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HEAD START is a comprehensive preschool program for low income children and their families. Head Start provides children, including those with special needs, with services that actively encourage and promote social, emotional, intellectual (school readiness skills), physical growth and development. Head Start fosters good health through well child checks and dental exams, current immunizations, nutrition and lead risk assessments. Parent involvement is one of the cornerstones of the program and parents have many and varied opportunities to participate in their child’s education and development. Support services are available for families including social services, mental health and disability services, and transportation. Head Start receives USDA reimbursement and nutritious meals are provided based on the hours the child attends the center. EARLY HEAD START is a comprehensive program for low income infants, toddlers, and their families. The same services provided in Head Start are available for infants and toddlers.
We served approximately 33% of eligible preschool children and 3% of eligible infants and toddlers in Knox County, for a total of 1078 children.

38 children under age one
70 one-year olds
82 two-year olds
421 three-year olds
467 four-year olds

158 of the children received vouchers through the Child Care Certificate program.

Primary Language of the home
833 children – English
168 children – Spanish
38 children – African Languages
24 children – Middle Eastern or South Asian Languages
9 children – East Asian Languages
4 children – European or Slavic Languages
2 children – Native Central American, South American or Mexican Languages

The average monthly enrollment (as a percentage of funded enrollment) was 100.6% for Head Start and 101.3% for Early Head Start.
Medical
- 97% (1042) of children received medical exams
- Through Head Start partnerships, 451 children received the FluMist and 205 children received lead testing

Nutrition
- 54,041 Breakfasts were served
- 93,353 Lunches were served
- 52,729 Snacks were served

Education
- 1053 children received developmental assessments
- 438 children transitioned to Kindergarten

Dental
- 91% (979) of children received dental exams
- 27% increase in the number of children with continuous, accessible dental care provided by a dentist (743 in the fall to 1013 by the end of the year)

Disability
- 11% of children had an IEP or IFSP and received on-site services

Transportation
- 679 children were transported
- daily on bus routes
- Transportation was provided for 329 appointments for support services
We served 987 families: 395 two-parent families and 592 single-parent families.

560 families had one or more parents employed and 672 families had a parent with a High School diploma, GED, or higher.

Families had the opportunity to complete Family Partnership Agreements. 778 families participated. 71% of families set goals in the area of Family Well-being. Other areas where goals were set include Parent Child Relationships, Families as Educators, Families as Learners, Family Engagement in Transitions, Family Connection to Peers and Community, and Family Advocates and Leaders.
Center Parent Committees – 66% of families participated in one or more Parent Committee meetings, with an average monthly attendance of 247.

Policy Council – 25 parents were elected by the parents in their centers to serve on Policy Council. Policy Council met monthly. Parents and 13 Community Representatives and Alternates worked together in relation to program governance (shared with Grantee Board of Directors), and to provide guidance and support for Head Start Administrative staff.

6,126 Home Visits/Parent Conferences were conducted with Head Start families, 1,892 Home Visits/Parent Conferences were conducted with center-based Early Head Start families, and 1,999 Home Visits were conducted with home-based Early Head Start families.

Volunteering – 1,220 parents and family members contributed 8,862 hours in classrooms, material preparation, training, parent meetings, on field trips, etc., to assist the program in meeting local match requirements for federal funds valued at $138,800.

22 community members with the Foster Grandparent Program worked with 81 children in the development of their social/emotional skills.

Parent Orientation – 100% of families attended orientation and toured their child’s center.
When children leave Head Start, they will be physically healthy.

When children leave Head Start, they will be socially competent.

When children leave Head Start, they will be academically ready.

The purpose of the Head Start program is to promote the school readiness of low income children.

Specifically, one of the primary goals of the Knoxville-Knox County Head Start/Early Head Start program is to “bring about a greater degree of social competence (school readiness) in the children we serve by working to enhance their cognitive and intellectual development, their social skills, and their physical and mental health”. In short, Head Start is all about getting kids ready for school. To this end, the Knoxville-Knox County Head Start/Early Head Start program has developed school readiness goals. These goals are aligned with the following: Head Start Performance Standards; Head Start Child Development Early Learning Framework; Tennessee Early Learning Developmental Standards; Knox County Schools Targets for Kindergarten Entry. Data for measuring progress in meeting School Readiness Goals come from the following screening and assessment instruments:

- Learning Accomplishment Profile Diagnostic (LAP-D)
- Learning Accomplishment Profile (LAP-R)
- Devereux Early Childhood Assessment (DECA)
- Alphabet Identification Assessment
- Getting Ready to Read Screen
- Pre-IPT—Oral English Language Proficiency Test
- Speed Dial 3 Screen.
- Additional data are obtained from: Parent Reports, Teacher Observations, Child Health Records, Hearing and Vision Screenings, Growth Assessment, Blood Pressure Screening and Blood Lead Screening.
Physically Healthy

Out of 888 preschool children....
100% who were identified by a medical professional as needing medical services received them
99.8% were current on immunizations
98.3% had an ongoing source of continuous, accessible health care
96.4% received dental exams
61.7% were at a healthy weight

Out of 438 transitioning kindergarteners....
95% could follow 2-step commands
98% expressed displeasure verbally instead of physically
99% followed classroom rules
95% showed empathy by sympathizing with peers
95% were generally compliant and did not display concerning behaviors
96% showed appropriate initiative
96% showed appropriate self-control
96% showed appropriate attachment in relationships
91% assisted peers in need

Academically Ready

Out of 888 preschool children....
88% could count objects to 10
45% could count to 20 without error
85% could name and sort by color
63% could identify printed numerals accurately
97% knew math concepts – tall, long, short, more
70% knew 10 or more letters of the alphabet
78% mastered many of the literacy skills necessary for learning to read and write

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Socially Competent

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Physically Healthy
Out of 190 Infants and toddlers
97% were current on immunizations
97% had an ongoing source of continuous, accessible health care
91% have developed the ability to control large muscle movements to navigate, balance, manipulate larger objects, and & coordination skills
87% have developed the ability to complete simple self-help tasks, including personal care routines with minimal assistance

Out of 132 Infants and toddlers*
89% have developed positive relationships with adults
91% have developed positive relationships with peers
93% have developed self-regulation skills
99% can identify and recognize feelings
96% follow simple directions
71% participate more in conversations
62% use social rules of language
88% have positive approaches to learning
95% show curiosity and motivation

Out of 132 Infants and toddlers*
76% use expanded vocabulary
92% use and appreciate books
80% recognize that text is meaningful
91% have emergent writing skills
69% have verbal counting skills
74% have begun to recognize a few numerals
80% can identify a few basic shapes
69% can classify objects in different groups by single attribute
82% can make simple comparisons

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*Only includes children who completed the school year.
Children whose home language is something other than English are actually learning two or more languages which is why they are referred to as Dual Language Learners (DLLs). The program helps these children to learn the English language, which lays the foundation for a successful start as children transition to public school. Because the home language serves as a foundation for learning English, ongoing development of the home language is also essential.

Children who are DLL typically go through several stages of English language acquisition prior to becoming proficient. We assess our children at the beginning of the school year to determine which of the levels of English proficiency each child falls into. Our goal is to promote the home language and help our children to learn as much English as possible prior to entering school.

The Head Start program has worked to increase the percentage of DLL children performing at the later stages of English proficiency in order for them to be successful in academic English as well as conversational English.

23% (245) of Head Start families have a home language other than English.
ANNUAL BUDGET AND EXPENDITURES

Revenue
- Head Start - $6,379,443
- Local Match - $2,000,931
- Early Head Start - $1,510,326
- USDA - $514,644
- Child Care Certificate - $336,677
- Training and Technical Assistance - $112,564
- Parent Child Care Co-Pays

Expenditures
- Personnel and Related Costs
- Facilities/Transportation and Operational Costs
- Program Materials, Supplies and Services
- Administrative Costs - Grantee
169 people: 
137 Child Development and Health Staff 
19 Family Services/Support Staff 
13 Program Design/Management Staff 

Leadership included a Certified PreK/K ESL Instructor, 10 Reliable CLASS Observers, a Registered Dietician, Licensed Clinical Social Worker, a First Aid/CPR Instructor and a Registered Nurse. 

Of the 169 staff, 14% (23) were current or former Head Start parents.
High quality programs and services for children require highly qualified staff. Personnel recruitment and employment efforts, training and staff development services, and salary improvement initiatives in the local program reflect that principle. KKCHS employees meet staff qualification requirements as outlined in the HS Performance Standards and the 2007 HS Act.

74% of KKCHS preschool teachers hold a BS in ECE or a related field. The remaining 26% hold an AAS degree in ECE. EHS teachers and home visitors are similarly well-qualified with 69% holding a BS in ECE or a related field.
Head Start had the opportunity to partner with the University of Tennessee Departments of Child and Family Studies and Kinesiology, Recreation, and Sports Studies to create a natural playground at the North Ridge Crossing center. The effort was called Partners through Playgrounds. The goal of the effort is to increase activity levels of the children to reduce the risk for obesity and related diseases.

The playground will give the children a new outdoor play space as well as provide researchers with an opportunity to study the environment’s impact on the children’s activity levels.

New playground elements installed included boulders, large walking logs, stepping stones, a pergola, and a garden.
Knoxville-Knox County Head Start/Early Head Start is in full compliance with the standards of the following regulatory agencies:

- State Childcare Licensing
- Child and Adult Food Program
- Department of Transportation

The outcome of the most recent Federal Monitoring Review, completed in Fall 2011, indicated that Knoxville-Knox County Head Start is in full compliance with program regulations in the following areas: safe environments, mental health services, family and community services, transportation, child health and development, staff qualifications, nutrition services, facilities management, and human resource management. During the Federal Monitoring Review, observations were conducted in thirty of our preschool classrooms using the Pre-K Classroom Assessment Scoring System (CLASS). The CLASS tool looks at three domains and ten dimensions of teacher-child interactions as well as interactions between children. It measures those observations on a seven point scale. To meet the standards established by the federal government, we needed to score at least a 5 in Emotional Support, a 4 in Classroom Organization, and a 2 in Instructional Support. Below are our results:

<table>
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<tr>
<th>DOMAIN</th>
<th>KKCHS Score</th>
<th>Govt. Standard</th>
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<tr>
<td>Emotional Support</td>
<td>6.0583</td>
<td>5</td>
</tr>
<tr>
<td>Classroom Organization</td>
<td>5.4889</td>
<td>4</td>
</tr>
<tr>
<td>Instructional Support</td>
<td>3.1167</td>
<td>2</td>
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The Star-Quality Child Care Program is a voluntary program that recognizes child care agencies who exceed minimum licensing standards. All of our centers continue to receive the highest rating of three stars. One area of evaluation is the Program Assessment, where one-third of the classrooms are assessed using one of the Environment Rating Scales. These are observational assessment tools used to evaluate the quality of early childhood programs, looking at the program's physical environment, health and safety procedures, materials, interpersonal relationships, and opportunities for learning and development. The areas are scored on a scale of 1 to 7, with 1 being inadequate and 7 being excellent.

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<th>Score</th>
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<tr>
<td>Claxton-West</td>
<td>6.08</td>
</tr>
<tr>
<td>Anderson-South</td>
<td>6.33</td>
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<tr>
<td>Kiwanis-East II</td>
<td>6.28</td>
</tr>
<tr>
<td>North Ridge Crossing</td>
<td>6.51</td>
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<tr>
<td>L.T. Ross</td>
<td>6.46</td>
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<tr>
<td>Program Average</td>
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The county-wide HS/EHS Program is operated in and provides comprehensive services through five Head Start centers. Four of the Head Start centers are located between the outskirts of the inner city and the outer boundaries of the city – North, South, West, and East – to be accessible to both the largely urban population and the more rural county areas.

In addition, one center is located in the central city area, easily accessible to working and training sites in the city, to major interstate and bypass limited access routes, and on public transit routes. This central city center is accessible to close-in families in all four target quadrants, and within easy transport distance to accommodate other center applicants once those centers are filled.

All of the Head Start centers have in their target populations one or more public housing developments, three adjacent to and in walking distance of the centers, the others generally in close proximity and easy transport distance.