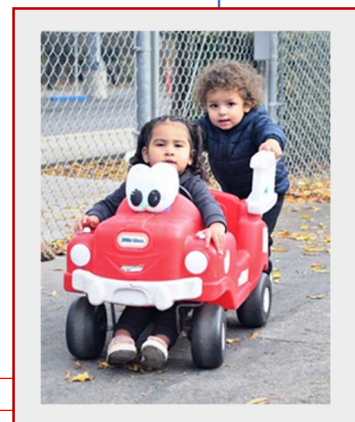




# 2019-2020 Annual Report CAPE Inc.

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 Alameda County since 1966. CAPE, Inc. is a Grantee agency., and has been an Early Head Start Child Care Partnership (EHS-CCP) grantee, providing services in Eastern and Central Alameda County since March, 2015.

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 2020-2021 Budget**

CAPE, Inc. received primary support from Head Start – Early Head Start Delegate Agency grants, an Early Head Start Child Care Partnership grant, and California State Funded Preschool contract/subcontracts, and additional support from specialized programs and community grants.

### **FY 2019-2020**

<b>Source</b>	<b>Revenues</b>	<b>Expenditures</b>
Head Start	\$1,753,130	\$1,674,090
Early Head Start	\$661,485	\$661,700
Early Head Start Child Care Partnership	\$1,058,903	\$1,255,508
State CDE Contracts / Subcontracts	\$2,233,469	\$2,051,136
USDA/CACFP Meal Reimbursement	\$230,407	\$234,195
Alameda County Behavioral Health	\$197,531	\$289,645
Other Contracts & Sources	\$11,100	\$32,997
<b>Total</b>	<b>\$6,146,025</b>	<b>\$6,199,271</b>

### **Budget FY 2020-2021**

<b>Source</b>	<b>Revenues</b>	<b>Expenditures</b>
Head Start	2,805,673	2,805,673
Early Head Start	1,675,147	1,675,147
Early Head Start Child Care Partnership	1,267,462	1,267,462
State CDE Contracts / Subcontracts	2,078,296	2,078,296
USDA/CACFP Meal Reimbursement	232,350	232,350
Alameda County Behavioral Health	377,606	377,606
Other Contracts & Sources	3,500	3,500
<b>Total</b>	<b>8,440,034</b>	<b>8,440,034</b>

**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, which is also the model for CAPE’s EHS-CCP Program.

Program	Funded Enrollment	Actual Enrollment
Early Head Start	54	88
Head Start	203	236
EHS-CCP	89	127

Primary Type of Eligibility			
	EHS	HS	EHS-CCP
Income below 100% of federal poverty level	37 (42%)	101 (43%)	41 (32%)
Receipt of public assistance such as TANF, SSI	2 (2%)	11 (.5%)	12 (.09%)
Status as foster child	1	6	4
Status of homeless	9 (10%)	10 (.5%)	10(.08%)
Over Income	9(10%)	37 (16%)	11 (.09%)

**PERCENTAGE OF ELIGIBLE CHILDREN**

CAPE Inc. served approximately 57% of eligible children, birth to five years of age (283 of approximately 500 children) living in the Tri-Valley Area. CAPE EHS-CCP programs served approximately 3% to 4% of eligible children, birth to 3 years old and up to 4 years old in Family Child Care Homes (94 of approximately 2600 children) living in Hayward, San Leandro, San Lorenzo and Dublin.

**AVERAGE MONTHLY ENROLLMENT**

CAPE’s EHS-CCP program met 100% enrollment for most of the months during the 2018-2019 program year. There were a few months where full enrollment was not met, and extensive recruitment efforts were made to fill the open slots. CAPE’s Head Start and Early Head Start Delegate Agency programs maintained 100% Average monthly enrollment for most of the months during the second half of the 2018-2019 program year. CAPE Head Start and Early Head Start programs were under enrolled for the first 4 months of the program year. After full enrollment was met any occurring vacancy was immediately filled from a waiting list, or after extensive recruitment efforts.

<i>Ethnicity, Race and Primary Language of family at home</i>			
<i>Ethnicity</i>	EHS	HS	EHS-CCP
Hispanic or Latino origin	38	124	51
Non-Hispanic or Non-Latino origin	20	63	57
<i>Race</i>			
American Indian or Alaska Native	0	1	0
Asian	0	23	5
Black or African American	9	15	32
Native Hawaiian or other Pacific Islander	0	0	3
White	31	110	50
Biracial/Multi-racial	3	7	4
Other/Unspecified	15	31	14
<i>Primary Language of family at home</i>			
English	29	78	81
Spanish	28	93	25
Middle Eastern & South Asian Languages	1	12	1
East Asian Languages	0	3	0
Other/Unspecified	0	0	2

**Program Information Report**

	<b>EHS</b>	<b>HS</b>	<b>EHS-CCP</b>
<b>Total Number OF Families</b>	51	172	104
<b>Number if Two-Parent Families</b>	8	74	20
<b>Number if Single-Parent Families</b>	43	97	84
<b>Families by Education Level</b>			
An Advanced degree or baccalaureate degree	4	23	15
An Associate’s degree, vocational school or some college	11	44	36
A High School graduate or GED	19	56	28
Less than school graduate	17	47	22
<b>Federal or Other Assistance</b>			
Total number of families receiving TANF	4	11	20
Total number of families receiving SSI	3	10	0
Total number of families receiving WIC	36	72	64
Total number of families receiving SNAP	9	38	19

**Family Services**

<b>Families who received the following service to promote family outcomes</b>	<b>EHS</b>	<b>HS</b>	<b>EHS-CCP</b>
Emergency Crisis	38	149	30
Housing	11	20	13
Asset Building Services	19	31	12
Mental Health	4	21	3
Substance Prevention/Treatment	0	1	0
English as a Second Language	27	118	7
Adult Education or Job Training	14	31	30
Research-Based Parenting Curriculum	42	155	58
Involvement in Child’s Assessment and Screening	0	1	0
Supporting Transitions	0	1	0
Child Support	0	0	0
Health Education	40	150	70
Assistance to Families of incarcerated individuals	0	0	0
Parenting Education	0	0	2
Marriage Education	0	0	0
Number of families that received at least one service	43	158	79

**Program Information Report (continued)**

<b>Health Services</b>	<b>EHS</b>	<b>HS</b>	<b>EHS-CCP</b>
Children with health insurance *Includes pregnant teen moms	57	186	108
<b>Medical Home</b>			
Number of children with ongoing health care	57	184	106
<b>Medical Services</b>			
Number of children up-to-date	36	140	77
Percent of children who received a Medical Exam	63%	98%	71%
<b>Number of children who received treatment for:</b>			
Anemia	0	0	0
Asthma	1	1	1
Hearing Difficulties	0	0	0
Vision Problems	0	0	0
High Lead Levels	0	0	0
Diabetes	0	0	0
<b>Immunization Services</b>			
Number of children up-to-date	81	182	101
Number of children who did not receive all immunizations	0	0	3
<b>Dental Home</b>			
Number of children with dental care	57	183	106
<b>Dental Services</b>			
Percent of children who received a Dental Exam	58%	90%	98%
Number children who received-preventive care	33	149	24
Number of all children who completed dental exam	33	160	30
Of these, number of diagnosed needing treatment	na	36	na
Of these, number of children received treatment	na	3	na
<b>Mental Health Referrals</b>			
Number of children who were referred outside of HS since last services	1	5	0
Of these, number who received mental health services	1	3	0

### **Child Development – Efforts to Prepare Children for Kindergarten**

Child development services continue to be provided at CAPE directly operated sites 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 school district campuses. A class size of no more than 20 to 24 children is maintained, depending on the age of the children enrolled. Teacher to child ratios vary between 1 to 3 for infants and 1 to 4 for toddlers, to 1 to 8-10 for preschoolers. CAPE EHS-CCP program sites utilize a center-based approach where families are provided full-day/full-year services for a minimum of 6 ½ hours per day, and a minimum of 48 weeks per year. CAPE EHS-CCP programs are located in Hayward, San Leandro and Dublin.

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

At both CAPE directly operated sites and at EHS-CCP program sites, 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©2015) as their tool for assessing the progress of children from early infancy to Kindergarten entry, including children with an IFSP or IEP. This tool was developed by the California Department of Education and is aligned with the Head Start Early Learning Outcomes Framework. Each assessment cycle is based on ongoing observations conducted by the teaching staff.

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.

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, and guides teaching practices.

During the 2019-2020 program year, previous to the COVID-19 pandemic, all children were initially assessed in the fall. Upon analyzing the outcomes, children exceeded our targeted goals across programs, children demonstrated understanding in all areas, within the developmental ratings. During the mandatory Shelter-in-Place, CAPE Inc. continued to provide educational activities and resources to families and upon re-opening created a hybrid education model to serve children and families.

### **Child Development Educational Services: Hybrid Model** (due to COVID-19 guidance)

As the pandemic of COVID-19 continues, CAPE Inc., provides a hybrid educational model; a mix of virtual learning and in-class learning. In order to provide a healthy, safe, learning environment, class sizes are up-to 12 preschool children and classrooms were modeled to support social distancing for children and staff. Children attending in-class learning were provided individual pencil boxes with materials to use for instruction, activities and classroom materials were provided for children to learn independently and safely together.

The distance learning model provides children with developmentally appropriate activities mailed to their homes twice a month and once a week virtual circle time. Teaching staff conduct weekly check-in's with families to review progress of student's development in order to individualize their needs. Virtual circle times include literacy activities, songs, discussions and a "question of the day" related to the curriculum. Teacher utilize parent input and observations to assess progress and created targeted goals to support their development and success in education.

### **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 participation in the community Health Fair where children receive screenings, physical and dental exams if needed. Oral Health, particularly issues concerning barriers to accessing dental health care continue to be a major focus of CAPE's Health Services efforts. CAPE continues partnering with the Native American Health Center – Pediatric Dental Department. Through this partnership CAPE enrolled children, with parental consent, receive dental services directly at their school/classroom sites. Services include: a dental exam, teeth cleaning, and fluoride varnish application. This agency provides two visits to our centers each program year, and provides follow up contact to parents and families if the child requires any treatment services. With this increase in services, more children have access to oral health care throughout the program year.

### **Family and Community Partnerships**

While Family Engagement continues to be embedded in the work of CAPE at all staff and system levels, specific Family Services staff that directly implement parent and community involvement include the Support Services Manager, Family Community Partnership Coordinator and Family Advocates. Family Advocates continue to be primarily responsible for working closely with families to identify their needs and goals and to initiate *Family Partnership Agreements*. Partnering with parents for the success of their children and introducing them to the resources in the community, continues to be an essential component of this process. This ensures opportunities to build supportive relationships with individual families and to work with them individually to develop solutions to their identified needs through the development of family goals, and identified strategies for achieving these goals.

CAPE has also selected, and has fully implemented, of the CSEFEL evidence-based, parenting curriculum, Teaching Pyramid for Families and training series. The curriculum and related materials provide information for families on how to promote children’s social and emotional skills, including understanding problem behavior, and use positive approaches to help children learn. The CSEFEL parenting curriculum trainings, which include six sessions, are designed to give parents general information on key strategies that may be used with their children to promote positive and effective parenting skills, which will promote children’s social and emotional well-being

CAPE continues to build and maintain community partnerships to support families and ensure that their basic needs for food, shelter, and health/medical care are met. Within the Tri-Valley area, and central Alameda County the lack of affordable housing, medical and dental care for low-income families continue to be an issue that impact Head Start and Early Head Start families. The development and maintenance of partnerships with local agencies and health care providers within the community help CAPE to meet the goals and basic needs of enrolled families.

**Parent Involvement Activities**

Parent Involvement Activities include the following:

Activity	Details
<b>Family Partnership Agreements</b>	Each family is offered the opportunity to develop Family Partnership Agreements/Goals
<b>Home Visits &amp; Parent Teacher Conferences</b>	At least 2 Home Visits & Parent Teacher Conferences are provided to each family throughout the year
<b>Parent Committee Meeting</b>	All CAPE sites have Parent Meetings every other month throughout the program year, and EHS-CCP sites have monthly Parent Meetings.
<b>Policy Council</b>	The Policy Council composition includes one representative and one alternate from each CAPE center, and the EHS-CCP program has one representative per site for larger sites & 1 for all 4 smaller sites. There are times when parents aren’t available to participate from each site, though this opportunity is always available to parents.
<b>Health Services Advisory Committee</b>	The committee includes parent representatives
<b>Volunteer Activities</b>	Parents are encouraged to participate as classroom volunteers working with children and observing children’s activities
<b>Parent Trainings</b>	Parent Committee Training CSEFEL Parenting Series – Six Module Trainings Pedestrian Safety, Health, Oral Health, Nutrition Literacy Transition Activities Education (Screenings, Assessment, Developmentally appropriate practices)
<b>Parent &amp; Family Events</b>	Family Activity Day Literacy Days
<b>Annual Parent Surveys</b>	Families are given the opportunity to provide feedback on program services, which provides important data that is used for program planning and service enhancement.



### **Services for Children with Disabilities**

CAPE, and our EHS-CCP programs provide services for children with exceptional needs 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 exceptional needs ages birth to five years. In an effort to ensure those children with exceptional needs 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 ASQ-SE screening tools 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 year by the Administration for Children and Families (ACF), Department of Health and Human Services. CAPE will receive notification for the Focus Area One (FA1) federal review, by the Administration for Children and Families (ACF), Department of Health and Human Services.

CAPE's Early Head Start Child Care Partnership grant/program received a federal review, by the Administration for Children and Families (ACF), Department of Health and Human Services in June of 2020. The 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, 2020 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.

*\*Data collected for 2019-2020 Annual report is generated from Child Plus. Due to COVID-19 pandemic, data collected and gathered for program year 2019-2020 maybe impacted by the mandatory closure in March 2019.*