



2022-2023 Annual Report CAPE Inc.

CAPE Inc.
Administration/Enrollment Office
2406 Armstrong Street
Livermore, CA 94551



Introduction & Mission

The *Community Association for Preschool Education* (CAPE, Inc.) is a non-profit California corporation, located in Livermore, California which has provided early childhood and family support services to low-income families in Alameda County since 1966. CAPE, Inc. is a Grantee agency, and has been an Early Head Start Child Care Partnership (EHS-CCP) grantee, providing services in Eastern and Central Alameda County since March, 2015.

The mission of CAPE, Inc. is to:

“...provide the highest quality program for young children and their families ...to enhance the child and family’s development of social competencies and school readiness...and to incorporate best practices in education, nutrition, parent involvement, mental health, and disability services.”

The agency’s core values include:

- a desire to build partnerships and work cooperatively within the community
- a dedication to the provision of the highest quality services
- a commitment to serving and honoring a diverse population
- and a philosophy that views the whole child within the context of his/her family and community

Funding Sources, Revenues, Expenditures and Preliminary FY 2021-2022 Budget

CAPE, Inc. received primary support from Head Start – Early Head Start Delegate Agency grants, an Early Head Start Child Care Partnership grant, and California State Funded Preschool contract/subcontracts, and additional support from specialized programs and community grants.

FY 2021-2022

Source	Revenues	Expenditures
Head Start	\$1,713,610	\$1,671,533
Early Head Start	\$1,330,346	\$1,306,464
Early Head Start Child Care Partnership	\$1,220,638	\$1,185,420
State CDE Contracts / Subcontracts	\$1,511,026	\$1,330,996
USDA/CACFP Meal Reimbursement	\$176,837	\$167,910
Alameda County Behavioral Health	\$325,563	\$364,453
Other Contracts & Sources	\$10,700	\$8,067
Total	\$6,288,720	\$6,034,843

Budget FY 2022-2023

Source	Revenues	Expenditures
Head Start	2,912,420	2,912,420
Early Head Start	1,701,108	1,701,108
Early Head Start Child Care Partnership	1,350,905	1,350,905
State CDE Contracts / Subcontracts	1,230,667	1,230,667
USDA/CACFP Meal Reimbursement	235,900	235,900
Alameda County Behavioral Health	335,216	335,216
Other Contracts & Sources	3,500	3,500
Total	7,769,716	7,769,716

Enrollment

CAPE, Inc. utilized blended funding of HS/EHS grants and State Preschool contracts to provide multiple program options and comprehensive services to children and families of the Tri-Valley Area, which is also the model for CAPE’s EHS-CCP Program.

Program	Funded Enrollment	Actual Enrollment
Early Head Start	90	96
Head Start	232	200
EHS-CCP	89	114

Primary Type of Eligibility			
	EHS	HS	EHS-CCP
Income below 100% of federal poverty level	65 (67%)	114 (57%)	66(57%)
Receipt of public assistance such as TANF, SSI	5 (5%)	7 (.3%)	12 (.10%)
Status as foster child	1	3	4
Status of homeless	10 (10%)	14 (.7%)	11(.09%)
Over Income	6(6%)	6 (.3%)	7(.06%)

PERCENTAGE OF ELIGIBLE CHILDREN

CAPE Inc. served approximately 57% of eligible children, birth to five years of age (283 of approximately 500 children) living in the Tri-Valley Area. CAPE EHS-CCP programs served approximately 3% to 4% of eligible children, birth to 3 years old and up to 4 years old in Family Child Care Homes (94 of approximately 2600 children) living in Hayward, San Leandro, San Lorenzo and Dublin.

AVERAGE MONTHLY ENROLLMENT

CAPE’s EHS-CCP program met 100% enrollment for most of the months during the 2018-2019 program year. There were a few months where full enrollment was not met, and extensive recruitment efforts were made to fill the open slots. CAPE’s Head Start and Early Head Start Delegate Agency programs maintained 100% Average monthly enrollment for most of the months during the second half of the 2018-2019 program year. CAPE Head Start and Early Head Start programs were under enrolled for the first 4 months of the program year. After full enrollment was met any occurring vacancy was immediately filled from a waiting list, or after extensive recruitment efforts.

<i>Ethnicity, Race and Primary Language of family at home</i>			
<i>Ethnicity</i>	EHS	HS	EHS-CCP
Hispanic or Latino origin	97	127	57
Non-Hispanic or Non-Latino origin	22	73	57
<i>Race</i>			
American Indian or Alaska Native	0	0	0
Asian	3	24	7
Black or African American	5	10	35
Native Hawaiian or other Pacific Islander	0	0	1
White	6	29	12
Biracial/Multi-racial	5	7	4
Other/Unspecified	3	3	4
<i>Primary Language of family at home</i>			
English	34	89	72
Spanish	59	90	35
Middle Eastern & South Asian Languages	1	10	0
East Asian Languages	1	10	2
Other/Unspecified	1	0	5

Program Information Report

	EHS	HS	EHS-CCP
Total Number OF Families	87	183	104
Number if Two-Parent Families	15	77	16
Number if Single-Parent Families	72	106	88
Families by Education Level			
An Advanced degree or baccalaureate degree	6	27	17
An Associate’s degree, vocational school or some college	19	56	33
A High School graduate or GED	22	64	32
Less than school graduate	40	36	22
Federal or Other Assistance			
Total number of families receiving TANF	1	11	14
Total number of families receiving SSI	0	10	3
Total number of families receiving WIC	58	76	68
Total number of families receiving SNAP	11	35	19

Family Services

Families who received the following service to promote family outcomes	EHS	HS	EHS-CCP
Emergency Crisis	47	136	60
Housing	8	17	9
Asset Building Services	6	17	23
Mental Health	3	27	3
Substance Prevention/Treatment	0	1	0
English as a Second Language	36	86	3
Adult Education or Job Training	17	27	29
Research-Based Parenting Curriculum	51	143	48
Involvement in Child’s Assessment and Screening	41	139	50
Supporting Transitions	47	134	31
Child Support	0	0	0
Health Education	48	141	44
Assistance to Families of incarcerated individuals	0	1	0
Parenting Education	0	0	2
Marriage Education	0	1	2
Number of families that received at least one service	59	148	90

Program Information Report (continued)

Health Services	EHS	HS	EHS-CCP
Children with health insurance *Includes pregnant teen moms	92	199	114
Medical Home			
Number of children with ongoing health care	94	180	114
Medical Services			
Number of children up-to-date	38	129	49
Percent of children who received a Medical Exam	40 %	64%	
Number of children who received treatment for:			
Anemia	0	0	0
Asthma	1	3	2
Hearing Difficulties	0	0	0
Vision Problems	0	0	0
High Lead Levels	0	0	0
Diabetes	0	0	0
Immunization Services			
Number of children up-to-date	75	189	96
Number of children who did not receive all immunizations	1	2	11
Dental Home			
Number of children with dental care	64	166	95
Dental Services			
Percent of children who received a Dental Exam	67%	54%	%
Number children who received-preventive care	40	88	0
Number of all children who completed dental exam		107	30
Of these, number of diagnosed needing treatment	na	5	na
Of these, number of children received treatment	40	2	na
Mental Health Referrals			
Number of children who were referred outside of HS since last services			0
Of these, number who received mental health services			0

Child Development – Efforts to Prepare Children for Kindergarten

Child development services continue to be provided at CAPE directly operated sites utilizing a center-based approach where families have the opportunity to choose full-day/full-year, extended-day/part-year (10 months), or part-day/part year early care and education services. Centers are located throughout Livermore and in Pleasanton and in Dublin on school district campuses. A class size of no more than 20 to 24 children is maintained, depending on the age of the children enrolled. Teacher to child ratios vary between 1 to 3 for infants and 1 to 4 for toddlers, to 1 to 8-10 for preschoolers. CAPE EHS-CCP program sites utilize a center-based approach where families are provided full-day/full-year services for a minimum of 6 ½ hours per day, and a minimum of 48 weeks per year. CAPE EHS-CCP programs are located in Hayward, San Leandro and Dublin.

Since Spanish continues to be the most frequently spoken language among enrolled children at CAPE directly operated sites, each classroom has at least one Spanish-speaking staff person.

At both CAPE directly operated sites and at EHS-CCP program sites, staff and parents continue to work together to create and maintain classroom environments and activities that are culturally, linguistically and developmentally appropriate. While the *Creative Curriculum* forms the basis for classroom planning, all activities are individualized to meet the identified needs and interests of the children. Curriculum planning encompasses the whole child, including activities to promote motor skills, social skills and cognitive skills. Early learning is viewed from a developmental perspective where each activity builds on previous learning and focuses on the goal of preparing children to be socially and cognitively ready to enter kindergarten.

Child Outcomes:

CAPE Inc. used the Desired Results Developmental Profile (DRDP©2015) as their tool for assessing the progress of children from early infancy to Kindergarten entry, including children with an IFSP or IEP. This tool was developed by the California Department of Education and is aligned with the Head Start Early Learning Outcomes Framework. Each assessment cycle is based on ongoing observations conducted by the teaching staff.

The Desired Results for children encompass the four developmental domains, i.e., cognitive, social-emotional, language, and physical development. These areas are reflected and integrated throughout the assessment.

Assessment data is used by teaching staff to individualize the environment and plan activities for individual as well as groups of children. The goal of this process is to use this assessment to determine where the children are currently on the developmental spectrum and move them forward in order to gain the foundational skills and knowledge necessary for success in school.

To support children's learning and success in school, CAPE Inc. develops school readiness goals that address the five essential domains. The assessment outcomes are analyzed and aggregated in the fall, winter and spring, and the information guides the program to identify patterns and progress of children's growth, and guides teaching practices.

During the 2021-2022 program year, all children were assessed in the fall, winter and spring. As we returned to our full classroom numbers and children coming out the hybrid learning model we analyzed the outcomes, and across programs we observed children make gains in their development throughout the program year while still facing the hardships of the COVID-19 pandemic. The children exceeded our targeted goals and demonstrated understanding in all areas, within the developmental ratings.

Health Services

CAPE continues to make a commitment to wellness and promotes healthy development through a comprehensive approach that includes family centered services, strong community partnership development and through compliance with health services requirements. All program activities are aimed toward providing a sound foundation of health to support early learning. Continuing targeted activities include strengthening existing and new community partnerships, curriculum enhancements and strengthening related staff development and parent education opportunities. The Comprehensive Case Management system provides an important forum for the identification of special health related needs, identification of resources and the tracking of referrals and the provision of related services.

Health needs continue to be addressed directly and through prevention activities. Preventive activities involved teaching children good health and hygiene practices, providing ample, nourishing food and ensuring a safe environment. Direct services have been provided through activities such as participation in the community Health Fair where children receive screenings, physical and dental exams if needed. Oral Health, particularly issues concerning barriers to accessing dental health care continue to be a major focus of CAPE's Health Services efforts. CAPE continues partnering with the Native American Health Center – Pediatric Dental Department. Through this partnership CAPE enrolled children, with parental consent, receive dental services directly at their school/classroom sites. Services include: a dental exam, teeth cleaning, and fluoride varnish application. This agency provides two visits to our centers each program year, and provides follow up contact to parents and families if the child requires any treatment services. With this increase in services, more children have access to oral health care throughout the program year.

Family and Community Partnerships

While Family Engagement continues to be embedded in the work of CAPE at all staff and system levels, specific Family Services staff that directly implement parent and community involvement include the Support Services Manager, Family Community Partnership Coordinator and Family Advocates. Family Advocates continue to be primarily responsible for working closely with families to identify their needs and goals and to initiate *Family Partnership Agreements*. Partnering with parents for the success of their children and introducing them to the resources in the community, continues to be an essential component of this process. This ensures opportunities to build supportive relationships with individual families and to work with them individually to develop solutions to their identified needs through the development of family goals, and identified strategies for achieving these goals.

CAPE has also selected, and has fully implemented, the CSEFEL evidence-based, parenting curriculum, Teaching Pyramid for Families and training series. The curriculum and related materials provide information for families on how to promote children’s social and emotional skills, including understanding problem behavior, and use of positive approaches to help children learn. The CSEFEL parenting curriculum trainings, which include six sessions, are designed to give parents general information on key strategies that may be used with their children to promote positive and effective parenting skills, which will promote children’s social and emotional well-being

CAPE continues to build and maintain community partnerships to support families and ensure that their basic needs for food, shelter, and health/medical care are met. Within the Tri-Valley area, and the Central Alameda County the lack of affordable housing, medical and dental care for low-income families continue to be an issue that impact Head Start and Early Head Start families. The development and maintenance of partnerships with local agencies and health care providers within the community help CAPE to meet the goals and basic needs of enrolled families.

Parent Involvement Activities

Parent Involvement Activities include the following:

Activity	Details
Family Partnership Agreements	Each family is offered the opportunity to develop Family Partnership Agreements/Goals
Home Visits & Parent Teacher Conferences	At least 2 Home Visits & Parent Teacher Conferences are provided to each family throughout the year
Parent Committee Meeting	All CAPE sites have Parent Meetings every other month throughout the program year, and EHS-CCP sites have monthly Parent Meetings.
Policy Council	The Policy Council composition includes one representative and one alternate from each CAPE center, and the EHS-CCP program has one representative per site for larger sites & 1 for all 4 smaller sites. There are times when parents aren’t available to participate from each site, though this opportunity is always available to parents.
Health Services Advisory Committee	The committee includes parent representatives
Volunteer Activities	Parents are encouraged to participate as classroom volunteers working with children and observing children’s activities
Parent Trainings	Parent Committee Training CSEFEL Parenting Series – Six Module Trainings Pedestrian Safety, Health, Oral Health, Nutrition Literacy Transition Activities Education (Screenings, Assessment, Developmentally appropriate practices)
Parent & Family Events	Family Activity Day Literacy Days
Annual Parent Surveys	Families are given the opportunity to provide feedback on program services, which provides important data that is used for program planning and service enhancement.

Services for Children with Disabilities

CAPE, and our EHS-CCP programs provide services for children with exceptional needs and their families in coordination with local early intervention and education agencies, community organizations, supports services and school districts. CAPE programs make available at least ten percent of enrollment slots to children with exceptional needs ages birth to five years. In an effort to ensure those children with exceptional needs and their families receive quality comprehensive services a variety of program strategies have been incorporated including interagency coordination of services, a comprehensive system for case management and personnel development. In an effort to enhance outcomes for children with disabilities CAPE programs involve education, health, social services, parent involvement, mental health and nutrition components.

Mental Health Services

CAPE programs are designed and managed to ensure that the services of a mental health professional are on a regular schedule of sufficient frequency to ensure that the timely and effective identification of and intervention in family and staff concerns about a child.

Early identification of children's social/emotional - mental health needs is an integral component of CAPE's mental health services system. Multiple methods including observation and the use of the ASQ-SE screening tools to ensure the early identification involving staff, parents and the mental health professional.

Through regularly scheduled mental health consultation meetings a systematic approach is used to address mental health concerns including staff and parents receiving special help to address children with atypical behavior.

Other community mental health resources, as well as CAPE's Mental Health Services Program which is funded through a provider contract with Alameda County Behavioral Health Care Services, are used as needed through referrals and formal collaborations.

RESULTS OF FEDERAL MONITORING REVIEW

All Head Start Programs are reviewed by the Administration for Children and Families (ACF), Department of Health and Human Services. CAPE will receive notification for the Focus Area One (FA1) federal review, by the Administration for Children and Families (ACF), Department of Health and Human Services.

CAPE's Early Head Start Child Care Partnership grant/program received a federal review, by the Administration for Children and Families (ACF), Department of Health and Human Services in June of 2020. The Federal Monitoring Review results demonstrated that no non-compliance findings were identified.

INDEPENDENT AUDIT

The Independent Audit of Internal Control over Financial Reporting for the Fiscal Year ending February 28, 2022 was conducted and reported "... (they) did not identify any deficiencies in internal control over financial reporting..." and (that) "... tests disclosed no instances of noncompliance or other matters that are required to be reported..." The full report is available for review in CAPE's administrative offices.

**Data collected for 2019-2020 Annual report is generated from Child Plus. Due to COVID-19 pandemic, data collected and gathered for program year 2019-2020 maybe impacted by the mandatory closure in March 2019.*