

Kingsbridge Heights Community Center



EARLY HEAD START ANNUAL REPORT



2017-2018

Kingsbridge Heights Community Center
3101 Kingsbridge Terrace, Bronx, NY 10463

Serving Community, Building Relationships

Kingsbridge Heights Community Center

ABOUT OUR CENTER

OUR MISSION

KHCC's mission is to build on the strengths of residents in our diverse community, enabling them to effect change and improve the quality of their own lives and those of their families and their community. We believe that despite poverty, unemployment, and other challenges our residents have the ability to create a brighter future for themselves.

OUR HISTORY

The Kingsbridge Heights Community Center was founded in 1974 by a group of passionate community organizers gathered around three neighborhood women: Mary McLoughlin, Patricia Burns, and Janet Athanasidy. Upon hearing in 1972 that the 50th Precinct was moving out of its turn-of-the-century building on Kingsbridge Terrace, the three jumped at the opportunity to realize their vision for a community center.

The center opened during the spring of 1975 with a Teen Program and a Head Start Program and a budget of \$500,000 to renovate the facility. While work proceeded, new programs were sometimes offered in neighborhood parks, churches, and other locations. As the revitalized precinct building came together, the vision for the organization expanded: it would be modeled after the great New York settlement houses, providing educational and cultural activities for all community residents.

Today, KHCC offers programs and services for all ages and is an active member of United Neighborhood Houses of New York City and United Neighborhood Centers of America. From the adaptive reuse of our historic building to our responsive programs, the Kingsbridge Heights Community Center represents a crucial piece of the fabric of New York City. Under the leadership of Ms. Della, we are poised to help our neighbors in the Bronx meet the challenges of the coming decade.



Margaret Della
Executive Director

Early Head Start

2017-2018



The Early Head Start (EHS) at Kingsbridge Heights Community Center is a program serving families and children from pregnancy through age three years.

The program is designed to provide early support to families of infants and toddlers, support which will enhance the child's development through healthy beginnings and the continuity of responsive and caring relationships.

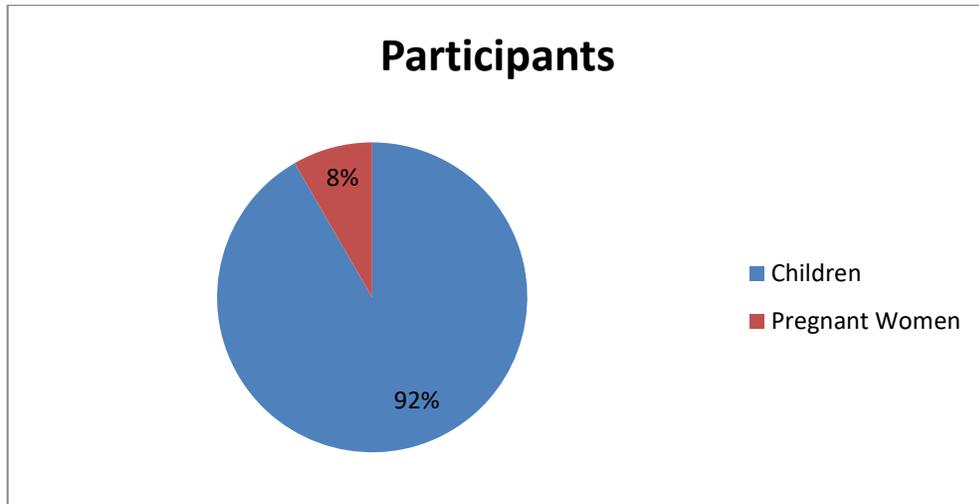
The goal of EHS is to foster the intellectual, social and emotional growth of both parent and child. Parents and children can participate in the three program options offered, Combination Program Option, Family Child Care Option or the Pregnancy Option.

Fiscal Information

Please see our website:

<http://www.khcc-nyc.org/financials>

PERFORMANCE INDICATORS



156 Total number of participants

145 Number of Families served by the program

132 Average number of children enrolled each month

98 % of average enrollment compared to funded enrollment

100 % of children with identified continuous medical care

100 % are up to date on immunizations or have all possible at this time as determined by physician

76 % of children with continuous professional dental care

18 % are children with disabilities served

37 % of fathers participated in program activities

64 % of enrolled families received family services

(including health and parenting education and support on child development)

CHARACTERISTICS OF ENROLLED FAMILIES

75 % of families are low income families living in the Bronx

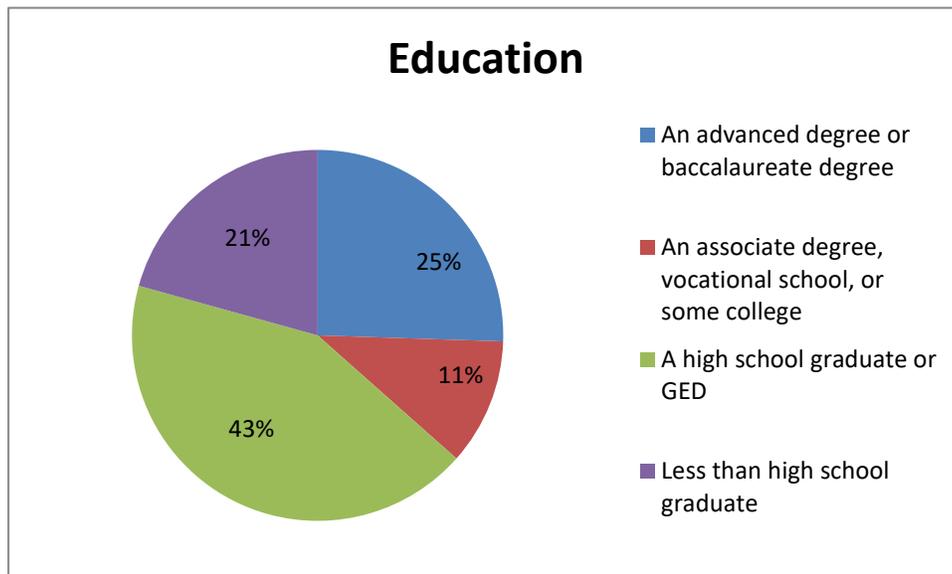
60 % of families are two-parent families

90 % of families are working

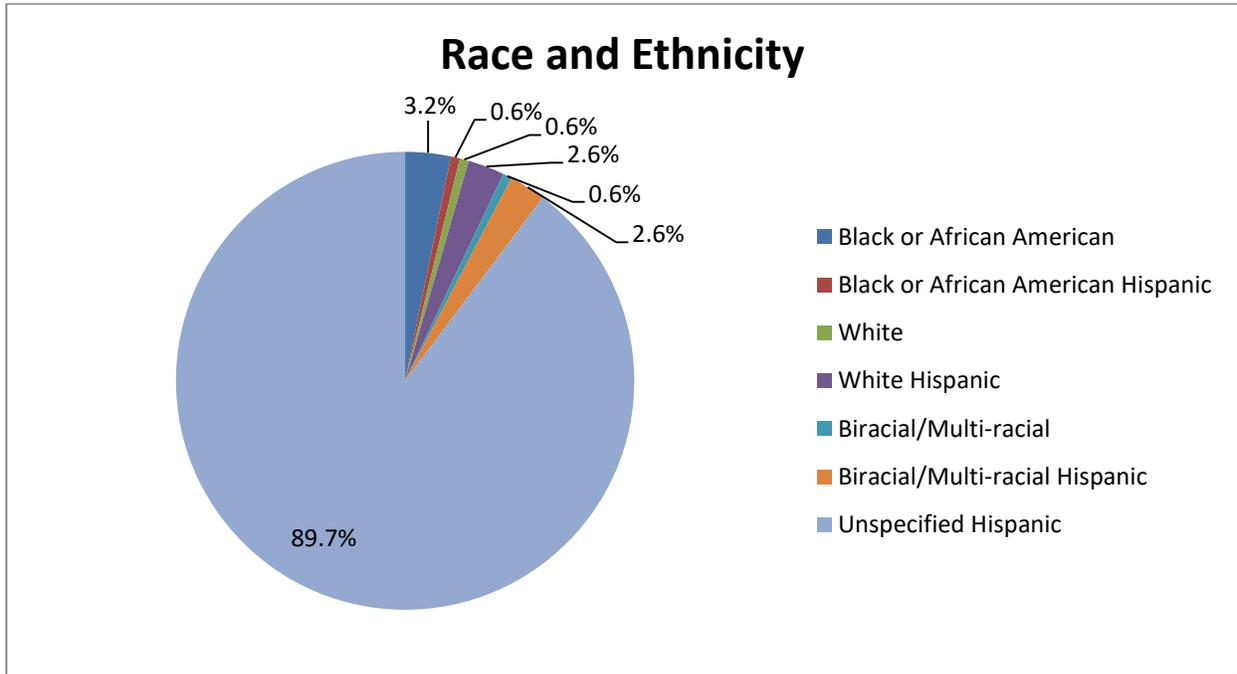
17 % of families are in school

48 % of families participate in WIC

2 families experienced homelessness during the program year

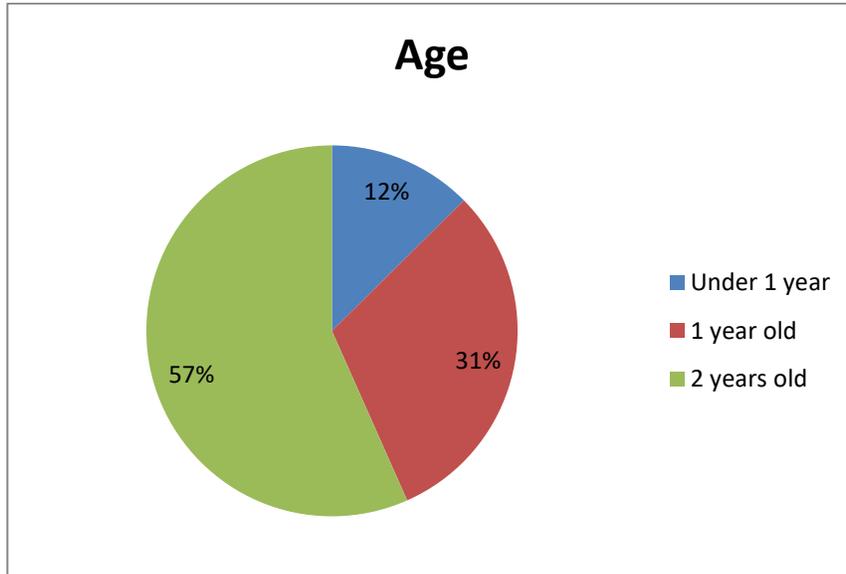


CHARACTERISTICS OF ENROLLED FAMILIES (CONT'D)



CHARACTERISTICS OF ENROLLED FAMILIES (CONT'D)

Children enrolled by age:



School Readiness Child Assessment System

Kingsbridge Heights Community Center uses a variety of data collection tools for assessment of children throughout the year. Children are screened with the Denver Screening tool and then assessed with the Brigance, Ages and Stages Questionnaire for Social Emotional Development (ASQ-SE) and the Teaching Strategies Gold Assessment throughout the year.

Kingsbridge Heights Leadership plans for the program and share information in a variety of ways. Key Leadership personnel meet with the Board of Directors, Parent Policy Council, and Staff. We also developed a school readiness committee to support the efforts of school readiness and family engagement throughout the year. As a result of the assessments and observations KHCC developed professional development for teachers and ECW’s to support the birth to 3 year olds development and transition to a school setting. The Family Childcare Program implemented the utilization of a combined role of education and family services by creating the Early Childhood Worker position for support and monitoring of family childcare homes. In our combination program we changed the classes to be grouped by age and purchased more materials to promote fine motor development in toddlers.

Aggregated Data Scores

Kingsbridge heights Community Center Early Head Start Program collects and analyzes data from the Teaching Strategies GOLD Assessment in five areas of development in the Fall, Winter and Spring. This year our aggregated data results concluded the following:

School Readiness Goals for Infants and Toddlers

Kingsbridge Heights Community Center Early Head Start Program developed the following goals in alignment with the Early Head Start Early Learning Outcomes Framework and the NYS Early Learning Alignment Crosswalk. According to the National Centers of Quality Teaching and Learning, these goals are “intended to demonstrate progress towards the development of skills and competencies needed for later success in school and life.” All data is collected assessed, aggregated and compared to national norms using Teaching Strategies Gold, a statistically valid and research based assessment tool.

1. Approaches to Learning

Children will demonstrate interest, curiosity and eagerness in exploring the world around them

Younger Infants	Older Infants	Toddlers
Infants will explore objects	Infants will demonstrate interest in exploring a task, especially when adults offer comments and questions	Toddlers will demonstrate awareness of change; active exploration

2. Social Emotional

Children will develop and engage in positive relationships and interactions with adults

Younger Infants	Older Infants	Toddlers
Infants will turn to adults for security and comfort	Infants will approach adults to support with their explorations and interactions	Toddlers will maintain an on-going meaningful attachment relationship with an adult who provides care and support

3. Language and Communication

Children will demonstrate receptive and expressive language skills and communication strategies in their home language

Younger Infants	Older Infants	Toddlers
Receptive: Infants will show interest in the speech of others by turning to them	Receptive: Infants will demonstrate an understanding of simple multi-word speech “Where is your nose?”	Receptive: Toddlers will begin to demonstrate an understanding of increasingly complex and abstract spoken language
Expressive: Infants will use facial expressions and gestures to communicate with others	Expressive: Infants will begin to use word-like sounds and single words to communicate their needs	Expressive: Toddlers will begin to make the transition to spoken language: naming objects, persons and utilizing two word sentences



4. Cognition and Emergent Mathematics

Children will investigate their environment to discover what objects and people do, why things work and how they can make things happen

Younger Infants	Older Infants	Toddlers
Infants will begin to demonstrate an understanding that objects do not disappear when they are not seen (look for a hidden object or seek adults when they move out of sight.)	Infants will explore ways to make something happen, such as use words or tug to request support to accomplish a task	Toddlers will demonstrate a beginning understanding of cause and effect- build a block building and knock it down; use a pop up toy, repeatedly drop objects off the side of a table

5. Perceptual, Motor and Physical Development

Children will develop control of their small and large muscles and become increasingly more aware of their sense of space, sense of balance and stability

Younger Infants	Older Infants	Toddlers
Infants will raise heads and body against gravity; balance during sitting and crawling	Infants will use hands to manipulate toys/tools and coordinate hand and body movements	Toddlers will begin to attempt a variety of motion activities including walking, running, kicking and throwing a ball, building with blocks and begin to put together simple puzzles

Approaches to Learning: Children will demonstrate interest, curiosity and eagerness in exploring the world around them									
	Fall 2017			Winter 2018			Spring 2018		
Combo	% Below	% Met	% Exceeded	% Below	% Met	% Exceeded	% Below	% Met	% Exceeded
Younger Infants	7.1%	35.7%	57.1%	0.0%	51.2%	48.8%	0.0%	26.8%	73.2%
Older Infants	0.0%	54.0%	46.1%	0.0%	23.1%	76.9%	0.0%	15.1%	84.9%
Toddlers	5.9%	70.6%	23.5%	0.0%	70.0%	30.0%	0.0%	82.0%	18.0%
FCC	61.3%	36.5%	2.1%	32.1%	59.8%	8.2%	29.7%	56.8%	13.5%

Social Emotional Development: Children will develop and engage in positive relationships and interactions with adults									
	Fall 2017			Winter 2018			Spring 2018		
Combo	% Below	% Met	% Exceeded	% Below	% Met	% Exceeded	% Below	% Met	% Exceeded
Younger Infants	0.0%	43.0%	57.0%	0.0%	14.3%	85.7%	0.0%	57.1%	42.9%
Older Infants	0.0%	77.0%	23.0%	0.0%	53.9%	46.1%	0.0%	46.1%	53.9%
Toddlers	5.9%	88.2%	5.9%	0.0%	53.9%	46.1%	0.0%	35.3%	64.7%
FCC	70.6%	14.6%	0.0%	51.4%	36.3%	12.3%	29.7%	45.9%	24.3%



Language Goals: Children will demonstrate receptive and expressive language skills and communication strategies in their home language									
	Fall 2017			Winter 2018			Spring 2018		
Combo	% Below	% Met	% Exceeded	% Below	% Met	% Exceeded	% Below	% Met	% Exceeded
Younger Infants	7.1%	92.9%	0.0%	0.0%	42.9%	57.1%	0.0%	41.3%	58.7%
Older Infants	23.1%	61.5%	15.4%	0.0%	76.9%	15.4%	0.0%	77.8%	22.2%
Toddlers	23.5%	58.8%	17.6%	7.7%	76.9%	15.4%	0.0%	55.6%	44.4%
FCC	79.0%	21.0%	0.0%	76.3%	21.5%	2.2%	59.5%	35.1%	5.4%

Cognition and Emergent Mathematics: Children will investigate their environment to discover what objects and people do, why things work and how they can make things happen.									
	Fall 2017			Winter 2018			Spring 2018		
Combo	% Below	% Met	% Exceeded	% Below	% Met	% Exceeded	% Below	% Met	% Exceeded
Younger Infants	0.0%	71.0%	29.0%	0.0%	14.3%	85.7%	14.3%	4290.0%	1140.0%
Older Infants	0.0%	69.2%	30.8%	0.0%	23.1%	76.9%	0.0%	44.4%	55.6%
Toddlers	5.9%	94.1%	0.0%	0.0%	23.1%	76.9%	0.0%	11.0%	89.0%
FCC	57.4%	39.7%	2.9%	49.6%	41.0%	9.4%	35.1%	56.8%	8.1%

Perceptual, Motor and Physical Development: Children will develop control of their small and large muscles and become increasingly more aware of their sense of space, sense of balance and stability.									
	Fall 2017			Winter 2018			Spring 2018		
Combo	% Below	% Met	% Exceeded	% Below	% Met	% Exceeded	% Below	% Met	% Exceeded
Younger Infants	7.1%	64.3%	28.6%	0.0%	42.9%	57.1%	0.0%	11.1%	88.9%
Older Infants	0.0%	23.1%	76.9%	0.0%	15.4%	84.6%	14.3%	14.3%	71.4%
Toddlers	5.9%	70.6%	23.5%	0.0%	15.4%	84.6%	0.0%	31.3%	68.8%
FCC	23.7%	12.3%	0.0%	53.9%	37.3%	8.7%	43.2%	24.3%	32.4%

Community Assessment

Based on multiple data sources including: school readiness, parent surveys, program self-assessment, standardized observation tools and our most recent community assessments *Kingsbridge Heights Community Center Early Head Start* has developed and maintained the following 5 Year Program Goals:

Goal #1: To create distinguished “Emotionally Responsive Environments” that foster resilience in Infants and Toddlers

Utilizing two evidence based Parent-Child Programs, Ackerman Institute Bright Beginnings and Parents as Teachers as well as the locally-designed, nationally-recognized, Chances for Children, (an infant-toddler mental health initiative), KHCC will provide comprehensive quality infant toddler programming to both children and caregivers ensuring emotionally responsive environments that provide safe, secure attachment and empowerment to caregivers/parents. By using a strength-based approach of role-modeling and skill-building with parents, staff and providers; KHCC will help all parties transform environments in the classroom, family childcare sites, and the home to spaces where higher/greater emotional functioning and resilience are created.

OBJECTIVES	
Time Frame	EXPECTED OUTCOMES
1. Parents will participate in Bright Beginnings groups in pregnancy/ baby school	
Year 1 Expectation	25% of parents will better understand how to “read” and respond to their child’s verbal and non-verbal communication.
Year 1 Outcome	100% of the families that participated in Bright Beginnings Personal Best reported having a better understanding on how to “read” and “respond” to their child’s verbal and nonverbal communication.
Year 2 Expectation	40% of parents will better understand how to “read” and respond to their child’s verbal and non-verbal communication.
Year 2 Outcome	98% of the families that participated in Bright Beginnings Personal Best reported having a better understanding on how to “read” and “respond” to their child’s verbal and nonverbal communication.
Year 3 Expectation	55% of parents will better understand how to “read” and respond to their child’s verbal and non-verbal communication.
Year 3 Outcome	The Home Visitors and Infant Educators have had intensive training in child development from the Ackerman Institute. Bright Beginnings Groups began in March, 2018 and Personal Best Groups for Transitioning Families will begin in May. Home Visitors, Infant Educators shared the process with a facilitator from the Ackerman Institute who provides reflective feedback after each session.
Year 4 Expectation	70% of parents will better understand how to “read” and respond to their child’s verbal and non-verbal communication.
Year 4 Outcome	91 % of parents better understood how to “read” and respond to their child’s verbal and non-verbal communication.
2.Child Development Specialists (CDSs) will support FCC providers and parents in adapting the Ackerman Model to Family Childcare program option	

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Year 1 Expectation	25% Increase in the level of shared language and consistency of care at Providers' and parents' homes. 25% Increase in the understanding of how to "read" and respond to child's verbal and non-verbal communication at Providers' and parents' homes.
Year 1 Outcome	33% Increase in the level of shared language and a consistency of care at Providers and parents home. 25% Increase the understanding of how to "read" and respond to their child's verbal and non-verbal communication at Providers and parents home.
Year 2 Expectation	35% Increase in the level of shared language and consistency of care at Providers' and parents' homes. 35% Increase in the understanding of how to "read" and respond to child's verbal and non-verbal communication at Providers' and parents' homes.
Year 2 Outcome	42% Increase in the level of shared language and a consistency of care at Providers and parents home. 30% Increase the understanding of how to "read" and respond to their child's verbal and non-verbal communication at Providers and parents home.
Year 3 Expectation	45% Increase in the level of shared language and a consistency of care at Providers and parents home. 45% Increase in understanding of how to "read" and respond to their child's verbal and non-verbal communication at Providers and parents home.
Year 3 Progress	After consulting with the Family Childcare Providers and a series of meetings with the FCC Director and the team from the Ackerman Institute we took the approach to provide direct support to the Family Childcare Providers by implementing an LCSW from the Ackerman Team to meet during monthly family childcare provider meetings to provide professional development on the following topics: early childhood development milestones, school readiness, interventions for challenging behaviors. Additionally, Providers met individually with the Ackerman staff member for reflective supervision sessions and support on individual cases.
Year 4 Expectation	65% Increase in the level of shared language and a consistency of care at Providers and parents home. 65% Increase in understanding how to "read" and respond to their child's verbal and non-verbal communication at Providers and parents home.
Year 4 Progress	80% of the FCC Providers and CDS attended Professional Development (Teaching Strategies Gold) 25 % providers attended E Learning Quorum
Year 4 Outcome	90% of parents increase in the level of shared language and a consistency of care at Providers and parents.
3. Parents as Teachers Home Visiting Curriculum will be utilized for Combination program home visits and the developmentally appropriate activities will also be utilized during the socialization program. Home visitors and Infant Educators will partner with parents to facilitate and support family decision making providing objective, research based information.	
Year 1 Expectation	100% Increase in the development of a shared language and a consistency of care for Parents, Home Visitors and Infant Educators. Gains in increments of 10% will be made in school readiness outcomes based on the shared language between teams in combo and the increased awareness of developmentally appropriate activities.
Year 1 Outcome	TSG Data revealed that we had gains of 73% in year 1.

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Year 2 Expectation	100% Increase in the development of a shared language and a consistency of care for Parents, Home Visitors and Infant Educators. Gains in increments of 10% in school readiness outcomes.
Year 2 Outcome	We have 98% agreement of a shared language between parents, home visitors and infant educators. School Readiness data for transitioning toddlers from Fall to Winter in the domain of language shows 77% meeting national normed expectations. This is a 2% gain from the fall. Please note there was a vacancy in the Education Coordinator this program year
Year 3 Expectation	Gains in increments of 24% will be made in school readiness outcomes based on the shared language between teams in combo and the increased awareness of developmentally appropriate activities.
Year 3 Outcome	There was a 2% decline in the domain of language for transitioning toddlers from Fall to Winter. The expected gains in language goals from Fall to Winter were not met. For the time period from Winter to Spring there is a new partnership with the speech and language department with Yeshiva University. Push in sessions have already started in the Baby School sessions and are scheduled to begin for the FCC during the gross motor activities at our onsite Room to Grow space. The Training and Technical Assistance Plan for next year includes on-site training from Teaching Strategies to support the use and fidelity of the assessment tool.
Year 4 Expectation	Gains in increments of 35% will be made in school readiness outcomes based on the shared language between teams in combo and the increased awareness of developmentally appropriate activities.
Year 4 Outcome	A gain of 27% was made in Language, and a gain of 42% was found in Literacy based on Teaching Strategies objective measurements compared to “widely held expectations”.
4. Chances for Children is able to support healthy attachment and communication through parent-child play therapy. Chances for Children will increase on-site services from 1.5 to 2 days.	
Year 1 Expectation	25% of KHCC referrals will experience an increase in positive paternal-child interactions and a decrease in negative parental-child interactions.
Year 1 Outcome	We had an increase in families that participated in the Chances for Children Program. Of those families 36% of those families reported having an increase in positive parental-child interactions and decrease in negative paternal child interactions.
Year 2 Expectation	36% of KHCC referrals will experience an increase in positive parental-child interactions and a decrease in negative parental-child interactions
Year 2 Outcome	There was a 10% increase in the amount of families able to participate in Chances for Children this year. According to our program partner, “Data is fully collected and evaluated over the summer for a fall report. All but one family made significant progress.” Moving from low or medium quality parenting to high.”
Year 3 Expectation	45% of KHCC referrals will experience an increase in positive parental-child interactions and a decrease in negative parental-child interactions.
Year 3 Outcome	There was a 12% increase in the amount of families able to participate in Chances for Children this year. According to our program partner, “Data is fully collected and evaluated over the summer for a fall report. Data is pending.
Year 4 Expectation	55% of KHCC referrals will experience an increase in positive paternal-child interactions and a decrease in negative paternal-child interactions.
Year 4	84% of KHCC referrals experienced an increase in positive paternal-child interactions and a decrease in

Outcome	negative paternal-child interactions due to working with Chances for Children.
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Goal #2: To create an enhanced system of support services to an immigrant population

KHCC serves a large immigrant population mainly of Latin American origin. According to KHCC’s Community assessment “One-third of the population in the Bronx is foreign-born”. The vast majority of our families face significant barriers in entering the educational economic marketplace because of their status (non-citizen/undocumented). This further exacerbates the long-term economic stresses and insecurities on immigrant families and, in turn, negatively impacts the socio-emotional, intellectual and physical health of our EHS community. As a direct response to these barriers, KHCC has elected to develop a partnership with the advocacy center “One Stop” as a new and additional intervention through an incremental approach. In Program Year 2017-2018, KHCC launched KHCC Connect an agency-wide case management system that ensures the families we serve are connected to all of the services they need to create physically emotionally and financially healthy family units. KHCC Connect also offers on site Parenting Journey classes; this research-based curriculum allows parents to concentrate on the emotional understanding of what it means to be a parent. In addition to Parenting Journey, we also offer Parenting in America (PIA), in which Latino parents share their immigration experiences, honor their cultural strengths and use new strategies to confront the challenges of adapting to living in the US and raising their bicultural children. KHCC also offers ESOL classes and all EHS participants are able to participate free of cost. All the interventions listed are geared towards breaking barriers for immigrant families by creating a system of support, stability, engagement and cultural integration.

OBJECTIVES	
Time Frame	EXPECTED OUTCOMES
1. Immigrant families will have access to English Classes on site.	
Year 1 Expectation	15% of families referred will sign up for ESOL classes at KHCC.
Year 1 Outcome	20% of families referred for onsite ESOL signed up for classes in the 2015-2016 year.
Year 2 Expectation	30% of families referred will sign up for ESOL classes at KHCC.
Year 2 Outcome	18% of families referred for on-site ESOL received services in the 2016-2017 year.
Year 3 Expectation	50% of families referred will sign up for ESOL classes at KHCC
Year 3 Outcome	8% of referred participants were able to receive services during the 2017-18 year. After consulting with program managers and families, the reasons for not being able to attend classes range from access to childcare, timing of classes, the level of classes given and varying guidance from immigration advocates for securing such services during the current political administration.
Year 4 Expectation	70% of families will sign up for ESOL classes at KHCC.
Year 4 Outcome	16% of referred participants were able to receive services during the 2018-19 year. FCC parents work during the class hours and were not able to attend. Baby School parents must attend with their children for socialization groups during class time as well. We are exploring different alternatives dates and times to accomodate families interested in attending ESOL Classes.
2. Program participants will sign up for classes with our program partners who offer High School Equivalency (HSE) classes.	
Year 1 Expectations	50% of referred participants will join program.



Year 1 Outcome	57% of families referred for HSE/GED signed up for classes in the 2015-2016 year.
Year 2 Expectation	60% of referred participants will join program.
Year 2 Outcome	None of the families we referred joined a HSE/TASC program.
	During Program Year 16-17 the family services team went through an intensive PFCE training process focused on the 7 steps to goal setting for families.
	A self-assessment PIP goal for 2017-18 is "Program will enhance efforts to enroll eligible participants in a High School Equivalency program / Test Assessing Secondary Completion (TASC)
Year 3 Expectation	70% of referred participants will join program.
Year 3 Outcome	100% of families referred for TASC were able to receive services.
Year 4 Expectation	80% of referred participants will join program.
Year 4 Outcome	Due to the new HSE requirements, KHCC families are hesitant to enroll in these courses. Additionally, the Bronx has one of the lowest pass rates in New York leading to reduced participation. KHCC will continue to develop community partnerships with local community colleges to increase numbers of participants.
3. Families will participate in Parenting Journey/Parenting in America	
Year 1 Expectation	50% of referred participants will join program.
Year 1 Outcome	Pending Program Launch-Several families have expressed interest in the program; however the agency will launch the onsite classes in June as well as starting Circle of Security Parent Workshops.
Year 2 Expectation	60% of referred participants will join program.
Year 2 Outcome	100% of referred participants were able to join the on-site 'Parenting Journey/Parenting in America' Program
Year 3 Expectation	70% of referred participants will join program.
Year 3 Outcome	72% of referred participants were able to join the program..
	An enhanced collaboration between KHCC Early Childhood and KHCC Changing Futures made it easy for parents to access the on-site 'Parenting Journey/Parenting in America'
Year 4 Expectation	80% of referred participants will join program.
Year 4 Outcome	No participants joined the program. Family Childcare parents have work and could not attend due to timing. Baby school parents were not able to attend since they have to attend socialization group during the class period.

Goal #3: To create a supportive health care initiative for all families that will ensure healthy homes.

In 2019 on the community assessment **Education, Nutrition and Social Development were the top three critical needs for children** as indicated by EHS and Head Start parent survey respondents (80.0%, 62.2% and 38.9%, respectively). Parents also indicated Health Insurance and Health/Medical Care as important child needs. Consequently, KHCC has been offering a health workshop series to



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support all families. The first is the Health Initiative workshop geared towards reducing the emergency room visits by training parents how to handle health urgencies by utilizing a health resource guide. The second is a nutrition certificate program through Cornell Cooperative Extension. According to an administrator from the program, “a certificate is presented to participants who “graduate” from the series. A requirement for graduation is that they have attended 6 of the 8 classes. Officially, it is only a recognition of their participation in the program and does not “certify” them for specific jobs. We do let them know, however, that they can include this on their resume and in an interview to let employers know that they completed a workshop series with Cornell University Cooperative Extension-NYC. This extra effort on their part shows potential employers that they went beyond what might be required for a position in the food service industry or related fields.”

OBJECTIVES	
Time Frame	EXPECTED OUTCOMES
1. Families will enroll in the Health Care Initiative (HCI); a parent training program supporting optimal utilization of medical services to decrease emergency room visits and increase child attendance in program.	
Year 1 Expectation	25% of families will have decreased ER visits for non-emergencies. 15% of increased child attendance for participating families
Year 1 Outcome	22% reported that their families will not visit the ER for non-emergencies in a post-assessment. Child attendance for participating families will be tracked over the remainder of the year. The HCI was held in May 2016 and attendance results are still pending. We missed the HCI goal of having 25% of families’ decreasing ER visits by 3%. We will focus in the following year to host HCI in October and have individual follow ups with families that attended.
Year 2 Expectation	Our individual “check in” data shows that families who attended the HCI have varying reasons for missing program including ‘appointment, sick, teething, and weather’ no one stated ER visit
Year 2 Outcome	Our YTD average attendance remains the same at 91%. This is has many factors including family emergencies and conflicting schedules with siblings.
Year 3 Expectation	35% of families will have decreased ER visits for non- emergencies. 25% increase child attendance for participating families.
Year 3 Outcome	Our YTD average attendance for both programs is 86.55% as of early May 2018. For the Baby School program 58% of parents attended the HCI and of those families had 7 had absences that required doctor visits, including 1 ER visit. For Family Child Care, 14% of those families 28 had doctor related absences with no ER visits.
Year 4 Expectation	20 % of participants will enroll in program 45% of increased child attendance for participating families
Year 4 Outcome	Our YTD average attendance for both programs is 86.95% as of the end of April 2019. For Baby School program 20% of parents attended the HCI and of those families had 3 absences that required doctor visits. For Family Child Care 10% of those families 4 had doctor related absences with no ER visits.
2. Cornell University will be hosting an 8 session Nutrition Certificate Program onsite for all EHS families	



Year 1 Expectation	50% of referred participants will enroll in the program.
Year 1 Outcome	84% of referred participants enrolled in the program.
Year 2 Expectation	60% of referred participants will enroll in the program.
Year 2 Outcome	72% of those referred were able to complete the program and receive the certificate.
Year 3 Expectation	70% of referred participants will enroll in the program.
Year 3 Outcome	36% of referred participants were able to enroll in the program and receive the certificate. This year there was a limited number of seats in the workshop, we are in process of securing a second session for summer 2018.
Year 4 Expectation	50 % of participants will enroll in program.
Year 4 outcome	20% referred participants were able to enroll in the program and receive the certificate. KHCC will continue to promote The Cornell University nutrition program to encourage new families to attend. Classes will be offered in English and Spanish.

PROGRAM DIRECTORS

Janine O'Connor and Marisol Rios *Co-Directors of Early Childhood Services*

Humberto Cruz *Director of Education*

Melissa Yurdin *Director of Clinical Services*

Luz Peña *Director of Family Childcare*

Karen Brooks *Director of Family Services*

Norma Collado *Director of Health and Safety*



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Early Head Start is a program of the U.S. Department of Health and Human Services.