

Lutheran Social Services of the Virgin Islands, Inc

Early Head Start



Program Overview

Lutheran Social Services of the Virgin Islands (LSSVI) is a multi-service non-profit organization that began as the Queen Louise Home for Children (QLH), which has been in continuous operation since 1904. On the QLH campus there are three programs that serve as a safe haven for children. The programs include Cottages A/B for children who have been abandoned, abused or neglected, Sister Emma Cottage for children with special needs and the Early Head Start program. In September 2003, LSSVI opened the only Early Head Start (EHS-Concordia West) in the Virgin Islands. At the end of 2009, LSSVI/EHS was awarded an expansion grant (Concordia East) which began services in July of 2010.

The LSSVI/EHS programs serve a total of 120 children, families and pregnant women. There are 72 children enrolled in the Center-Based Program, 24 children enrolled in the Home-Based Program and 24 individuals in the Pregnant Women Program. The EHS program is funded for a total enrollment of 120 and services the entire island of St. Croix.

Our goal is to improve child and family outcomes. We aim to accomplish this by partnering with parents of low-income families to promote the development of the total child by providing for their cognitive, physical, creative, social and emotional needs while assisting parents to learn the skills needed to support their child's growth and development, with special emphasis on school readiness.

5-Year Grant Cycle

On August 14th, 2015, EHS received notification that it was awarded a 5-year grant, placing EHS on a 5-year grant cycle. The Monitoring Review Schedule is as follows:

Fiscal Year 2016	Environment Health & Safety
Fiscal Year 2017	Comprehensive Services and School Readiness
Fiscal Year 2018	Fiscal Integrity/ERSEA Leadership, Governance, Management Systems
Fiscal Year 2019	Evaluations and Determination

5- YEAR PROGRAM GOALS

Based on the community and economic information gathered last year, as well as programmatic data, Early Head Start's strategic plan is structured around the following goal areas:

- Goal 1: To improve the use of data driven decisions and to contribute to the development of a territory wide Early Childhood Integrated Data System (ECIDS) for all Virgin Islands Educational stakeholders
- Goal 2: To improve school readiness and individual and overall child assessment scores
- Goal 3: To increase the availability of appropriate and coordinated health services for children and families
- Goal 4: To improve the compliance rate of health screenings and up-to-date immunization for all families and children
- Goal 5: To improve parent participation in parent/teacher conferences and other program activities
- Goal 6: To improve attendance rate
- Goal 7: To increase community partnerships
- Goal 8: To improve communication with IFSP service providers

5-Year Grant Cycle *continued*

OUTCOME/IMPACT EHS IS AIMING TO ACHIEVE BY THE END OF THE 5-YEAR CYCLE

FY 2016 (Year 1)	FY 2017 (Year 2)	FY 2018 (Year 3)	FY 2019 (Year 4-5)
Environmental Health and Safety	Comprehensive Services and School Readiness	Fiscal Integrity/ERSEA Leadership, Government, Management Systems	Evaluation and Determination

YEAR 1	YEAR 1-2	YEAR 2	YEAR 3	YEAR 4	YEAR 5
50 % of EHS programmatic decisions will be data driven.	To have all parents create and utilize a planner or calendar to track and monitor their child’s wellness needs and appointments	To increase the number of new partnering service providers to EHS by 10%	More knowledgeable, self-motivated, and compliant parents	For parent participation in program activities to increase by 50%	To decrease appointment wait time to one week
To attain 100 % compliance with HSPS regarding health services (On-Going)	Increase opportunities and collaboration agreements by 20% with other programs that enhance services to children and families	For parent participation in program activities to increase by 40%	Increase opportunities and collaboration agreements by 30% with other programs that enhance services to children and families		100% continuous health screening compliance since Year 1
Increased awareness of parents about program and community events	To create an open and on-going system of collaborative communication	Update MOU’s			For 90% of parents to participate in their child’s education, to include Parent Teacher Conferences

5-Year Grant Cycle (Outcomes/Impact) continued

To attain monthly 85% attendance rate 30% of the school year	YEAR 1-5 (On-Going)	YEAR 2-3	YEAR 3-4	YEAR 4-5	
	To attain 100 % compliance with HSPS regarding health services	40% Increase in participation by parents in their child’s education, to include Parent Teacher conferences and volunteering	To decrease appointment wait time from 2 months to two weeks	To attain monthly 85% attendance rate no less than 50% of the school year	
	Collaborate and exchange information across agencies and programs through a powerful on-line data base and provide an aligned system of early childhood education and delivery	To attain monthly 85% attendance rate 40% of the school year	To reduce 2 nd reminders to parents about the need to complete a health screening or need for up-to-date immunizations by 50%	Increase opportunities and collaboration agreements by 20% with other programs that enhance services to children and families	
		YEAR 2-4			
		80 % of programmatic decisions will be data driven			
		YEAR 2-5			
		Maintain on-going and open system of collaborative communication that supports children with disabilities			

Funding Sources

Early Head Start

LUTHERAN SOCIAL SERVICES OF THE VIRGIN ISLANDS, INC



Approved Budget
May 1, 2014 to
April 30, 2015

Actual Expenditures
May 1, 2014 to
April, 30, 2015

PUBLIC AND PRIVATE FUNDS:

U. S. Department of Health and Human Services, Administration for Children and Families	\$ 1,708,411	\$ 1,708,411
Department of Education—Special Nutrition Program		70,335
Government of the Virgin Islands		34,105
Contributions	51,862	3,078
In-Kind	75,241	97,037
Interest Income		1,426
TOTAL REVENUE	<u>\$ 1,835,514</u>	<u>\$ 1,914,392</u>

EXPENDITURES:

Salaries	\$ 998,590	\$ 1,067,773
Fringe Benefits	215,319	215,868
Supplies	77,266	147,601
Utilities	52,424	48,469
Building, Equipment, & Vehicle	317,073	304,733
Training	41,552	41,552
Other	58,049	57,318
In-Kind	75,241	31,078
TOTAL EXPENDITURES	<u>\$ 1,835,514</u>	<u>\$ 1,914,392</u>

Annual External Audit Reports:

The audit for the fiscal year ending September 30, 2014 was conducted by Bert Smith & Co., Independent Auditors. The type of auditor's report issued on the Financial Statement was "Unmodified" and the type of auditor's report issued on compliance for Federal Awards--major programs (which includes Early Head Start) was "Unmodified".

Program Enrollment

Monthly Enrollment: In 2014-2015 school year, EHS Center- Based Option was fully enrolled 100 % of the time September 2014 through June 2015.

In July 2014 EHS had 5 center-based withdrawals. Three (3) families dis-enrolled as the result of relocating to the mainland. EHS also had two (2) families that withdrew their children after refusing to comply with obtaining medical clearance for their child who was suspected of having a contagious illness. These slots were left vacant as there were only four weeks left in the school year.

Both the Home Based and Pregnant Women Program Options were fully enrolled 100% for the 2014-2015 school year.

In 2014-2015, Early Head Start had a cumulative enrollment of 138 and 99% of those families were income eligible. The average monthly enrollment for the EHS programs was as follows:

<u>Month/Year</u>	<u>Enrolled</u>	<u>% of Funded Enrollment</u>
Aug-15	115	96
Jul-15	115	96
Jun-15	120	100
May-15	120	100
Apr-15	120	100
Mar-15	120	100
Feb-15	120	100
Jan-15	120	100
Dec-14	120	100
Nov-14	120	100
Oct-14	120	100
Sep-14	120	100



Anna Marie says...

Mommy always brings me to school.

I love to come to school!!

Eligibility

Figure 1--Type of Eligibility N=138

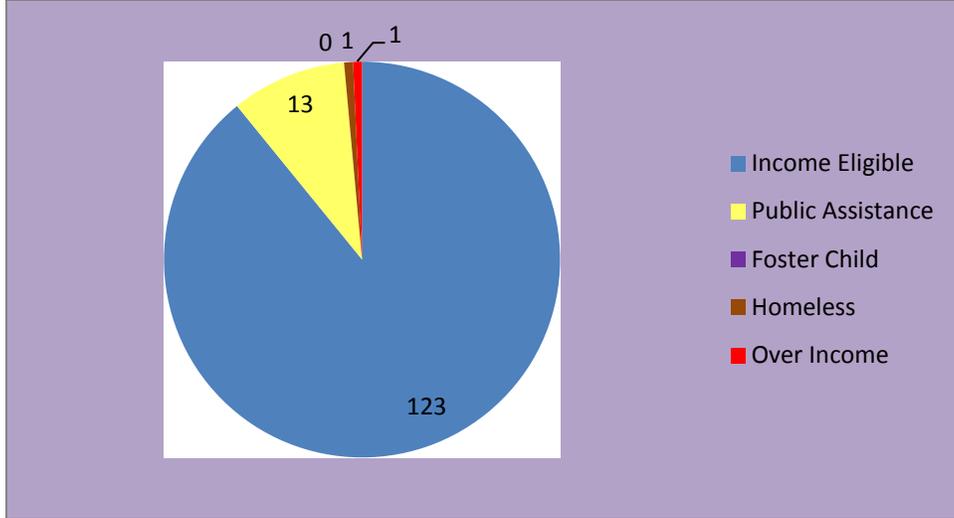
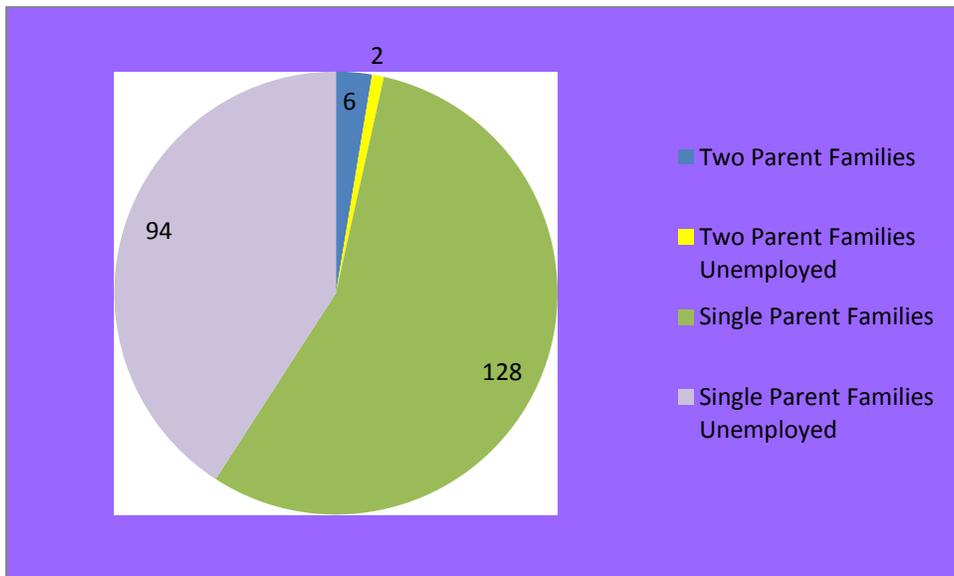


Figure 2-- Type of Household N=134



Health Services

Medical Exams: Out of 96 children enrolled in the Home Based and Center Based Programs, 96 children (100 %) upon enrollment had received up-to-date medical exams and immunizations. At the end of the enrollment year, 109 out of 109 children (100%) were up-to-date on age appropriate preventative and primary health care according to the EPSDT schedule for well child care.



Dental Exams: Out of 96 children enrolled in the Home Based and Center Based Programs, 96 children (100 %) upon enrollment had received up-to-date age appropriate oral and dental exams. At the end of the enrollment year, 109 out of 109 children (100 %) were up-to-date on age appropriate preventative and oral health care according to the EPSDT schedule.



100% of Pregnant Women who received services in the Pregnant Women Program, received prenatal and postpartum health care

Intervention Services

37 children (39%) of children enrolled had an Individualized Family Service Plan (IFSP) indicating eligibility for intervention services under the Individuals with Disabilities Education Act

Children diagnosed with a chronic condition since previous year: 17
 Children who received medical treatment since previous year for:

- Asthma 14
- Hearing Difficulties 12
- Vision Problems 2





Parent Involvement Activities

EHS recognizes and reinforces that Parents are their children's first and most influential teachers. With this said, parents are encouraged to be as involved as possible in the program and partner with the teachers to maximize the success of their children and the EHS Program. The following are examples of activities, events and workshops which parents were encouraged to participate in to support the developmental transformation of their children and EHS:

- ◇ **Parent Volunteers:** Parents are encouraged to volunteer in classrooms or events
- ◇ **Parent Orientation:** Parents are encouraged to attend and learn about EHS policies and services offered
- ◇ **Parent/Teacher Conference:** Parents are encouraged to take advantage of this one-on-one opportunity to meet with the teachers and review the progress of their child's development
- ◇ **Policy Council:** Parents are encouraged to join and become part of a governing body that has the ability to make programmatic changes and suggestions
- ◇ **Parent Committee Meetings:** Parents are encouraged to establish a forum for them to share ideas and information to support the improvement and success of EHS
- ◇ **Parent Meetings:** Parents are encouraged to attend these meetings to keep up to date on program updates, events and announcements
- ◇ **Home Visits:** Parents are encouraged to participate in Teacher/Parent home visits to establish a mutual partnership of child-teacher roles and discuss the child's strengths, any concerns and set goals.
- ◇ **Socializations:** Parents are encouraged to attend informational and educational sessions and engage in a variety of fun activities while socializing with other EHS parents from their and other EHS program options.



FATHERHOOD INITIATIVES

- ◇ **Fathers Read to Class Day:** Fathers, grandfathers and/or father figures were encouraged to come to the Centers and read a book to their child's class.
- ◇ **Dads Do Make a Difference:** Fathers received tips on ways to enhance their fathering/parenting skills



Parent Involvement Activities

SOCIALIZATIONS, EVENTS AND WORKSHOPS

- ◇ Meet and Greet
- ◇ Dental Screenings
- ◇ Separation Anxiety Socialization
- ◇ Piggy Bank Socialization
- ◇ Book Mobile Socialization
- ◇ Seasonal Socialization
- ◇ Story Time Socialization
- ◇ Tie Die Socialization
- ◇ Cultural Socialization
- ◇ Pet Socialization
- ◇ Housing Authority Financial Workshop (off-site)
- ◇ Pre-Natal and Post-Natal Workshop
- ◇ Gardening Socialization
- ◇ Pediatric Health Workshop
- ◇ Early Head Start to Head Start Transition Fieldtrip and meeting
- ◇ A Historical Socialization
- ◇ Supporting Social Emotional Development Workshop
- ◇ Common Pediatric Poisoning Event (off-site)
- ◇ Strengthening and Empowering Families Event: Housing Authority (off-site)
- ◇ Women Empowerment Socialization
- ◇ Week of a Young Child Celebration
- ◇ Literacy Development Workshop
- ◇ Painting in the Park Socialization
- ◇ Women's Health and Wellness Workshop
- ◇ Healthy Families Socialization
- ◇ Relaxation and Wellness Socialization
- ◇ Disaster Preparedness Workshop
- ◇ Picture Frame Socialization
- ◇ Farming Socialization
- ◇ Health Relationships Workshop
- ◇ Cultural/Farewell Socialization



School Readiness



Early Head Start (EHS) continues year after year to ensure that School Readiness is a top priority. The program is committed to setting School Readiness goals that will prepare students for Kindergarten. Our efforts continue to align with Head Start's Approach to School Readiness, as well as 'The Framework for Effective Practices' from the National Center on Quality Teaching and Learning.

During the 2014-2015 school year, Early Head Start systematically focused on professional development as a tool to meet School Readiness goals.

- In November 2014, EHS staff received training on planning for individual children using observations, child assessment data, and student interests.
- In March 2015, EHS staff received training from the Regional Office on 'Supporting the Mental Health of Infants and Toddlers'.
- In May 2015, EHS instructional staff received their Child Observation Record (COR) assessment data for the two previous scoring periods of the school year. EHS staff then participated in an in-depth dialogue on analyzing the data, and determining what strategy (ies) they would implore to increase data scores in the lowest category areas.
- In June 2015, EHS staff were PIWI trained. The 'Parents Interacting With Infants' (PIWI) training focused on how EHS staff should assist parents in interacting appropriately with their children.

These four trainings each focused on a different piece of the whole pie called School Readiness. Each training played a crucial role in planning, teaching and serving not only the children of Early Head Start, but their families as well.

When considering our School Readiness goals, the trainings on: planning for individual children; supporting the mental health of our infants and toddlers; analyzing child COR assessment data; and teaching parents how to interact with their children, all support what School Readiness encompasses. Thus, Early Head Start continues to be steadfast, yet systematic towards its approach to School Readiness.

*THANK YOU FOR CHECKING OUT OUR
ANNUAL REPORT!!*

