

Knoxville-Knox County Head Start/ Early Head Start

2017-2018 Annual Report



Administered by Knoxville-Knox County
Community Action Committee

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Head Start History

In January of 1964, President Lyndon B. Johnson declared The War on Poverty in his State of the Union speech. Shortly thereafter, Sargent Shriver took the lead in assembling a panel of experts to develop a comprehensive child development program that would help communities meet the needs of disadvantaged preschool children. Among these experts were Dr. Robert Cooke, a pediatrician at John Hopkins University, and Dr. Edward Zigler, a professor of psychology and director of the Child Study Center at Yale University.

Part of the government's thinking on poverty was influenced by new research on the effects of poverty, as well as on the impacts of education. This research indicated an obligation to help disadvantaged groups, compensating for inequality in social or economic conditions. Head Start was designed to help break the cycle of poverty, providing preschool children of low-income families with a comprehensive program to meet their emotional, social, health, nutritional and psychological needs. A key tenet of the program established that it be culturally responsive to the communities served, and that the communities have an investment in its success through the contribution of volunteer hours and other donations as nonfederal share.

In the summers of 1965 and 1966, the Office of Economic Opportunity launched an eight-week Project Head Start. In 1969, under the Nixon administration, Head Start was transferred from the Office of Economic Opportunity to the Office of Child Development in the U.S. Department of Health, Education, and Welfare. Dr. Edward Zigler, who had served on the planning committee to launch Project Head Start, was appointed Director of the Office of Child Development. In 1977, under the Carter administration, Head Start began bilingual and bicultural programs in about 21 states. Seven years later, in October 1984 under the Reagan administration, Head Start's grant budget exceeded \$1 billion. In September of 1995, under the Clinton administration, the first Early Head Start grants were given and in October of 1998, Head Start was reauthorized to expand to full-day and full-year services.

Head Start was most recently reauthorized again in 2007, under the George W. Bush administration, with several provisions to strengthen Head Start quality. These include alignment of Head Start school readiness goals with state early learning standards, higher qualifications for the Head Start teaching workforce, State Advisory Councils on Early Care and Education in every state, and increased program monitoring, including a review of child outcomes and annual financial audits. The Head Start training and technical assistance system was redesigned to support programs through six National Centers and a state-based system to ensure success.

The statute also included a provision that regulations be promulgated to move programs from an indefinite project period to a five-year grant cycle. Programs would be required to demonstrate they are of high quality or a competitive grant opportunity would be made available within the community. In 2009, under the Obama administration, the American Reinvestment and Recovery Act added more than 64,000 slots for Early Head Start and Head Start programs.

Head Start has served more than 30 million children since 1965, growing from an eight-week demonstration project to include full day/year services and many program options. Currently, Head Start is administered by the Administration for Children and Families (ACF) in the Department of Health and Human Services. Head Start serves over a million children and their families each year in urban and rural areas in all 50 states, the District of Columbia, Puerto Rico and the U.S. territories, including American Indian, Alaska Native, and Migrant and Seasonal communities. <https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-history>

Children

We served approximately 33% of eligible preschool children and 4% of eligible infants and toddlers in Knox County, for a total of 1023 children→

- 45 children under age one
- 75 one-year olds
- 76 two-year olds
- 396 three-year olds
- 431 four-year olds

The average monthly enrollment (as a percentage of funded enrollment) was 99.6% for Head Start and 100% for Early Head Start.



Services

Medical→

95% (977) of children received medical exams
207 children received lead testing.

Nutrition→ (with support from USDA reimbursement)

57,011 Breakfasts were served
86,052 Lunches were served
51,389 Snacks were served

Education→

970 children received developmental assessments
431 children transitioned to Kindergarten

Dental→

86% (880) of children received dental exams
11% increase in the number of children with continuous, accessible dental care provided by a dentist (729 in the fall to 781 by the end of the year)

Disability→

11% of preschool children and 14% of infants and toddlers had an IEP or IFSP and received on-site services

Transportation→

502 children were transported daily on bus routes
Transportation was provided for 112 appointments for support services

Family→

1,476 Direct services and referrals were made to assist families with clothing, food, utilities, interpretation services, etc.



Families

We served 934 families→

385 (41%) two-parent families

549 (59%) single-parent families

717 (77%) families had a parent with a High School diploma, GED or higher

Primary Language of the home→

741 children (72%)– English

192 children (19%)– Spanish

50 children (5%)– African Languages

28 children (3%)– Middle Eastern or South Asian Languages

7 children (<1%)– European or Slavic Languages

5 children (<1%)– East Asian Languages





Parent, Family, Community Engagement

Parent, Family, Community Engagement in Head Start is about building relationships with families that support family well-being, strong relationships between parents and their children and ongoing learning and development for both parents and children.

Parent Orientation → 100% of families attended orientation sessions and toured their child's center.

Volunteering → 996 parents and family members contributed 6,035 hours in classrooms, material preparation, training, parent meetings, on field trips, etc., to assist the program in meeting local match requirements for federal funds valued at \$95,835.

Center Parent Committees → 68% of families participated in one or more meetings, with an average monthly attendance of 245.

Policy Council → 26 parents were elected by their centers to serve on Policy Council. Parents and Community Representatives worked together in relation to program governance (shared with Grantee Board of Directors), and to provide guidance and support for Head Start administrative staff.



more

Parent, Family, Community Engagement

Family Partnership Agreements (FPA)→ 384 families chose to participate in the FPA process. Families set goals in the areas of Family Wellbeing, Parent/Child Relationships, Families as Educators, Families as Learners, Family Engagement in Transitions, Family connection to Peers and Community and Family Advocates and Leaders.

Home Visits/Parent Conferences→ Head Start Parents participated in a total of 5,137 education contacts. Early Head Start center-based families participated in 1,553 education contacts and Early Head Start home-based families participated in 1,622 home visits.

F-I-S-H - Family Involvement Starts Here → Preschool teachers sent home a FISH Folder each week. The FISH Folder contained a weekly Brain Building Home & Classroom Activities sheet, a seasonal Bucket List and a quarterly individualized Home Activity Plan. The activities are designed to help parents spend time with their child talking, reading and exploring. The folder also included information about questions and topics that the classroom is exploring.

School Readiness

When children leave Head Start, they will be

- physically healthy
- socially competent
- academically ready

The purpose of the Head Start program is to promote the school readiness of low income children. Specifically, one of the primary goals of the Knoxville-Knox County Head Start/Early Head Start program is to “bring about a greater degree of social competence (school readiness) in the children we serve by working to enhance their cognitive and intellectual development, their social skills, and their physical and mental health”. In short, Head Start is all about getting kids ready for school. To this end, the Knoxville-Knox County Head Start/Early Head Start program has developed school readiness goals. These three (3) goals correspond to the five (5) central domains of the Head Start Early Learning Outcomes Framework (HS-ELOF). The essential domains are: Perceptual Motor and Physical Development (which corresponds to School Readiness Goal #1); Social and Emotional Development (which corresponds to School Readiness Goal #2); Approaches to Learning (which corresponds to School Readiness Goal #2); Language and Literacy (which corresponds to School Readiness Goal #3); and Cognition (which corresponds to School Readiness Goal #3).

The Knoxville-Knox County Head Start program uses a child assessment system that is specific, standardized, and comprehensive. The system includes screening and assessment tools that are aligned with the curriculum, that use multiple sources of information for gathering data on individual children, and that are valid and reliable. This child assessment system has been linked to the Head Start Early Learning Outcomes Framework (HS-ELOF), the Tennessee Early Learning Developmental Standards (TN-ELDS), and the Common Core Standards adopted by the State of Tennessee for K-12 to assure that the program is gathering relevant information on children’s progress toward attaining the goals of social competence and school readiness. Additional assessment instruments were added to the primary developmental assessment instrument (LAP-D) used by the program to ensure that the five essential domains of learning and development outlined in the Head Start Early Learning Outcomes Framework were covered.





School Readiness Indicators → Head Start

Physically Healthy

- 100% who were identified by a medical professional as needing medical services received them.
- 99.9% were current on immunizations.
- 98% had an ongoing source of continuous, accessible health care.
- 91% received dental exams
- 57% were at a healthy weight.

Socially Competent

- 96% could follow 2-step commands.
- 100% expressed displeasure verbally instead of physically.
- 97% followed classroom rules.
- 93% showed empathy by sympathizing with peers.
- 92% assisted peers in need.
- 97% showed appropriate initiative.
- 94% showed appropriate self-control.
- 94% showed appropriate attachment in relationships.
- 91% were generally compliant and did not display behavior concerns.

Academically Ready

- 97% knew math concepts – tall, long, short, more.
- 88% could count objects to 10.
- 62% could identify printed numerals (10 & under) accurately.
- 42% could count to 20 without error.
- 87% could name and sort by color.
- 46% possessed strong literacy skills & were ready to learn how to read.
- 28% mastered many of the literacy skills necessary for learning to read.
- 13% were making progress and had mastered some of the skills needed to learn to read.
- 8% were beginning to develop the skills needed to learn to read.
- 5% had few of the skills needed to learn to read and write.



School Readiness Indicators → Early Head Start

Includes data on meeting/exceeding the widely held expectations for ages birth to three on the Development and Learning Progressions for 140 infants and toddlers.

Physically Healthy

97% are current on immunizations.

100% received needed medical services.

91% have an ongoing source of continuous, accessible health care.

98% demonstrate traveling skills.

98% demonstrate gross motor manipulation skills.

94% use fingers and hands to demonstrate fine-motor strength and Coordination.

Socially Competent

Regulates own emotions and behaviors→

96% manage feelings.

93% follow limits and expectations.

88% Take care of own needs appropriately.

Establish and sustain positive relationships→

90% form relationships with adults.

97% respond to emotional cues.

95% interact with peers.

95% makes friends.

Participate cooperatively and constructively in group situations→

79% balance needs and rights of self and others.

90% solves social problems.

Academically Ready

Language→ 95% comprehend language.

84% use an expanding expressive vocabulary.

83% engage in conversations.

Cognitive→ 96% show curiosity and motivation.

94% make connections.

Literacy→ 87% notice and discriminate rhyme.*

96% use and appreciate books and other text.

Mathematics→ 86% demonstrate knowledge of patterns.

76% use number concepts & operations to quantify.

*is not applicable and does not include data for infants

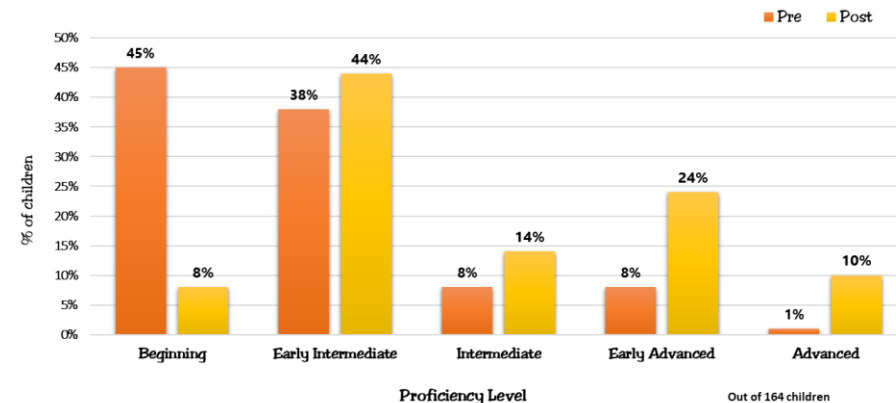


Dual Language Learners

Children whose home language is something other than English are actually learning two or more languages which is why they are referred to as Dual Language Learners (DLLs). The program helps these children to learn the English language, which lays the foundation for a successful start as children transition to public school. Because the home language serves as a foundation for learning English, ongoing development of the home language is also essential. Children who are DLL typically go through several stages of English language acquisition prior to becoming proficient. We assess our children at the beginning of the school year to determine which of the levels of English proficiency each child falls into. Our goal is to promote the continuance of the home language and help our children to learn as much English as possible prior to entering school.

Dual language learners made excellent progress in developing their English language skills. At the beginning of the school year, 45% of the DLL children were in the beginning stages of English language acquisition. By the end of the school year, that number was reduced to only 8% remaining in that stage. By the end of the school year, 10% of DLL students were assessed in the Advanced Stage of English language acquisition – a notable achievement.

**Knoxville-Knox County Head Start
Pre-IPT Oral Test Results
2017-2018**



Staff

191 people →

154 Child Development and Health Staff
 19 Family Services/Support Staff
 13 Program Design/ Management Staff
 5 Other (Maintenance and Transportation)

Of the 191 staff, 40 were current or former Head Start parents.

Infant/Toddler Teacher Qualifications→

13% have an infant/toddler CDA
 23% have an AAS degree in ECE
 64% have a BS degree or higher
 in ECE or related field

10% of infant/toddler teachers currently hold Pre-K certification

Preschool Teacher Qualifications→

17% have an AAS degree in ECE
 83% have a BS degree or higher
 in ECE or related field

42% of preschool teachers currently hold Pre-K certification



Leadership included staff with various teaching certifications: PreK/K ESL, Special Education, Spanish, and PreK/K; 10 Reliable CLASS Observers, a Registered Dietitian/Nutritionist, Licensed Clinical Social Worker, First Aid/CPR Instructor, Certified AHEAD instructor, TN Building Strong Brains Trainer and Registered Nurse.





Achievements

2017-2018 Program Assessment Results →

The Star-Quality Child Care Program is a voluntary program that recognizes child care agencies who exceed minimum licensing standards. All of our centers continue to receive the highest rating of three stars. One area of evaluation is the Program Assessment, where one-third of the classrooms are assessed using one of the Environment Rating Scales. These are observational assessment tools used to evaluate the quality of early childhood programs, looking at the program's physical environment, health and safety procedures, materials, interpersonal relationships, and opportunities for learning and development. The areas are scored on a scale of 1 to 7, with 1 being inadequate and 7 being excellent.

6.05 → Claxton

6.08 → Anderson

5.79 → East II

6.00 → North Ridge Crossing

6.36 → LT Ross

6.01 → Program Average

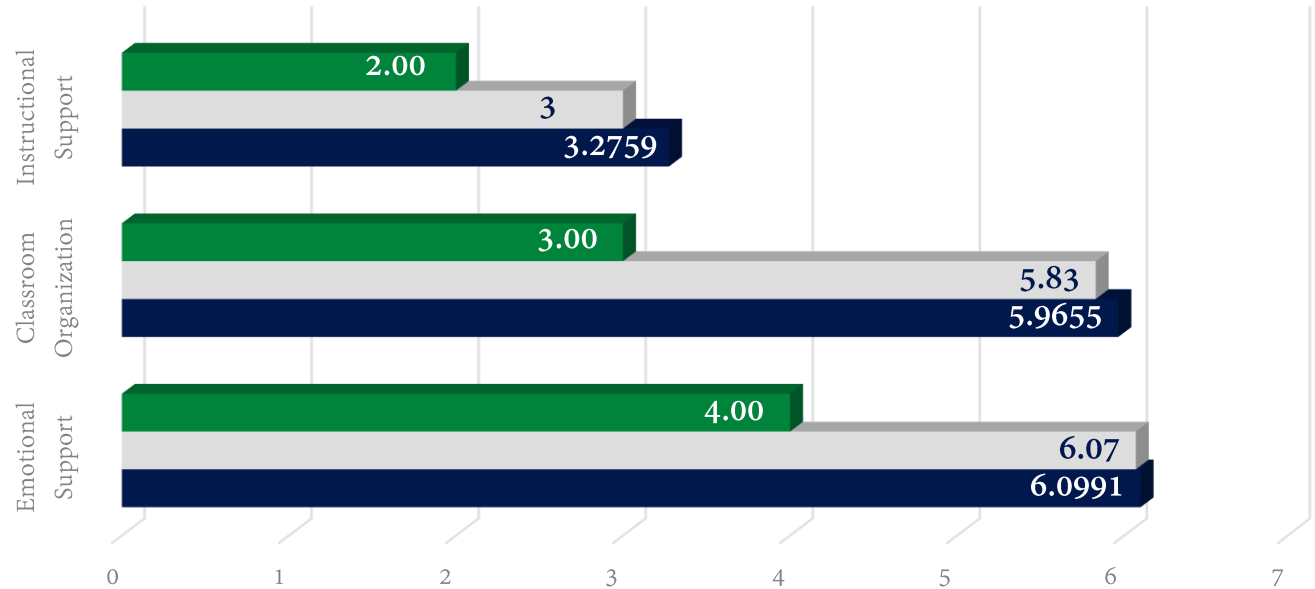
Knoxville-Knox County Head Start/Early Head Start is in full compliance with the standards of the following regulatory agencies:

**State Childcare Licensing
Child and Adult Food Program
Department of Transportation**

Found in full compliance with applicable standards and regulations
- no findings during a 2017 Independent Fiscal Audit

Federal Monitoring Review Results

Classroom Assessment Scoring System (CLASS) Comparison Chart
Knoxville-Knox County Head Start vs. 2017 National Average vs. Threshold



	Emotional Support	Classroom Organization	Instructional Support
■ Threshold	4.00	3.00	2.00
■ 2017 National Average	6.07	5.83	3
■ Knoxville-Knox County Head Start	6.0991	5.9655	3.2759

The outcome of the most recent Federal Monitoring Reviews (full review in 2011, Health and Safety review in 2014, and Fiscal and ERSEA review in 2015, and CLASS review in 2017), indicated that Knoxville-Knox County Head Start is in full compliance with program regulations in the following areas: safe environments, mental health services, family and community services, transportation, child health and development, staff qualifications, nutrition services, facilities management, and human resource management. During the CLASS Review, observations were conducted in thirty of our preschool classrooms using the Pre-K Classroom Assessment Scoring System (CLASS). The CLASS tool looks at three domains and ten dimensions of teacher-child interactions as well as interactions between children. It measures those observations on a seven-point scale. To meet the standards established by the federal government, we needed to score at least a 4 in Emotional Support, a 3 in Classroom Organization, and a 2 in Instructional Support. See chart for our results in comparison with the Threshold and the 2017 National Average.

Summary of Community Assessment

Families with Children under 5 years old Living in Poverty→

Head Start (HS) serves low income families with children under 5 years old. A geographic comparison of the target population found that relative to the entire USA (17.2%), Tennessee (22.8%), and Knox County (19.3%), Knoxville City (27.3%) had the highest percentage of these target families.

Gender of Family Head of Household→

Regarding family composition, of HS applicant families, the majority had a female head of household (63%) as compared to a male (37%), and almost 60% of families with a female head of household with children under 5 years old in Knox County were living below the poverty level.



Public Assistance→

Since HS targets serving low income families, the percentage of enrolled families receiving public assistance was reported. Currently, many more families received SNAP (57%) than TANF (8%). However, the percentage of HS families receiving SNAP benefits was higher than that (13%) of the general population of Knox County.

Race/Ethnicity→

Knox County has the largest percentage of people identifying as White (82.4%), whereas the number is significantly lower for Knoxville (72.1%), but largely lower for the HS/EHS applicant families (47%). Conversely for the African American and Hispanic groups, the numbers are significantly higher in the HS group (35.7%, 13.7% respectively) relative to Knox County (8.9%, 4.3% respectively) and Knoxville (17.9%, 4.9% respectively). Moreover, 18% of enrolled HS families are Hispanic compared to only 6% in 2004.

Education Level→

23% of HS applicant parents and 57% of Hispanic parent applicants did not complete high school (HiS) as compared to 9.4% in Knox County and 13.7% in TN respectively. Only 7% of HS applicant parents and less than 3% of Hispanic HS parent applicants attained education past HiS, as compared to 65.7% in Knox County and 54.2% in TN respectively.

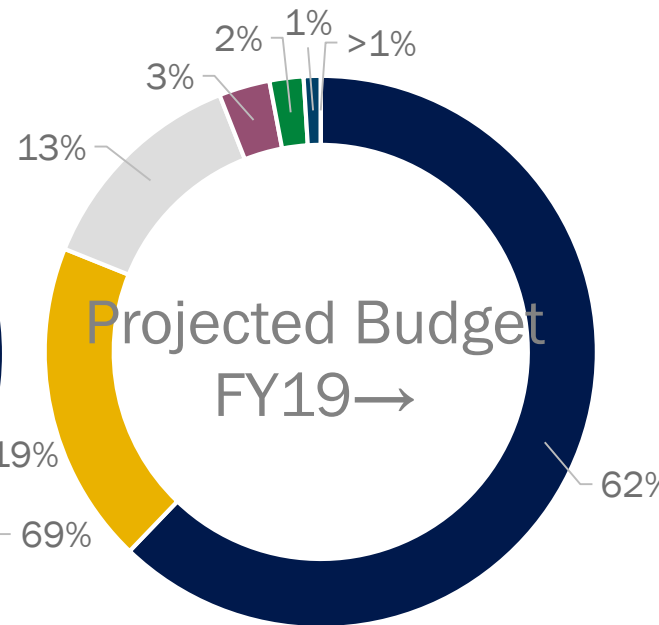
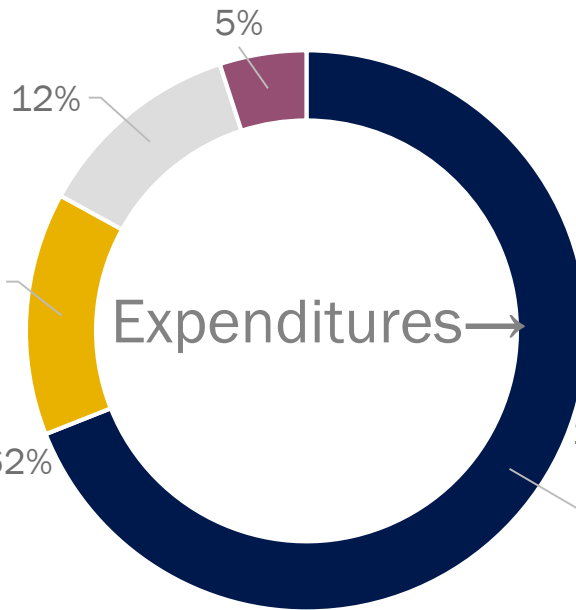
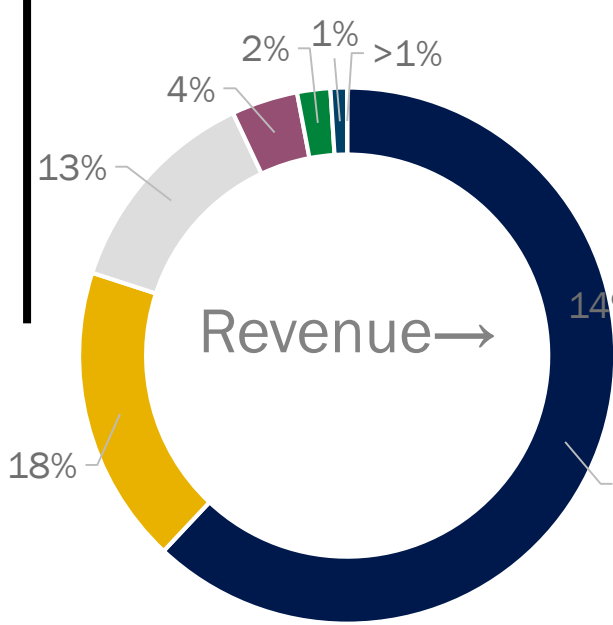
Annual Median Household Income→

Comparing median annual household incomes nationally to locally, the median income for HS families was significantly lower (\$12,000-14,000) than Knoxville city (\$34,556) which was significantly lower than Knox County (\$50,366) and the US (\$55,322). Moreover, 68% of enrolled families earned less than or equal to \$20,000 a year.

Employment Status→

One parent families had a significantly higher percentage of parent unemployment than 2 parent families (43.5% vs 11.7%), presumably since the single parent had sole parenting responsibilities. However, the percentage of unemployed parents in either one or two parent families case was significantly higher than the recent unemployment rate for Knox County of 3.6%.

Annual Budget and Expenditures



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- Head Start - \$8,272,943
- Local Match - \$2,387,319
- Early Head Start - \$1,694,026
- UD SA - \$467,991
- Child Care Certificate - \$254,961
- Training and Technical Assistance - \$112,264
- Parent Child Care Co-Pays - \$33,657

- Personnel & Related Costs
- Facilities/Transportation and Operational Costs
- Materials/Supplies/Services
- Administrative Costs - Grantee

- Head Start - \$8,676,452
- Local Match - \$2,583,086
- Early Head Start - \$1,738,747
- UD SA - \$465,000
- Child Care Certificate - \$285,000
- Training and Technical Assistance - \$142,144
- Parent Child Care Co-Pays - \$30,000

Includes 2.6% COLA and \$225,000 One time supplement



Centers

Claxton-West
 2400 Piedmont Street
 Knoxville, TN 37921
 971-5845 phone
 546-2705 fax

Anderson-South
 4808 Prospect Road
 Knoxville, TN 37920
 573-1846 phone
 577-5874 fax

Kiwanis-East I
 2400 Prosser Road
 Knoxville, TN 37914
 521-6551 phone
 523-4992 fax

Kiwanis-East II
 2330 Prosser Road
 Knoxville, TN 37914
 637-2639 phone
 637-6358 fax

North Ridge Crossing
 1008 Breda Drive
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 689-1538 fax

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 2247 Western Avenue
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 637-6244 phone
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