



*Engaging Young Children and their Families  
in a Comprehensive Early Childhood Development Program*  
***Northern Panhandle Head Start Inc.***  
*Annual Administrative Report 2009-2010*

*“Creating  
a  
Nurturing  
and  
Learning  
Community  
for  
All”*

*Happy Birthday, Happy Birthday to Head Start - 45 years young and going strong.* Head Start is the nation’s largest and oldest early intervention program for young children and families in poverty. We have seen a lot of growth in our nation- understanding the importance of a quality preschool for all children including Early Head Start serving prenatal women and children 0-3, and early intervention programs for young children and families in poverty. *Head Start was one of the forerunners in this concept.* Head Start has enjoyed strong, but far from universal popularity. It has weathered its share of criticism, some targeted and some deserved, yet the program remains alive and well. The *comprehensiveness of Head Start is what makes us stand out* from all the other child development programs.

They say imitation is the highest form of flattery and there are many imposters out there. So beware. The uniqueness of Head Start is the parent involvement and health components which is very difficult to replicate. When we say *we value and need parent involvement*, Head Start walks the talk. Policy Council, a governing body of Head Start, is made up of 51% of parents of currently enrolled children. I have seen firsthand *when parents take ownership of the program, the children win, the parents win, the community wins and Head Start grows.*

Please, let me be very clear- *Head Start is a community and capacity builder.* We cannot attain our many federal mandates in the community without collaborations, partnerships and supporters. We have a community-based approach to assisting families and children’s school readiness. Head Start programs must build a consensus regarding school readiness. Head Start Parents, Head Start Teachers and Public Schools have to be on the same page with what they believe children should know and be able to do when they enter kindergarten. In West Virginia, Universal Pre-K Collaborations are fostering dialogue around school readiness among these groups.

In the fall of 1964, Sergeant Shriver, Head Start’s “founding father”, got the great idea of creating a massive school readiness program similar to the typical pleasant preschool of the day, but with a major emphasis on health. *The Head Start project came out of the War on Poverty legislation from the Lyndon B. Johnson Administration.*

I often wonder if Mr. Shriver was aware of the gift he was giving America and if we as Americans understood how this would change our way of thinking about Child Development. *The recipe for a good quality early childhood experience requires the following ingredients; parent involvement, health and nutrition, qualified staff and grass-rooted community organization.*

Thank you Mr. Shriver for the Head Start project and oh by the way, people are still asking after 45 years if Head Start makes a difference in families lives and what is the impact of Head Start on school readiness?

Here at Northern Panhandle Head Start/Early Head Start we welcome the opportunity to talk to anyone about the benefits of Head Start. If you are in the neighborhood, please stop by to see us in one of 35 sites in the five counties we serve in West Virginia.

*~ Marlene Midget, Executive Director*  
(references from the “The Head Start Debates”)

## Program Information Report Outcomes for 2008-09

### Early Childhood Development and Health Services ~

The annual PIR (Program Information Report) indicates that of those 607 children enrolled in Head Start during 2008-09, 99% were up to date on a schedule of Preventative and Primary Care and 92% completed dental examinations. Of the 74 children enrolled in Early Head Start for the same period, 85% of the children enrolled were up to date on a schedule of Preventative and Primary Care and 61% are up-to-date on a schedule of age-appropriate preventive and primary oral health care according to the state's EPSDT schedule.



### Enrollment ~

During the 2008-09 program year all Head Start Grantees were required to report the total number of children and pregnant women served during each month of the operational year. The cumulative enrollment (September 2008-July 2009) for Head Start and Early Head Start was 100%, respectively.

Of the 607 children enrolled in Head Start during 2008-09, enrollment eligibility types were 9% enrolled based on public assistance, 70% were enrolled based on 100% federal poverty guidelines or below, 10% were over-income, 2% were enrolled based on foster care and homelessness eligibility, respectively, and 7% were enrolled based on incomes between 100% & 130% of the federal poverty guidelines.

Of the 74 children and 16 pregnant women enrolled in Early Head Start during the

same period, 10% were enrolled based on receipt of public assistance, 79% at or below 100% of the federal poverty guidelines and 5% were enrolled based on foster care eligibility, 1% based on homelessness eligibility, 2%

based on over-income eligibility, and 3% were enrolled based on incomes between 100% & 130% of the federal poverty guidelines.

### Federal Review Results ~

A triennial review is performed with each Head Start program in the nation to ensure full compliance with all applicable Head Start Program Performance Standards, laws, regulations and policy requirements. An onsite visit was conducted in October 2009. A follow-up visit was performed in April 2010. We are awaiting final results.

### Fiscal Audit ~

The annual independent audit was performed by SR Snodgrass – Certified Public Accountants and Consultants of Wheeling, WV. This audit was conducted 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. In accordance

with the *Government Auditing Standards*, the report dated December 1, 2009 stated no reportable conditions or material weaknesses noted in the audit for the fiscal year ending June 30, 2009.

The audit included the following statement of activities for Fiscal Year ended June 30, 2009:

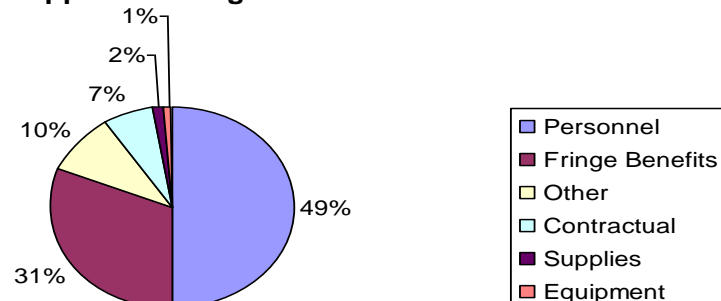
<u>REVENUE</u>	
Federal Assistance	\$4,521,479
MIHOW Grant	64,339
Local Contributions	230
Interest & Dividends	742
Misc. income & grants	47,281
Pre-K collaborative income	184,342
Unrealized gain (loss) on Investments	(9,379)
Gain-on-sale of fixed assets	9,600
In-kind revenue	<u>228,360</u>
Total Revenue	\$5,037,394

<u>EXPENSES</u>	
Program	\$4,479,028
Administration	<u>577,836</u>
Total Expenses	\$5,056,864

### Annual Budget ~

The Head Start and Early Head Start program received \$4,369,596 to provide services for pregnant women and children age's birth to 5 during the operating period of July 1, 2008 – June 30, 2009. The non-federal share (or local in-kind match) was \$1,092,399. The MIHOW program (Ohio County) received \$45,000 to operate during the same period with a non-federal share of \$15,000.

Approved Budget 7/1/2008 - 6/30/2009



## Collaboration and Community Involvement

*American Recovery and Reinvestment Act (ARRA)– Impacts Northern Panhandle Head Start Inc.* – NPHS received \$1,351,895 in competitive grant funding from the American Recovery and Reinvestment Act (ARRA) to *support expansion* in the Early Head Start program which serves pregnant women and families with children birth to age three. The forty-eight additional enrollment slots are available in the communities



of: eight slots in *Hancock County* through a collaborative agreement with Weirton Heights Day Care Center (Hancock County previously not served by Early Head Start); *Ohio County* provides 24 openings through center base services operated at the Head Start facility located at the former Orchard Park Child Care Center as well as supporting families through the Family Violence Prevention Program at the Y.W.C.A (Ohio County previously not served by Early Head Start) - Our hope is that having this new program available to families with children (at the shelter) will provide a lasting, positive affect during an unfortunate time in their lives. This partnership is uniquely-designed to provide a center base experience or home base option, whichever is most convenient to the family during this time of crisis. The comprehensive services will not stop when the families leave the FVPP.); eight slots in *Marshall County* a collaborative agreement to support incarcerated parents at the Northern Regional Jail Correctional Facility; and eight slots in *Wetzel County* through a home base program offered at the Jacksonburg Head Start facility with a focus on serving pregnant teens. “*We are excited to grow our Early Head Start program through several unique collaborations as well as the traditional center base and home base services,*” reports Marlene Midget, Executive Director, Northern Panhandle Head Start Inc. “This expansion will extend the benefits that many families with young children, as well as pregnant women, have realized through our existing Early Head Start program since 1999.” The newly hired staff of 15 infant/toddler professionals took part in a vigorous training schedule in preparation for the official start of the program in March 2010. Each year, the staff of Head Start takes part in a preservice training based on WV Child Care Licensing Regulations, Head Start Performance Standards and professional standards established by the local program. To keep within the start-up boundaries of this expansion, an accelerated effort was made to provide preservice training as well as the required 40 hours of infant/toddler training required by WV Child Care Licensing. *The foundation of both the Early Head Start and Head Start (children ages three-five), is to provide a comprehensive program that supports the child’s overall health and nutritional growth, physical, social and emotional development, early learning and child development as well as family involvement and advocacy and community partnership building.*



In addition, ARRA funds supported the allocation of C.O.L.A. increases for all staff as well as *educational advancements* (in the field of early childhood education) for teacher assistants through coursework at West Virginia Northern Community College.

*Program Improvement Grant* - NPHS Inc. received funding to provide *upgrades for the playgrounds* at the Wells and Pipinos Centers in Hancock County, the North Park Center located in Ohio County, and the New Martinsville Center in Wetzel County.

## Program Highlights for 2009-2010

## *Services provided to pregnant women and infants/ toddlers ~*

**Child Development:** NPHS supports the physical, social, emotional, cognitive, and language development of each child. Parenting education and the support of a positive parent-child relationship are critical to this cornerstone. NPHS center-base option conducts monthly 90 minute home visits and the home-based option conducts weekly 90 minute home visits. NPHS maintains the philosophy that *parents are the most important teacher for their children and strives to include parents in all phases of their child's development*, from developmental screenings and ongoing assessments to planning of experiences for the children based on the child's individual needs. One of the new parents in the Orchard Park center expressed how surprised she was to know that she could volunteer in her child's class whenever she wanted.



## *Early Head Start serving pregnant women and infants/ Toddlers*

**Family Development:** The ultimate goal of Early Head Start is to *empower the families by developing goals for themselves and their children*. EHS staff and parent develop a Family Partnership Agreement that will focus on the child's developmental needs and the family's social and economic needs. Some of the services provided to the families include child development information, comprehensive health and mental health services, adult education, literacy, and job skill trainings, as well as transportation to doctor/dentist appointments, WIC appointments, and other appointments/trainings as needed.



**Staff Development:** The success of the Early Head Start program rests largely on the *quality of the staff*. On-going training, supervision, monitoring, and mentoring encompass our approach to *staff development*. New staff are provided with WV Infant Toddler Training and Infant Toddler CDA (Child Development Associate) if needed. Staff is provided with PITC (Program for Infant and Toddler Care) and Creative Curriculum Trainings on an ongoing basis. Staff attends disability/mental health trainings as well as other training provided by NPHS, state, regional, and national trainings provided by Early Head Start National Resource Center and WV Head Start Association.



**Community Building:** *Community building is an essential component of EHS*. Because of our partnership with WVBTT, referrals to and from have increased significantly. EHS staff work with West Virginia Birth to Three staff to coordinate services to the family, often conducting joint visits sharing activities to meet the goals on the child's Individualized Family Service Plan. Some of our other important *collaborations* include the following:

- Brooke/Hancock Family Resource Network
- Brooke/Hancock Partners in Prevention
- Ohio Valley Breastfeeding Coalition
- WIC in all 5 counties
- Starting Points
- Right From The Start
- Healthy Family Coalition

# Parent Involvement

*Parent involvement* benefits children in several ways. There is the direct benefit from the *parents working with the staff* so that *more can be accomplished for the children*. Children benefit when their parents know about and support what is happening in their education. *Parents who develop a habit of involvement* are more likely to continue that participation throughout a child's school career. Finally, *parents who are involved gain skills in decision making, teaching, management, advocacy and other areas*. They develop habits of learning that will continue throughout their lives. These gains can *positively affect* a parent's self-esteem, attitudes, behavior and employment. This in turn can lead to positive effects on the children.



## Parent Involvement Highlights ~



FAN (*Family Activity Night*) – have been very successful this year in October HealthyCHILD presented Bullying; in January we had Winterfest 2010 in which parent and children played and created “wintery” activities and in March we designated the first week of March as CHOOSY Week in which all activities were designed around healthy foods, actions and choices.

*Parent Meetings* – are held monthly and *provide parents the opportunity to plan activities* for families, the center or just an event for adults. This is also a time for discussion, decision-making and parental involvement in their children's lives.

*Advocacy* – Family Resource Advocates in Ohio County collaborated with the WV Extension Service to provide Healthy Cooking experiences for the families, so far two trainings have been held with more being planned; and three parents from the North Park 2 Center obtained their college degree. Also a Family Resource Advocate has provided transportation for an enrolled child and his grandmother to Children's Hospital in Pittsburgh twice a month for the past six months so the child could obtain necessary services that were not available in the Wheeling area. Other support services have been assisting a parent from another country to obtain her “green card”, immunizations, driver's permit & license, daycare and employment. This parent is also very interested in becoming a Head Start bus driver and she is currently enrolled in CDL classes to obtain certification.



*“My experience with Head Start has been a very rewarding part of my life. As a parent who's had children in Head Start for the past four years, I feel just as rewarded as the teachers. I love the feeling of my children learning and being with me in the classroom; I am teaching them as well. It makes me feel great to see them learn and grow, and come up with things I never thought they would know.”*

*~Shauntei Smith,  
Parent, Orchard Park 1*

*Parent's Volunteer* at the centers, plan activities for their children, participate in program-wide planning meetings, attend state trainings, field trips, and so much more. From September 2009 through March 2010 parents volunteered 35,505 hours. This is an increase of 7,806.50 hours compared to the same period last year.

*Parents have participated in activities* such as Dad's Day Spaghetti Luncheon, Day at the Zoo, trip to Foggy Bottom, animal toys for the shelter (Brooke 1); Relay for Life Walk (EHS BB 1&2); trip to the pumpkin patch and Grandparents' Day (Washington Lands), visit from the local K-9 unit (Wells), Cat in the Hat Dress Up Day (Brooke 3); bowling trips and library visits (various centers); and many others.

*Partnerships* were formed with All Pro Dad's, WVU Healthy Families and Healthy Children's Coalition.

## Preparing Children for Kindergarten~

Northern Panhandle Head Start has promoted *school readiness experiences* for children through the use of the *Creative Curriculum*, on-going assessment and family involvement. NPHS follows the guidance in the Improving Head Start for School Readiness Act of 2007, Head Start Performance Standards, and Head Start Child Outcomes Framework. In addition, for Pre-K collaborative sites, the West Virginia's Universal Access to a Quality Early Education System (WV Pre-K Policy 2525) and West Virginia Early Learning Standards Framework-Content Standards regulations are followed.

Children are prepared for Kindergarten through *experiences that foster and enhance*:

- *Social/Emotional Development*
  - Sense of Self
  - Responsibility for Self and Others
  - Prosocial Behavior
- *Physical Development*
  - Gross Motor
  - Fine Motor
- *Cognitive Development*
  - Learning and Problem Solving
  - Logical Thinking
  - Representation and Symbolic Thinking
- *Language Development*
  - Listening and Speaking
  - Reading and Writing



Children's learning is individualized according to their *strengths and emerging skills*. Lesson plans are based on building children's skill levels in the areas mentioned above as well as on the group as a whole. As children's successes are documented *through the on-going assessment process*, the teacher is able to see where children currently are developmentally, and plan challenging experiences to build skills.

Each *classroom's assessment* data is reviewed three times per year by the Education/Training Manager to determine areas that indicate a need for staff development, purchase of materials, or individualized staff training. Staff development is then put into the Training and Technical Assistance budget.



Children with *Individual Education Plans* are serviced through the public school special needs therapist for speech, physical therapy and occupational therapy. The children participate in all Head Start classroom activities with accommodation if needed.

Children's *social/emotional health* is the focus of the University of Pittsburgh of UPMC HealthyCHILD staff. NPHS staff, children and families receive support, strategies, and techniques as per the results of observation data, child observation data, and home visits with parents.

*Parent involvement is key to the child's educational success*. Parents and staff plan activities to be done during and between home visits to build children's skills. Teachers also provide parents with a Child Progress and Planning Report 2 times per year describing the developmental successes the child has over a period of time. The final Child Progress and Planning Report is shared with the kindergarten teachers in each school system as part of the transition process.

## Child Development Outcomes

# Disabilities Services and Social/ Emotional Development

Approximately 18 % of Northern Panhandle Head Start's currently enrolled population is made up of children with disabilities. Of these children, 9 children were served by the Early Head Start program, while 95 were served by the Head Start program. Also, 12% of Northern Panhandle Head Start's Early Head Start Expansion's currently enrolled population is made up of children with disabilities.



In order to qualify for disabilities services, the children were required to be found eligible for special services under the Individuals with Disabilities Education Act and to also have either an *Individualized Family Service Program* for Early Head Start or an *Individualized Education Program* for Head Start. The Individualized Family Service Programs and the Individualized Education Programs are developed along with Head Start's community partners including the Brooke County Schools, the Hancock County Schools, the Marshall County Schools, the Ohio County Schools, the Wetzel County Schools, and West Virginia Birth to Three. While working with these agencies this year, Northern Panhandle Head Start has served children with a variety of special needs including speech and language delays, autism, pervasive developmental delay, vision delays, hearing loss, sensory integration and other learning delays.

*Individualized services* for each of the children with special needs were provided in the classroom based on their strengths and areas of concern. The teachers developed lesson plans and curriculum ideas around each child's IEP and the children's interests during the program year. *The learning is also carried over into the home environment as the parents played an active role in their children's development.* Starting as members of the IEP team and continuing as advocates and role models for their children, parents were involved in each step of the special needs process. *Having parents involved allowed the learning objectives to occur in both the school and home environments consistently- allowing the children to grow by leaps and bounds.*

*HealthyCHILD*- a partnership with the *University of Pittsburgh/ Children's Hospital of Pittsburgh of UPMC, Early Childhood Partnerships - promotes the social and emotional development of the children* enrolled in Northern Panhandle Head Start. The program provides 2 full-time Developmental Healthcare Consultants and 2 part-time Developmental Healthcare Consultants. The psychologist on staff provides consultation on a variety of issues including behavior challenges, sensory integration, autism, and parenting.

*Referrals* to outside agencies are made as needed. Three observations of each NPHS classroom are conducted using the Inventory of Practices for Promoting Social and Emotional Competence and *individualized team meetings* and plans developed after each observation. Ten NPHS classrooms received extra support after being designated HealthyCHILD referred classrooms. Twenty-eight individual children are currently referred to HealthyCHILD for more intensive services, including strategies for both school and home, mentoring for teachers and parents, and *referrals to outside agencies* as needed.



# Professional Development

The *most important resource* for Early Head Start and Head Start programs is *the staff* that does this difficult and *rewarding work*. Head Start agencies must establish and implement a structured approach to staff training and development, attaching academic credit whenever possible. This system should be *designed to help build relationships* among staff and to *assist staff in acquiring or increasing the knowledge and skills needed* to fulfill their job responsibilities, in accordance with the requirements of 45 CFR 1306.23. At a minimum, this system must include *ongoing opportunities* for staff to acquire the knowledge and skills *necessary to implement the content of the Head Start Program Performance Standards*.

All staff *participates* in the annual pre-service training and *engages* in individual professional development planning. Training opportunities throughout the year have included: *Pre-service* (child abuse/neglect, child development, CPR, first aid, fire extinguisher, health and nutrition, inkind, licensing, Head Start Act, program operations, risk management, HealthyCHILD, technology, disabilities and parent involvement); Bus Drivers train to receive the *West Virginia State Bus Drivers Certification*; Teachers participated in *Creative Curriculum* training; Early Head Start and MIHOW staff received infant/toddler training such as helping mom's understand breastfeeding and helping families understand their children's growth and development; social service staff gained knowledge of working with the homeless, family practices and working with families; management enhanced knowledge of *fiscal, personnel, strategic planning and program operations*. *The Board of Director's and Policy Council* also participated in training opportunities related to roles and responsibilities of the governing bodies.



## Child Development Associate Credential

Founded in 1985, the Council for Professional Recognition is a nonprofit organization located in Washington, DC. The Council *promotes improved performance and recognition of professionals in early childhood care and education*. The Council for Professional Recognition works to ensure that it is a credible and valid credential, recognized by the profession as a vital part of a coordinated system of professional development. The staff who receives a CDA (Child Development Associate) is an individual who has successfully completed the CDA assessment process and has been awarded the CDA Credential. CDAs are able to meet the specific needs of children and work with parents and other adults to *nurture* children's physical, social, emotional, and intellectual growth in a child development framework. The *CDA Competency Standards* are the national standards used to evaluate a caregiver's *performance* with children and families during the CDA assessment process.

Teacher assistants hired without a CDA are enrolled in the program and must obtain the credential within 2 years of hire. The candidates must have at least 480 hours of experience working with children aged 3-5 in a center base setting and 120 clock hours of formal childcare education within the past five years. Each must develop a Professional Resource File consisting of a collection of materials that they use in their *work with young children and families* in the following 13 Functional Areas: Safe, Healthy, Learning Environment, Physical, Cognitive, Communication, Creative, Self, Social, Guidance, Families, Program Management, and Professionalism. Using the CDA Assessment Observation Instrument, the CDA Advisor (Education/Training Manager) observes the classroom to record their performance while working with children. In addition, each family enrolled in the candidate's classroom is asked to complete a Parent Questionnaire. Once the assessment information is complete, the candidate will receive a Verification Visit from a Council Representative to see that all entries are complete; give the candidate a written examination designed to measure general knowledge of *good practices in early childhood education programs*, and conduct an Oral Interview. Materials will then be sent to the CDA Council committee for review and a Child Development Associate Credential certificate is awarded to the person.



# Family and Community Partnerships

*Family Services* ~ Family Resource Advocates work to *establish mutually respectful partnerships with families* to enhance the quality of their lives and their communities. They *support families' efforts to reach their goals*, and offer parents opportunities to be involved in group activities, including policy groups and educational activities based on interest and need, *support families in accessing other community resources*, and assist families in crisis. Family Resource Advocates *respect and respond competently* to the culture, traditions, lifestyle, language, and values of each family and community.



Data gathered from September 09 to February 10: Head Start Family Resource Advocates conducted 604 *family service home visits* while Early Head Start Parent Educators provided 205 family service home visits. Family Resource Advocates provided 3,262 referrals, services or resources to those families enrolled in Head Start while Parent Educators provided 1,054. Head Start and Early Head Start staff are mandated by State Laws to *protect* children in their care and report any suspected cases of child abuse by staff toward children, children toward other children, community occurrences or family oriented suspected abuse. During this same reporting period, 35 referrals were made to Child Protective Services in the respective county service area.

*Parent Groups Community Projects:* The *Pipinos Center Family Resource Advocate* had 3 families move to the area from out of state and she linked them to local resources, including food pantries, DHHR and HUD. Although this is part of her everyday job responsibilities, she stated that when you help people that really don't know where to turn for help you realize just how much our program does for the families we serve. She also stated that these families were very appreciative. She has also organized a weekly exercise class for her centers to participate in. They started off meeting two times a week and now they are meeting three times a week. The mothers in attendance report that they enjoy coming and like exercising as a group, it's very supportive. *Madison Pre-k Collaborative Classroom Family Resource Advocate* reported that in November she worked in partnership with both teachers from the Madison collaboration to prepare a Turkey Dinner for all the families. Every parent attended and the teachers from the collaboration made sure that every parent was able to sit next to their child for the dinner. One of the special features of this dinner is that staff, parents and children all participated in the making of this dinner.

"When asked by his (Jason McGee, Wells 1 parent) Family Resource Advocate Brenda Gatrell during an April home visit what the parents thought about the program dad responded "We think it's a great program, we're very happy. When we lived in Delaware our daughter didn't have anything like this she just went to school, but now our son is going to school and we get to have these home visits, it gives us that one on one attention and we always know what's going on."  
~Brenda Gatrell,  
Family Resource Advocate

*Community partnerships forged:* Week of the Young Child – April 2010 including the Ohio County Baby Safety Shower was sponsored by the Ohio County Early Childhood Interagency Committee (ECIC) – the benefit was that safety information was provided to parents of young children. Safety trainings are provided and "Shower gifts" are provided with safety in mind. Domestic Violence Training - May. 2010 in collaboration with the WV Coalition Against Domestic Violence, DHHR and Head Start – 70 Head Start staff had the opportunity to participate in Head Start for Safety training in which the staff received information about the signs and symptoms of domestic violence.



Family Resource Advocates participate in the local communities through membership on Family Resource Networks to *increase public awareness of services* offered by Head Start and Early Head Start, to *network with community agencies*, and to obtain resources for families.

# MIHOW (Maternal Infant Health Outreach Worker)

The MIHOW (Maternal Infant Health Outreach Workers) Program is a *home visiting program* operating in Ohio County, WV, for *pregnant women and families with children to age 3*. Guidelines for operating this program are sponsored by Vanderbilt University, Center for Health Services. During this operating period, MIHOW has served a total of 46 families (151 individuals). Of the 46 families served, 17% are minorities, and 94% are low-income. 364 home visits were completed as of April 2010.

*Community collaborations – Reading Challenge* – The 4th Annual Reading Challenge kicked off on January 22 and ended April 16th. This year we received a grant from Target for \$500 to support this event. Each enrolled mother receives a form to tally reading within the family - parents reading to children, children reading to parents, children exploring books on their own, and parents reading for their own enjoyment. There are also extra points to earn if you sign up for or already have a library card, attend story hour at the library, or check out books from the library. Each family is also educated about family literacy and serving as role models for their children's literacy. Each child will also receive about 10 new books purchased with the grant. At the end of the challenge, 10 mothers with the highest points will receive an invitation to Mom's Day Out, scheduled for May 5. Mom's Day Out is for the moms only, we ask that they leave their significant others and children at home. We have a luncheon, games, giveaways, and a trip to the beauty salon. Each mom receives a haircut and style, manicure, and full makeup. We take before and after pictures and give each mom a set of these pictures. This year, we are having a Mexican theme, as Mom's Day Out falls on Cinco de Mayo.



*Training* - Accreditation is already highlighted in the last paragraph. MIHOW trains staff continuously. Trainings include Reflective Supervision, Writing a Logic Model, First Aid and CPR, Women and Money, Breastfeeding and the Near Term Newborn, Celebrating Connections Conference, Vanderbilt University CHS Annual Conference-Motivating Families to Change, Social Media and Home Visiting, and Supervision

Training. One staff has completed both her CDA credential and her Certified Lactation Counselor certifications. As a CLC, MIHOW now offers training and support to HS/EHS for breastfeeding. Our home visitor will also become a Certified Doula in the near future and will be able to offer doula services and childbirth education to MIHOW, HS, and EHS.

New River MIHOW Program invited our program to participate in the What to do When your Child Gets Sick program. Our site received \$4,000 and free materials to participate. Each family received the what to do when your child gets sick book, and monthly education on how to use the book. This study has shown an increase in the families' confidence to deal with minor health issues such as rash, fever, cold/flu, and minor injuries. The study has also shown a decrease in visits to urgent care facilities and emergency rooms, saving state Medicaid programs money and saving family's time from waiting to be seen.



MIHOW would also like to *thank their donors*: Target, New River Health Association What to Do Project, Partners in Community Outreach Healthy Lifestyles Campaign, Ohio Valley Homeschoolers Association, First Book, March of Dimes, Medela, and WV Family Planning Program.

The Ohio County MIHOW program received national accreditation by Vanderbilt University Center for Health Services in October 2006 and the next review will be in November 2010. *Accreditation by the Vanderbilt University recognizes that the Ohio County MIHOW program has achieved the highest standards in home visiting services and serves as an outstanding model for similar programs.*

### ***Board of Director's Membership 2009-2010***

Becky Yesenczki, President  
Steve Woodburn, Vice-President  
Marguerite Wilson, Secretary  
Carol Smith, Treasurer  
Alicia Cassels, Parliamentarian  
Melissa Reed  
Jan Futey  
Lisa Slie  
Jennifer Staley  
Elisabeth Slater  
Diane Grooms,  
(Policy Council Rep)  
Melanie Griffith,  
(Policy Council Rep)



### ***Policy Council Membership 2009-2010***

Diane Grooms, Chairperson  
Melanie Griffith, Vice-Chairperson  
Aubrielle Strothers, Treasurer  
Kara Lewis, Secretary  
Josh Dudley, Parliamentarian

~Community Representatives include:  
Michelle Harriman, YWCA Family Violence  
Prevention Program and Sandy Duvall, West  
Virginia Breast and Cervical Cancer Screening  
Program. Parent representatives from both the  
Early Head Start and Head Start classrooms/  
home base groups comprise the remainder of  
the Policy Council Membership.

### ***Funded Enrollment***

***Early Head Start*** – 48 children birth to 3 years  
old and pregnant women



years old

***Early Head Start  
Expansion*** (received  
December 2009) – 48  
children birth to 3  
years old and  
pregnant women

***Head Start*** – 513  
children ages 3-5

***MIHOW*** – 40 children birth to 3 years old and  
pregnant women

### ***Head Start Funding Source***

United States Department of Health and Human  
Resources, Administrative for Children and  
Families, Administration on Children, Youth  
and Families, Office of Head Start  
(report compiled in part based on the requirements of the  
*Improving Head Start for School Readiness Act of 2007*)

### ***MIHOW Funding Source***

The West Virginia Legislature – WV Department  
of Health and Human Resources

### ***Mission Statement***

Our mission is to provide a high quality,  
comprehensive and family-focused,  
infant/toddler and early childhood program  
uniquely designed to prepare each child for  
tomorrow's opportunities and challenges  
through community partnerships.

### ***Vision Statement***

“Building  
foundations for  
life-long growth  
and development”



### ***Contacts***

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(SPECIAL NOTE: The content of this report is not all  
inclusive of the activities undertaken by this agency,  
however, does provide a brief overview.)