



metropolitan
family services

2017-18 Head Start
Annual Report
Chicago

CHICAGO EARLY CHILDHOOD EDUCATION PROGRAMS

GENERAL INFORMATION

Grantee:	Department of Family Support Services
Delegate Agency:	Metropolitan Family Services Chicago
Grant Number:	05CH8460
Address:	1 North Dearborn, Suite 1000, Chicago, IL 60602
Phone:	312-986-4000
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Director of Early Learning:	Jennifer Alexander alexanderj@metrofamily.org
Associate Director:	Dawn Delgado delgadod@metrofamily.org
Agency Website:	www.metrofamily.org
Agency Type:	Delegate
Agency Description:	Metropolitan Family Services - Chicago is a Head Start/Early Head Start delegate agency for the City of Chicago that provides services through delegate programs across the City of Chicago.

DIRECTLY OPERATED CENTER BASED SITES

Metropolitan Family Services - Chicago operates 3 center-based sites throughout the city. These sites provide services to families Monday-Friday for the full day - 11 hours per day in preschool and 10 hours per day in birth to three. Each childcare center has 60 preschool slots with blended funding: Head Start, Preschool for All, and Child Care. Learning and Wellness has 32 Center-Based Early Head Start slots.

Midway Children's Center
3215 W. 63rd St.
Chicago, IL 60629

North Children's Center
3255 N. Central
Chicago, IL 60634

Learning and Wellness Center
5338 S. Loomis
Chicago, IL 60609

DIRECTLY OPERATED HOME-BASED SITES

Metropolitan Family Services - Chicago operates home-based educational programs, providing services for 156 Early Head Start children and families across five sites throughout Chicagoland. Calumet, North, and Learning and Wellness each have 36 Early Head Start Home-Based slots, and Midway and Southeast Chicago each have 24 Early Head Start Home-Based slots.

Calumet
235 East 103rd Street
Chicago, Illinois 60628

Midway
3843 West 63rd Street
Chicago, Illinois 60629

Learning and Wellness Center
5338 South Loomis
Chicago, Illinois 60609

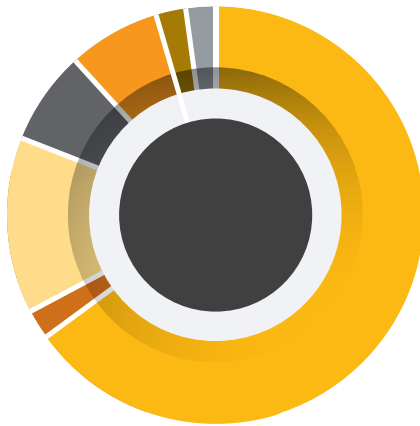
Southeast Chicago
3062 West 91st Street
Chicago, Illinois 60617

North
3249 North Central
Chicago, Illinois 60634

OVERALL DELEGATE BUDGET

TOTAL PUBLIC AND PRIVATE FUNDS RECEIVED: \$6,779,433.

Public Funds		Private Funds	
Source	Amount	Source	Amount
City of Chicago	\$6,287,229	In-Kind	\$17,667
State of Illinois	\$232,938	Foundations/Individuals/ Corporations	\$39,000
Chicago Board of Ed	\$0	Client Fees	\$115,538
Total	\$6,520,167	Total	\$172,205



2018 BUDGETED EXPENDITURES

- 67% Salaries/Benefits
- 1% Subcontractors/Professional Fees
- 15% Administrative
- 6% Program Expenses/Food
- 9% Occupancy/Technology
- 1% Other
- 1% Staff/Client Transportation



2018 ACTUAL EXPENDITURES

- 60% Salaries/Benefits
- 6% Subcontractors/Professional Fees
- 14% Administrative
- 7% Program Expenses/Food
- 12% Occupancy/Technology
- 1% Other
- 1% Staff/Client Transportation

ENROLLMENT

EARLY HEAD START - FUNDED ENROLLMENT

ENROLLED

% TOTAL ENROLLMENT

Total Funded Early Head Start Enrollment	177	N/A
Early Head Start Funded (Actual) Enrollment	177	N/A
Total Cumulative Enrollment – Children	212	100%
Number of Children Enrolled < 45 days	10	5%

ENROLLMENT BY PROGRAM OPTION

Home-Based Program	176	83%
Center-Based Full-Day Full - Year 5 Days per Week	36	17%

ENROLLMENT – CHILDREN BY AGE

Under 1 Year	96	45%
1 Year Old	68	32%
2 Years Old	48	23%

ENROLLMENT – PREGNANT WOMEN

Total Enrollment of Pregnant Women	48	100%
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ENROLLMENT BY ELIGIBILITY

Income Below 100% Poverty Line	210	81%
Receipt of Public Assistance (TANF, SSI, etc.)	33	13%
Foster Child	0	0%
Status as Homeless	12	5%
Over-Income	0	0%

ENROLLMENT BY ETHNICITY

Hispanic or Latino Origin	125	59%
Non-Hispanic or Non-Latino Origin	87	41%

1) Percentages based on cumulative number of children enrolled throughout the year.

2) Due to individual percentage rounding, a category's combined percentages may be slightly greater or less than 100%.

3) Variance between reported slots (page 1) and children enrolled (page 3) is due to blended funding streams.

EARLY HEAD START - FUNDED ENROLLMENT**# ENROLLED****% TOTAL ENROLLMENT****ENROLLMENT BY RACE**

American Indian or Alaska Native	0	0%
Asian	0	0%
Black or African American	80	38%
White	123	58%
Biracial/Multi-racial	9	4%

ENROLLMENT BY PRIMARY LANGUAGE

English	117	55%
Spanish	95	45%
Middle Eastern & South Asian Languages	0	0%

HEAD START - FUNDED ENROLLMENT**# ENROLLED****% TOTAL ENROLLMENT**

Total Funded Head Start Enrollment	130	N/A
Head Start Funded (Actual) Enrollment	130	N/A
Total Cumulative Enrollment	176	100%
Number of Children Enrolled < 45 days	7	4%

ENROLLMENT - CHILDREN BY AGE

2 Years Old	0	0%
3 Years Old	80	45%
4 Years Old	96	55%
5 Years Old	0	0%

ENROLLMENT BY ELIGIBILITY

Income Below 100% Poverty Line	142	81%
Receipt of Public Assistance (TANF, SSI, etc.)	15	9%
Status as Foster Child	0	0%
Status as Homeless	4	2%
Over-Income	8	5%
Exceeding Allowed Over Income	7	4%

ENROLLMENT BY ETHNICITY

Hispanic or Latino Origin	127	72%
Non-Hispanic or Non-Latino Origin	49	28%

ENROLLMENT BY RACE

American Indian or Alaska Native	0	0%
Asian	1	1%
Black or African American	46	26%
White	120	68%
Biracial/Multi-racial	7	4%
Other	0	0%
Unspecified	2	1%

ENROLLMENT BY PRIMARY LANGUAGE

English	114	65%
Spanish	61	35%
Middle Eastern & South Asian Languages	0	0
East Asian Languages	1	1%
Pacific Island Languages	0	0
European & Slavic Languages	0	0
African Languages	0	0
Other - Sign Language	0	0

HEALTH

EARLY HEAD START - HEALTH SERVICES INFORMATION # ENROLLED % TOTAL ENROLLMENT

Cumulative Enrollment	212	100%
Children With Health Insurance	202	95%
Number Enrolled in Medicaid and/or CHIP	182	86%
Number With Private Insurance	11	5%
No Insurance	10	5%

MEDICAL HOME (at end of enrollment)

Number of Children With an Ongoing Source of Continuous, Accessible Healthcare	202	95%
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MEDICAL SERVICES (at end of enrollment)

Number of all Children Up-to-Date on:

EPSDT Schedule	66	31%
Of These, the Number Diagnosed With a Chronic Condition Needing Medical Treatment	4	2%
Of These, the Number Who Have Received or Are Receiving Medical Treatment	4	2%
Number of all Children who Received Medical Treatment of the Following Chronic Health Conditions, Including Those Diagnosed Prior to August 31, 2017:	0	0%
Anemia	0	0%
Asthma	4	2%
Hearing Difficulties	0	0%
Vision Problems	0	0%
High Lead Levels	1	0%

IMMUNIZATION SERVICES (at end of enrollment)

Number of Children Determined Up-to-Date	183	86%
Number of Children Exempt	1	0%

DENTAL HOME (at end of enrollment)

Number of Children with Continuous, Accessible Dental Care Provided by a Dentist	176	83%
Number of infant/toddlers determined up-to-date on EPSDT Schedule for oral care	46	22%

HEALTH SERVICES INFORMATION - PREGNANT WOMEN # ENROLLED % TOTAL ENROLLMENT

HEALTH INSURANCE (at end of enrollment)

Number of Pregnant Women With at Least One Type of Health Insurance	48	100%
Pregnant Women - Services		
Prenatal Care	30	63%
Postpartum Care	27	56%
Mental Health Intervention and Follow up	26	54%
Substance Abuse Treatment	25	52%
Substance Abuse Prevention	27	56%
Prenatal Education on Fetal Development	28	58%
Breastfeeding Education	28	58%
Number of Pregnant Women Who Received a Professional Dental Exam and/or Treatment	11	23%

HEAD START - HEALTH SERVICES INFORMATION # ENROLLED % TOTAL ENROLLMENT

HEALTH INSURANCE (at end of enrollment)

Children With Health Insurance	175	100%
Number Enrolled in Medicaid and/or CHIP	156	89%
Number With Private Insurance	15	9%

MEDICAL HOME (at end of enrollment)

Number of Children With an Ongoing Source of Continuous, Accessible Healthcare	176	100%
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MEDICAL SERVICES (at end of enrollment)

Number of all Children Up-to-Date on:		
EPSDT Schedule	138	78%
Of These, the Number Diagnosed With a Chronic Condition Needing Medical Treatment	40	23%
Of These, the Number Who Have Received or Are Receiving Medical Treatment	40	23%
Number of all Children who Received Medical Treatment of the Following Chronic Health Conditions, Including Those Diagnosed Prior to August 31, 2014:		
Anemia	1	1%
Asthma	7	4%
Hearing Difficulties	0	0%
Vision Problems	1	1%
Diabetes	1	1%

HEAD START - HEALTH SERVICES INFORMATION**# ENROLLED****% TOTAL ENROLLMENT****IMMUNIZATION SERVICES (at end of enrollment)**

Number of Children Determined Up-to-Date	175	100%
Number of Children Exempt	0	0

DENTAL HOME (at end of enrollment)

Number of Children with Continuous, Accessible Dental Care Provided by a Dentist	176	100%
Number of Children who Received Preventative Dental Care	126	72%
Number of Children in Need of Treatment	14	8%
Number of Children who Received Treatment	1	1%

FAMILY INFORMATION**EARLY HEAD START - NUMBER OF FAMILIES****# ENROLLED****% TOTAL ENROLLMENT**

Total Number of Families	204	100%
Number of Single-Parent Families	85	42%
Number of Two-Parent Families	119	58%

FAMILY SERVICES

The Number of Families who Received Services:

Emergency/Crisis Intervention	20	10%
Housing Assistance	73	36%
Mental Health Services	32	16%
ESL Training	18	9%
GED	71	35%
Job Training	35	17%
Substance Abuse Prevention	0	0%
Child Abuse and Neglect Services	0	0%
Domestic Violence Services	8	4%
Child Support Assistance	19	9%
Health Education	42	21%
Parenting Education	152	75%
Relationship Education	6	3%
Assistance to Families of Incarcerated Individuals	0	0%
Number of Families That Received at Least One Service	204	100%

HEAD START - NUMBER OF FAMILIES

ENROLLED

% TOTAL ENROLLMENT

Total Number of Families	164	100%
Number of Single-Parent Families	31	19%
Number of Two-Parent Families	133	81%

FAMILY SERVICES

The Number of Families who Received Services:

Emergency/Crisis Intervention	10	6%
Housing Assistance	13	8%
Mental Health Services	16	10%
ESL Training	19	12%
GED	70	43%
Job Training	12	7%
Substance Abuse Prevention	0	0%
Substance Abuse Treatment	0	0%
Child Abuse and Neglect Services	3	2%
Domestic Violence Services	8	5%
Child Support Assistance	4	2%
Health Education	21	13%
Parenting Education	103	63%
Relationship Education	1	1%
Assistance to Families of Incarcerated Individuals	0	0%
Number of Families That Received at Least One Service	148	90%

SCHOOL READINESS

SCHOOL READINESS GOALS

Social Emotional:

- Children will demonstrate a positive self-concept, an ability to self-regulate, and emotional and behavioral health when interacting with peers and adults.

Physical Development:

- Children will demonstrate strength and coordination when utilizing both large and small muscles.

Language:

- Children will be able to respond appropriately to multi-step directions and high-level vocabulary with full comprehension and incorporate new vocabulary into conversations.
- Children will be able to speak their thoughts, ideas, and needs clearly with peers and adults.

Approaches to Learning:

- Children will attend to age appropriate tasks and show eagerness to learn about diverse topics.
- Children will utilize problem-solving skills to pursue appropriately challenging tasks, make predictions, and analyze results using flexibly minded thinking.

Literacy:

- Children will show an understanding of narrative structure and ability to communicate unique ideas on paper with confidence.

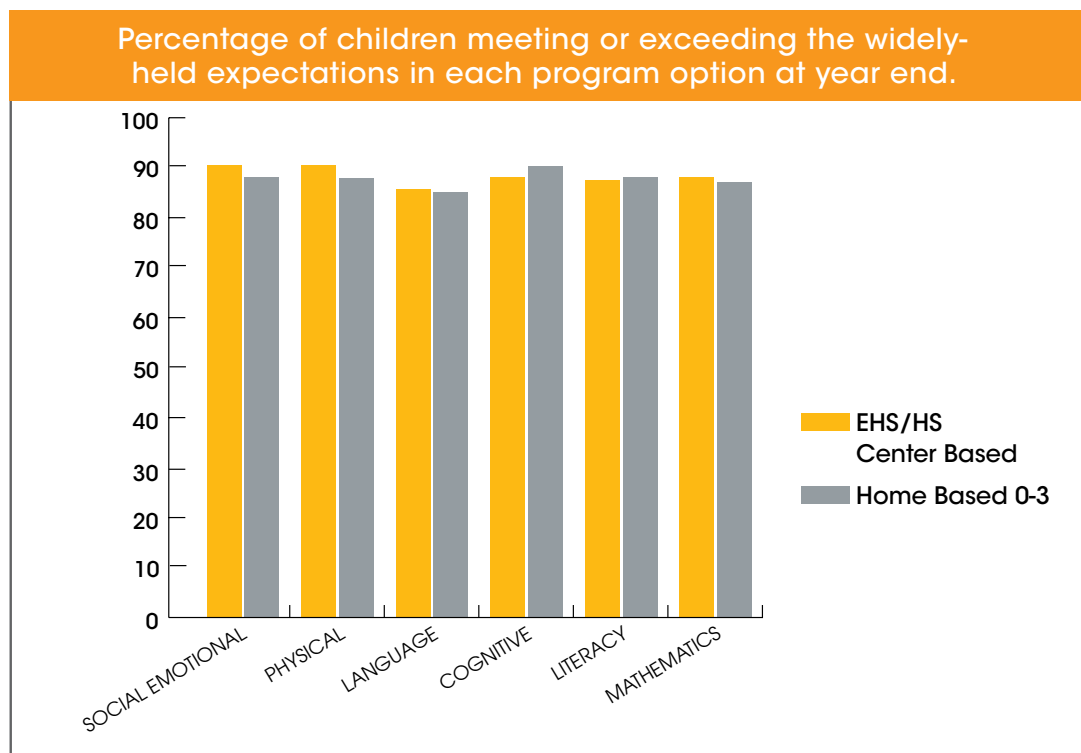
Mathematics:

- Children will demonstrate an ability to count and quantify objects accurately, describe and compare groups using mathematical language, and know the purpose of standard measuring tools.

English Language Acquisition:

- Dual Language Learners will demonstrate progress in comprehending and using English words and phrases.

CHILD OUTCOME DATA COLLECTION

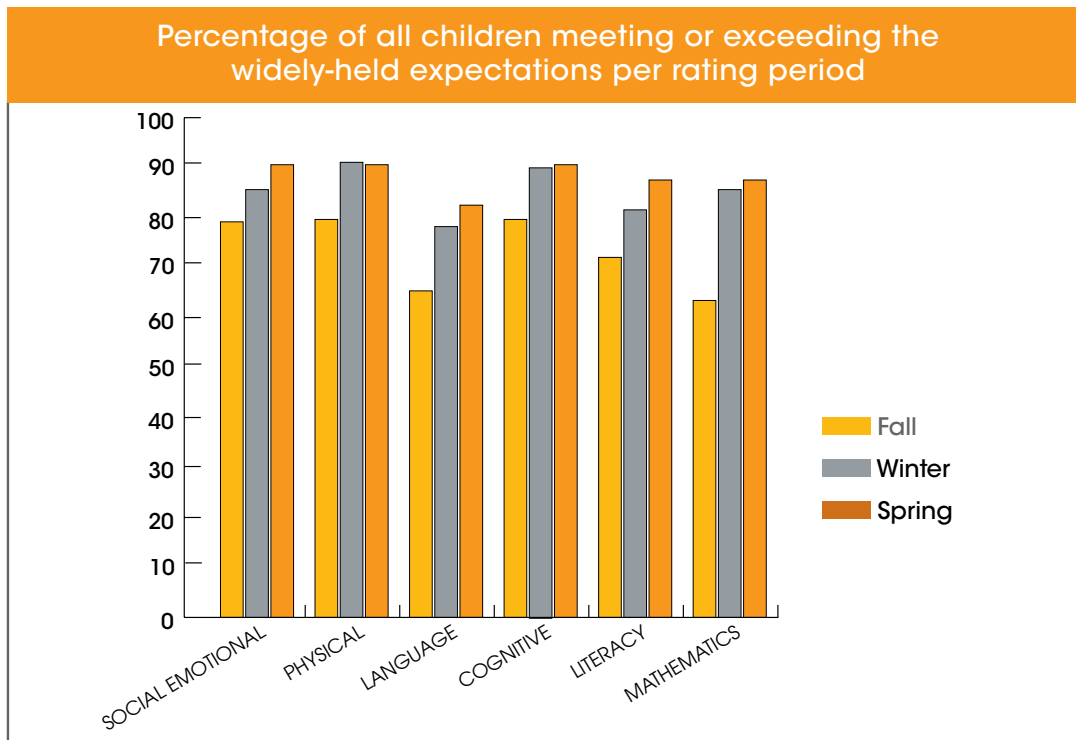


* This chart represents data from 212 children in center-based and 120 children in home-based programs in the 2017-2018 program year.

The above chart demonstrates that most children enrolled throughout the school year met or exceeded expectations in all areas of development and learning. This can be attributed to the individualized nature of classroom and home visit planning, intentionally implemented activities, and individualized coaching provided to both teachers and parent-child educators.

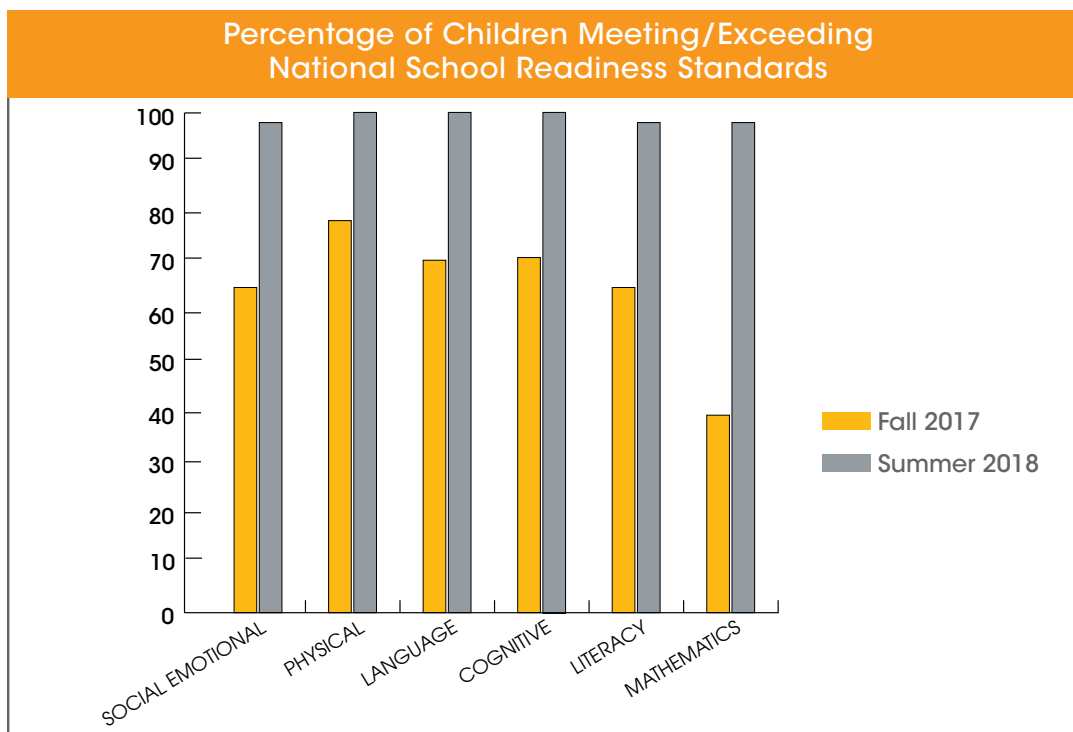
Our grant goal is that 85% of our children will meet or exceed the widely held expectations. When we combine the data of all children in our program, we can see that our center-based program met or exceeded this expectation across domains. In our home-based program, we met or exceeded this goal in all domains apart from language. Our home visitors visit homes once weekly throughout the year, and they share strategies to empower the parents to engage with their children as the first teacher. The parent-child educators have shared that more parent education around the importance of talking with children is needed to help support growth in the language domain.

CHILD OUTCOME DATA COLLECTION



* This chart represents data from 332 children in both center-based and home-based programs.

When reviewing the data trends across the three checkpoint periods, we see significant growth across domains from the fall period to the spring. The most significant growth was in language and mathematics throughout the program year. After each checkpoint period, teaching staff and parent-child educators participate in data dialogues, peer learning groups, and team meetings to help increase their understanding of school readiness scores and outcomes. These data dialogues have led to increased professional knowledge in utilizing data in planning for experiences and reflecting on teaching practices to most effectively drive student outcomes.



** This chart represents data from the 37 children enrolled the full duration of the program year that transitioned to Kindergarten in September of 2018.*

The chart above shows the formative and summative data for children entering kindergarten in September of 2018. These children were assessed in four checkpoint periods, including the summer before they left for kindergarten. Across domains, 4-year-olds in our center-based Head Start program who remained enrolled the entire program year saw significant developmental gains with 97-100% of children meeting or exceeding expectations against national norms.

MONITORING REVIEW & ACCREDITATION VISIT

In April of 2018, the Administration for Children and Families (ACF) conducted a Focus Area Two Monitoring Review Event (herein Federal Review) of the city of Chicago Head Start and Early Head Start programs. This is one of three monitoring events that occur cyclically under Head Start's new aligned monitoring system. A reviewer visited Learning and Wellness for a health and safety tour of the site and interviewed the Site Director, Education Manager, and the Master Primary Caregiver from 104-C.

Based on information gathered during the Federal Review, DFSS's Head Start program was found to have met the requirements of all applicable Head Start Program Performance Standards, laws, regulations, and policy requirements. DFSS had no areas of noncompliance or deficiencies identified during the Federal Review.

While the Head Start Federal Review has always been an important event, in recent years it has taken on extra significance, as the Head Start Reauthorization of 2007 put into place the Designation Renewal System (DRS). Under DRS, if a Head Start grantee is deemed to be deficient in any key area during a federal Review, its grant can be put up for re-bid, or re-competition. DFSS has successfully passed two of the three events.

In June of 2018, A reviewer from the National Association for the Education of Young Children (NAEYC) spent the day at Midway Children's Center reviewing the program for re-accreditation. Classrooms 1 and 2 were visited and assessed using the NAEYC classroom observation tools. Center-wide and classroom portfolios were reviewed, and the Education Manager and Site Director were interviewed. After the visit, Midway Children's Center was re-awarded accreditation for the next five years.

TRAUMA INFORMED PRACTICE – CASE CONSULTATION

The children and families served by Metropolitan Family Services (MFS) in the Early Childhood Education Program encounter experiences relating to trauma, poverty, abuse, neglect, housing, community violence, discrimination and other challenges specific to their community or family. We at MFS commit to focusing on the strengths of the children and families to decrease the negative effects of these risk factors and to aid in building protective factors and resiliency. We also commit to working as a multidisciplinary team to build the capacity of the early childhood staff. In order to address the social emotional needs of children exposed to the previously articulated risk factors, the Head Start and Early Head Start staff worked in conjunction with agency partners to develop a protocol to support teachers and children.

Purpose of Case Consultation

- To provide an interdisciplinary approach at the agency level to support the child's overall development.
- To build staff capacity to address the child and family needs.
- Coordinate appropriate supports within the center's staff: Mental Health Consultant, Disabilities Coordinator, Education Manager, Education Coaches, Family Support Worker (FSW), Site Director, Teachers, etc.
- Develop an Agency Plan for staff to address any behavioral or developmental concerns and/or provide strategies to engage and support families.
- Provide specific resources to address the trauma experienced by the children, families and staff.

Overall Goals

- Children will improve social-emotional competence, improve positive peer and adult interactions, succeed in their home/school environments, and access to additional referrals to resources if needed.
- Teachers will have better teacher-child relationships, decreased levels of stress, improved classroom climates, improved vision for intentional planning and individualization, and opportunities for reflection and coaching.
- Early Childhood Centers will have a decrease in teacher turnover, an increase in positive staff interactions and morale, and stronger relationships with families.
- Families will improve parent-child relationships, strengthen their connection to center staff, and have an increased connection to resources.

Structure

Case Consultation Meetings: 20 minutes for information gathering and discussion of concerns, 30 minutes of goal and strategy development per child, and 10 minutes for team members to identify their own stressors and develop a professional self-care plan.

- **Assessment:** Identify strengths, explore concerns and problem behaviors, identifying triggers and past attempts to address the concerns.
- **Agency Plan Development:** The multidisciplinary team mutually agrees upon an Agency Plan. Approaches may include implementing program-wide social-emotional supports, promoting positive relationships between members of teaching teams, adjusting the routine or the environment for a particular child, teaching new skills, updating individualized lesson plans, preventing challenging behaviors, and/or assigning someone to follow up with the family.
- **Plan Implementation** Team members will leave with strategies to support them with classroom behaviors or concerns, and/or strategies to support family involvement. Additionally, team members will identify and/or receive techniques to practice professional self-care.
- **Revisit Plans and Goals:** A review meeting will take place within 4-6 weeks from the date the plan was developed. Each team member will provide an update on the implementation of the strategies.

*The phases of consultation may repeat or continue in an on-going capacity depending on the needs of the child and family.

In the 2017 – 2018 program year, the Case Consultation protocol was expanded from the Learning and Wellness Center to all center-based sites. In the 2018 – 2019 program year, the protocol will be implemented in all Early Learning Programs across the agency.

PARENT INVOLVEMENT & FAMILY ENGAGEMENT

Metropolitan Family Services – Chicago’s Head Start and Early Head Start programs offer a variety of opportunities for parents to be engaged in their children’s learning and the center community. We provide each family with access to individualized family support services, monthly opportunities for learning through workshops, and opportunities to engage with their children through classroom and center events. In home visiting, bi-monthly socialization groups offer an opportunity for parents to meet each other and engage with the program outside of their home. In addition, staff were trained on a research-based parenting curriculum, Parents as Teachers, which will help our program better meet the needs of families in the upcoming program year.

Parents act as an essential part of the governing body for our programs. Parents elect other parents each year to serve on the Parent Policy Committee to partner with our funders, our agency, and our oversight board in making critical programming decisions. Each site has parent liaisons that assist with the planning of parent events each year. This year, our theme was self-care, and parents had the opportunity to take self-defense, Zumba, and yoga classes, engage in art and relaxation activities, and win “healthy lifestyle” raffle prizes.

Parent involvement activities help connect Head Start and Early Head Start parents with their children’s early education. At North Children’s Center, parents partnered with staff as they engaged in Erikson Institute’s Collaborative Math Initiative. Parents learned to make math games to play at home with their children, participated in the gathering of “real material” sorting collections, and partnered with teachers in the development of a math lending libraries. These practices are being extended to Learning and Wellness and Midway Children’s Center in the upcoming program year.

Across the sites we also initiated a male engagement campaign to help males feel more comfortable and confident engaging with their birth to five-year-olds in play and learning. Each site had male specific events and workshops, and site staff were trained on ways they can make males feel more comfortable in a mostly female environment through cultural competency training.

HOLISTIC STRATEGY

TO EMPOWER FAMILIES



EDUCATION

We prepare young people and parents for success, from the early years throughout school, and all the way to college.



EMOTIONAL WELLNESS

We encourage healthy and productive lives through counseling and mental health services, violence prevention and intervention, and older adult services.



ECONOMIC STABILITY

We equip strong, self-sustaining families with the tools to find and maintain employment, achieve financial literacy, and build family wealth.



EMPOWERMENT

We help families stand up and be heard by providing legal aid and court advocacy services to the Chicago area's most vulnerable people.

Our Mission

To provide and mobilize the services needed to strengthen families and communities.

Our Vision

To be widely acknowledged as a major catalyst and resource for promoting family and community strengths.

Our Values

We value families and communities, their inherent strengths, their ability to grow, be resilient and find solutions to challenges. We value staff professionalism, ethical service delivery and programs that reflect our compassion for people.

We believe in effectively managing the contributions of our donors and funders through maintaining sound fiscal policies while striving for excellence.

We value expeditious decision making and informed risk taking in pursuit of our mission and strategies.

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