



PFCS EARLY HEAD START 2009/2010 ANNUAL REPORT



November 1, 2009 – September 29, 2010

Professional Family Care Services' Early Head Start Program of Cambria County successfully provided comprehensive services for low income preschool children and their families from February through September 2010. The Head Start Act of 2007 requires Early Head Start programs to make available program information at the end of each fiscal year. In compliance with federal regulations, PFCS has compiled this report to the public.



SERVING FAMILIES IN NEED

PFCS EARLY HEAD START

- EHS works with at-risk families to promote the developmental, health, educational, nutritional and social needs of families.
- EHS is a federally-funded program with PFCS serving as the grantee.
- PFCS matches 20% of the federal funding as required by federal regulations.

Family Services

- Services are provided at no cost to pregnant women, infants and toddlers in Cambria County.
- Year-round weekly home visits and socialization events provide the foundation for quality services.
- Services include monthly trainings for families.



Objectives

An important goal of the PFCS Early Head Start program is to reach and support every family in a meaningful way by:

- enhancing children's physical, social, emotional, and intellectual development
- supporting parents' efforts to fulfill their parental roles
- helping parents move toward self-sufficiency

Enrollment	
Funded Enrollment	72
Total Number of Women, Infants & Toddlers Served	121
Average Monthly Enrollment as a Percentage of Funded Enrollment	100%

Enrollment by Race/Ethnicity	
African American	17
White	78
Hispanic/Latino	0
Multi-Racial	26

Age at Enrollment	
Prenatal	6
Birth – 1 Year	38
1 Year -2 Years	40
2 Years – 3 Years	37

ERSEA

ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT ATTENDANCE



- **Eligibility** for participation in the Early Head Start program is based upon federal guidelines: at least 90% of enrolled families' incomes must be at or below federal poverty level. In addition, 10% of enrolled children or expectant mothers must have a disability. Eligibility is verified by PFCS EHS staff before the family is accepted into the program.
- **Recruitment** efforts include canvassing the local communities, radio and television advertising, referrals from other public and private agencies and maintenance of a website. The goal of PFCS' recruitment is to actively inform all potentially eligible families of the availability of services.
- **Selection** criteria used by EHS have been determined by community assessment and are designed to identify the most at-risk families who have applied for services. Selection criteria include parental status, housing status, developmental status, disabilities, involvement of other social service agencies, military involvement, legal issues and pregnancy.
- **Enrollment** has been maintained at 100% capacity. The PFCS Early Head Start program has a funded enrollment of 72.
- **Attendance** by parents or guardians for weekly home visits is required for 48 of 52 weeks each year. Consistent program participation is vital to each families' success, therefore the EHS program requires that any missed visits be rescheduled and completed.

"EHS gives me and my child one-on-one time to sit down and do educational learning. Plus my son loves the education toys and games!"

~EHS Parent

DEMOGRAPHICS OF FAMILIES SERVED

Family Composition & Living Arrangements

Children from Single Parent Families	48%
Children from Two-Parent Families	52%
Families experiencing homelessness during program year	0%
Children in foster care during program year	2%

Family Economic Need

Earned less than federal poverty level or were categorically eligible	100%
Participated in WIC (Supplemental Foods Program for Pregnant Women, Infants and Young Children)	74%
Received public assistance through TANF and/or SSI	72%



Family Education & Work Status

Less than a high school education	11%
High school diploma or GED	68%
Some level of vocational or higher education	7%
College Degree	9%
Employed, either full-time or part-time	34%
Unemployed	66%
In job training or school	6%

SERVICES FOR PREGNANT WOMEN

EHS assists pregnant women to access comprehensive prenatal and postpartum care to increase potential for a healthy child. Pregnant moms are prioritized in our selection criteria to reach the family as early in the child's development as possible.

Pregnant Women Services

Participating women who delivered full-term babies	100%
Participating women who received prenatal care	100%



CHILD HEALTH SERVICES

EHS staff work in partnership with families and community health services providers to assure that every enrolled infant and toddler has a regular medical services provider. There is a shared effort with our Health Services Manager, staff and pediatric offices to ensure that children participating in EHS receive regular, ongoing health assessments and treatments.

In addition, EHS assures parents are provided support and information which encourages the safe, healthy development of infants and toddlers.

Child Health Services

Children receiving well-child exams required by EPSDT	95
Children up-to-date on all immunizations appropriate for their age	101
Children receiving dental exams required by EPSDT	28

CHILD DEVELOPMENT, SCREENING, & ASSESSMENT SERVICES

Parents are the primary and most important educators in their children's lives. EHS staff work in partnership with parents to

- assess each child's developmental status,
- set individually appropriate goals and objectives,
- plan and implement strategies to support the achievement of those goals and objectives, and
- assess each child's progress in an ongoing manner.

Early identification of cognitive, language, social or behavioral delays is critical to a child's future development.

Child Screening & Assessments

Children who received developmental screening	94
Children who received social-emotional screening	59
Children referred for early intervention screening	6
Of those referred for Early Intervention services, those found to be eligible	4

DISABILITY SERVICES

EHS actively reaches out to families whose infants and toddlers have been identified as having, or who may be at risk for developing, a disability. Staff work in partnership with parents to ensure that their infants and toddlers are involved in the full range of program activities. Staff and parents are provided with training and/or support to effectively promote the development of infants and toddlers with disabilities.



Children with Disabilities

Children with disabilities served	16
Percentage of Enrolled children who have a disability	14%
Children with a disability before entering EHS	11
Children diagnosed with a disability after enrollment	4

PARENT INVOLVEMENT

EHS seeks to engage parents as active partners in all aspects of EHS program decision making. Family partnership agreements are created between EHS staff and families.

Parent Educators

- encourage parent participation in socialization experiences
- design sessions to be responsive to parent and family needs.
- reinforce the strengths of the families

Family surveys are conducted at least once annually to ensure family needs are being met. Feedback and suggestions are used to strengthen the services to families.

Parent Committee was created in conjunction with Policy Council to give parents a voice for their program. Parent Committee provides the opportunity for parents to

- receive additional information about Policy Council agenda items
- provide input about program operations
- make suggestions
- receive training and information

EHS hosts monthly parent education events. Trainings have included Fire Safety, CPR, Nutrition. Additionally, EHS has organized governance training events for policy council.



“I like being in control and have input on what my child learns.”

-EHS Parent

Volunteer Efforts

Parent Volunteers	66
Community Volunteers	16
Parent Volunteer Hours	4693
Community Volunteer Hours	108

TRANSITIONAL SERVICES

Children approaching their third birthday are supported and prepared for transition into Head Start, preschool or daycare. The EHS Director notifies the Head Start Director of the child’s impending completion of the EHS program.

For children with disabilities, Parent Educators work with the Early Intervention team. Parent educators also work with the family and any other service providers to assure that the family is prepared for the transition and transition planning meeting when applicable.

Families of transitioning children can also use their EHS Family Album, containing immunization records, milestones, achievements, etc., to provide information to the new director and/or staff.

“Attending the NHSA conference has heightened my interest in doing more with EHS and as a member of Policy Council.”

-EHS Parent



FEDERAL REVIEW

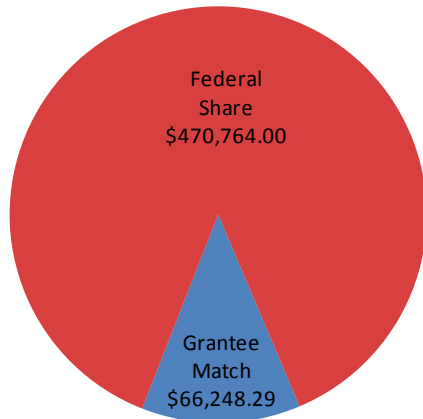
An on-site federal monitoring review to identify program compliance with the Head Start Act and Performance Standards was completed in February, 2011. The federal team complimented the program for it’s success and efforts to comply with federal regulations. The official report has not yet been received.

“Playgroup is a great way for my daughter to have socialization and a great way for me to connect with other parents of young children. We love it!”

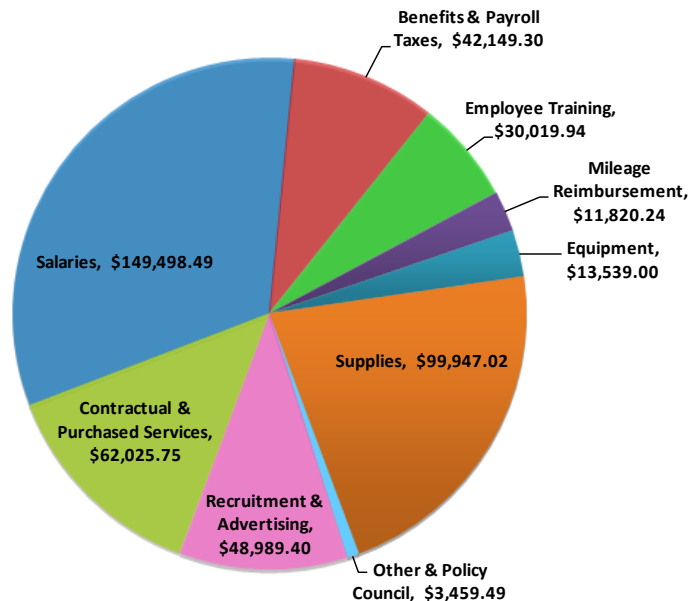
-EHS Parent

FUNDING & FISCAL

Funds Received \$537,012.29



**Breakdown of Federal Share Expenditures
\$460,764.00 Total**



SHARED GOVERNANCE

EHS Program Governance is provided by the PFCS Board of Directors who retain legal and fiscal responsibility for the agency. The Board of Directors shares oversight of quality services of the EHS program with Policy Council. This formal structure of shared governance allows Policy Council to participate in policy, staffing, selection and other program decisions. Policy Council is comprised of a majority of parents of enrolled children. The remaining seats are filled by community representatives familiar with resources and services for low-income children and families.

Board of Directors

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