



Head Start & Early Head Start

Annual Report 2017-2018

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A Message to the Community

*From our
Executive Director
Colleen Versteeg, M.A.*



Orange County Head Start, Inc. (OCHS) relentlessly strives to maintain high quality early education and comprehensive services through ongoing program assessment and continuous improvement strategies.

Our team makes a positive difference in the lives of children through the multitude of experiences and resources provided to them by our steadfast early educators, and caring comprehensive services staff, each and every day.

Through the ongoing dedication of our Board of Directors, the unlimited efforts of our committed staff, our fully invested Policy Council, and our amazing community partners, the 2017-2018 program year proved to be another successful year for OCHS!

These dedicated team members have allowed OCHS to make a significant difference in the lives of the children and families we serve by meeting their individual needs.

Our Head Start (HS) and Early Head Start (EHS) programs are the foundation that builds school readiness and future successes that support families in reaching their fullest potential.

We remain committed to our County's youngest and most vulnerable children and their families by providing Head Start and Early Head Start services with excellence!

Thank you for your ongoing support of OCHS and the children and families we have the pleasure of serving!

MISSION

We provide children and their families with quality childhood development programs and integrated support services

VISION

Orange County Head Start, Inc. is the catalyst that launches children and their families to a brighter future

GUIDING PRINCIPLES

Advocacy We advocate on behalf of the children we serve by providing access to resources and protection of their rights and interests.

Empowerment We provide the tools and environment to empower children and their families.

Learning We are an organization dedicated to learning at all levels, especially for the early childhood years.

Partnerships We deliver services through partnerships and collaboration.

Quality We ensure the quality of our programs through continuous improvement and outcomes-based practices.

Respect We respect diversity and acknowledge the value it brings to our community.

Wellness We are committed to the emotional and physical well being of our staff, children, and families.



BOARD OF DIRECTORS



| | |
|------------------------|-------------------------|
| ◆ Maggie Macari-Hinson | Chairperson |
| ◆ Steffi Gascón-Hafen | Vice-Chairperson |
| ◆ Mandy Corrales | Secretary |
| ◆ Pam Hall | Treasurer |
| ◆ María Enríquez | Policy Council Director |
| ◆ María Muñoz | Policy Council Director |
| ◆ Shelley Beckham | Community Director |
| ◆ Dennis Nguyen | Community Director |
| ◆ Shannon Renee Thomas | Community Director |
| ◆ Rick Verdugo | Community Director |
| ◆ Stephanie M. Reich | Community Director |
| ◆ Arla Kohn | Community Director |
| ◆ Jaclynn Do | Community Director |

The Board of Directors has the legal and fiscal responsibility for OCHS. Areas of required expertise on the Board include: fiscal management; early childhood education; and legal counsel licensed and familiar with issues that come before the governing body. Additional members are elected to the Board for their expertise in education, business administration or community affairs.

Board members also reflect the community served and include parents of children who are currently, or were formerly, enrolled in the program. Board, PC members and staff sit on various shared governance Committees where detailed agency data is reviewed, analyzed and plans are established to support ongoing high quality services & systems. Prior to monthly meetings, Board members and Parent Policy Council (PC) receive a comprehensive packet of required program reports, which in addition to educational sessions at their monthly meetings, provides them with information necessary to make informed decisions to best meet the needs of the children, families, community and agency.



POLICY COUNCIL

The purpose of the Policy Council is to provide a formal process for parents of currently enrolled children, and community representatives, to be involved in program planning and decision making through a system of shared governance. In partnership with the Board of Directors and staff, parents serving on the Policy Council perform a crucial leadership role as representatives of the parents of all the children enrolled at the center where their child attends school.

Throughout the program year, Policy Council members participate in educational sessions and receive critical program information that enables them to make important decisions affecting the program design and services provided. These parents are also responsible for keeping other parents informed by taking information back to their centers to share at their monthly Parent Committee meetings.

Through participation on joint Board and Policy Council advisory committees, Policy Council representatives have the opportunity to review, discuss, and provide recommendations on systems, policies and procedures for carrying out program and fiscal operations.



PARENT COMMITTEE MEETINGS

Parent Committee meetings are held regularly at each of the OCHS centers and Home Base programs. Parents/guardians of currently enrolled children are encouraged to attend these meetings which include a monthly report from their elected Policy Council Representative.

Parent Committee meetings provide opportunities for parents to become involved in the development of the program's curriculum and in designing program activities. Parents are encouraged to identify what they would like to learn during the school year, as well as share information and ideas with other parents about helpful resources in the community.



Community Assessment Executive Summary

| | | | |
|--|--|--|--|
| Number of Head Start and Early Head Start Eligible Children in Orange County | Number of Eligible Children Served and Areas of Need | <p>Orange County is home to an estimated 17,748 Early Head Start (EHS) eligible children. An immense shortage of subsidized infant and toddler child development programming exists in Orange County, with enough spaces available to serve only 4% of the EHS eligible population.</p> <p>Orange County is home to an estimated 12,284 Head Start (HS) eligible children. With the proliferation of Transitional Kindergarten and the continued expansion of State Preschool, Orange County is saturated with early child development care and program alternatives, making Head Start enrollment increasingly challenging for OCHS.</p> <p>Thirty-eight percent of HS/EHS eligible children live in the cities of Santa Ana and Anaheim. The next four cities of greatest need are Garden Grove, Orange, Fullerton, and Westminster. Orange County has a shortage of facility space for child development programs, especially in the communities where the most eligible children are living.</p> | |
| | | <p>Among the children with disabilities served by the Orange County Department of Education (OCDE) and the OCHS HS program, the most common diagnosis is Speech or Language Impairment, followed by Autism.</p> <p>In 2017-2018, 59% of the children with disabilities served by OCDE were diagnosed with Speech or Language Impairment, and 27% with Autism. During the same period, 86% of the HS children with disabilities served by OCHS were diagnosed with Speech or Language Impairment, and 9% with Autism. The majority of EHS children with disabilities served by OCHS fall into the category of developmental delay.</p> | |
| OCHS Target Populations | Children with Special Needs | | |
| | Children who are Homeless | <p>In 2016-2017, 27,119 homeless children were enrolled in Orange County public schools, 5.5% of total enrollment. Ninety percent of these children were reported as sleeping doubled/tripled up in homes with other families due to economic hardship. In 2017-2018, 110 homeless children were served by OCHS, 3% of total enrollment.</p> | |
| | Children in Foster Care | <p>Preschoolers represent the largest group of children in foster care in Orange County. In April 2018, the county had 881 children ages zero to five in out-of-home foster placements. In 2017-2018, OCHS served 137 children in foster care, 3.8% of total enrollment.</p> | |
| School Readiness | Child Outcomes | <p>Based on 2018 Early Development Index (EDI) data, a school readiness tool used to assess Orange County's kindergartners, 53.2% of this population were identified as ready for kindergarten.</p> <p>Based on 2017-2018 DRDP assessment data, OCHS preschoolers turning five years old were most challenged in the areas of impulse control, measurable properties, and expressive language. Areas of strength included math operations, understanding patterns, and phonological awareness. During the same program year, EHS children met the goal of 90% of children being Near, At or Above age expectations at transition to preschool in all developmental domains and School Readiness goal measures. EHS children scored the lowest in reciprocal communication at 96%.</p> | |
| | English Learners | <p>In 2017-2018, 39% (14,932) of Orange County kindergartners were English Learners (ELLs), with 73% of the ELLs speaking Spanish, followed by 11% Vietnamese, 4% Korean, 3% Mandarin, and 2% Arabic. During the same time period, 66% (2,409) of OCHS children spoke a primary language other than English at home, 86% Spanish, 11% East Asian, primarily Vietnamese, and 3% Middle Eastern and South Asian languages.</p> | |



Community Assessment Executive Summary

| | | |
|--------------|-------------------------------------|---|
| Child Health | Healthcare Access and Immunizations | <p>In 2017, only 2.8% of Orange County's 0 to 5 year old children were without health insurance. In 2017-2018, 99.0% of OCHS children had health insurance and 98.9% had a medical home. Immunization rates are increasing among Orange County's kindergartners, a trend that is expected to continue with California legislation eliminating immunization waivers.</p> <p>In 2017, 95.7% of the county's children were fully immunized at kindergarten entry. In 2017-2018, 98.7% of OCHS Head Start children were fully immunized.</p> |
| | Dental Health | <p>Both the state of California and Orange County have recognized the lack of up-to-date oral health data at both the state and county levels. Accordingly, the Orange County Health Improvement Plan Update, 2017-2019, now includes a new focus on oral health care, including identifying data gaps related to oral health. Orange County also conducted a recent Oral Health Needs Assessment, followed by development of an Oral Health Strategic Plan, 2018-2022.</p> <p>2016 oral health data show that 56.2% of Orange County's Medi-Cal eligible three to five year olds had a dental visit during the past year. During 2017-2018, 80.3% of OCHS Head Start children had a dental visit during the past year.</p> |
| | Obesity | <p>During 2017-2018, 18.4% of Orange County's 5th graders were identified as at health risk due to their body composition. In 2017-2018, 16.4% of OCHS Head Start children were identified as obese, down from 22.8% in 2011-2012.</p> |



Parent, Family and Community Engagement

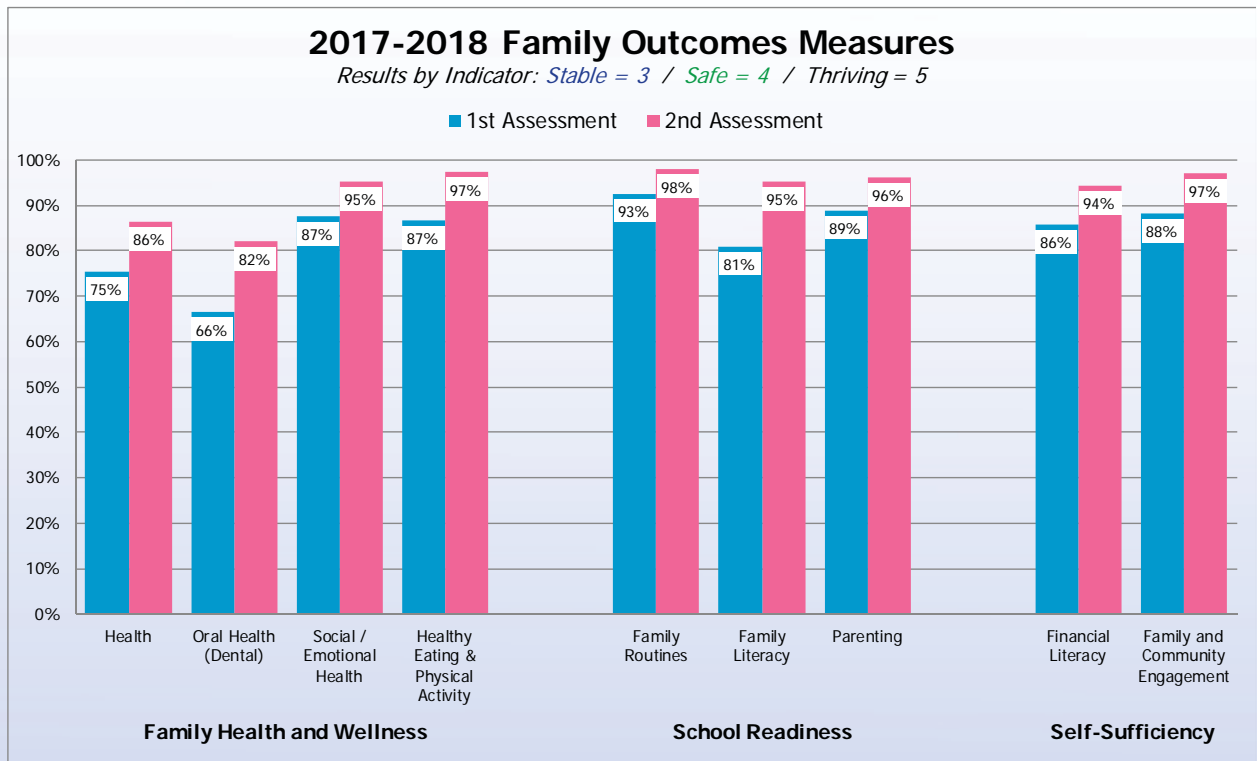
OCHS upholds the essential role of parent and family engagement in promoting school readiness. An abundance of opportunities are available for parents to be actively involved in the program and develop viable parenting, leadership, and advocacy skills. All parents are engaged in a family partnership process, including family goal setting focused on the unique strengths and needs of each family.

Parents are encouraged to volunteer in the classroom, attend Parent Committee meetings and workshops, and serve on the OCHS Policy Council in supporting active parent engagement in the decision making and design of the Head Start program. Additional Parent engagement opportunities offered to parents during the 2017-2018 program year included:

| | |
|--|--|
| Abriendo Puertas/ Opening Doors (Parent Leadership Program) | This research-based parenting curriculum offers an opportunity for parents to learn leadership and advocacy skills in order to build a better future for their children and the entire family. |
| Dads Matter Program | The OCHS Dads Matter program promotes and supports the importance of fathers in our families and communities. Dads share feelings and experiences, which encourages them to be more involved in the lives of their children. |
| Health Education Liaison Program (HELP) | This health-focused program educates parents on immunization requirements, the importance of preventive care, CPR, and other health related topics that parents express an interest in. It provides parents an opportunity to build on their leadership skills by educating their peers and community about the information learned at each workshop. |
| Health Services Advisory Committee | This committee meets twice annually and engages parents with local health-based community agencies in identifying and accessing health services and resources that are responsive to their interests and needs. Parents take part in policy and procedure review and revisions based on community assessment and internal data. |
| Human Resources Interview Panels | Parents are trained on interviewing skills and are given the opportunity to provide feedback and input to ensure the agency hires qualified staff. |
| Moms Motivate | Through these workshops parents and caregivers learn how to maintain and improve their family's mental health as well as learn therapeutic play, positive communication, positive discipline strategies and coping mechanisms. Parents and caregivers also learn how to encourage and engage in playtime with their children in ways that will allow their children to reach their dreams. |
| Parent Nutrition Assistant Program (PNA) | The PNA program educates parents on the importance of healthy eating and physical activity, and engages parents with nutritional cooking activities. In addition, parents receive one unit of college credit which has motivated some parents to return to school and pursue a career in nutrition. |
| Safety Assistant Monitor Program (SAM) | The SAM program educates parents on the importance of safety in the home and at school, and engages parents in learning CPR and disaster preparedness strategies. Parents have an opportunity to support the program by monitoring their centers for health and safety, and helping to identify any areas in need of improvement. |



Family Outcomes Measures Year-End Chart



OCHS Family Outcomes data provide a roadmap for progress in achieving the kinds of outcomes that lead to positive and enduring change for children and families. Through the Family Partnership Process, Family Outcomes data are collected, compiled, and analyzed twice per program year.

The Family Outcomes measures are separated into three domains: Family Health and Wellness, School Readiness, and Self-Sufficiency. Each domain is divided into more specific dimensions.

Family Outcomes data for the 2017-2018 program year showed that OCHS families made progress across all nine dimensions measured, with families scoring the highest in the areas of Family Routines, Healthy Eating and Physical Activity, and Family and Community Engagement.

Families made the greatest progress during the program year in the areas of Oral Health and Family Literacy. Recognizing this need, OCHS established agency goals to improve family outcomes in Oral Health and Family Literacy for the current 5 year grant period.



The Total Number of Children and Families Served

In 2017-2018, OCHS served 3,640 children and pregnant women throughout Orange County, California.

This included 2,762 children ages three to five in the HS program, and 878 children, newborn to age three, and pregnant women in the EHS program.

Average Monthly Enrollment

The average monthly enrollment (as a percentage of funded enrollment) was 93% for the HS program and 100% for the EHS program.

County's Eligible Children Served

| | | | |
|---|------------------------|-----|-------------------|
| ◆ | Head Start(HS): | 21% | (2,762 of 12,962) |
| ◆ | Early Head Start(EHS): | 5% | (878 of 18,849) |



Types of Services and Percentage of Families Receiving Services

A fundamental component of HS/EHS programs is the provision of services to the families of enrolled children.

In 2017-2018, the following services were provided to 3,398 families directly by OCHS or through community program referrals:

| | | |
|--|-------|----------|
| Emergency/crisis intervention (<i>immediate needs for food, clothing, or shelter</i>) | 610 | (17.95%) |
| Housing assistance such as subsidies, utilities, repairs, etc. | 100 | (2.93%) |
| Mental health services | 389 | (11.45%) |
| English as a second language training | 285 | (8.39%) |
| Adult education programs and college selection | 541 | (15.92%) |
| Job training | 76 | (2.24%) |
| Substance abuse prevention | 200 | (5.89%) |
| Substance abuse treatment | 59 | (1.74%) |
| Child abuse and neglect services | 97 | (2.85%) |
| Domestic violence services | 163 | (4.80%) |
| Child support assistance | 61 | (1.80%) |
| Health education | 1,565 | (46.06%) |
| Assistance to families of incarcerated individuals | 17 | (0.50%) |
| Parenting education | 1,231 | (36.23%) |
| Relationship/marriage education | 81 | (2.38%) |
| Asset building services (<i>such as financial education, opening savings and checking accounts, debt counseling, etc.</i>) | 270 | (7.95%) |
| Families that received at least one service listed above | 2,163 | (63.66%) |



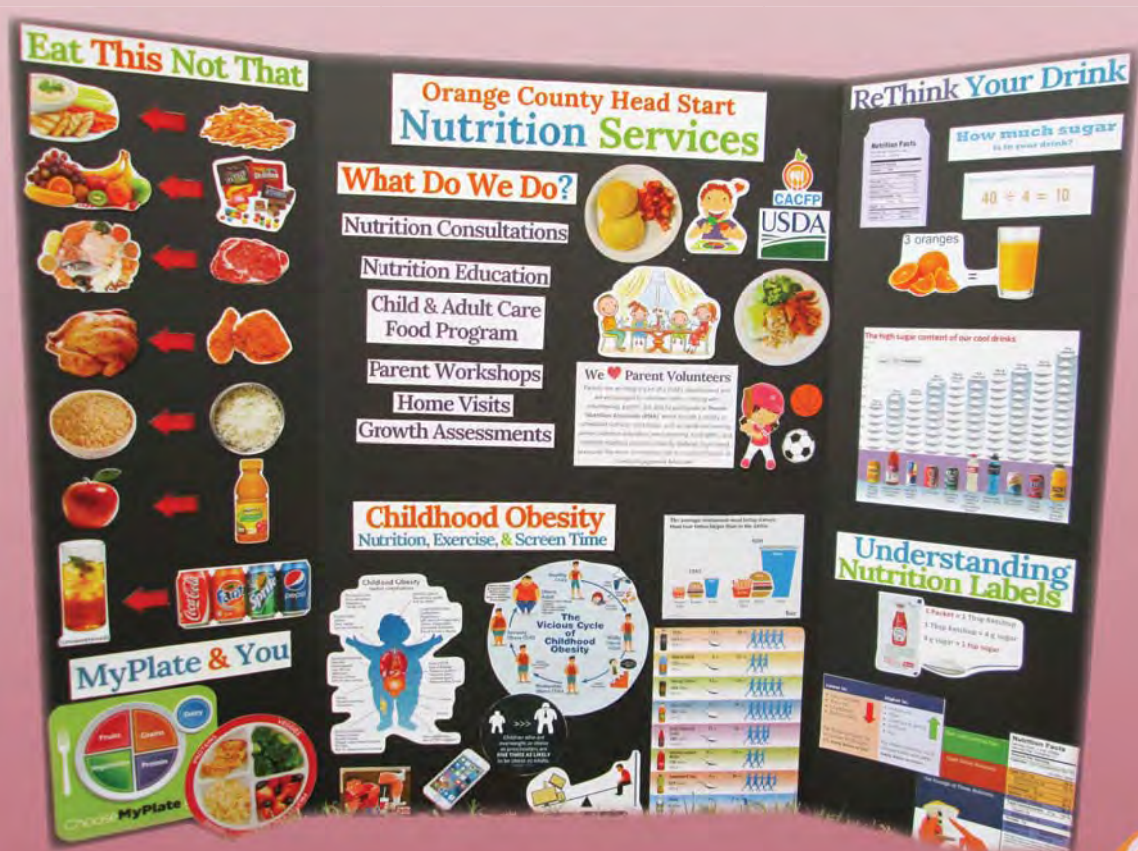
NUTRITION AND FOOD SERVICES

OCHS began implementation of the revised USDA nutrition standards for provision of CACFP meals and snacks by incorporating even more whole grain rich foods and fresh fruits and vegetables into the daily menu.

New healthy meals were created as well to broaden the children's experiences with food, such as Chicken Shawarma and Teriyaki Chicken. Parents engaged in nutrition education workshops through which they received information on healthy eating on a budget, Rethink Your Drink, and cooking healthy recipes.

Nutrition staff, interns, and teaching staff conducted lessons in the classrooms with the children, teaching them about new foods, healthy eating, and physical activity. Families were provided support in addressing nutrition concerns, such as overweight, underweight, picky eater and bottle use, including one-on-one consultations with the OCHS Registered Dietitian.

OCHS experienced a reduction in the obesity rate among preschool children (*Body Mass Index equal to or greater than the 95th percentile*) from 19.7% in 2016-2017 to 16.4% in 2017-2018.



During the 2017-2018 program year...

OCHS continued building on valuable partnerships in providing children and families with health and oral health services: The University of California, Irvine (UCI) Pediatric Vision Project provided vision screenings to children within 45 days of their enrollment in the program. For children who received referrals after being screened, services continued through thorough vision examinations conducted by a licensed optometrist. For children in need of treatment, free prescription glasses were provided, as well as replacement glasses if needed later in the school year.

Through OCHS's partnership with West Coast University, approximately 40 nursing students visited OCHS centers every 10 weeks to support OCHS staff in maintaining up-to-date health services for the children and families.

OCHS's partnership with AltaMed's Oral Health Unit (OHU) expanded this year from supporting one center to serving thirteen centers across Orange County, offering services to both Early Head Start (ages zero to three) and Head Start (ages three to five) children. Children received dental screenings on site with direct follow-up from AltaMed's OHU for children in need of further evaluation and treatment.

OCHS's partnership with Healthy Smiles for Kids of Orange County (HSKOC) was as strong as ever. HSKOC was available to serve all twenty-three OCHS centers in providing oral health education to the children in the classrooms. In addition, HSKOC conducted dental screenings at thirteen centers primarily serving Head Start children ages three to five years old.

By the end of their enrollment in the OCHS program...

- ◆ ***99% of children had health insurance and an established medical home***
- ◆ ***89% of children were up-to-date on the State of California's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) exam schedule***
- ◆ ***97% of children needing medical treatment received medical treatment***
- ◆ ***89% of children had a dental home***
- ◆ ***98% of children were up-to-date on immunizations***
- ◆ ***80% of preschool children were up-to-date on routine dental exams***
- ◆ ***81% of preschool children needing dental treatment received dental treatment***



OCHS must ensure at least 10% of its funded enrollment is filled by children eligible for services under IDEA (Individuals with Disabilities Education Act) through an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP).

OCHS strives to ensure all children in both the HS and EHS programs have the accommodations and support needed to have a successful experience and to learn and grow regardless of disabilities. In 2017-2018, 13.1% of OCHS HS children had IEPs, and 20.4% of EHS children had IFSPs. The most common IEP diagnosis was Speech or Language Impairment; however, enrollment for children with an Autism diagnosis has been increasing annually.

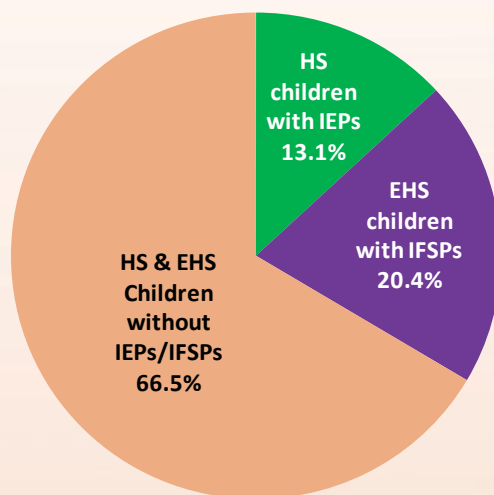
Support is provided for parents, children and staff through Inclusion Support Facilitators (ISF). The ISF works closely with parents and staff to establish needed classroom modifications, schedule changes, materials and equipment, training, and in-classroom support to assist in implementing each child's unique IEP or IFSP goals and needs. In-center support services (e.g., behavior therapy, speech therapy, etc.) from outside agencies are occurring with greater frequency. This allows children to receive the support services they need in a natural setting.

In addition, teachers are supported in offering high quality social and emotional development strategies in their classrooms to ensure all children are given the opportunity to succeed. Children that are more challenged with their behavior are supported with specific strategies in the classroom. ISFs and center staff also work with parents at home to support their child's success.

In cases where multiple children at one center or in one classroom presented a need for social and emotional support, Child Behavior Pathways, a local community agency, was utilized to provide additional support to families and staff through an eight week social skills program.

OCHS partners with school district special education programs, the Regional Center of Orange County, and other community mental health agencies to provide more intensive support for children and families who need, and qualify for, these services. Throughout the school year, OCHS provided 140 children with behavioral support in the classroom and 136 at home.

Children Eligible for Services under IDEA



OCHS provides high quality early childhood programming for children birth to five years old in several program options to meet the needs of children and families. Center-based services offer part and full-day options for HS and full-day services for EHS. Both HS and EHS offer home-based services, which include weekly home visits and two group socialization experiences per month.

OCHS facilities are licensed and staffed by qualified early childhood education professionals. Over 240 child development staff were employed by OCHS this year, including teachers, teacher assistants and home visitors. All child development staff participate in a comprehensive system of professional development to support the delivery of high quality teaching practices, including effective teacher-child interactions. The professional development system includes the OCHS Teacher Coaching Academy, a peer coaching program which provides one-on-one support for new teaching staff and existing staff needing more intensive coaching, and teaching lab classrooms.

To ensure that children who participate in OCHS programs are successful in kindergarten and future education, OCHS has adopted School Readiness Goals for Head Start and Early Head Start as described below:

OVERALL HEAD START GOAL

It is expected that **95%** of children transitioning to Kindergarten will be Near, At or Above age expectations in all domains and in the specific School Readiness Goal Measures. Under this overall goal, OCHS has established specific goals in each of the seven domains from the Head Start Early Learning Outcomes Framework for preschool age children.

- ◆ *Approaches to Learning – Engagement and Persistence, Impulse Control*
- ◆ *Social and Emotional Development – Conflict Resolution*
- ◆ *Language and Literacy – Language and Communication: Expressive Language*
- ◆ *Language and Literacy – Literacy: Phonological Awareness, Letter and Word Knowledge*
- ◆ *Cognition – Scientific Reasoning: Scientific Inquiry*
- ◆ *Cognition – Mathematics: Patterning, Math Operations, Measureable properties*
- ◆ *Perceptual Motor and Physical Development Up – to – Date Dental Exams*

OVERALL EARLY HEAD START GOAL

It is expected that at least **90%** of the children transitioning to preschool at 36 months old will be Near, At or Above age expectations on the DRDP-IT in all domains and specific School Readiness Goal Measures. Under this overall goal, OCHS has established specific goals in each of the five domains from the Head Start Early Learning Outcomes Framework for infants and toddlers.

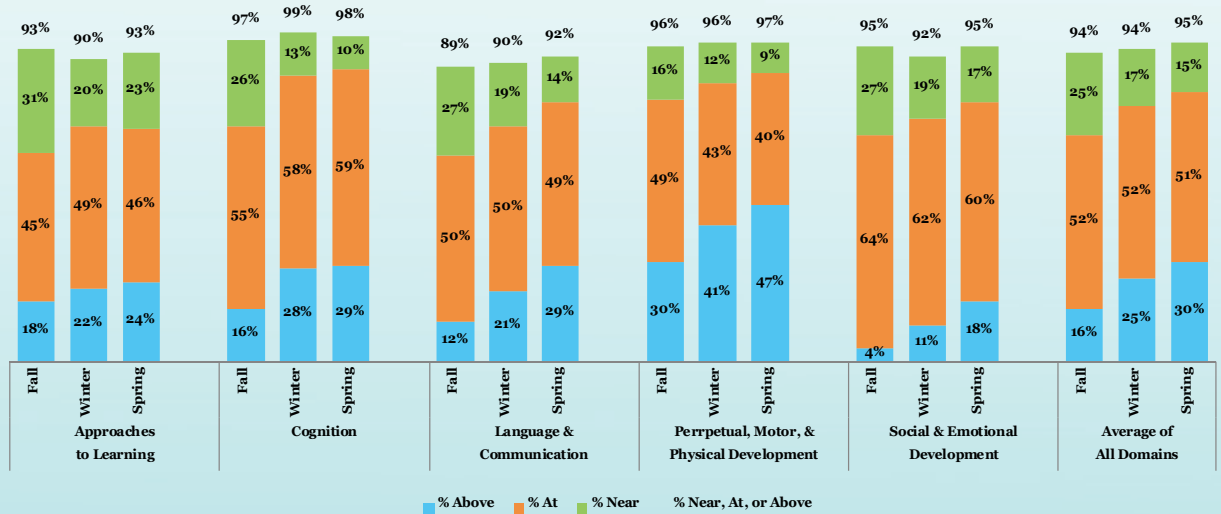
- ◆ *Approaches to Learning – Self comforting, Attention Maintenance*
- ◆ *Social Emotional Development – Interactions with Peers*
- ◆ *Language and Communication – Reciprocal Communication, Recognition of Symbols*
- ◆ *Cognition – Symbolic Play*
- ◆ *Perceptual Motor and Physical Development – Eye hand coordination, Healthy behaviors*



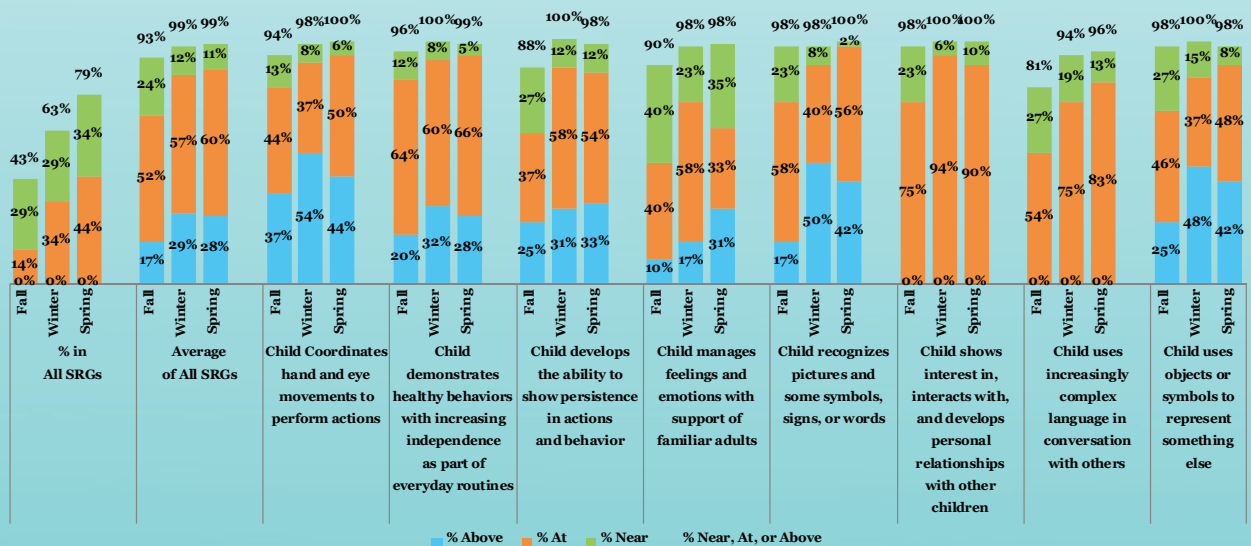
Child Progress School Readiness Goals EHS

OCHS has selected the Desired Results Development Profile 2015 (DRDP) to measure child progress as it is aligned with the California Department of Education Learning Foundations, Head Start Early Learning Outcomes Framework and the research-based curriculum. The figures below represent DRDP 2015 results for all three assessment periods for all EHS children who will be three years old by September 1, 2018. The DRDP assessment data showed that Early Head Start children have met or exceeded expected progress levels for preschool readiness in all developmental domains and School Readiness Goal measures.

EHS School Readiness Goals: At Least 90% of children transitioning to Preschool will be Near, At or Above Age expectations in each of the EHS Early Learning Outcomes Framework Domains.

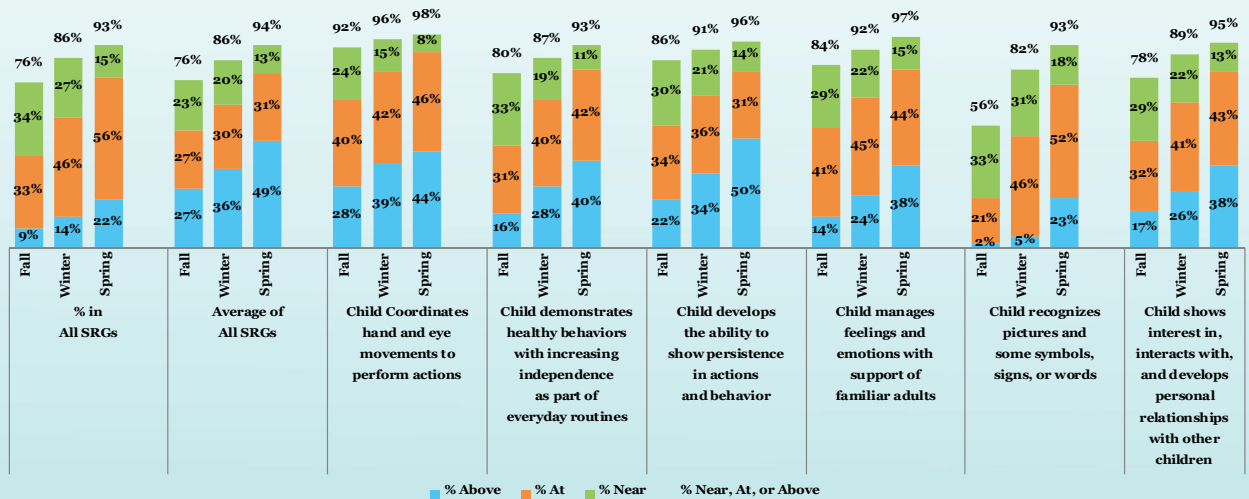


EHS School Readiness Goals: At Least 90% of children transitioning to Preschool will be Near, At or Above Age expectations in each of the EHS School Readiness Measures as stated below.

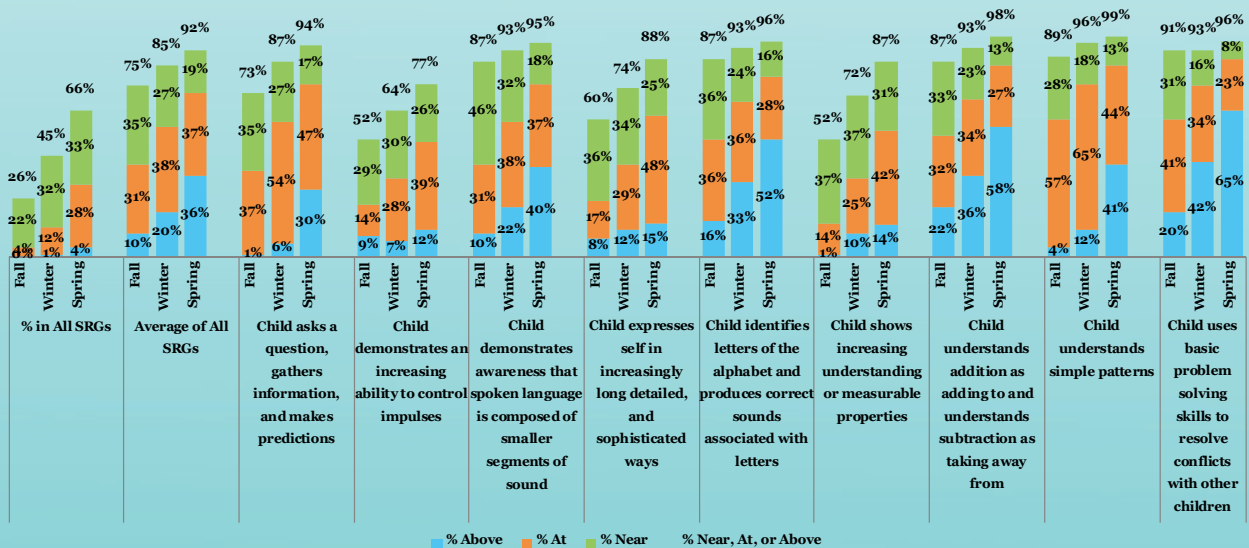


The figures below represent DRDP 2015 results for all three assessment periods for all HS children who will be five years old by September 1, 2018. Areas of strength included: Perceptual Motor and Physical Development, Literacy, and Mathematics, specifically Phonological Awareness, Letter and Word knowledge, Math Operations, and Patterns. Areas of challenge included: Impulse Control, Expressive Language, and Understanding Measurable properties.

HS School Readiness Goals: At least 95 % of children transitioning to kindergarten will be Near, At or Above age expectations in each of the Head Start Early Learning Outcomes Framework Domains.



HS School Readiness Goals: At least 95 % of children transitioning to kindergarten will be Near, At or Above age expectations in each of the School Readiness Measures as stated below.



The Office of Head Start (OHS) uses the Head Start Monitoring System to measure the performance and accountability of Head Start programs across the country. OHS assesses grantee compliance with the Head Start Program Performance Standards, the Head Start Act, and other regulations.

| OCHS is excited to report that not only did the agency not score in the lowest 10% in any of the three CLASS domains, OCHS scored higher than the National median in all three domains: | | | | |
|--|----------------------------------|------------------------|--|-------------------------------|
| Domain | National Lowest 10% Score | National Median | OCHS's Aggregated Results for Grantee and Delegate Agencies | National Highest Score |
| Emotional Support | 5.5952 | 6.04 | 6.14 | 6.35 |
| Classroom Organization | 5.2500 | 5.76 | 5.87 | 6.15 |
| Instructional Support | 2.2222 | 2.74 | 2.79 | 3.53 |

The Head Start Monitoring System gives OHS a multi-year perspective on grantee operations with a focus on performance, progress, and compliance. It also provides grantees with opportunities for continuous improvement. This system conducts both off- and on-site reviews, and disseminates its findings through formal monitoring reports.

In 2016-2017, as part of year three of the agency's five year grant, OCHS received a Classroom Assessment Scoring System (CLASS) monitoring review from 12/5/16 – 12/9/16. Observations were conducted in 58 of 169 Head Start grantee and delegate agency classes randomly selected by OHS.

CLASS is an observation tool used to analyze and assess the effectiveness of interactions between children and teachers in preschool classes in three Domains: Emotional Support, Classroom Organization, and Instructional Support. Previous large-scale studies of CLASS have shown that the average preschool classroom scores are higher in the domains of Emotional Support and Classroom Organization than in the domain of Instructional Support.

Data from CLASS observations can be used for a variety of purposes including professional development, program improvement, policy-making, and program monitoring. When monitoring is the focus, as is the case with the use of CLASS in OHS reviews, classes are sampled; not all classes in a Head Start agency are observed, and the actual observations involve only a few CLASS cycles.

The purpose of these monitoring observations is to "take the temperature" of an agency, a region, or even the country. These CLASS observations are a small slice or window, and limit the conclusions that can be drawn about individual classrooms, centers, and agencies. However, the monitoring observations help answer the question, "How are we doing?" at the agency, regional, and/or national level, and can provide a focus for resources and/or decision-making at each of those levels.

Under current law, a Head Start Agency with an average score (across all the classes observed during its OHS monitoring review) that is in the lowest ten (10) percent in any of the three domains of programs being reviewed in that fiscal year are placed into the Head Start Designation Renewal System (DRS) and thus, are required to compete for their next five years of funding.



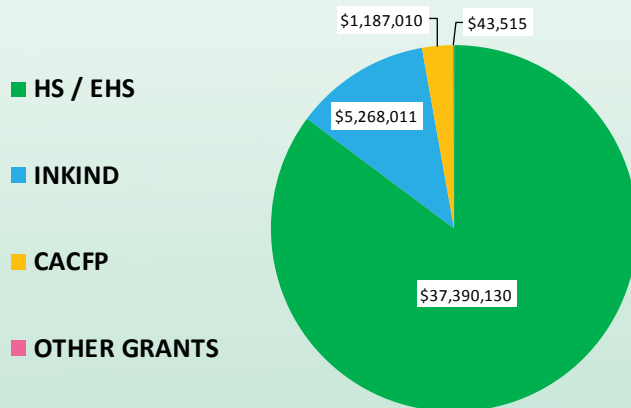
Funding for Orange County Head Start, Inc. (OCHS), is provided by the United States Department of Health and Human Services, Administration for Children and Families (ACF).

PROPOSED BUDGET 2017-2018:

The proposed budget for 2017-2018 program year was \$46,737,663.

FINAL BUDGET 2017-2018:

The final amount of public and private funds received were \$43,888,666. The total amount from ACF was \$37,390,130.

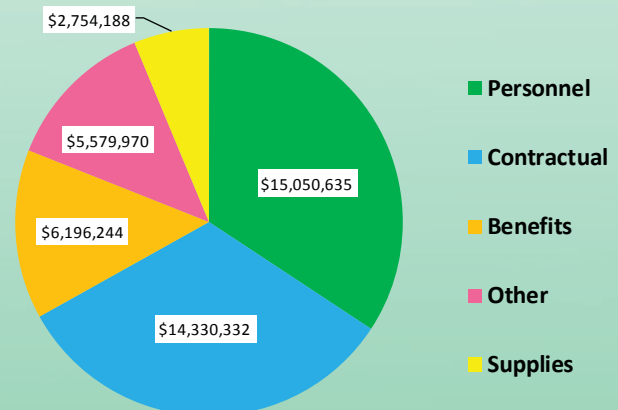


2017-2018 Annual Audit Results

An independent audit by Rossi LLP Certified Public Accountants found that OCHS complied, in all material respects, with the terms of its funding, and conditions of Uniform Administrative Requirements, cost principles and audit requirements for 2017-2018 Federal Awards.

FINAL EXPENDITURES 2017-2018:

The final expenditures were \$43,911,369.



PROPOSED BUDGET 2018-2019:

The Proposed 2018-2019 Budget is \$48,219,110.

