

# Children First Early Head Start Annual Report 2018



**Venice Family Clinic**  
**Children First Early Head Start**  
**604 Rose Avenue**  
**Venice, CA 90291**  
**(310) 664-7534**  
**<http://www.venicefamilyclinic.org>**



# Welcome!

*The Early Head Start Program has been incredibly beneficial not just for my twins that are enrolled in the program, but for my whole family. Having twin newborns after my eldest daughter was already 9 years old was hard. It was like parenting all over again and having that extra support has been incredible. Judith Banos who is our home visitor has helped us strengthen the bond that we have with our kids. She is always encouraging us both to improve ourselves for the betterment of our family. The program has taught my husband and me not only to be better parents, but also to be teachers to our children. We have received lots of support and resources. We are currently enrolled in the Career online Classroom thanks to one of these resources. The program in general has guided us to be better citizens by encouraging us to be more involved in our community. A big focus of the program is on socialization. This is in big part through the Parent Advisory Committee Meetings and the Playgroups, and now in a much bigger part with my involvement in the Policy Council where I currently reside as Chair.*

- **Julie May**  
Policy Council Chair





## **Visit one of our locations:**



**Simms Mann Health & Wellness Center**  
**2509 Pico Blvd.**  
**Santa Monica, CA 90405**  
**Phone: (310) 664-7536**  
**Fax: (310) 664-7589**



**Lou Colan Children's & Wellness Center**  
**Braddock Square Shopping Center**  
**4700 Inglewood Boulevard, #101**  
**Los Angeles, CA 90230**  
**Phone: (310) 392-8636**



**Children First Early Head Start**  
**111 N. La Brea Ave.**  
**Suite 410**  
**Inglewood, CA 90301**  
**Phone: (310) 664-7581**  
**Fax: (310) 664-7579**

# Connect with us online at:

[www.venicefamilyclinic.org](http://www.venicefamilyclinic.org)



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## CFEHS Home

- Applying to CFEHS
- Program Options & Services
  - Home Based
  - Family Child Care
  - Center-Based

## Children First Early Head Start

Welcome to the Venice Family Clinic's Children First Early Head Start (CFEHS) Program. Children First Early Head Start is a high-quality comprehensive early childhood program. This webpage is designed to tell you about our program and the services we offer you and your child. We look forward to working with your family during the coming years.

[www.facebook.com/cfehs.vfc/](http://www.facebook.com/cfehs.vfc/)

A screenshot of the Facebook page for Children First Early Head Start. The page header includes the name 'Children First Early Head Start' and navigation options like 'Home', 'Find Friends', and 'Settings'. The main content area features three photographs: a woman interacting with a child, a young girl in a pink shirt, and a woman holding a baby. Below the photos are interaction buttons for 'Liked', 'Following', and 'Share', along with a 'Contact Us' button.

# TABLE OF CONTENTS

History.....	2
Mission Statement.....	2
Our Program.....	3
School Readiness .....	4
Independent Auditor’s Report .....	8
Letter From the Director .....	11
Budget and Expenditures .....	12
Health Services .....	13
Enrollment .....	14
Transition .....	15
Parent Involvement .....	16

# HISTORY

Head Start began as an eight-week summer program in 1965. The project was funded by the Federal Government to provide services to preschool aged children ages 3 - 5. Head Start was designed to help break the poverty cycle by providing comprehensive health, educational, nutritional, social, and other services to economically disadvantaged children and their families. Since then, Head Start has served more than 15 million children and families.

In 1994, the Early Head Start program was created by the U.S. Congress as an extension of the Head Start Act. The Early Head Start program serves pregnant women and children up to age three. The goals of Early Head Start focus on the healthy cognitive, physical, social and emotional development of infants and toddlers. Research on brain development has demonstrated that, to thrive, children from birth to age three need a variety of positive learning experiences provided in a secure and loving environment. In recognition that parents are the primary educators of their children, Early Head Start programs are designed to work with families to ensure that the developmental needs of each child are met. Since 1994, Early Head Start has grown nationwide to over 600 community-based programs serving over 50,000 children.



## Mission Statement

The mission of Children First Early Head Start is to optimize the quality of life for infants, toddlers, and pregnant women by enriching relationships among families, communities, and staff through child development education and parent empowerment. We promote a continuum of care including comprehensive health services, social services, and community referrals.





# PHILOSOPHY

There are two key elements to the Early Head Start philosophy. First, every child can benefit from a comprehensive program to foster development. And second, the child's entire family, as well as the community, must be involved in the program for it to be a success. Children First Early Head Start is designed to meet the special strengths and needs of each child and family.

The program provides the following comprehensive services:

- Child Development and Early Childhood Education
- Parent education, advocacy and involvement
- Child health, safety and wellness
- Nutrition and dental services
- Networking families with community and social services and resources
- Disabilities, wellness, and mental health services available



## Program Goals



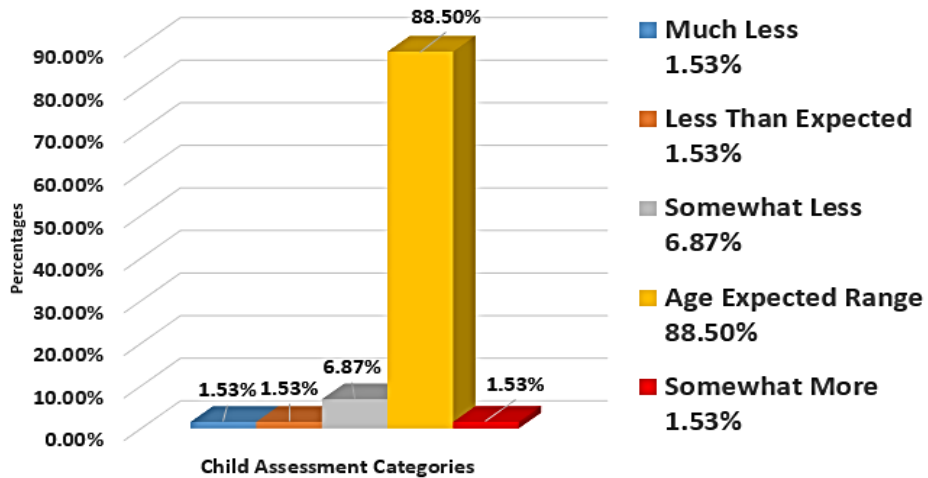
Children First Early Head Start believes the long-term goal of the program is healthy children and families, strong parent-child relationships, resourceful/self-sufficient families, and supportive communities.

To be eligible for the Children First Early Head Start program, families must live in our service area comprised of various cities on the west side of Los Angeles, including Venice, Santa Monica, Culver City, Mar Vista, the Cadillac/Robertson area, Palms, and parts of Inglewood.

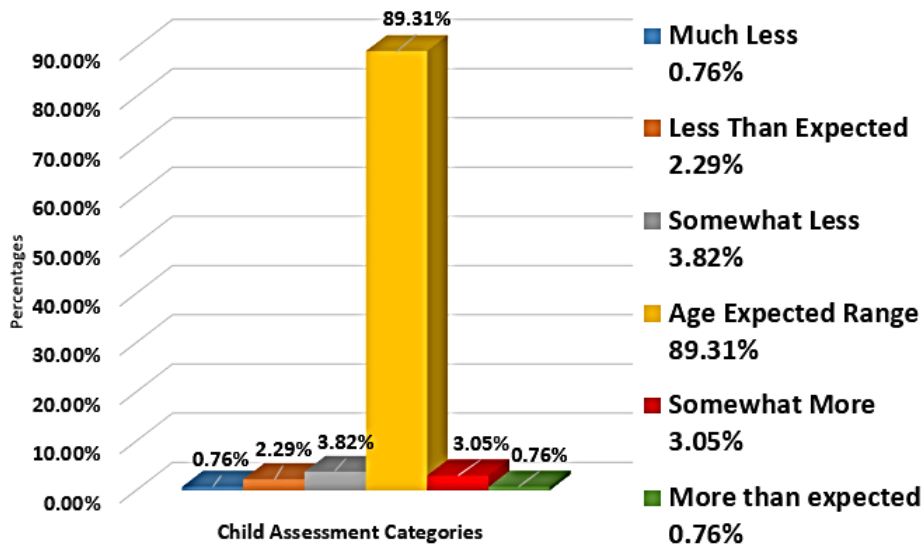
# SCHOOL READINESS

During 2018, school readiness data was collected three times during the year to track progress for individual children and the program. Individual reports were shared with families and results were shared in the newsletter. Data collection #3 is shared below for 2018. Results are depicted as percentages. \*0.70% = 1 child

**Social and Emotional Development:** Infants and Toddlers will develop self-esteem through positive relationships with those around them.



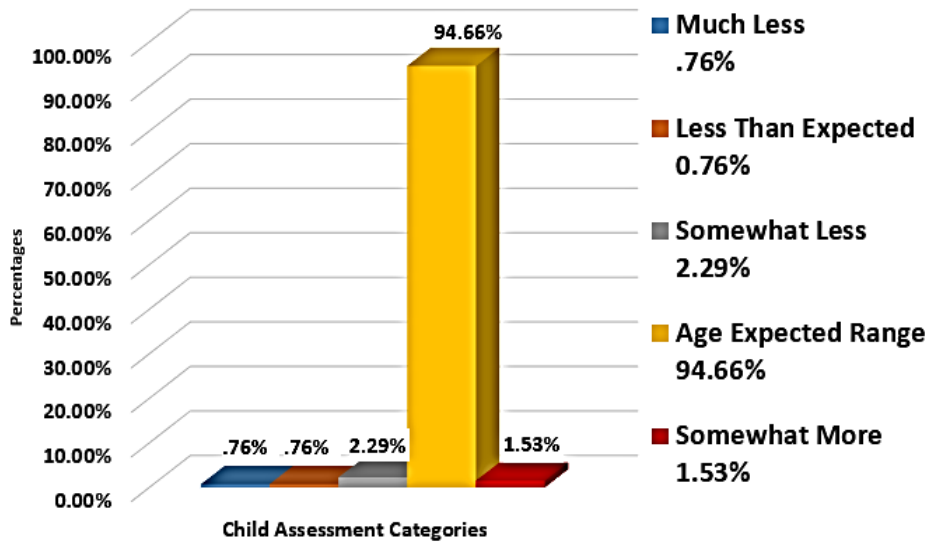
**Language and Literacy Skills:** Infants and Toddlers will increase their language skills through early literacy learning activities.



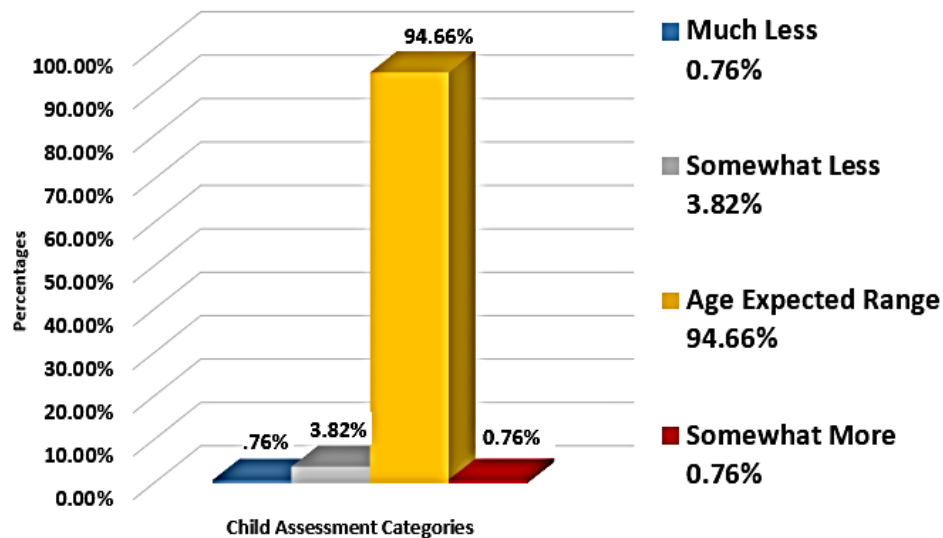
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**Approaches To Learning:** Infants and Toddlers will learn exploring their surroundings through repetition and experimenting.



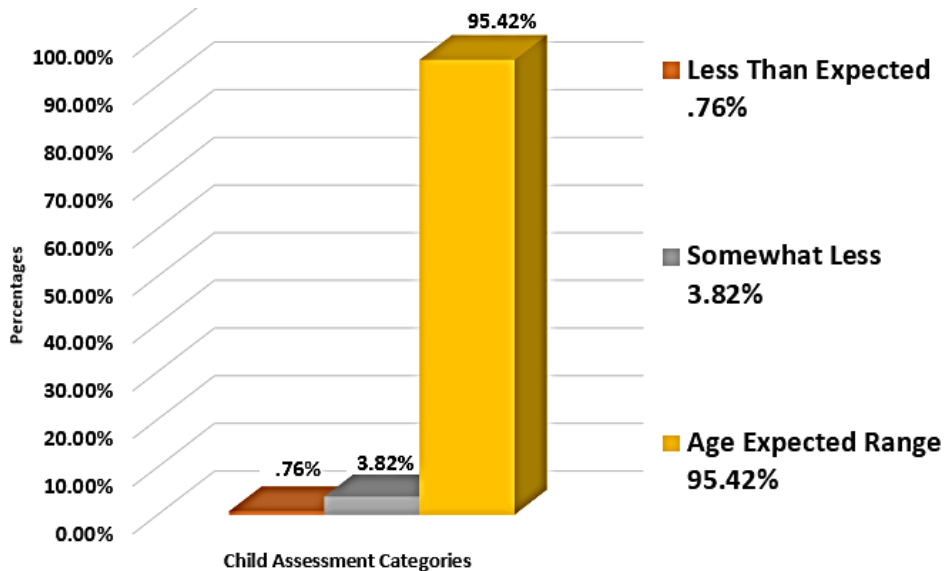
**Cognitive and General Knowledge:** Infants and Toddlers will learn to be independent and responsible in the way they demonstrate their experiences.



# SCHOOL READINESS

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**Physical Development and Health:** Infants and Toddlers will increase their level of physical activity through home and program activities.



*“I have participated in the Venice Family Clinic Early Head Start program for nearly two years. This program has helped me to find resources needed for my family and connect me with other agencies that support child development. My home visitor and I work together to ensure that my child gets all of the medical and dental visits that she needs. My home visitor also encourages me to be more active with my children. The program has given me the opportunity to participate in the Policy Council and Parent Committee meetings. They have provided me the tools to work with my girl at home and support her development, which has been very useful in understanding her growth. They are always willing to listen to me.”*

**- Paula Ruiz**  
Early Head Start Parent

# SCHOOL READINESS

DRDP Tech (Family Child Care)

## Group Summary by Percent for:

Winter 2017-2018 / Spring 2018 / Fall 2018

DRDP (2015) Infant Toddler

Winter 2017-18  
Total Children: **21**

Spring 2018  
Total Children: **21**

Fall 2018  
Total Children: **17**

Unable to  
Rate: **0%**

(ALT-REG) Approaches to Learning Self-Regulation	Responding Earlier	Responding Later	Exploring Earlier	Exploring Later	Building Earlier
	0% / 0% / 17%	6% / 0% / 17%	31% / 14% / 33%	25% / 36% / 25%	38% / 50% / 8%

(SED) Social and Emotional Development	Responding Earlier	Responding Later	Exploring Earlier	Exploring Later	Building Earlier
	0% / 0% / 17%	6% / 7% / 17%	25% / 7% / 33%	19% / 36% / 33%	50% / 50% / 0%

(LLD) Language and Literacy Development	Responding Earlier	Responding Later	Exploring Earlier	Exploring Later	Building Earlier
	0% / 0% / 17%	6% / 7% / 17%	31% / 36% / 33%	38% / 14% / 33%	25% / 43% / 0%

(COG) Cognition, Including Math and Science	Responding Earlier	Responding Later	Exploring Earlier	Exploring Later	Building Earlier
	0% / 0% / 17%	6% / 7% / 17%	31% / 0% / 25%	31% / 43% / 42%	31% / 50% / 0%

(PD-HLTH) Physical Development - Health	Responding Earlier	Responding Later	Exploring Earlier	Exploring Later	Building Earlier
	0% / 0% / 17%	0% / 0% / 8%	19% / 7% / 25%	31% / 36% / 42%	50% / 57% / 0%

# INDEPENDENT AUDITOR'S REPORT

8

Green Hasson Janks &

To the Board of Directors  
Venice Family Clinic

## **Report on the Financial Statements**

We have audited the accompanying consolidated financial statements of Venice Family Clinic and affiliate (collectively the "Clinic"), which comprise the consolidated statement of financial position as of June 30, 2018, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended and the related notes to the financial statements.

## **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

## **Auditor's Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstance, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

# INDEPENDENT AUDITOR'S REPORT

## Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the of the Clinic as of June 30, 2018, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## Report on Summarized Comparative Information

We have previously audited the Clinic's 2017 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated December 9, 2017. In our opinion, the summarized comparative consolidated information presented herein as of and for the year ended June 30, 2017, is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

## Other Matters - Supplementary Schedules

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating statements of financial position and activities, consolidated Schedule of Expenditures of Federal and Nonfederal Awards, as required by the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. The child development program supplementary information is presented for purposes of additional analysis in conformity with the *CDE Audit Guide* issued by the California Department of Education and is not a required part of the basic consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary schedules are fairly stated in all material respects in relation to the consolidated financial statements as a whole.

# INDEPENDENT AUDITOR'S REPORT

10

Green Hasson Janks &

## **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated December 8, 2018 on our consideration of the Clinic's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Clinic's internal control over financial reporting and compliance.

*Green Hasson & Janks LLP*

December 8, 2018  
Los Angeles, California



# A LETTER FROM THE DIRECTOR

Dear Community members,

Venice Family Clinic is proud to share our 2018 accomplishments with you. We offered the Open Doors evidence-based parenting program again this year. We offered numerous trainings to families at our sites each month and we measured success in Family Outcomes. Our scores grew for Family Well-Being and Family Connections to peers and Community. We put an emphasis on Curriculum Fidelity so that we could implement our evidence-based



curriculum in a thoughtful and impactful way. We

were able to provide a new playground structure for our community partner Well Baby Center to promote safe play for young children. We had a transition with our Health Services Manager and did not miss a beat; we celebrated 98% of children up-to-date on well child visits at the end of the year, as well as a 93% immunization rate. We served 19.4% of children with disabilities. Finally, we wrote two competitive grants to expand our program and are excited to see what the future holds!

Thank you for your support and involvement.

**Stacey Scarborough, Children First Early Head Start Director**

[SScarborough@mednet.ucla.edu](mailto:SScarborough@mednet.ucla.edu)

*“We celebrated 98% of children up-to-date on well child visits at the end of the year.”*

# BUDGET & EXPENDITURES

**EARLY HEAD START  
STATEMENT OF FUNCTIONAL EXPENSES FOR YEAR  
ENDED JUNE 30, 2018**

Salaries	\$1,563,629
Employee Benefits	\$742,847
Building - rent / other	\$89,760
Telephone	\$10,228
Professional and contractual fees	\$64,954
Postage, printing and subscriptions	\$17,254
Computer/Software/Office Supplies	\$14,236
Travel, training and workshops	\$97,388
Repairs and maintenance	\$9,669
Insurance	\$5,329
Licenses, fees and dues	\$3,483
Transportation of patients/clients	\$1,466
Participant supplies/activities/incentives	\$60,595
Miscellaneous	\$2,394
Total before depreciation and Expenses	\$2,885,958
Total functional expenses	\$2,924,738

**STATE OF CALIFORNIA DEPARTMENT OF EDUCATION  
SCHEDULE OF EXPENDITURES OF FEDERAL  
AND STATE AWARDS JUNE 30, 2015**

Program Title	Contract Amount
Child Development Services July 1 <sup>st</sup> 2017	\$239,105
General Center Child Care June 30 <sup>th</sup> 2018	
July 1 <sup>st</sup> 2018	\$294,029
June 30 <sup>th</sup> 2019	

**EARLY HEAD START  
2019 PROPOSED BUDGET**

Personnel	\$1,634,750
Fringe	\$773,039
Contractual	\$77,581
Travel	\$20,215
Supplies	\$38,484
Other Costs	\$127,927
Direct	\$2,671,996
Indirect Cost	\$0
TA	\$60,042
Approved Budget	\$2,671,996
Non Federal Share	\$667,999

**EARLY HEAD START  
2018 IN-KIND QUARTERLY DONATIONS**

January 1, 2018 – March 31, 2018	\$89,764.97
April 1, 2018 – June 30, 2018	\$77,391.53
July 1, 2018 – September 30, 2018	\$90,050.50
October 1, 2018 – December 31, 2018	\$87,793.93
Total Donations	\$345,000.93
Indirect Cost	\$238,736

## Physical Health

1. Number of children up-to-date at the end of enrollment.....274 (98%)
2. Children diagnosed with a chronic condition and referred for medical treatment.....23
3. Of the children diagnosed number of children who received/are receiving medical treatment.....23
4. Number of children who received treatment for the following conditions:
 

▪ Anemia	43	▪ Vision Problems	13
▪ Asthma	1	▪ High Lead	1
▪ Hearing Difficulties	3	▪ Diabetes	0

## Preventive Dental Services/Dental Services for Pregnant Women

5. Number of children who received dental screenings and professional dental examinations.....0
  - Number of children with continuous, accessible dental care provided by a dentist.....69%
  - Number of all children who are up-to-date on a schedule of age-appropriate preventive & primary oral health care according to your state's EPSDT schedule.....85%
6. Number of pregnant women who completed Early Head Start.....9

## Disability Services

1. Number of children determined by a multi-disciplinary team to have a disability: EHS
  - Prior to enrollment.....40
  - Between time of enrollment and end of enrollment year.....24
2. Total children determined to have a disability(ies):
  - Of the children determined to have a disability the number of children with an Individualized Family Service Plan (IFSP).....64
  - Of the children reported, the number determined eligible by Local Education Agency (LEA) or Part C agency to receive special education or related services or Part C services under an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).....0
3. Total number of children determined to have a disability who have not received special education and related.....0

# EARLY HEAD START ENROLLMENT



## FUNDED AND ACTUAL ENROLLMENT

Family Child Care.....	20
Home Based.....	160
Program Attendance.....	75%
<b>Funded Enrollment</b>	
January – August 2017.....	180
September – December 2017.....	180
<b>Actual Enrollment.....</b>	<b>312</b>
Eligible Population Served.....	1.44%
<b>2018 Monthly Enrollment</b>	
January – August 2018.....	100%
September – December 2018.....	100%

## ELIGIBILITY

Number of children and pregnant women who were enrolled based on receipt of public assistance.....	28
Number of children and pregnant women enrolled based on income eligibility.....	235
Number of children and pregnant women who were enrolled although their families were over income.....	17
Number who were enrolled due to status as foster child.....	10
Number who were enrolled due to status as homeless.....	15

## PREGNANT WOMEN SERVED

Total number of enrolled pregnant women.....	29
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### Enrollment by Ethnicity

Hispanic or Latino Origin.....	271
Non-Hispanic/Non-Latino Origin.....	41

### Enrollment by Race

White.....	246	Asian.....	6
American Indian or Alaskan Native....	37	Black or African American.....	15
Native Hawaiian or Pacific Islander... 0		Other.....	0
Biracial/Multi-racial.....	8		

### Primary Language

English.....	67	Native Central/South American/Mexican.....	17
Spanish.....	209	Middle Eastern & South Asian.....	10
African.....	1	European & Slavic Languages.....	3

## TRANSITION

CFEHS works to assure a smooth transition into the program, between program options (Home Based and Family Child Care) at each of the child's developmental stages (from crawling, to cruising, to walking, etc.), and ultimately to the next preschool environment.

The child's transition from EHS to a pre-school program begins no later than six months prior to the child's third birthday. This is a collaborative process between parents, staff, relevant agency members, and others who have cared for and nurtured the child.

This year's transition activities included:

- Participation in the Santa Monica Arts and Literacy Festival, which allowed for outreach to prospective participants in the community and gave families an opportunity to learn about local resources.
- Ongoing discussions with local Head Start programs to help create a seamless transition for our EHS children and families.
- Providing parents with two copies of their child's health and developmental assessment records; one copy for them to keep and one to pass on to the next educational setting.
- Home Visitors review of transition packets with families at the beginning of the six-month transition process. The packets include ideas and tools to prepare the child and parent for preschool. Also included is community resource information, including a list of local preschool programs.
- Transition meetings held with parents, EHS staff, staff from our Part C partner (Regional Center) and/or local school districts to assist in preparing the next educational setting to support the transitioning child's development and educational growth.



*“Early Head Start has definitely helped my family in many ways such as showing us how to help my daughter to control her emotions, but most importantly, has helped her to not be timid. The program not only helps the child, they also help the parents to learn and grow with the child. As a parent, I have been learning to teach my daughter using materials we already have at home. Being part of the program has helped us to connect more to the community and other programs that benefit our family.”*

**- Carina Curiel**

Early Head Start Parent

## PLAY GROUPS

- Play Groups 0-16 Months (Inglewood) **10**
- Play Groups 17-36 Months (Inglewood) **10**
- H V Play Groups (Inglewood) **38**
- Play Groups 0-16 Months (Well Baby Center) **10**
- Play Groups 17-36 Months (Well Baby Center) **10**
- HV Play Groups (Well Baby Center) **41**

## PARENT TRAININGS

- Newsletters
- Financial Literacy “How Money Works”
- Early Childhood Oral Health
- Child Abuse & Neglect Prevention
- How Substance Abuse Affects Children and Families
- First Aid (and any other Health-related topics)
- Eating Healthy On a Budget
- Venice Skills Center and Career Education
- Advocacy
- Parenting Curriculum *Promoting First Relationships*
- Immigration
- Domestic Violence & How Our Relationships Affect Our Children
- How to Access/Keep Health Insurance for Your Child and Family
- Exercising Your Rights & Responsibilities Concerning Your Child’s Education in a School Setting

How to Communicate with Teachers and Other Personnel So That You Can Participate in Decisions Related to Your Child’s Education

Rights for Children with Disabilities in The School System

	<u>2018</u>	<u>2019</u>
	<b>Monthly</b>	<b>Monthly</b>
	<b>2 Trainings</b>	<b>2 Trainings</b>
	<b>3 Trainings</b>	<b>3 Trainings</b>
	<b>3 Trainings</b>	<b>3 Trainings</b>
	<b>3 Trainings</b>	<b>3 Trainings</b>
	<b>3 Trainings</b>	<b>3 Trainings</b>
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	<b>2 Trainings</b>	
	<b>2 Trainings</b>	
	<b>3 Trainings</b>	
	<b>3 Trainings</b>	
	<b>1 Training</b>	



