

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

04/01/2025

4. Applicant Identifier:

09CH011719

5a. Federal Entity Identifier:

09CH011719

5b. Federal Award Identifier:

09CH011719

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** San Bernardino County of

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

95-6002748

*** c. UEI:**

QQZWBL2LPC85

d. Address:

*** Street1:**

150 S Lena RD

Street2:

*** City:**

San Bernardino

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

92415-0515

e. Organizational Unit:

Department Name:

Preschool Services

Division Name:

N/A

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

*** First Name:**

Arlene

Middle Name:

*** Last Name:**

Molina

Suffix:

Title:

Director

Organizational Affiliation:

San Bernardino County

*** Telephone Number:** (909) 383-2078

Fax Number: (909) 383-2080

*** Email:** Arlene.Molina@psd.sbcounty.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Administration for Children and Families

11. Catalog of Federal Domestic Assistance Number:

93-600

CFDA Title:

Head Start and Early Head Start

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

SF-424 Attachment #14.docx

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Head Start and Early Head Start Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="66,032,669.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="66,032,669.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Head Start: Program Operations	93.600	\$	\$	\$ 42,305,574.00	\$ 10,576,394.00	\$ 52,881,968.00
2. Head Start: TTA	93.600			479,926.00	119,982.00	599,908.00
3. Early Head Start: Program Operations	93.600			22,973,156.00	5,743,289.00	28,716,445.00
4. Early Head Start: TTA	93.600			274,013.00	68,504.00	342,517.00
5. Totals		\$	\$	\$ 66,032,669.00	\$ 16,508,169.00	\$ 82,540,838.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Head Start: Program Operations	(2) Head Start: TTA	(3) Early Head Start: Program Operations	(4) Early Head Start: TTA	
a. Personnel	\$ 16,812,754.00	\$ 22,159.00	\$ 7,978,301.00	\$ 11,932.00	\$ 24,825,146.00
b. Fringe Benefits	7,858,075.00	24,080.00	3,722,229.00	12,966.00	11,617,350.00
c. Travel	58,502.00	41,530.00	84,785.00	22,362.00	207,179.00
d. Equipment	237,421.00		81,666.00		319,087.00
e. Supplies	1,735,118.00		553,226.00		2,288,344.00
f. Contractual	6,798,480.00	92,312.00	5,321,332.00	49,707.00	12,261,831.00
g. Construction					
h. Other	8,805,224.00	299,845.00	5,231,617.00	177,046.00	14,513,732.00
i. Total Direct Charges (sum of 6a-6h)	42,305,574.00	479,926.00	22,973,156.00	274,013.00	\$ 66,032,669.00
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$ 42,305,574.00	\$ 479,926.00	\$ 22,973,156.00	\$ 274,013.00	\$ 66,032,669.00
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Head Start: Program Operations	\$ 3,076,394.00	\$ 7,000,000.00	\$ 500,000.00	\$ 10,576,394.00
9. Head Start: TTA	119,982.00			119,982.00
10. Early Head Start: Program Operations	5,243,289.00		500,000.00	5,743,289.00
11. Early Head Start: TTA	68,504.00			68,504.00
12. TOTAL (sum of lines 8-11)	\$ 8,508,169.00	\$ 7,000,000.00	\$ 1,000,000.00	\$ 16,508,169.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 66,032,669.00	\$ 16,508,167.00	\$ 16,508,167.00	\$ 16,508,167.00	\$ 16,508,168.00
14. Non-Federal	\$ 16,508,169.00	4,127,042.00	4,127,042.00	4,127,042.00	4,127,043.00
15. TOTAL (sum of lines 13 and 14)	\$ 82,540,838.00	\$ 20,635,209.00	\$ 20,635,209.00	\$ 20,635,209.00	\$ 20,635,211.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Head Start: Program Operations	\$	\$	\$	\$
17. Head Start: TTA				
18. Early Head Start: Program Operations				
19. Early Head Start: TTA				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.



PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Chair, Board of Supervisors
APPLICANT ORGANIZATION San Bernardino County	DATE SUBMITTED 

SF-424 Item #14

Areas affected by Project

- 1. Congressional Districts of**
 - a. CA-8**
 - b. CA-31**
 - c. CA-35**
 - d. CA-39**

SF-424 Item #16

Areas affected by Project

- 1. Congressional Districts of**
 - a. CA-8**
 - b. CA-31**
 - c. CA-35**
 - d. CA-39**

Preschool Services Department Head Start Baseline Grant Application April 1, 2025





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INTRODUCTION

On behalf of the County Board of Supervisors, the Shared Governance Board, the Policy Council, and the hundreds of children and families represented, the Preschool Services Department (PSD) is pleased to submit this non-competitive baseline application, Year 1 of 5 to serve 2,039 children throughout San Bernardino County: 583 Early Head Start (EHS) and 1,465 Head Start Preschool (HSP). Through this grant application, PSD is requesting \$52,606,742 in Head Start Preschool (HSP), \$12,173,161 in Early Head Start (EHS) program operation funds, and \$479,926 in HSP Training/Technical Assistance and \$274,013 in EHS Training/Technical Assistance funds.

The San Bernardino County is a diverse public service organization serving America's largest county. It is governed by an elected Board of Supervisors and dedicated to creating a community where nearly 2.2 million residents can prosper and achieve well-being as outlined in the Countywide Vision. It is comprised of 45 departments and agencies, which are staffed by more than 25,000 public service professionals who provide a wide range of vital services in the areas of public safety, health care, social services, economic and community development and revitalization, fiscal services, infrastructure, recreation and culture, and internal support. San Bernardino County's organizational culture is defined by the 4 pillars of value, innovation, service, and vision. The Chief Executive Officer, along with the Executive Team, works in collaboration with County departments, cities and school leaders, state and federal legislators and agencies, and all community stakeholders to make the County a better place to live, work, and play. The County envisions:

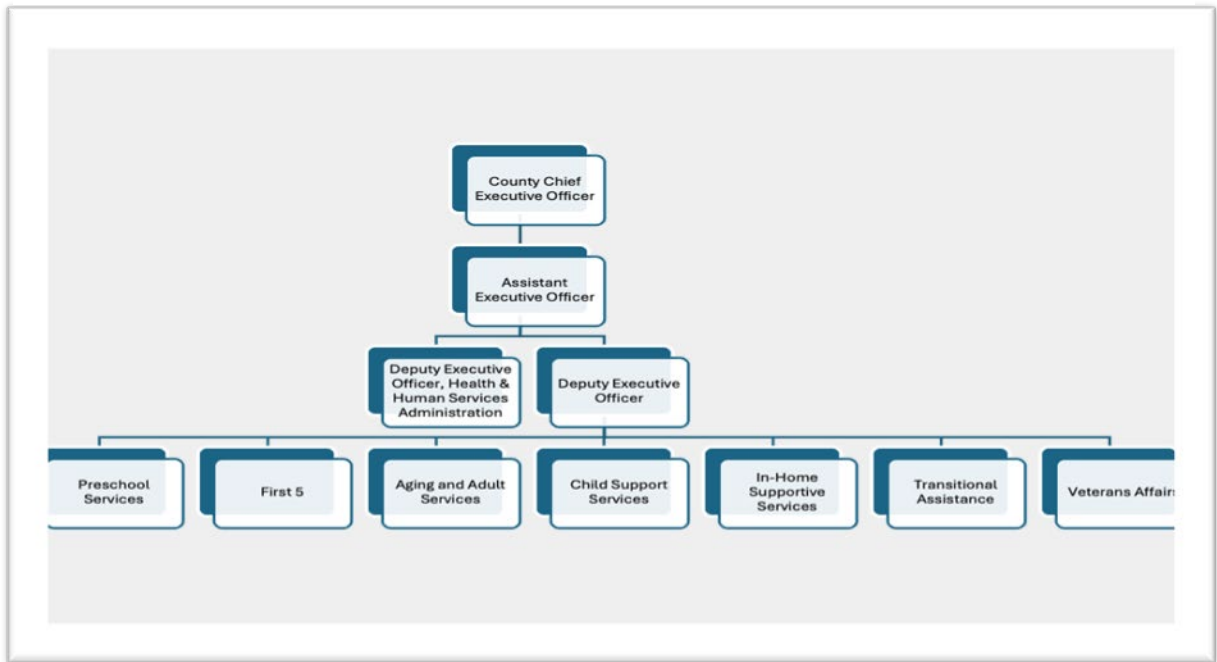


- ✓ a complete county that capitalizes on its people's diversity, geography, and economy to create a broad range of choices for its residents in how they live, work, and play.
- ✓ a vibrant economy with a skilled workforce that attracts employers who seize the opportunities presented by the county's unique advantages and provide the jobs that create countywide prosperity.
- ✓ a sustainable system of high-quality education, community health, public safety, housing, retail, recreation, arts and culture, and infrastructure, in which development complements our natural resources and environment.
- ✓ a model community that is governed openly and ethically, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach shared goals.

About Preschool Services Department

The Preschool Services Department (PSD), which operates the county's Head Start program, sits under the Human Services Group led by Ms. Diana Alexander (Figure 1). The PSD is 1 of 7 departments, including Aging and Adult Services, First 5, Child Support Services, In-Home Supportive Services Public Authority, Transitional Assistance, and Veteran's Affairs. Ms. Alexander also leads the county-wide Vision Leadership team on behalf of the county chief executive officer.

Figure 1 San Bernardino County Accountability Flow for PSD



The PSD, led by Arlene Molina, administers over \$65 million to support 2,039 children, making it San Bernardino County's largest provider of early childhood services. Services are offered at 36 center-based locations and 33 private family childcare homes within a 20,160 square-mile area, which includes 24 incorporated cities. The PSD receives funding from federal and state sources to manage various programs, including its Head Start program, Home Visiting Program, California State Preschool Program (CSPP), General Child Care (CCTR), and Prevention and Early Intervention through an MOU with the Department of Behavioral Health. The Head Start program, funded by the federal government, provides school readiness services to infants and preschooler in home-based, center-based, child care partnerships, and family child care services. The PSD administers Early Head Start (EHS), Head Start Preschool (HSP), and Child Care Partnerships (CCP) through directly operated programs and partnerships.



- The Home Visiting Program (HVP), administered in partnership with the Transitional Assistance Department, supports health, development, and positive outcomes for pregnant and parenting women, families, and infants. The program provides participants with access to mental health professionals, child development services, educational opportunities, housing and legal support, and health and safety items. HVP is targeted to serve a total of 450 families annually.
- The CCTR program provides school readiness services to 208 children under 3 in both center-based and family child care settings. Programming is blended with Head Start.
- The CSPP program provides school readiness services to 982 preschoolers aged 3–5 years in center-based settings. All CSPP programming is blended with Head Start Preschool to offer comprehensive services to enrolled children.
- The Prevention and Early Intervention Program, which was made possible through an MOU with the Department of Behavioral Health, is called “Preschool Building Blocks to Success” (BBS). This program aims to prevent mental illnesses from becoming severe and even deter the onset, if possible, targeting 15% of our enrolled families. It utilizes a child therapy approach that focuses on child assessment treatment and trauma treatment groups with an emphasis on strengthening maladaptive behaviors in both the classroom and interpersonal interactions, such as self-harming, aggression, and defiance (see the [Mental Health Section](#) for more detail).



SECTION I: PROGRAM DESIGN AND APPROACH TO SERVICE DELIVERY

SUB-SECTION A: GOALS

1. Program and School Readiness Goals

Program Goals

The San Bernardino Associated Governments Board and County Board of Supervisors adopted the first 2 regional implementation goals developed through the vision process. The goal of supporting every child and ensuring cradle-to-career success drives the work implemented by the Head Start program. The elements of the cradle-to-career goal are as follows:

- Educating the public on the broad impacts of students dropping out of school and the benefits of completing high school and advancing to post-secondary education
- Engaging parents and the community as partners in efforts to improve students throughout their educational careers
- Providing adult intervention, tutoring, and mentorship to students
- Addressing the social and economic needs of families that impact educational success
- Setting higher goals for educational and career achievement in the community
- Educating and training the workforce for existing local career opportunities and attracting new high-demand jobs to the area
- Fostering entrepreneurship and incorporating training that provides students with the skills to create their jobs.



The Chief Administrator's Office has set goals for the Departments, focusing on workforce development, data-informed programming and reporting, and collaboration at the county, local, and community levels, with an emphasis on foster and unhoused children. In collaboration with the County Board of Supervisors, the Shared Governance Board, and the Policy Council, PSD set 5 over-arching program goals for its Head Start program, which address the needs of the county. The 5 goals are:

Goal 1. Expand services for children in underserved populations such as: infants, toddlers, children in foster care and unhoused children in the areas of highest need, as identified by the community assessment, ensuring every child has access to foundational cognitive, social, physical, and emotional development.

Goal 2. Create opportunities for success and independence for parents dedicated to improving their future and their families as measured by the department-wide data.

Goal 3. Promote a culture of ongoing improvement aimed at achieving measurable progress in teaching and learning by improving the quality of classroom services and increasing teacher efficacy scores across all programs.

Goal 4. Foster a culture of inclusion, open communication, and wellness that inspires and empowers staff to deliver exceptional, coordinated, and high-quality services through PSD's innovative systems.

Goal 5: Develop an environment that continually draws new talent to our workforce and retains skilled staff, maintaining a consistent level of care and support for children and their families.



Table 1 shows the specifics of each of the PSD's goals, measurable objectives, activities, methods for tracking progress, expected outcomes, and expected challenges for the 2025 program year.

Table 1- Program Goals, Objectives, Activities, Data, Expected Outcomes, and Expected Challenges for 2025/2026

Goal #1: Expand services for children in underserved populations such as: infants, toddlers, children in foster care and unhoused children, in the areas of highest need, as identified by the community assessment, ensuring every child has access to foundational cognitive, social, physical, and emotional development.		
Objective #1: By June 30, 2026, PSD will review and compare eligible child, regional, and population decline data to assess whether PSD-served sites and contracted agencies are in communities most in need of services.	Objective #2: By June 30, 2026, PSD will increase the number of infants, toddlers, foster, and unhoused children enrolled in the program to 10% of the funded enrollment slots.	Objective #3: By June 30, 2026, PSD will analyze data to identify the region most in need of 2 classes for children aged 3-17 months.
Activities: <ul style="list-style-type: none">• Review data from community assessment to determine areas of highest need.• Develop a matrix to determine which communities are identified as having the most need.• Review the availability of facilities to determine areas for increased center-based services.• Determine which sites will require modification to State licensing.• Review the waitlist of current sites to help determine areas of greatest need.• Determine which sites have limited foster and unhoused children.• Partner and collaborate with the County departments to obtain referrals of families experiencing homelessness and in the foster care system.• Review recruitment strategies to determine if additional strategies should be added to attract marginalized families.		
Data, Tools, or Methods for Tracking Progress: Slot Tracking Tool (Matrix); Community assessment data sheets; Lease for increased classrooms; Enrollment rosters; Newly developed GIS data		
Expected Outcome: <ul style="list-style-type: none">• High-quality center-based services will be provided to more infants throughout the county.• More children experiencing homelessness or foster services will be enrolled and benefit from the Head Start program.		
Expected Challenges: The availability of facilities for increased classrooms and the availability of qualified center-based teachers		



Goal #2: Create opportunities for success and independence for parents dedicated to improving their future and their families as measured by our department wide data.		
Objective #1: By June 30, 2026, PSD will establish three new partnerships with community workforce development programs to support parents' goals of economic self-sufficiency.	Objective #2: By June 30, 2026, PSD will enhance PFCE Program Generalists' skills to support families as their child's first teacher through a family-centered, relationship-driven approach, measured by pre- and post-surveys.	Objective #3: By June 30, 2026, PSD will examine engagement strategies and the composition of the Policy Council to increase parent participation in each region.
Activities: <ul style="list-style-type: none"> Establish and/or expand MOUs with at least three programs/partnerships (e.g., TAD, Workforce Development). Assess the existing Family Service Assessment (FSA) tool to determine if a secondary assessment is needed to identify barriers to self-sufficiency. Build the PFCE team to increase the availability of Program Generalists at service sites. Revisit department procedures to ensure they align with family-focused outcomes. Incorporate Family Service Worker training for the PFCE team during monthly in-service sessions. Develop and implement a ChildPlus module specifically for tracking and managing PFCE activities. Collaborate with Policy Council members to explore ways to engage additional parents in other Policy Council activities. Complete four (4) targeted training sessions for the PFCE team. Increase parent participation in workforce development services by 10% 		
Data, Tools, or Methods for Tracking Progress: <ul style="list-style-type: none"> Track meetings and collaborations with partnering agencies and review MOUs for completeness. Generate reports from the PFCE module in ChildPlus. Maintain training plans and attendance logs for PFCE team training. Use pre- and post-training evaluations to measure program knowledge and understanding. Work with parents to develop the Family Partnership Agreement (FPA) and track progress using the Family Services module in the PSD database system. Revised PC Bylaws 		
Expected Outcome: <ul style="list-style-type: none"> Modified Child Plus data tracking system with practical information to make decisions. Increased parent participation at the regional and site levels. PFCE Team that is grounded in strategies and family-focused supports that encourage family outcomes. 		
Expected Challenges: <ul style="list-style-type: none"> Issues with coordination between partners and measuring long-term success for parents. Restructuring the PFCE team and processes may cause temporary disruptions and strain resources, potentially affecting team performance. 		



Goal #3:

Promote a culture of ongoing improvement aimed at achieving measurable progress in teaching and learning by improving the quality of classroom services and increasing teacher efficacy scores across all programs.

Objective #1:

By June 30, 2026, PSD will decrease behaviors by increasing CLASS scores in the Classroom Organization sub-domain by a tenth of a percentage point from the baseline scores.

Objective #2:

PSD will train 80 percent of staff in the new CLASS 2nd Edition instrument by June 30, 2026, to build capacity within our agency and enhance staff skills.

Objective #3:

By June 30, 2026, PSD will increase HOVRS scores by .1 Responsiveness to Families and continue to maintain subscale scores of at least 6 in all other areas of HOVRS in

Activities:

- Conduct observations in both the Winter and Spring to assess progress.
- Offer targeted training for staff to enhance classroom productivity, safety, behavior management, and overall classroom organization
- Provide basic beginning HOVRS training to all Home-based visitors
- Offer targeted training for staff to enhance responsiveness to families
- Provide workshops for staff who score below 5 in Classroom Organization.
- Transition all 2008 reliable staff and Teacher III to New CLASS 2nd Edition and provide training and certification for at least four CLASS trainers.
- Provide CLASS training to Education Program Supervisors, Site Supervisors, and all classroom teaching staff to be CLASS Reliable Observers.

Data, Tools, or Methods for Tracking Progress:

Observation scores, Sign in/out sheets of completed training, and ongoing monitoring

Expected Outcome:

Trained reliable observers and trainers to implement CLASS 2nd edition for more manageable classrooms effectively.

Expected Challenges:

Teaching staff turnover, conflicts in scheduling and availability, and implementation to fidelity.



Goal #4:

To foster a culture of inclusion, open communication, and wellness that inspires and empowers staff to deliver exceptional, coordinated, and high-quality services through PSD's innovative systems.

Objective #1:

By June 30, 2026, PSD Leadership will form a committee to review the July 2024 Staff Survey, aiming to understand staff sentiments and promote support and innovation through strategic planning and resource development.

Objective #2:

A staff-led committee will be formed to develop a plan of action for agency-wide activities and feedback; a yearly survey will be completed by at least 60% of staff to survey satisfaction with employment and support.

Activities:

- Identify the leadership team member who will be assigned as the lead on the goal.
- Establish protocols for the committee.
- Disseminate the report and provide an overview to all staff.
- Determine committee representative – one from each team.
- Develop a plan of action for the committee with specific timelines.
- Review committee recommendations with executive leadership.

Data, Tools, or Methods for Tracking Progress:

Notes from committee meetings and leadership meetings indicate when discussed. Data from staff surveys will be obtained, and action plans will follow.

Expected Outcome:

Staff will feel more engaged, included, and knowledgeable about PSD planning systems and service delivery.

Expected Challenges:

Financial resources and recommendations that will not align with SBC policies.



Goal #5: Develop an environment that continually draws new talent to our workforce and retains skilled staff, maintaining a consistent level of care and support for children and their families.		
Objective #1: By June 30, 2026, PSD and HR will increase instructional position candidates and new hires by 10%.	Objective #2: By June 30, 2026, PSD and HR will boost candidates for the fiscal position and teaching staff new hires by 5%.	Objective #3: By June 30, 2026, PSD will foster a culture of wellness that inspires and empowers our staff and will increase classroom management and efficacy by offering at 2 wellness activities annually.
Activities: <ul style="list-style-type: none"> Continue building rapport with local High Schools, Community Colleges, and Universities by attending Job and Resource fairs in various areas throughout San Bernardino County, Establish a second teacher-aide cohort in the Summer of 2025 Expand the Parent Apprentice program to include supporting parents with enrolling in the required coursework to meet the minimum requirements to qualify for a Teacher Aide position. Provide wellness training to all staff at least 2 times during the year. Provide training to instructional staff to support classroom management, intentional teaching practices, health/safety best practices, active supervision, teaching pyramid, and effective team building. Survey staff annually to determine overall satisfaction with the program. Run reports to determine turnover and vacancy rates and analyze the data to assist in reviewing ways to decrease vacancy rates and turnover Support staff will go out monthly to provide guidance, support, and teaching/learning materials to assist the teachers at the sites. Increase the specialized support services visits to once a week Establish wellness support groups for the workforce Designated instruction staff will be trained on the use of teaching pyramid observation tools to measure the instruction staff on implementation, the fidelity model for competency Develop a marketing/social media advertising plan with the goal of increasing the inflow of candidates 		
Data, Tools, or Methods for Tracking Progress: Staff surveys, vacancy reports, turnover rate reports, data from CLASS		
Expected Outcome: Reduction of overall vacancy rates for the department. Demonstrate higher levels of self-reported effectiveness and job satisfaction, leading to less turnover.		
Expected Challenges: Teachers and Providers may experience challenges incorporating training into their schedules. Low levels of staff participation in satisfaction surveys. Implementation of teaching practices. Limited individuals in the instructional and fiscal industry.		



School Readiness

PSD created school readiness goals based on the 5 key domains from the Head Start Early Learning Outcomes Framework (HSELOF), as shown in Table 2. All goals align with the developmental assessment tool DRDP and screening tools (ASQ-3, ASQ:SE, CLASS, and ERS). The detailed School Readiness Alignment grid in the Appendix A shows that the goals are developmentally, culturally, and linguistically suitable for children.

Table 2 – 2025 School Readiness Goals

School Readiness Goal #1: Increase children's skills by moving them up across developmental domains (Physical, Cognitive, Social-Emotional, Language, and Literacy) to be at or above kindergarten expectations by the end of the program year, including children with special needs and dual language learners.	
Objective #1: By May 2026, PSD teachers and coaches will enhance the Language and Literacy skills of 41% of children currently below expectations by 10%.	Objective #2: By May 2026, teachers and coaches will improve the social and emotional development of 35% of children currently below expectations by 10%.
Activities: <ul style="list-style-type: none">• Provide Comprehensive training on the DRDP tool at least twice a year to all teaching staff• Train and implement CLASS 2nd edition• Incorporating Creative Curriculum, Teaching Pyramid, and Tippytoes and Teapot• Support Dual Language Learners by using CLASS 2nd Edition; incorporating dual language labels in the classrooms, providing diverse books for children to read, utilizing family members and staff who speak multiple languages, and incorporating story reading• Incorporate and promote the use of Footsteps to Brilliance, allowing a fun way to build a foundation for literacy skills• Encourage teachers to model positive social-emotional behaviors• Provide training for teachers on strategies to support social-emotional development• Engage parents in their child's social-emotional growth by reinforcing skills at home learned at school	
Data, Tools, or Methods for Tracking Progress: DRDP, CLASS 2 nd Edition, and School Readiness Review, ongoing monitoring and mentoring	
Expected Outcome: Increased children's DRDP scores, decrease in the number of referrals and more manageable classrooms, increase in family engagement including English as a second language, more PSD presence in collaboration with school districts, and children prepared for school.	



School Readiness Goal #2: Increase collaboration effort and presence with School Districts	
Objective #1: By the end of Year 1, enter into partnerships with one school district to collaborate on school readiness standards for transitioning to kindergarten.	Objective #2: Increased presence and maintained positive relationships with all feeder school districts to enhance a seamless transition.
Activities: <ul style="list-style-type: none"> - Reach out to Districts and schools receiving PSD children - Schedule a collaboration meeting with school principals - Schedule transition/Kindergarten visits within various school districts - Invite school district staff to our schools to present to our parents during parent meeting(s) - Identify feeder school districts annually per enrollment and based on geographic region 	
Data, Tools, or Methods for Tracking Progress: Meeting minutes, agendas, schedules, calendars, Zoom recordings, more reciprocal communication and collaboration, and positive feedback based on observation and frequency of interaction with program and district staff.	
Expected Outcome: Increased understanding of each other's role in school readiness. Increase the number of school districts involved.	
School Readiness Goal #3: Increase parent participation in school readiness activities	
Objective #1: Increase the percentage of parents completing parent surveys for feedback and program improvement in all program options.	Objective #2: Increase the percentage of families that attend classroom and home-based educational activities, including workshops
Activities: <ul style="list-style-type: none"> - Training families on school readiness activities (DRDP, CLASS 2nd Edition and HOVERS) - Encourage more parents to participate in the Education Sub-Committee (School Readiness Committee) - Monthly Parent Meetings with Home Based Parents - Offer more engaging educational activities for families to be part of (Kindergarten Transition Training, Parent Advocacy Training, How to Volunteer in your child's school Training, Child Development Training, Open House) 	
Data, Tools, or Methods for Tracking Progress: Parent Survey	
Expected Outcome: Children's DRDP scores will increase, and more parents will participate in programs and acquire more knowledge of child development.	



a. How did your outcomes from the prior project period inform the above?

PSD reviewed the goals and outcomes from the past project period and other relevant data to identify and shape the goals for the 2025-2030 project period. The objectives are determined annually and are supported by mid-year changes and accomplishments.

PSD was successful in meeting most of its outcomes for the last project period. However, some goals, such as the enrollment and workforce initiatives, will continue. Please see Section II-C for details on the prior-year goals. This information also helped to determine whether the continuation of any particular goals is needed to address the needs of the children and families. This determination is not based on outcomes from the prior year alone but in conjunction with community assessment, self-assessment, monitoring, and audit data.

2. Alignment of School Readiness Goals with the HSELOF

PSD developed school readiness goals in the 5 key domains of school readiness as determined in the Head Start Early Learning Outcomes Framework (HSELOF). All goals are aligned with the developmental assessment tool, DRDP, the screening tools used, the Ages & Stages Questionnaire (ASQ-3 and ASQ:SE), and CLASS. The alignment grids are in the Appendix. As seen in the detailed School Readiness Alignment grid in the Appendix, the school readiness goals are developmentally, culturally, and linguistically appropriate for children. PSD has identified detailed data sources to determine progress toward achieving school readiness goals.



3. Involvement of the Governing Body, Policy Council, and Parents in Goals

The Shared Governance Board and Policy Council participated in developing the 5-year goals during the preparation and review of this application. PSD has a comprehensive system of shared governance in place that requires complete transparency and active involvement of parents on the Policy Council and members of the Shared Governance Board, as well as the County Board of Supervisors.

Through continuous engagement with parents and the PC Education Committee, PSD diligently gathers valuable feedback on selected curricula and instructional materials. Parents are encouraged to provide detailed insights regarding their child's unique needs and development. This essential information is thoughtfully incorporated into the lesson plans, ensuring a tailored and responsive educational approach that addresses each child's strengths, challenges, and learning objectives.



SUB-SECTION B: SERVICE DELIVERY

1. Service and Recruitment Area

a. Identify the service and recruitment area

The Preschool Services Department (PSD) remains dedicated to providing essential services to children and families throughout the San Bernardino County. The PSD's service area includes the entire county of San Bernardino, which is located in southeastern California. Inyo and Kern Counties are to the north, Orange and Los Angeles Counties are to the west, and Riverside County is to the south. The county is bordered on the east by the states of Nevada and Arizona. The County is one of California's oldest communities.

The county is typically divided into three distinct areas: the Valley (sometimes further divided into the East and West Valleys), the Mountain Region, and the Desert Region, as shown in the following table (Table 3):

Table 3 Service Area Regions

Region	Description	Cities and Major Unincorporated Areas ¹
Valley Region	It contains the majority of the county's incorporated areas and is the most populous region.	<ul style="list-style-type: none">• Chino• Chino Hills• Colton• Fontana• Grand Terrace• Highland• Loma Linda• Montclair• Ontario• Rancho Cucamonga• Redlands• San Bernardino• Upland• Yucaipa

¹ Unincorporated areas are reflected by an asterisk (*).



Region	Description	Cities and Major Unincorporated Areas ¹
Mountain Region	Primarily comprised of public lands owned and managed by federal and state agencies.	<ul style="list-style-type: none"> • Big Bear Lake • Crestline* • Lake Arrowhead* • Running Springs* • Wrightwood*
Desert Region	The largest (over 93% of the county's land area) includes parts of the Mojave Desert.	<ul style="list-style-type: none"> • Adelanto • Apple Valley • Barstow • Hesperia • Joshua Tree* • Lucerne Valley* • Needles • Newberry Springs* • Twenty0 Palms • Victorville • Yermo* • Yucca Valley

Given that these regions are broad and the cities and unincorporated areas within the regions are unique, data throughout this community assessment is further disaggregated by subregions, as illustrated in Table 4.

Table 4 Service Area Subregions

Official Region	Subregion	Cities and Unincorporated Areas
Mountain	Mountain	Big Bear, Crestline, Lake Arrowhead, Running Springs, Wrightwood
Valley	West Valley	Chino, Chino Hills, Montclair, Upland, Ontario, Rancho Cucamonga, Fontana
	Central Valley	San Bernardino, Fontana, Rialto and Colton
	East Valley	Grand Terrace, Highland, Loma Linda, Redlands, Yucaipa
Desert	High Desert	Adelanto, Apple Valley, Barstow, Hesperia, Victorville, Yermo, Phelan
	Low Desert	Joshua Tree, Lucerne Valley, Needles, Newberry Springs, Twentynine Palms, Yucca Valley



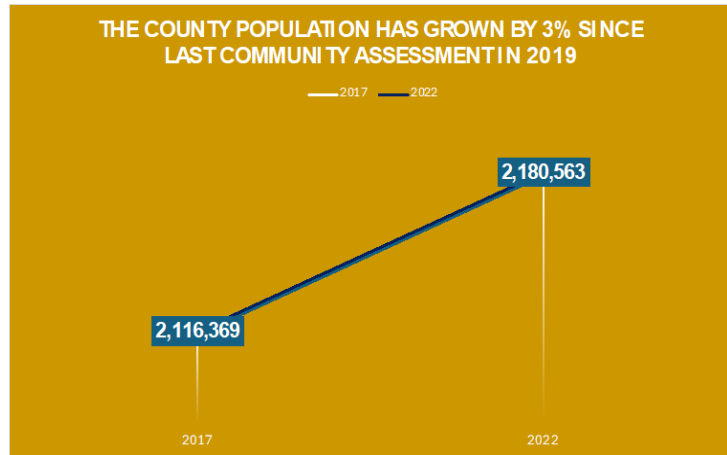
Population

With a population of 2.18 million residents, the county of San Bernardino has seen 3% growth since its last community assessment, which used 2012–2017 data (Figure 2). The county's growth is consistent with the growth of the United States, which

also grew 3% during the same period. It is greater, however, than the state's growth, which saw a 1% growth rate during the same period. The county is expected to continue to grow by 3% in 2030.

According to the California Department of Finance, nearby Riverside County is expected to have the most population growth over the next ten years. San Bernardino County, located within the Inland Empire Region, is also likely to continue its growth potential. Much of the county's growth will continue to be based on the outmigration of Los Angeles County residents in search of more affordable housing. While these counties will continue to grow, the state's population is projected to remain flat over the next ten years due to an aging population, lower birth rates, and migration out of the state.²

Figure 2 Population Growth

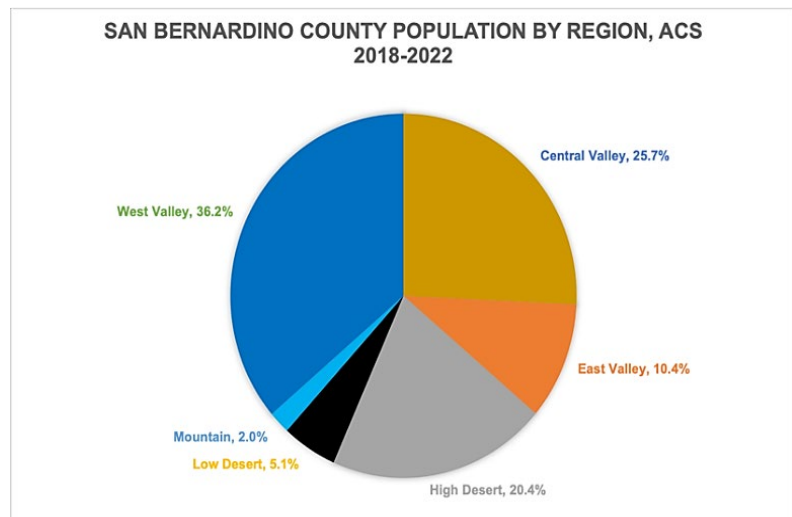


² California Department of Finance, <https://dof.ca.gov/forecasting/demographics/projections/>



By region, the West Valley and Central Valley are the most populous regions (Figure 3). With over 788,000 residents, West Valley makes up 36.2% of the county's population. The Central Valley, with over 561,000 residents, makes up 25.7% of the

Figure 3 San Bernardino County Population by Region



county's population. The third largest region is the High Desert, which has over 444,000 residents and comprises 20.4% of the population. When compared to the last community assessment, the Central Valley's population has essentially stayed the same; however, the West Valley's population decreased significantly (36% decline), whereas the population of the High Desert increased by 29%.

b. Evidence to demonstrate the need in the service area

While the number of eligible children has declined, the evidence continues to support a high need for Head Start services in the County. Considering the poverty rate, 11,415 children under the age of 3 are eligible for EHS services, and 8,577 preschoolers (3-4-year-olds) are eligible for HSP services.



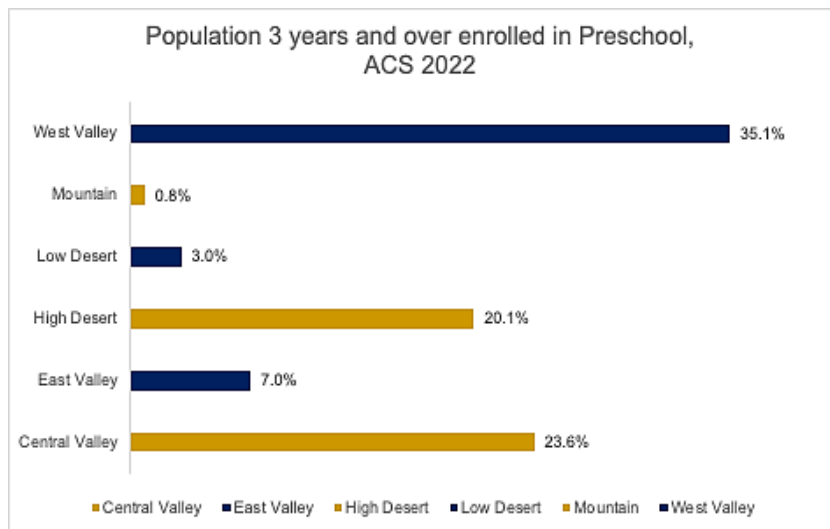
San Bernardino County has nearly 145,000 children under 5 who reside throughout the county. Of these, almost 83,000 are under 3, and 62,000 are between 3 and 4. The Census Bureau collects data on the numbers and percentages of children enrolled in school. Including 3- to 5-year-olds enrolled in preschool. Throughout the county, 43% of 3- to 5-year-olds are enrolled in a preschool program; disaggregating the data further shows that the three regions with the highest preschool participation are the West and Central Valleys and the High

Desert (Figure 4). Children could be enrolled in TK, private childcare, or a subsidized program, such as Head Start.

Head Start has a set of eligibility requirements as a

means-tested program that limits eligibility based on income and/or other conditions experienced by the family. Families can qualify for services if their household family income falls below the federal poverty threshold, they receive public assistance (defined as receiving cash aid, social security income, or participating in the SNAP), they meet the definition of the McKinney-Vento Act for homelessness, or the child is in foster care. Two other eligibility categories, 101–130% and 10% over-income, are also available to Head Start grant recipients on a limited basis.

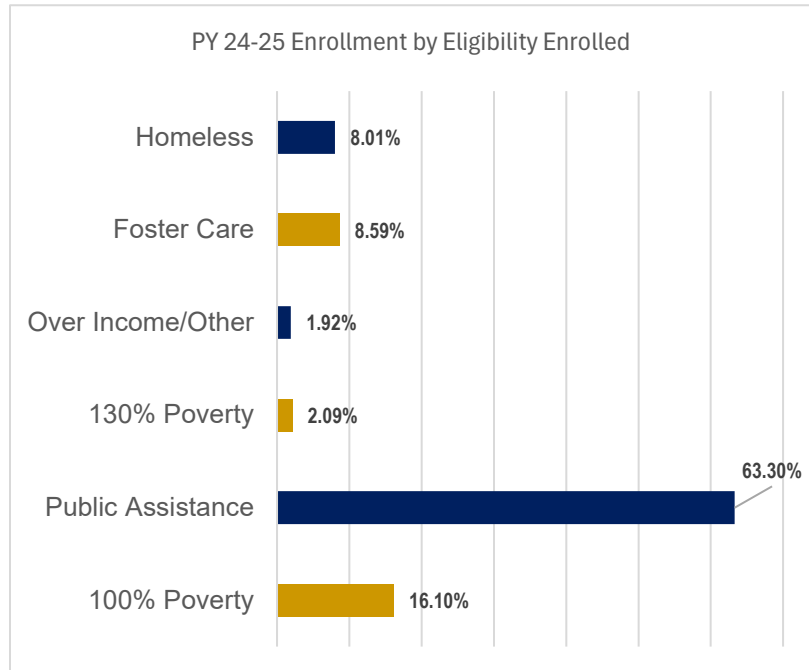
Figure 4 Population 3 years and over





As noted in previous sections, the PSD covers all eligibility categories (Figure 5). In the 2024-2025 program year, the majority of enrolled families qualified as public assistance recipients, as shown in Figure 5. The second most prevalent eligibility category is income-eligible, followed by the foster care.

Figure 5 PIR Head Start Preschool Enrollment

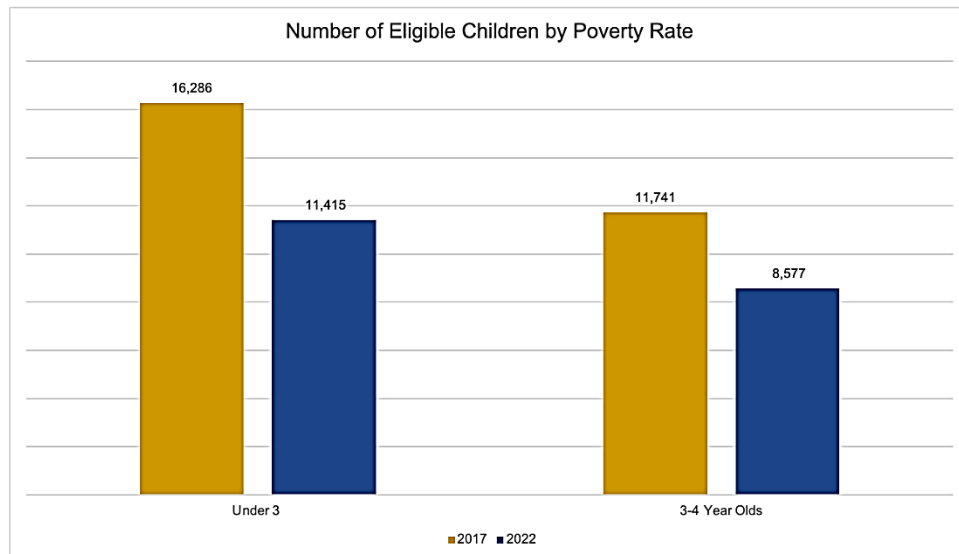


Income-Eligible Children

Multiplying the total number of children by age group by the overall poverty rate of a community produces the estimated number of eligible children. When comparing the number of eligible children from the previous community assessment, the number and percentage of eligible children by income decreased. The number of eligible children under 3 declined by 30%, and for preschoolers, it dropped by 27% (Figure 6).



Figure 6 Eligible Children



As seen in Table 5 below, San Bernardino County had an estimated 82,714 children under the age of 3 residing throughout the county; most lived in the Central and West Valley and the High Desert. Considering the poverty rate, 11,415 children under the age of 3 were estimated to be eligible for EHS services. It is important to note that while West Valley had the most significant number of children under 3, the poverty rate was significantly lower. Therefore, there were fewer eligible children in this region. More eligible children resided in the Central Valley and the High Desert.

Table 5: Number of Eligible Children Under Age 3

Region	Subregion	No. of Children Under 3	Poverty Rate	No. EHS Eligible
County	San Bernardino County	82,714	13.8%	11,415
Valley	East Valley	5,019	30.0%	1,504
	Central Valley	19,034	21.4%	4,077
	West Valley	29,472	9.4%	2,770
Desert	High Desert	17,254	23.2%	4,003
	Low Desert	2,604	18.2%	474
Mountain	Mountain	1,677	19.3%	324



The total number of preschoolers (3-4-year-olds) estimated to be eligible for HSP services was 8,577 (Tables 6 and 7). As with infants and toddlers, the most eligible preschool-age children resided in the Central Valley, High Desert, and West Valley.

Table 6: Number of Eligible Children Ages 3–4 Years of Age

Region	Subregion	No. of Children 3-4 Years of Age	Poverty Rate	No. HSP Eligible
County	San Bernardino County	62,154	13.8%	8,577
Valley	East Valley	4,028	30.0%	1,207
	Central Valley	14,182	21.4%	3,037
	West Valley	20,116	9.4%	1,894
Desert	High Desert	15,258	23.2%	3,540
	Low Desert	1,878	18.2%	342
Mountain	Mountain	958	19.3%	185

Table 7: Eligibility Based on a 1-Mile Radius of Center - No Enrollment Challenges

Region	Center	Funded Enrollment	*Children Under 5 In Poverty	Public Assistance Income or SNAP	TK #
High Desert	Adelanto	31	133	521	188
High Desert	Apple Valley	80	122	582	364
High Desert	Hesperia	59	145	838	613
High Desert	Victorville	62	160	641	530
Central Valley	Mill	99	209	1,139	963
Central Valley	Rialto Eucalyptus	71	172	1,401	511
Central Valley	Westminster	28	253	1,230	624
West Valley	Chino	71	75	646	277
*Based on Family Poverty					



c. Child Care Partners: Number of children to be served by the partnership

As previously stated, PSD directly operates and contracts with partners in the service area to provide services, as indicated in Table 8. For the CCP program, PSD has partnered with the Child Care Resource Center (CCRC) in San Bernardino County, which then directly contracts with a variety of family child care and private child care centers. PSD also contracts 16 slots directly with CCP providers. A total of 146 slots have been allocated to the CCP program.

Table 8: Allocation of Slots

Operated by	Head Start Preschool			Early Head Start			Total
	CB	HB	CCP	CB	HB	CCP	
Grantee	1,077	3	0	208	93	16	1,397
Partners	292	84	0	112	24	130	642
Total Per Program Option	1,369	87	0	320	117	146	2,039

2. Needs of Children and Families

a. Data from Community Assessment that informs the program selection criteria and needs of children, families, and pregnant people

Estimated number of children under 5 years of age

County-wide, the number of children aged 5 and under is projected to continue to decline in the next 5 years. Overall, the decline is expected to be 12%, with the most significant decrease in preschool-age children (ages 3 to 5), where the decline is projected at an average of 16%, as seen in Table 9. While the infant/toddler population is expected also to decrease, the decrease is more modest, at an average of 8%.



Table 9 Children under 5 Years

Age	2023	2030	Growth/Decline
0	25,700	24,013	-6.6%
1	26,629	24,053	-9.7%
2	25,811	24,095	-6.6%
3	28,179	24,362	-13.5%
4	29,446	24,524	-16.7%
5	30,599	24,799	-19.0%
Total	166,364	145,846	-12.3%

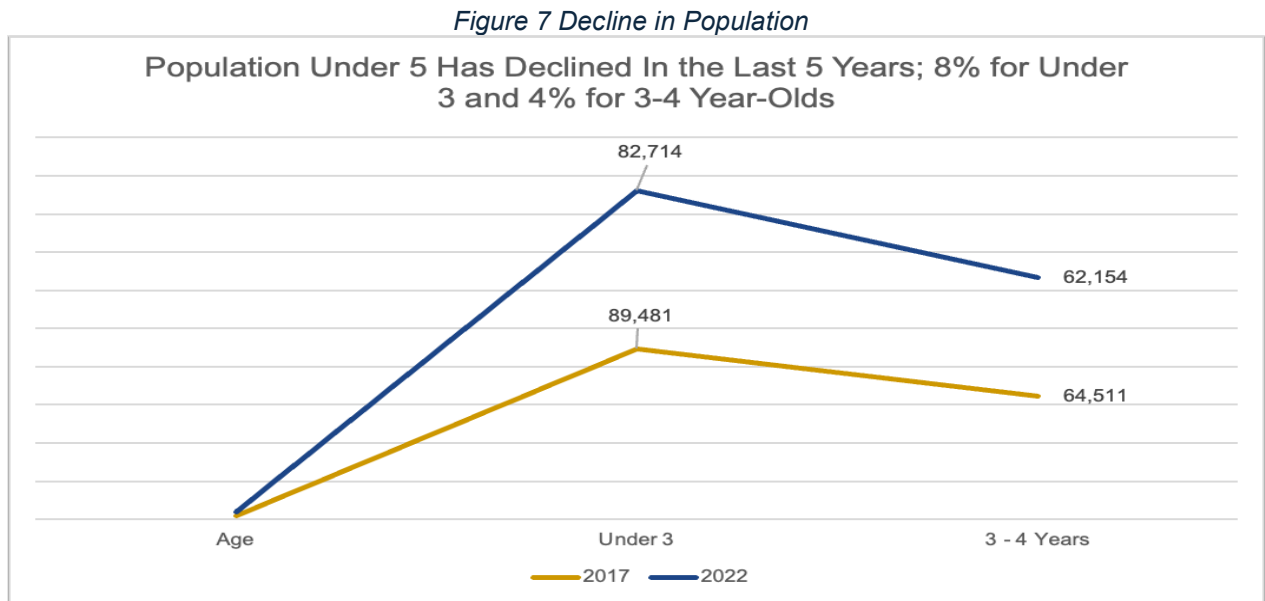
Several zip codes within these regions have higher numbers of children under 5. For example, zip code 92335 in Bloomington and Fontana has nearly 6,200 children under 5. The same is true in zip codes 92345 and 92336, where over 6,000 children under 5 reside. Table 10 shows the zip codes with the highest numbers of children under 5.

Table 10 Number of Children Under 5 Years

Region	Zip Code	City	# Under 3	# 3–4 Years	Total Under 5
Central Valley	92335	Bloomington; Fontana	3,731	2,462	6,193
East Valley	92346	Highland; Redlands; San Bernardino	2,459	2,022	4,481
East Valley	92374	Loma Linda; Mentone; Redlands	1,618	1,351	2,969
High Desert	92345	Hesperia	3,553	2,842	6,395
High Desert	92392	Hesperia; Mountain View Acres; Phelan; Victorville	2,788	1,736	4,524
High Desert	92394	Adelanto; Victorville	1,484	1,918	3,402
Low Desert	92371	Adelanto; Phelan; Piñon Hills; Wrightwood	1,061	698	1,759
Mountain	92314	Big Bear City	497	179	676
Mountain	92325	Crestline	232	267	499
West Valley	91730	Rancho Cucamonga	3,298	2,408	5,706
West Valley	92336	Fontana; Rancho Cucamonga; Rialto	3,638	2,512	6,150



This projection is on track with the actual trends over the past 5 years. Since PSD's last community assessment, the population of children under 5 declined by 8% for infants/toddlers and 4% for preschoolers (Figure 7).



Within the county, the West and Central Valleys and the High Desert have the most significant number of children under 5 living in households. The West Valley has more than 49,000 children under 5, with greater numbers of infants and toddlers, and the Central Valley has over 33,000 children under 5 (Figure 8). The High Desert has over 32,000 children.

Figure 8 Total Number of Children Under 5 Years

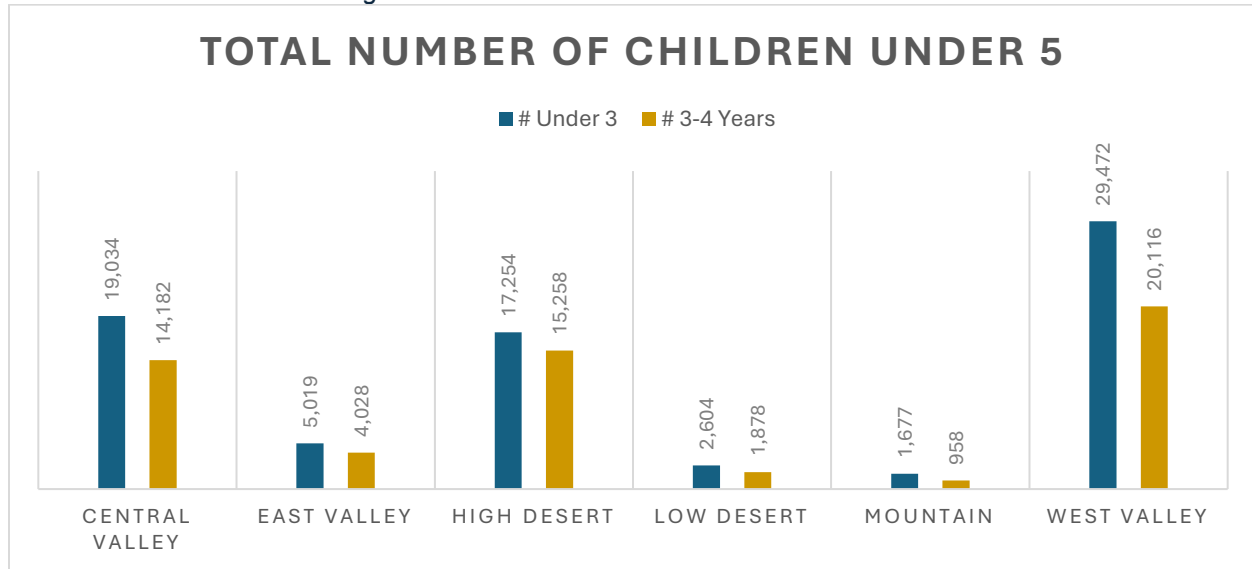


Table 11 reflects the number of children on the waitlist. As of February 2025, there were 570 children on the waitlist.

Table 11: Child Waitlist

Sites and class	Total Waitlisted HS	Total Waitlisted EHS
Adelanto	34	n/a
Apple Valley	3	8
Arrowhead Grove	8	n/a
Baker FLC	4	n/a
Barstow	26	4
Chino	11	9
Colton Bloomington	2	n/a
Colton San Salvador	3	n/a
Crestline	9	n/a
Cucamonga	16	n/a
Del Rosa	5	n/a
Fontana Citrus	17	27
Fontana USD	n/a	3
Hesperia	45	17
Highland	6	n/a
Las Terrazas	1	n/a
Mill	24	11
Needles	0	n/a
Ontario Maple	19	4



Sites and class	Total Waitlisted HS	Total Waitlisted EHS
Redlands South	8	7
Redlands Valencia	0	n/a
Rialto Eucalyptus	18	26
Rialto Renaissance	10	n/a
Rialto Willow	5	n/a
SB Parks & Rec	3	n/a
Twenty-Nine Palms	7	n/a
Upland	12	n/a
Victorville	85	30
Victorville Northgate	8	n/a
Westminster	7	n/a
Whitney Young	1	2
Yucaipa	6	3
Yucca Valley	9	7
Totals	412	158

Pregnant people by geographic location

ACS data show that 29,353 births occurred in San Bernardino County; the poverty rate shows that 4,051 pregnant people are eligible for the EHS program (Table 12). By region, more pregnant people would be eligible in the Central Valley, East Valley, and West Valley. Nearly 73% of all births were to individuals between the ages of 20 and 34 years, followed by the 35–50 age group. While teen births were relatively low throughout the county, the San Bernardino County rate was slightly higher than the state's (3% compared to 2%). There were higher percentages of teen births in the Low and High Deserts.

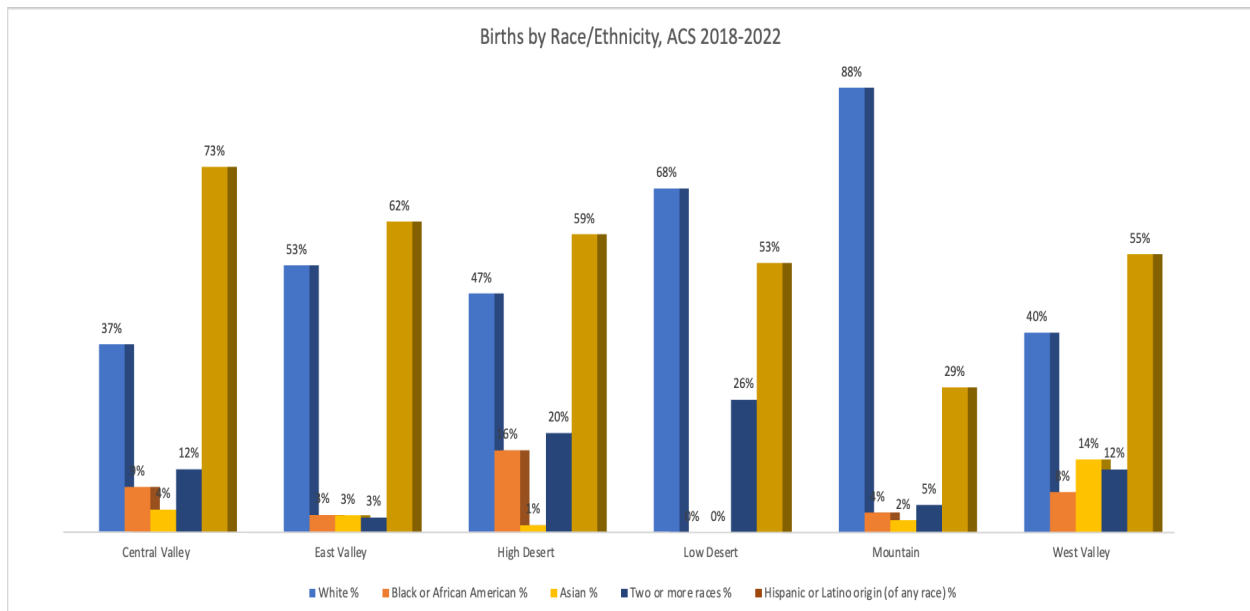


Table 12: Eligible Pregnant Individuals by Region, ACS 2022

Region	Subregion	No. Pregnant	Poverty Rate	No. EHS Eligible
County	San Bernardino County	29,353	13.8%	4,051
Valley	East Valley	1,555	30.0%	467
	Central Valley	6,035	21.4%	1,291
	West Valley	10,891	9.4%	1,024
Desert	High Desert	6,734	23.2%	1,562
	Low Desert	765	18.2%	139
Mountain	Mountain	459	19.3%	89

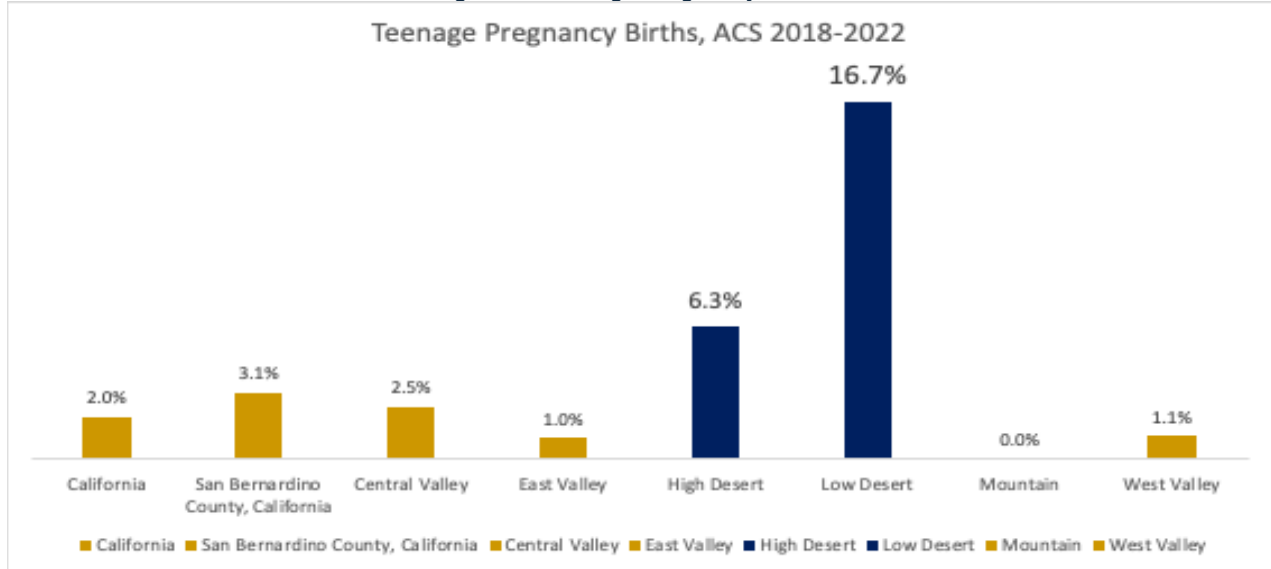
Birth data show that individuals of Latino descent have higher birth rates across all regions, as shown in the chart below. Latinas had the highest percentage of births in Central Valley, East Valley, High Desert, and West Valley. Individuals who identify as White have higher birth rates in the Low Desert and Mountain regions. It is important to note that there is an increase in multiracial births, especially in the High and Low Deserts (Figure 9).

Figure 9 Births by Race and Ethnicity



It is important to note that while teenage pregnancy has declined over the past decade and remains relatively low in the county and the state, there are significant percentages of teen pregnancies in the 2 regions. The Low Desert and High Desert have substantial percentages of teen pregnancies. The chart below shows that 17% of pregnancies in the Low Desert and 6% in the High Desert were teenagers (Figure 10). The High Desert percentage was twice the county average, and the Low Desert was more than 5 times greater.

Figure 10 Teenage Pregnancy Births



As represented in Table 13, Latinos are the largest racial group in the county, with the highest birth rate; in 2022, 59% of births were to Latinas, while Whites ranked second. Births to Latinas dominated in the Central Valley (73%), East Valley (62%), High Desert (59%), and Low Desert (55%). White births were most common in the Low Desert and Mountain regions, and a notable percentage of births to Black families occurred in the High Desert. The data also indicate an increase in births to multiracial children, with 26% of births in the Low Desert identified as multiracial.



Table 13: Pregnancies by Race/Ethnicity, ACS 2018–2022

Geography	White	Black	AIAN	Asian	NHOPI	Another Race	Two or More Races	Latino Descent*
California	44.2%	5.7%	1.1%	15.4%	0.4%	19.7%	13.5%	46.1%
San Bernardino County	45.1%	9.0%	1.4%	7.0%	0.3%	22.9%	14.3%	59.1%
Central Valley	37.3%	8.9%	1.7%	4.4%	0.3%	34.8%	12.5%	72.5%
East Valley	53.0%	3.4%	0.7%	3.3%	0.0%	36.7%	2.9%	61.7%
High Desert	47.4%	16.2%	2.2%	1.4%	0.5%	12.5%	19.7%	59.2%
Low Desert	68.2%	0.0%	0.0%	0.0%	0.0%	5.5%	26.3%	53.5%
Mountain	88.2%	3.9%	0.0%	2.4%	0.0%	0.0%	5.4%	28.8%
West Valley	39.6%	8.0%	1.3%	14.5%	0.2%	23.9%	12.5%	55.2%

*The percentage of Latino descent is also included under the White category race.

Race And Ethnicity and Spoken Language

Census data show that people of color (non-White residents, including Hispanics) will represent nearly half or more of the country's population by 2050. Recent U.S. Census data (2020) reveal that the U.S. population is now much more multiracial and diverse than in 2010. Throughout this section, the terms Black and Latino/a will be used as more inclusive terminology to refer to individuals who identify as Black, African American, or Hispanic descent.

According to ACS data, San Bernardino County is predominantly Latino, with over half of its residents identifying as Latino. This percentage exceeds the state average and has increased slightly by 1% since the 2019 PSD community assessment. Additionally, the county has a more significant proportion of Black residents, at 7.5%, compared to the statewide rate of 5%. The percentage of Black residents has declined since the previous community assessment, dropping from 9.4% to 7.5%.

When disaggregating the data by region, it is evident that some segregation exists by region. Figure 11 and Table 14 detail race and ethnicity by region. For example, White



residents tend to prefer living in the Mountain and Low Desert regions, where more than half of the population in these communities identifies as White. There are larger concentrations of Black residents in the High Desert and Central Valley. Residents of Asian descent are more prevalent in the West Valley and East Valley. Latino/a residents are highly concentrated in the Central Valley and make up more than half of the population of the High Desert and West Valley.

When compared to data from the previous community assessment, the racial/ethnic population distribution across the county has remained steady. The key changes are as follows:

- Latino/a residents increased in the High Desert, from 46% to 52%.
- Black residents decreased in the Central Valley from 10% to 9% and from 8% to 7% in the West Valley; they grew in number in the High Desert from 9% to 10%.
- White residents decreased overall from 28% to 26% and significantly reduced from 47% to 31% in the East Valley and from 67% to 59% in the Low Desert.

Figure 11 Population by Race and Ethnicity

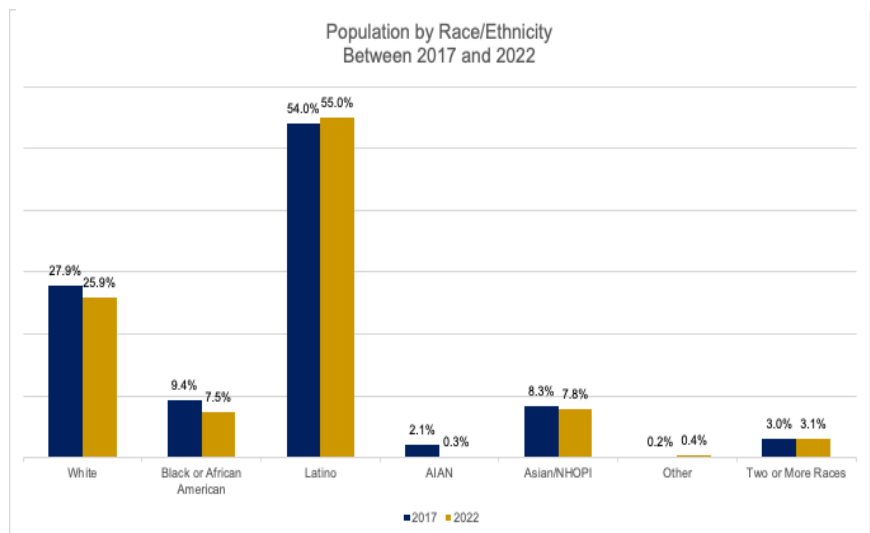




Table 14 Race and Ethnicity by Region

	White	Black	AIAN	Asian	NHOPI	Some other race	Two or more races	Latino/a
California	35.2%	5.3%	0.3%	14.9%	0.3%	0.4%	3.8%	39.7%
San Bernardino County	25.9%	8.7%	0.3%	7.5%	0.3%	0.4%	3.1%	55.0%
Central Valley	12.5%	8.7%	0.2%	2.8%	0.2%	0.3%	1.8%	73.6%
East Valley	30.6%	7.2%	0.1%	10.9%	0.8%	0.5%	3.5%	46.5%
High Desert	30.3%	10.0%	0.4%	2.8%	0.4%	0.4%	3.7%	52.0%
Low Desert	58.8%	2.1%	1.4%	2.6%	0.5%	0.2%	4.1%	30.3%
Mountain	68.3%	1.3%	0.6%	1.7%	0.3%	0.3%	3.6%	23.8%
West Valley	21.9%	6.8%	0.2%	14.1%	0.2%	0.4%	3.3%	53.1%

As noted earlier, the families served by the PSD represent the county's racial/ethnic population trends. The majority of children enrolled in the PSD HSP and EHS were Hispanic (66% for HSP and 60% for EHS)—children of African American descent or identifying as White were the second-highest enrolled. The primary language spoken by these children was English.

English is the predominant language spoken in San Bernardino County, with 43.6% speaking a language other than English at home. The non-English language spoken by the largest group is Spanish, which is spoken by 35.52% of the population.

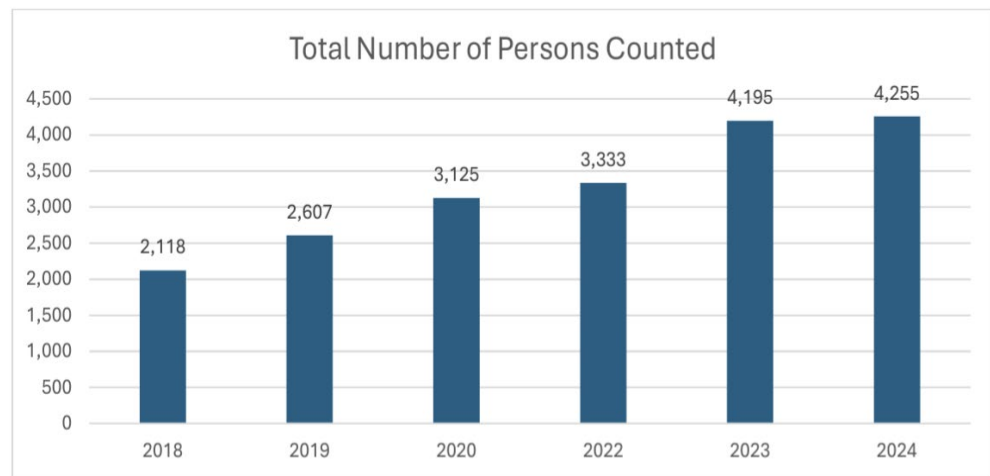
Children Experiencing Homelessness (Unhoused)



The San Bernardino County Homeless Partnership conducted the 2024 Point-In-Time homeless survey, which reflects 4,255 persons counted as unsheltered and sheltered, an increase of 2,137 since 2018 (Figure 12). Approximately 3,200 of the 4,237 homeless adults and children were counted within seven cities: Barstow, Colton, Fontana, Ontario, Redlands, San Bernardino, and Victorville. These seven cities accounted for 71.6% of the unsheltered population and 85.7% of the persons in shelters and transitional

housing. In the 2024-2025 program year, 8.01% of PSD's cumulative enrollment were unhoused

Figure 12 Number of Persons Counted Homeless



children. Other key highlights of the report are as follows:

- The number of adults and children counted as homeless increased by 1% based on the 2023 and 2024 point-in-time homeless counts.
- Between 2023 and 2024, the number of adults and children counted as unsheltered increased by 2.6%.
- Between 2023 and 2024, the number of adults and children counted as sheltered decreased by 1.6%.



- More than one-third (35.9%) of unsheltered adults and children counted as homeless became homeless for the first time during the 12 months before the homeless count.
- Nearly one-third (29.6%) of unsheltered adults stated “City of San Bernardino” when asked in what city they first became homeless.
- More than half (55.6%) of unsheltered adults were chronically homeless, which is defined by the HUD as being homeless for 1 year or more and having a disabling condition, such as mental illness, chronic health condition, or a physical disability.
- Nearly one-fourth (21.4%) of unsheltered adults answered “yes” when asked if they had been incarcerated during the past 12 months.
- Two-thirds (66%) of unsheltered adults answered “no income” when asked to state their monthly income.
- More than three-fourths (81%) of unsheltered adults answered either “no income” (66%) or “less than \$500” (15%) when asked to state their monthly income.

Children in Foster Care

According to the San Bernardino County Children and Family Services (CFS) Department, there were 5,294 children in foster care placement in San Bernardino County as of May 2023. Data show that many children who enter foster care have been abused, neglected, or abandoned by their parents or guardians. The CFS reports that the rate of substantiated child abuse allegations for children under 5 is 12.3 per 1,000 children.

Children whose families are served by the child welfare system are often developmentally vulnerable due to trauma stemming from early abuse and neglect and from risk factors that commonly occur, such as prenatal drug exposure, prematurity, low



birth weight, poverty, homelessness, parental depression, and other mental health problems.

PSD continues to strengthen its collaboration with CFS. This collaboration encourages referrals from CFS to HSP/EHS for enrollment opportunities. According to the 2024-2025 program year PIR, 6.5% of HSP and 12.75% of the EHS children were deemed eligible and enrolled based on foster care status.

Dual Language Learners

Nearly 60 percent of California's children 5 and under live in homes where a language other than English is spoken.³ According to the California Dash Board, 15.2% of the San Bernardino County Office of Education student population (2,259) are dual language learners. In comparison, 26.1% of the largest local education agency, San Bernardino City Schools' student population (49,454), are dual language learners. In the 2024-2025 program year, 493 PSD children were identified as dual language learners (PIR Report).

Parent Educational Attainment

Educational attainment is a powerful predictor of well-being, as young adults who have completed higher levels of education are likelier to achieve economic success than those who have not.⁴ Studies have shown that higher educational attainment levels correlate directly with higher wages and incomes.⁵ San Bernardino County lags behind the national average in educational attainment, with a higher percentage of residents

³ <https://earlyedgecalifornia.org/ece-priorities/dual-language-learners/>

⁴ Educational Attainment: Indicators of Child and Youth Well-Being (2016). Child Trends Data Bank. Retrieved from <https://www.childtrends.org/indicators/educational-attainment/>

⁵ Ibid.

lacking a high school diploma compared to both California and the United States. For example, 19% of county residents lack a high school diploma, compared to 9% nationwide and 16% statewide (Figure 13). However, the county has made progress compared to the previous community assessment. The 2017 ACS data show that 21% of residents did not have a high school diploma, compared to 19% in the 2022 ACS data.

Among the regions, the Central Valley has a more significant percentage of immigrants from Latin America, who tend to have less education.⁶ According to the U.S. Census, 56.5% of foreign-born immigrants from Mexico have less than a high school

degree as opposed to Asian immigrants from Eastern Asia (e.g., China, Japan, and South Korea), who typically reside in the West Valley where 72.5% have completed some form

Figure 13 Educational Attainment By State and County

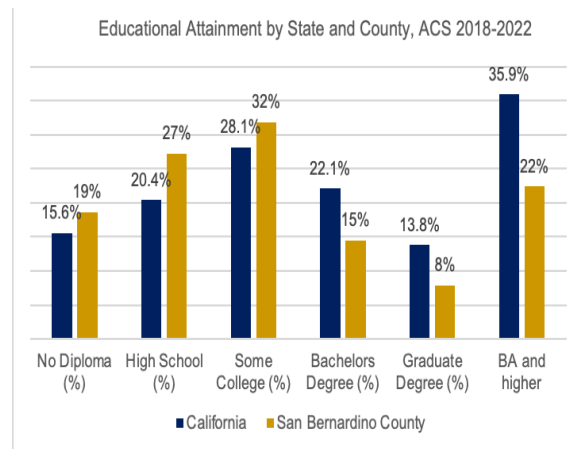
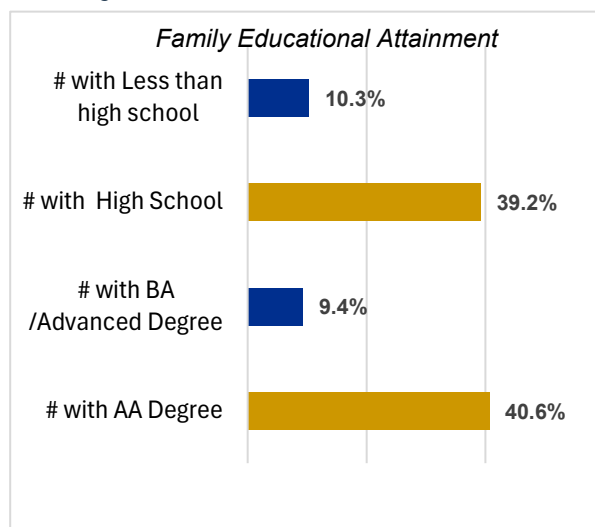


Figure 14 PIR Parent Educational Attainment



of college or obtained a postsecondary degree. The East Valley is the most educated, with 44% of residents having a bachelor's degree or higher (Figure 14).

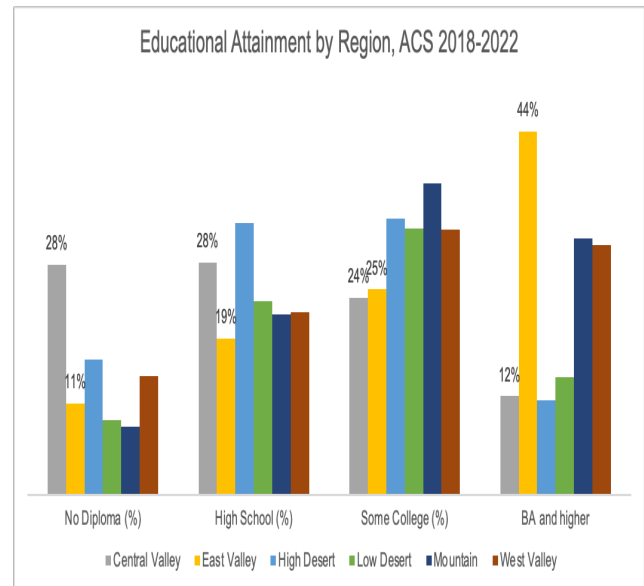
⁶ U.S. Census, American Community Survey.

Parents enrolled in the PSD's Head Start program reflect the county's overall population (Figure 15). As shown in the chart below, a significant percentage of HS parents have some form of a degree. Overall, the data indicate that about 50% of parents hold either an associate's degree or some college.

Figure 15: Educational Attainment by Region

Child Education (Literacy and Math Proficiency)

Research shows that children who are not proficient readers by the end of third grade are 4 times more likely to leave school without



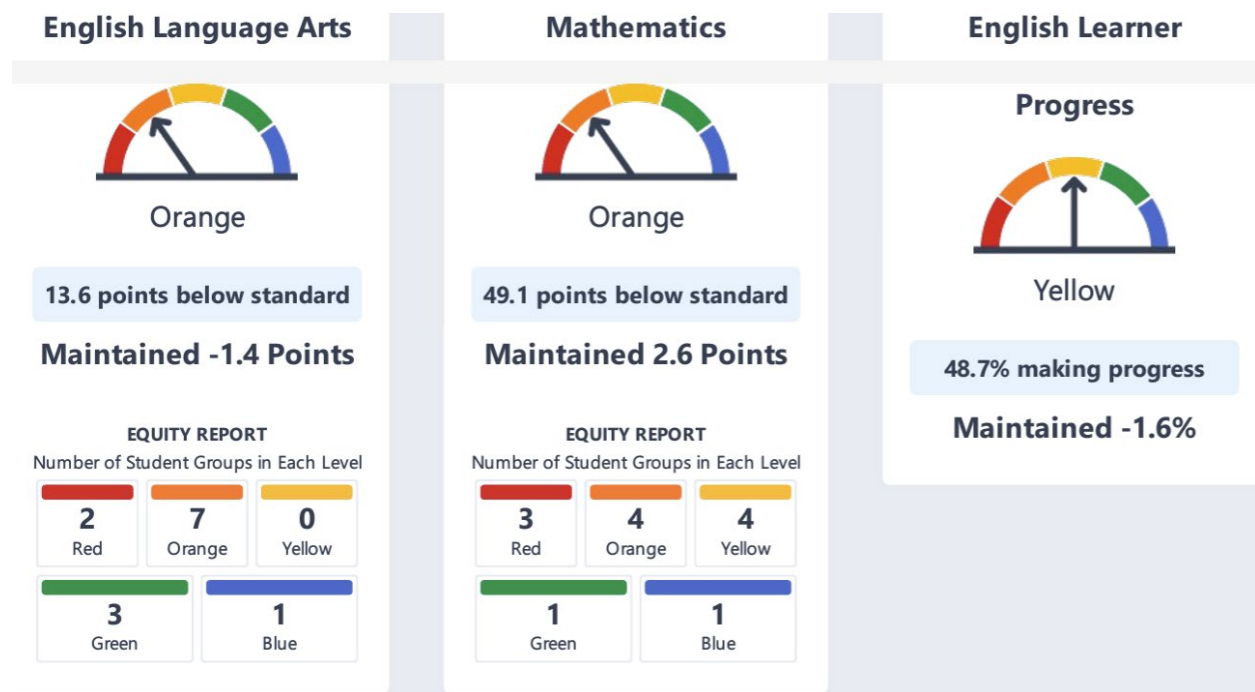
a high school diploma than proficient readers and are more likely to engage in criminal activity.⁷ Similarly, basic math proficiency has a direct correlation with workplace readiness and economic stability.⁸ The California State Performance Overview reveals that, for 2023, California was below average for English-language arts and mathematics and on average for English learner proficiency. Similarly, the San Bernardino County Office of Education reported below-average progress, with a steady increase in all areas⁹ (Figure 16).

⁷ San Bernardino Community Indicators Profile, 2018.

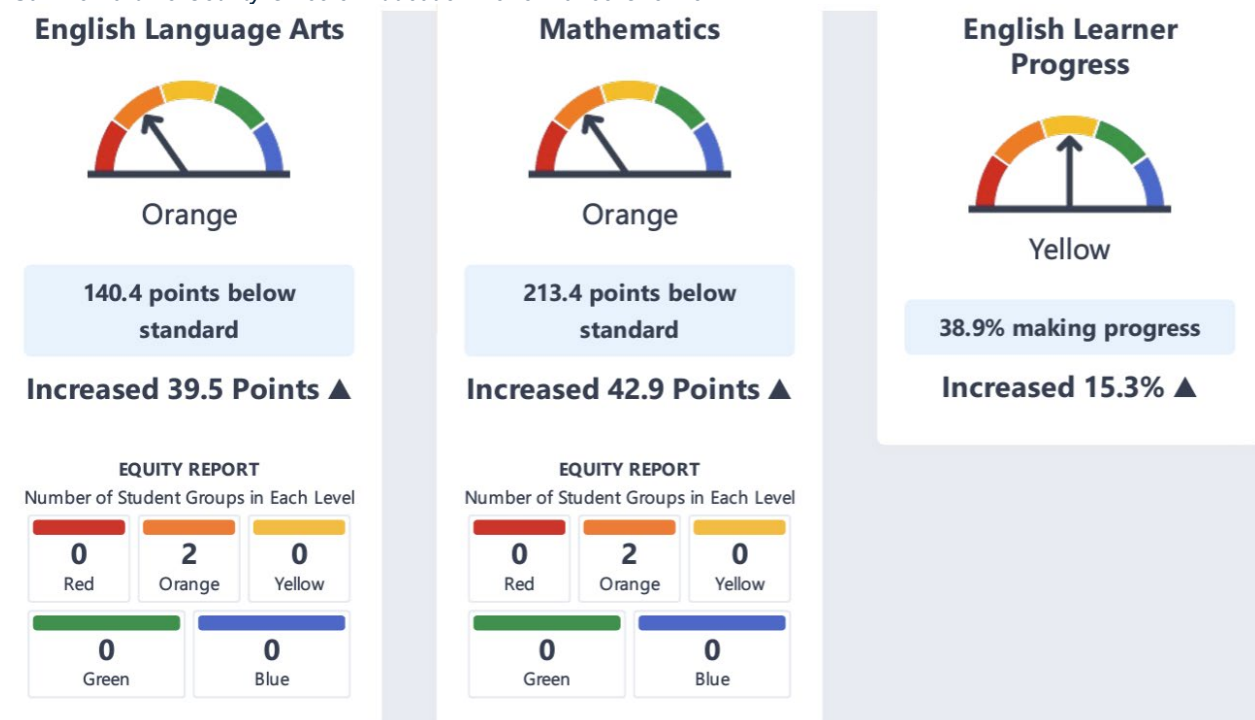
⁸ Ibid.

⁹ California School Dashboard provides data on school and district progress. Retrieved 11/9/24 from <https://caschooldashboard.org/721535ec-51ad-450b-926c-ea62febce2b7>

Figure 16 California Assessment Performance and Progress Assessment Overview



San Bernardino County Office of Education Performance Overview





Literacy and math proficiencies are measured by the California Assessment Performance and Progress Assessment (CASSP) instrument, which is administered annually to all third graders for literacy and fifth graders for math. The results of the 2023 CASSP paint a mixed picture of San Bernardino County. The overall performance standards can be summarized as follows:

- *Standard Exceeded (Level 4): 16.00% of students across all grades*
- *Standard Met (Level 3): 24.46% of students across all grades*
- *Standard Nearly Met (Level 2): 23.38% of students across all grades*
- *Standard Not Met (Level 1): 36.16% of students across all grades*

This indicates that while a significant portion of students (40.46%) are meeting or exceeding standards, a considerable number (36.16%) are not meeting standards, with another 23.38% nearly meeting them. There is a clear need for targeted interventions to improve educational outcomes. This lack of proficiency can have long-term adverse effects on students' academic success, high school graduation rates, and future economic stability.

Health

Social determinants of health (SDOH) are the conditions in which people are born, grow, live, work, and age, including the health system. These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels. SDOH are primarily responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries, states, and local communities. Addressing differences in SDOH can make progress toward health equity: a state where every person can attain their highest levels of health.



SDOH has been shown to significantly influence health more than genetic factors or access to health care services. San Bernardino County residents identified significant aspects of SDOH for their respective areas, as represented in Table 15. These are the most common gaps in services that PSD should address.

Table 15 Social Determinants of Health

IMPROVE YOUR HEALTH AND WELL-BEING WHERE YOU LIVE	
Access to healthcare providers	44.8%
Access to mental health services	35.6%
Low crime and safe neighborhoods	32.8%
Low rate of infant deaths	22.2%
Affordable housing	21.6%
MOST DAMAGING TO THE HEALTH OF THE PEOPLE IN YOUR COMMUNITY	
Color Bullying or cyberbullying	31.5%
Lack of exercise	29.5%
Unfair treatment because of gender or gender identity	25.7%
Poor eating habits	20.1%
Alcohol misuse or abuse	19.8%
MOST DAMAGING TO THE HEALTH OF YOUR COMMUNITY	
Chronic health conditions, such as diabetes, heart disease, and high blood pressure	31.6%
Car accidents related to driver behaviors	32.4%
Community violence (i.e., gang violence, homicide)	25.0%
Homelessness	18.8%

Most Prevalent Health Conditions: Chronic diseases, such as diabetes, high blood pressure, and heart disease, are costly yet largely preventable. Chronic illnesses contribute to approximately 70% of deaths in the United States each year and account for about 75% of the nation's health-related costs. This indicator reports prevalence and death data for heart disease, diabetes, and high blood pressure/stroke. Also tracked are hospitalizations due to heart disease.



Access to Health Insurance and Care: Individuals who have health insurance and a usual source of care are likelier to seek routine health care and take advantage of preventive health screening services than those without such coverage. The result is a healthier population and more cost-effective health care. Delaying or not receiving needed medical care may result in more serious illnesses, increased complications, and more extended hospital stays. In 2019, 9.1% of San Bernardino County residents were uninsured, an increase from 2018, when 8.7% of residents were uninsured. The long-term trend, however, is downward, with a drop of more than 12 percentage points from 2010, when 21.6% of residents were uninsured. The highest portion is of Latino families. According to the San Bernardino County Community-Health-Assessment-Report 2024, access to quality health was significantly lower in San Bernardino County than in California (1,679 to 1 and 1,234 to 1, respectively).

Children under 6 years: The 2023 U.S. Census indicates that 97.5% of children under 6 years of age had some form of health insurance, and about 6% of the children have a disability. Kids Data indicated that in 2021, 93% of all enrolled kindergarteners were immunized. This is comparable to PSD, where in the 2024-2025 program year, at least 99.1% of enrolled children had access to health care and had health insurance, and were vaccinated.

Nutrition

Proper nutrition is essential to children's growth and development. It helps them maintain a healthy weight while reducing the risk of chronic health conditions across their lifespans. Studies have also demonstrated the link between proper nutrition and a child's cognitive development, beginning in utero. The effects of malnourishment during

pregnancy can have a lasting adverse impact on an infant's brain development. Undernourished children may have decreased activity levels, decreased social interactions, decreased curiosity, and decreased cognitive functioning, which may lead to chronic absenteeism in school. Proper nutrition begins with access to healthy foods.

A food desert is an urban area in which it is difficult to buy affordable or high-quality fresh food. Food deserts indicate that there is no access to food. According to the U.S. Department of Agriculture (USDA), food deserts have a severe lack of whole food, fruit, and vegetable providers but have an endless supply of very cheap processed, sugary, and fat-laden foods that destroy the human body over time and can lead to obesity. Food deserts are typically associated with limited grocery stores that can provide healthy food options. In San Bernardino County, more than 1 in 5 people (or 21.3%) live more than one mile from a supermarket.



Food insecurity is defined as “the limited availability of nutritionally adequate and safe food, or the ability to acquire such food by a household.” It also considers the percentage of people who worry that they could run out of food before they have enough funds to purchase more. Feeding America reported that 10.4% of households in San Bernardino County are food insecure. Among children, 18.7% of children in San Bernardino County live in food-insecure households.

Childhood Obesity: Research has proven that a lack of access to healthy foods contributes to obesity and poor health outcomes. In the United States, 1 in 5 children are obese. As reported by the Centers for Disease Control, from 2017 to March 2020, the



prevalence of obesity among U.S. children and adolescents was 19.7% or approximately 14.7 million U.S. youths aged 2–19 years have obesity. The prevalence of obesity among 2-5-year-olds nationwide is 12.7%. Overall, obesity prevalence was highest in Hispanic children (26.2%) and non-Hispanic Black children (24.8%), followed by non-Hispanic White (16.6%) and non-Hispanic Asian (9.0%) children.

In California, the rate of childhood obesity among 2- to 4-year-olds enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children has declined from 18.4% (in 2010) to 17.0% (in 2020). Within the same period, child obesity declines were highest among American Indians (-3.8), non-Hispanic Asian or PI (-3.2), and Hispanics (-3.3); however, decline counts were lowest among non-Hispanic White children (-0.9).

Social Services (Public Assistance, SNAP, TANF, SSI, Housing, Crime)

Public Assistance: Numerous public programs assist low-income individuals and families with financial assistance, housing, jobs, and nutrition needs. Such programs available to families include the following:

- Supplemental Nutrition Assistance Program (SNAP, or CalFresh in California)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF, or CalWORKs in California)

The Head Start program allows families who receive public assistance, as identified above, to qualify for the program automatically.

Supplemental Nutrition Assistance Program: SNAP is the most extensive federal program designed to provide nutritional assistance to low-income individuals and families

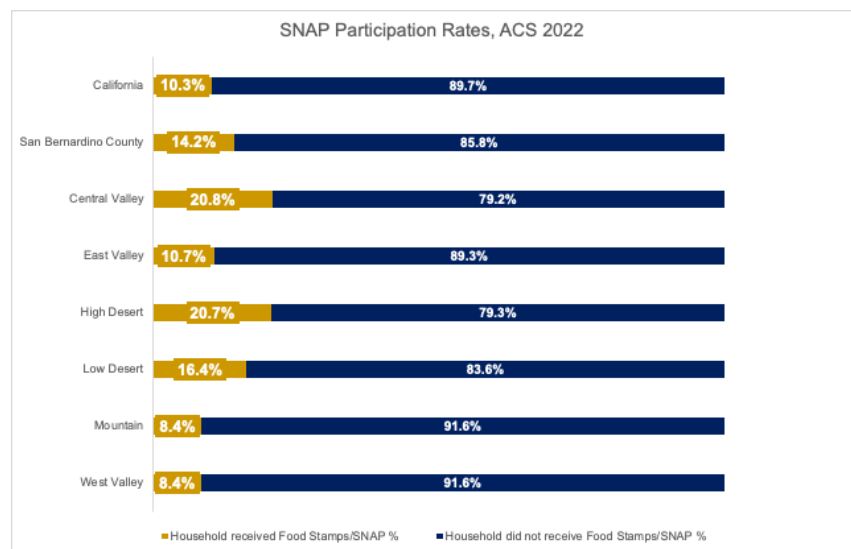


by offering additional funds to purchase food. Unfortunately, data show that, while SNAP is the most extensive food assistance program in the nation, it is not utilized enough. In fiscal year 2023, for example, 42.4% of households in the United States living below the poverty line received SNAP benefits monthly, indicating that a vast percentage (58%) did not receive these benefits.

In California, CalFresh is a program designed to help low-income households increase their food-buying power to meet their nutritional needs. The California Department of Social Services reports that in 2024 (YTD data), 197,909 county households received CalFresh benefits.¹⁰ Locally, the county reported that in 2024, 510,843 persons received CalFresh support, 37.5% (191,596) of which were children under 18.

ACS 5-year estimates provide more detailed information that can be disaggregated by region. As the data chart (Figure 17) shows, the county has a higher SNAP participation rate than the state overall (14% compared to 10%).

Figure 17 SNAP Participation



County-wide SNAP participation rates have increased since the last community assessment, 11% in 2017 compared to 14% in 2022. Households in the Central Valley,

¹⁰Retrieved from <https://public.tableau.com/app/profile/california.department.of.social.services/viz/CFdashboard-PUBLIC/AnnualParticipation> on 11/19/24.



High Desert, and Low Desert have higher SNAP participation rates than those in the other regions.

Supplemental Security Income: SSI is a supplemental assistance program designed to provide financial assistance to people with limited income and resources and to those who are blind, disabled, and over 65 years of age. It provides cash to meet basic needs for food, clothing, and shelter.¹¹ As of December 2021, 66,927 San Bernardino County residents received SSI.¹² The data show that the majority of SSI payments were to individuals with a disability (Table 16). The age distribution for SSI payments was 11% for children under 18, 52% for adults under 65, and 38% for adults over 65.

Table 16 Families Receiving SSI

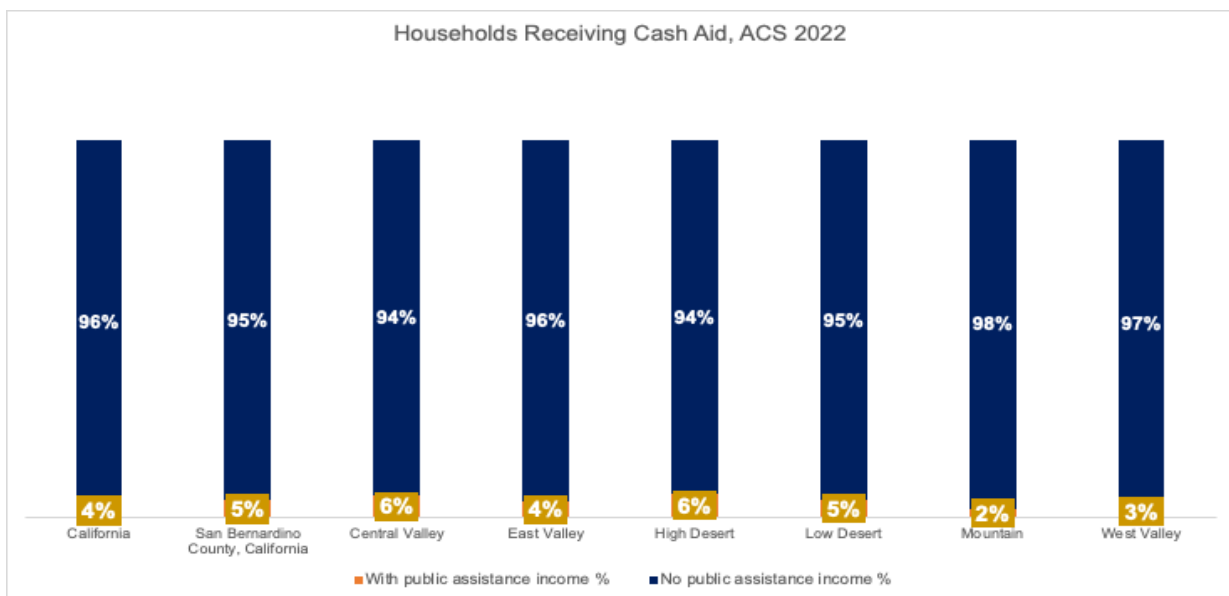
Geography	Total	Category		Age		
		Aged	Blind and disabled	Under 18	18–64	65 or older
California	1,146,493	334,674	811,819	87,530	491,477	567,486
San Bernardino	66,927	14,168	52,759	7,072	34,468	25,387

¹¹ Office of Social Security. Supplemental Security Income Home Page–2018 Edition. Retrieved from <https://www.ssa.gov/ssi/>.

¹² Retrieved from https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2021/ca.html

Temporary Assistance for Needy Families: TANF is a federal program designed to provide financial assistance and support services, such as job preparation, to families with children under the age of 18. California Work Opportunity and Responsibility to Kids (CalWORKs) is the TANF program in California. In 2022, over 30,000 households received CalWORKs in San Bernardino County, an increase of 49% from 2018. Regionally, more families in Central Valley, High Desert, and Low Desert receive cash aid (Figure 18).

Figure 18 Households Receiving Cash Aid



Crime: Living in areas with high crime rates affects a child in multiple ways, increasing the child's risk of developing poor behavioral and medical outcomes as adults. Research has found that witnessing or being a victim of a traumatic event, such as a violent act, has profound effects on brain structure. Anxiety disorders, impaired memory, and difficulty in self-regulation can surface as a result of living in a violent or crime-ridden environment.



The San Bernardino County Community Indicators Report 2024 shows that the county's overall crime rate has decreased over the past few years (down 18%); however, violent crimes increased by 38% between 2017 and 2021.¹³ National reports ranking the most dangerous cities in the country consistently rank San Bernardino 14th. The county's overall crime rate is 112% higher than the national average, as 14.98 daily crimes occur for every 100,000 residents.¹⁴ Table 17 shows a decrease in violent crime, rape, and robberies from 2019 through 2023.¹⁵

During the 5-year period between 2015 and 2022, juvenile arrests in San Bernardino County dropped by 38%.

Table 17: Crimes in San Bernardino, 2019-2023

Crime	2019	2020	2021	2022	2023
Violent Crimes	12,219	12,811	12,736	12,677	8,325
Aggravated Assault	8,079	9,345	9,532	9,224	5,654
Motor Vehicle Theft	9,081	8,905	8,690	8,507	8,165
Larceny-Theft	28,356	22,522	23,152	26,572	22,400
Arson	416	467	515	497	305
Total	58,151	54,050	54,625	57,477	44,849

Housing: In the United States, over 21 million renter households spent more than 30% of their income on housing costs in 2023, representing nearly half (49.7%) of the 42.5 million renter households for whom the rent burden was calculated.¹⁶ According to the U.S. Department of Housing and Urban Development

In San Bernardino County, 37% of all housing units are renter-occupied, and 59% spend more than 30% of their income on housing. Thus, to cover housing costs, an hourly wage of \$37.17 is required.

¹³ 2023 Crime Rate Indicator Report, <https://indicators.sbcounty.gov/>

¹⁴ America's Youngest Outcasts: A Report Card on Child Homelessness (2014). American Research Institute extracted from CCRC Head Start Community Assessment, 2015.

¹⁵ California Department of Justice, <https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances>

¹⁶ <https://www.census.gov/newsroom/press-releases/2024/renter-households-cost-burdened-race.html>



(HUD), households are considered rent-burdened when they spend more than 30% of their income on rent, mortgage payments, and other housing costs. Households spending more than 50% of their income on housing costs are considered severely cost-burdened. To accommodate cost-burdened individuals, the Office of Head Start recently enacted a regulation allowing programs to subtract household expenses exceeding 30% of income on rent when determining income-based enrollment eligibility for over-income families.

In San Bernardino County, 37% of all housing units are renter-occupied, and 59% of all renters spend more than 30% of their income on housing. According to a California Housing Partnership report, in the county, renters need to earn \$37.17 per hour—2.3 times the state minimum wage—to afford the average monthly asking rent of \$1,933.¹⁷ For extremely low-income individuals, the housing situation is dire, as 83% are paying more than half of their income on housing costs compared to 6% of moderate-income households.¹⁸

In its most recent Community Health Assessment, the San Bernardino County lists Behavioral Health, which promotes mental well-being and the prevention and treatment of mental health conditions and substance use disorders, as their number one priority.

Mental Health

Mental health predictors that may interfere with recovery from trauma include community stress, prior exposure to trauma, safety concerns, poverty, and racism.¹⁹ The National Data Archive on Child Abuse and Neglect (NCAND) defines risk factors as

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ American Psychological Association Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents. (2008). Children and trauma: Update for mental health professionals. Washington, DC: American Psychological Association. Retrieved from www.apa.org/pi/families/resources/update.pdf



characteristics of a child or caregiver that could increase the likelihood of child maltreatment.²⁰ Approximately 1 in 5 American adults have a diagnosable mental or addictive disorder in any given year, with similar rates among children and adolescents, thus placing children at risk for child maltreatment.²¹ Mental disorders affect men and women of all ages, races, and ethnic backgrounds and affect personal well-being, family and interpersonal relationships, and communities overall.

San Bernardino's Department of Behavioral Health (DBH), specifically under Children and Youth Collaborative Services, provides screening, assessment, and treatment services to San Bernardino's youth. The DBH handles providing mental health and substance use disorder services to county residents who are experiencing significant mental illness or substance abuse issues. DBH provides mental health/substance use disorder treatment to all age groups, with a primary emphasis placed on treating children/youth who may be seriously emotionally disturbed, adults who are experiencing a severe and persistent mental illness, and individuals who are experiencing substance use disorders. Through its SART and Early Identification and Intervention Services programs, DBH served 2,628 children in FY 2017–18. The core needs of the majority of children included anxiety or adjustment disorder diagnosis, family functioning, attachment disorders, and adaptability.

²⁰ U.S. Department of Health & Human Services, Administration on Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2018). Child maltreatment 2016. Retrieved from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

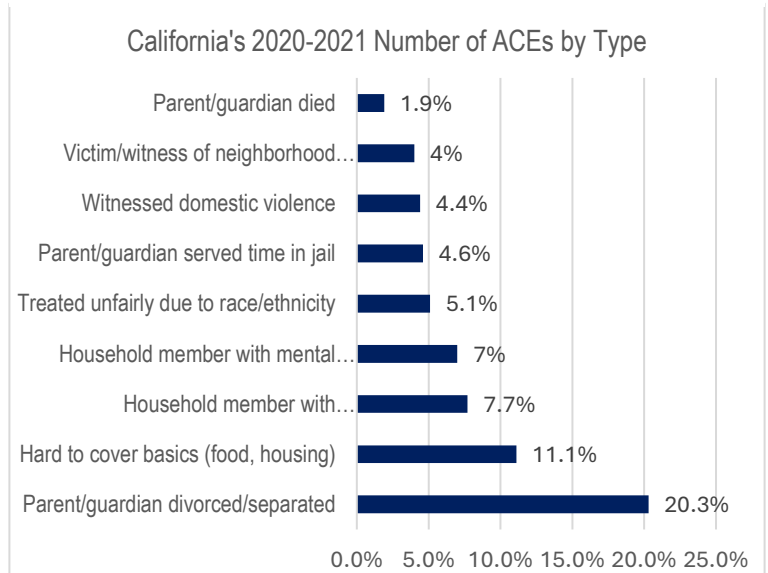
²¹ Any Mental Illness (AMI) Among Adults. (n.d.). <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-amongadults.shtml>

⁶² National Institute of Mental Health: Mental Health Information Statistics. <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

ACEs and Trauma: The number of children experiencing adverse childhood experiences (ACEs) continues to rise.

Addressing ACEs is crucial for promoting healthier outcomes for children. Recent research shows that ACEs can have lasting effects on health and well-being in adulthood.²² ACEs, which include potentially traumatic events, such as extreme poverty, family dysfunction, and violence, often lead to

Figure 19 Adverse Childhood Experiences



toxic stress due to the lack of protective relationships.²³ Approximately 64% of adults in the U.S. report experiencing at least one ACE before age 18 (Figure 19). Preventing ACEs could potentially avert millions of cases of heart disease and depression, reducing suicide attempts among high school students by up to 89%.²⁴

A report from the California Surgeon General found that 34% of California's children (ages 0-17) have experienced at least one ACE, with higher rates among African American and Hispanic/Latino children.²⁵ The impact of ACEs is evident in various areas, including mental health, social-emotional development, and executive function skills. According to the California Department of Public Health, the most prevalent ACE

²² Sacks, V. and Murphey, D. (2018). The Prevalence of Adverse Childhood Experiences, nationally, by State, and by Race or Ethnicity. Child Trends, February 20, 2018.

²³ Burke Harris, N. (2018). The Deepest Well: Healing the Long-Term Effects of Childhood Adversity. Published by Houghton Mifflin Harcourt, January 23, 2018.

²⁴ Center for Disease Control – About Adverse Childhood Experience. Retrieved on 11/7/24 from https://www.cdc.gov/aces/about/index.html#cdc_behavioral_basics_quick-facts-and-stats

²⁵ ACEs Aware Progress Report: 2019-2023. <https://www.acesaware.org/progress-report-2023/>



exposure for children is divorce or separation of caregivers.²⁶ The California Data Dashboard, created as a product of the California Essentials for Childhood Initiative, reports that in 2020, 15.6% of the children who were exposed to some form of maltreatment were between 3 and 5 years old, while more than 16% were children under 2 years old. More than 48% of the maltreatment cases were related to general neglect.²⁷

Trauma can disrupt brain development and lead to behavioral issues, such as anxiety, sadness, and difficulty concentrating. The effects of trauma are far-reaching and negatively impact a child's brain, cognitive, social-emotional development, ability to form secure attachments, and physical health. Responsive and dependable interactions facilitate a child's healthy development, while chronic stress and trauma can interfere with the brain's growth. Infants and toddlers exposed to frequent and prolonged trauma, such as extreme poverty, abuse, neglect, and parental substance use, are likelier to have developmental delays.²⁸ Children exposed to trauma are likely to develop distress following the event, ranging from separation anxiety, sadness, nightmares, difficulty concentrating, anger, and irritability.²⁹

Opioid and Methamphetamine Crises: Drug overdoses are the leading cause of accidental death in the United States, and most drug overdoses involve opioids.³⁰ The U.S. Department of Health and Human Services reports that in 2022, nearly 49 million

²⁶ Maternal, Child, and Adolescent Health Division. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Adverse-Childhood-Experiences.aspx>.

²⁷ Kids Data. data about the health and well-being of children in communities across California. <https://www.kidsdata.org/>

²⁸ Barth, R. P., Scarborough, A., Lloyd, E. C., Losby, J., Casanueva, C., & Mann, T. (2007). Developmental Status and Early Intervention Service Needs of Maltreated Children. Washington, DC: HHS, Office of the Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/pdf-report/developmental-status-and-early-intervention-service-needs-maltreated-children>

²⁹ Child Trends and the National Center for Children in Poverty (2017). Helping Young Children Who Have Experienced Trauma: Policies and Strategies for Early Care and Education. Retrieved from <https://www.childtrends.org/publications/ecetrauma>

³⁰San Bernardino County Public Health. Opioid (Fentanyl) Response Initiative. <https://dph.sbcounty.gov/programs/health-edu/opioid-initiative/>. November 8, 2024.



people in the U.S. had at least one substance use disorder.³¹ According to data retrieved from the California Department of Public Health, more than 7,000 people died from opioid overdoses in 2022. In 2022, over 75% of the nearly 107,000 drug overdose deaths involved opioids.³² In 2023, San Bernardino County Public Health reported that, at a rate per 100,000 people, fentanyl (opioid) deaths by race/ethnicity groups were higher in non-Hispanic Whites (27.1). Non-Hispanic Blacks (24.3) and Hispanics (16.2) followed.³³ In the past few years, the Centers for Disease Control has called the use and abuse of opioids an epidemic in the country.³⁴

San Bernardino experienced 420 opioid-related overdose deaths in 2023, the most recent full year of data available. The annual age-adjusted mortality rate for 2023 was 19.76 per 100k residents, an increase of 13.78% from 2022.³⁵ Data also show that the number of emergency department visits related to opioid overdoses in 2023 was 1,029, a rate of 47.2/100,000. The age group most affected by opioid overdoses is between 40-44 years of age, followed by 30-39 years.³⁶

Opioid and methamphetamine crisis research shows that children who reside with parents who use or abuse drugs are at higher risk for educational delays, inadequate medical and dental care, poor developmental outcomes, and child maltreatment. Parents with drug addiction are likelier to have increased preterm birth and or child emotional and

³¹ HHS Substance Abuse and Mental Health Services Administration 2022 National Survey on Drug Use and Health. <https://www.samhsa.gov/data>. November 8, 2024.

³² California Department of Public Health Substance and Addiction Prevention Branch <https://www.cdph.ca.gov/Programs/>

³³ San Bernardino County Public Health. Fentanyl Overdose Deaths by Race/Ethnicity. Retrieved from <https://experience.arcgis.com/experience/9c3dce4165bc4086bd363808d60000b0>. November 8, 2024.

³⁴ Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/overdose-prevention/>. November 8, 2024.

³⁵ Retrieved from <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>

³⁶ Ibid.



physical development deficiencies.³⁷ Children who reside with parents are at higher risk for child neglect, abuse, depression, anxiety, and or low self-esteem.³⁸ These are alarming consequences for children experiencing parental drug addictions.

Child Care & availability of other child development programs

Home-Based Programs: The home-based program option provides parents with comprehensive Head Start/Early Head Start services in their homes weekly. Across the country, high-quality home-visiting programs offer vital support to parents as they face the challenge of raising newborns and young children.³⁹ Recent research has found that high-quality, comprehensive home-visiting programs have lasting effects on child development, school readiness, and the overall pre-and post-natal health of pregnant women, at-risk mothers (such as teen mothers), and young children.⁴⁰ Rigorous evaluation studies have also found a direct correlation between high-quality home visiting programs and positive impacts on the reduction of child abuse and neglect incidences, improvements in birth outcomes, and increased high school graduation rates for teen mothers.⁴¹

In addition to home visiting programs administered by the PSD, three home visiting programs are offered:

1. Volunteers of America: VOA provides EHS services to 244 pregnant women, infants, and toddlers throughout the East Valley of San Bernardino. Like PSD

³⁷ U.S. Office of Special Education Programs. Topical Issue Brief: Intervention IDEAs for Infants, Toddlers, Children and Youth Impacted by Opioids. Retrieved from <https://osepideasthatwork.org/sites/default/files/IDEAsIssBrief-Opioids-508.pdf>

³⁸ Addiction Resource Link between Child Neglect and Parental Addiction, 2021 Jones, Kelly, LPC. Retrieved from <https://www.addictionresource.net/>. November 8, 2024.

³⁹ Retrieved from <http://www.ncsl.org/research/human-services/home-visiting-improving-outcomes-for-children635399078.aspx>.

⁴⁰ Early Head Start Children in Grade 5: Long-Term Follow-Up of the Early Head Start Research and Evaluation Project Study Sample, Final Report. Published by Office of Planning, Research & Evaluation. December 15, 2010.

⁴¹ Retrieved from <http://www.ncsl.org/research/human-services/home-visiting-improving-outcomes-for-children635399078.aspx>.



services, this organization offers weekly, 90-minute home visits and 2 socialization activities per month per family. Services are provided only to pregnant women and families with infants/toddlers. Services are delivered by a paraprofessional who has a minimum of a Child Development Associate credential or Associate Teacher Credential with family services experience.

2. El Sol Neighborhood Educational Center. In collaboration with Healthy Families America and the San Bernardino County Department of Public Health, this organization serves approximately 230 pregnant individuals through 3-month-old infants. The program's objectives are to promote and foster a healthy family dynamic, encouraging participants to work collectively. The agency also developed partnerships with the Parent-Child Home Program and the Home Instruction for Parents of Preschool Youngsters to provide home visitation services that promote school readiness to approximately 360 children.
3. San Bernardino's Department of Public Health administers the California Home Visiting Program, which implements the Maternal, Infant, and Early Childhood Home Visiting Program.

State-Subsidized Programs: California offers a variety of state-subsidized programs for eligible families that are either voucher-based or have direct contracts with community providers. Below is a list of these programs:

California has a vast system of childcare and early childhood support for lower-income families.

A. Voucher-Based Child Care Programs⁴²

⁴² Information derived from <https://www.cdss.ca.gov/inforesources/child-care-and-development/child-care-and-development-programs>.



CalWORKS Stage 1 Child Care: This program provides child care to CalWORKs families when they first become engaged in welfare-to-work activities. The California Department of Social Services administers the Stage 1 Child Care program through county welfare departments. Families can stay in Stage One Child Care until they have been off cash aid for 24 months. In San Bernardino, the Transitional Assistance Department administers this program. Many families that receive CalWORKS Stage 1 Child Care qualify for Head Start through public assistance.

CalWORKS Stage 2 Child Care: CalWORKs families move to this program when the county welfare department determines they are stable. Families can remain in Stage 1 or Stage 2 until they have been off cash aid for 24 months. The CDSS contracts with Alternative Payment Program (APP) agencies to administer Stage 2. The California Community College system also administers small portions of the services in Stage 2 through on-campus centers or vouchers for students. Families may qualify for Head Start at this stage through public assistance; alternatively, families may be eligible based on income.

CalWORKS Stage 3 Child Care: Families that have exhausted 24 months of CalWORKs Stage 1 or CalWORKs Stage 2 Child Care after they have been off cash aid transition to Stage 3 Child Care. This program provides care if funding is available and if the family's income remains at or below 85% of the state's median income. The CDSS contracts with APP agencies to administer this program. With the new Head Start regulation that allows programs to offset excessive housing costs, families receiving stage-three child care may be income-eligible.



Alternative Payment Programs: Alternative payment programs use federal and state funding to provide vouchers for eligible low-income families. Alternative Payment Program agencies help families enrolled in CalWORKs Child Care or CAPP arrange child care services and make payments for those services directly to the child care provider selected by the family. With the new Head Start regulation that allows programs to offset excessive housing costs, families receiving stage-three child care may be income-eligible.

B. Direct Contracts – Title 5 Subsidized Child Care

General Child Care and Development (CCTR): CCTR programs, including CCTR and Family Child Care Home Education Networks, are state- and federally funded programs that use centers and family child care home networks operated or administered by either public or private agencies and local educational agencies. These contractors also provide child development services for children from birth through 12 years of age and for older children with exceptional needs. These programs offer an educational component that is developmentally, culturally, and linguistically appropriate for the children served. The programs also provide meals and snacks to children, parent education, referrals to health and social services for families, and staff development opportunities to employees.

Family Child Care Home Education Network (FCCHEN): The FCCHEN serves families eligible for subsidized care. FCCHEN is a consortium of licensed family child care homes in a community that provides child care and development services, parenting education, and social and health services referrals. CDE funds FCCHENs through the California State Preschool funding. FCCHEN also includes training for childcare providers and their staff, as well as quality assessments of participating licensed family childcare



homes, development profiles for the children enrolled in the program, and support for parent involvement. PSD administers an FCCHEN program in the county.

California State Preschool Program (CSPP): The CSPP is administered by the California Department of Education (CDE). The CSPP provides both part-day and full-day services that offer a core class curriculum that is developmentally, culturally, and linguistically appropriate for the children served. The program also provides meals and snacks to children, parent education, referrals to health and social services, and staff development opportunities for employees. The CDE administers the CSPP via local educational agencies, colleges, community-action agencies, and private nonprofit agencies. The PSD administers a CSPP program by blending funding.

The most recent state data show that over 16,000 children are served in the above-stated programs in the county (Table 18).

Table 18: State-Subsidized Child Count (as of October 2023)

State Program	Enrollment Count
CSPP	7,268
CCTR	379
CalWORKS Stage 2	1,047
CalWORKS Stage 3	4,591
Alternative Payment	3,233
Total	16,518

Of importance, California launched a Universal Prekindergarten (UPK) program, with full implementation by 2025. California State Superintendent Tony Thurmond has outlined key initiatives to transform California's schools, including implementing a universal approach to early learning and incorporating TK and CSPP funding. UPK is designed to bring together multiple funding structures across early learning and K–12, relying heavily



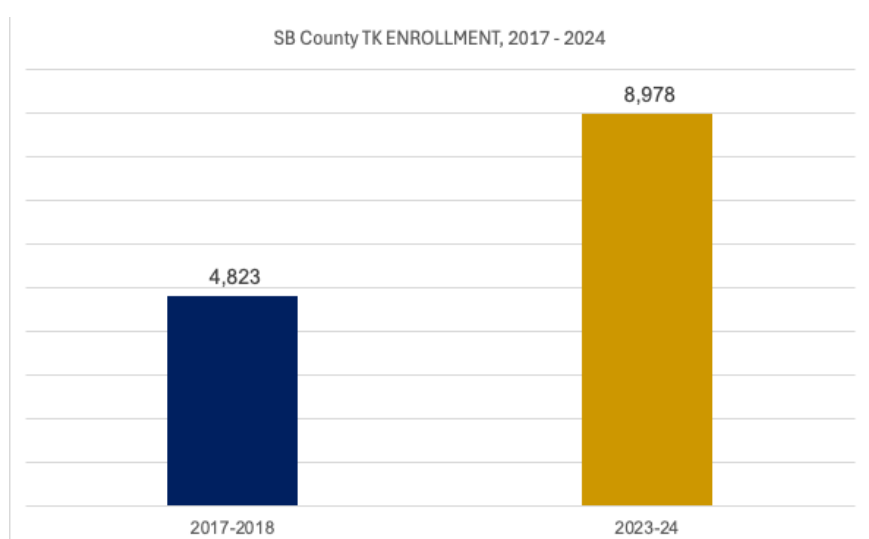
on TK and CSPP to ensure that every 4-year-old child, regardless of background, race, zip code, immigration status, or income level, has access to quality learning experiences before kindergarten. The CDE recommends, but does not mandate, that an LEA offer parents extended learning opportunities, which may be accomplished through partnerships using various funding structures, such as state preschool, Head Start, general child care, etc. By 2025–26, it is expected that UPK will exist for all four-year-old children in California through a mixed delivery system that will bring together programs across early learning and K–12.

Transitional Kindergarten: Age determines TK eligibility. It is available to children whose fifth birthday is between September and December of the academic school year. To serve younger children who used to be eligible for kindergarten – 4-year-olds who turn 5 from Sept. 2–Dec. 2 – California added a new public-school grade called TK. Those children then attend regular kindergarten the following year. Since the last community assessment, the number of

children enrolled in TK has increased by 86%, as shown in Figure 20, which indicates higher competition for PSD for preschool-age children.

Within the PSD's service area there are 32 school districts, most of which offer

Figure 20 Transitional Kindergarten Enrollment



TK services. Understanding which school districts have significantly expanded their TK



enrollment can help PSD strategically partner with them or provide more services to children aged three and younger. Table 19 shows the increases in TK by region, showing that the Mountain Region experienced the highest percentage of TK growth between SY 2018 and SY 2023.

Table 19: TK Enrollment Comparison, SY 2018 and SY 2023

Region	TK Program Participation SY 23	TK Participation SY 18	Increase/Decrease	Percent Increase/Decrease
Central Valley	2,466	1,446	1,020	71%
East Valley	572	398	174	44%
High Desert	2,378	1,285	1,093	85%
Low Desert	239	144	95	66%
Mountain	334	89	245	275%
West Valley	2,108	1,461	647	44%

Table 20 shows each school district with comparison data from SY 2018 and SY 23. The only school districts with significant declines in TK numbers were Yucaipa-Calimesa Joint Unified (over 81% decline), Adelanto Elementary (nearly 10% decline), and Alta Loma Elementary (over 18% decline).

Table 20: TK Cumulative Enrollment Comparison Between SY 2018 and SY 23

Region	School District	TK Program, SY 23	TK Program, SY 2018	+/-, #	+/-, %
Central Valley	Colton Joint Unified	363	290	73	25.17%
Central Valley	Fontana Unified	522	329	193	58.66%
Central Valley	Rialto Unified	511	236	275	116.53%
Central Valley	San Bernardino City	963	560	403	71.96%
Central Valley	SBCOE	107	31	76	245.16%
East Valley	Oro Grande	104	24	80	333.33%
East Valley	Redlands Unified	432	222	210	94.59%
East Valley	Trona Joint Unified	7	2	5	250.00%
East Valley	Yucaipa-Calimesa Joint	29	150	-121	-80.67%
High Desert	Adelanto Elementary	188	210	-22	-10.48%
High Desert	Apple Valley Unified	364	213	151	70.89%



Region	School District	TK Program, SY 23	TK Program, SY 2018	+/-, #	+/-, %
High Desert	Baker Valley Unified	2	0	2	#DIV/0!
High Desert	Barstow Unified	154	92	62	67.39%
High Desert	Helendale Elementary	254	42	212	504.76%
High Desert	Hesperia Unified	613	300	313	104.33%
High Desert	Lucerne Valley Unified	273	45	228	506.67%
High Desert	Victor Elementary	530	383	147	38.38%
Low Desert	Morongo Unified	134	58	76	131.03%
Low Desert	Needles Unified	22	11	11	100.00%
Low Desert	Silver Valley Unified	83	75	8	10.67%
Mountain	Bear Valley Unified	69	21	48	228.57%
Mountain	Mt. Baldy Joint Elem	4	1	3	300.00%
Mountain	Rim of the World	65	34	31	91.18%
Mountain	Snowline Joint Unified	196	33	163	493.94%
West Valley	Alta Loma Elementary	143	175	-32	-18.29%
West Valley	Central Elementary	121	0	121	100.00%
West Valley	Chino Valley Unified	277	123	154	125.20%
West Valley	Cucamonga Elem	67	70	-3	-4.29%
West Valley	Etiwanda Elementary	483	350	133	38.00%
West Valley	Mountain View Elem	150	64	86	134.38%
West Valley	Ontario-Montclair	624	549	75	13.66%
West Valley	Upland Unified	243	130	113	86.92%
	Total	8,097	4,823	3274	67.88%

Parent Schedules

PSD administered a parent survey to obtain information directly from parents and to capture their overall satisfaction with the program. The survey was administered via SurveyMonkey, a global leader in online surveys and supports over 50 languages. It is an easy-to-use tool that allows parents to enter their responses directly into the survey platform. The survey was available to parents in English and Spanish on a computer, tablet, or mobile phone. SurveyMonkey analytics were used to analyze parents'



responses. PSD family service staff were also encouraged to sit with parents to complete the survey, thus ensuring greater access.

Additionally, a survey was mailed to 571 parents on the waitlist, and 79 families responded, resulting in a response rate of 14%. Seventy-nine respondents completed all 15 survey questions. The families seeking care included those with toddlers (50%), preschoolers (46%), and infants (4%). Over 40% of respondents indicated that they had been trying to secure child care for more than 6 months, and 59% had applied to programs other than the PSD.

Most parents of enrolled children (92%) felt that a school day and hours was about the right length of time for their children and that the sites where children are served are close to their residences. The majority of parents (78%) reported that 6 to 8 hours of service would best meet their needs. Only 11% indicated that they needed more than 8 hours, and 9% indicated that three to four hours in the morning would meet their needs.

Of the parents on the waitlist, the primary reason for seeking child care was the need for work or education. The preferred days and hours for child care were Monday through Friday (81%), with a start time before 8 a.m. (29%). Interestingly, 18% expressed a need for both weekdays and weekends. The respondents' primary factors considered when selecting child care included location, cost, quality of care, and availability of slots. Other considerations included special needs support, a caring environment, linguistic and bilingual support, classroom ratios, and safety.



Prenatal Care, Breastfeeding, Low Birthweight, and Infant Mortality

Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Prenatal care is critical for a healthy pregnancy, which can reduce the premature birth rate. Similarly, the Academy of Pediatrics highlights several benefits of breastfeeding for the overall health and well-being of infants, with the primary benefit being a reduction in common infections. Low birth weight is defined as a baby that is born weighing less than 5 pounds 8 ounces, which can cause serious health problems in children, especially with nutrition, weight gain, and infection prevention. Infant mortality is the death of an infant before its first birthday, and the rate of infant mortality is the number of infant deaths for every 1,000 live births, which is an essential indicator of the overall health of a community.

In San Bernardino County, between 2018–2022, an average of 27,504 babies were born each year. However, birth trends show increases in preterm births and low birthweight rates county-wide. Increases in infant mortality rates increased 4% countywide.⁴³ Non-Hispanic White, African American, and Hispanic racial/ethnic groups showed declines in infant mortality during the same period:⁴⁴

- In the Mountain Region, there were 11.1 preterm births for every 100 live births compared to 9.9 preterm deliveries for every 100 births county-wide.
- The Black preterm birth rate was highest in the high desert region (14.6), followed by the valley region (13.5) and the low desert region.

⁴³ <https://experience.arcgis.com/experience/7e171b7e3cbc434ea2aa236829a724f4/page/Home/>

⁴⁴ Ibid for all statistics in the bullets.



- The preterm birth rate was nearly 1.4 times higher amongst Black mothers compared to mothers of any other racial/ethnic group.
- The preterm birth rate was highest among non-Hispanic Black mothers (14.3), followed by Hispanic mothers (9.5), non-Hispanic White mothers (9.0), and non-Hispanic Asian mothers (8.6).
- The low birthweight rate was more than 1.7 times higher among non-Hispanic Black mothers compared to mothers of any other racial/ethnic group.
- The low birthweight rate was highest among non-Hispanic Black mothers (13.7), followed by non-Hispanic Asian mothers (8.5), Hispanic mothers (7.4), and non-Hispanic White mothers (7.2).
- Between 2019 and 2021, infant mortality rates were highest among non-Hispanic Black mothers (10.7), followed by Hispanic mothers (5.2), non-Hispanic White mothers (4.3), and non-Hispanic Asian mothers (2.7).

Children with Disabilities

A local education agency (LEA) is a significant resource for children with special needs. A LEA screens and evaluates all referred children (from birth to age 21) to determine eligibility and identify educational needs. Assessment information provides the basis for an 'individualized education plan' to ensure that an individual receives a free, appropriate public education. Children under the age of three are assessed by Part C services in the state of California. These services are housed in Regional Centers 21 in total throughout the state of California, and we in San Bernardino County are assigned to the Inland Regional Center. Early Intervention Services are outlined, creating an "Individualized Family Services Plan (IFSP)".



Another resource for children with special needs is the county-wide Screening, Assessment, Referral, and Treatment (SART) program. The program includes specialists from different disciplines, such as medicine, psychology, nursing, and occupational therapy, and is designed to serve this specific population. PSD refers children to SART's service locations in the High Desert, Central Valley, and West End. Additionally, the Inland Regional Center (IRC) provides comprehensive case management services to individuals with developmental disabilities. IRC was established to provide advocacy and assistance to the developmentally disabled residing in Riverside and San Bernardino Counties. To qualify for IRC services, a person must live within either of the 2 counties and be diagnosed with a developmental disability.

As of June 30, 2023, the California Department of Education reported that 53,697 children were enrolled in special education. Of these children, 3.7% (1,986) were served in a preschool setting.⁴⁵ Kidsdata.org reports that 4.1% of children have a significant disability. According to the PSD's PIR data, on average, 8% of funded enrollment consists of children with disabilities.

b. Steps taken to prioritize equitable access in selection criteria

The PSD selection criteria undergo a thorough review each year as part of our strategic planning efforts, which encompass both goal setting and the preparation of funding applications. The key factors that influence the decisions regarding the selection criteria are the most recent Program Information Report (PIR) data, comprehensive community assessment, and self-assessment.

⁴⁵<https://dq.cde.ca.gov/dataquest/DQCensus/SPEDEnrLevels.aspx?cds=3610363&agglevel=District&year=2022-23&EL=A&charter=All&Display=Pct&ro=1>



The community assessment is a crucial document, as it highlights families in greatest need of services, mainly focusing on groups that have historically faced marginalization. This valuable information is carefully weighed alongside any relevant priorities established by the Office of Head Start (OHS).

Once the selection criteria have been finalized, the proposed guidelines are presented to both the Board and the Policy Council for their review and necessary approval, ensuring that our approach is aligned with community needs and regulatory requirements.

3. Program Options and Funded Enrollment Slots

Moving forward into year 1 of the 5-year project period, PSD will eliminate all subrecipient relationships and only collaborate with contracted partners. The impetus for this decision was based on exercising greater oversight of the areas for which PSD is responsible.

a. Program option and how the program will ensure compliance with each option

PSD is proposing to provide center-based, home-based, and family child care options, as these have been shown to meet the needs of families over the past 5 years. All program options will be offered through Grantee-operated programming or contracted services. Table 21 details slot allocation based on program options. Table 22 provides details of slot movement from the previous year.

Table 21 Distribution of Slots by Option and Operator

Operated by	Head Start Preschool			Early Head Start			Total per Operator
	CB	HB	CCP	CB	HB	CCP	
Grantee	1,077	3	0	208	93	16	1,397
Contracted Agencies	292	84	0	112	24	130	642
Total per Option	1,369	87	0	320	117	146	2,039



Table 22: Details of Slot Movement

Site	Slot Movement
Amethyst	Moved 24 slots of EHS FD to Adelanto from Amethyst
Adelanto	Moved 24 slots of EHS FD to Adelanto from Amethyst
Baker	Added 16 slots of 233 days 9 hour HSP/CSPP. 13 slots from Rialto Eucalyptus, 3 from Chino
Chino	Removed 3 slots of 233 days 9 hour HS/CSPP. Added to Baker
Rialto Eucalyptus	Removed 13 slots of 233 days and 9 hours HSP/CSPP. Added to Baker
Fontana USD	Removed 16 slots of 233 Day 9 hour EHS/CCTR, added to Arrowhead Grove
Fontana USD	Removed 8 slots of 233 Day 9-hour EHS/CCTR, added to Fontana Citrus

All program options meet the required service hours specified in HSPPS, as identified below:

- Home-Based: Home Visitors conduct weekly, 90-minute home visits and offer 2 socialization activities per month at locations throughout the city. The home-based program targets exceptionally vulnerable families who need intensive family support. By providing 46 home visits and 22 socialization activities per year, home-based services comply with regulations.
- Center-Based: Within center-based services, different options are available for families:
 - *CSPP Blend*: Blended with the California State Preschool Program (CSPP), the 233-day center-based program provides 9.0 hours of service per day, 5 days a week, for a minimum of 2,097 service hours per child annually.
 - *Full-Day Extended*: 175-day center-based program that provides 8 hours a day, 5 days a week.



- *Full-Day:* The 175-day center-based program provides 6 hours of service per day, 5 days a week, with every other Friday off, for a minimum of 1,050 service hours per child annually.
- *Part-Day:* The 175-day center-based option provides 3.5 hours of service per day, four days a week, for a minimum of 612.5 service hours per child.

Ensuring compliance with each option: As noted in the [Ongoing Monitoring](#) section, PSD has a robust tier monitoring system in place to ensure the health and safety of enrolled children and the implementation of sound teaching practices. Supervisors monitor sites and staff, and reports are provided to the executive director. The executive director also makes random onsite visits.

b. Locally Designed Option

PSD is not requesting to offer locally designed options.

c. Program options meeting needs of children in the community (ies)

- The program options for the 2025-2026 program year have been carefully crafted to meet the needs of our families and communities. This process was not just about data analysis but also about listening to our parents and caregivers and understanding their unique situations. Their feedback, along with enrollment data, has been instrumental in shaping these options.
- As noted in the [Parent Schedule Section](#), PSD administered a parent survey with the specific goal of obtaining information directly from parents and capturing their overall satisfaction with the program. The survey, available in English and Spanish, was designed to gather feedback on various aspects of the program, including the quality of care, the suitability of the program hours, and the proximity



of the service sites to their residences. PSD family service staff were also encouraged to sit with parents to complete the survey, thus ensuring greater access. The survey was sent to all parents or caregivers of the enrolled children, and 353 responses were received, a rate of return of 26%.

- Additionally, a survey was mailed to 571 parents on the waitlist, and 79 families responded, resulting in a response rate of 14%. While this response rate may seem low, it is actually quite typical for surveys of this nature, and the 79 respondents represent a diverse range of families. Seventy-nine respondents completed all 15 survey questions.
- The overwhelming majority of parents of enrolled children (92%) expressed satisfaction with the school day and hours, considering it to be the right length of time for their children. This high level of satisfaction is a testament to the careful design of our program. The majority of parents (78%) also indicated that 6 to 8 hours of service would best meet their needs, further validating our program's structure.

d. Enrollment Reductions / Conversions

PSD is not requesting an enrollment reduction or conversions of program slots.

e. Request for proposal process and timeline

PSD provides service directly and through CCPs. All of our partner contracts will expire at the end of this program year. Therefore, we have issued a Request for Proposals on February 18, 2025, to solicit applications from organizations interested in partnering with PSD as Contract Agencies to provide services to children ages zero – to 5 (0-5) through one or more of the following programs throughout San Bernardino County: Head



Start Preschool Full Day Center Based Program; Head Start Part Day Center Based Program; Head Start Home Based Program; Early Head Start Full Day Center Based Program; and Early Head Start Home Based Program. The application is due on March 17, 2025; the review process will occur from March to the end of April, with the expected start date of contracts being July 1, 2025.

While current contractors are urged to apply, they must submit proposals in response to the Request for Proposal (RFP) and be selected to continue providing contracted services after June 30, 2025. There will be no disruption of services to children and families.

4. Centers and Facilities

a. Changes to service locations, including partners

In PY 2025-26, PSD will continue to operate 36 centers, as seen in Table 23. PSD ensures that every classroom complies with or exceeds the requirements of the Head Start Program Performance Standards (HSPPS). Center names with a CA next to the name indicate that a contracted agency operates it.

As stated above, PSD will not operate with delegate agencies. The Easter Seals, the only remaining subrecipient, will compete through the RFP process to become a contracted agency.

Table 23 Centers and Locations

SITE	STREET ADDRESS	CITY	ZIP
Adelanto FD PD State	11497 Bartlett Rd., Ste. A1	Adelanto	92301
Apple Valley FD PD EHS CB HB State	13589 Navajo Rd, Ste. 104	Apple Valley	92308



SITE	STREET ADDRESS	CITY	ZIP
Arrowhead Grove PD FD	1151 N. Crestview St.	San Bernardino	92410
Baker - Muscoy FLC FD PD State	2818 N. Macy St.	Muscoy	92407
Barstow FD PD EHS CB HB State	1121 W. Main St.	Barstow	92311
Chino PD FD EHS CB HB	5585 Riverside Dr.	Chino	91710
Crestline PD FD	22836 Fir Lane	Crestline	92325
Cucamonga PD	9324 San Bernardino Rd.	Cucamonga	91730
Del Rosa PD	2382 N. Del Rosa Ave., #E	San Bernardino	92404
Fontana Citrus PD FD EHS CB HB State	9315 Citrus Ave.	Fontana	92335
Hesperia FD PD EHSHB State	9352 "E" Avenue	Hesperia	92345
Highland PD	26887 5th St.	Highland	92346
Las Terrazas	1176 W Valley Blvd.	Colton	92374
Mill FD PD State	205 South Allen St.	San Bernardino	92408
Northgate FD PD State	17251 Dante St.	Victorville	92394
Ontario Maple FD PD EHSCB State	555 West Maple St.	Ontario	91762
Parks & Recreation PD FD	2969 Flores St.	San Bernardino	92405
Redlands South PD EHSHB	15 North Center St.	Redlands	92373
Redlands Valencia FD PD State	125 Horizon Ave.	Redlands	92374
Rialto Eucalyptus FD PD State	485 N. Eucalyptus Ave.	Rialto	92376
Rialto Renaissance PD	1360 West Foothill Blvd.	Rialto	92376
Twentynine Palms FD State	71409 29 Palms Highway	29 Palms	92277
Upland PD	732 North 3rd Ave.	Upland	91786
Victorville FD PD State	14029 Amargosa Rd., #C	Victorville	92392
Westminster PD FD	720 North Sultana Ave.	Ontario	91764
Willow FD PD State	1432 N. Willow Ave.	Rialto	92376
Whitney Young FD EHSCB	1755 W Maple St.	San Bernardino	92411
Yucaipa PD EHSHB	12236 California St.	Yucaipa	92399
Yucca Valley PD FD EHSCB HB State	56389 Pima Trail	Yucca Valley	92284
Bloomington (CA)	18829 Orange St.	Bloomington	92316
Colton (CA)	471 Agua Mansa Rd.	Colton	92324



SITE	STREET ADDRESS	CITY	ZIP
Needles (CA) HS State	600 Cibola St.	Needles	92363
Easter Seals Montclair (CA)	9950 Monte Vista Ave.	Montclair	91763
Easter Seals Ontario Haven (CA)	2999 S Haven Ave	Ontario	91761
Easter Seals Ontario Phillips (CA)	1102 W. Phillips St.	Ontario	91762
Easter Seals Valley View Infant CTR (CA)	1801 E. 6th St.	Ontario	91764

b. Minor renovations or repairs to facilities if included in the application

PSD does not plan to implement renovations or have any active projects.

c. Facility Major Renovation

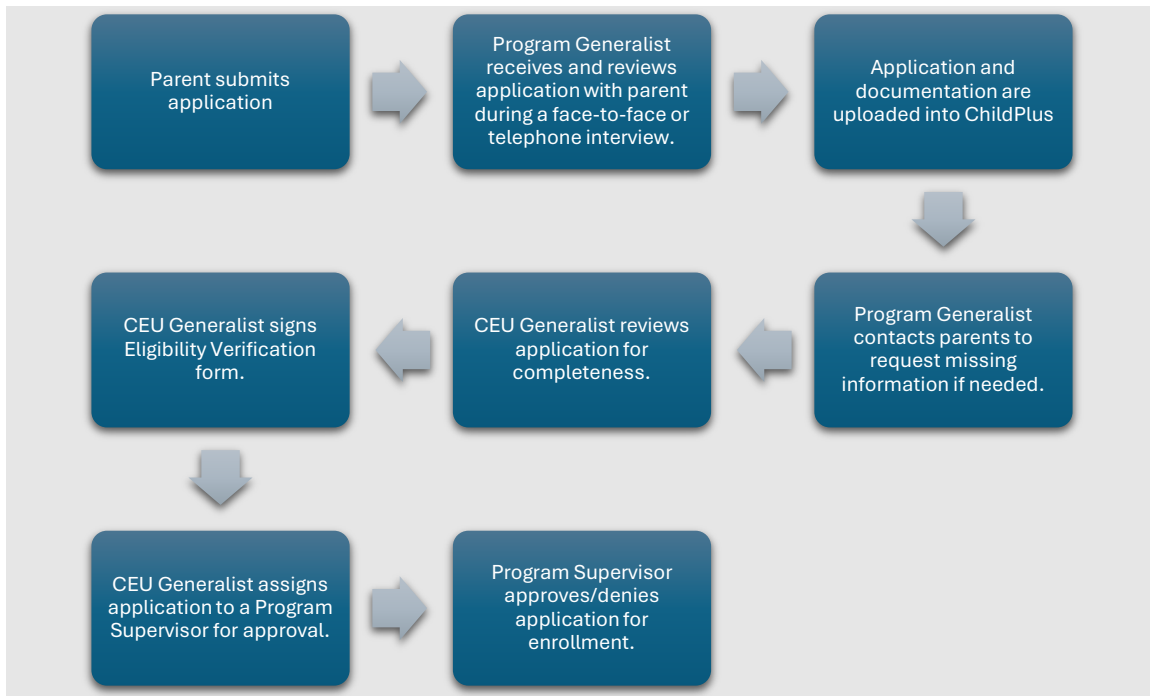
PSD does not plan to implement significant renovations or have any active projects.

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

a. Describe the recruitment process to ensure services are for the greatest need

PSD has a centralized eligibility unit (CEU) that oversees all child recruitment and enrollment. Figure 21 describes PSD's ERSEA process. The current CEU consists of 2 Program Supervisors, 8 CEU Generalists, and 2 Office Clerks. All information is initially tracked in a customized module in ChildPlus (the CEU Eligibility Module); once applications are approved for enrollment, data is transferred to the formal ChildPlus modules.

Figure 21 Centralized Eligibility Unit Process



PSD will continue actively recruiting on a regular basis throughout the program year for the program by canvassing the local community on a weekly basis, working closely with community partners such as the San Bernardino County Transitional Assistance Department (TAD), attending local Health/Resource Fairs and Market Nights within the community, and advertising through social media, radio, newspapers, and mailers. In addition, PSD staff make annual presentations at the following locations:

- Orientation meetings at the Child Care Resource Center
- Children and Family Services (CFS)
- Women, Infants and Children (WIC)
- Transitional Assistance Department

These recruitment activities are intended to assist the program in being fully enrolled throughout the year and to establish a waiting list of eligible families. Recruitment efforts



are focused on pregnant women with the goal of providing continuity through kindergarten enrollment, children with diagnosed disabilities, foster children, children who are homeless, and younger infants/toddlers.

Relationships with existing partners will continue to be built upon to actively recruit children with disabilities, foster care children, and homeless children. PSD will use its collaborative relationships with the Department of Behavioral Health, Child Care Local Planning Council, CFS, Volunteers of America, Inland Regional Center, and Screening Assessment Referral and Treatment (SART) Program as referral sources. Through PSD's Selection Criteria, which is based on a point system, children with identified disabilities and categorically eligible children will be given additional points, therefore ensuring that no less than 10% of the total number of enrolled children have disabilities and children with the greatest need are served. All eligible children are selected based on the Selection Criteria, which has been uploaded into HSES.

b. Describe program strategy to promote regular attendance

PSD has a well-defined attendance policy and procedure, which states that "the purpose of the attendance policy is to encourage full attendance for children, to identify absence trends, prepare data for reimbursement, and comply with regulations." The focus of the attendance policy is to make every effort to help families achieve regular attendance. The attendance policy promotes regular attendance through:

- Communicating with families regularly to support attendance
- Meeting in person with families that are identified as chronically absent or are at risk of becoming chronically absent
- Making reasonable efforts to help families achieve regular attendance



- Providing strategies to remove barriers to attendance
- Analyzing attendance patterns for individual children and on the aggregate
- Sustaining enrollment without removing children from the program
- Documenting all support offered to families and the results of the strategies

Generalists are responsible for monitoring attendance and running the Chronic Absenteeism report in ChildPlus. Parents are contacted within one hour of program absence if the parent has not contacted the center. For children who are at risk of missing more than 10% of the school term, Generalists engage families directly to identify reasons for chronic absences, develop strategies to assist in maintaining regular attendance and provide regular follow-up. If the situation does not improve, the Generalist alerts his/her immediate Supervisor for further analysis and assistance. Cases are elevated to a Manager if chronic absenteeism does not improve, and decisions are then made to create a vacancy if needed.

6. Education and Child Development

a. Center-based and family child care

PSD believes that the earliest years are the most critical time of a child's life as they learn how to trust, find a sense of security, interact appropriately with other people, self-regulate their behaviors and emotions, develop early literacy, math, and science skills, gain self-confidence, share space, and develop verbal and non-verbal communication skills. As such, PSD provides comprehensive, evidence-based services that are built on the key principles of individualization and partnership with parents. To implement its overall CB and FCC education approach, PSD utilizes the *Creative Curriculum for Infants*,



Toddlers, and Two's curriculum for infants and toddlers and the Creative Curriculum for Preschoolers.

The program engages parents in classroom activities as a way to acknowledge their role as the principal influence in their child's education and development, to enhance adult interaction with the children, and to provide parents with learning opportunities for early childhood development and care. Through the implementation of the *Creative Curriculum*, PSD focuses on the 'process' rather than the 'product.' Teachers observe children's learning as they interact with materials; they support learning by following the child's lead. The program emphasizes repeated exposure to concrete experiences with a variety of media in order to continue to construct their knowledge as they become familiar and gain a comfort level with the different properties of the material.

Scope and Sequence of Curriculum: PSD selected the *Creative Curriculum* as its foundational curriculum because its organization and core principles are entirely aligned with the Head Start program's mission to ensure that its participants are ready to learn in school. In addition, it allows for emphasis in each of the following domains: language and literacy development, cognition and general knowledge, approaches towards learning, physical well-being and motor development, and social and emotional development. The *Creative Curriculum* has a series of teaching guides that contain strategies to help teachers individualize activities for children to build upon their learning based on their interests. It is recognized in the field that outcomes for young children improve when there is individualized planning for every child.

The *Creative Curriculum*, for example, provides a roadmap of intentionality for teachers while at the same time providing flexibility for caregivers to respond to the



changing needs, interests, and abilities of infants and toddlers. The key components of the *Creative Curriculum* are understanding child development, creating a responsive environment, knowing what children are learning, balancing caring and teaching, and building partnerships with families—all key elements for assisting children to grow along the developmental continuum.

Evidence of curricula promoting progress toward school readiness: Through the use of the Creative Curriculum, teaching staff understand developmentally appropriate practice and how to create daily routines and meaningful experiences that respond to children's strengths, interests, and needs within the context of warm and nurturing relationships. The curricula are based on a solid foundation of scientifically valid research and theory about the development and learning of young children and incorporate 38 objectives for growth and learning that include predictors of school success. PSD has ensured proper alignment of the Creative Curriculum with HSELOF, the California Foundations, and the DRDP instrument.

Evidence supporting how the curriculum is tied to outcomes for children: A study conducted by the U.S. Department of Defense Education Activity and evaluated by Quality Assist, Inc. in 1999 and 2000 of 10 randomly selected preschool sites using the Creative Curriculum found that children achieved statistically significant child outcome gains in language and literacy skills, early math skills, and social competence directly attributed to the curriculum approach. The Creative Curriculum is based on 5 beliefs that are supported by theoretical and empirical research. These core beliefs serve as the foundation for the Creative Curriculum. They are in line with the early childhood



philosophy of utilizing evidence-based practices that target the development of social skills, communication, and relationship building with parents as partners.

b. Home-based

Parents as Teachers (PAT) is the primary home-based curriculum and is augmented by Partners for a Healthy Baby (PHB), which is primarily used for pregnant women. The home-based program is based on the knowledge that infants and toddlers thrive in all domains when relationships are positive and nurturing. Home visitors encourage parents to develop nurturing, close relationships with their young children by modeling positive behaviors; parents learn how bonding and attachment promote positive development.

Parents as Teachers (PAT): PAT is designed to serve the whole family. It connects parents with needed resources and provides information about the developmental stages of their children while giving them the confidence needed to be good parents. Home visitors also offer age-appropriate activities for the children to ensure they acquire the skills required for pre-kindergarten and kindergarten. Parents repeat or expand on their activities between home visits. By involving parents in their child's education and development, the program promotes family engagement and empowers parents to embrace their role as their child's first teacher and primary nurturer.

The PAT framework is an evidence-based curriculum that seeks to build strong communities, thriving families, and children who are healthy, safe, and ready to learn. It has been approved by the Department of Maternal and Child Health as a curriculum that meets national home visiting standards. A 2006 study of over 7,000 children participating in PAT was conducted in Missouri to determine the school readiness of children entering kindergarten and later in third grade. The study found that children participating in home



visitation programs using the PAT curriculum achieved more significant gains than children who were not enrolled in any program.

Partners for a Healthy Baby (PHB): PHB is a research-based parenting curriculum developed by a multidisciplinary FSU faculty team with expertise in obstetric medicine, early childhood development, psychology, infant mental health, social work, and early intervention.

Using the latest research and clinical guidelines from their respective disciplines, the faculty team compiled evidence-based strategies for home visitors to use with expectant and new families. The PHB curriculum covers:

- Planning effective home visits.
- Promoting healthy birth outcomes.
- Supporting parenting skills for optimal bonding, attachment, and responsive caregiving.
- Teaching parents ways to facilitate their child's development.
- Detecting early signs of health or developmental problems.
- Addressing complex topics with families.
- Supporting mom's physical and emotional health, encouraging dad/partner involvement, and promoting healthy nutrition and exercise habits for the whole family.
- Helping families with caring for a new baby, understanding the baby's development, and providing information about how babies learn through play.

c. Developmental Screenings and Assessments



PSD utilizes the DRDP as a valid and reliable assessment tool. Children's DRDP assessments are completed three times a year; data is inputted and aggregated into the Learning Genie application. Learning Genie allows PSD to document observations, develop individual goals for children, and constantly engage families in their child's development. PSD is able to aggregate and analyze the data results of the assessments by agency, site, classroom, and individual child levels. Education staff examines the individual learning gains made by children and plans activities to strengthen areas that need improvement.

Teachers are able to individualize instruction for each child and develop goals, which are established and updated at least twice a year. At the site level, each site establishes goals three times a year; site goals aid in identifying training needs for staff, supplies needed to enhance education, curriculum review and selection, and the agency's overall focus on professional development for staff. As needs are identified, the information is shared with parents and the community to assist in the creation and implementation of action plans towards the successful completion of goals. All improvements are implemented to ensure that families and children are thriving.

The teaching and support staff use data collected from observations, research-based developmental screenings (ASQ-3 & ASQ:SE-2), and DRDP to develop individual goals for the children. Parent input includes information from the child's history profile, medical history, school-to-home activities, home visits, center conferences, and telephone conversations. Parents are provided with their child's DRDP data during Home Visits and Center Conferences and provide input into establishing their child's individual goals. This



allows teaching staff to plan activities in each DRDP domain that offer opportunities for the children to achieve their goals.

PSD uses a 5-step process to individualize the educational goals for each child:

- Step 1: Information Gathering—Teaching and support staff use observations, Ages and Stages Questionnaires, developmental screenings, and DRDP. Parent input is derived from the child's history profile, medical history, home visits, center conferences, ongoing communication, and telephone conversations.
- Step 2: Goal Writing - Teachers set goals for each child based on the information gathered. Goals are updated a minimum of three times a year and reviewed with parents at home visits/center conferences and/or as goals are achieved.
- Step 3: Planning Activities – Teaching staff implement activities on lesson plans to assist children in meeting their goals.
- Step 4: Ongoing Observations—Teaching staff continually observe and record the children's behavior and progress toward their goals, which they record in the DRDP portfolios.
- Step 5: Updating Goals—As the children master their goals, the teacher initiates a discussion with parents to set new goals. Once new goals are established, the teacher plans appropriate activities to support them.

Screening: PSD uses the Ages & Stages Questionnaires, Third Edition (ASQ-3), and the Ages & Stages Questionnaire: Social/Emotional (ASQ: SE-2), which parents, with the support of teaching staff, complete. The ASQ-3 provides information in 5 major developmental areas: communication, fine motor, gross motor, problem-solving, and personal-social. Overall, the ASQ-3 assists teaching/home visiting staff to:



- provide a quick and easy way to help parents notice their child's growth and development.
- celebrate what the child can already do.
- identify potential developmental and social-emotional concerns.
- help to support the child's development and school readiness.
- help to identify potential concerns that may need further support.

The ASQ-3 and ASQ: SE-2 reflect a high degree of accuracy—high sensitivity and specificity, strong test-retest and inter-rater reliability, and substantial content, construct, and concurrent validity. The Questionnaires provide an accurate assessment of skills that are critical predictors of school readiness and subsequent success, including physical development, language, academic/cognitive, self-help, and social-emotional skills.

Teaching/home visiting staff and parents complete the ASQ-3 and ASQ: SE-2 within 45 days of each child's enrollment in the program. The screening is utilized to identify the strengths and needs of children for individualization. If the ASQ-3 scores fall one standard deviation below average or in the monitoring range, a child is re-screened or assessed 2 or 3 months after individualization and targeted support have been initiated. If the ASQ-3 scores fall 2 standard deviations below average or in the referral range, a child is referred to the Special Education Specialist for further action, including specific modifications and adaptations and referral to the local education agency (LEA) or Part C program. If the ASQ: SE-2 scores fall above the cutoff, a referral is made to the Behavior Health Specialist. If the ASQ: SE-2 scores fall in the monitoring zone, a child is closely monitored. If the ASQ: SE-2 scores fall below the cutoff, the child continues to be exposed to a



research-based curriculum and universal social-emotional support for ongoing growth and development.

During initial enrollment, PSD performs a Dual Language Assessment to identify the family's preferred language and set goals for dual language learners. This information is shared with staff to ensure tailored support. PSD employs bilingual case managers and instructional staff, providing materials in the families' languages. Most PSD children are bilingual, so teachers use Spanish versions of DRDP screening tools and deliver lessons in the child's primary language. All documents are translated into English and Spanish.

d. Opportunities for parents and families to engage in their child's education

Parents are encouraged to participate in their child's learning continuously. Parents work with teaching staff to complete the ASQ-3 and ASQ: SE-2 at the beginning of the Program Year (PY), typically during the first home visit. The results of the screeners are shared with parents during home visits and the first conference. During the first home visit, teaching staff work with parents to determine the initial goals for their children. Information that is taken into consideration is the current developmental level, strengths and/or areas of improvement for the children, and the family's expected outcomes for their child. Throughout the program year, teaching staff continues to meet with parents during subsequent parent-teacher conferences and home visits where progress on the initial goals is reviewed and new goals are set for children.

Through continuous engagement with parents and the PC School Readiness Committee, PSD diligently gathers valuable feedback on selected curricula and



instructional materials. Parents are encouraged to provide detailed insights regarding their child's unique needs and development. This essential information is thoughtfully incorporated into the lesson plans, ensuring a tailored and responsive educational approach that addresses each child's strengths, challenges, and learning objectives.

7. Health

A cornerstone of the Head Start program is the comprehensive services provided to children to ensure children are ready to learn and families are prepared to support them in the learning process. PSD is committed to providing high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness as well as support their social-emotional well-being. Below is a description of our health services systems to help children and families thrive.

Based on enrollment data from 2019–2023, most PSD children, on average, had health insurance and a medical home and were immunized. EHS ensured full immunization (87%) of the cumulative number of enrolled children as of February 2025, which demonstrates progress from previous years' progress. However, the PSD faced challenges in previous years in providing up-to-date well-child exams, as only 81% of HSP and 38% of EHS/CCP children had up-to-date well-child exams over the four years. Table 24 reflects PSD's health services data as of February 2025, which are much higher than the average for the previous project period.



Table 24: Health Services Progress

Category	HSP	EHS
Immunizations	100%	86%
Physical Exams	98%	75%
Hearing	95%	78%
Vision	98%	85%
Dental	92%	85%

a. Meeting oral health, nutritional, mental health and social-emotional well-being

Health Services: During the application process, PSD begins working closely with families to obtain comprehensive immunization information. According to state law, children must present proof of immunization before they can start classes. However, PSD accommodates children who may be missing one or more required doses under certain conditions. Specifically, if a dose is not currently due, PSD will admit the child with the understanding that the required immunizations will be completed promptly. This process occasionally results in a delay before the child can officially begin attending class. Throughout this period, PSD staff assist families in ensuring that all immunizations are up-to-date, providing guidance and support to navigate any challenges that may arise in meeting these health requirements.

At the time of initial enrollment, PSD Program Generalists determine whether a child is up-to-date on preventive and primary health care, including medical, dental, and nutrition. PSD Program Generalists review the following documents in conjunction with parents: Medical History Profile, Oral Health Form, Immunization Record, Lead Poisoning Questionnaire, TB Risk Questionnaire, and Nutrition Survey. A medical assessment, well-baby check, insurance status, medical/dental home, Tuberculosis (TB), and initial dental questionnaire are required of all children within 30 days of enrollment into the program.



Within 45 days of enrollment, the growth assessment, hearing, and visioning screening are completed, and within 90 days, the blood lead, dental screening, and hemoglobin are completed. All children ages 12 months and 24 months are screened for lead. If the child is not screened by the time they are 5 years of age, PSD ensures that screening is completed prior to their transition out of the program.

These screenings are incorporated into the educational lesson plans. PSD Program Generalists work closely with parents to develop a follow-up treatment plan for all children with identified health, dental, or nutrition concerns, including assisting parents with scheduling doctor appointments. PSD Program Generalists and Health Education Specialists work closely with parents to develop Individual Child Health Plans for any child needing special accommodations for medical, dental, or nutrition needs. Health Education Specialists provide teaching staff with strategies to incorporate into their daily routines to accommodate children's individual needs.

PSD allows medication at its centers for children with special health needs. The Health Specialist must approve all medication plans before the child starts class, and only authorized staff can administer the medication. Parents must provide consent and attend a meeting to document and submit medication, and the Generalist will notify the Health Specialist to review the documents.

PSD is continuing to expand the number of health-related MOUs in an effort to increase onsite access to screenings and parent health education. A new MOU was established in 2024 with Park Tree Community Health Systems, which provides additional preventive oral health screenings to enrolled participants.



Oral Health Services: As with other services provided to pregnant women, infants, and toddlers, prevention and early detection is the foundation for good oral health, and staff receive training on how to incorporate best dental practices into activities. Currently, mobile dental units are scheduled a minimum of 2 times per year and provide dental screening to all children, as well as dental cleaning, sealant application, and fluoride treatment as appropriate with parental consent. In addition, in collaboration with the Public Health Department, PSD has school based health services at 2 of our sites, Ontario Maple and Apple Valley, where dental services are available. Oral health literacy, education, and promotion are also provided to families. In addition, tooth brushing occurs at least once per day in conjunction with meals after breakfast and lunch; for infants, oral health includes wiping off the gums, and for toddlers, rinsing is instituted.

Nutrition Services: Given that the results of PSD's most recent community assessment demonstrate that eligible children have a higher propensity of being overweight and obese, PSD's nutrition services begin at enrollment. The Nutrition Survey completed during enrollment is designed to capture information on children's nutritional needs, including special diets, allergies, cultural preferences, and medical conditions. The PSD Program Generalists and the Nutritionist offer parents nutrition counseling if their child has been identified as having specific nutritional needs. The Nutritionist works with staff to accommodate special diets throughout the program. Family-style meal settings are encouraged to extend the learning of self-help, social-emotional, gross motor skills, and language development. PSD complies with the USDA Child and Adult Care Food Program (CACFP) and, as such, provides children with the required meal allowances.



An example of PSD's focus on child health improvement is our performance measure of healthy BMI. Our goal is to achieve a 60% overall improvement by moving children into the next healthy BMI category. We collaborate with parents to educate them on designing healthy meals and work with our nutritionist to provide personalized nutrition plans for

In PY 2022, PSD achieved a BMI reduction rate of 66% and 73% in 2024.

each child. This year-long initiative has successfully exceeded the 60% goal over the past four years. Since PY 2022, we have set an ambitious target to reduce the Body Mass Index (BMI) of children by 60%. We are proud to report that we exceeded this goal, achieving an actual BMI reduction rate of 66% and 73% in 2024. This significant progress not only demonstrates our commitment to health and wellness initiatives but also reflects the effectiveness of our strategies in promoting healthier lifestyles within our community.

Mental Health Services: Research on toxic stress now indicates that the interaction between genetic predispositions and sustained, stress-inducing experiences early in life can create an unstable foundation for mental health that persists into adulthood. The emotional well-being of young children is connected to the functioning of their caregivers. Therefore, the emotional and behavioral needs of vulnerable children are best addressed through coordinated services that focus on their entire environment of relationships, including parents. As such, PSD has developed a comprehensive plan to provide timely mental health services to children enrolled in the program. PSD uses the Ages and Stages Social/Emotional Questionnaire (ASQ:SE-2).

Pre-screening is conducted with parents to discuss their child's social-emotional needs during the enrollment process. This initial questionnaire serves as the foundation



for assisting parents with developing specific strategies for children to be used in the provider's care setting and the child's home. Parents complete the screener within 45 calendar days of enrollment into the program, with assistance from teaching staff. Program Generalists collect, review, and score the ASQ:SE-2 to determine if a child has a social-emotional concern.

Additionally, each classroom implements the *Second Step* curriculum supported by the Behavior Specialist. Second Step is a classroom-based social skills program for students in preschool through junior high (ages 4–14 years). It is rooted in social-emotional learning (SEL) and aims to transform schools into supportive, successful learning environments. The program is designed to help children develop the attitudes, values, and skills needed to succeed in school.

If concerns are noted, Program Generalists refer the family to the Behavior Specialist for further evaluation and follow-up services. More severe immediate need referrals to the Behavior Specialists are reviewed at the Interdisciplinary Team meetings, during which case reviews are conducted to address concerns and special needs of children. Marriage and Family Therapy interns from California Baptist University provide services to children with significant social-emotional needs. Mental health services focus on providing families with the skills necessary to reduce the toxic stressors that can impact the child's developing brain.

In addition, PSD administers the Preschool Building Blocks to Success (BBS), which is funded by the Department of Behavioral Health to screen, assess, and serve children under the age of 5 with self-regulation and social-emotional challenges. BBS consists of four main intervention components (teacher classroom management, parent training,



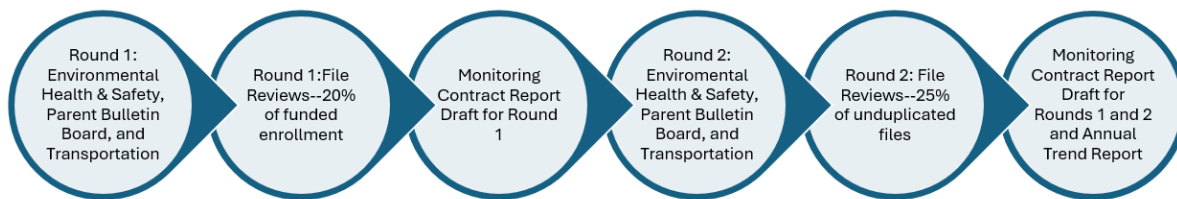
preschool mental health, and preschool trauma treatment) that are staffed by Marriage and Family Therapy Interns trained in Theraplay. Theraplay is a dyadic child and family therapy recognized by the Association of Play Therapy as one of the seminal psychotherapies for children. Developed over 50 years ago and practiced around the world, Theraplay was created for any professional working to support healthy child/caregiver attachment. Strong attachment between the child and significant adults in their life is considered the basis of lifelong good mental health as well as resilience in the face of adversity. Our children experiencing bereavement and loss are offered the L.I.G.H.T. Program (Living in Grief Healing Together), a group facilitated by Mental Health professionals. This program provides services as needed to assist children and families in processing trauma, loss, and grief. The L.I.G.H.T. group is offered to children and their caretaker(s). This could include the death of a loved one, divorce or separation, homelessness, foster care, etc. If children are not capable of sufficiently regulating group activity, they may be placed in a separate, smaller group to meet their needs. Group sizes range from 2 to 8 children. Modern brain research and neuroscience indicate that attachment is the way in which children come to understand, trust, and thrive in their world. The interns engage parents and children in the classroom and at home, providing strategies and resources based on individual needs. They work closely with the teaching staff in modeling and providing positive discipline to children. MFT Interns implement strategies for DRDP domain goals. All of our Mental Health therapists are certified in Theraplay and are equipped to implement during group and individual sessions.

The teacher classroom management is focused on strengthening teaching and classroom strategies, promoting children's pro-social behavior and attentiveness, and

school readiness. The intervention focuses on the way teachers can effectively collaborate with parents in order to support parents school involvement and promote consistency from home to school. Parent component uses a series of activities focused on strengthening parenting competency and on fostering parent involvement in children's school experience in order to promote children's academic and social competency

b. Timeline for screening health and safety environments

Figure 22 Health and Safety Screening



PSD completes the HS Screeners within 45 days of the class start date for all sites and FCCs, as depicted in Figure 22. Because there are many classrooms/sites with different start dates, the initial health and safety screeners are conducted between July and September, with a follow-up screener in December. In addition to the health screener, ongoing monitoring activities occur based on the 3-tier monitoring system. The Maintenance team conducts ongoing monitoring of Facility Site Environmental Safety Assessments every December, April, and August.

8. Family and Community Engagement

HSPPS 1302.52 mandates that programs must engage in a family partnership process, which includes creating a family partnership agreement and conducting the activities outlined in this section to support family well-being. This includes ensuring family safety, health, and economic stability, all of which contribute to child learning and development. As of January 17, 2025, a total of 1,275 families had active Family



Partnership Agreements. Additionally, every program is required to assess parents' needs and offer the necessary services at the time of enrollment. Table 25 provides a four-year average of the types of services offered to families. The most commonly provided services by PSD include health education, parenting education, adult education, child screenings, monitoring child progress, and facilitating transitions.

Table 25: 4-Year Average of the Type of Family Services Provided

	HSP %	EHS %
Emergency or Crisis Intervention	10%	8%
Housing Assistance	4%	3%
Mental Health Services	6%	2%
ESL Training	4%	3%
Adult Education	17%	7%
Job Training	8%	3%
Substance Abuse Prevention	0%	1%
Substance Abuse Treatment	0%	1%
Child Abuse and Neglect Services	0%	0%
Domestic Violence Services	0%	0%
Child Support Assistance	1%	0%
Health Education	28%	14%
Parenting Education	19%	13%
Relationship or Marriage Education	2%	2%
Asset Building Services	8%	3%
Child Screening, Progress, Transition	25%	22%

a. Key program strategies for building trusting relationships with families

PSD's parent engagement services are based on establishing a foundation of trust with families, starting from a parent's initial interactions with the program. Early childhood research findings demonstrate the correlation between effective parent engagement and



positive child well-being. PSD strives to forge relationships that support overall family well-being, strong parent-child relationships, and ongoing education by engaging parents in all aspects of their child's learning and health experience. PSD treats families as active partners in their child's success and creates systems to support the role of parents as the primary educators of their children.

PSD recently established the PFCE Program Manager position, recognizing the critical need to enhance support and efficiency in Family and Community Engagement. Through a comprehensive analysis, PSD identified the necessity for restructuring within the Parent Family and Community Engagement Unit to better align with our mission of improving children's well-being, empowering families, and strengthening communities. Family engagement is pivotal to the success of Head Start programs.

For the PY 25-26, the Program Generalist classification will be restructured to increase family-focused responsibilities to increase communication, parent-staff relationships, and trust. It is expected that this classification restructuring will be effective July 2025. This change will not increase the number of positions but may reduce staff caseloads.

b. Activities to support parent-child relations, child development, and literacy

Throughout the implementation of the curriculum and individualized activities, parents are engaged in every aspect of their child's development. Parents are given opportunities to learn about their children's various interest areas and are provided strategies for identifying their developmental progress. Through the initial screening of children and ongoing assessment through observation, parents are provided opportunities to share their observations of their children's development and learning.



Parents are also encouraged to volunteer in classrooms to observe and participate in appropriate adult-child interactions. In addition, teaching staff provides 'school-to-home' activities that are developmentally and linguistically appropriate so parents can work with their child in their home to reinforce their individual child development goals. The PSD Generalist provides a variety of workshop opportunities to further support parents in their role as their child's primary teachers. Workshop topics may include Child Growth and Development, Positive Parenting, Nutrition for Children and Families, Behavior Modification, and the Importance of Reading to Your Child. Program Generalists also offer an 8-10-week family literacy class, "Storytelling," for interested parents. The goals are to establish a family reading program in the home, help and support parents in their roles as primary teachers for their children, encourage and increase parents' adult literacy skills, and ultimately prepare children for success in school and life.

Families in the service area demonstrate a great need for financial stability and gainful employment. Many of these families live in extreme poverty or have inadequate employment. PSD has established a comprehensive financial literacy program to continue to support family self-sufficiency. Parents are encouraged to set economic family goals in their Family Partnership Agreement, which is established with each parent within 30 calendar days of enrollment into the program. PSD Program Generalists assist families in seeking more meaningful employment and/or enrolling in education programs to enhance their employability skills. PSD also has an apprentice program, which provides hands-on training in administrative support, custodial services, food service, and child development. Participating parents gain meaningful experience, receive educational units, job application assistance, and priority hiring consideration.



Bilingualism Support: At the initial enrollment interview, PSD conducts a comprehensive Dual Language Assessment with families. This assessment helps determine the preferred language of the family and sets specific goals for the children as dual language learners. The collected information is then shared with educational and generalist staff to ensure cohesive and tailored support for the families. To effectively accommodate diverse linguistic needs, PSD employs case managers and instructional staff who are fluent in the families' languages, and they provide materials in these preferred languages. This holistic approach ensures that linguistic diversity is both respected and nurtured throughout the child's educational journey. For example, a monthly newsletter is published by the instructional team and is provided to families in multiple languages, ensuring clear communication and inclusive engagement.

c. Selected research-based parenting curriculum to engage parents

As a part of our apprenticeship program, PSD implements the National Family Development Credential® Program (FDC), which is a professional development course and credentialing program for frontline family workers to learn and practice skills of strength-based family support while working with families. FDC courses are offered to frontline family workers from a wide range of government, private, and not-for-profit agencies, as well as businesses and large corporations. The FDC helps family workers better assist families across their life span, including families with young children, teen parents, retired people, people with disabilities, and many other groups. PSD not only certifies staff in FDC but also offers the credentialing program to parents interested in becoming generalists to work with families. Parents who complete the course and obtain



the FDC certificate are eligible to apply to be a generalist at PSD or a family support worker with any Head Start agency.

d. Strategies for family partnership services

The Family Partnership process commences at the application stage. PSD uses the Head Start Parent, Family, and Community Engagement Framework to adopt a comprehensive family approach. A comprehensive family approach:

- Supports: Strong relationships between parents and their children; family well-being; and continuous learning and development for both parents and children.
- Recognition: Acknowledges the parent as the child's primary educator.
- Engagement: Focuses on engaging both children and their parents in activities supported by community resources.

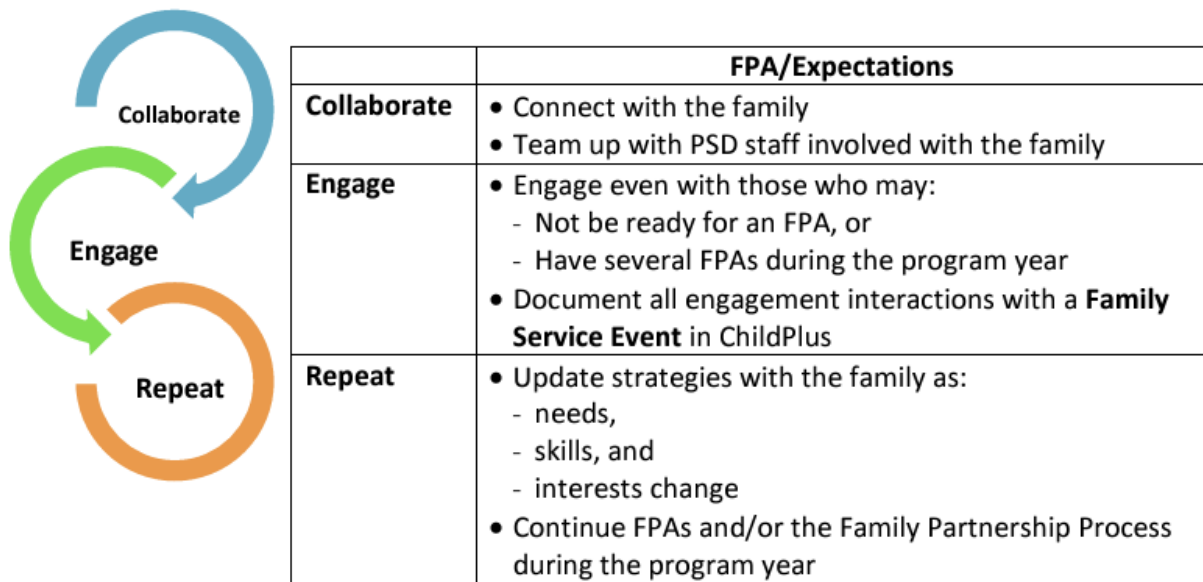
The outcome measures underpin a dual-generational approach to stabilizing families for future generations. The seven Head Start Parent and Family Community Engagement outcomes assist in building family strengths by identifying each family's interests, needs, and goals.

In collaboration with the parent, the Generalist will complete the Family Services Assessment (FSA) tool during the application process, ensuring the final document is ready within 30 calendar days of enrollment. The FSA tool identifies the family's strengths and needs within the outcome measures. The Generalist calculates a score based on the family's responses to the FSA questions, facilitating a discussion regarding their needs. Scores are categorized as follows: 40 indicates "thriving," 41-80 indicates "safe," and 81-120 means "at risk." A higher score reflects a greater family need. The Generalist or Home Visitor collaborates with the family based on the scoring, providing resources and/or

referrals according to the responses and discussions. Families are encouraged to engage in educational activities throughout the year.

For emergency issues such as food, shelter, clothing, and proximity to domestic violence, referrals are initiated within 24 hours, with follow-up occurring within 48 hours of the referral. Support continues to guide the family towards self-sufficiency. The first review of the FSA is completed within 180 days by the Generalist and the Home-based Visitor, and subsequently on a quarterly basis. All data and notes on family engagement are tracked in the Child Plus data system. Figure 23 details PSD's expectations of staff to ensure that the Family Partnership process is continuous.

Figure 23 Family Partnership Process and Expectations





e. Community partnerships that facilitate access to services or resources

To meet the PSD's community needs, it has developed strong partnerships that help coordinate services for low-income families and children. These strategic partnerships include those listed in Table 26.

Table 26: List of Community Partners

Community Partner	Comprehensive Services Provided
First 5 San Bernardino	Provide funding to FCC-CCPs for coaching
Inland Regional Center	Through an inter-agency agreement, the IRC provides early intervention and preventive services to children suspected and identified as having a disability.
California Baptist University	Through a formal partnership, graduate and undergraduate psychology students provide supportive mental health services.
Department of Behavioral Health	Through a Memorandum of Agreement, the DBH funds the Prevention and Early Intervention Services—Building Blocks to Success—provided by the Mental Health Consultant and her MFT interns. These services are instrumental in working with children, families, and providers to identify strategies to assist with challenging behaviors.
Department of Public Health (DPH)	Through an inter-agency agreement, the DPH supports school-based services.
Azusa Pacific University	Internship Program - Nursing
Barstow Community College	Internship Program - Ece/Cd
California Baptist University	Internship Program
California State University San Bernardino	Internship Program
Chance Project - Pathways Networks	Family Assistance
Children and Family Services	Provide Preschool Services to Foster Children
Department of Aging and Adult Services	In-Home Supportive Services for Eligible Children
Hearts & Lives	Early Identification and Intervention Services
Hope Through Housing Foundation	Exchange Limited Student Information
Loma Linda University Occupational Therapy	Occupational Therapy Program
Morongo Basin Healthcare District	Dental and Preventive Services
Park Tree Community Health Center (Pomona Community Health Center)	Dental Services
San Bernardino County Superintendent of Schools	Education Services
San Joaquin Valley College	Internship Program
Transitional Assistance Department	Home Visiting Program (HVP) & Work Experience Program
UCR	Internship Program
WestEd	Early Learning Training



9. Services for Children with Disabilities

PSD believes that prevention and early intervention is the best approach to supporting families with young children with developmental delays. Thus, children with suspected disabilities are identified at enrollment or while enrolled in the program. As of June 30, 2023, the California Department of Education reported that 53,697 children were enrolled in special education. Of these children, 3.7% (1,986) were served in a preschool setting.⁴⁶ According to the PSD's PIR data, on average, 8% of funded enrollment consists of children with disabilities. In 2024-2025, 6% of PSD enrollment were children with disabilities.

a. Ensuring full participation

At enrollment, procedures are implemented to identify and refer children with suspected delays in a timely manner. Parents provide information about their child, including the identification of known or suspected disabilities. Children with known or suspected disabilities are immediately referred to the Special Education Specialist, who contact parents and the referring agency to develop a plan for the child's enrollment and placement. In addition, the Special Education Specialist provide individual or group training for teaching staff so they are better able to meet the special needs of each child.

During the first 45 days of school, children are screened with the ASQ-3 and the ASQ:SE-2 tools, as indicated previously. If a developmental or behavioral concern is identified, individualized strategies are provided to incorporate into the curriculum and to

⁴⁶<https://dq.cde.ca.gov/dataquest/DQCensus/SPEDEnrLevels.aspx?cds=3610363&agglevel=District&year=2022-23&EL=A&charter=All&Display=Pct&ro=1>



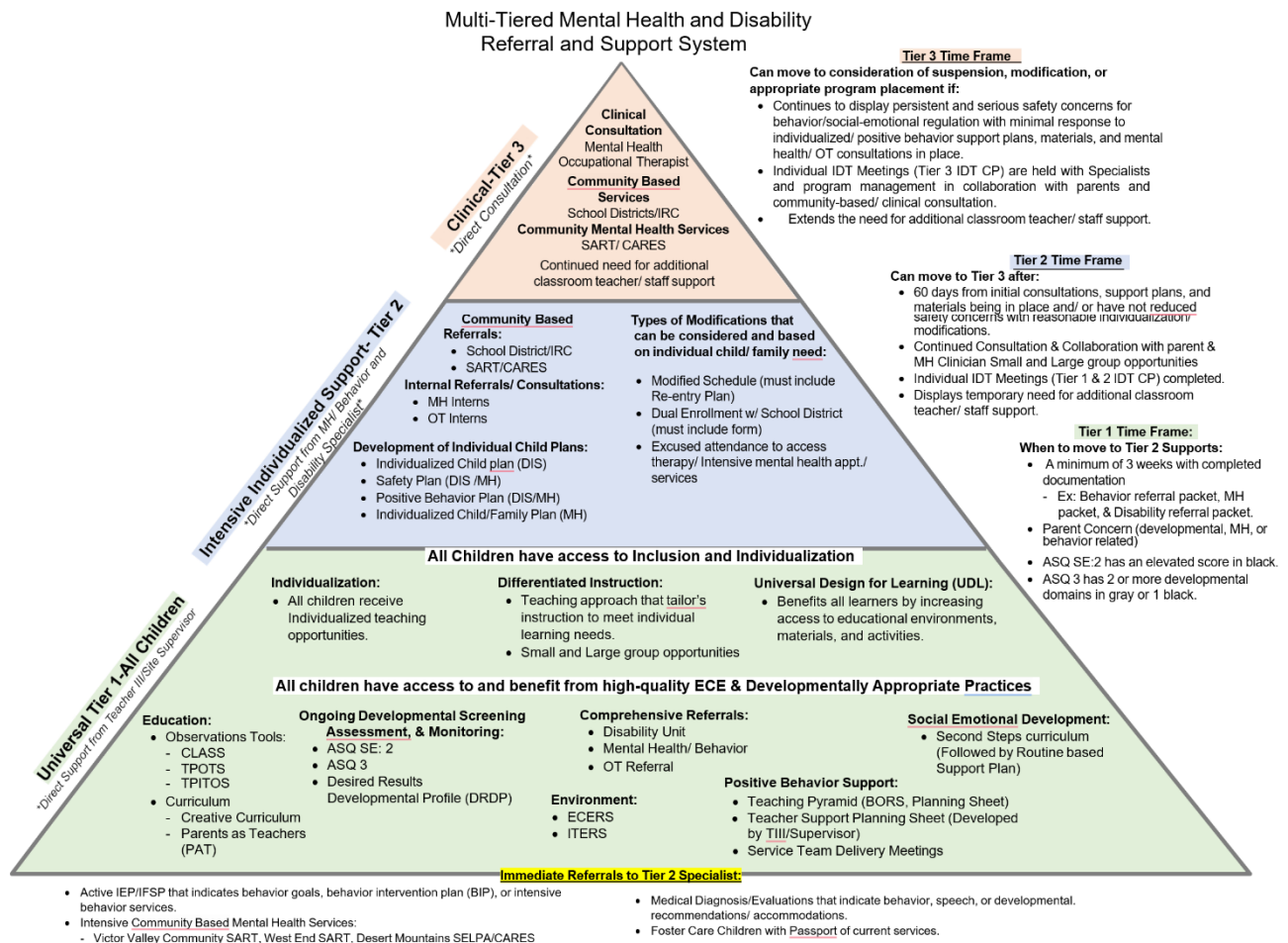
utilize at home in order to give the children opportunities for success. Children are re-screened within an established timeframe based on their concerns to determine the effectiveness of the intervention strategies. If the intervention strategies are effective, teaching staff continue to support children through individualization in the lesson plans. If the intervention strategies are not effective, then the child (with parent consent) will be referred to the Local Education Agency (LEA) or the Part C provider for further evaluation.

Positive Behavior Support plans are collaboratively created for children with social or emotional concerns, and interventions may include specialized materials, environmental assessments, and individualized support from Special Education and Behavioral Specialists. Teaching Pyramid training was offered to all sites to enhance social-emotional development. Additional interventions may involve family mental health support, occupational therapy, and therapy provided by clinicians. If interventions are ineffective, children are referred to their LEA or Part C provider. PSD collaborates with 22 school districts and the Inland Regional Center to ensure timely services.

PSD Multi-Tier Support System for mental health and disabilities (Figure 23) was established for clear referral and support guidance for teachers. Our Multi-Tiered Mental Health and Disabilities Support System has been recently updated to improve our referral processes and provide a visual resource for our staff. These systems have been created to reflect a layered system of support. The first layer encompasses services that are universal and applicable to all children in our program. The second layer focuses on identifying individualized support for children who require more personalized assistance, including individualization for children

based on their IEP or IFSP goals. Finally, the tip of the pyramid represents children who need clinical support, including mental health, occupational therapy, and community-based services. This visual has significantly increased clarity for our staff, making them more likely to reach out, implement, and request support systems.

Figure 24 Infographic 1: Tiered Intervention Pyramid





b. Ensuring the individualized needs of children with disabilities

PSD collaborates with the Local Education Agency (LEA) to develop an Individual Education Plan (IEP) for preschoolers or an Individual Family Service Plan (IFSP) for infants and toddlers. Following the creation of a child's plan, the instructional staff formulates the child's individualized learning plan. Additionally, we work in partnership with the LEA to provide dual enrollment for children who may require therapies or interventions exclusively available through the LEA. Utilizing the Creative Curriculum, teaching staff are equipped to understand developmentally appropriate practices and to design daily routines and meaningful experiences that cater to children's strengths, interests, and individualized needs within the framework of warm and nurturing relationships.

The Special Education Specialists train instructional staff, support the development of various activities to allow children to progress toward their goals, and provide individualized coaching based on staff needs. The teaching staff and Specialists work closely with parents to ensure connectivity between the child's care setting and the home environment. The program generalists work with the family to ensure that additional services are obtained in a timely manner and that the child and family have the necessary resources to support positive outcomes for the child.

While some children do not go through the IEP/IFSP process, assessments do show where children require additional interventions or support. The Special Education Specialist will support instructional staff in developing individualized child plans for these children. These plans may include a safety component or positive behavior component depending on the challenges the child may be experiencing.

10. Transition

The partnership between parents and the program begins with recruitment and continues throughout the enrollment process and the school year (Figure 25). Effective transitions involve moving children and their families from Early Head Start to Head Start or another community childcare program and then from Head Start to Kindergarten. This plan encompasses various aspects such as kindergarten expectations, meetings with receiving institutions and sharing health and assessment documents with parents as needed. Kindergarten expectations (attendance, academics), meetings with the receiving institution, and copies of health and assessment documents to parents that may be shared as parents deem appropriate.

Teachers, Home-Based Visitors, Generalists, and parents collaborate to facilitate

Figure 25 Overview of Transition Process



a smooth transition from Early Head Start to Head Start or another program. Staff utilize different strategies to help parents understand their child's progress and provide academic, social, and emotional support. The transition plan considers the child's developmental level, family progress, and changing circumstances, and the PSD actively collaborates with agencies like the San Bernardino County Probation Department, Foster Care Agencies, and High Schools to identify and recruit pregnant mothers in need of support. This collaborative effort ensures that PSD reaches out



to pregnant women across different community settings, providing them with the necessary resources and services to promote their health and well-being.

a. To and From Early Head Start

PSD's existing transition plans consider systematic procedures to assist children and families; PSD Program Generalists work with families to ensure the most appropriate placement and services are provided to children. PSD Program Generalists begin the transition plan with families at least 6 months prior to a child's third birthday through a transition meeting, and if enrolled in family child care, soon after the third birthday. All EHS children must have a written transition plan by the time the child reaches 30 months. Transition plans include assessing the family's need for ongoing child development services, determining eligibility for continued State subsidy or HS, and visiting local preschool centers.

Parents who choose to transition their children to a PSD HS or State Preschool program receive additional support services. The PSD Program Generalists arrange for a preschool site visit and coordinate a meeting time between parents and Center Directors/Site Supervisors. The parent is given a copy of the Child's Portfolio and developmental assessment information to share with the accepting preschool program. All transition activities are documented in ChildPlus.

b. From Head Start to Kindergarten

PSD collaborates with local school districts and members of the San Bernardino Child Care Planning Council to streamline transition services from preschool to elementary school. Effective transitions include parent participation in "Kindergarten Readiness" workshops, which provide information on kindergarten expectations and enrollment



procedures, and provide kindergarten transition learning games for children. Teaching staff conduct kindergarten classroom visitations, as well as coordinate individual meetings with kindergarten teachers to ease transition fears for parents. Prior to transition, parents receive copies of their Child's Portfolios, developmental assessment profiles, and a Child Developmental Progress Summary. All HS children must have a completed transition plan with transition strategies one month prior to the end of the program year.

11. Services to Enrolled Pregnant People

Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.⁴⁷ Prenatal care is critical for a healthy pregnancy, which can reduce premature birth.⁴⁸ Expecting a child is a unique period in a family's life, which can have significant impacts on family well-being and children's learning, development, and future school success. PSD, with a steadfast commitment, is dedicated to supporting expectant families by facilitating access to ongoing care, providing prenatal and postpartum information, education, and services that address sound practices, and providing support for emotional well-being, nurturing, and responsive caregiving.

a. Facilitating access to a source of ongoing care

Through EHS home-based services, PSD home-based visitors deliver services to at-risk, low-income pregnant women and their children. Each EHS pregnant family is

⁴⁷ Key Indicators of Health by Service Planning Areas, published by the Los Angeles County Department of Public Health, January 2017.

⁴⁸ Ibid.



assigned a home-based visitor and receives a visit once a month during pregnancy to provide education, assist with the identification of a medical home, and offer the prenatal support needed.

b. Strategies to provide prenatal and postpartum information

The strategies to support pregnant people and their families begin at enrollment. PSD uses the following assessment tools to determine how to support during the prenatal stage and post-delivery.

- Edinburgh Postnatal Depression Scale
- Maternal-Fetal Attachment Scale
- Fagerstrom Scale
- Life Skill Progression Tool
- Father's Skill Assessment
- Patient Health Questionnaire 9

Home-based visitors collect information by visiting pregnant families, assessing needs, and planning support strategies. Support is based on the Parents as Teachers and Partners for Healthy Families curricula, focusing on helping the parent get the baby off to an active start, keeping the baby well, and conducting ongoing health checks.

PSD provides workshops and resources on prenatal wellness, education, fetal development, nutrition, alcohol and drug risks, postpartum recovery, mental health, infant care, and safe sleep practices. Prevention services like breastfeeding education, oral health (Teeth for Two), smoking cessation, healthcare, ongoing care, and financial literacy are encouraged through home-visiting initiatives. Tangible resources such as cribs, car seats, breastfeeding pumps, welcome kits, sheets, and other items are provided.



During the postpartum assessment, which is completed within 2 weeks of birth, initial assessment tools are reviewed to identify any significant changes in family needs and provide additional resources. For instance, if no social-emotional issues were noted initially but emerge later, new support and referrals are offered.

c. Family partnerships services

Using the FPA process, if a family does not have an established FPA, the generalist will work with the family to encourage the establishment of a plan. (Refer to Family and Community Engagement section).

12. Transportation

Most regions have public transportation accessible to families. PSD transports children in Upland and 29 Palms, where the need for transportation is the greatest. Upland has a dense population, and there are more children in need. 29 Palms is a rural area where distance and lack of transportation are issues for parents. PSD uses First Student Child Transportation Services to bus the children to the childcare facility.



SUB-SECTION C: GOVERNANCE, ORGANIZATIONAL & MANAGEMENT STRUCTURES

1. Governance

Governance Structure

a. Membership

The County Board of Supervisors, an elected body, has the legal and fiscal responsibility for the PSD Head Start program. The Board of Supervisors consists of 5 elected officials representing the entire county. The overarching responsibilities of the Board of Supervisors are to execute all of the powers and duties required relating to the management of the County, its property, and the conduct of the County's affairs. The Board of Supervisors provides oversight of all PSD operations, in tandem with the Shared Governance Board and Executive Director of PSD, and maintains responsibility for safeguarding the assets of the County. While the County Board of Supervisors has the fiscal and fiduciary responsibility for the oversight of the Head Start program, it created a Shared Governance Board consisting of:

- One member of the Board of Supervisors, who serves as the Chair.
- The Network Officer for the Children's Network.
- The Superintendent of County Schools.
- The Director of the Department of Public Health or the County Health Officer.
- The Director of the Department of Behavioral Health and
- Three advisory representatives of the Policy Council.

The purpose of the Shared Governance Board "is to serve as a representative of and on behalf of the Board of Supervisors of San Bernardino County in the development,



participation, and monitoring of Head Start shared decision-making with the Head Start Policy Council.”

b. Ensuring additional members reflect the community, parents, and population

Board: The County Board of Supervisors positions are elected positions, and therefore, PSD cannot dictate if members reflect the community, parents, and the population. The Shared Governance Board is composed of individuals that the Board of Supervisors appoints. Finan

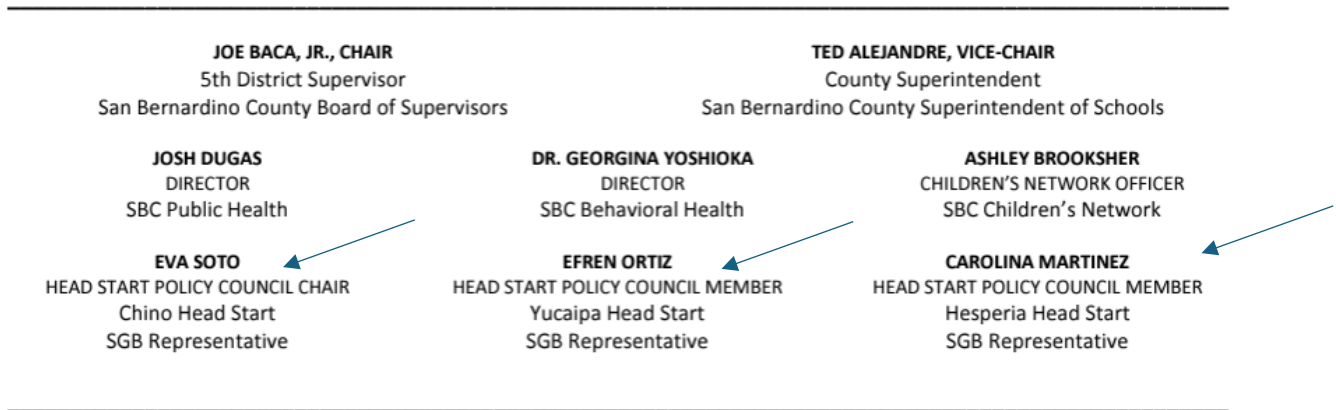
Policy Council: According to ACS data, San Bernardino County is predominantly Latino, with over half of its residents identifying as Latino. This percentage exceeds the state average and has increased slightly by 1% since the 2019 PSD community assessment. Additionally, the county has a more significant proportion of Black residents, at 7.5% in 2022, compared to the statewide rate of 5%. The percentage of Black residents has declined since the previous community assessment, dropping from 9.4% to 7.5%. When compared to data from the last community assessment, the racial/ethnic population distribution across the county has remained steady.

For the previous project period, PSD’s average enrollment was 60% Hispanic and 18% African American. This is representative of the community composition. Our centers are located in communities that are made up of comparable races and ethnicities. Therefore, we are confident that our Policy Council is representative of the community and population.



[The Shared Governance Board – PSD \(sbcounty.gov\)](https://sbcounty.gov)

**San Bernardino County Head Start Shared Governance Board Meeting
Agenda for October 24, 2024**



c. Composition of Policy Council/committee – Program option represented

As a long-standing Head Start program, PSD has an existing Policy Council. The PSD Policy Council consists of elected parent representatives from each grantee site and at least one representative for each contract partner site. Head Start Preschool and Early Head Start parents of children enrolled in FCC, CB, or HB options are represented on the PC. The membership includes 57 representatives: 2 FCCs, 40 CBs, 10 HBs, and 5 community members.

Community representatives are now limited to 5 to ensure that the structure of the Policy Council consists of a majority of parents of enrolled children. The Policy Council has 9 "Standing Committees" that meet either monthly, bimonthly, quarterly, biannually, or annually. All members of the Policy Council are invited to attend Standing Committee



meetings, where detailed programmatic information and data are shared to inform their overall decision-making.

PSD will explore different compositions for the Policy Council structure to better represent and engage parents, including the distinct geographic regions and program options. This has been added as an objective under goal #2.

Governance Processes

Together, the PSD Policy Council and the Shared Governance Board have adopted practices that assure active, independent, and informed governance, which include full participation in the development, planning, and evaluation of the program. The responsibilities of the Shared Governance Board and PSD Policy Council include the following:

- establishing procedures and criteria for recruitment, selection, and enrollment of children
- reviewing and approving all significant policies of the organization, including financial management, accounting, and reporting policies
- approving personnel policies and procedures, including those regarding hiring, evaluation, compensation, and termination
- reviewing all applications for funding and amendments to funding applications
- ongoing monitoring of all fiscal expenditures through required monthly financial reporting
- annual strategic planning based on data and results from the community assessment



- annual self-assessment of the Head Start program, taking into account progress on meeting school readiness goals, long-term goals, and short-term objectives, as well as progress on compliance with regulations and requirements
- monitoring monthly reporting of program operations
- reviewing results of child assessments to determine child outcomes on a quarterly basis.

a. Governing Body receiving key program information

The SGB meets 5 times per year to review progress and required reports, including monthly data, progress toward achieving goals, and PC agendas (see Figure 26 for example). Cumulative data is provided for county measures and SRGs, with the PIR shared at year's end. The PC packet containing all required data is emailed monthly to the SGB.

Figure 26 Sample SGB Agenda Packet

5. EXECUTIVE REPORTS/PROGRAM UPDATES	
5.1 Receive Office of Head Start Communication	Arlene Molina, Assistant Director
5.1.1 Information Memorandum 24-03 – Affirming the Use of	
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Head Start SGB Agenda Packet	Page 1 of 113
October 24, 2024	
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SAN BERNARDINO COUNTY - HEAD START SHARED GOVERNANCE BOARD MEETING	
AGENDA: OCTOBER 24, 2024	
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Indigenous Knowledge to Meet Curricula and Assessment Requirements in American Indian and Alaska Native Head Start Programs	
5.1.2 Program Instruction 24-05 - Final Rule on Supporting the Head Start Workforce and Consistent Quality Programming	
5.2 Receive Report of Program Updates (Oral Report)	Arlene Molina, Assistant Director
5.3 Receive PSD 2024-25 Reports and Updates	
5.3.1 Program Information Report	Debra Billings-Merlos, Deputy Director
5.3.2 Facilities Report	Dina Bunch, Administrative Supervisor II
5.3.3 Enrollment Report	Sean Segal, Program Manager
5.3.4 Attendance Report	Sean Segal, Program Manager
5.3.5 2024-25 Performance Measures – Quarter 1	LaTrenda Terrell, Deputy Director
5.4 Receive Fiscal Budget to Actual	Madeline Tsang, Administrative Manager



b. Responsibilities delegated to the advisory committee

For the San Bernardino County, the Shared Governance Board is the advisory committee. Please see Governance Processes.

c. Policy Council/Committee receives and shares information

The Policy Council (PC) and parent committees meet monthly to discuss program operations. PC members on the Shared Governance Board (SGB) share this information in their monthly meetings, while site representatives do the same at their sites. Site supervisors help ensure that members understand and communicate this information. Non-member parents can also attend PC meetings and request to speak during open communication periods.

Obtaining full engagement has been a challenge. PSD has established an objective to revisit PC composition and develop strategies to increase engagement at the site level.

d. The Parent Committee communicates with staff regarding information program policies, and communicates with the Policy Council.

As discussed above, PC members are informed of program policies. The representative is responsible for communicating this information at the site level during the monthly meeting.

Governance Relationships

a. T&TA or orientation sessions for the governing body, advisory committee, & PC

On an annual basis, the Policy Council and Shared Governance Board receive comprehensive 2-day governance training from an outside, contracted vendor. Topics covered during the training include the history of Head Start, Roles and responsibilities of each body per the Head Start Act, Purpose of shared and collaborative decision-making,



Review of HSPPS and other regulations, PSD program overview, Eligibility verification process, understanding of reports provided, and By-Laws of each body. New members will receive one-on-one training if they are added subsequent to the annual training. Technical assistance is provided as requested or as assessed by the chairs.

b. Ensuring no conflict of interests (Head Start program and partners)

Given that PSD's governing body consists of elected officials and that the County Board of Supervisors determines membership on the Shared Governance Board, the program is assured that no conflict of interest with the program takes place.

PSD service contracts include conflict-of-interest requirements to ensure that contracting agencies' parent committees and Boards avoid conflicts in their governing roles.

c. Meaningful consultation and collaboration around joint decisions

PSD has developed a system of shared governance between the Shared Governance Board and the Policy Council. If differences occur between the 2 bodies, PSD enacts its impasse procedures, which require a Dispute Resolution Committee to be enacted. This committee consists of four members – the Chairs and Vice Chairs of the respective bodies. The Executive Director of the program serves as the convener of the Dispute Resolution Committee. The Committee has ten business days to review the differences, seek additional information, and render a decision. Once a resolution is reached, the decision is presented to the Policy Council and the Shared Governance Board for review, acceptance, or rejection. The County Board of Supervisors, as the governing body with legal and fiscal responsibilities, has the final acceptance authority.



2. Human Resources Management

PSD is a department of the San Bernardino County and it is comprised of 554.64 full-time equivalent staff in the Head Start program. The County maintains both a Human Resources Department and a Personnel Division. In addition, PSD also includes an internal Personnel Unit that works closely with the County's Human Resources Department and Personnel Division. The Human Resources Department provides a dedicated Human Resources Business Partner and a Human Resources Analyst, and the Personnel Division provides 2 dedicated Payroll Specialists. PSD's internal Personnel Unit is comprised of a Program Manager, an Administrative Supervisor I, 2 Staff Analyst II, one Staff Analyst I, and 2 Office Assistant IIs. This partnership provides Human Resources (HR) services, which include staff recruitment and selection, volunteer services coordination, classification and pay, personnel records maintenance, leave accounting, staff development, compensation planning, labor negotiations, contract administration, performance appraisal oversight, grievance resolution, employee relations issues, and benefits administration.

For the PY 25-26, the Program Generalist classification will be restructured to increase family-focused responsibilities to increase communication, parent-staff relationships, and trust. It is expected that this classification restructuring will be effective July 2025. This change will not increase the number of positions but may reduce staff caseloads.

a. Organizational chart that identifies management and staffing structure

PSD has an organizational structure that clearly identifies the program structure and supported leadership (see Appendix B). Table 27 illustrates the Leadership Roles and Responsibilities.



Table 27: PSD Leadership Roles and Responsibilities

Position	Roles/Responsibilities
Executive Director (Administrative Staff)	Responsible for day-to-day management of the overall program, managing the contract, and making strategic decisions regarding staffing, facilities, and program direction.
Assistant Director (Administrative Staff)	Has daily responsibility for monitoring and supervising comprehensive services. Develops and monitors program reports and ensures comprehensive services are provided to children.
Administrative Manager (Administrative Staff)	The position is responsible daily for monitoring budget compliance, preparing fiscal and attendance reports for the State, and ensuring compliance with the state Green Book.
Deputy Directors of Program Operations and Deputy Director of Administration (Administrative Staff)	The Deputy Directors provide leadership and support to all program—and systems-level managers. They work closely with the Executive Director to ensure compliance, achieve program goals, and align services with the County's vision.
Program Managers of Education (Administrative Staff)	The Program Manager directs the Site Supervisors and ensures compliance with Title 22 and Title 5. The manager also reviews and analyzes DRDP by center and classroom to provide additional teaching support strategies.
ERSEA Manager (Support Services)	Provides compliance with certification of eligibility of all children enrolled in the program. The position oversees the centralized eligibility supervisor and advocates, who are responsible for ensuring complete enrollment at all centers.
Parent, Family, and Community Engagement (PFCE) Manager	Directly supervises those who are responsible for coordinating parent and family engagement services.
Disabilities & Mental Health Services Manager	Directly supervises support services specialists who are responsible for coordinating mental health and disabilities services.
Health, Nutrition, & Safety Manager	Directly supervises staff who are responsible for coordinating health, nutrition, & safety programs.
Information, Technology, and Data Manager	Directly supervises staff who are responsible for continuous improvement, quality assurance, information & technology, and training and development.

b. Approach to establishing pay scales and adequate compensation

As noted above, PSD is a department of the San Bernardino County, and as such, the County maintains both a Human Resources Department and a Personnel Division. In addition, PSD also includes an internal Personnel Unit that works closely with the County's Human Resources Department and Personnel Division. The County Human



Resources Department is responsible for the processes related to compensation for the entire County, including classification and pay, leave accounting, compensation planning, and benefits administration. The salary and benefits are set.

To determine compliance with the new federal regulation 1302.90, PSD included a wage study as a part of the 2024 community assessment. The 2024 self-assessment found that we maintained effective strategies for attracting and retaining qualified staff, but viable candidates were scarce. Specifically, teacher aide wages are uncompetitive compared to those in noneducational fields, such as food service, healthcare, and wholesale manufacturing. Since 2010, Amazon has invested over \$19.3 billion in the Inland Empire, opening a new fulfillment center in Victorville, with entry-level pay averaging \$20.98 per hour, 30% above the national average. Fast-food workers in California are also getting higher paychecks. As of April 1, 2024, limited-service restaurant workers at chains with over 60 locations will see their minimum wage rise from \$15 to \$20 an hour, with no educational requirements. Similarly, healthcare workers, including medical technicians and nursing assistants, must receive a minimum wage of \$21 in 2024 and \$25 by 2027.

Table 28 compares wages with PSD, San Bernardino City Unified School District (SBUSD), and Chino Valley Unified School District (CVUSD), which offer preschool services in the same geographical areas. SBUSD pays 22% more than the PSD for a Bachelor of Arts (BA) degree, while the PSD pays the highest of all the districts for a preschool teacher with an Associate of Arts (AA) degree—23% more than the SBUSD and 15% more than the CVUSD.



Table 28: Wage Comparability of Instructional Staff to School Districts

Permitted Teacher	Bachelor's Degree		Associate Degree Or Below 75 Units	
	Low Range	High Range	Low Range	High Range
San Bernardino USD	\$67,309.64	\$76,559.24	\$35,567.72	\$42,119.52
Chino Valley USD	\$45,427.92	\$65,265.12	\$39,498.72	\$53,333.52
PSD	\$52,208.80	\$70,262.80	\$46,716.80	\$62,628.80

PSD used the Center for Women's Welfare (CWW) Self-Sufficiency Standard to analyze whether our salaries ensure that all staff receive a self-sufficiency wage.⁴⁹ This budget-based living wage measure defines the actual cost of living for working families at a minimally adequate level. The Self-Sufficiency Standard determines the amount of income required for working families to meet basic needs at a minimally adequate level, considering family composition, children's ages, and geographic differences in costs.

According to CWW 2024 data (Table 29), a family of three with an adult and 2 children under 5 in San Bernardino County must earn a minimum of \$52.42 per hour or \$110,712 annually to be deemed self-sufficient. A family of three with an adult, infant, and school-age child should earn \$49.44 hourly or \$104,415 annually. The self-sufficiency standard for an adult only is \$42,392, and PSD base pay for a teacher with an associate's degree is \$46,716 – 9% above the baseline.

Table 29: Self-Sufficiency Wages

County	Adult Only	Adult w/ One Infant	Adult w/ School Age	Adult w/ Two Infants	Adult w/ Infant and Preschooler	Adult w/ Infant and School Age
Hourly	\$20.07	\$39.45	\$33.50	\$56.75	\$52.42	\$49.44
Monthly	\$3,533	\$6,944	\$5,896	\$9,989	\$9,226	\$8,701
Annual	\$42,392	\$83,325	\$70,753	\$119,865	\$110,712	\$104,415

⁴⁹ (<https://selfsufficiencystandard.org/>).



c. Ensuring timely criminal background checks prior to employment

PSD has established procedures for conducting pre-employment background and reference checks on all potential new hires and employees considered for promotion to administrative, professional, supervisory, or management positions. All criminal background checks comply with the HS Act and the HSPPS. PSD's Personnel Unit is responsible for coordinating background and pre-employment reference checks on all new hires. Prior to a contingent offer of employment, an interview is conducted, and employment references are verified. After a contingent job offer is made and accepted, a criminal record check is obtained from the State of California, child abuse registry, and Federal Bureau of Investigations criminal record history. All criminal background checks include fingerprinting through the California LiveScan system. In addition, a financial credit check is completed for all potential new hires in key management positions

Both contracting agencies and contractors adhere to similar staffing procedures. This includes obtaining a criminal record check from the State of California, Child Abuse Registry, and the Federal Bureau of Investigation criminal record history. All criminal background checks involve fingerprinting conducted through the California LiveScan system.

d. New staff orientation (staff, contractors, and volunteers)

The PSD Personnel Unit ensures that new staff participate in New Employee Orientation (NEO) and additional onboarding training. During NEO, staff review department policies, information concerning benefits, job expectations, early learning



service program goals, including family engagement goals, and General employment expectations, which include:

- Methods to handle suspected or known child abuse and neglect cases that comply with state law.
- Handling Personally Identifiable Information and ensuring compliance with security and privacy laws.
- State required Pesticide Training
- Active Supervision

In addition, NEO covers the HS Program philosophy, the Countywide Vision, and the department's support of the related elements of the Vision (Education, Wellness, Jobs/Economy, and Public Safety). There is additional onboarding training for specific job classifications:

- Teachers and teaching assistants receive an additional 3-day onboarding
- Custodial staff receive an 8-hour onboarding training with the Custodian Supervisor
- FCE, health, and disabilities staff receive 4-6 weeks of job shadowing as additional onboarding support
- Generalists in the Centralized Eligibility Unit to receive 2-days of onboarding with the Program Supervisor

All new staff are required to spend time at Head Start.gov within the first month of hire to participate in training specific to their job responsibilities. In addition to NEO, employees are required to complete 15 hours of professional development that aligns with their



related goals. The 15 hours of mandatory training are obtained through staff professional development goals and requested on-site training and are tracked through certificates of attendance and in ChildPlus. PSD offers annual pre-service training, monthly in-service workshops, cluster training, and Head Start/State training and conferences. The planning for these professional development opportunities is strategic and based on data from school readiness and family service goals, CLASS scores, staff's own professional goals, and ongoing monitoring of children's records.

The PSD handles onboarding for contractors, substitute staff, and volunteers, including criminal record checks, TB screening, conduct standards review, and mandatory training on child abuse and health and safety practices. The PSD site supervisor conducts a parent volunteer orientation to ensure all participants are well-informed about their roles and responsibilities. During the orientation, the supervisor reviews personnel rules, the Code of Conduct, and the specific duties of volunteers. Additionally, the supervisor clarifies the start and end dates for the volunteer role and emphasizes that volunteers are not permitted to be left alone with a child at any time.

The PFCE Generalist conducts the orientation for intern volunteers to ensure they understand their roles and expectations. During the orientation, the PFCE Generalist reviews the intern's responsibilities, personnel rules, and the code of conduct. Additionally, they provide the site address and the site supervisor's name. The orientation also includes clarifying the internship's start and end dates. Lastly, it is emphasized that interns are not permitted to be left alone with a child at any time.



e. Approach to staff training and professional development

PSD has implemented a systematic and research-based approach to support staff in accordance with the Head Start Performance Standards (45 CFR, xiii, §1302.92). For instructional staff, the fundamental elements of the research-based coaching strategy include:

- Assessing education staff needs and strengths;
- Identifying education staff in need of intense coaching,
- Providing opportunities for regular and intensive coaching that includes direct observation/ video recordings, and strength-based feedback,
- Opportunities for participation in other professional development opportunities, such as In-Service Suites, learning communities, and online listserves, and
- Introduction of performance goals.

In developing the systematic approach, PSD researched various coaching models and adopted Practice-Based Coaching (PBC), which provides both group and individual coaching. Through each practice-based coaching model, PSD conducts valuable opportunities related to professional development. Table 30 outlines the 2-tiered practice-based coaching model and related supports.



Table 30 Coaching Models

Model	Support and Frequency
Practice-Based Coaching - Group	<ul style="list-style-type: none">• Coaching/Mentoring (bi-weekly)• Observations/video feedback• CLASS observations (2x per year/3 cycles)• ERS and HVORS (where applicable)• In-Service Suites – Model Effective Teacher Practices• Introduce Program Performance Goals
Practice-Based Coaching - Individual	<ul style="list-style-type: none">• Coaching/Mentoring (weekly)• Observations/video recordings/feedback• CLASS Observations (2x per year/3 cycles)• ERS and HVORS (where applicable)• In-Service Suites – Model Effective Teacher Practices• Introduce Program Performance Goals

Non-instructional staff receive support through targeted training and professional development tailored to their specific duties and roles. The required 15 hours of training are coordinated by the staff supervisors and are aligned with current job duties and responsibilities.

3. Program Management and Quality Improvement

a. Ongoing oversight/corrections/assessment goals/approaches to effective teaching/sufficient compensation/ health safety practices

Oversight, correction, and assessment of progress toward goals: PSD reviews goals quarterly during the Program Operations meetings, which occur 2 times a month. The leadership team meetings consist of Unit Managers and Deputies. During these meetings, PSD determines if the program is on track to meeting the intended outcomes based on identified activities, staffing, and other resources. This allows us to make course changes as necessary. Additionally, during the annual self-assessment process, actual progress



toward goal accomplishment is documented with needed changes and reported and approved by the Board and Policy Council.

PSD's self-assessment process was completed over 6 months, starting in July 2024. We documented our progress and accomplishments toward goal achievement by showing the expected outcomes and challenges, as presented in Table 31. Additionally, we completed a staff survey to gauge employee satisfaction.

Table 31 2024-2025 Goals and Objectives Updates for Previous Project Period

Goal #1: Service Area – Programs and Services Increase center-based services for children from zero to three in the areas of highest need, as identified by the community assessment.	
Objective #1: Conduct a comprehensive analysis of the number of eligible children in the community to determine the top 5 areas of highest need.	Objective #2: Continue to open sites to service children 0-3.
Expected Outcome: Provide high-quality center-based services to a greater number of infants and toddlers throughout the county.	
Expected Challenges: Availability of facilities for increased classrooms and availability of qualified center-based teachers.	
January 2025 Progress: <i>PSD has triumphantly achieved the objectives for this goal. Through dedication and strategic planning, PSD has completed a thorough analysis of the number of eligible children in the community, integrating essential data such as transitional kindergarten and regional residency of children. Moreover, PSD has significantly increased the number of EHS center-based slots from 264 to 320, paving the way for a brighter future for many young learners.</i>	
Goal #2: Service Area – Programs and Services Increase the number of parents who are making progress in obtaining economic self-sufficiency.	
Objective #1: Updated - Within PY 2024-25, increase the number of parents who obtain a High School Diploma or GED by 10%.	Objective #2: Increase the number of partnerships with community Workforce Development programs to at least three (3) across the county.
Expected Outcome: Seven to ten parents whose goal is to obtain a high school diploma or GED will enroll and complete the PSD-sponsored high school diploma or GED credentialed program. Connect with the community to get at least three partnerships with MOUs.	
Expected Challenges: Commitment from parents and their dedication to completing the program in 18 months.	
January 2025 Progress: <i>Two parents completed the program and graduated with a high school diploma in July and September of 2023. Currently, PSD has 6 enrolled participants and is projected to complete their High School Diploma within the next 18 months. PSD has connected with all three Workforce Development regional</i>	



offices to support the recruitment of staff. PSD has an active MOU with the San Bernardino County Library and continues to connect with community agencies in order to establish partnerships. We are currently working to expand the MOU to support parent education and training.

Goal #3: Service Area – Programs and Services

Increase the quality of classroom services, as evidenced by the increase of teacher-level efficacy scores in all program options.

Objective #1: Increase CLASS scores in Instructional Support and Engaged Support for Learning by a tenth of a percentage point from the baseline scores.

Objective #2: Have a sub-scale score of at least 5 in ERS or HOVRS for every program option.

Expected Outcome:

Increased scores in CLASS, ERS, and HOVRS.

Expected Challenges:

Teaching staff turnover.

January 2025 Progress:

PSD is introducing and implementing the new state-required CLASS Second Edition. PSD will educate reliable CLASS trainers, Education Program Supervisors, Teacher Is, Site Supervisors, and all classroom teaching staff. Monthly training opportunities will be provided, and PSD will continue to support development in the areas of teacher-child interactions/engagement, environmental planning, classroom organization, and parent support during home visitation. PSD staff will be trained to increase skills in the areas of classroom productivity, classroom safety, behavior management, and improve classroom organization. PSD will continue to work with external consultants to conduct CLASS assessments and will continue to perform observations in the Winter and then in the Spring to measure progress. PSD's implementation of the CLASS Second Edition aims to ensure continuous improvement and measurable progress, leading to better results for educators and students.

PSD has consistently monitored progress throughout the school year and continues to offer monthly training opportunities for staff. These sessions focus on supporting teacher-child interactions and engagement, environmental planning, classroom management, and parent support. Concept development was recorded at 2.46, As noted, both below baseline expectations. Moving forward, PSD will persist in providing training and support aimed at enhancing classroom organization and productivity.

Goal #4:

To decrease Teacher and Provider turnover in an effort to establish continuity of care.

Objective #1: Establish and maintain consistency of childcare partners by experiencing a turnover rate of less than 16% annually to increase continuity of care to children.

Expected Outcome:

Teachers and Childcare providers will demonstrate higher levels of self-reported effectiveness and job satisfaction, leading to less turnover.

Expected Challenges:

Teachers and Providers may experience challenges incorporating training into their schedules. Staff participation in satisfaction surveys is low.

January 2025 Progress:

The current turnover rate stands at 18.98%. While we did not achieve the current goal, substantial progress has been made towards it. This objective will be carried forward into the next program year.



Promoting Effective Teaching Practices: To support effective teaching practices, PSD uses The Creative Curriculum Fidelity and CLASS for the Center Base option and the HOVRS-A+ Tool in the EHS Home Base option to determine how soundly teachers are implementing the curriculum. Creative Curriculum supports loving care and engaging experiences in their development and learning. The tools are used to determine the teacher's effectiveness. Scores are reviewed by the site supervisor with teaching staff and are used to develop professional development goals and action plans. In addition, the fidelity tools are as follows:

- **Environment Rating Scale (ITERS-r and ECERS):** PSD uses the ITERS-r and ECERS to determine quality in teacher quality of interactions and environments. ITERS emphasizes the concepts of space, personal care routines, listening/talking, activities, interactions, and program structure. Research has shown that higher scores on these instruments are directly related to better child outcomes. ITERS-r and ECERS are also measured on a Likert Scale, with one representing inadequate quality and seven excellent quality environments.
- **CLASS:** The CLASS is a framework developed and researched over nearly 2 decades to capture the aspects of effective interactions that are most closely aligned with children's social, emotional, and academic outcomes. The foundation of the CLASS system is rooted in the theory that interactions between teachers and children fundamentally drive the learning and development that occur within classrooms. All center-based infant/toddler classrooms are assessed using the CLASS instrument twice per year (November and March of each year).



- HVORS-A+: PSD utilizes the HOVRS-A+ Tool in the EHS Home Base Program to support high-quality interactions and determine home visit quality and parent engagement. The tool is also used to determine improvements in the home-based program. It is based on a seven-point scale between 1 and 7, with 1 (inadequate), 3 (adequate), 5 (good), and 7 (excellent).

In addition to promoting effective teaching practices through fidelity tools, we have invested financial resources to provide competitive salaries. As shown in the 2024 community assessment, we provide more than sufficient salaries and benefits to promote effective teaching practices. The following information compares the pay between the PSD, San Bernardino City Unified School District (SBUSD), and Chino Valley Unified School District (CVUSD), which offer preschool services in the same geographical areas. As reflected in Table 32, SBUSD pays 22% more than the PSD for a Bachelor of Arts (BA) degree, while the PSD pays the highest of all the districts for a preschool teacher with an Associate of Arts (AA) degree—23% more than the SBUSD and 15% more than the CVUSD.

Table 32: Wage Comparability of Instructional Staff to School Districts

Permitted Teacher	Bachelor's Degree		Associate Degree Or Below 75 Units	
	Low Range	High Range	Low Range	High Range
San Bernardino USD	\$67,309.64	\$76,559.24	\$35,567.72	\$42,119.52
Chino Valley USD	\$45,427.92	\$65,265.12	\$39,498.72	\$53,333.52
PSD	\$52,208.80	\$70,262.80	\$46,716.80	\$62,628.80

b. Management process and system to ensure continuous program improvement

Oversight and Ongoing Supervision: To ensure health and safety and effective teaching compliance, PSD has instituted three monitoring tiers, as described below.



- Tier 1 – occurs at the site level, with the Site Supervisors conducting daily health and safety inspections of centers, daily staff-to-child ratio counts, and daily child counts. This ensures compliance with Title 22.
- Tier 2—This comes from the education Program Managers and Deputy Directors, who are responsible for regular and ongoing monitoring of the centers and ensuring compliance with Title 22 and curriculum fidelity.
- Tier 3—This occurs from the Monitoring Unit, which conducts regular child file reviews to ensure compliance with eligibility requirements and health and safety inspections.

Use of Data: PSD effectively uses its data from child assessments, child services, and teacher level assessments to monitor and provide ongoing supervision of staff to promote competency and high-quality services to children and families. Below are descriptions of the recordkeeping systems that allow PSD to track, aggregate data, and determine needed improvements and shape staff development plans; the self-assessment processes that enable us to measure our effectiveness and movement toward the stated goals and objectives; and the reporting mechanisms that ensure that leadership, Board and the Policy Council are kept abreast of program operations. This continuous improvement process identifies opportunities for a more substantial service delivery system.

Recordkeeping: PSD believes that an adequate record-keeping system safeguards against civil rights violations, ensures transparency and accountability on processes and outcomes, and provides clear documentation of policies and procedures that are essential to drawing clear lessons from the program and facilitating scaling up or replication. PSD



utilizes 5 principal automated record-keeping systems, as described below, to maintain staff, child, and family records. In addition to record-keeping systems described below, PSD utilizes Office 365 for its electronic mail (e-mail messages) to document staff communication. Electronic messages are used only as a backup source of documentation.

1. ChildPlus is a web-based database system that houses children and family data across several component areas: ERSEA, Family Services, Health, Disability, Nutrition, Mental Health, and Education. Information found in Child Record Files must match data kept in ChildPlus. In addition, PSD utilizes Child Plus to keep us aligned with the state's early learning standards and the Desired Results Development Profile (DRDP) to house the child's profile, observations, and observation records.
2. Learning Genie is a comprehensive web-based tool used regularly to capture, organize, store, track, and retrieve educational and developmental records. PSD utilizes this system for school sites to communicate with parents and families and assist in the capturing, recording, and submission of In-Kind and Non-Federal Share (NFS). The intuitive, user-friendly platform allows parents to easily record and submit activities performed at home that help the students' development and contribute to the department's NFS requirements.
3. Employee Management and Compensation System (EMACS) is a web-based human resources data management system that includes information and approvals regarding terminations, resignations, promotions, transfers, pay increases, and allocation changes.



4. ACCESS is a database used to track non-federal shares, including the valuation of in-kind contributions and volunteer hours. The data is used to generate monthly reports for PCs and boards.
5. Systems Application and Products (SAP) is an accounting system utilized by the San Bernardino County, where all financial information is kept.

Confidentiality: PSD assures the privacy and protection of personally identifiable information in child records to ensure the individual rights to privacy for children and families. Information about children, families, and employees is not divulged to anyone other than persons who are authorized to receive such information. Therefore, all children's records are locked in a secure cabinet, and access to children's records is limited to employees and consultants on an as-needed basis.

c. Ensuring budget and staffing patterns that promote continuity of care

PSD is committed to ensuring that staff engaged in the delivery of program services have sufficient knowledge, training, and competencies to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery. We provide various avenues to support them in meeting their educational goals and continuous improvement.

- *In-service Professional Development Sessions:* Once per month, PSD dedicates professional in-service development days based on staff requests for specific training topics.
- *Coordinated College Units:* PSD has established a partnership with community colleges designed to provide early education coursework for individuals interested in obtaining college units. Participants are then given the opportunity to gain



experience working in the classrooms with nominal pay. These cohort participants are not counted in the child-teacher ratio but have the chance to qualify for a teaching aide position within 6 months of starting a cohort.

- *Education Reimbursement:* SBC also offers educational reimbursement to staff who complete college coursework. If they maintain a 'C' or better average, staff can be reimbursed up to \$400 annually, contingent upon funding availability.
- *Loan Forgiveness:* Staff are also encouraged and supported to apply for the federal loan forgiveness program if they have outstanding school loans and have successfully met the program criteria.

d. Recent Internal control findings/issues identified through ongoing monitoring, self-assessment, or recent audits

Ongoing Monitoring: PSD has implemented strategies aimed at enhancing the quality of program delivery. Among these strategies, the development of an internal monitoring module within ChildPlus has been established, facilitating monitoring through the integration of checklists into the module. PSD has devised a comprehensive monitoring plan for continuous oversight, which delineates shared responsibilities across the agency. This plan leverages the expertise of site staff, quality assurance teams, and management team members, including the executive team. Each team adheres to a scheduled series of monitoring visits conducted monthly, with varying locations, to ensure a comprehensive perspective is obtained. Internal monitoring checklists are systematically completed within the record-keeping system, and findings, along with corrective actions, are recorded in easily retrievable data fields within the system. Such a framework enables the department to generate reports that extract pertinent data from all reviewed sites and



their respective reviewers. The quality assurance team compiles reports that identify prevailing trends and the most frequently observed findings. In conjunction with our data reports in ChildPlus, the team is able to aggregate and visually represent the information, aiding in informed decision-making regarding training and professional development opportunities aimed at mitigating findings and enhancing the overall quality of our programs. Additionally, matters pertaining to health and safety, environmental conditions, and the general appearance of sites are systematically addressed.

One significant outcome of our ongoing monitoring efforts has been the strengthening of our partnership and collaboration between the PSD and our Child Care Resource and Referral (CCRC) contractor, as well as the childcare providers, contracted through them. The Family Child Care (FCC) providers demonstrated a higher level of findings than anticipated; this data has facilitated discussions and dialogues with the CCRC and the providers to enhance their services via coaching, mentoring, and funding opportunities aimed at improving their centers. An additional illustration of the results achieved through internal monitoring is a 75% reduction in urgent concerns during the fourth quarter reviews when compared to the third quarter reviews, with only one recorded instance as opposed to four in the previous review period. PSD intends to maintain the current frequency of reviews until the conclusion of the program year and will assess the necessity and effectiveness for the program year 2025-2026.

Self-assessment findings: The results of the self-assessment can be found in HSES. In summary, the self-assessment conducted explored two systemic areas:

1. Has the PSD made significant progress toward achieving its intended outcomes through its goals and objectives?



2. Has the PSD created an environment that promotes staff engagement and well-being?

Goals and Objectives Findings: PSD has made significant progress in meeting its 5-year goals. We expect to accomplish all our goals and objectives. Overall, the PSD has achieved the following outcomes:

- Increased the number of infants/toddlers served in high-quality environments.
- Increased the quality of instruction in all preschool environments, as evidenced by increased CLASS scores.
- Increased the number of parents enrolled in family well-being activities, such as the GED program.
- Enhanced the coordination between the federal and state programs by increasing the number of children served in blended/braided environments.

Staff Voices Findings: To address the fourth goal around staff retention and as a follow-up to last year's self-assessment, the PSD conducted 2 staff surveys. The summary conclusion of the Survey indicates that while PSD has implemented activities that promote staff engagement and well-being, staff members who responded to the surveys stated they are seeking a more supportive and appreciative work environment.

Annual audit findings: There are no findings to report.

Federal Review Care and Supervision: In April 2023, PSD was cited with a deficiency due to a child having been left unsupervised. PSD implemented corrective action, which included revising operating procedures and training staff, subordinates, partners, and parents on the new procedures. OHS released us on the corrective action in April 2024. We have since sustained the correction.



Full-enrollment Initiative: PSD enrollment as of January 15, 2025, is 1,221 of 1,465 HSP and 460 of 583 for EHS. In 2023, PSD was placed on an OHS Enrollment Improvement Plan due to consecutive under-enrollment challenges, which spanned from 2019 through 2023. PSD continues to be on the FEI Corrective Action Plan. Data over the four years show that the PSD began to experience enrollment challenges after the COVID-19 pandemic.

PSD implemented strategies to resolve under-enrollment. Examples of the strategy implemented include the following but are not limited to:

- Restructuring program management oversight
- Providing retention/bonus compensation to draw and retain teachers
- Conduct quarterly hiring recruitment events that consist of screening, interviews, live scans, and job offers, all on the same day.
- Increasing advertising locations, including developing video for staff recruitment
- Expanding Family Development Credential program
- Submitting teacher qualification waivers to OHS
- Eligibility application total electronic for processing
- Partnership with Chaffey College
- Partnership with local high schools to encourage graduates to choose ECE as a career and assist them with obtaining coursework.

As a part of 2024, PSD looked closely at our service areas and the number of children residing and receiving early learning services. Radius/Block-Group Data were collected



to understand why some centers experience enrollment challenges. Of the 8 centers selected, 1 was in the High Desert, 4 were in the Central Valley, 2 were in the Low Desert, and 1 was in the East Valley (Table 33). In comparison (Table 34), block-group data were collected for 8 centers with no enrollment challenges. Four of the 8 centers selected were in the High Desert, 3 in the Central Valley, and 1 in the West Valley. When analyzing this data, we found that the number of eligible children has decreased over the past 5 years.

Table 33: Eligibility Based on a One-Mile Radius of Center – Enrollment Challenges

Region	Center	Funded Enrollment	Children Under 5 In Poverty (Based on Family Poverty)	Public Assistance Income or SNAP	TK #
High Desert	Baker	32	183	727	2
Central Valley	Boys & Girls Club*	0	298	1836	963
Central Valley	Colton San Salvador	112	35	357	363
Central Valley	Fontana USD	24	279	1,395	522
Central Valley	SB Parks and Recreation	30	271	1,194	963
Low Desert	Needles	61	2	154	22
Low Desert	Twentynine Palms	15	16	216	107
East Valley	Yucaipa	41	120	863	29

Table 34 Eligibility Based on a One-Mile Radius - Without Enrollment Challenges

Region	Center	Funded Enrollment	Children Under 5 In Poverty (Based on Family Poverty)	Public Assistance Income or SNAP	TK #
High Desert	Adelanto	31	133	521	188
High Desert	Apple Valley	80	122	582	364
High Desert	Hesperia	59	145	838	613
High Desert	Victorville	62	160	641	530
Central Valley	Mill	99	209	1,139	963
Central Valley	Rialto Eucalyptus	71	172	1,401	511
Central Valley	Westminster	28	253	1,230	624
West Valley	Chino	71	75	646	277



There are 412 HSP and 158 EHS children on the waitlist, and teacher vacancies are at 45% of the total positions. Table 35 identifies the sites that have teacher vacancies, highlighting the urgent need for staffing solutions to support the educational needs of these communities:

Table 35 Sites with Teacher Vacancies

Site	HSP Classes	EHS Classes
Apple Valley	0	2
Barstow	2	0
Del Rosa	2	0
Hesperia	0	2
Mill	1	1
Ontario Maple	0	2
Redlands South	1	0
Rialto Eucalyptus	1	1
Rialto Renaissance	1	0
Parks and Rec	1	0
Victorville	1	1
Northgate	1	0
Yucca	0	2
Needles	2	0

The data indicate a significant need for services, especially in the High Desert and Central and East Valleys. PSD faces challenges with a shortage of qualified teachers, impacting service provision. The teacher vacancy rate increased from 40% in 2023 to nearly 45% by January 2025. By March 2025, 30 community college cohort participants will apply for teacher aide positions, potentially reducing the Teacher Aide vacancy rate to 22%.



SECTION II. HEAD START PRESCHOOL BUDGET AND BUDGET NARRATIVE

1. Explain the costs by object and class budget categories

PSD's detailed budget with justification narrative below outlines the intended use of program operations and training and technical assistance (TTA) funds by budget categories. PSD's proposed budget supports all program operations, goals, and objectives. Funds are budgeted to provide all required comprehensive HS, EHS, and EHS-CCP services to eligible children and families in a cost-effective manner, as outlined in Section I, Program Design and Approach to Service Delivery.

PSD has budgeted its HS and EHS funding across the following cost categories: Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, and Other. These costs are either directly charged or appropriately allocated among various programs based on benefits received. The related line-item budget tables demonstrate that funds are appropriately allocated to support all comprehensive services.

PSD is budgeting a total of \$66,032,669 in HS and EHS funding (federal) with a total of \$16,508,167 non-federal match (25% of federal funds). There is no Indirect Cost associated with the total budget. Table 36 outlines the amount for all required budget categories:

Table 36 Summary of Funding Request

GABI Code	Description	HS Operation	EHS Operations	Total Operations	HS TTA	EHS TTA	Total TTA	Funding Request
A	Personnel	\$16,812,754	\$7,978,301	\$24,791,055	\$22,159	\$11,932	\$34,091	\$24,825,146
B	Fringe Benefits	\$7,858,075	\$3,722,229	\$11,580,304	\$24,080	\$12,966	\$37,046	\$11,617,350
C	Travel	\$58,502	\$84,785	\$143,287	\$41,531	\$22,362	\$63,892	\$207,179
D	Equipment	\$237,421	\$81,666	\$319,087			\$0	\$319,087
E	Supplies	\$1,735,118	\$553,226	\$2,288,344			\$0	\$2,288,344
F	Contractual	\$6,798,480	\$5,321,332	\$12,119,812	\$92,312	\$49,707	\$142,019	\$12,261,831
G	Facilities /Construction	-	-	-	-	-	-	-
H	Other	\$8,805,224	\$5,231,617	\$14,036,841	\$299,844	\$177,046	\$476,891	\$14,513,732
Total		\$42,305,574	\$22,973,156	\$65,278,730	\$479,926	\$274,013	\$753,939	\$66,032,669



The line-item budget is separated by the Operations Budget and Training and Technical Assistance (TTA) Budget, as shown in the table above.

The **Operations Budget** is as follows:

A. Personnel: Personnel is budgeted at \$24,791,055 to fund 554.64 Full-Time Equivalents (FTE) positions that provide HS and EHS services to 2,039 children (1,456 HSP and 583 EHS) and their families. Personnel costs include Child Health and Development services, Family and Community Partnerships services, Program Design and Management services, and other related services. Table 37 presents personnel costs based on the general staffing structure designed to support the needs outlined in this application (Sections I and II).

Table 37 Allocation of Personnel Costs

GABI Code	HS # of FTEs	EHS # of FTEs	Total FTEs	Description	HS Costs	EHS Costs	Total Costs
A01	19.95	9.45	29.40	Program Managers / Supervisors	\$1,008,100	\$477,521	\$1,485,621
A02	111.15	52.65	163.80	Teachers/Infant Toddler Teachers	\$4,719,507	\$2,235,556	\$6,955,063
A04	2.00	10.00	12.00	Home Visitors	\$72,818	\$364,092	\$436,910
A05	81.51	38.61	120.12	Teacher Aides & Other Education Personnel	\$2,765,288	\$1,309,873	\$4,075,161
A06	1.71	.81	2.52	Health/Mental Health Services Personnel	\$82,409	\$39,036	\$121,445
A07	4.35	1.85	6.20	Disabilities Services Personnel	\$301,687	\$129,102	\$430,789
A08	20.71	.81	21.52	Nutrition Services Personnel	\$743,569	\$50,785	\$794,354
A10	16.53	7.83	24.36	Program Managers & Content Area Experts	\$1,311,848	\$621,402	\$1,933,250
A11	35.34	16.74	52.08	Other Family & Community Partnerships Personnel	\$1,561,988	\$739,889	\$2,301,877
A12	1.14	0.54	1.68	Executive Director/Other Supervisor of HS Director	\$174,901	\$82,848	\$257,749
A13	1.71	.81	2.52	Head Start/Early Head Start Director	\$249,409	\$118,141	\$367,550
A14	0.57	.27	0.84	Managers	\$74,293	\$35,191	\$109,484
A15	5.70	2.70	8.40	Staff Development	\$356,271	\$168,760	\$525,031
A16	26.79	12.69	39.48	Clerical Personnel	\$993,081	\$470,407	\$1,463,488
A17	10.83	5.13	15.96	Fiscal Personnel	\$704,455	\$333,689	\$1,038,144
A18	7.98	3.78	11.76	Other Program Design Personnel	\$568,257	\$269,174	\$837,431
A19	28.50	13.5	42.00	Maintenance Personnel	\$1,124,873	\$532,835	\$1,657,708
Total	376.47	178.17	554.64		\$ 16,812,754	\$ 7,978,301	\$ 24,791,055



The combined FTE position count of 554.64 in PY 2025-26 includes 12-month contract staff that were previously 9-month staff with hourly rate increases. The total amount of \$24,791,055 represents 81% of the estimated staff salary costs, with an attrition factor of 19% to reflect the current staff turnover rate due to retirement and nationwide labor market shortages. Table 38 shows the personnel costs increased by a net of \$1.69 million. \$2,596,318, which is attributed to the increases in annual compensation, the conversion of 9-month contracts to 12-month contracts, and an increased cost allocation of food service workers due to insufficient state funding. The decrease of \$905,864 in the federal share is a result of increases in the state preschool cost share for the CSPP and CCTR programs. The table below is the personnel costs comparison between FY 24/25 and FY 25/26.

Table 38 Variances in Year-to-Year Personnel Costs

GABI Code	FY 24-25 HS	FY 24-25 EHS/ECP	FY 25-26 HS	FY 25-26 EHS	Combined Variance	% Change	Explanation
A01	\$673,472	\$449,003	\$1,008,100	\$477,521	\$363,146	32.35%	Step increase
A02	\$5,772,384	\$1,573,494	\$4,719,507	\$2,235,556	(\$390,815)	-5.32%	Increased cost with State programs
A04	\$0	\$505,019	\$72,818	\$364,092	(\$68,109)	-13.49%	Increased cost with State programs
A05	\$2,232,399	\$1,434,436	\$2,765,288	\$1,309,873	\$408,326	11.14%	Cost increase when 9 months became 12 months
A06	\$68,128	\$57,371	\$82,409	\$39,036	(\$4,054)	-3.23%	Increased cost with State programs
A07	\$394,819	\$112,322	\$301,687	\$129,102	(\$76,352)	-15.06%	Increased cost with State programs
A08	\$89,425	\$64,776	\$743,569	\$50,785	\$640,153	415.14%	Food service worker due to insufficient state funding
A10	\$1,097,644	\$691,025	\$1,311,848	\$621,402	\$144,581	8.08%	Step increase
A11	\$1,254,318	\$984,937	\$1,561,988	\$739,889	\$62,622	2.80%	Step increase



GABI Code	FY 24-25 HS	FY 24-25 EHS/ECP	FY 25-26 HS	FY 25-26 EHS	Combined Variance	% Change	Explanation
A12	\$148,912	\$95,240	\$174,901	\$82,848	\$13,597	5.57%	Step increase
A13	\$139,079	\$144,290	\$249,409	\$118,141	\$84,181	29.71%	Step increase
A14	\$67,745	\$25,278	\$74,293	\$35,191	\$16,461	17.70%	Step increase
A15	\$280,768	\$195,206	\$356,271	\$168,760	\$49,057	10.31%	Step increase
A16	\$852,750	\$499,296	\$993,081	\$470,407	\$111,442	8.24%	Cost increase when 9 months became 12 months
A17	\$798,152	\$606,526	\$704,455	\$333,689	(\$366,534)	-26.09%	Increased cost with State programs
A18	\$295,360	\$172,812	\$568,257	\$269,174	\$369,259	78.87%	Cost increase when 9 months became 12 months
A19	\$796,168	\$528,047	\$1,124,873	\$532,835	\$333,493	25.18%	Cost increase when 9 months became 12 months
Total	\$14,961,523	\$8,139,078	\$16,812,754	\$7,978,301	\$1,690,454	7.32%	

B. Fringe Benefits: Fringe Benefits totaling \$11,580,304 include employee retirement, health and dental insurance premiums, life insurance, long-and short-term disability insurance, unemployment insurance benefits, Workers' Compensation insurance, and other fringe benefits. All Fringe Benefits are based on approved bargaining unit terms for exempt, classified, and contract staff. The total benefit costs shown in the table below (Table 39) represent 81% of the estimated benefit costs with a built-in staff attrition rate (19%).



Table 39 Allocation and Description of Fringe Benefits

GABI Codes	Description	HS	EHS	Total	%
B01	Short & Long- Term Disability (1.07%)	\$254,465	\$119,099	\$373,564	15.74%
	Social Security (FICA) (1.45%)	\$340,771	\$161,396	\$502,167	21.16%
	Unemployment Insurance (4.13%)	\$224,820	\$106,479	\$331,299	13.96%
	Worker's Compensation (3.40%)	\$790,539	\$375,836	\$1,166,375	49.14%
	B01 Subtotal	\$1,610,595	\$762,810	\$2,373,405	20%
B02	Health/Dental/Life Insurance	\$2,016,106	\$955,026	\$2,971,132	32.27%
B03	Retirement	\$3,886,289	\$1,840,927	\$5,727,216	62.21%
B04	Other Fringe	\$345,085	\$163,466	\$508,551	5.52%
	B02-04 Sub-total	\$6,247,480	\$2,959,419	\$9,206,899	80%
	Grand Total	\$7,858,075	\$3,722,229	\$11,580,304	100%

The table below indicates the overall benefits that will be increased by \$919,219 (8.62%) in PY 2025-26, which offsets the partial costs of staff annual wage increases. The net increase is primarily due to the change in staff from 9 months to 12 months. An increase of \$822,171 covers the increases in Short-and-Long-Term Disability, Social Security (FICA), Unemployment Insurance, and Workers' Compensation for contract employees. The increase of \$31,318 applies to Health, Dental, and Life Insurance. The increase of \$60,370 is due to higher retirement contributions and 457(b) or 401(k) plans. Additionally, there is a \$5,360 increase in other fringe benefits. These cost increases are in accordance with the employee Memorandum of Understanding. All employees are provided with vision care, dental, and life insurance. Table 40 provides a comparison of the benefits costs between PY 2024-25 and PY 2025-26:



Table 40 Variances in Year-to-Year Fringe Benefits

GABI Code	FY 24-25 HS	FY 24-25 EHS/EHS-CCP	FY 25-26 HS	FY 25-26 EHS	Combined Variance	%	Explanation
B01	1,008,302	542,932	1,610,595	762,810	822,171	53.00%	Cost increases due to County Cost allocation increases
B02	1,872,257	1,067,557	2,016,106	955,026	31,318	1.07%	Cost increases due to high MPS employer contribution
B03	3,715,950	1,950,896	3,886,289	1,840,927	60,370	1.07%	The net increase between County retirement reduction and the 9-month contract. Employee changed to a 12-month contract.
B04	327,074	176,117	345,085	163,466	5,360	1.07%	No significant change
Total	\$6,923,583	\$3,737,502	\$7,858,075	\$3,722,229	\$919,219	8.62%	

C. Travel: The Travel category is used to budget for out-of-town air travel, hotel charges, meals, and other travel-related costs (Table 41). The Head Start budgeted amount is \$58,502 (The previous PY was \$136,500). The PY 2025-2026 budget decrease is primarily due to fewer in-person trainings and additional costs being shared with state preschool programs.

Table 41 Travel Budget - Head Start

GABI CODE	Item Description	HS Total
C01	Staff out-of-town travel that includes hotel, meals, air travel, car rental, and others.	58,502
Total		\$58,502



D. Equipment: PSD is requesting approval to purchase equipment for Head Start in the total amount of \$237,421 (see Table 42). This represents the total cost of planned equipment needs for the 2025-26 budget period. The request includes shade structures and/or playground equipment for preschool sites, 2 HVAC units, and four network switches. Additionally, PSD needs to replace 3 to 5 old vehicles that have high mileage and whose repairs have become too costly to be considered economical. Furthermore, a vision and hearing screener will be purchased to replace the broken devices and maintain performance standards (1302.42(b)(2)). All estimated expenses are listed below, with per-unit costs including tax, shipping, and installation.

Table 42 Equipment Budget - Head Start

GABI CODE	Equipment	Item Description	HS Total
D02	Shade Structure or Playground Equipment	Shade structure/Playground equipment needed at the preschool site. Every site must be equipped per state licensing requirements.	40,461
D02	HVAC (2)	HVAC is needed at preschool sites. State licensing mandates that every preschool must always maintain a comfortable temperature for children	34,000
D03	3 Ford Broncos and/or 4-5 Sedans	Vehicle purchase to replace four current fleet vehicles that have excessive mileage and have become cost-prohibitive to repair.	124,920
D04	Data Switch (4)	Network Switches	32,640
D04	Vision + Hearing Screener	Vision + Hearing Screener needed to replace broken and unrepairable devices. Required as part of Performance Standard 1302.42(b)(2).	5,400
Total			\$237,421



E. Supplies: PSD purchases supplies in sufficient quantities to support its HS program operations (Table 43). Supplies include consumables and tangible items with a life expectancy of less than one year and a unit cost of less than \$10,000. Essential supplies are used for the classroom, program, office, general maintenance, health, emergency, printing, and other purposes. Supplies for the HS program are budgeted for \$1,735,118. The agency allocates costs to all programs based on the benefits received by each program; therefore, the Supplies budget in the table below represents only the proportional costs of the Head Start program.

Table 43 Supplies Budget - Head Start

GABI CODE	Item Description	HS Total
E01	Office Supplies: Consumable materials that include paper, pencils, pens, binders, toners, and file folders. Computer hardware and software, printers, and office furniture are also included in this category.	
E01	Computer Software (Adobe Professional Licenses, Trend Micro Licenses, Office 365 Licenses, Info Mapping Licenses, MS EA Licensing)	89,162
E01	Computer Hardware (Monitors, Scanners, Printers, Computers)	92,384
E01	Small tools & instruments, inventoriable and non-inventoriable supplies for 30 PSD sites	76,184
E01	General office supplies for 30 PSD sites (paper, pencils, pens, binders, toners, and file folders)	112,677
E01	Training Center Materials	18,837
E01 Total		\$389,244
E02	Child & Family Services and Supplies: Supplies include consumable classroom materials, classroom furniture, rugs, books, transition kits, medical supplies, dental supplies, and disability supplies.	
E02	Consumable classroom materials, furniture, and rugs for 30 PSD sites	464,577
E02	Program Supplies for 30 PSD sites (books, transition kits, and medical, dental & disability supplies)	139,516
E02 Total		\$604,093
E03	Food Service Supplies: Special diet meals purchased for children in the classroom and for parent meetings.	
E03	Food (Parent Meetings)	15,698
E03	Food (Special Diet Meals)	17,078
E03	Food Preparation Supplies	21,859
E03	Other Support and Care Supplies	58,937
E03 Total		\$113,572
E04	Other Supplies: Janitorial & Maintenance supplies needed to clean and maintain 30 PSD sites	



GABI CODE	Item Description	HS Total
E04	Health Supplies such as First Aid Kits, stress balls, etc., for 30 PSD sites	66,239
E04	Emergency Supplies	56,511
E04	General Services & Supplies such as Clorox wipes, disinfectant sprays (etc.)	29,511
E04	General Maintenance Supplies for 30 PSD Sites	470,925
E04	Staff Uniform & Misc.	5,023
E04 Total		\$628,209
HS Total		\$1,735,118

F. Contractual: The Contractual budget category for \$6,798,480 includes funding for 4 to 6 contract agencies providing HS services to approximately 387 children. This category also includes transportation services, food services, and other professional services contracts. Additionally, funds are allocated for PSD's Electronic Record Keeping System (Child Plus), family resource referrals, and services for DRDP portfolio management, cellular monitoring services, consultants for Self-Assessment, class assessment, and specialized/professional services. Table 44 includes the contractual budget category, which is broken down as follows:

Table 44 Contractual Services Budget - Head Start

GABI CODE	Contractor	Item Description	HS Total
F01	Administrative Services	Costs include the Electronic Record Keeping System (Child Plus), DRDP portfolio management, cellular monitoring services, and an NFS online application.	157,259
F01	Other Contractual Professional & Specialist Services	Contracts that provide vital specialized consulting services for the programs, such as Class Assessment and Scoring System (CLASS), Self-Assessment, guidance, resources, and training for the HS, EHS, and EHS-CCP programs	187,720



GABI CODE	Contractor	Item Description	HS Total
F03	Food Services (mainly Unity Meals)	Meals are served to adults so that enrolled children can experience family-style dining, costs not reimbursed by the Child and Adult Care Food Program (CACFP).	628,000
F04	Child Transportation Services: First Student, Inc.	Bus services are provided for children at the following sites: Twenty-Nine Palms, Upland, and other preschool sits	412,913
F06	Custodial Services: Merchants Building Maintenance (\$345,200) & Executive Facilities (\$12,800)	Custodial services up to 30 sites.	358,800
F07	Contract Partners (4-6) This will be determined through RFP, which is currently being processed.	Contract partners will provide Head Start preschool services.	4,713,276
F08	Other Contractual (4 to 6 contractors through RFP process)	Consultant contracts to provide counseling and consultation services at the counselor's office, in-home visits, and at various PSD sites throughout the county of San Bernardino.	340,512
Total			\$6,798,480

G. Construction: There are no construction projects planned for this program year.

Other: The "Other" budget category for HS is projected at \$8,805,224 with a 3% cost increase due to inflation for 30 PSD preschool facilities. Table 45 includes utility costs (such as gas, electricity, internet, and telephone costs), building and child liability insurance, maintenance of the building, vehicle repairs, professional services, temporary help services, parent services, accounting and auditing services, advertising, staff development, and other services. Costs are either charged directly or allocated among benefiting programs. There is a decrease in the Other budget category of \$1,453,729 in PY 2025-2026 primarily due to an increase in cost-sharing



with the state preschool programs, especially in the areas of utilities, IT network costs, insurance, and countywide cost allocation. Below is the line-item budget for this category:

Table 45 Other Budget - Head Start

GABI CODE	Item Description	HS Total
H01	Depreciation/Use Allowance	
H01	Use Allowance for Baker FLC	41,145
H01 Total		\$41,145
H02	Rent	
H02	Rent for 27-30 sites (Office, Classroom, etc.)	1,547,855
H02	Rental payment for the use of the building (annual Pre-Service, In-Service Conferences, etc.)	105,000
H02	Rent for Modulares	65,300
H02	Rent for machinery used for site maintenance	25,000
H02 Total		\$1,743,155
H04	Utilities/Telephone for 30 sites	
H04	Utilities (electricity, gas, water, etc.)	754,868
H04	Telephone, Internet	194,408
H04	Baker FLC - Utilities	52,500
H04 Total		\$1,001,776
H05	Building & Child Liability Insurance	
H05	General Liability Insurance	812,857
H05	Vehicle Liability Insurance	73,600
H05	Property & Other Insurance	45,529
H05 Total		\$931,986
H06	Building Maintenance/Repair & Other Occupancy	
H06	Facility Management (IS)	235,000
H06	Repairs and maintenance of classrooms, playgrounds, and warehouses	339,000
H06	Exterminator & security lights and other services for 30 sites	300,000
H06	Rubber Flooring, tough cleaning and maintenance	200,000
H06	Network projects and IT maintenance for three sites and 5 existing sites	205,000



GABI CODE	Item Description	HS Total
H06	Pour N' Play for 2 or more preschool sites	50,000
H06	1 fence is needed at the new and existing sites	105,000
H06 Total		\$1,434,000
H08	Local Travel	
H08	To reimburse staff for mileage associated with the use of their personal vehicle.	52,001
H08 Total		\$52,001
H12	Substitutes (If not paid benefits)	
H12	Temporary Help (Child Care Careers \$505,922 and others)	681,350
H12 Total		\$681,350
H13	Parent Services	
H13	Parent Policy Council	48,750
H13 Total		\$48,750
H14	Accounting & Legal Services	
H14	Single Audit	35,000
H14	County Counsel (Legal Services)	47,000
H14 Total		\$82,000
H15	Publications/Advertising/Printing	
H15	Publication	9,050
H15	Courier & Printing	20,500
H15	Advertising	86,000
H15 Total		\$115,550
H16	Training or Staff Development	
H16	Registration for Conference/Training/Seminar	232,000
H16 Total		\$232,000
H17	Other	
H17	Admission Fees	5,810
H17	COWCAP, excluding HR charges	356,500
H17	Data Processing	380,000
H17	Certification/License Fees	66,300
H17	Human Resources Administrative Costs	506,000
H17	Human Services Administrative Costs	348,136
H17	Interpreter Fees	4,520
H17	Medical Expenses, Emergency Kit	100,500
H17	Memberships and Subscriptions	33,500



GABI CODE	Item Description	HS Total
H17	Operating Transfers Out (Needs Assessment)	95,000
H17	Other Charges, Transfers Out (Security Services and other)	88,688
H17	Presort, Packaging, Shredding	22,000
H17	Real Estate Services	10,005
H17	Services and Supplies (Emergency Fuel)	1,500
H17	ISF County Charges	26,682
H17	Tuition Reimbursement	6,670
H17	PERC Training (T&TA)	156,200
H17	ISD network and IT service charges	231,000
H17	Bank charges and other misc. items	2,500
H17 Total		\$2,441,511
HS Total		\$8,805,224

2. Personnel budget line items support a stable workforce

PSD has budgeted 554.64 FTE positions to support the HS and EHS preschool operations (376.47 FTEs for HS and 178.17 FTEs for EHS). These positions include approximately 70 FTEs for program administration and support, due to nationwide labor market shortages, especially in the teaching positions. PSD has budgeted an adequate number of teaching and supporting staff according to the classroom matrix and school calendars. In addition, PSD budgeted additional staff to provide coverage and to support existing staff in achieving program goals and objectives. This budget includes additional funding allocation to convert previously 9-month staff to 12-month (approximately 1.1 million), to provide a 2.5% annual compensation increase for approximately 480 contracted positions (approximate cost of \$500,000), and to cover Health insurance and other benefit increases of about \$100,000. These budgetary



supports promote healthy employee morale, enhance program quality, and help stabilize the workforce.

Furthermore, PSD has allocated more funds for recruitment and collaboration with the county departments, labor unions, Head Start Policy Council and Governance Board members, local committee organizations, and colleges to recruit more qualified teaching and supporting staff. As a result of these efforts, PSD has been able to hire more competent staff from self-managed education cohorts in the previous program year and the future cohorts. The associated costs of these new hires are reflected in the PY 2025 -2026 proposed budget.

3. Plan for cost-of-living adjustments (if awarded)

If the department receives the cost-of-living adjustments, we will utilize the funds in the areas of additional staff compensation required by the county and contract agencies' staff compensation increases that are not covered by their contracts. In addition, these funds will cover the inflation on goods and services that are not budgeted under this proposed funding, such as facility project cost increases, the cost of training and consulting contract, and other increases.

4. Training and technical assistance funds

Training and Technical Assistance (T&TA) funding for HS is budgeted for \$479,926. It is used for the professional development of staff who are currently involved in the HS programs. Trainings are identified to enrich staff knowledge and benefit enrolled families being served both in center-based, home-based, and family childcare programs. A cost breakdown in Table 46 of the T &TA training is as follows:



Table 46 T&TA Budget - Head Start

GABI CODE	Training	Item Description	HS Total
A01	Training & Staff Development	Salaries for in-house Training	22,159
B01	Training & Staff Development	Benefits of In-house Training	24,080
C01	Staff Out-of-Town Travel	Costs of hotel, meals, air travel, and other travel associated with Training & Staff Development.	36,002
F08	Contract Agency Costs	Child Care Resource Center (CCRC) Training & Staff Development Costs	92,312
H02	Rent	Rental payment for the use of the building for the annual Pre-Service Conference and PC orientation room rental	77,284
H13	Parent/Family Services Training	Conferences, Trainings, and Committee Meetings	2,763
C01	Training & Staff Development	Director's Training Conferences	1,908
H16	Training & Staff Development	Trainings for Supervision, Eligibility, Efficiency and Management for Professional Growth.	10,753
H16	Training & Staff Development	2025 Fall Technical Assistance Conference	779
C01	Training & Staff Development	NHSA Fall & Winter Leadership Institute. NHSA Parent Family Community Engagement. CHSA Annual Conferences & CHSA Policy & Leadership Training	3,621
H16	Training & Staff Development	CLASS Training – Instructional Support. Federal Funding Academy.	4,718
H16	Training & Staff Development	Children's Network Every Child California	391
H16	Training & Staff Development	Child Plus Scramble	3,756
H16	Training & Staff Development	Region 9 Early Childhood STEM Institute/1000 Days. Region 9 Site Directors Academy.	1,755
H16	Training & Staff Development	Parents as Teachers Curriculum (PAT)	5,298
H16	Training & Staff Development	Zero to Three Teach-stone	7,104
H16	Training & Staff Development	Teaching Pyramid Trainings	74,616
H17	PERC Training	Staff Training (NEO, employee onboarding, PII, security training etc.)	96,327
H17	Training & Staff Development	Tuition reimbursement	14,300
Total			\$479,926



5. Non-federal match and valuation methodology

PSD utilizes the following methodology to determine the no-federal share rates used in calculating volunteers, interns, and policy council members' contributions. Based on the type of activities and volunteers, they are matched to the salary and benefit rate of PSD positions or labor market positions that are deemed equivalent to the services provided. This rate is then calculated by the hours each volunteer provides to the HS and EHS programs. In addition, vendors may offer discounts on the services they provide to the program. A non-federal source provides these discounts; therefore, they are considered non-federal shares after PSD staff verification. Other non-federal funded grants /awards/memorandums of understanding with other county departments, state program fundings, and private funds are recognized as NFM based on expenditures/revenues recorded and benefits received by the Head Start Programs.

6. Justification for non-federal requirements

PSD typically meets and exceeds the non-federal share requirements. We are not expected to request a waiver this time.

7. Justification for a 15% administrative costs limitation waiver

PSD ensures that administrative costs are kept below 15%. We are not expected to request a waiver this time.

8. Enrollment Reduction / Conversion

See the Program narrative section for details

9. Request for major renovations not previously approved



PSD has not requested any major renovation for this application. We will utilize the PY 2024-2025 budget and prior year carryover funds for facility renovation projects that are expected to be completed in PY 2025-2026 with an approved Low-Cost Extension.

10. Request for equipment purchases

PSD has budgeted only a total of \$319,087 (\$237,421 for HSP and \$81,666 for EHS) for equipment purchases in this funding application. The under-budgeted amount for 30 preschool sites is due to savings from prior years. PSD will request a separate Low-Cost Extension with 1303 applications in the future to carry over the major renovation projects for \$29,311,460. The table below (Table 47) outlines the Low-cost extension request for the major renovation projects:

Table 47: Low Cost Extension (Grant #09CH011719-05)

Site	Item Description	Approved Budget	HS CAN#4-G094122
Whitney Young	Major renovations for classrooms and office	3,500,000	3,500,000
Yucaipa	Major renovations for classrooms and the office	2,872,728	2,872,728
Yucaipa	Elevator & Installation	815,000	815,000
New Administration / Child Development Center	Building Purchase	15,761,028	15,761,028
New Administration / Child Development Center	Major renovation for 3 child classrooms, child bathrooms, kitchen, office space, file room, etc.	2,848,999	2,848,999
Arrowhead Grove	Major renovation of adjacent property to existing preschool site	1,695,705	1,695,705
New Administration / Child Development Center	Building Purchase	1,818,000	1,818,000
		\$29,311,460	\$29,311,460



SECTION II. EARLY HEAD START BUDGET AND BUDGET NARRATIVE

1. Explain the costs by object and class budget categories

PSD's detailed budget with justification narrative below outlines the intended use of program operations and training and technical assistance (TTA) funds by budget categories. PSD's proposed budget supports all program operations, goals, and objectives. Funds are budgeted to provide all required comprehensive HS, EHS, and EHS-CCP services to eligible children and families in a cost-effective manner, as outlined in Section I, Program Design and Approach to Service Delivery.

PSD has budgeted its HS and EHS funding across the following cost categories: Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, and Other. These costs are either directly charged or appropriately allocated among various programs based on benefits received. The related line-item budget tables demonstrate that funds are appropriately allocated to support all comprehensive services.

PSD is budgeting a total of \$66,032,669 in **HS and EHS** funding (federal) with a total of \$16,508,167 non-federal match (25% of federal funds). There is no Indirect Cost associated with the total budget. Table 48 outlines the amount for all required budget categories:

Table 48: Summary of All Funding Request

GABI Code	Description	HS Operation	EHS Operations	Total Operations	HS TTA	EHS TTA	Total TTA	Funding Request
A	Personnel	\$16,812,754	\$7,978,301	\$24,791,055	\$22,159	\$11,932	\$34,091	\$24,825,146
B	Fringe Benefits	\$7,858,075	\$3,722,229	\$11,580,304	\$24,080	\$12,966	\$37,046	\$11,617,350
C	Travel	\$58,502	\$84,785	\$143,287	\$41,530	\$22,362	\$63,892	\$207,179
D	Equipment	\$237,421	\$81,666	\$319,087			\$0	\$319,087
E	Supplies	\$1,735,118	\$553,226	\$2,288,344			\$0	\$2,288,344
F	Contractual	\$6,798,480	\$5,321,332	\$12,119,812	\$92,312	\$49,707	\$142,019	\$12,261,831
G	Facilities /Construction	-	-	-	-	-	-	-
H	Other	\$8,805,224	\$5,231,617	\$14,036,841	\$299,845	\$177,046	\$476,891	\$14,513,732
Total		\$42,305,574	\$22,973,156	\$65,278,730	\$479,926	\$274,013	\$753,939	\$66,032,669



The line-item budget is separated by the Operations Budget and Training and Technical Assistance (TTA) Budget, as shown in the table above. The **EHS Operations Budget** is as follows:

A. Personnel: Personnel is budgeted at \$24,791,055 to fund 554.64 Full-Time Equivalents (FTE) positions that provide HS and EHS services to 2,048 children (1,465 HS and **583 EHS**) and their families. Personnel costs include Child Health and Development services, Family and Community Partnerships services, Program Design and Management services, and other related services. Table 49 presents personnel costs based on the general staffing structure designed to support the needs outlined in this application (Sections I and II).

Table 49 Allocation of Personnel Costs

GABI Code	HS # of FTEs	EHS # of FTEs	Total FTEs	Description	HS Costs	EHS Costs	Total Costs
A01	19.95	9.45	29.40	Program Managers / Supervisors	\$1,008,100	\$477,521	\$1,485,621
A02	111.15	52.65	163.80	Teachers/Infant Toddler Teachers	\$4,719,507	\$2,235,556	\$6,955,063
A04	2.00	10.00	12.00	Home Visitors	\$72,818	\$364,092	\$436,910
A05	81.51	38.61	120.12	Teacher Aides & Other Education Personnel	\$2,765,288	\$1,309,873	\$4,075,161
A06	1.71	.81	2.52	Health/Mental Health Services Personnel	\$82,409	\$39,036	\$121,445
A07	4.35	1.85	6.20	Disabilities Services Personnel	\$301,687	\$129,102	\$430,789
A08	20.71	.81	21.52	Nutrition Services Personnel	\$743,569	\$50,785	\$794,354
A10	16.53	7.83	24.36	Program Managers & Content Area Experts	\$1,311,848	\$621,402	\$1,933,250
A11	35.34	16.74	52.08	Other Family & Community Partnerships Personnel	\$1,561,988	\$739,889	\$2,301,877
A12	1.14	0.54	1.68	Executive Director/Other Supervisor of HS Director	\$174,901	\$82,848	\$257,749
A13	1.71	.81	2.52	Head Start/Early Head Start Director	\$249,409	\$118,141	\$367,550
A14	0.57	.27	0.84	Managers	\$74,293	\$35,191	\$109,484
A15	5.70	2.70	8.40	Staff Development	\$356,271	\$168,760	\$525,031



GABI Code	HS # of FTEs	EHS # of FTEs	Total FTEs	Description	HS Costs	EHS Costs	Total Costs
A16	26.79	12.69	39.48	Clerical Personnel	\$993,081	\$470,407	\$1,463,488
A17	10.83	5.13	15.96	Fiscal Personnel	\$704,455	\$333,689	\$1,038,144
A18	7.98	3.78	11.76	Other Program Design Personnel	\$568,257	\$269,174	\$837,431
A19	28.50	13.5	42.00	Maintenance Personnel	\$1,124,873	\$532,835	\$1,657,708
Total	376.47	178.17	554.64		\$ 16,812,754	\$ 7,978,301	\$ 24,791,055

The combined FTE position count of 554.64 in PY 2025-26 includes 12-month contract staff that were previously 9-month staff with hourly rate increases. The total amount of \$24,791,055 represents 81% of the estimated staff salary costs, with an attrition factor of 19% to reflect the current staff turnover rate due to retirement and nationwide labor market shortages.

Table 50 shows the personnel costs increased by a net of \$1.69 million. \$2,596,318, which is due to the increases in annual compensation, conversion of 9-month contracts to 12-month contracts, and an increased cost allocation of food service workers due to insufficient state funding. The decrease of \$905,864 in the federal share is a result of increases in the state preschool cost share for the CSPP and CCTR programs. The table below is the personnel costs comparison between FY 24/25 and FY 25/26.

Table 50 Variances in Year-to-Year Personnel Costs

GABI Code	FY 24-25 HS	FY 24-25 EHS/ECP	FY 25-26 HS	FY 25-26 EHS	Combined Variance	% Change	Explanation
A01	\$673,472	\$449,003	\$1,008,100	\$477,521	\$363,146	32.35%	Step increase
A02	\$5,772,384	\$1,573,494	\$4,719,507	\$2,235,556	(\$390,815)	-5.32%	Increased cost with State programs
A04	\$0	\$505,019	\$72,818	\$364,092	(\$68,109)	-13.49%	Increased cost with State programs
A05	\$2,232,399	\$1,434,436	\$2,765,288	\$1,309,873	\$408,326	11.14%	Cost increase when 9-months became 12-months



GABI Code	FY 24-25 HS	FY 24-25 EHS/ECP	FY 25-26 HS	FY 25-26 EHS	Combined Variance	% Change	Explanation
A06	\$68,128	\$57,371	\$82,409	\$39,036	(\$4,054)	-3.23%	Increased cost with State programs
A07	\$394,819	\$112,322	\$301,687	\$129,102	(\$76,352)	-15.06%	Increased cost with State programs
A08	\$89,425	\$64,776	\$743,569	\$50,785	\$640,153	415.14%	Food service worker due to insufficient state funding
A10	\$1,097,644	\$691,025	\$1,311,848	\$621,402	\$144,581	8.08%	Step increase
A11	\$1,254,318	\$984,937	\$1,561,988	\$739,889	\$62,622	2.80%	Step increase
A12	\$148,912	\$95,240	\$174,901	\$82,848	\$13,597	5.57%	Step increase
A13	\$139,079	\$144,290	\$249,409	\$118,141	\$84,181	29.71%	Step increase
A14	\$67,745	\$25,278	\$74,293	\$35,191	\$16,461	17.70%	Step increase
A15	\$280,768	\$195,206	\$356,271	\$168,760	\$49,057	10.31%	Step increase
A16	\$852,750	\$499,296	\$993,081	\$470,407	\$111,442	8.24%	Cost increase when 9-month became 12-month
A17	\$798,152	\$606,526	\$704,455	\$333,689	(\$366,534)	-26.09%	Increased cost with State programs
A18	\$295,360	\$172,812	\$568,257	\$269,174	\$369,259	78.87%	Cost increase when 9 months became 12-months
A19	\$796,168	\$528,047	\$1,124,873	\$532,835	\$333,493	25.18%	Cost increase when 9-months became 12-months
Total	\$14,961,523	\$8,139,078	\$16,812,754	\$7,978,301	\$1,690,454	7.32%	

B. Fringe Benefits: Fringe Benefits totaling \$11,580,304 include employee retirement, health and dental insurance premiums, life insurance, long—and short-term disability insurance, unemployment insurance benefits, Workers' Compensation insurance, and other fringe benefits. All Fringe Benefits are based on approved bargaining unit terms for exempt, classified, and contract staff. The total benefit costs shown in the table below (Table 51) represent 81% of the estimated benefit costs with a built-in staff attrition rate (19%).



Table 51 Allocation and Description of Fringe Benefits

GABI Codes	Description	HS	EHS	Total	%
B01	Short & Long- Term Disability (1.07%)	\$254,465	\$119,099	\$373,564	15.74%
	Social Security (FICA) (1.45%)	\$340,771		\$502,167	21.16%
	Unemployment Insurance (4.13%)	\$224,820	\$106,479	\$331,299	13.96%
	Worker's Compensation (3.40%)	\$790,539	\$375,836	\$1,166,375	49.14%
	B01 Subtotal	\$1,610,595	\$762,810	\$2,373,405	20%
B02	Health/Dental/Life Insurance	\$2,016,106	\$955,026	\$2,971,132	32.27%
B03	Retirement	\$3,886,289	\$1,840,927	\$5,727,216	62.21%
B04	Other Fringe	\$345,085	\$163,466	\$508,551	5.52%
	B02-04 Sub-total	\$6,247,480	\$2,959,419	\$9,206,899	80%
	Grand Total	\$7,858,075	\$3,722,229	\$11,580,304	100%

The table below indicates the overall benefits that will be increased by \$919,219 (8.62%) in PY 2025-26, which offsets the partial costs of staff annual wage increases. The net increase is primarily due to the changing staff from 9- month to 12- month. An increase of \$822,171 covers the increases in Short- and Long-Term Disability, Social Security (FICA), Unemployment Insurance, and Workers' Compensation for contract employees. The increase of \$31,318 applies to Health, Dental, and Life Insurance. The increase of \$60,370 is due to higher retirement contributions and 457(b) or 401(k) plans. Additionally, there is a \$5,360 increase in other fringe benefits. These cost increases are in accordance with the employee Memorandum of Understanding. All employees are provided with vision care, dental, and life insurance. Table 52 provides a comparison of the benefits costs between PY 2024-25 and PY 2025-26:



Table 52 Variances in Year-to-Year Fringe Benefits

GABI Code	FY 24-25 HS	FY 24-25 EHS/EHS-CCP	FY 25-26 HS	FY 25-26 EHS	Combined Variance	%	Explanation
B01	1,008,302	542,932	1,610,595	762,810	822,171	53.00%	Cost increases due to County Cost allocation increases
B02	1,872,257	1,067,557	2,016,106	955,026	31,318	1.07%	Cost increases due to high MPS employer contribution
B03	3,715,950	1,950,896	3,886,289	1,840,927	60,370	1.07%	The net increase between County retirement reduction and 9-months contract. Employee changed to a 12-months contract.
B04	327,074	176,117	345,085	163,466	5,360	1.07%	No significant change
Total	\$6,923,583	\$3,737,502	\$7,858,075	\$3,722,229	\$919,219	8.62%	

C. Travel: The Travel category is used to budget for out-of-town air travel, hotel charges, meals, and other travel-related costs for Early Head Start. The budgeted amount is \$84,785, which is an increase of \$11,785 from the previous annual budget. This increase will provide more extensive staff development, especially for the new hires in the EHS program.

Table 53 Travel Budget - Early Head Start

GABI CODE	Item Description	EHS Total
C01	Staff out-of-town travel that includes hotel, meals, air travel, car rental, and others.	84,785
Total		\$84,785

D. Equipment: PSD is requesting approval to purchase equipment for Early Head Start in the total amount of \$81,666 (Table 54). This will provide financial support to the planned equipment needs for the 2025-26 budget period. The request includes shade



structures and/or playground equipment for preschool sites, two HVAC units, and four network switches. Additionally, PSD needs to replace four old vehicles that have high mileage and whose repairs have become too costly to be considered economical. Furthermore, a vision and hearing screener will be purchased to replace currently broken devices and maintain performance standards (1302.42(b)(2)). All estimated expenses are listed below, with costs including taxes, shipping, and installation costs when applicable.

Table 54 Equipment Budget - Early Head Start

GABI CODE	Equipment	Item Description	EHS Total
D02	Shade Structure or Playground Equipment	Shade structure/Playground equipment needed at TBD sites. Every site must be equipped per state licensing requirements.	13,091
D02	HVAC (2)	HVAC is needed at TBD sites. State licensing mandates that every preschool must always maintain a comfortable temperature for children	11,000
D03	1 Ford Bronco and/or 1-2 sedans	Vehicle purchase to replace 4 current fleet vehicles that have excessive mileage and have become cost-prohibitive to repair.	40,415
D04	Data Switch (4)	Network Switches	10,560
D04	Vision + Hearing Screener	Vision / Hearing Screener needed to replace broken and unrepairable devices. Required as part of Performance Standard 1302.42(b)(2).	6,600
Total			\$81,666

E. Supplies: PSD purchases supplies in sufficient quantities to support EHS program operations. Supplies include consumables and tangible items with a life expectancy of less than one year and a total unit cost of less than \$10,000. Essential supplies are



used for the classroom, program, office, general maintenance, printing, and other purposes. Supplies for Early Head Start are budgeted at \$553,226. The agency allocates costs to all programs based on the benefits received by each program; therefore, the Supplies budget detailed in Table 55 represents only the proportional costs of the Early Head Start program.

Table 55 Supplies Budget - Early Head Start

GABI CODE	Item Description	EHS Total
E01	Office Supplies: Consumable materials that include paper, pencils, pens, binders, toners, and file folders. Computer hardware and software, printers, and office furniture are also included in this category.	
E01	Computer Software (Adobe Professional Licenses, Trend Micro Licenses, Office 365 Licenses, Info Mapping Licenses, MS EA Licensing)	28,428
E01	Computer Hardware (Monitors, Scanners, Printers, Computers)	23,514
E01	Small tools & instruments, inventoriable and non-inventoriable supplies for 30 PSD sites	30,233
E01	General office supplies for 30 PSD sites (paper, pencils, pens, binders, toners, and file folders)	35,926
E01	Training Center Materials	6,006
E01 Total		\$124,107
E02	Child & Family Services and Supplies: Supplies include consumable classroom materials, classroom furniture, rugs, books, transition kits, and medical, dental, and disability supplies.	
E02	Consumable classroom materials, furniture, and rugs for 30 PSD sites	148,126
E02	Program Supplies for 30 PSD sites (books, transition kits and medical, dental & disability supplies)	44,483
E02 Total		\$192,609
E03	Food Service Supplies: Special diet meals purchased for children in the classroom and for parent meetings.	



GABI CODE	Item Description	EHS Total
E03	Food (Parent Meetings)	5,005
E03	Food (Special Diet Meals)	5,445
E03	Food Preparation Supplies	6,970
E03	Other Support and Care Supplies	18,792
E03 Total		\$36,212
E04	Other Supplies: Janitorial & Maintenance supplies needed to clean and maintain for 30 PSD sites	
E04	Health Supplies such as First Aid Kits, stress balls, etc. for 30 PSD sites	21,119
E04	Emergency Supplies	18,018
E04	General Services & Supplies such as: Clorox wipes, disinfectant sprays (etc.)	9,409
E04	General Maintenance Supplies for 30 PSD Sites	150,150
E04	Staff Uniform	1,602
E04 Total		\$200,298
EHS Total		\$553,226

F. Contractual: The Contractual budget is estimated in a total amount of \$5,321,332 for Early Head Start, includes funding for contract agencies providing EHS services to approximately 306 children, of which 130 are EHS-CCP children and 16 EHS-CCP children are directly overseen by PSD. This budget category also includes transportation services, food services, and other contracts. Additionally, funds are allocated for PSD's Electronic Record Keeping System (Child Plus), family resource referrals, and services for DRDP portfolio management, cellular monitoring services, consultants for Self-Assessment, class assessment, and specialized/professional services. In Table 56 below, the contractual budget category is detailed as follows:



Table 56 Contractual Services Budget - Early Head Start

GABI CODE	Contractor	Item Description	EHS Total
F01	Administrative Services	Costs include the Electronic Record Keeping System (Child Plus), DRDP portfolio management, cellular monitoring services, and an online NFS application.	50,141
F01	Other Contractual Professional & Specialist Services	Contracts that provide vital specialized consulting services for the programs, as Class Assessment and Scoring System (CLASS), Self-Assessment, guidance, resources, and training for the HS, EHS, and EHS-CCP programs	59,853
F03	Food Services	Meals served to adults so that enrolled children experience family-style dining, costs not reimbursed by the Child and Adult Care Food Program (CACFP)	464,000
F04	Child Transportation Services: First Student	Bus services are provided for children at the following sites: Twenty-Nine Palms, Upland, and other sites	131,653
F06	Custodial Services: Merchants Building Maintenance & Executive Facilities	Custodial services provided for 30 sites	114,400
F07	Contract Partners (4-6) This will be determined through RFP, which is currently being processed.	Contract Partners to provide EHS and EHS-CCP services	4,140,465
F08	Other Contractual	Consultant contracts to provide counseling services and consultation at counselor's office, in-home visits, and at various PSD sites throughout the county of San Bernardino	108,569
F08	Other Contractual	EHS Expansion partnership with 4 contracted providers (Lilly Bug's, Robinson Family, Bouchey Family, and Gonzalez-Gannon) to provide Early Child Care Services (16 Slots)	252,251
Total			\$5,321,332

G. Construction: There are no construction projects planned for this program year.

H. Other: The "Other" budget category for EHS is projected for \$5,231,617, with a 3%



cost increase due to inflation for EHS preschool facilities. The table below (Table 57) includes utility costs such as gas, electricity, internet, and telephone costs; building and child liability insurance; maintenance of the building; vehicle repairs; professional services; temporary help services; parent services; accounting and auditing services; advertising; staff development; and other services. These costs are either charged directly or allocated among benefiting programs. In the table below is the line-item budget for this category:

Table 57 Other Budget - Early Head Start

GABI CODE	Item Description	EHS Total
H02	Rent	
H02	Rent for 27-30 sites (Office, Classroom, etc.)	1,269,241
H02	Rental payment for the use of the building (annual Pre-Service, In-Service Conferences, etc.)	55,913
H02	Rent for Modulares	34,000
H02	Rents for machinery used for site maintenance	14,000
H02 Total		\$1,373,154
H04	Utilities/Telephone	
H04	Utilities (electricity, gas, water, etc.)	443,419
H04	Telephone, Internet	104,681
H04 Total		\$548,100
H05	Building & Child Liability Insurance	
H05	General Liability Insurance	508,332
H05	Vehicle Liability Insurance	60,000
H05	Property & Other Insurance	15,659
H05 Total		\$583,991
H06	Building Maintenance/Repair & Other Occupancy	
H06	Facility Management (IS)	150,000
H06	Repairs and maintenance of classrooms, playgrounds, and warehouse	105,000
H06	Exterminator & Security lights and Services for 30 sites	168,000
H06	Rubber Flooring, tuff cleaning and maintenance	90,000
H06	Network projects and IT maintenance for 3 sites and 5 existing sites	164,500
H06	Pour and Play for 2 or more preschool sites	20,000
H06	1 fence needed at the new and existing sites	57,000
H06 Total		\$754,500
H08	Local Travel	
H08	To reimburse staff for mileage associated with the use of their personal vehicle.	10,200
H08 Total		\$10,200



GABI CODE	Item Description	EHS Total
H12	Substitutes (If not paid benefits)	
H12	Temporary Help	377,650
H12 Total		\$377,650
H13	Parent Services	
H13	Parent Policy Council	26,250
H13 Total		\$26,250
H14	Accounting & Legal Services	
H14	Single Audit	15,600
H14	County Counsel (Legal Services)	28,000
H14 Total		\$43,600
H15	Publications/Advertising/Printing	
H15	Publication	4,500
H15	Courier & Printing	9,500
H15	Advertising	43,500
H15 Total		\$57,500
H16	Training or Staff Development	
H16	Registration for Conference/Training/Seminar	190,000
H16 Total		\$190,000
H17	Other	
H17	Admission Fees	1,250
H17	COWCAP excluding HR charges	292,330
H17	Data Processing	221,000
H17	Certification/License Fees	35,700
H17	Human Resources Administrative Costs	205,000
H17	Human Services Administrative Costs	110,535
H17	Interpreter Fees	2,000
H17	Medical Expenses, Emergency Kit	55,000
H17	Memberships and Subscriptions	15,200
H17	Other Charges Transfers Out (Security Services and other)	22,749
H17	Presort, Packaging, Shredding	8,820
H17	Real Estate Services	2,100
H17	Services and Supplies (Emergency Fuel)	250
H17	ISF County Charges	12,409
H17	Tuition Reimbursement	5,469
H17	PERC Training (T&TA)	128,084
H17	ISD network and IT service charges	58,722
H17	Bank charges and other misc. items	90,054
H17 Total		\$1,266,672
EHS Total		\$5,231,617

The Other services budget will increase by \$660,895 in 2025-2026, primarily due to cost increases on utilities, rent, insurance, and staff development training. The staff



development training budget increases will provide essential support for teaching staff and for the department to meet compliance requirements.

2. Personnel budget line items support a stable workforce

PSD has budgeted 554.64 FTE positions to support the HS and EHS preschool operations (376.47 FTEs for HS and 178.17 FTEs for EHS). These positions include approximately 70 FTEs for program administration and support, due to nationwide labor market shortages, especially in the teaching positions. PSD has budgeted an adequate number of teaching and supporting staff according to the classroom matrix and school calendars. In addition, PSD budgeted additional staff to provide coverage and to support existing staff in achieving program goals and objectives. This budget includes additional funding allocation to convert previously 9-month staff to 12-month (approximately 1.1 million), to provide a 2.5% annual compensation increase for approximately 480 contracted positions (approximate cost of \$500,000), and to cover Health insurance and other benefit increases of about \$100,000. These budgetary supports promote healthy employee morale, enhance the program quality, and help stabilize the workforce.

Furthermore, PSD has allocated more funds for recruitment and collaboration with the county departments, labor unions, Head Start Policy Council and Governance Board members, local committee organizations, and colleges to recruit more qualified teaching and supporting staff. As a result of these efforts, PSD has been able to hire more competent staff from self-managed education cohorts from the previous program year and the future cohorts. The associated costs of these new hires are reflected in the PY 2025 -2026 proposed budget.



3. Plan for cost-of-living adjustments (if awarded)

If the department receives the cost-of-living adjustments, we will utilize the funds in the areas of additional staff compensation required by the county and contract agencies' staff compensation increases that are not covered by their contracts. In addition, these funds will cover the inflation on goods and services that are not covered under this proposed funding, such as facility project cost increases, cost of training and consulting contract increases, etc.

4. Training and technical assistance funds

Training and Technical Assistance (T&TA) funding for EHS is budgeted for \$274,013 (Table 58). It is used for the Professional Development of staff who are currently involved in the EHS Programs. Trainings are identified to enrich staff knowledge and benefit enrolled families being served both in center-based, home-based, and family childcare programs. A cost breakdown table of the T &TA training is shown as follows:

Table 58 TTA Budget - Early Head Start

GABI CODE	Training	Item Description	EHS Total
A01	Training & Staff Development	Salaries for in-house Training	11,932
B01	Training & Staff Development	Benefits of In-house Training	12,966
C01	Staff Out-of-Town Travel	Costs of hotel, meals, air travel, and other travel associated with Training & Staff Development.	19,385
F08	Contract Agency Costs	Child Care Resource Center (CCRC) Training & Staff Development Costs	49,707
H02	Rent	Rental payment for use of the building for annual Pre-Service Conference and PC orientation room rental	41,615
H13	Parent/Family Services Training	Conferences, Trainings, and Committee Meetings	1,488
C01	Training & Staff Development	Director's Training Conferences	1,027
H16	Training & Staff Development	Training for Supervision, Eligibility, Efficiency and Management for Professional	5,791



GABI CODE	Training	Item Description	EHS Total
		Growth. Efficiently Managing Eligibility and Need	
H16	Training & Staff Development	2025 Fall Technical Assistance Conference	419
C01	Training & Staff Development	NHSA Fall & Winter Leadership Institute. NHSA Parent Family Community Engagement. CHSA Annual Conferences & CHSA Policy & Leadership Training	1,950
H16	Training & Staff Development	CLASS Training – Instructional Support. Federal Funding Academy.	2,540
H16	Training & Staff Development	Children's Network: Every Child California	211
H16	Training & Staff Development	Child Plus Scramble	2,022
H16	Training & Staff Development	Region 9 Early Childhood STEM Institute/1000 Days. Region 9 Site Directors Academy.	945
H16	Training & Staff Development	Parents as Teachers Curriculum (PAT)	18,238
H16	Training & Staff Development	Zero to Three/Teachstone	3,825
H16	Training & Staff Development	Teaching Pyramid Trainings	40,384
H17	PERC Training	Staff Training (NEO, employee onboarding, PII, security training etc.)	51,868
H17	Training & Staff Development	Tuition reimbursement	7,700
Total			\$274,013

5. Non-federal match and valuation methodology

The table below (Table 59) summarizes the Non-Federal Match (NFM). As required by the Head Start Program, the total NFM is 25% of the total budget.

Table 59 Summary of Non-Federal Match

GABI Code	Description	Total Federal Budget	Non-Federal Share	Total Combined Budget
A	Personnel	\$24,825,146	\$6,206,287	\$31,031,433
B	Fringe Benefits	\$11,617,350	\$2,904,338	\$14,521,688
C	Travel	\$207,179	\$51,795	\$258,974
D	Equipment	\$319,087	\$79,772	\$398,859
E	Supplies	\$2,288,344	\$572,086	\$2,860,430
F	Contractual	\$12,761,831	\$3,190,458	\$15,452,289
G	Facilities /Construction	-	-	-



GABI Code	Description	Total Federal Budget	Non-Federal Share	Total Combined Budget
H	Other	\$14,513,732	\$3,636,334	\$18,150,066
	Total	\$66,032,669	\$16,641,298	\$82,673,967

PSD is committed to contributing \$16,508,169 as part of a Non-Federal match, constituting 25% of the budgeted Federal funding totaling \$66,032,669. The primary source of this match is derived from the California State Preschool Program (CSPP and CCTR), with many State children benefiting from co-enrollment alongside Head Start children. Additionally, PSD is fortunate to have another program contributing to this match: Prevention and Early Intervention (PEI). PEI offers vital counseling services to enrolled children and families, assisting them in navigating challenging circumstances such as bereavement or behavioral issues, and it works in collaboration with our EHS program.

Moreover, PSD augments its non-federal match through volunteer hours, including fringe benefits, which parents and community members contribute. Alongside these hours, parents and community members generously donate supplies, alleviating the need for PSD to purchase them with Federal funds. Furthermore, local vendors contribute "in-kind" donations such as free or reduced rent, professional services, and school supplies, bolstering the resources available to meet the needs of children enrolled in the Head Start, Early Head Start, and EHS-CCP Programs. To maintain accountability and transparency, all volunteer hours, donated services, and supplies are meticulously recorded on specific forms tailored to each type of donation. These records undergo thorough review to ensure they meet the criteria of being allowable, reasonable, allocable, and necessary for the program's objectives. This comprehensive approach ensures that every contribution,



whether monetary or in-kind, directly benefits the children and families served by PSD's programs.

6. Justification for non-federal requirements

PSD typically meets and exceeds the non-federal share requirements. We are not expected to request a waiver this time.

7. Justification for a 15% administrative costs limitation waiver

PSD ensures that administrative costs are kept below 15%. We are not expected to request a waiver this time.

8. Enrollment Reduction / Conversion

See the program narrative section for details

9. Request for major renovations not previously approved

PSD has not requested any major renovation for this application. We will utilize the PY 2024-2025 budget and prior year carryover funds for facility renovation projects that are expected to be completed in PY 2025-2026 with an approved Low-Cost Extension.

10. Request for equipment purchases

PSD has budgeted only a total of \$319,087 (\$237,421 for HS and \$81,666 for EHS) for equipment purchases in this funding application. The under-budgeted amount for 30 preschool sites is due to a savings from prior years that PSD will request a separate Low-Cost Extension with 1303 applications in the future to carryover the major renovation projects in a proximate amount of \$29,311,460 from Grant Award #09CH011719-05. The table below (Table 60) outlines the Low-cost extension request for the major renovation projects:



Table 60: Low Cost Extension

Site	Item Description	Approved Budget	HS CAN#4-G094122
Whitney Young	Major Renovations for classrooms and office	3,500,000	3,500,000
Yucaipa	Major Renovations for classrooms and office	2,872,728	2,872,728
Yucaipa	Elevator & Installation	815,000	815,000
New Administration / Child Development Center	Building Purchase	15,761,028	15,761,028
New Administration / Child Development Center	Major renovation for 3 classrooms, child bathrooms, kitchen, office space, file room, etc.	2,848,999	2,848,999
Arrowhead Grove	Major renovation of adjacent property to existing preschool site	1,695,705	1,695,705
New Administration / Child Development Center	Building Purchase	1,818,000	1,818,000
		\$29,311,460	\$29,311,460

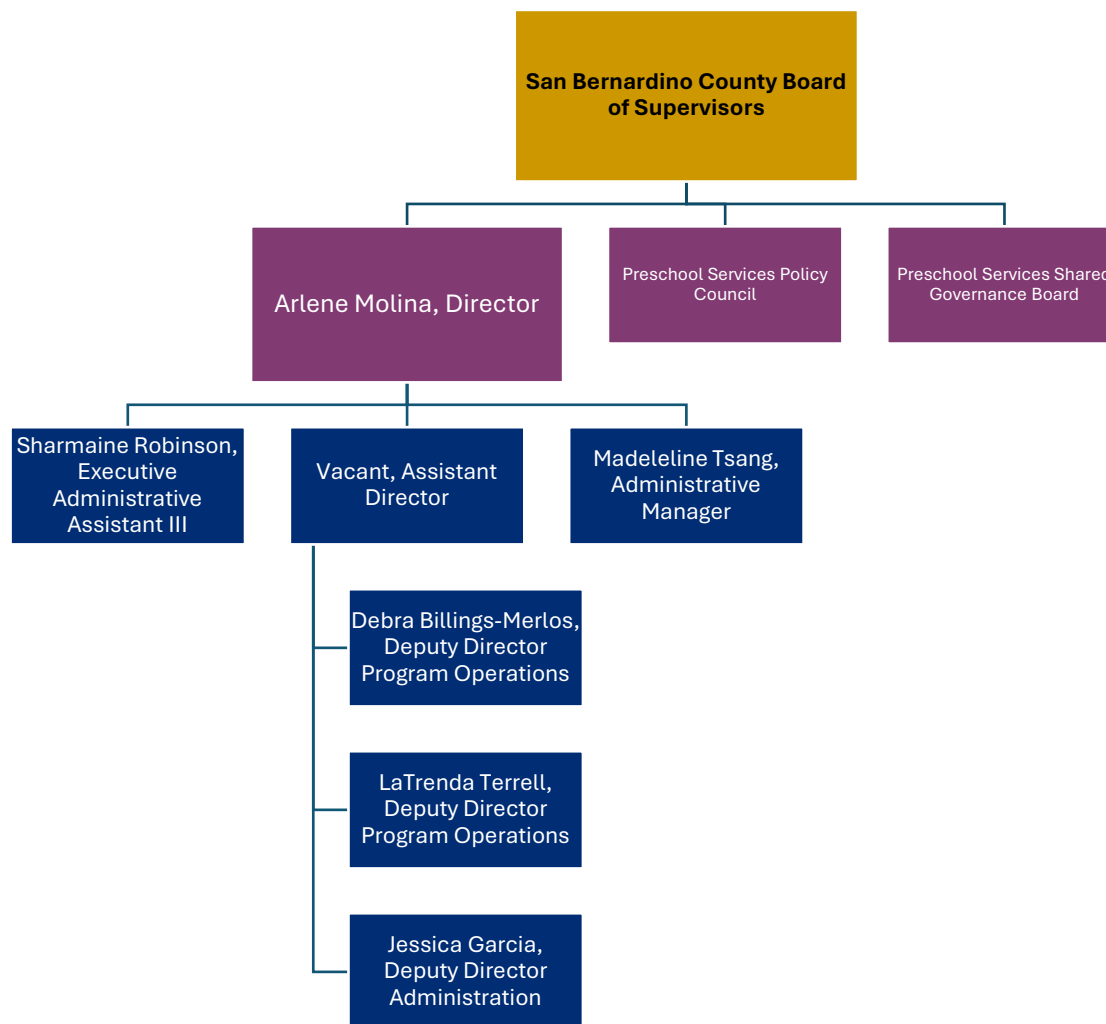
Attachement A: Location of Centers

<i>SITE</i>	<i>STREET ADDRESS</i>
Adelanto FD PD State	11497 Bartlett Rd., Ste. A 1 Adelanto 92301
Apple Valley FD PD EHS CB HB State	13589 Navajo Rd, Ste. 104 Apple Valley 92308
Arrowhead Grove PD FD	1151 N. Crestview St. San Bernardino 92410
Baker - Muscoy FD PD State	2818 N. Macy St. Muscoy 92407
Barstow FD PD EHS CB HB State	1121 W. Main St. Barstow 92311
Chino PD FD EHS CB HB	5585 Riverside Dr. Chino 91710
Crestline PD FD	22836 Fir Lane Crestline 92325
Cucamonga PD	9324 San Bernardino Rd. Cucamonga 91730
Del Rosa PD	2382 North Del Rosa Ave. Suite E, San Bernardino 92404
Fontana Citrus PD FD EHS CB HB State	9315 Citrus Ave. Fontana 92335
Hesperia FD PD EHS HB State	9352 "E" Avenue Hesperia 92345
Highland PD	26887 5th St. Highland 92346
Las Terrazas	1176 W Valley Blvd. Colton 92374
Mill FD PD State	205 South Allen St. San Bernardino 92408
Northgate FD PD State	17251 Dante St. Victorville 92394
Ontario Maple FD PD EHSCB State	555 West Maple St. Ontario 91762
Parks & Recreation PD FD	2969 Flores St. San Bernardino 92405
Redlands South PD EHS HB	15 North Center St. Redlands 92373
Redlands Valencia FD PD State	125 Horizon Ave. Redlands 92374
Rialto Eucalyptus FD PD State	485 N. Eucalyptus Ave. Rialto 92376
Rialto Renaissance PD	1360 West Foothill Blvd. Rialto 92376
Twentynine Palms FD State	71409 29 Palms Highway Twentynine Palms 92277
Upland PD	732 North 3rd Ave. Upland 91786
Victorville FD PD State	14029 Amargosa Road, Ste. C Victorville 92392
Westminster PD FD	720 North Sultana Ave. Ontario 91764
Whitney Young FD EHSCB	1755 Maple St. San Bernardino 92411
Willow FD PD State	1432 N. Willow Ave. Rialto 92376
Yucaipa PD EHS HB	12236 California St. Yucaipa 92399
Yucca Valley PD FD EHSCB HB State	56389 Pima Trail Yucca Valley 92284
Bloomington (CA)	18829 Orange St. Bloomington 92316
Colton (CA)	471 Agua Mansa Rd. Colton 92324
Fontana Unified School District (CA)	9522 Live Oak Ave., Room 29 Fontana 92335
Needles (CA) HS State	600 Cibola St. Needles 92363
Easter Seals Montclair (DA)	9950 Monte Vista Ave. Montclair 91763
Easter Seals Ontario (DA)	2999 S Haven Ave Ontario 91761
Easter Seals Phillips Ontario (DA)	1102 W. Phillips St. Ontario 91762
Easter Seals Valley View Infant CTR (DA)	1801 E. 6th St. Ontario 91764

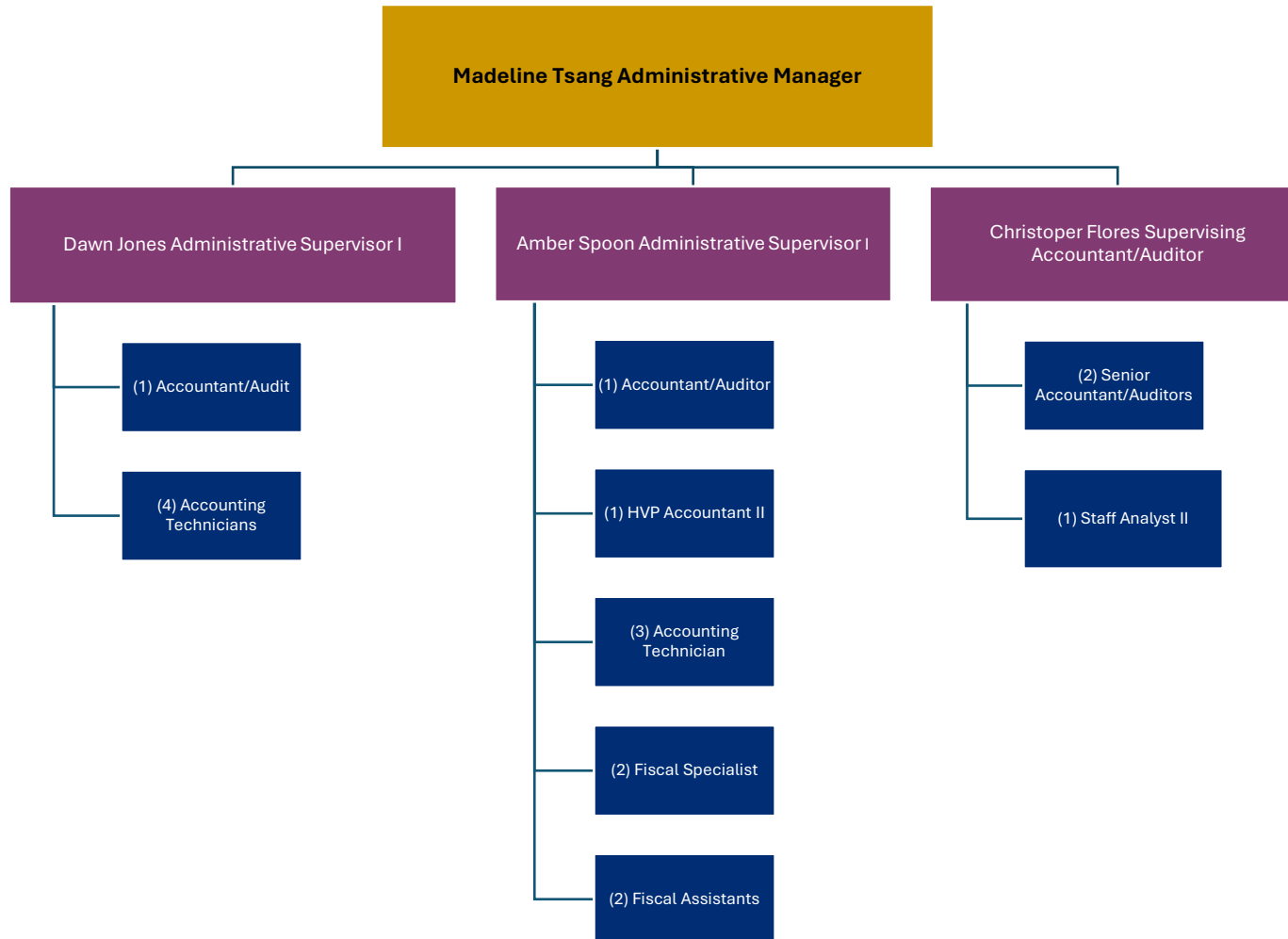
Attachment B: List of Existing Child Care Partners

<i>SITE NAME</i>	<i>TYPE OF PROVIDER</i>	<i>STREET ADDRESS</i>
Benavides Family Child Care/ Maria Benavides	Family Child Care Center	11486 Newport Ct. Adelanto, CA. 92301
Bennett Family Child Care/Rochelle Bennett	Family Child Care Home	11752 High Grove Court Adelanto, CA. 92301
Bouchey FCC	Family Child Care Center	14354 Adair Ct. Victorville, CA. 92394
Brown Family Child Care/ Mayra Brown	Family Child Care Home	13819 Misty Path Victorville, CA. 92392
Campos Family Child Care/ Mariana Campos	Family Child Care Home	19062 June Street Hesperia, CA. 92345
Caring Hearts Child Development Center	Child Care Center	1558 W. Baseline St. San Bernardino, CA. 92411
Castellanos Family Child Care/ Janet Castellanos	Family Child Care Center	8188 Juniper Ave. Fontana, CA. 92335
Contreras Family Child Care/ Norma "Lety" Contreras	Family Child Care Home	13751 Mesquite St. Oak Hills, CA. 92344
Gonzales-Gannon Family Day Care home	Family Child Care Home	9378 Felipe Avenue Montclair, CA. 91763
Gore Family Child Care/ Linda Gore	Family Child Care Home	3025 Jo-An Dr. San Bernardino, CA. 92407
Griffin Family Child Care/ Amasha Griffin	Family Child Care Home	19220 Pinto Way Apple Valley, CA. 92308
Guzman Family Child Care/ Brenda Guzman	Family Child Care Home	18322 Cherry Street Hesperia, CA. 92345
Harris Family Child Care/ Kimberly Harris	Family Child Care Home	1359 North Toldedo Way Upland, CA. 91786
Heartfelt Daycare Center	Child Care Center	15451 Bear Valley Rd. Victorville, CA. 92345
Ivery FCC	Family Child Care Center	12580 Jacaranda Pl. Chino, CA. 91710
Johnson Family Child Care/Shyika Johnson	Family Child Care Home	13598 Dellwood St. Victorville, CA. 92392
Lanre-Orepo Family Child Care/ Oluranti Lanre-Orepo	Family Child Care Home	14348 Squirrel Lane Victorville, CA. 92394
Lilly Bug's	Child Care Center	4280 Lindero Street Phelan, CA 92371
Matheu Family Child Care/ Sandra Matheu	Family Child Care Center	15195 Cactus St. Hesperia, CA. 92345
Oak Tree Learning Center/ Melissa Davis-director	Child Care Center	1900 N.Dst San Bernardino, CA. 92405
Reyes Family Child Care	Family Child Care Center	19110 Osceola Rd. Apple Valley, CA. 92307
Robinson Family Child Care	Family Child Care Home	11430 Hopi Road Apple Valley, CA. 92307
Rodriguez Family Child Care	Family Child Care Home	13275 Petaluma Rd. Victorville, CA. 92392
Wade Family Child Care/ Elvia Wade	Family Child Care Home	11873 Tiffany St. Victorville, CA. 92392
Wallace Family Child Care/ Falincia Wallace	Family Child Care Center	16993 Grand Mammoth Pl. Victorville, CA. 92394
Wright Family Child Care	Family Child Care Center	15015 Christopher St. Adelanto, CA. 92301
Zacarias Family Child Care/Ashley Zacarias	Family Child Care Home	14439 Sierra Grande St. Adelanto, CA. 92301
Brown's Teddy Bear Family Child Care/Ana Brown	Family Child Care Home	13316 Via Palma Rd. Victorville, CA. 92392
Crooms Family Child Care/Brandi Crooms	Family Child Care Home	14708 Ponderosa Ranch Rd. Victorville, CA 92394
Flores Family Child Care/ Lupita Flores	Family Child Care Home	1894 E Cooley Ave. San Bernardino, CA. 92408
Honeybees Childcare Center	Child Care Center	15749 Olalee Road, Apple Valley, CA. 92307
Simmons Family Child Care/ Danilla Simmons	Family Child Care Home	16444 Freesia Ct. Fontana, CA. 92336
Yarber Family Child Care/ Heather Yarber	Family Child Care Center	12652 Alana Way Victorville, CA. 92392

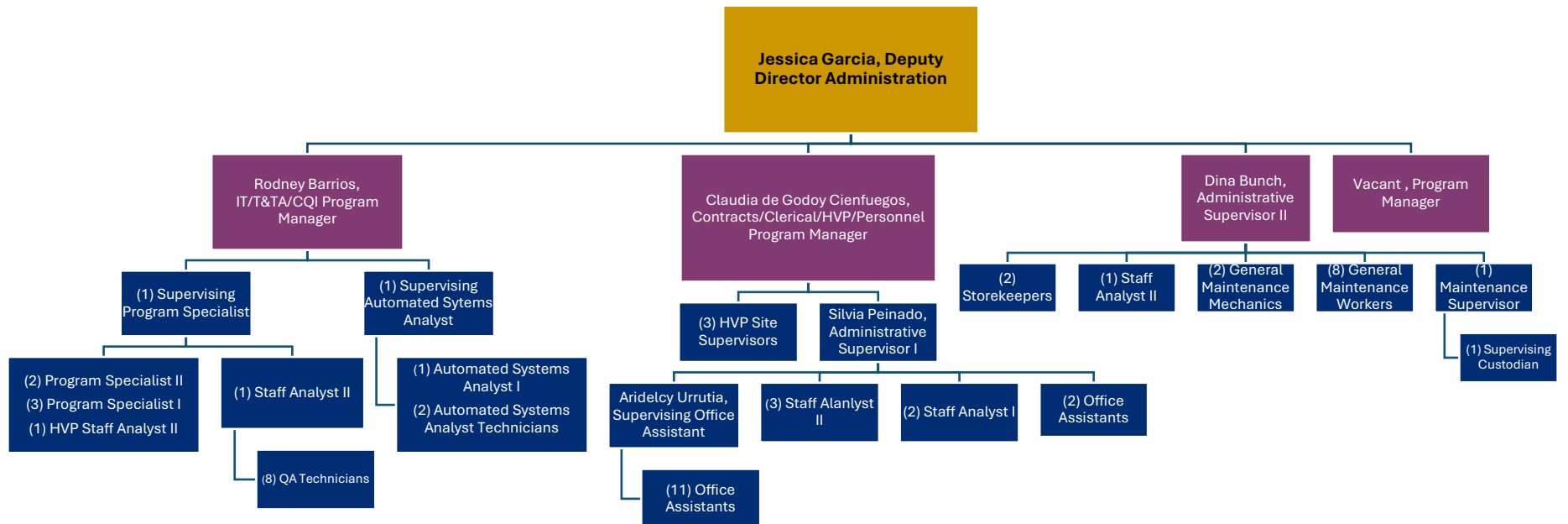
ATTACHMENT C: SAN BERNARDINO COUNTY PRESCHOOL SERVICES EXECUTIVE ORGANIZATIONAL CHART



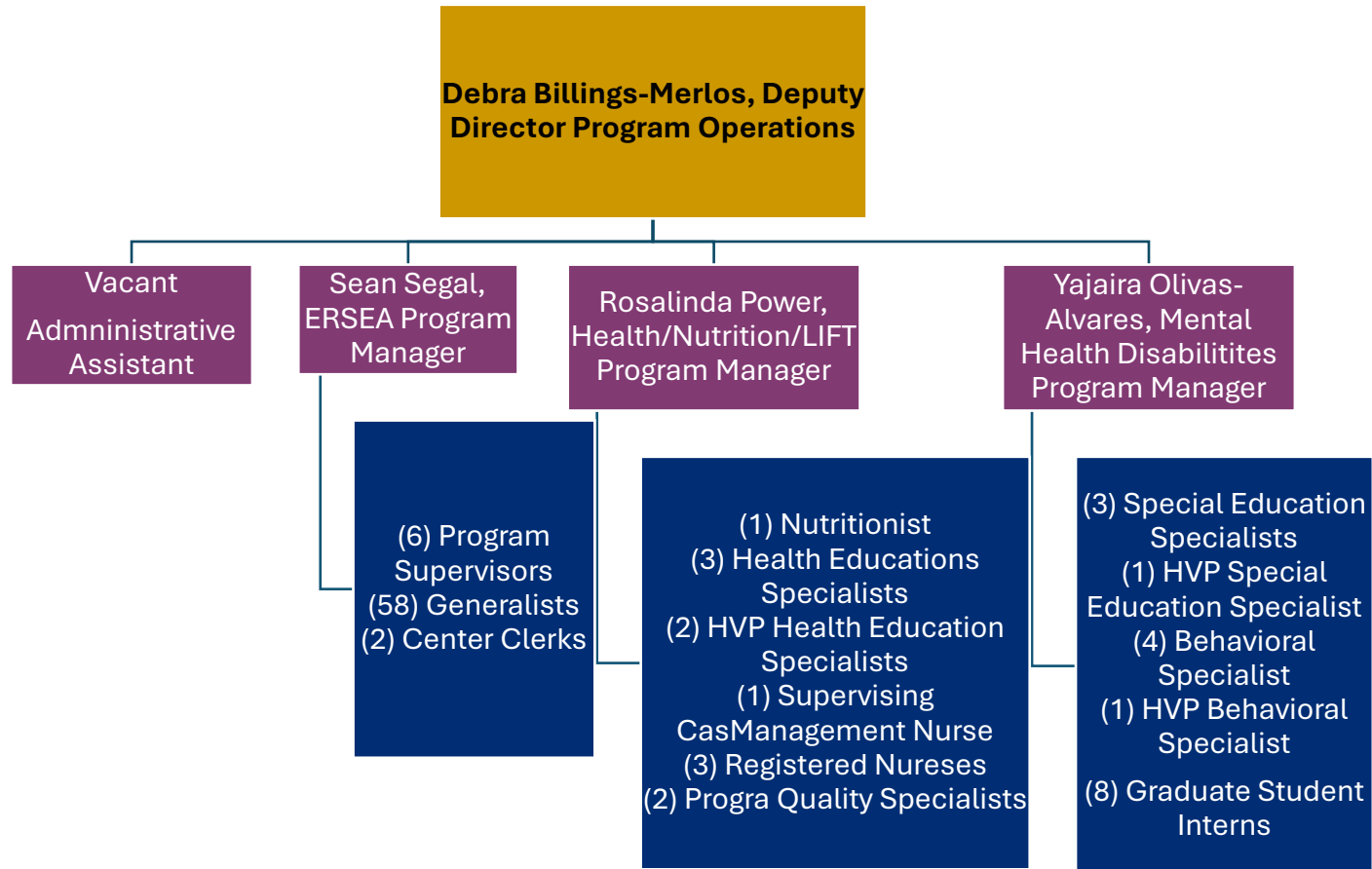
ATTACHMENT C: SAN BERNARDINO COUNTY PRESCHOOL SERVICES DEPARTMENT FINANCE ORGANIZATIONAL CHART



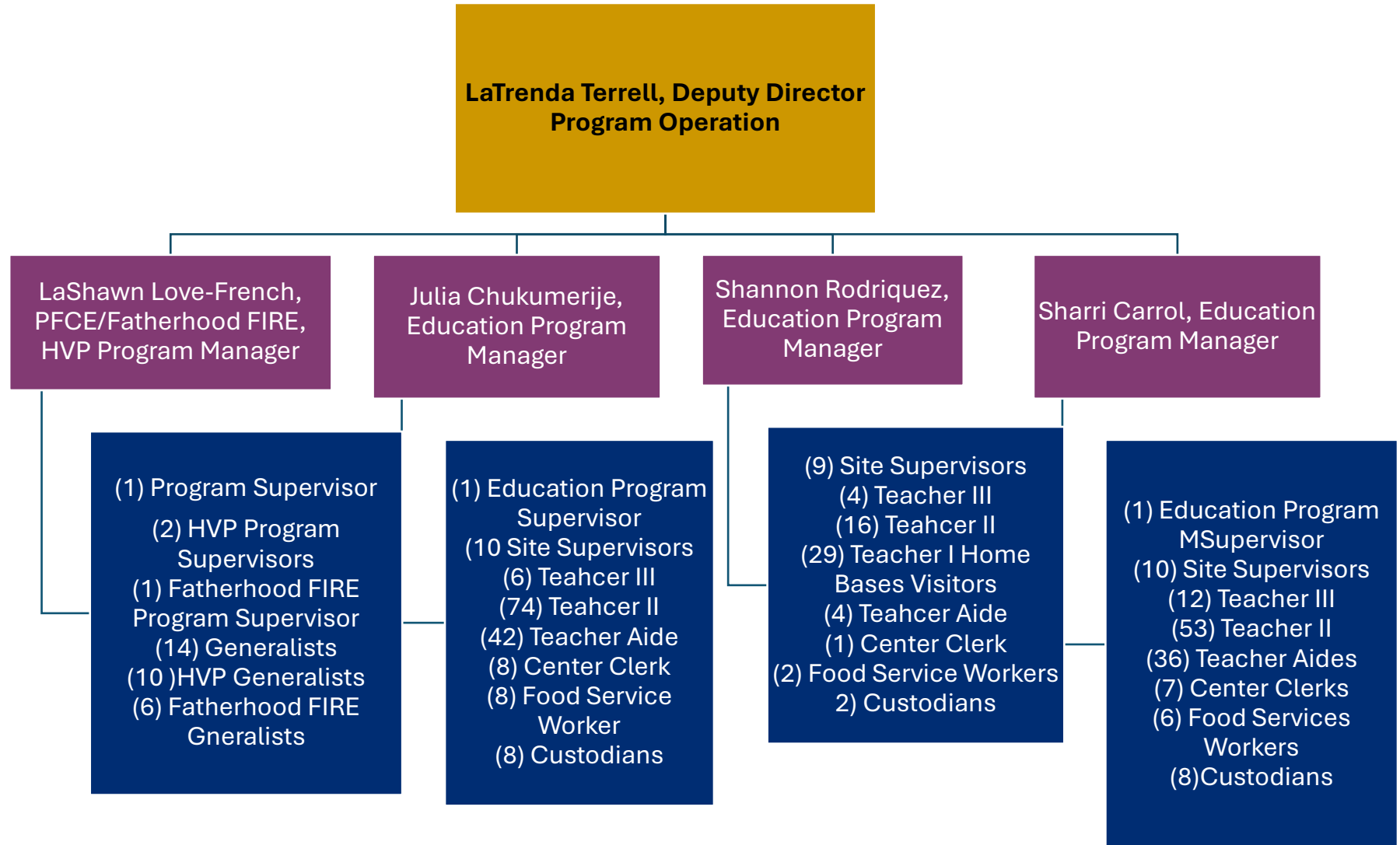
ATTACHMENT C: SAN BERNARDINO COUNTY PRESCHOOL SERVICES ADMINISTRATION ORGANIZATIONAL CHART



ATTACHMENT C: SAN BERNARDINO COUNTY PRESCHOOL SERVICES PROGRAM OPERATION ORGANIZATIONAL CHART



ATTACHMENT C: SAN BERNARDINO COUNTY PRESCHOOL SERVICES PROGRAM OPERATIONS ORGANIZATIONAL CHART





Preschool Services Department Administration

Arlene Molina
Director

Attachment D: Certification of Head Start Compensation

**San Bernardino County
Preschool Services Department
EIN: 95-6002748
Certification of Head Start Compensation**

As required by the Head Start Act, Section 653 and outlined in PI-HS-08-03. Preschool Services Department hereby certifies that the compensation of all individuals employed by San Bernardino County Preschool Services Department (PSD) meets the statutory requirement established for Head Start staff, retirement or any other employee welfare or pension benefit is specifically excluded from counting as compensation.

PSD also certifies that the compensation of the highest paid individual at PSD does not exceed \$225,700 per year, which is the current rate of compensation for an Executive Level II employee.

BOARD OF SUPERVISORS

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Vice Chairman, First District

JESSE ARMENDAREZ
Second District

DAWN ROWE
Chair, Third District

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JOE BACA, JR.
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Luther Snoke
Chief Executive Officer