



Baltimore City
Head Start

Mayor's Office of Human Services

ANNUAL REPORT

2016 – 2017

POSITIVE

Climate = Positive outcomes



CATHERINE E. PUGH, Mayor
TERRY HICKEY, Director
Mayor's Office of Human Services



SHANNON BURROUGHS-CAMPBELL
Executive Director, BCHS

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** Required by Head Start Act*

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Grantee

Shannon Burroughs-Campbell,
BCHS, *Executive Director*



Overview

For more than five decades, Baltimore City Head Start (BCHS) has been nurturing the whole child and family in Baltimore City by providing high quality integrated early childhood development, health, family and other support services to young children ages 0 to 5 and their families.

In 2016-2017, the third year of our five-year Birth-to-Five Grant, BCHS under the Mayor's Office of Human Services, remained committed to evolving and strengthening the program and services based on the changing needs of Baltimore City children, families and community.

BCHS and its collaborative partners that service young children in Baltimore City (Associated Catholic Charities, Maryland Family Network; Y of Central Maryland; St. Vincent de Paul; the Baltimore City Health Department, The Family League of Baltimore, Inc.; Healthcare Access Maryland, Inc.; and Baltimore City Public Schools) continued to focus in a coordinated, community context on a number of goals to help close the achievement gap for the children in Baltimore City so they are able to enter kindergarten ready to learn and on track for long term success.

Specifically, BCHS' mission and five-year goals listed below provided focus for the Program's annual FY 16-17 objectives and benchmarks that ultimately will help to close the achievement gap for Baltimore City children.

Mission

Baltimore City Head Start strengthens families by providing a seamless delivery of family focused, comprehensive services that ensure all eligible children, regardless of economic circumstances, have the opportunity for educational achievement and to have a happy and productive life.

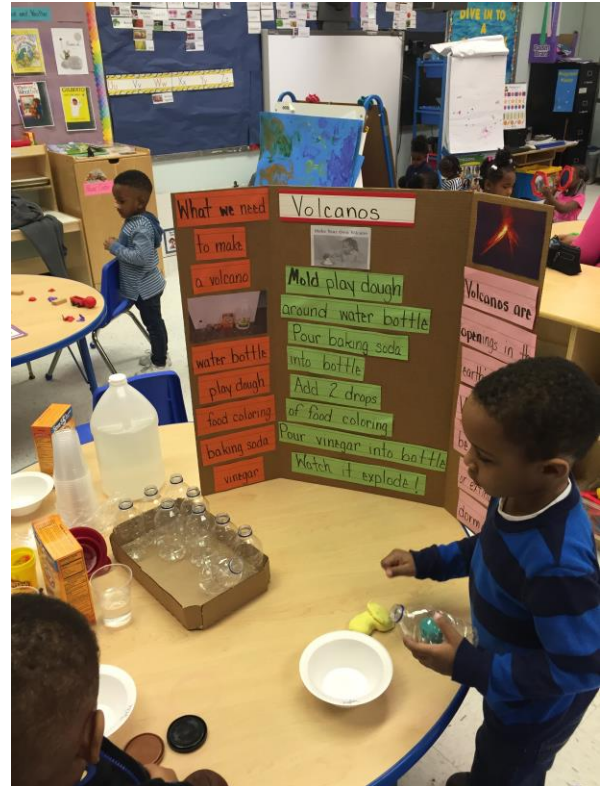
Long-Term Goals (5-Year)

- A. BCHS will better serve the population of families and children from age three to age five.
- B. BCHS will leverage resources to offset flat and reduced funding at the federal and state levels.
- C. BCHS will significantly increase the number of children who are school-ready: *To exceed the averages for Baltimore City, in the percentages of 4 year old children who are considered "fully ready" for kindergarten and in the percentages of 3 year old children who are considered "on track" to be ready.*

Annual Objectives and Benchmarks (Year 3, 2016 - 2017)

1. To meet or exceed ERSEA standards

- a. Maintain End of Month (EOM) to funded enrollment levels, every month
- b. Full projected enrollment on the first day is valid
- c. Maintain at least 88% Average Daily Attendance (ADA), by the end of the year
- d. Reduce Chronic Absenteeism to 20% or below every month
- e. 100% of children who are chronically absent for reasons other than illness will have documented follow up in COPA
- f. Maintain a minimum of a 10% "verified" waitlist
- g. Maintain a minimum of 10% verified disabilities, every month (*beginning on January 1*)



"Head Start is helping my child be more advanced and ready for Pre-K."

2. To increase the support for and impact of our family & community engagement services

- a. 100% of families have at least one Family Life Practice goal
- b. 100% of families “Complete” a FLP goal, by 3rd Quarter MBO
- c. 100% of families with high needs in a non-FLP area have at least one goal set in that area
- d. 50% of families with high needs in a non-FLP area have goal “In Progress” by 2nd quarter.
- e. 50% of families with high needs in a non-FLP area have a goal “Complete” by 3rd Quarter
- f. 100% of children are up to date with health services by the end of the program year
- g. 100% of vision hearing and developmental screenings are completed within 45 calendar days

3. To be a model for safety, preparedness, and advocacy for our families and community.

- a. Daily health and safety checklists are completed for 100% classrooms and playgrounds
- b. Monthly health and safety checklists are completed for 100% facilities /centers
- c. 100% of BCHS centers have an articulated emergency preparedness plan
- d. 50% of families will participate in a Family Emergency Preparedness (FEP) workshop

4. To meet or exceed Fiscal Requirements

- a. Secure (or apply for) at least one supplemental grant
- b. Meet or exceed the non-federal share target of 25% of the federal grant funding.

5. To increase the support for and impact of our early education services

- a. 90% of 3 year olds will be at/above “proficient” in each domain by 3rd checkpoint
- b. 90% of 4 year olds will be at/above “proficient” in each domain by 3rd checkpoint
- c. 90% of 4 year olds will meet/exceed School Readiness goals
- d. Program average CLASS scores will meet the national averages in each domain, for the most recent reporting year.
- e. Implement FLIP IT in 100% classrooms to fidelity

6. To focus on record keeping & reporting systems – COPA, Work Sampling, eDECA, GoogleDocs – to ensure accurate and timely data

- a. All data is entered within 24 hours into COPA and all anecdotes into WS by Friday at each program
- b. Assessment Workgroups for education and family services are scheduled and held monthly from October through May, with 100% of teachers and 100% of FSCs presenting by the end of the year
- c. 100% of quarterly file audits for ERSEA, Family services and health align with COPA
- d. Quarterly Work Sampling assessment match 100% with class lists, birthdates, assessment type, indicators finalized by child enrolled for more than 30 days; eDeca match 100% with class roster and data entered by the 45th day for each enrolled child.
- e. 100% of FSCs will have family success rubric completed
- f. 100% of reports will be turned in on time per contract or grantee due dates



**“My son’s speech has gotten better,
and his vocabulary has grown.”**

Program Design

Based on the results of our community assessment that is conducted every three years and reviewed annually, BCHS designed a program to best meet the needs of the children and families recruited and selected for Head Start services. Through our highly valued partners, BCHS provided direct Head Start Services across 10 sites and 44 classrooms to 3 to 5 year-olds. The contracted partners are:

- Dayspring Head Start, run by Dayspring Programs, Inc., a non-profit organization founded to change the lives of homeless children and their families; and
- Union Baptist Head Start, run by Union Baptist Harvey Johnson Church

Sub-Contracted Agencies	Programs & Funded Enrollment 2016-2017
1. Dayspring Programs, Inc.	Dayspring Head Start (584)
2. Union Baptist Harvey Johnson Church	Union Baptist/Harvey Johnson Head Start (175)

Monthly Enrollment		
Funded Enrollment	759	
September 2016	751	98.95%
October	756	99.60%
November	751	98.95%
December	750	98.81%
January	752	99.08%
February	749	99.68%
March	753	99.21%
April	746	98.29%
May	735	96.84%
June 2017	727	95.78%
AME	747	98.42%
% Average Monthly Enrollment		98.42%

BCHS maintained an average monthly enrollment of 747 or 98% during the program year.

BCHS provided “full day” services (6 hours per day) five days per week and 170 days per year. This shift from how services were provided in previous years – a mixture of “full” and “part day” services (3 ½ - 4 hours per day) which provided fewer days per year, continues to have a positive impact on BCHS’ ability to maintain full enrollment, active waiting lists, and to be a more valuable resource to families in the community.

Although funded to serve 759 children, in FY 2016-2017, Baltimore City Head Start actually served a total of 874 children. And the programs maintained an average monthly enrollment of 747 or 98.42% of funded enrollment throughout the year.



“My child is learning fast and is enjoying it!”



Early Childhood Education

Preparing Children for Kindergarten.

Baltimore City Head Start utilizes the Creative Curriculum for Preschool in all of its classrooms to provide children with strong foundation to support school readiness goals. In addition, the program incorporates the Second Step curriculum to strengthen children's social-emotional development. School Readiness Goals were developed by the Birth-to-Five Collaborative in collaboration with parents and other leadership staff based on a thorough analysis of children's current performance. These goals are aligned with the Head Start Child Development Early Learning Framework and the Maryland State Early Learning Standards and address the domains of **Social/Emotional, Cognitive and General Knowledge, Language and Literacy, Approaches to Learning, and Physical Development and Health.**



"Head Start has helped my child be more active and interested in books and more interactive with other children."

School Readiness Goals 2016-2017

1. Social-Emotional Development

- Children will interact with peers and familiar adults through cooperation and resolution of social problems.
- Children will develop self-regulation by participating in the group life of the class, the daily schedule and the management of transitions between activities.

2. Cognitive and General Knowledge

- Children will recognize patterns, sequence and use critical thinking skills necessary to predict and classify objects in a pattern.
- Children will acquire concepts and facts related to the natural and physical world and increase their understanding of occurring relationships.

3. Language and Literacy Development

- Children will understand and respond to questions and direction by listening to gain meaning.
- Children will comprehend expanded vocabulary and language for a variety of purposes.
- Children will show interest in shared reading experiences, comprehend and respond to stories.
- Children will become familiar with writing tools, conventions and emerging skills to communicate through written representation, symbols and letters.

4. Approaches to Learning

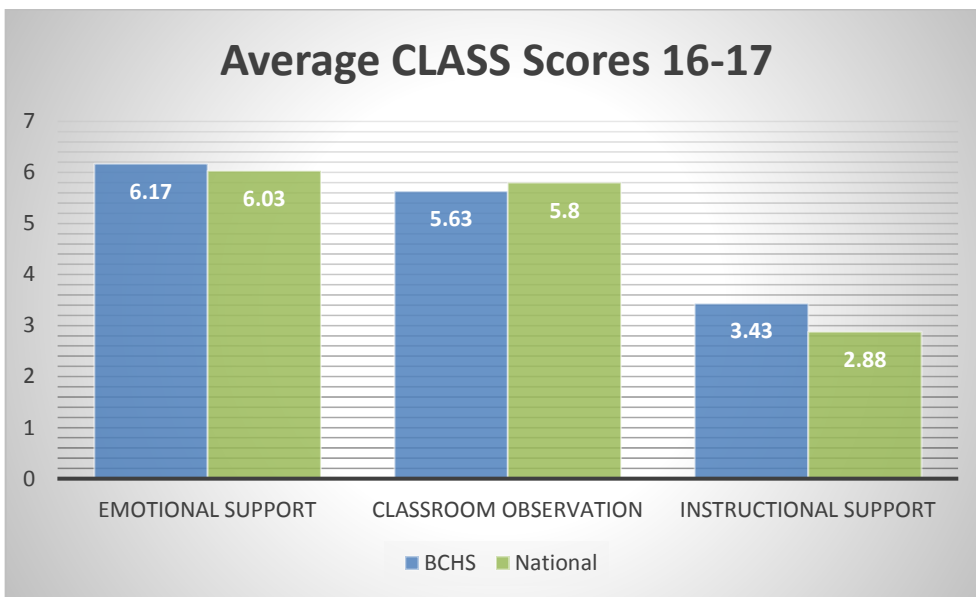
- Children will engage in play and activities with purpose, persistence, attention and curiosity.
- Children will show resistance to distraction, maintain attention, and continue the task at hand through frustration or challenges.

5. Physical Development and Health

- Children will understand health and safety habits by performing self-care tasks.
- Children will develop large muscle skills by demonstrating control and balance for a range of physical skills.
- Children will maintain physical health, age-appropriate physical development and fine/gross motor skills.

CLASS Assessment

To assess and ensure quality teacher-child interactions, BCHS uses CLASS, an observation tool that looks at three domains or categories of teacher-child interactions – **Emotional Support (ES)**, the degree to which teachers establish and promote a positive climate in their classrooms through everyday interactions; **Classroom Organization (CO)**, classroom routines and procedures related to the organization and management of children’s behavior, time and attention in the classroom; and **Instructional Support (IS)**, the ways in which teachers implement the curriculum to effectively promote cognitive and language development. CLASS evaluations are on a 7-point scale. Scores of 1-2 mean that the quality of teacher-child interaction is low. Scores of 6-7 mean that effective interactions are consistently observed. CLASS assessments were conducted quarterly and scored by trained and certified mentor coaches using a specific protocol. At the end of the school year, BCHS scored higher than the national threshold in all areas: **6.17 in ES, 5.63 in CO, and 3.43 in IS.**

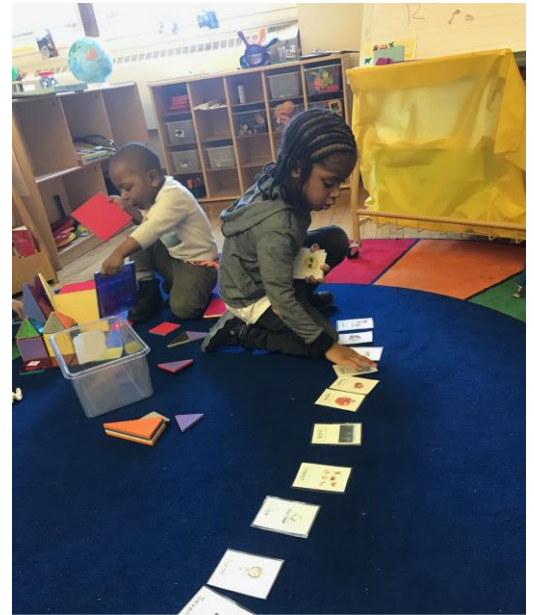


BCHS CLASS scores averaged higher than the national threshold in Emotional Support and Instructional Support in 16-17.

Measuring Kindergarten Readiness

The Maryland State Department of Education (MSDE), implements the Kindergarten Readiness Assessment (KRA), which is closely aligned with the Head Start Child Outcomes. The KRA examines kindergarten readiness in four key Domains of Learning: Language & Literacy, Mathematics, Social Foundations, and Physical Well-being & Motor Development. The KRA measures the skills and behaviors that children learned prior to entering kindergarten. Kindergarten readiness levels are identified as:

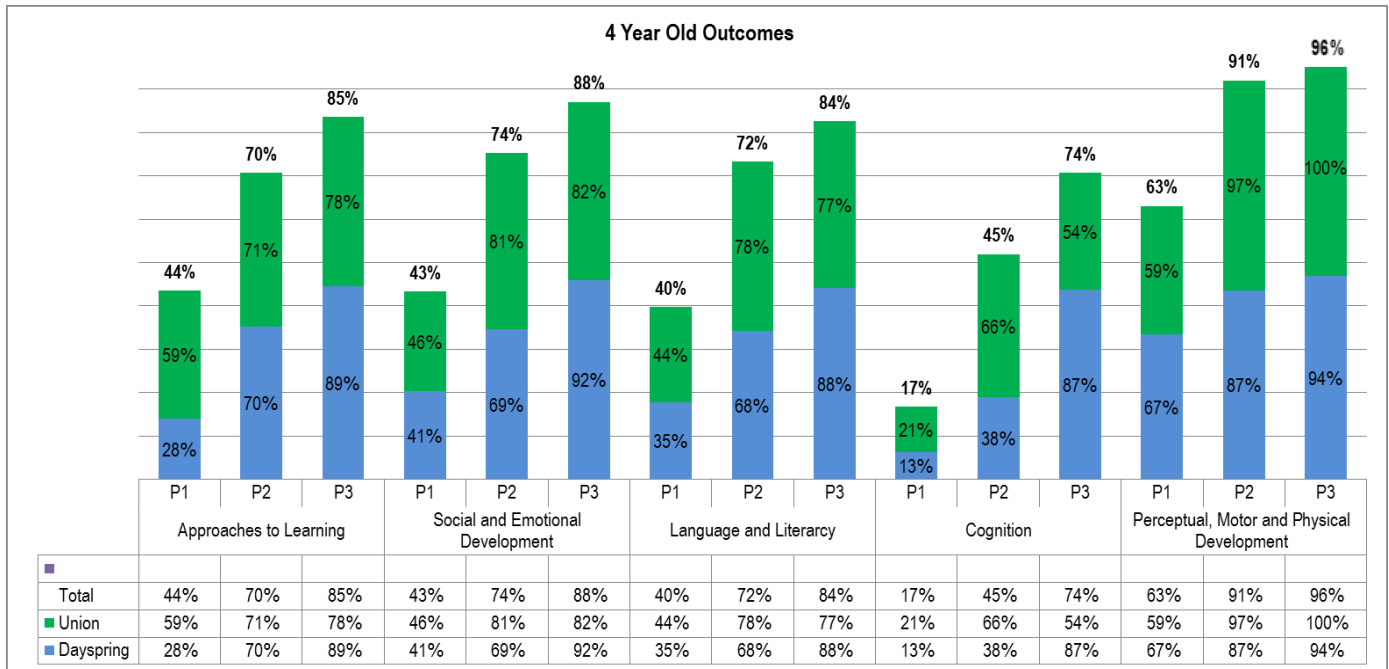
- **Demonstrating Readiness** – a child demonstrates the foundational skills and behaviors that prepare him/her for curriculum based on the kindergarten standards.
- **Approaching Readiness** – a child exhibits some of the foundational skills and behaviors that prepare him/her for curriculum based on the kindergarten standards.
- **Emerging Readiness** – a child displays minimal foundational skills and behaviors that prepare him/her for curriculum based on the kindergarten standards.



"Head Start has helped my child become more independent and confident."

Child Outcomes

Children’s skills and abilities are evaluated by education staff three times per year in all developmental areas using the Pearson Work Sampling System (WSS) assessment tool. At the end of the 16-17 school year, BCHS 4-year olds were at/above “proficient” in each domain.



At the end of the 16-17, BCHS 4-year olds were at/above “proficient” in each domain.

Child Health and Developmental Services

Health Outcomes

Medical

Baltimore City Head Start ensures that children are screened for developmental, sensory, and behavioral concerns within 45 days of entering the program and that a determination is made within 90 days whether children are up-to-date on Maryland’s EPSDT schedule (Early and Periodic Screening, Diagnostic and Treatment) of preventive and primary health care, including medical, dental and mental health. In FY 2016-2017, 81% of the children who entered the program were screened for medical conditions, 40% of whom were diagnosed with chronic conditions needing medical treatment.



“Head Start has taught my daughter to eat healthier.”

BCHS staff follow up with families to assure that they secure further diagnosis and treatment for their children, track all services Head Start children receive, and individualize how the program and staff respond to each child’s health and developmental needs. Of the 284 children diagnosed as needing medical treatment during the year, 88% received treatment for a variety of chronic conditions, including asthma, vision problems, anemia, and hearing difficulties.

Medical Screenings and Follow up Services	# of children	% of children
Children who received medical screening in BCHS for 2016 - 2017	709	81.49%
Children who needed medical treatment of those screened	284	40.06%
Children who received follow up services of those needing treatment	250	88.03%
<ul style="list-style-type: none"> Asthma 	114	45.60%
<ul style="list-style-type: none"> Vision Problems 	13	50.20%
<ul style="list-style-type: none"> Anemia 	7	2.80%
<ul style="list-style-type: none"> Hearing difficulties 	2	0.80%
<ul style="list-style-type: none"> High Lead Levels 	1	0.40%
<ul style="list-style-type: none"> Diabetes 	0	0%

In FY 2016-2017, 81% of the children who entered the program were screened for medical conditions; 40% of whom were diagnosed with chronic conditions needing medical treatment, and of these, 88% received follow-up services.

Dental

Poor dental health is also a major concern among low income families. 60% (527) of enrolled 3-5 year old children in 2016-2017 completed a dental exam. 60 or 58% of the 103 BCHS children who were diagnosed as needing dental treatment received it.

Mental Health

Early detection and treatment of mental health issues can be extremely beneficial in helping families alleviate future suffering, lead high quality, productive lives, and decrease cost to society. Head Start provides an important opportunity to provide access to mental health services. For 15% of enrolled BCHS children in 16-17, a mental health professional consulted with the program staff about the child's behavior, and for 53% of these children, the mental health professional provided three or more consultations with program staff. Likewise for 12% of children, a mental health professional consulted with the parents about the child's behavior, and for 43% of these children, the mental health professional provided three or more consultations with the parents. 2% of enrolled BCHS children received an individual mental health assessment. No children were referred for mental health services outside of the program during the program year.



"My child's social skills have improved tremendously. I have noticed positive changes in his overall behavior."

Disabilities

The Head Start Act requires that at least 10% of the total number of enrollment opportunities be available to children with disabilities. 11% of BCHS children were diagnosed with having a disability during the year – 94 children had an IEP. Most were in the area of speech and language. 100% of children with disabilities received specialized services.

Disability Determination and Special Services	# of children	% of children
Children determined to have a disability in BCHS	93	11%
Most significant disability for which BCHS children received services:		
<ul style="list-style-type: none"> Speech or language impairments 	83	88%
<ul style="list-style-type: none"> Non-categorical/developmental delay 	10	11%

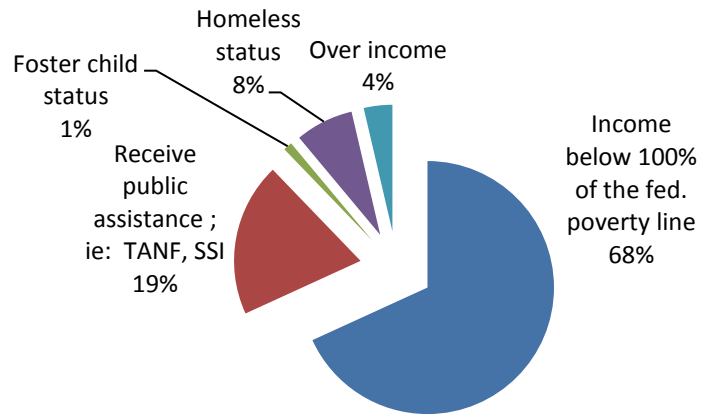
In FY 2016-2017, 11% of enrolled BCHS children had a diagnosed disability for which they all received services.

Family & Community Engagement

Eligibility

The majority of the children served by BCHS in FY16-17 came from low income households, which means that a family of four for instance earned less than \$24,300 a year. 19% of these low income families received public assistance, and 8% were homeless.

The services Head Start provides are designed to strengthen families and to help them break the cycle of poverty. To do this, BCHS not only worked to improve child development, but also focused on the well-being of families by providing health, parental involvement, nutrition, and social support services.



Total Enrollment (874 Children)

Parent Involvement

In Head Start, parents are taught that they are their child’s first teacher and are encouraged to become involved both at home and in the program to ensure the success of their children and families. Parents participate in parent/ teacher conferences, volunteer in the program, and participate on classroom and policy committees or council as leaders. Engaging at the program level allows them to discuss issues and share ideas with staff that help strengthen the program and develop their own skills. On the Policy Council at the grantee level, parent representatives from each program attend monthly Policy Council meetings and vote on many of the important decisions affecting the entire agency. Parents are active on advisory committees and on committees that focus on specific issues affecting the program, such as health, education or male involvement. As classroom volunteers they work with children on art activities, read to them individually or in small groups, help during meals or transitions, chaperone on field trips, present to their child’s classrooms and more. During the program year 1,277 individuals volunteered in the program in some capacity, 824 (65%) of whom were current or former parents or guardians, and 374 (30%) of whom were male.



“Head Start helped me be more organized as a parent and to have a better relationship with my child.”

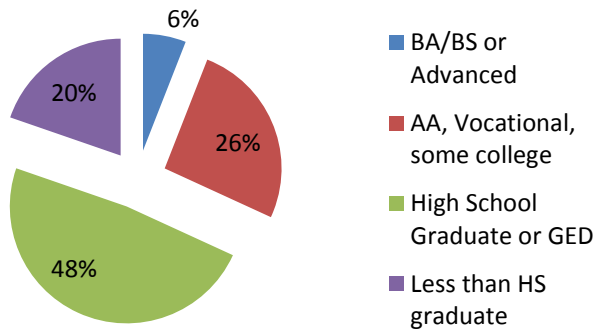
Parent Education and Employment

Parent education and employment is of particular importance to the program. Baltimore city families enter the program at various stages of education and employment, and the program works with them to help them secure job training, enroll in school, or seek employment opportunities.

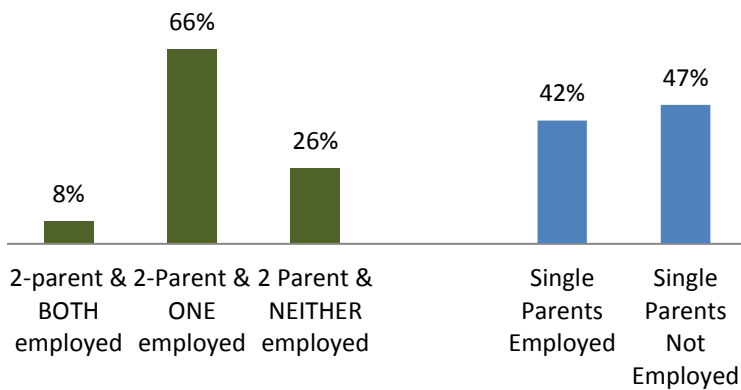


"Head Start has allowed me to reintegrate back into the workforce. I am able to work and attend college classes knowing that my child is in the hands of safe and wonderful people."

Parent Education Level at Enrollment



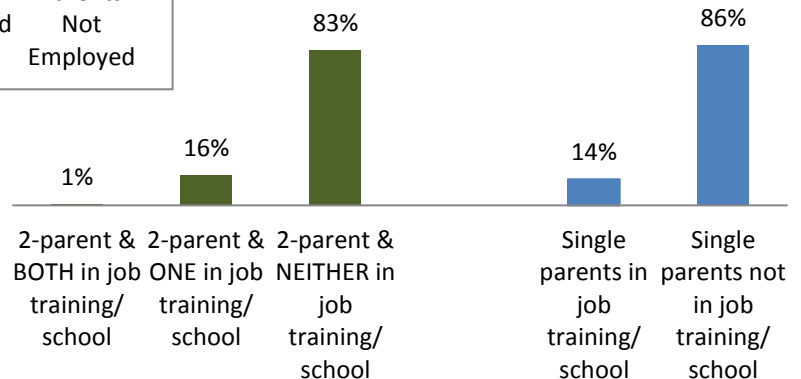
Parent Employment Status at Enrollment



Two-Parent Families Served – 143

Single-Parent Families Served – 665

Parents in Job Training/School at Enrollment



Family Outcomes

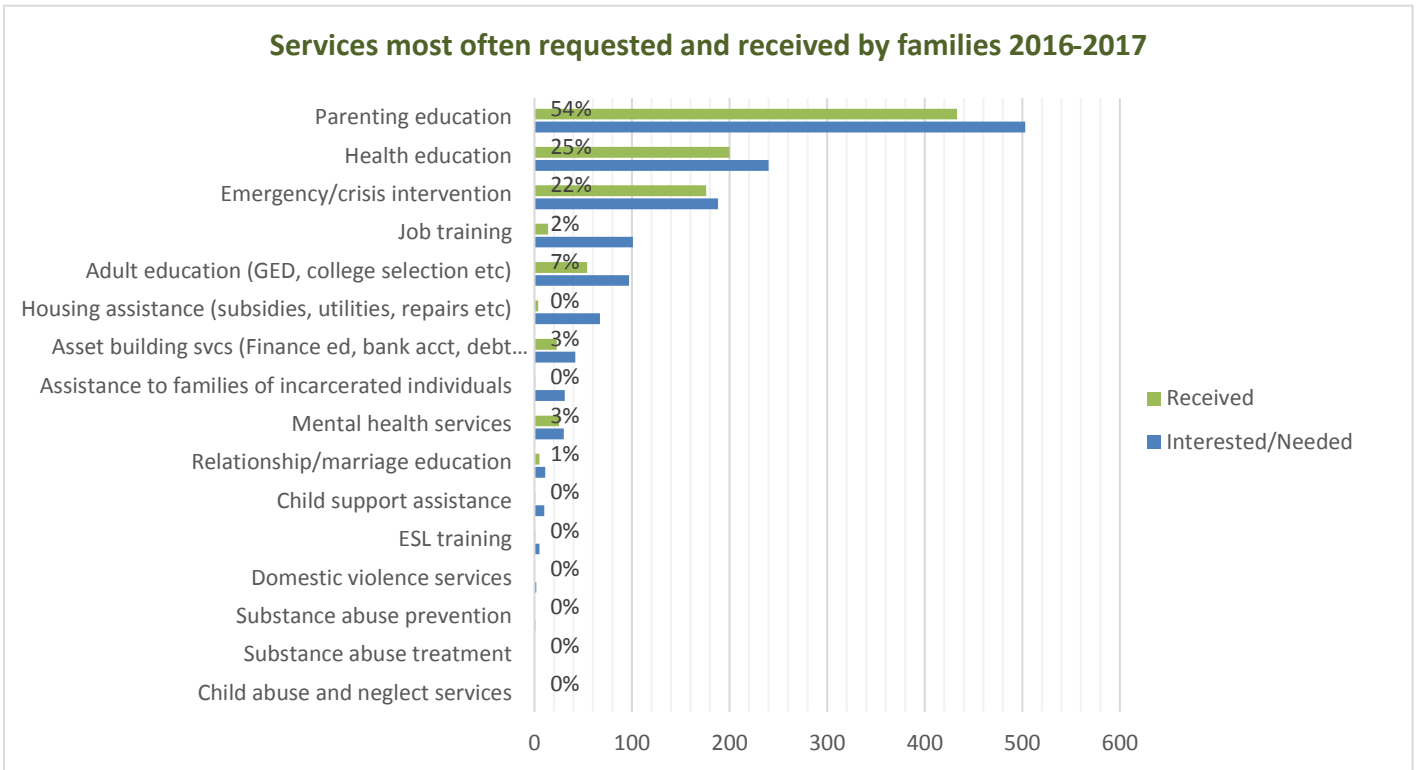
Baltimore City Head Start coordinates with other agencies to support parents in identifying and accomplishing their goals. Staff work with parents to develop family partnership agreements that identify goals, responsibilities, timetables and strategies for achieving these goals. In 16-17, BCHS families set and achieved family goals in the following four areas:

- *Family Life Practice* (62%) – These goals include practices that families develop to maintain home environments that promote their children’s healthy development and school readiness and help their children close the achievement gap. These include, establishing stable family routines; promoting positive discipline; creating an experience and language rich home environment; and reading or engaging in other literacy based activities every day.
- *Support for Children* (10%) – The goals set in this area help families of children with chronic health conditions or children with special needs or challenging behaviors find additional supports or coordinate more efficiently between school and home.
- *Family Self-Sufficiency* (20%) – These goals help families become self-sufficient in areas such as housing, employment, education, family finances, transportation, acculturation, child care, etc.
- *Support for Family Members* (10%) – Goals set in this area help families impacted by high risk behaviors or who are unable to meet their families basic needs link to community partners such as substance abuse treatment programs, mental health agencies, domestic violence shelters, and immigration advocacy groups.

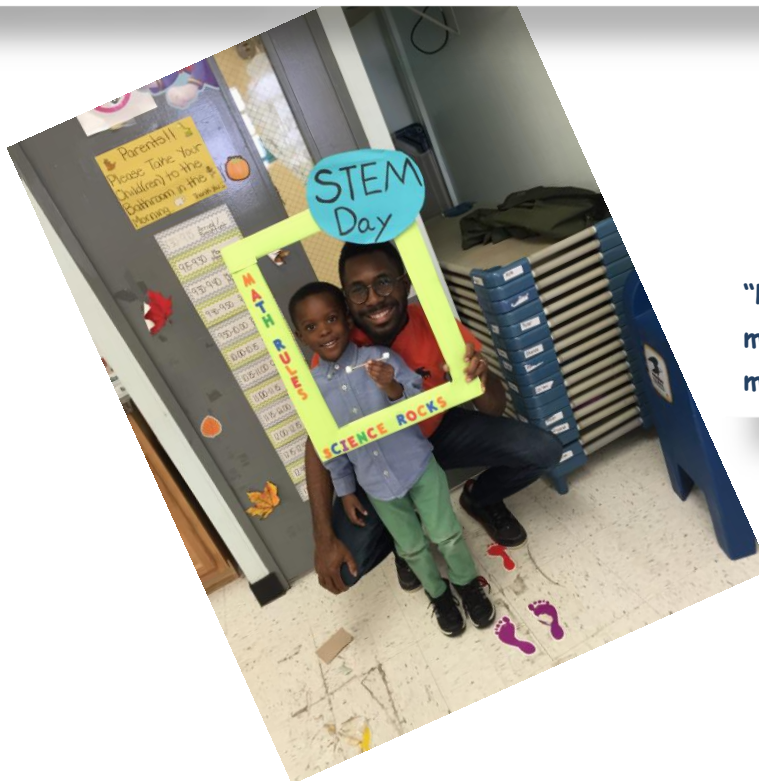


"I now know more about valuable resources in my community that benefit my family."

Head Start helps families access necessary support services either directly or through referrals. In 2016-2017 the services most often requested and received by the 808 families served included parenting education, health education, emergency/crisis intervention, job training, adult education, housing assistance, asset building services, assistance to families of incarcerated individuals, and mental health services.



During the year, the services most often received by the 808 families in BCHS were parenting education, health education, and emergency/crisis intervention.



"Head Start has helped me become more of a full-time father and equipped me with better parenting skills."

Financial Information

BCHS Revenue FY2016-2017

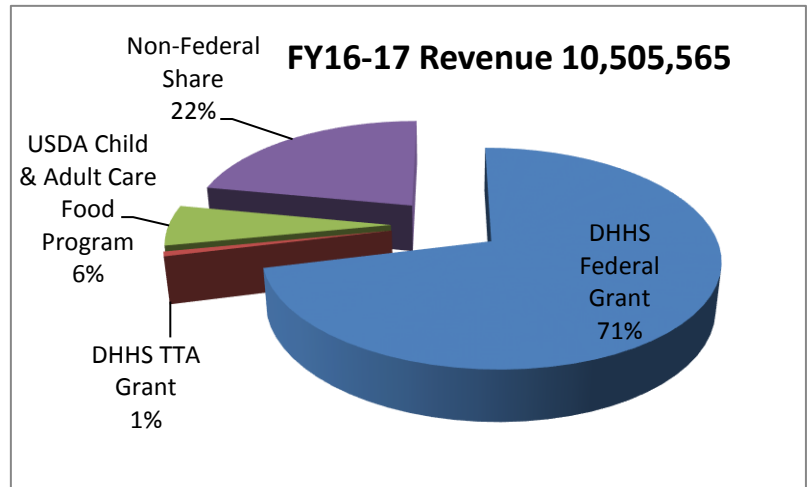
Federal

DHHS Federal Grant	\$ 7,476,913
DHHS TTA Grant	\$ 75,194
USDA Child and Adult Care Food Program	\$ 646,334
Total Federal	\$ 8,198,441

Non-Federal

MSDE State Supplemental Grant	\$ 223,499
Volunteer & Other Contributions	\$ 2,083,625
Total Non-Federal	\$ 2,307,124

TOTAL REVENUE \$ 10,505,565



BCHS Budgetary Expenditure FY2016 – 2017

Personnel

Child Health and Development	\$ 2,634,514
Family & Community Partnerships	\$ 754,422
Program Design & Management	\$ 674,659
Other Personnel	\$ 44,321
Total Personnel	\$ 4,107,916

Fringe

Head Start Grantee	\$ 186,390
Head Start	\$ 728,701
Total Fringe	\$ 915,091

Supplies/Equipment

Head Start Grantee	\$ 27,185
Head Start	\$ 301,193
Total Supplies/Equipment	\$ 328,378

Contractual

Head Start Grantee	\$ 69,760
Head Start	\$ 339,826
Total Contractual	\$ 409,586

Training & Professional Dev.

Head Start	\$ 75,194
Total Training & Prof. Dev	\$ 75,194

Other

Head Start Grantee	\$ 216,470
Head Start	\$ 1,344,054
Total Other	\$ 1,560,524

TOTAL EXPENDITURE \$ 7,396,689

BCHS Proposed Budget FY2017 – 2018

Personnel

Child Health and Development	\$ 2,88,8043
Family & Community Partnerships	\$ 897,864
Program Design & Management	\$ 715,072
Other Personnel	\$ 43,841
Total Personnel	\$ 4,544,820

Fringe

Head Start Grantee	\$ 187,063
Head Start	\$ 1,002,632
Total Fringe	\$ 1,189,695

Supplies/Equipment

Head Start Grantee	\$ 47,198
Head Start	\$ 116,953
Total Supplies/Equipment	\$ 164,151

Contractual

Head Start Grantee	\$ 358,200
Head Start	\$ 256,365
Total Contractual	\$ 614,565

Training & Professional Dev.

Head Start	\$ 75,194
Total Training & Prof. Dev	\$ 75,194

Other

Head Start Grantee	\$ 159,159
Head Start	\$ 914,233

Total Other \$ 1,073,392
TOTAL BUDGET \$ 7,661,817

Federal Review

Baltimore City Head Start had one successful Federal Review in the spring of 2017 in the area of ERSEA (Eligibility, Recruitment, Selection, Enrollment and Attendance). No deficiencies, non-compliances, or areas of concern were identified.

Financial audit

Head Start completed its annual financial audit for FY2015. The City of Baltimore, Department of Audits conducted the CACFR and A-133 and there was one finding. Executive summaries as well as complete versions of recently issued reports can be found at <http://comptroller.baltimorecity.gov/audits/reports>.

