Champlain Valley Head Start Annual Public Report 2021

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About Us

Head Start is a federally funded program through the U.S. Department of Health and Human Services. Head Start programs prepare America's most vulnerable young children to succeed in school and in life beyond school. To achieve this, Head Start programs deliver high quality services to low-income children and families in core areas of early learning, health, and family well-being while engaging parents as partners every step of the way.

Head Start encompasses Head Start preschool programs, which primarily serve 3- and 4-year-old children, and Early Head Start programs for infants, toddlers, and pregnant people. Head Start services are delivered nationwide through 1,600 agencies which tailor the federal program to the local needs of families in their service area.

Champlain Valley Head Start (CVHS) is funded to serve 296 low-income and vulnerable children and families in Addison, Chittenden, Franklin and Grand Isle counties. CVHS is a program of Champlain Valley Office of Economic Opportunity (CVOEO). CVOEO is one of five Community Action Agencies in Vermont also operating in Addison, Chittenden, Franklin and Grand Isle. CVOEO's mission is to address fundamental issues of economic, social, and racial justice and works with people to achieve economic independence.

The mission of CVHS is to provide high-quality early care and education services to help children and families thrive and reach their full potential. CVHS promotes the health, safety and well-being of children, and maintains strong collaborative partnerships to meet the changing needs of children, families, and communities.

CVHS provides early care and education in classrooms, as well as home-visiting programs for pregnant women, and children birth to age 5. The work of CVHS also includes providing comprehensive wraparound services based on families' goals, which are developed by the families. These comprehensive wraparound differentiate Head Start programs from other early care and education services providers. A few of the comprehensive wraparound services that CVHS provides to families include:

- Supporting families to find medical and dental services and providing extra support and trouble-shooting with families that have a history of missed appointments or who have other barriers to attending medical or dental visits;
- Providing access and opportunities to meet with mental health professionals, a Nurse Practitioner, Dietitian, and Tooth Tutors (dental hygienists);
- Facilitating referrals to local housing, food, and employment resources, offering information, and providing ongoing support to families
- Providing individualized services for children with diagnosed disabilities
- Offering opportunities for parent involvement, education, and leadership; and
- Supporting parents to be advocates for themselves and their children



Community Needs Assessment Summary

A summary of a program's most recent community assessment

The CVHS/CVOEO service region is home to approximately 30% of Vermont's total population and just over 40% of its children. CVHS strives to serve the most vulnerable families in these communities. Many families in the CVHS service area struggle to meet their basic needs like housing, food, child care, and/or internet access. This increases stress, which can challenge their ability to effectively care for themselves and their children.

Children Living in Poverty

In the CVHS service region, there are approximately 12,240 children of which 1,354 are estimated to be living at or below the Federal Poverty Level (100% FPL). For 2021, 100% FPL is only \$26,500 for a family of 4 and 200% FPL is just \$53,000 for a family of 4.

36% of children in Vermont live in households with income below 200% FPL, 13% of children under 18 and 11.5% of all families live below 100% FPL, and 5% of children under age 18 live in families in extreme poverty with incomes below 50% FPL in Vermont, with disproportionately high poverty rates in the most rural counties. 26% of Vermont's children under 18 live in single-parent families. And, Vermont's children under 5 with single mothers experience poverty at almost 4 times the rate of all families (40.1% vs. 11.5%).

Recent data from the U.S. Census Bureau indicates that the total number of children ages 0-5 living at or below FPL in the CVHS service area is as follows:

County	Number of children ages 0-5 at or below 100% FPL in the CVHS Service Region	
Addison	204	
Chittenden	896	
Franklin	243	
Grand Isle	11	
Total	1,354	

Children in Foster Care or Experiencing Homelessness

Children in foster care and families experiencing homelessness are automatically eligible for Head Start services. In Vermont there were 1,004 unique cases of child abuse and neglect in 2019. 50% of children birth to five that enter the system come from homes where there is opioid abuse in the family (the number rose from 268 in 2012 to 481 in 2019). During the 2019-2020 school year, there were 373 children under 9 in Vermont who met the McKinney-Vento definition of homelessness. The majority of homeless students are doubled-up/sharing the housing of others (62.6%) or staying in motels/hotels (22%).



Rural Geography

Vermont is predominantly rural as defined by the criteria established by the U.S. Census Bureau. Vermont is the second least populated state and has the highest percentage of rural residents, with 75.5% of the population residing in rural areas, compared to only 14% nationwide. Lowincome residents of rural counties encounter poorer health outcomes for all ages and subpopulations.

Vermont's mountainous geography, the limited availability of many kinds of services in small, geographically remote communities, lack of access to public transportation, and difficult winter driving conditions exacerbate the barriers vulnerable populations encounter in accessing services and support. In Addison, Franklin, and Grand Isle counties, there are isolated pockets of rural poverty and families struggle with extremely limited access to transportation and many other kinds of services. These conditions compound and contextualize many risk factors.

Diversity

Due to the nature of its large geographic service area, CVHS's target population has a diverse range of needs and experiences. While Addison, Franklin, and Grand Isle counties are very rural and predominantly white, in Chittenden County, there is a significant New American (refugee and immigrant) community and 9.3% of residents in this county speak a language other than English at home. The majority of families that resettle in this area are income eligible for Head Start as they have little or no income. Although the vast majority of Vermont's population identify as white, the state is growing more racially diverse, especially in young children. 8.8% of Vermont's children under 10 identify as non-white, compared to 5.7% of the population as a whole. Meanwhile, in 2019, approximately 40% of the families CVHS served identified as non-white.

Child Care Availability & Affordability

Despite the adoption of universal pre-kindergarten, Vermont still does not have enough child care openings to serve young children and their families. Currently, 67% of all children under age 5 who are likely to need child care will not have access to a high-quality (4 and 5 STARS), regulated program, and 39% have no access to regulated programs at all. The unmet need for infant care (children 1.5 to 23 months) is even greater, with 84% of infants who need care not having access to a high-quality, regulated program and 65% not having access to any regulated program at all. As children become toddlers (24 to 35 months), the need becomes less acute.

Not only is the lack of availability of high quality child care a significant challenge, the cost is prohibitive for many families. The average family of four invests one fifth of their income on child care and even with financial assistance, many Vermont families can spend almost 30% of their annual income on child care.



Housing Affordability

26% of Vermont's children live in households where more than 30% of the monthly income was spent on rent, mortgage payments, taxes, insurance, and/or related expenses.

Food Insecurity

In 2018 in Vermont, 17,550, or more than 1 in 7 children under 18, live in households that are food insecure. Of the children living in food insecure households, approximately 7,700 (45%) are not eligible for federal nutrition programs due to their households having incomes above the 185% federal poverty level. And, food insecurity for children under 18 years has risen in every county in the pandemic; Chittenden County increased from 12.3% in 2018 to 19.3% in 2020.

Employment

Vermont's total labor force as of February 2020 was about 340,000 workers. Assuming that all recorded unemployment claims are valid, around 21% of Vermont's workforce has been impacted by the Covid-19 pandemic. This is unprecedented, given that the highest annual unemployment rate experienced in Vermont in the past 44 years was nearly 9% in 1976.

Technology & Communication

4.7% of Vermont households do not have a computer. Of the households with a computer, 87.2% had a broadband internet subscription. Demographically, those without internet subscriptions have lower educational attainment levels and higher levels of unemployment.



Number of Children & Families Served

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

Total Number of Children and Families Served

For the 2020-2021 program year, CVHS served 254 program participants throughout northwest Vermont, including pregnant people, children ages birth through 5, and their families.

Average Monthly Enrollment (as a percentage of funded enrollment)

	Actual	COVID-19 Adjusted C	Capacity	%
Head Start (HS)	141	147		95.9
Early Head Start (EHS)	51	76		67.1
Early Head Start-Child Care Partnerships (EHS-CCP)	24	25		96.0
Average for Total Program	216	248		83.8
	Actual	Funded Enrollment	%	
Head Start (HS)	141	180	78.3	
Early Head Start (EHS)	51	82	62.2	
Early Head Start-Child Care Partnerships (EHS-CCP)	24	34	70.6	
Average for Total Program	216	296	73.0	

In response to guidance provided by health and safety officials about precautions that should be taken due to the COVID-19 pandemic, CVHS reduced the number of children enrolled in its center-based programming for the 2020-2021 program year. The pandemic presented challenges in enrolling children in the home-visiting program as this program was conducted virtually. In response to the pandemic, the Office of Head Start issued guidance suspending the requirement that programs maintain full enrollment. This guidance was in effect for all of the 2020-2021 program year.

Percentage of Eligible Children Served

Approximately 91.1% of Head Start participants served were from income-eligible families and approximately 92.7% of Early Head Start participants served were from income-eligible families.



Percentage of Enrolled Children that Received Medical & Dental Exams

The percentage of enrolled children that received medical and dental exams

For children enrolled during the 2020-2021 program year, 91.8% of preschool children received physical exams, and 85.4% of children birth to 3 were up to date on age-appropriate well child care at the end of enrollment; 64.6% of preschool children received dental exams, and 50.6% of children birth to 3 were up to date on dental care at the end of enrollment according to Vermont's EPSDT schedule. Note: Physical exam percentages for both age groups were slightly lower than pre-COVID 19 numbers, however, significant declines (20-30 percentage points) were seen in the percentages of children receiving dental exams compared to pre-pandemic numbers.

Parent Involvement Activities

Information about parent involvement activities

Parent involvement in CVHS occurs most commonly through home visits or as parents spend time in Head Start classrooms.

Parents may also be involved in activities such as: Group socializations; Local Parent Committee Meetings; Parent-Teacher conferences; Open House or classroom orientation sessions; Parent Education sessions; CVHS Health Services Advisory Committee and other program committees; Policy Council meetings; IEP meetings; Volunteering as classroom helpers, attending field trips, participating in home activities, and assisting in administrative offices; CVHS interview teams to hire new staff; the CVHS Self-Assessment and Community Assessment processes; attending events such as VT Early Childhood Day at the Legislature and meetings of the VT Head Start Association; and attending conferences such as the New England Head Start Association Conference.

Within the confines of its budget, Champlain Valley Head Start provides interpreters for families that do not speak English so that they can be involved in the program and attend various activities.



Efforts to Support School Readiness

The agency's efforts to prepare children for kindergarten

CVHS supports children for school readiness and lifelong success. The CVHS curriculum, *The Creative Curriculum*, is based on five fundamental principles that help to guide CVHS practice in providing services to children and families:

- Positive interactions and relationships with adults provide a critical foundation for successful learning;
- Social-emotional competence is a significant factor in school success;
- Constructive, purposeful play supports essential learning;
- The physical environment affects the type and quality of learning interactions; and
- Teacher-family partnerships promote development and learning.

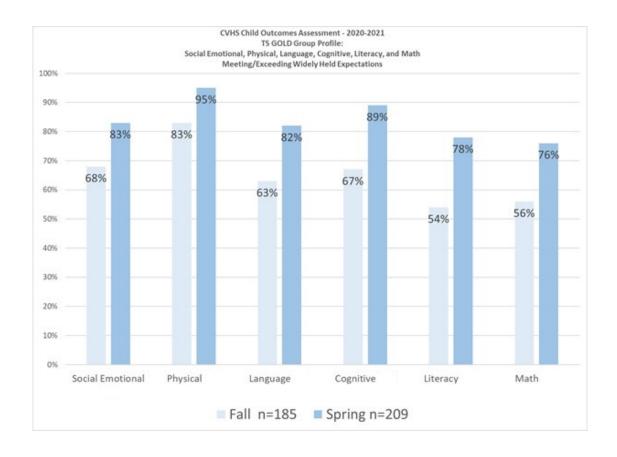
CVHS staff plan curriculum to include goals in the areas of social emotional development, approaches to learning, literacy, language development, math, science, logic and reasoning, social studies, creative arts, and physical health and development. These areas of development and learning guide staff in the provision of materials and activities offered to prepare children for kindergarten. Experiences are provided to meet each child's individual needs and stimulate learning, with strong emphasis on language/cognitive skills, early literacy skills, and the development of positive social skills. Health educational activities include daily tooth brushing and monthly nutrition activities. Staff utilize an individualized observation and planning process for each child/family. Staff assess, with the parent, the child's developmental strengths and needs. Information is obtained through informal interviews with the parent, observations of the child, developmental screenings, and the Teaching Strategies Gold online assessment. This information is then used to individualize services for children and families.

The CVHS Education Coordinator and Early Head Start Coordinator analyze data and generate individual and program-wide TS GOLD reports three times per program year (four for EHS). Child outcomes data is shared with all staff, families, Policy Council, collaborative partners and CVOEO Board outlining strengths and areas for improvement. Teachers and home visitors use individual and group profile reports to plan curriculum which offers materials, activities and experiences for learning through play in all areas. Staff and families review child specific reports to share each child's strengths and set goals together. Group profile reports are generated to help guide curriculum for specific groups, and identify areas of support/supervision. TS GOLD is used to track and measure school readiness goals. At the annual CVHS strategic planning event, a summary of trends in all component areas assist staff in determining progress towards overall school readiness goals. This information is used to help gather resources for staff and families, plan trainings, purchase materials, and guide future school readiness goals.

CVHS assists parents in monitoring their child's developmental growth and supports parents in accessing additional resources for their children, as needed. CVHS staff collaborates with Special Education and Early Intervention providers, and children's services are often provided in our classrooms. CVHS staff, parents and collaborating agencies plan activities to support children's



transition to kindergarten. Such opportunities may include Head Start children and families attending school functions or libraries, going on classroom visits, meeting with kindergarten teachers, principals and special educators, attending school-sponsored "transition fairs," utilizing school facilities, and accessing school meal programs.





Funding

The total amount of public and private funds received and the amount from each source.

For the period starting 11/1/2020 and ending 10/31/2021 CVHS received funding as follows:

Funding Source				
U.S. Department of Health and Human Services	HS / EHS / CCP	\$6,007,689		
CARES Act – HS / EHS / CCP		\$143,799		
ARPA – HS / EHS / CCP		\$28,488		
Delta Dental Foundation		\$60,000		
USDA		\$41,928		
Vermont state funds		\$158,678		
CRRSA Child Care		\$26,863		
Building Bright Futures		\$3,840		
Miscellaneous Donations		\$599		



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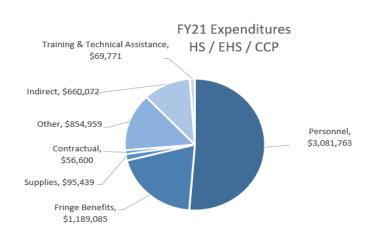
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Expenses

An explanation of budgetary expenditures and proposed budget for the fiscal year.

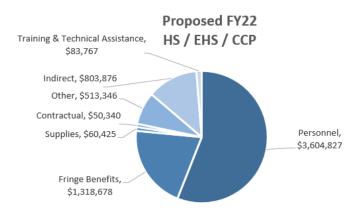
Budgetary Expenditures November 1, 2020 - October 31, 2021

HS / EHS / CCP 11/01/20 - 10/31/21				
Personnel	\$ 3,081,763			
Fringe Benefits	\$1,189,085			
Supplies	\$95,439			
Contractual	\$56,600			
Other	\$854,959			
Indirect	\$660,072			
Training & Technical Assistance	\$69,771			
Total	\$6,007,689			



Proposed Budgets: HS/EHS/CCP FY22 (11/01/2021 - 10/31/2022)

Proposed FY22 HS / EHS / CCP	
Personnel	\$3,604,827
Fringe Benefits	\$1,318,678
Supplies	\$60,425
Contractual	\$50,340
Other	\$515,346
Indirect	\$803,876
Training & Technical Assistance	\$83,767
Total	\$6,435,259





Results of Recent Audit & Reviews

The results of the most recent review by the Secretary and the financial audit.

Financial Audit

CVOEO's most recent audit looked at CVOEO for the period of October 1, 2020 through September 30, 2021, which is CVOEO's fiscal year. The audit was for the whole of CVOEO, which includes CVHS, Weatherization, Financial Futures, Voices against Violence, and all of CVOEO's other programs combined.

The audit was completed on January 17, 2021 and presented to the CVOEO Board on January 25. The auditors gave CVOEO an "unmodified opinion" which is the highest grade that the auditors can assign.

Focus Area One Monitoring Review

CVOEO / Champlain Valley Head Start had a Focus Area One review for all programs – *Head Start, Early Head Start, and Early Head Start—Child Care Partnerships* – during the week of February 1, 2021. The review was facilitated remotely by an off-site review leader, and covered the program's approaches to staffing structure, program design, education, health services, family services, enrollment, fiscal infrastructure, and program governance, as well as Covid-related adjustments.

The OHS Monitoring Review Report reflects the excellent performance CVOEO / CVHS in systems and services, as well as compliance with the requirements of the Head Start Program Performance Standards (HSPPS) and Public Law 110-134, Improving Head Start for School Readiness Act of 2007 (The Head Start Act).



Classroom Assessment Scoring System (CLASS) Review

In April 2017, CVHS went through a Federal monitoring review event – a CLASS (Classroom Assessment Scoring System) review. The CLASS tool looks at three domains and ten dimensions of teacher-child interactions and measures those observed interactions on a seven point scale. Scores of 1-2 mean the quality of teacher-child interactions is low. Classrooms in which there is poor management of behavior, teaching that is purely rote, or that lack interaction between teachers and children would receive low scores. Scores of 3-5, the mid-range, are given when classrooms show a mix of effective interactions with periods when interactions are not effective or are absent. Scores of 6-7 mean that effective teacher-child interactions are consistently observed throughout the observation period. CVHS CLASS scores were as follows:

DOMAIN	Score	DOMAIN	Score	DOMAIN	Score
Emotional Support	6.1302	Classroom Organization	5.8542	Instructional Support	3.2153

DIMENSIONS					
Positive Climate	5.90	Behavior Management	6.02	Concept Development	2.83
Negative Climate	1.13	Productivity	6.04	Quality of Feedback	3.15
Teacher Sensitivity	6.00	Instructional Learning Formats	5.50	Language Modeling	3.67
Regard for Student Perspectives	5.75				



For Reference

Head Start agencies that provide services to children and families must meet the Head Start Program Performance Standards and the requirements set forth in the Head Start Act of 2007. The relevant regulations affecting the Annual Public Report are outlined below.

Head Start Program Performance Standards §1302.102(d)(2)

Annually, a program must publish and disseminate a report that complies with section 644(a)(2) of the Act and includes a summary of a program's most recent community assessment, as described in §1302.11(b), consistent with privacy protections in subpart C of part 1303 of this chapter.

Head Start Act Section 644(a)(2)

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.