topic 4
pulling it all together: program examples

Getting Started

Topic 4 *Pulling it All Together—Program Examples* describes how four typical programs integrate program goals, expected outcomes, and action plans into their planning process to support program excellence. As you read these planning scenarios, think about your own program. Of course, the specifics differ, but what can your program learn about the planning process? Refer to Topic 1 for planning terms while reading through the scenarios.

Learning Objectives

Programs understand how the Head Start planning process comes together to advance their vision for the children and families they serve. They expand their knowledge of strategic planning in Head Start and see how they can use data, tools and methods for tracking progress.

Goals, Objectives, Outcomes, Progress, and Action Plans—What Do They Look Like?

The Head Start five-year grant application requires programs to submit an outcomes-focused plan that shows how program services will have a cumulative positive impact on children, families, and the community. After the initial baseline application, each subsequent continuation application will ask programs to demonstrate progress made each year towards achieving those program goals, objectives, and expected outcomes. By year five, programs will use findings from all five years to describe how their services have made a difference for children, families, and the community.

Programs need two specific skills to engage in five-year planning:

1) The ability to develop and write BROAD program goals and measurable objectives
2) The ability to translate goals and objectives into an action plan that supports progress toward expected outcomes

Aligning BROAD goals with clearly defined SMART objectives will help programs identify specific, expected changes; project when those changes will occur; and allocate the necessary resources to ensure success. Expected outcomes include changes in child and family knowledge and behavior, program practice, and community engagement which occur as a result of your program's efforts.

Defining the monetary resources your program needs is an important part of building an action plan. With this knowledge, programs can include fiscal objectives and action steps to ensure adequate funding for the essential components of the program plan and program. This includes personnel, equipment, materials, and T/TA. Programs may want to use the Management Systems Wheel to review implications for all aspects of program operations.

Topic 4 provides four examples of program goals. The first example focuses on strengthening children's transitions to kindergarten or other placements. The second outlines an initiative that promotes language and literacy development for preschool children. The third examines a health-related goal. The fourth explores ways that programs partner with families to make progress toward family well-being. Each of these examples illustrates:

- **BROAD program goals** based on data from a community assessment, annual self-assessment, and ongoing monitoring and which require contributions from all parts of the program
- **Objectives that are SMART:** Specific, Measurable, Attainable, Realistic, and Timely
- **Expected outcomes** that show what success looks like if the goal is achieved
- **Data, tools, or methods** for tracking progress
- **Expected challenges** that might impede progress on goals and objectives
- **Sequential actions/strategies** to carry out over the program year

Example 1:
Program Goal: Strengthening Transitions to Kindergarten

SCENARIO

Community Assessment Report
Always Cutting Edge (ACE) Head Start program serves children and families in four different counties. A recent update of its community assessment revealed some interesting information. Two new elementary schools had opened in its service area, each in a different county and supported by its own local education agency (LEA). This meant that the program would have to work with two different schools and LEAs to support children's educational and special needs. Parents' dissatisfaction with program communication was already an area of challenge that ACE was trying to overcome.

During Annual Self-assessment
Aggregated data from the family satisfaction survey, completed prior to the program's annual self-assessment, pointed to a concern among families about children's transition to kindergarten. These parents and family members, especially those whose primary language was not English, and those whose children had special health needs, were unsure how to approach and communicate with school staff. They expressed a second concern about how their children would do in kindergarten.

During Planning
Based on this data, ACE's planning committee, consisting of management team members and representatives from the governing body and Policy Council, decided to develop a new program goal. They aimed to strengthen the program's process for transitioning to kindergarten, with increased focus on children who are DLLs and children with special health needs. In developing its action plan, the planning committee sought input from the LEA representatives, receiving school principals, and the governing body member with early childhood expertise.

Program Goal
ACE Head Start will use coordinated transition strategies involving parents, Head Start staff, and public school personnel so the preschool and elementary programs can help children maintain and maximize the gains they made in preschool and succeed in kindergarten and beyond.

The planning team developed four SMART objectives and identified several expected outcomes for the goal. They also identified the data sources they would use to track progress. A challenge was also noted.

Expected Challenge
Based on parental concerns noted during the self-assessment process, the program noted a need to assist the LEA leadership staff in building stronger relationships with families to support their children's continued development.

Table 4.1: Example 1 – ACE Head Start Objectives, Expected Outcomes, and Data/Tools/Methods (Strengthening Transitions to Kindergarten)

Objectives	Expected Outcomes	Data, Tools, or Methods for Tracking Progress
1. ACE Head Start program will develop a process for data sharing between ACE and its LEAs. By the end of year one, identify and obtain signed memorandums of understanding (MOUs) from two LEAs for the purpose of piloting a data sharing process. With these two LEAs, share data about family home language and child progress on language and literacy development in both the family's home language and English. By year five, ACE will share child and family language usage data with all eight LEAs, as detailed in formal signed MOUs with each LEA	• Child outcomes data, including home and English language skills and abilities data from the program's child assessment system, will be electronically transmitted with parental permission, to each receiving school • Through the school system, the Head Start program will have access to aggregated longitudinal data about Head Start children's continued progress through third grade including kindergarten entry assessment data • Through joint review of data, the school system will have a better understanding of the needs of Head Start children and families as they transition to the schools	• Instrument to monitor data sharing between ACE and schools (as outlined in MOUs) • Longitudinal data received from schools • Reports from school system representatives on their understanding of Head Start children and family needs
2. ACE Head Start program will complete and sign transition plans with all receiving schools. ACE will have signed transition plans with: • 25 percent of its receiving schools by the end of year one • 40 percent by the end of year two • 60 percent by the end of year three • 80 percent by the end of year four • 100 percent by the end of year five	• All children will visit receiving classrooms prior to entering • Families have increased confidence and engagement with the receiving schools	• Signed transition plans • Site visit logs • Parent focus group and survey summaries • Reports from kindergarten teachers about the success of the visits
3. ACE Head Start program will strengthen parents' understanding of the importance of their role in supporting their children's transition to school. Head Start will ensure that families know about the language instruction offered by the receiving school. As measured by parents' participation in transition events, ACE will increase each of the following by 20 percent per year:	• Parents/family members will be more engaged during kindergarten registration and on-site visits to the school their child will attend • Parents/family members, and in particular families whose primary language is not English, will increasingly cite being satisfied with their child's transition to kindergarten	• Kindergarten registration and data from site-visit logs • Reports from kindergarten teachers • Parent satisfaction surveys • Results of parent focus group on transition pilot • Results from parent self-report

Table 4.1: Example 1 – ACE Head Start Objectives, Expected Outcomes, and Data/Tools/Methods (Strengthening Transitions to Kindergarten) *Cont'd*

Objectives	Expected Outcomes	Data, Tools, or Methods for Tracking Progress
• Number of parents who attend kindergarten registration • Number of parents who attend Head Start parent meeting with Parent-Teacher Association (PTA) representatives • Number of parents who accompany their children on site visits to the school their child will attend (data based on sign-in list and information shared by parents with program staff) • Number of parents who utilize library resources over the summer months to sustain children's development and learning from the prior school year	• Children will show less "summer fadeout" when they enter kindergarten, and they will exhibit fewer challenging behaviors during the first two months of school • Children with special health care needs will be able to attend school, as schools will be better prepared and able to receive them • Parents of children with special health care needs will know who to communicate with and will be able to communicate more frequently with their child's school personnel	• Analysis of attendance data from receiving schools, including disaggregated data for children with special health care needs • Analysis of parent satisfaction survey, including disaggregated data from parents of children with special health care needs

4. ACE Head Start program will ensure that Head Start children with special health care needs successfully transition to the receiving school(s) as measured by an increase in the percentage of parents making at least one contact with school personnel to discuss their child's individual health needs.
 	
  • In year one, parent contact with the receiving school will increase from 35 percent to 55 percent
  • Parent contact with the receiving school will increase by an additional 10 percent each subsequent year following year one
	• Increase kindergarten registration from the prior year	• Kindergarten registration reports

Remember that this is an example. If your program has a goal related to transition to school, you might write it differently. You are also likely to have different objectives and expected outcomes that are based on your own program's unique strengths and needs.

ACE Head Start program then created action plans for each of the objectives. Table 4.2 provides ACE's action plan for Objective 3: *ACE will strengthen parents' understanding of the importance of their role in supporting their children's transition to school as measured by their participation in transition events.*

Table 4.2: Example 1 – ACE Head Start Action Plan (Strengthening Transitions to Kindergarten)

Action/Strategy	Person(s) Responsible	Timeline	Financial Supports
1. Work with receiving schools to ensure that kindergartens hold registration events at places and times convenient for Head Start parents; ensure that schools translate materials and engage interpreters as needed.	Head Start director	Late fall	Budget for interpreters
2. Co-create a "Kick Off to Kindergarten" brochure and social media campaign for and with parents; provide the brochure in the home languages of all children in the program.	Education manager and parents whose children have transitioned, including some who do not speak English and/or are recent immigrants	Late fall	Work with LEAs to jointly fund the cost of the brochure design, social media campaign, translation, and printing
3. Distribute brochures and social media information to all families whose children are entering kindergarten.	Teachers, family child care providers, and home visitors	Early winter	Budget for supplies and mailing of brochures to families unable to attend events in person
4. During home visits and at parent committee meetings, reinforce with families the importance of their role in helping their child(ren) make a smooth transition to kindergarten. Ensure that staff have conversations in families' home languages about opportunities for family engagement in the new school.	Family engagement staff and home visitors	Winter	Budget for interpreters as needed
5. Provide parents with a packet of materials that includes information in their home language about all health screening and other health-related kindergarten requirements. Also help parents compile their child's kindergarten health records.	Health services staff, family engagement staff, and home visitors	Prior to kindergarten registration events	Work with LEAs to jointly fund the cost of parent informational materials on health-related kindergarten requirements. Budget for program's portion of translation, printing, and purchase of folders.

Table 4.2: Example 1 – ACE Head Start Action Plan (Strengthening Transitions to Kindergarten) *Cont'd*

Action/Strategy	Person(s) Responsible	Timeline	Financial Supports
6. Work with parents to initiate a summer "bookbag" project with local libraries. Participate in kindergarten registration events and distribute the book backpacks during these events.	Education manager, family engagement staff, and community partnerships manager	Spring	Work with local libraries to obtain community funding for summer book backpacks
7. Discuss transportation issues and any potential challenges that may occur.	Family engagement staff and home visitors	Late spring	Budget for transportation assistance (e.g., bus tokens)
8. Invite parent association representatives from receiving elementary schools to come to a parent meeting; make sure interpreters are available.	Director and community partnerships manager	Early spring	Budget for interpreters and snacks for meeting
9. Set up visits for transitioning parents and children to visit the child's elementary school; make sure interpreters are available.	Education managers with teachers and home visitors	Late spring	Budget for interpreters
10. Conduct focus groups with a diverse group of families to discuss the transition process and obtain their feedback.	Family engagement staff	Late spring	Budget for meetings and childcare as needed
11. Review what worked well in the transition-to-kindergarten process and identify any areas for improvement.	Management team with input from all staff	Very late spring	Budget for data management
12. Revise the transition-to-kindergarten procedures and processes as needed.	Management team	Review during ongoing monitoring	Budget for adjustments as needed

Example 2:
School Readiness Goal:
English and Spanish Language Acquisition

This example shows how a Head Start program—after it has collected and analyzed birth to 5 school readiness data from multiple years—proceeds to set a new program goal about language acquisition. Its planning process is outlined in this scenario. Table 4.3 delineates the steps the program will take based on its planning and review process.

SCENARIO

The Always Be Conscientious (ABC) Head Start/Early Head Start program with home-based and preschool center-based options, has had its infant/toddler and preschool school readiness goals in place for the past two school years. These goals are aligned with the ELOF and ABC's governing body and Policy Council have approved them. The program has collected and compared child assessment data, adult-child interaction scores (Classroom Assessment Scoring System (CLASS®) Pre-K) home visitor practices that help parents support their infants' and toddlers' development (Home Visit Rating Scales (HOVRS) scores), performance on kindergarten entrance assessments, and data from other sources to determine progress on the school readiness goals. The program examined progress each quarter and at the end of the year, and it also collected data on trends over time.

During Ongoing Monitoring

The staff reviewed and compared child assessment reports and discovered that infants and toddlers in the home-based program consistently reached age-level scores on the program's ongoing child assessment tool in emerging language and literacy development (both home language and English). However, the preschool children, including those who transitioned from the Early Head Start home-based program, consistently scored below the norm on the vocabulary portion of the school district's kindergarten readiness assessment. ABC's aggregation of last year's data showed that mean scores of preschool children were below typical scores for similar children (e.g., age, socio-economic status, and culture and language background) for all language measures. This was also true for the previous year. While children did make progress on language measures, the majority of children transitioning from Head Start to kindergarten did not reach age-level scores. By reviewing subgroups within the program, the staff could see variability among the classrooms. In a small number of classrooms, children scored at or above age level. The staff determined that they could use the data to make both program-wide and individual classroom adjustments.

During Self-assessment

ABC's self-assessment team reviewed the multiyear school readiness data for infants, toddlers, and preschoolers and disaggregated the school readiness results by subgroups:

- Ages of children

- Classrooms

- Home visitor caseloads

- Experience and educational levels of teachers and home visitors

- Presence of bilingual staff who can support continued development of home language and acquisition of English

- Children in their first year of Head Start

- Children in their second year of Head Start

- Children who transitioned into Head Start from ABC's Early Head Start home-based program versus those who did not

- Children who are DLLs

After reviewing the data and discussing what worked in the preschool classrooms where children had the higher scores, the self-assessment team recommended the following actions.

- Focus ABC's professional development for the upcoming year on language and literacy, with an emphasis on increasing preschool children's vocabularies in their home language and in English.

- Select and implement a supplemental curriculum enhancement to strengthen the language components of teaching and learning.[1]

- After assessing intensive coaching needs for all teachers, identify specific classroom teachers who would most benefit from intensive coaching on supporting children's language development. The team also recommended that teachers in the classrooms with consistently higher-scoring children: 1) assist with planning language experiences and supports across all program areas; and 2) engage in peer coaching with other teachers not in need of intensive coaching.

- Offer targeted professional development for home visitors to help them continue to: 1) support families' use of effective language and literacy practices with their infants and toddlers; and 2) encourage families' use of their home language (Spanish) once their children transition to the Head Start program.

- Review Human Resources' system for recruitment and hiring practices of bilingual staff.

- Extend outreach to local colleges who have Spanish-speaking students to volunteer.

- Monitor budget implications for the above.

During Planning

The ABC planning committee accepted the self-assessment team's recommendations and set the following new goal, objective, outcome, and expected challenge.

School Readiness Goal

Children will demonstrate an understanding of, as well as use, a variety of words in English and Spanish to communicate their ideas, feelings, and questions. They will also express knowledge of word categories and relationships among words during play, routines, learning activities, and conversations with others. *Connects to P-LC6 and P-LC7 in the ELOF Language and Communication domain.*

Objective

To strengthen the ability of teachers and parents to improve the vocabulary of enrolled preschool children in their home language (Spanish) and English as measured by improved scores on child assessment measures. Mean scores will improve by 50 percent by the end of the program year.

Expected Outcome

Children will enter kindergarten with age-appropriate receptive and expressive vocabulary in their home language (Spanish) and English.

Expected Challenge

Because LEAs have different kindergarten readiness expectations, it will be important to ensure all kindergarten-eligible children meet the language and literacy readiness expectations of the local schools they will attend.

This program organized and wrote its action plans according to area (e.g., teaching and learning; parent and family engagement; community engagement; health services; and program management) to ensure that staff understood their specific roles and responsibilities in relation to accomplishing this goal. This action plan is included as Table 4.3.

Table 4.3: Example 2 – ABC Head Start Action Plan (English and Spanish Language Acquisition)

Program Actions/Strategies that Support Both Goals and Objectives	Person(s) Responsible	Timeline	Financial Supports	Data, Tools, or Methods for Tracking Progress
Teaching and Learning				
1. Establish a year-long professional development (PD) plan focused on vocabulary integrating English and Spanish in play, routines, and learning activities.	Education manager and coach	August	• Secure T/TA funds to support PD plan, including intensive coaching through TLC • Budget for new language curriculum supplement	• Scores on child assessment measures • Child assessments that also measure the growth in home language
2. Provide small-group intensive coaching using Teachers Learning and Collaborating (TLC) materials focused on language-based responsive processes (e.g., 15-minute in-service suites, *Language Modeling and Conversations*; Language and Literacy ELOF Effective Practice Guides; Planned Language Approach (PLA) materials; and, when appropriate, the programs and strategies that support children who are DLLs.)	Site managers supervised by new coach	Early fall		
3. Review current curriculum and consider adding a language and literacy enhancement; ensure current curriculum is responsive to children who are DLLs.	Education manager, site manager, coach, teachers	Late fall		
4. Observe classrooms; support staff use of meaningful vocabulary that increases in complexity over time in both Spanish and English.	Coach	Winter/ spring		
5. Observe home visitors; support their efforts to encourage families to: 1) use their home language with their infants and toddlers; and 2) continue to speak their home language while their children are transitioning to and in Head Start. HSPPS require home visitors to help parents recognize that bilingualism and biliteracy are strengths.	Home-based supervisor	Fall, winter, spring, summer		• Scores on child assessment measures • Child assessments that also measure the growth in home language • HOVRS scores

Table 4.3: Example 2 – ABC Head Start Action Plan (English and Spanish Language Acquisition) *Cont'd*

Program Actions/Strategies that Support Both Goals and Objectives	Person(s) Responsible	Timeline	Financial Supports	Data, Tools, or Methods for Tracking Progress
Parent and Family Engagement				
1. Conduct family events focused on the importance of talking with children in the home language; read books and use vocabulary in the home language. Share dialogic reading strategies. Use Importance of Home Language Series (from the PLA) and other culturally and linguistically responsive strategies to develop trainings.	Family support manager	Fall, winter, spring, summer	• Ensure supply budget will cover cost of book bags	• Track parent participation in each effort • Disaggregated child assessment data for children whose parents participate in each effort • Track any increase in book reading in home language and English, as reported by families
2. Partner with families to create and use "bookbags" to send back and forth between home and Head Start, or to leave with families to use in their homes. These bags include a selection of books that are culturally responsive and are in the home language and English. Refer to resources on the ECLKC website to identify culturally appropriate bilingual books and books in languages other than English. Books in English for infants and toddlers are included when determined appropriate by families and home visitors.	Family support manager, teachers, home-based supervisor, home visitors	Fall		
3. Invite families to tape their favorite books or stories in their home languages for use within programs.	Family support manager and site managers	Late fall		
4. Collect favorite "words of the week" (in English and home languages) from staff and families to use in newsletters and/or to post in classrooms.	Family support manager, site manager, teachers, and home visitors	Winter		

Table 4.3: Example 2 – ABC Head Start Action Plan (English and Spanish Language Acquisition) *Cont'd*

Program Actions/Strategies that Support Both Goals and Objectives	Person(s) Responsible	Timeline	Financial Supports	Data, Tools, or Methods for Tracking Progress
Community Engagement				
1. Develop a partnership with the local library system to increase use of libraries by families and increase visits to the program by children's librarians. Share resources with libraries on selecting culturally appropriate books in languages other than English.	Head Start director and community engagement manager	Spring	• N/A	• Signed MOU • Parent self-reports • Aggregate: o with library cards o borrowing books o participating in events • Library report of numbers of visits to centers • Family reports are tracked to reflect any increase in book reading in home language and English, as appropriate
2. Pilot library initiative at two local libraries and encourage children to check out books in Spanish and English.	Education manager	All year		
Health Services				
1. Coordinate with attendance initiative to make sure children attend school regularly.	Health manager	Fall	• N/A	• Attendance records • Screening results • Disaggregate child assessment data of children most often absent from school • Teachers survey on health vocabulary
2. Provide teachers with age-appropriate, health-related vocabulary in home languages and in English.	Health manager and site managers	Winter		
3. Review results of hearing screenings to make sure that children who did not pass their hearing screening were referred for evaluation and services when indicated.	Health managers and site managers	Late fall		

Table 4.3: Example 2 – ABC Head Start Action Plan (English and Spanish Language Acquisition) *Cont'd*

Program Actions/Strategies that Support Both Goals and Objectives	Person(s) Responsible	Timeline	Financial Supports	Data, Tools, or Methods for Tracking Progress
Program Management				
1. Recruit and hire coaches with expertise in working with children who are developing one or more languages. Also, when possible, recruit and hire bilingual coaches and other bilingual staff.	Head Start director and governing body	July	• Seek new funding for coaches • Budget for more staff time/ substitutes • Budget for new language and literacy curriculum enhancement and for staff training on the curriculum	• Updated budget • PLA planning document compiled • Disaggregated child assessment data on children who are DLLs with teachers who have bilingual coaches
2. Ensure that teachers selected to assist with planning language experiences and provide peer coaching to teachers receive appropriate support and training on being a peer coach.	Head Start director and education manager	August ongoing		
3. Hire substitute staff to ensure that teachers have time to participate in coaching and to attend other trainings.	Human resource director	August		
4. Report regularly to governing body, Policy Council, and other stakeholders on progress in meeting goals.	Head Start director and education manager			
5. Identify and purchase a new language and literacy curriculum enhancement that is responsive to all children, including children who are DLLs. Train teachers on the curriculum and check fidelity of curriculum implementation.	Head Start director and education manager			
6. Provide training for teachers and families on dialogic reading.	Education manager and consultants			
7. Ensure that management staff and other key personnel participate in the National Center on Early Childhood Development, Teaching, and Learning's PLA and Practice-Based Coaching trainings.	Director, management team, and site directors			

Example 3:
Comprehensive Health Services:
Asthma Management to Promote Regular Attendance

It is essential that Head Start programs implement effective health and safety practices to ensure children are safe at all times. You might identify health and safety practices as a stand-alone goal or as an objective for another program goal, such as general health.

This example shows how a Head Start program sets a health services goal aimed at establishing a comprehensive asthma approach to promote regular attendance and maximize all children's learning opportunities.

SCENARIO

The Healthy Beginnings Head Start/Early Head Start Program is preparing their five-year application. The program operates four centers for infants, toddlers, and preschool children whose families live in two urban communities within their service area. In addition to collecting and aggregating attendance data to determine the monthly average daily attendance rate, the program also disaggregates attendance data by site, classroom, and individual children to identify children who are at risk of missing 10 percent of program days.

Community Assessment Report
During the community assessment, the health manager conducted a health assessment of communities in the program's service area to understand the health needs of children and adults, as well as available resources, gaps in services, and barriers to care. She reviewed multiple sources of health data collected at the local and state levels and found that the prevalence of pediatric asthma in their state was one of the highest in the country. She also conducted interviews with members of the Health Services Advisory Committee, local boards of health, and other key informants. During these discussions, she learned that local health care providers were seeing an increase in the number of children with asthma. This was consistent with the health data she had collected, disaggregated, and analyzed on children with special health care needs enrolled in the program during the last four years. The number of children who received medical treatment for asthma was also trending up. In addition, a multi-year comparison of the grantee's Program Information Report (PIR) revealed that the percentage of children with asthma in their program was higher than the national percentage. One challenge she identified was the lack of any local asthma organization that program families could attend; the closest one was an hour and a half away.

During Ongoing Monitoring and Continuous Program Improvement
The health manager disaggregated and analyzed attendance data for children with asthma and other special health care needs. She noted that 90 percent of children with asthma were absent frequently. They were in the group of children identified as being at risk of missing 10 percent of program days.

During the Annual Self-assessment

The health manager talked with teachers who had children with asthma in their classrooms. Teachers reported feeling comfortable implementing individual healthcare plans, but not confident about identifying triggers in their classrooms that might aggravate a child's asthma.

The health manager also talked with the families of children with asthma. Many families did not fully understand asthma and wanted more information about their child's health condition. Several families with limited English proficiency said they would like information in their home language.

The health manager shared this information with members of the Health Services Advisory Committee. The committee in turn suggested several strategies that included connecting the program to a local business that had previously funded community health initiatives.

During Planning

After further discussion with the self-assessment team and members of the Policy Council and governing body, the program developed the following health program goal, outcome and expected challenge for their five-year project period.

Program Goal

The Healthy Beginnings Head Start Program will develop a comprehensive asthma approach to maximize all children's learning opportunities and promote their regular attendance in program activities.

Expected Outcome

Children with asthma will increase the number of days they participate in program activities.

Expected Challenge

Children with asthma have higher rates of absenteeism.

As shown in Table 4.4, the planning team developed three SMART objectives and corresponding expected outcomes for their goal. They also decided on the data sources the program would use to track progress.

Table 4.4: Example 3 – Healthy Beginnings Objectives, Expected Outcomes, and Data/Tools/Methods (Asthma Management to Promote Regular Attendance)

Objective	Expected Outcomes	Data, Tools, or Methods for Tracking Progress
1. Develop an asthma policy and related procedures that include staff training on asthma, how to implement an Asthma-Friendly Child Care Checklist in all classrooms, and how to complete Child Enrollment/Attendance/Symptom Records for children with asthma. • Develop policy within three months. • Within six months, train education staff in all four centers on the new policy and how to implement the checklist and recordkeeping procedure. • By the end of year two and in each subsequent year, implement the checklist on a biannual basis in 100 percent of classrooms in the centers and complete Enrollment/Attendance/Symptom Records for children with asthma.	• Teachers will maintain asthma-friendly classrooms that minimize children's exposure to asthma triggers. • The program will use Child Enrollment/Attendance/Symptom Records to track attendance data and the reason for missed days. • Education and facility managers will use checklist data to make facility improvements as needed.	• Program policy and procedures • Checklists • Training logs • Attendance data and Child Enrollment/Attendance/Symptom Records for children with asthma
2. Develop a two-year local health initiative with the ABC Healthy Living Company to: 1) implement an individualized asthma education home visiting program for families with children with asthma; and 2) mentor family services staff to sustain the program. • Within three months, develop a written agreement and budget for the initiative. • Within six months, hire an asthma educator. • By the end of year one, offer an educational home visit to all program families. • Continue to provide educational home visits in year two, and train and mentor selected staff on how to conduct an educational home visit by the end of year two.	• Families will receive educational materials including an Asthma-Friendly Home Checklist for Families in English and Spanish and other languages as needed. • Families will have a better understanding of their child's health condition and management strategies. • Program staff will build their capacity to provide asthma education to families on an ongoing basis.	• Signed agreement and funding received • Case management notes • Checklists • Staff training logs • Attendance data and Child Enrollment/Attendance/Symptom Records for children with asthma
3. Work with the local hospital and the regional chapter of the Asthma and Allergy Foundation of America to establish a local support group to offer asthma education and support to program families and other members of the community. • Establish the local support group within four months. • Hold the first meeting within six months. • Hold quarterly meetings in years two-five and invite all program families who have children with asthma to attend.	• Program families and the community will benefit from a local collaboration to address community health concerns. • Program families will have access to educational resources and support to help them manage their child's asthma.	• Meeting agendas • Family surveys • Attendance data and Child Enrollment/Attendance/Symptom Records for children with asthma

The Healthy Beginnings Head Start Program then wrote a detailed action plan for each of their three SMART objectives. The action plan for Objective 2 is included in Table 4.5.

Objective 2

The Healthy Beginnings Head Start Program will develop a two-year local health initiative with the ABC Healthy Living Company to: 1) implement an individualized asthma education home visiting program for families with children with asthma; and 2) mentor family services staff to sustain the program.

Table 4.5. Example 3 – Healthy Beginnings Action Plan for Objective 2 (Asthma Management to Promote Regular Attendance)

Program Action Steps/Strategies	Person(s) Responsible	Timeline	Financial Supports
1. Develop a written agreement with the ABC Healthy Living Company to fund a two-year local health initiative to provide educational support to Head Start program families who have children with asthma.	Head Start director and health manager	Within three months	Budget for the health initiative
2. Hire an asthma educator to conduct home visits with program families.	Health manager and Policy Council parents	Within six months	
3. Select educational materials and translate them into the languages spoken by program families as needed.	Health manager and asthma educator	Within nine months	Budget for materials and translations
4. Conduct home visits.	Asthma educator	By the end of year one	
5. Train family service staff on educational materials.	Asthma educator, health manager, and family service staff	Year two, first quarter	
6. Conduct joint home visits with family service workers to mentor staff, ensure they know how to use the educational materials appropriately, and coordinate with the health manager.	Asthma educator, health manager, and family service staff	Year two, second quarter	
7. Mentor interested staff to build their capacity to provide asthma education and support.	Asthma educator, health manager, and family service staff	Year two, third and fourth quarters	
8. Continue to offer educational home visits.	Family service staff and health manager	Years three to five	Budget for materials