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CHRISTIAN SERVICES



Early Head Start

ANNUAL REPORT 2025-2026

Building the foundation.
Strengthening families. Creating a legacy.

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96 Funded slots	**8 Counties**	**330 Completed home visits**

PROGRAM IDENTIFICATION

Program: Bethany Christian Services of Tennessee Early Head Start
Grant Number: 04CH013379 | Program Number: 200
Program Year: 2025-2026 | Home-Based Early Head Start
Service Hub: Johnson City, Tennessee
Publication Date: [FINAL PUBLICATION DATE]

Bethany® CHRISTIAN SERVICES

A foundation built with purpose

When I reflect on our first year, I don't think first about reports, spreadsheets, or compliance requirements. I think about the faces behind the numbers. I think about a baby reaching a new milestone, an expectant mother preparing for what comes next, and a family beginning to feel more confident about the future. Those moments are the reason this program exists.

Building a new Early Head Start program from the ground up has been one of the most challenging and rewarding experiences of my career. There was no roadmap for every situation we would encounter. We were building the program while learning, adjusting, and serving families at the same time. There were unexpected challenges, but there was also tremendous growth. With every challenge, we became clearer about the kind of program we wanted to be and the standard of service we wanted families to experience.

I am incredibly proud of the team that helped turn an idea into a program serving families across eight northeast Tennessee counties. They entered homes with compassion, supported families during difficult seasons, celebrated developmental milestones, and continued to grow alongside the program. I am equally grateful to the families who trusted a brand-new program enough to open their homes to us. Our community partners, Policy Council, governing leadership, and supporters have also played an important role in helping us establish our place in the communities we serve.

From the beginning, I have talked about legacy. To me, legacy isn't about recognition or what any one person accomplishes. It's about what remains because the work was done well. I want our legacy to be found in families who feel stronger, children who were given every opportunity for a healthy beginning, and a program that will continue serving northeast Tennessee long after its first year is completed.

This year was about building a foundation. We learned what worked, identified where we needed to grow, strengthened our systems, and began creating meaningful connections throughout our communities. We still have work ahead of us, and I believe that's something to be proud of as well. Strong programs aren't built by pretending every challenge has been solved. They're built by being willing to look honestly at the data, listen to families and staff members, and continually become better.

As I look forward to our next year, I'm proud of how far we've come and even more excited about what we're becoming. Our goal is bigger than reaching full enrollment or meeting a performance measure. It's to build a program known for quality, trusted by families, valued by our community, and strong enough to make a lasting difference.

We're building a legacy and are only getting started.

Kendra Brooks

Kendra Brooks
Program Director, Early Head Start

Who we are

Mission and vision

Bethany Christian Services' mission is to demonstrate the love and compassion of Jesus Christ by protecting children, empowering youth, and strengthening families through quality social services. Our vision is a world where all children, youth, and families are safe, loved, and connected.

Early Head Start program

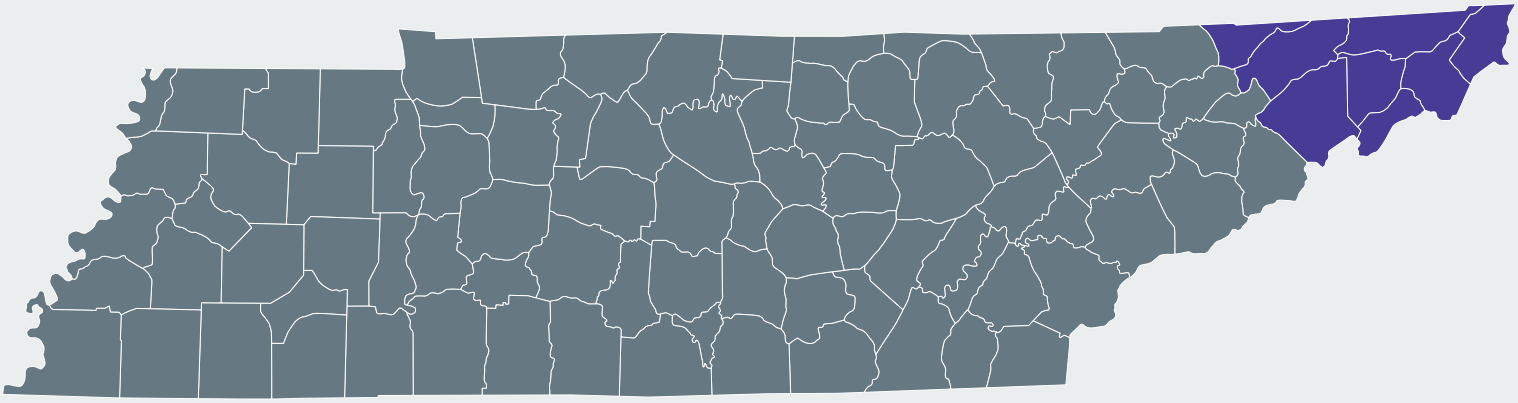
Bethany Christian Services of Tennessee operates a home-based Early Head Start program serving infants, toddlers, pregnant women, and their families across eight northeast Tennessee counties. The program brings comprehensive early childhood and family services into the family's natural environment, where caregivers are supported as their child's first and most important teacher.

PROGRAM PROFILE FOR 2025-2026	
Funded enrollment slots	96 total slots: 76 home-based child slots and 20 expectant mother slots
Service area	Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington counties
Service approach	Weekly 90-minute home visits, group socializations, screening and assessment, family goal planning, prenatal support, referrals, and follow up
Home-based curriculum	Frog Street Love and Learn
Expectant mothers curriculum	Partners for a Healthy Baby
Developmental screening tool	Ages and Stages Questionnaire (ASQ)
Ongoing child assessment tool	Desired Results Developmental Profile (DRDP)
Quality observation measurement tool	Home Visiting Rating Scales (HOVRS)
Management information system	ChildPlus

Families may qualify for Early Head Start based on household income; receipt of public assistance such as the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Supplemental Security Income (SSI); homelessness; or foster care status. Our program prioritizes reaching families who may face barriers to accessing early childhood, health, and family support services and connecting them with individualized support during the critical earliest years of a child's life.

Timeline

The Administration for Children and Families (ACF) awarded Bethany the initial Early Head Start grant in August 2025. Bethany set about creating a compliant program that would make high-quality, relationship-based services possible for children and families. After a period of building this program from the ground up, Bethany began offering home-based services with our first home visit on February 26, 2026.



Northeast Tennessee: Strength, need, and opportunity

The program's eight-county footprint covers nearly 2,900 square miles. That geography matters. Rural distance, transportation barriers, limited childcare options, provider waitlists, and differences in local resources mean families don't experience access in the same way from one county to the next.

The March 2025 Community Assessment identified significant needs in northeast Tennessee related to affordable housing, food insecurity, mental health, and substance abuse use services, childcare access, transportation, and continuity of services. It also described a community with deep resilience and an active network of health, housing, education, faith-based, and family service organizations.

Partnership as a strategy

In a home-based program, community partnership is not separate from services—it's one of the ways families find and access support. In its first year, the program had 53 referrals through a developing network of trusted community partners, including public health and home visit programs, early childhood and Head Start providers, housing and family support organizations, pregnancy resource programs, healthcare providers, early intervention systems, faith-based partners, and other local agencies.

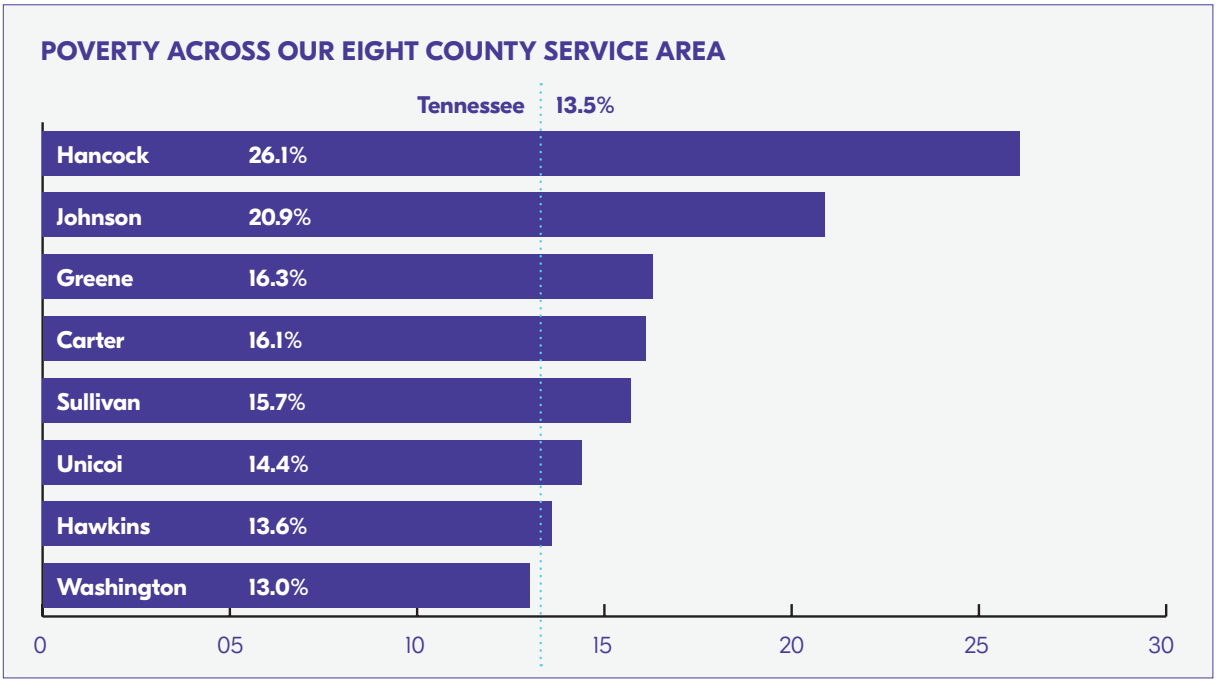
From the beginning, our goal has been to become a trusted partner to families by first building strong relationships with the organizations they already know and trust. These referrals demonstrate the importance of creating clear, reliable pathways with community partners who are already connected to families across northeast Tennessee.

As those relationships became more consistent, community partners increasingly served as a bridge between families and Early Head Start, helping the program expand awareness; strengthen enrollment outreach; and connect children, expectant mothers, and caregivers to comprehensive home-based services.

Economic need across our service area

Families face significant economic realities across northeast Tennessee.

Families across Bethany Early Head Start's eight-county service area experience significant economic pressure. U.S. Census Bureau estimates show poverty rates ranging from 13.0% in Washington County to 26.1% in Hancock County. Five of the eight counties have poverty rates above the Tennessee rate of 13.5%.



Why this matters for Early Head Start

Economic hardship can intersect with limited infant and toddler childcare options, transportation barriers, housing instability, food insecurity, and difficulty accessing health or family support services. A home-based Early Head Start model reduces one important access barrier by bringing comprehensive early childhood and family services directly into the family's home and community.

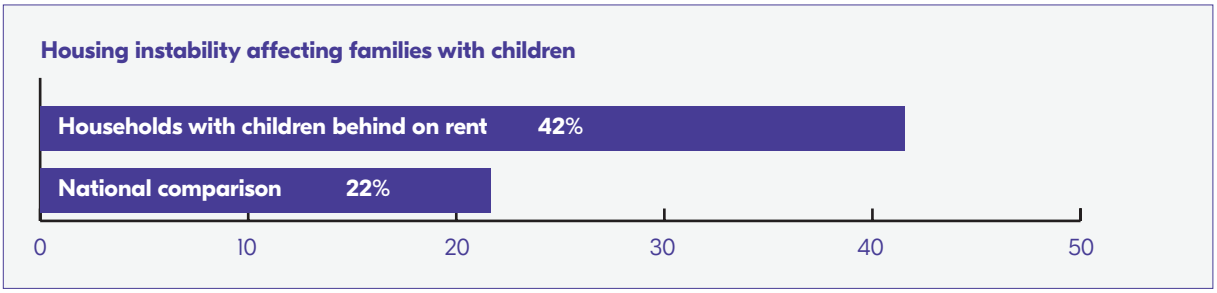
County rates: Hancock 26.1% | Johnson 20.9% | Greene 16.3% | Carter 16.1% | Sullivan 15.7% | Unicoi 14.4% | Hawkins 13.6% | Washington 13.0%

Source: U.S. Census Bureau, QuickFacts, Persons in Poverty, Percent; 2020-2024 estimates. Tennessee comparison: 13.5%. County-level poverty estimates are statistical estimates and should be interpreted accordingly.

Housing and transportation barriers

Family stability depends not only on available services, but also on whether families can afford a place to live and reliably reach the resources they need.

Across northeast Tennessee, housing affordability and transportation are closely connected to family stability. Tennessee's child well-being data identify housing cost burden as an important economic indicator, while the newest 2026 county profiles add fair-market rent and home sales trends to help communities understand changing affordability. These pressures are especially important for families with infants and toddlers, whose household budgets may already include high childcare, food, health, and transportation costs.



HOUSING PRESSURE

The Tennessee Commission on Children and Youth (TCCY) defines severe housing cost burden as households spending 50% or more of their household income on housing. When housing consumes such a large share of income, families have fewer resources available for food, utilities, childcare, health needs, and transportation.

TRANSPORTATION ACCESS

Bethany's northeast Tennessee service region includes Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington counties. For families living in rural communities, distance and limited transportation options can make it harder to consistently reach childcare, healthcare, employment, and other family supports.

Why the home-based model matters

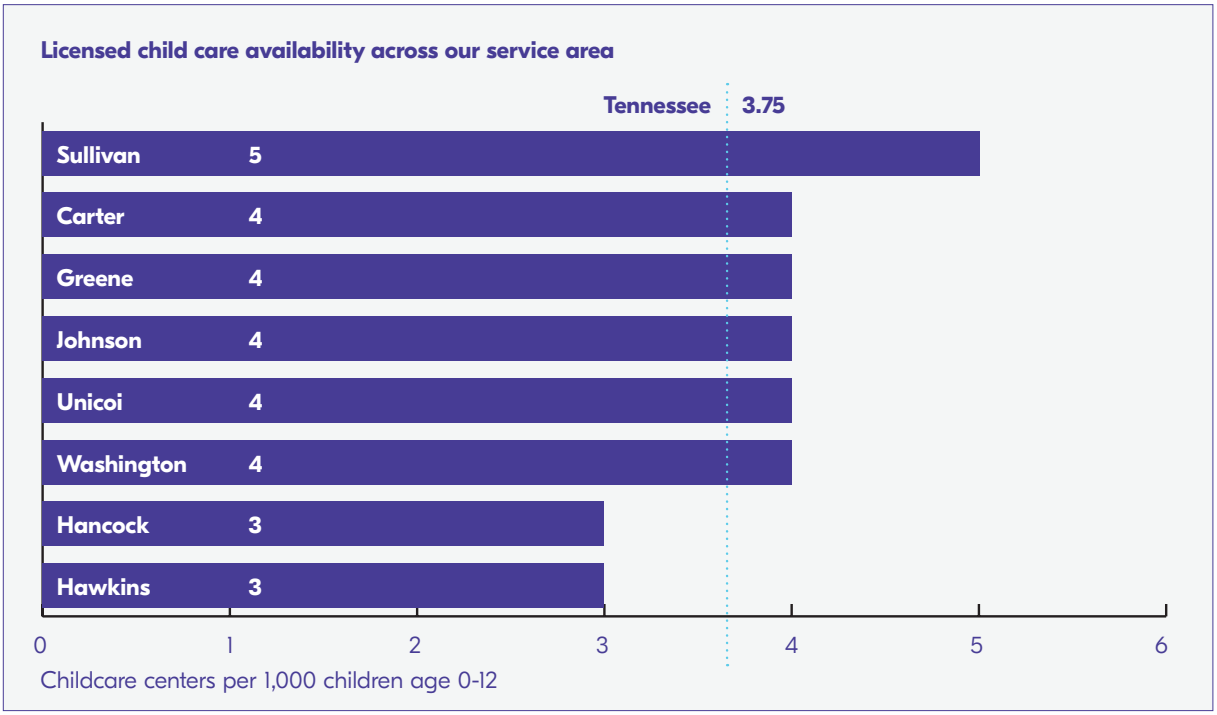
Home-based Early Head Start cannot solve a family's housing or transportation challenges, but it can reduce an important access barrier. By bringing regular early childhood and family support services into the home, the program allows families to participate in comprehensive services without requiring weekly travel to a center. Home Visitors can also help families identify needs, connect with community resources, and navigate referrals when housing or transportation instability affects family goals.

Sources: Tennessee Commission on Children and Youth, County Profiles of Child Well-Being and State of the Child in Tennessee; TCCY 2026 County Profiles release (September 17, 2026). TCCY identifies severe housing cost burden as spending 50% or more of household income on housing and reports expanded 2026 county data on fair-market rent and home sales trends. The 42% Tennessee rent-arrears figure is a statewide measure for households with children and should not be interpreted as an eight-county rate.

Childcare access across northeast Tennessee

Limited supply and the high cost of infant care create additional pressure for families with very young children.

Access to childcare is a significant part of the environment in which Early Head Start families live and work. TCCY data show a relatively limited supply of licensed childcare across northeast Tennessee. In Bethany's eight-county service area, the reported number of childcare centers ranges from 3 to 5 per 1,000 children ages 0-12.



$13,926

median annual cost of infant center-based care in 2025

WHY INFANT AND TODDLER ACCESS MATTERS

The number of licensed providers is only one part of access. Infant and toddler care requires smaller ratios and can be especially difficult and expensive to secure. TCCY reported that Tennessee's 2025 median market rate for infant center-based care was $13,926 per year—more than in-state tuition at each of Tennessee's four public universities.

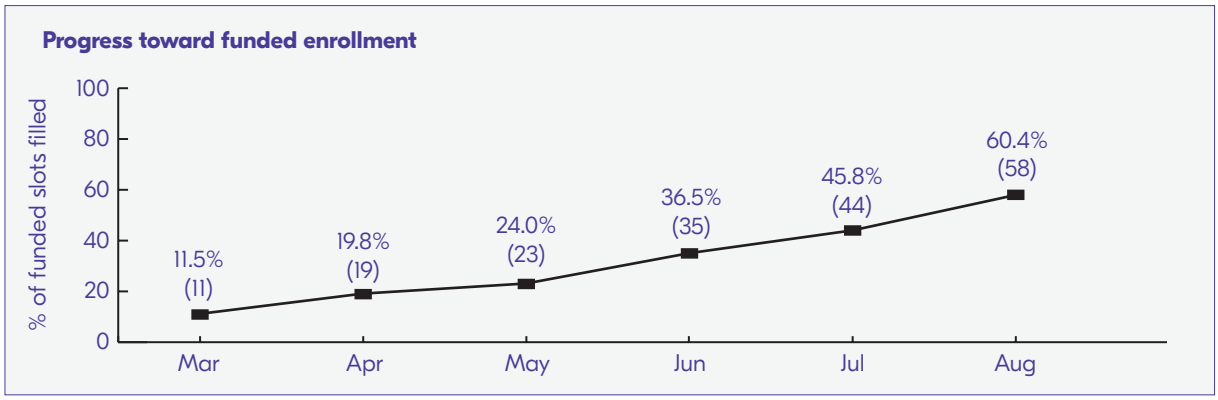
A growing reach across the first service year

Bethany Early Head Start is funded for 96 participants: 76 infants and toddlers in the home-based option and 20 expectant mothers. The program's Program Information Report (PIR) recorded a cumulative enrollment of 46 children and five expectant mothers, for a total of 51 participants during the completed 2025-2026 year.

96	**46**	**5**	**51**
Funded enrollment	Children enrolled	Expectant mothers enrolled	**Total enrollment**

Progress toward the 96-slot funded enrollment

Because this was a start-up year, point-in-time enrollment grew as staffing, referral relationships, and community awareness developed. The percentages below show the share of the 96 funded slots filled at each reporting point. They are not month-to-month growth percentages.



330 home visits = 330 opportunities to make a difference

During our first months of service, our team completed 330 home visits across 37 families. Each visit represented far more than an appointment on a calendar. It represented time spent building trust with a family, supporting a parent as their child's first and most important teacher, celebrating developmental milestones, identifying concerns early, connecting families to resources, and creating learning opportunities within the routines of everyday life.

For a program built from the ground up, conducting 330 home visits in the first year demonstrated the extraordinary commitment of our Home Visitors and the trust families placed in a new program. Week after week, our team showed up in homes across northeast Tennessee and began building relationships that are at the heart of the home-based Early Head Start model.

Behind the number are 37 families who welcomed us into their homes and 330 opportunities to strengthen the foundation of a child's earliest years.

Who we served: Eligibility at enrollment

Early Head Start eligibility reflects the economic and life circumstances of the families our program is designed to reach.

Each of the 51 Bethany Early Head Start enrollees is assigned to one primary eligibility category, providing a clear picture of the circumstances through which families qualified for services.

37	10	3	1
72.5%	**19.6%**	**5.9%**	**2.0%**
Public assistance	Income ≤100% FPL	Foster care	Homelessness

What the data tell us

Public assistance was the primary eligibility basis for nearly three-fourths of the people enrolled. Within that category, the PIR documents 28 participants qualifying through SNAP, five through SSI, and four through TANF. An additional 10 participants qualified based on income at or below 100% of the federal poverty level, while foster care and homelessness qualified four participants.

Socializations: Building connection and community

Socializations are an important extension of our home-based Early Head Start services, giving children and families opportunities to learn, play, connect, and build relationships together outside of their weekly home visits. Throughout the year, socializations were held at Little Bloom House, a play café in Johnson City, providing a welcoming environment where children could explore and parents could connect with one another.

To reduce barriers to participation, our program assisted families with transportation needs and provided a nutritious meal during each gathering.

Socializations also incorporated meaningful parent education based on the needs of our families, with topics including budgeting, nutrition, mental health, and Conscious Discipline parent coaching. These gatherings strengthened the sense of community at the heart of our home-based program while giving families practical tools they could carry back into their everyday routines.

Two socializations per month were offered from April through July 2026, for eight events in the reporting period. Combined child and caregiver attendances totaled 111 across those months.

SOCIALIZATION ATTENDANCE FOR APRIL–JULY 2026

Combined child and caregiver attendance | Total: 111 across eight socializations

16	31	30	34
April	May	June	July

The children and families we served

10	14	22	40
Under age 1	One-year-olds	Two-year-olds	Families

The program's first year reflects a young participant population, consistent with Early Head Start's focus on the prenatal to age three period. The program served 40 families: 17 two-parent families and 23 single-parent families. Thirty-seven families were headed by parents, one by a grandparent, and two by foster parents.

Race, ethnicity, and language

RACE AND ETHNICITY OF OUR 51 PARTICIPANTS

- **White alone: 39 participants (76.5%)**
- **Multiracial and/or multiethnic: 9 participants (17.6%)**
- **Black or African American alone: 3 participants (5.9%)**



English was reported as the primary home language for all 51 participants.

Disabilities and early identification

Six children had an Individualized Family Service Plan (IFSP) during the program year. Five had been determined eligible before the program year and one during the enrollment year. Two additional children were referred for Individuals with Disabilities Education Act (IDEA) eligibility evaluation.

Of 46 newly enrolled children, 40 completed required developmental, sensory, and behavioral screenings within 45 days. Twenty-eight were identified as needing follow-up assessment or formal evaluation. These numbers reinforce the importance of early screening, timely referral, and continued family support through the evaluation process.

Supporting expectant mothers

During our first program year, Bethany Early Head Start served five pregnant mothers, providing support during one of the most important periods of a child's development. Our prenatal services focused on helping expectant mothers prepare for a healthy pregnancy, birth, and transition into parenthood through individualized education, connection to prenatal care, and support in accessing community resources.

Of the five mothers served, four received prenatal care while enrolled, and our program also provided support to mothers experiencing high-risk pregnancies. Our goal is to begin building strong relationships with families before their baby arrives, creating continuity of support from pregnancy into the earliest years of a child's life.

Support for the whole child while strengthening the whole family

Our home-based model brings early learning, health and developmental support, family partnership, and community resource connection into the places where family life happens.

Bethany Early Head Start provides comprehensive, individualized services from pregnancy through age three. Rather than treating education, health, and family well-being as separate needs, our team works alongside parents to understand the whole family, build on existing strengths, and respond to goals as they change. Parents remain at the center of the work as their child's first and most important teacher.

HOME-BASED SERVICES

Families receive a 90-minute home visit each week. Visits combine individualized early learning, parent-child interaction, reflection, and goal setting. Frog Street activities are connected to everyday routines, while Home Visitors also support health needs, family goals, referrals, and access to resources.

SOCIALIZATIONS

Twice-monthly group learning experiences give children and caregivers opportunities to learn, play, and connect with other families. Socializations extend learning beyond the home visit and include parent education, nutritious meals, staff coaching, and support to reduce participation barriers such as transportation.

PRENATAL SERVICES

Pregnant women receive individualized home visits focused on prenatal health, nutrition and wellness, preparation for labor and parenting, bonding and caregiving, emotional well-being, and connection to prenatal and community resources. Planning continues after birth to support a smooth transition into infant services.

Comprehensive support woven throughout every service

EARLY LEARNING AND SCHOOL READINESS

Individualized learning supports communication, social-emotional development, cognition, physical development, curiosity, problem solving, and strong parent-child relationships.

FAMILY GOALS AND STABILITY

Family partnership agreements reflect each family's priorities. Staff members help families work toward goals and connect with housing, utilities, food, diapers and formula, education, employment, legal help, healthcare, and other supports.

HEALTH, NUTRITION, AND DEVELOPMENT

Families are supported with developmental, social-emotional, hearing, vision, growth, and nutrition screening; health and dental follow up; immunization information; and nutrition education.

MENTAL HEALTH AND POSITIVE PARENTING

Frog Street and Conscious Discipline curriculum support connection, emotional regulation, positive guidance, and responsive caregiving. Families can receive coaching and support when behavioral or family well-being concerns arise.

DISABILITIES AND EARLY INTERVENTION

When concerns arise, families are included in every step. With parent consent, the program can coordinate referrals to the Tennessee Early Intervention System (TEIS) and support children with IFSPs or special health needs.

PARENT VOICE AND LEADERSHIP

Families help shape services through feedback, socializations, activities, committees, volunteering, and Policy Council opportunities. Participation is voluntary, and barriers are addressed whenever possible.

One family and one coordinated system of support

The strength of the home-based model isn't found in a single service. It's found in the relationships that allow our team to see a family's goals in context and connect early childhood learning with health, family well-being, and community support. When a need is identified, the goal isn't simply to provide information, but to help the family navigate the next step and remain connected to services over time.

Building school readiness from the beginning

School readiness in Early Head Start begins with secure relationships, responsive caregiving, communication, exploration, movement, and the confidence to learn. The program's five school readiness goals connect the Head Start Early Learning Outcomes Framework (ELOF) to the DRDP and to family engagement in daily routines.

2025-2026 School readiness goals	What children/families will demonstrate
1. Social-emotional approaches to learning	Increasing emotional regulation, positive relationships, curiosity, and engagement in learning
2. Language and communication	Increasing receptive and expressive language skills to communicate needs, ideas, and experiences
3. Early cognition and problem solving	Exploring, investigating, remembering, and solving problems through active engagement with people and materials
4. Physical development	Increasing gross motor, fine motor, perceptual, and self-help skills
5. Family engagement in learning	Increasing active support in learning and development through home-based experiences and daily routines

UNDERSTANDING THE DRDP CONTINUUM

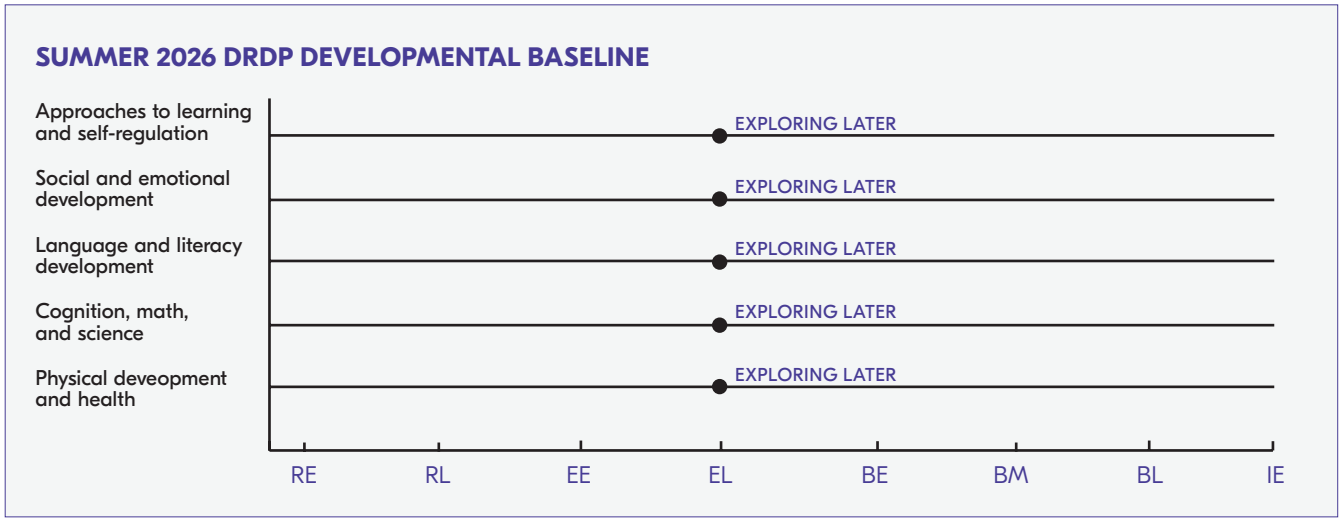
The DRDP is an observational assessment used to understand children's development over time. The continuum moves through Responding, Exploring, Building, and Integrating. These levels describe increasingly complex ways children use skills and interact with people, materials, language, and their environment.

RESPONDING	EXPLORING	BUILDING	INTEGRATING
children show earlier developmental responses to people and experiences.	children become more active and purposeful as they investigate, communicate, and try developing skills.	children use increasingly complex skills, ideas, relationships, and problem-solving strategies.	children begin combining knowledge and skills in more complex ways.



Summer 2026 DRDP baseline

The Summer 2026 DRDP Child Development Summary provides the program's first aggregate developmental baseline. The group median marker fell within Exploring Later (EL) in each of the five reported DRDP domains (see chart for the five domains). The chart shows a developmental location on the DRDP continuum—not a percentage, grade, or pass/fail score.



RE=Responding Earlier
RL=Responding Later
EE=Exploring Earlier
EL=Exploring Later

BE=Building Earlier
BM=Building Middle
BL=Building Later
IE=Integrating Earlier

RE-RL = Emerging skills- beginning skills for age
EE-EL = Developing skills

BE-BL = Age-appropriate mastery for many toddlers- consistently demonstrating

IE = Advanced integration of skills across settings- applying in a variety of situations

What our baseline means

Our Summer 2026 results place the group median at Exploring Later across all five DRDP domains. This doesn't mean every child is at the same developmental level, nor does it indicate whether a child is passing or failing. Children may appropriately be at different points based on age, individual development, and experiences. This first-year baseline gives the program a starting point for individualizing services and for measuring change once a second comparable assessment period is available.



Preparing families for the next step

Transition in Early Head Start is a process, not a single event that occurs when a child turns three. From the beginning of services, families are supported in understanding their child's development, recognizing their role as their child's strongest advocate, and preparing for the educational opportunities that will follow Early Head Start.

As children approach 30 months of age, the transition process becomes more intentional. A transition meeting is scheduled with the family, Home Visitor, and education team to begin planning for the child's next educational setting. Together, the team discusses the child's developmental progress, the family's priorities, available options, and the steps needed to support a successful transition. Depending on the needs and preferences of the family, this may include connection to a Head Start preschool program, the Local Education Agency (LEA), or a private childcare or early learning program.

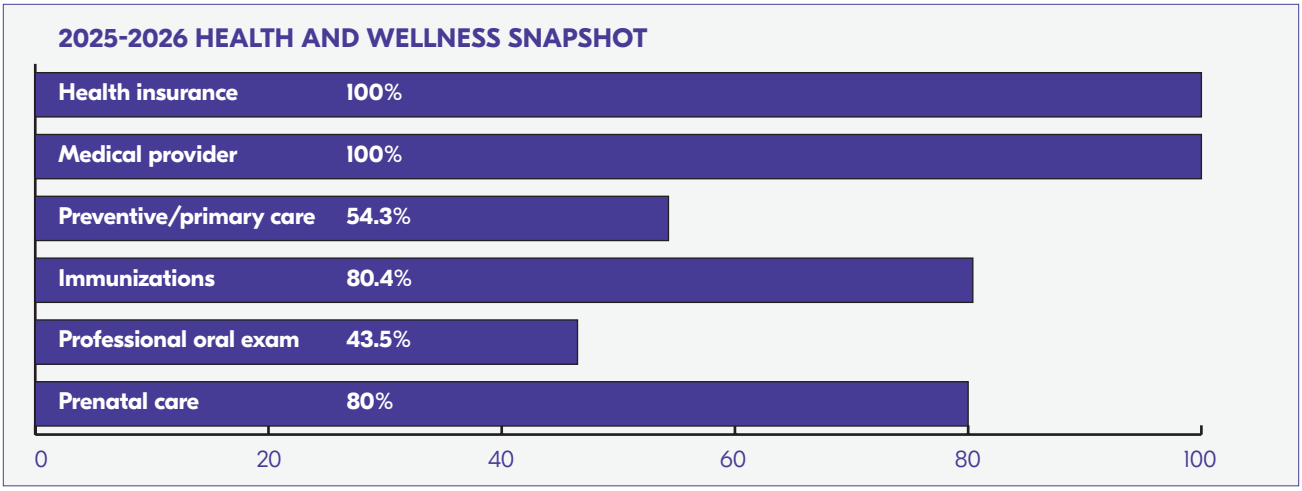
Our Parent Handbook emphasizes that transition planning is individualized and completed in partnership with families, including helping parents explore future program options and supporting the transfer of appropriate information with parental consent. The goal is to ensure families understand their choices and feel prepared for what comes next.

During our first reporting year, 30 families received transition-related support. As our first cohort of children moves closer to age three, we will continue strengthening these partnerships and transition pathways. Our goal is more than providing a referral. We want every family to experience a warm handoff to the next program, with the support, information, and confidence they need to continue advocating for their child.

A successful transition means a family does not simply leave Early Head Start, but they move forward supported, informed, and connected.

Health: Foundational to learning

Good health supports a child's ability to learn, grow, and thrive. Our Early Head Start program works with families to maintain health coverage, connect children to an ongoing medical provider, support preventive care, and address health needs during the critical first three years of life.



100% CHILDREN WITH HEALTH INSURANCE
All 46 children and all five pregnant participants were reported as having health insurance. All 46 children were enrolled in Medicaid and/or the Children's Health Insurance Program (CHIP).

100% CHILDREN WITH AN ONGOING HEALTHCARE SOURCE
All children had an ongoing source of continuous, accessible healthcare. In addition, 100% of children had access to a medical provider.

Preventive and primary healthcare

At the end of the 2025-2026 program year, 25 of the 46 cumulatively enrolled children (54.3%) were documented as up to date on the state's age-appropriate preventive and primary healthcare schedule. Six children had a diagnosed chronic condition, and all six received medical treatment.

As part of Early Head Start's comprehensive services, staff partner with families to support children's health and wellness by promoting access to wellness exams, preventive care, and needed follow-up services while helping families overcome barriers such as scheduling, transportation, provider access, or documentation. Our primary goal is to continue increasing this percentage as enrolled children and families spend more time in the program and receive ongoing support with healthcare access, follow up, and completion of required exams.

Immunizations

At the end of enrollment, 37 children were documented as up to date on all age-appropriate immunizations, and three had received all immunizations possible at that time but were not yet fully up to date.

Oral health, prenatal health, and access to care

Oral health

Twenty-nine children had continuous, accessible oral care by the end of the reporting period. Twenty-one received oral health preventive care, and 20 completed a professional oral examination. One child was identified as needing oral treatment, and that child received the needed treatment.

HEAD START ORAL HEALTH STANDARD—WHAT "UP TO DATE" MEANS

Head Start determines whether a child is up to date on age-appropriate preventive and primary oral healthcare using the state's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) dental periodicity schedule. What is due therefore depends on the child's age and applicable schedule. Programs support families in obtaining recommended follow-up care.

OUR WORK TO CONNECT FAMILIES WITH DENTAL HOMES

We are working toward a dental home for every child. Our team maintains direct relationships with dental offices across the region and makes weekly calls to stay informed about new patient openings, cancellations, age requirements, and providers accepting Medicaid or young children. When openings become available, staff members help families connect quickly, schedule appointments, address transportation needs, obtain records, and follow up so care is not lost.

CHALLENGES IN OUR AREA

Our eight-county northeast Tennessee service area is large and includes rural communities with limited pediatric dental resources. Families may need to travel significant distances to reach a provider, and reliable transportation can be a major barrier. Many dental practices also don't routinely establish care for children under age one, which affects access for an Early Head Start population that includes many infants. Limited appointment availability and Medicaid acceptance can further delay connection to a dental home.

Looking ahead

We will continue strengthening relationships with medical and dental providers, monitoring dental openings each week, and exploring additional community-based options. Our goal is for every child to maintain a medical home and, as age-appropriate care becomes due and available, establish a dental home with access to ongoing preventive oral health services.

Prenatal health

Four of five pregnant participants received prenatal healthcare while enrolled. Two pregnancies were identified as medically high risk. One participant received postpartum healthcare, one received a newborn visit between two and six weeks after birth, and one received a mental health intervention and follow-up.



Families as partners in their child's success

Family engagement is woven throughout our home-based model. Families identify priorities, set goals, participate in their child's learning, and build knowledge and confidence that can continue long after their time in Early Head Start.

39 of 40
families received at least one family support service.

37
families participated in parenting curriculum.

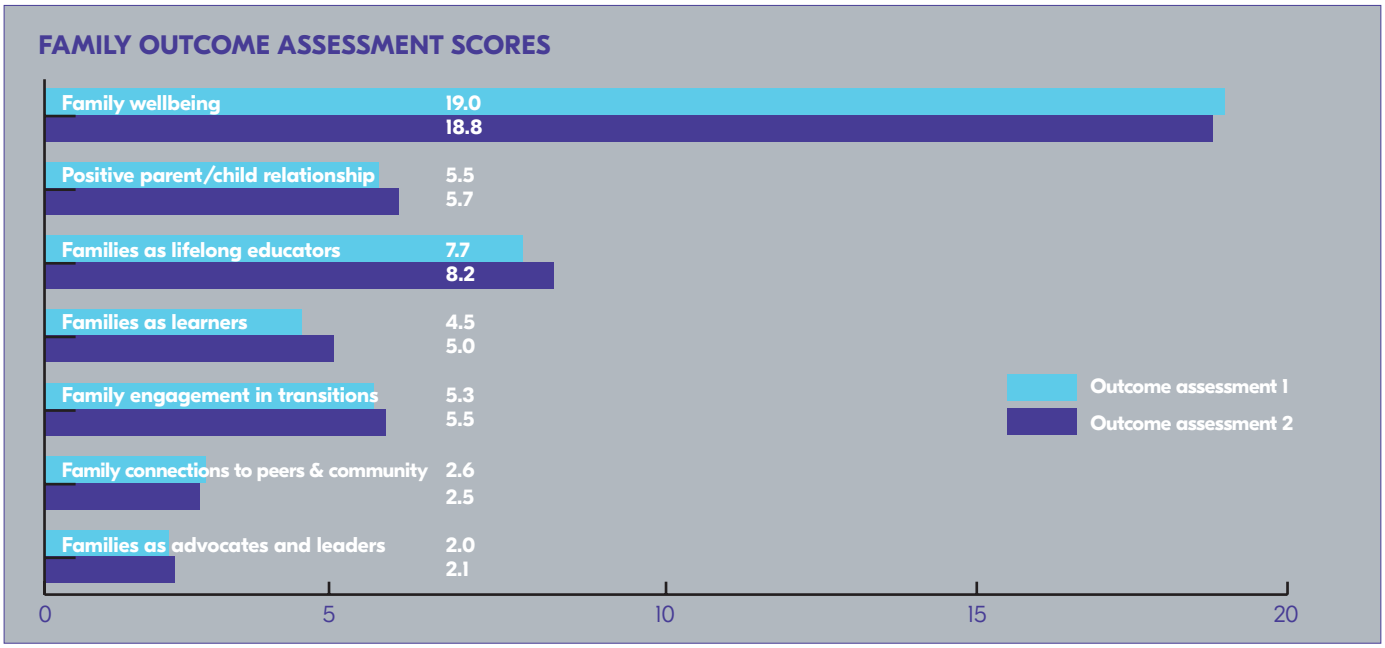
38
families discussed their child's progress with program staff.

Family partnership and support

Family partnership agreements help families identify strengths, priorities, and goals while connecting them with resources that support stability and well-being. During the reporting year, families received support related to emergency or crisis needs, housing, mental health, education and job training, nutrition, preventive health, parenting, and transitions. Home Visitors and specialists followed up with families, so referrals became meaningful connections rather than simply a list of resources.

Family outcomes over time

Family outcome assessments provide a structured way to look at changes in family strengths and engagement over time. The overall average family outcome score increased from 46.7 on the first assessment to 47.7 on the second assessment. The strongest gains were seen in the categories of "Families as lifelong educators" and "Families as learners," with additional gains in "Family engagement in transitions," "Positive parent-child relationships," and "Families as advocates and leaders."



What the outcomes show

The comparison shows positive movement in five of the seven family outcome areas. "Family well-being" and "Family connections to peers and community" decreased slightly, providing useful information for continued family support and program improvement. These results help staff members identify where families are gaining confidence and where additional resources or engagement may be beneficial.

Parent leadership and engagement

Parents are encouraged to participate in socializations, parent education, program feedback, Policy Council, and other leadership opportunities. Fathers engage in family assessments, goal setting, child development activities, governance, and parenting workshops. Our goal is to ensure families are not only recipients of services, but active partners whose voices help shape the program.



Policy Council: Family voice in program leadership

Early Head Start is built on the belief that parents should have a meaningful voice in the program serving their children. Policy Council is the formal parent and community governance group that creates a direct connection between families, program leadership, and the governing body.

June 2026
Policy Council established

5 members
3 parents,
2 community representatives

Monthly meetings
Throughout the program year

What is Policy Council?

Policy Council is a shared-governance body required in Head Start programs. Parents of currently enrolled children make up much of the membership, with community representatives bringing additional knowledge and perspective. Members help ensure that programming decisions reflect the experiences, priorities, and needs of the families and communities being served.

A MEANINGFUL ROLE IN PROGRAM DECISIONS

Policy Council is more than an advisory meeting. Early Head Start's governance structure gives members responsibility for participating in important program decisions. Each month, members receive information from program leadership, ask questions, review program data, and consider items that require Policy Council input or approval.

The council covers topics such as:

PROGRAM PLANNING
Goals, priorities, policies, and procedures that guide how services are delivered

ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT, AND ATTENDANCE (ERSEA)
Recruitment, selection, enrollment, and attendance policies and criteria

PERSONNEL
Certain decisions related to hiring, termination, and employment of program staff, as provided by Early Head Start requirements

BUDGET AND FUNDING
Funding applications, budget-related information, and decisions connected to program resources

FAMILY ENGAGEMENT
Activities and approaches that strengthen parent participation, leadership, and family partnership

PROGRAM DATA
Enrollment, service delivery, outcomes, monitoring, and other information used to understand how the program is performing

Building parent leadership in our first year

Our first Policy Council was established in June 2026 with five members: three Early Head Start parents and two community representatives. The Council meets monthly, creating a consistent space for families and community members to hear directly about program operations and to participate in decisions that affect the program. Establishing this structure was an important step in building a culture where parent leadership is part of how the program grows.

FAMILY VOICE MATTERS

Policy Council gives parents a seat at the table—not simply to hear what the program is doing, but to help shape the decisions that guide it.

From start-up to sustainable quality

The 2025-2030 plan establishes a clear direction for the program. The goals are intentionally connected: a strong workforce supports stronger services; stronger family engagement improves access and participation; high-quality curriculum and assessment strengthen school readiness; and disciplined data systems allow leadership to see what is working and where improvement is needed.

STRATEGIC PROGRAM GOALS FOR 2025-2030
GOAL 1: Recruit, support, and sustain a confident, well-trained, and compliant workforce.
GOAL 2: Strengthen family engagement, support systems, and access to community resources.
GOAL 3: Strengthen school readiness through curriculum fidelity, individualized services, and developmental assessment practices.
GOAL 4: Strengthen program systems, compliance monitoring, and data-informed decision-making.

First annual self-assessment

The first annual self-assessment used the Office of Head Start Promoting Research Informed State IECMH Policies and Scaled Initiatives (PRISM) framework and drew from ChildPlus reports, DRDP and ASQ data, HOVRS observations, family partnership agreements, health and disability tracking, IFSP documentation, enrollment and ERSEA reports, home visit documentation, monthly monitoring, program observations, the community assessment, family and staff member feedback, and Policy Council and Governing Board input.

The assessment found that the program established strong foundational systems during its first year, including ChildPlus tracking, developmental screening, individualized home visiting, family partnership practices, disabilities coordination, health monitoring, community partnerships, reflective supervision, coaching, and ongoing monitoring.

Year Two priorities

- **Strengthen staff use of assessment data to individualize services and improve consistency of ChildPlus documentation.**
- **Increase professional development related to disabilities/IFSP processes, curriculum implementation, and mental health consultation.**
- **Increase family participation in socializations and strengthen father engagement.**
- **Expand partnerships addressing transportation and emergency resource gaps.**
- **Formalize routine quarterly review of child outcome data for program decision-making.**
- **Continue building curriculum fidelity, reflective supervision, coaching, file monitoring, and data review into normal program operations.**



13 | FEDERAL MONITORING AND AUDIT RESULTS

Accountability in a new program

Bethany Christian Services of Tennessee did not have formal federal monitoring review results to report for this period because this was the program's first year of implementation and a formal federal monitoring review had not yet occurred.

During start-up, program leadership worked with the assigned program specialist and training and technical assistance partners to strengthen recruitment, fiscal policy, governance, service delivery, monitoring readiness, and documentation. Governance is exercised locally under delegated authority, with parent leadership incorporated through the Policy Council and parent committees.

Financial stewardship

Financial stewardship is part of our responsibility to children, families, Bethany, and the public. During the start-up year, the program developed and refined fiscal procedures, procurement review, approval documentation, budget monitoring, grant reporting, internal controls, and governance oversight.

Investment in children, families and our community

Responsible stewardship supports the quality and sustainability of Early Head Start services. The financial information below summarizes the program's reported federal funding, budget and expenditures, and non-federal support for the reporting period.

$712,636.87 **FEDERAL FUNDING** Administration for Children and Families	**$875,419.79 TOTAL BUDGET/EXPENDITURES** Program financial activity reported for the period	**$162,782.92** **NON-FEDERAL SHARE** Cash and gifts-in-kind supporting Early Head Start

EHS FY 2026 Budget	
Personnel	$ 650,300
Fringe	$ 169,729
Travel	$ 13,160
Supplies	$ 66,585
Contracts	$ 19,375
Other	$ 287,442
Indirect	$ 125,485
TOTAL	$ 1,332,076

EHS FY 2026	
Revenue	$ 712,637
Personnel	$ 397,960
Fringe	$ 70,915
Travel	$ 24,004
Supplies	$ 45,415
Contracts	$ 1,000
Other	$ 98,213
Indirect	$ 75,131
TOTAL EXPENSES	$ 712,637



How our program was funded

The program received $712,636.87 in federal funding through the U.S. Department of Health and Human Services Administration for Children and Families. Bethany also supported Early Head Start through non-federal resources that helped strengthen program operations and meet the program's required non-federal share.

$147,067 **BETHANY CASH CONTRIBUTION** Bethany cash support used to cover Early Head Start headquarters department costs	**$15,715** **DONATED GOODS AND SERVICES** Gifts-in-kind contributed to support program services and operations

FINANCIAL STEWARDSHIP

These resources support the infrastructure and services needed to deliver comprehensive, home-based Early Head Start programming. Federal funding, organizational investment, and donated goods and services work together to support children and families across our service area.

A foundation for lasting impact

As we close Bethany Christian Services of Tennessee's first Early Head Start annual report, I am grateful for the extraordinary work that transformed a grant award into a growing, relationship-centered program serving infants, toddlers, expectant mothers, and families across eight northeast Tennessee counties.

During this start-up year, the team built the workforce, governance, fiscal, data, monitoring, and service-delivery systems needed for quality and accountability. They completed 330 home visits across 37 families; offered eight socializations with 111 child and caregiver attendances; served 51 participants during the reporting period; established the first Policy Council; strengthened referral pathways; and implemented essential curriculum, screening, assessment, health, and family partnership practices.

Every achievement represents a child and family who trusted us to walk alongside them. Looking ahead, we will build on that trust by working toward full enrollment, deepening prenatal outreach, strengthening curriculum and assessment fidelity, expanding family and father engagement, improving health and community resource follow up, supporting a strong workforce, and using reliable data to guide decisions.

I offer my sincere thanks to the staff members who worked tremendously hard to build this program while serving families with compassion and excellence. I am especially grateful to Program Director Kendra Brooks, whose leadership, steady guidance, and commitment equipped and encouraged her team through the demands of a start-up year. I also thank the families, parent leaders, community representatives, partners, and organizational leaders who helped establish this foundation. Together, we are building a legacy of stronger beginnings and lasting opportunity for children and families across northeast Tennessee.



Amy Scott
State Director
Bethany Christian Services of Tennessee

Looking ahead

Our next chapter is focused on reaching and sustaining full enrollment, deepening prenatal outreach, strengthening curriculum and assessment fidelity, expanding family and father engagement, improving health and community resource follow up, and using data more consistently to drive decisions. We are no longer simply building a program. We are building a legacy of stronger beginnings for children and families across northeast Tennessee.

The impact behind the numbers

Every family enters Early Head Start with unique strengths, hopes, and needs. During our first year, Home Visitors saw parents grow in confidence, children reach meaningful developmental milestones, and families connect with resources that strengthened safety, stability, and well-being. These stories are condensed from Home Visitor observations and are shared without names to protect family privacy.

LEARNING TO MANAGE BIG EMOTIONS

A nonverbal two-year-old was experiencing intense emotional outbursts that sometimes placed him at risk of injury. Using a Frog Street lesson on managing emotions, his Home Visitor coached the child and parent in safe breathing. He began using the strategy during the visit and, months later, was using it independently. His parents report fewer and less-intense outbursts, and the family has also connected him with speech therapy.

FROM A FEW WORDS TO SENTENCES

One child began services using only a small number of words. Through songs, books, naming body parts and colors, narration of daily routines, and consistent parent practice, his language expanded dramatically. He is now combining words into sentences, asking for help, naming what he wants, and using new language to describe the world around him.

MILESTONES WORTH CELEBRATING

After an extended hospital stay following birth, one infant showed significant gross motor delays and struggled with head control and tummy time. With encouragement and repeated practice, she progressed to rolling, sitting independently, pushing into a crawling position, and choosing tummy time on her own. Another child progressed from not sitting, rolling, or crawling to crawling, furniture cruising, and receiving TEIS support.

WHEN PARENTS STEP INTO THE LEAD

Home Visitors have seen meaningful growth in parent participation. One parent who initially remained on the sidelines gradually became fully engaged in activities and learning. Her Home Visitor later arrived to find her outside actively playing with her children—a powerful example of strategies from home visits becoming part of everyday family life.

CONNECTIONS THAT CREATE STABILITY

When families identified practical needs, staff members helped turn concerns into connections. One child received a safe car seat through CarePortal in less than 48 hours. Another parent leaving an unsafe living situation connected with car repair assistance, a new car seat, employment, housing, SNAP, and a dental home for her child. Families were also connected with resources such as Dolly Parton's Imagination Library.

SUPPORTING PARENTS FROM THE BEGINNING

During a postpartum visit, a new mother shared that she had not experienced nurturing parenting herself and felt unsure how to respond to her baby's frequent crying. A conversation about feeding routines revealed that she had never been taught when or how to burp her baby. After coaching and demonstration, she reported at the next visit that the change had made a significant difference for both her and her baby.

In a parent's words

"Your patience and creative approach have made a significant impact on my son's development, particularly in helping him learn his colors and numbers and improve his communication skills. It has been a pleasure watching him grow more confident and expressive. We are so appreciative of the kindness, expertise, and genuine care you show him." — EARLY HEAD START PARENT

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