

**Snohomish County Early Head Start
Baseline Application 2025
Sections I and II**

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1. Program Goals

Goals	Measurable Objectives	Outcome
<p>Goal 1: Snohomish County Early Head Start (EHS) will improve IT Specialist data management system to maximize the program’s ability to effectively gather, measure and analyze data to implement continuous quality improvement activities utilizing parent, governing body, and community partner input in addition to program data.</p>	<p>Develop and implement a comprehensive data management system utilizing Child Plus to track and demonstrate the following outcomes:</p> <ul style="list-style-type: none"> ● Completion of home visits and socializations ● Health status of families ● School readiness of children ● Progress of families towards self-sufficiency ● Connections made to community resources 	<p>By the end of the Five-Year Project period SCEHS will have fully developed a system that produces accurate, relevant, and timely data that has been aggregated, analyzed, and utilized to create a comprehensive system of continuous quality improvement.</p> <p>Program will measure progress towards these goals and evaluate the impact through:</p> <ul style="list-style-type: none"> ● Self-assessment ● PIR data ● Frequent data analysis utilizing Child Plus ● Policy Council and Advisory Committee feedback <p style="text-align: center;">*See pages 5-7 for details*</p>
<p>Goal 2: Snohomish County EHS will focus on enhancing the skills of the Infant Toddler (IT) Specialists by investing in their well-being and professional development utilizing both program-wide and individual coaching strategies with a</p>	<p>Develop and implement a comprehensive professional development system that includes an intensive coaching component and is comprised of:</p> <ul style="list-style-type: none"> ● All forms, policies, procedures, training documents and internal systems implemented. ● The completion of annual Professional Development Plans (PDP) by all staff ● Intensive coaching provided to selected 	<p>By the end of the Five-Year Project period SCEHS will have implemented a Practice-Based Coaching Model and professional development plan that demonstrates staff have participated in consistent opportunities for professional growth.</p> <p>Program will measure progress towards these goals and evaluate the impact through:</p> <ul style="list-style-type: none"> ● All staff have in place a PDP plan created by the IT Specialist, Coach and EHS

Goals	Measurable Objectives	Outcome
<p>focus on diversity, equity, and inclusion. The Program has identified increased knowledge in infant mental health principles as a key component of professional development.</p>	<p>staff.</p> <ul style="list-style-type: none"> ● Demonstration of increased skills through family engagement activities, specifically through observation, listening, and asking open-ended questions. ● Consistent planning of home visits that align with the parent’s/caregiver’s immediate and long-term priorities and child assessment data. 	<p>Supervisor</p> <ul style="list-style-type: none"> ● Selected staff are receiving intensive coaching. ● Responses to the Home Visiting Practices Strengths and Needs Assessment by staff demonstrate growth. ● Successful completion of annual goals by staff ● Monitoring, aggregating, and analyzing of data in Child Plus via reports will confirm the points above. <p style="text-align: center;">*See pages 7-8 for details*</p>
<p>Goal 3: Snohomish County EHS IT Specialist staff will sustain and improve physical and mental health outcomes for all children enrolled in the program.</p>	<p>Partner with parents/caregivers to promote knowledge of physical health and mental health resources in the community. Families will be active participants in their children’s overall health and safety both at home and elsewhere.</p> <p>Broad Topics include:</p> <ul style="list-style-type: none"> ● Well-Baby Exams and Immunizations ● Medical and Dental Homes <ul style="list-style-type: none"> ○ Staff will provide additional information to families highlighting the importance of children under three receiving dental care in response to current trends identified when analyzing dental exam data. 	<p>By the end of the Five-Year Project period Snohomish County EHS will have shown sustained and improved physical and mental health outcomes for children.</p> <p>Program will measure progress towards these goals and evaluate the impact through:</p> <ul style="list-style-type: none"> ● Ongoing monitoring of Child Plus reports on a quarterly basis by the EHS supervisor to ensure accurate and timely data entry is occurring. ● Aggregating and analyzing data to identify programmatic trends. ● Additional consideration based on current program trends: In Year One Snohomish

Goals	Measurable Objectives	Outcome
	<ul style="list-style-type: none"> ● Education on Infant/Toddler Mental Health and Social-Emotional Learning ● Healthy and Safe Environments ● Community Safety 	<p>County EHS will continue to see at least 85% of children up to date on well child exams and a 20% increase in children that are up to date on dental exams.</p>
<p>Goal 4: Snohomish County EHS IT Specialist staff will be confident in their ability to support families to utilize goal setting strategies that lead to family well-being and economic self-sufficiency.</p>	<p>Partner with parents/caregivers to create plans for individualized family-centered goals by utilizing the Family Strengths and Needs Assessment and the family partnership process.</p> <ul style="list-style-type: none"> ● Staff will be trained in utilizing the Family Strengths and Needs Assessment. ● Staff will be trained in individual family goal-setting centered on equity, respect for family culture and family self-determination. ● Staff will be trained in creating family partnerships to support families in well-being and economic self-sufficiency activities. ● Staff will be trained in documenting family progress towards identified goals. 	<p>By the end of the Five-Year Project period, IT Specialist staff will confidently support families in utilizing goal-setting strategies that lead to family well-being and economic self-sufficiency. This will be achieved by partnering with parents/caregivers to create plans for individualized, family-centered goals using the Family Strengths and Needs Assessment and the family partnership process.</p> <p>Program will measure progress towards these goals and evaluate the impact through:</p> <ul style="list-style-type: none"> ● Staff Training Completion Rates Track the number of staff members who complete training in utilizing the Family Strengths and Needs Assessment and family partnership processes. ● Family Partnership Plans Developed Monitor the number of individualized family partnership plans created in collaboration with parents. ● Family Outcomes Documentation Regularly document and review family outcomes to assess progress towards well-being and economic self-sufficiency.

Goals	Measurable Objectives	Outcome
		<ul style="list-style-type: none"> ● Staff Confidence and Competence Conduct surveys and performance reviews to gauge staff confidence in their ability to support families and effectively use goal-setting strategies. ● Family Feedback Regularly collect feedback from families on their experiences with the goal-setting process and the support received from staff. ● Economic Self-Sufficiency Metrics Evaluate key economic indicators for families, such as employment status, income levels, and access to resources, to determine the program’s impact.
<p>Goal 5: Staff will be trained to identify and support individual family needs for referrals through a lens of equity and cultural humility. The following topics will be prioritized:</p> <ul style="list-style-type: none"> ● Families with a history of trauma ● Substance abuse disorder ● Domestic violence 	<p>Staff will be trained on the identified topics and Relationship Based Competencies (RBCs) to ensure they are well-equipped to support families and offer appropriate referrals.</p> <p>Enhancing staff’s ability to provide culturally competent support and referrals that strengthen family unit by connecting them with necessary community resources and public benefits.</p>	<p>By the end of the Five-Year Project Period Snohomish County EHS staff will, within the next 12 months, achieve a 20% increase in referrals to ancillary agencies and linkages for enrollment in public benefits as tracked by the Child Plus data system.</p> <p>Each subsequent year will show an increase of 20% over the prior year with the goal of achieving 100% of existing staff trained at the end of the Five-Year Project period.</p>

Goals	Measurable Objectives	Outcome
<ul style="list-style-type: none"> Options to prevent and respond to child abuse Pregnancy and postpartum 		

**Goals #1 and #2 to Demonstrate Snohomish County EHS
Approach to Measuring Progress and Outcomes**

Identified Goal	Program Action	Person Responsible	Timeline	Data Tools or Methods for Tracking Progress	Potential Challenges or Barriers
<p>Goal 1: Snohomish County EHS will improve IT Specialist data management system to maximize the program's ability to effectively gather, measure and analyze data to implement continuous quality improve-</p>	<p>Implement the data management system within 3 months of the beginning of the project period ensuring it accurately records and reports on all specified outcomes. Regularly review and update data to maintain accuracy. Collaborate with</p>	<p>EHS Supervisor IT Specialist Data Lead IT Specialist staff members</p>	<p>Year One: Work with Child Plus consultant to:</p> <ul style="list-style-type: none"> Identify existing data reports that provide needed data outcomes. Plan and create customized forms and reports that individualize and strengthen the data collection process. <p>Staff will be introduced to data collection plans and</p>	<p>Child Plus Reports Program Self-Assessment PIR data Policy Council, Advisory Committee and County Council/ governing body feedback Quarterly parent/caregiver</p>	<p>Year 1: Challenge in the change in data systems for long term staff Year 1-2: Consistent implementation of data entry expectations Year 2: Challenge in alignment between internal IT systems and ChildPlus re: application on County</p>

<p>ment activities utilizing parent, governing body, and community partner input in addition to program data.</p>	<p>grantee IT Specialists and Child Plus Consultants to configure Child Plus to capture necessary data points.</p> <p>Provide training to staff on data entry protocols and system usage to ensure effective and consistent implementation.</p>		<p>will begin using them consistently across their home visits.</p> <p>Year Two: Program will have completed the digital home visiting report that will allow the program to run reports that track process measures, including qualitative data, such as:</p> <ul style="list-style-type: none"> • The quality of learning experiences facilitated • Level of parent engagement in home visit planning • Learning activities embedded in the family’s daily routine. • Increased attendance in home visit and socializations <p>Program will monitor and identify staff that need retraining.</p> <p>Year Three: Program will report that 65% of data collected is reliable, children are meeting school readiness goals and families</p>	<p>surveys via Child Plus</p>	<p>website and integration with ChildPlus application</p> <p>Year 3-5: Potential staff turnover</p>
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			<p>feel supported as their child's first teacher.</p> <p>Year Four: Program will report that 80% of data collected is reliable, children are meeting school readiness goals, and families feel supported as their child's first teacher.</p> <p>Year Five: Program will report that 95% of data collected is reliable, children are meeting school readiness goals, and families feel supported as their child's first teacher.</p>		
<p>Goal 2: Snohomish County EHS Program will focus on enhancing the skills of the IT Specialists by investing in their well-being and skill development utilizing both program-wide</p>	<p>Develop a system of coordinated professional development and intensive coaching.</p> <p>Develop and implement a Staff Home Visiting Practices Strength and Needs Assessment completed annually by staff.</p>	<p>EHS Supervisor IT Specialist Education Lead IT Specialist staff members</p>	<p>Year One: Staff will create a PDP that includes an annual growth plan.</p> <p>Year Two: 65% of employees will be on track to meet their PDP goals.</p> <p>Year Three: 75% of employees will be on track to meet their five-year goals.</p> <p>Year Four: 85% of</p>	<p>Annual review of the PDP will illustrate that staff are working towards goals.</p> <p>EHS Supervisor and IT Specialist Education Lead will track training opportunities provided to staff.</p>	<p>Year 1-2: Challenge for long term to reframe the culture to view professional development as continuous quality improvement.</p> <p>Year 1-2: Challenge for staff related to new IT Specialist Lead positions, shifting from a peer</p>

<p>and individual coaching strategies with a focus on diversity, equity, and inclusion. The Program has identified knowledge in infant mental health principles as a key component of professional development.</p>	<p>Hire and train an education coach. Train staff on the new system, including how their input will be used and the benefit it will have for supporting effective home visiting practices. Determine evaluation criteria for any course correction needed to support CQI.</p>		<p>employees will be on track to meet their five-year professional development goals. Year Five: 95% of employees will be on track to meet their five-year professional development goals.</p>		<p>relationship to a coach-coachee relationship. Year 1-2: Challenge for IT Specialist Leads to learn their roles while implementing new processes. Year 3-5: Potential staff turnover Year 3-5: Potential budget challenges that necessitate larger IT Specialist caseloads.</p>
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2. School-Readiness Goals – Five Domains

Approaches To Learning

Goal 1: Children are able to demonstrate the ability to understand and manage their emotions, behaviors and actions with support.

Goal 2: Children are able to demonstrate persistence, curiosity and imagination in their learning and discovery.

Goal 3: Children will begin to develop and demonstrate a positive sense of self, competence, and an identity that is rooted in their family and culture.

Social and Emotional Development

Goal 4: Infants and toddlers will build self-confidence by developing positive relationships and interactions with familiar adults and peers.

Goal 5: Infants and toddlers develop skills in recognizing and interpreting their own emotions and emotions of others.

Language and Literacy

Goal 6: Infants and toddlers develop receptive and expressive communication skills in their home language to communicate their needs and wants. (Can be both verbal and non-verbal)

Goal 7: Support children and parents to provide opportunities to build children's vocabulary.

Cognitive

Goal 8: Children will, utilizing all five senses, explore with curiosity, people and objects in their physical and social environments to gain understanding.

Goal 9: Children will begin to develop and demonstrate the ability to remember and connect new and known experiences and information.

Goal 10: Infants and toddlers will use reasoning, prior learning experiences and social interactions to develop problem solving skills.

Cognitive - Emergent Mathematical Thinking

Goal 11: Infants and toddlers will develop an awareness of the body in space.

Goal 12: Infants and toddlers will develop patterning and sorting skills.

Perceptual, Motor, and Physical Development

Goal 13: Infants and toddlers will develop control of large muscles for movement, navigation, and balance; and small muscles for manipulation and exploration.

The Early Learning Outcomes Framework was utilized to create the Snohomish Early Head Start School Readiness Goals. The goals are directly linked to the continuum of learning across the five domains as follows:

- ***Approaches to Learning Goals.*** Utilizing children’s natural curiosity to support exploration and experimentation with a focus on development of self-regulation. Children develop a sense of self that is rooted in the context of culture and family. Children gain confidence and become school ready.
- ***Social Emotional Goals.*** Focus on building strong relationships with adults and peers that allow children to learn and develop.
- ***Language and Literacy Goals.*** Support children’s receptive and expressive skill development providing the ability to communicate for social and learning purposes beginning in the family home language.
- ***Cognition Goals.*** Support connecting prior learning to new experiences to gain understanding and help children build a knowledge base.

- ***Perceptual, Motor and Physical Development Goals.*** Link perceptual skills to motor skills to allow children to successfully interact with their environment.

Snohomish County EHS School-Readiness Goals are aligned with the Washington State Early Learning and Development Guidelines (ELDG), developed by the Washington State Department of Children, Youth and Families and the Office of Superintendent of Public Instruction. The purpose of the ELDG is to articulate the growing momentum and partnership between school districts and early learning systems across the state to align learning from birth through 3rd grade. The Snohomish County EHS School-Readiness Goals are consistent with the State's early learning entity and the requirements and expectations of the State's public school system.

3. Participation in Developing the Program Goals

On June 1, 2024, Snohomish EHS conducted a full day strategic planning meeting with IT Specialists, Parents (some from Policy Council), and executive leadership. In this session school readiness goals were reviewed, and five-year goals were developed through an interactive process. The outcomes from this meeting were then taken to the full Policy Council and the Advisory Committee for review and additional input. The final strategic plan was approved by the County Council, governing body, on August 27, 2024.

SECTION I. PROGRAM DESIGN AND APPROACH TO SERVICE DELIVERY
SUB-SECTION B: SERVICE DELIVERY

1. Service and Recruitment Area

a. Identify the service and recruitment area for proposed program operations.

The program serves all of Snohomish County, a 2,196 square mile county with a population of 859,900 in 2023. Snohomish County occupies the ancestral lands of the Coast Salish Peoples, including the Tulalip, Snohomish, Stillaguamish, Skykomish, and Sauk-Suiattle Tribes. The largest city in Snohomish County is Everett. The most populous communities are located along the western boundaries of the county along the Interstate 5 corridor. There are 18 incorporated cities and 2 towns with their own local governments and unincorporated areas, which are largely in the eastern part of the county. East of Washington State Route 9 many of the smaller towns are very remote due to the local geography. The eastern towns are located at the foothills and in the Cascade Range, which can lead to challenges for residents such as transportation, access to specialized services, and costs of food, fuel, and other expenses.

b. Provide evidence to demonstrate the need for program services in the proposed area.

Snohomish County has approximately 49,841 children under the age of five; of those, 4,234 children live in extreme poverty. Approximately 30% of the families that are considered low income in the county are paying more than 50% of their income for housing making it challenging for families to buy food, get medical care, and pay utilities. The Low-Income Community Needs Assessment shows that the median household income in Snohomish County is \$89,273, which is higher than the national average. There are, though, several rural pockets of poverty that lack public transportation, have limited access to

grocery stores (more than 10 miles away) and other needed services. 21% of the population in Snohomish County falls below the 200% poverty index (number of individuals outlined below in relation to the city's total population):

- Arlington: 5% or 6,052
- Granite Falls: 7.79% or 382
- Marysville: 6.9% or 4,987
- Monroe: 7.3% or 1,405
- Lynnwood: 14% or 6,049
- Mukilteo: 4.4% or 928
- Everett: 12.1% 13,360
- Stanwood: 2.7% or 238

Additionally, 4.7% of the county population report not owning a vehicle. A home visiting program is the best option for many families due to the lack of public transportation and the travel distance required in a county this large.

Snohomish County EHS prioritizes enrollment of families experiencing homelessness. Currently, 15% of the families served by Snohomish County EHS identify as experiencing homelessness. In the 2023-24 school year, Snohomish County school districts served 3,909 homeless students. Marysville, Everett, and Granite Falls School Districts report the highest number of homeless families in the 2023-24 school year per McKinney Vento definition.

- Marysville 5.5%
- Everett 6.2%
- Granite Falls 8.9%

c. (Not Applicable)

2. Needs of Children and Families

a. **Provide a summary of data from your Community Assessment that informs the program’s selection criteria and design.**

i. **Number of children.** There are 4,234 children under the age of five living in extreme poverty.

Pregnant People. There are approximately 693 pregnant people below poverty in Snohomish County.

Race/Ethnicity. In Snohomish County the number of children under eighteen who live in poverty by race are detailed in the chart below:

Race/Ethnicity	Number in Poverty	Percentage of Population
American Indian/Alaska Native	260	12%
Asian	1,556	9%
Black or African American	865	10%
Hispanic/Latinx	4,640	15%
Multiracial	2,480	11%
Native Hawaiian/Pacific Islander	54	7%
White	6,604	5%

The COVID-19 Pandemic has not impacted children equally. BIPOC children have been disproportionately impacted both physically and economically in addition to the daily impacts of institutional racism. BIPOC people represent 33.1% of the County’s population and they tend to fall on the lower socioeconomic scale. The County continues to work on affordable childcare, stable housing, educational opportunities,

and living wage jobs. Snohomish County EHS, through our weekly home visiting and long-term relationships with families, supports the County's goals.

Spoken Language. Data from the U.S. Census Bureau (2022) reports that 22.8% of residents in Snohomish County identify as having a language other than English spoken at home, which is about 10% higher than the rate in Washington State (21.1%). The primary language at home for children in Snohomish County is 9% Spanish, 6% Indo-European, 5% Asian, 2% other, and 77% English. The Snohomish County Early Education and Assistance Program (ECEAP) provides preschool services to approximately fifteen-hundred low-income children and their families. During the 2023-2024 program year, these families identified seventy (70) different home languages other than English including Spanish (22.1%), Arabic (3.3%), Russian (1.8%), Amharic (1.2%), Ukrainian (1.1%), and Tigrinya (1.1%). During the current program year, families enrolled in EHS identified their home language as English (64 families), Spanish (56 families), African (2 families) and other language (2 families).

Homelessness. The Point in Time (PIT) count provides a snapshot of homelessness in Snohomish County on a single night in January each year. The 2024 PIT count identified eighty-six households with adults and children residing in shelter, transitional housing, or living without shelter in Snohomish County. The McKinney-Vento Act has a broader definition of homelessness to include households with children who are living in shared housing due to economic hardship, in hotels or motels, or in cars, public areas, abandoned buildings or other places not meant for human habitation. The Office of the Superintendent of Public Instruction (OSPI) reported that 3,909 school-age children

experienced homelessness, per the McKinney-Vento Act definition, in Snohomish County during the 2023-24 school year. During the same time, Snohomish County ECEAP served 196 children (12% of enrolled children) whose family self-reported experiencing homelessness. Currently, 15% of the families enrolled in the EHS program report experiencing homelessness.

Foster Care. 4,224 of the children under the age of five living in Snohomish County are in foster care, compared to 5,369 children over the age of five. Due to the intentional outreach efforts by IT Specialists the EHS program has seen an increase in enrollment of children in foster care from 2% to 10% over the 2023-2024 program year.

Dual Language Learners. As noted above, in the section *Spoken Language*, there is a significant number of home languages spoken by the families in our community. The demographics for Snohomish County ECEAP substantiate this diversity with enrolled children/families identifying seventy (70) different home languages other than English including Spanish (22.1%), Arabic (3.3%), Russian (1.8%), Amharic (1.2%), Ukrainian (1.1%), and Tigrinya (1.1%). These children (610) represent 38% of the total Snohomish County ECEAP enrollment signifying that early learning programs in our community must prioritize services that are culturally and linguistically appropriate for these dual language learners and their families.

Disabilities. In the 2023, 2913 children under the age of three with a diagnosed disability were served in the Snohomish County Early Services for Infants and Toddlers Program; an additional 3978 children were being evaluated for services. Currently, 23% of Snohomish County EHS families have a child with a disability and an Individual Family

Service Plan.

ii. Information regarding the following:

Education. Overall Snohomish County has a lower percentage of adults over age twenty-five without a high school diploma than the rest of the nation. American Indian and Alaska Native students have the lowest graduation rates in Snohomish County followed by Hispanic and Latinx students. There is a correlation between educational attainment and household income. Students who do not earn at least a high school diploma or equivalent may struggle finding employment, especially a livable wage job (Snohomish County Low Income Community Needs Assessment, 2023).

Health. Snohomish County reports a slightly higher life expectancy of 79.7 years versus 78.8 years overall for the United States. A smaller percentage of residents report poor health at 9.7% in Snohomish County versus 10% in the United States. In the area of mental health, 14.7 % of Snohomish County residents report poor mental health versus 13.5% for the United States. In 2021, 28.7% of pregnant people in Snohomish County reported that they received inadequate prenatal care, with the majority of those being BIPOC individuals. The Washington State Department of Health Immunization Measures by County indicates that 61.3% of children ages 19 – 35 months have completed the vaccine series (Dtap, polio, MMR, Hep B, Hib, Varicella, and pneumococcal conjugate).

Nutrition. 13.3 % of children in Snohomish County experience food insecurity in comparison to 12.3% of children in the State of Washington. In federal fiscal year 2022 in Snohomish County 9,904 infants and children participated in WIC services and 3,783 pregnant, breastfeeding, or postpartum women participated. Over six million food

dollars were redeemed and nearly \$28,000 in farmers market nutrition program funds were utilized.

Social Services. Members of the community report that while there are resources, there is a lack of coordination and communication. It is challenging to navigate the system and the need is there for someone to help them. Transportation is a major barrier for some families to be able to access resources. Social service organizations typically do not have the capacity to meet the level of need in their communities.

Childcare. According to Child Care Aware of Washington, within Snohomish County, an estimated 80% of residents live in an “extreme childcare desert” where there are only 62 slots of childcare for every 100 infants, toddlers, or preschoolers compared to the state average of 79 slots per 100 children. According to a recent Child Care Aware study, the number of childcare providers dropped from 566 with capacity for 15,876 children in 2015 to 489 providers in June 2020, but with an increased capacity for 18,544 children. The decrease in providers was primarily due to the loss of family home providers whose services are typically less expensive and offer more flexibility with schedules than licensed centers. Thus, in 2020, there were fewer childcare providers handling more children, causing strain and limited availability of care. Among those who reported having difficulty finding childcare, the most reported reason was the high cost (49.0%). More than one-quarter reported issues with wait lists (29.5%), hours of availability (28.3%), provider quality (27.8%), and/or lack of open slots for their child (26.3%).

Parent Schedules. The majority of jobs are aerospace manufacturing, retail, food

service, and agriculture, all jobs that lend themselves to shift and seasonal work. Over the 2019-2022 period, unemployment rates in Snohomish County have generally been lower than corresponding state and national rates. However, nearly 1 in 13 people in Snohomish County live in poverty, signaling that not all people in the region are earning enough to support themselves and their families. Many community members spoke to the difficulties obtaining and keeping jobs that pay wages that allow them to afford the cost of living in Snohomish County, while balancing other needs such as housing and childcare. According to Child Care Aware, 73.5 to 80% live in a household where all parents are working.

Other service needs. The Snohomish County Health Department identified the following areas of focus as part of their 2022 Low-Income Community Health Needs Assessment:

- Mental health access and provider ratios
- Opioid overdose
- Adverse Childhood Experiences (ACEs)

Verdant Healthcare simultaneously conducted a community health needs assessment and came up with similar outcomes with the additional identification of the need for a safe and connected community.

iii. Availability of other child development, childcare centers, and family childcare programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served.

Snohomish County EHS is the largest provider of home-based services for infants and toddlers in the County. Edmonds College is transitioning some of their home-based

EHS services to a center-based model. ChildStrive offers Nurse Family Partnership to families prenatally to age two and Parents as Teachers for families with children up to age five. Both programs are limited by eligibility requirements and/or frequency of services offered.

The remaining services for infants and toddlers in the county are center-based. The Tulalip Tribes offers Early Head Start in their Betty J. Taylor Early Learning Academy, and licensed childcare centers provide the only other services for infants and toddlers.

b. Steps taken to prioritize equitable access for populations that have been historically marginalized, such as:

i. Black, Latino, Indigenous and Native American, Asian Americans and Pacific Islanders, and other people of color.

The program is focused on building capacity and awareness to serve the BIPOC population across the County. This is done through:

- Providing program applications in languages other than English;
- Focused recruitment in specific communities in the County;
- Including reflective practices around diversity, equity, and inclusion to focus on cultural humility for staff to show respect and honor for a family's beliefs and values;
- Building relationships with trusted community partners who support BIPOC individuals; and
- Monitoring applications to assure that we are connecting with all members of the community.

Selection criteria assigns priority points for families who recently immigrated to the

United States.

ii. Children experiencing homelessness.

Lack of housing and housing insecurity is one of the greatest issues for program participants and the low-income community as a whole in Snohomish County. The program continues to partner with our community shelters, Washington State Child Protective Services (CPS), recovery programs, and domestic violence shelters to identify any new homeless families with children birth to three in the community. Children experiencing homelessness are categorically eligible for EHS, thus prioritized for enrollment.

iii. Children in foster or kinship care.

The program partners closely with the Washington State Department of Children, Youth, and Families (DCYF) and CPS to identify children that have been moved into foster or kinship care. In the 23-24 school year, the program increased our enrollment of foster children from 2% to 10% through intentional outreach to foster family support groups and foster family case managers. Children in foster care are categorically eligible for EHS, thus prioritized for enrollment.

iv. Children with disabilities.

Snohomish County EHS, ECEAP, and ESIT funding streams are managed by Snohomish County Human Services Department, thus a strong base of communication and collaborative partnership is used to identify families that would be best served in EHS. The program has a current enrollment of 23% of children with disabilities. Selection criteria assigns priority points for children with disabilities.

v. Children who are dual language learners.

The community assessment has identified that Snohomish County has a higher-than-average number of dual language learners in a wide variety of languages. The program has bilingual, bicultural direct service staff and the recruitment materials, including the application, are available in multiple languages. Selection criteria assigns priority points for children with a home language other than English.

3. Proposed Program Options

a. Specify the proposed program options and describe how your program will ensure compliance with 1302 Subpart B requirements and other applicable requirements.

Snohomish County EHS is submitting a non-competitive five-year funding application for a home-based Early Head Start Program serving 82 children and their families. The program will provide each family forty-six, ninety-minute home visits annually. Additionally, the program will offer at least twenty-two socializations per year, at locations throughout the county, wrapping comprehensive services around pregnant people, children, and their families.

b. (Not Applicable)

c. How the program option will meet the needs of families identified in the community needs assessment.

Many of the eligible families in Snohomish County are located up to an hour or more away from Everett (county seat and most populous city in the county) and have limited transportation options. Staff traveling to family homes make it possible for families to participate in the program. The program provides services twelve months a year, offering continuity of services with no gaps. The program serves a county that is 2,196 square miles

and is diverse in its socioeconomic presentation, with defined pockets of low-income families. The community census states that 4.7% of the county's population report not owning a vehicle, making a home visiting model the best option. The program has chosen to focus services in communities where the pockets of poverty are the most prevalent. Socializations are planned within each community to allow families easier access to the social gatherings, giving children an opportunity to engage with peers, and parents and caregivers a chance to build social capital with others who also have children in the same age range.

d. (Not Applicable)

4. (Not Applicable)

5. **ERSEA**

a. **Recruitment processes**

The program is a year-round and conducts outreach and recruitment throughout the year. Staff attend community meetings, maintain a website with an online application, and distribute flyers at community events. Partnerships with community organizations are developed and sustained by the intentional efforts of staff to coordinate referrals and support families' access to services. Other Snohomish County Early Learning programs, ECEAP and ESIT, collectively serve over 4,000 families with children under age five and serve as a referral source for our program.

i. **Specific efforts and expected challenges to actively locate, recruit, and enroll historically marginalized populations.**

Black, Latino, Indigenous and Native American, Asian Americans and Pacific Islanders, and other people of color. The program is focused on building capacity and

awareness to serve the BIPOC population across the county. This is done through:

- Providing program applications in languages other than English;
- Focused recruitment in specific communities in the County;
- Including reflective practices around diversity, equity, and inclusion to focus on cultural humility for staff to show respect and honor for a family's beliefs and values;
- Building relationships with trusted community partners who support BIPOC individuals; and
- Monitoring applications to assure that we are connecting with all members of the community.

Children experiencing homelessness. Lack of housing and housing insecurity is one of the greatest issues for program participants and the low-income community as a whole in Snohomish County. The program continues to partner with our community shelters, CPS Workers, recovery programs, and domestic violence shelters to identify any new homeless families with children birth to three in the community.

Children in foster or kinship care. The program partners closely with DCYF and CPS to identify children that have been moved into foster or kinship care. In the 23-24 school year, the program increased our enrollment of foster children from 2% to 10% through intentional outreach to foster family support groups and foster family case managers.

Children with disabilities. Snohomish County EHS, ECEAP, and ESIT funding streams are managed by Snohomish County Human Services Department. Thus, a strong base of

communication and collaborative partnership is used to identify families that would be best served in EHS. The program has a current enrollment of 23% of children with disabilities.

Children who are dual language learners. The community assessment has identified that Snohomish County has a higher-than-average number of dual language learners in a variety of languages. The program has bilingual, bicultural direct service staff and the recruitment materials, including the application, are available in multiple languages.

b. Strategies to promote regular attendance

As a home visiting program, we are better able to support regular weekly attendance. If the family cancels the weekly visit, staff offer a make-up time and date to keep the family participation on track. If a family cancels frequently, staff work with the family to discuss barriers, i.e., did work schedule change, are child's feeding and sleeping patterns different, is family experiencing a crisis for which we can help them find resources, etc. We partner with the family, without judgment, to find ways to support them to consistently participate in home visits. If circumstances for a family change, and they are no longer able to commit to weekly home visits, we support their transition to another setting (i.e., childcare) or offer to return them to the waiting list if they want EHS services again before the child is three.

6. Education and Child Development

a. (Not Applicable)

b. Home-based programs

i. Curricula

Baby Talk is a research-based home visiting curriculum that builds positive

relationships and engaging and responsive interactions between parents/caregivers and child. The curriculum is grounded in the following foundational concepts: (1) importance of building relationships, (2) meeting families where they are, and (3) coming alongside families through partnership and collaboration to support the development of the child. The curriculum emphasizes the importance of screening every child, identifying needs, and delivering appropriate services that achieve developmental outcomes for the child and progress toward family well-being.

The program also utilizes Conscious Discipline to support social emotional learning. Conscious Discipline is an evidence-based, trauma-informed approach grounded in the core principles of safety, connection, and problem-solving as the basis for positive social-emotional skills. It focuses upon the inclusion of predictable routines and rituals in family schedules and strengthening the parent/caregiver ability to self-regulate which provide the foundation for co-regulation (adult/child) and children's social-emotional development.

ii. How curricula are appropriate for ages and backgrounds of children served, research-based, and promotes the parent's role as the child's first teacher.

Baby Talk, a research-based home visiting curriculum, emphasizes relationship-based family services. The mission of Baby Talk is to positively impact child development by nurturing healthy and responsive relationships during the critical early years. The curriculum's approach promotes building a trustworthy system of relationships that creates equitable and inclusive access to opportunities for families. The foundation of the work is building relationships with families that honor the cultures, strengths, individuality, and perspectives of every family. Baby Talk emphasizes the importance of

providing resources and referring families to resources in the community. The curriculum materials, including learning experiences, developmental progression, learning goals, parenting practices, and guidance support children across all the Early Learning Outcomes Framework (ELOF) sub-domains.

Conscious Discipline is also relationship-based, focusing upon social emotional skills and co-regulation with parent/caregiver and child, individualized by the family to align with their culture, parenting approach, and values. Conscious Discipline curriculum specifically focuses upon the ELOF Social-Emotional Learning sub-domain.

iii. Supporting staff to implement the curricula.

Purchasing the curriculum includes access to an experienced team who provide both individual and group implementation support. Additionally, the Education IT Specialist Lead/Coach provides coaching and professional development to support staff to utilize the curricula to fidelity.

iv. Group socializations

Due to the fact the service area is spread across a wide geographic area, staff plan socializations for their families that are local and easily accessible. The activities presented are through a lens of cultural and linguistic diversity to ensure each family and child feel honored and represented during our time together. Parents are invited to help plan the socializations and take a leadership role in implementation.

c. Screenings and assessments

Children are screened in the first 45 days of enrollment as follows:

ASQ and ASQ SE. Staff complete the ASQ with the parents and caregivers to be utilized

for program requirements and curriculum planning. The results are shared with the medical provider's office as needed. ASQs are currently available in Spanish, Chinese, and Mandarin to support families of dual language learners.

Hearing and Vision. Staff complete hearing and vision screenings if they are not completed by the children's medical provider at the well child exam. If concerns emerge, children are referred to their medical provider for further screening.

Height and Weight. Data is retrieved from the most recent well-child exams as available. Staff record heights and weights in ChildPlus. Bilingual support is provided during visits to assure that families understand the importance of tracking a child's physical development.

Nutrition Assessment. Families complete a Child's Nutrition History Report as part of the initial home visit, and a nutrition review is completed every six months thereafter. Results are reviewed by the Snohomish County Early Learning Nutritionist who provides consultation to staff serving families of children with nutritional needs.

DRDP Assessment. Snohomish County EHS uses the Desired Results Developmental Profile (DRDP), an early childhood developmental continuum, to assess children's development each quarter while enrolled in the program. The DRDP is a strength-based assessment that considers the wide range of typical development at any age by offering positive descriptions of children's knowledge and skills across a broad continuum of development and learning. The DRDP assesses children's knowledge and skills in each developmental domain and is completed based upon parental input and staff observations of parent-child interactions in the family home. The results of the assessment are used to

plan curriculum for home visit to support the child's development. These domains are in direct alignment with the ELOF.

d. Opportunities offered to parents and family members to be engaged in their child's education.

As their child's most important teacher, the parent/caregiver plans the weekly home visits in partnership with the IT Specialist. Home Visits are designed to support parent/caregiver learning and their child's development. Activities are focused on the child's goal, utilize materials found in the family home and address all developmental domains. Parents/caregivers participate in the screening and assessment process and in establishing the child's goals. They are asked to provide feedback on the curriculum and materials. If any gaps are identified the IT Specialist will find additional resources to meet the family's needs.

e. (Not applicable)

7. Health

a. Describe how your program will, in partnership with parents, meet the health and well-being needs of children and support growth and school-readiness.

The program is dedicated to partnering with parents and caregivers to meet the oral health, nutritional, mental health, physical health, and social emotional well-being needs of children that are developmentally, culturally, and linguistically appropriate to support each child's growth and school readiness. Parents and caregivers are provided the assistance they need to ensure they have medical and dental homes for their children's care. Referrals are provided if needed, and staff is ready to support families to access care.

The Snohomish County Early Learning Health Team includes a registered nurse,

registered dietitian, and mental health consultant who provide guidance to IT Specialists regarding the unique health needs of each child and family. Interpreters are utilized at home visit as needed and information and resources are available in multiple languages.

i. Ensuring up-to-date child health status, ongoing care, and timely follow-up care.

The Snohomish County EHS staff utilize ChildPlus to track and monitor children's health status, ongoing care, and timely follow-up care. Using this data, families are supported to follow the Early Periodic Screening, Diagnosis and Treatment (EPSDT) schedule for well-child exams, dental exams, and immunization schedule.

ii. Providing mental health consultation services.

The Snohomish County Early Learning Mental Health Consultant provides mental health consultation services for staff to best support families to access ongoing mental health resources as needed. Currently, the Mental Health Consultant position is vacant; while continuing to search for a qualified applicant, Snohomish County EHS contracts with a licensed mental health provider with several years' experience working with families with young children.

b. (Not applicable)

8. Family and Community Engagement

a. Key strategies for building trusting and respectful relationships with families and providing program environments and services that are welcoming and culturally and linguistically responsive to families, including those specific to fathers.

Snohomish County EHS uses a facilitative approach to build relationships with families. From the initial meeting to the completion of services, IT Specialists take the role of supportive partner and coach for parents to take their respective role as their own best

advisors and teachers of their children. Key strategies that staff use are embedded in the Baby Talk curriculum, which emphasizes collaborative partnership, cultural responsiveness, building on family strengths, involvement of all family members, especially fathers/male caregivers, and providing parents with clear, relevant information to inform their child's and family goals.

Snohomish County EHS strives to be inclusive of family culture and routine in using curricula, models, assessments, and in instituting policy. Snohomish County EHS employs three staff that are bicultural and bilingual in English and Spanish. The program serves families speaking multiple languages, using interpreters, and translated materials as needed. Staff learn from their families directly about their culture and the values that influence their parenting practices to provide services that are relevant and culturally appropriate.

b. Describe engagement activities to support parent-child relationships, child development, family literacy, and language development including supporting bilingualism and biliteracy.

During each home visit, the IT Specialist implements the curriculum that was planned with the parent or caregiver at the previous visit. The data available on child outcomes and developmental screenings guides the planning conversation and allows the parent or caregiver to focus on specific areas for growth. Language development is included as a key area for each visit and is tailored to support bilingual and biliteracy skills when appropriate. Based upon research demonstrating the importance for children to learn their family's home language before learning English, the family's home language is the primary focus for the child's language development while in Early Head Start. Families are provided

information about bilingualism and the positive impacts of a strong home language foundation on successful development of additional languages for young children. As families prepare to transition out of Early Head Start, we support them to teach their child words and phrases they will need to be successful in a preschool setting.

c. Describe how your program has selected and is implementing a research-based parenting curriculum. Describe how your program engages parents in a research-based parenting curriculum.

Circle of Security is an evidenced-based parenting curriculum designed to promote increased secure attachment between parent and child. This curriculum was chosen to enhance the program's emphasis on relational and attachment theory and strategies. Circle of Security includes an eight-week parent workshop. Parents are introduced to attachment theory through instructional videos, are provided an opportunity to enhance their observational and inferential skills and are invited to engage in reflective dialogue regarding their strengths and challenges in parenting. With input from their IT Specialist, parents then plan activities with their child that promote bonding, security, attachment, safety, and healthy boundaries between parent and child. To build on IT Specialist success, the program offers the curriculum twice per year in both Spanish and English.

d. Describe key program strategies for family partnership services, including:

i. Procedures for conducting the family assessment and family partnership process and aligning activities to the PFCEF outcomes.

The Family Strengths and Needs Assessment is completed shortly after enrollment and annually thereafter to support families in identifying strengths and areas of needed growth. Staff utilize these as a basis for conversations to help families identify and create SMART goals. Once the goals have been established, they are linked in ChildPlus

to the appropriate category in the Parent Family and Community Engagement Framework. Family progress toward goal completion is regularly discussed in home visit and tracked in ChildPlus. When the family meets a specific goal, their success is acknowledged and celebrated and used as the foundation to establish their next goal.

ii. Tracking individual and family goals

Child Plus and the Home Visiting Report forms are used to track progress toward individual family goals and needs. Resources and referrals provided are tracked in Child Plus to ensure the parents and caregivers utilized them successfully and the needed service or materials were provided from community partners.

- e. Provide a few examples of community partnerships that facilitate access to services or resources in the community that are responsive to family partnership goals and children’s needs. Identify any challenges to necessary partnerships and how the program plans to address those challenges.**

Partnerships.

- Everett Community College - provides resources to support parents to complete their GED and pursue additional education for career and wage progression.
- Snohomish County Energy Assistance Program - help with paying utility bills.
- Snohomish County Weatherization Program - help weatherize windows and doors, fix heating systems.
- Familias Unidas: Latino Resource Center – provides culturally and linguistically appropriate resources, classes, legal aid, and housing assistance to Latinx families.
- Family Resource Center (FRC) – FRCs are located in multiple communities throughout the County and provide basic needs resources and referrals for families.

- Snohomish County Early Services for Infant and Toddlers (ESIT) – provides screening, evaluation, and Individualized Family Service Plan (IFSP) services for children birth to three.
- Food Banks – Food banks are located in numerous locations throughout the County and provide food, diapers and formula.
- WIC – WIC offices are geographically located throughout the County and provide families with nutrition education, healthcare referrals, and food supplements.

Challenges. Parents report that many community resources are challenging to navigate both in terms of location/distance from family home and ease of access. The more rural communities have limited resources nearby and very limited public transportation to allow access in another community. For some, there may be an on-line application, but follow up steps are often required, additional information requested, and they are not always offered in multiple languages. IT Specialists utilize their relationships with community providers to stay up to date on available resources and processes for accessing them. Based on family needs, IT Specialists guide families to needed resources and support the family to access the services. IT Specialists utilize ChildPlus to track referrals and outcomes, and to maintain the community resource list for all EHS staff to access and use.

9. Services for Children with Disabilities

- Describe how your program will ensure the full participation in program services and activities for enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA and those who already have an IFSP or IEP.**

Children with disabilities have access to full participation in program services and activities. Snohomish County EHS provides socialization environments that demonstrate

three elements of inclusion: physical, functional, and social. Physically inclusive space allows full access within the whole environment, functionally inclusive activities are designed to ensure that everyone can participate, and socially inclusive activities encourage and supports all children and parents to interact and engage with each other. If there is specialized equipment needed for a child, the program will ensure it is available at all socialization activities.

b. Describe how your program will ensure the individualized needs of children with disabilities are met, including how the program will collaborate with and help parents in the process and how the program will coordinate and collaborate with the local agency responsible for implementing IDEA.

Snohomish County is local Lead Agency for Early Intervention services. ESIT serves children birth-to-three with a delay or disability. Snohomish County EHS referrals for developmental concerns are directed to the ESIT Intake and Referral Line, which then connects the family to direct-service providers. When an IFSP is developed, Snohomish County EHS is part of the planning process and coordination of services for the child. The IFSP is integrated into home visit and socialization planning and recorded in ChildPlus. Implementation of EHS services consistent with the IFSP is monitored by the IT Specialist. The Snohomish County EHS Supervisor (also the Disabilities Coordinator) ensures that EHS services are in alignment with the IFSP. At the time of transition, should the child qualify for Part-B services (developmental preschool), ESIT facilitates the continuum of care by facilitating a transition that includes Snohomish County EHS and the receiving program.

10. Transition

Describe strategies and practices to support successful transitions in:

a. Transitions to and from Early Head Start

To Early Head Start. Applications are completed, eligibility is determined by the EHS Supervisor, and families are selected and enrolled in the program when slots become available. Pregnant people and children receive services per the Head Start Performance Standards.

From Early Head Start. The focus of the transition process is to guide and support EHS families whose children will be transitioning from the EHS program to a community-based early childhood program or other educational setting. Families know their children best and must be equal partners in the transition process and the primary informants to direct the pace and support needed for the transition to be positive for every child and family.

Snohomish County EHS works to support a smooth transition to another early learning setting that meets each child's and family's needs. A transition plan is developed in partnership with the family, IT Specialist, and next early learning setting. These plans are intentional, culturally relevant, and developmentally appropriate approaches that support transition to preschool/childcare programs and promote successful kindergarten readiness.

It is a priority of our program that children and families leave Snohomish County EHS equipped to succeed in the next early learning setting of their choice.

b. (Not Applicable)

c. Between programs

When a family must relocate or change programs, NSC EHS assists in the transition by connecting with the next setting/provider and, if the family requests, sharing information on the child's strengths, areas of growth, current family goals, etc.

11. Services to Enrolled Pregnant People

a. Describe how your program facilitates access to a source of ongoing care for enrolled pregnant people that do not have existing access to such care.

Pregnant people receive services during the pregnancy. We confirm that they are receiving medical care before, during, and after pregnancy, including making sure they have the means to get to appointments. We offer support in scheduling appointments, ensuring that they are receiving culturally appropriate medical care, and are able to communicate and be heard by their medical provider.

For pregnant people that have yet to access medical care, the IT Specialist helps them connect to and enroll in Apple Health, the Washington State Medicaid program, as soon as possible and no more than 30 days of enrollment. Once enrolled, the IT Specialist assists them to identify a local provider and schedule an initial visit.

b. Strategy to provide prenatal and postpartum information.

The Baby Talk curriculum provides information and education on prenatal and postpartum topics such as: fetal development, nutrition, risks of alcohol and drugs, postpartum recovery, infant care, and safe sleep practices in an embedded scope and sequence. The program provides twice-monthly visits at a minimum to discuss the pregnancy and any recommendations made by the health care provider. The Family Strengths and Needs Assessment is completed when the pregnant person is enrolled and is utilized to identify areas for goal setting and providing needed information. The IT Specialist collaborates with the family to ensure that they are knowledgeable in how to care for their infant and themselves, including referrals to community partners who can support breast/bottle feeding. The registered nurse meets with the pregnant person one time, in the third trimester, and schedules a newborn visit with family within two weeks.

c. Describe how your program’s family partnership services include a focus on factors that influence prenatal and postpartum maternal and infant health, includes other relevant family members, and supports the transition process.

As we approach the child’s birth date, we begin the conversation about planning for the transition from the pregnant person and partner as the focus, to the child as the participant. Wrap around supports continue to be provided for the family unit including siblings, fathers, partners, and other important people in the life of the newborn child. Throughout the pregnancy and before that transition fully takes place, we monitor to ensure that the pregnant person has taken care of both their physical and mental health needs, that a plan is in place for the postpartum period, and the new parents have the supports they need to take on their new roles. The Baby Talk Curriculum has an intentional focus on attachment principles throughout the pregnancy and postpartum.

IT Specialists are trained to know the warning signs that are a source of concern in a pregnancy and postpartum. Staff engage family members in ongoing conversations to ascertain how they are feeling and if they have any concerns about their pregnancy, recovery, or new baby. If a client is experiencing signs or symptoms of depression, they are referred to their medical provider’s office for follow-up.

12. Transportation

a. Describe the level of need for child transportation services.

4.7% of families in the county report that they do not have a vehicle and must rely on public transportation (mainly buses) to get to appointments, work, and the store. Public transportation serves primarily the urban areas of Snohomish County with 600 square miles (27%) of the County not served by public transportation. Most families are not eligible for

paratransit as services are limited to those individuals who cannot access or use a fixed-route bus due to a disability. Paid transportation options, such as Uber, are typically not available in the rural parts of the County, are not affordable for a family with a limited income and are often not a safe option for single women.

b. Describe how your program will either directly meet transportation needs or assist families in accessing other transportation so that children can attend the program.

Because EHS is a home visiting program, staff coming to the family home or a designated space that is convenient for parents, families do not have to worry about finding transportation to bring their child to school. Socializations are planned at locations that are accessible to enrolled families. If families need additional supports to attend, the program can connect the family with public transportation/paratransit where applicable and/or community partners who can help the family with resources that allow the family to participate.

SECTION I. PROGRAM DESIGN AND APPROACH TO SERVICE DELIVERY
SUB-SECTION C: SERVICE DELIVERY

1. Governance (see 45 CFR Part 130 and Section 642(c)-(d) in the Act)

Structure

- a. Identify the member (i) with expertise in fiscal management or accounting, (ii) with expertise in early childhood education and development, and (iii) the licensed attorney familiar with program governance issues in the governing body.**

Exempt per Section 642(c)(1)(B)(v)

- b. Describe how your program ensures additional members on the governing body reflect the community, including parents, populations that have been historically marginalized, and representation from other key programmatic areas.**

The governing body is the Snohomish County Council, elected by the People to identify, articulate, and represent the needs of their district constituents, many of which include BIPOC, Tribal, dual language families, and other communities that have been historically marginalized.

- c. Describe the makeup of the policy council and policy committee. Include how each program option is represented.**

EHS Policy Council membership consists of the nine (9) Service Area Parent Committee representatives (see below) and can include additional community members with knowledge and expertise to support the work of the Policy Council to provide program direction and oversight. The Service Area Parent Committee representatives are parents/caregivers of children enrolled in the EHS home-visiting program. The Policy Council meets at least monthly virtually or in-person in open public meetings. Currently, our Policy Council is made up of 60% bicultural, bilingual parents mirroring the demographics of our Early Head Start population.

Processes

Governing Body

- a. Describe how the governing body receives key program information as outlined in 1301.2(b)(2) to inform their ongoing responsibilities including how decisions submitted by the Policy Council are incorporated into the decision-making process. Describe other key processes to ensure the governing body maintains effective ongoing oversight of program operations and accountability for federal funds.**

The Snohomish County Council is the grantee and governing body that administers the County's Snohomish County Early Head Start program. The Snohomish County Council is the legislative authority for the County and is comprised of five members publicly elected to four-year terms. The grantee assumes the overall legal and fiscal responsibility to ensure that the County's Early Head Start program operates in compliance with the Federal Head Start Program Performance Standards and other regulations. The County Council has an established framework for County administration to carry out its work efficiently, including processes and procedures for informed decision making and oversight of program operations and accountability for federal funds.

The County Council receives monthly EHS Program Reports that include information related to enrollment, school readiness and other goals, financial reports, health data, correspondence from the Office of Head Start, and agendas, minutes and recommendations from the Policy Council and Advisory Committee. The County Council receives additional program information from other program documents submitted to the Council for approval, including applications/amendments, notice of awards, program budget, etc.

- b. If applicable, describe and explain the responsibilities delegated to any advisory committee related to program governance and improvement of the Head Start program. Include how the governing body maintains its legal and**

fiscal responsibility in the process.

The Snohomish County Council established the EHS Advisory Committee (Motion No. 10-408 and Motion No. 24-289). The EHS Advisory Committee does not supplant the Snohomish County Council's legal and fiscal responsibilities related to program governance. The Snohomish County Council retains legal and fiscal responsibility related to program governance as required by the Head Start Act 642(c)(1). The EHS Advisory Committee is responsible for ensuring comprehensive participation in shared governance on behalf of the Snohomish County Council (Governing Body). Under the direction of the full County Council, the Advisory Committee oversees key responsibilities related to program governance and program improvement of the Early Head Start program including ensure active, independent, and informed governance; liaise to Policy Council and to the County Council; review and recommend action to the County Council including funding applications/amendments, annual budget, and personnel policies/procedures.

The Advisory Committee meets at least quarterly virtually or in-person in open public meetings. Meeting agendas include required program information/updates and opportunities for the Policy Council to provide input and recommendations on program design and operation to program staff and the County Council. Advisory Committee meeting agendas and minutes are included in the monthly reports submitted to the County Council (Governing Board). The Policy Council Chair is responsible to share Policy Council information and recommendations with the Advisory Committee and to share Advisory Committee information with the Policy Council. Recommendations from the Advisory Committee to the Governing Body (County Council) are included in the monthly reports and

other program documents submitted to the County Council. The County Council Member designated to serve on the Advisory Committee is responsible to ensure the County Council has sufficient, accurate information necessary to assume legal and fiscal responsibility for the EHS program.

Policy Council and Policy Committee

c. Describe how the policy council and policy committee receives and shares program information as outlined in 1301.3(c)(2) to inform their ongoing responsibilities.

Policy Council meeting agendas include required program information/updates such as budget expenditures, credit card purchases, home visit completion rates, enrollment data, developmental assessment data, and health and disability data. Meeting agendas also provide opportunities for the Policy Council members to provide input and recommendations on program design and operation to program staff and the County Council. Policy Council meeting agendas and minutes are included in the monthly reports submitted to the County Council (Governing Board). The Policy Council Chair is an advisory member of the Advisory Committee and is responsible for representing the needs and recommendations of the Policy Council and enrolled children and their families, and for sharing information from the County Council (Governing Body) with the Parent Committees.

Parent Committees

d. Describe how the parent committees communicate with staff to inform program policies, activities, and services to ensure they meet the needs of children and families.

The EHS program has nine (9) Service Area Parent Committees facilitated by each of the program's nine (9) IT Specialists. The Service Area Parent Committees are comprised of enrolled parents/caregivers that meet monthly to share information about the needs of

their children/families, and to provide input to program staff related to program services, activities, policies, etc.

e. Describe the process for communication with the policy council and policy committee.

Each Service Area Parent Committee elects a Policy Council representative and alternate. The Policy Council representatives, or alternate, attend the Policy Council meetings to share their site information and recommendations with the Policy Council and to bring back information from the Policy Council meeting to their Service Area Parent Committee.

Relationships

a. Describe training and technical assistance or orientation sessions for the governing body, advisory committee members, and the policy council.

The EHS management staff provide appropriate training and technical assistance to the governing body, Advisory Committee, and the Policy Council to ensure the members understand the information they receive and can effectively oversee and participate in the Early Head Start program. Trainings are typically conducted annually for the County Council, the Policy Council, and the Advisory Committee. Training includes:

- An overview of Head Start Performance Standards,
- An overview of the Snohomish County EHS program,
- EHS shared governance processes and procedures including roles, responsibilities, and requirements for Head Start governing bodies,
- EHS budget and financials, and
- EHS ERSEA policies

b. How does your program ensure governing body members do not have a conflict of

interest with the Head Start, Early Head Start, and delegate programs or other partners/vendors? Describe any exception criteria applicable to a governing body member.

The Snohomish County Council is the governing body for EHS and is comprised of five members publicly elected to four-year terms. The County Council maintains control of all financial and legal decisions for Snohomish County. County Council members must adhere to the Snohomish County Code Section 2.50 (Code of Ethics) and Section 4.40 states that, “no county elected officer shall hold any other office or employment within county government during the officer’s term of office.” Snohomish County staff, including the voting members of the EHS Advisory Committee, are also subject to the Snohomish County Charter and Code requirements to carry out their duties. As the County Council is an elected body, they are exempt from the conflict-of-interest requirements in Section 642(c)(1)(C)(ii) and (iii).

c. How do the governing body and policy council members ensure meaningful consultation and collaboration around their joint decisions?

The EHS Advisory Committee is responsible for ensuring comprehensive participation in shared governance on behalf of Snohomish County Council (Governing Body). The Advisory Committee meets at least quarterly virtually or in-person in open public meetings. Meeting agendas include required program information/updates and opportunities for the Policy Council to provide input and recommendations on program design and operation to program staff and the County Council. Advisory Committee meeting agendas and minutes are included in the monthly reports submitted to the County Council (Governing Board). The Policy Council Chair is responsible to share Policy Council information and recommendations with the Advisory Committee and to share Advisory Committee

information with the Policy Council. Recommendations from the Advisory Committee to the Governing Board (County Council) are included in the monthly reports and other program documents submitted to the County Council. The County Council Member designated to serve on the Advisory Committee is responsible to ensure the County Council has sufficient, accurate information necessary to assume legal and fiscal responsibility for the EHS program. All decisions and actions by the County Council (Governing Body) related to the EHS program are shared with program staff, Policy Council, and the Advisory Committee.

Should there be a dispute between the County Council, EHS Advisory Committee and Policy Council, an Impasse Procedure is in place to schedule meetings to resolve the issue. If the attempts to agree are unsuccessful, the issue will be sent to professional mediation or arbitration to reach a final decision.

2. Human Resources Management (see 1302 Subpart I)

- a. Provide an organizational chart identifying the management and staffing structure including the Executive Director, Program Directors, managers, and other key staff including assigned areas of responsibility and lines of communication. You may upload this as a supporting document.**

(See Supporting Documents)

- b. Describe your program's approach to establishing pay scales, determining adequate compensation rates, and wage comparability with neighboring ECE and elementary school staff, including how salaries improve or exacerbate existing disparities between different demographic groups (see ACF-IM-HS-22-09).**

Snohomish County Early Head Start staff positions are union-represented and subject to a collective bargaining agreement. Pay scales are determined by the union contract based upon job responsibilities. The provisional 2024 monthly salary range for IT Specialists is \$5,749 to \$6,646 and for IT Specialist Leads it is \$6,032 to \$7,328. Comparable positions in

neighboring Head Start programs include EHS Lead Teachers and Family Support Advocates. Salaries for Lead Teachers in neighboring programs range from \$3,446 to \$4,398; Family Support Advocate salaries in neighboring programs range from \$3,796 to 4,968. Salaries for Home Visitors in an Early Head Start program in King County range from \$4,673 to \$6,666.

Salaries for Family Support Staff in Snohomish County's state-funded preschool program (Early Childhood Education and Assistance Program) range from \$4,183 to \$8,210 per month, with an average of \$6,226. The only somewhat comparable position in a school district is a Family Resource Advocate; one local district employs this position, and the salary is \$6,854 per month.

Snohomish County EHS salaries are significantly higher than neighboring Early Head Start programs, and comparable to other early learning programs in the community which improves staff recruitment and retention and directly affects the quality of services provided to children and families. Snohomish County EHS intentionally employs multiple bilingual, bicultural staff to best meet the needs of the families and communities served.

c. Describe systems developed to ensure criminal background checks occur prior to hire staff, consultants, and contractors in the program.

Snohomish County Human Resources has a rigorous hiring process in place for every applicant. Per Snohomish County Code 5.04.040, the County hiring process includes a mandatory full background check through the nationally accredited agency Data Quest. EHS staff also complete the required FBI fingerprint Portable Background Checks through the Washington State Department of Children, Youth, and Families. Individuals or agencies contracted for training or professional services charging fees over \$5,000 must be determined by the Snohomish County Risk Management legal team to be in good standing

per Washington State Labor and Industries and terms of the contract within legal and ethical parameters of County code.

d. Describe orientations provided to new staff, consultants, and volunteers.

Staff training begins with an orientation to Snohomish County and the Human Services Department. New Snohomish County employees have a probationary period of 12 months. All new staff are identified for intensive coaching for the first 12 months of employment at minimum. In Snohomish County EHS, the first 90 days are focused on training, mentoring, and coaching on the Head Start Act, Performance Standards, policies and procedures, curricula, and assessment tools; by the end of the first six months, the new hire has typically gained significant skills and is working independently with regular support from the Supervisor, IT Specialist Leads and peers. The Snohomish County EHS Supervisor will provide ongoing training through reflective supervision and case consultations and IT Specialist Leads will provide coaching in education and data.

e. Describe key features of your program's approach to staff training and professional development. Describe your program's approach to implementing a research-based coordinated coaching strategy, including the approach to the delivery of intensive coaching for identified staff.

Snohomish County Early Head Start provides in-depth professional development opportunities for all staff including initial orientation, ongoing training, and a research-based, coordinated coaching system that support staff to acquire or strengthen their knowledge and skills needed to provide high-quality, comprehensive, and culturally appropriate services to families and young children.

EHS implements Practice Based Coaching (PBC) for individual staff, and PBC Together Learning and Collaborating (TLC) with small groups. Both approaches utilize the three-

component cyclical process of 1) Planning goals and action steps, 2) Engaging in focused observation, and 3) Reflection and sharing feedback about home visiting practices.

All first-year EHS IT Specialists participate in intensive coaching. This is introduced during their orientation and onboarding. Annually, all IT Specialists complete the Home Visit Practices Strengths and Needs Assessment (SNA); the EHS Supervisor also completes this assessment for each IT Specialist annually. The EHS Supervisor and IT Specialist meet to discuss their SNAs and formulate Professional Development Plans for the year. IT Specialists identified as needing additional support specific to a family's support of their children's learning or implementing curricula are involved in intensive coaching. IT Specialists requesting intensive coaching are considered as the coaching caseload permits.

The EHS Supervisor is endorsed by the Washington Association for Infant Mental Health as a Family Reflective Supervisor. IT Specialists receive individual reflective supervision twice monthly during a one-hour meeting with the EHS Supervisor. Individual Reflective Supervision includes IT Specialist self-reflection regarding their observations and experiences in their work with children and families. The entire Snohomish County EHS team participates in monthly group Reflective Practice facilitated by a consultant endorsed as a clinical mentor in Infant Mental Health.

The annual Training and Technical Assistance plan is created collaboratively with the Snohomish County Supervisor and staff to meet the professional development goals identified in Professional Development Plans.

3. Program Management and Quality Improvement (see 1302 Subpart J)

- a. Describe key features of your program's systems for ongoing oversight, correction, and assessment of progress toward your program's identified goals. Include approaches**

that promote effective teaching (including sufficient compensation) and health and safety practices.

Snohomish County EHS staff, the Policy Council, and the EHS Advisory Committee assess the progress toward Program Goals on a quarterly basis by reviewing ChildPlus data including child development screening and assessments, family engagement, and health data. The data is analyzed for alignment with the program's Strategic Plan goals and adjustments to Strategic Plan Action Steps are made as needed to achieve identified outcomes.

Review of the data through the year culminates in the annual Self-Assessment, the program's major tool for Continuous Quality Improvement. Parents/caregivers and staff attend a series of meetings to identify patterns in data and evaluate progress on the five-year continuum of the Strategic Plan and refine the Plan as needed to move forward in the coming year. The Self-Assessment meeting structure is designed to give both staff and parents opportunity to review PIR data, goals data, survey results, and home visit rates

The *Family Outcomes Survey* is completed annually to give parents the opportunity to assess the program and support continuous improvement. This tool was chosen for its parent-friendly format and its alignment with the seven Family Engagement Outcomes included in the Head Start Parent, Family, and Community Engagement (PFCE) Framework. The survey is composed of detailed questions referred to as Outcome Elements, each question/element falling under one of the PFCE Outcomes. Survey results are analyzed program-wide to identify the strengths of the program, areas for needed growth, and planning goals and activities.

Individual IT Specialist reports from ChildPlus are reviewed in twice monthly staff check-

ins with the EHS Supervisor. Data monitored for compliance includes health and safety activities, home visiting attendance percentages, and family and child goal progress. As needed, coaching and technical assistance is provided by an IT Specialist Lead and/or EHS Supervisor to support staff skill development, ensure compliance, and strengthen services to children and families.

b. Describe key features of your program’s management process and system to ensure continuous improvement that relates to effectively using data and ongoing supervision to support individual staff professional development and promote staff retention.

IT Specialists engage in individual supervision with the EHS Supervisor twice monthly.

We review and analyze the following specific reports from ChildPlus: Developmental Screening, Family Services, Family Strengths and Outcomes, Child Progress and Developmental Summary, and Disabilities. IT Specialists engage with the IT Specialist Data and CQI Lead/Coach for technical assistance and training and regularly participate in small group TLCs. Goal #1 in our Strategic Plan is, “Snohomish County EHS will improve its data management system to maximize the program’s ability to effectively gather, measure, and analyze data to implement continuous quality improvement activities utilizing parent, governing body, and community partner input in addition to program data.” Intentional and strategic implementation of the action steps in this goal strengthens the use of data in our CQI systems.

As part of our current CQI system, we recognized the need to reduce IT Specialist caseloads to strengthen our data collection, review, and analysis processes to make necessary changes to improve practices and services. In addition, the need for content area

Lead positions was identified. Currently there is an IT Specialist Education Lead/Coach and an IT Specialist Data and CQI Lead/Coach. This provides opportunities for individual staff development and supports staff retention as it is a growth opportunity for experienced staff.

- c. Describe how the management system ensures budget and staffing patterns that promote continuity of care, allow sufficient time for staff participation in training and professional development, and allow for provision of the full range of services.**

The Snohomish County EHS Supervisor oversees the day-to-day operations of the program and partners with the Division Manager and assigned Financial Compliance Officer to plan expenditures and ensure fiscal responsibility. IT Specialists are assigned to a family at enrollment and serve the family throughout their time in the program even if a family moves to a different location in the County. In order to accommodate training schedules, IT Specialists partner with families to find an alternate time in the week for the home visit to avoid cancellation.

- d. If applicable, describe any internal controls findings/issues identified through ongoing monitoring, self-assessment, or recent audits and describe plans to address such findings/issues.**

N/A

SECTION II. BUDGET AND BUDGET JUSTIFICATION NARRATIVE

1. Provide a detailed narrative to explain the costs by object class category identified within the SF-424A Section B-6. Explain significant personnel and fringe adjustments for this budget period for item a. and b. For each item c. through h., ensure the narrative aligns with the amounts requested for direct and, if applicable, indirect costs. *The total amount of funds detailed in the budget narrative must equal the total amount requested in the SF-424A.*

This budget reflects the amount of \$1,503,090 representing Early Head Start operations funds in the amount of \$1,475,190 and Early Head Start Training and Technical Assistance in the amount of \$27,900. The budget also reflects \$404,675 non-federal match.

Personnel. The total direct cost for Personnel is \$806,013 which represents the Early Head Start Supervisor, two Infant Toddler (IT) Specialist Leads, six IT Specialists, and a percentage of each of the following positions: Early Learning Mental Health Specialist, Health Coordinator/RN, Early Childhood Nutritionist, Early Learning Division Manager, and Human Services Department Administrative Services Staff. The two IT Specialist Lead positions were added this year to provide additional leadership, monitoring and staff growth potential and an additional IT Specialist was hired to allow for a reduction in family caseload for the Leads.

Fringe Benefits. The total direct cost for Fringe Benefits is \$326,394. In the category of FICA/UI/L&I/WFMLA/SS there is a direct cost of \$64,502. In the category of Health/Dental/Vision/Long Term Disability/Life Insurance there is a total direct cost of \$183,957. Retirement has a total direct cost of \$77,935.

Supplies. The total direct cost for Supplies is \$13,015. \$600 is allocated to T and TA for training supplies (books), and the remaining \$12,415, allocated to EHS operations, is distributed as follows: \$1,815 for office supplies, \$3,000 for socialization supplies, \$5,000 for curriculum supplies and education materials, \$2,000 for recruitment supplies, and \$600 for IFSP supplies.

Contractual. The total direct cost for Contractual is \$45,066. \$27,050 is allocated to T and TA and is distributed as follows: \$4,000 for Reflective Consultation Services, \$3,000 for college tuition, \$3,000 for Infant Mental Health Foundations and the Growing Brain training, \$2,000 for SMARTE Goal training, \$1,170 for Promoting First Relationships, \$3,000 for Circle of Security, \$6,400 for Promoting Maternal Mental Health During Pregnancy workshop, \$590 for Brazelton Newborn Behavioral Observations training, \$1,520 for WA-AIMH Infant Mental Health Endorsement fees and \$2,370 for the WSA Head Start Conference. The remaining \$18,016, allocated to EHS operations, is distributed as follows: \$5,600 is for the ChildPlus Subscription, \$2,416 for annual Zoom licenses, \$5,000 for ChildPlus Implementation Services, and \$5,000 for Infant Mental Health Consultation Services.

Other. The total direct cost for Other is \$312,602. \$250 is allocated to T and TA for annual staff Food Handler and Blood Borne Pathogen training. The remaining \$312,352, allocated to EHS operations, is distributed as follows: \$47,929 for local staff travel to meetings, home visits and socializations, \$900 for postage, \$2,300 for copies and printing, \$3,600 for annual renewal of Baby Talk License, \$4,000 for parent/caregiver activities including childcare and mileage reimbursement for Policy Council and socializations and event fees, \$1,700 for staff recruitment advertisements, \$19,128 for County insurance, \$8,072 for staff cell phones, \$36,309 for office space and security, \$5,180 for outside space rental for storage, \$89,078 for County Information Services, \$7,200 for EHS share of Human Services administration costs, \$30,976 for Miscellaneous (EHS share of County Central Services Costs), \$55,680 for translation services, and \$300 for Washington Association of Head Start and ECEAP dues.

2. For personnel budget line items, discuss how staff compensation budgeted amounts support a stable workforce. This may include descriptions on how budgeted

compensation for education staff compare to compensation paid in early care and education, local elementary schools and comparable services in service area or neighboring areas. Discuss steps taken to promote pay equity and how staff compensation budgeted amounts improve or exacerbate existing racial and ethnic disparities in ECE pay (see ACF-IM-HS-22-09).

Snohomish County Early Head Start staff positions are union-represented and subject to a collective bargaining agreement. Pay scales are determined by the union contract based upon job responsibilities. The 2024 monthly salary range for IT Specialists is \$5,749 - \$6,646 and for IT Specialist Leads it is \$6,032 – \$7,328. Comparable positions in neighboring Head Start programs include EHS Lead Teachers and Family Support Advocates. Salaries for Lead Teachers in neighboring programs range from \$3,446 - \$4,398; Family Support Advocate salaries in neighboring programs range from \$3,796 – \$4,968. Salaries for Home Visitors in an Early Head Start program in King County range from \$4,673 - \$6,666.

Salaries for Family Support Staff in Snohomish County’s state-funded preschool program (Early Childhood Education and Assistance Program) range from \$4,183 to \$8,210, with an average of \$6,226. The only somewhat comparable position in a school district is a Family Resource Advocate; one local district employs this position, and the salary is \$6,854 per month.

Snohomish County EHS salaries are significantly higher than neighboring Early Head Start programs, and comparable to other early learning programs in the community, which improves staff recruitment and retention, and directly affects the quality of services provided to children and families. Snohomish County EHS intentionally employs multiple bilingual, bicultural staff to best meet the needs of the families and communities served.

3. If applicable, describe the planned use of cost-of-living (COLA) funds based on the related Program Instruction.

The COLA funds awarded in 2024 have been fully expended for staff salaries, covering a

portion of the union-negotiated 2023 COLA for Snohomish County employees.

4. Training and technical assistance funds are awarded separately by program. Describe the use of these funds, by object class budget category identified within the SF-424A Section B-6, to support the recipient's training and technical assistance activities. *Details should be included in the T/TA Plan.*

The Snohomish County EHS T and TA plan is developed collaboratively with program staff and leadership, informed by the individual professional development plans, and the overall program goals. Specific expenditures, by category, are outlined below:

- Supplies: \$600 for training supplies
- Contract: \$4,000 for Reflective Consultation Services, \$3,000 for college tuition, \$3,000 for Infant Mental Health Foundations and the Growing Brain training, \$2,000 for SMARTE Goal training, \$1,170 for Promoting First Relationships, \$3,000 for Circle of Security, \$6,400 for Promoting Maternal Mental Health During Pregnancy workshop, \$590 for Brazelton Newborn Behavioral Observations training, \$1,520 for WA-AIMH Infant Mental Health Endorsement fees and \$2,370 for the WSA Head Start Conference
- Other: \$250 for annual staff Food Handler and Blood Borne Pathogen training

5. Identify each source of non-federal match, including the estimated amount per source and the valuation methodology. Explain how your program determined that proposed non-federal match is allowable per 45 CFR §75.303 and Section 1303.4.

Snohomish County EHS has multiple sources of non-federal match supporting our program.

A review of 45 CFR §75.303 and Section 1303.4, by the Human Services Department

Administrative Services Division Manager, determined the matches to be allowable. Specific amounts and the valuation methodology used for each, are outlined below:

- Volunteers - \$262,367

- Parent/Caregivers Working on Specific Learning Goals. Estimating 54 parents/caregivers (66% of total enrollment) will participate for approximately six hours per week, for 47 weeks, at \$16.28/hour (Snohomish County Minimum Wage/comparable to an Assistant Teacher in a childcare center) - \$247,912.
- Parent/Caregiver involvement in Policy Council. Estimate seven members at two and one-half hours per month at \$47.24/hour (rate of County IT Specialist at Step 1, including benefits) - \$9,920.
- Parent/Caregiver involvement in Service Area Parent Committee. Two members at each of four meetings for one hour per month at \$47.24/hour (rate of County IT Specialist at Step 1, including benefits) - \$4,535.
- Facilities - \$8,100
 - Use of Granite Falls School District classroom space for socializations at estimated rate of \$225/month - \$2,700
 - Use of Snohomish School District classroom space for socializations at estimated rate of \$225/month - \$2,700
 - Use of VOA Family Support Center space in Sultan for socializations at estimate rate of \$225/month - \$2,700
- Services - \$31,891
 - Infant Mental Health Subcommittee – one half of total value for eight members, four times per year for one and one-half hours at \$56.35 (rate of County Behavioral Health Professional at Step 3, including benefits) - \$1,352.

- Health Advisory Committee – one half of total value for five members, four times per year for one and one-half hours at \$62.15 (rate of County RN at Step 3, including benefits) - \$932.
- Nutrition Advisory Subcommittee – six members, four times per year for one and one-half hours at \$56.35 (rate of County Nutritionist at Step 3 including benefits) - \$2,029.
- Advisory Committee – one representative each from County Council and Executive Branch staff, attending four one-hour meetings per year at \$98/hour (rate of Senior Financial Consultant and Legislative Analyst positions, paygrades at midpoint, including benefits) - \$784.
- Snohomish County Department of Information Services – in-kind IT services - \$26,794
- Staffing - \$102,316
 - One IT Specialist paid with County Sales Tax funds; \$70,646 salary (step 1) and \$31,670 benefits.

- 6.** NA
- 7.** NA
- 8.** NA
- 9.** NA
- 10.** NA
- 11.** NA