Overview of the Program:

Our mission statement: To provide quality comprehensive services and referrals to children and families, with respect and dignity.

The Head Start Child & Family Development Program, Inc. is a Nebraska not-for-profit corporation, organized as a tax exempt entity under Internal Revenue Code Section 501(c)(3). The Corporation is not a state or federal government agency. Funding for the Corporation’s activities comes from a variety of sources, including local, state and federal grants, as well as donations. Donations made to the Corporation are deductible as charitable contributions for tax purposes.

A volunteer Board of Directors (governing body) governs the Corporation. The Board of Directors shares decision-making responsibility with a Policy Council. The Policy Council is comprised of parents of children currently enrolled in Head Start and Early Head Start Programs, as well as community representatives. In accordance with Head Start Performance Standards, parents of currently enrolled children are proportionately represented on Policy Council. The Board of Directors has a legal and fiscal responsibility to administer and oversee the agency’s Head Start and Early Head Start programs. Policy Council is responsible for the direction of the agency’s Head Start and Early Head Start programs.

Implementation of the decisions of the Board of Directors and the Policy Council is the responsibility of the Corporation’s Executive Director.

When our Corporation was formed, its operations were limited to Head Start in Adams County. Over the years, the Corporation’s activities have grown, as has its service area. The Corporation now offers services in Adams, Clay, Nuckolls, Webster, Franklin, and Hall, and includes a wide variety of programs dedicated to meeting the health, developmental, social and educational needs of children and families. To see a complete listing of the programs offered by Head Start CFDP, Inc., please visit our website at www.hshn.org.

Head Start Child and Family Development Program, Inc. continues to respond to the individual needs of families and community partners by offering a variety of programming hours at multiple sites located in its six county area. These sites provide services for 334 preschool children and their families as well as 162 pregnant women, very young children, and their families. Preschool programming includes half day, full day, and combination configurations during a 4 day per week schedule. Programming for Early Head Start children and families is home based and includes weekly visits as well as group socialization opportunities.
Overview of the process:

Head Start Child and Family Development Program Inc. (Head Start CFDP, Inc.) completes an annual assessment of the communities in which we work. This is year three of the five year grant cycle. While our formal processes indicate an annual review of the community, our agency is engaged in a continuous process of communication and feedback with the communities that we serve. Because of this process, decisions are made throughout the year for the next program year. Parents, employees, community representatives, Policy Council and the Board of Directors provide input and information into the community assessment.

A CA Matrix is completed using data from various sources such as agency data (Child Plus, PIR), State of Nebraska Department of Education, State of Nebraska Department of Health and Human Services, US Census Bureau, US Department of Labor, Voices for Children, Kids Count, March of Dimes, University of Nebraska – Extension, Child Welfare League of America, National Head Start Association, Centers for Disease Control, City-Data, and Nebraska Transit.

Timeline & Methodology:

Due to the Performance Standards that were issued fall of 2016, our program began collecting data for the CA in a somewhat different manner than was previously used. Parents are asked at each Parent Meeting/Socialization to share what is happening in their communities. Relevant community happenings are shared at each Monthly Management Meeting. Policy Council and Board also discuss relevant community developments at each meeting. Regular meetings with Program Partners also allow for the collection of data regarding what is happening in each community. The acquired information is consolidated and entered into a matrix for review.
Urgent community changes are addressed as soon as possible throughout the program year.

DATA GATHERING (MONTHLY or as scheduled): Parent Meetings, Socializations, M&M, Policy Council, Board, Partner Meetings, Staff Meetings

OCTOBER: Enter previous 6 months information into Matrix

FEBRUARY: Family Engagement Survey and Staff Survey conducted

MARCH: Enter previous 6 months information into Matrix

MARCH: CA Team to review and make recommendations

APRIL: Policy Council and Board to review and approve CA

APRIL: Policy Council Survey conducted

MAY: Executive Director utilizes CA for grant proposal & submits to the Regional Office with continuation grant application.

**Community Assessment Team:**

The Community Assessment Team is comprised of veteran staff from various roles and sites within the program service area. In addition all management and Specialists participate on the team. Specialists are responsible for generating the report submitted to Policy Council and the Board for approval.

**Summary:**

This year COVID-19 impacted every aspect of our nation, state, communities, program and families. Our program was required to close in March of 2020. The program began serving families virtually and dropping off materials at the homes beginning in April. This continued until the first part of August when all staff came back to the building and home visits began in the homes for those families that were comfortable. The program continued to provide virtual services throughout the school year for those families that requested this option. Food and necessities were provided monthly to families May through August. Then October through February food boxes provided by Food Bank of the Heartland were delivered to families weekly. Classrooms were opened to children in August with COVID procedures in place. The program went to part day am and pm classrooms to aide in keeping classroom numbers small to reduce the spread of COVID and to respect the guidance of the local health departments. The program utilized the Learning Genie app to screen children prior to entering the facility and home visitors going into the homes. Staff were required to complete agency screeners prior to entering the building. The health staff tracked the information inputted into the screeners and contacted staff and families accordingly. Our health staff were integral in getting staff vaccinated when this became an option the first part of February. The agency was selected for the Trauma Informed Care training provided by UCLA which addresses the need for mental health support amongst our staff. The hours for our Mental Health Consultant were increased with the Quality funding received. COVID funding assisted in purchasing two ZONO machines, masks, sprayers, gloves, disinfectant, sanitizers, cleaning supplies, etc. The program changed Head Start curriculum to Teaching Strategies Creative Curriculum to assist in providing virtual services to the families.

Updated 4/30/21
Given there has not been an updated Census, the following information remains the same. For the first time in many years, Nebraska has shown an increase in population. Nebraska also has maintained one of the lowest unemployment rates in the Nation throughout the pandemic. Due to the very low unemployment, many businesses that require little to no education are advertising for help and are increasing their base pay to attract employees. For example, in Grand Island, fast food locations are offering starting pay at $15 per hour. This is impacting our program’s ability to hire staff and retain staff at all levels of employment. It is also impacting the family’s ability to qualify for the program, meeting income guidelines.

The program continues to struggle finding interpreters for the Sudanese and Somalian populations. The program uses Google Translate and Learning Genie to assist in communication with the families that have no English.

The unemployment rates reflect the parent’s employment in May of 2020. They were significantly higher at the end of the school year versus the beginning due to COVID; businesses and communities were closed at this time. Like in previous years, we have some families that choose not to work to be home with their children, can’t work, or are in school reflected in this number as well.

The education level of the parents served by the agency within our service area without a high school diploma is 22% versus the general populace for the agency’s service area is approximately 9.3%.

The percent of children with disabilities served in the program within the service area is near to over 2 times the percentage requirement for Head Start/Early Head Start per the Performance Standards with Head Start being 19% and Early Head Start being 24%. During COVID no testing occurred. The ESUs in the service area began to start testing again in the late fall. Due to the lack of testing, there was a backlog in the system.

The percent of children without health insurance in the state is 5.6%. The families served by the program participating in Medicaid is 88% for Head Start and 80% for Early Head Start. Without any insurance for Head Start is 7% and Early Head Start is 5%. The agency continues to have an on-going focus on assisting families with obtaining medical insurance or Medicaid. Nebraska has expanded their Medicaid Eligibility this year.

In Nebraska 46% of drug overdose deaths were attributed to Opioid pain relievers (no new data is available). It has been recognized that Opioids abuse is a growing concern and the agency will continue to monitor and address concerns as needed for the families served. According to the Nebraska State Patrol, Meth continues to be our area’s largest drug being abused other than alcohol. Opioids in this area is not as prevalent among the low income population.

Most of the communities within the agency’s service area do not provide fluoride in their drinking water which contributes to a high need for dental services. The agency has partnered with the local community college to provide fluoride varnish and sealants to preschool children.

There is a lack of mental health services and providers that accept Medicaid or affordable sliding scale fee for services for adults in the areas served. There are even fewer that provide for children within the areas.
The attorney on the Head Start CFDP, Inc. board has assisted in creating a list of legal resources that are free to the families served by the program. The agency has provided training to home visitors on Legal Aid and on an on-line free legal advice for those in Nebraska at www.NE.freelegalanswers.org.

There is a correlation between the number of children receiving free lunch and breakfast in the school district and the number of children served in those communities. Over half of our Early Head Start families receive SNAP benefits and participate in the WIC program.

At this point 20% Head Start and 29% Early Head Start meet the McKinney Vento definition of homeless. This is an increase from the previous year. Trends will be monitored over the next 5 years. HUD housing is not available in Franklin or Nuckolls counties and there are only homeless shelters in Adams and Hall counties.

High quality and affordable childcare options are limited in the 6 county areas. The agency is working with the Infant Toddler Initiative, Rooted in Relationships, Buffet Early Childhood Fund, SixPence Child Care Partnership, Nebraska Children’s Foundation and the Department of Health and Human Services/Childcare Licensing to explore options to increase the quality and affordability of care in the 6-county area.

The agency has seen stable numbers of Head Start and Early Head Start children served coming from a single parent home. The agency is looking at how to get parents back engaged with in person program events after COVID has made group events only offered virtually, with very low attendance.

In each county there is very limited public transportation. These options are by appointment only and do not run on a daily basis or 24 hours a day.

A majority of social services are provided in Adams and Hall counties, participants in the outer counties are expected to travel to the larger communities to receive services.

Health and dental services are becoming more restricted or eliminated especially for children and families in poverty in most of the communities. The places that do accept Medicaid have long waiting lists and can take an extended period of time to get a child in for services. Heartland Health Center is increasing the services they provide.

The agency continues to have partnerships with 6 different school districts.

There have been many positives in the various communities. All primary communities in the county have gained Dollar Generals, allowing families access to goods, groceries and employment. In Red Cloud the community has built a new Child Development Center offering childcare to all children in the surrounding area. They include children with Title XX assistance and have employed several community members. In Grand Island the new hospital is still under construction. Healthy Beginnings provides services Hall and Adams Counties. The Bridge, a halfway house for women in long term (6-18 mo.) substance abuse treatment, has opened a Mom and Me program within the last year. The Bridge accommodates dependent children, age eight (8) and under, who are in their mother’s care while living in a therapeutic community. Programming for mothers with their children carries a heavy emphasis on parenting and treatment issues. Heartland Health has expanded services by adding another dentist and have a mental health professional. The agency is working with Safe Kids to encourage more services and events in the Grand Island community. In Superior the building was renovated through USDA and
Duration grant funds. It now houses a full day classroom. The city of Franklin was able to open a new daycare for a small number of children in the old pharmacy building. Disaster Relief funding was provided from OHS to address storm damage that occurred in August of 2019. This funding allowed us to update the playground surfacing and equipment, resurface our parking lot, construct a pole barn, re-roof the entire facility as well as paint in Adams County.

The agency employees 79 current or former parents of Early Head Start or Head Start programs. Of the 185 employees for Early Head Start and Head Start, 29 are bi-lingual. We continue to work hard to find qualified and bilingual employees.