

General Information

Name of Agency: Children's Place Association

Program Number: 05CH8456/03

Program Name: Place Association: Arthur E. Jones Early Childhood Care and Learning Center and Home-Based Early Learning Program

Address: 11 E. Adams St. Suite 1550 Chicago, IL 60603

Phone Number: 773-395-9193

Fax Number: 773-395-4486

Head Start Director Name: Porsche Snowden

Head Start Director Email: psnowden@childrens-place.org

Agency Web Site Address: www.childrens-place.org

Agency Type: Nonprofit. Center-based Head Start/Early Head Start, home-visiting Early Head Start

Agency Description: Children's Place Association has 103 Head Start/Early Head Start-eligible slots.

Children's Place provides comprehensive support services to children and families affected by illness and poverty. Programs include nursing for medically complex children, mental health counseling, case management, summer camp, foster care and adoption, emergency assistance, supportive family housing and early education services that include a Home-Based program and the Arthur E. Jones Early Childhood Care and Learning Center. The Early Learning Center serves 0-5-year-old children with age-specific classrooms, degreed teachers and specially trained aides, an onsite nurse, nutritious meals, transportation and a secure, private playground. The Home-Based program serves 0-3-year-old children, providing developmental and emotional screenings, nutrition education and assessments, monthly infant health checks by a Registered Nurse, advocacy, referrals and group socialization. The Center-based programs includes Head Start and Early Head Start programming, and the Home-Based program provides Early Head Start programming.

Site Locations:

Early Learning Center	Home-Based Early Learning Program
1800 N. Humboldt Blvd.	3059 West Augusta Blvd.
Chicago, IL 60647	Chicago, Il 60622

Community Areas Served:

While Children's Place Association's catchment area is the entire city, the annual Community Assessment conducted by Start Early and Children's Place evaluates the areas surrounding/adjacent to the Early Learning Center since a large percentage of children served come from these areas. Some, such as Logan Square and West Town, are undergoing gentrification, but pockets of poverty remain; others face ongoing issues of high poverty rates and racial disparities. Humboldt Park had a high economic hardship index, high rates of unemployment and child poverty and increased crime rates.

Neighborhood demographics near the Center have changed as the Logan Square and East Humboldt Park areas continue experiencing gentrification. As a result, we may need to explore having more over-income slots for the next program year, if slots cannot be filled with families meeting the income guidelines.

Several children entering the Children's Place Head Start and Early Head Start programs are referred through our organization's diversified service components, particularly our Supportive Housing and Medical Case Management programs. Each of these programs target low-income families challenged by health issues or disabilities. We also enroll children from our Foster Care Program servicing abused and neglected children, many with illness or disabilities.

Through the recruitment and selection process, Children's Place programs prioritize families that are homeless, receiving public assistance, foster children and income eligible, before enrolling families with incomes between 101%-130% of poverty. Our organization publicizes our Early Education Programs through other local nonprofits and community groups. Our organization often receives program referrals by word of mouth. Although a significant percentage of Children's Place client families reside in neighborhoods near our program facilities in Humboldt Park, we also draw children from across Chicago, due to our capacity and experience in serving infants, toddlers and children living with illness and disabilities.

Humboldt Park, which increased the 3-5 population by 7%. Humboldt Park had a high economic hardship index, high rates of unemployment and child poverty and increased crime rates. According to data from the most recent Assessment conducted in June 2024, child poverty remains high in Humboldt Park, at 46%, with 21% of children living in extreme poverty in this community. The rate of Supplemental Nutrition Assistance Program (SNAP) receipt was 35%. Limited English proficiency was present in 35% of the households contrasting the previous year's 14%. Of this population 15 % of adult residents did not have a high school degree. The violent crime rate increased 12 % from the previous year and was 37% per 1,000 persons. The unemployment rate has increased, reaching a record high, at 7%. Based on stats, parents of children in Children's Place Early Head Start and Head Start programs experienced more unemployment than those in other Start Early programs. The percentage of families that have at least one parent employed was considerably lower than the average for all Start Early programs.

Over half (58%) of the children in Children's Place Early Head Start program identified as Hispanic, with 41% of those racially identifying as White, 15% as Bi-Racial, 5% Other Race and 42% Black. Non-Hispanic Black children made up the other 25% of children served. More than half the children spoke Spanish (53%) and 47% spoke English.

Early Head Start Eligible Children

Children's Place hosted many eligible children across the four community areas totaling 1,748 children served. Humboldt Park, a large area with many children in poverty, had the largest number of eligible children. For children in the 100% to 130% of the federal poverty level, 468 children were eligible. Children in families over the income mark (131%-185%) numbered 2456.

Head Start Eligible Preschool Children

Chicago saw a decrease of 244 children ages 3-5 between 2018 and 2022, again a smaller loss than the 8,352 seen between 2018 and 2022. The four community areas targeted by Children's Place had a total of 499 children ages 3-5, totaling 27% children eligible for Head Start. Humboldt Park, a large area serving many children in poverty had the largest number of eligible children. For children at the 100% to 130% federal poverty level, 758 were eligible and at the 131% to 185% level, 1283 were eligible.

33% of children had an illness or disability, including heart ailments, autism, epilepsy, feeding disorders and developmental disabilities. Having a full-time, onsite Registered Nurse and Disabilities and Mental Health Coordinator on staff ensures our program can accommodate children with feeding tubes, complex medication regimens and/or serious developmental delays. Children’s Place specializes in serving families and children with special needs. More than half of the children served in the Early Learning Center in FY 2024 had an illness or disability. 49% of children in the Early Learning Center have an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP) and receive early intervention services. In the Home-Based program, more than 28% of children in the Home-Based program have an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP) and receive early intervention services.

Despite these challenges, 100% of children made expected developmental gains during the year, toward a goal of 80%. 20 children graduated, all fully prepared for kindergarten as indicated by nationally recognized assessments – the 11th consecutive year of this achievement. Attendance plays a key role in in accomplishing these goals. Attendance was 84%, surpassing the 70% goal.

Head Start Program Overview:

Financials Funding Year 2023

Total Funds:

SOURCE AMOUNT

Federal: \$1,321,302

State: \$1,068,425

Local District: \$256,037

Private: \$125,000

In-Kind: n/a

Other: n/a

FY 2023 and Actual Expenditures		
	Budget	Actual
Sub-Recipient		
Personnel	\$1,658,350	\$1,224,737
Fringe benefits	390,473.28	298,914
Contractual	\$66,610	\$46,007
Other	\$60,382	\$53,299
Supplies	\$40,091	\$144,820
Travel	\$3,000	\$0
Equipment	\$0	\$0
Facilities/Construction	\$64,833	\$25,431

Our Children and Our Families

Number of Children Served in 2023-2024

	Funded Enrollment HS	Number of Children Served in HS	Funded Enrollment EHS	Number of Children Served in EHS
Center-based	41	44	32	38
Home-based	0	0	30	37

Family Childcare	n/a	n/a	n/a	n/a
Total:	41	44	62	75

Enrollment Statistics

Highest Level of Education by Family	Percent
Advanced/Bachelors	17%
Associate/Vocational/Some College	32%
High School Graduate/GED	44%
Less than High School Graduate	5%
Did not answer	N/A

Race / Ethnicity of Participants

Race/Ethnicity of Participants	Percent
Hispanic of any race	56%
Black or African American	42%
Asian	1.2%
White	34%
Multiracial/Biracial	13%
Native American	0%
Other	8%

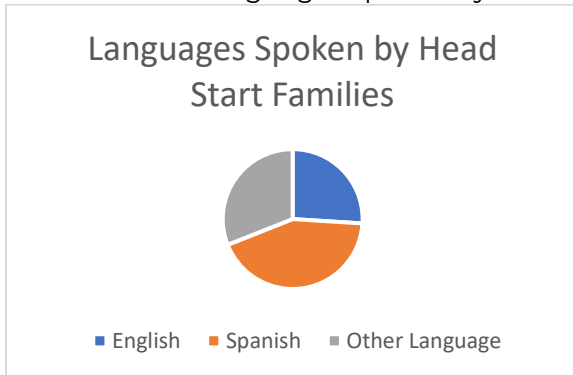
Ages of Children and Pregnant Women Served in Head Start / Early Head Start

% 19 4 years old
 % 42 3 years old

% 22 2 years old
 % 14 1 year old
 % 15 Less than 1 year old
 % 1.5 Pregnant Women

Languages Spoken by Head Start Families

Insert Chart of languages spoken by Head Start families



Preparing Children for Kindergarten

Teacher Level of Education	Percent
Master's Degree 1	1%
Bachelor's Degree 11111	31%
Associate's Degree 11111	31%

Child Development Associate II	13%
Home Visitor Credential	100%

Classroom Assessment Scoring System

Summary of CLASS observation:

In the most recent results, we were significantly above the National Average and Quality Threshold (Highest level). On a 7-point scale where quality ranges in 5 domains at 2.5 for the highest score, we scored 3-4 and where quality ranges in the other 4 domains at a 4.5 we scored 6-6.5 consistently. CPA has received several recognitions and awards for how high our classrooms are performing. An additional successful outcome is how classrooms are able to effectively manage children with diagnosed disabilities and medical health conditions.

Family Engagement

Summary of Parent Education Activities/ Parent Committee Meetings/Other special gatherings or activities Male Involvement/ resources provided to families.

Parent Committee Meetings:

Parent meetings are offered monthly. Parents participate in the planning of these meetings and suggest topics of interest, as noted above. The Parent committee also has a representative that attends our monthly Parent Policy Council Meetings. During that meeting, the representative provides an agency update that was discussed in a previous parent meeting. The representative then gathers the information discussed at the Grantee Parent Policy Meeting and shares it with the parents at the following parent meeting.

Other special gatherings or activities:

Home Based parents participate in socialization events every month, while Center Based parents are offered Parents As Teachers activities. They are also offered the opportunity to participate in a Familysgiving fall event, a winter party, and end of the year celebration with their children.

Families are encouraged to attend Parent Teacher Conferences, Home Visits, Parent Meetings, Parents As Teachers Activities, and Socializations to maximize participation and engagement with their children’s education.

When advertising or discussing program events or meetings, staff use neutral language such as parent or guardian to ensure that fathers or male figures feel welcome and included.

We provide families with access to our lending library, Reading is Fundamental literacy activities, and we have partnered with UIC Center for Literacy to facilitate activities on introducing and improving at-home literacy skills. This year we were able to continue these activities virtually.

Male Involvement:

Children’s Place hosts a quarterly Father/Male Figure Involvement event to encourage male participation in our program and provide an engaging, fun and educational event specifically for the fathers/male figures. Staff works to build relationship with families to learn what father figures or male role models each child has and encourages that person/people to participate.

Child Outcomes

Summary of 2023-2024 Child Outcomes

Center Base:

In reviewing the data from the fall, winter, and spring there has been a shift in the checkpoint data. The spring data has increased in all developmental domains. Over 84% of the children in the program are meeting and exceeding expectations in most developmental domains except Language development. For the fall checkpoints the strengths were Social-emotional, physical, and Cognitive development. On the other hand, the data for the winter check points, the strengths were Mathematics, Cognitive, and Social Emotional development. The percentage of these areas were above on an average. For the spring check point the data showed a lot of progression in most areas except Language development. The result for this increase could be the communication around the data has increased. More strategies were implemented in the classroom environments and discussed with families on several meetings. During the fall check point, data showed Language, Literacy, and Physical Development are areas to build upon. After reviewing the data from the winter check point shows Language, Social-emotional, and Physical development as areas to build upon which has been a switch from the previous check point. The percentages from these areas were over 20% below. As a program we have reflected on the errors and will continue to improve the quality of planning and implementing lesson plans. The Program has discussed strategies to help staff, children, and families with their social emotional well-being. Classroom teachers have discussed in increase in some areas due to implementing conscious discipline strategies as well as using recommendations from the mental health consultant. There were some barriers within the strength's teachers needed more strategies for children who were experiencing different behaviors inside the learning environment the disability coordinator and education coordinator teamed up and created a space to allow children to be removed from the classroom environment to an area where they can focus on physical development and breathing exercises. The interns have created a schedule to support children who need extra one-on-one time. Classrooms discussed having children complete more movement experiences to help them to control their bodies and emotions while talking through the behaviors they were experiencing. Overall, the data for the program did take a shift and a turn among the strengths and areas to build on. However, over 84% percent of the children are meeting and exceeding in each developmental domain since the last check points. In spring the percentages increased a significant amount from the fall data. After the last check point data there has been some coaching around routines and experiences. Teachers sent home weekly experiences for parents to engage in in the home environment. The children are meeting goals along with kindergarten readiness goals. All children who will be transitioning to kindergarten in the fall will be screened in the ESI.K to determine each child's readiness. Transition meetings have started to discuss placement and supports

Home Base:

After analyzing classroom data, we observed a couple trends. Children not engaging in many math activities due to parent planning focus on other areas. Observations were also not consistent due to several family cancellations due to rise of illness and parents work schedules not allowing consistent visits. We also observed that several of our new arrival families had to tend to other family needs such as housing, obtaining food, and employment and therefore had to cancel several home visits to address these matters. Families have also advocated for their children and having more hands on experiences related to exploration. There were also several families this period that seeked support from our mental health consultant. We observed that those families with experiencing mental health related situations, cancelled home visits or were not as consistent with communication this period.

Based on the data children overall through this quarter have shown growth in the different developmental areas. Most (more than half across all areas) children this quarter in our program were meeting/above the national

average. Overall, we see children continuing to work towards meeting milestones and children with IFSP's showing progress toward goals.

Most children with diagnosed disabilities fell above most areas (7/8 areas). Most Diverse learners met or were above in Social Studies and Science and Technology, Creative Arts (100%). Data showed the area of Social and Emotional Development, Physical Development, Language, Mathematics 67% below expectations. Approaches to learning with 100% below expectations. Disabilities Coordinator meets with home visitor and education supervisor to discuss and support planning strategies. Interim and Implementation plans are completed to collaborate with families and reviewed during transition plans or getting to know you. They will also be presented and discussed during weekly home visits. We continue to offer support and activities to families and practice individualization to best support our diverse learners.

After reviewing all 3 quarters of data it is visible that the 2nd quarter had the most children meeting/exceeding in most areas of development. Winter quarter met/exceeded 8/8 areas, fall children met/exceeded 7/8 areas and Spring had children meet 7/8 areas of development. From the data comparison the data remains consistent between periods with the first period showing more children meeting or exceeding due to more consistent observations. Due to staff transition and several families experiencing health/mental health challenges, we observed more parents cancelling visits with new educators and communication not as consistent when scheduling home visits. Quarter 1, Winter period, had the most growth of data collection and percentage of completion compared to the rest of the year with 79% completed with three classrooms and the team working collaboratively with families. Although there has been a fluctuation in data results, we believe children are continuing to meet ongoing goals throughout the year which may not be reflected in this final period. The data may not show all progress, but we actively see how children have shown growth and parents have focused on development during visits and goal check-ins. I believe the data reflected the attendance issues we faced and the transition in services. Overall, the data reflected shows the growth from period one to period three.

Services for Children with Special Needs

Summary of services provided to children with special needs during the program year 2023-2024

During the 2023-2024 program year, the Disabilities/Wellness Coordinator has maintained partnerships with CPS, LEAs, and Early Intervention to ensure that Early Learning families have up-to-date information for their diverse learners. Currently, the responsibility of the Disabilities/Wellness Coordinator is to serve as a liaison, working collaboratively with families advocating for the rights of their diverse learner. The Disability/Wellness Coordinator provided ongoing support and advocacy to families, offering guidance on accessing community resources and services.

The Disabilities/Wellness Coordinator has worked collaboratively with the Family Support Specialists in both CB and HB programs to update the ERSEA/Disabilities recruitment plan monthly. Under the updated plan, our programs will remain fully enrolled, while maintaining more than ten percent of identified diverse learners, both in Early Head Start and Head Start programs.

During the 2023-2024 program year, the Disabilities/Wellness Coordinator has met with staff regularly to continue to develop and update Positive Behavior Support Plans, implementation plans, and interim plans for children with IFPS/IEP, or an identified disability to help guide their individualization. The Disability/Wellness coordinator collaborated with teachers, parents, and specialists to create tailored Individualized Support Plans for each child with special needs. These plans outlined specific goals, interventions, and accommodations to

address the child's unique challenges and promote their development across different domains. To assess the effectiveness of interventions and services, the coordinator diligently tracked and monitored each child's progress. Regular data analysis allowed for adjustments to be made to the child's support plan as needed, ensuring continuous improvement and optimal outcomes.

The Disabilities/Wellness coordinator actively promoted inclusive practices within the classroom, working closely with teachers to adapt and modify activities to accommodate children with special needs. This ensured that all children could participate and engage in activities together, fostering a sense of belonging and positive social interactions.

The Disabilities/Wellness coordinator also engaged in professional development, organizing workshops and training sessions for program staff and families to enhance their knowledge, and understanding of working with children with special needs. These efforts contributed to a more inclusive and supportive learning environment for all children.

Additionally, the program has developed a more strategic plan for the use of the sensory room which is used to provide these children with a safe and educational sensory break. This creates opportunity for ongoing regulation so they may better function in their general classroom settings. Additionally, we plan to return to sensory boxes to help the children regulate.

Children’s Place specializes in serving families and children with special needs. % of children in the Early Learning Center have an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP) and receive early intervention services. More than 25% of children in the Home-Based program have an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP) and receive early intervention services. and 3% had a parent living with a disability or medical condition.

Health Services

Percent of Children Meeting Health Requirements 2023 -2024

	Health Insurance	Medical Home	Dental Home	Professional Dental Exam	Current EPSDT	Up to date Immunizations
Center-based Program	100%	99%	95%	63%	61%	90%
Home-based Program	95%	92%	74%	29%	26%	84%
Family Childcare Home	n/a	n/a	n/a	n/a	n/a	n/a

Mental Health Services

Summary of mental health services provided during the program year 2023-2024

Parents participate in the annual meeting for planning mental health education. Parents recommend training topics for the monthly parent meetings. Parents receive ongoing wellness training and support as

identified/requested. Individual therapy and group Play Therapy is available for those children in need through partnership with the Juvenile Protective Association, a leader in child mental health. Additionally, staff support groups are held monthly. Individual support is provided to staff through MHC, DIS/MH Coordinator, and internal CPA wellness program.

To support the Social/Emotional Development of children, the Disabilities/Wellness Coordinator has continued to implement the Conscious Discipline curriculum with “I Love You” Rituals, self-regulation activities, and videos for parents on the importance of connecting with their children, and how to navigate during tantrums.

The purpose of the Conscious Discipline curriculum is to implement a social/emotional supplemental curriculum that will support positive and nurturing caregiver and child relationships. The Disabilities/Wellness Coordinator facilitated monthly training sessions reviewing 10 chapters from Conscious Discipline.

During challenges with social/emotional development, families have reached out virtually to the Disabilities/Wellness Coordinator asking for support. The Disabilities/Wellness Coordinator worked collaboratively with families to identify appropriate activities that support the social/emotional goals on their IEP.

Additionally, this year we were able to conduct virtual classroom and/or individual observations by our Mental Health Consultant (MHC). The MHC was also able to provide trainings to staff and parents around topics that were specifically chosen based off needs of the families/staff. The MHC would also provide parent consultations and provide referrals to outside Mental Health facilities. A child would either be referred out for additional services or education and support staff worked in collaboration with the MHC and DWC to implement and carry out a PBSP. The plan is revisited as needed for adjustments based on child outcomes.

Our Community

Community Assessment Highlights

Each year, the Start Early supports Children’s Place Association in conducting/updating a community assessment outlining the strengths and needs of the communities served by the Children’s Place Early Learning Center and Home-Based early education program. The most recent community assessment was completed in June 2024, it includes new data from 2022 which, in accordance with Head Start Performance Standards, is used for program planning purposes.

As part of the Community Assessment, Children’s Place client parents and community partners identified additional issues and needs in focus groups. Although the participating parents and community partners cited many strengths and resources in their communities. Please see below chart for more information:

Mental Health	<ul style="list-style-type: none"> - More conversations and resources - State is starting to focus on mental health for kids aged 0-5 - Increased city focus on MH (e.g. Treatment not Trauma) - Kedzie Center and other neighborhood coalition models
Disabilities	<ul style="list-style-type: none"> - Collaboration with families and other agencies - Peer network/info-sharing - Success in hiring more staff - Rush and Northwestern are researching early intervention for autism

Education	<ul style="list-style-type: none"> - Collaboration among families - Education around vaccinations to families - Many options - Bilingual parent programs - Flexible, family-centered home base programs
Health	<ul style="list-style-type: none"> - Many ST, OT, and ABA clinics - Health-related coalitions - Availability of services for all populations
Nutrition	<ul style="list-style-type: none"> - Food pantries providing additional services and supporting families - Expansion of Greater Chicago Food Depository food assistance in communities
Social Services	<ul style="list-style-type: none"> - Community engagement events—coming together to learn about a diverse range of services - Productive relationships - Consistency - Social determinants of health prioritized in the medical field

Children’s Place parent focus groups and community partners identified several strengths, they also could identify challenges and needs in their communities. Please see below chart for more information:

Mental Health	<ul style="list-style-type: none"> - <i>Up to date</i> resource book for mental health resources - Bilingual staff - Move programs all around Illinois - Educational MH programs for high schoolers and their families - More services for pregnant people and children 0-5 - More MH programs on the <i>Southeast</i> side - Opportunities for uninsured - Extended hours - More staff—shortages lead to long waitlists - More training for staff to deal with inadequate reimbursement rates - More visibility of available resources and partnerships - Neighborhood coalitions—sign a petition to bring services to your neighborhood
Disabilities	<ul style="list-style-type: none"> - More service availability to account for increased autism diagnoses - Protection against predatory agencies that claim to make diagnoses and referrals - More therapists, especially bilingual - More interpreters (e.g. Cari, Rohingya, Pashto) - More safe spaces - More bilingual school case managers/social workers

	<ul style="list-style-type: none"> - More support for caretakers (e.g. support group[s], respite workers) - Schools <i>must</i> have resources to provide for every child in the service area to avoid kids from the community needing to be bussed far away—more staff or training of current staff can accomplish this - More screening staff to shorten waitlists
Education	<ul style="list-style-type: none"> - Staffing (Teacher shortages) - More afterschool programs (especially within schools themselves) - More transportation between schools and existing afterschool programs - More programs before school - Expanded childcare hours for working parents—5 a.m. start, later ending - Staff trained in mental health - In-house medical services - More education around educational community-based programs - Increased mental health services as it relates to lowering chronic absenteeism
Health	<ul style="list-style-type: none"> - Affordable and attainable health insurance coverage for immigrants - More ST, OT, and ABA clinics to shorten waitlists - More bilingual/bicultural providers - Walk-in maternal assistance - Solutions for families that fall through the gap between Medicaid services and private insurance
Nutrition	<ul style="list-style-type: none"> - More access to healthy food - Expanded food pantry schedules (IWS on Fullerton & Central Park needs more volunteers) - More education about healthy eating - Healthy cooking classes - Affordable options for healthy food - Resources to create a nutritional curriculum - Increase partnerships with dietetic and nutrition programs at universities
Social Services	<ul style="list-style-type: none"> - Increased legal services for low-income clients, parenting cases, child custody, child support - More focus on prevention—hire more staff - More attention and focus on essentials and basic needs - Mental health should be considered the first priority - Protect against predatory service providers - More structure
Immigration	<ul style="list-style-type: none"> - Language access

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| | <ul style="list-style-type: none"> - Resources!! (especially bilingual)—community organizations are over-stretched - Address reasonable family fears of disclosing immigration status—increase confidence/comfort - Housing - Employment (especially bilingual) - Increased awareness of available resources |
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Partners and Volunteers

Children’s Place Association partners with local agencies in the community to provide resources and supports to families. Each year, host an annual Community Assessment Brunch. During this brunch new and pre-existing MOU’s are developed. Referrals to additional agencies are also revealed during the meeting. Additionally, throughout the year, FSS identify additional agencies that meet newly identified needs of the families we serve. CPA’s Development teams partners with local companies seeking out volunteer opportunities. CPA works with programs to identify needs and matches volunteer to the program based on volunteer request of service they are interested in providing.

Shared Governance

Board Involvement_

CPA is a partner agency with Start Early and is apart of their larger Board of Directors.

Head Start Policy Council Involvement

Children’s Place Association has a Parent Committee Board (PCB) that meets monthly. Our Parent Committee Board Representatives also sit on Start Early’s Policy Council. Each month, the representatives share findings and summaries of those meetings with the PCB. PC members also are responsible for, but not limited to, parent interviews, reapplication and budget approvals, new policy approval, self-assesment participation etc.

Summary of Audit Findings

Based on the audit findings, all content areas were overall on target. There were minor updates/areas of improvement that were all be rectified within a 30-60 day timeframe.

Summary of Information Required by the Secretary

Start Early Board of Directors and Policy Council were given brief summaries and links to all Program Instructions and Information Memorandums.

Summary of Annual Review Findings

During the 2023-2024 annual review, it was identified that overall, all content areas were very strong with little to no non-compliance. Areas in need of support were minimal and were rectified immediately.