

2015 -2016

Early Head Start Annual Report





Approved by Policy Council: 4.4.17 Approved by Board of Directors: 5.11.17

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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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Early Head Start Director:	Verena Howell	
Early Head Start Director Email:	verena.howell@onslov	vkids.org
Agency Web Site Address:	www.onslowkids.org	
Agency type:	Grantee	

Grantee Description

The Onslow County Partnership for Children (OCPC) is a private, non-profit organization which provides services to Onslow County, North Carolina. The Early Head Start (EHS) program is a program of the Onslow County Partnership for Children, Inc. 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. This annual report includes service and financial data for the program year ending December 31, 2016.

The EHS 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 7 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 Specialist 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. 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, benefits of breastfeeding, and 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. 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.

Mission:

The Onslow County Partnership for Children is a private non-profit agency that advocates and provides services for the healthy development of children, by building the strengths and capacities of families, care-giving professionals, and the communities in which they reside.

Vision:

All children are nurtured and healthy, all families are supported and thriving, and our community is prosperous for generations to come.

Core Values:

EMPATHY

The capacity to walk in another's shoes is vital to facilitating positive social change.

SERVICE ABOVE SELF

We are driven by our passionate commitment to the children and families we serve, and to the greater good of the community; our personal success and fulfillment are measured by how well we help others.

COLLABORATIVE LEADERSHIP

We learn from and listen to others, work as a team, and aspire to set ambitious goals and take bold action. We also strive to act with humility and courage, recognizing our responsibility to the community and its future.

STRENGTH-BASED

We view challenges as opportunities, and dwell in possibility. By focusing on the strengths that are present in any individual or situation, we build upon what IS working, as leverage against what might otherwise seem overwhelming.

DEVELOPMENTAL

At every life stage, learning and development are taking place. We value the trial-anderror nature of human development, and support the inherent messiness of genuine growth.

ADAPTABILITY

We aim to be responsive to the needs of the community, act quickly and effectively on its behalf, and remain sufficiently nimble to shift gears when necessary.

INCLUSIVITY

We actively honor and embrace differences as vital assets that enrich our community and strengthen our collective power to make positive change.

Enrollment & Eligibility

Funded Enrollment	72
Total Number of Children Served	119
Total Number of Children with Disabilities	38
Total Number of Pregnant Women Served	8
Total Cumulative Enrollment	127
Total Families Served	99
Average Monthly Enrollment	72
Total Number of Military Families/Veterans	21
Served	



- ✤ 55.1% of participants served were income eligible- below 100% poverty
- ✤ 18.89% of participants served were eligible due to receipt of public assistance
- 10.23% of participants served were eligible due to being homeless
- 7.87% of participants served were eligible at the 100-130% poverty
- ✤ 2.36% of participants served were over income at 130% or higher
- 8.4% of children served were in foster care

EHS Participants by Age



- 47.86% of children have been enrolled for multiple years
 - > 31.9% have been enrolled for the second year
 - > 15.96% have been enrolled three years
- 0.84% of children have been enrolled less than 45 days
- 47.05% of children left the program this year
 - 15.96% aged out of the program



Medical & Dental Services

Ensuring that children are receiving proper medical and dental care is an important component of the EHS program and school readiness. Families are encouraged and assisted in establishing a provider for routine and consistent medical and dental care. EHS staff collaborated with families to ensure that children receive follow up mental or dental treatments as needed.

Information on medical and dental services (July 1, 2015 to June 30, 2016)

- 100% of enrolled children had medical insurance
- 100% of enrolled children had a source of continuous medical care
- 68.06% of enrolled children were up to date on medical exams
- 90.75% of enrolled children were up to date on immunizations
- 15.97% of children were diagnosed with a chronic medical condition
- 47.05% of enrolled children had a source of continuous dental care
- 80.67% of enrolled children up to date on oral health care



Program Goals & 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 was conducted to ensure that the program made 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:
 - 2016: **GOAL attained:** Based on calculation of all enrolled children eligible for blood-lead testing, <u>75%</u> 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:

2016: **GOAL attained:** 90.75% of the children enrolled in the OCPC EHS program were up to date on immunizations; 68.06% 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 prerequisite 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.
 - 2016: Goal attained: Based on the results of the final checkpoint of 2015-2016 for children enrolled throughout the school year, <u>75%</u> of children met or exceeded School Readiness goals for Math.

Parent and Family Engagement

OCPC EHS will actively engage families in all program activities to strengthen family wellbeing 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.
 - \triangleright Goal not attained: Home visitation rate- 71%. The program has experienced a higher than normal turnover rate this program year (52%), a 5.8% increase compared to the previous school year. Staff was 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. Due to the transient nature of our community, the high turnover rates in child/families, and other challenges that impact home visitation attendance, the annual objectives for this goal has been revised and approved to the 2016-2017 program year. The program will continue to design effective strategies to engage families in home visits on a weekly basis. EHS staff will continue to talk with families about the importance of attendance and promote consistent home visit attendance.
 - 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 committee meetings increased by 180 participants over the current program year. The program surveyed parents to determine the best day and times for program events to ensure higher participation rates. EHS staff worked with families to determine topics of interest/concern and provided educational opportunities or events based on the family's input. Additional socialization opportunities were provided for families in addition to the two monthly required socialization events. Fieldtrips were added in response to parent input. These strategies have increased parent participation in program events. OCPC EHS will continue to implement strategies to engage 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 wellbeing. 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. Despite this change in process, community partners are unable to sign agreements at the local level. We will continue to collaborate informally with programs within our community to assist families.

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 goal of increasing home visitation attendance rate was not attained; therefore the program did not meet the program management goal of 100%. 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. 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.

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 attained: The program has attained an increase in the Non-Federal Share for the program year.

School Readiness Goals

The Onslow County Partnership for Children Early Head Start program has established goals to ensure that all enrolled children are ready for school.

A. Language and Literacy Goals

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

B. Cognitive and General Knowledge Goals

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

C. Social Emotional Goals

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

D. Approaches to Learning Goals

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

E. Physical and Health Goals

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

School Readiness Outcomes

The OCPC EHS program experienced a higher than normal turnover (52%) during the current program year. Several families moved from the area due to economic hardships, marital discord, or other pressing issues. Of a cumulative enrollment of 119 children, only 35 were enrolled for all four checkpoints. Our program is dedicated to meeting the needs of all children including those with disabilities. During the current program year, 31.9% of enrolled children had an active Individualized Family service Plan (IFSP), an increase of 5.2% from the last program year. While these challenges were present, all children made progress toward meeting school readiness goals.



Language and Literacy:

The percentage of children who met or exceeded widely held expectations in the domain was at 71%. Language and Literacy was the domain where the greatest number of children fell below widely held expectations for the program year. Of the children who did not meet widely held expectations for Language and Literacy, 37% were receiving services for speech and communication. An analysis of indicators missed by most children indicates that the indicators were related to receptive language: expanded vocabulary, speaks clearly, engages in conversations, and uses emergent reading skills. EHS staff worked with families to encourage language and literacy development in young children. EHS staff collaborated with families and service providers to ensure that children received necessary services. The program will ensure that Home Visiting staff and families receive professional development opportunities to promote children's Language and Literacy skills.

Cognitive and General Knowledge:

• The percentage of children who met or exceeded widely held expectations in the Cognitive (excluding Math indicators) domain was at 89%. Children who did not meet widely held expectations account for 11%. The school readiness data revealed that 75% of children met or exceeded widely held expectation related specifically to Math outcomes. Professional development and parent education was conducted to provide strategies for teaching math skills to very young children within the home environment. Additional emphasis was placed on math skills during weekly visits and socialization activities included math skills.

Social Emotional Development

 Children who met or exceeded widely held expectations for the School Readiness objectives for Social Emotional Development accounted for 89% while 11% did not meet all objectives. Compared to the number of families who experienced multiple stressors and risk factors, the percentage of children who scored below widely held expectations in social-emotional development was low. Staff continued to encourage families to utilize various resources available for mental wellness and assisted families in identifying protective factors which support children's development and strengthen parent-child relationships.

Approaches to Learning

• This is a domain of strength for a majority of enrolled children as 91% met or exceeded widely held expectations. Children who were not meeting widely held expectations were reported at 9%. Staff assisted families in focusing on the foundational skills within this domain.

Physical and Health Development

• The children enrolled in the OCPC EHS program include 89% were meeting or exceeding widely held expectations in Physical and Health Development. Children who did not meet the objectives in this domain accounted for 11%. Staff monitored children's progress and assisted families with strategies to improve progress in acquiring these skills.

After careful analysis of all program data, the program identified areas for continuous improvement and necessary support for children and families which will promote attainment of school readiness goals. A variety of professional development opportunities were provided for staff based on identified school readiness outcomes. These opportunities included:

- Early Math for Infants and Toddlers
- Working with Data
- Working with Children with Special Needs
- Language and Literacy
- School Readiness for Infants and Toddlers,
- TS Gold Child Assessment
- Keys to Interactive Parenting Scales (KIPS)

Identified areas of need for individual staff were provided on a one-on-one basis.

The program identified several factors which have shown an impact on children's ability to meet or exceed school readiness goals. These included:

- Attendance patterns
- Family engagement
- Family risk factors
- Levels of perceived stress
- Health related issues of children and families

To address the issue of attendance patterns, the program instituted an "Attendance Campaign" to encourage families to maintain weekly home visits and help remove any barriers that may be impacting their ability to participate in program activities. The goal of the Attendance Campaign was to educate families on the importance of continuous and consistent attendance in the EHS program and the impact on their children's preparation for school success.

Families who maintained high attendance percentages received monthly certificates, their names where displayed on our "Monthly Star Wall" at the program, and they were invited to attend a Family Attendance and Appreciation Dinner hosted by the program. These activities reinforced the importance of family engagement in all aspect of the program. Although the program goal was not met, we continue to collaborate with families and evaluate strategies to determine effectiveness.



Family Engagement



The Onslow County Partnership for Children Early Head Start program strives to build meaningful, goal-oriented relationships with families. The program provided families with leadership opportunities to include:

- Leadership during home visits as parents are the first and most influential teachers for their children
- Policy Council membership and leadership
- Committee(s) membership and leadership
- Co-facilitation and planning of program events
- Engagement in recruitment and outreach
- Engagement in program planning and evaluation

The program provided families with opportunities for training and family development. Various topics of interests were offered to families during training and socialization activities to include:

Health/Mental Health Day events	Math with Infants & Toddlers
Reading and Understanding Food Labels	Keys to Interactive Parenting Scale
Stress Management	Nutrition Education
Early Language & Literacy Development	Child Mental Health
Transition Planning	Budgeting Class
Incredible Years	Music & Movement
Healthy Environments	Motor Development
School Readiness and Home Visit Attendance	Family Advocacy Training
Fire Safety	Triple P Parenting

Budget Expenditure

Fiscal year 2015 -2016

Categories	Total Budgeted	Total Spent
Contractual Training and Technical Assistance	\$9,575.00 \$19,450.00	\$23,039.54 \$19,450.00
Fringe Benefits	\$136,358.00	\$123,578.37
Other	\$134,763.00	\$163,688.16
Personnel	\$500,484.00	\$421,480.66
Supplies	\$20,100.00	\$27,324.17
Travel	\$1,000.00	\$1,000.00
TOTAL	\$821,730.00	\$821,730.00

Total Federal Funding

	Total Received	Total Spent
Operational	\$802,280.00	\$802,280.00
Training and Technical Assistance	\$ 19,450.00	\$19,450.00
GRAND TOTAL	\$821,730.00	\$821,730.00

Non-federal sources

	Total Required	Total Received
TOTAL	\$83,215.00	\$ 102,254.31

*A request for waiver of a portion of the required 20% Non-Federal Share was approved.



Budget Projections

2016-2017 projected budget expenditures were based on full funding amounts

Categories	Total Budgeted
Personnel	\$466,733.00
Fringe Benefits	\$148,377.00
Travel	\$1,000.00
Supplies	\$21,500.00
Contractual	\$28,633.00
Other	\$136,037.00
TOTAL	\$802,280.00

Training and Technical Assistance

	Total Requested
Training and Technical Assistance	\$19,450.00
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	\$ 200,570.00	\$91,581.00	\$108,989.00
Training and Technical Assistance	\$ 4,863.00	\$ 4,863.00	\$ 0.00
GRAND TOTAL	\$ 205,433.00	\$ 96,444.00	\$108,989.00



Monitoring

Federal Monitoring

The Onslow County Partnership for Children Early Head Start Program underwent an on-site Federal Environmental Health and Safety Review on January 20, 2016. The reported stated "based on information gathered, no area of noncompliance was found during the course of the review. Accordingly, no corrective action is required at this time."

2016 Annual Financial Audit Report

The Annual Financial Audit for the year ending June 30, 2016 was presented to the OCPC Board of Directors on March 9, 2017. There were no audit findings.



Community Engagement



On behalf of the governing body, Policy Council, EHS staff and families, we thank all of our community partners for the joint efforts to strengthen our families. Through meaningful partnerships and collaborations, we provide high quality comprehensive services, supports, and resources to empower vulnerable families. Our goal is that the families we serve will become self-sufficient and that young children will gain the skills, knowledge, and experiences that they need to succeed in school and life. We look forward to our continued collaborations throughout the upcoming program years!