

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.

Program Enrollment

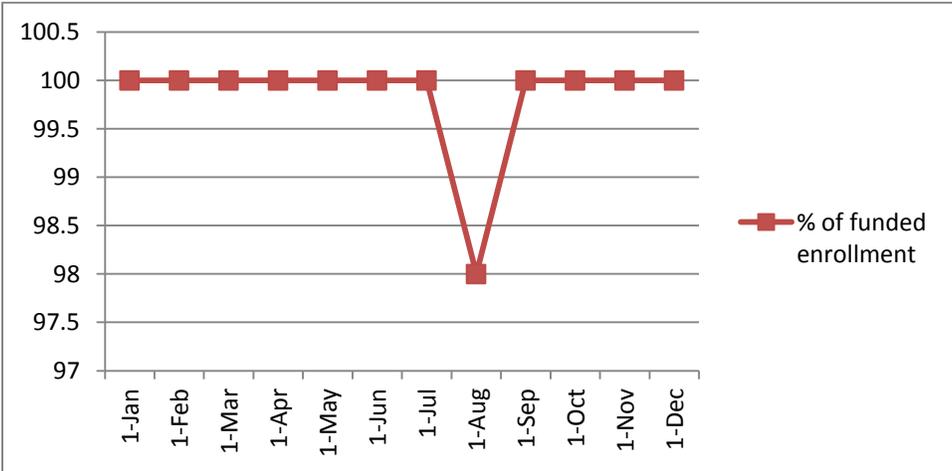
Monthly Enrollment: In 2015-2016 school year, EHS Center- Based Option was fully enrolled 100 % of the time September 2015 through Mid- July 2016.

In Mid-July 2015 EHS had 3 center-based withdrawals. Two (2) families dis-enrolled as the result of relocating to the mainland. EHS also had one (1) family that withdrew their child, who was transitioning out of Early Head Start, to follow up on some medical concerns. These slots were left vacant as there were only three weeks left in the school year.

Both the Home Based and Pregnant Women Program Options were fully enrolled 100% for the 2015-2016 school year.

In 2015-2016, 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-16	117	98
Jul-16	120	100
Jun-16	120	100
May-16	120	100
Apr-16	120	100
Mar-16	120	100
Feb-16	120	100
Jan-16	120	100
Dec-15	120	100
Nov-15	120	100
Oct-15	120	100
Sep-15	120	100



Eligibility

Figure 1-----Type of Eligibility N=158

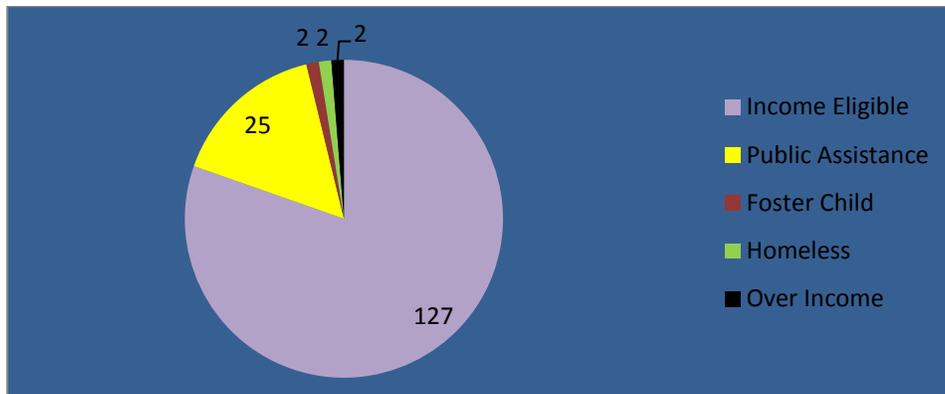
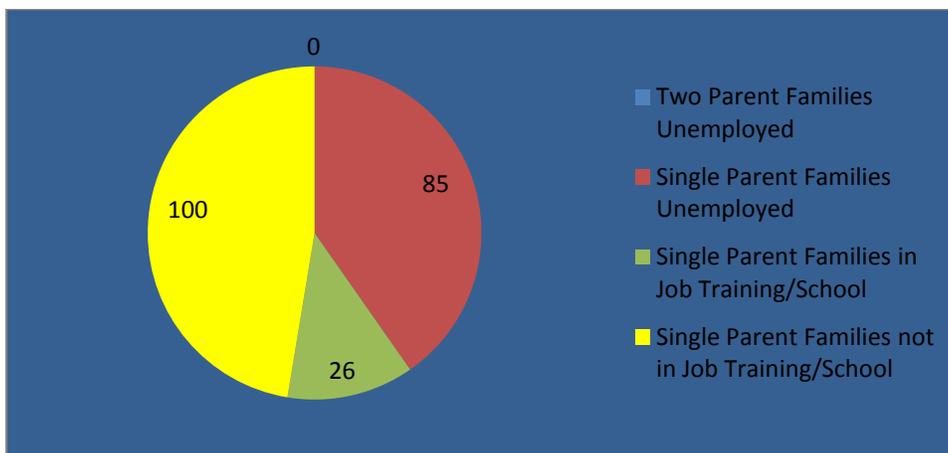


Figure 2-----Type of Household N=132

Two Parent Families: N=6 Single Parent Families N=126



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

As scheduled for Fiscal Year 2016, the Federal Review for Environment Health and Safety was conducted on March 21, 2016 to March 22, 2016. The two day on-site review resulted in 100% compliance in all areas of Health and Safety. Please see official report findings below:

Environmental Health & Safety

CM#	Compliance Measure	Compliance Level
EnvHS 1.1	The program provides safe, healthy, and clean environments by ensuring: <ul style="list-style-type: none"> • Safety inspections are conducted regularly • Children are not exposed to environmental toxins or pollutants • Environments are clean and sanitary • Materials, equipment and facilities are age-appropriate and accessible to children • Facilities are well maintained and in good repair • Environments are free from hazards and are designed to prevent injury or harm to children 	Compliant 1304.53(a)(10), 1304.53(a)(10)(i, iii, vi, viii, x-xii, xiv, xvi), 1304.53(a)(5, 7-8), 1304.53(b)(1)(iii), 1304.53(b)(3), 1306.35(b)(2)(i, v, vii-ix)
EnvHS 1.2	The program ensures facilities are prepared for and equipped to prevent emergencies.	Compliant 1304.22(a)(1, 3), 1304.53(a)(10)(v-vii), 1306.35(b)(1), 1306.35(b)(2)(ii-iii)
EnvHS 1.3	All facilities comply with State and local licensing requirements including, but not limited to, child care licensing, fire and building inspections, and occupancy permits.	Compliant 1306.30(c), 1306.35(d)
EnvHS 2.1	The program implements sanitation and hygiene practices to ensure the health and safety of all staff, volunteers, and children. This includes: <ul style="list-style-type: none"> • Handwashing • Cleaning of spilled bodily fluids • Diapering 	Compliant 1304.22(e)(1)(i-iv), 1304.22(e)(3-5)
EnvHS 2.2	The program's Nutrition program is designed and implemented to: <ul style="list-style-type: none"> • Comply with USDA nutrition requirements • Ensure food safety, including all meals are void of choking hazards • Ensure that breast milk and formula are handled appropriately (when applicable) • Meet the individual nutritional needs and feeding requirements of each child (including children with special dietary, medical, or disability needs) 	Compliant 1304.23(b)(1), 1304.23(b)(1)(vii), 1304.23(e)(2)
EnvHS 2.3	The program ensures the effective management of medication according to physician instructions, including proper labeling, storage, and administration.	Compliant 1304.22(c)(1-4)
EnvHS 3.1	Prior to employing an individual, the program obtains a: <ul style="list-style-type: none"> • Federal, State, or Tribal criminal record check (CRC) covering all jurisdictions in which it provides Head Start services to children • Federal, State, or Tribal CRC as required by the law of the jurisdiction in which the program provides Head Start services • CRC as otherwise required by Federal law 	Compliant 648A(g)(3)(A-C)
EnvHS 3.2	The program ensures the maintenance of appropriate class and group sizes based on the predominant age of the children.	Compliant 1304.52(g)(4), 1306.20(g)(1-2), 1306.32(a)(1-6)
EnvHS 3.3	The program arranges all outdoor play areas to prevent children from getting into unsafe and/or unsupervised areas. The program also ensures that children en route to play areas are not exposed to vehicular traffic without supervision.	Compliant 1304.53(a)(9), 1306.35(b)(2)(vi)
EnvHS 3.4	The program ensures children are released only to a parent, legal guardian, or other	Compliant

5-YEAR PROGRAM GOALS

Based on the community and economic information gathered in 2014, as well as programmatic data, Early Head Start's strategic plan for 2015-2016 was 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 medical appointment wait time to one week

5-Year Grant Cycle (Outcomes/Impacts) continued

<p>To attain 100 % compliance with HSPS regarding health services (On-Going)</p>	<p>Increase opportunities and collaboration agreements by 20% with other programs that enhance services to children and families</p>	<p>For parent participation in program activities to increase by 40%</p>	<p>Increase opportunities and collaboration agreements by 30% with other programs that enhance services to children and families</p>		<p>100% continuous health screening compliance since Year 1</p>
<p>Increased awareness of parents about program and community events</p>	<p>To create an open and on-going system of collaborative communication</p>	<p>Update MOU's</p>			<p>For 90% of parents to participate in their child's education, to include Parent Teacher Conferences</p>



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

LUTHERAN SOCIAL SERVICES OF THE VIRGIN ISLANDS, INC
Early Head Start



Approved Budget
 May 1, 2015 to
 April 30, 2016

Actual Expenditures
 May 1, 2015 to
 April, 30, 2016

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	63,000	64,370
Government of the Virgin Islands	30,000	43,777
Contributions	295	-
In-Kind	96,808	100,500
Interest & Other Income	-	5,658
TOTAL REVENUE	<u>\$ 1,898,514</u>	<u>\$ 1,922,716</u>

EXPENDITURES:

Salaries	\$ 1,052,320	\$ 1,070,866
Fringe Benefits	235,928	236,499
Supplies	142,998	144,368
Utilities	37,799	36,046
Building, Equipment, & Vehicle	285,735	290,910
Training	41,191	41,191
Other	61,516	69,190
In-Kind	41,027	33,646
TOTAL EXPENDITURES	<u>\$ 1,898,514</u>	<u>\$ 1,922,716</u>

Annual External Audit Reports:

The audit for the fiscal year ending September 30, 2015 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".

Health Services

Medical Exams: Out of 131 children who enrolled in the Home Based and Center Based Programs, 110 children (84 %) upon enrollment had received up-to-date medical exams and immunizations. At the end of the enrollment year, 121 out of 131 children (92 %) were up-to-date on age appropriate preventative and primary health care according to the EPSDT schedule for well child care. 9 Children (7 %) had received all immunizations possible at the time but not for their age 1 child (1 %) was exempt from immunizations



Dental Exams: Out of 131 children enrolled in the Home Based and Center Based Programs, 120 children (92 %) upon enrollment had received up-to-date age appropriate oral and dental exams. At the end of the enrollment year, 131 out of 131 children (100 %) were up-to-date on age appropriate preventative and oral health care according to the EPSDT schedule.

Pregnant Women’s Program



27 out of 27 Pregnant Women (100 %) who received services in the Pregnant Women Program received prenatal health care. 25 out of 27 (93 %) received postpartum health care. Out of 27 pregnancies, the following occurred:
 1- Still Birth
 1- Miscarriage
 1-Infant Death

Intervention Services

27 children (21%) 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: 13
 Children who received medical treatment since previous year for:

- Asthma 9
- Hearing Difficulties 0
- Vision Problems 0





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 Open Discussion:** Fathers, grandfathers and/or father figures participated in an open discussion about the important role they play in their child’s life
- ◇ **Dads and Me Night:** Fathers and their child came and engaged in an evening of various fun activities
- ◇ **Health Session:** Zika Virus Educational Session



Parent Involvement Activities

SOCIALIZATIONS, EVENTS AND WORKSHOPS

- ◇ Meet and Greet
- ◇ Dental Screenings
- ◇ Vision Screenings
- ◇ Botanical Gardens Socialization
- ◇ Story Time Socialization
- ◇ Tie Die Socialization
- ◇ Smoothie Socialization
- ◇ Picture Frame Socialization
- ◇ Spring Hunt Socialization
- ◇ Fun in the Park Socialization
- ◇ Fire Station Socialization
- ◇ Scavenger Hunt Socialization
- ◇ Baking Cookies Socialization
- ◇ Library Socialization
- ◇ Farewell Socialization
- ◇ Early Head Start to Head Start Transition Fieldtrip and meeting
- ◇ Week of a Young Child Celebration
- ◇ Literacy Development Workshop
- ◇ Challenging Behaviors Workshop
- ◇ Managing Child Temperament Workshop
- ◇ Women's Pampering Workshop
- ◇ Fire Safety Workshop
- ◇ Parents as Partners Workshop
- ◇ Employment Preparation Workshop
- ◇ Disaster Preparedness Workshop
- ◇ Healthy Relationship Workshop
- ◇ Parent's as "First Teachers" Workshop
- ◇ Car Seat Safety Workshop
- ◇ S.T.E.M Activity: (Science, Technology, Engineering and Math)
- ◇ Zika Virus Educational Session
- ◇ Health Workshop: Preventing Childhood Illnesses
- ◇ Head Start Transition Meeting



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. The following is a summary of steps made within the past year to support school readiness:

EHS Approach to School Readiness

School Readiness Team:

A “School Readiness Team” has been established to implement a continuous improvement strategy focused on facilitating the school readiness of children enrolled in the Early Head Start (EHS) Program. Tasks include reviewing and analyzing child developmental screening and assessment data, establishing appropriate policies and procedures to promote school readiness goals, and determining professional development priorities related to school readiness.

Major decisions of the School Readiness Team over the past few months include:

- Including Dual Language Learners as a variable in the analysis of assessment data;
- Adopting the COR Advantage assessment tool in light of the fact that many of the children “tested out” of the COR, leaving teachers without sufficient guidance about how to assist those children in continued growth and development;
- Ensuring that children in the Home Visiting option are included in the collection of assessment data;
- Reviewing and amending program school readiness goals, based on needs;
- Creating an alignment chart depicting the alignment among the Head Start Early Learning Framework (ELOF), Lutheran Social Services Early Head Start school readiness goals, the curriculum (High Scope), the assessment tool (COR Advantage), and the state guidelines (VI Infant and Toddler Developmental Guidelines and the VI Early Learning Guidelines) – (note: the alignment chart is still in process);
- Scheduling additional staff in-service professional development days;
- Changing the weekly lesson plans, designing one for infant classrooms and one for toddler classrooms, to better reflect the curriculum, include teachers practices, and focus on individualizations;
- Adjusting the schedule of developmental screenings and assessments; and
- Amending the Daily Family Communication forms to include information about children’s activities and progress that support school readiness goals.

Staff Development Workshops

During the annual August pre-service workshops, staff received training from High Scope. Topics included the importance of and practices that promote high quality adult-child interactions, steps to help children resolve conflicts, implementing intentional teaching practices, how to use the new lesson plan forms, and using the COR Advantage.

The School Readiness Team determined that in-service training throughout the school year would focus on sharing information about the ELOF, including its relationship to the EHS school readiness goals, High Scope, and intentional and best practices. The EHS Education Manager and Early Childhood Specialist from the Regional Office are collaborating to present each topic focused on the five domains of the ELOF. The first topic presented focused on the Social and Emotional Domain and was presented during the August pre-service, as it built on the High Scope presentation. The October in-service training day focused on the ELOF Approaches to Learning Domain, followed by the Cognitive Domain in November. It is anticipated that the Language and Literacy Domain will be presented in February and the Perceptual, Motor and Physical Development Domain in March.

Coaching

In January 2016, the EHS program initiated a coaching process for professional development of staff to assist in implementation of the High Scope curriculum and the achievement of school readiness goals. The process begins with observations of classroom teaching teams and home visitors. The Pyramid Infant Toddler Observation Scale (IPITOS) from the Center for the Social and Emotional Foundations of Early Learning is used as the observation tool for classroom observations in addition to noting the implementation of Key Developmental Indicators from the High Scope curriculum. A tool for observation of home visitors was developed from several resources.¹ Observations are followed by feedback sessions in which the coach and staff discuss and reflect on the observation; professional development goals are established based on strengths, emerging skills, and recommendations; and resources needed are delineated. Depending on the professional development needs of teachers, the coach spends time in the classrooms to model practices and assist teachers. Follow-up meetings are held with teachers and home visitors as needed, to re-visit professional development plans, and address additional issues.

¹ Resources included:

- Early Head Start National Resource Center at ZERO TO THREE. "Open Doors: The Home-Based Option: Supervisors Manual." <http://eclkc.ohs.acf.hhs.gov/ods/resource/supervisors-handbook>
- Education Development Center, Inc. "Home Visitors Skill Profile." <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/pd/docs/home-visitor.pdf>
- Florida State University Center for prevention and Early Intervention Policy (2010). Partners for a Healthy Baby. Tallahassee, FL.
- "Head Start and Early Head Start Relationship-Based Competencies for Staff and Supervisors who Work with Families." (2012) <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/foundations/ohs-rbc.pdf>
- Post, J., Hohmann, M., & Epstein, A. (2011). Tender Care and Early Learning. Ypsilanti, MI: HighScope Press.
- Roggman, L., Cook, G., Norman, V., Christiansen, K., Boyce, L., & Innocenti, M. (2008). "Home Visiting Rating Scales" (HOVRS) In Developmental Parenting: A Guide for Early Childhood Practitioners by Roggman, L., Boyce, L., & Innocenti, M. Baltimore, MD: Paul H. Brookes Publishing Co.

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ANNUAL REPORT!!**

