

ANNUAL REPORT 2017 – 2018



Head Start
Mental Wellness:
Services, Systems & Supports!



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



SHANNON BURROUGHS-CAMPBELL Executive Director, BCHS

Contents

Shared Governance	3
Overview	4-5
Program Design	6
Early Childhood Education	7-9
Health Services	10-11
Family & Community Engagement	12-15
Financial Information	16





Shared Governance Team 2017-2018

Governing Board

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Senior Associate, The Annie E. Casey Foundation

Sherrika Newsome, Vice Chairperson

*Parent

Reco Collins, Treasurer

Vice President/Relations Mgr., PNC Bank

* Fiscal Management

Janelle Gendrano, Secretary

Senior Director of Programs, Baltimore's Promise

Diane Wallace Booker, Esq.,

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*Attorney

Crystal Francis

Director of the Office of Early Learning, City Schools

*Early Childhood Education & Development

Telisha McDonald

Chairperson, BCHS Policy Council

BCHS Policy Council

Rebecca Dineen

Assistant Commissioner, City of Baltimore Health Dept.

Health Services

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Senior Research Coordinator, Kennedy Krieger Institute

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* Required by Head Start Act

Policy Council

Telisha McDonald, *Chairperson* Parent, Dayspring

Brenda Miles, *Vice Chairperson* Parent, Dayspring

Cynosa Sherman, Family League Balt., Secretary

Parent, Union

Marlene Boyd Parent, Dayspring

Larry Wardlaw Parent, Dayspring

Jazmyn Covington Community Rep



Grantee

Shannon Burroughs-Campbell BCHS, *Executive Director*

Sheborah Jackson Administrative Support

Yusuf Arikan Fiscal Services

Barbara Bartels Education, Disabilities, & Mental Health

Cristina Schweon Family, Health Services, & ERSEA

Donna Clayton Management Systems, Volunteer Svcs, Health & Safety

Overview

In 2017-2018, the fourth year of our five-year Birth-to-Five Grant, Baltimore City Head Start (BCHS) under the Mayor's Office of Human Services, focused on evolving and strengthening the program and services to meet the changing needs of Baltimore City children, families and community while helping Head Start children close the achievement gap so they are able to enter kindergarten ready to learn and on track for long term success.

BCHS worked in partnership with its collaborative partners serving 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) to accomplish the vision for the city, but specifically, BCHS' mission and five-year goals listed below provided focus for the Program's annual 2017-2018 objectives and benchmarks that ultimately will help to close the achievement gap for Baltimore City children.



"Head Start has made a difference in my child's life because she knows how to write, count and how to share with other 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 4, 2017 - 2018)

- 1. To meet or exceed ERSEA standards
 - a. Maintain at least 88% Average Daily Attendance (ADA), by the end of the year
 - b. Reduce Chronic Absenteeism to 20% or below every month
 - c. 100% of children who are chronically absent (10% of the time) will have follow up, case management, and documentation in COPA
 - d. Maintain a minimum of a 10% "verified" waitlist
 - e. A minimum of 5% enrollees at the beginning of the program year will be children with disabilities.
 - f. Achieve a minimum of 10% disabilities by January 1st and maintain every month thereafter
 - g. Maintain a minimum of 10% verified disabilities, every month (beginning on January 1)

Overview (continued)

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 goalb. 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 EPSDT requirements and immunizations by the end of the program year
- g. 100% of vision, hearing and developmental screenings are completed within 45 calendar days
- h. 100% of centers will offer monthly workshops to families in accordance with the established Family Engagement calendar.

3. 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.

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

- a. 80% of 3 year olds will have a composite score of "ready" by the 3rd checkpoint
- b. 90% of 4 year olds will have a composite score of "ready" by the 3rd checkpoint
- c. 80% of 3 year old will demonstrate readiness level 1 or above in cognitive domain by the 3rd checkpoint
- d. 80% of 4 year old will demonstrate readiness level 4 or above in cognitive domain by the 3rd checkpoint
- e. Program average CLASS scores will meet/exceed the national averages in each domain, for the most recent reporting year.
- f. Implement FLIP IT in 100% classrooms to fidelity

5. To improve record keeping & reporting systems to ensure accurate and timely data

- a. All data is entered within 24 hours into COPA and all observations into ELA by Friday at each program
- b. 100% reports will be turned in on time per contract or grantee due dates





"My child listens more and has a better understanding of things."

Program Design

During the program year, Baltimore City Head Start provided direct, full-day Head Start services, five days per week, for 170 days to 3 to 5 year-olds, with an emphasis on 3-year olds. Two contracted partners at 10 sites in 44 classrooms provided these services:

- 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 School.

With this model, BCHS was able to maintain full enrollment, active waiting lists, and to be a more valuable resource to families in the community.

While the program was funded to serve 759 children in FY 2017-2018, Baltimore City Head Start actually served more than the funded enrollment - a total of 882 children.

Sı	ub-Contracted Agencies	Programs & Funded Enrollment 2017-2018
1.	Dayspring Programs, Inc.	Dayspring Head Start (584)
2.	Union Baptist Harvey	Union Baptist/Harvey
	Johnson Church	Johnson Head Start (175)

Monthly Enrollment		
Funded Enrollment	759	
September 2017	759	100%
October	759	100%
November	759	100%
December	759	100%
January	759	100%
February	759	100%
March	759	100%
April	759	100%
May	759	100%
June 2018	758	100%
AME	759	100%
% Average Monthly Enrollment		100%

BCHS maintained an average monthly enrollment of 754 or 99% during the program year.

882 Children Served



"My son's speech has gotten better, and his vocabulary has grown!"

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 the School Readiness Committee 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.**



"I have a growing 3 year old who holds conversations that she never held. She's smart, helpful and respectful. I thank her teachers."

School Readiness Goals 2017-2018

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 demonstrate knowledge of numbers concepts by reciting, using one to one correspondence, subitizing and utilizing measurable attributes to describe objects and sets of objects.
- 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.

Early Childhood Education (continued)

CLASS Assessment



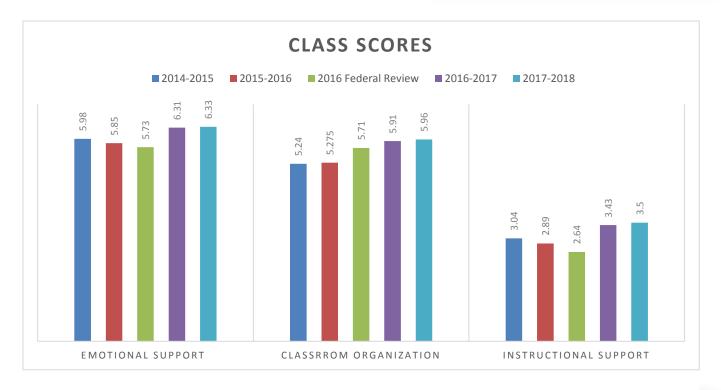
To assess and ensure quality teacher-child interactions, BCHS uses CLASS, an observation tool that looks at three domains or categories of teacher-child interactions – *Emotional Support (ES)*, the degree to which teachers establish and promote a positive climate in their classrooms through everyday 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 who then used that data to provide reflective coaching to all teaching teams. At the end of the school year, BCHS scored higher than the national threshold in all areas: **6.33 in ES, 5.96 in CO, and 3.5 in IS**.



"My daughter loves to go to school.

She is very eager to learn."



BCHS scored higher than the national threshold in all areas in FY17-18: 6.33 in ES, 5.96 in CO, and 3.5 in IS.

Early Childhood Education (continued)

Measuring Kindergarten Readiness

The Maryland State Department of Education (MSDE), implemented 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.

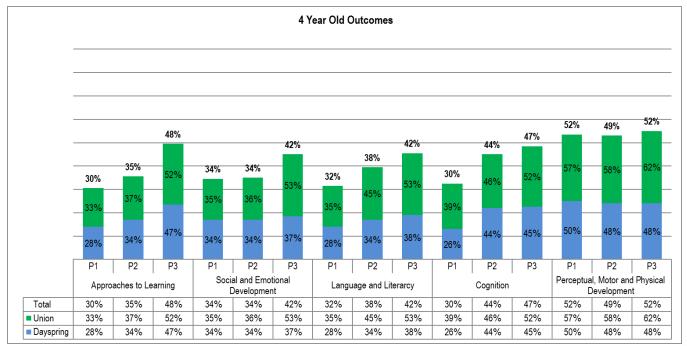


"Head Start has changed my child's life. He is talking much more and is eager to meet other children."

 Emerging Readiness – a child displays minimal foundational skills and behaviors that prepare him/ her for curriculum based on the kindergarten standards.

Child Outcomes

Children's skills and abilities are evaluated by education staff three times per year in all developmental areas using the Maryland State Department of Education's Early Learning Assessment. At the end of the 17-18 school year, BCHS 4-year olds were at/above the City's KRA "Demonstrating Readiness" score.



At the end of 17-18, BCHS 4-year olds were at/above the city's KRA "Demonstrating Readiness" score

Health 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 2017-2018, 89% of the children who entered the program were screened for medical conditions, 27% of whom were diagnosed with chronic conditions needing medical treatment.

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



"Head Start has taught my daughter to eat healthier."

214 children diagnosed as needing medical treatment during the year, 81% received treatment for a variety of chronic conditions, the primary of which were asthma, vision problems, and anemia.

Medical Screenings and Follow up Services	# of children	% of children
Children who received medical screening in BCHS for 2017 - 2018	783	89%
Children who needed medical treatment of those screened	214	27%
Children who received follow up services of those needing treatment	173	81%
Asthma	102	59%
Vision Problems	12	7%
Anemia	3	2%
Hearing difficulties	0	0%
High Lead Levels	0	0%
Diabetes	0	0%

In FY 2017-2018, 89% of the children who entered the program were screened for medical conditions; 27% of whom were diagnosed with chronic conditions needing medical treatment, and of these, 81% received follow-up services.

Health Services (Continued)

Dental

Poor dental health is also a major concern among low income families. 74% (652) of enrolled 3-5 year old children in 2017-2018 completed a dental exam. 59 or 63% of the 93 BCHS children who were diagnosed as needing dental treatment received services.

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 17-18, a mental health professional consulted with the program staff about the child's behavior, and for 52% 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. 18 of enrolled BCHS children received an individual mental health assessment. 6 children were referred for mental health services outside of the program during the program year, and 100% of them received services.



"Head Start has given my daughter the opportunity to gain social skills."

Disabilities

The Head Start Act requires that at least 10% of the total number of enrollment opportunities be available to children with disabilities. 12% of BCHS children were diagnosed with having a disability during the year - 107 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	# who Received Services
Children determined to have a disability in BCHS	107	12%	107
Most significant disability for which BCHS children received services:			
Speech or language impairments	79	74%	79
Non-categorical/developmental delay	28	26%	28

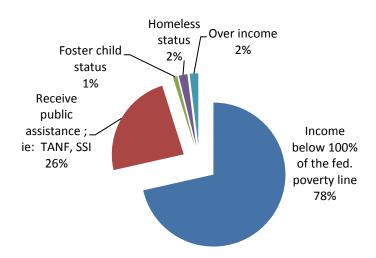
In FY 2017-2018, 12% of enrolled BCHS children had a diagnosed disability for which they all received services.

Family & Community Engagement

Eligibility

The majority of the children served by BCHS in FY17-18 came from low income households, which means that a family of four for instance earned less than \$25,750 a year. 26% of these low income families received public assistance, and 2% 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 wellbeing of families by providing health, parental involvement, nutrition, and social support services.



Total Enrollment (882 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.



"Head Start has shown me that I have to be very involved in the learning process in order for all of the skills to be used and stick with my child through life"

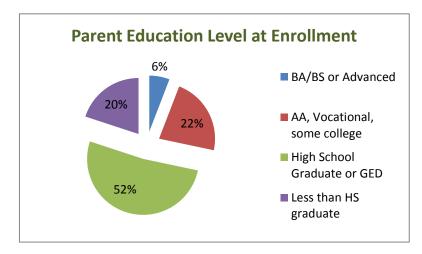
As classroom volunteers they work with children on art activities, read to them

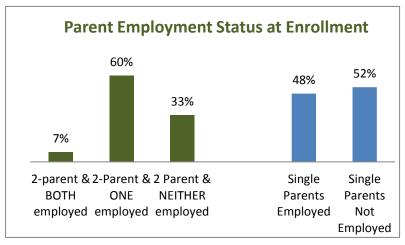
individually or in small groups, help during meals or transitions, chaperone on field trips, present to their child's classrooms and more. During the program year 1,284 individuals volunteered in the program in some capacity, 669 (52%) of whom were current or former parents or guardians.

Family & Community Engagement (continued)

Parent Education and Employment

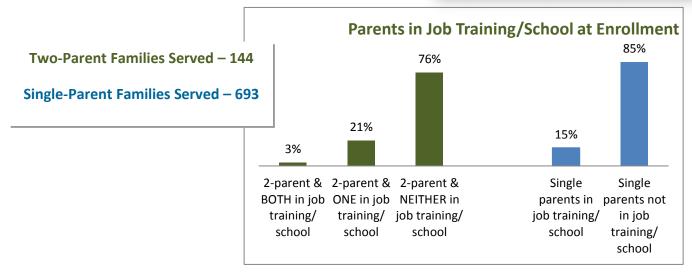
Parent education and employment is of particular importance to the program. Baltimore city families enter the program at various stages of education and employment, and the program works with them to help them secure job training, enroll in school, or seek employment opportunities.







"Head Start has made me want to be more involved with my child's learning."



Family & Community Engagement (continued)

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 17-18, BCHS families set and achieved family goals in the following four areas:

- Family Life Practice (FLP) 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 (SC) 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 (FS) 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 (SF) 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.

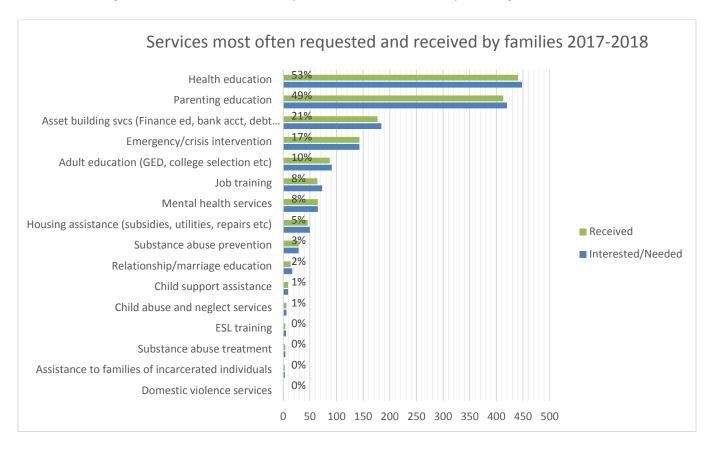
BCHS encouraged all BCHS families to set FLP goals and families with high needs in the other three areas to set goals in those areas according to their needs. 95% of BCHS families set FLP goals in 17-18 of which 62% achieved, 96% of families with high needs in SC, FS, and SF set goals of which 59% completed.



"Head Start allows me to be able to work and know that my child is in a stable learning environment."

Family & Community Engagement (continued)

Head Start helps families' access necessary support services either directly or through referrals. In 2017-2018 the services most often requested and received by the 837 families served included health education, parenting education, asset building services, emergency/crisis intervention, adult education, job training, mental health services, housing assistance, substance abuse prevention, and relationship/marriage education.



During the year, the services most often received by the 837 families in BCHS were health education, parenting education, and asset building services.

837 Families Served

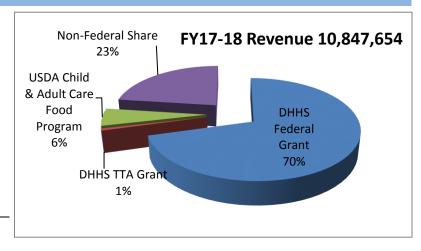


"Head Start has made me understand how to interact with children better and have a better understanding of how to talk with them."

Financial Information

BCHS Revenue FY2017-2018

<u>Federal</u>	
DHHS Federal Grant	\$ 7,666,847
DHHS TTA Grant	\$ 75,194
USDA Child and Adult Care Food Program	\$ 616,817
Total Federal	\$ 8,358,858
Non-Federal	
MSDE State Supplemental Grant	\$ 132,984
Volunteer & Other Contributions	\$ 2,355,812
Total Non-Federal	\$ 2,488,796
TOTAL REVENUE	\$ 10.847.654



BCHS Budgetary Expenditure FY2017 – 2018

BCHS Proposed Budget FY2018 – 2019

<u>Personnel</u>		<u>Personnel</u>	
Personnel	\$ 4,129,764	Personnel	\$ 4,702.016
Total Personnel	\$ 4,129,764	Total Personnel	\$ 4,702,016
<u>Fringe</u>		<u>Fringe</u>	
Head Start Grantee	\$ 172,959	Head Start Grantee	\$ 188,233
Head Start	\$ 814,727	Head Start	\$ 1,064,186
Total Fringe	\$ 987,686	Total Fringe	\$ 1,189,695
Supplies/Equipment		Supplies/Equipment	
Head Start Grantee	\$ 33,884	Head Start Grantee	\$ 55,998
Head Start	\$ 269,726	Head Start	\$ 127,884
	. ,	Total Supplies/Equipment	\$ 183,882
Total Supplies/Equipment	\$ 303,610		
<u>Contractual</u>		<u>Contractual</u>	
Head Start Grantee	\$ 556,085	Head Start Grantee	\$ 135,640
Head Start	\$ 552,912	Head Start	\$ 260,616
Total Contractual	\$ 1,108,997	Total Contractual	\$ 396,256
Training & Professional Dev.		Training & Professional Dev.	
Head Start	\$ 44,560	Head Start	\$ 90,249
Total Training & Prof. Dev	\$ 75,194	Total Training & Prof. Dev	\$ 90,249
<u>Other</u>		<u>Other</u>	
Head Start Grantee	\$ 132,619	Head Start Grantee	\$ 91,432
Head Start	\$ 921,675	Head Start	\$ 901,729
Total Other	\$ 1,054,295	Total Other	\$ 993,161
TOTAL EXPENDITURE	\$ 7,628,910	TOTAL BUDGET	\$ 7,617,783

Federal Review

BCHS 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.