

**SOUTHWEST HEAD START**  
**PROGRAM ACCOUNT/PROGRAM OPTION**  
**COMMUNITY ASSESSMENT**

For the Program Year 2010 - 2011 the Southwest Human Resource Agency Head Start Program wishes to operate on Program Account No. 22 & 20. There will be twenty-six (26) classes - 499 funded slots, operating on the Regular Standard Option. These classes will be on a five day a week schedule for center-based activities Monday through Friday of each week will be designated for the Head Start enrollees to be in the center-based classrooms for their active participation.

Pending the continuation of ARRA money, there will be an additional three (3) classes – 60 funded slots, with extended care services. If ARRA money is not continued, this program will have two (2) extended care classes and the number of classes in the Regular Standard Option will increase to 27 with 519 slots. One (1) additional classroom, 20 funded slots, will operate as a Pre-K collaboration classroom.

The Operating Year is for 12 months, July 1, 2010 through June 30, 2011 with classes in session for nine (9) months, August 2010 through April 2011.

**PROGRAM ACCOUNT AND OPTION INFORMATION:**

(1) Number of children to be enrolled. 579

(2) Ten percent of enrollment for disabilities 58

(3) Number of children for whom fees will be charged. We do not charge any fees for the Head Start enrollees. Fees will be charged **only** for those children utilizing the Extended Day Care hours (6:00 a.m. – 7:30 a.m. and 1:30 p.m. – 6:00p.m.) working in collaboration with the Dept. of Human Services Childcare Program whenever possible.

(4) Number of families above and below the poverty income level whose children will be enrolled.

We are allowed to have 10% over the poverty income level enrolled at one time; therefore, that would equal 58 families provided each of the families had one child enrolled leaving 521 families below the poverty guideline.

(5) Number of hours per week of operation. There will be twenty-eight (28) classes where the children are in the Head Start Centers approximately 6 hours a day, 5 days a week, 8 months per year providing 160 child days of service per year. The staff work on an 8 hour day, working 5 days a week.

There will be three (3) classes, if ARRA funds continue, where the children are in the Head Start Centers at least eight (8) hours a day, five (5) days a week, 8 months a year providing 160 child days of service each year. These classes will operate from 6:00 a.m. – 6:00 p.m to accommodate families who work or are enrolled in educational/training programs. We also have an extended services classroom in our Chester County Center operating five (5) days a week, 9 months a year providing 160 child days of service plus an additional 20 LEA days. This classroom operates from 7:00 a.m. – 5:00 p.m. The classroom is a collaborative effort between Southwest HRA Head Start and the Chester County Board of Education. The classroom duties are shared by a Head Start teacher and assistant teacher and a Chester County School system teacher and assistant. This collaborative effort has proved to be very successful and we hope to expand this effort to other counties.

(6) Number of weeks per year that the Head Start Program will operate. All classes will operate 39 weeks for center staff based on continuation of ARRA money. The personnel on the Central Office Staff will work on a 44 or 52 week basis.

(7) Number of teachers. 30 Teachers

(8) Number of teacher assistants. 30 Teacher Assistants

(9) Number of Day Care Workers: 6 Day Care Workers (pending continued ARRA money)

(10) Number of classes or homes (in outreach programs.) All of the Southwest Head Start Classes will be center-based.

## **Program Options and Component Services Including Data Analysis**

All Head Start components are important, but the efforts to meet the Health, Social Service, and Parent Involvement needs have resulted in placing emphasis on decreasing the number of children and families served by each Family Case Manager. Of the 15 Family Case Managers, all but four (4) have received their S.S.C.B.T. credentials. The training provided to the staff, and emphasis on the positions have proved important as Head Start parents and children appear to be enrolling with more family problems than before or previously recognized. Efforts to serve the "neediest children" and serve more referred children with diagnosed disabilities prior to enrollment have also changed the general make-up of those served. A large number of our families have had involvement with other agencies, and the percentage of grandparents raising children and protective services cases is increasing each year. A greater than average number of children have disabilities, and these families have increased stress and tension as parents cope with their problems. All of the parents state they feel the need for their children to attend a Head Start Center as opposed to home based. All of the parents feel that their children need to be in an "educational" setting, and many are surprised at the comprehensive nature of our program and the emphasis on parent education and involvement. A component and topical breakdown of component service emphasis and decision making follows.

**Family Education:** Approximately 454 Head Start adult family members of children currently enrolled have attained a high school diploma or GED. The literacy level of the parents is being considered in producing parent education documents, activities, and written materials. Most of the parents have not been exposed to a preschool classroom or volunteered in a community organization, and need training in how to use their skills with the staff and children. Although literacy and adult education has been emphasized for some time, one-on-one encouragement is needed and efforts to improve the availability and access to adult education will continue.

**Nutrition:** There has been an observed lack of parent knowledge in what constitutes a well balanced diet and in cooking skills related to new foods and optimize cooking methods and numerous parents have listed nutrition education as high priority. Parents have been invited to attend training sessions emphasizing nutrition each year. We have encouraged parents to participate in the WIC Outreach Program where it is available, and have included information during home visits where needs have been identified. The presentation "You Are What You Eat" is presented at each parent meeting. Although very few of the Head Start children are currently anemic, a significant number lacked sufficient vitamin - A rich food in their diets. The Asst. Director for Child Health Services works with the school systems in ensuring that the cycle menus continue to include frequent servings of vitamin A and iron-rich foods. Some of the families participate in food banks (churches and community service centers), which are believed to be adequate in our community at this time. A fairly large number of parents qualify for food stamps and are using the service.

There has been an increase in children that are over-weight for their height. We counsel parents concerning the potential health problems for overweight children and give them information concerning nutritional low fat foods for their child. We weigh all children in September and again in February to monitor their weight. Children that are overweight will be followed every two months and nutrition information given to parents. Some parents feel that being over-weight is normal for their child because it has been a "normal" occurrence in their family. Encouragement and education is needed to try and change some of the myths about being overweight.

**Parent Involvement:** Family Case Managers are essential along with the teaching team in ensuring adequate parent involvement in the Head Start Program. The Assistant Director for Parent Involvement will continue in efforts to provide appropriate leadership to the Head Start staff. Every effort will be made to involve parents in decision making, provide training and information on topics that have been identified by parents as being needed, and to recognize and promote parents as the primary educator for their child. This will be accomplished through a variety of means i.e. Parent Committee Meetings, Policy Council Meetings, Parent Day Programs (including special programs for fathers), Newsletters, Parent-Teacher Conferences, Home visits, Parent Information Packets, Resource Library, and including parents at In-Service Training throughout the year. The Parent Involvement component's main objective is to help improve the lives and the well-being of children. We want to see more children grow up with committed and involved fathers in their lives. We will strive to provide information and training to help fathers, mothers, kids and everyone to know that fathers play an irreplaceable role in the lives of their children.

**Medical:** Health care services for children in our seven (7) county area have improved since providers have been assigned to children enrolled in TennCare. *Cover Kids*, a program offered to children who do not qualify for TennCare, stopped taking new enrollees after November 30, 2009, but did not cancel children that were already enrolled. *Cover Kids* has made a difference for families who are financially over the TennCare income guideline. It is impossible to assist Spanish families in getting insurance coverage when the child was born outside the United States. We do try to help them develop a medical home through the local health department or community health agencies. Dental services for children with TennCare have improved considerably since more dentists are contracting with TennCare. There are at least two (2) or more dentists now accepting TennCare in five (5) of the counties we service and one (1) dentist in Henderson county.

**Housing:** Many Head Start parents state their housing is not desirable or adequate. Referrals will continue to be made to the Human Resource Agency which has the Weatherization Assistance Program, Homeless Assistance, LIHEAP, and Emergency Services Program when it appears parents might qualify.

**Career Development:** Our Agency will continue in its efforts to employ qualified Head Start parents and to provide training leading up to CDA credentials, SSCBT credentials, or college degrees for staff. Currently, all of this Program's teachers possess a CDA and all but four (4) of our 15 Family Case Managers possess an SSCBT. Two (2) Family Case Managers have started SSCBT classes. As feasible, the remaining two (2) Family Case Managers will also obtain their SSCBT and begin classes during the 2010-2011 program year as they are offered. As of September 2003 this program meets the mandate issued in the Head Start Act stating that 50% of all Head Start Teachers must possess an Associate in Early Childhood Degree. Nineteen (19) of this Program's 30 teachers and 3 teacher assistants currently meet the mandated requirements. Fourteen teachers have been working toward obtaining a Bachelor's Degree in Early Childhood. Without the continuation of the ARRA funds, it will be necessary to discontinue assistance with tuition and books for the teachers to continue working on their bachelor's degree.

A need to provide more direct instruction on our program goals and procedures has been noted, and increased staff training is being emphasized at the Agency level, using both consultants and key staff.

**Disabilities/Mental Health:** Family and children's needs related to Head Start family problems and needs have increased. Better information management and tracking allow for improved services. Both disabilities and mental health areas are identified for increased training emphasis, along with general "classroom management" which is excellent in dealing with our clients. Mental Health Consultants are taking an active role in parent/staff conferences of children who have previously been identified by Mental Health Consultant during Mental Health observations. Mental Health Consultants in Henderson and Chester County have agreed to come to the classroom and provide counseling to children whose behavior is disrupting the classroom and where they are having problems functioning within the group. These services would be provided with the parents consent and presence when possible. This active role has increased the parent's cooperation in following through with the Mental Health Consultants recommendations.