



Children First Early Head Start Annual Report 2019



**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



Prairie Place
13018 Prairie Ave.
Inglewood, CA 90303
Phone: (310) 664-7536
Fax: (310) 664-7589



Hawlawn
4754 West 120th Street
Hawthorne, CA 90250
Phone: (310) 664-7536
Fax: (310) 664-7589

Connect with us online at:

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/

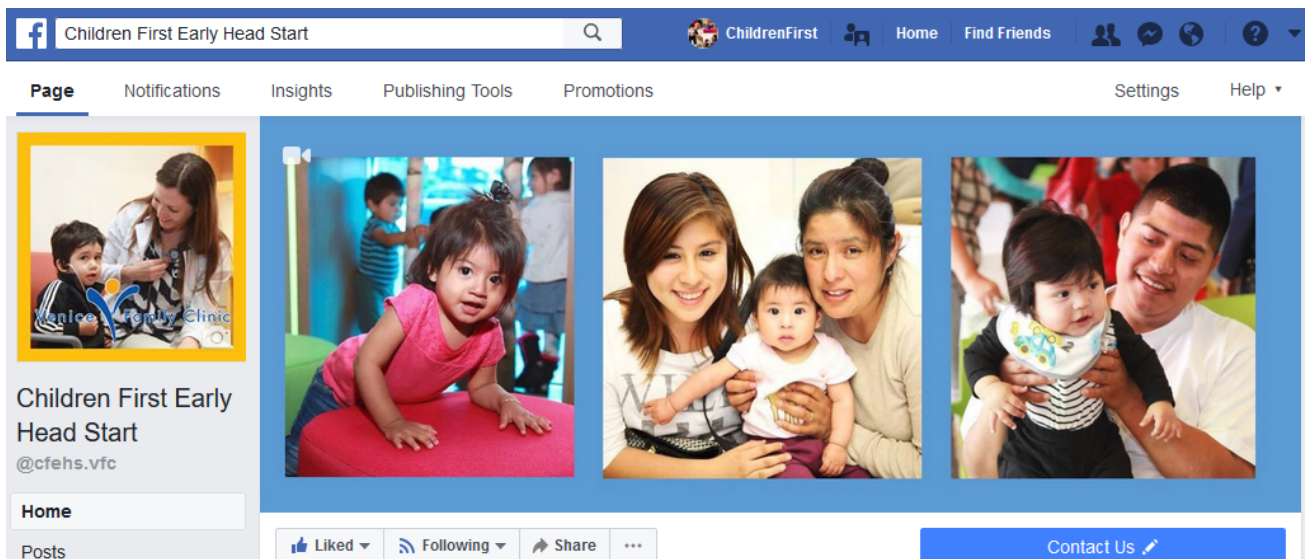


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HISTORY

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



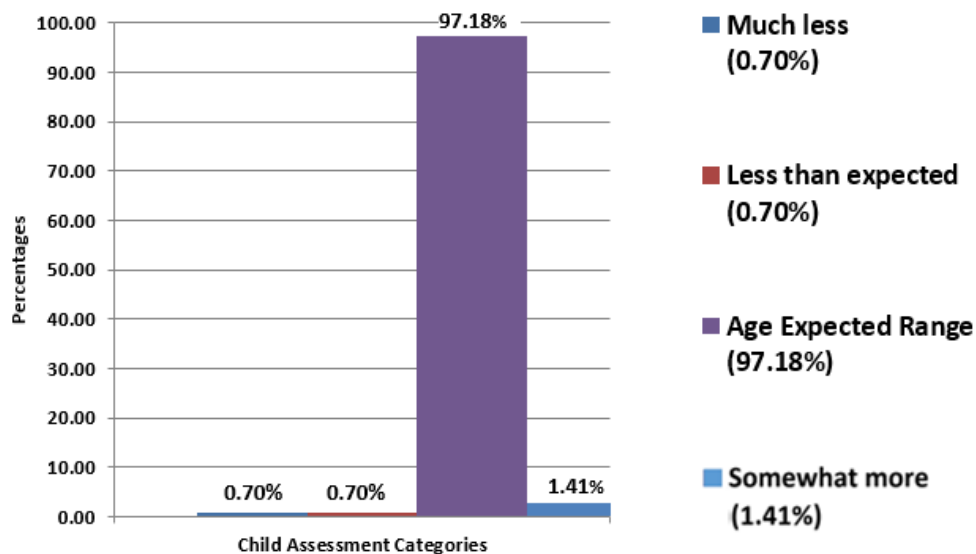
Children First Early Head Start believes the long-term goal of the program is healthy children and families, strong parent-child relationships, resourceful/self-sufficient families, and supportive communities.

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.

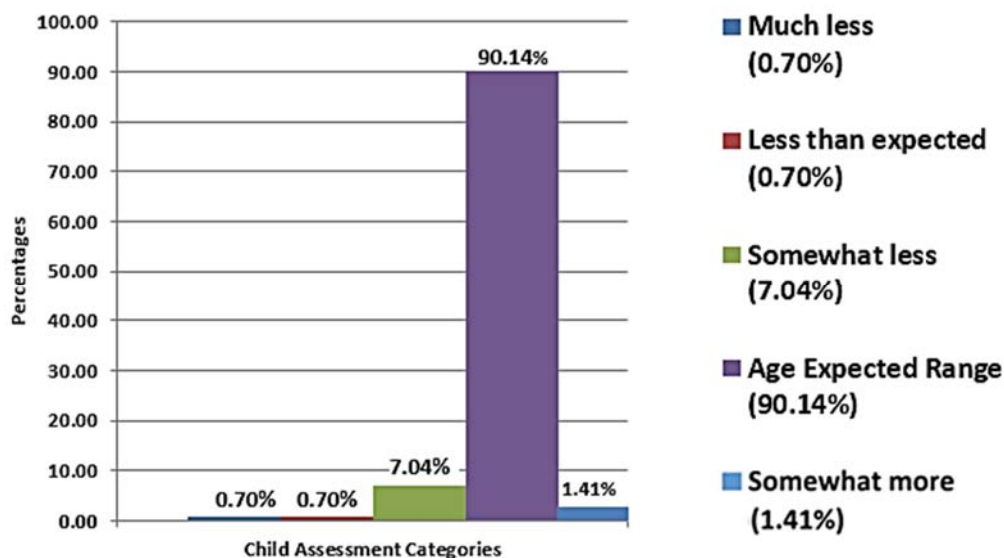
SCHOOL READINESS

During 2019, 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 2019. 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.



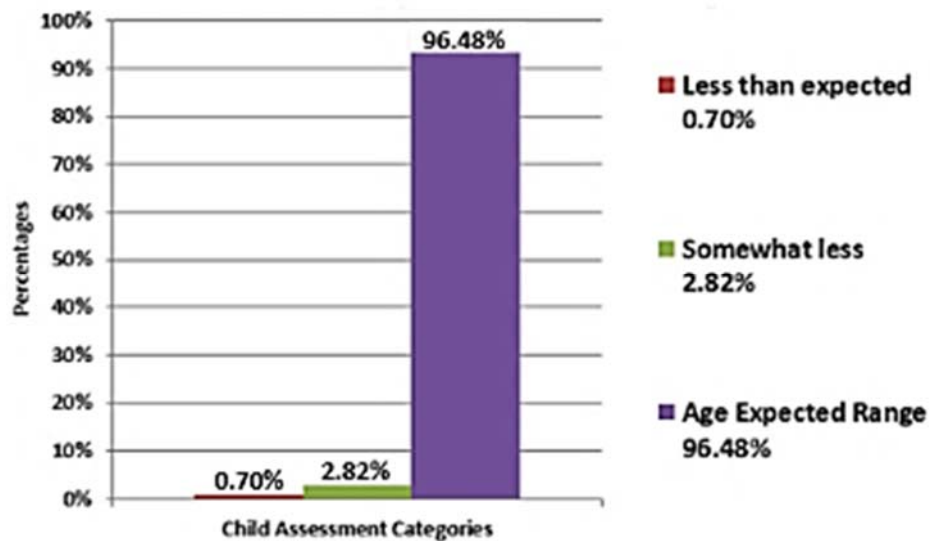
Language and Literacy Skills: Infants and Toddlers will increase their language skills through early literacy learning activities.



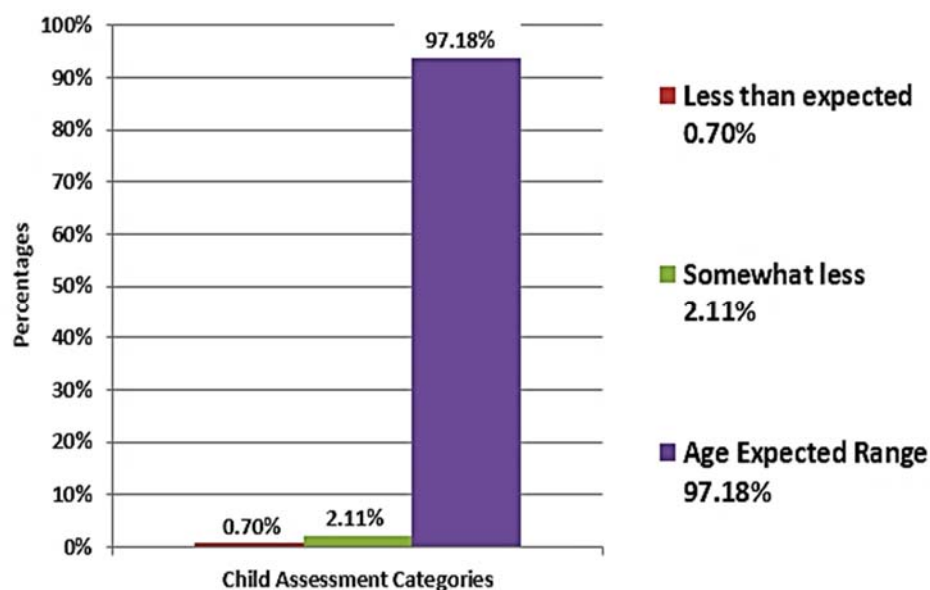
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Approaches To Learning: Infants and Toddlers will learn exploring their surroundings through repetition and experimenting.



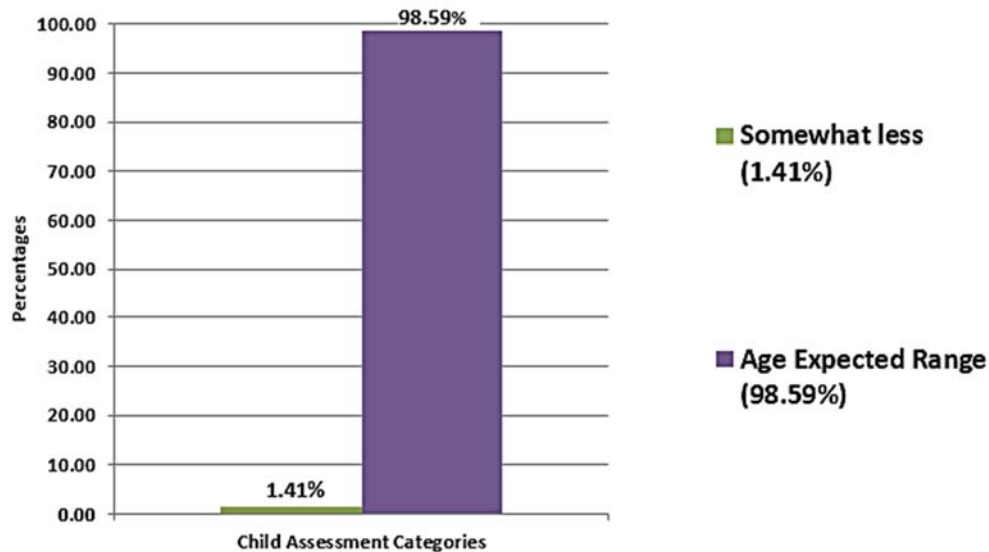
Cognitive and General Knowledge: Infants and Toddlers will learn to be independent and responsible in the way they demonstrate their experiences.



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)

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Group Summary by Percent for:

Winter 2018-2019 / Spring 2019 / Fall 2019

DRDP (2015) Infant Toddler

Winter 2018-19
Total Children: **12**

Spring 2019
Total Children: **11**

Fall 2019
Total Children: **15**

Unable to
Rate: **0%**

(ALT-REG) Approaches to Learning Self-Regulation	Responding Earlier	Responding Later	Exploring Earlier	Exploring Later	Building Earlier
	17% / 0% / 0%	8% / 18% / 7%	8% / 27% / 33%	33% / 0% / 40%	33% / 55% / 20%

(SED) Social and Emotional Development	Responding Earlier	Responding Later	Exploring Earlier	Exploring Later	Building Earlier
	8% / 0% / 0%	17% / 9% / 7%	8% / 18% / 7%	17% / 18% / 67%	50% / 55% / 20%

(LLD) Language and Literacy Development	Responding Earlier	Responding Later	Exploring Earlier	Exploring Later	Building Earlier
	17% / 0% / 0%	8% / 9% / 13%	0% / 27% / 20%	17% / 0% / 33%	33% / 55% / 20%

(COG) Cognition, Including Math and Science	Responding Earlier	Responding Later	Exploring Earlier	Exploring Later	Building Earlier
	8% / 0% / 0%	17% / 18% / 13%	8% / 9% / 33%	42% / 18% / 47%	25% / 55% / 7%

(PD-HLTH) Physical Development - Health	Responding Earlier	Responding Later	Exploring Earlier	Exploring Later	Building Earlier
	0% / 0% / 0%	17% / 9% / 7%	8% / 18% / 7%	25% / 18% / 47%	50% / 55% / 40%

INDEPENDENT AUDITOR'S REPORT

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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, 2019, 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

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Green Hasson Janks & Co.

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, 2019, 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 2018 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated December 9, 2018. In our opinion, the summarized comparative consolidated information presented herein as of and for the year ended June 30, 2018, 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

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Green Hasson Janks &

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December 14, 2019 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 14, 2019
Los Angeles, California

A LETTER FROM THE DIRECTOR

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Dear Community members,

Venice Family Clinic is proud to share our 2019 accomplishments with you. Our community assessment shows 4,137 children under three below poverty level. Our community also has 92.82% of infants and toddlers not enrolled in an Early Head Start program. We wrote two competitive grants to help with this underserved data. In June 2019, we were awarded a \$4,116,000 with \$1,744,620 start-up and \$82,320 for training grant for serving an additional 196 infants and toddlers in the communities of Holly Glen Park, Hyde Park, Inglewood, Leimert Park, Lennox, View Park-Windsor Hills, West Adams, West Los Angeles, Westchester and Hawthorne.

We are especially excited because it helps us obtain our program goals of:



1. Serving Homeless Infants/Toddlers and Families
2. Supporting Parents to obtain Education and Job Training
3. Providing Child Care to vulnerable populations

We are developing centers with Homelight Family Services to serve homeless infants and toddlers and with LAUSD on the Westchester Adult Education campus to provide center to families in school for adult education. We will collaborate with the Early Childhood Education program at the campus. We are busy being licensed for 32 infants and toddlers in Hawthorne and Lawndale communities and providing 148 additional opportunities for Home Base throughout the service area.

We also continue providing quality services to our families throughout our expansion. We celebrated 98% of children up-to date at the end of enrollment on well-child exams. We served 26% of children with disabilities. In September 2019, our Policy Council Chairperson Julie May and Secretary Sabrina Sanchez joined Head Start and Early Head Start families from around the country for Families Unite in DC to meet with members of Congress and share their Head Start story.

It has been an exciting and busy 2019 and we appreciate your support and involvement.

Stacey Scarborough, Children First Early Head Start Director

SScarborough@mednet.ucla.edu

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

BUDGET & EXPENDITURES

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STATEMENT OF FUNCTIONAL EXPENSES FOR YEAR ENDED JUNE 30, 2019 – ORIGINAL GRANT

Salaries	\$1,563,437
Employee Benefits	\$709,182
Building - rent / other	\$66,727
Telephone	\$30,512
Professional and contractual fees	\$138,634
Postage, printing and subscriptions	\$22,382
Computer/Software/Office Supplies	\$15,649
Travel, training and workshops	\$77,808
Repairs and maintenance	\$64,454
Insurance	\$5,329
Licenses, fees and dues	\$29,468
Transportation of patients/clients	\$1,803
Participant supplies/activities/incentives	\$42,280
Miscellaneous	\$3,993
Total before depreciation and Expenses	\$3,015,581
Total functional expenses	\$3,071,416

BUDGET NEW GRANT JUNE 2019 – JUNE 2020

OHS	\$4,116,000	TA	\$82,320
COLA	\$72,853	Start-up	\$1,744,620

CALIFORNIA DEPARTMENT OF EDUCATION SCHEDULE OF EXPENDITURES FEDERAL & STATE AWARDS JUNE 30, 2019

Program Title	Contract Amount
Child Development	July 1 st 2018
Services General	June 30 th 2019
Center Child Care	July 1 st 2019
	June 30 th 2020
	\$294,029
	\$346,450

EARLY HEAD START 2020 PROPOSED BUDGET

Personnel	\$1,583,831
Fringe	\$765,969
Contractual	\$44,977
Travel	\$21,105
Supplies	\$45,601
Other Costs	\$131,568
Direct	\$2,571,996
Indirect Cost	\$100,000
TA	\$60,042
Approved Budget	\$2,671,996
Non Federal Share	\$683,010

EARLY HEAD START 2019 IN-KIND DONATIONS - ORIGINAL GRANT

January 1, 2019 – March 31, 2019	\$84,587.91
April 1, 2019 – June 30, 2019	\$103,297.20
July 1, 2019 – September 30, 2019	\$105,079.32
October 1, 2019 – December 31, 2019	\$89,590.88
Total Donations	\$382,555.31

EARLY HEAD START 2019 IN-KIND DONATIONS – NEW GRANT

October 1 – October 31, 2019	\$3,500
November 1 – November 30, 2019	\$2,450
December 1 – December 31, 2019	\$2,800
Total Donations	\$8,750

HEALTH SERVICES

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

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FUNDED AND ACTUAL ENROLLMENT

Original Grant	Family Child Care.....	20
	Home Based.....	175
	Program Attendance.....	78%
New Grant	Center Based.....	48
	Home Based.....	148
	Program Attendance.....	68%

Funded Enrollment

Original Grant	January – December 2019.....	180
New Grant	June – December 2019.....	196

Actual Enrollment

Original Grant	311
New Grant	134
Eligible Population Served.....		7%

2019 Monthly Enrollment

Regular	January – December 2019.....	100%
New Grant	September – December 2019.....	63%

ELIGIBILITY

Number of children and pregnant women who were enrolled based on receipt of public assistance.....	21
Number of children and pregnant women enrolled based on income eligibility.....	198
Number of children and pregnant women who were enrolled although their families were over income.....	15
Number who were enrolled due to status as foster child.....	14
Number who were enrolled due to status as homeless.....	37

PREGNANT WOMEN SERVED

Total number of enrolled pregnant women.....	24
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Enrollment by Ethnicity

Hispanic or Latino Origin	270
Non-Hispanic/Non-Latino Origin	41

Enrollment by Race

White	35	Biracial/Multi-racial	4
American Indian/Alaskan Native	9	Asian	0
Native Hawaiian/Pacific Islander		Black/African American	1

Primary Language

English	76
Spanish	209
African	2
East Asian Languages	2

Middle Eastern & South Asian	13
European & Slavic Languages	5
Native Central/	4
South America/Mexican	

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

PARENT INVOLVEMENT

PLAY GROUPS 2019

• 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 2019

	<u>Original Grant</u>	<u>New Grant</u>
• Newsletters	Monthly	Monthly
• Financial Literacy "How Money Works"	3 Trainings	
• Early Childhood Oral Health	3 Trainings	
• Child Abuse & Neglect Prevention	3 Trainings	
• Substance Abuse: The Effects on Children and Families	3 Trainings	
• First Aid (and any other Health-related topics)	3 Trainings	
• Venice Skills Center and Career Education	3 Trainings	
• Advocacy	3 Trainings	
• Knowledge is Power	3 Trainings	
• Domestic Violence & How Our Relationships Affect Our Children	3 Trainings	
• How to Access/Keep Health Insurance for Your Child and Family	3 Trainings	2 Trainings
• What I Need To Know About Housing	3 Trainings	2 Trainings

