



**SNOHOMISH COUNTY EARLY HEAD START**  
**DRAFT SELF-ASSESSMENT REPORT**  
**AUGUST 2025**



**Section I. Introduction**

**Program Description:**

Snohomish County Human Services Department has been the grantee agency for the Early Head Start (EHS) Program since 2010. Snohomish County Early Head Start is a home-based early learning and family centered support program for Snohomish County families who are pregnant or parenting children birth to three years old. Our program nurtures the parent-child relationship and helps children thrive and develop a life-long love of learning. Total enrollment for FY 2024 was 15 pregnant people and 109 children in a year-round model.

The program uses BabyTalk Curriculum, Desired Results Developmental Profile (DRDP) and ChildPlus to align practices and services within our home visiting model. BabyTalk is a research-based home visiting curriculum that builds positive relationships and engaging and responsive interactions between parents/caregivers and child. BabyTalk emphasizes the importance of providing resources and referring families to resources in the community. The curriculum materials, including learning experiences, learning goals, parenting practices, and guidance, support children across all the Head Start Early Learnings Outcomes Framework (ELOF) sub-domains.

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 visits to support the child's development. These domains are in direct alignment with ELOF. DRDP is integrated in ChildPlus, which also tracks required services and child/family data (i.e., home visits, screenings, immunizations, medicals, dentals, etc.).

**Section II. Methodology**

**Design and Team Members:**

In June 2025, Snohomish County EHS conducted a self-assessment session that included parents, staff, advisory committee and policy council members. The group completed an in-depth analysis of program data sets including child outcomes, family engagement, and community needs assessments. Data sets reviewed include:

- 2025 Family Outcome Survey (based on the PFCE Outcomes)
- 2024-2025 Home Visit Documentation
- 2024-2025 PIR Performance Indicator Report
- 2025-2030 Strategic Plan

- Washington State Maternal Mortality Review Panel: Maternal Deaths 2017-2020
- Snohomish County 2023 Low-Income Community Needs Assessment
- 2023 - 2024 DRDP Outcomes

In addition, Program Goals and Objectives, School Readiness Goals, and the prior year Self-Assessment were reviewed and discussed. Strengths and areas of growth were identified and recommendations and next steps to goal progress were determined.

### **Section III. Key Insights**

#### **Program Strengths and Innovations:**

- Infant Toddler Specialists participated in trainings to increase their knowledge of Infant Mental Health practices, working towards endorsement as Infant Mental Health Professionals.
- Systems were developed and implemented to increase the family's ability to self-identify goals, create action plans, and achieve their goals.
- Infant-Toddler Specialists were provided with additional training in the Family Partnership Agreement process that resulted in an increase in families setting and making progress on goals.
- Snohomish County EHS has created two Lead Infant Toddler Specialist positions, the CQI/Data Monitoring Lead and the Education and Coaching Lead. Two existing Infant Toddler Specialists were promoted into these positions. These staff are responsible to complete ongoing monitoring of program data in their area of expertise, and to provide technical assistance and coaching to the Infant Toddler Specialist team.
- Staff well-being is consistently incorporated in trainings, meetings, coaching, reflective supervision and peer-to-peer opportunities.

#### **Progress in Meeting Goals and Objectives**

**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 improvement activities utilizing parent, governing body, and community partner input in addition to program data.

The self-assessment identified that the year one goal has been met through the following activities:

- Snohomish County EHS created the CQI/Data Monitoring Lead position, and an existing Infant Toddler Specialist was promoted into this position. This staff is responsible to complete ongoing monitoring of program data and to provide technical assistance and coaching to the Infant Toddler Specialist team
- Program Leadership utilized ChildPlus experts to design and upgrade ChildPlus Modules that were previously underutilized
- Training on ChildPlus was provided to Infant Toddler Specialists and other staff via ChildPlus Consultants
- Specific reports generated by ChildPlus were used as tools for ongoing monitoring and continuous quality improvement activities

- The Policy Council and governing body were provided targeted and specific information monthly utilizing ChildPlus reports
- Monitoring became a standing agenda in weekly one-on-one meetings with supervisor and monthly meetings with Health Consultant staff

**Goal 2:** Snohomish County EHS will focus on enhancing the skills of the Infant Toddler Specialists by investing in their well-being and professional development utilizing both program wide and individual coaching strategies. The Program has identified increased knowledge in infant mental health principles as a key component of professional development.

The self-assessment identified that the year one goal has been met through the following activities:

- Snohomish County EHS has created the Education and Coaching Lead position, and an existing Infant Toddler Specialist was promoted into this position
- Three Infant Toddler Specialists are participating in weekly intensive coaching sessions
- All staff members have an annual training plan in place with both individual and some shared program goals included
- Infant Toddler Specialists are engaged in trainings and working towards endorsement as an Infant Mental Health Professionals
- Snohomish County EHS staff engage in regular reflective practice including weekly reflective supervision and monthly group reflective practice with a contracted Mental Health Consultant

**Goal 3:** Snohomish County EHS Infant Toddler Specialists will sustain and improve physical and mental health outcomes for all children enrolled in the program.

The self-assessment identified that the year one goal has been met through the following activities:

- The new Mental Health Specialist on our staff has addressed resource and referral for parents as well as implementing a framework for individualized case management support for Infant Toddler Specialists
- Staff consistently entered physical and mental health data in ChildPlus and used reports to support families to engage in well-child and dental exams per the recommended EPSDT schedule
- Infant Toddler Specialists are engaged in trainings and working towards endorsement as an Infant Mental Health Professionals

**Goal 4:** Snohomish County EHS Infant Toddler Specialists will be confident in their ability to support families to utilize goal setting strategies that lead to family well-being and economic self-sufficiency.

The self-assessment identified that the year one goal has been met through the following activities:

- A custom-built module was created in ChildPlus for the Family Strengths, Needs and Interest Survey (FSNIS)
- Infant Toddler Specialists were provided specific training regarding the FSNIS and Family Partnership Agreement (FPA) processes including how FPA's are connected to positive family and child outcomes and approaches to support families to establish goals and action steps

- Action steps and goals are routinely discussed during home visits with progress documented in ChildPlus

**Goal 5:** Staff will be trained to identify and support individual family needs for referrals through a lens of trauma informed care. The following topics will be prioritized:

- Families with a history of trauma
- Substance abuse disorder
- Domestic violence
- Options to prevent and respond to child abuse
- Pregnancy and postpartum topics

The self-assessment identified that this goal has been deferred to begin in year two. In year one, the program prioritized Infant Mental Health training needs and strengthening the FPA process; next year's training plan includes the topics in this goal.

### **School Readiness Goals**

Snohomish EHS identified school readiness goals utilizing the Early Learning Outcomes Framework's Five Central Domains. The data below represents the percentage of children demonstrating growth in each of the domain as evidenced by DRDP assessment data:

- Approaches to Learning - 93%
- Social and Emotional - 93%
- Language and Literacy - 100%
- Cognition, Including Math and Science - 93%
- Physical/Health - 85%

### **Section IV: Recommendations**

The self-assessment process elicited the following recommendations for continuous quality improvement as the program moves into year two:

- Implement trauma-informed staff training focusing on pregnancy and postpartum
- Continue staff-wellness activities to promote job satisfaction and retention
- Support staff in consistent data entry in ChildPlus that allows for data driven continuous quality improvement
- Strengthen the use of ChildPlus reports to inform program evaluation and planning
- Continue to provide Policy Council and governing body targeted and specific information monthly utilizing ChildPlus reports and strengthen systems for program input
- Increase community partnerships to facilitate successful connections to resources and referrals
- Continue to build staff skills to support families to develop and implement goals with a focus on employment and economic stability