



2014 – 2015 Annual Report CAPE Inc.

CAPE Inc.
Administration/Enrollment Office
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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, Revenues, Expenditures and Preliminary FY 2015-2016 Budget

CAPE, Inc. received primary support from Head Start – Early Head Start basic grants and CA. State Funded Preschool contract/subcontracts with additional support from specialized programs and community grants. For the 2015-16 budget year CAPE, Inc. received a new award for an Early Head Start Child Care Partnership grant including base, start-up, and training funds.

FY 2014-15

Source	Revenues	Expenditures
Head Start	\$1,290,620	\$1,290,620
Early Head Start	\$619,101	\$619,101
State CDE Contracts	\$601,217	\$601,217
USDA/CACFP Meal reimbursement	\$110,418	\$110,418
Alameda County Behavioral Health	\$298,324	\$298,324
Other Contracts & Sources	\$165,436	\$163,992
Total	\$3,085,116	\$3,083,672

Budget FY 2015-16

Source	Revenues	Expenditures
Head Start	\$1,290,617	\$1,290,617
Early Head Start	\$619,101	\$619,101
Early Head Start Child Care Partnership	\$1,327,075	\$1,327,075
State CDE Contracts	\$942,759	\$942,759
USDA/CACFP Meal reimbursement	\$124,000	\$124,000
Alameda County Behavioral Health	\$295,937	\$295,937
Other Contracts & Sources	\$128,597	\$128,597
Total	\$4,728,086	\$4,728,086

Enrollment

CAPE, Inc. utilized blended funding of HS/EHS grants and State Preschool 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	74
Head Start	163	180

Primary Type of Eligibility		
	EHS	HS
Income below 100% of federal poverty level	60 (81%)	92 (51%)
Receipt of public assistance such as TANF, SSI	2 (3%)	19 (11%)
Status as foster child	0	0
Status of homeless	1 (1%)	2 (1%)
Over Income	3 (4%)	18 (10%)

PERCENTAGE OF ELIGIBLE CHILDREN

CAPE Inc. served approximately 47% of eligible children, birth to five years of age (254 of 536 children) living in the Tri-Valley Area.

AVERAGE MONTHLY ENROLLMENT

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

<i>Ethnicity, Race and Primary Language of family at home</i>		
Ethnicity	EHS	HS
Hispanic or Latino origin	58	138
Non-Hispanic or Non-Latino origin	16	42
Race		
American Indian or Alaska Native	5	0
Asian	3	17
Black or African American	6	9
Native Hawaiian or other Pacific Islander	0	0
White	27	20
Biracial/Multi-racial	1	15
Other/Unspecified	32	119
Primary Language of family at home		
English	29	67
Spanish	38	101
Middle Eastern & South Asian Languages	1	10
East Asian Languages	2	1
Other/Unspecified	4	1

Program Information Report

	<u>EHS</u>	<u>HS</u>
TOTAL NUMBER OF FAMILIES	70	171
NUMBER OF TWO- PARENT FAMILIES	15	98
NUMBER OF SINGLE-PARENT FAMILIES	55	73

Families by Education Level

An advance degree or baccalaureate degree	1	1
An associate degree, vocational school or some college	13	47
A high school graduate or GED	17	43
Less than high school graduate	39	80

Federal or Other Assistance

Total number of families receiving TANF	7	26
Total number of families receiving SSI	1	12
Total number of families receiving WIC	46	72
Total number of families receiving SNAP	13	36

<u>Family Services</u>	<u>EHS</u>	<u>HS</u>
Emergency Crisis	25	78
Housing	4	13
Mental Health	2	20
English as a Second Language	20	65
Adult Education	24	83
Job Training	2	16
Substance Abuse	0	1
Child Abuse	1	4
Domestic Violence	0	1
Child Support	1	5
Health Education	63	158
Assistance to Families of incarcerated individuals	1	1
Parenting Education	62	127
Marriage Education	3	3
Number of families that received at least one service	64	165

Program Information Report (continued)

	EHS	HS
Health Services		
Children with health insurance *Includes pregnant teen moms	66*	180
Medical Home		
Number of children with ongoing health care	66*	180
Medical Services		
Number of children up-to-date	60	165
Percent of children who received a Medical Exam	81%	92%
Number of children who received treatment for:		
Anemia	0	4
Asthma	6	7
Hearing Difficulties	2	2
Overweight	0	59
Vision Problems	3	9
High Lead Levels	0	0
Diabetes	0	0
Immunization Services		
Number of children up-to-date	62	178
Number of children who did not receive all immunizations	4	2
Dental Home		
Number of children with dental care	66	180
Dental Services		
Percent of children who received a Dental Exam	na	97%
Number children who received-preventive care	63	176
Number of all children who completed dental exam	na	174
Of these, number of diagnosed needing treatment	na	26
Of these, number of children received treatment	na	22
Mental Health Referrals		
Number of children who were referred outside of HS since last services	0	20
Of these, number who received mental health services	0	17

Child Development – Efforts to Prepare Children for Kindergarten

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 kindergarten.

Child Outcomes:

CAPE Inc. used the Desired Results Developmental Profile (DRDP©2010) 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 2014-2015 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.

To support children's learning and success in school, CAPE Inc. developed school readiness goals that address the five essential domains. The assessment outcomes are analyzed and aggregated in the fall, winter and spring, and the information guides the program to identify patterns and progress of children's growth. In analyzing the assessments for 2014-2015, results indicate that children met program expectations and made significant progress in all domains.

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 CAPE's annual Health Fair and/or participation in the community Health Fair where children receive screenings, physical and dental exams 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 up to 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.

Parent Involvement Activities

Parent Involvement Activities include the following:

Activity	Details
Family Partnership Agreements	Each family is offered the opportunity to develop Family Partnership Agreements/Goals
Home Visits & Parent Teacher Conferences	
Parent Committee Meeting	All CAPE sites have 9 Parent Meetings per year
Policy Committee	The Policy Committee composition includes one representative and one alternate from each center
Health Services Advisory Committee	The committee includes parent representatives
Volunteer Activities	Parents are encouraged to participate as classroom volunteers working with children and observing children's activities
Parent Trainings	Policy Committee Training Pedestrian Safety Health, Oral Health, Nutrition Literacy Transition Activities Education (Screenings, Assessment, Developmentally appropriate practices) Parenting Series: Positive Discipline, Setting Limits, Parent Discussion Groups
Parent & Family Events	Family Activity Day Literacy Days

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 those 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.

Early identification of children's social/emotional - mental health needs is an integral component of 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.

Other community mental health resources, as well as CAPE's Mental Health Services Program which is funded through a provider contract with Alameda County Behavioral Health Care Services, are used as needed through referrals and formal collaborations.

RESULTS OF FEDERAL MONITORING REVIEW

All Head Start Programs are reviewed every three years by the Administration for Children and Families (ACF), Department of Health and Human Services. Child Family & Community Services (CAPE's Head Start/Early Head Start grantee) and CAPE received their last federal review in May 2014. The Triennial Federal Monitoring Review results demonstrated that no non-compliance findings were identified.

INDEPENDENT AUDIT

The Independent Audit of Internal Control over Financial Reporting for the Fiscal Year ending February 28, 2015 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.