



2008 – 2009 Annual Report CAPE Inc.

CAPE Inc.
Administration/Enrollment Office
3095 Independence Drive, Building B;
Suite A
Livermore, CA 94551



Introduction & Mission

The *Community Association for Preschool Education* (CAPE, Inc.) is a non-profit California corporation, located in Livermore, California which has provided early childhood and family support services to low-income families in Eastern Alameda County since 1966. CAPE, Inc. is a delegate agency of *Child, Family and Community Services, Inc.* (Southern Alameda County Head Start).

The mission of CAPE, Inc. is to:

“...provide the highest quality program for young children and their families ...to enhance the child and family’s development of social competencies and school readiness...and to incorporate best practices in education, nutrition, parent involvement, mental health, and disability services.”

The agency’s core values include:

- a desire to build partnerships and work cooperatively within the community
- a dedication to the provision of the highest quality services,
- a commitment to serving and honoring a diverse population
- and a philosophy that views the whole child within the context of his/her family and community.

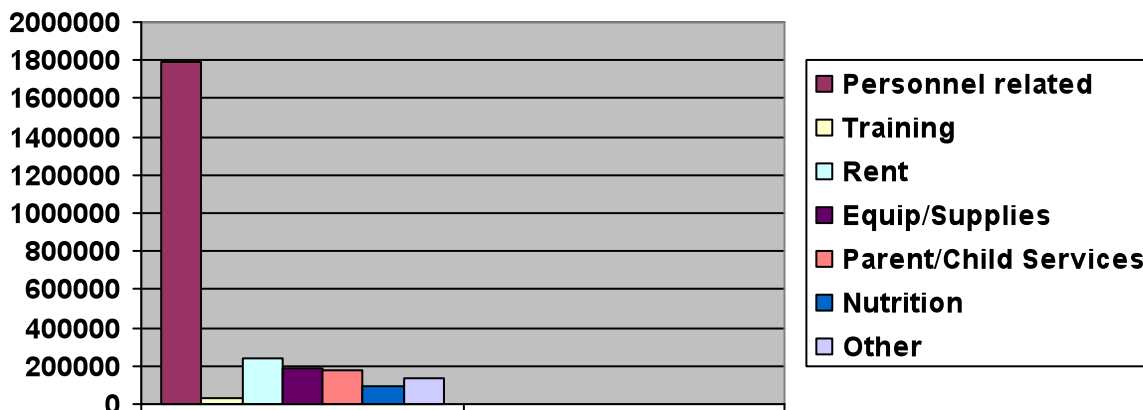
Funding Sources and Budget

CAPE, Inc. received primary support from Head Start – Early Head Start basic grants and CA. State Funded Preschool contract/subcontract with additional support from specialized programs and community grant.

Source	Allocation
Head Start Basic Grant	\$1,190,251.00
Head Start Training & Tech. Assistance	\$10,685.00
Early Head Start Basic Grant	\$556,066.00
Early Head Start Training & Tech. Assistance	\$13,835.00
CA State Preschool Program - CPRE	\$293,037.00
CA State Preschool Program - CFDP	\$346,272.00
CA State Preschool Program - CPKP	\$76,391.00
CA State Preschool Program - CPKS	\$2,500.00
CACFP – Child & Adult Care Food Program	\$111,006.00
CDBG	\$5,000.00
ACARES	\$4,433.00

INDEPENDENT AUDIT

The Independent Audit of Internal Control over Financial Reporting for the Fiscal Year ending February 28, 2009 was conducted and reported “...(they) did not identify any deficiencies in internal control over financial reporting...” and (that)” ...tests disclosed no instances of noncompliance or other matters that are required to be reported...” The full report is available for review in CAPE’s administrative offices.



2008-2009 Expenditures

Enrollment

CAPE, Inc. utilized a blended funding of HS/EHS grants and SFP contracts to provide multiple program options and comprehensive services to children and families of the Tri-Valley Area.

Program	Funded Enrollment	Actual Enrollment
Early Head Start	50	80
Head Start	163	189

Primary Type of Eligibility		
	EHS	HS
Income below 100% of federal poverty level	63 (79%)	133 (70.4%)
Receipt of public assistance such as TANF, SSI	16 (20%)	35 (18.5%)
Status as foster child	0	5 (2.6%)
Over Income	1 (1%)	16 (8.5%)

AVERAGE MONTHLY ENROLLMENT

CAPE, Inc. maintained 100% Average monthly enrollment as any occurring vacancy was immediately filled from a waiting list

INDEPENDENT AUDIT

The Independent Audit of compliance for the Fiscal Year ending February 28, 2009 was conducted and reported “...(they) did not identify any deficiencies...over compliance” and (that)” ...CAPE, Inc. complied with the requirements...applicable to each of its major federal programs...” The full report is available for review in CAPE’s administrative offices.

<i>Ethnicity, Race and Primary Language of family at home</i>		
<i>Ethnicity</i>	EHS	HS
Hispanic or Latino origin	55	148
Non-Hispanic or Non-Latino origin	25	41
<i>Race</i>		
Asian	0	14
Black or African American	2	9
Native Hawaiian or other Pacific Islander	0	1
White	13	21
Biracial/Multi-racial	0	4
Unspecified	65	140
<i>Primary Language of family at home</i>		
English	39	65
Spanish	37	113
Middle Eastern & South Asian Languages	0	5
East Asian Languages	0	6
Unspecified	4	0

Program Information Report

Federal Monitoring Review

The 2007 Review found no items of non-compliance at any CAPE operated center; however three (3) issues of non-compliance were found at one (1) partner operated site. Appropriate action was taken to remedy the non-compliant issues and bring the site to full compliance status. The full report is available for review in CAPE's administrative offices.

	<u>EHS</u>	<u>HS</u>
TOTAL NUMBER OF FAMILIES	57	179
NUMBER OF TWO-PARENT FAMILIES	8	98
NUMBER OF SINGLE-PARENT FAMILIES	49	81

Families by Education Level

An advance degree or baccalaureate degree	0	0
An associate degree, vocational school or some college	3	35
A high school graduate or GED	4	24
Less than high school graduate	50	120

Federal or Other Assistance

Total number of families receiving TANF	16	18
Total number of families receiving SSI	0	8
Total number of families receiving WIC	51	85

<u>Family Services</u>	<u>EHS</u>	<u>HS</u>
Emergency Crisis	16	66
Housing	17	45
Mental Health	22	35
English as a Second Language	12	82
Adult Education	12	41
Job Training	4	14
Substance Abuse	0	2
Child Abuse	0	3
Domestic Violence	0	2
Child Support	1	10
Health Education	57	170
Assistance to Families of incarcerated individuals	0	4
Parenting Education	36	127
Marriage Education	0	7
Number of families that received at least one service	57	179

Program Information Report (continued)

	EHS	HS
Health Services		
Children with health insurance	61	189
Medical Home		
Number of children with ongoing health care	61	189
Medical Services		
Number of children up-to-date	38	165
Number of children who received treatment for:		
Anemia	0	14
Asthma	4	12
Hearing Difficulties	1	5
Overweight	0	32
Vision Problems	0	11
High Lead Levels	0	0
Diabetes	0	0
Immunization Services		
Number of children up-ta-date	54	184
Number of children who did not receive all immunizations	7	5
Dental Home		
Number of children with dental care	61	189
Dental Services		
Number children who received-preventive care	49	189
Number of all children who. completed dental exam	na	173
Of these, number of diagnosed needing treatment	na	23
Of these, number of children received treatment	na	17
Mental Health Referrals		
Number of children who were referred outside of HS since last services	0	16
Of these, number who received mental health services	0	12

Child Development

Child development services continue to be provided utilizing a center-based approach where families have the opportunity to choose full-day/full-year, extended-day/part-year (10 months), or part-day/part year early care and education services. Centers are located throughout Livermore and in Pleasanton and in Dublin on elementary school campuses and at other community centers for easy access by parents. A class size of no more than 20 children is maintained, depending on the age of the children enrolled. Teacher to child ratios vary between 1 to 4 for infants and toddlers to 1 to 10 for preschoolers.

Since Spanish continues to be the most frequently spoken language among enrolled children, each classroom has at least one Spanish-speaking staff person.

Staff and parents continue to work together to create and maintain classroom environments and activities that are culturally, linguistically and developmentally appropriate. While the *Creative Curriculum* forms the basis for classroom planning, all activities are individualized to meet the identified needs and interests of the children. Curriculum planning encompasses the whole child, including activities to promote motor skills, social skills and cognitive skills. Early learning is viewed from a developmental perspective where each activity builds on previous learning and focuses on the goal of preparing children to be socially and cognitively ready to enter the elementary school system.

Health Services

CAPE continues to make a commitment to wellness and promotes healthy development through a comprehensive approach that includes family centered services, strong community partnership development and through compliance with health services requirements. All program activities are aimed toward providing a sound foundation of health to support early learning. Continuing targeted activities include strengthening existing and new community partnerships, curriculum enhancements and strengthening related staff development and parent education opportunities. The Comprehensive Case Management system provides an important forum for the identification of special health related needs, identification of resources and the tracking of referrals and the provision of related services.

Health needs continue to be addressed directly and through prevention activities. Preventive activities involved teaching children good health and hygiene practices, providing ample, nourishing food and ensuring a safe environment. Direct services have been provided through activities such as the annual Health Fair where children receive screenings, physical and dental exams and immunizations if needed.

Family and Community Partnerships

CAPE is committed to providing a continuum of family services to support the goals and needs of each family. Within the CAPE structure, Family Advocates continue to have the primary responsibility for working with families to develop family driven staff supported Family Partnership Agreements. Each Advocate continues to maintain a caseload of approximately 60 families to ensure opportunities and time to build supportive relationships with individual families and to work with them individually to develop goals and solutions to their identified needs. Providing parent educational and support opportunities are also on-going.

Services for Children With Disabilities

CAPE provides services for children with disabilities and their families in coordination with local early intervention and education agencies, community organizations, supports services and school districts. CAPE programs make available at least ten percent of enrollment slots to children with disabilities ages birth to five years. In an effort to ensure that children with disabilities and their families receive quality comprehensive services a variety of program strategies have been incorporated including interagency coordination of services, a comprehensive system for case management and personnel development. In an effort to enhance outcomes for children with disabilities CAPE programs involve education, health, social services, parent involvement, mental health and nutrition components.

Mental Health Services

CAPE programs are designed and managed to ensure that the services of a mental health professional are on a regular schedule of sufficient frequency to ensure that the timely and effective identification of and intervention in family and staff concerns about a child. Other community mental health resources are used as needed through formal collaborations and referrals.

Early identification of children's social/emotional - mental health needs is an integral component of the CAPE's mental health services system. Multiple methods including observation and the use of the DECA and ASQ-SE screening tools are used to ensure the early identification involving staff, parents and the mental health professional.

Through regularly scheduled mental health consultation meetings a systematic approach is used to address mental health concerns including staff and parents receiving special help to address children with atypical behavior.

Child Outcomes

CAPE Inc. uses the Desired Results Developmental Profile-Revised (DRDP-R) as their tool for assessing the progress of children. This tool was developed by the California Department of Education and is aligned with the Head Start Child Outcomes Framework. Each assessment cycle is based on ongoing observations conducted by the teaching staff. Classroom teachers use this information to complete this assessment on children three times during the program year.

The Desired Results for children encompass the four developmental domains, i.e., cognitive, social-emotional, language, and physical development. These areas are reflected and integrated throughout the assessment.

During the 2008-2009 program year, teaching staff assessed all enrolled children. When children entered the program in the fall many were at the not yet or exploring levels in all developmental areas. When assessed during the spring, children had made progress in all areas, many reaching into the building and integrating categories.

Assessment data is used by teaching staff to individualize the environment and plan activities for individual as well as groups of children. The goal of this process is to use this assessment to determine where the children are currently on the developmental spectrum and move them forward in order to gain the foundational skills and knowledge necessary for success in school.