



2018-2019

Annual Report

Knoxville-Knox County Head Start/Early Head Start

Administered by Knoxville-Knox County Community Action Committee

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Head Start Works

Children that participate in Head Start programs receive innumerable benefits. These advantages appear immediately, last a lifetime, and even have an effect on other generations. The effects are particularly strong amongst certain subgroups of children, particularly Hispanic and African-American children, dual language learners, children who are homeless or in foster care, those who qualify for free lunch, and those whose mothers didn't graduate high school. When disadvantaged children receive high-quality birth-to-five education, such as Early Head Start plus Head Start, the return on investment can be as high as 13% annually (Garcia et al, 2016). The advantages Head Start children experience include:



By the end of the program:

- Head Start children make progress towards norms in language, literacy, and math. Head Start children also score at the norm on letter-word knowledge by the end of the year. (Aikens et al., 2013; Bloom and Weiland, 2015)
- Early Head Start children show significantly better social-emotional, language, and cognitive development. Children who attend Early Head Start and transition to Head Start are more ready for kindergarten than children who do not attend Head Start. (Love et al., 2002)
- The Head Start Impact Study found Head Start children scored better than a control group of children in all measured domains of cognitive and social-emotional development. (U.S. Departments of Health and Human Services, 2010)
- Head Start children in foster care or other non-parental care are more ready for school. (Lipscomb et al., 2013)
- Head Start children have better social skills, impulse control, and approaches to learning. Head Start children also decrease their problem behaviors, such as aggression and hyperactivity. (Aikens et al., 2013)
- Obese, overweight, or underweight children who participate in Head Start have a significantly healthier BMI by kindergarten entry. (Lumeng et al., 2015)
- Children in Early Head Start are more likely to be immunized and have services for children with disabilities (Love et al., 2002).
- Head Start children are more likely to receive dental checkups and have healthy eating patterns than non-participants. They have lower body mass index (BMI) scores and are less likely to be overweight compared to children in other non-parental care. (Lee et al., 2013)
- When families participate in Head Start (as opposed to no ECE), children are 93% less likely to end up in foster care, a correlation not found by participating in any other types of ECE. (Klein et al., 2017)
- Children show additional gains in social-emotional development as a result of participating in Head Start at both 3 and 4 years old. (Aikens et al., 2013)

Taken from: <https://www.nhsa.org/facts-and-impacts>

Head Start Works

continued

Throughout K-12:

- Compared with children in parental care, Head Start children performed considerably better on cognitive and social-emotional measures in kindergarten and had fewer attention problems and exhibited fewer negative behaviors. ([Zhai et al., 2011](#))
- Mortality rates for 5- to 9-year-old children who had attended Head Start are 33 to 50 percent lower than the rates for comparable children who were not enrolled in Head Start. ([Ludwig and Miller, 2007](#))
- Children who attend Early Head Start have significantly fewer child welfare encounters during their elementary years. ([Green et al., 2014](#))
- Early Head Start shows positive impacts on participants' social-emotional functioning that last through fifth grade. ([Vogel et al., 2010](#))

As adults:

- Head Start children have a higher likelihood of graduating high school, attending college, and receiving a post-secondary degree, license, or certification. ([Bauer and Schanzenbach, 2016](#))
- Head Start students are more likely to graduate high school, more likely to go to at least one year of college, less likely to be out of school and unemployed, and less likely to be in poor health. ([Deming, 2009](#))
- Head Start improves adult health status for graduates; they are 7% less likely to be in poor health as adults than their siblings who did not attend. ([Johnson, 2010](#); [Deming, 2009](#))
- As adults, Head Start graduates are 19% less likely to smoke than their siblings who did not attend. The savings from these reduced health costs are equal to 36%-141% of the program costs. ([Anderson et al., 2010](#))
- Compared to siblings who did not attend, Head Start graduates demonstrated improved educational attainment, adult health status, and wages, and decreased grade repetition and incarceration rates for black males. ([Johnson, 2011](#))
- Exploring the evidence on lasting effects of Head Start for children and society both from and beyond the Head Start Impact Study shows the long-term effects and benefit-cost ratio of Head Start. ([Karoly and Auger, 2016](#))

Other generations:

- Early Head Start parents offer more stimulating home environments, read more with children, use less physical punishment, and have higher levels of self-sufficiency. ([Love et al., 2002](#))
- Head Start parents are more likely to increase their educational levels during their children's early years than other at-risk parents. ([Sabol and Chase-Lansdale, 2014](#))
- Head Start parents invest more time in learning activities with their children, and non-resident fathers spend more days per month with their children. ([Gelber and Isen, 2011](#))
- Head Start graduates report investing more in their own children; their children benefited from more positive parenting practices. Head Start graduates spent more teaching their own children numbers, letters, colors, and shapes, more time praising their children, showed their children more physical affection, spent more time doing the child's favorite activities, and reported spanking their children less. ([Bauer and Schanzenbach, 2016](#))
- The children of Head Start graduates are significantly more likely to finish high school and enroll in college and they are significantly less likely to become teen parents or to be involved in the criminal justice system. ([Barr and Gibbs, 2017](#))

Children

We served approximately 34% of eligible preschool children and 4.4% of eligible infants and toddlers in Knox County, for a total of 1037 children:

35 children under age one

68 one-year olds

105 two-year olds

379 three-year olds

450 four-year olds



The average monthly enrollment (as a percentage of funded enrollment) was 100% For HS and 100% For EHS. 5

Services

Medical:

99.8% (1035) of children received medical exams
144 children received lead testing

Dental:

87% (904) of children received dental exams
14% increase in the number of children with continuous, accessible dental care provided by a dentist (756 in the fall to 851 by the end of the year)

Nutrition (with support from USDA reimbursement):

58,487 Breakfasts were served
88,054 Lunches were served
53,448 Snacks were served



Services

continued

Education:

900 children received developmental screenings
383 children transitioned to Kindergarten

Disability:

12% of preschool children and 11% of infants and toddlers had an IEP or IFSP and received on-site services

Transportation:

455 children were transported daily on bus routes
Transportation was provided for 124 appointments for support services.

Family:

1399 Direct services and referrals were made to assist families with clothing, food, utilities, interpretation services, etc.



Families

We served 952 families:

401 (42%) two-parent families
551 (58%) single-parent families

Primary Language of the Home

762 children (73%)– English
186 children (18%)– Spanish
37 children (4%)– African Languages
36 children (4%)– Middle Eastern or
South Asian Languages
8 children (<1%)– European or Slavic
Languages
5 children (<1%)– East Asian
Languages
3 children (<1%)–Other



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: 991 parents and family members contributed 5,638 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 \$108,743.

Center Parent Committees: 81% of individuals participated in one or more meetings, with an average monthly attendance of 273.

Policy Council: 29 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.



Parent, Family, Community Engagement continued

Family Partnership Agreements (FPA): 444 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 6,462 contacts. Early Head Start center-based families participated in 1644 contacts and Early Head Start home-based families participated in 689 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, and 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 (Teaching Strategies Gold) 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.

Head Start School Readiness Indicators

<i>Physically Ready</i>	100% who were identified by a medical professional as needing medical services received them. 99.9% were current on immunizations. 95% had an ongoing source of continuous, accessible health care. 91% received dental exams. 55% were at a healthy weight.
<i>Socially Competent</i>	93% Demonstrate concern about the feelings of others. 94% Demonstrate confidence in meeting own needs. 99% Manage separations without distress and engages with trusted adults. 90% Use successful strategies for entering group. 94% Display compliant behavior.* 94% Show appropriate initiative.* 93% Show appropriate self-control.* 93% Show attachment in relationships.*
<i>Academically Ready</i>	70% Verbally counts to 20 with support. 69% Identify numerals to 5 by name and connects each to counted objects. 76% Compares and orders a small set of objects according to size, length, or weight. 94% Identify a few basic shapes (circle, square, triangle). 91% Copy simple repeating patterns. 70% Master many of the literacy skills necessary for learning to read.



Early Head Start School Readiness Indicators

Physically Ready

- 99.9% are current on immunizations.
- 100% received needed medical services.
- 94% have an ongoing source of continuous, accessible health care.
- 97% demonstrate traveling skills.
- 95% demonstrate gross motor manipulation skills.
- 99% use fingers and hands to demonstrate fine-motor strength and Coordination.

Socially Competent

- Regulates own emotions and behaviors*
 - 99% manage feelings.
 - 98% follows limits and expectations.
 - 97% take care of own needs appropriately.
- Establish and sustain positive relationships*
 - 98% form relationships with adults.
 - 98% respond to emotional cues.
 - 95% interact with peers.
 - 98% make friends.
- Participate cooperatively and constructively in group situations*
 - 90% balance needs and rights of self and others.
 - 90% solves social problems.

Academically Ready

- Language*
 - 99% comprehend language.
 - 89% use an expanding expressive vocabulary.
 - 85% engage in conversations.
- Cognitive*
 - 99% show curiosity and motivation.
 - 96% make connections.
- Literacy*
 - 81% notice and discriminates rhyme.
 - 99% use and appreciate books and other texts.
- Mathematics*
 - 89% demonstrate knowledge of patterns.
 - 76% use number concepts & operations to quantify.





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, 38% 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 11.7% remaining in that stage. By the end of the school year, 18.4% of the DLL students who were assessed were in the Advanced Stage of English language acquisition – a notable achievement.

Staff

204 people

165 Child Development and Health Staff

20 Family Services/Support Staff

14 Program Design/ Management Staff

5 Other (Maintenance and Transportation)

Of the 204 staff, 28 were current or former Head Start parents.

Infant/Toddler Teacher Qualifications

14% have an infant/toddler CDA

41% have an AAS degree in ECE

45% have a BS degree or higher in ECE or related field

Preschool Teacher Qualifications

19% have an AAS degree in ECE

81% have a BS degree or higher in ECE or related field





Achievements

2018-2019 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.

5.90 Claxton

6.17 Anderson

5.79 East I

6.30 East II

5.45 North Ridge Crossing

5.70 LT Ross

5.90 Program Average

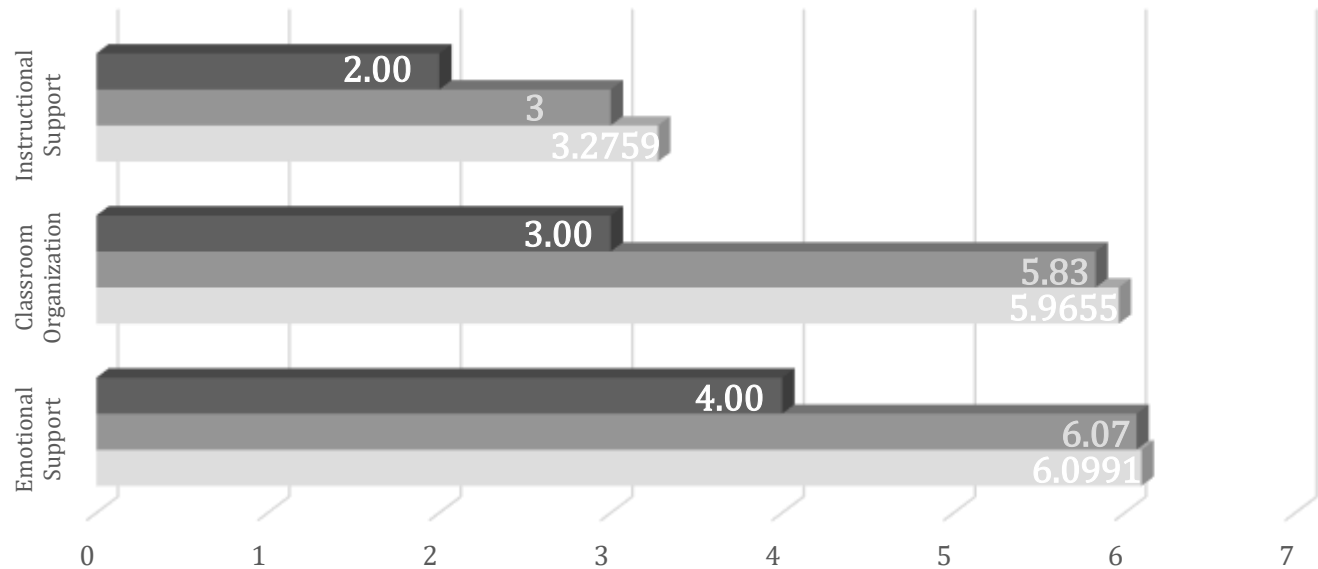
KKCHS is in full compliance with the standards of the following regulatory agencies:

State Childcare Licensing
Child and Adult Food Program
Department of Transportation

Found in full compliance with applicable standards and regulations – no findings during a 2018 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, 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 (16.2%), Tennessee (21.9%), and Knox County (19%), Knoxville City (30%) 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 60.4% 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 applicant families receiving public assistance was reported. Currently, many more families received SNAP (73%) than TANF (6%). The percentage of HS families receiving SNAP benefits was higher than that of the general population of Knox County (12.7%).

Race/Ethnicity: Knox County has the largest percentage of people identifying as White (86%), whereas the number is significantly lower for Knoxville (75.2%), but largely lower for the HS/EHS applicant heads of household (54%). Conversely for the African American and Hispanic groups, the numbers are significantly higher in the HS group (41%, 16% respectively) relative to Knox County (8.9%, 4.4% respectively) and Knoxville (17.5%, 5.6% respectively). Moreover, 19% of enrolled HS families are Hispanic compared to only 6% in 2004.

Education Level: 21.2% of HS applicant heads of household and 52% of Hispanic applicant heads of household did not complete high school (HS) as compared to 9.1% in Knox County and 13.5% in TN respectively. Only 7.4% of HS applicant parents and less than 3% of Hispanic HS applicant heads of household attained education past HS, as compared to 65% in Knox County and 53.8% in TN respectively.

Annual Median Household Income: Comparing median annual household incomes nationally to locally, the median income for HS families was significantly lower (\$14,000-16,000) than Knoxville city (\$36,331) which was significantly lower than Knox County (\$52,458) and the US (\$57,652). 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 (40.5% vs 13%), 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 4.0%.

Annual Budget and Expenditures

2018 Funding by Revenue Source

Head Start	\$8,676,452
Early Head Start	\$1,738,747
Local Match	\$2,583,086
T&TA	\$142,144
CACFP	\$465,771
Child Care Certificates	\$248,988
Parent Child Care Co-pays	\$33,657
	\$13,888,845*

2019 Funding by Revenue Source

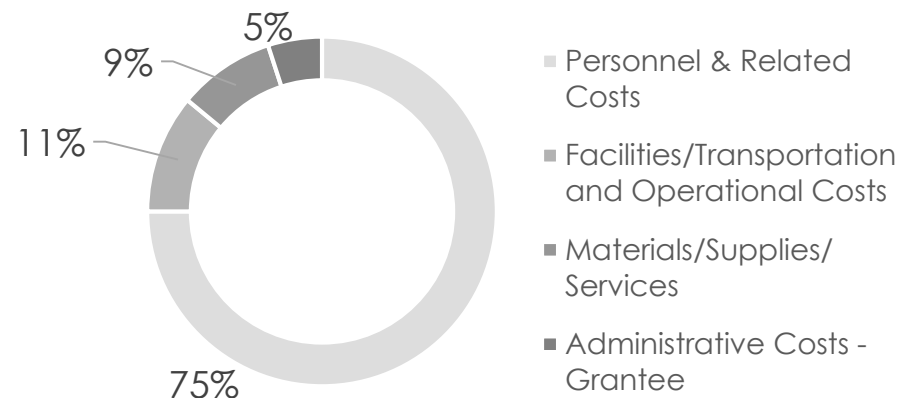
Head Start	\$9,239,878
Early Head Start	\$2,081,895
Local Match	\$2,865,980
T&TA	\$142,144
CACFP	\$488,435
Child Care Certificates	\$201,231
Parent Child Care Co-pays	\$47,757
	\$15,067,320*

*Budgets reflect one-time funding and prorated duration funds to the base funding

2020 Projected Budget

Head Start	\$8,797,951
Early Head Start	\$2,100,819
Local Match	\$2,760,229
T&TA	\$142,144
CACFP	\$475,000
Child Care Certificates	\$200,000
Parent Child Care Co-pays	\$40,000
	\$14,516,143

2018 Expenditures



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
Knoxville, TN 37918
689-1183 phone
689-1538 fax

L.T. Ross-Central

2247 Western Ave.
Knoxville, TN 37921
637-6244 phone
523-2996 fax



Administration

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