



2011—2012
Funding Year

Early Head Start Home Based Program Annual Report

Serving low-income families in Trenton, New Jersey

The Children's Home Society of New Jersey
Early Head Start Home Based Program
635 S. Clinton Avenue
Trenton, NJ 08611



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Early Head Start Home Based Program

Annual Report

2011-2012

Program Description

The Children's Home Society of New Jersey Early Head Start Home Based Program ensures that 72 Early Head Start eligible children/families from Trenton benefit from enhanced individualized child development, healthy parenting, and overall quality early childhood home visiting services. The program provides services to Expectant Mothers, and children Birth to Three years old. The ESHBHP focuses on providing services which will enhance the child's social, emotional, cognitive, and physical development. Pre and Post Natal services are provided to Pregnant Mothers. Parents, as a child's first and most important teachers, are encouraged to lead in the decisions concerning the scope of their home visits and the content of individualized family plans to further their parenting capacities and their child's education and well being. Our program recognizes the importance and impact of quality early childhood education.

We remain committed to the Head Start philosophy of working with the whole child within a family. Each infant and toddler we serve is viewed as a unique child with unique strengths and needs. Those strengths and needs determine the specifics of how we help parents foster his/her social, emotional, intellectual, and physical development. Families are encouraged and taught to work with their children to provide them with a range of developmentally appropriate sensory, motor and manipulation that enhance motor, cognitive, and perceptual skills. A wide variety of activities are taught to parents to provide rich stimuli for the senses to enhance the construction of neural works.

We have enriched our program by providing training for Home Visitors with the newest neurobiological brain development findings. By understanding how a baby's brain grows and becomes successfully "wired", we help home visitors teach parents how to better touch, better bond, more productively interact and talk to, stimulate and soothe their infant/toddlers to maximize healthy brain development. The Home Visitors fully understand the community in which their families live and are able to refer a family with whom they work to the needed family support services such as rental assistance, low income housing, trauma associated with violence, food stamps, mental health, and job/career assistance.

The ESHBHP program operates from 9-5, Monday through Friday with additional staff hour's weeknights whenever needed by a family. This is done to accommodate the needs of working parents who require flexible scheduling to access Home Visiting and Socialization Groups. Culturally competent, doula-trained Home Visitors provide all children with an average of 50 Home Visits per year each lasting 90 minutes, two socializations activities per month (24/year) and for pregnant moms, two 60-minute home visits per month. Our program also includes outreach to and involvement of fathers and other primary caregivers.

Early Head Start is a comprehensive, two-generation federal initiative aimed at enhancing the development of infants and toddlers while strengthening families.

- **An emphasis on high quality** which recognizes the critical opportunity of EHS programs to positively impact children and families in the early years and beyond.
- **Prevention and promotion activities** that both promote healthy development and recognize and address atypical development at the earliest stage possible.
- **Positive relationships and continuity** which honor the critical importance of early attachments on healthy development in early childhood and beyond. The parents are viewed as a child's first, and most important, relationship.
- **Parent involvement** activities that offer parents a meaningful and strategic role in the program's vision, services, and governance.
- **Inclusion** strategies that respect the unique developmental trajectories of young children in the context of a typical setting, including children with disabilities.
- **Cultural competence** which acknowledges the profound role that culture plays in early development. Programs also recognize the influence of cultural values and beliefs on both staff and families' approaches to child development. Programs work within the context of home languages for all children and families.
- **Comprehensiveness, flexibility and responsiveness** of services which allow children and families to move across various program options over time, as their life situation demands.
- **Transition planning** respects families' need for thought and attention paid to movements across program options and into—and out of—Early Head Start programs.
- **Collaboration** is, simply put, central to an Early Head Start program's ability to meet the comprehensive needs of families. Strong partnerships allow programs to expand their services to families with infants and toddlers beyond the door of the program and into the larger community.



Trends

The City of Trenton has overwhelming needs based on its pervasive citywide poverty, high incidence of familial and non-familial violence, child abuse, drug use and homelessness which are destroying the fabric of the Trenton's families. Trenton's deteriorating quality of life in areas of health, birth outcomes, education, child abuse and neglect, teen pregnancy and negative school behavior is evident in the City's statistics. Thirty-four percent of Trenton Households have a child under the age of five years old. Nearly 50% of these families are headed by a woman with no male present. Many of the family units in Trenton are made up of kin care givers such as grandparents, aunts, uncles, and other relatives taking care of children. A total of 6,602 grandparents were caring for grandchildren in Mercer County at the time of the 2000 Census. Any Mercer County statistics cited are primarily generated by overwhelmed families and children living in Trenton.

DYFS Trenton Child Abuse and Neglect Statistics: As reported by the State of New Jersey's Department of Children and Families, Mercer County received 4,022 cases of child abuse and neglect referrals in 2007. Of these 4,022 cases, 66.1% or 2,659 cases were reported from the City of Trenton. Mercer County is a large suburban county which covers 228 square miles, and yet within Trenton's 8 square miles 66.1% of the maltreatment cases exist.

Healthy Birth Outcomes in Trenton and Mercer County: Nearly 40 percent of all children in Trenton, totaling over 9,000 children, live with a single parent. Almost 70% of all births are to unwed mothers. Over half of these children live in poverty and are medically uninsured or underinsured.

Unmet Mental Health Needs: (One of the greatest current early intervention special needs for Trenton.) A national expert advisory group to The National Institute on Mental Health concluded in a 2001 report on child mental health that "no other illnesses damage so many children so seriously." Yet, despite national recognition of the problem, researchers estimate that about 75% of children with emotional and behavioral disorders do not receive needed and/or appropriate care. Each year, more than 2,500 children in Mercer County are diagnosed with behavioral problems (i.e. ADHD, Mood Disorder, NOS, and Oppositional Defiant Disorder). A significant percentage of these children live in Trenton. Former Trenton Superintendent James Lytle stated that in 2006 half of Trenton kindergartners begin school on the drug Ritalin, but with no record of any behavioral health evaluation.

Unmet Needs for Infants and Toddlers With Disabilities: Since availability of subsidized care for infants and toddlers with disabilities is very limited in Trenton (there is one program serving 17 young children with disabilities in Trenton), many families suffer the severe financial hardship of paying for child care and frequently having to settle for poor quality child care or child care with an untrained relative or friend. This adds to their stress. The ability to serve more children/families with disabilities through ESHSB early intervention, and providing continuity of services and links to other community services will significantly enhance child learning outcomes and family functioning. The principal aim of our Early Head Start Home Based Program is to assist families in learning to become the best parents they can be by learning the skills and competencies to help their child reach their potential in school and by enhancing family functioning all within their natural environment and through the use of socialization activities.

Program Priorities

CHSofNJ Early Head Start Program used the findings from the Community Assessment and parent input to establish program priorities for both services and training/technical assistance. Our program priorities focus on the following issues:

- Promoting school readiness in all domains;
- Developing community partnerships to bring resources to families;
- Understanding normal child brain development and the impact of trauma on a child's brain development from pregnancy to age three, including integrating trauma-informed interventions;
- Helping families become self-sufficient by learning how to access resources, including English for Speakers of other Languages (ESL), adult education and employment related services;
- Working with families where neglect, substance abuse, and/or domestic violence is a concern;
- Strengthening our Early Head Start Program collaboration with the New Jersey Department of Children and Families for families connected with the child welfare system;
- Continuing our focus on disabilities services; and
- Continuing our focus on health services, including nutrition, exercise and health impacts of obesity (e.g., diabetes).

We ensure that some staff members are bilingual, that all staff members are culturally sensitive, and we help families celebrate and value their diverse cultures and customs. Creating opportunities for family engagement and parent leadership is always a priority.



Program Outcomes 2011 - 2012

Health and Nutrition:

- Over 100% of EHS participants have medical homes
- Over 80% of EHS participants have dental homes
- Over 95% of program participants have completed health screenings
- NJIS Registry has granted access to Health Supervisor to access participants immunization records
- Partnership with Rutgers University Nutritional Co-op Program to provide ongoing monthly training to Staff and Parents.
- Renewed Memorandum of Understanding with The College of New Jersey School of Nursing . Oriented and supervised six (6) senior student nurses in their community health clinical class
- Established a new Memorandum of Understanding with Hamilton Dental Associates which provided complete oral health screenings for infants, toddlers and pregnant mothers
- 3 HSAC (Health Services Advisory Committee) meetings were held during program year with 12 total participants on committee. Members include community representatives, nurses, social workers, dieticians and a dentist.
- Implemented "I am Moving I am Learning" initiative with Choosy Kids during socialization activities
- Provided DOULA Services to pregnant mother that needed additional support during labor in December 2011
- Implemented Infant Massage Classes for parents with children ages 3-9 months
- Presented at the New Jersey Head Start Annual Conference

Family and Community Partnerships:

- Maintained Funded Enrollment of 72 Participants throughout the program year
- Total of 143 Participants for the year (2011-2012)
- Provided service to 14 DYFS children
- Total of fourteen (14) MOU's established during the year (*Central Jersey Family Health Consortium, Mercer County WIC, Horizon Blue Cross Blue Shield, Mercer County Planned Parenthood, Henry J. Austin Health Center, Inc., Henry J. Austin Asthma Improvement Program, Hamilton Dental Associates, Trenton Head Start, Woman Space, Mercer Street Friends Food Stamp (SNAP Ed) Outreach Program, YWCA of Princeton ESL Program, Mercer Family Support Organization, Dress for Success, Trenton Housing Authority VI and Community Supportive Services Program*)
- Successfully established Parent Recruitment Advisory Committee

Program Outcomes 2011 - 2012

Mental Health:

- 60 ASQ:SEs were completed from August 24, 2011 – August 13, 2012.
- Maintained a schedule of sufficient frequency that enable timely, effective identification of and intervention in family and staff concerns about child mental health.
- 43 Families received mental health services for various issues such as stress, postpartum depression, anxiety, depression, anger, time management, and behavioral issues.
- Completed 28 postpartum depression scale screenings for a combination of pregnant women and post delivery.
- Established 3 MOU's with mental health facilities: *All Access Mental Health, PEI Kids, and Mill hill Center.*
- Thirteen (13) EHS Parents were provided with mental health referrals for either themselves or their family members.

Education/Early Childhood Development:

- **2,428** Home Visits completed for the year
- **49** Socializations completed for the year
- School Readiness plan developed and implemented and training provided to Home Visitors
- Data Tracking reveals the following progress made throughout program: *Social/Emotional Development – overall gain of 43%, Language Development – overall gain 34%, Cognitive Development – overall gain 34%, Physical Development – overall gain 45%*
- Relationship building in process with childcare providers in Trenton
- Presented at the New Jersey Head Start Annual Conference
- Ensure continued staff training

Disabilities

- Supersede the federal mandate of providing service to children with disabilities. 16% of children enrolled in program were children with disabilities.
- Eighteen (18) transitions were completed with appropriate placement for the year.
- Disabilities Coordinate and Appropriate EHS Staff participated in 28 IFSP meetings, 17 reviews and 13 Early Intervention evaluations, supporting and advocating for children with disabilities.
- 37 referrals received for the year and service coordination and follow up were provided
- Disabilities Fair very successful...69 kids, 60 parents and 27 vendors.

**The Children's Home Society of New Jersey
Early Head Start Home Based Program
Program Report – 2011-2012**

EHS Funded Enrollment	72
Children by age:	# of children at enrollment (cumulative)
Under 1 year	50
1 year	42
2 years	36
Total Pregnant Women	15
Total Cumulative Enrollment	143
Eligibility	
Income below 100% Federal Poverty Line	78
Receives Public Assistance (TANF, SSI)	47
Over Income	6
Homeless	12
Ethnicity	
Black or African American	65
White	3
Bi-Racial	1
Hispanic/Latino	75
Primary Language Spoken	
English	65
Spanish	75
African Language	3
Health	
Number of children with Health Insurance	128
Number enrolled in CHIP or Medicaid	125
Number children with ongoing health care	128
Number children up-to-date on their immunizations according to the State EPSDT Schedule	112
Disabilities	
Number of children with an IFSP	37
Pregnant Women Services	
Number of Women receiving:	
Prenatal Health Care	15
Post Partum Health Care	11
Mental Health Intervention & Follow-up	8
Substance Abuse Prevention	3
Prenatal Education Fetal Development	12
Information on Benefits of Breastfeeding	12

Program Accomplishments

The foundation of CHSofNJ's ESHBHP consists of the federal Head Start Performance Standards, the program cornerstones and principles originally devised by ACF Advisory Committee on Services for Families with Infants and Toddlers, and the unique needs of each family, community resources, and commitments of community partnerships existing in our programs' catchment area. Our overall approach reflects the integration of philosophy, research, experience, and practice. As we move into our third year of operations, our staff has become more knowledgeable and skillful in implementing the fundamentals of our proven-effective home visiting model, and our program approach has evolved to meet the ever-increasing challenges of economic poverty and stress on our most at-risk children and families.

We are enhancing our existing design which currently meets all ESHB standards by articulating new goals for Year Three. These goals will be reflected in our program enhancements. These goals represent achievable outcomes that we are prepared to implement immediately, and they respond to urgent needs we have already seen among our families.

Performance on 2011-2012 Program Goals

EHS met each of the goals it established for the 2011-2012 program year. Listed below is a brief summary of accomplishments.

Goal 1: Improved Maternal and Child Health – Accomplished

We will place great emphasis on assuring that all our moms and babies have a permanent medical home that they can do access regularly; that pregnant moms enroll in our CUNA, Body & Soul, or other prenatal care programs and that all children in our program receive regular medical checkups and free dental screenings.

As of August 2012, 100% of EHS families have Medical Home and 75% have Dental Home. 93% of children are up to date with screenings and 89% are up to date with immunizations. Health and Dental Day event was held and participation was wonderful. Health and Disabilities Fair was also a huge success with more than 20 vendors participating in this event. EHS is a part of the New Jersey State Immunization Data Tracking System which helps Health Supervisor with follow up care for children in the program.

Goal 2: Prevention of Child Abuse or Maltreatment – Accomplished

Place increased focus on educating parents regarding child safety issues in order to ensure early interventions for parents and children in families at greatest risk for child abuse and neglect, we have an enhanced partnership with the State of NJ child welfare system Division of Youth and Family Services, DYFS, resulting in provision of long term services for at-risks families from pregnancy to age 3 under DYFS services. *Parents were provided with various trainings to help in the prevention of child abuse and maltreatment.*

Goal 3: Improvement in School Readiness and Achievement – Accomplished

Ensure improvement in school readiness and achievement, we expand staff training in brain development and practical applications of this knowledge for home visiting, enhance efforts to impart parenting skills that promote child interest in and readiness to learn, and expand formal and informal partnerships with other provider agencies to assure seamless referral to Head Start and other Childcare Programs for three year olds.

A School Readiness plan were developed as required by the Head Start Performance Standards and implemented immediately. The School Readiness plan was presented over a series of three meeting with the Regional Office. Our School Readiness Plan was accepted and approved. Appropriate training was provided to staff. Follow up training throughout the year will be provided. A MOU was developed with Trenton Head Start and introductions were made with other Childcare Providers throughout the City of Trenton.

Goal 4: Reduction in Crime or Domestic Violence – Accomplished

Strengthen our existing partnerships with Woman Space, a Mercer County Domestic Violence Program that provides emergency shelter, support services, and education training. To reduce incidence of crime experienced by our families, we continue to work with law enforcement and public safety officials to educate parents about situations that place them at undue risk for crime or public safety hazards. We will work to establish trust between ESHB families and law enforcement officials to reduce the chances that distrust or fear would inhibit an at-risk parent from reporting incidents of crime or domestic violence.

A partnership was developed with Woman-Space in Mercer County. Training was provided on the services provided through Women-Space.

Goal 5: Improvements in Family Economic Self-Sufficiency – Accomplished

Help families attain improvements in family economic self-sufficiency; we will increase linkages to job trainings and job placement services. We will continue efforts to line parents to literacy programs when the parent or caregiver lacks adequate literacy skills. We will link parents to Adult ESL, GED and ABE classes. We will continue to provide access to financial education and help parents attain the full benefit of available resources and services within the community.

EHS was successful in establishing a partnership with YWCA of Princeton to provide ESL classes on site. We presently have 12 Parents that are participating weekly in the ESL classes. EHS Families also participated in Financial Education training. Six (6) EHS Parents became gainfully employed during the year.

Goal 6: Inclusion of Fathers and Development of Family Plan to Meet Family Needs – Accomplished

To encourage fathers and other caretaker involvement in all curricula related activities, CHSofNJ ESHB will continue to maintain flexible hours to allow working fathers to participate in our evening socializations classes or weekend programs in collaboration with our existing partners. To limit potential barriers Home Visitors assess each family to have a plan that includes fathers in the overall family plan in comfortable ways.

EHS is beginning to see more Male Involvement. We introduced our Fatherhood Program this year. Attendance was somewhat sporadic however we will continue to working at improving attendance in Fatherhood program. Fathers are being included during the Family Partnership Agreement Process. They are also encouraged to participate in all activities including socializations and ESL classes.

Program Strategy

Our program will maintain our existing, proven-effective model with no significant changes to our existing model, but we will add three enhancements as described below.

1. **Philosophy of Staff and Parent Trainings:** Our training includes hours on the newest pregnancy to age 3 brain development theory and related "Brain Box" activities parents can do to enhance healthy brain development. Our training will also include four hours of sign language because we know its value when working with all infants/toddlers. We are emphasizing infant massage training taught by ESHB Nurse to all of our parents to help reduce stress on their babies and more easily calm them.
2. **Strengthened Educational Focus:** Our project utilizes the practice based Creative Curriculum (in English and Spanish) and Brain Box activities which help parents to infuse daily routines with social, emotional, physical, and cognitive activities and interactions to help parents stimulate, positively encourage, and teach their baby/toddler. More educationally enhancing experiences are available at monthly socializations. Our program will continue to help parents understand the importance of eye contact, smiling and soothing touch, age appropriate language, music, parent/child games through offering a variety of trainings.
3. **Improved Program Partnerships, Referrals and Program Coordination:** ESHB believes in a holistic approach that focuses on a strength-based family systems philosophy and collaborations. Our existing array of partnerships with other agency programs and community resources were cited as major program strength during our federal review. We have developed a MOU with Trenton Head Start to include transition and training between the two programs. We have already established the following community MOU's: Rutgers Co-operative Extension (for Nutritional Counseling), The College of New Jersey Dept. of Psychology & School of Nursing (for student internships) and Children's Specialized Hospital (referral and service coordination for children with disabilities). We also have partnerships with the following community agencies: Capital Health System, Henry J. Austin, Puerto Rican Community Day Care Center, and Mercer County Board of Social Services, Community Action Service Center, Planned Parenthood, and Woman Space. These agencies provide workshops and services that enhance and expand the knowledge and services parents need, offering additional supportive services. ESHB will continue to build upon these relationships to provide more resources to children and families we serve.

The CHSofNJ ESHB will continue to focus on providing strength-based family systems and services that promote child well-being and enhance the child's social, emotional, cognitive, and physical development. Pre and Post natal services will be provided to pregnant mothers. Our program recognizes the importance and impact of quality early childhood education and will work hard to provide services which exemplify best practices.

THE CHILDREN'S HOME SOCIETY OF N.J.
 EARLY HEAD START HOME BASED PROGRAM
 INCOME STATEMENT - ACTUAL VS BUDGET -
 FOR THE PERIOD OCTOBER 1, 2011 THROUGH DECEMBER 31, 2012 FINAL

FOOT NOTE	* CURRENT PERIOD *	* YEAR TO DATE *	* YEAR TO DATE *	* VARIANCE *	
	ACTUAL MONTH	BUDGET MONTHLY	ACTUAL TO DATE	BUDGET TO DATE	TO DATE
REVENUES					
FUND RAISING & OTHER INCOME					
EARLY HEAD START REVENUE	98,845	76,201	1,143,015	1,143,015	0
MATCH REVENUE	42,095	19,050	380,107	285,754	94,353
	-----	-----	-----	-----	-----
TOTAL REVENUES	140,940	95,251	1,523,122	1,428,769	94,353
	=====	=====	=====	=====	=====
EXPENDITURES					
SALARIES	53,205	45,500	684,857	682,496	2,361
FRINGE BENEFITS	13,656	14,887	184,433	223,312	(38,879)
PROFESSIONAL FEES	2,814	1,733	20,923	25,997	(5,074)
CLIENT MISCELLANEOUS	929	607	9,585	9,100	485
POSTAGE	473	142	5,976	2,134	3,842
COMMUNICATIONS	809	981	14,827	14,721	106
TRAVEL	402	746	14,867	11,190	3,677
MATERIALS & SUPPLIES	9,743	1,861	37,932	27,914	10,018
PRINTING	244	163	4,601	2,450	2,151
ADVERTISING	0	311	5,534	4,667	867
CONFERENCES/TRAINING	7,743	2,420	48,468	36,301	12,167
DUES	78	111	2,750	1,667	1,083
INSURANCE	750	1,010	12,287	15,150	(2,863)
RENT	2,878	2,863	42,714	42,947	(233)
MAINT. OF BLDG. & EQUIP.	1,644	1,292	23,953	19,379	4,574
UTILITIES	3,477	1,573	29,308	23,590	5,718
	-----	-----	-----	-----	-----
TOTAL EXPENDITURES	98,845	76,201	1,143,015	1,143,015	0
	-----	-----	-----	-----	-----
IN-KIND TRAINING/CONSULT	63		2,107		
IN-KIND RENT-HOME VISITS	2,322		8,686		
DEPRECIATION	0		31,769		
VOLUNTEER TIME	3,694		43,569		
PARENT SERVICES	24,304		120,343		
DONATED SUPPLIES	675		8,076		
SOCIALIZ. ROOM EQUIP.	0		0		
IN-KIND RENT	11,037		165,557		
	-----	-----	-----	-----	-----
MATCH	42,095	19,050	380,107	285,754	94,353
	-----	-----	-----	-----	-----
TOTAL EHS & MATCH EXP.	140,940	95,251	1,523,122	1,428,769	94,353
	=====	=====	=====	=====	=====

* TOTAL CHARGES ON CORP AM/EXP FOR DEC,2012 WERE \$2,934.63, \$2,598.92 FOR CONFERENCES, AND \$335.71 FOR TRAVEL TO CONFERENCES.

The Children's Home Society of New Jersey
Early Head Start Home Based Program
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Donna Pressma, President & CEO

Early Head Start Administrative Staff

<u>Title</u>	<u>Name</u>	<u>Extension</u>
Director	Wendy Garrett	137
Administrative Assistant	Jodie Otilie	163
Education/ECD Supervisor	Candis Wade	107
Health/Nutrition Supervisor	Marilyn Pantoja	113
Mental Health Specialist	Nicole Heron	118
Disabilities Coordinator	Elaine Rodriguez	162
F&CP Supervisor	Ericka Williams	140

Early Head Start Home Visitors

Home Visitor	Adriana Costello	199
Home Visitor	Theresa Elam	197
Home Visitor	Shardae Giddens	196
Home Visitor	April Hess	164
Home Visitor	Brenda Holmes	165
Home Visitor	Ingrid Vasquez	198



The
Children's
Home Society

O F N E W J E R S E Y[®]

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Wendy Garrett, EHS Director