The Children's Community Head Start Birth to Five Program 2022-2023 Annual Report



The Children's Community Head Start Birth to Five Program is a program of the Community Program Centers of Long Island, Inc. CPC is a 501(C)3, not-for-profit organization. The Birth to Five program operates a home-based program, as well as two centers in Suffolk County. Our program operates under the guidance of the Board of Directors and Policy Council.



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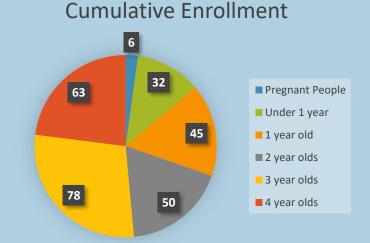
Ronkonkoma Center Managers:

Angela Servedio, Center Director/Health & Nutrition

Melissa Kaleita, Education Manager

Mary Ellen Butcher, Family Development Manager

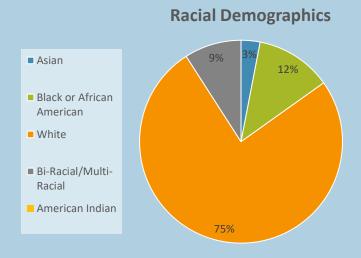
The Children's Community Head Start Birth to Five program is approved to enroll 283 pregnant people, infants, toddlers and preschoolers in our centers located in Ronkonkoma, NY and Port Jefferson, NY. During the 2022- 2023 program year 274 people received Head Start or Early Head Start services. There were two classrooms that remained closed for the entire year due to lack of qualified teacher candidates. Additionally, the program had two Home Visitor vacancies which affected our ability to enroll families in the Home-Based program. After several months of being underenrolled, the program has entered a Full Enrollment Initiative plan with the Office of Head Start to improve enrollment to at least 97%.

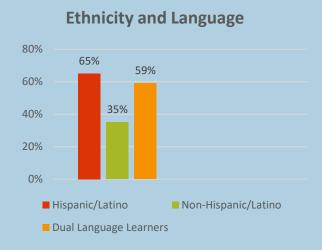






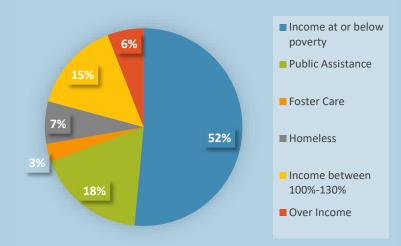
The Birth to Five program is committed to supporting diverse groups within our catchment area. This includes historically marginalized groups such as Black, Hispanic, Asian, and Native American Indian, as well as children with diagnosed disabilities, English language learners, homeless families, and those on public assistance.





Head Start and Early Head Start enrollment is dependent on eligibility. In 2022 the participation in the Supplemental Nutrition Assistance Program (SNAP), was included in the definition of public assistance.

Eligibility Categories of Enrolled Families

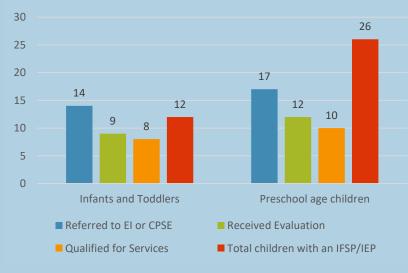


To ensure that enrolled children get any additional support they need, all children are screened for developmental delays within 45 days of entrance into the program. The infants and toddlers are screened using the Ages and Stages Questionnaire and the Devereaux Early Childhood Assessment (DECA), which address social emotional development. Preschool aged children are screened using the DECA and the Early Screening Inventory. Children requiring follow up are referred to the Disabilities Manager or Mental Health Consultant for support, or referral to Early Intervention or their local school district Committee on Preschool Special Education.

Therefore, families receiving SNAP benefits were considered categorically eligible for the program. The number of families on public assistance grew from 4.5% in the 2021-2022 program year to 18% in the 2022-2023 program year.



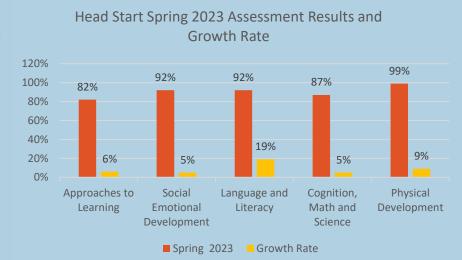
Children with Special Needs



Head Start programs are required to maintain 10% of their enrollment for children with an IEP or IFSP. During the 2022-2023 program year, 14% of enrolled children were determined to be eligible for services under IDEA. An additional 18 children were receiving classroom support from the Licensed Social Worker. All children are assessed 3x per year using the Desired Results Developmental Profile (DRDP), to measure their progress towards the School Readiness Goals.

These age-appropriate goals are aligned with the Head Start Early Learning Outcomes Framework and address all developmental areas. The DRDP assessment tool is designed to be inclusive of children with an IEP or IFSP and dual language learners. Children are measured along a continuum of developmental indicators.

At the end of the 2022-2023 program year, approximately 90% of Head Start children were meeting expectations in all areas, with the highest rate of progress in Language and Literacy. The toddlers that transitioned to Head Start or another local preschool program were equally prepared with an





average of 83% of transitioning 3-year-olds meeting or exceeding expectations in all areas of development. As expected with infant toddler development, rates of progress were significantly higher with a 37% rate of progress in Cognitive development, 33% rate of progress in Language and Literacy, and 31% rate of progress in Approaches to Learning.

While the Home Visitors and Teachers are working to prepare children for their future educational settings, the Home Visitors and Family Advocates also worked with the families to set goals for themselves. To assist families in the goal setting process, each family completes a Scaled

Family Assessment to help determine their individual strengths and areas of need. Additionally, the

program uses
information from the
Scaled Family Assessment
to plan workshops,
Parent Committee
meetings, and
information tables to
support families
throughout the year. In
2022, the area that
families made the most
improvement was

Percentage of Families with Significant Needs, based on Scaled Family Assessment



Employment, Job skills, and Job training. Knowledge of Child Development and Housing remained areas that showed little progress during the year. Safe and affordable housing is an issue across

Suffolk County, with 37% of families burdened by their housing costs. This includes families that spend 30% or more of their monthly income on housing. Medical and Dental care was an area of

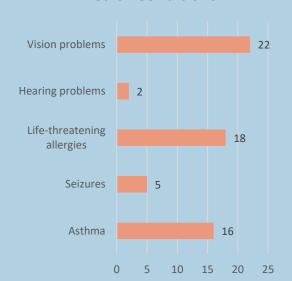
Children's Health and Wellness 120% 100% 80% 60% 40% 20% 50% 14% 0% Children with Children with Up to date on Up to date on Children with Children insurance at an ongoing preventative immunizations chronic health receiving end of source of health care conditions treatment for enrollment health care chronic condition

need for only 2% of enrolled families at the end of the year. Medical and Dental requirements for enrolled children include being up to date on EPSDT required immunizations, well visits, and dental screenings or exams, depending on age.



Children with certain chronic health conditions require ongoing treatment to ensure their medical needs are being met. The Birth to Five program is approved to provide medication to children who

Children with Chronic Health Conditions



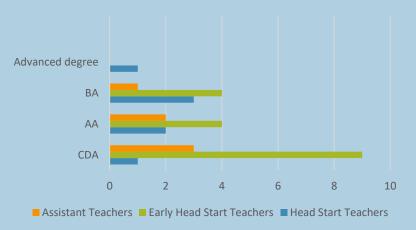
require medication while on site. All MAT certified staff are trained to administer medication, including epinephrine autoinjectors for children with life threatening allergies.

The Birth to Five Program continues to face ongoing challenges related to the workforce shortage in the field of Early Childhood Education in Suffolk County, as well as Head Start programs across the country. According to a 2023 survey by the National Head Start Association, 19% of all Head Start and Early Head Start staff positions were vacant nationwide. At the end of the 2022-2023 program year, 26% of positions at the Birth to Five program were vacant, mainly due to the lack of

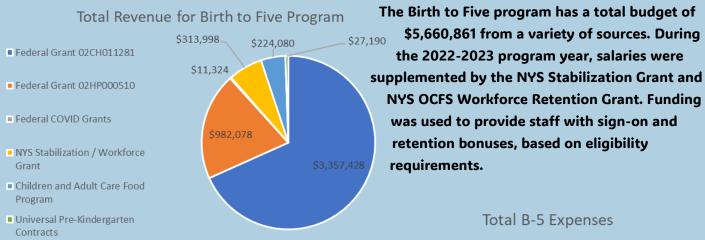
qualified applicants. Without qualified staff, the program could not open at full capacity in either the center-based or home-based program option. As the minimum requirement for EHS Teachers is an Infant Toddler CDA, and most students opt for the Preschool CDA, these positions have been the

Teacher and Assistant Teacher

Qualifications



hardest to fill. Fifty-three percent of the vacant positions in 2022- 2023 were those of Early Head Start Teachers. According to our wage comparability study, the Birth to Five program salaries are comparable to those of other preschools and childcare centers in the community. However, wages for early childhood professionals, in general, are significantly lower compared to those of entry-level public-school employees. This is also leading to staff leaving to pursue public school positions.



The unspent amount of \$744,763 was primarily in the personnel line, due to staff vacancies. Unspent federal funds are returned to the Office of Head Start. Other expenses include training and coaching, utilities, upgrading the telephone systems in both centers, equipment purchases, and costs associated with the Mental Health Consultant and Registered Dietician.

