

ANNUAL REPORT

HELPING PEOPLE **2021-2022** CHANGING LIVES

HEADSTART/EARLY HEADSTART



COMMUNITY ACTION RESOURCE &
DEVELOPMENT, INC.



OUR MISSION

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&

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To bring together resources to
reduce poverty, revitalize low-
income communities, and
empower low-income people to
attain the skills, education, and
opportunities to become self-
sufficient.

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COVID-19 EFFECT ON CARD HEADSTART PROGRAMS

IN 2021-2022

Like the majority of programs, CARD did not anticipate such a radical upheaval of our world. In early March 2020, the state leaders believed that this little virus was insignificant and of no concern. Yet, by late February 2020, some CARD leadership were talking about it. It seemed so unreal.

A pandemic of such proportion had not happened within our lifetimes. We, like virtually all other non-epidemiologists, just did not see how long and how profound this disruption would be, and would continue to be. In 2020-21, CARD resumed in-person services but kept the class sizes small, and cohorts of children together. In January of 2021, vaccines became available. Most adults were able to be protected from serious illness from COVID-19 by June of 2021, but pediatric vaccinations for children under 5 were not approved until the next school year, fall of 2022.

Initially, vaccination provided hope that we could return to a pre-pandemic world, but as time passed, it was apparent that this was a hope but not a realistic one. Many chose not to vaccinate. The virus mutated, becoming more contagious. Previous thought that young children did not get seriously sick or even sick at all from COVID-19 was debunked. Our own program lost a staff member to COVID-19 in the fall of 2021.

CARD leadership was very aware of the importance of safety. All our efforts were focused on serving families while keeping children, staff, families, and communities as safe as possible. Our families' needs were not the same as August 2019. Some chose virtual services. Others desperately needed childcare.

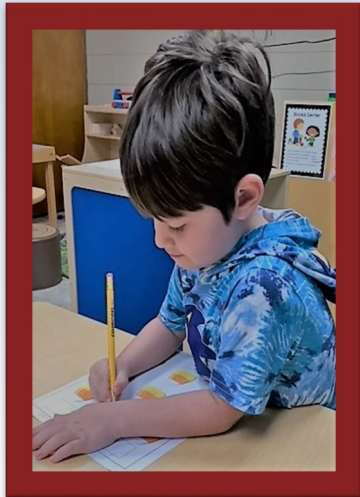
Foremost in our minds was always, “How do we serve? How do we keep everyone safe? How do we support them when things feel overwhelming?”

CARD continued in providing virtual & in-person services. Keeping children and staff in “bubbles” of safety, and numbers enrolled low limited COVID-19 spread. Policies and procedures for health and safety were followed strictly. The program shifted emphasis. “School readiness” continued to be more focused on emotional support and mental health support for families, and ensuring families had basic necessities.

Management focused on listening carefully to staff, and trying to anticipate changes in a constant state of change. Staffing challenges resulted in some classrooms not being opened during the 2021-22, and fewer children being served than pre-pandemic.



GEOGRAPHIC SERVICE AREA



CARD Head Start/EHS services area include the following counties:

Tulsa county-(Broken Arrow School district), Washington, Nowata, Rogers, Mayes, Wagoner

EHS provides home-based services in BA, Wagoner, Mayes & Rogers counties, and in Washington/Nowata counties as an option change only. Expectant mothers are also served in EHS. Additionally, extended day/year services are offered at all EHS sites except Wagoner, and selected HS sites based upon the family assessments.

The chart to the right indicates locations for classrooms; not all classrooms operated during the 2021-22 year.



COUNTY	SITE	#HS CLASSES	#EHS CLASSES
WAGONER	Coweta	2	0
	Porter	2	0
	Wagoner	2	0
MAYES	Pryor Central	2	1
	Pryor South	0	2
ROGERS	Catoosa Spunky	1	2
	Catoosa Public	4	0
	Chelsea	1	0
	Claremore	2	0
TULSA	BA - Southside	9	1
	BA ELC	0	5
NOWATA	Nowata	1	0
WASHINGTON	Bartlesville East	2	0
	Bartlesville West	2	0
	Bartlesville Quapaw	0	2
	Dewey	1	0

EHS/HS ELIGIBILITY REQUIREMENTS

The Head Start/EHS program is funded by a Federal grant which contains income guidelines for participation; Head Start programs are required to document family income.

- Programs may accept **up to** 10% of children who have risk factors which indicate a strong need for a school readiness program, but whose families are over federal poverty income limits.
 - 10% of the program's funded enrollment must be comprised of children who qualify as having a disability.

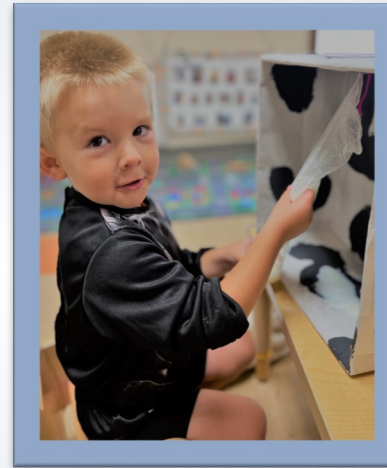
- 90% of participants must fall within the following **four sections:**

1. Family's income meets the federal definition of poverty

or families can meet a qualifying factor, such as:

2. homelessness
3. public assistance (TANF, SSI)
4. foster care

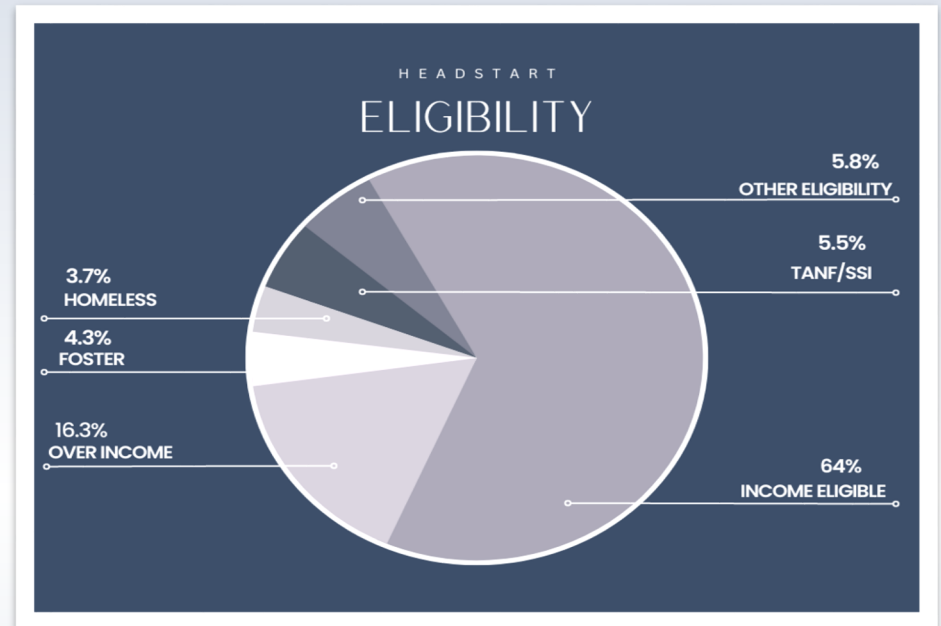
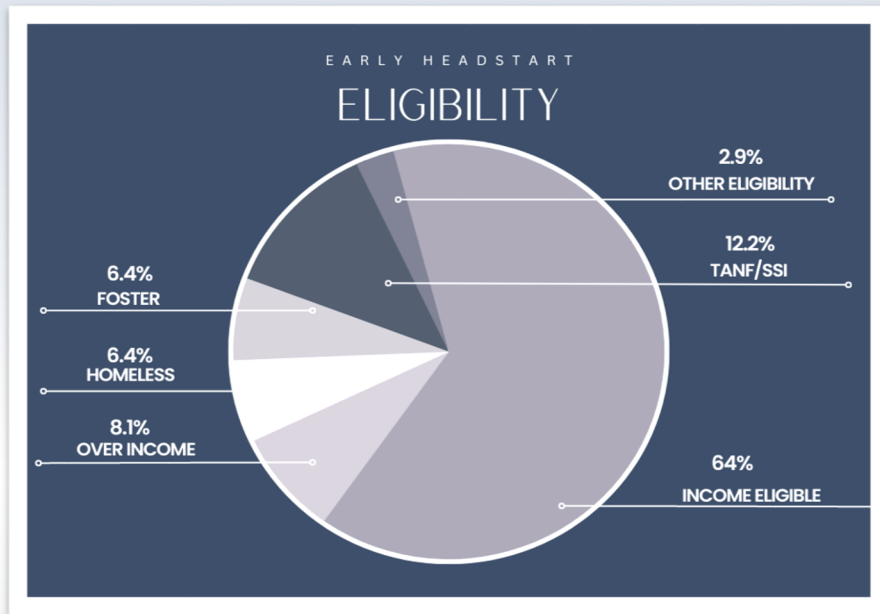
(Early Headstart served 89% and Headstart served 80% within this category in the 2021-2022 school year.)



- It can be more difficult to secure the “10%” of participants with a disability as Part B providers are inclined to give a child time to adjust to a new learning environment prior to qualifying for services.
- “Over-income” slots are often used to include “high-risk” populations and thus increase the successful service to children who could benefit greatly from comprehensive ECE programming but do not meet the income guidelines.

In summary, families are admitted as income eligible, program eligible or within the “working poor” range of 100%-130%.

EHS/HS ELIGIBILITY



Head Start and Early Head Start families are more alike than different.

However, relatively more EHS children are admitted under “public assistance” status and foster, and most years also in homelessness.

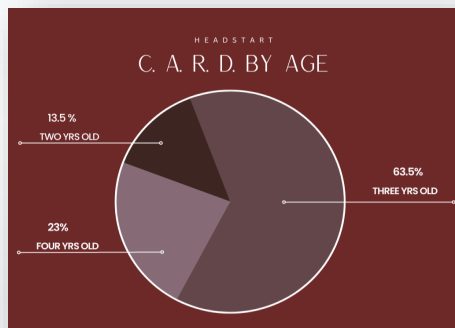
This is consistent with state data for this vulnerable population.

Because EHS has fewer funded slots, children with greater stressors will be over-represented relative to HS. Those accepted in “other eligibility” are often experiencing extraordinary stressors.

ENROLLMENT AT CARD HS/EHS

As compared with the enrollment in HS nationally, CARD's enrollment has younger children overall.

Enrollment age is calculated based on the public school cut off date for attendance, so there are differences between states in this variable.



Enrollment & Number Served

HS funded for 574; served: 326 (# children enrolled)

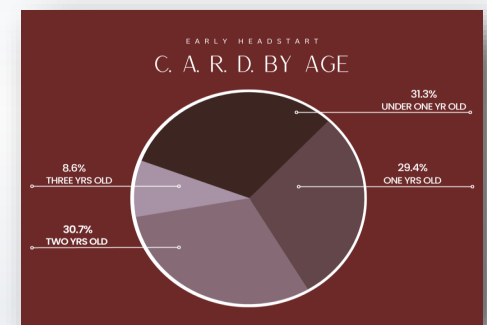
EHS-funded for 143; served: 172 (# of children/pregnant women enrolled)

Total number served: 498 Total number eligible: 431

Percent eligible = 87%

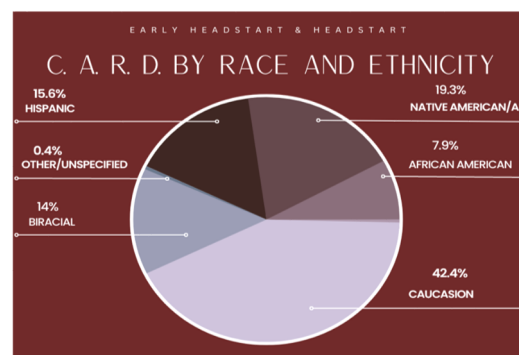
Included in enrollment are children with special needs (on an IFSP or IEP), of which CARD served over 10% of the funded enrollment (10.5% for HS & 11.2% for EHS, trends up and down respectively)

Oklahoma has more access to universal Pre-K programs than other states, which impacts the ages of children participating in Head Start.



Participation in a program such as Head Start promotes equity.

CARD HS & EHS participants were almost identical in the demographic of race.



Additionally, of those enrolled, about 15.6% were ethnically Hispanic.

EDUCATION & CURRICULA KEY POINTS

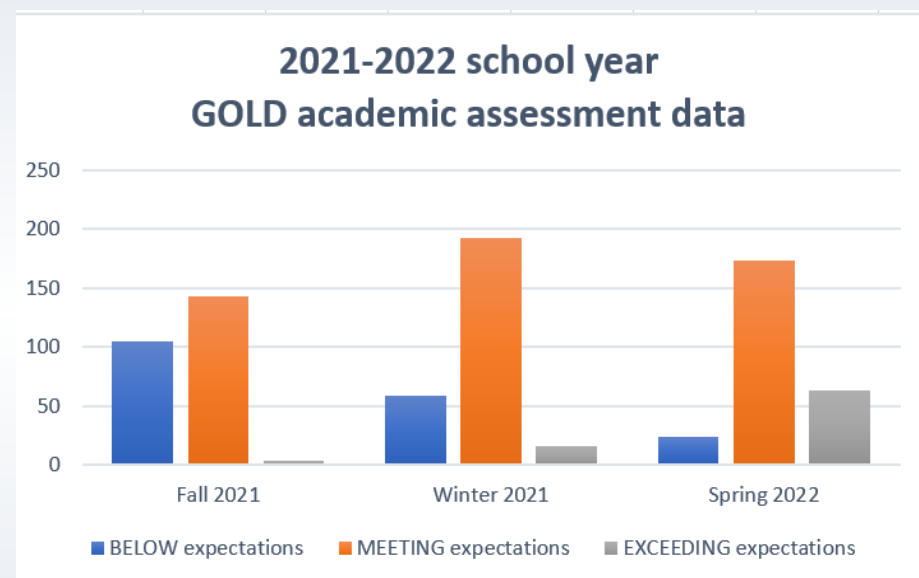
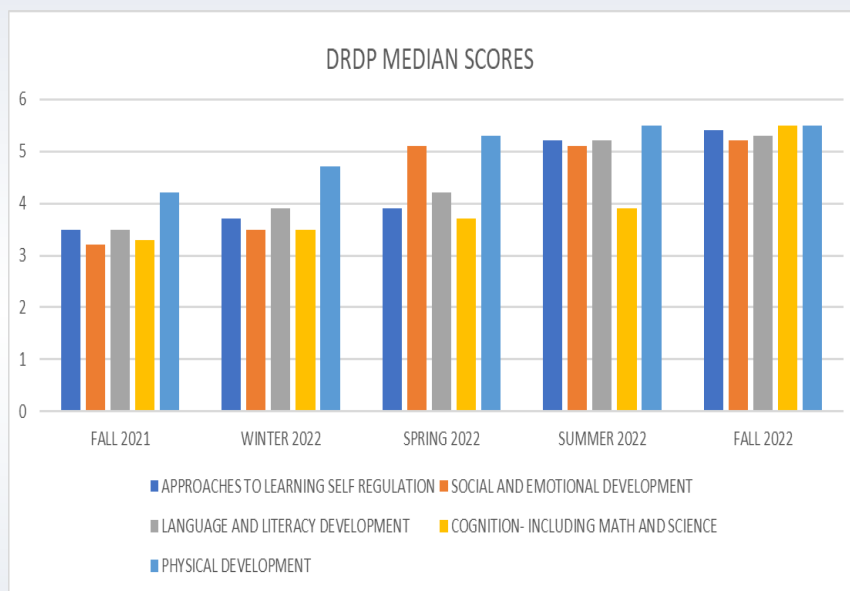
CARD's classroom curriculum is Teaching Strategies Creative Curriculum in HS; EHS uses PITC Curriculum with Creative Curriculum as a supplement.



- ◇ EHS/HS curriculum has scientific basis; it is developmentally appropriate & supported by strong research.
- ◇ Measures the essential domains as identified by Head Start & aligns with the Oklahoma Early Learning Guidelines for Birth through 5.
- ◇ Observation-based tools for ongoing child assessment (GOLD for HS, DRDP for EHS) are linked to that child's individual curriculum.
- ◇ Home visitor assessment tools include the DRDP along with the home visiting curriculum from Florida State University, "*Partners for a Healthy Baby*" and other supporting curricula such as The March of Dimes' "*Becoming a Parent*" is also used as a curriculum for pregnant women
- ◇ Parental tools—Parents can see the curriculum on-line & make meaningful contributions to assessment and planning for their child's education (GOLD), Learning Games, etc.
- ◇ Based upon children's interests rather than arbitrary themes, teachers have the freedom to pursue their interest & support the "curriculum within" for children!

CARD EDUCATIONAL ASSESSMENTS

Observation-based tools for ongoing child assessments are linked to each child's individual curriculum. Headstart uses GOLD as an assessment tool, while Early Headstart uses DRDP.



- AT CARD, Assessment data inform program decisions; our assessment data show the progression of children throughout the school year. Last year's data seem to suggest that the vast majority of children meet or exceed expectations for growth in the central domains of Social & Emotional, Language, Cognition, Physical, Literacy & Math.
- Data further suggest that further growth could be realized in math, and that a number of children need greater support in language literacy. (Communication is a critical school readiness skill set.)

SCHOOL READINESS

CARD Head Start & Early Head Start uses research-based foundational beliefs to plan and engage our families and community partners in our goal for ALL children to enter school **ready to learn!**

HEALTH AND DENTAL CARE—

It's hard to learn if I'm sick or in pain, or if my eyes or ears aren't working well!

NUTRITION -

My brain needs the right food!

SOCIAL AND EMOTIONAL HEALTH -

When I can manage my emotions and my attention span, I learn more!

HEALTHY FAMILIES -

When mom & dad do well, I thrive! When they parent me by focusing on the positive, I have the confidence to learn more!

PRENATAL CARE -

Expectant mothers should have dental & prenatal care, health, nutrition, etc. to support developing baby.

ENAGED & INVOLVED PARENTS-

I learn more if I know you are there, cheering for me!

APPROPRIATE LEARNING ENVIRONMENT- *When my teacher & my parents know **how** to teach me, **what** to teach me and they encourage me to **teach myself**, I learn more!*

"The first five years have so much to do with how the next 80 turn out" - Bill Gates, Sr.



School readiness is truly about ALL the areas of the program, as well as all members of the community. ALL citizens have a stake in this endeavor. The education of our children affects our communities, our future! This is a call to action. We invite YOU to help with the work!

Social/Emotional Health

What does “social emotional wellness” and “mental health” mean in the context of 0-5 years?

For young children, this refers to how well a child develops socially and emotionally. Understanding infant mental health and wellness is the key to preventing and treating such issues for very young children and their families.

It is essential to treat young children’s social emotional issues within the context of their families, homes, and communities. The emotional well-being of young children is directly tied to the functioning of their caregivers and the families. Many Oklahoma families experience great stress. In fact, Oklahoma’s children have the highest Adverse Childhood Experiences scores in the United States. When children have adverse experiences, these experiences literally affect their brain health and their brain structure. There are proven strategies for “buffering” children

The single most predictive factor for children’s future school success is social and emotional skills. Managing self-regulation, attention span and making friends are essential skills for future academic performance.

Health Screenings

At CARD, All children receive developmental screenings as part of their first 45 day services.

Screenings such as; social/emotional developmental screenings, behavioral assessments, hearing, speech, and vision screenings, growth assessments, oral exams, Well-Child/baby exams, blood pressure tests and lead screenings.

- Of HS & EHS enrolled children, 312 and 122 received well child exams respectively.
- Clinical dental examinations were completed for 291 Headstart children while 131 EHS children completed a dental screening during the 2021-2022 school year.



Family Engagement

Head Start understands that it is hard to focus on school when there are other family needs. Family workers (FSR/FMS) partner with families, assist families with their goals and needs, and often connect them with the community's resources.

Preparing children for future school success is a labor-intensive process which works best when parents and educators are working together. CARD employs many strategies to support parents in this difficult and rewarding work:

- Parent conferences/home visits & Parent Meetings
- Parenting events, such as the Incredible Years, Circle of Security, Infant Massage
- Access to therapists in the HS/EHS centers (partnerships)
- Referrals for children and families for services which may ameliorate stressors and address challenges, as well as build resiliency
- Opportunities to gather with other parents for support for the "World's Hardest Job"
- Opportunities to identify one's own family's strengths and build upon those strengths to reach one's goals through the family partnership process
- Meaningful volunteer experiences in the classroom, where parents can observe skilled responses to children's behaviors, thereby broadening their own repertoire of skills .

in 2021-2022...

- HS and EHS families were offered parenting education trainings such as 'First Five Years', 'Circle of Security', CPR certifications, etc.
- CARD data show that 92% of program families received at least one social service.
- Fathers were actively engaged in their children's education through activities like family assessments and goal-setting.
- In 2021-2022, 359 families set family goals using their families' strengths and resources to build towards a stronger future, like improving housing, finances, education, jobs, parent education, and health.
- Through working with our family mentor specialists, home-based educators, and family service representatives. 350 goals were met last year!



Annual Budget, Audits and Federal Review

HHS federal reviews began in 2018-19 with the first Focus Area I review in the spring of 2019. The next review, Focus Area II, was scheduled for June 2022 but was rescheduled by the monitoring entity and moved to September 2022 in order to ensure that Head Start Classrooms could be observed. The FA II results were received in late December and identified these areas: training for policy council regarding School Readiness data (ANC), hiring qualified staff for HS and for EHS (AOC). The program will develop and submit a plan addressing these issues as required. Annual financial audit results indicated good fiscal health.

The budget reflects that a substantial percentage of the funding is spent on staff salaries and benefits. This is a normal expenditure for a Head Start program. The budget includes CARES, ARP and CCRSA funding to assist in addressing the program needs relative to COVID-19 mitigation. Funding has been used in increased sanitation, improved ventilation, increased filtration, hire additional staff to keep group sizes small and in “pods” to minimize the spread of COVID-19, additional tech and IT support as work has become increasingly virtual, increased mental health and wellness services to support staff and families, materials for virtual services for families in-home, and improvements in outdoor play spaces to increase the outdoor classroom opportunities for children, enhance staff salaries to assist in attraction and retention of qualified staff, etc. Funding will continue to be expended over the course of the next funding period and possibly into 2024.

At the draft of this report, only projected financial information was available. Information may be updated as final information is available.

Revenue 2021-22	
Grant Funds	\$8,099,164
CACFP	297,501
State Appropriated Funds	107,314
Childcare	250,000
Donations, other	1,970,191
ARP—CCRSA	1,073,686
CARES	278,473
TOTAL	\$12,076,329

Expenditures 2021-22	
Salaries & fringe	\$6,712,766
Child and Adult meals	297,501
Equipment & supplies	360,485
Contractual	137,470
Professional Development	110,362
Other	959,286
CARES Expenditures	278,473
ARP-CCRSA Expenditures	425,531
TOTAL	\$9,281,874

Projected Revenue 2022-23	
Grant Funds	
CACFP	
State Appropriated Funds	
Childcare	250,000
Donations, other	
ARP—CCRSA	1
CARES	
TOTAL	\$

Projected Expenditures 2021-22	
Salaries & fringe	\$
Child and Adult meals	
Equipment & supplies	
Contractual	
Professional Development	
Other	
CARES Expenditures	
ARP-CCRSA Expenditures	
TOTAL	\$