemental Security income	14,455

Subject	State total
Mean Supplemental Security income (dollars)	6,515
With public assistance income	28,886
Mean public assistance income (dollars)	4,616
With retirement income	85,662
Mean retirement income (dollars)	20,419
Per capita income (dollars)	21,525

#### 4.5. Poverty Status

Based on nationwide poverty thresholds. Hawaii thresholds are approximately 15 percent higher than those in effect on the Mainland; these data accordingly understate the numbers of persons and families below the poverty level in Hawaii. Data refer to the poverty status in 1999 of families and persons surveyed in April 2000<sup>xix</sup>

Subject	State total
<b>All families</b>	22,101
Percent below poverty level	7.6
With related children under 18 years	17,182
Percent below poverty level	11.3
With related children under 5 years	8,470
Percent below poverty level	13.9
<b>Female householder families</b>	10,024
Percent below poverty level	20.6
With related children under 18 years	8,737
Percent below poverty level	29.5
With related children under 5 years	3,879
Percent below poverty level	37.4
<b>All individuals</b>	126,154
Percent below poverty level	10.7
18 years and over	85,612
Percent below poverty level	9.6
65 years and over	11,683
Percent below poverty level	7.4
With related children under 18 years	38,730
Percent below poverty level	13.5
With related children under 5 years	27,159
Percent below poverty level	12.9
Unrelated individuals 15 years and over	46,365
Percent below poverty level	24.4

#### 4.6. Persons Receiving TANF<sup>xx</sup>

Category	YEAR			
	2000	2001	2002	2003
Cases	15,071	13,583	11,867	10,269
Recipients	42,272	37,741	32,407	26,960
Expenditures <sup>1/</sup>	7,701	6,848	6,076	5,294

<sup>1/</sup> Thousands of dollars (annual)

#### 4.7. Families Receiving Food Stamps<sup>xxi</sup>

Year	Number of Families
2000	54,992
2001	51,592
2002	50,967
2003	50,548

#### 4.8. Family Makeup

The average household size in Hawai'i has decreased in the past 10 years from 3.01 persons to 2.92<sup>xxii</sup>. This trend is also reflected in the state as a whole.

Island	Households		Population in households		Population per household	
	1990 <sup>1/</sup>	2000	1990 <sup>1/</sup>	2000	1990	2000
State total	356,267	403,240	1,070,597	1,175,755	3.01	2.92
Hawaii County	41,461	52,985	118,632	145,873	2.86	2.75
Mau	30,272	40,156	90,031	116,417	2.97	2.90
Kahoolawe	-	-	-	-	-	-
Lanai	847	1,161	2,426	3,182	2.86	2.74
Molokai	2,088	2,305	6,647	7,241	3.18	3.14
Oahu	265,304	286,450	802,338	845,211	3.02	2.95
Kauai	16,253	20,147	50,293	57,671	3.09	2.86
Niihau	42	36	230	160	5.48	4.44

### 5. Economy

**5.1. Economic Activity**

Sugarcane and pineapples, grown chiefly on large company-owned plantations, are the major agricultural products. Macadamia nuts, papayas, greenhouse vegetables, and coffee are also important. Other products include cattle and dairy products. Commercial fishing, especially tuna, is also significant. Tourism is, however, the leading source of income, and defense installations, including Pearl Harbor, follow.

**5.2. Employment**

According to the United States Department of Labor the unemployment rate was 2.8% in March 2005.<sup>xxiii</sup>

US census data (2000) indicates mean travel time to work in Hawaii (workers age 16+ is 26.1 minutes.

**5.3. Individuals 65 and older living in poverty**

Family income for persons age 65+ (2001) at or below the poverty level – 7.4%

**2005 HHS Poverty Guidelines<sup>xxiv</sup>**

<b>Persons in Family Unit</b>	<b>48 Contiguous States and D.C.</b>	<b>Alaska</b>	<b>Hawaii</b>
1	\$ 9,570	\$11,950	\$11,010
2	12,830	16,030	14,760
3	16,090	20,110	18,510
4	19,350	24,190	22,260
5	22,610	28,270	26,010
6	25,870	32,350	29,760
7	29,130	36,430	33,510
8	32,390	40,510	37,260
For each additional person, add	3,260	4,080	3,750

**6. Community Resources**

**6.1. Child care providers**

Report attached includes programs by license type (includes only Family Child Care Home and Preschool) in each county. Source: PATCH

**Regarding Capacity:** Programs are licensed by the State Department of Human Services. Their licensed capacity is a ratio of adult:child - which is determined by the ages of children being served. Desired capacity is affected by a number of variables, including Accreditation standards, available staff, etc.

\*Please note, that programs self-report their vacancies & desired capacity. The information is updated quarterly.

Lanai	Count	Licensed Capacity	Desired Capacity	Vacancy
Licensed Before/After School Program	1	22	22	2
Licensed Family Home	1	5	5	0
Licensed Group Home	0			
Licensed Infant/Toddler Center	0			
Licensed Preschool	1	36	36	1
Licensed Resort Care	0			

Molokai	Count	Licensed Capacity	Desired Capacity	Vacancy
Licensed Before/After School Program	0			
Licensed Family Home	2	10	8	3
Licensed Group Home	0			
Licensed Infant/Toddler Center	0			
Licensed Preschool	5	117	117	8
Licensed Resort Care	0			

Maui	Count	Licensed Capacity	Desired Capacity	Vacancy
Licensed Before/After School Program	20	622	572	87
Licensed Family Home	81	460	442	80
Licensed Group Home	1	12	12	-
Licensed Infant/Toddler Center	4	91	91	2
Licensed Preschool	46	1,841	1,763	33
Licensed Resort Care	0			

Oahu	Count	Licensed Capacity	Desired Capacity	Vacancy
Licensed Before/After School	71			49

Program		6,444	6,233	
Licensed Family Home	259	1,420	1,401	291
Licensed Group Home	2	24	24	8
Licensed Infant/Toddler Center	32	681	943	7
Licensed Preschool	243	13,873	12,972	291
Licensed Resort Care	0			

Kauai	Count	Licensed Capacity	Desired Capacity	Vacancy
Licensed Before/After School Program	4	40	12	1
Licensed Family Home	41	226	200	30
Licensed Group Home	1	12	12	3
Licensed Infant/Toddler Center	0	-	-	-
Licensed Preschool	29	885	841	45
Licensed Resort Care	0			

West Hawaii	Count	Licensed Capacity	Desired Capacity	Vacancy
Licensed Before/After School Program	17	808	613	73
Licensed Family Home	38	223	217	31
Licensed Group Home	1	12	12	-
Licensed Infant/Toddler Center	5	79	72	11
Licensed Preschool	25	1,079	1,004	59
Licensed Resort Care	0			

East Hawaii	Count	Licensed Capacity	Desired Capacity	Vacancy
Licensed Before/After School Program	7	448	434	62
Licensed Family Home	45	259	253	46
Licensed Group Home	1	12	10	-
Licensed Infant/Toddler Center	2	52	50	2
Licensed Preschool	32	1,447	1,333	36
Licensed Resort Care	0			



## 6.2 Resources for Disabilities

State Department of Education: Special Education  
Dr. Paul Ban, Director  
Special Education Services Branch  
Hawaii Department of Education  
637 18th Avenue, Room C-102  
Honolulu, HI 96816  
(808) 733-4400  
E-mail: [paul\\_ban@notes.k12.hi.us](mailto:paul_ban@notes.k12.hi.us)  
Web: [www.doe.k12.hi.us](http://www.doe.k12.hi.us)

State Coordinator for NCLB (No Child Left Behind)  
Clayton Fujie, Deputy Superintendent  
Hawaii Department of Education  
P.O. Box 2360  
Honolulu, HI 96804  
(808) 586-3316  
E-mail: [clayton\\_fujie@notes.k12.hi.us](mailto:clayton_fujie@notes.k12.hi.us)  
Web: [www.doe.k12.hi.us](http://www.doe.k12.hi.us)

### ► Programs for Infants and Toddlers with Disabilities: Ages Birth through 2

Sue Brown, Coordinator  
Early Intervention Section  
Department of Health  
1600 Kapiolani Boulevard, Suite 1401  
Honolulu, HI 96814  
(808) 973-9650  
E-mail: [sue.brown@fhds.health.state.hi.us](mailto:sue.brown@fhds.health.state.hi.us)  
Web: [www.hawaii.gov/health/family-child-health/eis](http://www.hawaii.gov/health/family-child-health/eis)

### ► Programs for Children with Disabilities: Ages 3 through 5

Michael C. Fahey, M.Ed., IDEA Part B, 619 Coordinator Preschool Special Education  
Office of Curriculum Instruction and Student Support  
Special Education Services Branch  
Student Support & Special Education Sections  
637 18th Avenue, Building C  
Honolulu, HI 96816  
(808) 733-4838  
E-mail: [Michael\\_Fahey@notes.k12.hi.us](mailto:Michael_Fahey@notes.k12.hi.us)

State Vocational Rehabilitation Agency  
Neil Shim, Administrator  
Division of Vocational Rehabilitation  
Department of Human Services  
601 Kamokila Boulevard, Room 515  
Kapolei, HI 96707  
(808) 692-7719  
E-mail: [nshim@dhs.state.hi.us](mailto:nshim@dhs.state.hi.us)

Coordinator for Transition Services  
Maxine Nagamine, Coordinator for Secondary Transition Services  
Office of Special Education  
Hawaii Department of Education  
637 18th Avenue, Room C-102  
Honolulu, HI 96816  
(808) 733-4832  
E-mail: [maxine\\_nagamine@notes.k12.hi.us](mailto:maxine_nagamine@notes.k12.hi.us)  
Web: <http://sssb.k12.hi.us/>

Office of State Director for Career and Technical Education  
Karla Jones, State Director  
Career and Technical Education  
University of Hawaii  
Lower Campus Road, Lunalilo Portable 1  
Honolulu, HI 96822  
(808) 956-7461  
E-mail: [kjones@hawaii.edu](mailto:kjones@hawaii.edu)  
Web: [www.hawaii.edu/cte](http://www.hawaii.edu/cte)

State Mental Health Agency  
Michelle R. Hill, Deputy Director  
Behavioral Health Administration  
Department of Health  
1250 Punchbowl Street  
Honolulu, HI 96813  
(808) 586-4416  
E-mail: [mrhill@mail.health.state.hi.us](mailto:mrhill@mail.health.state.hi.us)

Dr. Thomas W. Hester, M.D. Chief  
Adult Mental Health Division  
1250 Punchbowl Street, Room 256  
Honolulu, HI 96813  
(808) 586-4770  
E-mail: [twhester@amhd.health.state.hi.us](mailto:twhester@amhd.health.state.hi.us)  
Web: [www.amhd.org](http://www.amhd.org)

State Mental Health Representative for Children  
Christina Donkervoet, Chief  
Child and Adolescent Mental Health Division  
Department of Health  
3627 Kilauea Avenue, Suite 101  
Honolulu, HI 96816  
(808) 733-9339  
E-mail: [cmdonker@camhmis.health.state.hi.us](mailto:cmdonker@camhmis.health.state.hi.us)

State Mental Retardation Program  
David Fray, Chief  
Developmental Disabilities Division  
P. O. Box 3378  
Honolulu, HI 96801  
(808) 586-5840  
E-mail: [DFFray@mail.health.state.hi.us](mailto:DFFray@mail.health.state.hi.us)

Councils on Developmental Disabilities  
Waynette Cabral, Executive Administrator  
State Council on Developmental Disabilities  
919 Ala Moana Boulevard, Suite 113  
Honolulu, HI 96814  
(808) 586-8100  
E-mail: [wkcabral@mail.health.state.hi.us](mailto:wkcabral@mail.health.state.hi.us)  
Web: [www.hiddc.org](http://www.hiddc.org)

Protection and Advocacy Agency  
Gary Smith, President  
Hawaii Disability Rights Center  
900 Fort Street Mall, Suite 1040  
Honolulu, HI 96813  
(808) 949-2922 (V/TTY); (800) 882-1057 (V/TTY) (in HI)  
E-mail: [info@HawaiiDisabilityRights.org](mailto:info@HawaiiDisabilityRights.org)  
Web: [www.HawaiiDisabilityRights.org](http://www.HawaiiDisabilityRights.org)

► Programs for Children with Special Health Care Needs

Patricia Heu, Chief  
Children with Special Health Needs Branch  
Department of Health  
741 Sunset Avenue  
Honolulu, HI 96816  
(808) 733-9070  
(808) 973-9633 Hawaii Keiki Information Service

(800) 235-5477 (HKISS) Neighbor Islands  
E-mail: [pat.heu@fhds.health.state.hi.us](mailto:pat.heu@fhds.health.state.hi.us)

State CHIP Program  
*(health care for low-income uninsured children)*  
Med-QUEST Division  
P.O. Box 3490  
Honolulu, HI 96811-3490  
(808) 587-3521  
Web: [www.med-quest.us/](http://www.med-quest.us/)

State Agency for People with Disabilities  
Francine Wai, Executive Director  
Disability and Communication Access Board  
919 Ala Moana Boulevard, Room 101  
Honolulu, HI 96814-4920  
(808) 586-8121 (V/TTY)  
E-mail: [accesshi@aloha.net](mailto:accesshi@aloha.net)  
Web: [www.state.hi.us/health/dcab/](http://www.state.hi.us/health/dcab/)

► Programs for Children and Youth who are Blind or Visually Impaired

David Eveland, Administrator  
Vocational Rehabilitation for the Blind  
P.O. Box 339  
Honolulu, HI 96809  
(808) 586-5311

► Programs for Children and Youth who are Deaf or Hard of Hearing

Kristine Pagano, Communication Access Specialist  
Disability and Communication Access Board  
919 Ala Moana Boulevard, Room 101  
Honolulu, HI 96814-4920  
(808) 586-8121 (V/TTY)  
E-mail: [accesshi@aloha.net](mailto:accesshi@aloha.net)  
Web: [www.hawaii.gov/health/dcab/](http://www.hawaii.gov/health/dcab/)

Telecommunications Relay Services for Individuals who are Deaf, Hard of  
Hearing, or with Speech Impairments  
(808) 643-8255 (V)  
(808) 643-8833 (TTY); 711 (TTY)  
(800) 229-5746 (Speech to Speech)

State Education Agency Rural Representative  
Thomas Yamashiro, Assistant Superintendent

Office of Information Technology Services  
P.O. Box 2360  
Honolulu, HI 96804  
(808) 586-3218 (V/TTY)  
Web: <http://doe.k12.hi.us>

Regional ADA & IT Technical Assistance Center  
Erica C. Jones, Director  
Pacific Disability and Business Technical Assistance Center  
Public Health Institute  
555 12th Street, Suite 1030  
Oakland, CA 94607-4046  
(510) 285-5600 (V/TTY); (800) 949-4232 (V/TTY)  
E-mail: [adatech@pdbtac.com](mailto:adatech@pdbtac.com)  
Web: [www.pacdbtac.org](http://www.pacdbtac.org)

University Centers for Excellence in Developmental Disabilities  
Robert A. Stodden, Director  
Center on Disability Studies  
University of Hawaii at Manoa  
1776 University Avenue, UA 4-6  
Honolulu, HI 96822  
(808) 956-5011  
Web: [www.cds.hawaii.edu/](http://www.cds.hawaii.edu/)

► Technology-Related Assistance

Barbara Fischlowitz-Leong, Executive Director  
Assistive Technology Resource Centers of Hawaii  
414 Kuwili Street, Suite 104  
Honolulu, HI 96817-5050  
(808) 532-7110 (V/TTY); (800) 645-3007  
E-mail: [atrc@atrc.org](mailto:atrc@atrc.org)  
Web: [www.atrc.org](http://www.atrc.org)

Eric Arveson, Executive Director  
Aloha Special Technology Access Center, Inc. (Aloha STAC)  
710 Green Street  
Honolulu, HI 96813  
(808) 523-5547

State Mediation System  
Hawaii Department of Education  
Special Education Section  
637 18th Avenue  
Honolulu, HI 96816

(808) 733-4836  
Web: <http://doe.k12.hi.us>

Special Format Library  
Fusako Miyashiro, Librarian  
Hawaii State Library  
Library for the Blind and Physically Handicapped  
402 Kapahulu Avenue  
Honolulu, HI 96815  
(808) 733-8444; (800) 559-4096  
(808) 733-8444 (TTY)  
E-mail: [olbcirc@librarieshawaii.org](mailto:olbcirc@librarieshawaii.org)  
Web: [www.librarieshawaii.org/locations/oahu/lbph.htm](http://www.librarieshawaii.org/locations/oahu/lbph.htm)

### **Disability-Specific Organizations**

#### **► Autism**

Autism Society of Hawaii  
P.O. Box 2995  
Honolulu, HI 96802  
(808) 944-4774  
Web: [www.autismhawaii.org](http://www.autismhawaii.org)

#### **► Blind/Visual Impairments**

Gil Johnson, Director  
American Foundation for the Blind-West  
111 Pine Street, Suite 725  
San Francisco, CA 94111  
(415) 392-4845  
E-mail: [sanfran@afb.org](mailto:sanfran@afb.org)  
Web: [www.afb.org](http://www.afb.org)

#### **► Brain Injury**

Kisha Skeen, Program Coordinator  
Brain Injury Association of Hawaii  
2201 Waimano Home Road, Hale E  
Pearl City, HI 96782  
(808) 454-0699  
E-mail: [biahi@verizon.net](mailto:biahi@verizon.net)

#### **► Cerebral Palsy**

Donna Fouts, Executive Director  
United Cerebral Palsy Association of Hawaii  
414 Kuwili Street, Suite 105  
Honolulu, HI 96817  
(808) 532-6744  
E-mail: [ucpa@DiverseAbilities.org](mailto:ucpa@DiverseAbilities.org)  
Web: [www.ucpahi.org](http://www.ucpahi.org)

► Epilepsy

Kathryn K. Chung, Executive Director  
Epilepsy Foundation of Hawaii, Inc.  
245 N. Kukui Street, Suite 207  
Honolulu, HI 96817  
(808) 528-3058; (866) 528-3058  
E-mail: [EFH@HawaiiEpilepsy.com](mailto:EFH@HawaiiEpilepsy.com)  
Web: [www.hawaiiepilepsy.com/efh](http://www.hawaiiepilepsy.com/efh)

► Deafness/Hard of Hearing

Ann K. Reimers, Executive Director  
Hawaii Services on Deafness  
1833 Kalakaua Avenue, Suite 905  
Honolulu, HI 96815  
(808) 946-7300 (V/TTY)  
E-mail: [reimers@hsod.org](mailto:reimers@hsod.org)  
Web: [www.hsod.org](http://www.hsod.org)

Sara Simmons, Executive Director  
Gallaudet University Regional Center  
Kapiolani Community College  
4303 Diamond Head Road  
Honolulu, HI 96816  
(808) 734-9210 (V/TTY)  
E-mail: [sarasimm@hawaii.edu](mailto:sarasimm@hawaii.edu)  
Web: <http://qurc.gallaudet.edu/pacific-qurc.html>

► Learning Disabilities

Jennifer Schember-Lang, Executive Director  
Learning Disabilities Association of Hawaii  
200 N. Vineyard Boulevard, Suite 310  
Honolulu, HI 96817  
(808) 536-9684 (V/TTY); (800) 533-9684 (in HI)  
E-mail: [LDAH@LDAHawaii.org](mailto:LDAH@LDAHawaii.org)  
Web: [www.ldahawaii.org](http://www.ldahawaii.org)

► Mental Health

Kennith Wilson, Executive Director  
Mental Health Association in Hawaii  
200 N. Vineyard Boulevard, Suite 300  
Honolulu, HI 96817  
(808) 521-1846  
E-mail: [mha@i-one.com](mailto:mha@i-one.com)  
Web: [www.mhahawaii.org](http://www.mhahawaii.org)

Marion Poirier, Executive Director  
NAMI-OAHU  
770 Kapiolani Boulevard, Suite 613  
Honolulu, HI 96813  
(808) 591-1297  
E-mail: [mpoir14016@aol.com](mailto:mpoir14016@aol.com)

Sharon R. Nobriga and Vicky M. Followell, Co-Executive Directors  
Doran Porter, Managing Director  
Hawaii Families as Allies  
99-209 Moanalua Road, Suite 305  
Aiea, HI 96701  
(808) 487-8785; (866) 361-8825  
E-mail: [hfaa.ohana@verizon.net](mailto:hfaa.ohana@verizon.net)

► Mental Retardation

The Arc in Hawaii  
3989 Diamond Head Road  
Honolulu, HI 96816  
(808) 737-7995  
E-mail: [info@thearcinhawaii.org](mailto:info@thearcinhawaii.org)  
Web: [www.thearcinhawaii.org](http://www.thearcinhawaii.org)

► Speech And Hearing

Marilyn M. Billingsley, President  
Hawaii Speech-Language-Hearing Association  
P.O. Box 235850  
Honolulu, HI 96853-3514  
(808) 528-4742

► Organizations Especially for Parents  
Parent Training and Information Center (PTI)  
Jennifer Schember-Lang, Project Director



Assisting With Appropriate Rights in Education (AWARE)  
200 N. Vineyard Boulevard, Suite 310  
Honolulu, HI 96817  
(808) 536-9684 (V/TTY); (808) 536-2280 (V/TTY)  
(800) 533-9684 (in HI)  
E-mail: [LDAH@LDAHawaii.org](mailto:LDAH@LDAHawaii.org)  
Web: [www.ldahawaii.org/aware.htm](http://www.ldahawaii.org/aware.htm)

Parent-To-Parent  
Susan Rocco, Coordinator  
Special Parent Information Network (SPIN)  
919 Ala Moana Boulevard, Suite 101  
Honolulu, Hawaii 96814  
(808) 586-8126 (V/TTY)  
E-mail: [accesshi@aloha.net](mailto:accesshi@aloha.net)  
Web: <http://spinhawaii.org>

Parent Teacher Association (PTA)  
Don Hayman, President  
Hawaii Congress of Parents, Teachers, and Students  
1350 S. King Street  
Honolulu, HI 96813  
(808) 593-2041; (877) 593-2041  
E-mail: [hi\\_office@pta.org](mailto:hi_office@pta.org)  
Web: [www.hawaiiptsa.org](http://www.hawaiiptsa.org)

► Other Disability Organizations

John Howell, Chief Executive Officer  
Easter Seals Hawaii  
710 Green Street  
Honolulu, HI 96813  
(808) 536-1015 (V/TTY)  
Web: [www.eastersealshawaii.org](http://www.eastersealshawaii.org)

Other Resources

Mediation Center of the Pacific  
680 Iwilei Road, Suite 530  
Honolulu, Hawai'i 96817  
Telephone: (808) 521-6767  
Fax: (808) 538-1454  
[www.mediatehawaii.org](http://www.mediatehawaii.org)

State Licensing Agency:  
Department of Human Services  
Benefit, Employment and Support Services Division  
Employment/ Child Care Program Office  
820 Mililani Street, Suite 606  
Honolulu, HI 96813  
Phone: (808)586-7050

Mae Kyono, MD,  
American Academy of Pediatrics (District VIII)  
University of Hawaii  
1319 Punahou Street, 7th Floor  
Honolulu, HI 96826  
Phone: 808/983-8387  
Fax: 808/945-1570  
E-mail: [mkyono@hawaii.edu](mailto:mkyono@hawaii.edu)

Hawaii NSLP, CACFP, SFSP  
State Director  
Office of Hawaii Child Nutrition Programs  
c/o Lanakila Elementary School  
717 North Kuakini Street, Bldg I  
Honolulu, Hawaii 96817  
Phone: 808-587-3600  
Fax: 808-587-3606

U.S. Department of Agriculture  
Rural Development  
Room 311, Federal Building  
154 Waiianuenue Avenue  
Hilo, HI 96720  
Telephone: (808) 933-8380  
FAX: (808) 933-8327  
TDD: (808) 933-8321  
Lorraine P. Shin, State Director  
E-Mail: [lorraine.shin@hi.usda.gov](mailto:lorraine.shin@hi.usda.gov)

## 7. Priority Community Needs

See the reports by each agency for their individual notes on the identified priorities for their communities

## 8. References

<sup>i</sup> Source: U.S. Bureau of the Census, Census 2000 Summary File 3 Hawaii (September 25, 2002).

- ii Source: Cooke, J (2001) A Report on the State of Native Hawaiian Keiki in Hawaii, Pacific American Research Center
- iii Source: Thomas, S.L. (2001). State Support for Public Education in Hawaii. Hawaii Educational Policy Center.
- iv Source: Healthy Hawai'i Initiative "Toward a Healthy Hawai'i 2010 Checking the Health of Hawai'i County in 2000," Honolulu, HI : Department of Health, 2002.
- v Source: Healthy Hawai'i Initiative "Toward a Healthy Hawai'i 2010 Checking the Health of Hawai'i County in 2000," Honolulu, HI : Department of Health, 2002
- vi Source: Healthy Hawai'i Initiative "Toward a Healthy Hawai'i 2010 Checking the Health of Hawai'i County in 2000," Honolulu, HI : Department of Health, 2002.
- vii Source: 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study
- viii Source: 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study
- ix Source: 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study
- x Source: Hawaii State Coalition Against Domestic Violence <http://www.hscadv.org/general.asp>
- xi Source: Child Abuse and Neglect Report for 2003; Department of Human Services
- xii Source: Dept of Health, State of Hawaii 2002
- xiii Source: National Center for Chronic Disease Prevention and Health Promotion Oral Health Resource <http://www.state.hi.us/health/resource/dental/index.htm>
- xiv Source: "Annual Estimates of the Population for Counties of Hawaii: April 1, 2000 to July 1, 2003" (CO-EST 2003-01-15) <<http://eire.census.gov/popest/data/counties/tables/CO-EST2003-01-15.xls>> accessed April 9, 2004.
- xv Source: U.S. Census Bureau, Census 2000 Redistricting Data (P.L. 94-171), Census 2000 Summary File 3,
- xvi Source: Hawaii State Department of Health, Office of Health Status Monitoring, special tabulation from the Hawaii Health Survey.
- xvii Source: U.S. Bureau of the Census, 1990 Census of Population and Housing, Population and Housing Unit Counts, Hawaii, 1990 CPH-2-13 (March 1993), table 8; U.S. Census Bureau, Census 2000 Redistricting Data (P.L. 94-171) Summary File, County Subdivisions.
- xviii Source: U.S. Census Bureau, Census 2000, Table DP-3. Profile of Selected Economic Characteristics: 2000
- xix Source: U.S. Census Bureau, Census 2000, Table DP-3. Profile of Selected Economic Characteristics: 2000
- xx Source: Hawaii State Department of Human Services, Research, A Statistical Report on Welfare In Hawaii
- xxi Source: Hawaii State Department of Human Services, Research, A Statistical Report on Welfare In Hawaii
- xxii Source: U.S. Bureau of the Census, 1990 printouts; U.S. Census Bureau, Census 2000 Summary File 1 Hawaii (July 25, 2001).
- xxiii Source: Source: U. S. Bureau of Labor Statistics Data extracted on: May 24, 2005
- xxiv Source: Federal Register, Vol. 70, No. 33, February 18, 2005, pp. 8373-8375

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    A. Cost Proposal

        SPO-H-205 Proposal Budget

        SPO-H-206A Budget Justification – Personnel: Salaries & Wages

        SPO-H-206B Budget Justification – Personnel: Payroll Taxes and Assessments, and Fringe Benefits

        SPO-H-206C Budget Justification – Travel: Inter-Island

        SPO-H-206H Budget Justification – Program Activities

    B. Other Financial Related Materials

        Financial audit for fiscal year ended June 30, 2005.

    C. Organization Chart

        Program

        Organization-wide

    D. Performance and Program Information Report

    E. Program Specific Requirements

## Proposal Application

### I. PROGRAM OVERVIEW

For more than twenty five years Family Support Services of West Hawaii (FSSWH) has served the communities of West Hawaii with a variety of programs designed to build upon strengths, increase resiliency and foster self-reliance through education, training and linkages to needed services. As a community-based nonprofit, FSSWH addresses locally identified challenges, in partnership with all stakeholders. Our commitment to providing the highest quality services possible is exemplified by our accreditation by the Council on Accreditation.

FSSWH has three major programming divisions: Early Childhood Education, Healthy Start and Youth Development. The specifics of the programs offered in each division are set forth elsewhere in this document. What FSSWH does with each program is to build upon the assets already present in the lives of our children, youth and families. We do not approach our work from the defeatist perspective of what is lacking. Rather we work in partnership with those who avail themselves of our services to identify their strengths, and together, devise a path to increase and expand them.

Having completed a strategic planning process this past year, FSSWH has begun to initiate a number of new and exciting initiatives. Foremost among them is the commitment of FSSWH to build a permanent facility to house its programs, including a center-based early education center. This major undertaking addresses some of the most critical needs of our communities.

As West Hawaii continues to grow and change, FSSWH will evolve to face the challenges that such growth and change entails. This evolution will always be responsive to the needs of our neighbors, and is animated by our commitment to our mission: To Support Families and Communities in Providing Love and Care for Our Children.

Over the next 12 months with the receipt of the Office of Community Services (OCS) funding, FSSWH will expand its services to the South Kona and Ka'u communities by adding an additional ten (10) families using a proven Early Head Start Home-Based option. Community Assessment data located in the Appendix indicates a need for services in these areas. Families will be recruited using Early Head Start (EHS) guidelines and will be provided with weekly home visits designed to work around employment and school schedules thus encouraging families to continue their self sufficiency efforts. Family income will be documented in accordance with current agency procedures ensuring compliance with Federal Performance Standards. Comprehensive Early Head Start services will be available according to the needs of each family. Within thirty (30) days of the receipt of the grant award a Home Visitor will be hired and families will start to receive services. Family Advocates will identify

those currently on the waiting list and will process enrollment forms by September 1, 2006.

All Early Head Start staff is required to complete a criminal history check and an initial physical exam. The same will be required of any new hires. The program is experienced with filling vacancies due to illness or emergencies and uses Family Advocates and the EHS Health Specialist to serve families if necessary during extended periods of time. Other agency staff is also available if specialized services are required such as mental health or working with children with disabilities.

## **II. EXPERIENCE and CAPABILITY**

Family Support Services of West Hawaii was founded in 1979 by members of the West Hawaii community who were concerned with the prevention of child abuse and neglect. Services were offered to families under the auspices of Kapio'iani Women's and Children's Hospital in Honolulu until 1985, when we incorporated and became an independent, private, non-profit organization.

Family Support Services is now one of the largest non-profit agencies in West Hawaii serving over 300 families with home visiting from Ka'u to Kohala, 250 youth, and thousands of individuals seeking information and referral.

There are 80 plus community based staff, 16 members on the Board of Directors, Community Advisory Councils in North Kohala and Ka'u and over 100 volunteers on various committees and in our programs.

Being community based is a fundamental principle for Family Support Services. To us, that means many things; that our staff works in the communities in which they live, that we have a council of advisors who live in each district who help staff set program priorities for their area, and that our programs are accessible to families in their home community.

### **A. NECESSARY SKILLS**

Family Support Services of West Hawaii has operated a federally funded Early Head Start Program since 1997 and will continue operating for the duration of the State OCS contract. During this time it has completed two successful Federal Monitoring Reviews and maintained Council on Accreditation certification. The current Management Team of four (4) has a combined fifty six (56) years of Head Start/Early Head Start experience. The FSSWH fiscal staff is familiar with all state and federal funding guidelines and will comply with HRS Cost Principles.

### **B. EXPERIENCE (Contracts and Partners)**

Family Support Services of West Hawaii provides a continuum of services from pre-

natal to high school that are pertinent to the OCS grant. The following describes the services provided by the three (3) major divisions.

#### Healthy Start

Our mission is to encourage loving parent-child relationships for a "healthy start" in life. All new parents need support, a caring friend, advice and information about child development. For families who qualify, Healthy Start services are free. Parents may enter our program before their baby is born or before the baby reaches one year of age by calling us for more information. Most of our families learn about our services when Mothers give birth at North Hawaii Community Hospital or Kona Community Hospital.

If families are eligible for Home Visiting, a Family Support Worker visits the home weekly to support parents in providing warm, nurturing care for their baby. The Family Support Worker brings activities to support child development, answers questions about caring for a baby or toddler, promotes positive parenting, and helps parents track their child's development. Family Support Workers assure that families can get to doctors appointments, and they link families to other community agencies like WIC or La Leche. If families need or want more intensive services, we have a Child Development Specialist and counselors available to visit with families in their homes. An additional component of Healthy Start is getting families together for formal Parent Support Groups and informal networking groups.

This past fiscal year, Healthy Start provided services to over 200 families from Pahala to Hawi. Two hundred eighty seven (287) families and 325 children were served through 3,052 home and outside visits. The Enhanced Healthy Start Program serves families who are referred through the Department of Human Services.

#### Youth Development

The Youth Development Division serves youth and young adults from 7 to 21 years of age. Programs include Youth Service Centers, Street Outreach to Homeless Youth, Transitional Living, Parent Education and the Family Centers. Program activities in the Youth Service Centers are designed to provide an environment that emphasizes the whole child through homework help, physical fitness, career exploration, culture and arts, social skills and case management. It is an opportunity for relationship building and problem solving with peers and adults. Nearly 343 youth actively participated in Youth Service Center activities across sites located in Kona, Ka'u and Waimea.

343 youth enrolled in the Youth Service Center program.

88% maintained participation after 6 months.

62% of the youth demonstrated an increased level of physical fitness at the end of their Get Fit! Program.

Over 90% of youth enrolled in the Youth Advisory Council demonstrated an increase in leadership skills.

BeachStreet Outreach to Homeless Youth continues to provide a weekly breakfast to the

homeless and hungry in partnership with Care-A-Van. The Transitional Living Program teaches youth independent living skills to encourage responsibility and the characteristics to make it on their own.

Family Centers are located in Naalehu (Ka'u) and Hawi and open their door to everyone. Last year they served over 959 individuals and families. Coordinators provide information and referral, as well as access to concrete needs such as food and clothing. In addition, the Coordinators are members of interagency partnership to plan Health Fairs, community-wide celebrations, and work in collaboration to address local issues including substance abuse prevention. The centers have served their respective communities with a meeting site for other organizations such as Narcotics Anonymous and A.T.V. Men's Group.

#### Early Childhood Education

The Early Childhood Education Division provides opportunities for family education and support that begin prenatally and continue throughout the primary school years. These opportunities are designed around the building blocks identified by the Search Institute that strengthen the forty developmental assets of infants and toddlers. These building blocks include family support, empowerment, boundaries and expectations, constructive use of time, a commitment to learning, positive values, social competencies and positive identity.

The West Hawaii Early Head Start Program served 18 women prenatally, 7 of whom were under the age of eighteen; they provided homebased family support and early childhood education to the families of 118 children aged birth to three years of age. The North Hawaii Child Development Program provided therapeutic and special educational support to the families of 64 infants and toddlers with special needs. These services are available to Early Head Start families helping to meet the federal requirement of having ten percent of funding opportunities available for children with special needs. The program also served 182 parents through family support activities such as home visits, socialization groups, parent-to-parent support, developmental screenings, evaluations and assessments, health, safety and nutrition education as well as therapeutic support for those with special needs.

All services were provided in each child and family's natural learning environments—their homes, neighborhood parks, childcare providers' facility and preschools. Project C.O.A.CH. (Creating Opportunities for All Children) was able to provide positive behavioral and successful transition support through the families and preschool teachers of 24 children aged three to six years enrolled in 4 community preschools in North Hawaii.

The Hawaii Parent Involvement and Resource Center's (H-PIRC's) Home Instruction for Parents of Preschool Youngsters (HIPPY) program served 133, four and five year old children during the past year and 116 parents, including our first cohort of 14 Spanish-speaking HIPPY participants. 25 HIPPY Home Visitors state-wide had the



opportunity to participate in HIPPYCorps—a partnership of HIPPY and Americorps, earning educational stipends so that they can continue their own post-secondary education. HIPPYCorps members sponsored the very popular Reading is FUNdamental (RIF) program, distributing books three times during the year to over 350 children in FSSWH programs.

Kealakehe Language Arts Multicultural Program (LAMP) promoted reading, writing and expressive language as well as social skills for 31 children in the second, third and fourth grades at Kealakehe Elementary School through individualized learning plans, homework help and activities designed to promote parent involvement in their children's academic success.

The Parent Center at Kealakehe High School provided information and coordination for parent involvement efforts that included parent information and resource referrals, parent education and support groups, parent volunteer opportunities and governance participation to over 1,500 parents in the Kealakehe and Waikoloa communities. There were 60 parents who enrolled in parent support and education classes through the "Parent Project."

Early Head Start was fully enrolled and 100% of the infants and toddlers had medical insurance and a "Medical Home;"

77 parents and community members, contributed 5,390 volunteer hours to the Early Head Start program; 97% of the HIPPY participants completed the full 30-week curriculum and 81% of the children enrolled in HIPPY for both the pre and post-test showed "very strong skills" on the Get Ready to Read! Evaluation. These skills include strong print knowledge, emergent writing and linguistic awareness; 75% of the Parent Project participants completed the curriculum; 85% of the students enrolled in LAMP made significant gains in emergent reading comprehension, writing, listening and speaking skills according to the post assessment results; 100% of the infants and toddlers enrolled in the North Hawaii Child Development Program received timely comprehensive developmental evaluations and Individualized Family Support Plans. 100% of the transition challenges were successfully resolved through Project C.O.A.CH. with all of the parents satisfied with the support they received.

In 2005, the West Hawaii Fatherhood Initiative blossomed, serving 180 fathers through one-on-one visits, educational classes, social events, and peer mentoring. Fathers have either self-referred or been referred by community organizations, and staff have counseled dozens of them on many issues, including child development, parenting skills, spousal dynamics, custody and paternity, stress management, self-care, and links to other social services. Continued funding from the Hawaii Children's Trust Fund and grants from the Atherton Family Foundation and the Cooke Foundation provided two Father Coaches in Ka'u and South Kohala in addition to North and South Kona.

The Initiative offered six four-week series on fatherhood topics in Kona attended by 5-17 fathers on any given night. Using a customized curriculum and collaboratively

facilitated by staff and community experts, it covered parental responsibilities, child development, positive discipline techniques, cultural values, self-care, and goal-setting. Through these classes, eight father mentors were identified to serve as "big brothers" to newer fathers and further assist them in whatever areas they may need.

The second annual Celebration of Fatherhood Conference was held in March at the Ohana Keauhou Beach Resort, attracting over 120 fathers and community members interested in building the capacity of fathers to fulfill their responsibilities. Keynote speakers and workshop presenters addressed a variety of topics such as cultural beliefs and parenting practices, legal issues, recovery issues, and positive discipline.

This year the Initiative developed an Advisory Committee of community members to guide the direction of the Initiative, develop a father services directory, and plan the 2007 fatherhood conference. Hui Laulima, West Hawaii's health and human services coalition, prioritized fatherhood as a major priority and embraced the Advisory Committee as one of its six standing committees for the year.

#### C. QUALITY ASSURANCE AND EVALUATION

The Early Head Start Program has a written On-Going Monitoring System that compliments both the Performance Standards and the Center on Accreditation requirements allowing the program to identify and address problems in a timely fashion.

Several evaluation instruments are used by the Early Head Start Program as monitoring and self assessment tools. The Federal Program Review Instrument for Systems Monitoring (PRISM) is used throughout the program year to measure compliance with Head Start Performance Standards. The findings are analyzed and a plan of action is developed and implemented to assure proper implementation. An annual self assessment is conducted with staff, families, agency and community members joining to evaluate the progress the program is making towards meeting its goals as well as complying with all State and Federal regulations. In addition, the Program Information Report (PIR) is sent annually to the Administration for Children and Families. If there are deviations from the norm, the agency is asked to respond as well as develop and implement a corrective action plan. Early Head Start is also reviewed every three years by a Federal Team which monitors over 300 requirements. As with every type of monitoring Head Start undergoes, a program improvement plan is developed and implemented following the Federal Review. (See appendix).

#### D. COORDINATION of SERVICES

The Mission of Family Support Services of West Hawaii is: To support families and communities in providing love and care for our children.

As are all mission statements, this one is carefully chosen. It embodies two key elements: support for families and support for communities. The first guides us in the direct work of supporting families, which we do through counseling, home visiting,

school based and parent education and support programs. The second is to assist communities through partnership efforts to develop the capacity to provide a supportive environment for families. The needs of families are best addressed within the full context of their culture, community and the economic and social world in which they live. (See II B for sample of current partnerships)

To be a more effective parent, support for families is provided from our Early Childhood Development and Parent Education Programs as well as community partners such as Neighborhood Place of Kona. These programs are available to parents of children with special needs as well as all families with children from birth to age eighteen. Classes available for families with young children as well as adolescents include:

- Temperament
- The developmental stages of children
- Effective parenting tips
- Guidance and discipline
- Age appropriate toys and activities
- Balancing your needs and your children's needs
- Effective communication skills

Staff is available at community-based walk in locations to assist by carefully listening to family needs and helping them to find the right resources. Staff can also help access community goods and services such as:

- Mental health
- Substance abuse
- Employment and household financial management
- Positive activities for children and youth
- Access to donated goods

### Home Visiting

Family Support Services offers home visiting to families with children from birth to age five. Home visitors partner with families to:

- Provide a safe and nurturing home for their children
- Understand the growth and development of their children
- Reduce the stress in their lives
- Enhance communications among family members
- Become their children's first teacher

### Family Counseling

Family Support Services offers individual, family and group counseling to parents on a referral basis. Our counseling programs focus on resolving issues which are preventing effective parenting such as:

- Unresolved childhood hurts

- Substance abuse
- Domestic violence
- Poverty and severe economic stress

#### Youth Development

Family Support Services reaches out to youth of our community and their parents through the provisions of:

- Activities which provide opportunities to
- Build life skills
- Enhance cultural identity
- Develop leadership qualities
- Increase physical and spiritual strength
- Enhance economic performance
- Counseling and guidance
- Assistance with a safe transition to adulthood
- Development entrepreneurial skills
- Mentoring and tutoring

In Kailua-Kona, we have administrative and program staff as well as the Healthy Start Program located at:

75-127 Lunapule Road, #11  
326-7778 / 326-4063 (fax)  
Kealakehe Parent Center  
Kealakehe Intermediate School  
327-4665

In Waimea, the office is located in the Kamuela Business Center.  
885-0086 / 885-8054 (fax)

The Kohala Family Center is located in the Chaton Building just off the main street in Hawi. 889-0036

The Ka'u Family Center is located on the main street just next to the ball field in Na'alehu. 929-9611 / 929-8066 (fax)

#### E: FACILITIES

Classroom facilities are not planned for the OCS grant at this time. Home visits take place in the family's home or a designated place within the community. Socialization activities are held at locations that meet the Americans with Disabilities Act.

### **III. PROJECT ORGANIZATION and STAFFING**

#### A. STAFFING

##### 1. Proposed Staffing

Early Head Start guidelines recommend one Home Visitor to every 10-12 families and FSSWH will comply with this standard for the OCS grant. This position is supervised

by the Child Development Supervisor and supported by a Health Specialist, a Family Advocate, a Mental Health Specialist, a Disabilities Coordinator and the Early Head Start Director. In addition, since the EHS model is the same as the existing service delivery option, five (5) veteran Home Visitors are available for any mentor/coaching the new staff will need. Job Descriptions for these positions are located in the Appendix. Currently the management positions are held by those with either a Bachelors or Masters Degree. If Volunteers are used it would be for the purpose of providing training to the entire staff and therefore must meet all FSSWH guidelines for volunteer participation in agency activities.

## 2. Staff Qualifications

The proposed Home Visitor will have a minimum of an Associate of Arts as well as experience working with culturally diverse, low-income families. All former or current Head Start parents who meet the minimum qualifications will be encouraged to apply. An extensive New Staff Orientation System is in place including goal setting and training opportunities. The new Home Visitor will also attend The HHAEYC Conference for additional knowledge and support. Weekly "Reflective Supervision" is required to encourage the Home Visitor to process family's concerns and issues with a Mental Health Specialist.

All administrative staff meets or exceeds Early Head Start requirements for Specialists/Management positions. They have extensive Head Start experience including not only operating Head Start Programs but serving on State and National Boards and Committees, participating as Head Start Peer Reviewers, presenting at National Early Childhood Conferences, etc.

## B. PROJECT ORGANIZATION

### 1. Supervision and Training

The 2007-2008 Training Plan, located in the Appendix, indicates the training topics that are available to all Home Visitors in the program. Training is delivered through a variety of options; college courses, PATCH classes, State and National Conferences, In-House Specialists, Independent Study, on-line classes and Consultants. New staff receives individualized training from the Child Development Supervisor and goals are set for the first review period of three (3) months. Following a successful review period, a professional development plan is established for the remainder of the year and annually thereafter. Weekly supervision allows the staff and supervisor to regularly review the progress made towards achieving the goals and to identify other resources or support.

### 2. Organizational Chart (See Appendix)

## IV. SERVICE DELIVERY (Program Approach/Compliance with Early Head Start Performance Standards)

### Geographic Area

As noted in the Community Assessment, significant gains in population and

employment rates have occurred in the South Kona and Ka'u districts. Between 2000 and 2005 Ka'u grew by 31% and South Kona by 12% compared to the overall State growth of 9% for the same time period. It is anticipated that both districts will continue this growth spurt due to affordable housing in these areas. Families often commute more than two (2) hours each day to reach employment centers in North Kona.

A Home-Based model in these communities will provide additional support to families at a time of transition as they seek to gain the skills necessary to enter school or the job market. During the second year of the OCS project, partnerships with private providers will be developed for families in need of full day care.

#### Program Design

Family Support services of West Hawaii proposes to provide Home Based Comprehensive Early Head Start services to ten (10) new families with a total cost of \$71,428. The design for the OCS funded project will replicate the existing model ensuring quality programming in compliance with Early Head Start Performance Standards. The following pages describe program services currently provided to EHS families that will continue through the OCS grant period. The Area Service Plan in the Appendix describes these services in greater detail.

The Committee on Integrating the Science of Early Childhood Development established by the Board on Children, Youth and Families of the Institute of Medicine and the National Research Council reviewed what is known about the nature of early development and the role of early experiences and discussed the implications of this knowledge for public policy, program and professional development, childrearing, and future research. The conclusions of this panel of experts, chaired by Dr. Jack P. Shonkoff of Brandeis University, centered on the following four themes:

All children are born wired for feelings and ready to learn, and how they feel is as important as how they think, particularly with regard to school readiness.  
Early environments matter and nurturing relationships are essential.  
Society is changing, and the needs of young children are not being addressed.  
Interactions among early childhood science, policy, and practice must improve dramatically.

The Committee drew several conclusions and made recommendations which West Hawai'i Early Head Start (WHEHS) has taken into account in designing its program approach. The essential features of this approach are:

- Individualization of service delivery
- Quality of program implementation
- Timing, intensity and duration of interventions
- Provider knowledge, skills and relationship with the family
- A family-centered, community-based, coordinated orientation

West Hawai'i Early Head Start incorporates this evidence-based research along with best practices in order to provide a holistic, high-quality, comprehensive, family-centered approach to anticipatory guidance for low-income pregnant women, infants and toddlers and their families that meet individualized child development, family development and health-related goals.

WHEHS believes that all families have strengths; parents are their child's first and most important teacher; the teaching/learning process is reciprocal for both parents and children; and learning is a lifelong endeavor. The core shared values underlying the program's design include the centrality of relationships, family-centered planning and programming, the partnership of families and service providers, appropriate intensity and duration of services, flexibility and adaptability of services, continuity of messages and services, and relationships for staff.

#### Program Options

The annual Community Assessment, including a survey completed by parents in the program, has shown that many of the parents of infants and toddlers are either not employed full time or is sharing care-giving responsibilities within the family. In addition, for some of the cultures to which West Hawai'i Early Head Start has been made available, it is not acceptable practice to have someone outside the family care for your child. For this reason, West Hawai'i Early Head Start currently operates a home-based program option that provides weekly home visits and bi-weekly socialization groups. WHEHS relies heavily on collaborative working partnerships with a variety of health and social service entities in West Hawai'i to accomplish its plans. The family support provided by weekly home visits encourages the parents to vision their future which includes returning to school or training, seeking employment or entering the workforce. Through OCS funding and additional eleven (11) families will receive the same level of service as described throughout this section. (Community Assessment located in Appendix)

#### Recruitment and Enrollment

The most successful perinatal programs have initiated services to high-risk families during pregnancy or at delivery as part of medical support services (Olds et al, 1986; Miller et al, 1984; Gray, 1982). Intervention at or before the time of birth offers many advantages--parent/child relationships are established early in the child's life (usually within the first three weeks), and no opportunity for child abuse and/or neglect has yet occurred (whereas 89% of all abuse occurs by the time a child has entered school). West Hawai'i Early Head Start has established many recruitment partners through its community outreach including Public Health Nursing, WIC, Malama Ho'opili Pono Perinatal Program, Big Island Substance Abuse Council's Baby S.A.F.E., Transitional Living Shelter, Hamakua Health Center, The Neighborhood Place and TuTu's House. At least 10% of the enrollment slots are filled by children with special needs. West Hawaii Early Head Start generally has at least seven (7) children with identified special needs enrolled during the year.

Public Health Nursing has also been instrumental in referring non-English speaking families to the West Hawai'i Early Head Start Program. These immigrant families from the Federated States of Micronesia, the Republic of the Marshall Islands, and from Mexico are often among the neediest of families, as they are not eligible for some of the supports that other non-immigrant families are entitled to. Recruitment materials have been translated into Marshallese and Spanish by one of the program fathers and staff. Once all program slots are full, West Hawaii Early Head Start has a prioritization system for the eligible families on the wait list. This system is reviewed and approved by the Policy Council each year as part of the planning process. Through the use of State funds, WHEHS will recruit and serve an additional ten families through its proven Home Based model. As planning time for this funding cycle is short, we will initiate discussions with private preschool providers to purchase slots at their centers by June 2008. (see appendix: Referral forms, WHEHS Brochure and Flyer, and Prioritization Chart)

#### Home Visiting

The Home-Based Program is the heart of West Hawai'i Early Head Start. This home visiting program represents an attempt to integrate the best current research and theory on maternal and child health and child abuse prevention programs with the strongest and most effective ways of delivering relevant early childhood education. The premise of home visiting programs is that in order to foster the early development of children, especially those at an environmental disadvantage, it is necessary to provide opportunities for parents to enhance their parenting skills, knowledge and understanding of the educational and developmental needs and activities of their children. Home visiting holds special qualities not found in other means of transmitting information and supporting families. Home Visitors work with parents to structure and use the home environment for learning activities and to interact with their child(ren) in ways that foster development (Weiss, 1993). The last decade has produced conditional evidence from several high quality research and demonstration programs including the Early Head Start Research and Evaluation Project indicating that programs with regular home visits can enhance child and adult development (Olds, 1999; Duggan, 1999; St. Pierre, 1999).

The Home Visitor sees a more holistic picture of the child and family in the home and neighborhood context and can take these circumstances into account when exploring resources with the family for any economic, health, social service or other unmet needs. Home visits, especially if they are relatively frequent and skillfully done; afford the opportunity to build a supportive and continuing one-to-one relationship between home visitor and parent that promote adult and parenting growth and change. This special relationship can become a powerful bridge for intensive transmission of social support in the form of emotional, informational, and instrumental assistance. Researchers note that for some families, especially those distrustful of services, building a trusting relationship through home visits is an essential first step to subsequently persuading parents to participate in other center-based programs or parent groups.



The home-based services are provided to families through Early Head Start Home Visitors under the direct supervision of the Child Development Supervisor, with consultation from the Health Specialist, the Mental Health Specialist, and the Inclusion Specialist. There is also access to a PhD level mental health consultant and an array of therapists and special educators through the partnership with the Department of Health's Early Intervention Section (Part C). West Hawai'i Early Head Start Home Visitors receive training in perinatal issues, child development, child health care, family nutrition, the dynamics of child abuse and neglect, infant mental health service delivery methods, stress reduction techniques, positive parenting techniques and community resource utilization. All WHEHS services are relationship-based. Each Home Visitor establishes a rapport with the family and begins to provide the family members with the necessary supports to address the stresses and problems that the family has identified and enable them to become their child's first teacher. Home Visitors are assigned a maximum of twelve (12) children from nine (9) to ten (10) families. Visits to families with children are made weekly on a year-round basis with the exception of a week of in-service and a week of pre-service training for staff and parents

An additional Home Based cluster of ten (10) families will be added in South Kona with the award from OCS. The target population will include parents who are seeking employment, working or are in school. The Home Visitor will work non traditional hours in order to best support the parent. The visits are a minimum of an hour and a half in duration. The prenatal visiting schedule is individualized to meet the needs of each family. Program staff uses "creative outreach" techniques to establish and maintain contact with hard to reach families for the first three months while establishing their relationship. There may be some flexibility in the frequency and duration of visits at this time, while Home Visitors are establishing these new relationships.

Initial home visits are focused on the establishment of trust, clarifying the supports needed by the family to reach their goals, initiating parent/infant attachment facilitation through behavior modeling and information sharing, providing necessary supportive counseling, and assisting with access to programs which provide for material needs such as housing, medical and financial assistance, food stamps, and mental health counseling. There is sometimes a need during the initial visits for crisis intervention, making arrangements for meeting critical needs of the family and providing concrete support services such as transportation or food. These basic needs must be attended to before curriculum development can begin.

As the relationship between the family and Home Visitor defines itself over time, there are four key themes that the Home Visitor concentrates on:

The child will go through three stages of development before the age of three years, and their approach to the child will have to change;

Each child will be temperamentally different—this helps relieve parent stress and gives the child the opportunity to be her/himself;

Each child is eager to learn and to engage in relationships—to see the genius in each child; and

The way parents relate to their child has a direct affect on their child's identity formation - how they see themselves in the world model.

Prenatally, home visits are guided by the belief that the way that families experience pregnancy and birth is a formative experience for all involved.

The specific role of the parent(s) during home visits and group socializations is written into the Family Partnership Agreement. These contracts are updated quarterly or as goals are met.

#### Child Development and Education

Child development and education in West Hawaii Early Head Start is based on an approach that places the greatest value on the centrality of relationships. Through their home-based and parent/child group activities, Home Visitors support both parents, to provide secure relationships, development of trust and security and opportunities to explore sensory and motor experiences. These activities are chosen based on an understanding of the child's family and culture, and presented in such a way as to respect the relationships most important to the growth and development of the child's sense of self. West Hawaii Early Head Start has a written curriculum planning process that is reviewed and updated annually by staff and parents during Parent Committee meetings and approved by the Policy Council who ensures that the program's philosophy, long and short term goals and objectives are reflected in the curriculum.

The curriculum is individualized for each child based on child developmental screens, family observations, parent concerns and needs, program staff observations and the comprehensive goals of the program. This way the infants have a "say" in selecting what they learn. The individualized curriculum planning process is based on the knowledge that the foundations for all human development are established in the first few years of life. This begins with social and emotional development, rooted in parent-infant attachment, a major focus in the first year. Language and verbal understanding are important areas related to cognitive development in the first and second years. Parents are the child's first teachers during this important period, and their competence in responding to the child's needs and fostering development are strong determining factors in the child's early development and future functioning. The earliest attachments or bonds that babies form with significant adult caregivers are viewed as crucial to the child's social-emotional development and the ability to form subsequent relationships (Ainsworth, 1973; Bowlby, 1969). Attachment is a process characterized by several developmental phases, and West Hawai'i Early Head Start has structured its parent child interaction activities to support and enhance these phases.

West Hawai'i Early Head Start Home Visitors and parents work together to provide experiences for the child(ren) during home visits and parent/child group experiences that are relationship-based, built on the child(ren)'s interests and are fun for both the parent and the child. The assessments of the child's strengths, interests and abilities are made frequently through the use of the Ages and Stages Questionnaire (ASQ), the Social Emotional Ages and Stages Questionnaire (ASQ-SE) and the Ounce Scale, as

well as the parents' weekly observations. In the relationship-building phase of home visiting, the Home Visitor gets to know the daily routines of the child and family and utilizes these as the "activity centers" for learning. These include diapering, dressing, bathing, feeding, playing and book-sharing. The Home Visitor conducts Caldwell's Home Observation for the Measurement of the Environment (HOME) Scale with each family, preferably before an infant reaches four (4) months of age (HOME Scales will also be conducted with child care providers) in order to include those items in the curriculum planning process. If a child shows delays on any of the developmental screens, or if the parent has a concern about his/her child's development, the Home Visitor will introduce the family to the Inclusion Specialist who assist them in contacting the early intervention provider in their community.

West Hawai'i Early Head Start follows the constructs of Dr. Stanley Greenspan as he wrote in his book, *First Feelings: Milestones in the Emotional Development of Your Baby and Child from Birth to Age Four*. Dr. Greenspan describes in detail a picture of the healthy emotional development of children and the types of early experiences he believes are necessary to nourish this growth. WHEHS Home Visitors integrate this knowledge into their collaboration with parents through the recommendation of activities, "learning centers" and curriculum resources they share with parents.

At the end of each home visit, parents and the Home Visitor plan for the next week's lesson and activities as well as activities at the socialization group. The Home Visitors leave a follow-up activity or activities that enhance the weekly lesson plan and ask that parents follow-up on the week's activities by playing with their child(ren) for at least 15 minutes each day. They also remind parents of the value of reading or sharing a book with their child(ren) every day. This helps to support the parents as the child's most important relationship and first teacher. The Policy Council has devised a calendar that allows parents to track these follow-up activities and report them as in-kind donations to the West Hawai'i Early Head Start Program as they are consciously acting as their child's "teacher" during those activities.

All parent resource materials are chosen on the basis of their relevance to parents and are either ordered or translated into a family's home language as much as possible. Materials are shared that support the adults' learning style and may be graphic as well as written, may be audio as well as video. Parent Committees and the Policy Council review new materials before they are incorporated into the curriculum resource library. The library also contains resources for parents to borrow.

All of the above curriculum planning activities hold true for infants and toddlers with special needs and their families. The Home Visitors work with the families and with consultation from the early intervention program providers to incorporate the strategies outlined on the IFSP into the child's Early Head Start activities. WHEHS Home Visitors receive support and consultation from the North Hawai'i Child Development Program's Inclusion Specialist as well as the Special Educator and any specific therapists who may be involved with the family. The Special Educator helps the Home

Visitors provide accommodations to developmentally appropriate practices for each special needs child, so that he/she can fully participate in the Early Head Start activities, including socialization group activities.

#### Socialization Groups

WHEHS families in the Home-based program option have the opportunity to participate in twice-monthly parent-child group experiences in their geographical area. If the new parents in the OCS cluster require alternative hours for their socialization experience, this will be arranged. These last for approximately an hour and a half to two hours. The purpose of these experiences is for infants, toddlers and their families to support child development principles by strengthening the parent-child relationship. The "curriculum" of the socialization groups is based on the goals established during the home visits and strives to meet each child's individual needs, and the groups primarily facilitate the learning of core developmental capacities through the creation of opportunities. These capacities include the ability to attend and focus, the ability to engage warmly and trustingly with others, the ability to communicate intentionally with both simple and more complex gestures, and the ability to organize and differentiate represented experience in order to distinguish reality from fantasy, the self from non-self, one feeling from another and the temporal and spatial characteristics of representations.

The socialization groups generally consist of mixed-age groupings and are inclusive of all WHEHS infants and toddlers. Adaptations are made to the setting and to materials for children with special needs. They often occur in outdoor settings, to provide familiar and comfortable places for our Hawaiian/Pacific Islander and Mexican families and children. The staff and parents carefully utilize the WHEHS socialization safety checklist that they devised before each group meeting to be sure that each area will meet the Head Start Performance Standards and the Americans with Disabilities Act for health and safety. Currently, WHEHS is seeking a consistent outdoor learning environment to ensure a sense of safety and continuity for staff and families. Proof of insurance and supplemental learning materials and equipment will be provided by WHEHS in exchange for the use of outdoor space for twice-monthly socialization activities.

WHEHS staff provides new learning opportunities and experiences that the children might not otherwise have. The activities are selected to meet the needs of young infants, mobile infants and older toddlers. Each Home Visitor works with program parents and parent committees to prepare some group activities that integrate mental health, nutrition, and health education activities. Parents have the opportunity to observe and participate in developmentally appropriate infant/toddler and parent/child activities. They receive factual information about infant development and appropriate play activities, actual experience playing with their babies in new ways in a supportive environment, and encouragement and support for taking time to relax and enjoy playing with their babies (Hughes, Elicker and Veen, 1995). Parent/child group experiences always include a nutritious snack for both the children and the adults. WHEHS insures

that there is formula, baby food or any special nutritional needs items available.

Parents and the Home Visitors also plan field trips to community events, play groups, RIF groups and other community-based activities in which they are interested. This is especially common as the children near transition age and begins expanding their horizons from home to community.

#### Community Education

Just as Family Support Services of West Hawai'i believes that infants must be served within the context of the family, so too do we believe that the family must be served within the context of the community. In identifying a partner agency for socialization activities, training, health services, etc. WHEHS makes every effort to assure that partner services are community-based, culturally sensitive and relevant, and that they allow people to feel that they belong to a larger "community of caring."

#### Transition

The Early Head Start Home Visitor serves WHEHS children until they reach age three or transition to another Early Childhood Education program. A transition plan is begun with the parents when the child reaches two years of age to facilitate the transition process (see Integrated Program Area Plan in Appendix). Community programs include the Kamehameha Preschools, Hawai'i Montessori Schools, and several private, non-profit pre-schools, the DOE Special Education Preschools or Family Support Services' Home Instruction for Parents of Pre-School Youngsters (HIPPY). West Hawaii Early Head Start participates in a state-wide, community-based project called S.T.E.P.S. (Systematic Transitioning to Effective Preschool Services). This group of early childhood education professionals and parents has been meeting bimonthly to assure a smooth transition between private early intervention providers, state-run programs and preschool regular and special education programs, both state and private.

#### Family Literacy Activities

In addition to the Toy Lending Libraries located in our two geographically placed Family Centers, Family Support Services recently received a Reading Is Fundamental grant to provide the "Family of Readers" program, which allows each child enrolled in West Hawaii Early Head Start to choose a new book every three months. The books are taken into the home by the Home Visitors, used to show the parents the kinds of books the child might enjoy at each age and then left with the family. Along with the emotionally satisfying experience of sharing with the child, book sharing gives the home visitor the opportunity to address other child development issues as well. When first introducing the idea of sharing books, the home visitor stresses that the parent's job is to "make it feel good," so that the child builds the association between books and mother's and father's love. Rather than lecture a parent about facilitating language development, we can model book sharing with the child, then hand the parent the book. We use the term "book sharing" rather than reading in order to encourage them to depart from printed text and to solicit the child's active participation, and so that second language and reading-disabled parents can still take an active, positive role (Pawl, 1993).

#### Father Involvement Activities

Home visiting staff understands the critical role of the father in supporting the mother and the nurturing of the infant. Many of the basic needs identified for mothers are also true for fathers such as the need for a support network that includes family, friends, and the community. Through its recent "Fatherhood Project," grant from the Children's Trust Fund, Family Support Services programs have planned specific and separate interventions, implemented and evaluated in the same way as maternal interventions. These interventions are designed to help the father feel more comfortable interacting with the baby, to receive informal counseling regarding anger management and to support good communication skills. Expectant fathers and mothers are also encouraged and assisted to enroll in childbirth preparation classes together.

Studies have consistently linked father absence with negative outcomes for children, and as Home Visitors become familiar with and form relationships with the single mothers in West Hawaii Early Head Start, they are able to share this information in a problem-solving manner. As this is often a complicated relationship issue, there is no one answer and every family's situation receives respectful support in order to most effectively promote early childhood development. For issues of family violence, substance abuse and mental health, Home Visitors can call upon the Clinical Specialist and WHEHS' community partners for assistance through referrals to therapeutic or treatment programs. Families can also be referred for couples counseling.

#### Health Care Services

Family Support Services has long held that both parents and other child caregivers need support and access to education and resources in order to be able to provide the best possible environment for children. Through information and referral, West Hawaii Early Head Start provides families with as broad a base of knowledge on family planning, prenatal care, post-natal care, and adult and child health and development issues as possible.

#### Prenatal Care

Pregnant women enrolled in West Hawaii Early Head Start are assisted in engaging the services of health care providers and are supported to properly utilize those providers' services. Once pregnant women are enrolled in the West Hawai'i Early Head Start Program, staff support families to access other perinatal support services and women are asked to sign an Authorization to Release Confidential Information in order to facilitate care coordination. Prenatal support services are provided to enrolled pregnant women through the Malama Project a federally funded Maternal and Child Health program whose mission is to provide comprehensive perinatal services for Hawai'i's families, particularly those who have historically poor birth outcomes. Malama can provide pregnancy testing and information and referrals to community medical care facilities for prenatal care. Malama also offers social and health counseling related to pregnancy and birth. For nutrition guidance and food assistance, WHEHS refers enrolled pregnant women to the Supplemental Food Program for Woman, Infants and Children (WIC).

Information is shared between WIC and WHEHS following each WIC nutrition consultation to assure that relevant nutrition issues are addressed during home visits. As appropriate, pregnant women are also connected to substance abuse prevention and counseling through Big Island Substance Abuse Council's Baby S.A.F.E. (Substance Abuse Free Environment) program including their smoking cessation classes.

The Partners for a Health Baby Curriculum from Florida State University is utilized in English and Spanish to provide individualized prenatal education during home visits. WHEHS also provides assistance to arrange transportation and interpretation, either through family resources or program resources, for prenatal appointments. WHEHS staff also assists the community providers to coordinate services according to the Family Partnership Agreement implemented with the WHEHS family.

Home Visitors, in consultation with the Health and Mental Health Specialists, work closely with families to plan for birth and postpartum. Emphasis is placed on preparing for an informed and well-supported birth, establishment of a successful infant feeding routine and early identification and treatment of postpartum health and mental health issues. The WHEHS Health Specialist visits families in their homes (or in the hospital in the event of an extended stay) during the first two weeks postpartum to assess the well-being of mother and baby, provide breastfeeding support, and address any educational needs regarding infant care. The Health Specialist, as well as MAHPP nursing staff, is available to enrolled families and Home Visitors for further consultation as needed. The Breastfeeding Support Center at Kona Hospital is another partner both for information to share with mothers and for lactation support for mothers including a Breast Pump Loaner Program. Public Health Nursing provides additional support if there are special medical concerns for either the infant or the mother.

Through monthly Perinatal Consortium meetings, the WHEHS Health Specialist and Child Development Supervisor work closely with partner agencies to identify and address perinatal issues in the community. Many of these agencies are also represented on the WHEHS Health Services Advisory Committee, and have played a major role in the procurement and coordination of prenatal services to low-income women in West Hawaii communities.

#### Child Health

Each Early Head Start Program family is assisted to select a pediatrician or general practitioner for to elect for the provision of EPSDT services (see Integrated Service Area Plan in Appendix). The WHEHS Home Visitor establishes that each child has a medical home. According to the American Academy of Pediatrics, a medical home is a primary care physician working in partnership with parents to assure the child's health care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally competent.

The Home Visitor tracks the well-baby and immunization schedule of each enrolled infant and reminds the parent that appointments need to be made as necessary. WHEHS

works with each family and with local physicians to obtain results of EPSDT exams for inclusion in the child's file. If any medical concerns are noted on the screening, Home Visitors are alerted by the Health Specialist and a plan is made with the family for follow up services. Program staff assists families to maintain their own portable Child Health Record and reviews all health information with the family at transition from the program into an early childhood setting, assuring that the child has all necessary health documentation.

WHEHS Parent Advocates provide transportation and interpretation for infant health care and WIC appointments when the family is unable to find other resources. They also assist the family to acquire medical insurance through Hawai'i's Med Quest systems. As part of On-Going monitoring Home Visitors and the WHEHS Health Specialist review each WHEHS participant's file together quarterly to identify any unmet healthcare needs, discuss ongoing health concerns, and prioritize health and nutrition education topics. When pervasive health issues are identified and appear to affect a significant portion of WHEHS participants, these concerns are brought to the attention of West Hawai'i Early Head Start's Health Services Advisory Committee. This committee, made up of service providers and program participants, provides guidance and support for all WHEHS health services and education activities.

Evaluation and therapeutic services are provided to children with special needs and their families who live in North and South Kona through Kona Early Childhood Services Program--the collaborative HI State Department of Health Part C partner. The team consists of a speech/language therapist, physical therapist, occupational therapist, a psychologist, special educator and a social worker. Children with special needs who live in North or South Kohala or Hamakua are provided Part C early intervention services through our agency's North Hawai'i Child Development Program, our early intervention program provided through a contractual agreement with the Department of Health.

Children's dental issues have been a major concern to families in WHEHS. This is an area in which our Parent Committees and Policy Council have taken an interest and have acted as advocates for their children. WHEHS now helps to organize an annual pediatric and prenatal dental fair, where free initial screenings are offered for all Early Head Start and community children and pregnant women. Families are provided guidance and materials for preventing early childhood dental caries, a pervasive problem affecting children in West Hawai'i. An area dental hygienist attends the Health Services Advisory Committee, providing information on the benefits of fluoridation and other community issues. The WHEHS HSAC pediatrician has attended the Head Start Oral Health Task force meeting along with the WHEHS Health Specialist and the Policy Council Chair.

#### Adult Health

Adult health services are provided to families through referrals to community resources as noted on the Family Partnership Agreement or IFSP. Families are assisted by Family Advocates to follow up on options for health care insurance and either fee for service or free health care providers. Each geographical community has a health clinic and the "Care-A-Van" mobile health care van makes stops at strategically located areas that can



be accessed by the homeless and other indigent families who may lack transportation to services.

Public Health Nursing provides health assessments and follow-up as needed for families in West Hawaii Early Head Start. The PHNs provide extra health guidance and support for our immigrant families, who have been exposed to less than optimum health conditions in their country of origin, for families with limited English proficiency, and for families of children born with special health needs such as the medically fragile or prenatal drug-exposed infants.

The Big Island Substance Abuse Council provides screening, assessments, referrals, substance abuse counseling and out-patient treatment for adults, including pregnant women who are using substances. They provide educational, day treatment and after-care groups for men, women and their families, including a live-in program for mothers and their infants just begun on the east side of the county, not yet available to the West side, but the Health Services Advisory Committee is supporting a replication of this service for West Hawaii residents.

The Family Violence Shelter provides a safe place for women and children caught in a cycle of family violence. The agency also provides anger management classes and a children's program for those exposed to family violence.

#### Mental Health

Mental Health services are provided to our parents in a number of ways. Often just the opportunity to have someone to talk to outside of the family system promotes mental health, and our weekly home visits provide that opportunity. Social interaction is an important component of the physical and mental health of the individual. Socialization groups also provide that opportunity. When there are issues beyond the realm of mental health promotion, Home Visitors may call on the expertise of the Mental Health Specialist.

Although Mental Health Services are lacking in Hawaii a minimum amount of family counseling is available to adults, children and families through the Family Guidance Centers in West Hawaii funded by the State Department of Health's Child and Adolescent Mental Health Division. Many of our adolescent parents are involved in what have become known as "504" or Felix services in school, involving either school-based mental health practitioners or those from the Family Guidance Center. Mental health counseling is also available to individuals through the community's Title IV B funding and it is administered through the Kapiolani Child Protection Center (KCPC). Counseling available to families involved in Child Protective Services is also administered through KCPC or through FSSWH's Child Welfare Services Division.

#### Social Services

Families participate in a family partnership agreement process through both the application and enrollment periods. As Home Visitors get to know families and as more of the family's strengths and challenges are presented, the Home Visitors can provide

families with links to needed resources either through information or referrals. A listing of support services available in the community is included in the Family Handbook given to each parent at the time of enrollment. This gives telephone numbers and locations of the most stable and commonly used community resources as well as information and referral resources themselves, such as the Neighborhood Place and the Family Centers in Ka'u and Kohala. WHEHS Family Advocates can assist families with paper work if needed and try to link them with translation resources as needed. In this way, families in need of basic supports such as Food Stamps, Medical, Child Support Enforcement and other services are able to access them easily and mostly on their own.

FSSWH has been involved in a number of community collaborative efforts to try to better the lives of children and families in West Hawaii, and is currently a member of Hui Laulima, the West Hawaii Human Services Network. This group keeps agencies informed of services available to families and alerts families when events, such as the recent "Tutu's Closet" clearinghouse are going to happen.

#### School-Based Services

During the school year, teen parents are supported to continue their education in their regular high school setting or by participating in the adult education GED study sessions provided on the high school campuses or in the community. While all West Hawai'i Early Head Start participants are encouraged to continue and complete their high school education on campus the Department of Education provides a "Home Hospital" tutorial option for those students who, for either their own or their child's health reasons, cannot attend school on campus. The WHEHS Home Visitor provides the link between school and home for these students. All high school WHEHS participants are also encouraged to enroll in the G.R.A.D.S. class during their pregnancy.

#### Child Care Partnerships

There are currently a minimal amount of infant/toddler centers in the town of Kailua-Kona, even though this is the geographic and economic center of West Hawai'i, as well as in North Kohala, South Kohala and Hamakua. In a report completed by PATCH in January 2006 only sixty seven (67) licensed slots were available throughout West Hawaii. Many of the infants and toddlers in these areas are placed in less than optimal care when their parents leave for high school or attempt to enter employment or further training opportunities. Infants left in care outside the home in the North and South Hawai'i areas while their parents work in Kona have an additional two to nearly four hours of care added to their day because of their parents' commute. Many young parents are discouraged from returning to school, finding employment or further training because of this barrier, yet their welfare assistance opportunities are decreasing each year they remain on assistance. West Hawai'i Early Head Start has been involved in a child care capacity-building partnership discussion with the Board of Directors and the Policy Council. Development plans are underway. During the second year of funding from OCS, FSSWH will identify specific child care partners who meet Day Care and Head Start licensing standards and purchase slots from these providers for eligible families in need of full day care.

The Early Head Start Home Visitors assist program families in finding and utilizing partnering home day care providers as well as early childhood programs. The home visitors also assist in the transitioning of children into childcare placements. FSSWH assists parents in applying for any and all childcare subsidies that are available to them such as Hawai'i's Open Doors Project, the First to Work Program and the Child Care Connection.

## **V. FINANCIAL**

### **A. PRICING STRUCTURE**

#### **1. Pricing Structure Based on Cost Reimbursement**

The proposed service delivery model is based on a budget of \$71,428. This amount is considerably less than the actual cost per child (\$10,000) in an Early Head Start Program due to economy of scale. It is the expectation that the State will pay for actual costs incurred in delivering services as specified in the contract.

#### **2. Budget Forms**

Budget forms are included in the application package.

#### **3. Budget Justification**

Budget justification is included with State Budget forms.

### **B. OTHER FINANCIAL RELATED MATERIAL**

#### **1. Accounting System**

The most recent Family Support Financial Audit is found in the Appendix. FSSWH has a history of providing both Federal and State funders with accurate and timely financial records according to generally accepted accounting principles.

#### **2. Need for Funding**

The proposed services will add ten (10) new families to the currently federally funded FSSWH Early Head Start Program. Federal dollars currently fund slots for fifty (57) families at a cost \$561,819. A new Home Visitor will be hired to work with families requiring alternative hours of service due to skill development, job search, training or work schedules. Existing EHS staff will provide comprehensive health, mental health and social services to these newly enrolled families. Through increasing the hours of a part time Family Advocate and Child Development Supervisor quality programming will be available to families as well as effective supervision and training for the new Home Visitor.

#### **3. Cost Effectiveness**

At a national average of over \$10,000 per Early Head Start child, this proposal will demonstrate how additional state resources can be effective in the provision of high quality early care and education. FSSWH has the infrastructure in place to build on its existing model to serve more families. Curriculum material, parent training packets, policies and procedures, as well as highly trained managers and staff are already in place which not only reduces costs but also allows for a timely and cost effective start-up phase. In addition the agency has the resources to effectively serve families from diverse cultural backgrounds as will be found in the proposed target area. EHS staff is familiar

with the Micronesian and Latino populations who comprise a significant part of South Kona and Ka'u residents.

VI. OTHER  
Litigation

VII. APPENDIX

**Family Support Services West Hawai'i  
(FSSWH)**

**Kona – Early Head Start**

**Community Assessment Report**

**May 2005**

## ***Family Support Services West Hawaii (FSSWH) – Kona – EHS***

### **1. General Information**

#### **1.1. Organization**

The mission of Family Support Services of West Hawaii is: to support families and communities in providing love and care for our children.

Family Support Services of West Hawaii was founded in 1979 by members of the West Hawaii community who were concerned with the prevention of child abuse and neglect. Services were offered to families under the auspices of Kapi'olani Women's and Children's Hospital in Honolulu until 1985, when services were incorporated and became an independent, private, non-profit organization.

Family Support Services is now one of the largest non-profit agencies in West Hawaii serving over 300 families with home visiting from Ka'u to Kohala, 250 youth, and thousands of individuals seeking information and referrals.

There are 60 plus community-based staff, 16 members on the Board of Directors, Community Advisory Councils in North Kohala and K'a'u and over 100 volunteers on various committees and programs.

Being community-based is a fundamental principle for Family Support Services. To us, that means many things; that our staff works in the communities in which they live, that we have a council of advisors who live in each district who help staff set program priorities for their area, and that our programs are accessible to families in their home communities.

In Kailua-Kona, administrative and program staff as well as Healthy Start Program and Child Welfare Services are located at 75-127 Lunapule Rd., suite #11 326-7778/326-4063 (fax).

The Kealakehe Parent Center is located in the Kealakehe Intermediate School. 327-4665

In Waimea, the office is located in the Kamuela Business Center. 885-0086 / 885-8054 (fax)

The Kohala Family Center is located in the Chaton Building just off the main street in Hawi. 889-0036

The Ka'u Family Center is located on the main street just next to the ball field in Na'alehu. 929-9611 / 929-8066 (fax)

The Head Start families are served through two sites:

64-1032 Mamamahoa suite 204, Waimea Hi. 96743 and  
 75-127 Lunapule Rd, suite 11, Kailua/Kona, HI 96740.

2003-2004 Workforce development data

# of employees	% employees who were/are HS parents	# of volunteers	# of volunteer hours
11	35%	114	3,079

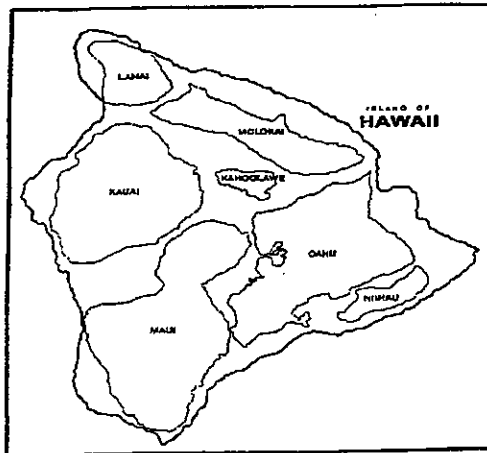
Data on children and families served in 2003-04

Number of Children served 2003-04	% below poverty guidelines 2003-04	Number of children with disabilities	% of children where English is a second language
92	90%	10%	38%

1.2. Geography and Natural History

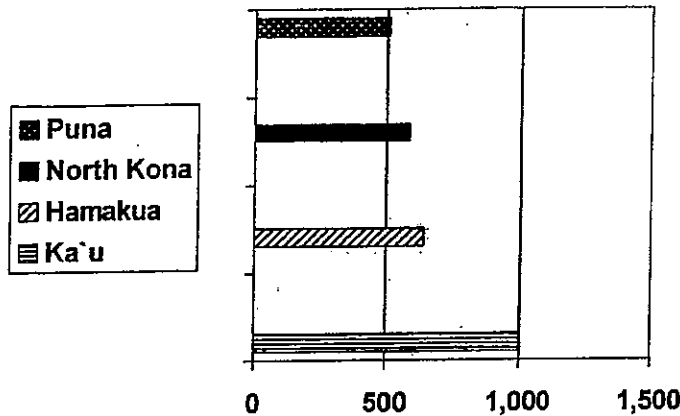
The island of Hawai'i is the largest in the State of Hawaii. Hawai'i is the name originally given to the largest of the main Hawaiian Islands by the first Polynesian settlers over 1,500 years ago. In more recent times, the name has become synonymous with the entire state, so the island has become known as the "Big Island," and a variety of other nicknames including, the Orchid Isle and the Volcano Isle. Hawaii County encompasses the entire island with an area of over 4,000 square miles and is more than two times greater than all the other islands combined.

Map 4. -- Relative Geographic Area: Major Islands of the State



Geologists estimate the island continues to grow approximately 500 acres per year. Ka'u is the largest district with 1,001 square miles. Hamakua is the next largest district with 636 square miles. The North Kona district has 584 square miles and Puna has 508.

Map showing district landmass size in square miles.



Each area has its own distinct beauty and flavor. The lifestyle is uniquely rural. Many Hawaiian traditions are still celebrated and offer a cultural diversity throughout the county's large landmass. The Big Island hosts exclusive resorts, high tech telescopes, coffee and macadamia nut plantations, major sporting events, deep-sea fishing and historic preservation. Hilo is located on the east side of the island and functions as a commercial center where the seat of government resides. Kona, on the west side, attracts tourists and hosts world-renowned events annually.

### 1.3. Geography and Natural History

The Big Island has an area of more than 4,028 square miles with 266 miles of coastline, which is 93 miles long and 76 miles wide. The Big Island, the youngest island in the Hawaiian chain, was formed by five volcanoes. Two are still active: Mauna Loa and Kilauea, which is the world's most continuously active volcano. At 13,796 feet and 13,677 feet respectively, Mauna Kea and Mauna Loa are the highest mountains in the Pacific. Ka Lae in the Kau District is the southernmost point in the United States

The Big Island has a wide variety of plant, marine and animal life. Many species are rare and endangered including the giant Pacific Green Sea Turtle (which can grow to 400 pounds), the Nene Goose (the official state bird) and the Humpback Whale (the official state marine mammal). Vegetation zones include: coastal, dry land forest, mixed open forest, rain forest, sub-alpine and alpine.



Climatically, like most of the Hawaiian Islands, the Big Island has only two seasons: "summer" between May and October and "winter" between October and April. Depending upon locale:

- Average temperature ranges from 71.2 to 77.3 (°F) in the coastal regions.
- Kailua-Kona average temperature:
  - Jan.-Feb. 72.1 (°F)
  - Aug.-Sept. 77.3 (°F)
- Average annual rainfall ranges from 10 inches at Kawaihae (near the Kohala coast) to 128 inches at Hilo Airport.

The official state color is red and the official flower is the lehua.

#### **1.4. Government**

On the Big Island, as throughout the state, there are no separate municipal governments. The Big Island has a mayor elected for up to two, four-year terms and a nine-member council representing each of the island's nine districts for two-year terms.

## **2. Education**

### **2.1. Number of Schools and Enrollment**

K-12 students (1999): 27,675

Public schools (1995): 37

Private schools (1993): 15

University of Hawaii at Hilo and Hawaii Community College - part of the University of Hawaii System

K-12 enrollment in public schools has decreased from 27,675 in 1999 to 24,168 (does not include nursery school) in 2003. The following table<sup>1</sup> provides the number of students enrolled by grade level.

Grade	State total <sup>1/2/</sup>	Hawaii <sup>3/</sup>
All grades	183,609	24,320
Nursery	1,175	152
Kindergarten	13,048	1,626
1	13,048	1,660
2	13,297	1,611
3	13,088	1,604
4	13,128	1,582
5	13,061	1,656
6	12,706	1,495
7	12,525	1,610
8	12,487	1,520
9	13,854	1,780
10	11,476	1,634
11	11,050	1,686
12	9,197	1,514
Specials 4/	20,469	3,190

1/ Data exclude UH Lab School.

2/ Data include Special Schools and Charter Schools.

3/ Data exclude charter schools.

4/ Data include ungraded students in special schools.

## 2.2. Funding Sources

Unlike most of the United States, Hawaii's schools are funded almost entirely through state funds<sup>ii</sup>. Federal funding provides a small share: 8.1% in 1996-1997. In the rest of the nation, local governments play a significant role in public education, funding an average of 45% of elementary and secondary education<sup>iii</sup>.

## 2.3. Children ages 3-5 enrolled in nursery, preschool and kindergarten (see previous table)

### Head Start Eligible Children

There are 10,090 children under 5 in Hawai'i County. Of those, 19.8% live in households with incomes below the poverty level. A quick calculation reveals approximately 2000 children who are eligible for Head Start.

## 2.4. High School Matriculation

The percentage of persons aged 25 and older with less than a high school education:<sup>iv</sup>

Puna/Ka'u	Kona
8.7%	4.2%

## 3. Health & Wellness

### 3.1. Teen Pregnancy and Low Birth Rate

Factors affecting birth outcomes include the mother's pre-pregnancy health status; prenatal care, nutrition during pregnancy, and smoking, drug and alcohol use during pregnancy. Four causes account for more than half of all infant deaths; birth defects, disorders relating to short gestation and

unspecified low birth weight, sudden infant death syndrome, and respiratory distress syndrome. Infant mortality is highest among infants born to young teenagers and to mothers 44 years or older. <sup>v</sup>

	Puna/Ka'u	Kona
Low birth weight <sup>1/</sup>	10.2	7.5
Births to mothers age 15-17 <sup>2/</sup>	24.1	33.3
Unmarried mothers <sup>3/</sup>	53.3	43.8
No prenatal care <sup>4/</sup>	30.3	23.8
Infant mortality <sup>5/</sup>	14.0	nr

- 1/ Percentage of live births less than 2500 grams
- 2/ Number of live births to women age 15-17 per 1,000 population
- 3/ Percentage of live births to unmarried mothers
- 4/ Percentage of live births to mothers receiving no prenatal care in their first trimester
- 5/ Number of deaths under age 1 per 1,000 live births
- 6/ not reported

### 3.2. Immunizations

In Hawai'i county the percentage of children age 19-36 months not fully immunized is 19%.<sup>vi</sup>

### 3.3. Risk and Protective Factors<sup>vii</sup>

The Risk and Protective Factor information presented here is statewide data. These tables summarize the results of the 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study for students participating throughout the State of Hawai'i from public, private, and charter schools (6th Grade = 5,579; 7th Grade = 4,668; 8th Grade = 4,671; 9th Grade = 4,303; 10th Grade = 3,793; 11th Grade = 3,444; 12th Grade = 3,293).

#### Protective Factors

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research reviewed by Drs. Hawkins and Catalano include social bonding to family, school, community and peers; healthy beliefs and clear standards for behavior; and individual characteristics. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior.<sup>viii</sup>

	6 <sup>th</sup> Grade	7 <sup>th</sup> Grade	8 <sup>th</sup> Grade	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
<b>Community Domain</b>							
Community Opportunities for Positive Involvement	44.70%	46.60%	48.20%	46.80%	51.00%	49.80%	53.80%
Community Rewards for Positive Involvement	37.20%	42.60%	37.10%	45.60%	43.40%	41.30%	38.20%

	6 <sup>th</sup> Grade	7 <sup>th</sup> Grade	8 <sup>th</sup> Grade	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
<b>Family Domain</b>							
Family Attachment	60.60%	65.40%	57.20%	53.50%	51.70%	56.20%	55.90%
Family Opportunities for Positive Involvement	57.50%	57.20%	47.00%	40.90%	38.80%	35.90%	33.70%
Family Rewards for Positive Involvement	55.70%	56.60%	47.60%	56.70%	54.30%	51.30%	49.40%
<b>School Domain</b>							
School Opportunities for Positive Involvement	43.30%	55.60%	48.40%	47.90%	47.10%	43.90%	29.10%
School Rewards for Positive Involvement	30.70%	39.90%	32.40%	27.00%	22.60%	20.50%	23.00%
<b>Peer-Individual Domain</b>							
Peer Disapproval of ATOD Use	74.10%	63.50%	56.00%	52.60%	54.30%	59.80%	53.90%
Belief in Moral Order	57.40%	55.70%	54.30%	45.60%	39.20%	39.10%	38.50%
Educational Aspirations	34.60%	35.00%	38.00%	39.70%	45.60%	47.20%	46.50%

#### Risk Factors:

The accumulation of risk factors increases the probability of substance use or engagement in other problem behaviors. In the current study, one fourth (26%) of the students who were diagnosed with a substance abuse problem had 10 to 14 risk factors, and over two thirds (67%) of the students, who were diagnosed with a substance abuse problem, had 15 or more risk factors. In comparison, only 7% of the students who were diagnosed with a substance abuse problem had 0 to 10 risk factors. Listed below are the percentages of students who have a low number of risk factors (0 to 9 risk factors), a moderate number of risk factors (10 to 14 risk factors), and a high number of risk factors (15 to 24 risk factors). Because of the high probability of having a substance abuse problem with even a moderate number of risk factors, students should be considered at great risk if they fall in either the moderate or high category.

	6 <sup>th</sup> Grade	7 <sup>th</sup> Grade	8 <sup>th</sup> Grade	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
<b>Community Domain</b>							
Community Disorganization	42.30%	46.60%	52.40%	51.00%	52.60%	54.30%	52.70%
Transition & Mobility	51.70%	58.60%	38.30%	44.30%	43.60%	44.30%	44.20%
Exposure to Community ATOD Use	34.70%	41.20%	48.20%	51.60%	46.70%	53.60%	42.40%
Laws & Norms Favorable to Drug Use	36.90%	38.40%	39.60%	40.60%	37.70%	33.80%	33.00%

	6 <sup>th</sup> Grade	7 <sup>th</sup> Grade	8 <sup>th</sup> Grade	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Perceived Availability of Drugs & Handguns	37.50%	40.00%	47.70%	45.10%	44.10%	38.90%	43.10%
Ability to Purchase Alcohol or Tobacco	1.30%	2.80%	5.30%	7.80%	11.30%	14.20%	20.50%
<b>Family Domain</b>							
Poor Family Supervision	37.00%	35.70%	35.40%	34.00%	36.50%	36.80%	45.30%
Lack of Parental Sanctions for ASBs <sup>1</sup>	11.00%	15.60%	22.40%	30.30%	34.50%	30.10%	27.10%
Parental Attitudes Favorable Toward ATOD <sup>2</sup> Use	5.00%	8.50%	12.50%	18.20%	21.40%	27.60%	31.40%
Exposure to Family ATOD Use	50.00%	46.40%	54.10%	47.30%	39.40%	41.70%	43.60%
Parental Attitudes Favorable Toward ASB	15.30%	21.60%	26.40%	30.50%	28.60%	32.00%	28.50%
Family (Sibling) History of ASB	19.40%	27.00%	34.00%	42.30%	32.30%	36.90%	43.40%
<b>School Domain</b>							
Low School Commitment	40.50%	42.80%	43.30%	41.90%	45.10%	48.60%	50.90%
Poor Academic Performance	47.80%	50.20%	50.80%	54.20%	52.10%	50.90%	49.90%
<b>Peer-Individual Domain</b>							
Early Initiation of Problem Behaviors	25.40%	38.60%	32.30%	38.10%	37.10%	39.20%	41.60%
Favorable Attitudes Toward ATOD Use	8.60%	18.10%	29.80%	42.60%	44.00%	40.70%	48.10%
Low Perceived Risk of ATOD Use	18.30%	22.20%	30.50%	35.20%	25.60%	25.10%	27.70%
Antisocial Behaviors (ASBs)	14.10%	21.10%	28.30%	31.90%	30.90%	30.30%	31.20%
Favorable Attitudes Toward ASB	30.50%	44.50%	54.30%	52.30%	46.00%	47.00%	47.80%
Friends' ATOD Use	21.30%	29.40%	47.30%	46.40%	46.60%	52.30%	46.80%
Interaction with Antisocial Peers	30.80%	44.60%	55.90%	49.50%	48.00%	52.80%	51.90%
Friends Rewards for Antisocial Involvement	45.70%	39.30%	39.60%	41.00%	39.10%	38.00%	38.10%
Rebelliousness	28.00%	29.60%	22.60%	28.40%	29.30%	28.60%	30.30%
Sensation Seeking	27.80%	26.90%	36.00%	35.70%	38.30%	33.70%	34.60%

<sup>1</sup> ASB – Anti Social Behavior

<sup>2</sup> ATOD – Alcohol Tobacco or Other Drug

### 3.4. Substance Abuse (Treatment Needs)<sup>ix</sup>

Again, the substance abuse information presented here is statewide data. These tables summarize the results of the 2003 Hawai'i Student Alcohol, Tobacco, and Other Drug Use Study for students participating throughout the State of Hawai'i from public, private, and charter schools (6th Grade = 5,579;

7th Grade = 4,668; 8th Grade = 4,671; 9th Grade = 4,303; 10th Grade = 3,793; 11th Grade = 3,444; 12th Grade = 3,293).

Students responded to abuse and dependency questions for each of the following substances: alcohol, marijuana, stimulants (cocaine, methamphetamine, speed), depressants or downers (sedatives, heroin), hallucinogens, and club drugs (ecstasy/MDMA, GHB, Rohypnol, ketamine). The percentage of students who are dependent on or who abuse each of the substances is presented first. Next, a summary of alcohol and other drug treatment needs is presented. Total column percentages will not always equal the sum of their parts because of rounding. The most accurate percentages are those found next to TOTAL.

	6 <sup>th</sup> Grade	7 <sup>th</sup> Grade	8 <sup>th</sup> Grade	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
<b>Alcohol Treatment Needs</b>							
Alcohol dependent	0.20%	0.90%	1.80%	3.30%	6.50%	7.70%	9.80%
Alcohol abuser	0.10%	0.20%	0.50%	1.00%	1.40%	2.10%	3.20%
<b>TOTAL</b>	<b>0.30%</b>	<b>1.10%</b>	<b>2.30%</b>	<b>4.30%</b>	<b>7.80%</b>	<b>9.70%</b>	<b>13.00%</b>
<b>Marijuana Treatment Needs</b>							
Marijuana dependent	0.10%	0.60%	1.40%	3.20%	5.10%	6.60%	7.30%
Marijuana	0.10%	0.20%	0.50%	0.60%	1.20%	1.70%	2.70%
<b>TOTAL</b>	<b>0.30%</b>	<b>0.80%</b>	<b>1.90%</b>	<b>3.90%</b>	<b>6.30%</b>	<b>8.40%</b>	<b>10.00%</b>
<b>Stimulant Treatment Needs</b>							
Stimulant dependent	0.00%	0.10%	0.20%	0.30%	0.60%	0.90%	1.00%
Stimulant abuser	0.10%	0.10%	0.10%	0.10%	0.20%	0.20%	0.30%
<b>TOTAL</b>	<b>0.10%</b>	<b>0.20%</b>	<b>0.30%</b>	<b>0.40%</b>	<b>0.80%</b>	<b>1.10%</b>	<b>1.30%</b>

### 3.5. Crime

Statistics presented here are crimes reported for Hawai'i County in 2000 based on data collected by the FBI as part of its Uniform Crime Reporting Program. These data represent offenses reported to and arrests made by state and local law enforcement agencies as reported to the FBI.

Crime	Number
Total	6,470
Murder	4
Rape	53
Robbery	54
Aggravated Assault	126
Burglary	1,449
Larceny - theft	4,355
Motor vehicle thefts	384

Crime	Number
Population	148,677
Coverage indicator	100%

### 3.6. Domestic Violence

The following table represents the number of domestic assault cases referred to Hawai'i County Prosecutor's Office for the three year period 1998-2000. There are increases in every district.

District	1998	1999	2000
North/South Kona	360	341	377
North Kohala	23	32	68
South Kohala	83	77	136
Kau	30	18	38
<b>Total</b>	<b>496</b>	<b>468</b>	<b>619</b>

### 3.7. Child Abuse & Neglect\*

The following table represents child abuse and neglect reports, by district, in Hawai'i county for 2000 to 2002.

Year and district	Reported	Confirmed	Rate (%)
<b>2002</b>	<b>1,504</b>	<b>763</b>	<b>50.7</b>
North Kohala	50	33	66
South Kohala	101	72	71.3
North Kona	192	152	79.2
South Kona	101	74	73.3
Kau	65	44	67.7
<b>2001</b>	<b>1,415</b>	<b>774</b>	<b>54.7</b>
North Kohala	45	21	46.7
South Kohala	115	70	60.9
North Kona	287	187	65.2
South Kona	119	70	58.8
Kau	47	24	51.1
<b>2000</b>	<b>1,351</b>	<b>759</b>	<b>56.2</b>
North Kohala	32	20	62.5
South Kohala	153	88	57.5
North Kona	240	173	72.1
South Kona	115	68	59.1

### 3.8. Disabilities

An estimate of children with special health care needs (CSHCN), age 0-4 years, is included below:

State	Hawaii
9,876	1,203

CSHCN are defined as children having a medical, behavioral, or other health condition that has lasted or is expected to last 12 months or longer, and who meet one or more of the following:

- Increased use of medical care, mental health, or educational services
- Need for prescription medicines
- Limited ability to do things
- Need for special therapy
- Need for treatment/counseling for an emotional, developmental, or behavioral problem

Method of calculation:

	State	Hawaii	Data source
CSHCN age 0-4 years	9,876		Hawaii data from the National Survey of Children's Health, 2003
Children age 0-4 years by county	85,073	10,361 12.2%	2003 State of Hawaii Data Book at <a href="http://www3.hawaii.gov/DBEDT">www3.hawaii.gov/DBEDT</a> ( <i>Statistics &amp; Economic Information, State of Hawaii Data Book, State of Hawaii Data Book Updates</i> ). Table 1.29 – Resident population, by selected age groups and sex, by counties: 2003.
Estimated number of CSHCN by county	9,876	1,203	Multiply 9,876 by the estimated proportion by county.

Hawaii 2004 Birth to Three Children Served by County	DEVELOPMENTALLY DELAYED AND/OR BIOLOGICALLY AT RISK				ENVIRONMENTALLY AT RISK				TOTAL			
	0-1	1-2	2-3	Total	0-1	1-2	2-3	Total	0-1	1-2	2-3	Total
<b>Hawaii</b>												
Hawaii Total	79	96	122	297	121	92	70	283	200	188	192	580
<b>Cumulative Total</b>	<b>79</b>	<b>96</b>	<b>122</b>	<b>297</b>	<b>121</b>	<b>92</b>	<b>70</b>	<b>283</b>	<b>200</b>	<b>188</b>	<b>192</b>	<b>580</b>

### 3.9. Dental



3.9.1. The following table provides data on Dental providers and facilities available to provide services to low income families. <sup>xi</sup>

STATUS of FEDERAL DESIGNATIONS & ASSISTANCE As of March 2002									
	MUA	Primary	Dental	Mental		RHC	330	FQHC	NH SC
Area	or	Care		Health	Facility		or		
	MUP	HPSA	HPSA	HPSA			340		
(census tract)	Designations					Assistance			
Hawaii County	MUP		77		Bay Clinic - Hilo		330	FQHC	1
Hilo (201 - 209)									
Puna (210 - 211)	MUP	7	77	7	Bay Clinic - Pahoia		330	FQHC	
		-211							
Ka'u (212)	MUA	7	77	7	Bay Clinic -- Ka'u		330	FQHC	1
Hamakua (219 - 221)	MUP	7	77	77	Hamakua Health Center	RHC	330	FQHC	1

MUA or MUP - Medically Underserved Area or Population  
 FQHC - Federally Qualified Health Center (330 or 340 grantee)  
 HPSA - Health Professional Shortage Area  
 Look-Alike - Meets FQHC requirements but does not receive 330 or 340 funds  
 330 - Community Health Center Program  
 340 - Homeless Health  
 RHC - Rural Health Center  
 NHSC - National Health Service Corps  
 7 - Approved as an Area designation  
 77 - Approved as a Low Income Population designation

3.9.2. Proportion of five year-olds with Early Childhood Dental Caries – 8% (for Hawaii County), 1999<sup>xii</sup>

#### 4. Socio Demographic Data

The reported populations for the State of Hawai'i and the County of Hawai'i in 2003 was 1,244,898 and 154,794, respectively.<sup>xiii</sup> Below are several tables providing a broader understanding of the characteristics of the local population and in many cases the comparison to the state.

##### 4.1. Population by Age Group<sup>xiv</sup>

Age group	State Total	Hawaii
Total persons	1,244,898	154,794
Under 5	83,507	10,090
5 to 13	147,382	20,503
14 to 17	64,625	9,649
18 to 24	123,045	15,355
16 years and over	981,627	119,368
18 years and over	949,384	114,552
15 to 44	529,157	60,064

Age group	State Total	Hawaii
65 years and over	166,910	20,875
85 years and over	20,353	2,428
Under 18 years	295,514	40,242
18 to 64 years	782,474	93,677
65 years and over	166,910	20,875
Percent:		
Under 18 years	23.7	26.0
18 to 64 years	62.9	60.5
65 years and over	13.4	13.5

#### 4.2. Rural v Urban Separation<sup>xv</sup>

Subject	State total	Hawaii
Land area (square miles)	6,422.6	4,028.0
Urban	(NA)	(NA)
Rural	(NA)	(NA)
Resident population	1,211,537	148,677
Urban	1,109,179	86,965
Percent <sup>1/</sup>	91.6%	58.5%
Rural	102,358	61,712
Percent <sup>1/</sup>	8.4%	41.5%

<sup>1/</sup> Percent of state population for "state total" column; percent of county population for all other columns.

#### 4.3. Ethnicity<sup>xvi</sup>

Ethnicity <sup>1</sup>	State total	Hawaii County
All groups	1,222,281	154,527
Unmixed (except Hawaiian)	739,890	82,103
Caucasian	286,727	43,608
Black	11,587	(2/)
Japanese	203,963	23,350
Chinese	47,609	1,259
Filipino	162,542	12,704
Korean	10,236	(2/)
Samoan/Tongan	17,226	359
Mixed (except Hawaiian) <sup>2/</sup>	223,901	27,772
Hawaiian/part Hawaiian	258,490	44,652
Hispanic		

<sup>1/</sup> Ethnicity is based on the ethnicity of the father and mother (four possible listings for each parent). Definitions used in this table differ from those in reports by the U.S. Census Bureau. In the 1980 and 1990 census

tabulations, a person's ethnicity was determined by self-identification or by the race of the mother, thus mixed race was not a separate category. For the Census 2000, people were allowed to select more than one race. 2/ includes other ethnicities not listed, don't know, refused or missing (57,394). The figure shown is the weighted figure.

#### 4.4. Population Changes<sup>xvii</sup>

County/ District	April 1, 1980	April 1, 1990	April 1, 2000	1980-1990 % change	1990-2000 % change
State of Hawaii	964,691	1,108,229	1,211,537	14.9%	9.3%
Hawaii County	92,053	120,317	148,677	30.7%	23.6%
North Kohala	3,249	4,291	6,038	32.1%	40.7%
South Kohala	4,607	9,140	13,131	98.4%	43.7%
North Kona	13,748	22,284	28,543	62.1%	28.1%
South Kona	5,914	7,658	8,589	29.5%	12.2%
Ka'u	3,699	4,438	5,827	20.0%	31.3

#### 4.5. Income Type And Per Capita Income In 1999, 2000<sup>xviii</sup>

Subject	State total	County of Hawaii
Households	403,572	52,945
With earnings	334,392	41,559
Mean earnings (dollars)	58,733	48,098
With Social Security income	112,350	15,844
Mean Social Security income (dollars)	11,611	11,546
With Supplemental Security income	14,455	2,289
Mean Supplemental Security income (dollars)	6,515	6,524
With public assistance income	28,886	5,158
Mean public assistance income (dollars)	4,616	4,630
With retirement income	85,662	10,857
Mean retirement income (dollars)	20,419	18,243
Per capita income (dollars)	21,525	18,791

#### 4.6. Poverty Status

Based on nationwide poverty thresholds. Hawaii thresholds are approximately 15 percent higher than those in effect on the Mainland; these data accordingly understate the numbers of persons and families below the poverty level in Hawai'i. Data refer to the poverty status in 1999 of families and persons surveyed in April 2000.<sup>xix</sup>

Subject	State total	Hawaii County
All families	22,101	4,084
Percent below poverty level	7.6	11.0
With related children under 18 years	17,182	3,334

Percent below poverty level	11.3	17.1
With related children under 5 years	8,470	1,556
Percent below poverty level	13.9	22.3
<b>Female householder families</b>	10,024	1,843
Percent below poverty level	20.6	28.1
With related children under 18 years	8,737	1,684
Percent below poverty level	29.5	37.0
With related children under 5 years	3,879	747
Percent below poverty level	37.4	49.7
All individuals	126,154	22,821
Percent below poverty level	10.7	15.7
18 years and over	85,612	14,619
Percent below poverty level	9.6	13.5
65 years and over	11,683	1,391
Percent below poverty level	7.4	7.2
With related children under 18 years	38,730	7,873
Percent below poverty level	13.5	21.0
With related children under 5 years	27,159	5,718
Percent below poverty level	12.9	19.8
Unrelated individuals 15 years and over	46,365	7,819
Percent below poverty level	24.4	30.4

#### 4.7. Persons Receiving TANF<sup>xx</sup>

Category	State	Hawaii
2000		
Cases	15,071	3,023
Recipients	42,272	8,437
Expenditures <sup>11</sup>	7,701	1,542
2001		
Cases	13,583	2,829
Recipients	37,741	7,815
Expenditures <sup>11</sup>	6,848	1,423
2002		
Cases	11,867	2,467
Recipients	32,407	6,700
Expenditures <sup>11</sup>	6,076	1,266
2003		
Cases	10,269	2,111
Recipients	26,960	5,515

Category	State	Hawaii
Expenditures <sup>17</sup>	5,294	1,099

<sup>17</sup> Thousands of dollars (annual)

#### 4.8. Families Receiving Food Stamps<sup>xxi</sup>

Year	State	Hawaii
2000	54,992	11,508
2001	51,592	10,842
2002	50,967	10,768
2003	50,548	10,648

#### 4.9. Family Makeup

The average household size on Hawai'i has decreased in the past 10 years from 2.86 persons to 2.75<sup>xxii</sup>. This trend is also reflected in the state as a whole.

Island	Households		Population in households		Population per household	
	1990 1/	2000	1990 1/	2000	1990	2000
State total	356,267	403,240	1,070,597	1,175,755	3.01	2.92
Hawaii County	41,461	52,985	118,632	145,873	2.86	2.75

## 5. Economy

### 5.1. Economic Activity

**Agriculture** - The Big Island's major sources of annual income include agriculture (the majority of the state's fruits, nuts and coffee are produced on the Big Island) and tourism. Sugar cane is no longer produced on the Big Island - abandoned in 1996.

**Tourism** - The Big Island had approximately 1.3 million visitors in 1999.

### 5.2. Employment

Percentage unemployment rate

Big Island	5.1%
Statewide	3.6%

## §2.2: Goals

### Population

The population of Hawaii County has grown steadily since 1980. According to the 2000 U.S. Census, the County's population increased 23 per cent between 1990 and 2000. During the same period, the State's population grew by 9 per cent. The district of Puna saw the largest increase at 51 per cent, followed by South Kohala (44 per cent), North Kohala (41 per cent), Ka'u (31 per cent), North Kona (28 per cent), South Kona (12 per cent), North Hilo (12 per cent), Hamakua (10 per cent) and South Hilo (6 per cent).

Utilizing Series B, the County's population is projected to grow 46 per cent to 217,718 from 2000 to 2020. South Hilo, currently the most populous district within the County, will be eclipsed by the Puna District in 2020 with an estimated population of 58,246 compared to South Hilo's 49,791.

Table 2-2. Projection of Resident Population by District, Year 2000 to 2020 (Series B)

District	2000	2005	2010	2015	2020
Total	148,677	159,907	176,938	195,965	217,718
Puna	31,335	36,351	42,591	49,801	58,246
South Hilo	47,386	46,273	47,477	48,814	49,791
North Hilo	1,720	1,643	1,720	1,798	1,879
Hamakua	6,108	6,198	6,561	6,933	7,328
North Kohala	6,038	6,622	7,917	9,446	11,273
South Kohala	13,131	15,659	18,184	21,072	24,426
North Kona	28,543	30,467	34,024	37,922	42,275
South Kona	8,589	10,253	11,414	12,681	14,092
Ka'u	5,827	6,443	7,050	7,698	8,408

Economic Assessment, PKF Hawaii, January 2000  
U.S. Census, 2000  
Hawaii County Department of Research and Development

The Puna District will continue to experience relatively strong population growth due to the availability of relatively inexpensive lots that were created around the 1960s. The growth of the population in North and South Kohala, North Kona and South Kona are closely associated with the continuing growth of the visitor and agricultural industry within these districts.

## 2.2 GOALS

- (a) Provide residents with opportunities to improve their quality of life through economic development that enhances the County's natural and social environments.



# PATCH Hawaii's Child Care Resource and Referral Agency

Report on Facilities and Capacity as of January 2008

**Facilities by License Type**  
 Licensed Before/After School Program  
 Licensed Family Home  
 Licensed Group Home  
 Licensed Infant/Toddler Center  
 Licensed Preschool  
**Total**

Number	Licensed Capacity	Desired Capacity	Enrollment
69	6,284	9,053	5,951
257	1,421	1,392	1,147
3	30	30	28
35	713	675	625
250	14,178	13,130	12,847
614	22,606	21,280	20,598
		91%	97%

**Facilities by License Type**  
 Licensed Before/After School Program  
 Licensed Family Home  
 Licensed Group Home  
 Licensed Infant/Toddler Center  
 Licensed Preschool  
**Total**

Number	Licensed Capacity	Desired Capacity	Enrollment
3	18	14	12
-	-	-	-
5	118	118	118
8	334	332	330
		97%	98%

**Facilities by License Type**  
 Licensed Before/After School Program  
 Licensed Family Home  
 Licensed Group Home  
 Licensed Infant/Toddler Center  
 Licensed Preschool  
**Total**

Number	Licensed Capacity	Desired Capacity	Enrollment
4	80	12	12
38	212	197	145
1	12	12	12
-	-	-	-
30	841	858	735
73	1,225	1,077	904
		74%	84%

**Facilities by License Type**  
 Licensed Before/After School Program  
 Licensed Family Home  
 Licensed Group Home  
 Licensed Infant/Toddler Center  
 Licensed Preschool  
**Total**

Number	Licensed Capacity	Desired Capacity	Enrollment
12	421	321	258
32	187	181	147
1	12	12	12
4	67	80	80
24	1,054	922	813
73	1,741	1,488	1,373
		78%	82%

Number	Licensed Capacity	Desired Capacity	Enrollment
20	622	572	503
81	453	438	392
1	12	12	12
4	81	81	88
48	1,814	1,741	1,702
152	2,992	2,854	2,688
		90%	95%

Number	Licensed Capacity	Desired Capacity	Enrollment
-	-	-	-
1	5	5	5
-	-	-	-
1	38	38	38
2	41	41	41
		100%	100%

Number	Licensed Capacity	Desired Capacity	Enrollment
7	389	375	361
54	324	320	250
1	12	7	7
2	24	22	22
33	1,481	1,381	1,355
87	2,230	2,105	1,995
		88%	89%

Number	Licensed Capacity	Desired Capacity	Enrollment
112	7,758	7,333	7,093
488	2,618	2,547	2,098
7	78	73	68
45	895	848	798
389	19,822	18,184	17,681
1,018	30,989	28,985	27,737
		90%	96%

Provided through contract with the State Department of Human Services. Data collected via direct phone calls to population made on a quarterly basis. For more information and/or specialized data requests please contact PATCH at 808-358-1888 or at PATCH@PatchHawaii.org

**FAMILY SUPPORT SERVICES OF WEST HAWAII  
WEST HAWAII EARLY HEAD START PROGRAM**  
*Integrated Program Area Plans 2006-2009*

**PERFORMANCE STANDARD FOCUS SECTION: Early Childhood Development and Health Services**

**PERFORMANCE STANDARD SUB-SECTION: Child Health and Developmental Services**

- 1304.20(a)(1)(i-iii) Determining Child Health Status – Assessment of Health Status  
 1304.3 (a – b) Definitions  
 1308.1-3 Purpose, Application, Scope, and Definitions for Children with Disabilities  
 1308.6(e)(2) Evaluation Procedure for Children with Disabilities  
 1308.18 Disabilities/Health Services Coordination

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<p>In order to determine and assess child's health status:            Initial Home Visit –</p> <ul style="list-style-type: none"> <li>Family Involvement staff will determine if the family has an obstetrician, pediatrician or other source of medical care and health insurance.</li> <li>If child does not have a medical home, the information and resources will be given to link the family to a source of ongoing care.</li> </ul>	<ul style="list-style-type: none"> <li>Family Advocates</li> </ul>	<ul style="list-style-type: none"> <li>Prior to Enrollment</li> </ul>	<ul style="list-style-type: none"> <li>Enrollment Application</li> <li>Family Contact Summary Form</li> </ul>
<p>Upon Enrollment –</p> <ul style="list-style-type: none"> <li>Staff request applicants to sign a release of information and consent to contact the primary physician for completion of enrollment health status assessment.</li> <li>"Letter to Physician" is sent to child's Medical Home to establish a link between family, staff, and physician.</li> <li>Parents fill out Health History Form with staff assistance.</li> <li>Medical needs are identified and parents/guardians notified regarding needs.</li> <li>Child and family needs are addressed in a multi-disciplinary approach with home visiting staff, supervisor, consultants, and other service providers.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>Consultants</li> <li>Health Specialist</li> </ul>	<ul style="list-style-type: none"> <li>30 Days to Complete Enrollment after Selection</li> </ul>	<ul style="list-style-type: none"> <li>Copy of Letter to Physician</li> <li>Signed Release of Information and Consent</li> <li>Well-Child Examination Records</li> <li>Immunization Records</li> <li>Referrals to Community Partners for Professional Services</li> <li>Family Progress Notes</li> <li>HSFIS Immunization</li> </ul>



WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Records are established in family file and include all medical, dental, developmental, and behavioral results and follow-up treatment documentation. Parents are given appropriate reminders.</li> <li>Ongoing tracking is done to insure that the child continues to follow the recommended schedule of well child care according to EPSDT and that health care services are provided.</li> <li>When further diagnostic testing, examination and treatment by a certified or licensed professional is needed for a child with an observable known or suspected health or developmental problem, services will be arranged and a follow-up plan will be developed and implemented as needed.</li> <li>Where medical, dental, developmental, and behavioral screenings and assessments indicate a need for follow-up, an outside agency referral will be made. The referral is made only after discussion with and consent of parents/guardians.</li> <li>Quarterly file review and Care Coordination is performed within our program and may include referrals to Department of Education, mental health consultants, medical providers, Public Health Nurse, dental consultants, and other providers.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>Health Specialist</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Status Form with Tickler in Family File</li> <li>Family Consent to Refer</li> <li>Quarterly Health Tracking Review Form</li> <li>HISFIS</li> <li>Appropriate Referrals, Correspondence and Family Partnership Plan and Individualized Family Support Plan (IFSP) Updates</li> </ul>

**PERFORMANCE STANDARD FOCUS SECTION: Early Childhood Development and Health Services**

**PERFORMANCE STANDARD SUB-SECTION: Child Health and Developmental Services**

- 1304.20(b)(2)(3) Developmental, Sensory and Behavioral Screening Definitions
- 1304.3(a)(b), 1308.3 Developmental Assessment for Children with Disabilities
- 1308.6(b) Disabilities/Health Services Coordination
- 1308.18

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<p>For Infants and Toddlers:</p> <ul style="list-style-type: none"> <li>The Ages and Stages Questionnaire (ASQ and ASQ-SE) will be provided for each child</li> <li>The OUNCE Scale will be used to assess motor, language, cognitive, perceptual and social-emotional skills.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> </ul>	<ul style="list-style-type: none"> <li>Within 45 days of enrollment and as scheduled</li> </ul>	<ul style="list-style-type: none"> <li>ASQ &amp; ASQ-SE Results Filed in Family File</li> <li>Hawaii Early Learning Profile (HELP) Chart in Family File</li> </ul>
<ul style="list-style-type: none"> <li>The program's Mental Health Consultant, and Disabilities Coordinator will provide guidance to staff on how to use the findings to address identified needs.</li> </ul>	<ul style="list-style-type: none"> <li>Child Development Supervisor</li> <li>Mental Health Consultant</li> <li>Health Specialist</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Staff Training Logs</li> <li>Referral Records</li> <li>Family Progress Notes</li> <li>Team Consultation Notes</li> </ul>
<ul style="list-style-type: none"> <li>Multiple sources of information on all aspects of each child's development and behavior, including input from family members and other relevant individuals who are familiar with child's typical behavior will be utilized.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Within 30 days of enrollment</li> </ul>	<ul style="list-style-type: none"> <li>Copies of Child Health History in HSFIS</li> <li>Well-Child Exams and Immunization Records in File</li> <li>Family Progress Notes</li> </ul>
<ul style="list-style-type: none"> <li>Staff will work with parents and their medical home to ensure that all health screenings are completed and up to date within 45 days of enrollment and throughout the program year utilizing the Bright Futures Health Guidance materials.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Within 45 days of Enrollment</li> </ul>	<ul style="list-style-type: none"> <li>Screening Results Filed in Family Folders</li> <li>Lesson Plans</li> <li>Family Progress Notes</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<p>Within performance standard requirements, WHEHS will refer for screenings not completed by the family's medical home.</p> <ul style="list-style-type: none"> <li>A dental consultant will provide dental screening and education sessions after the child's 1<sup>st</sup> birthday.</li> <li>Vision screening for infants and toddlers will be monitored through medical home examinations</li> <li>Newborn Hearing Screening will be done for all infants.</li> <li>Audiologist may provide hearing screening for infants and toddlers from Hawaii's Early Childhood Services Section or other trained staff.</li> </ul>	<ul style="list-style-type: none"> <li>Health Specialist</li> <li>Home Visitors</li> <li>Dental Consultant</li> <li>Medical Home</li> <li>Hospital staff</li> <li>Specialists</li> </ul>	<ul style="list-style-type: none"> <li>Within 45 days of Enrollment</li> <li>On or Around Child's First Birthday; and/or at annual Keiki Dental Fair</li> <li>Within 45 days of Enrollment</li> <li>At Time of Birth</li> <li>If Infants Fail Newborn Hearing Screening</li> </ul>	<ul style="list-style-type: none"> <li>Results Filed in Family Folders</li> <li>Family Progress Notes</li> <li>EPSDT or Other Examination Results Filed in Family Folder</li> <li>Negative Screening Results Only Filed in Family File</li> <li>Screening Results Filed in Family Files</li> </ul>

**PERFORMANCE STANDARD FOCUS SECTION: Early Childhood Development and Health Services**

**PERFORMANCE STANDARD SUB-SECTION: Child Health and Developmental Services**

1304.20 (c) (1)(2)(3l) & (ii), (4)      Extended Follow-up and Treatment-Medical & Dental Follow-up Services  
1308.18      Disabilities/Health Service Coordination

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<p>Communication with parents/guardians regarding identified follow-up health needs occurs in the following ways:</p> <ul style="list-style-type: none"> <li>Parents will be notified if there are any identified health needs of the child and a follow up plan is initiated.</li> <li>Assistance will be provided to parents as needed, to</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>Child Development Supervisor</li> <li>Health Specialist</li> </ul>	<ul style="list-style-type: none"> <li>IFSP Meetings Two Times a Year</li> <li>IFPA Meetings Four Times per Year</li> </ul>	<ul style="list-style-type: none"> <li>IFPA or IFSP in the Family File</li> <li>Family Progress Notes</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<p>enable them to learn how to obtain any prescribed medications, aids or equipment for medical and dental conditions</p> <ul style="list-style-type: none"> <li>Parents will be assisted with provisions of related services addressing health concerns in accordance with the Individualized Family Support Plan (IFSP), and the individualized Family Partnership Agreement (IFPA).</li> <li>Screening or evaluation results are shared with parents at FPA or IFSP meetings and necessary follow-ups are discussed and included in family goals.</li> </ul> <p>Program will assist with treatments as follows:</p> <ul style="list-style-type: none"> <li>Assist parents in finding necessary services and funding for services,</li> <li>Assist with transportation and child care through community resources</li> <li>Health services identified and provided in accordance with the IFSP or FPA.</li> </ul>			
<ul style="list-style-type: none"> <li>Dental treatment and follow-up will include necessary preventive measures and further treatment as recommended by the dental professionals (Hawaii does not have fluoride in their water except for residents on military bases).</li> <li>For EHS children, staff to work with primary care physician to prescribe vitamin with fluoride for each child. Dental treatment is arranged for if identified during screening or examination.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>Child Development Supervisor</li> <li>Health Specialist</li> <li>Family Advocates</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Referral Letters</li> <li>Family Progress Notes</li> <li>Funding Source Applications</li> <li>Transportation Waivers</li> </ul>
<ul style="list-style-type: none"> <li>Dental treatment and follow-up will include necessary preventive measures and further treatment as recommended by the dental professionals (Hawaii does not have fluoride in their water except for residents on military bases).</li> <li>For EHS children, staff to work with primary care physician to prescribe vitamin with fluoride for each child. Dental treatment is arranged for if identified during screening or examination.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>Child Development Supervisor</li> <li>Consultants</li> <li>Home Visitors</li> <li>Consultants</li> </ul>	<ul style="list-style-type: none"> <li>Within 45 days of Enrollment</li> <li>Ongoing</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Family Progress Notes</li> <li>IFPA/IFSP</li> <li>Lesson Plans</li> <li>Referral records</li> <li>Progress Notes</li> </ul>

**PERFORMANCE STANDARD FOCUS SECTION: Early Childhood Development and Health Services**

**PERFORMANCE STANDARD SUB-SECTION: Child Health and Developmental Services**

- 1304.20(d) On-going Care: Identify and Provide for On-going Medical, Dental, and Developmental Care
- 1308.6(b) Developmental Assessment for Children with Disabilities
- 1308.18 Disabilities/Health Services Coordination

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Any new or recurring health or developmental concerns are tracked and the Home Visitors do the follow up in partnership with the parents. Follow-up may be planned in conjunction with medical or other providers.</li> <li>Together, parents/guardians and home visiting staff review child's development and medical and dental needs.</li> <li>Case Management provides staff an opportunity to review assessment and screening results and any ongoing care.</li> <li>A Plan of Action is developed for children and families for ongoing assessment and follow-up.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>Child Development Supervisor</li> <li>Health Specialist</li> <li>MH Consultants</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Family Progress Notes</li> <li>Lesson Plans</li> <li>Family Partnership Agreement/IFSP</li> <li>Medical Problems Log</li> <li>Health Visit Planning Form</li> </ul>
<ul style="list-style-type: none"> <li>Staff participates in IFSP meetings and provides ongoing observations with the Disabilities Consultant.</li> <li>A transition packet, including a summary of developmental and health strengths and challenges is distributed to parents. WHEHS will assist the parents to ensure a smooth transition.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>Child Development Supervisor</li> <li>Health Specialist</li> <li>Mental Health Consultants</li> </ul>	<ul style="list-style-type: none"> <li>Annually with 6 Month Reviews or as Needed</li> <li>At Age of Transition</li> </ul>	<ul style="list-style-type: none"> <li>Family Progress Notes</li> <li>IFSP</li> <li>Completed Transition Packet</li> </ul>

**PERFORMANCE STANDARD FOCUS SECTION: Early Childhood Development and Health Services**

**PERFORMANCE STANDARD SUB-SECTION: Child Health and Developmental Services**

1304.20(e)(1-5) Involving Parents-Parent Involvement with Health & Developmental Services

- 1304.40(f) Parent involvement in Health, Nutrition, and Mental Health Education
- 1308.5(c) Placement Denial for Children with Disabilities
- 1308.4(h)(5) Psychological Services-Child Evaluations, Counseling, and Guidance
- 1308.6(e)(3) Parental Consent Prior to Child Evaluation
- 1308.3.6 Definitions and Services for Children with Disabilities

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<p>West Hawaii Early Head Start will ensure that every participating child receives health and developmental services as needed; When problems are suspected or identified, parents are involved in the following ways:</p> <ul style="list-style-type: none"> <li>• Parents/guardians are informed of the reason for all health and developmental screenings.</li> <li>• Parents/guardians receive information regarding the scheduled screenings.</li> <li>• Results of developmental screenings are shared with parents/guardians.</li> <li>• Results of medical and dental screenings are shared with parents/guardians.</li> <li>• Parents will sign consent for release of information if the child is referred for follow-up.</li> <li>• Staff will discuss and familiarize parents with the health or development services they will receive. If a parent/guardian refuses to give authorization for services, written documentation is obtained and placed in child's file.</li> </ul>	<ul style="list-style-type: none"> <li>• Home Visitors</li> <li>• Child Development Supervisor</li> <li>• Health Specialist</li> </ul>	<ul style="list-style-type: none"> <li>• Within 45 days of Enrollment</li> <li>• Parent Orientation</li> <li>• IFPP/IFSP Meetings</li> </ul>	<p><b>DOCUMENTED</b></p> <ul style="list-style-type: none"> <li>• Family Progress Notes</li> <li>• Lesson Plans</li> <li>• IFSP/IFPA</li> </ul>
<ul style="list-style-type: none"> <li>• Parents will sign consent for release of information if the child is referred for follow-up.</li> <li>• Staff will discuss and familiarize parents with the health or development services they will receive. If a parent/guardian refuses to give authorization for services, written documentation is obtained and placed in child's file.</li> </ul>	<ul style="list-style-type: none"> <li>• Home Visitors</li> <li>• Home Visitors</li> </ul>	<ul style="list-style-type: none"> <li>• As needed</li> <li>• Initial Home Visits</li> <li>• General Orientation</li> <li>• Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of Consent Form in Family File</li> <li>• Lesson Plans</li> <li>• Family Progress Notes</li> <li>• Family File</li> </ul>

**PERFORMANCE STANDARD FOCUS SECTION: Early Childhood Development and Health Services**

**PERFORMANCE STANDARD SUB-SECTION: Child Health and Developmental Services**

**1304.20(f)(I) Individualization of the program  
1308.19 Responding to Individual Health, Developmental, & Behavioral Needs -- Developing an Individualized Program**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Staff will develop with parents a weekly home visiting plan, identifying strengths and needs for each child from information received through developmental, sensory, and behavioral screenings, parent observations and insights, on-going staff observations, and dental and medical screenings. The plan will be updated at each home visit. Daily lesson plans are developed for the Kealakehe classroom based on parent input and classroom observation.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>Parent(s)</li> </ul>	<ul style="list-style-type: none"> <li>Weekly</li> </ul>	<ul style="list-style-type: none"> <li>Copies of Weekly Lesson Plans in Family File</li> </ul>
<ul style="list-style-type: none"> <li>Enrolled families with children who need further specialized assessment to determine whether they have a disability and may require special education and related services will be referred to specific consultants or early intervention staff or the DOE children's team for further assessment and evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>Disability Coordinator</li> <li>MH Consultant</li> <li>Nutrition Consultant</li> <li>Speech Consultant</li> <li>Public Health Nurse</li> </ul>	<ul style="list-style-type: none"> <li>Within 45 days of Enrollment</li> <li>At Any Time a Delay is Suspected and an Evaluation is Needed</li> </ul>	<ul style="list-style-type: none"> <li>IFPA</li> <li>Referral Consent</li> <li>Referrals</li> </ul>
<ul style="list-style-type: none"> <li>Enrolled families with children with special needs in the EHS units are referred to either the West Hawaii Child Development Program (WHCDP) or the Kona Early Childhood Services (KECS) to coordinate early intervention services. Families are supported in obtaining their expected outcomes through the IFSP process as implemented by the Part C provider.</li> </ul>	<ul style="list-style-type: none"> <li>Part C Care Coordinator</li> <li>Occupational therapist</li> <li>Physical Therapist</li> <li>Speech Therapist</li> <li>Mental Health Consultant</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Part C Eligibility Verification Letter</li> <li>Copies of IFSP</li> </ul>
<ul style="list-style-type: none"> <li>Families of children with special needs</li> </ul>	<ul style="list-style-type: none"> <li>Part C Care</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>IFSP</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<p>enrolled in WHEHS are referred to the West Hawaii Child Development Program (WHCDP) or KECDS for early intervention and therapeutic services through partnership agreements.</p>	<ul style="list-style-type: none"> <li>Coordinator</li> <li>Home Visitors</li> </ul>		<ul style="list-style-type: none"> <li>Part C Eligibility Verification Letter</li> <li>Memos of Understanding with NHCDP, KECDS, DOH</li> </ul>
<ul style="list-style-type: none"> <li>Families are supported in their transition from WHEHS to HCEOC Head Start, the Home Instruction Program for Preschool Youngsters (HIPPY), private preschool, day care or special services preschool with the Department of Education. The WHCDP (Part C) staff will assist Home Visiting staff by reviewing individual needs of enrolled children and helping with transition services prior to child's first day in new setting.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>Part C Care Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>Beginning at 2<sup>nd</sup> Birthday</li> </ul>	<ul style="list-style-type: none"> <li>IFSP Transition Plan</li> <li>Part C Reports</li> <li>Lesson Plans</li> </ul>
<ul style="list-style-type: none"> <li>On-going collaboration with receiving program or school's staff will provide opportunities for joint staff review of child's progress, discussion of assessment results, and sharing of material to ensure development and implementation of IFSP or that IEP goals and objectives are consistent.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>DOE Staff</li> <li>DOH Staff</li> <li>Private Preschool Providers</li> </ul>	<ul style="list-style-type: none"> <li>Until Transition is Complete</li> </ul>	<ul style="list-style-type: none"> <li>IFSP Transition Plan</li> <li>Memos of Understanding with DOH, HCEOC Head Start, DOE</li> <li>Family Progress Notes</li> </ul>

**PERFORMANCE STANDARD FOCUS SECTION: Early Childhood Development and Health Services**

**PERFORMANCE STANDARD SUB-SECTION: Education and Early Childhood Development**

**1304.21 (a) (1) (3) (4) (5) (6) Child Development and Education Approach for All Children**



1304.21 (b) (1) (2) (3) Child Development and Education Approach for Infants and Toddlers  
 1304.21 (c) (1) 1308.4 (c) (d) Disabilities Service Plan – Full range of Service, Small and Large Group, and Individual Learning

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<p><b>EARLY HEAD START CURRICULUM</b></p> <ul style="list-style-type: none"> <li>The educational program is relationship-based and designed to focus on the uniqueness of each child in order to meet his/her individual needs. Each learning environment, which is based on NAEYC's developmentally appropriate practices, is challenging, child-centered and family-centered, and enriched with opportunities for children to learn to function independently, inter-dependently, and effectively for success in school and in everyday life.</li> <li>Curriculum will be planned based on each child's needs, ASQ and ASQ-SE results, The Ounce Scale and observations by the Home Visitor, Teachers and Parents. The primary focus will be on warm, positive, responsive interactions that enhance the child's sense of self, learning about the important people and things in his environment, and the growing ability to communicate.</li> </ul>	<ul style="list-style-type: none"> <li>Child Development Supervisor</li> <li>Classroom Lead Teacher</li> </ul>	<ul style="list-style-type: none"> <li>Annually</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Program Area Plans</li> </ul>
<p><b>WHAT WILL BE DONE</b></p> <p><b>USING APPROPRIATE STRATEGIES</b></p> <ul style="list-style-type: none"> <li>The curriculum is developmentally, culturally and linguistically appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Child Development Supervisor</li> <li>Consultants</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Home Visits</li> <li>Weekly Center/Home Day Care visits</li> </ul>	<ul style="list-style-type: none"> <li>Observations, Weekly Lesson Plans, Progress Notes, IFSP, IFPP, Filed in Family Folders.</li> <li>EHS Group Plan</li> <li>Socialization Activity Checklist</li> <li>Home Based Observation Checklist</li> </ul>
	<b>WHO IS RESPONSIBLE</b>	<b>WHEN WILL IT BE ACCOMPLISHED</b>	<b>HOW WILL IT BE DOCUMENTED</b>
	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>Families</li> </ul>	<ul style="list-style-type: none"> <li>On going in home visits</li> <li>Center and family day</li> </ul>	<ul style="list-style-type: none"> <li>IFPP</li> <li>Group Plan</li> </ul>

<p>for each family. Home-Based staff is guided to use effective strategies that promote relevant and integrated emergent activities that are reflective of the population. NAEYC's standards for young children lay the foundation for educational practices outlined in the Policies and Procedures.</p>	<ul style="list-style-type: none"> <li>Child Development Supervisor</li> <li>Consultants</li> </ul>	<ul style="list-style-type: none"> <li>care visits</li> <li>Socializations</li> </ul>	<ul style="list-style-type: none"> <li>Socialization Activity Checklist</li> <li>Home Based Observation Checklist</li> <li>Consultation Notes</li> </ul>
<ul style="list-style-type: none"> <li>Children will be provided with many opportunities to interact positively with peers and adults as they engage in a variety of activities, which promote the home language, culture, and appreciation of individual differences.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Parents</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Home Visits</li> <li>Bi-weekly socialization groups</li> <li>Field trips, support activities</li> </ul>	<ul style="list-style-type: none"> <li>EHS Group Plan</li> <li>Weekly Lesson Plans</li> <li>Socialization Activity Checklist</li> <li>Home Based Checklist</li> </ul>
<ul style="list-style-type: none"> <li>Children will be taught with a variety of strategies, which meet the different learning styles, and preferences of individual children. (Concrete to abstract, hands-on learning, which integrates visual, auditory, tactile and other sensory modes.)</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Parents</li> </ul>	<ul style="list-style-type: none"> <li>Home/ Center Visits</li> <li>Socialization Groups</li> </ul>	<ul style="list-style-type: none"> <li>EHS Group Plan</li> <li>Weekly Lesson Plans</li> <li>Socialization Activity Checklist</li> <li>Home Based Checklist</li> </ul>
<ul style="list-style-type: none"> <li>The majority of activities will involve hands-on activities accompanied by planned opportunities for children to use and expand their vocabulary.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Parents</li> </ul>	<ul style="list-style-type: none"> <li>Home /Center Visits</li> <li>Socialization Groups</li> </ul>	<ul style="list-style-type: none"> <li>EHS Group Plan</li> <li>Weekly Lesson Plans</li> <li>Socialization Activity Checklist</li> <li>Home Based Checklist</li> </ul>
<p><b>WHAT WILL BE DONE</b></p>	<p><b>WHO IS RESPONSIBLE</b></p>	<p><b>WHEN WILL IT BE ACCOMPLISHED</b></p>	<p><b>HOW WILL IT BE DOCUMENTED</b></p>
<ul style="list-style-type: none"> <li>Appropriate child management strategies will be used consistently with all children. Emphasis will be placed on</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Parents</li> </ul>	<ul style="list-style-type: none"> <li>Home Visits</li> <li>Socialization Groups</li> </ul>	<ul style="list-style-type: none"> <li>Observations</li> <li>Weekly Lesson Plans</li> <li>Consultation notes</li> </ul>

<p>clear and positive modeling, practice and descriptions of what behaviors are encouraged. Extra support will be provided when needed through teaming.</p>	<ul style="list-style-type: none"> <li>• Mental Health Consultant</li> </ul>	
<ul style="list-style-type: none"> <li>• Indoor and outdoor activities are planned to provide children with opportunities to learn individually, in small groups and in large groups. These opportunities are planned according to children's interests and needs, and are reflected in the Socialization Routines. Socialization locations will be determined by the parent and curriculum intent, taking cultural preferences into consideration.</li> </ul>	<ul style="list-style-type: none"> <li>• Home Visitors/Teachers</li> <li>• Parents</li> </ul>	<ul style="list-style-type: none"> <li>• Socialization Groups</li> <li>• Center/ Home Visits</li> <li>• EHS Group Plan</li> <li>• Socialization Routines</li> </ul>

1304.21 (a) (1) (3) (4) (5) (6)  
 1304.21 (b) (1) (2) (3)  
 1308.4 ©, (d), (f) (3) (4), (h)  
 Child Development and Education Approach for All Children  
 Child Development and Education Approach for Infants and Toddlers  
 Disabilities Service Plan – Accessible Facilities, Appropriate Furniture

EARLY HEAD START APPROPRIATE ENVIRONMENT WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>• The curriculum and environments integrate a balance of child initiated, parent/guardian generated and care giver directed activities that facilitate learning processes that are appropriate for the diverse needs of birth to 3-year-old children.</li> </ul>	<ul style="list-style-type: none"> <li>• Home Visitors/Teachers</li> <li>• Parents</li> <li>• Consultants</li> </ul>	<ul style="list-style-type: none"> <li>• Socializations</li> <li>• Center/ Home Visits</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated Program Area Plans</li> <li>• Socialization Activity Checklist</li> <li>• EHS Group Plan</li> </ul>
<ul style="list-style-type: none"> <li>• The environment will include indoor and outdoor space, equipment and adult guidance for gross motor activities for all children.</li> </ul>	<ul style="list-style-type: none"> <li>• Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>• Socializations</li> <li>• Center</li> </ul>	<ul style="list-style-type: none"> <li>• EHS Group Plan</li> </ul>
<ul style="list-style-type: none"> <li>• The environment will include areas or centers organized to facilitate</li> </ul>	<ul style="list-style-type: none"> <li>• Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>• Socializations</li> <li>• Centers</li> </ul>	<ul style="list-style-type: none"> <li>• EHS Group Plan</li> </ul>

development.				
<ul style="list-style-type: none"> <li>Educational toys and materials will be arranged to promote independent use whenever appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Socializations</li> <li>Child Care Homes and Centers</li> </ul>	<ul style="list-style-type: none"> <li>EHS Group Plan</li> </ul>	
<ul style="list-style-type: none"> <li>Appropriate furniture and equipment will be purchased for children with disabilities when needed.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Socializations</li> <li>Center and Home Child Care</li> </ul>	<ul style="list-style-type: none"> <li>EHS Group Plan</li> </ul>	
<ul style="list-style-type: none"> <li>A book distribution program will be a part of the on-going curriculum</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Home Visits</li> <li>Center Visits</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Lesson Plans</li> <li>RIF Program</li> <li>Guidelines</li> </ul>	
<ul style="list-style-type: none"> <li>Off site field trips are provided for children to expand their vocabulary, problem solving and social skills.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>When Appropriate</li> </ul>	<ul style="list-style-type: none"> <li>EHS Group Plans</li> </ul>	

1304.21 (a) Child Development and Education Approach for All Children  
1304.23 Child Nutrition  
1304.24 Child Mental Health  
1304.40 Family Partnerships  
1308.4 (a-o) Disabilities Service Plan

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>As reflected in childcare and socializations planning, routines and schedules; mental health, nutrition, and health education activities are integrated. The integration of all educational aspects fosters each child's development of a healthy body and healthy mind.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Parents</li> </ul>	<ul style="list-style-type: none"> <li>Socializations as Appropriate</li> <li>Center-Based Care</li> </ul>	<ul style="list-style-type: none"> <li>Health and Safety Checklist</li> <li>Hand Washing and Toy Cleaning and Sanitation</li> <li>Diapering Policy</li> </ul>
<ul style="list-style-type: none"> <li>An appropriate routine will be developed to reflect the approximate times of activities. Activities will be appropriately spaced with flexibility for individual needs.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Parents</li> </ul>	<ul style="list-style-type: none"> <li>Socializations</li> <li>Home/Center-Based Care</li> </ul>	<ul style="list-style-type: none"> <li>Socialization Plan</li> <li>Weekly Lesson Plans</li> </ul>

<ul style="list-style-type: none"> <li>Routines will be well defined, consistent and supported with positive verbal and nonverbal feedback so children are consistently successful.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Parents</li> </ul>	<ul style="list-style-type: none"> <li>Socializations</li> <li>Center-Based Care</li> </ul>	<ul style="list-style-type: none"> <li>Socialization Routines</li> <li>EHS Group Plan</li> </ul>
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- 1304.21 (a) (2) Child Development and Education for All Children – Parent Involvement
- 1304.51 (c) Management Systems and Procedures – Communication with Families
- 1304.40 (c) Family Partnerships – Services to Pregnant Women
- 1304.40 (d) Family Partnerships – Parent Involvement
- 1304.40 (e) Family Partnerships – Parent Involvement in Child Development and Education
- 1304.40 (f) Family Partnerships – Parent Involvement in Health, Nutrition, and Mental Health Education
- 1308.21 Parent Participation

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
Parents/guardians are invited to become actively involved in their child's education and to discuss their child's growth and development by: <ul style="list-style-type: none"> <li>participating in orientation</li> <li>participating in home visits</li> <li>participating in IFSP/FPA meetings</li> <li>participating in the developmental screening process</li> <li>participating in the development of family and child goals</li> <li>participating in parent committee meetings</li> <li>participating in the lending library</li> <li>participating in parent workshops</li> <li>suggesting and helping plan child-centered activities</li> <li>making observations, writing anecdotal notes on their children</li> <li>sharing screening results and authentic assessment and child's</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Parents</li> <li>Consultants</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Program Area Plans</li> <li>IFPA</li> <li>Progress Notes</li> <li>Home Visiting Planning</li> <li>Phase-In for EHS</li> <li>Minutes of Meetings: Policy Council, Delegate Committee, Parent Committee, Advisory Committee</li> <li>Parent Training Logs</li> <li>Parent Involvement Calendar</li> </ul>

<p>work samples</p> <ul style="list-style-type: none"> <li>• volunteering on field trips</li> <li>• volunteering on advisory committees or to help plan program events</li> <li>• volunteering to serve as a Policy Council or parent committee representative</li> </ul> <p>As appropriate, parents/guardians will be provided with the opportunity to receive a mental health consult, screening and assessment, follow up, and any needed referrals from the mental health specialist with a corresponding assessment of mental health services</p>	<ul style="list-style-type: none"> <li>• Home Visitors/Teachers</li> <li>• Mental Health Specialist</li> </ul>	<ul style="list-style-type: none"> <li>• Upon referral from home visitor</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health Consultant Sheet</li> <li>• Mental Health Checklist</li> </ul>
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**1304.21 (a) (1) (3) (4) (5) (6) Child Development and Education Approach for All Children**  
**1304.21 (b)(1) (2) (3) Child Development and Education Approach for Infants and Toddlers**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<p>The following resources assist in creating and maintaining environments that promote social, emotional, physical, self help, cognitive, language and literacy development of each child:</p> <ul style="list-style-type: none"> <li>• Creative Curriculum for Early Childhood</li> <li>• Developmentally Appropriate Practice in Early Childhood – Revised Edition</li> <li>• Program for Infant Toddler Caregivers, WEST ED</li> <li>• Early Head Start National Resource Center</li> <li>• Help at Home</li> <li>• Helping Babies Learn</li> <li>• Family Resource Kit</li> <li>• Healthy and Hapai Calendar</li> </ul>	<ul style="list-style-type: none"> <li>• Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>• Socialization Activity Checklist</li> <li>• Physical Environment Health and Safety Checklist</li> </ul>

<ul style="list-style-type: none"> <li>• Prenatal Curriculum</li> <li>• Zero to Three</li> <li>• Home Based Observation Checklist</li> <li>• Socialization Activity Checklist</li> <li>• Child Care Center Checklist</li> </ul>		
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**1304.21 (a) (1) (3) (4) (5) (6) Child Development and Education Approach for All Children**  
**1308.4 (n-o) Grantee Application, Training and Technical Assistance**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
Ongoing Training and Technical Pre-Service and In-Service are provided to home-based/teaching staff and by in-house staff, as well as <ul style="list-style-type: none"> <li>• Human Services</li> <li>• FSSWH Staff</li> <li>• Department of Health (including Early Intervention Services)</li> <li>• University of Hawaii and Community Colleges</li> <li>• Staff of other community agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Child Development Specialist</li> <li>• Health Specialist</li> <li>• Mental Health and other Consultants</li> </ul>	<ul style="list-style-type: none"> <li>• As Required</li> <li>• Minimum of thirty clock hours per year</li> </ul>	<ul style="list-style-type: none"> <li>• T &amp; TA Plan</li> <li>• Master Calendar</li> <li>• Monthly Staff Training Record</li> </ul>

- 1304.21 (b)** Child Development and Education Approach for Infants and Toddlers  
**1304.21 (c) (2)** Child Development and Education Approach for Preschoolers – Support for each child’s individual pattern of development and learning  
**1304.20 (b), (d), (e)** Child Health and Developmental Services - Screening for developmental, sensory, and behavioral concerns; Ongoing Care; Involving Parents  
**1304.40 (i)** Family Partnerships – Parent Involvement in Home Visits  
**1308.4 (f) (l)** Disabilities Service Plan – Timely Screening

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED

<p>Following the procedures outlined for ongoing observation, assessment and follow up supports each child's development and instructional needs. Strategies include:</p> <ul style="list-style-type: none"> <li>• Reviewing application information</li> <li>• Conducting record reviews</li> <li>• Utilizing the in-house referral process</li> <li>• Utilizing authentic assessment techniques</li> </ul>	<ul style="list-style-type: none"> <li>• Home Visitors/Teachers</li> <li>• Health Specialist</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>• IFPA</li> <li>• Progress Notes</li> </ul>
<p>A checklist to ensure appropriate groups, family day care and socializations are identified by the following:</p> <ul style="list-style-type: none"> <li>• Physical environment and health and safety checklist</li> <li>• Socialization activity checklist</li> <li>• Home-based observation checklist</li> <li>• Center-based checklist</li> <li>• Supply requisition form</li> </ul>	<ul style="list-style-type: none"> <li>• Home Visitors/Teachers</li> <li>• Health Specialist</li> <li>• EHS Program Director</li> <li>• Consultants</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>• Health and Safety Checklist</li> <li>• IFPA</li> <li>• Progress Notes</li> </ul>

WEST HAWAII EARLY HEAD  
START EDUCATION CURRICULAR PHILOSOPHY

The Early Head Start curriculum is individualized for each child and family based on child development, family observations, concerns and needs, program staff observations, suggestions and program comprehensive services goals.

The curriculum process begins from the time the family enrolls into Early Head Start. As the home visitor or parent/child educator and family form a partnership they share observations and discuss goals and objectives for the child and family. Within 45 days of enrollment the health and child development screenings are completed with the parent and possible goals and objectives are discussed. Child development observations and information are recorded on the Ounce Chart to assist in



planning by organizing the information and providing guidance to the family and staff about possible additional objectives. Health screening results are also monitored and considered.

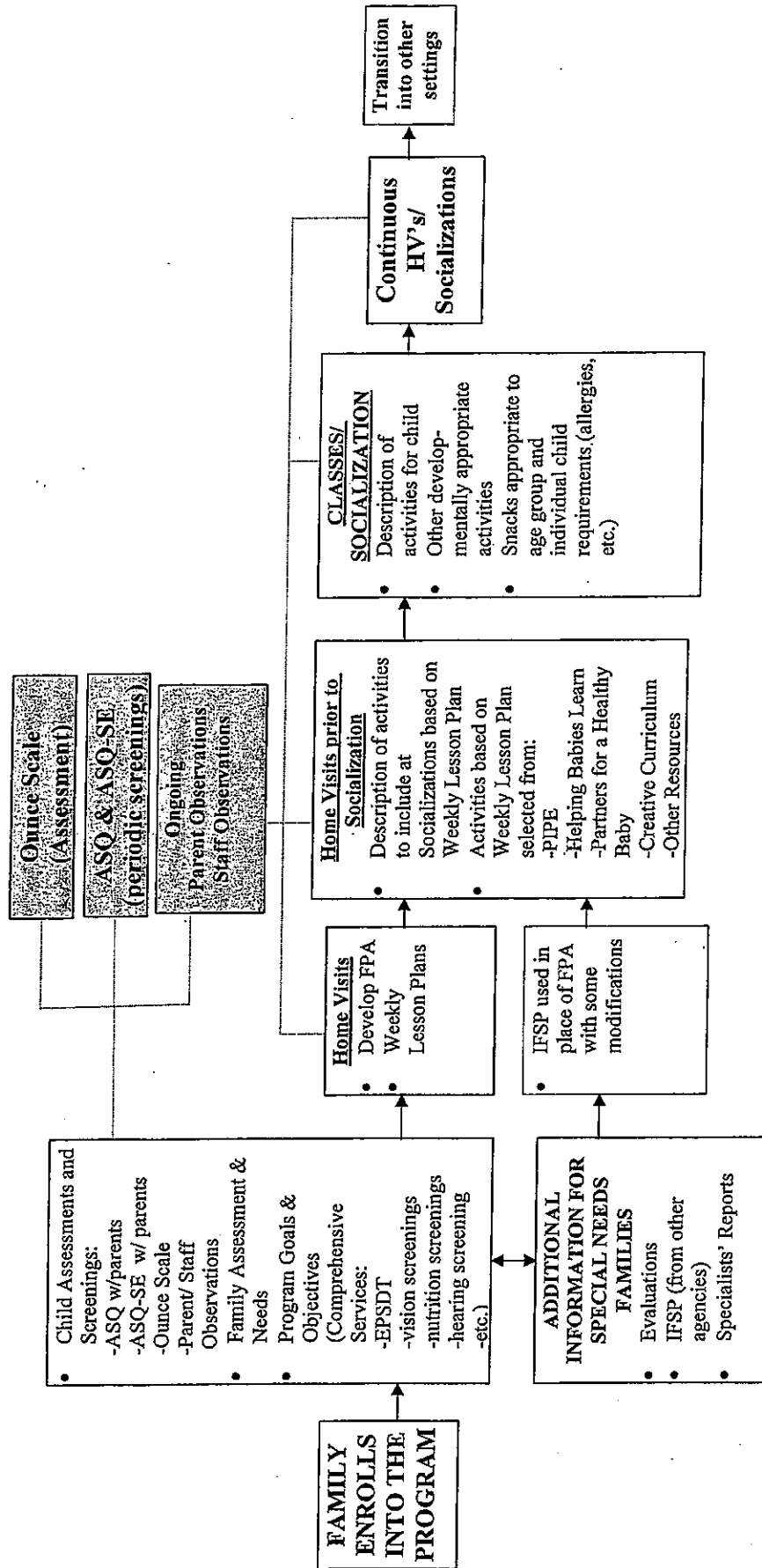
The results of the observations and screening information and expressed goals are formally written and organized into the Individualized Family Partnership Agreement (IFPA). This document includes the family goals and objectives for family members and includes a section specifically designed to address the goals and objectives for the child. The document includes possible strategies and resources for accomplishing both adult and child goals. This document is used to plan future home visits, socializations, field trips, parent workshops and other appropriate activities.

The document is continually reviewed and updated as needed based on further observations by the parents and staff. Additional strategies, activities and resources are added or used to assist the family in accomplishing the goals.

Primary resources include the *Helping Babies Learn* and *Help at Home* (specifically designed to accompany objectives reflected in the Hawaii Developmental Chart and written for parents from the child's point of view) as well as *Partners for a Healthy Baby*. Each curriculum guide or tool reflects a different learning style. It also includes the Family Resource Kit developed by the Family Resource Center at the University of Hawaii at Manoa based on the participation of parents and professionals in the community. Topics address common concerns of families with children up to age five. It was designed to integrate information from many fields. Also used are the Keiki O Hawaii and the Teddy Bear Post, published by the Hawaii State Department of Health's Children's Mental Health Branch.

The prenatal curriculum is based on best practices in prenatal care and has been produced in partnership with the Department of Health, Pulama I Na Keiki, the March of Dimes and Healthy Mothers/Healthy Babies as well as Hawaii's Healthy Start. Again parent needs and interests are an important part of the selection of topics and supplementary educational materials, and attention is paid to the multicultural aspects of the West Hawaii prenatal and new parent population.

# WEST HAWAII EARLY HEAD START PROCESS OF CURRICULUM DEVELOPMENT FOR INDIVIDUALIZATION OF SERVICES FLOW CHART



**PERFORMANCE STANDARD FOCUS SECTION: Early Childhood Development and Health Services**

**PERFORMANCE STANDARD SUB-SECTION: Child Nutrition**

- 1304.23(a) Identification of Nutritional Needs
- 1304.20(a)(1)(ii) Determination of preventive and primary health care schedules
- 1304.3-10(a),(1),(2) Definitions
- 1308.20 Nutrition Services for Children with Disabilities

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>• Prenatal families are encouraged to use the WIC and Malama Programs during pregnancy. Consent to share information is obtained.</li> <li>• Special dietary requirements or needs are noted, and follow up is conducted.</li> <li>• All families are assisted in enrolling children in the WIC Nutrition Program, and consent to share information is obtained.</li> </ul>	<ul style="list-style-type: none"> <li>• Home Visitors/Teachers</li> <li>• Health Specialist</li> <li>• WIC Dietician</li> </ul>	<ul style="list-style-type: none"> <li>• Application Review Prior to Enrollment</li> </ul>	<ul style="list-style-type: none"> <li>• Interagency Referral</li> <li>• WIC Referral</li> <li>• Nutrition Screen</li> </ul>
<p><b>WHAT WILL BE DONE</b></p> <ul style="list-style-type: none"> <li>• Education is provided as needed, based on the assessments. Pertinent information about the child's health/nutrition is shared with the parent/guardian during Home Visits.</li> <li>• Information about food resources and identified community nutrition issues are provided to all families initially and throughout the program year.</li> <li>• Information about major community nutritional issues will be identified and discussed at HSAC meetings.</li> </ul>	<ul style="list-style-type: none"> <li>• Home Visitors/Teachers</li> <li>• Health Specialist</li> <li>• WIC Dietician</li> <li>• Health Services Advisory Committee</li> </ul>	<ul style="list-style-type: none"> <li>• As Needed</li> <li>• Ongoing</li> <li>• As needs Identified</li> <li>• Quarterly HSAC meetings</li> </ul>	<p><b>HOW WILL IT BE DOCUMENTED</b></p> <ul style="list-style-type: none"> <li>• The Child Health History Form in HSFIS</li> <li>• EPSDT</li> <li>• Documentation from WIC visits in Family File</li> <li>• Family Progress Notes</li> <li>• Lesson Plans</li> <li>• Community Assessment</li> <li>• MOUs</li> <li>• HSAC Minutes</li> </ul>

1304.23 (b), (l), (ii), (iii), (v), (vi), (4) Nutritional Services  
 1304.3-10(b)(e)(3), (c), (l) Definitions  
 1308.20 Nutritional Services for Children with Disabilities

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>All children in the program will receive food that is appropriate to his or her nutritional needs, developmental readiness, and feeding skills.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Parents</li> </ul>	<ul style="list-style-type: none"> <li>Socializations</li> <li>Nutrition activities during home visits</li> </ul>	<ul style="list-style-type: none"> <li>In-House Monitoring</li> <li>Weekly Lesson Plan</li> </ul>
<ul style="list-style-type: none"> <li>Foods served will be low fat, sugar, and salt. No non-reimbursable food items will be served.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Socializations</li> </ul>	<ul style="list-style-type: none"> <li>In-House Monitoring</li> </ul>
<ul style="list-style-type: none"> <li>Infant and toddler feeding schedules will be utilized, but will allow the necessary flexibility.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Parents</li> </ul>	<ul style="list-style-type: none"> <li>Socializations</li> </ul>	<ul style="list-style-type: none"> <li>In-House Monitoring</li> </ul>
<ul style="list-style-type: none"> <li>The nutrition status of the children is discussed with their parents. Follow-up services will be provided. Nutrition activities are an integral part of the education curriculum.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Parents</li> <li>WIC</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>IFPP</li> <li>Weekly Lesson Plan</li> <li>Contact Sheet</li> </ul>

1304.3-10(c), (1), (2), (4) Definitions  
 1304.23(b) (2)(3) Nutritional Services-snacks, meals, and the promotion of effective dental hygiene  
 1308.20 Nutritional Services for Children with Disabilities

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Staff will serve snacks during home-based socialization activities/classroom activities.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Attendance Sheets</li> </ul>
<ul style="list-style-type: none"> <li>Snacks served at home base socialization meetings/classroom activities are served family style with</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Group Activity Plan</li> <li>Lesson Plans</li> </ul>

<ul style="list-style-type: none"> <li>ample time to eat.</li> <li>Socialization settings may not always include tooth brushing. Emphasis on dental care is done on home visits.</li> </ul>			
<ul style="list-style-type: none"> <li>Infants will be held while being fed, and no infant will sleep with a bottle.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Parents</li> </ul>	<ul style="list-style-type: none"> <li>Home Visits</li> <li>Classroom</li> </ul>	<ul style="list-style-type: none"> <li>Lesson Plans</li> </ul>
<ul style="list-style-type: none"> <li>Food will not be used as punishment or reward, and the children will be encouraged to try foods but will not be forced to eat.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Parents</li> </ul>	<ul style="list-style-type: none"> <li>Socializations</li> <li>Classroom</li> </ul>	<ul style="list-style-type: none"> <li>In-House Monitoring</li> </ul>
<ul style="list-style-type: none"> <li>Special dietary requirements will be accommodated.</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition Specialist</li> </ul>	<ul style="list-style-type: none"> <li>As Needed</li> </ul>	<ul style="list-style-type: none"> <li>Family File</li> </ul>
<ul style="list-style-type: none"> <li>Activities include helping children with disabilities participate in snack times</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Socializations</li> <li>Classroom</li> </ul>	<ul style="list-style-type: none"> <li>In-House Monitoring</li> </ul>

**PERFORMANCE STANDARD SUB-SECTION: Child Health and Development Services**

- 1304.24 (a) (1-3) Child Mental Health
- 1304.21 (a) (3) (I) (A-E) Support Social and Emotional Development
- 1304.40 (e) (5), (f) (1) Parent Involvement in Mental Health Education
- 1304.41 Community Partnership
- 1304.52 (d) (4), (j) (3), (k) (2) (3) Mental Health and Wellness
- 1306.34 © Requirements for Home Visits
- 1305.3 Determining Community Strengths and Needs

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Collaboration with parents/guardians regarding information and issues related to their child's mental health behavior is maintained.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Mental Health Consultant</li> </ul>	<ul style="list-style-type: none"> <li>Daily and Quarterly</li> </ul>	<ul style="list-style-type: none"> <li>WHEHS Procedures</li> <li>Mental Health Referrals</li> </ul>
<ul style="list-style-type: none"> <li>The Program has secured the services of a mental health consultant to do observations, education, training, assessments, treatment and referrals</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health Consultant</li> </ul>	<ul style="list-style-type: none"> <li>Weekly and as Requested</li> </ul>	<ul style="list-style-type: none"> <li>WHEHS Procedures</li> <li>Progress Notes</li> <li>Staff Meeting Minutes</li> </ul>

<ul style="list-style-type: none"> <li>The Mental Health Consultant will meet with Home-Based Staff to discuss concerns about individual children and will assist in developing family partnership agreements, as applicable.</li> <li>Concern about individual child will be discussed with parent at home visits. Intervention if needed will be included in Individual Family Partnership Plan or Individualized Family Support Plan</li> <li>The Mental Health Consultant will provide training for staff and parents in self-esteem building, child development and management, stress management, etc.</li> <li>The Mental Health Consultant will identify community mental health resources and to develop collaboration plans with these services.</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health Consultant</li> <li>Mental Health Consultant</li> <li>Mental Health Consultant</li> <li>Mental Health Consultant</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>As Needed</li> <li>Ongoing</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Consultant Notes</li> <li>Mental Health Checklist</li> <li>FPA</li> <li>Weekly Lesson Plans</li> <li>IFSP</li> <li>IFPA</li> <li>Training Log</li> <li>Meeting Notes</li> </ul>
<b>WHAT WILL BE DONE</b>	<b>WHO IS RESPONSIBLE</b>	<b>WHEN WILL IT BE ACCOMPLISHED</b>	<b>HOW WILL IT BE DOCUMENTED</b>
<ul style="list-style-type: none"> <li>The Mental Health program provides a regularly scheduled process of intervention for staff, parents, guardians and children. It responds to both group and individual needs, promotes wellness, and utilizes community mental health resources.</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health Consultant</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health Procedures</li> <li>Progress Notes</li> <li>Meeting Minutes</li> </ul>

**PERFORMANCE STANDARD FOCUS SECTION: Family and Community Partnerships**

**PERFORMANCE STANDARD SUB SECTION: Family Partnerships**

1304.40 (a)(1) Family Goal Setting-Assessing Strengths & Needs  
 1308.4 (c) Full Range of Services for Children with Disabilities

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Family partnership begins at the time of application acceptance as staff listen to questions and responds to needs. Special concern issues are discussed with the families and documented for follow-up and service delivery.</li> <li>Each family will complete a family assessment.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>As Applications are Accepted Throughout the Year</li> </ul>	<ul style="list-style-type: none"> <li>Progress Notes</li> </ul>
<ul style="list-style-type: none"> <li>As part of family goal setting, IFPA meetings will be completed for each family, where the Individual Family Partnership Agreement (IFPA) will be developed from information gained from the Family Assessment. The IFPA will include family's goals, responsibilities, timetable and strategies for achieving goals and progress/evaluation in achieving the goals.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Initial Family Assessment within One Month of Enrollment, Annually Thereafter</li> <li>First IFPA Meeting, Within the First 90 Days of Enrollment</li> </ul>	<ul style="list-style-type: none"> <li>Assessment Form in Family Folder</li> <li>IFPA in Family Folder</li> </ul>
<p><b>WHAT WILL BE DONE</b></p>	<p><b>WHO IS RESPONSIBLE</b></p>	<p><b>WHEN WILL IT BE ACCOMPLISHED</b></p>	<p><b>HOW WILL IT BE DOCUMENTED</b></p>
<ul style="list-style-type: none"> <li>Other service providers identified by parents are invited to participate in IFPA meetings. A referral form that begins the exchange of information between WHEHS and other service providers to</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>As IFPA Meetings are Scheduled</li> </ul>	<ul style="list-style-type: none"> <li>IFPA Filed in Family Folder</li> </ul>

<p>build upon pre-existing plans is completed if needed.</p>			
<ul style="list-style-type: none"> <li>Parents will be encouraged to participate with a variety of activities such as home visits, health screening, excursions, parent committees, PC, parent education classes, participate on various committees such as curriculum planning, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Sign-up Sheets, Attendance, Minutes, Photographs, Fliers, Posters</li> </ul>
<ul style="list-style-type: none"> <li>Families enrolled in the home base option enter into an agreement that specifies the nature of their participation in weekly home visits and bi-monthly socializations. Agreements are modified as circumstance change. Families enrolled in the center base program will identify ways they can participate in the program.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>IFPA</li> </ul>

**1304. 40 (b) (1)(2) Accessing Community Services and Resources**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Staff will share information about resources that are available to families.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Lesson Plan Filed in Family Folders</li> </ul>
<ul style="list-style-type: none"> <li>General orientation, which provides information to newly enrolled families about the comprehensive services available, is conducted. A variety of methods are utilized to assess each family's needs and the delivery of services. Each family evaluates services and resources to assess usefulness and the need for additional information. Additional services are accessed and resources are delivered when needs continue or circumstances</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Within 30 days of Enrollment</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Lesson Plan</li> </ul>



change.				
<ul style="list-style-type: none"> <li>Parents will receive information and education about Child Abuse and Neglect policies, mental health issues, including substance abuse and domestic violence.</li> <li>Referrals may be made for a family by Staff based on IFPA meeting goals and as the individual need arises.</li> <li>A copy of the Connections Directory of Social Services is available in the office as a resource guide to all staff.</li> <li>Information and assistance will be provided to families about continuing education, GED, literacy, and employment training opportunities. Families will have an opportunity to share their strengths and skills with other families.</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Orientation Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Lesson Plan</li> <li>Individual Parent Education/Training Log</li> </ul>	
<ul style="list-style-type: none"> <li>Referrals may be made for a family by Staff based on IFPA meeting goals and as the individual need arises.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>IFPP Meetings or as Needed</li> </ul>	<ul style="list-style-type: none"> <li>IFPA</li> <li>Weekly Lesson Plan Filed in Family Folder</li> <li>Directory in Office</li> </ul>	
<ul style="list-style-type: none"> <li>A copy of the Connections Directory of Social Services is available in the office as a resource guide to all staff.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Staff Orientation Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Directory in Office</li> </ul>	
<ul style="list-style-type: none"> <li>Information and assistance will be provided to families about continuing education, GED, literacy, and employment training opportunities. Families will have an opportunity to share their strengths and skills with other families.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Parent Education Meetings or as Needed</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Lesson Plan</li> </ul>	
<b>WHAT WILL BE DONE</b>	<b>WHO IS RESPONSIBLE</b>	<b>WHEN WILL IT BE ACCOMPLISHED</b>	<b>HOW WILL IT BE DOCUMENTED</b>	
<ul style="list-style-type: none"> <li>Resources for emergency or crisis assistance in areas such as food, housing, clothing, and transportation may be accessed through the Family Centers.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>As Needed</li> </ul>	<ul style="list-style-type: none"> <li>Incident Report</li> </ul>	
<ul style="list-style-type: none"> <li>Follow-up services on program referrals will be made to determine the usefulness, quality and timeliness of services.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Two Weeks after Referral was Made</li> </ul>	<ul style="list-style-type: none"> <li>Family Progress Notes</li> </ul>	
<ul style="list-style-type: none"> <li>Follow-up services are offered to families' transitioning to other programs.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>IFPA Meetings when Appropriate</li> </ul>	<ul style="list-style-type: none"> <li>IFPA</li> <li>Weekly Lesson Plan</li> </ul>	

1304.40 (c) Services to Pregnant Women

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE	HOW WILL IT BE
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		ACCOMPLISHED	DOCUMENTED
<ul style="list-style-type: none"> <li>Prenatal information will be provided. The information provided will assist pregnant women to access comprehensive prenatal care. Information on the benefits of breast-feeding will be provided.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Lesson Plan</li> </ul>
<ul style="list-style-type: none"> <li>Pregnant women will be encouraged to make and keep all appointments with their doctor, midwife or dentist. EHS will inform the woman's primary care provider of enrollment in EHS and provide a signed Release of Confidential Information to facilitate care coordination.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> </ul>	<ul style="list-style-type: none"> <li>As Appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Lesson Plan</li> <li>Signed Release in file</li> <li>Physician letter</li> </ul>
<ul style="list-style-type: none"> <li>Issues in prenatal care and education are reviewed by multi-disciplinary team at least once each trimester and during postpartum to facilitate appropriate individualization and care coordination.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Health Specialist</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Upon Enrollment of the Expected Child</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Lesson Plan</li> <li>Quarterly Health File</li> <li>Review Notes</li> <li>Progress Notes</li> </ul>
<ul style="list-style-type: none"> <li>Prenatal education for families on fetal development and labor, delivery and recovery will be provided through the WHEHS Prenatal Curriculum. Families are also encouraged and assisted to participate in community childbirth preparation, early pregnancy classes and fatherhood activities. Education on nutrition, counseling and food assistance will be provided.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Malama staff</li> </ul>	<ul style="list-style-type: none"> <li>As Needed</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Lesson Plan</li> <li>Family Partnership Agreement</li> </ul>
<ul style="list-style-type: none"> <li>Mental Health Services, which may include maternal depression, postpartum recovery, substance abuse and domestic violence, will be provided.</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health Consultant</li> </ul>	<ul style="list-style-type: none"> <li>As Needed</li> </ul>	<ul style="list-style-type: none"> <li>Progress Notes</li> </ul>

1304.40 (d)(1) Parent Involvement - General  
1304.50 Program Governance

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Parents are welcomed as volunteers or employees into planning meetings and program activities. Parent participation in program activities is voluntary and not a condition of the child's enrollment.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Attendance Sheets</li> <li>In-Kind Form</li> </ul>
<p>All families are members of their site/Home Base Parent Committee. Parent Committee meetings are scheduled at a time and day according to the needs of each parent committee. The purpose of the Parent Committee meeting is to:</p> <ul style="list-style-type: none"> <li>collaboratively work with staff and families to carry out program requirements;</li> <li>encourage parents/guardian to share special talents and skills at socializations;</li> <li>plan Home Base/Classroom social events;</li> <li>share opportunities for program participation;</li> <li>develop leadership skills;</li> <li>present topical information of interest to families;</li> <li>exchange ideas and information to be shared with the Policy Council.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Child Development Supervisor</li> <li>Family Advocates</li> </ul>	<ul style="list-style-type: none"> <li>Monthly</li> </ul>	<ul style="list-style-type: none"> <li>Attendance</li> <li>Minutes of Meeting</li> </ul>
<ul style="list-style-type: none"> <li>Parent Representatives will participate</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Monthly</li> </ul>	<ul style="list-style-type: none"> <li>Attendance</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>in PC meetings. PC agendas and minutes are posted in EHS office.</li> </ul>			<ul style="list-style-type: none"> <li>Minutes of Meeting</li> <li>Governance Manual</li> </ul>
<ul style="list-style-type: none"> <li>There will be on going open communication and rapport between staff and parents to assure that parent involvement and education activities are responsive to the expressed and ongoing needs of parents.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>EHS Program Director</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessment and Consumer Survey</li> </ul>
<ul style="list-style-type: none"> <li>Grievance procedures are established and parents will be informed. This Community Complaint Procedure is reviewed and approved by the Board and Policy Council.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>As Needed</li> </ul>	<ul style="list-style-type: none"> <li>Consumer Grievance Procedure</li> <li>Governance Manual</li> </ul>
<ul style="list-style-type: none"> <li>Communication is on going between staff and parent. Handouts and information are shared that provide a variety of suggestions for program participation and encourage parent involvement. Translated documents are currently in progress.</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Communication Procedures</li> </ul>

1304.40 (e)(1-5) , (l) (2)  
 1304.3 (a) (5)  
 1304.51 (c)(1-2)  
 1308.6 (e)

Parent Involvement in Child Development and Education  
 Definitions  
 Communications with Families  
 Coordination of evaluation for child with disabilities

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>The curriculum is emergent and is developmentally, culturally and linguistically appropriate. Parents and child(ren)'s interests and ideas are readily incorporated into Home visits</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Parents</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Program Area Plans</li> <li>Weekly Lesson Plans</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>as well as child care activities.</li> <li>Parents have input into program-wide planning regarding the program's curriculum and approach to child development and education through their Policy Council representatives.</li> <li>Parents will participate in home activities with their child.</li> <li>Parents will volunteer on excursions, field trips, and community activities.               <ul style="list-style-type: none"> <li>Parents are encouraged to participate in planning activities.</li> <li>Parent's suggestions are incorporated in curriculum planning.</li> <li>Parents will be encouraged to promote reading to their child in the home.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Child Development Supervisor</li> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Parent and Policy Council Meeting Minutes</li> <li>Curriculum Committee Meeting Minutes</li> <li>Weekly Lesson Plan</li> <li>Meeting Minutes</li> </ul>
<ul style="list-style-type: none"> <li>Parenting skills will be enhanced through workshops and participation in activities.</li> <li>Parents will have opportunities to share information and feelings about their child's development with all staff through personal contacts, phone contacts, IFPA/ILP meetings, or home visits.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Child Development Supervisor</li> <li>Home Visitors/Teachers</li> <li>Child Care Provider</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Attendance Sheets</li> <li>Weekly Lesson Plan</li> <li>IFPA</li> <li>Contact Sheets</li> </ul>
<ul style="list-style-type: none"> <li>Parents will be encouraged to share cultural activities related to nutrition, classroom environment and excursions.</li> <li>Policy Council Representatives, interested parents/guardians and appropriate staff are prepared and supported to conduct the annual Program Self-Assessment.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Child Development Supervisor</li> <li>Consultants</li> <li>Policy Council</li> <li>All Interested Parents</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>See Planning Calendar</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Lesson Plan</li> <li>Meeting Minutes</li> <li>Self Assessment</li> <li>Quality Assurance</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<p>Participants are grounded in an understanding of the program's mission, vision and philosophy as well as practical use of the evaluation. As part of the program review, findings regarding parent involvement in child development and education are compiled. An improvement plan is developed and implemented.</p>			
<ul style="list-style-type: none"> <li>Services are delivered to the child through the family and classroom. Home Base services are delivered to families using an understanding of the way adults learn. Independent learning is encouraged. Parents select what they want to hear about parenting and enhancing their family's self-reliance. They share responsibility for planning and decision making in implementation of home visits and socializations. Feedback is solicited from families including lesson plans and activity ideas for future visits. Families are assisted to foster the growth and development of their children within the unique context of their home and culture.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>May-April (Year-Round Program)</li> </ul>	<ul style="list-style-type: none"> <li>Procedures</li> <li>Home Based Option</li> </ul>
<ul style="list-style-type: none"> <li>Families are provided support to attend conferences and workshops related to child development</li> </ul>	<ul style="list-style-type: none"> <li>Policy Council</li> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>May-April</li> </ul>	<ul style="list-style-type: none"> <li>Procedures</li> </ul>
<ul style="list-style-type: none"> <li>Parents/guardians of children with disabilities participate in the development of their child's IFSP</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Health Specialist</li> <li>Early Intervention Partners</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Procedures</li> <li>Disabilities, IFSP</li> </ul>

1304.40 (f) (1) Parent Involvement in Health, Nutrition, and Mental Health Education  
 1304.20 (e) (4) Parent Involvement in Child's health care process  
 1304.3 (1) © Definitions

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Families learn about child health (medical and dental), nutrition, management of food budget, and mental health education.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers Consultants Health Specialist</li> </ul>	<ul style="list-style-type: none"> <li>During Enrollment</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Lesson Plans</li> <li>Progress Notes</li> </ul>
<ul style="list-style-type: none"> <li>Parents will be encouraged to make and keep dental and doctor's appointments, as well as accompany their child to appointments. Transportation and/or interpretation are provided after all other options are explored.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers Family Advocates Health Specialist</li> </ul>	<ul style="list-style-type: none"> <li>As Needed</li> </ul>	<ul style="list-style-type: none"> <li>Progress Notes</li> <li>Contact Log</li> </ul>
<ul style="list-style-type: none"> <li>Opportunities are provided for parents to participate in activities to promote wellness and self-esteem.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers Child Development Supervisor Mental Health Consultant</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>IFPA meetings</li> </ul>	<ul style="list-style-type: none"> <li>IFPA</li> <li>Group Plan</li> </ul>
<ul style="list-style-type: none"> <li>Staff will share strengths and concerns with parents in reference to child's nutrition, self-help skills, toileting and dental care.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers Health Specialist</li> </ul>	<ul style="list-style-type: none"> <li>IFPA meeting</li> <li>IFSP Meeting</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>IFPA/IFSP</li> <li>Weekly Lesson Plan</li> </ul>
<ul style="list-style-type: none"> <li>Parents receive information and or/feedback from developmental, sensory and behavioral screenings.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>As Needed</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Lesson Plans</li> <li>Reports</li> </ul>
<ul style="list-style-type: none"> <li>Assistance with accessing a Medical Home, Medical Insurance, and dental service providers within the community will be provided.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers Health Specialist Family Advocates</li> </ul>	<ul style="list-style-type: none"> <li>As Needed</li> </ul>	<ul style="list-style-type: none"> <li>IFPA/IFSP</li> </ul>
<ul style="list-style-type: none"> <li>Staff will provide mental health education programs for parents to</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health Consultant</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>IFPA/IFSP</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<p>Identify and discuss issues related to child and family mental health. Support group sessions are offered for parents that reinforce mental health approach used in the program.</p> <p>Workshops and informational sessions will be provided to parents and staff. Topics may include specifics from the following health related areas;</p> <ul style="list-style-type: none"> <li>• dental, (teething, nursing bottle syndrome, flossing)</li> <li>• health and wellness (utilizing the healthcare system, immunizations, self care, exercise)</li> <li>• nutrition, (breastfeeding, preparing baby foods, nutritional snacks, quick and easy balanced meals, obesity prevention)</li> <li>• mental health, (stress reduction, well being).</li> <li>• Safety (car and pedestrian safety, household safety, and prevention of SIDS.)</li> </ul> <p>Staff and parents are made aware of scheduled training in the community on medical and dental health, emergency first aid, occupational and environmental hazards, and safety practices for use in the home. Pedestrian safety training is included for all families. Additional training will be offered as indicated in the Community Assessment: including domestic violence prevention, issues about ICE and other drugs as well as</p>	<ul style="list-style-type: none"> <li>• Home</li> <li>• Visitors/Teachers</li> <li>• Health Specialist</li> <li>• Consultants</li> <li>• Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>• As Needed</li> <li>• Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly Lesson Plans</li> <li>• IFPA/IFSP</li> <li>• Training Attendance Form</li> </ul>



neighborhood safety.

**1304.40 (g)(1)(2) Parent Involvement in Community Advocacy**  
**1304.41(a)(2) Partnerships with Community Organizations**  
**1304.50 Program Governance**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Parents are encouraged and supported by staff to actively participate on community organization committees, as well as attend public hearing meetings, resident or tenant meetings, and school meetings to advocate for the needed or improved community services.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>As Appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Progress Notes</li> <li>Flyers</li> </ul>
<ul style="list-style-type: none"> <li>Parents are encouraged to participate with neighboring school and community agency activities.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Progress Notes</li> <li>Flyers</li> </ul>
<ul style="list-style-type: none"> <li>The program participates in the annual Community A-Fair" resource and cultural fair in Kona to provide an opportunity for families and staff to get acquainted with service providers and collect resource materials. Participants in Waimea participate at other community events.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>September</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Lesson Plan</li> <li>Community Posters</li> </ul>
<ul style="list-style-type: none"> <li>Parents are asked to assist as interpreters. Staff provides appropriate guidance regarding confidentiality and ethics.</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>As Needed</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessment Checklist</li> <li>In-Kind Sheet</li> </ul>
<ul style="list-style-type: none"> <li>Parents and Staff will participate in the Program self assessment process.</li> </ul>	<ul style="list-style-type: none"> <li>Policy Council</li> <li>Parent Committees</li> </ul>	<ul style="list-style-type: none"> <li>Annually</li> </ul>	<ul style="list-style-type: none"> <li>Self-Assessment</li> </ul>
<ul style="list-style-type: none"> <li>Childcare options will be offered to parents to provide opportunities to attend planning and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Policy Council</li> <li>Parent Committees</li> </ul>	<ul style="list-style-type: none"> <li>As Needed</li> </ul>	<ul style="list-style-type: none"> <li>Attendance Sheet</li> </ul>

meetings.

1304.40 (h)(1-3) Parent Involvement in Transition Activities  
 1308.4 Purpose and scope of disabilities service plan  
 1308.7-1308.17 Eligibility criteria  
 1308.21 Parent participation and transition of children with disabilities

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Staff offer a variety of strategies to involve the families in transition activities</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Disabilities Consultant</li> </ul>	<ul style="list-style-type: none"> <li>No Later than 6 Months Prior to Transition Age</li> </ul>	<ul style="list-style-type: none"> <li>Transition Plan/IFSP</li> <li>Progress Notes</li> </ul>
<ul style="list-style-type: none"> <li>Staff will coordinate visits to the receiving program or neighboring elementary schools for students and parents transitioning from EHS.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Disabilities Consultant</li> </ul>	<ul style="list-style-type: none"> <li>Begin the Process no Later than 6 Months Prior to transition Age</li> </ul>	<ul style="list-style-type: none"> <li>Transition Plan/IFSP</li> </ul>
<ul style="list-style-type: none"> <li>Staff will invite and accompany parents and their child to the receiving program or school.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Disabilities Consultant</li> </ul>	<ul style="list-style-type: none"> <li>Prior to the Scheduled Date</li> </ul>	<ul style="list-style-type: none"> <li>Progress Notes</li> </ul>
<ul style="list-style-type: none"> <li>Staff from the receiving program or school are scheduled to talk to parents in the EHS Program. A summary of the child's progress will be completed with the parent and attached to the IFSP.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Disabilities Consultant</li> </ul>	<ul style="list-style-type: none"> <li>Annually</li> </ul>	<ul style="list-style-type: none"> <li>Thank You Letters</li> </ul>
<ul style="list-style-type: none"> <li>Newly enrolled parents will participate in general orientation. Initial home visits to families are done to make families aware of the program.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Within 30 days of Enrollment</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Lesson Plan.</li> </ul>
<ul style="list-style-type: none"> <li>IFPP/IFSP meetings will include information on the child's progress, goals accomplished, appropriate activities, and objectives related to transition.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Disabilities Consultant</li> </ul>	<ul style="list-style-type: none"> <li>IFPP/IFSP Meetings Six Months Prior to Transition</li> </ul>	<ul style="list-style-type: none"> <li>IFPP/IFSP</li> </ul>
<ul style="list-style-type: none"> <li>Staff encourages parents to continue to be active participants in their child's new program.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>As Appropriate</li> </ul>	<ul style="list-style-type: none"> <li>IFP/IFSP</li> <li>Weekly Lesson Plan</li> </ul>
<ul style="list-style-type: none"> <li>Transition meetings involve the Early</li> </ul>	<ul style="list-style-type: none"> <li>Home</li> </ul>	<ul style="list-style-type: none"> <li>June-August, When</li> </ul>	<ul style="list-style-type: none"> <li>Contact Sheets</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
Head Start Home-Based/Classroom staff, parents, and receiving school staff.	Visitors/Teachers Disabilities Consultant	Families Transition to Another School Setting	
<ul style="list-style-type: none"> <li>Transition planning must take place 6 months prior to child's transition. Process must take into account health status, developmental level, and progress made with child and family while in the program. Process must also include the availability of services in the community.</li> <li>EHS child may remain in the program for several months until he/she can transition.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Disabilities Consultant</li> </ul>	<ul style="list-style-type: none"> <li>No Later than 6 Months Prior to Transition</li> </ul>	<ul style="list-style-type: none"> <li>Transition Plan</li> </ul>
	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Program Director</li> </ul>	<ul style="list-style-type: none"> <li>As Appropriate</li> </ul>	<ul style="list-style-type: none"> <li>IFPA/IFSP</li> </ul>

**1304.40 (f)(1-6) Parent Involvement in Home Visits**  
**1306.33(a)(1-3), (b)(1-2) Home-based program option**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Home visits to newborns will be made to insure well being of both mother and child.</li> <li>Home visits will be scheduled weekly.</li> <li>Home visits can be conducted in optional places other than the home. The advantages of the home visits are discussed with families.</li> <li>Staff conducts home visits that are mutually convenient for both the parent and the home visitor. Home visits will be a minimum of 1.5 hours for one child and 15 minutes per additional child.</li> <li>The purpose is to improve parenting</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> <li>Home Visitors</li> <li>Home Visitors</li> <li>Home Visitors</li> </ul>	<ul style="list-style-type: none"> <li>Within 2 Weeks of Birth</li> <li>Throughout the Year</li> <li>Throughout the Year</li> <li>Throughout the Year</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Lesson Plans</li> <li>Weekly Lesson Plans</li> <li>Weekly Lesson Plans</li> <li>Weekly Lesson Plans</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
skills and the use of the home as the child's primary learning environment. Staff helps parents with providing learning activities that enhance the child's growth and development.			
<ul style="list-style-type: none"> <li>Activities are designed so that the parents are able to accompany child to the activities (by observing, volunteering or participating in activities).</li> <li>Nutritious snacks are provided during socialization. Snacks follow USDA nutrition requirements.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors</li> <li>Disabilities Consultant</li> <li>Education Consultants</li> </ul>	<ul style="list-style-type: none"> <li>Throughout the Year</li> </ul>	<ul style="list-style-type: none"> <li>Socialization Attendance</li> <li>Progress Notes</li> <li>Weekly Lesson Plans</li> </ul>

**PERFORMANCE STANDARD SUB-SECTION: Community Partnerships**

1304.41(a)(1-4) Partnerships  
1308.4(h) Special Education and related services

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Staff may act as liaisons with public service agencies for families.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Contact Sheets</li> </ul>
<ul style="list-style-type: none"> <li>WHEHS will have a M.O.U. with The Kona Infant Development Program.</li> </ul>	<ul style="list-style-type: none"> <li>Division Director</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>M.O.U.</li> </ul>
<ul style="list-style-type: none"> <li>WHEHS staff will maintain open collaborative relationships with Social Service and other community organizations.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>Child Development Supervisor</li> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Telephone Contacts</li> <li>Letters</li> <li>Family Contact Sheets</li> <li>Collaborations list</li> </ul>
<ul style="list-style-type: none"> <li>Collaboration with WIC for Nutrition Services</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>M.O.A.</li> </ul>
<ul style="list-style-type: none"> <li>Program transitions children with</li> </ul>	<ul style="list-style-type: none"> <li>Disabilities Consultants</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Transition Plans</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
disabilities and their families into DOE special education preschool.			<ul style="list-style-type: none"> <li>MOA with DOE</li> </ul>
<ul style="list-style-type: none"> <li>Presentations will be made to service providers about the WHEHS program.</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Contact Sheets</li> </ul>
<ul style="list-style-type: none"> <li>Open communication will be maintained with agencies providing services for parents.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>IFPP</li> <li>Contact Sheets</li> </ul>

**PERFORMANCE STANDARD SUB-SECTION: Community Partnerships**

- 1304.41 (b) Advisory Committee
- 1304.50(d) Policy Council
- 1304.40(e) Parent Involvement in Community advocacy

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>A Health Services Advisory committee will be maintained for the EHS/HS Program, which includes medical, dental nutrition and special needs professionals as well as program parents.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>Health Specialist</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly, as determined by Health Specialist and HSAC members</li> </ul>	<ul style="list-style-type: none"> <li>Letters</li> <li>Minutes of Meeting</li> </ul>
<ul style="list-style-type: none"> <li>Staff will establish and maintain other advisory committees such as child development and community resources and partnerships with neighboring community agencies.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>As Appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Letters of Invitation</li> </ul>
<ul style="list-style-type: none"> <li>Staff and parents will participate in community advisory groups when they benefit the children and families enrolled in West Hawaii Early Head Start.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>Child Development Supervisor</li> <li>Health Specialist</li> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Meeting minutes</li> <li>Community Partnership Binder</li> </ul>

**PERFORMANCE STANDARD FOCUS SECTION: PROGRAM DESIGN AND MANAGEMENT**  
**PERFORMANCE STANDARD SUB-SECTION: Head Start Grants Administration**

1301.10 (a), (b) (1),(2) General  
 1301.12 (a) (1), (2), (3) (b), (c) Annual audit of Head Start programs

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>• WHEHS operates in accordance with all applicable Office of Human Development Services, Department of Health and Human Services regulations.</li> </ul>	<ul style="list-style-type: none"> <li>• FSSWH Executive Director</li> <li>• Administrative Director</li> <li>• EHS Program Director</li> </ul>	<ul style="list-style-type: none"> <li>• Review and Update Annually</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Minutes</li> </ul>
<ul style="list-style-type: none"> <li>• Grantee as a recipient of funding from Federal assistance awards has a full scope audit conducted annually in accordance with "The Single Audit Act of 1984" and OMB Circular A-133. Results of such audits are furnished to the responsible HHS official within 4 months after the prior budget year and all other Head Start funding sources required.</li> </ul>	<ul style="list-style-type: none"> <li>• FSSWH Executive Director</li> <li>• Board of Directors</li> </ul>	<ul style="list-style-type: none"> <li>• Annually-Fall</li> </ul>	<ul style="list-style-type: none"> <li>• Fiscal Policies</li> <li>• OMB Circular A-128</li> <li>• OMB Circular A-133</li> </ul>

**PERFORMANCE STANDARD SUB-SECTION: Grants Administration-General Requirements, Federal Financial Assistance, Personnel and General Administration**

1301.13 (a), (b) Accounting System Certification  
 1301.20 (a) (1), (2), (3) (b), (c) Matching Requirements  
 1301.30 General Requirements  
 1301.31 (a-h) Personnel Policies  
 Appendix A to 1301.31 Identification and Reporting of Child Abuse and Neglect

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>• Grantee maintains an accounting system in accordance with all HHS certification requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• FSSWH Executive Director</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>• OMB Circular A-133</li> </ul>

<ul style="list-style-type: none"> <li>A process for the collection of Non-Federal share of total costs of the Head start program is outlined in Grantee Fiscal Policies and Procedures and Program Policies and Procedures.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>FSSWH Fiscal Consultant</li> <li>Child Development Supervisor</li> <li>Program Assistant</li> </ul>	<ul style="list-style-type: none"> <li>Continuous Throughout Year</li> <li>Quarterly Reports Prepared</li> </ul>	<ul style="list-style-type: none"> <li>WHEHS Procedures-Administration-In-Kind</li> </ul>
<ul style="list-style-type: none"> <li>West Hawaii Early Head Start uses the Family Support Services of West Hawaii's Personnel Policies manual as the basis for compliance with Performance Standards. Each staff member receives a Code of Ethics and Confidentiality Policy and has access to the full document on the Web as well as in the office.</li> <li>The WHEHS Procedures Manual further defines the Grantee's Personnel Policies and also includes detailed procedures for Early Head Start administration, operations, and program areas. "Identification and Reporting of Child Abuse and Neglect" is included in these procedures and is updated annually based on yearly CPS training.</li> </ul>	<ul style="list-style-type: none"> <li>FSSWH Human Resource Director</li> <li>Implementation by all Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Review and Update Annually</li> <li>Pre-Service Training for All Staff</li> </ul>	<ul style="list-style-type: none"> <li>FSSWH Personnel Policies, Policies and Procedures</li> <li>Child Abuse Reporting Procedures</li> </ul>

**PERFORMANCE STANDARD SUB-SECTION: Program Governance**

- 1304.50 (a) (1) (I - iii) (3) Policy Council and Parent Committee Structure
- 1304.50(b)(1-7) Policy Group Composition and Formation
- 1304.50(c), (d)(1)(I-xi) Policy Group Responsibilities, Policy Council or Delegate Committee

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>The WHEHS Home-based program will have six elected parent representatives, preferably two from each geographic area, and an alternate for each to be</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>According to Planning Calendar</li> </ul>	<ul style="list-style-type: none"> <li>Meeting Minutes</li> </ul>

<p>seated on the PC according to the Planning Calendar. One representative from the Kealakehe classroom will be seated as a Policy Council member. This Council may not be dissolved until a successor Council is elected and seated.</p>			<ul style="list-style-type: none"> <li>• Meeting Minutes</li> </ul>
<ul style="list-style-type: none"> <li>• WHEHS Home-based/Center-based programs in North Hawaii and Kailua-Kona will each have a Parent Committee. The Committees may meet individually or in clusters.</li> </ul>	<ul style="list-style-type: none"> <li>• Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>	
<ul style="list-style-type: none"> <li>• The total size of the Policy Council is established in the By-laws. Council Members will receive on-going training and orientation to familiarize themselves with their roles and responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy Council</li> <li>• EHS Program Director</li> </ul>	<ul style="list-style-type: none"> <li>• March</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Minutes</li> <li>• Policy Council Governance Procedures</li> </ul>
<ul style="list-style-type: none"> <li>• Policy Council establishes procedures for the election of parent members, the procedure for the selection of community representatives, and approval of them.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy Council</li> <li>• Board of Directors</li> </ul>	<ul style="list-style-type: none"> <li>• March</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Minutes,</li> <li>• Policy Council Governance Procedures</li> </ul>
<ul style="list-style-type: none"> <li>• At least 51% of the members of the Policy Council will be the parents of currently enrolled children and be proportionately represented.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy Council</li> </ul>	<ul style="list-style-type: none"> <li>• March</li> <li>• Ongoing when there is a Vacancy</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Minutes</li> <li>• Policy Council Governance Procedures</li> </ul>
<p><b>WHAT WILL BE DONE</b></p>	<p><b>WHO IS RESPONSIBLE</b></p>	<p><b>WHEN WILL IT BE ACCOMPLISHED</b></p>	<p><b>HOW WILL IT BE DOCUMENTED</b></p>
<ul style="list-style-type: none"> <li>• Community representatives must be drawn from the local community, former parents included, and they must be approved annually.</li> <li>• Policy Council members may serve no more than a total of three (3) years and they must stand for election or re-</li> </ul>	<ul style="list-style-type: none"> <li>• Policy Council</li> <li>• Policy Council</li> </ul>	<ul style="list-style-type: none"> <li>• March</li> <li>• Ongoing when there is a Vacancy</li> <li>• February</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Minutes</li> <li>• Policy Council Governance Procedures</li> <li>• Meetings Minutes</li> <li>• Policy Council Roster.</li> </ul>



<p>election annually.</p> <ul style="list-style-type: none"> <li>Staff or their immediate families may not serve on Policy Council, Delegate Committee except parents who occasionally substitute for regular staff.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Policy Council Roster</li> </ul>
<p>Policy Council will work in partnership with key management staff and FSSWH Board of Directors to develop, review, and approve or disapprove the following:</p> <ul style="list-style-type: none"> <li>funding application and amendments to funding applications.</li> <li>procedures describing shared decision-making</li> <li>procedures for program planning</li> <li>the programs long and short – range program goals and objectives</li> <li>annual revision of the criteria for defining recruitment, selection, and enrollment priorities.</li> <li>annual self assessment</li> <li>annual independent audit</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>EHS Management Team</li> <li>Policy Council</li> <li>Fiscal Officer</li> <li>Board of Directors</li> </ul>	<ul style="list-style-type: none"> <li>Follow the Planning Calendar Designed to meet Deadlines</li> </ul>	<ul style="list-style-type: none"> <li>Meeting Minutes</li> <li>Planning Procedures</li> <li>Policy Council Minutes</li> <li>Management Team Meeting Minutes.</li> <li>Self Assessment Checklist</li> <li>Audit</li> </ul>
<p><b>WHAT WILL BE DONE</b></p>	<p><b>WHO IS RESPONSIBLE</b></p>	<p><b>WHEN WILL IT BE ACCOMPLISHED</b></p>	<p><b>HOW WILL IT BE DOCUMENTED</b></p>
<ul style="list-style-type: none"> <li>Review and revise changes in program personnel policies including standards of conduct for staff, consultants, and volunteers.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> </ul>	<ul style="list-style-type: none"> <li>June</li> </ul>	<ul style="list-style-type: none"> <li>Meeting Minutes</li> <li>Personnel Policies</li> </ul>
<ul style="list-style-type: none"> <li>Interview and make recommendations / to hire or terminate anyone who works</li> </ul>	<ul style="list-style-type: none"> <li>Policy Council</li> </ul>	<ul style="list-style-type: none"> <li>Whenever there is a Vacancy Position</li> </ul>	<ul style="list-style-type: none"> <li>Meeting Minutes</li> <li>Advertisements</li> </ul>

primarily for the EHS/HS program.	• Interview Committee
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**1304.50 (d) (2) (i - v) Functions of Policy Council and Parent Committees**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
• Serve as a link to the Parent Committee, FSSWH Board of Directors, and the community in general.	• Policy Council	• Ongoing	• Meeting Minutes
• Inform parents about their rights and responsibilities at monthly Parent Committee meetings.	• Policy Council	• Ongoing	• Meeting Minutes
• Assist Parent Committees in planning, coordinating, and organizing program activities.	• Policy Council • Home Visitors/Teachers	• Ongoing	• Meeting Minutes
• Ensure that funds are set aside to use to support parent activities.	• Policy Council	• Ongoing	• Meeting Minutes
• Continue to recruit volunteer service from parents and community organizations.	• Policy Council	• Ongoing	• Meeting Minutes
• Continue to use procedures for working with the community to resolve complaints about the program	• Policy Council • Board of Directors	• Ongoing	• Meeting Minutes

**1304.50 (e)(1-3) Parent Committee**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED

<p>Continue to assist the Parent Committee in carrying out at least the following responsibilities:</p> <ul style="list-style-type: none"> <li>• advise staff in developing and implementing program activities, policies, and service plans;</li> <li>• plan, conduct and participate in parent and staff activities;</li> <li>• continue to participate in the recruitment and screening of EHS.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy Council</li> <li>• EHS Management Team</li> <li>• Parent(s)</li> <li>• Child Development Supervisor</li> <li>• Family Advocates</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Minutes</li> <li>• Volunteer Sign In</li> <li>• In-Kind Forms</li> </ul>
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**1304.50 (h) Internal dispute resolution**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	How Will It Be Documented
<ul style="list-style-type: none"> <li>• Utilize the impasse procedures between the BOD and PC for resolving internal disputes.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy Council</li> <li>• Board of Directors</li> <li>• EHS Program Director</li> </ul>	<ul style="list-style-type: none"> <li>• Only as Necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Minutes</li> </ul>

**PERFORMANCE STANDARD FOCUS SECTION: Program Design and Management**  
**PERFORMANCE STANDARD SUB-SECTION: Management Systems and Procedures**

**1304.51 (a) (1) (i) (ii) (iii) Program Planning**  
**1305.3 Community Assessment**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>• Staff and parents will develop and implement a systematic, ongoing process of program planning.</li> </ul>	<ul style="list-style-type: none"> <li>• EHS Program Director</li> <li>• EHS Management Team</li> </ul>	<ul style="list-style-type: none"> <li>• January</li> <li>• Ongoing Process</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Minutes</li> </ul>
<ul style="list-style-type: none"> <li>• Staff, community representatives, and parents will conduct a community strengths, needs and resources assessment, within its service area.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy Council</li> <li>• Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>• January - March</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Minutes</li> <li>• Community Assessment</li> <li>• Grantee Plan of Action</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Staff will continue to hold different meetings to review and update Community Assessment information to determine whether there have been significant changes in the information of the Community Assessment. Meetings will include :               <ul style="list-style-type: none"> <li>Parent Committee</li> <li>Interagency</li> <li>Policy Council</li> <li>IFPA/IFSP (IFPA/ILP meeting)</li> <li>Community</li> <li>HAC</li> <li>Program Monitoring Meetings</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> </ul>	<ul style="list-style-type: none"> <li>2 Years Following Completion</li> </ul>	<ul style="list-style-type: none"> <li>Program Monitoring Reports</li> <li>Meetings Minutes</li> <li>IFPA/IFSP</li> </ul>

**1304.51 (a) (1) (iii) (2) Program Planning**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Each of the program areas will have a written plan(s) for implementing service. (called service area plans) See Program Planning Process.</li> <li>Review service area plans and approve by PC annually, revised and updated as needed.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Management Team</li> <li>Service area Committees</li> <li>Policy Council</li> </ul>	<ul style="list-style-type: none"> <li>March and Updated as Needed</li> <li>Annually</li> </ul>	<ul style="list-style-type: none"> <li>Written Plan(s)</li> <li>Policy Council Minutes</li> <li>Service Area Plan(s)</li> </ul>

**1304.51 (a) (2) (b) Program planning  
1304.51 (c) (2) (d) (f) Communications**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Ensure accurate information is provided</li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing and Monthly</li> </ul>	<ul style="list-style-type: none"> <li>Meeting Minutes</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<p>regularly in a timely fashion to parents, PC, BOD, staff and the general community. This will be accomplished through:</p> <ul style="list-style-type: none"> <li>• Parent Committee</li> <li>• Adult Education</li> <li>• PC</li> <li>• HSAC</li> <li>• Telephone contacts</li> <li>• IFPA/IFSP meetings</li> <li>• Announcements</li> <li>• Family survey</li> <li>• Bulletins (posted)</li> <li>• Training or conferences</li> <li>• Parent activities calendar</li> <li>• Posted and take home fliers</li> <li>• Verbal reminders</li> <li>• Staff and community meetings.</li> </ul>	<ul style="list-style-type: none"> <li>• Program Assistant</li> <li>• Policy Council Chairperson</li> </ul>	<p>Meetings and Bylaw Statements</p>	<ul style="list-style-type: none"> <li>• IFPA/IFSP</li> <li>• Newsletters</li> <li>• Monthly Parent Calendar</li> <li>• Family Survey</li> </ul>

**1304.51(d) (1-4) Program planning**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>• Policy Council and Staff will establish a timetable and written procedures for program planning, policies, procedure, and grant application.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy Council</li> <li>• EHS Program Director</li> </ul>	<ul style="list-style-type: none"> <li>• Annually</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Minutes</li> </ul>
<ul style="list-style-type: none"> <li>• Establish policies, guidelines, and other communications from HHS.</li> </ul>	<ul style="list-style-type: none"> <li>• EHS Program Director</li> </ul>	<ul style="list-style-type: none"> <li>• Annually</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Minutes</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure program and financial reports given at each PC and management meetings.</li> </ul>	<ul style="list-style-type: none"> <li>• EHS Program Director</li> <li>• Program Assistant</li> <li>• FSSWH Executive Director</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing; Monthly</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Minutes</li> </ul>

1304.51(e) Program Planning  
1304.51(f) Communications

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Ensure regular communication among all Program Staff to facilitate quality outcomes for children and families, through               <ul style="list-style-type: none"> <li>Staff and Management Meetings</li> <li>Memorandums</li> <li>Bulletins</li> <li>Supervision.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>Child Development Supervisor</li> <li>Program Assistant</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing, Weekly, and/or Monthly</li> </ul>	<ul style="list-style-type: none"> <li>Meeting Minutes</li> <li>Memorandums</li> <li>Bulletins</li> </ul>

1304.51 (g) Record-Keeping

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Maintain efficient and effective record keeping systems to provide accurate and timely information and ensure appropriate confidentiality of this information. Staff will continue to use:               <ul style="list-style-type: none"> <li>Daily Contact Sheets</li> <li>Progress Notes</li> <li>Individualized Lesson Plans</li> <li>AFPA/AFSP.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing; Daily, Weekly, and/or Monthly</li> </ul>	<ul style="list-style-type: none"> <li>Contact sheets</li> <li>Progress notes</li> <li>IFPA/IFSP</li> <li>Individualized Lesson Plans</li> </ul>

1304.51 (h) (i) Reporting Systems

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>FSSWH Executive Director, EHS Program Director and Fiscal Officer will generate periodic reports of financial</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>FSSWH Executive Director</li> </ul>	<ul style="list-style-type: none"> <li>Monthly</li> </ul>	<ul style="list-style-type: none"> <li>Meeting Minutes, Reports, and Memorandum</li> </ul>

status, program operations and maintain accountability to:	• Fiscal Officer	
<ul style="list-style-type: none"> <li>• Board of Directors</li> <li>• Policy Council</li> <li>• Program Staff.</li> </ul>		

**(h) Reporting Systems (2)**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>• FSSWH Executive Director, EHS Program Director, and Fiscal Officer will generate official reports for Federal, State, and local authorities, as required by applicable law.</li> </ul>	<ul style="list-style-type: none"> <li>• EHS Program Director</li> <li>• FSSWH Executive Director</li> <li>• Fiscal Officer</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly, Annually or When Need Arises</li> </ul>	<ul style="list-style-type: none"> <li>• Reports and Memorandums</li> </ul>

**(i) (1) (2) Program Self-Assessment and Monitoring**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>• Conduct an annual self-assessment to ensure program goals and objectives adhere to Federal regulations. Continue to use: <ul style="list-style-type: none"> <li>• Community Assessment</li> <li>• Policy Council</li> <li>• Parent Committee Meetings.</li> </ul> </li> <li>• On-going Monitoring activities will occur On a regular and frequent basis. See Monitoring System Manual.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy Council</li> <li>• Parent Committees</li> <li>• EHS Management Team</li> </ul>	<ul style="list-style-type: none"> <li>• Annually</li> <li>• On-going</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Minutes</li> <li>• Community Assessment</li> <li>• Self Assessment Checklist</li> <li>• Monitoring Forms</li> </ul>

**PERFORMANCE STANDARD:** Human Resource Management

**1304.52 (a) (1-2) Organizational Structure, Program Management**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>EHS Management Team will meet regularly to oversee the delivery of services in the areas of early childhood development and health services, including child development and education; child medical, dental and mental health; and child nutrition; and services for children with disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>EHS Management Team</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing Weekly</li> </ul>	<ul style="list-style-type: none"> <li>Meeting Minutes</li> </ul>
<ul style="list-style-type: none"> <li>Work with parents, staff, and community members to identify and compile into a Handy Emergency Listing for Parents resources and support services in the community.</li> </ul>	<ul style="list-style-type: none"> <li>Child Development Supervisor</li> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Updated July</li> </ul>	<ul style="list-style-type: none"> <li>Safety booklet</li> </ul>
<ul style="list-style-type: none"> <li>Plan and provide parent education opportunities to all adult participants twice a month. Topics are identified according to the Community Assessment goals and objectives as well as parent surveys. Training is provided through workshops, at Socialization, by individual Home Visitors, Teachers etc.</li> </ul>	<ul style="list-style-type: none"> <li>Child Development Supervisor</li> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Monthly Calendar</li> </ul>
<ul style="list-style-type: none"> <li>Decision to hire individuals according to Revised Performance Standard: <ul style="list-style-type: none"> <li>Screen candidates' application educational qualification to ensure that candidates meet qualification specified by Revised Performance Standard</li> <li>Conduct Interviews</li> <li>Check References</li> <li>Provide job description that reflects the qualification stated in Revised Performance Standards.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>EHS Management Team</li> <li>Program Staff</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing As Needed</li> </ul>	<ul style="list-style-type: none"> <li>Resumes, Application, Diploma &amp; Certificate</li> <li>Job Description</li> <li>Personnel Action Forms</li> <li>Approval for Hire Authorization Form</li> </ul>
<ul style="list-style-type: none"> <li>45CFR 1304.52(b)(3) Current and</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Policy &amp; Procedures Manual</li> </ul>



<p>former EHS and HS parents must receive preference for employment vacancies for which they are qualified." This statement will be added to hiring procedures (Manual document).</p>			
<ul style="list-style-type: none"> <li>The EHS staff will receive cultural awareness training sessions throughout the year.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Attendance Sheets</li> </ul>

**1304.52 (d) (1-8) Personnel-Staff and Consultants**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Staff will identify qualified professional/consultants who can provide needed content area services.</li> </ul>	<ul style="list-style-type: none"> <li>Consultants</li> <li>EHS Program Manager</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>As Needed</li> </ul>	<ul style="list-style-type: none"> <li>In-Kind Forms &amp; Records</li> <li>Meeting Minutes</li> <li>Contract Agreement</li> <li>Invoices</li> </ul>
<ul style="list-style-type: none"> <li>Health Services Advisory Board meets regularly to address needs of special services, such as, dental, hearing, disabilities, mental health, nutrition, medical, and other health related services to the participants of the program.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Manager</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly</li> </ul>	<ul style="list-style-type: none"> <li>Agenda</li> <li>Meeting Minutes</li> <li>Reports</li> </ul>
<ul style="list-style-type: none"> <li>Develop written procedures to train parents and PS in screening and hiring qualify individuals.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>As Needed</li> </ul>	<ul style="list-style-type: none"> <li>Applicant Paper Screening Form</li> <li>Interview Question Form</li> </ul>

**1304.51 (c), (e), (f) & (g) Personnel Requirements**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li><b>Home Visitors:</b> The EHS Management Team and the Policy Council's Personnel Committee members will work together in screening, interviewing, and hiring candidates who meet the qualification of the home visitors according to the requirements of the Revised Performance Standard and job description.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Manager</li> <li>EHS Management Team</li> <li>Policy Council</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing As Needed</li> </ul>	<ul style="list-style-type: none"> <li>Approval for Hire Authorization Form</li> <li>Application</li> <li>Screening Form</li> <li>Interview Question Form</li> </ul>
<ul style="list-style-type: none"> <li><b>Family Advocates:</b> The EHS Management Team and the Policy Council's Personnel Committee members will work together in screening, interviewing, and hiring</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Manager</li> <li>EHS Management Team</li> <li>Policy Council</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing As Needed</li> </ul>	<ul style="list-style-type: none"> <li>Approval for Hire Authorization Form</li> <li>Application</li> <li>Screening Form</li> <li>Interview Question Form</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<p>candidates who meet the qualification of the family advocate according to the requirements of the Revised Performance Standard and job description.</p> <ul style="list-style-type: none"> <li>Basic training for all newly hired staff is provided.</li> </ul>	<ul style="list-style-type: none"> <li>Child Development Supervisor</li> <li>EHS Management Team</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Orientation Checklist</li> <li>Attendance Sheets</li> <li>Certificates</li> </ul>
<ul style="list-style-type: none"> <li>When hiring staff, preference will be given to qualified staff who can communicate with the children and their families in their home language.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>EHS Management Team</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing As Needed</li> </ul>	<ul style="list-style-type: none"> <li>Policies &amp; Procedures</li> <li>Approval for Hire Authorization Form</li> </ul>

**1304.52 (h--k) Personnel Training**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Review and update EHS/HS Policies and Procedures and personnel records to ensure they are consistent with meeting the program's standards of conduct.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>EHS Management Team</li> </ul>	<ul style="list-style-type: none"> <li>Annually</li> </ul>	<ul style="list-style-type: none"> <li>Policies &amp; Procedures</li> </ul>
<ul style="list-style-type: none"> <li>Basic orientation will be provided to new staff.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>Program Assistant</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Within Three Months of Hire</li> </ul>	<ul style="list-style-type: none"> <li>Orientation Checklist</li> </ul>
<ul style="list-style-type: none"> <li>Each staff will develop an individual staff development plan.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Annually</li> </ul>	<ul style="list-style-type: none"> <li>Copies of Individual Staff Development Plan in Personnel File</li> </ul>
<ul style="list-style-type: none"> <li>Develop a training plan to orient new Policy Council members, Parent Committee Members, and governing body to enable them to carry out their responsibilities effectively.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Annually</li> </ul>	<ul style="list-style-type: none"> <li>Record of the Plan</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Develop a master list or a computer data system to assure that each staff member has initial health examination, update TB screening record, periodic re-examination date(s) in accordance with State, local or agencies' laws and policies.</li> </ul>	<ul style="list-style-type: none"> <li>Program Assistant</li> </ul>	<ul style="list-style-type: none"> <li>Update Annually</li> </ul>	<ul style="list-style-type: none"> <li>Master List</li> </ul>
<ul style="list-style-type: none"> <li>Develop a master list or a computer data system to assure that all regular volunteers are screened for tuberculosis, or as recommended by the HSAC.</li> </ul>	<ul style="list-style-type: none"> <li>Program Assistant</li> </ul>	<ul style="list-style-type: none"> <li>Update Annually</li> </ul>	<ul style="list-style-type: none"> <li>Master List</li> </ul>
<ul style="list-style-type: none"> <li>Plan On-going training opportunities for staff to acquire the knowledge and skills necessary to implement the content of the HS Performance Standards including Blood borne Pathogens and First Aid/CPR.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Director</li> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing Monthly</li> </ul>	<ul style="list-style-type: none"> <li>Attendance Sheets</li> </ul>

**1304.53 (a)(1-9) Maintenance and Repair**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Safety checklist used to alert staff to items that need repair.</li> </ul>	<ul style="list-style-type: none"> <li>Program Assistant</li> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessment Checklist</li> <li>Inventory List</li> </ul>
<ul style="list-style-type: none"> <li>Work order(s) will be filled as needed for installation or repair.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Manager</li> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Work Order Checklist</li> </ul>
<ul style="list-style-type: none"> <li>Doors are closed to all unsupervised areas.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessment Checklist</li> </ul>
<ul style="list-style-type: none"> <li>Emergency cards are checked monthly- maintain current (updated) list of phone</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Emergency Card Records</li> </ul>

<ul style="list-style-type: none"> <li>numbers for contacting children's parents in case of emergency.</li> </ul>	<ul style="list-style-type: none"> <li>Program Assistant</li> </ul>		
<ul style="list-style-type: none"> <li>Safety equipment, such as fire extinguishers and smoke detectors, are in place and operable and the staff know how to use them.</li> <li>Fire extinguishers are checked yearly by hired professional.</li> <li>Plan and practice van evacuation drills, so that all staff/parents know the procedures in caring and assisting children to move quickly to safety.</li> </ul>	<ul style="list-style-type: none"> <li>Program Assistant</li> <li>Home Visitors/Teachers</li> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Monthly for Smoke Detectors</li> <li>Annually for Fire Extinguishers</li> <li>Monthly</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessment Checklist</li> <li>Fire Extinguisher's Service Record</li> <li>Monthly Log</li> <li>Statistic Record Sheet</li> </ul>

**PERFORMANCE STANDARD: Facilities, Materials, and Equipment**

**1304.53 (a)(1-9)(10:iv-xii) Maintenance and Repair**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>Evacuation routes are clearly marked and posted so that the path to safety is unmistakable.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Posted in Classroom in a Visible Place</li> <li>Self Assessment Checklist</li> </ul>
<ul style="list-style-type: none"> <li>Exits are clearly visible and unobstructed by furniture and equipment.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Signs for Exit Posted in a Visible Place</li> <li>Self Assessment Checklist</li> </ul>
<ul style="list-style-type: none"> <li>Rooms are well lit and provide emergency lighting in case of a power failure.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessment Checklist</li> </ul>
<ul style="list-style-type: none"> <li>Electric outlets accessible to children are covered by safety plugs.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessment Checklist</li> </ul>
<ul style="list-style-type: none"> <li>Windows and doors are constructed or adjusted to prevent injury to children</li> </ul>	<ul style="list-style-type: none"> <li>Program Assistant</li> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessment Checklist</li> </ul>
<ul style="list-style-type: none"> <li>Premises are cleaned daily and kept</li> </ul>	<ul style="list-style-type: none"> <li>Home</li> </ul>	<ul style="list-style-type: none"> <li>Daily</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessment</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
free of hazardous materials and conditions	Visitors/Teachers		Checklist

**1304.53 (a)(10)(i - iii) Safety Inspections**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
Safety inspection for Indoor Environment	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Twice a Year</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessment Checklist</li> </ul>
<ul style="list-style-type: none"> <li>No highly flammable furnishings, decorations, or materials that emit highly toxic fumes when burned.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessment Checklist</li> </ul>
<ul style="list-style-type: none"> <li>Dangerous or flammable materials and all potential poisons are stored in locked cabinets or storage facilities separate from stored medications and food.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing Daily</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessment Checklist</li> </ul>
<ul style="list-style-type: none"> <li>The materials including cleaning solutions are accessible only to authorized personnel.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Daily</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessment Checklist</li> </ul>

**PERFORMANCE STANDARD FOCUS SECTION: Program Design, And Management**  
**PERFORMANCE STANDARD SUB-SECTION: Eligibility, Recruitment, Selection, Enrollment and Attendance**

**1305.4 Recruitment and Enrollment of Children**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>West Hawaii Early Head Start enrolls children ages birth to 3, and pre-natal women. No more than 10% of enrolled families served exceed the income guidelines. Families over the income guideline include families with children diagnosed or suspected with a special</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Continuous</li> </ul>	<ul style="list-style-type: none"> <li>Enrollment, Recruitment, and Attendance Policy &amp; Procedures</li> <li>Age of Children and Family Income Eligibility Policy &amp; Procedure</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<p>need. Family income is verified by staff signature on the application according to eligibility criteria at the time of application.</p> <ul style="list-style-type: none"> <li>WHEHS recruits families in the Kona and Kealahoe High School catchment areas census tracts 212, 215, 216, and partially 217) utilizing community resources, and in partnership with Healthy Start Early Identification.</li> <li>Staff assists families in completing applications at Kealahoe High School, offices, or on home visits. WHEHS receives more applications than the number of enrollment spaces available and a waiting list is maintained.</li> </ul>	<ul style="list-style-type: none"> <li>Home Visitors/Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Continuous</li> </ul>	<ul style="list-style-type: none"> <li>Family Files</li> <li>Enrollment, Recruitment, Attendance Policy &amp; Procedures</li> <li>Recruitment of Children and Families Policy &amp; Procedure</li> <li>Community Outreach</li> <li>WHEHS Wait List</li> </ul>
<ul style="list-style-type: none"> <li>WHEHS Management Team review and recommend the selection criteria to the Policy Council, who provides final approval. The PC determines the criteria for giving priority to groups of children based on the Community Assessment data. Ten percent of total enrollment is made available to children with disabilities. A waiting list that ranks children according to the program's selection criteria will be maintained and eligible children will enter the program as vacancies occur.</li> <li>Children remain in the program until age eligible for transition into: <ul style="list-style-type: none"> <li>Home-school (HIPPY)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Policy Council</li> <li>EHS Management Team</li> </ul>	<ul style="list-style-type: none"> <li>Annually</li> </ul>	<ul style="list-style-type: none"> <li>Enrollment, Recruitment, Attendance – Selection Process Procedure</li> <li>Community Assessment Management Team</li> <li>Program Committee and Policy Council Meeting Minutes</li> </ul>
<ul style="list-style-type: none"> <li>Children remain in the program until age eligible for transition into: <ul style="list-style-type: none"> <li>Home-school (HIPPY)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>At Appropriate Age of Child</li> </ul>	<ul style="list-style-type: none"> <li>Enrollment, Recruitment, Attendance Policy &amp;</li> </ul>

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>• Pre-school/HCEOC.</li> <li>• The Program will maintain funded enrollment levels.</li> </ul>	<ul style="list-style-type: none"> <li>• Child Development Supervisor</li> <li>• Program Assistant</li> </ul>	<ul style="list-style-type: none"> <li>• Daily</li> </ul>	<ul style="list-style-type: none"> <li>• Enrollment and Attendance Policy &amp; Procedure</li> </ul>
<ul style="list-style-type: none"> <li>• WHEHS monitors and analyzes attendance monthly to determine Average Monthly Attendance for Early Head Start. Absentee follow-up procedures are maintained. Chronic absenteeism may result in termination and a vacancy. All vacant positions will be filled within 30 days.</li> </ul>	<ul style="list-style-type: none"> <li>• Child Development Supervisor</li> <li>• Program Assistant</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly</li> </ul>	<ul style="list-style-type: none"> <li>• Enrollment, Recruitment, Attendance Policy &amp; Procedure</li> <li>• Family Contact Log</li> <li>• Quarterly Reports</li> </ul>
<ul style="list-style-type: none"> <li>• Program charges no fees for participation.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy Council</li> </ul>	<ul style="list-style-type: none"> <li>• Continuous</li> </ul>	<ul style="list-style-type: none"> <li>• Policy on Fees</li> </ul>
<ul style="list-style-type: none"> <li>• Program complies with all Head Start requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• FSSWH Board of Directors</li> <li>• Policy Council</li> <li>• EHS Program Director</li> <li>• Child Development Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>• Continuous</li> </ul>	<ul style="list-style-type: none"> <li>• Administration &amp; Fiscal Policy &amp; Procedure</li> <li>• Quarterly Reports</li> <li>• Audit</li> </ul>

**PERFORMANCE STANDARD FOCUS SECTION: Implementation and Enforcement**  
**PERFORMANCE STANDARD SUB-SECTION: Deficiencies and Quality Improvement Plans (QIP)**  
**1304.60 (a-f) Compliance with Requirements**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>• A Corrective Action Plan will be developed and implemented to correct deficiencies and findings identified by the federal review team if necessary.</li> </ul>	<ul style="list-style-type: none"> <li>• EHS Program Manager</li> </ul>	<ul style="list-style-type: none"> <li>• Within 90 days of approval of plan</li> </ul>	<ul style="list-style-type: none"> <li>• Copies of Component Meeting Notes and Records</li> <li>• Program Planning Minutes</li> <li>• Management Team Meeting Minutes</li> </ul>



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**PERFORMANCE STANDARD SUB-SECTION: Noncompliance  
1304.61 (a-b) Correction of Deficiencies**

WHAT WILL BE DONE	WHO IS RESPONSIBLE	WHEN WILL IT BE ACCOMPLISHED	HOW WILL IT BE DOCUMENTED
<ul style="list-style-type: none"> <li>The Program will develop a plan of action in response to the Head Start Regional Office notice. This includes: time frame, designated administrative staff, the process and procedures.</li> </ul>	<ul style="list-style-type: none"> <li>EHS Program Manager.</li> </ul>	<ul style="list-style-type: none"> <li>Within 30 Days of Receiving the Notification</li> </ul>	<ul style="list-style-type: none"> <li>Copies of Minutes</li> <li>Program Planning</li> <li>Program Records</li> <li>Program Documentation</li> </ul>

Mon Oct 01 19:51:32 EDT 2007

### Confirmation Page

**Status:** Completed

**Action:** Congratulations! Thank you for submitting your PIR report online. Your report has been received. Once your program's PIR has been processed into the master database, a final confirmation message will be sent to your director's email address shown below. Should your report require any further corrections or clarifications during processing, your program will be notified by email or phone.

**Please print this page and maintain for your records with the printout of your PIR.**

There is no need to fax or mail this page to Xtria.

#### Head Start Program Information Report for 2006 - 2007 Program Year Program Report

**09YC0456-000: Family Support Services of West Hawaii**

Oct 1, 2007

#### Grantee Information:

- 3. Program: **Early Head Start** Region: **09**
- 4. Agency Name: **Family Support Services of West Hawaii**
- 5. Address: **West Hawaii Early Head Start  
75-127 Lunapule Road, Suite 11**
- 7. City Name: **Kailua-Kona**
- 8. State: **HI**
- 9. Zip Code: **967402119**
- 10. Telephone: **(808) 3267778**
- 11. Fax Number: **(808) 3294730**
- 12. Director's Name: **Mrs. Ellen O'Kelly**
- 13. Director's Email Address: **eokelly@fsswh.org**
- 14. Agency Email Address: **kids@fsswh.org**
- 15. Agency Website URL: **http://www.fsswh.org**
- 16. Approving Official Name: **Ms. JoAnn B Freed**
- Approving Official Title: **Executive Director**
- 17. Agency Description: **GRANTEE THAT DIRECTLY OPERATES PROGRAM(S) AND HAS NO DELEGATES.**
- 18. Number of Delegate Agencies:
  - a. Reported by the grantee: **0**
- 19. Agency Type: **PRIVATE/PUBLIC NON-PROFIT (Non-CAA) (e.g., church or non-profit hospitals)**
- 20. Agency Affiliation: **A SECULAR OR NON-RELIGIOUS AGENCY.**

Report Certification made by: **Phranda Wolfe**  
 Approving Official Name: **Ms. JoAnn Freed**  
 Approving Official Title: **Executive Director**

**Head Start Program Information Report for 2006 - 2007 Program Year  
Program Report**

**09YC0456-000: Family Support Services of West Hawaii**

Oct 1, 2007

**Grantee Information:**

- 3. Program: **Early Head Start** Region: **09**
- 4. Agency Name: **Family Support Services of West Hawaii**
- 5. Address: **West Hawaii Early Head Start  
75-127 Lunapule Road, Suite 11**
- 7. City Name: **Kailua-Kona**
- 8. State: **HI**
- 9. Zip Code: **967402119**
- 10. Telephone: **(808) 3267778**
- 11. Fax Number: **(808) 3294730**
- 12. Director's Name: **Mrs. Ellen O'Kelly**
- 13. Director's Email Address: **[eokelly@fsswh.org](mailto:eokelly@fsswh.org)**
- 14. Agency Email Address: **[kids@fsswh.org](mailto:kids@fsswh.org)**
- 15. Agency Website URL: **<http://www.fsswh.org>**
- 16. Approving Official Name: **Ms. JoAnn B Freed**
- Approving Official Title: **Executive Director**
- 17. Agency Description: **GRANTEE THAT DIRECTLY OPERATES PROGRAM(S) AND HAS NO DELEGATES.**
- 18. Number of Delegate Agencies:
  - a. Reported by the grantee: **0**
- 19. Agency Type: **PRIVATE/PUBLIC NON-PROFIT (Non-CAA) (e.g., church or non-profit hospitals)**
- 20. Agency Affiliation: **A SECULAR OR NON-RELIGIOUS AGENCY.**

**Section A. Enrollment and Program Options:**

- 1. a. Start Date: **05/01/2006**      b. End Date: **04/30/2007**

**Funded Enrollment:**

- 2. ACF Funded Head Start or Early Head Start Enrollment: **57**
- 3. Non-ACF Funded Head Start or Early Head Start Enrollment: **0**  
 The number of enrollees who receive services that comply with the Head Start Program Performance Standards regardless of their Head Start eligibility (e.g., children funded by the state or local school)

district):

4. Total funded Head Start or Early Head Start enrollment (from all sources): **57**

**Funded Enrollment by Program Option:**

	Funded Enrollment	Average Annual Days
5. Center based program - 5 days per week		
a. Full day enrollment (6 or more hours per day):	0	0
b. Part day enrollment (less than 6 hours per day):	0	0
i. Double session enrollment (of those in 5.b.):	0	
6. Center based program - 4 days per week		
a. Full day enrollment (6 or more hours per day):	0	0
b. Part day enrollment (less than 6 hours per day):	0	0
i. Double session enrollment (of those in 6.b.):	0	
7. Home-Based Program:	<b>57</b>	
8. Combination Program:	0	0
9. Family Child Care:	0	0
10. Locally Designed Options:	0	0
11. Total Funded Enrollment by Program Option:	<b>57</b>	
a. Total Pregnant Women reported in Funded Enrollment (EHS Programs only):		0
12. Of the children served in a center-based program, the number who received Head Start or Early Head Start services at a child care center partner:		0
13. Children enrolled in Head Start or Early Head Start program options providing 8 or more hours per day:		0

**Actual Enrollment:**

14. Total Actual Enrollment: **110**
15. The total number of children in preschool programs, and infants and toddlers in EHS and Migrant programs only: **89**

**Actual Enrollment by Child Age:**

16. Ages of children served:			
a. Under 1 year:	<b>26</b>	d. 3 Years old:	<b>0</b>
b. 1 Year old:	<b>19</b>	e. 4 years old:	<b>0</b>
c. 2 Years old:	<b>44</b>	f. 5 Years and older:	<b>0</b>

**Actual Enrollment of Pregnant Women:**

(EHS Programs Only)

- 17. Total actual enrollment of pregnant women: **21**
- 18. Of the pregnant women enrolled, the number who were under 18 years of age: **8**

**Actual Enrollment by Type of Eligibility:**

- 19. a. Children (and pregnant woman in EHS programs) enrolled based on receipt of public assistance: **8**
  - b. Children (and pregnant woman in EHS programs) enrolled based on income eligibility (below 100% of the federal poverty line): **93**
  - c. Children (and pregnant woman in EHS programs) enrolled although the families were over-income (above 100% of the federal poverty line) and ineligible for public assistance: **7**
  - d. Children enrolled due to status as a foster child: **2**
- Comments:

**Prior Enrollment of Children:**

- 20. a. Children enrolled in Head Start or Early Head Start for their second year: **21**
- b. Children enrolled in Head Start or Early Head Start for three or more years: **25**

**Actual Enrollment by Ethnicity & Race:**

- 21. a. **Total number of children (and pregnant women in EHS programs) by ethnicity:**
    - (i). Hispanic or Latino Origin: **24**
    - (ii). Non-Hispanic/Non-Latino: **86**
  - b. **Total number of children (and pregnant women in EHS programs) by race:**
    - (i). American Indian or Alaska Native: **0** (v). White: **4**
    - (ii). Asian: **3** (vi). Bi-Racial or Multi-Racial: **47**
    - (iii). Black or African American: **0** (vii). Other (Comments Required): **0**
    - (iv). Native Hawaiian or other Pacific Islander: **32** (viii). Unspecified: **24**
- Comments:

**Actual Enrollment by Primary Language of the Family at Home:**

- 22. a. English: **50** g. Native North American or Alaska Native: **0**

b.	Spanish:	30	h. Pacific Island Languages:	27
c.	Native Central American, South American and Mexican Languages:	0	i. European and Slavic Languages:	0
d.	Caribbean Languages:	0	j. African Languages:	0
e.	Middle Eastern and South Asian Languages:	0	k. Other (Comments Required):	0
f.	East Asian Languages:	3	l. Unspecified:	0
Comments:				

**Enrollment Turnover:**

23.	Number of children (and pregnant women in EHS programs) who dropped out and did not re-enroll:	23
a.	Of the children (and pregnant women in EHS programs) who dropped out, the number who were replaced:	23
b.	Children (and pregnant women in EHS programs) who were enrolled for less than 45 days:	0
c.	The number of children who received services from Head Start or Early Headstart but left the program before classes began or, for home-based programs, before receiving a home visit. :	0

**Classes, Groups and Centers:**

24.	Total number of classes operated directly by Head Start or Early Head Start:	0
a.	Of the total number of classes, the number of double session classes:	0
b.	Of the total classes operated by the Head Start/Early Head Start program, the number of classes in which <u>at least one</u> teacher has an Associate degree or above in ECE or a related field:	0
25.	Total number of classes in which Head Start or Early Head Start children are served through a child care center partnership:	0
a.	Of the total classes, the number of <i>double sessions</i> operated:	0
b.	Of the total classes operated by a child care center partner, the number of classes in which <u>at least one</u> teacher has an associate degree or above in ECE or a related field:	0
26.	Total number of family child care homes that served Head Start or Early Head Start children:	0
27.	Total number of home-based socialization groups operated (home based children only):	6
28.	Total number of Head Start or Early Head Start centers (do not include family child care homes):	0

**Child Care:**

- 29. The number of Head Start or Early Head Start children for whom full-year and/or full-day child care is needed: **0**
  - a. Of the children in A29, the number who received full-year/full-day services through the Head Start or Early Head Start: **0**
    - b. Of the children in A29, the number with the following primary source of child care:
      - i. Received care at a family child care home: **0**
      - ii. Received care at a child care center or classroom: **0**
      - iii. Received care at home or at another home with a relative or unrelated adult: **0**
      - iv. Received care through a public school pre-Kindergarten program: **0**
      - v. Other (Comments Required): **0**
  - Comments:
- 30. The number of Head Start or Early Head Start enrolled children who received a child care subsidy (voucher or contracted slot), whether the care was provided through Head Start or another provider: **0**

**Section B. Program Staff and Qualifications:**

<b>Total Staff:</b>	HS/EHS Staff	Contracted Staff
1. Total number of staff members, regardless of the funding source for their salary or number of hours worked:	<b>18</b>	<b>0</b>
a. Staff who are former or current Head Start or Early Head Start parents:	<b>2</b>	<b>0</b>
b. Staff who left the program and were replaced during the year:	<b>5</b>	<b>0</b>

**Volunteer Information:**

2. The total number of persons providing any volunteer services to your program this enrollment year:	<b>138</b>
a. Volunteers who are former or current Head Start or Early Head Start parents:	<b>70</b>

<b>Education and Experience of Management Staff:</b>	<i>Education Level</i>	<i>Years in Position</i>	<i>Annual Salary</i>	<i>Percentage of Salary Funded by Head Start</i>
3.a. Executive Director:	<b>4</b>	<b>1</b>	<b>\$65,179</b>	<b>10</b>
3.b. Head Start or Early Head Start Director:	<b>4</b>	<b>4</b>	<b>\$49,173</b>	<b>75</b>
4. Child Development and Education Manager:	<b>3</b>	<b>1</b>	<b>\$32,019</b>	<b>100</b>
5. Health Services Manager:	<b>3</b>	<b>3</b>	<b>\$24,530</b>	<b>100</b>
6. Family and Community Partnerships Manager:	<b>4</b>	<b>4</b>	<b>\$49,173</b>	<b>25</b>

Comments:

**Disability Services Manager:**

7. Average number of hours worked per week by the person with lead responsibility for coordinating disabilities services:	<b>5</b>
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**Qualifications of Child Development Staff:**

	<i>Teachers</i>	<i>Assistant Teachers</i>	<i>Home-Based Visitors</i>	<i>Family Child Care Teachers</i>	<i>Child Development Supervisors</i>	<i>Home-Based Supervisors</i>
8. Total number of staff by category:	0	0	9	0	0	2
9. Staff credentials:						
a. An Associate degree, ECE/Related:	0	0	3	0	0	1
a(i). Number enrolled in a Baccalaureate degree program in ECE or a related field:	0	0	1	0	0	0
b. A Baccalaureate degree, ECE/Related:	0	0	2	0	0	1
c. A Graduate degree, ECE/Related:	0	0	0	0	0	0
d. A CDA credential or State Equivalent:	0	0	2	0	0	0
10. Staff without degrees:						
a. With a CDA/State or equivalent credential and in a ECE Program:	0	0	1	0	0	0
b. Without CDA or equivalent credential enrolled in a ECE Degree Program:	0	0	0	0	0	0
c. Enrolled in a CDA equivalent training:	0	0	0	0	0	0
11. Staff (in B8) who are staff of a child care center partnering with Head Start or Early Head Start:	0	0	0	0	0	0
12. Average (Annual) Teacher Salary by Education Level:						

a. An Associate degree in Early Childhood Education or a related degree:		\$0
b. A Baccalaureate degree in Early Childhood Education or a related degree:		\$0
c. A Graduate degree in Early Childhood Education or a related degree:		\$0
d. A Child Development Associate credential or State equivalent:		\$0
13. Average Teacher Salary (Annual):	\$0	\$0
14. Average Assistant Teacher Salary (Annual):	\$0	\$0
15. Average Home-Based Visitor Salary (Annual):	\$32,000	\$16

**Race/Ethnicity of Direct Child Development Staff:**

16. a.	<b>The number of child development staff in the following <u>ethnic categories</u>:</b>		
(i).	Hispanic or Latino Origin:	3	
(ii).	Non-Hispanic/Non-Latino Origin:	6	
b.	<b>The number of child development staff <u>by race</u>:</b>		
(i).	American Indian or Alaska Native:	0	(v). White: 4
(ii).	Asian:	0	(vi). Bi-Racial or Multi-Racial: 0
(iii).	Black or African American:	0	(vii). Other(Comments required): 0
(iv).	Native Hawaiian or other Pacific Islander:	3	(viii). Unspecified: 2
	Comments:		

**Language of Direct Child Development Staff:**

17. Of the direct child development staff in B8(1-4), the number proficient in a language other than English:	5
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**Teacher Turnover:**

18. Total number of teachers who left the program during the year:	0
19. Of the teachers who left the program, the number who left for the following reasons:	
a. Higher compensation/benefits package in the same field (left to school system, etc.):	0
b. Change in job field:	0
c. Other (Comments Required):	0
	Comments:
20. Number of teacher vacancies that remained unfilled for a period of 3 months or longer:	0
21. Number of teachers hired during the year due to turnover:	0



**Section C. Child and Family Services:**

**Health Insurance of Children:**

	<i>At Enrollment</i>	<i>At end of Enrollment Year</i>
1. The total number of children with health insurance:	<b>83</b>	<b>88</b>
2. Of the children with health insurance, the number whose primary insurance is in one of the following categories:		
a. Enrolled in Medicaid/EPSDT:	<b>0</b>	<b>0</b>
b. Enrolled in State CHIP program (if the state runs a separate program):	<b>0</b>	<b>0</b>
c. Enrolled in a combined State CHIP/Medicaid program:	<b>73</b>	<b>83</b>
d. Enrolled in a State-only funded insurance program:	<b>0</b>	<b>0</b>
e. The number with private health insurance:	<b>10</b>	<b>5</b>
f. The number with other health insurance not listed (Comments Required):	<b>0</b>	<b>0</b>
Comments:		
3. Number of children with no health insurance:	<b>6</b>	<b>1</b>

**Health Insurance of Pregnant Women:**

(EHS Programs Only)

4. Number of pregnant women with at least one type of health insurance:	<b>17</b>
5. Number of pregnant women with no health insurance:	<b>4</b>

**Medical Home:**

	<i>At Enrollment</i>	<i>At end of Enrollment Year</i>
6. Number of children with an ongoing source of continuous and accessible, routine, preventive and acute medical care:	<b>84</b>	<b>88</b>
7. Children receiving medical services through the Indian Health Service:	<b>0</b>	<b>0</b>
8. Children receiving medical services through a migrant community health center:	<b>0</b>	<b>0</b>

**Medical Services:**

9. Number of children up-to-date on a schedule of age-appropriate preventive and primary health care:	<b>73</b>
a. Of the children screened within the current operating period or within the last 12 months (C9), the number diagnosed as needing medical treatment:	<b>21</b>

- b. Of the children diagnosed within the current operating period or within the last 12 months (C9a), the number who received or are receiving medical treatment: 19
- 10. The number of children who received medical treatment for the following conditions:
  - a. Anemia: 6 c. Hearing Difficulties: 2 e. Vision Problems: 2
  - b. Asthma: 3 d. Overweight: 0 f. High Lead Levels: 0
  - g. Diabetes: 0

**Immunization Services:**

*At Enrollment*      *At end of Enrollment Year*

- 11. Number of children determined by a health care professional to be up-to-date on all immunizations appropriate for their age: 71 83
- 12. Number of children determined by a health care professional to have received all immunizations possible at this time, but who have not received all immunizations appropriate for their age: 1 2

**Program Services for Pregnant Women:**

(EHS Programs Only)

- 13. The number of pregnant women who received the following services while enrolled
  - a. Prenatal and postpartum health care: 21
  - b. Mental health interventions and follow-up (including substance abuse prevention and treatment): 10
  - c. Prenatal education on fetal development: 19
  - d. Information on the benefits of breastfeeding: 21

**Prenatal Health:**

(EHS Programs Only)

- 14. In which trimester of pregnancy did the pregnant women served enroll:
  - a. 1st trimester : 2 b. 2nd trimester : 15 c. 3rd trimester : 4
- 15. Of the total number of pregnant women served (A17), the number whose pregnancies were identified as medically "high risk": 3

**Dental Home:**

*At Enrollment*      *At end of Enrollment Year*

- 16. Number of children with an ongoing source of continuous and accessible, routine, preventive and acute dental care: 0 16

**Dental Services:**

(Preschool Programs Only)

- 17. Number of children, including those enrolled in Medicaid or State CHIP, who have completed a professional dental examination during the operating period or within the last 12 months: **0**
  - a. Of the children examined (C17), the number who received preventive dental care: **0**
  - b. Of the children examined within the current operating period or within the last 12 months(C17.a), the number diagnosed as needing dental treatment: **0**
  - c. Of the children diagnosed within the current operating period or within the last 12 months(C17.b), the number who have received or are receiving treatment: **0**

If C.17.c is less than 90% of children diagnosed as needing treatment(C.17.B), please specify the primary reason below.(specify any additional reasons in the general "Comments" section)

**Preventive Dental Services:**

(EHS and Migrant Programs Only)

- 18. Number of children who received dental screening as part of the series of well-baby examinations: **86**
- 19. Number of children who received professional dental examination(s) during the operating period or within the last 12 months: **35**

**Dental Services for Pregnant Women:**

(EHS Programs Only)

- 20. Of the pregnant women served (A17) , the number who received dental examination(s) and/or treatment within the last 12 months: **7**

**Mental Health Professional:**

- 21. Average number of hours per operating month a mental health professional spends on site: **40**

**Mental Health Services:**

- 22. Number of enrolled children who were served by the Mental Health (MH) professional(s) in the following ways during the operating period:
  - a. Children for whom the MH professional(s) consulted with program staff about the child's behavior/mental health: **89**
    - (i) Of the children in C22a, the number for whom the MH professional provided 3 or more consultations with program staff during the operating period: **11**
  - b. Children for whom the MH professional(s) consulted with the parent(s)/guardian(s) about their child's behavior/mental health: **3**
    - (i) Of the children in C22b, the number for whom the MH professional provided 3 or more consultations with the parent(s)/guardian(s) during the operating period: **3**
  - c. Children for whom the MH professional(s) provided an individual mental health assessment: **2**
  - d. Children for whom the MH professional facilitated a referral for mental health services: **2**

**Mental Health Referrals:**

- 23. Number of children referred for mental health services outside the Head Start program during the operating period: **2**
- a. Of those referred, the number who received mental health services during the operating period: **2**

**Local Education Agency (LEA):**

- 24. Number of LEAs (or Part C agencies for programs serving infants and toddlers) in your service area: **1**
- 25. Number of LEAs (or Part C agencies for programs serving infants and toddlers) that your program has a formal agreement with to coordinate services for children with disabilities: **1**

**Disability Determination:**

- 26. The number of children determined to have a disability(ies) during the following time periods:
  - a. Prior to enrollment into Head Start or Early Head Start for this enrollment year: **6**
  - b. Between the time of enrollment and the end of the enrollment year: **2**
- 27. Total number of children determined to have a disability(ies): **8**
  - a. Of the children with disabilities (C27), the number with an IEP or IFSP: **6**
  - b. Of the total children with disabilities, the number determined eligible by the LEA or Part C agency to receive special education and related services or Part C services: **6**
- 28. The number of children determined to have a disability who have not received special education and related services: **0**

**Primary Disabilities:**

(Preschool Programs Only)

	<i>Children With This Disability</i>	<i>Children Receiving Special Services</i>
29. Diagnosed disability:		
a. Health impairment:	<b>0</b>	<b>0</b>
b. Emotional/behavioral disorder:	<b>0</b>	<b>0</b>
c. Speech or language impairment:	<b>0</b>	<b>0</b>
d. Mental retardation:	<b>0</b>	<b>0</b>
e. Hearing impairment (including deafness):	<b>0</b>	<b>0</b>
f. Orthopedic impairment:	<b>0</b>	<b>0</b>
g. Visual impairment (including blindness):	<b>0</b>	<b>0</b>
h. Learning disabilities:	<b>0</b>	<b>0</b>
i. Autism:	<b>0</b>	<b>0</b>
j. Traumatic brain injury:	<b>0</b>	<b>0</b>

- k. Non-categorical/developmental delay: 0      0
- l. Multiple disabilities (including deaf-blind): 0      0

**Part C of IDEA:**

(EHS and Migrant Programs Only)

- 30. Children receiving services under Part C of the Individuals with Disabilities Education Act (IDEA): 8

**Transition Activities:**

(Preschool Programs Only)

- 31. The number of local school districts in your Head Start service area: 0
  - a. Of the local school districts (C31), the number you have a formal agreement with to coordinate transition services for children and families: 0
- 32. Of the number of children enrolled in Head Start at the end of the current enrollment year, the number projected to enter kindergarten in the following school year: 0

**Early Head Start Transition:**

(EHS and Migrant Programs Only)

- 33. The number of children leaving Early Head Start and entering:
  - a. Head Start Program: 8
  - b. Other early childhood program: 4

**Curriculum, Screening and Assessment:**

- 34. Children who completed routine screenings for developmental, sensory and behavioral concerns: 89
  - a. Of the children screened (C34), the number identified as needing a follow-up assessment or formal evaluation: 2
- 35. Curriculum model your program uses as its primary foundation:
  - a. For center-based services:
  - b. For home-based services (if different):

**Partners For A Healthy Baby ASQ (Ages & Stages Questionnaire) Ounce Scale**

- 36. Instrument your program uses for developmental screening: no
- 37. Approach or tool used for ongoing child assessment:
  - a. Locally designed: no

**Number of Families:**

- 38. Total number of Head Start or Early Head Start families served: 75
- 39. Of the total number of families (C38), the number of two-parent families: 49
- 40. Of the total number of families (C38), the number of single-parent families: 26



**Employment Status:****41. Employment**

- |  |           |
|--|-----------|
| a. Of the number of Two-Parent Families (C39), the number of families in which:    |           |
| i. Both parents/guardians are employed   | <b>0</b>  |
| ii. One parent/guardian is employed  | <b>40</b> |
| iii. Both parents/guardians are not working (unemployed, retired, disabled)        | <b>9</b>  |
| b. Of the number of Single-Parent Families (C40), the number of families in which: |           |
| i. The parent/guardian is employed   | <b>20</b> |
| ii. The parent/guardian is not working (unemployed, retired, disabled)             | <b>6</b>  |

**42. Job Training/School**

- |  |           |
|--|-----------|
| a. Of the number of Two-Parent Families (C39), the number of families in which:    |           |
| i. Both parents/guardians are in job training or school                            | <b>0</b>  |
| ii. One parent/guardian is in job training or school                               | <b>0</b>  |
| iii. Neither parent/guardian is in job training or school                          | <b>49</b> |
| b. Of the number of Single-Parent Families (C40), the number of families in which: |           |
| i. The parent/guardian is in job training or school                                | <b>12</b> |
| ii. The parent/guardian is not in job training or school                           | <b>14</b> |

**Education:**

- |   |           |
|---|-----------|
| 43. Of the total number of families (C38) the highest level of education obtained by the child's parent(s)/guardian(s). |           |
| a. Less than high school graduate:  | <b>54</b> |
| b. High school graduate or GED:   | <b>10</b> |
| c. Some college, vocational school, or Associate degree:  | <b>10</b> |
| d. Bachelor's or advanced degree:   | <b>1</b>  |

**Federal or Other Assistance:**

- |  |          |
|--|----------|
| 44. Total number of families receiving any cash benefits or other services under the TANF program: | <b>8</b> |
| 45. Total number of families receiving Supplemental Security Income (SSI):                         | <b>1</b> |

**Family Partnership Process:**

46. Of the total number of families (C38), the number participating in a family goal setting process which results in an individualized family partnership agreement: **75**

**Family Services:**

*Families  
That  
Received  
Services*

47. The number of families who received the following services during the operating period:
- a. Emergency/crisis intervention (addressing immediate need for food, clothing or shelter): **24**
  - b. Housing assistance (subsidies, utilities, repairs, etc.): **29**
  - c. Transportation assistance (subsidizing public transportation, etc.): **61**
  - d. Mental health services: **75**
  - e. English as a Second Language (ESL) training: **22**
  - f. Adult education (GED programs, college selection, etc.): **45**
  - g. Job training: **37**
  - h. Substance abuse prevention or treatment: **14**
  - i. Child abuse and neglect services: **20**
  - j. Domestic violence services: **6**
  - k. Child support assistance: **4**
  - l. Health education (including prenatal education): **75**
  - m. Assistance to families of incarcerated individuals: **2**
  - n. Parenting education: **75**
  - o. Marriage education services: **7**
  
  - p. Number of families that received at least one of the services listed above: **75**

**WIC Participation:**

48. Total number of families receiving services under the Special Supplemental Nutrition Program for Women, Infants and Children (WIC): **74**

**Father Involvement:**

49. Does your program have organized and regularly scheduled activities designed to involve fathers/father figures in your Head Start or Early Head Start program: **yes**
50. The number of children whose fathers/father figures participated in these activities: **2**

**Number of Families:**

51. Total number of homeless families served during the enrollment year: **0**
52. The total number of homeless children served during the enrollment year: **0**

53. The total number of homeless families who acquired housing during the enrollment year:

0

**Special Item. Program Equipment:**

**Transportation:**

54. The number of buses, if any, purchased during the operating period with ACF grant funds (by month):

<i>Month</i>	<i>Number of Buses Purchased</i>	<i>Month</i>	<i>Number of Buses Purchased</i>
a. August 2006:	0	f. January 2007:	0
b. September:	0	g. February:	0
c. October:	0	h. March:	0
d. November:	0	i. April:	0
e. December:	0	j. May:	0
		k. June:	0
		l. July:	0

55. Buses leased? no  
 a. Number of buses leased: 0
56. Contract with a transportation provider? no
57. Please confirm that a appropriate federal interest has been established by listing below every facility which has been purchased, constructed, or received major renovation using Head Start funds.

**General Comments:**

**A.21.B(viii): Hispanic or Latino B.16.B(viii): Hispanic or Latino C.3: One enrolled child is an undocumented immigrant not eligible for any state or federally-subsidized insurance and family unable to afford private insurance. C.5: Six pregnant women were ineligible for any state or federally-subsidized insurance due to immigration status. Of these, 2 obtained private health insurance and 3 qualified for Citizenship-waived Emergency Medicaid to cover costs of hospitalization at the time of birth but had no coverage for prenatal or postpartum care. C.9: Two children completed medical treatment after the end of the program year due to scheduling difficulties involving travel to a doctor in Honolulu. C.16. - Warning C161-02: For the majority of the children in our program, there is no dental home available to them due to their age and enrollment in Medicaid/SCHIP. For children living at the northern boundary of our geographic area, there is one dental provider available who will accept very young children with Medicaid provided they are referred by EHS. There are no providers available in the remainder of our geographic area. WHEHS participates in a community consortium to bring in out-of-area dental providers for periodic pediatric dental clinics. Children requiring any extensive treatment are then flown to another**

**island for follow-up. C.19: 35 children received professional dental examination. An additional 35 children had not yet reached 12 months of age at the end of their enrollment or at the end of the enrollment year. Our EPSDT requirements indicate that the first exam be conducted at 12 months of age and our limited dental clinics must target children over one year or those with identified problems. 1 Exception (C.16. - No dental home at enrollment). 09/20/07 - DRS**

## **West Hawaii Early Head Start Program Monitoring Procedure**

*Reference: Performance Standards 1304.51 (i)(2)*

Internal Monitoring is an ongoing process in which the agency analyzes program reports, self-assessment findings, written plans and other important documents to determine whether its services and fiscal operations are in compliance with Federal regulations and performance standards.

Family Support Services of West Hawaii's Early Head Start monitoring plan outlines the process and instruments used in conducting program monitoring. The plan includes a system that generates and analyzes information to ensure compliance with Head Start Performance Standards. This procedure supports the entire program operation and permits a comprehensive determination of whether the Early Head Start program is achieving its expected results. The link between program operations and program monitoring also reflects an interactive process among the program areas.

### **Purpose**

The West Hawaii Early Head Start program monitoring has three primary purposes:

1. To provide a systematic and structured approach to determine whether Early Head Start performance is in compliance with program standards,
2. To determine the extent to which discrepancies exist between performance standards and actual performance, and
3. To analyze information derived from the monitoring procedure to support accomplishments and highlight areas needing improvement.

The systematic collection and analysis of information regarding program/fiscal operation is useful to several key stakeholders. Early Head Start staff with direct responsibility for monitoring activities can assess the program's progress or lack thereof and provide input in making appropriate modifications or changes as necessary. The Early Head Start Director receives valuable information that contributes to recommendations and informed programmatic decisions. Parent committees may participate in the decision-making process, thus better informing them regarding program operations. The West Hawaii Early Head Start Annual Self-Assessment Report is utilized to determine agency compliance with organizational and funding standards and requirements.

All staff is responsible for program monitoring, with home visiting and family advocates providing self-monitoring instruments each month to their supervisor who assists with analysis of program monitoring in order to determine the need for technical assistance where monthly reports reflect discrepancies, lower productivity or unanticipated outcomes.

Information collected through the program monitoring reaches the Early Head Start Director in order to (1) report information about program operations (2) engage the program Director in decisions beyond the responsibilities of the supervisors, (3) facilitate coordination between specialists and the supervisors and (4) ensure that specialists are carrying out program monitoring responsibilities to insure compliance with established standards.

**Implementation:**

**1. See Area Service Plans.**

**Monitoring Goals:**

- 1.** Create, operate and maintain a management information system that collects, analyzes and generates valid, reliable information about program operations in an objective and systematic manner.
  - 1.1 Generate a monthly report in which information about program operations is submitted to supervisors.
  - 1.2 Conduct on-site visits to observe, examine, review and assess compliance with program performance standards.
  - 1.3 Document, track, review and enter data manually or into a computerized system, records and reports about program operations. These are used to analyze outcomes, measure quantitative criteria and permit comparison with program performance standards.
  - 1.4 Conduct management meetings with persons responsible for program monitoring to share and discuss information about program operations.
  - 1.5 Develop and implement instruments and methods to collect information about program operations in an objective and systematic manner.
  
- 2.** Produce an on-going appraisal which identifies discrepancies between actual performance and program expectations and that determines compliance with program performance standards.
  - 2.1 Review and analyze reported data to specific program requirements and determine monthly, quarterly and yearly results.
  - 2.2 Document and report discrepancies and compliance with Early Head Start goals and objectives and performance standards on an on-going basis.
  - 2.3 Generate objective recommendations that identify steps to be taken to correct deficiencies.
  - 2.4 Provide administrative encouragement for surpassing program performance standards.

2.5 Monitoring data is shared with the Staff, Board and Policy Council on a regular basis.

2.6 Tools used for On-Going Monitoring include: Monthly Reports, File Review Summary, COA/ Head Start Overlay, PIR, PRISM checklists, etc.

3. Continue, modify or change specific program/fiscal operations, when deemed necessary, to ensure compliance with Early Head Start goals and objectives and performance standards.

3.1 Identify and implement specific changes in program operations and determine if such changes have ensured compliance.

3.2 Establish and maintain feedback among those responsible for program monitoring.

3.3 Ensure that modifications or changes carried out reflect intended outcomes.



**EARLY HEAD START HOME VISITOR  
ORIENTATION CHECKLIST**

**I. JOB SUMMARY:**

Under the direct supervision of the Early Head Start Home-Based Supervisor/Program Manager, the Early Head Start Home Visitor assists families in identifying resources and needs on a weekly basis, encourages family involvement in developing and fostering healthy self-concepts, make appropriate referrals to necessary community social services agencies, assist parents in development of educational activities with their children, plans nutrition activities and assists with health monitoring in order to meet or exceed Head Start Program Performance Standards.

**II. ESSENTIAL FUNCTIONS/DUTIES:**

1. Works as a partner with families and children, including families with special needs children, on a scheduled one-to-one weekly basis in their homes for a minimum of 90 minutes to plan an individualized program that meets or exceeds the Head Start program performance Standards. May be accompanied by the home-based supervisor as well as resource staff when deemed necessary.

	<u>Well Documented</u>	<u>Some Indication</u>	<u>Not Documented</u>
a) Establishes a climate of mutual trust and respect with parents.	_____	_____	_____
b) Utilizes a family-focused approach to complete family needs assessments with parents.	_____	_____	_____
c) Completes a written Family Partnership Agreement with parents that include long and short-term goals and objectives for the family, family member and enrolled children.	_____	_____	_____
d) Designs activities for families based on the Family Partnership Agreement; conducts planning as partners with parents; writes home visit plans with parent that include goals/objectives, home visit activities and family interim activities.	_____	_____	_____
e) Plans and conducts activities with parents for their children which are appropriate in a home setting and which meet the child's intellectual, physical, emotional and social needs in the home. Assists parents to understand how children learn and how to use household resources in educational activities with their children.	_____	_____	_____

	<u>Well Documented</u>	<u>Some Indication</u>	<u>Not Documented</u>
f) Documents completed activities with parents, family goals, objectives achieved, and children's developmental needs addressed. observes and videos family interactions at times, and provides later feedback to parents.	_____	_____	_____
g) Confers regularly with the home-based supervisor, component coordinators and other resource staff regarding plans and activities, adapting curriculum to meet the individual needs of each family and child.	_____	_____	_____

2. Encourages and promotes the family's achievement of self-sufficiency. Assists parents in developing and fostering healthy self-concepts for themselves so they may become the primary family educator(s). Reinforces with parents that they are their child's first teacher and makes practical suggestions for development.

a) Assist families in identifying family resources and needs; furnishes information to families about available community resources; assists and enables parents to become self-advocates.	_____	_____	_____
b) Helps parent cope with contemporary social/health problems.	_____	_____	_____
c) Makes referrals and conducts follow-up for families/family members in the community services, counseling, emergency assistance or crisis intervention; conducts home visits with other specialist to address needs; advocates for families to receive benefits from local resources; acts as liaison and coordinates activities for families with other community agencies.	_____	_____	_____
d) Assists parents in meeting their own educational needs by making referrals to adult education programs including job training, college, GED, high school, etc.	_____	_____	_____
e) Supports parents in their efforts to obtain or provide educational assistance for older siblings.	_____	_____	_____
f) Provide input on planning the educational and social service component activities.	_____	_____	_____

3. Conducts health assessments on each home visit and assists families when necessary in the arrangement and transportation of medical and dental appointments as required by Early Head Start, including designated follow-ups.

	Well Documented	Some Indication	Not Documented
a) Completes medical, dental and developmental histories for target children and other family members.	_____	_____	_____
b) Coordinates with parents to secure health screenings for enrolled children; provides information regarding health resources, makes referrals, advocates with families for improved health services; provides transportation when necessary.	_____	_____	_____
c) Advises families of community health problems and provides information/referral/advocacy; helps parents develop a plan of action for medical and dental emergencies; assesses family member's immunization status and provides information/referral/advocacy.	_____	_____	_____
d) Provides information regarding speech problems and other disabilities; family members' medical examination and treatment, dental screening and mental health.	_____	_____	_____
e) Completes and maintains medical/dental records, ensuring confidentiality.	_____	_____	_____
f) Integrates health and nutrition education in home visits, group socialization activities and parent meetings.	_____	_____	_____
g) Coordinates home visits and group socialization services with mental health professionals; confers with parents regarding family members' mental health needs.	_____	_____	_____
h) Uses nutrition assessment data to help family plan meals and nutrition-related activities. Obtains and uses information about family eating habits, dietary needs, feeding problems and community nutrition related problems. Provides healthy foods during group socialization and uses food experiences to promote children's cognitive, physical, social and emotional development. Plans and completes one nutrition activity at least once each month during a home visit.	_____	_____	_____

4. Develops systems for involving home-based parents in program activities.

	<u>Well Documented</u>	<u>Some Indication</u>	<u>Not Documented</u>
a) Plans, conducts and evaluates with parents regular group socialization activities that emphasize peer group interaction for children and allow parents to observe, participate as volunteers and engage in activities designed especially for them; plans a variety of program related topics for parent group meetings.	_____	_____	_____
b) Provides guidance and leadership in the planning of and participation in parent meetings scheduled at least once per month for decision-making and advocacy; uses a variety of communication techniques to inform parents of program activities.	_____	_____	_____
c) Participates in recruitment and enrollment activities according to program planning requirements.	_____	_____	_____
d) Provides input into planning and evaluating the parent involvement component of West Hawaii Early Head Start.	_____	_____	_____
e) Provides opportunities for and records volunteer time, space and materials for in-kind contributions.	_____	_____	_____

Goals established for the next rating period:

# West Hawaii Early Head Start

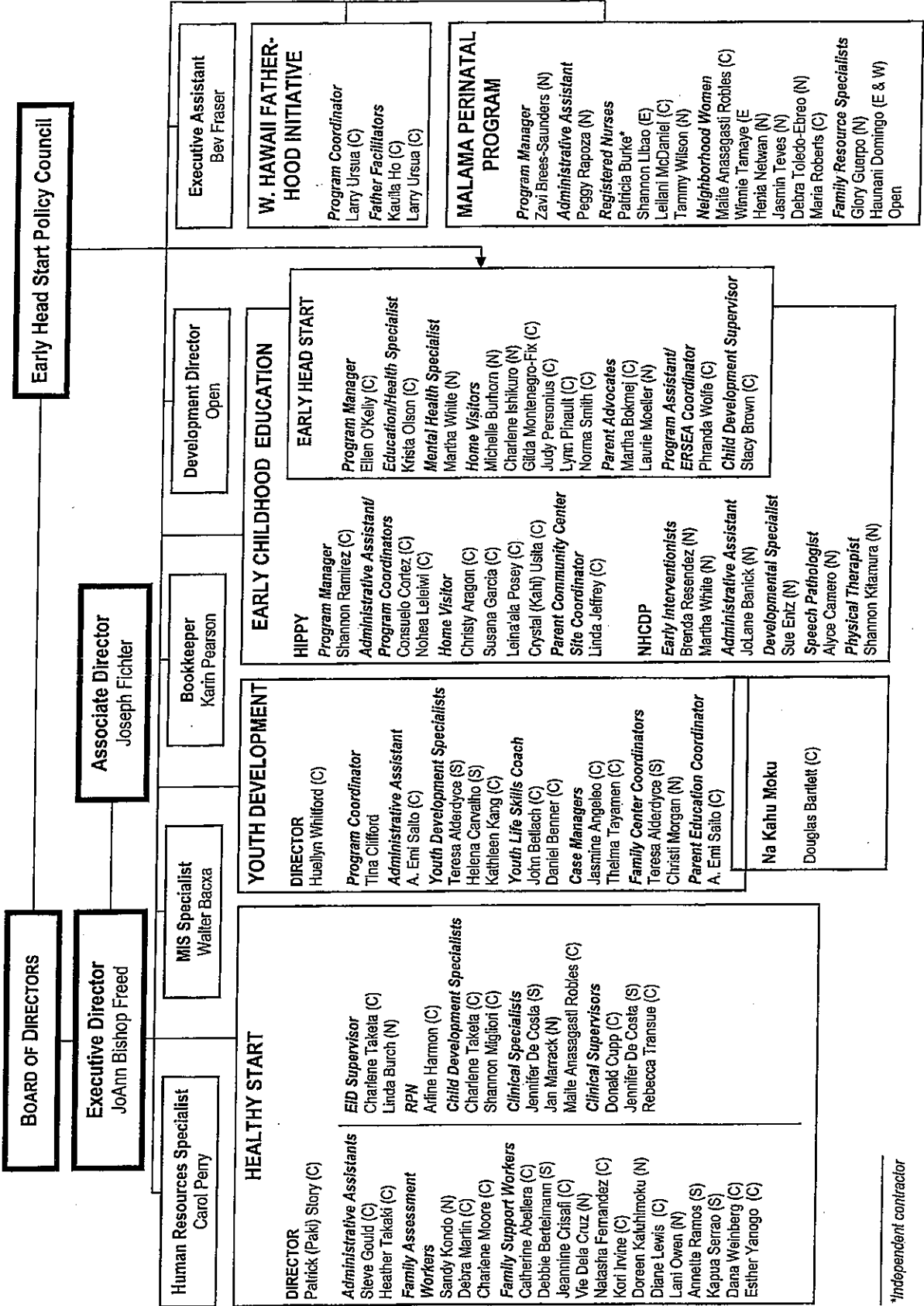
Family Support Services of West Hawaii

Potential Staff Training Calendar: FY 2007-2008

Month	Content/Topic	Presenter
May Program Year Begins	Temperament: part 1 Nutrition	EHS Mental Health Specialist EHS Health Specialist
June	Ounce Scale Implementation	EHS Child Development Supervisor EHS Health Specialist
July	NBO Screening CPR Mental Wellness	Ralph EHS Mental Health Specialist
August	PIR Keiki Matters I	EHS Program Assistant PATCH
September	Temperament: part 2 Ounce Scale Follow-Up and RIF/Book Selection Space to Grow Emotional Development Routines and Environments	EHS Mental Health Specialist EHS Child Development Supervisor PATCH PATCH PATCH
October	Domestic Violence Child Development (and corresponding activities) Bringing Home to School Together in Care	Carrie Sue Entz PATCH PATCH
November	Boundaries: part 1 Family Partnership Agreements Learning Through Play	EHS Mental Health Specialist EHS Child Development Supervisor PATCH
December	Intensive 2 weeks of training including: Family Transitions, Overview of Hispanic and Marshallese Cultures, Immigration Law, Workplace Safety, Initiative-Based Problem Solving, Pedestrian Safety, Disabilities	EHS Child Development Supervisor, Program Manager, Health Specialist, Disabilities Specialist, Maitea, Lisa?, PATCH

Month	Content/Topic	Presenter
January	Temperament: part 3 Planning Its Not Just Routine	EHS Mental Health Specialist EHS Program Manager PATCH
February	1st Aid/BBP Recognizing Child Abuse and Neglect/ Mandated Reporting	Ralph CWS Representative
March	Substance Abuse/Ice Awareness Observation Reflection and Intervention Respectfully Yours	EHS Health Specialist PATCH PATCH
April	Boundaries: part 2 Completing WHEHS Forms	EHS Mental Health Specialist EHS Health Specialist and Child Development Supervisor

# FAMILY SUPPORT SERVICES OF WEST HAWAII ORGANIZATIONAL CHART



\*Independent contractor

**JOB DESCRIPTION:** Child Development Supervisor  
**TYPE OF POSITION:** Exempt

Approved by: \_\_\_\_\_ 3/1/06  
Executive Director Policy Council Chair Date or Revised

**I. JOB SUMMARY:**

Works under the general supervision of the Family Support Services of West Hawaii's Early Head Start Program Manager according to the agency mission and philosophy and division goals. Plans and implements delivery of Early Head Start Home-Based services. These services include education, health, social services, and parental involvement, and are provided in partnership with families and other professional staff. Tracks, monitors and coordinates the Early Childhood and Adult Education Sections of the WHEHS Program Area Plan.

**II. ESSENTIAL JOB FUNCTIONS:**

1. Oversees the implementation of the West Hawaii Early Head Start Home-based program option.
  - a) Assists in the development and evaluation of home-based program policies, procedures and curricula.
  - b) Coordinates the daily operations of the home-based program option with other Early Head Start activities; works closely with other Early Head Start staff; assists specialists in working with parent groups and members of the Policy Council in relation to home-based and parent education.
  - c) Develops action plans to carry out goals and objectives; monitors and reports progress, challenges.
  - d) Coordinates the ordering of home-based supplies, materials and equipment; maintains work environment that provides maximum safety and health and encourages safety awareness among employees. Reports unsafe conditions and injuries/illnesses in a timely manner and ensures that employees perform duties using safe work techniques. Works in accordance with OSHA safety and health rules and sanitation.
  - e) Assists in the training of home-based observation teams for the annual program self-assessment; assists in completing the self-assessment and grant application requirements.
2. Functions as an effective team member with home visitors and assists them in meeting or exceeding the Head Start Program Performance Standards.
  - a) Provides bi-monthly supervision of EHS home visiting staff that is reflective and collaborative in nature and fosters the understanding of centrality of relationships in supporting children's and families' growth and development.
  - b) Provides observations of home visits (at least 2 times annually per home visitor), parent activities, and socialization groups.
  - c) Reviews records to ensure that documentation is maintained to program/agency standards; reviews enrollment levels; evaluates family assessments, oversees the scheduling of further assessments; assures assessment timeframes are adhered to; oversees family progress.
  - d) Assists Home Visitors with care coordination and transitions of children with disabilities as needed.



## Job Description

### EHS Child Development Supervisor

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- e) Actively participates in direct service provision as needed in order to ensure effectiveness and continuity of service. Provides crisis intervention, parent support and education as required, as well as assessments; participates in care coordination conferences as appropriate, planning collaboratively with parents and other team members.
  - f) Coordinates resource library for use by home visitors; facilitates team meetings on a regular basis.
3. Evaluates and supports home based staff development.
    - a) Participates in the hiring process of home-based personnel; recommends personnel actions such as selection, promotion, staffing and discipline up to and including discharge within legal and agency guidelines and in conjunction with the Early Head Start Policy Council.
    - b) Evaluates home visitors annually and mid-year according to agency staff performance evaluation procedures; develops with home visitors improvement/training plans.
    - c) Helps identify training needs for home-based option and plans with Early Childhood Education Director and other specialists the development and delivery of training to meet those needs.
    - d) Provides program orientation, pre-service and in-service training to new home visitors; provides on-site training through modeling of appropriate techniques; assists staff with continuing education requirements.
  4. Establishes procedures to meet or exceed Head Start Performance Standards in CFR 1304.21: Education and Early Childhood Development. Oversees aspects of the West Hawaii Early Head Start Program that meet the individual educational needs of children and the educational priorities of the community and assures that parents are supported in their role as primary educators of their children.
    - a) Oversees the implementation of lesson planning procedures that support each child's individual pattern of development and learning and provide maximum parental involvement.
    - b) Oversees socialization activities to ensure that the learning environment provides maximum support for each child's physical, social, cognitive and emotional growth.
    - c) Provides guidance, support and suggestions to the education staff and community childcare providers.
    - d) Works closely with other program specialists to provide comprehensive services
    - e) Working collaboratively with parents and staff, organizes the development and annual review of the educational portions of the integrated program area plan. Ensures that everyone involved understands the Performance Standards and the procedures for developing a sound educational plan for infants and toddlers.
    - f) Participates in the development of the Program Training Plan. Ensures that training is implemented and evaluated for staff and parents.
  5. Participates in WHEHS Management Team, developing and implementing strategic plans, improving program quality, identifying community and program needs.
    - a) Attends full staff meetings and agency functions as requested.
    - b) Interacts with team members to build productive, collaborative relationships to support the achievement of West Hawaii Early Head Start goals.
  6. Participates in workshops and continuing education as requested or as needed, including off-island and mainland training.
    - a) Maintains awareness of current professional information in the fields of activity; undertakes regular and on-going efforts to maintain competencies in the skills used and incorporates and demonstrates new knowledge and skills on the job.

Job Description

EHS Child Development Supervisor

Page 3

- b) Is able to accurately identify areas of mastery and areas targeted for growth and development. Seeks assistance and guidance when needed.

**III. OTHER FUNCTIONS/DUTIES**

1. Works in accordance with the FSSWH Work Ethic Standards.
2. Other duties as requested

**IV. WORKING CONDITIONS**

Generally good working conditions with some work in family homes, community settings of varying degrees of comfort; occasional exposure to early childhood infectious diseases.

1. Work Hours are generally 8:00 – 4:45 Monday through Friday; schedule is flexible based on the needs of the staff, families and agency.

2. Physical Demands

- a) Work is mostly sedentary with occasional standing, walking, lifting and carrying of children or materials weighing up to twenty-five (25) pounds.
- b) Occasional days in excess of eight (8) hours.
- c) Makes home visits; must be able to drive a car and van, transport staff and/or families.
- d) Vision sufficient to read printed materials and computer screens.
- e) Hearing and speech sufficient to conduct normal in-person and telephone conversations.
- f) Mobility sufficient to efficiently perform the duties of the position.

3. Mental Demands

- a) Can be frequent interruptions and changes of pace requiring flexibility.
- b) Occasionally stressful with quick problem-solving abilities called for.

4. Communication Demands

- a) Extensive verbal communication on a daily basis with staff, supervisor, families and community service providers. Must communicate in a positive, respectful and courteous manner.
- b) Frequent written communication including case notes, physician letters, etc.

5. Equipment Use:

- a) Computer use, including knowledge of Microsoft Office programs including word processing, spreadsheet, database and generation of statistical reports
- b) Communications technology knowledge.
- c) Use of the Head Start Family Information System MIS
- d) Digital still and video cameras.

**V. QUALIFICATIONS AND REQUIREMENTS**

1. Education/Training

- a) Masters Degree in Early Childhood Education or related field, such as psychology, counseling, or human development.

Job Description  
EHS Child Development Supervisor  
Page 4

2. Experience

- a) Five (5) years' experience and progressive responsibility in clinical aspects of services to children and families, with expertise in the fields of child and adolescent development.
- b) Two (2) years' experience in staff supervision, preferable paraprofessional staff.
- c) Some training, teaching experience, with demonstrated effectiveness.

3. Skills/Knowledge

- a) Demonstrated skills in leadership, direction and supervision.
- b) Ability to handle several ongoing projects and demonstrated organizational skills in former positions.
- c) Ability to show warmth and strong appreciation of human growth at all levels, understanding the process of gaining trust and credibility with families.
- d) Ability to relate well to all people of the community.
- e) Ability to motivate others and to problem-solve.

4. Other Requirements

- a) Reliable transportation to perform job functions, a valid Hawaii driver's license, current Hawaii State Driver's Abstract, and proof of adequate automobile liability insurance.
- b) Must be able to travel off-island occasionally for training and/or meetings.
- c) Must have a home telephone.
- d) Following an offer of employment, applicant will be required to undergo a physical examination at the expense of FSSWH and with a physician or clinic designated by FSSWH, with the offer of employment conditional upon the result of such examination. Such examination must be scheduled within one (1) week of offer of employment.
- e) Following an offer of employment, a Criminal History/Background Check and Child Abuse Index (CAI) that may include fingerprinting will be made. If a conviction within the last 10 years is discovered that has a rational relationship to the duties of the job, the job offer will be withdrawn.
- f) Current and former Early Head Start and Head Start parents will receive employment preference if all basic requirements are met.

**Job Description:** West Hawaii Early Head Start Family Advocate  
**Type of Position:** Non-Exempt

**Approved By:** \_\_\_\_\_  
Executive Director Policy Council Chair Date

### **I. JOB SUMMARY**

Under the general supervision of the FSSWH Early Head Start Program Assistant/ERSEA Coordinator, the EHS Family Advocate is responsible for supporting the West Hawaii Early Head Start Team to meet Head Start Performance Standards. Along with other WHEHS Team members, supports parents in their role as primary caregivers and educators of their children, helping them meet personal goals and achieve self-sufficiency across a wide variety of domains.

### **II. ESSENTIAL FUNCTIONS AND DUTIES**

1. Assists with the recruitment and enrollment of families.
  - a) Works with the home visitors to provide presentations to parent groups and community service providers.
  - b) Participates in community fairs and set-up presentation in local events, medical offices, and WIC offices etc to recruit families.
  - c) Explains the benefits and responsibilities of the program to potential family participants in a manner that is sensitive and responsive to individual needs.
  - d) Assists families to complete the application requirements; insures proper verification of income and date of birth.
  - e) Completes and turns in applications and needed support documentation for enrollment to ERSEA Coordinator in a timely manner, and assists with data entry using Head Start Family Information System (HSFIS).
2. Assists families to fully participate in all Early Head Start opportunities.
  - a) Provides transportation to families for socializations, parent committee meetings, Policy Council meetings, WIC, pre-natal and other medical or social service appointments as outlined in transportation procedures.
  - b) Provides childcare while parents attend WHEHS Parent Training, Parent Support and Education groups, Parent Committee meetings or occasional Policy Council activities.
  - c) Assists Parent Committee members to carry out related activities.
  - d) Assists Home Visitors to gather monthly newsletter and calendar information in a timely manner.
  - e) Uses second language to support family involvement as needed.
3. Assists the WHEHS (Home Visitors) as a member of the WHEHS Team in the provision and coordination of on-going services to families.
  - a) Makes periodic home visits with the Home Visitors in order to meet families.
  - b) Provides direct and supportive intervention to assist families in crisis.
  - c) Follows up on referrals made, and assists families to utilize community resources.
  - d) Completes information gathering on medical and social service documentation needed by families and by the program.
  - e) Participates as a member in interagency care coordination meetings.
  - f) Assists with set up and clean up at groups.
  - g) In conjunction with the home visitors, conduct a mock vehicle evacuation training with families twice yearly: May and November

### **III. OTHER DUTIES AND RESPONSIBILITIES**

1. Create quarterly WHEHS newsletter.
2. Track and record program vehicle mileage log.
3. Participates in training sessions, conferences, workshops and meetings.
4. Respects the confidentiality of information about enrolled children and families, personnel issues and program operations as defined in the agency Confidentiality Policy.
5. Works in accordance with FSSWH Guiding Principles.
6. Other duties as assigned.

#### **IV. WORKING CONDITIONS**

Generally good working conditions for the most part inside, with some work in family homes and community settings of varying degrees of comfort.

1. Work Hours: Schedule must be flexible based on the needs of the staff, families and agency.
2. Physical Demands
  - a) Must be able to lift/carry 25 pounds, be able to walk, stand, kneel, crouch, bend while giving instructions or demonstrating activities to children, parents and staff.
  - b) Makes home visits; must be able to drive a car and van to transport staff and/or families.
  - c) Vision sufficient to read printed materials, computer screens and to drive.
  - d) Hearing and speech sufficient to conduct normal in-person and telephone conversations.
  - e) Mobility sufficient to efficiently perform the duties of the position.
3. Mental Demands
  - a) Can have frequent interruptions and changes of pace requiring flexibility.
  - b) Occasionally stressful work with quick problem-solving abilities called for.
4. Communication Demands
  - a) Extensive verbal communication on a daily basis with staff, supervisor, families and community providers. Must communicate in a positive, respectful and courteous manner.
  - b) Must be able to complete forms, read and write reports, letters, memos, etc.
  - c) Must be able to talk on the telephone.
5. Equipment Use
  - a) Xerox machine, fax machine, laminator

#### **V. QUALIFICATIONS AND REQUIREMENTS**

1. Educational Requirements
  - a) Minimum: High School Graduation or equivalent and a minimum of two years job-related experience.
  - b) Must be willing to work towards the attainment of an Associate's Degree in Early Childhood Education.
2. Experience
  - a) Some experience with early childhood education.
  - b) Some experience with parent support and education.
3. Skills/Knowledge

- a) Familiarity with all aspects of Head Start/Early Head Start, including the Head Start Performance Standards and an awareness of the philosophy and goals of the Early Head Start program.
- b) Familiarity with community resources in the served communities.
- c) Ability to show warmth and strong appreciation of human growth at all levels, understanding the process of gaining trust and credibility with families.
- d) Ability to relate well to all people of the community.
- e) Ability to motivate others and problem-solve.
- f) Concerned about self-improvement and career development.

4. Other Requirements

- a) Must have reliable transportation to perform job duties, a valid Hawaii driver's license, current Hawaii's driver's abstract and proof of automobile liability insurance.
- b) Must have a home telephone.
- c) Must be able to travel off-island occasionally for training and/or meetings.
- d) Following an offer of employment, applicant will be required to undergo a physical examination at the expense of FSSWH and with a physician or clinic designated by FSSWH, with the offer of employment conditional upon the result of such examination. Such examination must be scheduled within one (1) week of offer of employment.
- e) Following an offer of employment, Criminal History/Background and Child Abuse Index (CAI) checks, which may include fingerprinting, will be made prior to start date. If a conviction within the last 10 years or information on the CAI is discovered that has a rational relationship to the duties of the job, the job offer will be withdrawn.
- f) Current and former Early Head Start and Head Start parents will receive employment preference if all basic requirements are met.

Revised 3/06

**JOB DESCRIPTION:** West Hawaii Early Head Start Home Visitor  
**TYPE OF POSITION:** Non-Exempt

**APPROVED BY:** \_\_\_\_\_ 3/1/06  
Executive Director Policy Council Chair Date

**I. JOB SUMMARY:**

Under the direct supervision of the Early Head Start Child Development Supervisor, the Early Head Start Home Visitor assists families in identifying resources and needs on a weekly basis, encourages family involvement in developing and fostering healthy self-concepts, makes appropriate referrals to necessary community social service agencies, assists parents in development of educational activities with their children, plans nutrition activities and assists with health monitoring in order to meet or exceed Head Start Performance Standards.

**II. ESSENTIAL FUNCTIONS/DUTIES:**

1. Works as a partner with families and children, including families with special needs children, on a scheduled one-to-one weekly basis in their homes for a minimum of 90 minutes to plan an individualized program that meets or exceeds the Head Start Program Performance Standards. May be accompanied by the Child Development Supervisor, as well as resource staff, when deemed appropriate.
  - a) Establishes a climate of mutual trust and respect with parents.
  - b) Utilizes a family-focused approach to complete family needs assessments with parents.
  - c) Completes a written Family Partnership Agreement with parents that includes long and short-term goals and objectives for the family, family members and enrolled children.
  - d) Designs activities with families based on the Family Partnership Agreement; conducts planning as partners with parents; writes home visit plans with parents that include goals/objectives, home visit activities and family interim activities.
  - e) Plans and conducts activities with parents for their children which are appropriate in a home setting and which meet the child's intellectual, physical, emotional and social needs in the home. Assists parents to understand how children learn and how to use household resources in educational activities with their children.
  - f) Documents completed activities with parents, family goals/objectives achieved, and children's developmental needs addressed; observes and videos family interactions at times, and provides feedback to parents.
  - g) Confers regularly with the Child Development Supervisor, program area specialists and other resources regarding plans and activities, and adapting curriculum to meet the individual needs of each family and child.
2. Encourages and promotes the family's achievement of self-sufficiency. Assists parents in developing and fostering healthy self-concepts for themselves so they may become the primary family educator(s). Reinforces with parents that they are their child's first teacher and makes practical suggestions for development.
  - a) Assists families in identifying family resources and needs; furnishes information to families about available community resources; assists and enables parents to become self-advocates.
  - b) Helps parents cope with contemporary social/health problems.
  - c) Makes referrals and conducts follow-up for families/ family members in need of community services, counseling, emergency assistance or crisis intervention; conducts home visits with other specialists to address needs; advocates for families to receive benefits from local resources; acts as liaison and coordinates activities for families with other community agencies.
  - d) Assists parents in meeting their own educational needs by making referrals to adult education programs including job training, college, GED, high school, etc.
  - e) Supports parents in their efforts to obtain or provide educational assistance for older siblings.

Job Description  
Early Head Start Home Visitor  
Page 2

- f) Provides input in planning and evaluating the WHEHS educational and social service program area plans.
3. Conducts health assessments on each home visit and assists families when necessary in the arrangement of and transportation to medical and dental appointments as required by Early Head Start, including designated follow-ups.
- a) Completes medical, dental and developmental histories for target children and other family members.
  - b) Coordinates with parents to secure health screenings for enrolled children; provides information regarding health resources, makes referrals, advocates with families for improved health services; facilitates transportation when necessary.
  - c) Advises families of community health problems and provides information/referral/advocacy; helps parents develop a plan of action for medical and dental emergencies; assesses family members' immunization status and provides information/referral/advocacy.
  - d) Provides information regarding speech problems and other disabilities; family members' medical examination and treatment, dental screening and mental health;
  - e) Completes and maintains medical/dental records, ensuring confidentiality;
  - f) Integrates health and nutrition education in home visits, group socialization activities and parent meetings;
  - g) Coordinates home visits and group socialization services with mental health professionals; confers with parents regarding family members' mental health needs.
  - h) Uses nutrition assessment data to help family plan meals and nutrition-related activities. Obtains and uses information about family eating habits, dietary needs, feeding problems and community nutrition-related problems. Provides healthy foods during group socialization and uses food experiences to promote children's cognitive, physical, social and emotional development. Plans and completes one nutrition activity at least once each month during a home visit.
  - i) Provides input in planning and evaluating the EHS health program area plans.
4. Develops systems for involving home-based parents in program activities.
- a) Plans, conducts and evaluates with parents regular group socialization activities that emphasize peer group interaction for children and allow parents to observe, participate as volunteers and engage in activities designed especially for them; plans a variety of program-related topics for parent group meetings.
  - b) Provides guidance and leadership in the planning of and participation in parent meetings scheduled at least once per month for decision-making and advocacy; uses a variety of communication techniques to inform parents of program activities.
  - c) Participates in recruitment and enrollment activities according to program planning requirements.
  - d) Provides input into planning and evaluating the parent involvement program area plan of West Hawaii Early Head Start.
  - e) Provides opportunities for and records volunteer time, space and materials for in-kind contributions.

### III. OTHER FUNCTIONS/DUTIES

1. Participates in workshops and continuing education as requested or as needed.
2. Works in accordance with the FSSWH Work Ethics Standards
3. Other duties as requested.

### IV. WORKING CONDITIONS

Generally good working conditions with little exposure to extremes in noise, temperature; work in family homes, community settings of varying degrees of comfort and some exposure to infections and early childhood contagious diseases.



Job Description  
Early Head Start Home Visitor  
Page 3

1. Work Hours: Program hours are generally between 8:00 am-4:30 pm, but schedule must be flexible based on the needs of the families and program.
2. Physical Demands
  - a) Able to walk, stand, kneel, crouch, bend while giving instructions or demonstrating activities to children and/or parents; able to lift 30 pounds; able to lift children into car seats.
  - b) Vision sufficient to read printed materials and drive safely.
  - c) Hearing and speech sufficient to conduct normal in-person and telephone conversations.
  - d) Requires work in different locations and frequent travel.
  - e) Mobility sufficient to efficiently perform the duties of the position.
3. Mental Demands
  - a) Requires mental and emotional flexibility in working within families' homes, FSSWH teams and with the community.
  - b) Occasionally stressful with quick problem-solving abilities called for.
4. Communication Demands
  - a) Frequent verbal communication with parents, other staff and supervisor.
  - b) Must be able to fill out forms, complete reports.
  - c) Frequent written communication including progress notes, parent letters, etc.
4. Equipment Use
  - a) Computer use: knowledge of Microsoft Office programs
  - b) Communications technology (email)
  - c) Digital still and video cameras
  - d) Cellular telephone, Xerox machine, fax machine, laminator,

## V. QUALIFICATIONS AND REQUIREMENTS

1. Educational Requirements
  - a) Associate of Arts or Science degree in Early Childhood Education, Home Economics, Human Development or a related field.
  - b) An Associate of Arts Degree in progress in Early Childhood Education or Human Development may be accepted with at least two year's experience working with infants, toddlers and young children and their families.
2. Experience
  - a) Previous experience providing direct services to prenatal women, infants, toddlers, young children and their families.
3. Skills/Knowledge
  - a) Ability to show warmth and strong appreciation of human growth at all levels, understanding the process of trust and credibility with families.
  - b) Ability to relate well to all people of the community.
  - c) Ability to motivate others and to problem-solve.
  - d) Ability to work as part of a team and maintain flexibility about task assignments.
  - e) Knowledge of West Hawaii communities and their resources.
4. Other Requirements
  - a) Reliable transportation to perform job functions, a valid Hawaii driver's license, current Hawaii State Driver's Abstract, and proof of automobile liability insurance.

Job Description

Early Head Start Home Visitor

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- b) Must be able to travel to neighbor islands occasionally for training and/or meetings.
- c) Must have a home telephone.
- d) Following an offer of employment, applicant will be required to undergo a physical examination at the expense of FSSWH and with a physician or clinic designated by FSSWH, with the offer of employment conditional upon the result of such examination. Such examination must be scheduled within one (1) week of offer of employment.
- e) Following an offer of employment, Criminal History/Background and Child Abuse Index (CAI) checks, which may include fingerprinting, will be made. If a conviction within the last 10 years is discovered that has a rational relationship to the duties of the job, the job offer will be withdrawn.
- f) Current and former Early Head Start and Head Start parents will receive employment preference if all basic requirements are met.



# West Hawaii Early Head Start

Family Support Services of West Hawaii



## Prioritization 2007-2008

Priority	Criteria	Points
Elig - Parent Status	1st time parent	10
	One parent	10
	Foster parents	05
	Two parents	00
Elig - Disability	Enrolled in Early Intervention Program	15
	Environmental at Risk	10
	No Disability	00
Elig - Income	<50% of poverty level	25
	50% -100% poverty level	10
	Up to 150% of poverty level	05
	>150% poverty level	00
Elig - Age	Primary adult between 14 and 17	25
	Primary adult is between 18-21	10
	Child less than six months old	20
	Child between 6 month and 1 year	10
	Child between 1 and 2 year	05
	Child between 2 and 3 year	00
Elig - Other	Primary adult is pregnant	25
	Primary adult dropped out of high school	15
	Primary adult enrolled in high school	10
	Have an older child enrolled in the Head Start preschool	05
	Housing—no home	20
	Housing—hidden homeless	15
	Housing—shelter	10
	Transportation - none	15
	Grandparent/extended family member/Ohana helps look after child/children while primary adult goes to work	05

Approved: 9/27/07

**FAMILY SUPPORT SERVICES OF WEST HAWAII**  
**(A Hawaii Non-Profit Corporation)**

AUDITED FINANCIAL STATEMENTS  
FOR THE YEAR ENDED JUNE 30, 2006

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Certified Public Accountants  
Member: AICPA  
HSCPA

INDEPENDENT AUDITORS' COMBINED REPORT ON THE BASIC FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES

To the Board of Directors of  
Family Support Services of West Hawaii  
Kailua-Kona, Hawaii 96740

We have audited the accompanying statement of financial position of Family Support Services of West Hawaii as of June 30, 2006 and the related statements of activity, functional expenses, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Family Support Services of West Hawaii as of June 30, 2006, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States.

In accordance with *Government Auditing Standards*, we have also issued our report dated October 26, 2006 on our consideration of the Organization's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants.

Board of Directors  
Family Support Services of West Hawaii, Inc.

Our audit was performed for the purpose of forming an opinion on the basic financial statements of Family Support Services of West Hawaii taken as a whole. The accompanying schedule of federal awards is presented for purposes of additional analysis as required by U. S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects, in relation to the basic financial statements taken as a whole.

A black rectangular redaction box covers the signature of the auditor.

Wailuku, Hawaii  
October 26, 2006

FAMILY SUPPORT SERVICES OF WEST HAWAII

Statement of Financial Position

June 30, 2006

With Comparative Totals for the Year Ending June 30, 2005

ASSETS

CURRENT ASSETS	2006	2005
Cash:		
Checking - BOH	\$ 4,677	\$ 52,187
Savings - BOH	1,373	1,370
Vanguard Investments	34,261	31,580
Petty Cash	250	250
Total Cash	40,561	85,387
Accounts Receivable - Grants and Contracts	479,359	472,350
Donated Auto		4,500
Prepaid Expenses	76,518	83,271
Total Current Assets	596,438	645,508
FIXED ASSETS (Note 2)		
Equipment - Restricted	167,993	167,993
Vehicles	148,112	105,340
Leasehold Improvements	1,515	1,515
Accumulated Amortization	317,620	274,848
Accumulated Depreciation	(167,000)	(179,086)
Net Fixed Assets	150,620	95,762
Vanguard Building Fund (Note 3)	21,454	20,355
Vanguard Endowment Fund (Note 3)	64,759	61,441
Security Deposits	11,133	13,370
TOTAL ASSETS	\$ 844,404	\$ 836,436

The accompanying notes and Auditors' report are an integral part of these financial statements.



FAMILY SUPPORT SERVICES OF WEST HAWAII

Statement of Financial Position  
June 30, 2006

With Comparative Totals for the Year Ending June 30, 2005

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES	<u>2006</u>	<u>2005</u>
Accounts Payable	\$ 150,460	\$ 142,789
Profit Sharing Plan Payable	1,635	6,115
Employee Benefits - 401(k) Payable (Note 5)	14,679	16,679
Accrued Payroll, Taxes and Worker's Comp	49,229	110,039
Contract Advances	63,948	63,948
Deferred Revenue (Note 4)	92,911	95,154
Total Current Liabilities	<u>372,862</u>	<u>434,724</u>
NET ASSETS (Note 3)		
Unrestricted Net Assets	433,398	339,166
Temporarily Restricted Net Assets	15,144	39,546
Permanently Restricted Net Assets	<u>23,000</u>	<u>23,000</u>
Total Net Assets	<u>471,542</u>	<u>401,712</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 844,404</u>	<u>\$ 836,436</u>

The accompanying notes and Auditors' report are an integral part of these financial statements.

FAMILY SUPPORT SERVICES OF WEST HAWAII

Statement of Activity

For the Year Ended June 30, 2006

With Comparative Totals for the Year Ended June 30, 2005

	2006			Total	2005 Total
	Unrestricted	Temporarily Restricted	Permanently Restricted		
<b>PUBLIC SUPPORT</b>					
Government Contracts - State and County	\$ 1,996,747	\$ -	\$ -	\$ 1,996,747	\$ 2,401,243
Federal Contracts and Pass Through Funds	1,250,373			1,250,373	1,108,123
	3,247,120	-	-	3,247,120	3,509,366
<b>CONTRIBUTIONS AND REVENUE</b>					
Grants from Foundations and Others	85,808	74,800		160,608	67,337
Contributions	112,000	14,236		126,236	220,509
In-kind Income	63,061			63,061	33,358
Interest Income	1,070			1,070	1,408
Unrealized Gains/Loss	3,097			3,097	7,732
Other Income				-	
	265,036	89,036	-	354,072	330,344
Total Public Support and Unrestricted Revenue	3,512,156	89,036	-	3,601,192	3,839,710
Net Assets Released from Restrictions	113,438	(113,438)		-	
<b>EXPENSES</b>					
Programs:					
Early Childhood	1,166,025			1,166,025	1,203,807
Youth Development	562,993			562,993	725,477
Healthy Start	1,412,087			1,412,087	1,541,111
Total Programs	3,141,105			3,141,105	3,470,395
Fundraising	67,572			67,572	111,868
Supporting Services	322,685			322,685	314,452
Total Expenses	3,531,362	-	-	3,531,362	3,896,715
Excess Revenue Over (Under) Expenses	\$ 94,232	\$ (24,402)	\$ -	\$ 69,830	\$ (57,005)

The accompanying notes and Auditors' report are an integral part of these financial statements.

FAMILY SUPPORT SERVICES OF WEST HAWAII

Statement of Functional Expenses  
For the Year Ended June 30, 2006  
With Comparative Totals for the Year Ended June 30, 2005

	2006				2005 Total
	Program Services	Supporting Services	Fundraising	Total	
Wages	\$ 1,945,250	\$ 172,300	\$ 36,204	\$ 2,153,754	\$ 2,315,764
Payroll Taxes and Benefits	454,391	40,177	7,643	502,211	518,857
Occupancy	183,364	59,480	1,641	244,485	244,514
Equipment & Vehicle Expense	77,550		7,796	85,346	70,869
Program Supplies	76,063			76,063	108,020
Training and Conference (Travel Incl.)	66,884	7,500	884	75,268	135,155
In-kind Expense	63,061			63,061	33,358
Mileage Reimbursement	54,804		713	55,517	40,232
Utilities	39,085	13,028		52,113	49,670
Outside Services	46,231			46,231	78,122
Telephone	38,872	3,380		42,252	42,337
Supplies	-	11,233	5,894	17,127	20,311
Professional Fees	16,130			16,130	17,928
Postage, Printing and Advertising	14,906			14,906	16,030
Insurance	12,865	1,430		14,295	55,830
Repairs and Maintenance	13,547			13,547	23,142
Project Expenses	10,399			10,399	26,786
Other Expenses	(2)	5,256	4,954	10,208	2,218
Depreciation	4,700	4,701		9,401	31,938
Equipment Purchases	4,638	4,200		8,838	306
Client Assistance	7,309			7,309	7,534
Fees	6,281			6,281	6,633
Dues and Membership	4,777			4,777	6,197
Fundraising Expense	-		1,843	1,843	44,964
<b>Total Expenses</b>	<b>\$ 3,141,105</b>	<b>\$ 322,685</b>	<b>\$ 67,572</b>	<b>\$ 3,531,362</b>	<b>\$ 3,896,715</b>

The accompanying notes and Auditors' report are an integral part of these financial statements.  
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FAMILY SUPPORT SERVICES OF WEST HAWAII

Statement of Changes in Net Assets  
For the Year Ended June 30, 2006

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total Net Assets
Net Assets, June 30, 2005	\$ 339,166	\$ 39,546	\$ 23,000	\$ 401,712
Excess Revenue Over (Under) Expenses	94,232	(24,402)	-	69,830
Net Assets, June 30, 2006	<u>\$ 433,398</u>	<u>\$ 15,144</u>	<u>\$ 23,000</u>	<u>\$ 471,542</u>

The accompanying notes and Auditors' report are an integral part of these financial statements.

FAMILY SUPPORT SERVICES OF WEST HAWAII

Statement of Cash Flows  
 For the Year Ended June 30, 2006  
 With Comparative Totals for the Year Ended June 30, 2005

	<u>2006</u>	<u>2005</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash Received from Government Agencies	\$ 3,242,354	\$ 3,759,483
Cash Received from Nongovernmental Contracts, Grantors, Donors and Other Receipts	272,125	287,846
Interest and Gains on Investments	4,140	1,408
Cash Paid to Employees and Vendors	<u>(3,497,067)</u>	<u>(3,941,574)</u>
Net Cash Provided (Used) by Operating Activities (Note 7)	21,552	107,163
<b>CASH FLOWS USED BY INVESTING ACTIVITIES</b>		
Sale of Fixed Assets	15,220	-
Purchase of Fixed Assets	<u>(77,181)</u>	<u>(31,705)</u>
Net Cash Provided (Used) by Investing Activities	(61,961)	(31,705)
<b>CASH FLOWS USED BY FINANCING ACTIVITIES</b>		
Proceeds from Line of Credit	690,000	-
Payments to Line of Credit	<u>(690,000)</u>	<u>-</u>
Net Cash Provided by Financing Activities	-	-
Net Increase (Decrease) in Cash for the Year	<u>(40,409)</u>	<u>75,458</u>
<b>CASH BALANCE, BEGINNING OF YEAR</b>	<u>167,183</u>	<u>91,725</u>
<b>CASH BALANCE, END OF YEAR</b>	<u>\$ 126,774</u>	<u>\$ 167,183</u>

The accompanying notes and Auditors' report are an integral part of these financial statements.

## FAMILY SUPPORT SERVICES OF WEST HAWAII

Notes to the Financial Statements  
June 30, 2006

### Note 1. ORGANIZATION

Family Support Services of West Hawaii was incorporated in April, 1981 as a non-profit corporation under the laws of the State of Hawaii. The Agency's mission is to support families and communities in providing love and care for our children. In fulfilling this mission, the Agency operates programs that assist and support families with children. Funding for the programs is primarily through government contracts and various foundations grants. Family Support Services of West Hawaii operates facilities and programs in Kailua-Kona, Waimea, Hawi and Ka'u on the Big Island of Hawai'i.

Family Support Services of West Hawaii is exempt from Federal income taxes pursuant to Internal Revenue Code section 501(c)(3), and exempt from State income taxes under Section 237-23(b) of the Hawaii Revised Statutes. Therefore, no provision for Federal or State income taxes is required for the financial statements.

### Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

*Revenue and Expense Recognition:* Family Support Services of West Hawaii uses the accrual method of accounting. Under this method of accounting, exchange revenue is recognized when earned rather than when received and expenses are recognized when incurred rather than when paid. For contributions and donations, revenue is recognized when the gift is received. For grants, revenue is recognized as the applicable requirements are fulfilled. Accounts Receivable represents revenue earned and not yet received.

*Property and Equipment:* Property and equipment are stated at cost. Depreciation is computed on the straight-line basis over the estimated useful lives of the assets, which range from 3 to 8 years. Donated property and equipment are recorded as revenue at their estimated fair value. Such donations are reported as unrestricted revenue unless the donor has restricted the donated asset to a specific purpose.

Assets purchased with contract funds revert back to the grantee organization upon termination of their intended use. However, management intends to use the assets for their intended purposes for the life of the assets and the likelihood of the assets ever having to be returned to the grantors is remote.

*Cash and Cash Equivalents:* For the purpose of the statement of cash flows, cash is defined as demand deposits, petty cash on hand, savings accounts, liquid investment accounts and certificates of deposit.

## FAMILY SUPPORT SERVICES OF WEST HAWAII

Notes to the Financial Statements  
June 30, 2006

### Note 3. NET ASSETS

The Family Support Services of West Hawaii has conformed to Statement of Financial Accounting Standards (SFAS) No. 117, "Financial Statements of Not-for-Profit Organizations". Accordingly, the Agency is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

Temporarily restricted net assets represent restricted grants and funds received from foundations and donors for which the restriction had not yet been fulfilled as of June 30, 2006. Temporarily restricted net assets equaled \$15,144 as of June 30, 2006.

Permanently restricted net assets represents \$23,000 received from donors for an endowment. The endowment fund will be invested in perpetuity for the purpose of helping to provide sustainable funding of programs and services which support the mission of Family Support Services of West Hawaii. The following analysis shows the total endowment fund as of June 30, 2006:

Permanently Restricted Donations	\$ 23,000
Board of Directors Appropriations of Unrestricted Funds	\$ 39,410
Interest and Dividends on Invested Funds	<u>\$ 2,349</u>
Total Endowment Fund	<u>\$ 64,759</u>

The Vanguard account also holds funds in the amount of \$21,454 that the Board of Directors has designated to be held for the Building fund.

### Note 4. DEFERRED REVENUE

Deferred revenue represents funds received from government and foundation contracts, which were not yet earned as of June 30, 2006. Most of the contracts allow for these funds to be used and, thus, earned in the subsequent year.

### Note 5. 401(k) PLAN

During the year, the Organization was enrolled in a 401(k) retirement plan for all of its employees. The plan allows employees to contribute up to 20% of their salary and Family Support Services of West Hawaii will match up to 3% of the employees' salary. The Organization's previous 403(b) retirement plan was phased out. For the year ended June 30, 2006, the 401(k) retirement plan contributions were as follows: employee contributions were \$93,115 and employer contributions were \$41,970 for a total plan contribution of \$135,085.

FAMILY SUPPORT SERVICES OF WEST HAWAII

Notes to the Financial Statements  
June 30, 2006

Note 6. USE OF ESTIMATES:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Note 7. RECONCILIATION OF EXCESS REVENUE AND SUPPORT OVER EXPENSES WITH NET CASH PROVIDED BY OPERATING ACTIVITIES

Excess Revenue and Support Over Expenses	\$ 69,830
Add in Depreciation	9,401
Change in Accounts Receivable	(7,009)
Change in Prepaid Expenses	6,753
Net Book Value of Assets Sold	2,202
Change in Security Deposits	2,237
Change in Accounts Payable	7,671
Change in Accrued Payroll	(67,290)
Change in Deferred Revenue	(2,243)
Net Cash Provided by Operating Activities	<u>\$ 21,552</u>

Note 8. CONTINGENCIES

During the year ended June 30, 2006, the Agency received approximately 90% of its revenue directly from government contracts, most of which are awarded by the State of Hawaii. Significant reductions, if any, could have an adverse effect on the Agency's ability to continue operations. The ultimate determination of amounts received under these programs generally is based upon allowable units of service delivered to and audited by the government. Until such audits have been completed and a final settlement has been reached, there exists a contingency to refund any amount received in excess of allowable costs. Management believes that the probability of this occurring is remote.



FAMILY SUPPORT SERVICES OF WEST HAWAII

Notes to the Financial Statements  
June 30, 2006

Note 9. FUTURE LEASE PAYMENTS

The Agency leases facilities in several locations in order to fulfill its mission. In addition, the Agency entered into certain operating leases for equipment. The following schedule shows the noncancellable portion of lease obligations to Family Support Services of West Hawaii.

2007	\$ 44,512
2008	\$ 16,152
2009	\$ 13,044

Note 10. FINANCIAL STATEMENT PRESENTATION

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Agency's financial statements for the year ended June 30, 2005, from which the summarized information was derived.

Note 11. FUNCTIONAL ALLOCATION OF EXPENSES

The costs of providing the various programs and activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Note 12. SUBSEQUENT EVENT

Family Support Services of West Hawaii has secured a line of credit with the Bank of Hawaii. The maximum credit on this line of credit is \$125,000. The following drawdowns were made:

July 3, 2006	\$ 100,000
August 8, 2006	25,000

As of October 26, 2006, the balance was paid in full to Bank of Hawaii.

FAMILY SUPPORT SERVICES OF WEST HAWAII

Schedule of Federal Awards  
For the Year Ended June 30, 2006

Federal Grantor / Pass-through Grantor / Program Title	Federal CFDA Number	Grant Number	Federal Expenditures
United States Department of Education State of Hawaii – Dept. of Health Infants and Toddlers with Disabilities	84.181A	H181A 020091	\$ 28,560
Parents and Children Together / Parental Assistance Centers	* 84.310A	U310A 030377	\$ 207,840
United States Department of Justice	16.710	2004CKWX0370	\$ 8,467
United States Department of Health and Human Services			
Enhanced Healthy Start	93.558	DHS-06-POS-3147	\$ 368,886
Street Outreach Program	93.557	09YO2065/01	\$ 24,351
Hawaii Youth Transitional Living Program	93.550	09CX5039/01	\$ 24,694
Early Head Start	* 93.600	09YC0456/03	\$ 577,549
CAMHD Coach Creative Opportunities for all Children	93.958	03-B1H1CMHS-02	\$ 10,026
Totals			<u>\$1,250,373</u>

\* Major Program

REPORT ON COMPLIANCE AND ON INTERNAL CONTROL OVER FINANCIAL REPORTING  
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH  
*GOVERNMENT AUDITING STANDARDS*

The Board of Directors  
Family Support Services of West Hawaii

We have audited the financial statements of Family Support Services of West Hawaii as of and for the year ended June 30, 2006, and have issued our report thereon dated October 26, 2006. We conducted our audit in accordance with generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Compliance

As part of obtaining reasonable assurance about whether the Organization's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under *Government Auditing Standards*.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Organization's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions.

We noted no matters involving the internal control over reporting and its operation that we consider to be material weaknesses.

The Board of Directors  
Family Support Services of West Hawaii

This report is intended solely for the information and use of the audit committee, management, others within the organization and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

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Wailuku, Hawaii  
October 26, 2006

REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM  
AND INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

The Board of Directors  
Family Support Services of West Hawaii

Compliance

We have audited the compliance of Family Support Services of West Hawaii with the types of compliance requirements described in the *U. S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement* that are applicable to each of its major federal programs for the year ended June 30, 2006. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of Family Support Services of West Hawaii's management. Our responsibility is to express an opinion on the Organization's compliance based on our audit.

We conducted our audit of compliance in accordance with generally accepted auditing standards; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the Organization's compliance with those requirements.

In our opinion, Family Support Services of West Hawaii complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended June 30, 2006.

The Board of Directors  
Family Support Services of West Hawaii

Internal Control Over Compliance

The management of Family Support Services of West Hawaii is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered the Organization's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts, and grants that would be material in relation to a major program being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matter involving the internal control over compliance and its operations that we consider to be a material weakness.

This report is intended solely for the information and use of the audit committee, management, others within the organization and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

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Wailuku, Hawaii  
October 26, 2006

FAMILY SUPPORT SERVICES OF WEST HAWAII, INC.

Schedule of Findings and Questioned Costs  
For the year ended June 30, 2006

A. SUMMARY OF AUDIT RESULTS

The auditors' report expresses an unqualified opinion on the financial statements of Family Support Services of West Hawaii, Inc.

No reportable conditions material to the financial statements were disclosed during the audit of the financial statements.

No instances of noncompliance material to the financial statements of Family Support Services of West Hawaii, Inc. were disclosed during the audit of the financial statements.

No reportable conditions were disclosed during the audit of the internal controls over major federal award programs.

No instances of noncompliance were noted in the auditors' report on compliance with requirements applicable to major federal award programs for Family Support Services of West Hawaii, Inc.

The programs tested as major programs are:

- 1) U.S. Department of Health and Human Services -- Early Head Start (CFDA #93.600)
- 2) U.S. Department of Education -- Parents and Children Together (CFDA #84.310A)

The threshold for distinguishing major programs was \$300,000.

Family Support Services of West Hawaii, Inc. was determined to be a low-risk auditee.

B. FINDINGS FINANCIAL STATEMENT AUDIT

NONE

C. FINDINGS AND QUESTIONS COSTS - MAJOR FEDERAL AWARD PROGRAM

NONE