



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Head Start | 4th Floor – Switzer Memorial Building, 330 C Street SW, Washington DC 20024 [eclkc.ohs.acf.hhs.gov](http://eclkc.ohs.acf.hhs.gov)

## Program Performance Summary Report

**To: Authorizing Official/Board Chairperson**

*Ms. Charmaine Noel*

*Community Parents, Inc.*

*90 Chauncey Street*

*Brooklyn, NY 11233 - 1809*

**From: Responsible HHS Official**

**Date: 06/29/2020**

**Dr. Deborah Bergeron**

**Director, Office of Head Start**

From June 1, 2020 to June 5, 2020, the Administration for Children and Families (ACF) conducted a Focus Area One (FA1) monitoring review of the Community Parents, Inc. Head Start and Early Head Start programs. This report contains information about the grantee's performance and compliance with the requirements of the Head Start Program Performance Standards (HSPPS) or Public Law 110-134, Improving Head Start for School Readiness Act of 2007.

The Office of Head Start (OHS) would like to thank your governing body, policy council, parents, and staff for their engagement in the review process. The FA1 review allows the OHS to understand how programs are progressing in providing services in the 5-year grant cycle. The report includes the performance measures used to understand grantee progress towards program goals. You can use this report to identify where your program was able to describe progress toward implementing program services that promote quality outcomes for children and families. Please contact your Regional Office for guidance should you have any questions or concerns. Your Regional Office will follow up on the content of this report and can work with you to identify resources to support your program's continuous improvement.

### **DISTRIBUTION OF THE REPORT**

Ms. Carolyn Baker, Regional Program Manager

Mrs. Cynthia Cummings, Chief Executive Officer/Executive Director

Mrs. Cynthia Cummings, Head Start Director

Mrs. Cynthia Cummings, Early Head Start Director

## Glossary of Terms

<b>Opportunity for Continuous Improvement (OCI)</b>	An OCI is identified when the grantee is determined compliant in an area; however, through intentional, continuous improvement strategies, the agency has the opportunity to enhance overall program quality.
<b>Area of Concern (AOC)</b>	An area for which the agency needs to improve performance. These issues should be discussed with the grantee's Regional Office of Head Start for possible technical assistance.
<b>Area of Noncompliance (ANC)</b>	An area for which the agency is out of compliance with Federal requirements (including but not limited to the Head Start Act or one or more of the regulations) in one or more areas of performance. This status requires a written timeline of correction and possible technical assistance or guidance from the grantee's program specialist. If not corrected within the specified timeline, this status becomes a deficiency.
<b>Deficiency</b>	<p>As defined in the Head Start Act, the term "deficiency" means:</p> <p>(A) a systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</p> <ul style="list-style-type: none"> <li>(i) a threat to the health, safety, or civil rights of children or staff;</li> <li>(ii) a denial to parents of the exercise of their full roles and responsibilities related to program operations;</li> <li>(iii) a failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;</li> <li>(iv) the misuse of funds received under this subchapter;</li> <li>(v) loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or</li> <li>(vi) failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified;</li> </ul> <p>(B) systemic or material failure of the governing body of an agency to fully exercise its legal and fiduciary responsibilities; or</p> <p>(C) an unresolved area of noncompliance.</p>



## Program Design and Management

### Program Design

The grantee's program design and structure takes into account community strengths and needs.

### Program Management

The grantee has an approach for providing effective management and oversight of all program areas and fiduciary responsibilities.

### Program Governance

The grantee maintains a formal structure for program governance that includes a governing body, a policy council (or policy committee for delegates), and parent committees.

## Program Design and Management Summary

Community Parents, Inc, in its first year of operation, designed program services to reflect the needs of the community. Program data results identified the diverse demographics of the Brooklyn and Queens communities, which included African American, Caribbean, and Latino families. The program was intentional in ensuring that its staff at each site reflected the families served. The data results also showed an increased need for full-day, full-year care for young children, services for children with disabilities, and dual-language children and families. The program determined eligible families within the service area were enrolling in the universal pre-kindergarten classes, due to the length of their instructional day. To better support the families, the program changed its service hours and calendar days to match the local public school system, which provided an opportunity for parents to participate in the Head Start program. They established a focus on providing services to a high number of children with disabilities. To meet this need, the program partnered with a local service provider to implement a unique integrated classroom model. The model supported 20 total children, with ten children eligible for and receiving services under the Individuals with Disabilities Education Act. The program had a long history of serving dual-language children, and the program's leadership conducted an in-depth analysis of the dual-language assessment, which identified a need to revise the policies and procedures guiding services. The staff determined the most common languages being spoken by children and families were Creole or Spanish, which led to the review of strategies that ensured the implementation of a linguistically focused program. For example, the program connected and supported bilingual families by using translators, creating print-rich environments, and providing documents in the parent's preferred language. Families of dual-language children who received services under the Individual with Disabilities Education Act were provided with evaluation information in the parents' home language. The program designed services for eligible children and families based on identified community needs.

The program's use of data provided opportunities for effective management and oversight of all program areas. The program leadership, Management Team, and members of the governing board and the policy council reviewed data from the prior year's program reports and assessments to develop goals. They used various data sources, such as the end-of-year Program Information Report, Self-Assessment, and school readiness outcomes analysis that informed the development of current goals. The program leadership, alongside the governing entities, used the proposed program goals to guide monitoring, professional development, and procedures for developing quality services. For example, one goal involved reviewing and refining the transition process for Head Start children with disabilities into kindergarten. The staff ensured the program's transition plan involved stakeholders to ensure all children and families received support before and after transitioning to the next educational program option. Staff shared the Teaching Strategies GOLD child assessment results with receiving teachers to help plan opportunities for children with specific needs or challenges prior to the first day in their new educational setting. Using data in the decision-making process guided informed planning and management.

As a single-purpose program, focused on facilitating the Head Start grant, the six-member board governed all services. The governing board was comprised of members with the required expertise and were knowledgeable about the communities in which Head Start services were provided. Staff ensured that members of the board were representative of the families served, and local organizations. The policy council included 12 members that represented both Early Head Start and Head Start. The Director explained that the governing board and the policy council an understanding of their roles within the program. Training opportunities were offered for each member to provide information on their fiscal responsibilities, effective management, and ERSEA training. The training and expertise of the governing board and the policy council members helped support their roles and responsibilities for providing effective oversight.



## Designing Quality Education and Child Development Program Services

### Alignment with School Readiness

The grantee's approach to school readiness aligns with the expectations of receiving schools, the Head Start Early Learning Outcomes Framework (HSELOF), and state early learning standards.

### Effective and Intentional Teaching Practices

The grantee has strategies to ensure teaching practices promote progress toward school readiness.

### Supporting Teachers in Promoting School Readiness

The grantee has an approach for ensuring teachers are prepared to implement the curriculum and support children's progress toward school readiness.

### Home-based Program Services

Not Applicable.

## Designing Quality Education and Child Development Program Services Summary

The program's developed school readiness goals were supported through effective implementation of the curriculum, the use of child assessment data, and support to teachers. The staff, leadership, and members of the community collaboratively chose the Creative Curriculum to guide teaching strategies, and the Teaching Strategies GOLD assessment to evaluate the progress of child progress toward school readiness. The teaching staff were observed and provided with coaching to make certain the appropriate teaching strategies were implemented. The program utilized two observation tools to determine the fidelity to curriculum implementation and for determining intensive coaching needs or professional development opportunities. The program also developed a multilayered approach for supporting children eligible for services under the Individuals with Disabilities Education Act. The program established a robust 9-year-old collaboration with the Kid Centric Local Education Agency. The partnership was founded on a shared philosophy of the full education and inclusion of children with disabilities within a Head Start classroom model. The integrated model were designed to include ten children identified with disabilities and ten children who received regular educational services. Four adults and a therapist were assigned to each classroom to support all children. The Program Directors worked with the staff of Kid Centric to understand the Head Start Program Performance Standards and provided opportunities for shared training. The partnership ensured children in the integrated classes received needed accommodations. For example, accommodations included augmented speech devices, rocking chairs, weighted blankets, and personalized schedules. The program's school readiness strategies supported all enrolled children in preparation for kindergarten.



## Designing Quality Health Program Services

### Child Health Status and Care

The grantee has an approach for ensuring the delivery of high-quality health services.

### Safety Practices

The grantee implements a process for monitoring and maintaining healthy and safe environments and ensuring all staff have complete background checks.

## Designing Quality Health Program Services Summary

The program ensured children and families received access to needed comprehensive health services. Beginning at enrollment, the staff implemented procedures for gathering information and supporting documentation related to the sources of medical and oral health care and insurance access. The program documented and tracked each child's identified primary medical and oral health care service provider and their health status based on the Early and Periodic, Screening, Diagnostic and Treatment schedule, using an Excel tracking document. Staff assisted enrolled families without a medical or dental home or access to insurance benefits with referrals to local community resources, including medical and oral health providers. In a discussion, program leadership discussed the mental health services provided to children, families, and staff. The program secured a Mental Health Specialist (MHS) to support children and families with social-emotional concerns. The MHS was an integral member of the Management Team and was involved in all areas to support children and families. A significant responsibility of the MHS was to support and guide parents. The Mental Health Specialist also provided consultations, screening and assessments, referral services, and parent and staff training. During the COVID-19 pandemic closures, the Mental Health Specialist provided virtual support to the Family Service Workers and the families as needed. The program assisted families and children with access to comprehensive health services.

The program staff ensured children were safe while in their care. Members of the Management Team ensured the safety of indoor and outdoor facilities, equipment, materials, and supplies through a comprehensive safety management system. The established system included daily and monthly checklists and monitoring. Teaching staff completed daily checklists in addition to the playground safety checklist. The lists and screening tools mirrored the Caring for Children National Health and Safety Performance Standards Guidelines for Early Care and Education Programs. All identified concerns led to the initiation of repair or replacement. Safety-focused strategies included the completion of extensive background checks before hiring and as required by New York City. New staff orientation provided information on the program's standards of conduct and policies and procedures. All staff signed and reviewed the standards, which included the consequences for failure to abide by the rules of conduct as warranting discipline, up to termination. The program created and maintained safe and healthy environments for enrolled children.



## Designing Quality Family and Community Engagement Services

### Family Well-being

The grantee has an approach for collaborating with families to support family well-being.

### Strengthening Parenting and Parent-Child Supports

The grantee has an approach for providing services that strengthen parenting skills.

## Designing Quality Family and Community Engagement Services Summary

The Family Coordinators (FCs) assisted families with the development of long and short-term goals, provided needed resources, and tracked the strengths, needs, and progress towards attaining established goals. All families completed a family interest survey at enrollment, which helped the program identify immediate family needs. Once needs were identified, internal and external resources were provided to support the well-being of families. The program utilized ChildPlus to track and document family interactions, and the Family Partnership Agreements. The Director stated that the program changed the Family Advocates' title to Family Coordinators to reflect the various ways families were provided support. Monthly monitoring was conducted to evaluate family status and needs. The FCs used data regarding the community to locate and established local partners. Parents were also provided support for strengthening their skills. Activities for families included training based on the Parenting Journey curriculum and other topics identified from parent surveys. The Parenting Journey curriculum was a 12-week program that included parent participation in a series of 2-hour workshops. To measure the effectiveness of the curriculum, parents completed a pre and post-analysis on the information learned. Parents received a certificate of completion at the end of the 12-week program. Program-wide family events were held throughout the year that focused on parent-child engagement. Ongoing activities, such as the male involvement program focused on ensuring children had frequent male interaction in their lives. Assisting families with identifying needs, goal-setting, and participation in skill-building and other training provided opportunities that improved their well-being.



## **Developing Effective Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Strategies and Fiscal Infrastructure**

### **Eligibility, Recruitment, Selection, Enrollment, and Attendance**

The grantee enrolls children or pregnant women who are categorically eligible or who meet defined income-eligibility requirements.

At least 10% of the grantee's total funded enrollment is filled by children eligible for services under IDEA or the grantee has received a waiver.

### **Enrollment Verification**

The grantee maintains and tracks full enrollment.

### **Fiscal Infrastructure, Capacity, and Responsiveness**

The grantee's fiscal staff have the qualifications needed to provide oversight of the grant.

The grantee has a budget development and revision process that includes stakeholders and appropriate approvals, and ensures continuous alignment with program design, goals, and objectives.

## **Developing Effective Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Strategies and Fiscal Infrastructure Summary**

The program implemented a process to select and enroll children and families with the greatest needs. The process began at application with the Family Assistants, who reviewed supporting documents with the parent, calculated their income, completed and signed the eligibility determination form, and verified the families' category of eligibility. Eligibility was re-verified by the ERSEA Manager to ensure accuracy. After application, all families were placed on a ranking waitlist, which was maintained to ensure enrollment slots were not vacant over 30 days. The program's comprehensive training process included annual ERSEA training for all FCs and other staff, managers, and the governing board and policy council, who reviewed and approved policies and procedures, eligibility packets, and the Code of Conduct. The program's system ensured the selection and enrollment of eligible children and families with the greatest needs.

Community Parents, Inc.'s financial management system provided effective oversight for the Head Start Federal funds. The program, a single-purpose agency administered the Head Start program. The fiscal team was comprised of a qualified fiscal officer and a comptroller who received support from the Account Manager and a bookkeeper to ensure the segregation of duties. The comptroller and Account Manager created electronic financial documents monthly for the governing board and the policy council to review and approve. The annual budget began with program leadership and the fiscal staff who reviewed the goals and added funding levels to ensure the budget reflected the program's current priorities. The draft budget was presented to the governing board and the policy council for review and input. Final budgets were prepared by the fiscal staff and the program leadership. The governing board and policy council approved the final budgets. The program's financial management system safeguarded Head Start funds.

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