

Washington Morgan COMMUNITY ACTION



2011 – 2012 Head Start & Early Head Start Annual Report



Mission Statement

The Washington-Morgan County Community Action Program's Early Childhood Program is committed to the comprehensive needs of families with pregnant women and children ages 0-5. Our service will aid children and families by:

- Providing an environment to enhance the necessary cognitive and social skills to develop a love of learning;
- Collaborating with a variety of social service programs;
- Providing an educated, knowledgeable, nurturing, receptive staff;
- Advocating for the family's self-sufficiency and empowerment;
- And recognizing our ever-changing community and the need to keep pace with these changes.

Funding and Budgets

Fiscal Ye	ar Ended March 31, 2012	
Revenues Received	CASH	NON-CASH
DHHS- Federal Cash	\$2,242,027.43	
USDA - Federal Cash	\$95,980.37	
Non - Federal Share (In Kind Service	es)	\$563,415.00
Total Resources	\$2,338,007.80	\$563,415.00
Budget	CASH	EXPENDITURES
Personnel	\$997,882.16	\$330,486.00
Fringe Benefits	\$579,974.83	\$206,715.00
Travel	\$6,407.81	
Equipment	\$O	
Supplies	\$160,764.27	
Contractual	\$59,234.63	
Facilities/Construction	\$O	
Other	\$437,763.73	\$26,214.00
Total	\$2,242,027.43	\$563,415.00
	Proposed Budget	
	pril 1, 2012 - March 31, 2013	
Budget	CASH	
Personnel	\$1,077,341	
Fringe Benefits	\$699,286	
Travel	\$13,680	
Equipment	\$O	
Supplies	\$58,416	

Contractual	\$139,074
Facilities/Construction	\$0
Other	\$296,873
Total	\$2,284,670

Program Enrollment August 1, 2011 - July 31, 2012

Total Number of Families Total Number of Children Served			erved	
			Number	
Program	Number Served		Enrollment	Served
Head Start	332	Head Start	315	358
Early Head Start	54	Early Head Start	40	69
Program Wide*	369	Program Wide	355	427

* Number of families program wide does not equal the individual program families because some families had multiple children enrolled in different program options.

	Head Star % of	t Funded	Early He	ad Start
Er	nrolled Enro	ollment	Enrolled % of	Funded Enrollment
Aug-11	1	0.32%	41	102.50%
Sep-11	314	99.68%	40	100.00%
Oct-11	311	98.73%	40	100.00%
Nov-11	309	98.10%	40	100.00%
Dec-11	316	100.32%	40	100.00%
Jan-12	316	100.32%	40	100.00%
Feb–12	319	101.27%	40	100.00%
Mar-12	318	100.95%	42	105.00%
Apr-12	311	98.73%	42	105.00%
May-12	17	5.40%	41	102.50%
Jun-12	0	0.00%	38	95.00%
Jul-12	0	0.00%	38	95.00%

Percentage of Eligible Children Served



Enrollment by

Of ----lopment Age and Poverty Level data estimates 676 children age 5 and under with a family income under 100 % of poverty guidelines living in Washington and Morgan Counties, Ohio.

Estimated % of eligible children served - 54 %

Program Monitoring

Results of the Triennial Review

From 4/8/2012 to 4/13/2012, the Administration for Children and Families (ACF) conducted an on-site monitoring review of Washington Morgan Community Action Head Start and Early Head Start.

The Peer Review Team identified the Fiscal staff as a program strength. The fiscal staff is cross-trained in the necessary functions of the Fiscal department. Duties related to Accounts Payable are randomly selected and staff members do not know in advance who will be selected for what process.

During this review, two non-compliance items were cited. Both of these noncompliance items have been corrected within the 120 days allowed. A summary of corrective action for each non-compliance is below.

Noncompliance:

- 1304.20(a)(1)(ii). The grantee did not ensure each child had a health determination including dental health. A review of 120 child files found 7 children – 6 percent– did not have health determinations at all: 2 did not have physical examinations, and 5 did not have dental examinations. The children were enrolled from between 55 and 130 days past the 90-day deadline according to their individual dates of entry into the program. In an interview, the Head Start Director and the Family and Community Partnership Manager confirmed the information in the files.
- 2. 1304.50(f). The grantee did not enable low-income members of the Policy Council and Parent Committees participate fully in their responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred. During the Policy Council interview, parents stated they paid for childcare to enable them to participate in Policy Council activities and were not reimbursed by the agency. In another interview, parents stated they sometimes did not participate in Parent Committee meetings at the center level or Policy Council meetings due to the expense of childcare. A review of the reimbursement policy determined childcare was not reimbursed by the agency. A review of parent flyers announcing Policy Council and Parent Committee meetings found they

stated childcare would not be provided or the cost reimbursed. In an interview, the Executive Director and Head Start Director confirmed childcare costs were not reimbursed.

Corrective Action:

- In order to ensure that a health determination is on file for each child within 90 days of entry into the program, the grantee has created a form entitled "Determination of Child Health Status upon Enrollment". Each Family Education Advocate (FEA) and Home Base Visitor (HBV) will be responsible to complete the form for each child in their caseload, based upon medical screenings and assessments received from the child's primary health provider(s). The Disabilities Manager, who also monitors the child health component, will monitor each FEA and HBV to ensure that staff is tracking child health determination in the required timeframe. This form will become part of the child's main record. Any necessary follow-up will be documented on a Family Contact Sheet, Message Memo, and/or Home Visit Form.
- 2. In order to enable low-income members of Policy Council to participate, the Policy Council Manual has been revised to include, "Families who wish to participate in Policy Council but experience barriers to meeting attendance (transportation, child care, etc.) should contact the Family and Community Partnership Manager II, Craig Gibbs, to discuss ways that the program may assist families." The Policy Council Manual goes further to state, "Reimbursement to parents of Policy Council for expenses, i.e. mileage, is permitted. Compensation to members for their service on the Policy Council is not permitted." All parents are reimbursed for transportation expenses based upon agency mileage reimbursement policies. For families who request childcare, the agency will either provide childcare or reimburse the family for childcare expenses.

During the peer review, each Head Start classroom was observed using the Pre-K Classroom Assessment Scoring System (CLASS). The CLASS tool looks at three domains and ten dimensions of teacher-child interactions and measures those observed interactions on a seven point scale.

Domain	Score	Domain	Score	Domain	Score
Emotional Support		Classroom Organization		Instructional Support	3.5222

Dimensions

Positive Climate	5.63	Behavior Management		Concept Development	3.07
Negative Climate	1.00	Productivity	5.47	Quality of Feedback	3.43
Teacher Sensitivity	5.50	Instructional learning Formats	5.23	Language Modeling	4.07
Regard for Student Perspectives	5.33				

Annual Audit

The results of the most recent Audit may be found at <u>http://www.wmcap.org/</u> <u>reports.html</u>.

Child Health Services

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PIR Performance Indicator	Head Start	HS %	Early Head Start	EHS %
Children up to date on schedule of EPSDT at end of year	301	84.1%	61	98.4%
Children with a chronic health condition needing treatment	5	1.7%	4	6.6%
Of the above children, number who received treatment	4	80%	4	100%
Preschool children who completed professional dental exam	281	78.5%	n/a	n/a
Of the above children, number who needed treatment	97	34.5%	n/a	n/a
Of the children needing treatment, number who received it	72	74.2%	n/a	n/a

PIR Performance Indicator Head Start	Number at Beginning of Year	HS %	Number at End of Year	HS %
Children with health insurance	351	98%	352	98.3%
Children with a medical home	349	97.5%	349	97.5%
Children up to date on immunizations	239	66.8%	305	85.2%
Children with a dental home	217	60.6%	280	78.2%

PIR Performance Indicator Early Head Start	Number at Beginning of Year	EHS %	Number at End of Year	EHS %
Children with health insurance	62	100%	62	100%
Children with a medical home	57	91.9%	59	95.2%
Children up to date on immunizations	57	91.9%	59	95.2%
Children with a dental home	4	6.5%	4	6.5%

Child Disability Services

Performance Indicator	Head Start	Early Head Start
Cumulative Child Enrollment	358	62
Number of children with an IEP/IFPS	50	13
Percentage of funded enrollment	14%	21%

Parent Involvement Activities

As their child's first and most influential teacher, parents have an important role in Head Start. Parents are always welcome in the classroom by helping with or leading activities or projects, attending learning trips, planning classroom activities with the teaching staff, and introducing or sharing their culture with the class. There are a number of ways that parents can help teaching staff by sharing opinions, ideas and thoughts, working on projects at home, communicating with the staff, helping other parents feel welcome, and reinforcing learning at home. In addition, Washington Morgan Community Action offers parents the opportunity to participate in the following activities:

- Family Literacy Functions
- Parent Meetings
- Parent/ Teacher Conferences
- Home Visits
- Home Base Socializations
- Policy Council
- Board of Directors
- Volunteer opportunities
- Family Partnership Agreement
- Input into curriculum
- Input into program planning
- Training or resource and referral information

Kindergarten Preparation

Curriculum

During the 2011 – 2012 Program Year, this grantee used The Creative Curriculum. This curriculum establishes a framework of child development knowledge, combined with best practices, teacher involvement and family participation to provide high quality preschool experiences to foster school readiness. The Creative Curriculum for Preschool focuses on 4 domain areas: Social Emotional Development, Physical Development, Cognitive Development, and Language Development. A set of fifty (50) curriculum goals are used to guide children's learning, assess development, and plan activities. Our current program plans and curriculum plan specify goals, experiences, roles of teacher, roles of family, and materials that reflect best practice, research, and sound childhood theory. Some of the strategies used by our program include: set a caring consistent environment that promotes positive behaviors; set a caring consistent environment that enhances child's understanding of self as an individual and as a member of a group; a positive social/emotional climate will be provided to enhance each child's development; provide for the special needs of children with disabilities; provide each child with an education program that meets each child's individual needs; provide a balanced daily program of child initiated and teacher directed learning activities; provide a child centered multi-cultural experience; foster independence in each child; establish methods to ease transition between activities; encourage play and active exploration to support development of gross motor skills and to enhance self-confidence, independence, and autonomy; provide opportunities for the development of physical skills; provide opportunities for recognition of letters and symbols that support emerging literacy and numeracy development; engage children in verbal and nonverbal methods of communication; and provide time for songs, stories, and rhymes.

Child Outcomes Progress

For the Program Year beginning August 1, 2011, child assessments were completed in October 2011, December 2011, and March 2012. The progress shown reflects only students who were tested in all assessment periods and does not reflect late enrollees or children who withdrew from the program mid-year. Overall progress in curriculum showed 210 of 249 students, or 84% making positive gains. Social Emotional Development showed gains achieved by 205 of 242 students, or 84.7%; Physical Development showed gains achieved by 205 of 249 students, or 82.3%; Cognitive Development showed gains achieved by 215 of 248 students, or 86.7%; and Language Development showed gains achieved by 205 of 247 students, or 83%.



Overall Progress on Curriculum