ALAMEDA HEAD START & EARLY HEAD START

Annual Report

Program Year Data: 2014-2015
Alameda Family Services is a human services organization, active in Alameda and the East Bay, whose programs improve the emotional, psychological and physical health of children, youth, and families.
5-Year Program Goals

**Infant/Toddler Care**
Modify and expand services to better meet the needs of expectant parents and families with infant/toddlers living in Alameda and the East Bay.

*Expected Impact:* Improved program foundations that increase opportunities for low-income and at-risk families to access responsive high-quality child development program options and comprehensive support services that support continuity of care and school readiness.

**Comprehensive Health Care**
Increase capacity to support overall health, wellness, and resiliency in our program and community.

*Expected Impact:* Improved health, wellness, and resiliency of parents and children that will help sustain developmental and learning gains through third grade.
Center Base Services

During the 2014-2015 program year, full-day enrollment opportunities were made available to eight infants, 6 weeks to 24 months of ages. 24 full-day and 24 part-day year-round slots were made available to toddlers ages 18 to 36 months through Early Head Start Center-Based Program Options.

The Head Start Program provided services to 210 low-income preschooler’s ages 3-5 and their families. Comprehensive child development, health and family support services are offered at four sites located within the city of Alameda.
Early Head Start-Child Care Partnership

In January 2015, as part of President Obama’s Early Learning Initiative, Alameda Family Services was awarded funds to launch a new Early Head Start-Child Care Partnership.

With these additional funds we have partnered with Alameda Unified School District’s Woodstock Child Development Center to provide 16 toddlers from low-income families high-quality early learning opportunities.

Our expanded partnership with the AUSD-WCDC will help support working families by providing a full-day, full-year program so that low-income children have the healthy and enriching early experiences they need to realize their full potential.
Learning Together

Alameda Early Head Start provided 6 pregnant women and 28 infant/toddlers services through our new Learning Together-In Home Support Services Program

During home visits, parents will be encouraged to provide time for child initiated as well as parent directed activities, and each child served in this home based option has the opportunity for group experiences during socializations where infants and toddlers are encouraged to engage with one another and explore the environment.

Home visitors work with each parent to find home routines, materials and activities that respect and utilize the cultural and ethnic heritage of each family.

Parents are encouraged to share their ideas so that home visit activities and group socializations can best meet the developmental tasks of their child.
Demographics

In 2014-2015, a total of 317 low-income or at-risk pregnant women, children, and their families received Alameda Head Start and/or Early Head Start services. Of these children 84 were identified by their parents as Hispanic.

The following represents the ethnic/racial diversity within the program:

- 26% Asian
- 21% Black/African American
- 13% Caucasian/White
- 0% Native American/Alaskan
- 2% Pacific Islander/Hawaiian
- 25% Bi-Racial/Multi-Racial
- 13% Other

147 families reported speaking a primary language other than English at home.
School Readiness

School Readiness Goals are established to ensure that by kindergarten children possess the skills, knowledge, and attitudes necessary for success in school and for later learning and life, and that parents are engaged in the long-term, lifelong success of their child.

By the end of the 2014-2015 program year:

• 80% of children 0-3 years of age showed gains in cognitive development.

• 77% of children ages 3-5 were better able to express themselves through language.

• 73% of children enrolled in Early Head Start made developmental gains in the area of impulse control

• 66% of Head Start children showed gains in fine motor skills.

Alameda Head Start and Early Head Start met or exceeded all established SR Goals.
Classroom Curriculum

Through the implementation of the Creative Curriculum, Anti-Biased Curriculum, the Center for Social and Emotional Foundations of Early Learning Pyramid Model and developmentally appropriate practices, Alameda Head Start Teachers and Home Visitors promote school readiness in the areas of language and cognitive development, early reading and math skills, social-emotional development, physical development and approaches to learning.
Kindergarten Transition

Programs must establish and maintain procedures to support successful transitions for enrolled children and families from previous child care programs into Early Head Start or Head Start and from Head Start into elementary school, a Title I of the Elementary and Secondary Education Act preschool program, or other child care settings.

Preparing children for entry into kindergarten begins at enrollment and all children enrolled receive the following services in preparation for this transition:

- Developmental & Behavioral Screening
- Ongoing teacher and parent observations
- Ongoing Developmental Assessments
- Individualized Child Education Plans
- Parent conferences and home visits
- Kindergarten Enrollment Packets
- Kindergarten Health Requirement Status
- Kindergarten registration assistance
- Individualized Child Transitional Plans
Early Intervention

Prior to enrollment programs must ensure that children are up-to-date on their immunizations in accordance with the recommendations issued by the Centers for Disease Control and Prevention, and in collaboration with each child's parent, and within 45 calendar days of the child's entry into the program must perform screenings to identify concerns regarding a child's developmental, sensory, behavioral, motor, language, social, cognitive, perceptual, and emotional skills.

At the end of the 2014-2015 program year 98.5% of children between the 0-5 were up-to-date on their scheduled immunizations.

Last program year, 99% of newly enrolled children received routine screenings for developmental, sensory and behavioral concerns, of these 135 children received follow-up services.
Mental Health & Disability Services

Programs are to ensure that children with disabilities receive all the services to which they are entitled, and are to secure the services of mental health professionals to enable the timely and effective identification of and intervention in family and staff concerns about a child's mental health.

- 5 infant/toddlers were determined eligible and received early intervention services for developmental delays.
  - 16% of children enrolled in Alameda Head Start ages 3-5 qualified and received special education services from Alameda Unified School District.
  - Of these 24 children had a speech and/or language impairment, 8 children were diagnosed with autism, and one child had significant hearing loss.
- 28% children ages 0-5 received a mental health consultation.
  - Of these, 24 children received a full assessment by a mental health professional of these 22 children were referred and 18 received ongoing mental health intervention.
Comprehensive Health Services

In collaboration with the parents and within 90 calendar days from the child’s entry into the programs must obtain a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health.

By the August 2015:

- 99% of children enrolled in had an ongoing source of continuous, accessible health care.
- 95% of children between the ages of 0-5, were up-to-date on preventative and primary health care according to our state’s EPSDT.
- 100% of the 75 children with a chronic health condition received medical treatment.

The Alameda Head Start Health Advisory Committee has 50 active members who have made significant contributions to our program. Members volunteer their time in supporting the health and well-being of children and families who reside in the city of Alameda.
Chronic Health Conditions

Programs are to work in partnership with parents and health care providers to address chronic health conditions and must create action plans designed to support children both at home and at school.

In program year 2014-2015:

- 11 infant/toddlers and 28 pre-school aged children were diagnosed and treated for asthma.
- 9 infant/toddlers and 11 pre-school age children were identified and treated for anemia.
- 1 child was identified and treated for lead exposure.
- 4 children ages 0-5 had vision and/or hearing loss.
- 18 children required restricted diets due allergies.
- 8 children ages 0-5 were determined underweight.
Obesity & Trauma

Research on adverse trauma has shown a correlation between emotional childhood experiences (self-regulation of children) and the risk for obesity.

Alameda Head Start and Early Head Start children are being impacted by trauma, as evidenced by indicators tracking self-regulation, obesity and family services from data collected and aggregated from July 2014 to August 2015.

- 56 children ages 3-5 enrolled in Alameda Head Start were found to be overweight or obese.

- Only 39% of 3-5 years old reached Integration target on DRDP-10 measure tracking Impulse Control.

- According to our Family Strength and Needs Assessment 46.8% of parents reported experiencing some form of trauma and/or homelessness.
Dental Care & Treatment

Programs must assist families with establishing a dental home for all children enrolled. Dental exams must be conducted in accordance with the EPSDT Schedule and must include preventative measures and treatments as recommended by the dental professional.

By August of 2015:

- 93.5% of infant/toddlers were up-to-date on a schedule of age appropriate primary oral health care.
- 99% of children ages 3-5 had an ongoing source of dental care.
- 93% of children had a comprehensive dental exam.
- 88% received preventative dental care.
- 44 children needed and received dental treatment.
Health Education

Last year, 248 parents participated in sponsored health education activities.

Staff receive training on medication administration, oral health care, universal precautions, blood born pathogens, nutrition, and how to conduct thorough daily health checks.

Children received nutrition, dental hygiene and health education as part of their daily curriculum.

Last year, 248 parents participated in sponsored health education activities.
In addition to involving parents in program policy-making and operations programs must provide parent involvement and education activities that are responsive to their ongoing and expressed needs.

- 219 parents volunteered in program sponsored activities and 43% of staff were current or former parents.

- 262 parents participated in program sponsored events, workshops and twice monthly site meetings.

Parents engagement opportunities included:

- Policy Council
- Parent Sub-Committees
- Men’s Club
- PTA Training Program
- Health Advisory Committee
- Family Literacy Events
- Classroom Field Trips
- Family Night Dinners
- Parent-Teacher Conferences
- Family Partnership Agreement
- In-Class Assistance
- Home Visits
- Center Site Meetings
- Support Services
Family Partnerships & Services

Programs must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. As part of this ongoing partnership, programs must offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them.

In 2014-2015, Alameda Head Start/Early Head Start developed 288 partnerships with families, assessed individual needs and established goals and provided support services.

Of the families enrolled last year:

- 99% received parenting information and participated in health education activities.
- 21% requested referrals for continuing education and/or additional job training.
- 13% requested and were referred for mental health services.
- 7% received support for child abuse and/or domestic violence.
Homelessness and Crisis Intervention

Programs must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interests and goals.

By the end of the 2014 program year, 94 families received emergency intervention services to meet immediate needs for food, clothing and shelter.

37 homeless children received Head Start services and 5 families found housing.

Many families were forced to relocated to other communities due to rising rents.
Professional Development

In 2014-2015, Early Head Start staff received training on Creative Curriculum, Partners for a Healthy Baby and evidence-based practices designed to support the social emotional development of young children.

Site Supervisors were training and certified on the Class Assessment Scoring System (CLASS) an observational and professional development tool that supports effective teaching and helps teachers recognize and understand the power of their interactions with students.

During our Annual Pre-Service staff were trained on child protection and reporting, family and community engagement, medication administration, food safety and service, civil rights, and in meeting the needs of Dual Language Learners.

Specific cohorts were created to support teachers in developing expertise in the areas of Center on the Social and Emotional Foundations (CSEFEL), Self Regulation through Movement, Behavioral Support, Infant Attachment and Environmental Health & Safety, Training was also provided to staff on recognizing and understanding the impact of vicarious trauma.

Ongoing training opportunities are provided to staff and assistance offered for those working towards college degrees in the field of Early Childhood Education.
Grantee agencies are expected to use federal funds to purchase items and services in the most economical way and to buy only what they need. They are allowed to design their own systems for procurement and use whatever forms and workflow processes that best suit their organizational structure.

### Program Budget: July 2014 - June 2015

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Head Start</th>
<th>Early Head Start</th>
<th>EHS CCP</th>
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<td>Basic Operations</td>
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<td>Training &amp; Technical Assistance</td>
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<td>Non-Federal Share</td>
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<td>Child and Adult Care Food Program</td>
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<td>AUSD</td>
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<td><strong>Total Budget</strong></td>
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<td><strong>349,411</strong></td>
</tr>
</tbody>
</table>

### AUDIT & REVIEW RESULTS

- 2012  CACFP Audit found all areas in compliance.
- 2012  Federal Review found no program deficits.
- 2014  AFS Independent Audit found all areas in compliance.
Governance

Programs must establish and maintain a formal structure of shared governance through which parents can participate in policy making or in other decisions about the program.

Policy Council
The Policy Council consists of a parent representatives from each classroom and/or program option. Policy Council Co-Chairs conduct monthly meeting with participation from the AFS Executive Director and the AHS/EHS Program Director.

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