	Akron Summit Community Action, Inc. 201			Early Head St .4/2015 Ind Report	art
Enrollment and Attendance			Disabilities and Mental Health		
Total Actual Enrollment: 2,089			Head Start	Early Head Start	
1,894 Head Start (Ages 3-5)	156 Early Head Start (6 Wks—Age 3)	39 Pregnant Women (Teens/Adults)	79% Daily Attendance	 165 Individualized Education Plans (IEP); Of which, 72% Speech and Language; 11% Health; 17% Developmental/ Non-Categorical 	12 Individual Family Ser- vice Plans (IFSP); Of which, 25% Speech and Language; 33% Health; 42% Developmental/ Non-Categorical



Г

Highest and Most Quality Rated Centers

100% of ASCA's Head Start/Early Head Start (HS/EHS) are Step Up to Quality (SUTQ) rated at the highest level of 5-Stars; and has the most 5-Star rated centers in Summit County and the second most highest statewide of the eligible centers rated. SUTQ is Ohio's tiered quality-rating program for early learning and development programs for young children birth to age 5.

Early Education and School Readiness

Children's development outcomes are measured using the Teaching Strategies GOLD Assessment. It is an ongoing observations system for assessing children learning progression from birth through kindergarten. Children are assessed twice per year. The outcomes for this year are:

Kindergarten Transition

631 children transitioned to kindergarten at the close of the Head Start program year; 584 (92%) participated in countywide school readiness SS.

Transition Skills

		HEAD	EARLY HEAD	0
🤹 Child Outcomes		START	START	٦
Learning Domains	Learning Progression	Percent	Percent	
Social-Emotional	Below	0%	5%	<u>ا</u> ا
Social-Emotional	Meeting/Exceeding	100%	95%	
Physical (Fine/Gross	Below	6%	6%	
Motor)	Meeting/Exceeding	94%	94%	
Longuage	Below	15%	5%	
Language	Meeting/Exceeding	85%	95%	1
Cognitivo	Below	5%	6%] -
Cognitive	Meeting/Exceeding	95%	94%	
Litorony	Below	5%	9%] –
Literacy	Meeting/Exceeding	95%	91%	
	Below	5%	13%] -
Mathematics	Meeting/Exceeding	95%	87%	
Classroom Assessment Scoring System (CLASS)				

III g

CLASS focuses on quality teacher-child interactions and assessed on a 7-point scale. Score of 1-2 means quality teacher/child interaction is low; 3-5 show a mixture of low and effective; while 6-7 show effective and consistent teacher/child interaction observed. Scores for the 2014/2015 program year compared to the 2014 national average in the three domains are outlined below:

Summary (TSS) Children "Developing or On Track for Kin- dergarten Success (N=2,545)	HEAD START (N=584)	COUNTY -WIDE
Domains	Outcome	Outcome
Approaches to Learning	96%	93%
Physical Health and Development	97%	94%
Social Emotional Development	92%	91%
Language/Literacy Development	88%	89%
Cognition/General Learning	87% t Education Initiat	87%

Domains & Descriptions	Emotional Support Captures how teachers help children develop positive relationships, enjoy- ment in learning, comfort in the classroom, and appropriate levels of independence	Classroom Organization Focuses on how teachers manage the classroom to maximize learning and keep children engaged.	Instructional Support Involves how teachers promote children's thinking and problem solving, use feedback to deepen understanding, and help children develop complex language skills
Summit County			
Head Start Average	5.84	5.04	3.56
National Average	6.08	5.83	2.83

Child Health and Nutrition Services



The focus of health and nutrition services is to prevent health problems whenever possible by carefully addressing the needs of enrolled children. Head Start staff members strive to ensure that each child has a source of continuous, accessible, coordinated care and nutrition.

L			Filysical Example Fieventative Care		
Developmental Screenings		Health Insurance &	/Treatment		
	• 99% received vision screening	Access to Health Care	• 99% were up-to-date according to the		
	• 99% received hearing screening	 99% had health insurance 100% had a medical 	Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Schedule • 99% were up-to-date on all immuniza-		
	• 91% received iron screening	home	tions		
	92% received lead screening	• 100% had a dental home	 95 % received dental examinations and preventative care 		
L					
L					

Growth Assessment (Ages 3-5—Based on Body Mass Index Chart)

- **63% Healthy Weight** (BMI at or above 5th percentile and below 85th percentile for child's age and sex)
- 18%% Obese (BMI at or above 95% percentile for child's age and sex)
- 14% Overweight (BMI at or above 85% percentile and below 95th percentile for child's age and sex)
- 5% Underweight (BMI less than 5% percentile for child's age and sex)

Parent and Family Engagement

The Parent Family and Community Engagement (PFCE) Framework identifies, develops, and disseminates evidence-based best practices to support the positive growth and development of young children and strengthen families and our community. Throughout the program year, staff partnered with parents/families to help them accomplish their goals:

- **86%** of families engaged in collaborative partnerships that identified their families' goals
- 80 % of families completed the goal setting process, achieved their families' goals
- **71%** of families received at least one family service through the program or community agency that benefitted their families
- 65 families needed/received language interpretation services
- **1,197** became involved in Home-School Connection activities that resulted in positive outcomes for their children
- 1,692 parents volunteered in the classroom
- 1,199 parents participated in Parent-Teacher Conferences
- 615 Fathers/ Males engaged in various activities

Early Head Start (EHS) Services to Pregnant Women

Why does EHS serve pregnant women? The prenatal period of growth and development has a lasting impact on the child's potential for healthy growth and development after birth.

- 100% had access to care, medical/dental home
- 100% received prenatal & postnatal care
- 100% received information regarding substance abuse, mental health, maternal depression, infant mortality, breastfeeding, fetal development, etc.
- **7%** needed and received referral, intervention and follow-up services
- 27% needed and received dental treatment

Annual Budget

\$12,821,409 Federal Share; **\$3,205,353** Local Contribution/Non-Federal Share; No changes anticipated in 2015/2016







Nutritional Meals Served

- 62,138 Breakfasts
- 84,066 Lunches

• 84,934 Snacks