# ANNUAL REPORT 2021 - 2022

### **Boys Town Early Head Start**

504.518.7840 EHSProgram@Boystown.org 6600 Plaza Drive, Ste. 212 New Orleans, LA 70127





Owner/Director: Kristi Givens 3301 Higgins Boulevard New Orleans, LA 70126 504-325-5623 https://www.kidsofexcellence.com/



Hoffman Early Learning Center

Director: Zerlander Ragas 2622 S. Prieur St. New Orleans, LA 70125 504-335-0444 <u>https://www.hoffmanelc.org/</u>



SEA Early Childhood Academy

Owner/Director: Ariann Sentino 10080 Morrison Road New Orleans, LA 70127 504-241-3909 7391 Read Blvd. New Orleans, LA 70127 504-324.8515 http://sea2academy.com/



Wilcox Academy of Early Learning

Owner/Executive Director: Rochelle Wilcox 1678 N. Broad Street New Orleans, LA 70119 504-948-1827

https://www.wilcoxacademyelc.com/

"The work will continue, you see, because it is God's work, not mine." Father Edward J. Flanagan

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### **Early Head Start**

One of the most important tasks for parents of an infant or toddler is getting their child ready for school. School readiness is the key to a child's future academic success, not only in the classroom but also in relationships with other students and teachers and the development of positive study and learning habits.

It is never too early for parents to begin preparing their child for a life of formal learning.

Boys Town Louisiana and Head Start<sup>®</sup> recognize this great need in our community. That's why they have teamed up with four local Grade A early childhood development centers. These include:

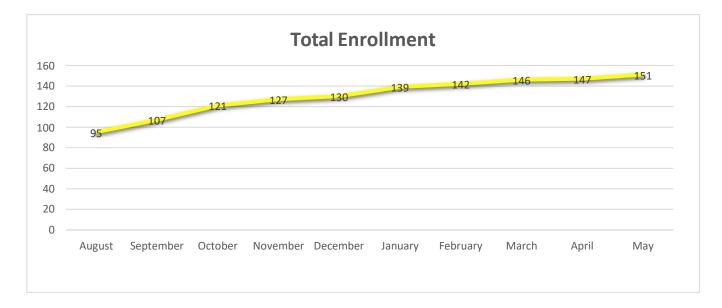
- Hoffman Early Learning Center
- Kids of Excellence
- Wilcox Academy of Early Learning
- SEA Too & SEA 3

The partnership provides high quality, comprehensive and seamless school readiness services for families of infants and toddlers in low-income New Orleans communities. These services are mainly for young parents who could benefit from learning additional parenting skills and having additional support and resources to help them reach their goals and build a happy, healthy family.



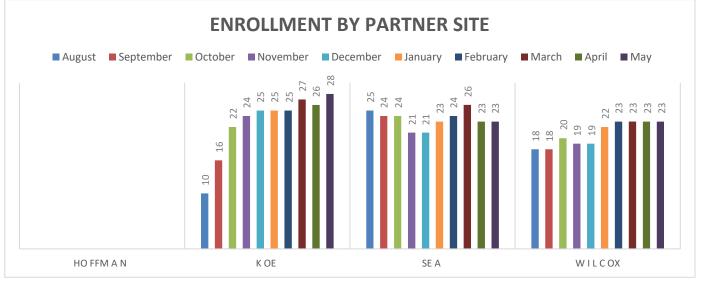
### **CHILDREN SERVED**

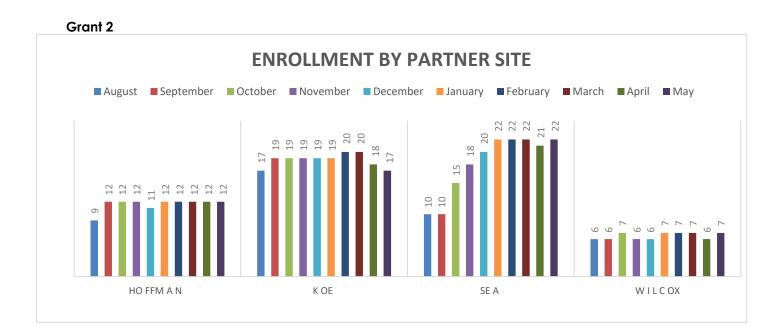
The 2021-2022 school year was marked by flexibility, change, and growth. In August, 95 children were enrolled. Unfortunately, on August 29, 2021, Hurricane Ida hit New Orleans causing major destruction to the area. Centers were once again required to close for a few weeks after the storm. However, once the centers were back opened, enrollment steadily increased and at the end of May, there were 151 enrolled. Around the world, child-care enrollment figures have begun to rebound, but most centers still aren't seeing their childcare enrollment or attendance numbers return to pre-coronavirus levels.



#### Number of Children and Families Served

#### Grant 1







### PERCENTAGE OF ELIGIBLE CHILDREN SERVED

The 134 children we served made up almost 100% of all those eligible to receive our services. Most children qualified for eligibility because of family income. The majority of children served came from households in zip codes targeted by the grants.

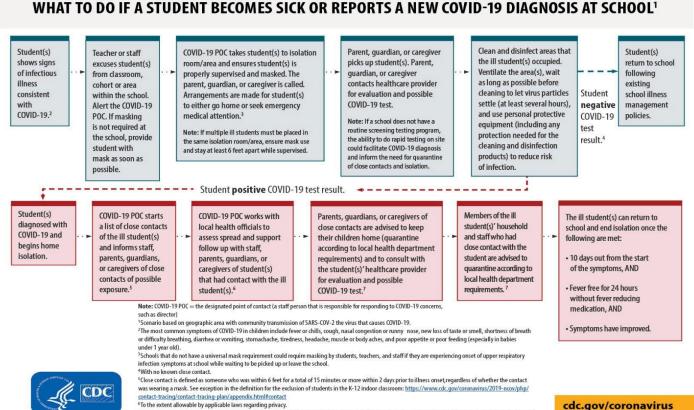
Grant 1: 70112, 70113, 70117, 70129

Grant 2: 70119, 70126, 70127

### COVID GUIDELINES

Because of the restrictions placed on child-care centers by the Louisiana State Department of Education and recommendations by the Center for Disease Control, nonessential visitors were restricted from visiting the childcare centers for much of the 2021-2022 school year.

Each program site determined how to implement the recommendations and who would be allowed into their physical space. Given these restrictions, the Education/Disabilities and Health Coordinators made every possible effort to conduct screenings, support families with virtual office visits, and ensure families received dental, physical, and emotional health care.



<sup>7</sup>CDC guidance provides that people who are fully vaccinated and do not have COVID-19 symptoms do not need to quarantine, but should get tested after an exposure to someone with COVID-19.

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## SERVICES DELIVERED

The Health Coordinator and Education/Disabilities Coordinators help ensure children receive the services they need, parents have access to health and nutrition services, and families with children who have suspected or identified needs have access to additional support that includes early intervention services and referrals to appropriate medical and social services.

#### Medical, Dental, and Other Services

Our community partners (<u>High Level Speech and Hearing Center</u>, <u>Daughters of Charity Services of New Orleans</u>, <u>Early Steps</u>, <u>New</u> <u>Orleans Parish School Board</u>) helped ensure all the children we serve have medical, dental, and other services. While the <u>CDC</u> <u>reported a nationwide decrease in child vaccinations</u>, BT-EHS-CCP families continued their recommended schedules.



#### Why is vision and hearing so important in education?

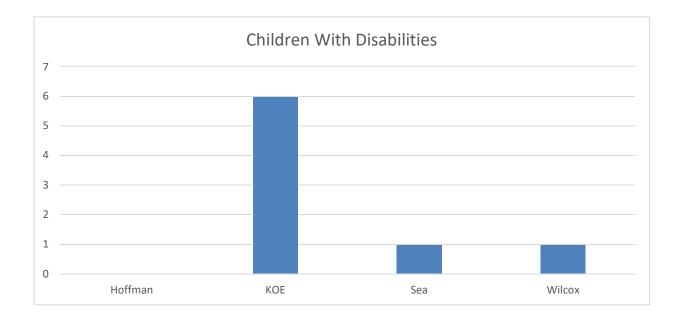
Adequate vision and hearing are paramount to educational performance. Impaired vision and/or hearing in children can seriously impede learning and contribute to the development of educational, emotional and behavioral problems. Early discovery and treatment can prevent or at least alleviate many of these problems. Eligible infants and toddlers were screened for speech, hearing, vision, and dental.

## **CHILDREN WITH DISABILITIES**

Young children vary in their skills, knowledge, backgrounds, and abilities. Effective teaching requires individualized teaching and chances to learn for all children to access, participate, and thrive in early learning settings. Individualizing for children who need more support helps ensure effective teaching for children with disabilities and other special needs across all the Head Start Early Learning Outcomes Framework domains. Using children's Individualized Family Service Plan (IFSP) and Individualized Education Program (IEP) goals is part of effective teaching, individualizing, and creating inclusive environments to support children's positive outcomes.

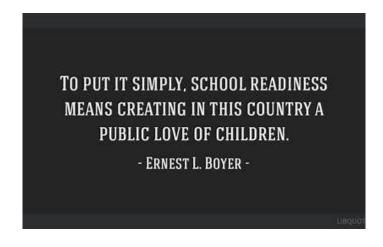
The Secretary shall establish policies and procedures to assure that, for fiscal year 2009 and thereafter, not less than 10 percent of the total number of children actually enrolled by each Head Start agency and each delegate agency will be children with disabilities who are determined to be eligible for special education and related services, or early intervention services, as appropriate, as determined under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.), by the State or local agency providing services under section 619 or part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

The program served 8 children who had an IFSP or IEP over the school year.



## SCHOOL READINESS

Guided by the <u>Frog Street Curriculum</u> and the <u>Creative Curriculum</u>, teachers prepare children for kindergarten by providing a developmentally appropriate environment, providing children with opportunities to explore in key developmental domains and provide individualized support that encourages learning. To promote school readiness, a committee was formed which included teachers, education coordinators, and disability coordinators. The committee created and implemented goals and strategies to assist families whose children were transitioning out of the early head start program.



- Head Start children make progress in language, literacy, and math. Head Start children also score at the norm on letter-word knowledge by the end of the year. (Aikens et al., 2013; Bloom and Weiland, 2015)
- Early Head Start children show significantly better social-emotional, language, and cognitive development. Children who attend Early Head Start and transition to Head Start are more ready for kindergarten than children who do not attend Head Start. (Love et al., 2002)
- The Head Start Impact Study found Head Start children scored better than a control group of children in all measured domains of cognitive and social-emotional development. (HHS, 2010)
- Compared with children in parental care, Head Start children performed considerably better on cognitive and social-emotional measures in kindergarten and had fewer attention problems and exhibited fewer negative behaviors. (<u>Zhai et</u> <u>al., 2011</u>)
- Early Head Start shows positive impacts on participants' social-emotional functioning that last through fifth grade. (Vogel et al., 2010



## **CHILD SCREENING & ASSESSMENT**

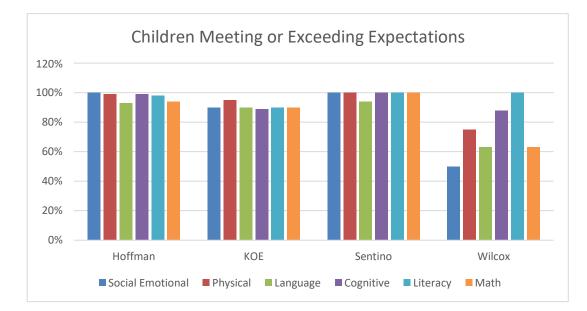
Screening and assessment provide valuable information about each child's interests, strengths, and needs. Screening gives a snapshot of whether the child's development is on track. Assessment is an ongoing process that includes observation and provides information about development over time. Systematic, ongoing child assessment provides information on children's development and learning. It helps inform curriculum planning, teaching, and individualizing for each child across all Head Start Early Learning Outcomes Framework domains.

ASQ: accurate, reliable developmental and social-emotional screening.

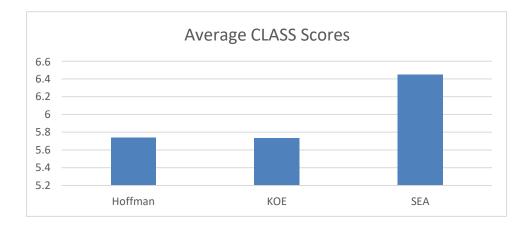
Ages & Stages Questionnaires® (ASQ®) provides reliable, accurate developmental and socialemotional screening for children between birth and age 6. Drawing on parents' expert knowledge, ASQ has been specifically designed to pinpoint developmental progress and catch delays in young children– paving the way for meaningful next steps in learning, intervention, or monitoring.

Teaching Strategies GOLD® is an authentic **observation-based assessment system for children from birth through kindergarten**. The system may be implemented with any developmentally appropriate curriculum. It blends ongoing observational assessment for all areas of development and learning with performance tasks for selected predictors of school success in the areas of literacy and numeracy. Teaching Strategies GOLD® can be used to assess all children, including English-language learners, children with disabilities, and children who demonstrate competencies beyond typical developmental expectations

Teachers monitored the learning and development of learners with direct observation, parent input, ASQ, ASSE, and the Teaching Strategies GOLD assessment tool.



## **TEACHER QUALITY**



Teacher quality is measured using the Teachstone CLASS observation tool. In Louisiana, scores from 6-7 are considered "excellent;" scores from 4.5 - 5.99 are "proficient;" sores from 3-4.5 are "approaching proficient;" and scores from 1-3 are "unsatisfactory." Our partners were once again among the highest performing childcare centers in the state.

A strong emphasis on teacher professional development ensued in 2021-2022. Over the school year, teachers were provided with many hours of effective professional development. Trainings focused on infant and toddler development, health and wellness, and virtual instruction. Education coordinators became Louisiana Pathway trainers, which allowed them to provide teachers with credible professional development hours. They also received Early Childhood Administrative Credential from Head Start University which allowed them to formulate best practices and performance standards.



#### These credentials allowed the coordinators to perform Practice-Based Coaching (PBC). A

professional development strategy that uses a cyclical process. This process supports teachers' use of effective teaching practices that lead to positive outcomes for children. (PBC) supports education staff to use effective teaching practices in context. PBC occurs in the context of collaborative partnerships. This year, 5 teachers successfully completed this strategy with the guidance of the education coordinators. Participants were chosen based on results of the needs assessment form completed at the beginning of the school year.

**Teachers' mental health** has a direct impact on our teaching workforce as well as the students and communities they serve. **Teachers** who are well are more effective as instructors, behavior managers, mentors, and role models. **Teachers** who are well show up more consistently for students, who are then more likely to thrive academically, socially, emotionally, and behaviorally.

The past 3 years have been an extremely stressful time for many people. The topic of Mental health has been brought to the forefront and being addressed. As a result of this, the education team implemented "Power Hour." Once a month, teachers would meet with a mental health counselor at their respective center to discuss pressing issues whether professional or personal. Teachers were encouraged to meet individually with the counselor if needed. Along with the monthly "Power Hour" sessions, topics dealing with mental health were presented during professional development meetings as well.



## FAMILY ENGAGEMENT

Family engagement is a collaborative and strengths-based process through which early childhood professionals, families, and children build positive and goal-oriented relationships. It is a shared responsibility of families and staff at all levels that requires mutual respect for the roles and strengths each has to offer. Family engagement focuses on culturally and linguistically responsive relationship-building with key family members in a child's life. These people include pregnant women and expectant families, mothers, fathers, grandparents, and other adult caregivers. It requires making a commitment to creating and sustaining an ongoing partnership that supports family well-being. It also honors and supports the parent-child relationships that are central to a child's healthy development, school readiness, and well-being. The Office of Head Start Parent, Family, and Community Engagement Framework is a guide to learning how family engagement promotes positive, enduring change for children, families, and communities.

#### **Family Involvement**

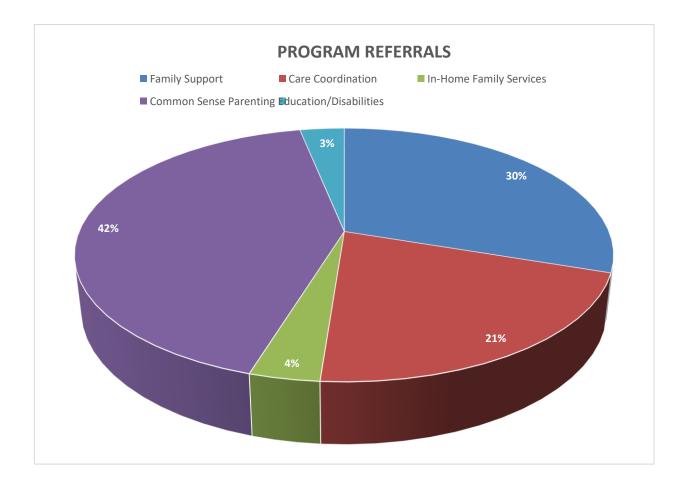
ReadyRosie is a research-based program that builds on parents' knowledge. Through videos



and mobile technology, it helps empower families and enables schools to partner with families as they help promote their children's individualized growth and development. Most of enrolled families used the application by viewing playlists sent by our teachers. The families viewed videos designed to enhance Family Well-Being, promote Positive Parent-Child Relationships, help

develop Families as Lifelong Educators, focused on Families as Leaners, help ease Transitions, and focused on promoting Family Connections to Peers and Community.

In addition to the ReadyRosie activities, family engagement was strongly encouraged within the parameters of the restrictions on visitors to childcare centers. Parents were involved in the Policy Council, attended Parent Cafe meetings, completed school-at-home activities, and participated in teacher home visits. Centers documented participation in school-readiness related activities.



Many families benefitted from Boys Town family services in 2021-2022. A total of 420 family service interactions were reported. The Family Service Specialist helped 76 families, the Care Coordination Consultants helped 31 families, and the In-Home Family Services Consultant helped 9 familie



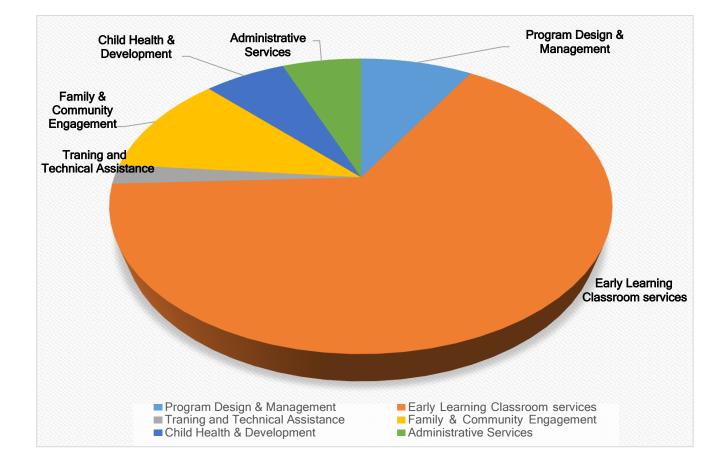
### **REVENUES AND EXPENDITURES**

| Grant 1                 |                                       |                                |                          |
|-------------------------|---------------------------------------|--------------------------------|--------------------------|
| Object Class Categories | Federal (Base<br>Operations &<br>TTA) | Non-Federal<br>Share/Resources | GRAND<br>TOTAL<br>BUDGET |
| Personnel               | 306,479                               | _                              | 306,479                  |
| Fringe Benefits         | 122,741                               | -                              | 122,741                  |
| Travel                  | 5,352                                 | _                              | 5,352                    |
| Equipment               |                                       | -                              | -                        |
| Supplies                | 16,088                                | -                              | 16,088                   |
| Contractual             | 1,076,566                             | _                              | 1,076,566                |
| Construction            | -                                     | -                              | -                        |
| Other                   | 62,868                                | -                              | 62,868                   |
| Total Direct Charges    | 1,590,094                             | -                              | 1,590,094                |
| Indirect Charges        | 71,714                                | -                              | 71,714                   |
| TOTALS                  | 1,661,808                             | _                              | 1,661,808                |

| Sources of Funding – Planned 9/1/2021-8/31/2022 |           |  |  |
|---|-----------|--|--|
| Federal Grant – EHS                             | 1,661,808 |  |  |
| Non-Federal Resources                           | -         |  |  |
|   |           |  |  |
|   |           |  |  |
| Other Funding                                   |           |  |  |
| Childcare Subsidies                             | 89,760    |  |  |
| Food Program                                    | 115,738   |  |  |

| 144,240<br>1,090,104 | 9%   |
|----------------------|------|
| 1 000 104            | 66%  |
| 1,090,104            | 0070 |
| 35,427               | 2%   |
| 185,650              | 11%  |
| 104,569              | 6%   |
| 101,818              | 6%   |
|                      |      |
|                      |      |

| Totals 1,661,808 10 |
|---------------------|
|---------------------|

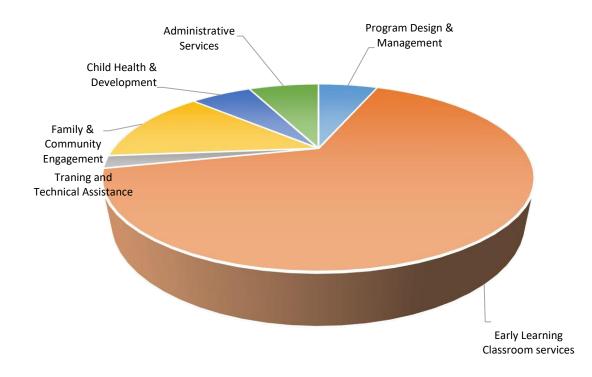


Grant 2

| Object Class Categories | Federal Total | Non-Federal | TOTAL<br>BUDGET |
|-------------------------|---------------|-------------|-----------------|
| Personnel               | 296,153       |             | 296,153         |
| Fringe Benefits         | 117,981       |             | 117,981         |
| Travel                  | 5,352         |             | 5,352           |
| Equipment               | -             |             | _               |
| Supplies                | 50,417        |             | 50,417          |
| Contractual             | 1,044,547     |             | 1,044,547       |
| Construction            | -             |             | -               |
| Other                   | 75,532        |             | 75,532          |
| Total Direct Charges    | 1,589,982     | -           | 1,589,982       |
| Indirect Charges        | 79,890        |             | 79,890          |
| TOTALS                  | 1,669,872     | -           | 1,669,872       |

| Sources of Funding/Income - Planned 9/1/2020-<br>8/31/2021 |           |  |
|--|-----------|--|
| Federal Grants   | 1,669,872 |  |
| Non-Federal Resources                                      | -         |  |
|  |           |  |
| Other Funding/Income                                       |           |  |
| Childcare Subsidies  | 186,816   |  |
| Food Program   | 81,600    |  |

|                                   | Budgeted Cost of         |             |
|-----------------------------------|--------------------------|-------------|
| Categories                        | <b>Program Operation</b> | % of Budget |
| Expense Breakdown                 | Budgeted Cost            | % of Budget |
| Program Design & Management       | 100,807                  | 6%          |
| Early Learning Classroom services | 1,092,514                | 65%         |
| Traning and Technical Assistance  | 36,585                   | 2%          |
| Family & Community Engagement     | 219,612                  | 13%         |
| Child Health & Development        | 101,620                  | 6%          |
| Administrative Services           | 118,734                  | 7%          |
|                                   |                          | 0%          |
| Totals                            | 1,669,872                | 99%         |



### CARE AMID A PANDEMIC AND A HURRICANE

Boys Town staff continuously took steps to support children and families during the lingering COVID-19 pandemic. Following state guidelines, centers re-opened and, with support from Boys Town EHS-CCP, managed the challenges with professionalism, integrity, and compassion. First and foremost, the highest priority for all our childcare partners and Boys Town staff is always the health and safety of all the children and families in our programs. As of March 2022, there have been no center closures due to Covid-19.

On August 29, 2021, the anniversary of Hurricane Katrina, Hurricane Ida made landfall in Southeast Louisiana as a Category 4 storm. The storm caused major damaged across the region and centers once again were required to close. During this time, Boys Town staff made regular calls to check on the status and well-being of the families being served in the program. When families expressed a need, Boys Town staff worked to make sure the need was met. Staff gathered, prepared, and delivered care packages with diapers, food, and educational materials to families. Boys Town responded by making available the **Ready Rosie Family Engagement** tool provided by Teaching Strategies. The year finished successfully with all the centers opened.

#### CHILD CARE • GUIDELINES •

#### LOUISIANA DEPARTMENT OF HEALTH, **OFFICE OF PUBLIC HEALTH CHILD CARE GUIDELINES**

#### A MESSAGE TO CHILD CARE PROVIDERS

COVID-19 is mostly spread through close contact and inhalation of respiratory droplets released when people talk sing, breathe, sneeze, or cough. Although less common, it is possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own eyes, nose, or mouth. To slow the spread of COVID-9 in your community and facility, your child care program should fully implement and adhere to multiple <u>prevention strategies</u>. First and foremost, it is very important that child care staff are encouraged to get vaccinated. Louisiana has been reopening in phases as the state meets certain criteria. Throughout these phases, restrictions have been gradually relaxed. Child care has been able to remain operational during all phases and even prior to Phase I due to continued adherence to the guidance from the Louisiana Department of Education (LDOE) and Louisiana Department of Health. Office of Public Health. So long as providers continue to adhere to the guidance, they may continue to operate. The guidelines below must be followed throughout Phase III. Requirements are underlined and must be followed.

The LDOE has also provided suggestions, examples of checklists, options, etc. in the appendices to assist child care in adhering to the guidelines and to improve upon their health and safety during this public health emergency. NOTE: These guidelines may change depending on the <u>Centers for Disease Control (CDC)</u> and Office of Public Health updates and as the state changes phases.

#### CHECKLIST FOR OPEN CHILD CARE FACILITIES

- Staff must take <u>everyday precautions</u> to prevent, the spread of COVID-19 such as: wear a mask (strongly recommended), avoid close contact, avoid crowds and poorly ventilated areas, wash hands often, cover coughs and sneezes, clean and disinfect highly touched surfaces daily and monitor way health. Intensify cleaning and disinfecting efforts. (See
- monitor your health. Require sick children and staff to stay home.
- (See Appendix 1.) Plan isolation steps if a child becomes sick followed by cleaning and disinfecting processes. (See <u>Appendix 2</u>.)
- Mask Requirements and Recommendations. (See <u>Appendix 3</u>.)
- O Implement social distancing strategies. (See <u>Appendix 4</u>.)
- Adjust parent drop-off and pick-up processes and potential parent tours. (See <u>Appendix 5</u>.)
- Screen children and staff upon arrival. (See <u>Appendix 6.</u>)

- Appendix 7.) O Ensure proper diapering techniques are followed.
- Ensure proper washing, feeding, and holding of children. (See <u>Appendix 8</u>.)
- O Ensure healthy hand hygiene. (See Appendix 9.) O Ensure healthy food preparation and meal
- service. (See Appendix 10.) Address vulnerable/high risk groups. (See Appendix 11.)
- O Ensure adequate ventilation. (See Appendix 12.)
- Report cases of COVID-19 identified in children or staff to the appropriate <u>Regional OPH</u> and facilities. O Comply with public health investigation



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JUNE 10, 2021

CHILD CARE GUIDELINES