





## **Early Head Start**

2014-2015

# ANNUAL REPORT TO THE PUBLIC

Approved by Policy Council: 06/14/2016

Approved by Board of Directors: 06/16/2016

#### **General Information**

Executive Director: Dawn Rochelle, MSW, LCSW

Grant Number: 04CH4776

Program Number: 200

Program Name: Onslow County Partnership for Children-Early Head Start

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Jacksonville, NC 28546

Phone Number: 910.938.0336 (main) 910-577-1263 (EHS office) Fax Number: 910.938.0068 (main) 910-333-0605 (EHS office)

Early Head Start Director: Verena Howell

Early Head Start Director Email: verena.howell@onslowkids.org

Agency Web Site Address: www.onslowkids.org

Agency type: Grantee

#### **Grantee Description**

The Onslow County Partnership for Children is a private, non-profit organization which provides services to Onslow County, North Carolina. The Early Head Start (EHS) program is a division of the Onslow County Partnership for Children. Funding for the EHS program is received through the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. Initial funding for this program was received in December 2009 through the American Reinvestment and Recovery Act. This annual report includes service and financial data for the program year ending December 31, 2015.

The Early Head Start program serves infants and toddlers to age three (3) and expectant families within Onslow County, North Carolina. EHS is a home-based program offering services to 72 individuals based on income eligibility and risk factors. In home weekly visits are conducted by trained Home Visitors. Services are provided by 8 Home Visitors, 1 Home Visitor Supervisor/Education Coordinator, 1 Disabilities/Health Coordinator, and 1 Family and Community Partnership/Mental Health Coordinator. Additionally, an EHS Director and Program Assistant are employed.

Believing in the importance of early learning for all children, we embrace the first 2000 days between birth and the beginning of kindergarten as a crucial time in the life of a child. The program promotes school readiness through positive parent-child interactions, cognitive and social skill development, physical health and well-being, communication skills, and early literacy and math.

Families are encouraged to participate in socialization groups which are offered at least twice per month. During these groups, families are provided information on topics regarding child development, health and safety, nutrition, community resources, behavior management, or other topics of interest as requested by parents. Additionally time is dedicated to foster parent-child relationships through activities.

Engaging families to be self-sufficient is achieved through the Family and Community Engagement process. Each family is encouraged and assisted in developing family outcomes. These outcomes are guided by the Parent, Family and Community Engagement Framework based on the individual needs of each parent, child, and family. Specific outcomes may focus on family well-being, parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peers and community, and/or families as advocates and leaders. The EHS program assists families in meeting their outcomes through providing information on community resources and access to necessary services, training opportunities, and leadership building.

Ensuring babies receive a healthy start is accomplished through the services to expectant families offered by the EHS program. Expectant mothers are provided information on nutritional needs, prenatal development, the benefits of breastfeeding, the signs of depression, and the effects of substance abuse on prenatal development. In addition, moms are encouraged and assisted in maintaining prenatal care appointments and in ensuring dental screenings and any necessary dental treatments are completed. Families are provided information on care for newborns, safety within the homes for newborns, and how to access necessary resources to ensure the baby's needs are met. Each family will receive an in home visit from a Home Visitor and health staff two weeks after the baby is born. The <a href="Partners for Healthy Babies">Partners for Healthy Babies</a> curriculum is used to support expectant families.

The OCPC EHS program strives to provide high quality services to low income families of infants and toddlers within Onslow County. It is our goal that the children we serve will be eager and ready for school.



#### Our Vision

#### Together We Build Brighter Futures for Our Children.



#### Our Mission

The Onslow County Partnership for Children unites all sectors of the community towards healthy development of children.

#### **Enrollment and Eligibility**

July 1, 2014 to June 30, 2015

Funded enrollment: 72

Total number of children served: 125

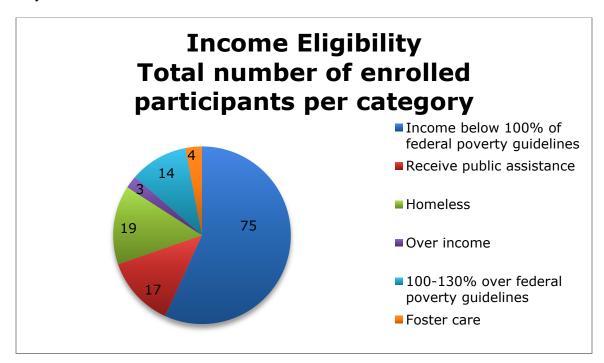
> Total enrollment of children with disabilities: 34

Total number of pregnant women served:

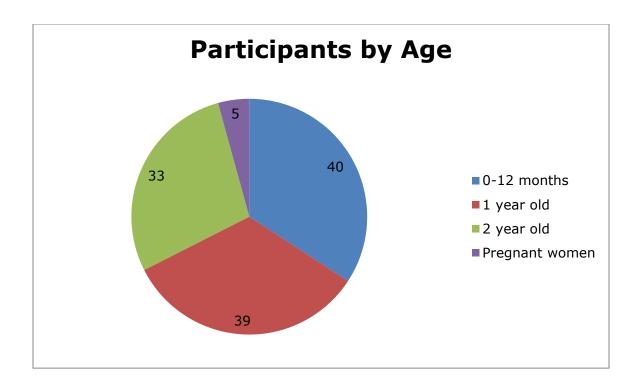
Total cumulative enrollment: 132

Total families served: 103

- Average monthly enrollment: 72
  - 100% of funded enrollment monthly
- The program served 0.85% of age eligible children in Onslow County
- 19.0% of families served in which one parent/guardian is a member of the United States military



- 56.8% of participants served were income eligible- below 100% poverty
- 12.9% of participants served were eligible due to receipt of public assistance
- 14.4% of participants served were eligible due to being homeless
- 10.6% of participants served were eligible at the 100-130% poverty
- 2.3% of participants served were over income at 130% or higher
- 3% of children served were in foster care



- 43.2% of children have been enrolled for multiple years
  - > 26.4% have been enrolled for the second year
  - > 16.8% have been enrolled three years
- 2.4% of children have been enrolled less than 45 days



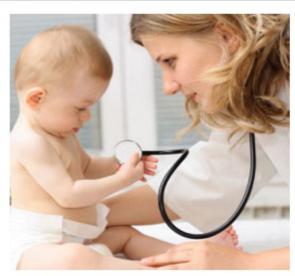
#### **Medical and Dental Services Provided**

Ensuring that children are receiving proper medical and dental care is an important component of the EHS program. Families are encouraged and assisted in establishing a provider for routine and consistent medical and dental care. Children being up to date on immunizations and well child checks are an essential element of the services provided by EHS. Follow up treatments are tracked by staff to ensure that children are receiving the medical and/or dental care they need.

### Information on medical and dental services provided (July 1, 2014 to June 30, 2015)

- 99% of enrolled children had medical insurance
- 99% of enrolled children had a source of continuous medical care
- 67% of enrolled children were up to date on medical exams
- 84% of enrolled children were up to date on immunizations
- 18.4% of children were diagnosed with a chronic medical condition
- 49% of enrolled children had a source of continuous dental care





## OCPC EHS 2014-2015 Program Goals and Objectives

The OCPC EHS program has established specific goals and objectives based on continuous improvement needs as determined from annual program data. Goals were established for the five year period of 2014-2019. Short term objectives were established with specific annual levels of attainment. On-going monitoring is conducted to ensure program is making continuous progress towards achievement of annual goals.

#### <u>Health</u>

OCPC EHS will ensure children are up-to-date on all preventive health checks and screenings at EPSDT recommended intervals as an important element of school readiness.

- OCPC EHS will strengthen parents understanding of lead blood poisoning in an effort to increase number of enrolled children who have blood lead level testing completed at ages 12 and 24 months.
  - Percentage of children with blood lead level testing completed at ages 12 and 24 months: 2015: 38% GOAL attained: Based on calculation of all enrolled children eligible for blood-lead testing, 68% of enrolled children have received age appropriate blood level testing.
- OCPC EHS will encourage parents to maintain their child's well child visits with their primary care physicians to ensure physical and developmental wellness and to keep immunizations up-to-date.
  - Percentage of children with up-to-date well child visits and current immunizations for age: 2015: 68% GOAL attained: 92.7% of the children enrolled in the OCPC EHS program were up to date on immunizations; 67.5% of children were up-to date on well child checks-overall <u>79.4%</u> of children met this goal.

#### **School Readiness**

OCPC EHS will enhance the developmental skills of enrolled children to improve pre-requisite skills to maximize the potential for successful entry into preschool.

- OCPC EHS will strengthen the ability of Home Visitors and families to improve math skills of enrolled children as measured by children meeting or exceeding School Readiness Goals for Mathematics.
  - ➤ 2015: 70% **Goal attained:** Based on the results of the final checkpoint of the 2014-2015 program year, 71% of children met or exceeding School Readiness goals for Math.

#### Parent and Family Engagement

OCPC EHS will actively engage families in all program activities to strengthen family well-being and school readiness of enrolled children.

- OCPC EHS will increase family attendance in home visits to facilitate the understanding of the relationship of healthy child development and future school success.
  - ➤ 2015: 74% Goal not attained: Home visitation rate- 70% The program has experienced a higher than normal turnover rate this program year (46.2%). Staff were constantly building relationships with new families. Additionally, many families have experienced unexpected situations and stressors which have resulted in the inability to maintain weekly home visits. Of the

59 children who left the program, 32.2% moved out of the county mainly due to economic or housing situations. Mental wellness of parents created barriers to engagement in program activities. These factors have a negative impact on the ability of families to participate in weekly home visitation.

- OCPC EHS will increase family participation in program activities to facilitate the understanding of the relationship to healthy child development and future school success.
  - Increase participation at all program activities by 10% each program year.

**Goal attained:** Participation in socializations, parent trainings and parent committee meetings increased by 10.1% over the current program year. Families continue to encounter barriers in transportation. The program has surveyed parents to determine the best day and times for program events to ensure higher participation rates. EHS has worked with families to determine topics of interest/concern and provided educational opportunities or events based on the family's input. OCPC EHS will continue to implement strategies to engage more families in program activities.

#### **Community Engagement**

OCPC EHS will strengthen collaborations with community partners to maximize the potential for family self-sufficiency and improved family well-being.

- OCPC EHS will identify additional community partners and resources through formal and informal Memorandums of Understanding to maximize family self-sufficiency and well-being.
  - Will enter into two additional Memorandums of Understanding (MOU) with community partners each program year.

Goal revised: The original wording of the objective did not allow for informal agreements between agencies or organizations. We have found a hesitation from some agencies to enter into formal MOUs. Some local agencies (i.e. Vocational Rehabilitative Services, North Carolina Employment Security Commission, Child Support, Trillium Behavioral Health Services, etc.) are unable to sign agreements and these must be completed at a state level. As a result, our program has implemented a process for Community Partnership Agreements (CPA). These CPAs serve as evidence that we collaborate with community partners in an effort to help families succeed. We will continue our informal agreements with various agencies and pursue the CPA process throughout the new program year.

#### **Program Management**

OCPC EHS program will provide comprehensive, relevant and timely data and reporting to ensure program compliance, oversight, and accountability.

- OCPC EHS staff will provide comprehensive and accurate data to ensure all program goals are attained as indicated each program year.
  - All program goals (100%) will be attained each program year.
    - **Goal not attained.** The OCPC EHS program will continue to provide comprehensive, high quality services to each enrolled family. We will continuously monitor the provision of services, especially in the areas of family participation in home visits. We will analyze the underlying causes and create new strategies as needed to ensure continuous improvement and attainment of all goals and short term objectives.

The program has not met the increase to In Kind collection. The program has experienced several challenges to attaining the .25% increase in funding. We will continue to seek sources of Non-Federal Share donations.

#### Fiscal Management

OCPC EHS program will ensure compliance with all fiscal requirements through continuous monitoring of financial management systems and internal controls.

- OCPC EHS will increase the percentage of Non-Federal Share collections.
  - Non Federal Share collected will increase by 0.25% each program year.
    Goal not attained: Due to cuts in several sources of Non-Federal share collection (i.e. cost allocation of rent, professional services) the program is not on-track to increase their collection of Non-Federal Share.

OCPC EHS is dedicated in attaining all program goals and objectives. Continuous monitoring of program performance is conducted. The program will continue to adjust strategies to ensure all program goals are attained.



#### **School Readiness**

The Onslow County Partnership for Children Early Head Start program believes that preparing children for school begins at birth. To ensure that all enrolled children are ready for school, the following goals have been established:

#### A. Language and Literacy Goals

- Children will be able to listen to and understand increasingly complex language.
- Children will use appropriate conversational and other communication skills.
- Children will be able to demonstrate early literacy skills.

#### B. Cognitive and General Knowledge Goals

- > Children will be able to discover and understand their world using their senses.
- Children will be able to acquire basic concepts and recall familiar objects, people, and events and to identify basic math concepts.
- > Children will begin to use symbols and images to represent something not present.

#### C. Social Emotional Goals

- > Children will establish and maintain positive relationships with familiar adults.
- > Children will be able to care for needs appropriately and regulate some of their feelings and behaviors..
- Children will develop a sense of self awareness.

#### D. Approaches to Learning Goals

- Children will display curiosity and motivation in learning.
- Children will demonstrate problem solving skills.
- Children will show flexibility and inventiveness in thinking and the ability to focus on tasks.

#### E. Physical and Health Goals

- > Children will be able to use large muscles for balance, movement, and exploration of the environment.
- Children will be able to use small muscles to touch, pick up, and explore objects in the environment.
- Children will develop an increasing sense of awareness of interest in their own needs.



#### **School Readiness Outcomes**

#### 2014-2015 Program Year

Teaching Strategies GOLD Child Assessment is the tool used by the Onslow County Partnership for Children, EHS program to track children's development and progress. Program staff gathered and analyzed data across four checkpoints. The program used various sources to gather information about children and family development. The OCPC EHS 2014-2015 school year was August 15, 2014 through August 14, 2015.

All children made progress toward meeting school readiness goals in all five domains. Each checkpoint established baseline data for newly enrolled children due to turnover. The following percentages represent children who met or exceeded as well as those who did not meet widely held expectations for school readiness goals based on data from summer 2014-2015.

#### **Language & Literacy**

Language & Literacy:

- 63.24% of children met or exceeded widely held expectations for school readiness goals
- 36.76% of children fell below widely held expectations for school readiness goals
   More children fell below widely held expectations in Language & Literacy than any other domain in summer 2014-2015. The Language and Literacy indicators missed by most children are related to receptive language abilities. Of the total number of children (25) who scored below expectations in
  - ➤ 36% children are receiving speech services
  - > 52% children did not meet one or two objectives for language/literacy
  - > 24% children enrolled at the beginning of the summer quarter
  - ➤ 20% children experienced ongoing attendance issues and families were considered high risk throughout the quarter

Raising a Reader and Imagination Library were two initiatives that families engaged in to help promote early Language and Literacy for young children and families. Children of families who actively participated in the initiatives showed improvement in literacy skills.

#### **Cognitive & General Knowledge**

- 66.18% of children met or exceeded widely held expectations for school readiness goals
- 33.82% of children fell below widely held expectations for school readiness goals

During the fall 2014-2015, the EHS School Readiness Committee conceded to add four specific objectives in the cognitive & general knowledge domain to measure children's math skills. As a result of adding the four new math objectives, more children missed school readiness objectives related to

Math skills than any other area during the fall, winter and spring, 2014-2015 school year. As of summer 2014-2015, 29% children missed one or more objectives related to math skills and 71% of children enrolled met widely held expectations for math skills. Of the total number of children who scored below expectations in cognitive & general knowledge:

- ➤ 65% of children did not meet one or two objectives for cognitive & general knowledge
- > 25% of children enrolled at the beginning of the summer quarter
- ➤ 25% of children experienced ongoing attendance issues and families were considered high risk throughout the quarter
- > 50% of children have special needs as documented on IFSP
- ➤ 10% of children emergent learners, turned three at the beginning of the summer quarter. The increase in math skills was a result of ongoing training for Home Visiting staff and families as well as ongoing exposure and experiences for young children within the home environment and during socialization events. Families completed a Math Survey to share their perceptions of math skills for young children. As a result of this survey, EHS staff designed hands-on training for families in which they discussed and engaged in various activities and math concepts that families can conduct during the home environment and during every day routines.

#### **Social Emotional Development**

- 91.18% of children met or exceeded widely held expectations for school readiness goals
- 8.82% of children fell below widely held expectations for school readiness goals

EHS staff encouraged families to utilize various resources and helped families identify protective factors to help support children's development and strengthen parent-child relationships as often as possible.

#### Approaches to Learning

- 89.71% of children met or exceeded widely held expectations for school readiness goals
- 10.29% of children fell below widely held expectations for school readiness goals

#### **Physical & Health Development**

- 89.71% of children met or exceeded widely held expectations for school readiness goals
- 10.29% of children fell below widely held expectations for school readiness goals

The cumulative enrollment for this year was 123. Only 31 children remained in the program for all four checkpoints. 38.71% of those children (12 out of 31) had IFSPs. The school readiness outcomes for the children were completed the school year are as follows:

#### > Language & Literacy

- 67.74% of children met or exceeded widely held expectations for school readiness goals
- o 32.26% of children fell below widely held expectations for school readiness goals

#### Cognitive & General Knowledge

- 61.29% of children met or exceeded widely held expectations for school readiness goals
- 38.71% of children fell below widely held expectations for school readiness goals

#### Social Emotional Development

- 93.55% of children met or exceeded widely held expectations for school readiness goals
- o 6.45% of children fell below widely held expectations for school readiness goals

#### > Approaches to Learning

- 93.55% of children met or exceeded widely held expectations for school readiness goals
- o 6.45% of children fell below widely held expectations for school readiness goals

#### > Physical & Health Development

100% of children met or exceeded widely held expectations for school readiness goals

#### **Meeting Individual Needs**

Developmental screenings are conducted using the <u>Ages and Stages Questionnaire</u> and <u>Ages and Stages Questionnaire-Social Emotional</u>. These screenings provide information on the child's level of development compared to expected developmental skills for age. Activities are adjusted to meet the strengths and needs of each child based on the results of the screenings.

The OCPC EHS program strives to meet the unique strengths and areas of need for every enrolled child. Families of children with disabilities are encouraged to participate in the EHS program. The program staff collaborates with the Child Development Service Agency and their service providers and parents to ensure the goals of the child's Individual Family Services Plan (IFSP) are being addressed. Lessons are modified to meet the unique skill development level of the child. Parents and EHS staff collaborate to ensure appropriate referrals to outside agencies are made to meet the child's developmental needs.



#### Parent Engagement Activities

The Onslow County Partnership for Children Early Head Start program has a strong relationship with families, offering a variety of parent involvement opportunities including:

- Weekly home visits
- Socialization groups twice monthly
- Parent Committee meetings every other month
- Policy Council
- Parent- home visitor conferences four times per year
- Health/Mental Health Day events- twice yearly
- Parent trainings:
  - > Stress Management
  - Early Language Development
  - > Transition Planning
  - Incredible Years
  - Healthy Environments
  - Math with Infants & Toddlers
  - Language & Literacy Activities
  - Keys to Interactive Parenting Scale
  - Nutrition Education
  - Child Mental Health
  - Budgeting Class
  - > Asthma, Allergies, & Seizures
  - Working with Children with Special Needs
  - Motor Development
  - First 2000 Days
  - Music & Brain Development
  - Family Advocacy Training

#### 2014-2015 Budget Expenditures

#### **Fiscal year 2014-2015**

Categories	Total Budgeted	Total Spent
Contractual	\$10,358.00	\$16,265.17
Training and	\$19,450.00	\$19450.00
Technical Assistance	·	
Fringe Benefits	\$132,058.00	\$150,717.98
Other	\$150,122.00	\$173,142.74
Personnel	\$473,106.00	\$421,643.94
Supplies	\$21,450.00	\$27,324.17
Travel	\$1,000.00	\$1,000.00
TOTAL	\$807,544.00	\$809,544.00*

<sup>\*\$2,000.00</sup> provided as in-kind donation from OCPC

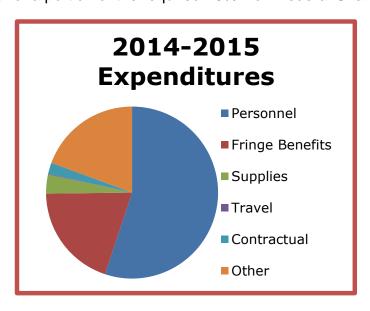
#### **Total Federal Funding**

	Total Received	Total Spent
Operational	\$788,094.00	\$788,094.00
Training and Technical	\$ 19,450.00	\$19,450.00
Assistance		
GRAND TOTAL	\$807,544.00	\$807,544.00

#### Non-federal sources

	Total Required	Total Received
TOTAL	\$91,642.00	\$ 91,642.00

<sup>\*</sup>A request for waiver of a portion of the required 20% Non-Federal Share was approved.



#### 2015-2016 Budget Projections

2015-2016 projected budget expenditures were based on full funding amounts

Categories	Total Budgeted
Personnel	\$491,514.00
Fringe Benefits	\$133,334.00
Travel	\$1,000.00
Supplies	\$20,200.00
Contractual	\$10,320.00
Other	\$131,726.00
TOTAL	\$788,094.00

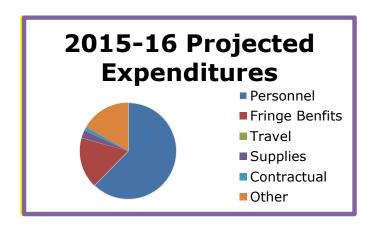
#### **Training and Technical Assistance**

	Total Requested	
Training and Technical	\$19,450.00	
Assistance		
TOTAL	\$19,450.00	

#### **Non-federal sources:**

A Non-Federal Share match of 20% is required. A waiver of a portion of the Non-Federal Share has been submitted

	Total Required	Total Available	Waiver
			Requested
Operational	\$ 197,023.50	\$78,352.00	\$118,671.50
Training and Technical	\$ 4,863.00	\$ 4,863.00	\$ 0.00
Assistance			
GRAND TOTAL	\$ 201,886.50	\$ 83,215.00	\$118,671.50
		(41%)	(58.8%)



#### **Monitoring**

#### **Federal Monitoring**

The Onslow County Partnership for Children Early Head Start program underwent an on-site Federal Monitoring Review in 2013. Our program was found to be "in compliance with all applicable Head Start Program Performance Standards, laws, regulations, and policy requirements." The Federal Environmental Health and Safety Review will be conducted during 2016.

#### 2015 Annual Financial Audit Report

The Annual Financial Audit for the year ending June 30, 2015 was presented to the OCPC Board of Directors on February 11, 2016. There were no audit findings.

