

Adrian Public School's
Head Start
Early Childhood Programs

Annual Report
2015-2016

Mission



Adrian Public Schools:

In partnership with our families and our community, Adrian Public Schools provides a quality education, challenging students to excel academically and inspiring them to become contributing citizens within our diverse, ever-changing society.



Head Start Early Childhood Programs:

We work in partnership with children and families to create a foundation for success in school and life.

INTRODUCTION

This report is prepared to comply with the Improving Head Start for School Readiness Act of 2007. This act states that:

Each Head Start agency shall make available to the public a report published at least once in each fiscal year that discloses the following information from the most recently concluded fiscal year, except that reporting such information shall not reveal personally identifiable information about an individual child or parent:

- A. The total amount of public and private funds received and the amount from each source.
- B. An explanation of budgetary expenditures and proposed budget for the fiscal year.
- C. The total number of children and families served, the average monthly enrollment (as a percentage of funded enrollment), and the percentage of eligible children served.
- D. The results of the most recent review by the Secretary and the financial audit.
- E. The percentage of enrolled children that received medical and dental exams.
- F. Information about parent involvement activities.
- G. The agency's efforts to prepare children for kindergarten.
- H. Any other information required by the Secretary.

HEAD START AIMS

Adrian Public School's Head Start Early Childhood Programs believes that parents are the primary educators of children. Adrian Public School's Head Start Early Childhood Programs assists parents by providing a comprehensive child development program that focuses on the education, health, nutrition, dental and family aspect of the child's life. Adrian Public School's Head Start Early Childhood Programs encourages intellectual, cognitive, physical and emotional development by providing a nurturing and family focused environment for the children and families in the city of Adrian and Lenawee County.

AUDIT AND COMPLIANCE INFORMATION

The Adrian Public Schools Head Start Early Childhood Program had no findings of immaterial non-compliance in the most recent 2015-2016 Annual School District Audit. For more information please refer to the Adrian Maples [website](#).

2015-2016 HEAD START BUDGET

July 1, 2015 – June 30, 2016

Federal Share Received				
Operational Funds			\$2,708,162	
Training and Technical Assistance Funds			\$33,304	
		Total Funds Received	\$2,741,466	
		Total Non-Federal Share	\$685,367	
Proposed Budgetary Expenditures	Budget	% Of Budget	Actual	% of Actual
Personnel:	\$1,433,961	52%	\$1,383,172	50%
Fringe Benefits:	\$807,002	29%	\$827,883	30%
Staff Training/Travel:	\$8,325	<1%	\$10,979	<1%
Supplies:	\$55,680	2%	\$74,963	3%
Contractual:	\$169,001	6%	\$159,923	6%
Other:	\$267,497	10%	\$284,546	12%
Total:	\$2,741,466		\$2,741,466	
Inkind:	\$685,367		\$754,843	

2015-2016 EARLY HEAD START – BUDGET

July 1, 2015 – June 30, 2016

Federal Share Received				
Operational Funds			\$813,057	
Training and Technical Assistance Funds			\$20,066	
		Total Funds Received	\$833,123	
		Total Non-Federal Share	\$208,281	
Proposed Budgetary Expenditures	Budget	% Of Budget	Actual	% of Actual
Personnel:	\$437,396	53%	\$378,063	56%
Fringe Benefits:	\$257,658	31%	\$231,633	30%
Travel	\$6,822	1%	\$2,390	2%
Supplies:	\$22,570	3%	\$35,502	4%
Contractual:	\$28,200	3%	\$19,384	<1%
Other:	\$80,477	10%	\$100,751	8%
Total:	\$833,123		\$767,723	
Inkind:	\$208,281		\$188,057	

CHILDREN AND FAMILY ENROLLMENT INFORMATION

The Adrian Public Schools Head Start Early Childhood Program is funded to serve 246 children in extended day, four days a week and five days a week once per month. The average monthly enrollment (as a percentage of funded enrollment) for the Program is 100%. Please see below for enrolment, based on the different types of eligibility. (Actual enrollment is greater than 246, due to drops and adds during the school year):

- | | |
|---|-----------------------|
| A. Income below 100% of federal poverty line: | 237 children enrolled |
| B. Receipt of public assistance such as TANF, SSI: | 53 children enrolled |
| C. Status as a foster child - # children only: | 3 children enrolled |
| D. Status as homeless: | 31 children enrolled |
| E. Over income (more than 130% above poverty): | 32 children enrolled |
| F. Family incomes between 100-130% of federal poverty line: | 38 children enrolled |

The Adrian Public Schools Head Start Early Childhood Program is funded to serve 24 children in three extended day/five days per week year round center based classrooms and 56 children in our home based option for a total of 80 Early Head Start children and families served. The average monthly enrollment (as a percentage of funded enrollment) for the Program is 100%. Please see below for enrolment, based on the different types of eligibility. (Actual enrollment is greater than 80, due to drops and adds during the school year):

A. Income below 100% of federal poverty line:	54 children enrolled
B. Receipt of public assistance such as TANF, SSI:	20 children enrolled
C. Status as a foster child - # children only:	1 children enrolled
D. Status as homeless:	16 children enrolled
E. Over income (more than 130% above poverty):	1 children enrolled
F. Family incomes between 100-130% of federal poverty line:	0 children enrolled

FAMILY SERVICES INFORMATION – HEAD START

Families who received at least one of the family services	70.71%
Families experiencing homelessness during the enrollment year that acquired housing	82.76%

MEDICAL AND DENTAL INFORMATION – HEAD START

Children with health insurance at end of enrollment year	96%
Children with a medical home at end of enrollment year	99%
Children up to date on immunizations at end of enrollment year	98%
Children with a dental home at end of enrollment year	94%
Children up-to-date on a schedule of preventative & primary health care	93%
Children completing professional dental exams	89%

SERVICES TO CHILDREN – HEAD START

Children with an IEP	11.2%
Children with IEP established during the school year:	16

FAMILY SERVICES INFORMATION – EARLY HEAD START

Families who received at least one of the family services	97.47%
Families experiencing homelessness during the enrollment year that acquired housing	84.62%

Our family service staff provide homeless families with housing resources and assistance. Children that drop from the program are often unaccounted for, as to whether or not they find more permanent housing during the program year. Families that are in the program for limited time are less likely to receive a service. Poor attendance is often a variable making follow-up more challenging.

MEDICAL AND DENTAL INFORMATION – EARLY HEAD START

Children with health insurance at end of enrollment year	99%
Children with a medical home at end of enrollment year	99%
Children up to date on immunizations at end of enrollment year	95%
Children with a dental home at end of enrollment year	78%
Children up-to-date on a schedule of preventative & primary health care	93%

SERVICES TO CHILDREN – EARLY HEAD START

Children with an IFSP	25%
Children with an IFSP established during the school year	10

KINDERGARTEN READINESS

The Adrian Public Schools Head Start Early Childhood Program promotes school readiness through the use of the High Scope Curriculum, parental input, field trips, and many other resources.

Social and emotional development is enhanced through the use of Second Step Early Learning Curriculum and Conscious Discipline. Physical development is enhanced through the use of “I am Moving, I am Learning” (IMIL).

Education services are provided through daily developmentally appropriate experiences that are intentionally planned to develop skills that are important for success in kindergarten. The High Scope Curriculum emphasizes adult-child interaction, a carefully designed learning environment, and a plan-do-review process that strengthens initiative and self-reliance in children and young people. Numbers Plus and Growing Readers are supplemental High Scope Curriculums that are used to support our school readiness goals.

Classrooms are arranged to offer multiple opportunities for students to explore, discover, and grow. The goal is to create a classroom community where students learn how to get along with their peers, solve problems peacefully, make healthy lifestyle choices, and learn the academic skills that are needed to be successful in school. Classroom staff utilize a problem solving approach throughout the day, including High Scope’s 6 Steps of Conflict Resolution.

With the High Scope Curriculum being used for kindergarten readiness their birth to five child assessment tool, COR Advantage, aligns with the new Head Start Early Learning Outcomes Framework and gathers data on student progress in each of the eight domains of learning and development. Assessment is on-going and information is gathered and monitored through observations, portfolios, direct instruction, and parent input. Student learning is monitored during three observational periods within the eight domains of learning. These periods are at the beginning of the school year, mid-year, and at the end of the school year. This time frame allows us to monitor the student learning throughout the school year.

FAMILY ENGAGEMENT ACTIVITIES

The Family Engagement Activities for the Adrian Public Schools Head Start Early Childhood Program are as follows: Governance structure including the Policy Council and parent committees, Family Literacy and Transition, and Parent Volunteering. The Policy Council consists of parents that are elected to serve on a committee as collaborators with key management staff in order to review, approve or disapprove policies and procedures regarding the Head Start Early Childhood Program. These classroom Policy Council representatives are responsible for sharing Policy Council and committee information with the families at their individual sites. All parents are members of the parent committee and input is welcome.

Areas of concentration for Family Literacy include supporting parents as their child's first teacher, encouraging the child's self-sufficiency and growth through age-appropriate experiences and emphasizing the importance of reading regularly to your children. The monthly newsletter and staff interactions with families emphasize the significant role of parents. Family interactions are promoted through take-home activities reinforcing the classroom focus and in building the bridge between home and school. Parents as lifelong educators are supported when parents identify a need for further parenting instruction. Information from local community workshops is provided and site based requests may result in informal presentations and discussions for program parents offered by our behaviour specialist.

Transition experiences support parent participation from the time the family accepts child placement in a Head Start experience until the child enters Kindergarten. As an introduction to our program, families are invited to attend Welcome Days and Family Fun Night. Events throughout the year are designed to promote family engagement while offering age appropriate activities. Families are encouraged to attend the designated Kindergarten Round-up, emphasizing the continued role of parents as advocates for their children.

Volunteer opportunities exist in all aspects of the program allowing parents to share knowledge, interests, and hobbies. Parent initiated classroom and Family Night activities add cultural and social diversity to the experience. Volunteering may further enhance the skills and abilities of parents while providing assistance to our program; reinforcing a shared experience.

CLASS SCORES

The Classroom Assessment Scoring System (CLASS) is an observational tool that provides a common lens and language focused on what matters – the classroom interactions that boost student learning. Data from CLASS observation are used to support teachers unique professional developmental needs, set school-wide goals, and shape system-wide reform at the local, state, and national level. The CLASS tool does the following:

- Focuses on effective teaching
- Helps teachers recognize and understand the power of their interactions with students
- Aligns with professional development tools
- Works across age levels and subject

We continue to utilize a minimum Program threshold for the three domains, which exceeds the Federal standards.

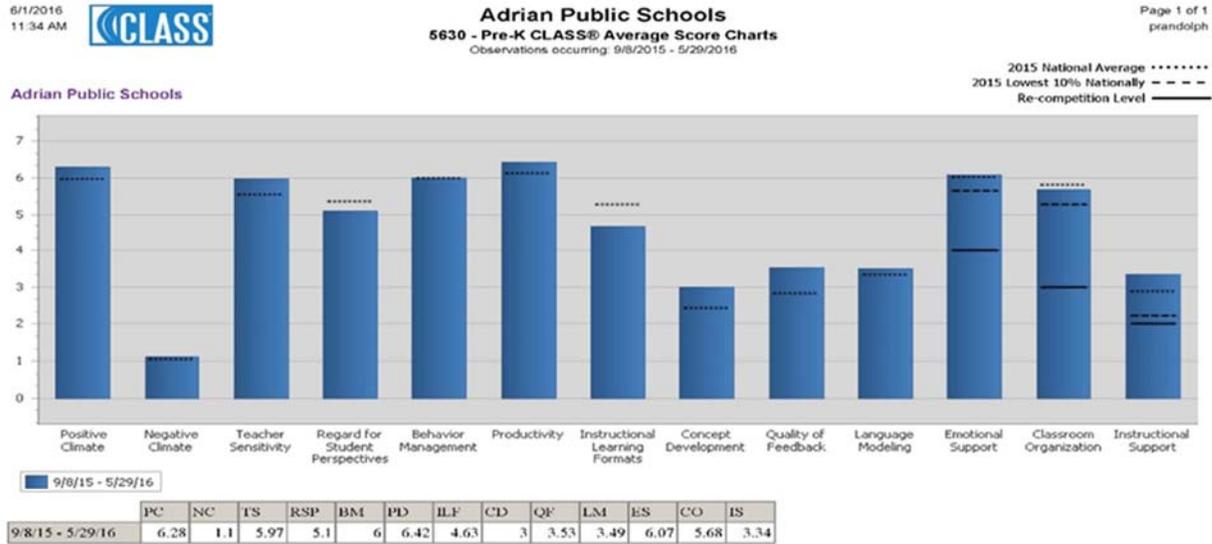
- Emotional support – a score of 5 or higher (Federal benchmark is 4)
- Classroom Organization – a score of 4 or higher (Federal benchmark is 3)
- Instruction Support – a score of 3 or higher (Federal benchmark is 2)

The scale is 1 to 7, with 1 and 2 being in the low range; 3, 4, and 5 being in the mid-range; 6 and 7 being in the high range.

Our CLASS scores were above the 2015 OHS National Scores in 2 out of the 3 Domains. We scored at/ above the average in 2 out of 3 domains. Our lowest scoring dimension was Instructional Learning Format. Our scores were as follows:

- Emotional Support: 6.07
 - National average was 6.04
- Classroom Organization: 5.68
 - National average was 5.82
- Instructional Support: 3.34
 - National Average was 2.78

The following graph depicts our average scores for all 10 separate dimensions and the 3 main domains.



Generated with data collected via Classroom Assessment Scoring System® (CLASS®). Pianta et al. © 2008 Brookes Publishing Co.

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SCHOOL READINESS GOALS & OUTCOMES

The Early Childhood Committee met to analyze the 2014-15 School Readiness Goals. They also reviewed the new COR Advantage child assessment tool. They decided to adjust the School Readiness Goals to reflect the use of the new COR Advantage. This tool is a birth to 6 tool and our School Readiness Goals reflect that developmental progression.

Our School Readiness Goals are as follows:

Approaches to Learning:

Behaviors that allow children to become engaged in learning experiences that help them acquire knowledge, skills and set goals.

Readiness Goal:

Children will make and follow through with plans with an increasing level of persistence and attentiveness.

Readiness Indicators:

An infant will:

- Turn toward or away from an object or person
- Move with persistence until reaching a desired object or person
- Return his/her attention to an object or event of interest
- Indicate he/she wants something to happen again

A toddler will:

- Move with persistence until reaching a desired object or person
- Indicate an intention with one or two words
- Indicate he/she wants something to happen again
- Return to where something he/she wants or has played with is located

A preschooler will:

- Express a plan with a simple sentence
- Make and follow through on two or more plans
- Stay with his/her plan for a substantial amount of time
- Say one thing he/she did soon after an event
- Recall three or more things he/she did and/or the details of something that happened
- Recall without prompting the sequence of three or more things that he/she did or the details of something that happened

Social Emotional Development:

Behaviors that allow children to express emotions, identify and regulate their feelings, and develop an awareness of themselves and the ability to form relationships with others.

Readiness Goal:

Children will use a healthy range of emotional expressions in order to increase self-regulation.

Readiness Indicators:

An infant will:

- Express emotion with his/her face and or body
- Initiate physical contact with another person to express emotion
- Be alert to what is going on around him/her
- Participate in the daily routine when led or assisted by an adult

A toddler will:

- Initiate physical contact with another person to express emotion
- Name emotions
- Participate in the daily routine when led or assisted by an adult

- Attempt on his/her own a simple task that is related to part of the daily routine

A preschooler will:

- Explain the reason behind an emotion
- Try at first to control how he/she expresses emotion
- Control the expression of his/her feelings
- Transition between parts of the daily routine
- Remind others of classroom routines and social expectation
- Performs an action on his/her own that is helpful to the classroom community

Physical Health and Development:

Behaviors that allow children to develop physical well-being, gain an understanding of how their bodies work, and develop healthy habits for taking care of themselves.

Readiness Goal:

Children will increase their practice of healthy habits to develop overall motor skills and coordination.

Readiness Indicators:

An infant will:

- Open and close his/her hand
- Use his/her small muscles to handle or pick up objects
- Express basic physical needs
- Feed himself/herself finger foods

A toddler will:

- Use his/her small muscles to handle or pick up objects
- Fit materials together or pull them apart
- Feed himself/herself finger foods
- Name basic body parts

A preschooler will:

- Use his/her small muscles with moderate control
- Manipulate small objects with dexterity and precision
- Uses a tripod grasp to write, draw a letter, number, or closed shape
- Perform a personal care task with assistance
- Perform a personal care task with independence
- Make a healthy choice and explains why it is good for him/her

Language and Literacy:

Behaviors that allow children to develop their receptive and expressive language along with the knowledge and skills for reading and writing.

Readiness Goal:

Children will show an increased proficiency in early literacy skills with a focus on the areas of listening and comprehension, phonological awareness, and reading.

Readiness Indicators:*An infant will:*

- Respond to a voice by turning his/her head, establishing eye contact, or smiling
- Respond nonverbally to simple statements or requests
- Respond to a sound in the environment
- Make the sound of an animal, a vehicle, or another familiar object
- Gaze at a picture book
- Point to familiar objects in pictures and photos

A toddler will:

- Respond non-verbally to a simple statement or requests
- Respond verbally to a simple statement or requests
- Make the sound of an animal, a vehicle, or another familiar object
- Repeat or join in saying parts of a simple rhyme
- Point to a familiar object in pictures and photos
- “Read” a picture by labeling what he/she sees

A preschooler will:

- Add to conversation by connecting the topic to his/her own experience
- Retell and remember three or more details in a story or book
- Predict what will happen next in an unfamiliar story or book
- Spontaneously says real or made-up rhyming words
- Point out that two words rhyme
- Point out that two words real or made-up start with the same sound
- Identify what a common symbol represents
- Read two or more words
- Read three or more words in print-(non-familiar words of family, self, or friends)

Cognition and General Knowledge:

Behaviors that allow children to develop their skills in understanding numbers and their relationships and operations, along with the skills to organize information about the natural and physical world.

Readiness Goal:

Children will increase their ability to use numbers to describe relationships while gathering and interpreting data.

Readiness Indicators:

An infant will:

- Look at, touch, or handle a single object
- Use a word, sign, or phrase for “more”
- Show an interest in one object from a collection of objects
- Collect objects
- Explore objects using different senses
- Use a sound or hand sign to name an object

A toddler will:

- Use a number word or rote counts
- Use a word, sign, or phrase for “more”
- Collect objects
- Group things into two or more collections
- Use a sound or hand sign to name an object
- Use the same word to name more than one object

A preschooler will:

- Consistently count (one to one correspondence) up to 10 objects
- Identify four or more single digit numerals
- Count more than 10 objects and say how many
- Represent information (data) in concrete ways
- Represent information (data) in abstract ways
- Interpret information (data) from a representation
- Sort or matches things and may identify things as being same or different
- Sort things based on one characteristic and describes the reason
- Sort based on two characteristics and give the reason

Measured Outcomes:

The overall expectation for the program's school readiness goals is that there be a **20% gain** in each of the five domains. It is expected that children will score in their developmentally appropriate range in the COR Advantage. An infant ranges from 0-17 months, a toddler from 18-35 months, and a preschooler from 3-5 years.

Gains were made in all COR Advantage items except for one (Speaking-non English speakers). The following depicts the School Readiness/COR item scores and gains that were analyzed by the Early Childhood Committee.

- **Initiative and planning:**
 - 2015 –16, T1 – 2.49, T2 – 3.10, T3 – 3.93
 - Mid-Year: 24.50% **End Year: 57.83%**

- **Reflection:**
 - 2015 – 16, T1 – 2.86, T2 – 3.28, T3 – 3.76
 - Mid-Year: 14.69% **End Year: 31.47%**

- **Emotions:**
 - 2015 – 16, T1 – 2.28, T2 – 2.82, T3 – 3.57
 - Mid-Year: 23.68% **End Year: 56.58%**

- **Community:**
 - 2015 – 16, T1 – 2.75, T2 – 3.32, T3 – 4.00
 - Mid-Year: 20.73% **End Year: 45.45%**

- **Conflict resolution:**
 - 2015 – 16, T1 – 2.34, T2 – 2.92, T3 – 3.56
 - Mid-Year: 24.79% **End Year: 52.14%**

- **Fine-motor skills:**
 - 2015 – 16, T1 – 3.20, T2 – 3.95, T3 – 4.64
 - Mid-Year: 23.44% **End Year: 45.00%**

- **Personal care and healthy behaviour:**
 - 2015 – 16, T1 – 3.16, T2 – 3.81, T3 – 4.39
 - Mid-Year: 20.57% **End Year: 38.92%**

- **Listening and comprehension:**
 - 2015 – 16, T1 – 2.55, T2 – 3.27, T3 – 3.85
 - Mid-Year: 28.24% **End Year: 50.98%**

- **Phonological Awareness:**
 - 2015 – 16, T1 – 1.98, T2 – 2.55, T3 – 3.32
 - Mid-Year: 28.79% **End Year: 67.68%**

- **Alphabetic knowledge:**
 - 2015 – 16, T1 – 2.43, T2 – 2.9, T3 – 3.37
 - Mid-Year: 19.34% **End Year: 38.68%**

- **Reading:**
 - 2015 – 16, T1 – 2.55, T2 – 2.98, T3 – 3.51
 - Mid-Year: 16.86% **End Year: 37.65%**

- **Writing:**
 - 2015 – 16, T1 – 2.63, T2 – 3.18, T3 – 3.65
 - Mid-Year: 20.91% **End Year: 38.78%**

- **Number and counting:**
 - 2015 – 16, T1 – 2.42, T2 – 3.05, T3 – 3.74
 - Mid-Year: 23.03% **End Year: 54.55%**

- **Geometry: Shapes and spatial awareness:**
 - 2015 – 16, T1 – 2.60, T2 – 3.05, T3 – 3.59
 - Mid-Year: 17.31% **End Year: 38.08%**

- **Patterns:**
 - 2015 – 16, T1 – 2.4, T2 – 3.00, T3 – 3.45
 - Mid-Year: 25.00% **End Year: 45.42%**

- **Data analysis:**
 - 2015 – 16, T1 – 2.75, T2 – 3.38, T3 -3.99
 - Mid-Year: 22.91% **End Year: 45.09%**

- **Observing and classifying:**
 - 2015 – 16, T1 – 2.81, T2 – 3.30, T3 – 3.84
 - Mid-Year: 17.44% **End Year: 36.65%**

- **Experimenting, predicting, and drawing conclusions:**
 - 2015 – 16, T1 – 2.63, T2 – 3.23, T3 - 3.76
 - Mid-Year: 22.81% **End Year: 42.97%**

**ADRIAN PUBLIC SCHOOLS
HEAD START EARLY CHILDHOOD PROGRAMS
SUMMARY OF SIGNIFICANT FINDINGS**

INTRODUCTION

The Community Assessment for the Adrian Public Schools Head Start Early Childhood Programs provides an overview of the community in relation to the families which receive services throughout Lenawee County, Michigan, in the following ways:

- Describes the demographics and trends within the county
- Compares national, state and local statistics
- Combines relevant program data from various sources
- Compiles the strengths and needs of Head Start/Early Head Start eligible children and families
- Gathers pertinent community resource information
- Guides program plan development and service delivery

Lenawee County is a county of contrast, geographically and economically. The county is bordered by Jackson, Hillsdale, Monroe and Washtenaw Counties and on the south along the Ohio border in southeastern Michigan. Lenawee County covers 755 square miles, and is situated almost equi-distance from the cities of Jackson, and Ann Arbor, Michigan, and Toledo, Ohio.

Adrian Public Schools (APS) has been the grantee for the Adrian Head Start Early Childhood Programs for 51 years and is presently funded for 429 children ages birth to five (5) and pregnant women. Currently there are nine (9) sites located throughout the county. The program provides half day school year, extended day school year and two extended day full year classroom options. Head Start is the only preschool opportunity in the county that offers comprehensive education, health, social services, parent involvement, mental health, disabilities and nutrition services. The Head Start program provides opportunities to serve children and families as they cope with the challenges of living in poverty, as expressed in the program Mission Statement:

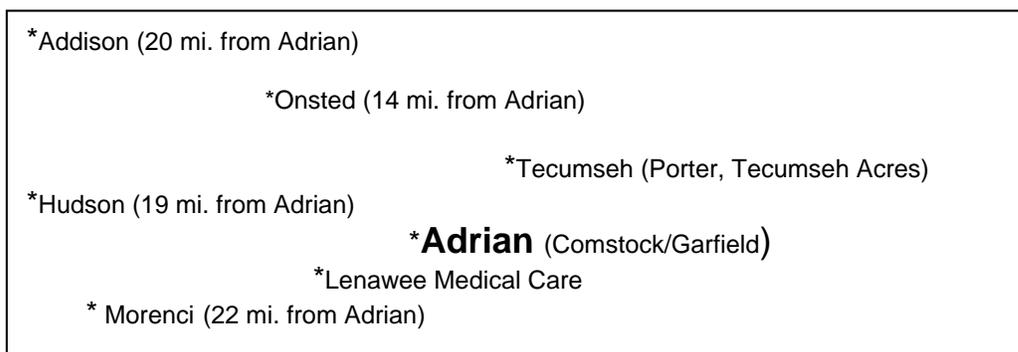
***We work in partnership with Children and families
To create a foundation for Success in school and life***

Service Area

The following outline of Lenawee County indicates the location of program sites in relation to the city of Adrian and to cities where families may need to access additional educational, medical, dental and/or social services. Adrian is the largest city in the county and provides services for the largest number of children.

Jackson 36 miles NW from Adrian

Ann Arbor 37 miles NE from Adrian



Toledo 37 miles SE from Adrian

CHARACTERISTICS OF THE GENERAL POPULATION

Population

National

In 2013, there were 317,297,938 people in the United States an increase of 2,218,622 people since 2012 which equals a .7 percent increase. This is approximately the same increase as in 2010-2012. The US Census Bureau estimated that there would be one birth every 8 seconds in 2014, while someone would die every 12 seconds. If you take into account one migrant entering the country every 16 seconds, this would equate to a net population boost of one person every 16 seconds. The number of children under age 5 was 19,989,770 or 6.3 percent of the population.

The population of the nation continues to age. The median age for the US grew to 37.5 years in 2013. While some states saw a decline in the median age, the majority of the nation will continue to age as the youngest of the baby boomers enter their 50s.

Michigan

In 2013, Michigan's population grew for the second year in a row to 9,895,622. There was an increase of approximately .1 percent or approximately 13,100 residents. The last increase was in 2004. According to Data Driven Detroit, analysis of data attributes the increase to a decrease in the number of people leaving Michigan. There were 573,946 children under age 5 or 5.8% of the population. In 2014, the number of children ages birth to five years was 692,723. With a child poverty rate of approximately 26%, this equals approximately 180,108 children ages birth to five years old that are living at or below poverty level.

The median age in Michigan increased to 39.5 years in 2013.

Lenawee County

In 2013, the population in Lenawee County was 99,892, a decrease of approximately 704 people or .7 percent since 2010. The number of children under the age of 5 has decreased from 6,252 in 2000 to 5,554 in 2013. Currently, children under the age of 5, account for 5.6 % of the population. Current populations of the following cities have all experienced a decrease since 2010: Addison (596), Adrian (20,861), Blissfield (3,279), Clinton (2,298), Hudson (2,272), Morenci (2,204) and Tecumseh (8,482). In 2014, the number of children ages birth to five years was 6,726. With a child poverty rate of approximately 24%, this equals approximately 1,614 children ages birth to five years old that are living at or below poverty level.

As Lenawee County's population declines it is also aging. The median age rose to 41.2 years in 2013. The number of people age 65 and older increased while the age groups below this declined.

Child Poverty

Psychological research has demonstrated that living in poverty has a wide range of negative effects on the physical and mental health and wellbeing of our nation's children. Poverty impacts children within their various contexts at home, in school, and in their neighborhoods and communities. Poverty is linked with negative conditions such as substandard housing, homelessness, inadequate nutrition and food insecurity, inadequate child care, lack of access to health care, unsafe neighborhoods, and under resourced schools which adversely impact our nation's children. Poorer children and teens are also at greater risk for several negative outcomes such as poor academic achievement, school dropout, abuse and neglect, behavioral and socio emotional problems, physical health problems, and developmental delays.

National

In 2014, the official poverty rate was 16 percent, with no change from 2013. The poverty rate for children five and under 8 fell from 25 percent in 2013 to 24 percent in 2014.

Michigan

In 2014, Michigan's poverty rate decreased one percent from 2013 at 16 percent. The poverty rate for children ages 5 and under was 26 percent a decrease of two percent since 2013.

Lenawee County

In 2012, the poverty rate was 13.4 percent with a child poverty rate of 19.1 percent. Roughly, 24 percent of children ages 5 and under lived in families with below poverty level incomes.

CHILD CARE SERVICES AVAILABLE IN THE PROGRAM AREA

President Barack Obama, in his seventh state of the Union address, acknowledged that child care is expensive, that even middle-class families struggle with the cost. He also acknowledged not just the economic and educational importance of high-quality child care, but its necessity: it's a "must-have", not a "nice-to-have". He made it a national economic priority.

Licensed Home and Child Care Programs

As of December 2015, Lenawee County had a licensed capacity of 3,136 for children birth to age 12, not including our programs licensed capacity of 345. Of these, 210 are in 35 home day cares, 441 are in 37 family day cares and the remaining 2,366 are in 44 day care centers. This is a decrease of 560 spaces since 2009 when at that time 1,056 spaces were in home/family day care and 2,640 in child care centers. Whether all slots are filled or whether providers choose to serve as many children as their space allows is undetermined.

Of the current licensed capacity in child care centers, 199 spaces are strictly latch key (before and after school care) for school age children. Another 344 spaces are for four year olds that qualify for Great Start Readiness programming through the use of State of Michigan funds.

In 2012, Michigan ranked 12th in the highest cost of child care for infants with an average annual cost of \$10,114, which represents half of the median income for a single mother and 13% of the median income for a married couple. For the cost of child care for preschoolers, Michigan ranks 17th with annual average cost of \$7,930 or approximately 10% of a married couple's median income. The cost was higher in urban areas than rural for both age groups. The lack of providers in rural areas often results in children being watched by friends or family. This data does not take into account the expansion of Great Start Readiness funds in subsequent years.

Michigan School Readiness and other Preschool Programs

The Michigan Great Start Readiness Program (GSRP) is a state funded preschool program for four (4) year old children with at least two factors which may place them at risk of failure in school. The Lenawee Intermediate School District is the grantee for these funds and has indicated that 344 spaces are currently being utilized by providers in Lenawee County.

Currently all but one of the local school districts is offering preschool at their facilities. However, with the exception of the preschools funded with GSRP funds, they are all tuition based with parents paying the cost of their child to attend.

Lenawee's CHILD is an interactive parent-child program which uses the Parents as Teachers, Born to Learn curriculum. The program connects parents with child development information, community resources, and other parents who are raising young children in Lenawee County. The program is offered at no cost to parents of children birth to five years of age within Lenawee County. The goal of Lenawee's CHILD is to help parents lay a strong foundation for their child's future success in school and life. Lenawee's CHILD operates satellite sites in Adrian, Britton, Madison, Onsted and Tecumseh. The program provides home visits, playgroups and community referrals. Local and state funds support program implementation.

Participation in Lenawee's CHILD is as follows:

Year	# of Families	# of Children
2011-2012	272	340
2012-2013	269	303
2013-2014	187	221
2014-2015	234	270

CHILDREN WITH DISABILITIES

In Michigan the number of persons ages birth to age 26 that are receiving special education services is 13.6% of the population. In Lenawee County, that percentage is 14.6%. The number of children birth to age five that are receiving special education services in Michigan is 3.6%. However, the number in Lenawee County is disproportionate for this age group as it is 1.3% higher at 4.9%.

The Lenawee Intermediate School District provided services to children aged birth to five years for the previous three years as follows:

	2012-13	2013-14	2014-15
Birth to 3 years	102	130	128
3 years to 5 years	163	164	159

CHARACTERISTICS OF THE POPULATION SERVED

As defined by the community

EDUCATION

Funding public school education in Michigan is directly tied to school enrollment. The blended count now consists of 90% of the fall count and 10% of the previous spring's count where as in the past, it was 75% and 25% respectively. Because of this every school district is concerned about future enrollment trends. Under the new formula, districts with declining enrollment stand to lose money, while those adding students each school year will get more funding.

Michigan public school enrollment has had a decrease of 62,631 students from 2010-2011 to the 2014-2015 school year. While the population has increased slightly, the age of the population has also increased.

Like the county's total population, the school district enrollment has declined over the past 5 years. Total enrollment for the county in 2010-2011 was 16,246 students in K through 12. The total for 2014-2015, was 15,464 which is a decrease of 782 students.

For Adrian Public Schools, 2014 marked the 19th consecutive year that enrollment decreased. The final 2014-2015 count showed a decrease of 16 students from the previous year. However, it is a decrease of 182 students from 2010-2011.

HEALTH

Immunizations

The U.S. Department of Health and Human Services has a new 10 year goal called "Healthy People 2020" for health promotion and disease prevention. A significant objective and challenge is to avoid preventable diseases from occurring in the first place. A leading health indicator is in the area of immunizations. One of the "Healthy People 2020" goals is to increase immunization rates and reduce preventable infectious diseases. The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization.

Despite progress, approximately 42,000 adults and 300 children in the United States die each year from vaccine-preventable diseases. Communities with pockets of unvaccinated and under vaccinated populations are at increased risk for outbreaks of vaccine-preventable diseases. In 2008, an outbreak in measles resulted in 140 reported cases—nearly triple increase over the previous year.

According to the Centers for Disease Control (CDC), children in families with incomes below the poverty level are less likely than are those with families with incomes at or above the poverty level to receive the completed series of recommended vaccination (79 and 84 %, respectively, in 2011).

National

The rate of 2 year olds who were fully immunized has increased each year to 74.6% in 2014.

Michigan

According to data collected by Kids Count, the rate in 2014 was 68.7% down from 71.8% in 2013 for the state of Michigan. Michigan is among 23 states that have reported cases of measles. The state has also experienced an increase in pertussis, which was once thought to be nearly eradicated. Health officials blame Michigan's immunization rate, which is lower than most states. Waiver rates have increased over the last three years to nearly 7 percent.

Lenawee

The waiver rate is at a total of 2.3% in our Early Head Start and Head Start program, we have a high rate of children receiving all of their required immunizations with a 99% completion rate – this number has been consistently high since 2009

Dental

National

There has been a decrease in children under 18 who have received preventative dental care. In 2007 82% of children received this care, and in 2011-12 only 77% visited the dentist for

preventative care. However, 71% of children ages 1-17 have a parent that reports their child's teeth are in excellent or very good condition.

Michigan

Delta Dental Healthy Kids is the dental insurance plan for Medicaid-eligible children and is available in 75 counties in Michigan, including Lenawee. Typically only 20% of low-income children receive dental treatment; on a national level of Head Start programs, this number is considerably higher at 81% in 2012. In our program, the number of preschool children needing dental treatment and received dental services was 72% in 2014.

Early dental care (when the first tooth erupts or before age 1) is recommended by the American Academy of Pediatric Dentists. In a state report by the University of Michigan, over 75% of Michigan general dentists surveyed said they were aware of these recommendations, but only 1 out of 3 recommends this protocol to their patients. As a result, the study also found that most Michigan parents are unaware of this recommendation and reported in the University of Michigan survey that they did begin routine dental care by age 1.

Lenawee County

There is no pediatric dental specialist in Lenawee County, so families often must travel more than 30 miles out of the county to obtain this much needed early dental care. This is a significant concern for our community, especially for our children when they leave our program and do not have the supports provided by Head Start.

Due to limits of age restrictions, at any given time, Lenawee County has 10-15 dentists that will take new Medicaid patients. Much of the availability comes from the Lenawee Dental Clinic, which has now become part of the Family Medical Center –a Federally Qualified Health Center. They provide services (on a sliding fee scale) to children and adults who are uninsured or underinsured. They will see babies who are at least 6 months old and have received their first tooth. They were able to provide dental service to over 2,255 patients in the county

The program arranges for the Mobile Dentist to visit various sites, which offers a dental exam and follow up treatment for children without a dental home.

Mental Health

National

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery. Therefore, the Healthy People 2020 initiative identified a goal to improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

Michigan

Michigan's Public Mental Health System delivers services to more than 200,000 Michigan citizens with serious mental illness, serious emotional disturbance (SED), and developmental disabilities. Public mental health services are provided primarily by 46 community mental health services programs (CMHSP). Eighteen pre-paid inpatient health plans (PIHP) manage the Medicaid mental health and substance abuse services called "specialty supports and services". Supports and services in Michigan are predominantly community-based, but short term inpatient care, when medically necessary, is available from psychiatric inpatient units in local community hospitals or state-operated facilities.

According to the State of Michigan's Division of Quality Management and Planning, 248, 189 people were served in 2013 by the community mental health system. Of the total number of individuals served in 2013, 16.4 % were children with mental illness, 2.5% were children with a developmental disability and 1.0% were children who were dual mental and developmental disability.

Lenawee

Lenawee County has approximately 700 children (0-5) identified with social-emotional deficits, but only 2% are being served. Nationally this number is still under 10%. Also according to national statistics, 1 in 5 children enter school without the skills to join in play, make and keep friends, and interact positively with their peers. One in three Michigan children enters kindergarten with previously unidentified health, socio-emotional, developmental or learning problems.

NUTRITION***Women, Infants and Children (WIC)***

WIC is available through the Community Action Agency in Adrian. WIC provides nutritious foods, nutrition counseling, breastfeeding support, and referrals to health and other social services to participants at no charge. WIC serves low income pregnant, postpartum and breastfeeding women and infants and children up to age 5 who are at nutrition risk.

WIC foods are worth \$30-\$112 or more per month for each participant. In 2008, WIC began offering clients a Bridge EBT Card to be used the same as a debit card replacing the paper coupons. In addition participants can obtain their required nutrition education online and have benefits electronically transferred to their card without having to visit the WIC office. However, despite the recent changes to make the benefits more accessible, many program parents report they are not on WIC even though they would be eligible.

National

In a 2014 study by the USDA, there were 9.3 million women, infants, and children enrolled in WIC. Over 76% were under age 5, breastfeeding women exceeded the proportion of non-breastfeeding women for the first time; meaning breastfeeding initiation increased. Anemia rates were slightly lower and obesity in children has continued to decline.

Michigan

A family of four may earn up to \$41,123 per year and qualify for WIC. One out of every two babies born in Michigan receives WIC benefits. In 2014, 52% of children ages birth to four were receiving WIC.

Lenawee

In 2014, 51.3% of children ages birth to four in Lenawee County were receiving WIC benefits. In 2014 our program had 74.39% of EHS participating in WIC services. Head Start however, was far lower with only 43.6% of eligible families participating.

Obesity

Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI provides a reliable indicator of body fat for most people and is used to screen for weight categories that may lead to health problems. For children and adolescents (aged 2–19 years), the BMI value is plotted on the Center for Disease Control and Prevention (CDC) growth charts to determine the corresponding BMI-for-age percentile.

- Overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile.
- Obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex.

National

In 2008, 30.5% of low-income, preschool-aged children were considered either overweight or obese; specifically 14.2% had a BMI in the 95th percentile or above. Nationally, the prevalence of obesity in low-income two to four year-olds increased from 12.4 percent in 1998 to 14.5 percent in 2003 but rose to only 14.6 percent in 2008. The 2009 data indicates this rate continues to be between 10-15%. In 2014, federal health authorities reported a 43% drop in obesity rate among 2-5 year old children over the past decade. A few states have reported modest progress in reducing childhood obesity in recent year, and last year the federal authorities noted a slight decline in the obesity rate among low-income children. This has offered the first clear evidence that America's youngest children have turned a corner in the obesity epidemic. About 8% of 2-5 year old were obese in 2012, down 14% from 2014.

Michigan

While the majority of Michigan's prevalence is estimated to be between 10-15%, the prevalence in Lenawee County is estimated to be between 15-20%. However, this number is considerably higher in our program with 36% of preschool children with a BMI in the 85th percentile or higher. Michigan ranks 25th in overall prevalence with 30.6% of all children considered overweight or obese. The Michigan State Board of Education recommends 150 minutes of physical education per week for elementary aged children. Adrian Public School elementary students receive 90 minutes of physical education instruction which is an hour less than the recommended amount. Furthermore, in the state of Michigan, 10% of elementary age children do not participate in any physical activity. The trend seems to continue with age; according to the 2009 Michigan Youth Risk Behavior Survey, 44% of males in grades 9 to 12 and 31% of females do not exercise regularly. The consequences are then seen in the 25% of students in grades 9 to 12 classified as either overweight or obese.

Lenawee

In a recent AP-KOL poll parents blamed the lack of exercise and easy access to junk foods as the main reasons their children were overweight. The CDC supports this belief as its' studies have found environmental and behavioral factors, such as high-calorie food supply and minimal physical activity, contribute significantly to an individual's susceptibility to excess body weight. It is also a fact that parents who earn less than \$25,000 a year are more likely than those with higher incomes to cite the cost of healthy food as a problem in improving their children's eating

habits. The Lenawee Great Start survey sited a top parenting issue was nutritional meal planning. A newer requirement is a nutritional standard set for school meals that go beyond the current USDA requirements. In 2014, our Head Start population recorded that 2.7% were underweight, 19.4% were overweight and 18.7% were considered obese.

FAMILY SERVICES

Abuse & Neglect

Low-income children, youth, and their families are disproportionately affected by mental health challenges, impairing the ability of children and youth to succeed in school and placing them at risk of involvement with child welfare and juvenile justice agencies.

Each year, hundreds of thousands of children suffer abuse or neglect. In most cases, the abuser is someone known to the child—a parent, family member, teacher, or regular caregiver. Survivors are at increased risk for smoking, alcoholism, drug abuse, depression, suicide, and other negative health outcomes. The National Center for Injury Prevention and Control reports that youngest children are the most vulnerable with about 27% of reported victims being under the age of three. A non-Child Protective Services (CPS) study estimated that 1 in 4 children experiences some form of child maltreatment in their lifetimes. In 2013, an estimated 1,520 children died from abuse and neglect in the United States.

As of 2012 the most common type of maltreatment was neglect. Neglect is defined as a child not receiving basic needs such as food, clothing or shelter; or not being protected from harm; or in rare cases, a child being abandoned. The rate of substantiated child maltreatment continues to show modest decline in the

National

In 2012, 603,854 children (0-18 yr.) were confirmed by Child Protective Services to be victims of maltreatment, or 9 of every 1,000 children. Victimized children include those who are the subject of at least one substantiated or indicated maltreatment report, and/or who were identified as alternative response victims. Young children, between the ages of zero to four made up 40% of victims.

Michigan

Michigan data in 2012 stated 42% of our zero to four population accounted for the state total of 33,359. Confirmed victims of maltreatment for the 0-18 children was at a rate of 15 per 1,000. Further information demonstrated that in 2014, the zero to five population of children documented as confirmed victims of child abuse or neglect rate dropped slightly from the previous year, 23.9 to 23.8 per 1,000.

Lenawee

Confirmed cases of abuse and /or neglect for ages zero to five, in 2014, was 128. This was up from 117 in 2013, showing an increase of 11 cases, and at a rate of 17.4 to 19 per 1,000.

Foster Care and Adoption

The Michigan Department of Health and Human Services (MDHHS) Foster and Adoption Services Program provides services to children whose parental rights have been terminated due to child abuse or neglect. Other foster agencies in Lenawee County include: Family Counseling & Children's Services, Catholic Charities of Jackson, Lenawee, & Hillsdale Counties

In most cases, foster family settings are the most appropriate environment for young children. Supports are in place to meet the physical and emotional needs of children while they await unification or wait for their “forever family”. Case management services are offered to the foster parents to assist with the transition.

National

In 2013, the number of children and youth in the foster care system showed an increase of 5,081 from the 2012 total. This marked the first increase since 2009. Likewise, there is an increase in the zero to five population.

Michigan

The same trend was noted on the state level. From 2009 to 2012 the number of children and youth in foster care was on a yearly decline. In 2013, the number of children and youth increased by 93 and a 1% increase in the <1 yr. old age group.

Lenawee

In 2014, the number of children ages birth to five years old in out of home care as a result of abuse and neglect was 42 or 6.2%.

Homeless and Transitional Housing

National

Homelessness numbers were 578,424 during 2014, representing a decline of 2.3% since 2013 with 34 states showing a decrease in overall homelessness. People in families account for about 37% of this total, a 3% decrease from 2013. Unaccompanied youth and children represent 7.8% to the total homeless population. Dramatic decrease of 33% in veteran homelessness in the last 5 years.

Michigan

Michigan showed a 6.1% increase in the number of homeless people from 2013- 2014. Likewise, there was an increase in the number of family homelessness by state, 9.3%.

During 2014 there were 97,642 people counted as homeless in Michigan. This includes those living on the streets or in shelters. The overall count of people includes those living with friends or family due to a housing crisis and are facing immediate eviction with no other resources. 33,896 people were housed during 2014; through case management services, rental assistance or long term housing resources. An additional 20,912 people that were at significant risk of losing their housing were prevented from becoming homeless through short-term rental and utility assistance and a referrals or case management. In 2014, 5,627 veterans were also counted as homeless.

The National Center for Family Homelessness in 2013 estimated that on any given day during 200,000 children had no place to live. From the 2007-2008 to the 2013-2014 school years, Michigan school districts reported numbers of homeless students identified increasing by over 500%. The number of families that are doubled –up accounts for 72% of the homeless students in Michigan.

Homeless preschooler in Michigan are automatically eligible for Head Start and Early Head Start. Statistics note that 42% of children in homeless families are under 6 years old, yet are significantly under-represented in preschool programs.

Lenawee

Our program has a solid relationship with the school liaison and together we identify and provide resources/support to our Head Start families. The following chart shows the number of students served by the Homelessness Liaison for Lenawee County since 2005.

	05-06	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15
# homeless students	314	300	284	414	508	588	688	704	722	725
# homeless HS students	17	19	24	25	31	30	101	60	44	40

The number of homeless students has increased each year. The number of homeless Head Start students is dependent upon the makeup of the total homeless student population. Important to note, is that in 2011-2012, a grant allowed our Family Support Coordinators to work at a local shelter which greatly increased the number of identified Head Start students.

PROFILE OF ADRIAN EARLY HEAD START & HEAD START FAMILIES

As defined by program children and families up to 2014-2015

The following information is compiled from program information including but not limited to the following: program application data, PIR data, child screenings, and the Child Plus tracking system.

Primary Language/Dual Language Learners

While more than 90% of Michigan residents speak English at home, the most recent U.S. Census figures indicate an increase in the number of the state's population ages five and older who spoke a language other than English from 6.6% in 1990 to 8.4% in 2000 and 10% in 2010. The primary language spoken throughout Lenawee County is English. Spanish is the second most common language.

The Michigan Kids Count data on children who speak a language other than English at home:

MI2008	MI 2010	US 2008	US2010
9%	10%	21%	22%

It is important to keep in mind that while Spanish is the second most common language spoken in the home it is not the only language other than English to be spoken. In an effort to provide families with bi-lingual (Spanish) support, our program maintains a list of staff members willing to assist when requested. The majority of print materials are also translated into Spanish.

The following data reflects actual enrollment by year and represents the number of children using the following languages as their primary language at home:

Language other than English:	2012-13	2013-14	2014-15
Spanish	12	16	21
European & Slavic Languages	1	0	0
% of Actual Enrollment Total	2.7%	3.4%	4.3%

EDUCATIONAL ASSESSMENTS AND CHILD OUTCOMES***Brigance Head Start Screen***

The Brigance Early Childhood III is used for screening and assessment purposes. This is the first year this screening has been used. The new tool was adopted in response to our local LEA's adopting this screening for Kindergarten. We have been utilizing the Student Assistance Team (SAT) process for three years.

The screening is completed by education staff within 45 days of the child's start date. Children aged 2.9 months and older receiving an At or Above Cut-off score on the screening have the age appropriate skills. Children receiving a "below average" AT- Risk score on the screening receive classroom interventions for a minimum of 4 weeks. If the children show no improvements after classroom interventions, they are re-screened and referred to SAT. If the children show improvements after initial interventions, than interventions continue and they are re-screened two-three months from the initial testing date. Children who receive an At or Above Cut-off score, with only speech Articulation concerns are referred to SAT. The following table is a Brigance Early Childhood Screen III summary for Fall 2015.

YEAR	# Brigance complete	#At-Above Cut-off	#Below Average-At risk	#Average Rescreen	#of children With SAT	#Referrals to LISD	# Receiving Services
Fall 2015	334	255	79	Interventions in progress	10	0	34

The Brigance Early Childhood III is also used for children ages 0-2.9 months for screening and assessment purposes. EHS staff work closely with parents to identify infants and toddlers who may need Early-On services. If a child scores "below average" At-risk on the screen, education and family service staff discuss a referral to Early-On with parents. Early Head Start Brigance Results:

YEAR	# Brigance complete	#At-Above Cut-off	#Below Average-At Risk	#Referrals to Early-On	# Receiving Services
Fall 2015	64	46	18	7	8

Ages and Stages: Social Emotional Questionnaire

The questionnaire is designed to screen young children for concerns over their social emotional development in order to identify those children who are in need of further evaluation. This questionnaire is answered by parents and is available in Spanish as well. In 2012-13, 36 (7.4%) children were referred to the mental consultant for an individual mental health assessments. Of these 6, or 16.7% were referred to additional mental health services. In 2013-14, 17 or 3.6% of children were referred to our mental health consultant for individual mental health assessments. Of these, only 1 or 5.9% were referred to additional mental health services. In 2014-15, 19 or 3.9% were referred to our mental health consultant for individual mental health assessments. Of these, only 1 or 5.3% were referred to additional mental health services.

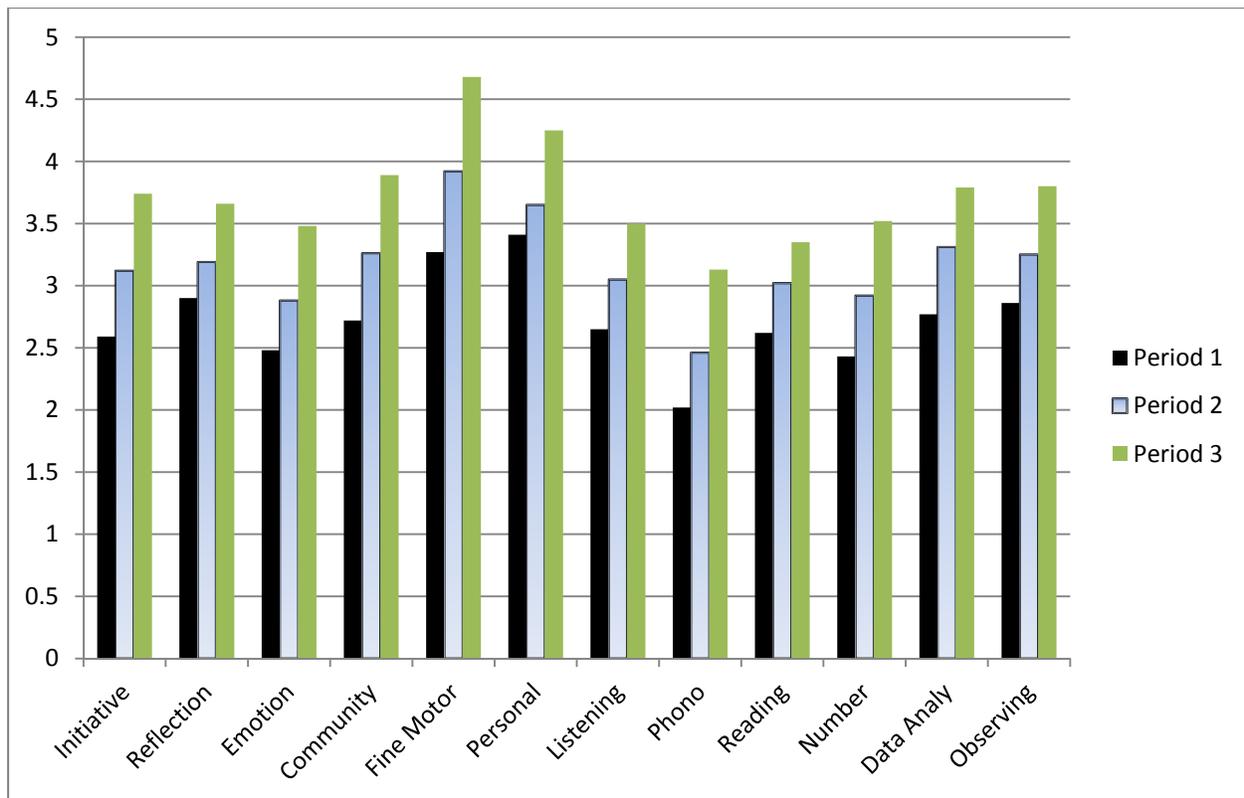
Child Outcomes Reporter (COR Advantage)

Measuring child growth and development was an important part of the Head Start choice of curriculum. The HighScope educational approach is documented in the program's curriculum

narrative. HighScope involves training staff to make and record observations reflective of Head Start required outcomes. Child outcomes data is collected three (3) times a year and this data is used for planning purposes, parent reports and grant preparation. This data is also used to establish School Readiness Goals.

In the 2014-15 school year, we adopted the newest version of COR Advantage as our assessment tool. COR Advantage measures growth in the following domains: Approaches to Learning, Social Emotional Development, Physical Development and Health, Language, Literacy, and Communication, Mathematics, Creative Arts, Science and Technology, Social Studies and English Language Learning. This new COR Advantage tool is a birth to kindergarten assessment tool. This allows us to use one tool for all of the children in our program.

School Readiness Outcomes 2014-15



The table above depicts the gains made by program students, birth to five, in the 2014-15 school year. It represents gains in the COR domain areas that align with our School Readiness Goals. This represents a significant gain in overall development.

HEALTH/NUTRITION/MENTAL HEALTH

The following chart shows health/nutrition related data for program children by year.

Health Related PIR Data	2012-13	2013-14	2014-15
# of children at the end of enrollment:			
With a medical home c5(2)	488	476	482
Completed well child physical c8	477	474	449
Up to date immunizations c11, c12,	470	462	469

Immunization waiver c 13	10	15	14
With a dental home c 17 (2)	473	469	455
Completed dental examination c19 & c20	425	407	404
Children needing treatment c19a	80	34	52
Children receiving treatment c19 b	79	25	42
On Medicaid c1a (2)	484	473	436
On private insurance	39	42	58
No health insurance	8	7	6
On WIC c41	183	189	226

The above chart indicates that most program children have a medical home (approx. 99% each year), have completed physicals (90% or above each year) and are up to date with immunizations (95% or above each year). In addition, a high percentage are on Medicaid, although there was a 5% decrease from 2013-14 to 2014-15. This is most likely the result of the Affordable Care Act (ACA).

Each year at least 93% of children had a dental home. The number of children receiving preventative care averaged in the lower 80% range. The concept of a dental home as providing the opportunity for regular care and more immediate identification of dental concerns. There continues to be a gap in these between those with a dental home and those receiving treatment due to the lack of dentists who will see a child under the age of three. Our children needing treatment and receiving that treatment has decreased over the past two years. This is largely due to lack of parent follow up. Once preventative care is obtained, accessibility to treatment is not a barrier.

The number of families participating in the Women, Infants and Children (WIC) for the past three years has risen from 41%, 42.2% and 49.4% respectively. However, our program has maintained less than 50% of families receiving WIC benefits each year for as long as data is available. This is particularly concerning when nearly 90% of program families would be eligible.

This chart indicates the number of program children who have received treatment for the following health related conditions:

Health Condition:c9	2012-13	2013-14	2014-15
Anemia	2	5	5
Asthma	17	14	12
Vision Problems	13	21	21
Hearing Difficulties	14	10	8
High Lead	3	1	1
Diabetes	3	4	1
Under Weight c10 a – HS Only	1.6%	2.8%	2.8%
Over Weight c10b – HS Only	20.1%	19.0%	19.6%
Obese c10c – HS Ony	19.8%	18.8%	18.8%

The number of children receiving treatment for anemia has increased slightly from 2012-2013 while the number of children receiving treatment for asthma has decreased.

Another health condition that we see in our program, as well as, throughout the larger community is children who are either overweight or obese. Although the number of children identified as receiving treatment for this condition has remained low, the BMI rates in the 85th percentile and higher indicate this is a significant problem for our program children.

DISABILITIES

The majority of preschool children with an identified disability are expected to receive speech and language services. The Individual Education Plan (IEP) is used to track referrals to the LISD which provides multi-disciplinary evaluations. All identified children received special education and related services. The programs SAT process along with Response to Intervention (RTI) have been effective in that many children whose initial screenings and behaviors indicated that they may need to be referred for multi-disciplinary evaluations have not had to have an IEP completed. Regulations require that at least 10% of the children enrolled have an identified disability. The following chart identifies the percentage of children with a disability for each of the last three program years:

Disabilities:	2012-13	2013-14	2014-15
Identified before program year	15	26	30
Identified during program year	31	27	31
Percentage of Actual Enrollment	11.4%	13.9%	15.3%

Infants and toddlers (ages 0-3) who are suspected of having a delay, are promptly referred to Early On (EO). EO is run by the LISD and provides Part C intervention services to children in Lenawee County. When EO identifies a child as having a developmental delay, then an Individualized Family Service Plan (IFSP) is developed with EO and program staff and the child's family. The following chart depicts the number of infants and toddlers who have had an IFSP for the past three years.

IFSP:	2012-13	2013-14	2014-15
Identified before program year	10	9	14
Identified during program year	10	9	7
Percentage of Actual Enrollment	22.8%	18.4%	23.9%

FAMILY SERVICES

The following chart shows program data representing the number of child abuse/neglect cases reported through the Head Start program by year:

2012-13	35
2013-14	13
2014-15	24

The number of reported cases of child abuse/neglect reached a high of 35 for the 2012-13 program year. Prior to this year, the average number of reports was 17. While 2013-14 was one of the lowest numbers ever reported, 2014-15 was again above the previous average.

The following chart shows program data for families served.

PIR data representing program families for:	2012-13	2013-14	2014-15
Family Type c35			
Two parent family	173	197	198
Single parent family	274	251	260
Employment			
Employment of two parent families: c 36			
Both parents employed	38	55	46
One parent employed	103	113	118
Both parents not employed	32	29	34
Employment of single parent families:			
Parent is employed	139	122	131
Parent is not employed	135	129	129
Total Number of Families	447	448	458
% of households with no employed parent	37.4%	35.3%	35.6%

Comparisons of family composition and employment data indicate that as the economy has improved the number of households where there was no parent with employment has remained fairly steady over the past three years although it has decreased from previous years. 43% of program households did not have a parent who was employed in 2010-11 compared to 35.6% in 2014-15.

PIR data representing the highest level of education obtained by the child's parent/guardian was reported as follows:

Level of education:	2012-13	2013-14	2014-15
Less than high school graduate	70	60	70
High school graduate or GED	320	313	320
Some college, vocational school, AA	43	54	42
Bachelor's or advanced degree	25	21	25

According to the above data the majority of program parents are high school graduates/GED, however, there is small decrease in the number of parents who have some or degrees from 2013-14 to 2014-15.

The following data represents families who received services by program year.

Type of service:	2012-13	2013-14	2014-15
Emergency/crisis intervention	168	122	147
Housing assistance	44	30	30
Mental health services	47	10	34
English as a second language	6	5	14
Adult education, GED	26	21	25
Job training	19	8	20
Substance abuse prevention	3	1	0
Substance abuse treatment	1	0	0
Child abuse and neglect services	12	0	2
Domestic violence services	5	0	3
Child support assistance	6	3	1
Health education	216	190	209
Assistance to families of incarcerated individuals	11	9	5

Parenting education	288	195	211
Relationship/marriage education	2	1	11
% of families who received at least one service	87.3%	70.6%	78.4%

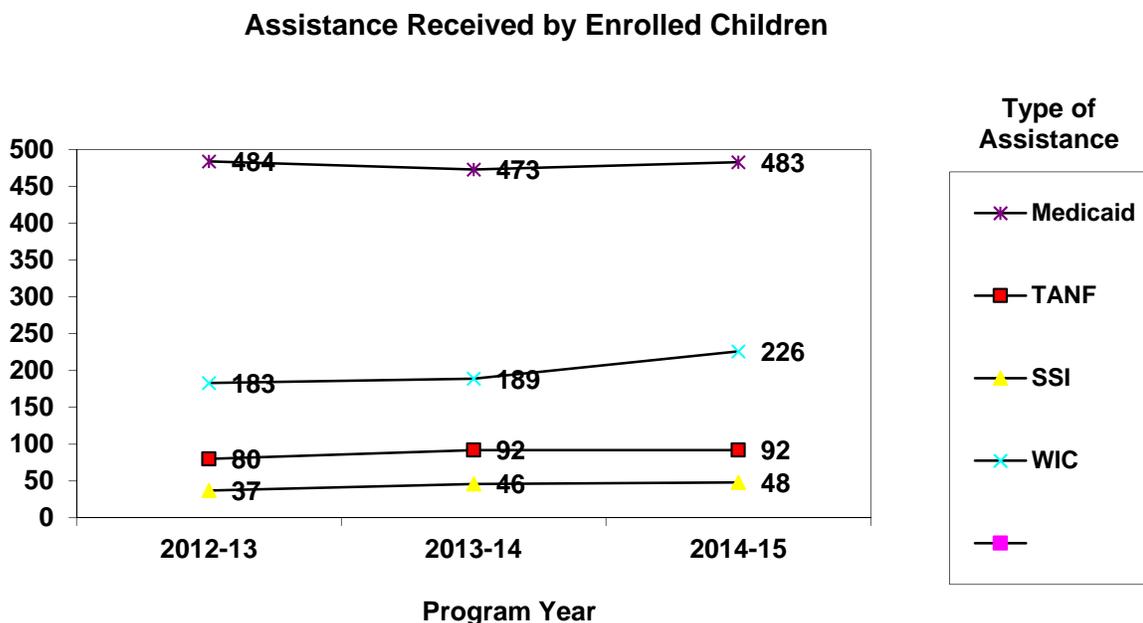
Note that housing assistance services has drastically declined however the program has seen an increase in the number of homeless children.

The program provides organized and regularly scheduled activities designed to involve fathers and/or father figures such as uncles or grandfathers. The following shows Father Involvement data:

Father Involvement	2012-13	2013-14	2014-15
Number of children whose father/father figures took part in designated activities.	92	114	119

According to the above data the number of fathers participating in program events has increased in the past two program years. On site activities as well as the weather seem to have a direct effect on the number in attendance at these events.

The following graph shows the following types of assistance program families have received during the past three program years:



The number of program families receiving Medicaid, TANF, and SSI has increased slightly over the past year. The greatest increase has been in the number of families receiving WIC.

Housing of Program Families

Head Start eligible families are more likely to rent a home than to own their home. This means that many children coming into our program have already experienced many moves and will experience more in the course of the school year.

The term “homeless” includes families living temporarily in shelters, hotels, or vehicles, or moving frequently between the homes of relative and friend.

Program data tracking services to homeless families indicate the following:

	2012-13	2013-14	2014-15
Number of homeless families served:	34	35	48
Number of homeless children served:	41	38	49
Number of families acquiring housing:	23	25	33
% of homeless families who acquired housing	67.7%	71.5%	68.8%

The above chart indicates that the number of program homeless families and children is increasing however the percentage of those acquiring house not.

Foster Care and Child Welfare of Program Children

In 2013, both nationally and at the state level there was an increase in the amount of children aged birth to five years old in the foster care system. Our program’s enrollment of children in foster care was 16, 21, and 14 for the 2012-13, 2013-14 and 2014-15 years, respectively.

COMMUNITY RESOURCES

The Family Resource Guide is updated on a yearly basis and is distributed to families together with the Parent Handbook and Program Calendar. The Family Resource Guide is provided to help program families become more familiar with resources and services available in Lenawee County and Michigan. Information in the resource guide is divided into sections in order for families to locate resources easier. Topics included in the resource guide include but are not limited to the following:

Adult Education, Child Care, Clothing, Domestic Violence, Employment, Family Health, Nutrition, Substance Abuse, and Transportation. Availability, accessibility, and cost of services are included when available. Families needing services in a different language must contact the agency and/or their Family Support Coordinator to know whether or not assistance is available.

SELECTED DATA SOURCES

All data sources are documented in the full Community Assessment document.