

EDUCATIONAL SERVICE DISTRICT 112

# Early Head Start



Annual Report 2024



# Letter from the Director



We are slowly recovering from the severe workforce crisis we faced in 2023. We were able to recruit and retain more staff, which allowed us to re-open classrooms and serve more children. We are fortunate to have passionate and dedicated staff who work hard every day to do all they can for children and families. The work of ECE professionals is tireless and rewarding and we continue to advocate for additional funding to compensate staff commensurate with the public education system.

The loss of COVID relief funding and resources created more struggles for families. Many community partners can no longer provide the level of support and resources to families without this additional funding which has caused more stress for families. Our Family Support team members have worked hard to find as many options as possible for families and continue to support family self-sufficiency in creative ways. As a result, we have seen increased family engagement in Policy Council, Community Connects and home visits. We also hosted our first annual “Together in our Town” community event that was led by Policy Council parents. This event featured community helpers and resources and all ECE families were invited. It was a great success and we are excited to work with the Policy Council parents again in 2025 to host a similar experience for families.

Our Enrollment Plan ended in March when we were able to meet full enrollment requirements after hiring staff and re-opening classrooms. We continue to enroll new families and support existing families who can benefit from our services the most.

As the largest ECE provider in our region, ESD 112 leverages community partnerships, multiple funding streams and staff expertise to support children prenatally to the age of 12 alongside their families. We are proud of the comprehensive programs we offer so that families can choose the services that best meet their needs. ESD 112 is audited annually by the State Auditor’s Office. The audit was clear with no findings.

As we look ahead to 2025, we are proud of our accomplishments as a program and most importantly the successes of the families we serve. We are grateful to work in a community that supports young children and we look forward to continued efforts to strengthen and stabilize the ECE industry so that all families can access the supports and services they deserve.

Sincerely,

*Jodi Wall*

Executive Director





We serve **40** home-based families and **48** center-based families in Clark County.



## Annual Report

The mission of Educational Service District 112 (ESD 112) is to equalize educational opportunities for learning communities through innovative partnerships, responsive leadership and exceptional programs. ESD 112's Early Head Start program marshals partners and professionals to deliver comprehensive services for 88 infants, toddlers and pregnant women in Southwest Washington communities. Service areas served last year included: 40 home-based families and 48 center-based families in Clark County.

### 2023-2024 TOTAL CHILDREN OR PRENATAL WOMEN SERVED

**FUNDED SLOTS: 88**

**149**  
(100% OF FUNDED ENROLLMENT)

|   |            |
|---|------------|
| Families living below 100% of the poverty line, homeless, or foster status                        | <b>95%</b> |
| Families experienced homelessness   | <b>19%</b> |
| Foster children   | <b>10%</b> |
| Children enrolled for their 2nd or more year  | <b>42%</b> |
| Families' ethnicity was Hispanic or Latino origin   | <b>39%</b> |
| Single-parent families  | <b>56%</b> |
| Families who were unemployed  | <b>26%</b> |
| Children with a disability  | <b>19%</b> |
| Children served with a disability were newly identified by the Early Head Start program this year | <b>3%</b>  |
| Percentage of eligible children in the community who were served by our Early Head Start programs | <b>5%</b>  |

## ●●● Health Services

We engage in ongoing efforts to coordinate health services with families and work to support every child in having a medical and dental home for routine care. We are seeing an increase in complex health needs and referrals. Many families are waiting for openings to see specialists due to this higher demand for services. Family support staff continue to be available to support families by finding alternate options and advocating for additional resources. There is a large community need for more qualified providers in the area.

Changes were made this year to the way we collect information for Individual Health Plans to ease with the length of the process. Our Nurse collects information from families and information from

the provider so there is less back and forth. This has helped with time and communication, and we have received positive feedback from providers and families on the changes.

Due to the restrictions during the pandemic, it was challenging to have onsite dental screenings. However, this year we were able to offer this service again to families. In addition to the centers, we made a coordinated effort to include the home-base families and had times available for walk-in screenings. Children receive fluoride treatments and sealants, along with information to be connected to a dentist within their community. This was a great partnership, and we have scheduled to have two opportunities each year moving forward.

The Health and Mental Health Services Advisory Committee (HMHSAC) continues to meet twice a year. There has been an emphasis on social-emotional learning and mental health supports. Many families continue to struggle to find mental health professionals in our area due to professionals having extensive waitlists. The MHHSAC continues to brainstorm ideas and continues to seek participation from local agencies as we collaborate for policy changes and ease of access for children and families.



### HEALTH SERVICES

|   | AT TIME OF ENROLLMENT | AT END OF ENROLLMENT |
|---|-----------------------|----------------------|
| Children & pregnant women with health insurance                       | <b>99%</b>            | <b>100%</b>          |
| Children with an ongoing source of continuous, accessible health care | <b>96%</b>            | <b>100%</b>          |
| Children up-to-date on medical exams                                  | <b>42%</b>            | <b>84%</b>           |
| Children up-to-date on immunizations                                  | <b>68%</b>            | <b>77%</b>           |
| Children up-to-date on dental care                                    | <b>N/A</b>            | <b>58%</b>           |

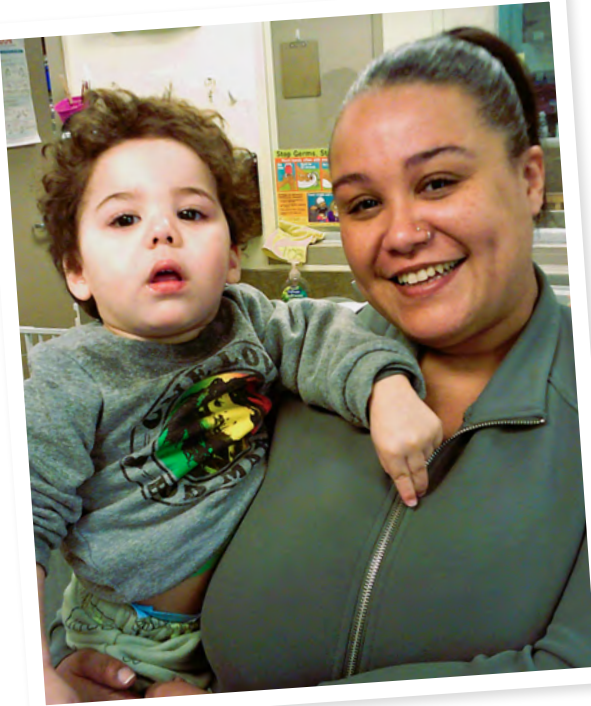
"I really liked having the Circle of Security parenting class. It was so impactful. I also enjoyed working with family support staff to help me advocate for myself and my child with community partners."

- EHS Home-Based Parent



## ●●● School Readiness

Adults play a pivotal role in supporting young children's growth and development. While the pandemic has abated, both staff and families have expressed significant ongoing stress, anxiety, and uncertainty. Caregiver stress can make it more challenging for adults to meet children's needs effectively, including providing opportunities for rich and engaging learning and discovery. When adults' needs are not met, it is much more challenging for them to support and promote children's school



*"Our child developed strong bonds at the center and it meant a lot to us to be able to continue having access to care after her transition from foster care to adoption."*

- EHS Center-Based Parent

readiness. We recognize that it will take time to heal and recover from the aftermath of the pandemic and we will continue to focus on promoting building relationships and a sense of community and belonging.

In addition to the Circle of Security Parenting Series we offer to families and staff, we have implemented class conferencing in our center-based programs. These meetings bring together building and program leaders to share information about what is working well in each classroom, and what additional resources, help and support teachers are requesting. Members of the team then develop and implement an action plan to help support teachers as they continue to attune to children's needs and provide children with rich learning opportunities.

Program leaders include members of our social emotional/mental health multi-tiered systems of support staff. Social Emotional Learning Specialists work with Mental Health Consultants to strengthen social emotional learning for all children, in all classrooms. This includes helping children develop self-regulation, executive function and friendship skills, in addition to building skillsets across developmental domains.

We continue to utilize developmental screening tools to monitor children's development and to collaborate with families anytime there are noted concerns and to identify next steps. We are seeing an increase in children with complex medical and developmental needs. Families are working with medical providers to engage in genetic testing to better understand how to care for and support their children. The Early Head Start Staff play an integral role on the team, helping families navigate the often complex medical and developmental systems and services, and supporting families as they advocate for additional resources to ensure their children receive the necessary resources, services and treatment.

In addition to monitoring for possible delays

and disabilities, we also use on-going formative assessment data to inform lesson plans in our classrooms, and child-caregiver activities in the home.

We are currently implementing two different on-going formative child assessment tools. In our home-based program, we use Galileo and we use Teaching Strategies GOLD (GOLD) in our center-based programs. It has been challenging finding an assessment tool sensitive enough to capture the small, incremental changes in development for infants and toddlers. Home-based staff report that the tool and the assessment results has helped them strengthen conversations with families about child development, what families can expect their children to do next, and the role that families play in nurturing their child's growth by providing learning opportunities in their daily routines.

For children enrolled in our center-based Early Head Start programs, we continue to use the GOLD assessment system. This assessment system is also being used for all children in our child care centers and is a requirement in our state-funded ECEAP preschool program as well as our Early ECEAP program for families with infants and toddlers who need child care. Having a common assessment measure in our center-based programs promotes greater continuity and alignment of instructional, professional development, and family engagement practices across the developmental continuum.

Our school readiness goals include information about external factors that may be creating additional challenges for families as their children's first and most important teachers. We utilize this information, along with child assessment data, to set goals, identify and implement specific strategies, and revisit progress so that we can adjust, as needed. Classroom staff and home visitors utilize the goals in a variety of ways, including posting the information in centers and classrooms, sharing the information with families, reflecting on their current practices, and identifying strategies to improve their practice

Below is data on our current school readiness



*"The most meaningful part was seeing the excitement every time it was time for him to go to school, and all his friends he had made would call his name when he arrived. His teacher also helped get him into speech therapy services."*

- EHS Center-Based Parent

goals for EHS Center-Based and Home-Based. Since the two programs use different assessment tools the goals are measured in different ways, therefore the data is displayed slightly differently. The Home-Based assessment tool is also broken down with different age ranges, so all children are

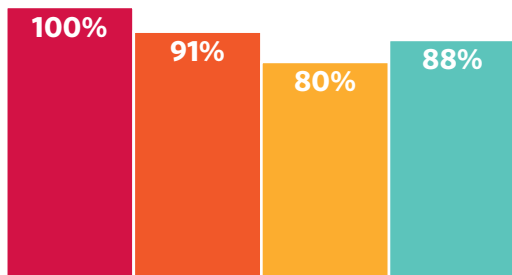
% of assessed children who met or exceeded expectations for each indicator

● INFANT ● AGE 1 ● AGE 2 ● AVERAGE

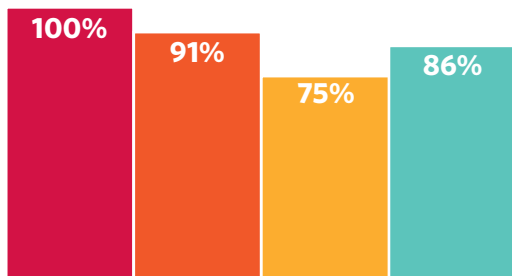
## SOCIAL EMOTIONAL DEVELOPMENT



**Goal:** Children will use strategies to regulate their emotions and participate with others across multiple settings.



CHILDREN TAKE CARE OF THEIR OWN NEEDS APPROPRIATELY



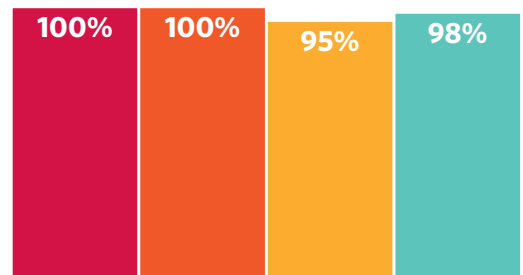
CHILDREN SOLVE SOCIAL PROBLEMS



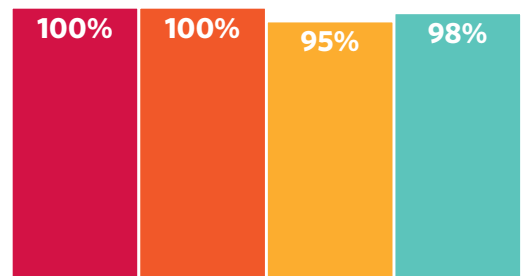
## APPROACHES TO LEARNING



**Goal:** Children will demonstrate attentiveness, engagement, and persistence across a variety of learning situations.



CHILDREN SHOW CURIOSITY AND MOTIVATION

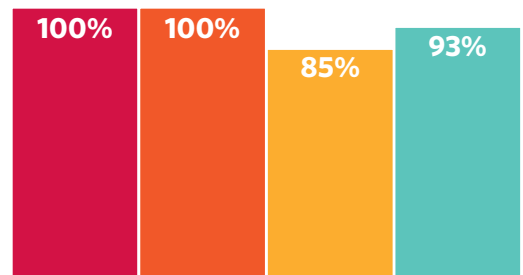


CHILDREN PERSIST

## COGNITION



**Goal:** Children will demonstrate the ability to solve problems when faced with new or challenging learning situations.



CHILDREN SOLVE PROBLEMS

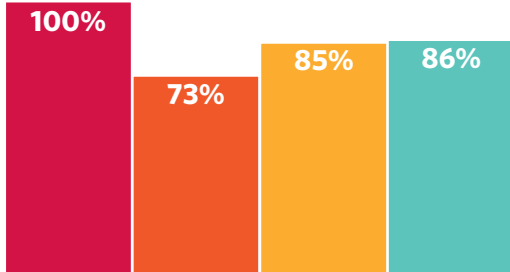
\*This is a set of children assessed at the end of August 2024. Due to EHS being a year-round program some of these children may have been newly enrolled. (Infants - 12, 1 year olds - 11, 2 year olds - 20).



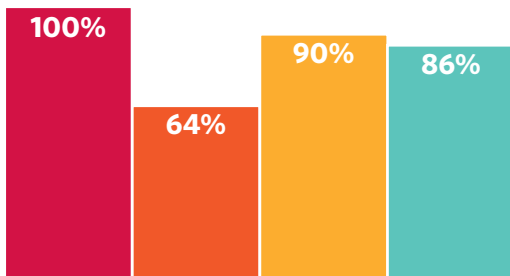
## LANGUAGE AND COMMUNICATION



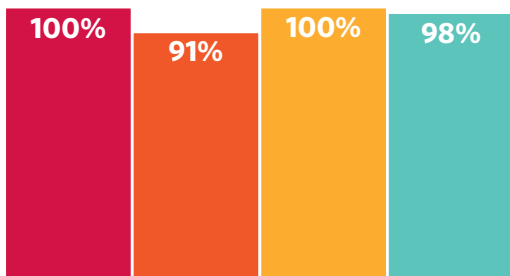
**Goal:** Children will produce, listen to, and understand language as part of developmentally appropriate conversation.



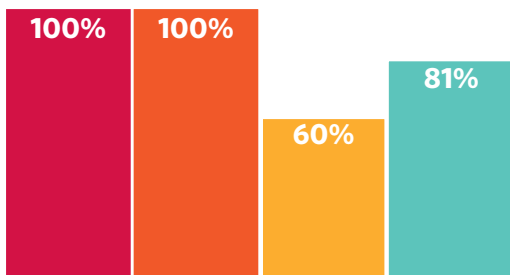
CHILDREN USE AN EXPANDING, EXPRESSIVE VOCABULARY



CHILDREN SPEAK CLEARLY



CHILDREN USE CONVENTIONAL GRAMMAR

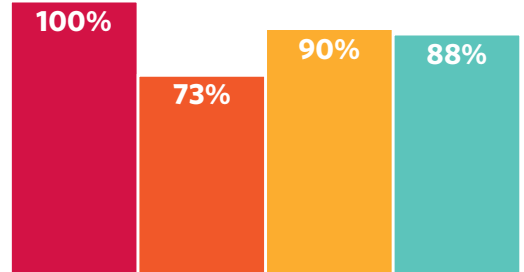


CHILDREN USE SOCIAL RULES OF LANGUAGE

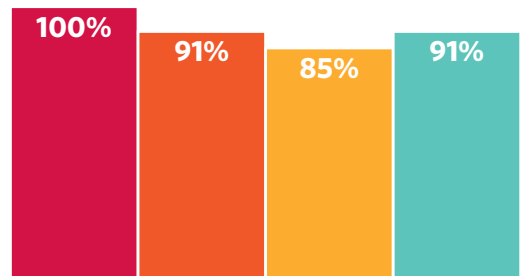
## PERCEPTUAL, MOTOR & PHYSICAL DEVELOPMENT



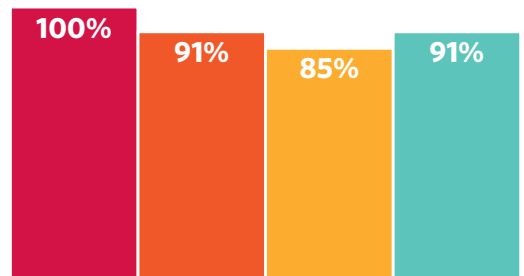
**Goal:** Children will demonstrate large-motor and fine-motor strength and coordination.



CHILDREN DEMONSTRATE TRAVELING SKILLS



CHILDREN DEMONSTRATE BALANCING SKILLS



CHILDREN USE FINGERS AND HANDS

*% of assessed children who met or exceeded expectations for each indicator*

● INFANT ● AGE 1 ● AGE 2 ● AVERAGE

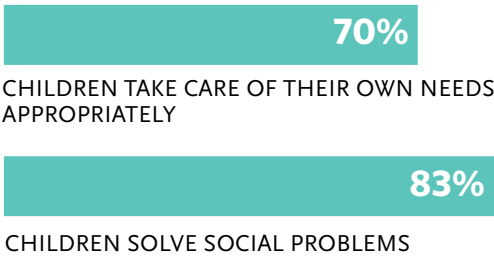
\*This is a set of children assessed at the end of August 2024. Due to EHS being a year-round program some of these children may have been newly enrolled. (Infants - 12, 1 year olds - 11, 2 year olds - 20).

% of assessed children who met or exceeded expectations for each indicator

### SOCIAL EMOTIONAL DEVELOPMENT



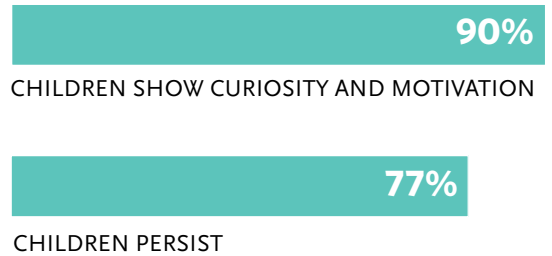
**Goal:** Children will use strategies to regulate their emotions and participate with others across multiple settings.



### APPROACHES TO LEARNING



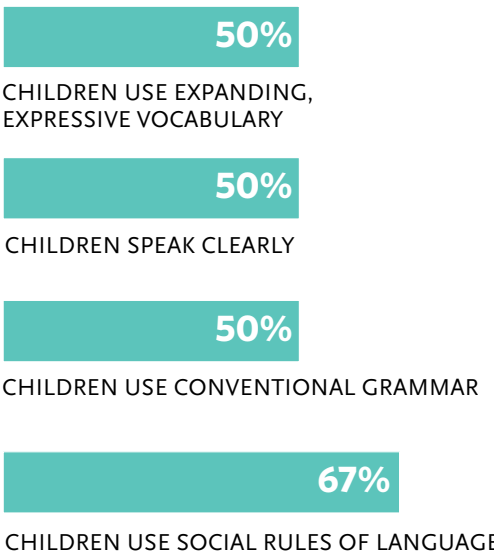
**Goal:** Children will demonstrate attentiveness, engagement, and persistence across a variety of learning situations.



### LANGUAGE AND COMMUNICATION



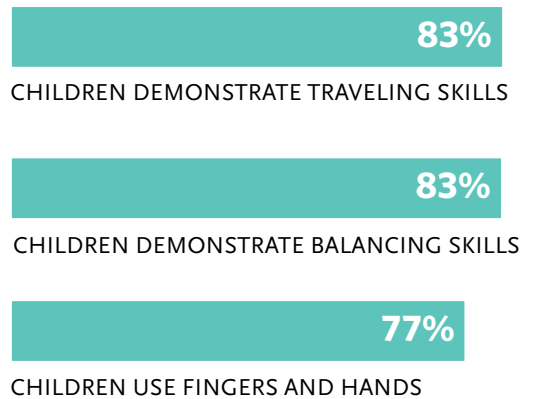
**Goal:** Children will produce, listen to, and understand language as part of developmentally appropriate conversation.



### PERCEPTUAL, MOTOR & PHYSICAL DEVELOPMENT



**Goal:** Children will demonstrate large-motor and fine-motor strength and coordination.



### COGNITION



**Goal:** Children will demonstrate the ability to solve problems when faced with new or challenging learning situations.



\*This is a set of children that were enrolled anytime between May 2024-August 2024. Due to EHS being a year-round program some children may have been newly enrolled and not assessed. (30 children assessed)

## ●●● Family Engagement

Connection and relationships are vital to family engagement. We believe in building a collaborative environment where families and staff work closely together to support child development. When families participate in school activities, events, and decision-making processes, it strengthens the community and builds capacity for better systems and approaches to the work we do.

At our centers, we offer Community Connects, an opportunity for families to come together, talk about successes, provide feedback, and build support with one another. Staff facilitate these meetings allowing time and space, but these are driven by family suggestions on topics or guest speakers. We had several families at a site asking for community resources on food banks and low-cost recipes. Our family support staff were able to arrange for a representative from the Clark County Food Bank to come and give a presentation on

low-cost meals and give access to information for every food bank within the County. Examples like this show how we can be responsive to family's needs while also building on their leadership and advocacy.

We continue to provide socialization opportunities for our Home-Based families and have increased the number of offerings from two a month to three a month. This past year, we were able to secure transportation for families to these playgroups and we have seen a rise in participation numbers. In addition, we have added a Bilingual Education and Family Support Specialist to this playgroup role which has created a more inclusive and supportive environment, encouraging greater family involvement and communication.

Our strength-based approach to setting goals with families gives us the opportunity to provide a comprehensive support system for children and their families. By linking families with local resources such as healthcare services, food banks, educational programs, and mental health support, we can address a wide range of needs that impact a child's development and well-being. These connections help families access essential services that they might not have been aware of or able to reach on their own, fostering a stronger, more resilient community. We regularly meet with community agencies to strengthen partnerships and our capacity to understand what is offered in our area and address barriers to access.

Policy Council continues to be an area where family voice comes through. We had a successful event in May of 2024 and had over one hundred families participate in getting to know first responders in our community and connect with community agencies. This was the culmination of months of planning by the Policy Council members and it was amazing to see this come to life from an idea from a parent about wanting to connect and give a positive experience to children and families.




## FAMILY NEEDS & GOALS

Below is information on the most common **Needs** and **Goals** that families have been identifying this past year and shows which needs were met or met partially, abandoned/unmet, or some of the identified needs still being addressed currently.

### MOST COMMON NEEDS IDENTIFIED BY FAMILIES\*

| NEEDS IDENTIFIED                |  |  |  |
|---------------------------------|---|---|---|
| Food - 38                       | 31  | 5   | 2   |
| Household Items - 37            | 35  | 1   | 1   |
| Financial - 28                  | 24  | 2   | 2   |
| Child Care - 21                 | 20  | 1   | 0   |
| Child Health - 16               | 16  | 0   | 0   |
| Education/Training - 12         | 5   | 6   | 1   |
| Parent/Family Relationships - 9 | 5   | 4   | 0   |
| Housing - 8                     | 6   | 2   | 0   |
| Transportation - 7              | 7   | 0   | 0   |
| Adult Health - 4                | 3   | 0   | 1   |
| Families & Communities - 3      | 2   | 1   | 0   |
| Physical Health & Exercise - 3  | 0   | 3   | 0   |
| Domestic Violence Help - 2      | 0   | 0   | 2   |
| ESL Classes - 2                 | 0   | 2   | 0   |

### MOST COMMON GOALS IDENTIFIED BY FAMILIES\*

| GOALS IDENTIFIED                          |  |  |  |
|---|---|---|---|
| Housing - 13                              | 4   | 4   | 5   |
| Child Care - 11                           | 5   | 4   | 2   |
| Financial - 11                            | 7   | 1   | 3   |
| Family Education at Home - 8              | 3   | 2   | 3   |
| Employment - 8                            | 4   | 0   | 4   |
| Parent Knowledge of Child Development - 6 | 5   | 0   | 1   |
| Adult Health - 6                          | 5   | 0   | 1   |
| Families & Communities - 5                | 3   | 0   | 2   |
| Education/Training - 5                    | 1   | 0   | 4   |
| Physical Health & Exercise - 4            | 4   | 0   | 0   |
| Housing/Neighborhood - 4                  | 3   | 1   | 0   |
| Promoting Primary Language - 4            | 1   | 0   | 3   |
| Transportation - 4                        | 2   | 1   | 1   |



MET OR MET PARTIALLY



ABANDONED OR UNMET BY FAMILY



STILL OPEN/WORKING ON

\* Clothing was the #1 need identified, but due to our local partnership with Northwest Children's Outreach we are able to meet this clothing need majority of the time. That item has been left off of the data so that it doesn't skew the charts.

## Professional Development

Our programs continue to place great emphasis on diverse professional development experiences to support staff ongoing learning and growth. Our training and technical assistance plan combines supports for additional educational attainment, training workshops, engagement in professional learning communities and group reflection, and job-embedded professional learning and coaching supports. With the ongoing staffing crisis in our field, we continue to focus on professional development



*"Teachers were very supporting and demonstrated a commitment to supporting each child through their growth and learning the EHS program."*

- EHS Center-based Parent

strategies that support the needs of less experienced staff while also ensuring ample opportunities for skill development and reflection for those in leadership and more experienced roles. These diverse needs are supported by many staff at many levels including Managers, Coordinators, Specialists, Consultants, Center Directors, and Instructional Mentors.

This year, we have worked alongside all our Center Directors to make revisions to our center-based Coordinated Coaching Model. Our original model underwent its last major revision prior to the pandemic when our staffing was more stable and the level of needs of children in classrooms was less. What we have found over the past few years is that the original model, while idealistic, was unrealistic in its implementation for the current challenges our programs are facing. To adjust the model, we engaged in months-long conversations to co-design a new model with our Center Directors and Instructional Mentors. We built on some of the organic coaching and reflective practices that emerged at sites during the pandemic and adjusted the tiers of coaching practices to align with research-based practices and our program values.

In our adjusted coordinated coaching model, the largest changes involved more emphasis on job-embedded coaching and direct modeling in the classroom, a de-emphasis on the involvement of our state quality rating and improvement system due to reduced staff capacity of this partner, a stronger focus on QCIT as a new tool to our programs, and broadening of the self-assessment process to include a menu of options that recognize and honor where different folks are in the process of self-reflection. We have also adjusted our coaching data collection process to better share the story and impacts of coaching and reflection as the most important form of professional development. Moving into next year, we will be reviewing our home-based coordinated coaching model to determine if any adjustments would be beneficial.

Another exciting co-designed project this year was the launch of our center-based Teacher Mentor Program. We moved this program from conceptual draft to implementation this year with the help of a

## Professional Development (continued)

workgroup of Center Directors and Social Emotional Learning Specialists. The Teacher Mentor Program slows down the process of welcoming and orienting new staff to their positions. Many new staff continue to step into roles without a current understanding of our ESD 112 programs, sometimes without much knowledge or experience in the field of ECE, and in a time when they are met with complex trauma and needs of students and families.

The Teacher Mentor Program allows new staff to be paired with an experienced mentor teacher for three weeks. During these three weeks, the focus for the new staff is on building relationships, meeting team members and better understanding the site culture and expectations, facilitating observations of skills and program procedures in action, and engaging in reflection with their mentor and Center Director. During the mentorship period, new staff are not in ratio or directly responsible for the needs of children, allowing them to meaningfully focus on their new experiences and learning. At the same time, this program honors the education and lived experience of the mentor teacher, who has an opportunity

to model and share their practice with someone new. The supporting materials for the program were all co-designed and developed, and our initial implementation with an EHS center-based teacher has already shown very promising results. The hope is to continue to track data over time to measure the effectiveness of the model in increasing engagement and sense of belonging for new staff while decreasing burnout and turnover. The next phase of this model will be in considering implementation for family support positions.

As we move forward, we will continue to explore ways that professional learning spaces can help staff pause, take a breath, and find excitement in deepening their skills and knowledge base. The work that our staff do is incredibly challenging, and at the same time, rewarding. Professional development opportunities are a great way to ensure that we are providing reflective opportunities for staff to process their experiences and learning and to take care of their needs so that they may care for the needs of children and families.

## Community Assessment Survey

Drawing from the data and key findings of ESD 112 2024 Community Assessment and input from leadership team members, the following reflections and recommendations will be considered to support ESD 112's continued responsiveness to community need.

**Reflection 1: Program Design, 2024 update:** Data continue to show that a majority of income-eligible children reside in more densely populated parts of the service area, and the estimated number of income-eligible pregnant women remains steady. Looking at changes over time (2013-2017 compared to 2018-2020), data show notable decreases in the estimated number of income-eligible children in the service area.

ESD 112 maintains an active waiting list for its early learning programs and has increased its Early Head Start enrollment of children living in families receiving

public assistance substantially in the last program year. Further, data continue to show that overall child care capacity is limited, with fewer options available for families with infants and toddlers. The child care staffing crisis persists within Washington, as well as nationwide, and is having an impact on capacity.

**Reflection 2: Parent Training and Employment, 2024 update:** Updated data continue to show rates of unemployment in the service area that are near consistent or slightly elevated from the statewide rate. Unemployment among families served by ESD 112 Early Head Start remains high and is substantially elevated compared to community-wide rates. ESD 112 leadership team members report that a need for continued collaboration and resource sharing to meet families' needs remains evident.

**Reflection 3: Health Services, 2024 update:** Many

## Community Assessment Survey (continued)

adult health factor and outcomes data continue to show challenging rates in communities served by ESD 112. Across the service area, and particularly in the less populated communities served by ESD 112, the number of health providers remains limited. ESD 112 leadership report ongoing challenges with families accessing dental care and mental health care. This is echoed in community data that continue to suggest families face challenges maintaining their children's preventative and primary care schedule, including immunizations.

**Reflection 4: Affordable Housing and Homelessness, 2024 update:** The most recent community assessment data shows high rental cost burden, rising housing costs, and a lack of affordable housing. Coupled with limited eviction protections or rental assistance, particularly for undocumented families, these factors lead to persistent housing instability. Data show ESD 112 continues to serve a higher number of families experiencing homelessness.

**Reflection 5: Bilingual Support, 2024 update:** Consistent with the findings of the 2022 Community Assessment and 2023 Community Assessment Annual Update, the need for bilingual service providers remains a barrier to accessing services for some individuals in ESD 112's service area. ESD 112's early learning programs continue to serve diverse

families, including a more recent increase in Ukrainian refugees. The agency actively recruits staff to meet families' needs, including hiring Ukrainian personnel, who can share language and cultural experiences with families served.

**Reflection 6. Public School District Relationship-Building, 2024 update:** Data continue to show disparity in quality and student outcomes among children enrolled in public school districts in the service area, including kindergarten readiness levels. Further, with the expansion of Transition to Kindergarten, ESD 112 is exploring opportunities for greater coordination with public school districts regarding the enrollment of eligible children.

**Reflection 7: Impact of COVID-19, 2024 update:** Another year removed from the height of the COVID-19 pandemic shows further stabilization. However, other factors, such as the child care staffing crisis, noted above, continue to have widespread impact on ESD 112's services to meet families' needs. ESD 112 early learning program data continue to show that the agency serves families with diverse needs that tend to be greater than those in the community, as a whole. The ongoing need for ESD 112's early learning programs is evident, further underscoring the importance of the agency's role in the service area.



"The teachers  
and staff are  
amazing and a  
huge help!"

- EHS Center-based Parent

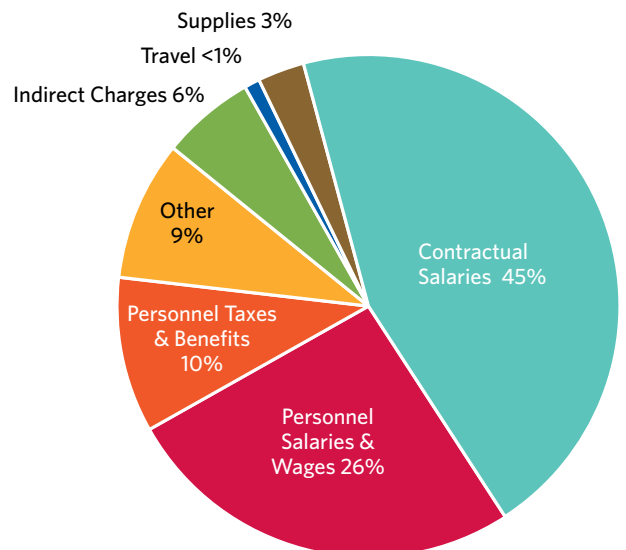
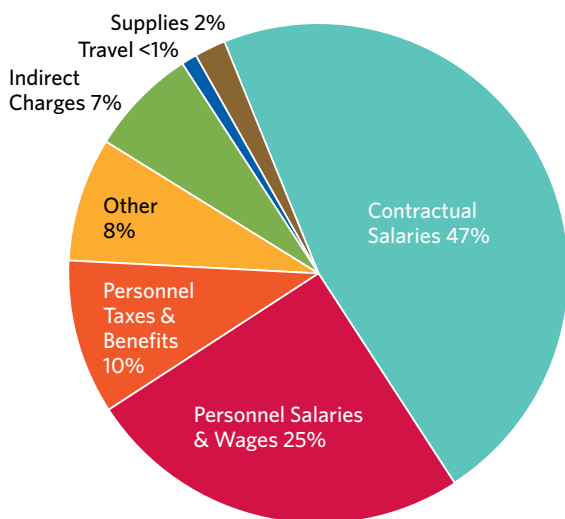
# EHS Budget

## ANNUAL BUDGET September 1, 2023 - August 31, 2024

|   | EHS              | EHS:<br>HB T/TA | TOTAL            |
|---|------------------|-----------------|------------------|
| <b>INCOME</b>   |                  |                 |                  |
| Federal Early Head Start Grant                                  | 2,713,578        | 54,246          | 2,767,824        |
| <b>TOTAL INCOME</b>   |                  |                 | <b>2,767,824</b> |
| <b>EXPENSES</b>   |                  |                 |                  |
| Personnel Salaries & Wages                                      | 668,979          | 13,822          | 682,801          |
| Personnel Taxes & Benefits                                      | 271,345          | 5,111           | 276,456          |
| Travel  | -                | 9,613           | 9,613            |
| Equipment   | -                | -               | -                |
| Supplies  | 55,305           | -               | 55,305           |
| Contractual Salaries  | 1,288,913        | -               | 1,288,913        |
| Other   | 209,325          | 22,075          | 231,400          |
| Subtotal, Direct Charges  | 2,493,867        | 50,621          | 2,544,488        |
| Indirect Charges  | 181,311          | 3,625           | 184,936          |
| <b>TOTAL EXPENSES</b>   | <b>2,675,178</b> | <b>54,246</b>   | <b>2,729,424</b> |
| <b>IN-KIND CONTRIBUTIONS &amp; DONATION (non-federal share)</b> |                  |                 |                  |
| Parent Services (In-Kind)                                       | 112,918          |                 | 112,918          |
| Community Partners (In-Kind)                                    | 112,868          | -               | 112,868          |
| Donated Supplies  |                  |                 | -                |
| <b>TOTAL (non-federal share)</b>                                | <b>-</b>         | <b>-</b>        | <b>225,786</b>   |

## PROJECTED ANNUAL BUDGET September 1, 2024 - August 31, 2025

|   | EHS: CCP         | EHS:<br>CCP T/TA | TOTAL            |
|---|------------------|------------------|------------------|
| <b>INCOME</b>   |                  |                  |                  |
| Federal Early Head Start Grant                                  | 2,777,347        | 54,246           | 2,831,593        |
| <b>TOTAL INCOME</b>   |                  |                  | <b>2,831,593</b> |
| <b>EXPENSES</b>   |                  |                  |                  |
| Personnel Salaries & Wages                                      | 727,161          | 18,065           | 745,226          |
| Personnel Taxes & Benefits                                      | 282,070          | 5,937            | 288,007          |
| Travel  | 1,649            | 9,613            | 11,262           |
| Equipment   | -                | -                | -                |
| Supplies  | 84,927           | -                | 84,927           |
| Contractual Salaries  | 1,274,754        | -                | 1,274,754        |
| Other   | 230,194          | 17,182           | 247,376          |
| Subtotal, Direct Charges  | 2,600,755        | 50,797           | 2,651,552        |
| Indirect Charges  | 176,592          | 3,449            | 180,041          |
| <b>TOTAL EXPENSES</b>   | <b>2,777,347</b> | <b>54,246</b>    | <b>2,831,593</b> |
| <b>IN-KIND CONTRIBUTIONS &amp; DONATION (non-federal share)</b> |                  |                  |                  |
| Parent Services (In-Kind)                                       | 518,732          |                  | 518,732          |
| Community Partners (In-Kind)                                    | 189,166          | -                | 189,166          |
| Donated Space/Improvements                                      | -                | -                | -                |
| <b>TOTAL (non-federal share)</b>                                | <b>-</b>         | <b>-</b>         | <b>707,898</b>   |





"Having weekly visits with the home-based program allowed for support for me and my child in times when we were navigating a lot of needs and other programs. Having a strong relationship to talk through things and get ideas on how to help my child was great."

- EHS Home-based Parent



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