

SCF Early Head Start Annual Program Report 2021- 2022



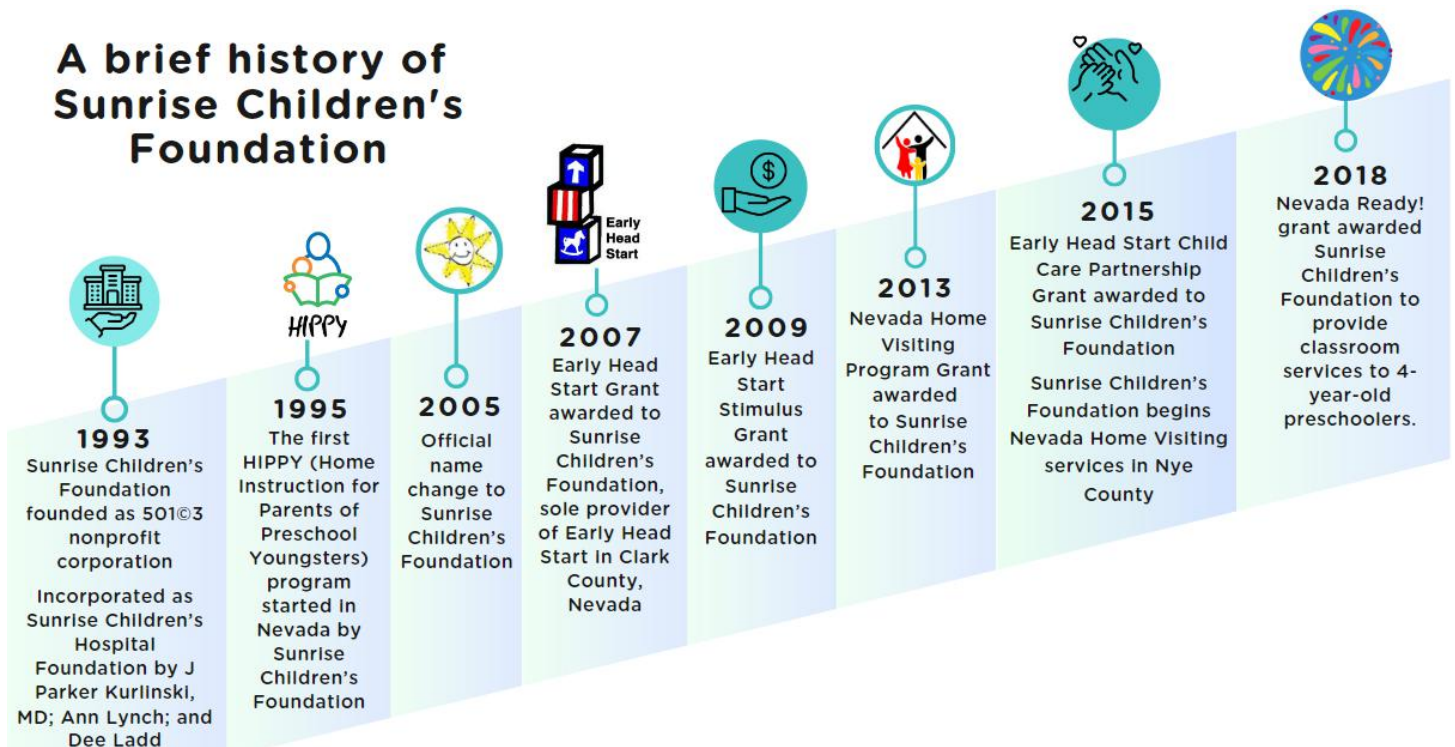
Region IX

About Sunrise Children's Foundation

Sunrise Children's Foundation (SCF) delivers a full scope of services from birth to five and provides a comprehensive continuum of care to ensure that children in Nevada have a chance at success. Founded in 1993, SCF currently provides multiple programs throughout Clark County, employs approximately 190 individuals and touches the lives of over 150,000 children and families annually.



A brief history of Sunrise Children's Foundation



Mission Statement:

Helping children fulfill their potential of safe, healthy and educated lives.

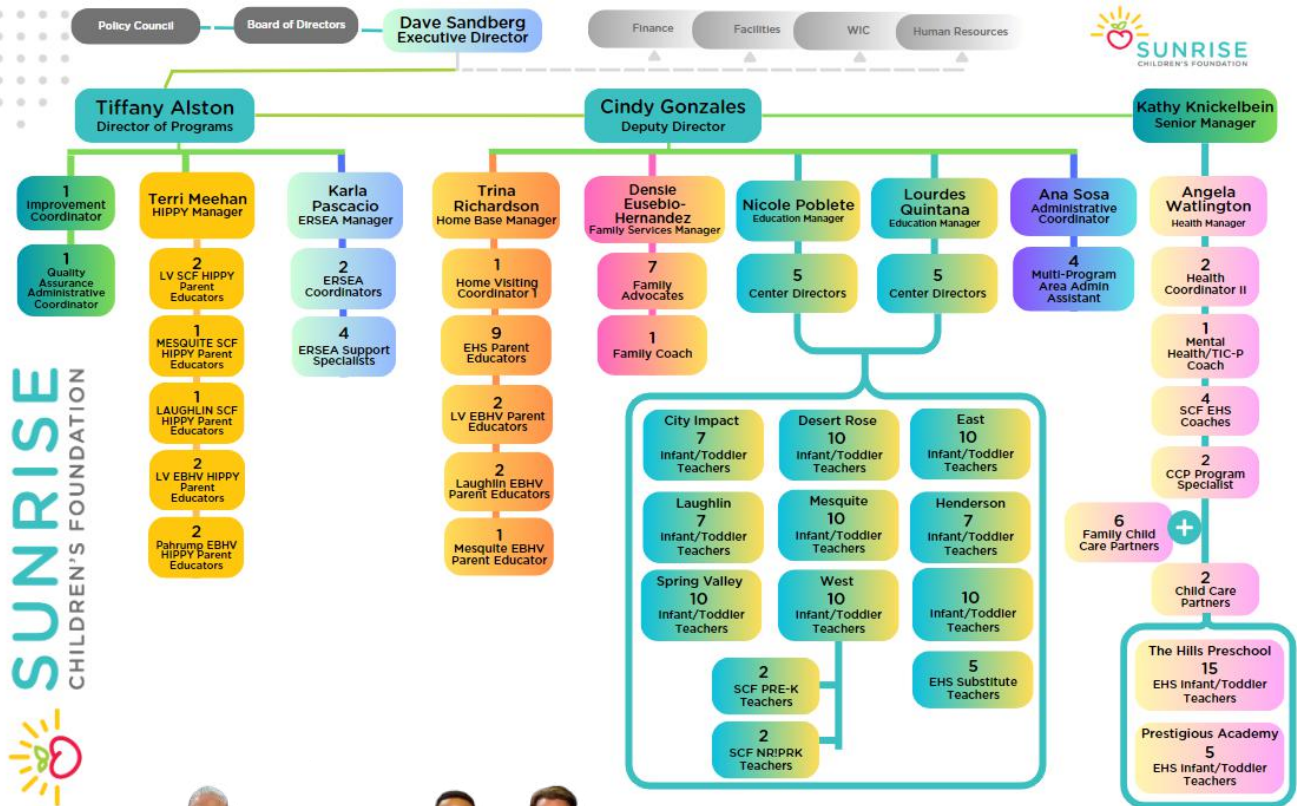
Early Head Start offers comprehensive child development and family support services to low-income and underserved populations including expecting mothers, infants, toddlers and their families.

Our Early Head Start Learning Centers and Home Visiting programs:

- Promote infant and toddler health and development,
- Foster positive family relationships,
- Support parents as the primary decision makers and nurturers of their children.
- Promote literacy and school readiness.



Meet our Team!



SUNRISE
CHILDREN'S FOUNDATION



SUNRISE
CHILDREN'S FOUNDATION

Education and Nutrition
Bright from the Start

Core Values



Mutual Respect

We add value to relationships by building bonds, understanding, listening, apologizing for mistakes, accepting differences, being supportive and being intentional about two-way communication.



Empowerment

We use education and expertise to make better decisions. We help one another realize their importance to the organization.



Integrity

We demonstrate unity in strong moral principles by providing information and services in a truthful way.



Commitment

We believe in what we do by having passion, knowledge and acceptance of those we serve.



Trustworthy

We demonstrate unity in strong moral principles by providing information and services in a truthful way.

OUR MISSION

Helping children fulfill their potential of safe, healthy and educated lives.

SCF delivers a full scope of services from birth to five and provides a comprehensive continuum of care to ensure that children in Nevada have a chance at success.



SHARED GOVERNANCE



Board of Directors

- Lori Soren - Chairperson
- Brandee Wade -Treasurer
- Maximilien Fetas, Esq. - Secretary
- Lindsay Diamond, PhD - immediate Past Chair
- Alberto Montano
- Bonnie Rosselli
- Denise Mora
- Jamie Prosser
- Jennifer Bradley
- Kaleo Curtis
- Melanie Maviglia
- Monica Plaxton-Garin, Esq.

Directors Emeritus

- Dee Ladd
Founding President & CEO
- Ann Lynch
Co-Founder
- J. Parker Kurlinski, M.D.
Co-Founder
- Michael E. Minden
- Victor Salerno

Sunrise Children’s Foundation (SCF) includes parents and community members as active decision-makers in policies, procedures and other important issues that affect their child’s education and how the program operates. This process is called “shared governance.”

Parents are empowered to actively participate in this shared governance process. A formal structure of shared governance through which parents can participate in policy making or in other decisions about the program is established and maintained which include our governing body, a Policy Council, and parent committees.

Parent Committees are established for every center and combined home base programs. They provide every parent of an enrolled child an opportunity to assist in the development of activities that address their interests and needs, nurture their child’s development, and keep them linked to resources in the community. The Policy Council is made up of parent representatives from each Parent Committee and includes representatives from the community. The Policy Council has policy-making authority and is governed by locally determined by-laws that ensure clarity and consistency in function and purpose.

SCF 21-22 Policy Council Members

- | | |
|------------------------|---------------------------|
| Hayley Gardner - Chair | Tamara Smith - Vice Chair |
| Ashley Wall | Estrellita (Star) Giron |
| Tina Matthews | Lisa Wilkins |
| Kara Ulrich | Samantha Luna-Zuniga |
| Teesha McCarver Crosby | Jessica Hammond |
| Jaira Vaughns | Miriam Aguirre |



SCF EHS Program Area Goals

In collaboration with our governing body and policy council, each program area has set 5 year program goals. We are coming up on the end of this 5 year period and will be updating our program area goals and will turn outward to include the impact we have on the community. Some goals you can look forward to seeing will be to expand EHS services into rural communities in Clark County, increasing program option offerings to include Family Child Care partners, developing transitional childcare for families experiencing homelessness, strengthening Parent Leadership programs, and the Emerging Leaders initiative across the state.

Education & Coaching

Program will provide high quality education and services to all qualified children and Families.



Health

Program will optimize the health, safety, and well-being of all enrolled children.

Family and Community Engagement

Program will provide quality family and community engagement services that promote family well-being, strengthen parenting, parent-child relationships and supports family engagement in school readiness.



Mental Health & Disabilities

Program will optimize the health, safety, and well-being of all enrolled children.

School Readiness Goals

Head Start defines school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life. The Head Start Approach to School Readiness means that children are ready for school, families are ready to support their children's learning, and schools are ready for children.



For parents and families, school readiness means they are engaged in the long-term, lifelong success of their child. Head Start recognizes that parents are their children's primary teachers and advocates.

Sunrise Children's Foundation School Readiness Goal's were designed to meet the Head Start Program Performance Standards (HSPPS) regarding school readiness goals, as well as the Nevada Infant Toddler Guidelines and Head Start Early Learning Framework, using examples and indicators from the Guidelines, the Framework and Teaching Strategies Gold Objectives and Domains.

SCF SCHOOL READINESS GOALS

Social-Emotional Development

Goal 1.a. All children will demonstrate an understanding of themselves and others through the development of secure relationships.

Goal 1.b. All children will develop a strong sense of self.



Language & Literacy

Goal 2.a. All children will comprehend and use language to communicate.

Goal 2.b. All children will develop a strong sense of self.



Cognitive and General Knowledge

Goal 3.a. All children will demonstrate developmentally appropriate functions of reasoning and problem solving.

Goal 3.b. All children will demonstrate developmentally appropriate discrimination and classification skills.



Physical Development and Health

Goal 4. All children will demonstrate developmentally appropriate functions of reasoning and problem solving.



Approaches to Learning

Goal 5.a. All children will explore, build, and use a variety of art materials.

Goal 5.b. All children will express initiative.

Our Children & Families

FUNDED ENROLLMENT

Sunrise Children's Foundation is FUNDED for 328 child development center base children and 114 home-visiting children/families.

Early Head Start
FUNDED
Enrollment

442



328

Child Development
Center Base Children

SCF Center-Base: 232 children

SCF Child Care Partnership: 96 children

& 114

Home-Visiting
Children/
Families

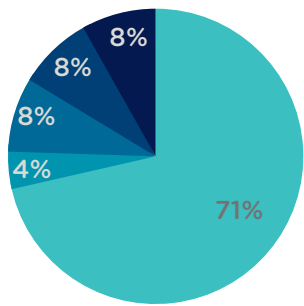
ACTUAL ENROLLMENT

During the 2021-2022 program year we served a total of 291 children and six expecting women for a total cumulative enrollment of 297. 245 families were served; some families have more than one child enrolled thus the difference between the funded enrollment and the total number of families. Due to COVID19, our enrollment for this program year was only about 40% of our funded enrollment.



OUR FAMILIES AT A GLANCE

The following charts provide information on the families we served.

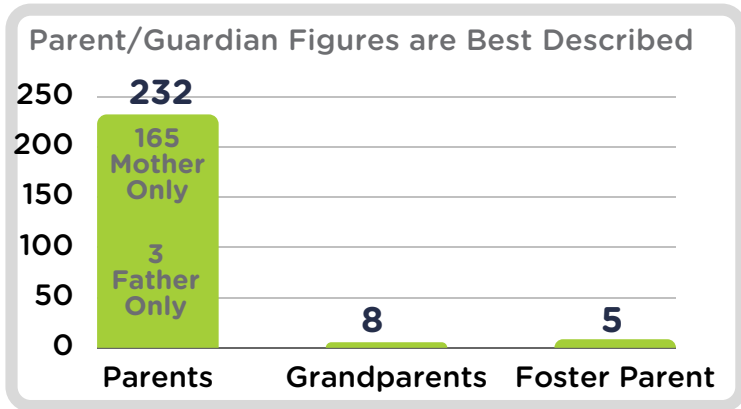


ELIGIBILITY TYPE

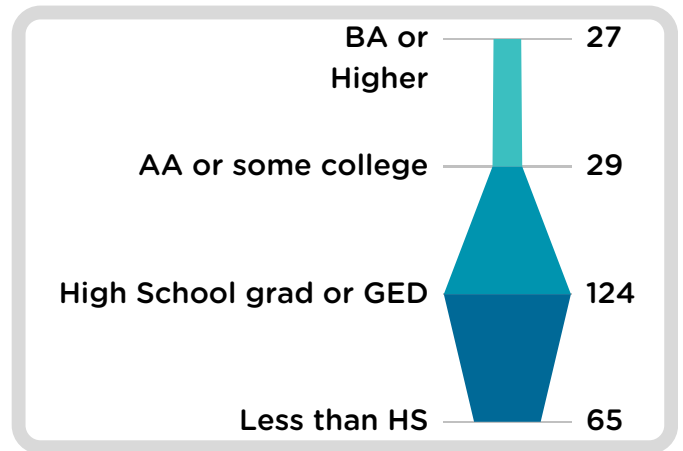
- Below 100% Poverty Line: 71% (207 families)
- Public Assistance: 4% (11 families)
- Foster Child: 8% (24 families)
- Experiencing Homelessness: 8% (25 families)
- Other Type of Need: 8% (25)

PARENTAL STATUS

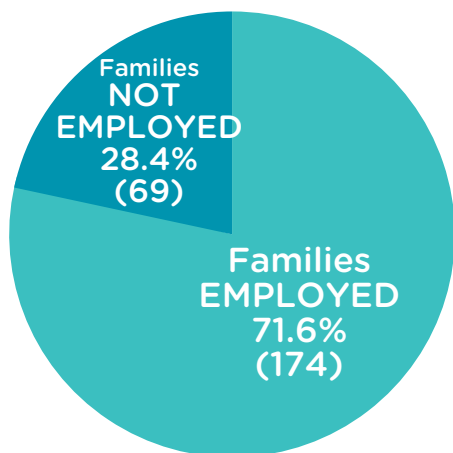
Two Parent Household: 32% (79 families)
 One Parent Household: 68% (166 families)



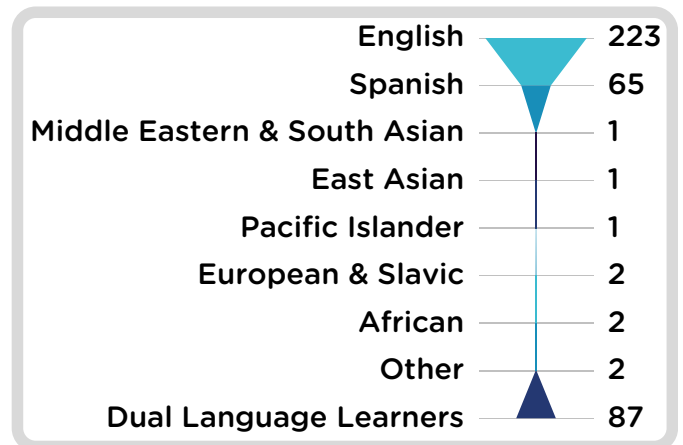
EDUCATION LEVEL OF PARENTS/GUARDIANS



EMPLOYMENT STATUS



HOME LANGUAGE



PARENT/GUARDIAN MILITARY STATUS



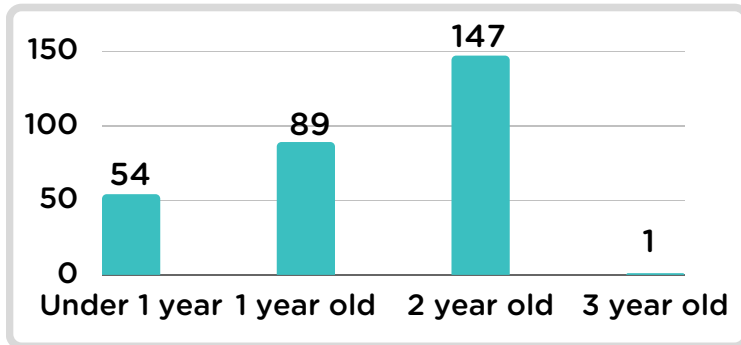
1 Active Duty

6 Veterans

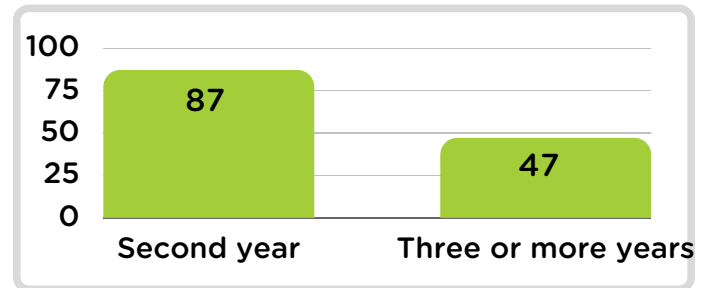
OUR CHILDREN AT A GLANCE

The following provides information on the children we served.

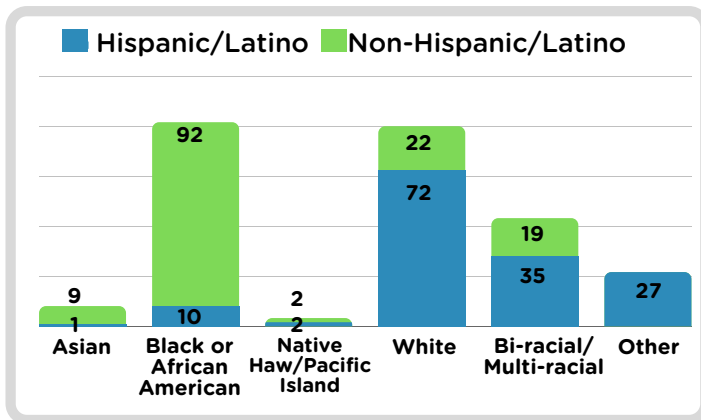
Age of Enrolled Children



Number of Children Enrolled 2 or More Yrs



ETHNICITY & RACE



CHILDREN WITH DISABILITIES

59 of the children enrolled in the program had an Individualized Family Service Plan (IFSP), at any time during the program year, indicating they were determined eligible by the Part C Agency to receive early intervention services under the Individuals with Disabilities Education Act (IDEA).

TRANSITION & TURNOVER

Total Number of Children who left the program at any time: **174**

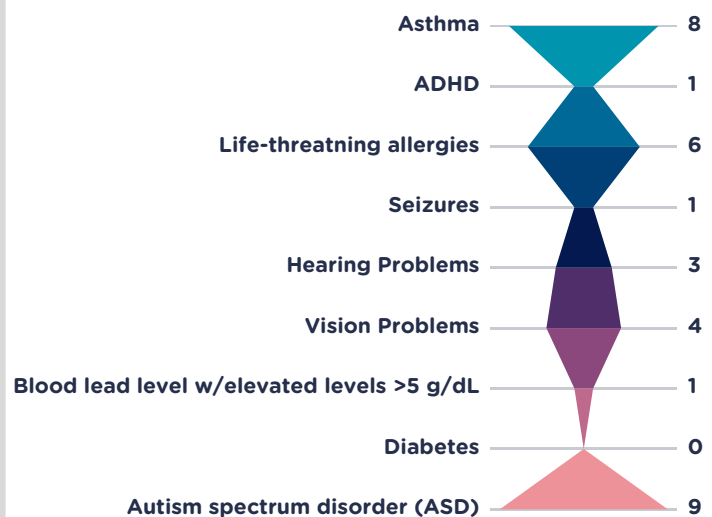
Of these, the number who were enrolled less than 45-days: **20**

Of these, the number who aged out of Early Head Start: **82**

Of the 82 children who aged out of Early Head Start:

- 36 entered a Head Start program,
- 40 entered another early childhood program, and
- 6 did not enter any other program.

33 children were diagnosed by a health care professional with the following chronic conditions, regardless of when the condition was first diagnosed.





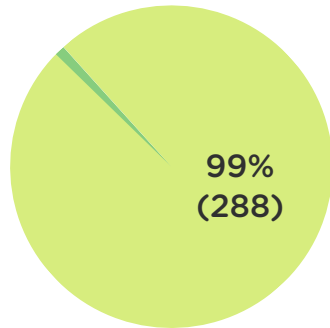
PROGRAM GOAL: WE WILL OPTIMIZE THE HEALTH, SAFETY, AND WELL-BEING OF ALL ENROLLED CHILDREN.

As physical well-being contributes to a child's readiness for school, Early Head Start places a strong emphasis on the overall health and well-being of all the children we serve. We provide developmental screenings for children during enrollment, and health and family services staff follow up with families to ensure medical and dental treatments are received.

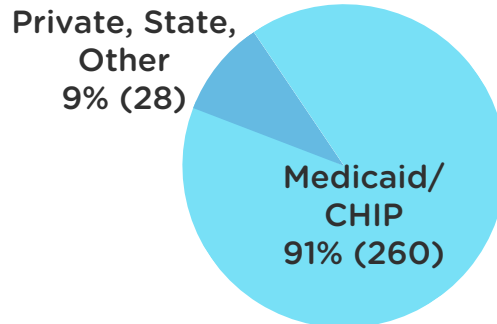


HEALTH CARE

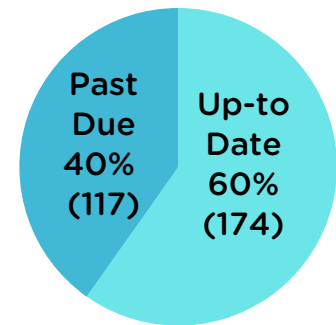
99% of our children had health insurance and an ongoing source of continuous, accessible health care



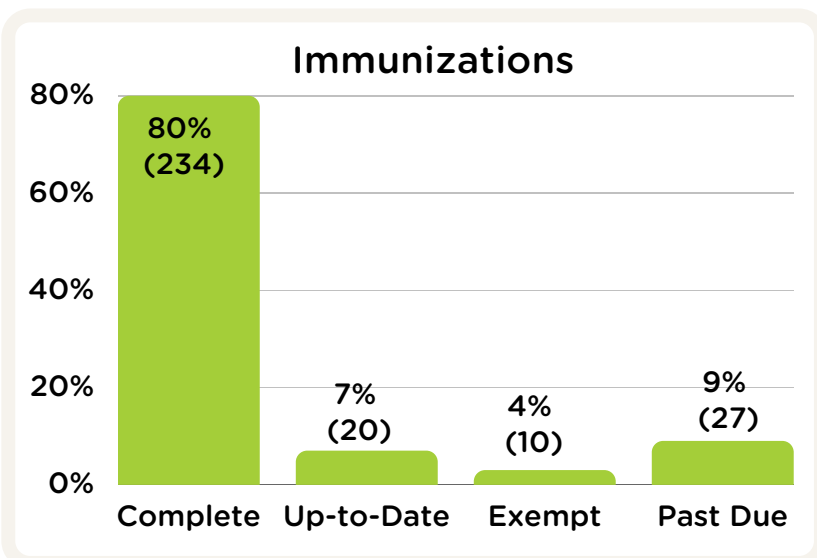
91% of the children had Medicaid/CHIP insurance and 9% had private, state or other health insurance.



60% of our Children are up-to-date on a schedule of age-appropriate preventive and primary health care according to the state's EPSDT schedule (well baby checks and/or physicals).



IMMUNIZATIONS



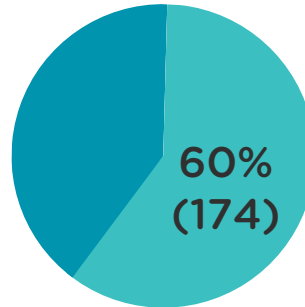
80% of our children had been determined by a health care professional to be complete on all immunizations appropriate for their age, 7% received all immunizations possible at the time but may have not received all immunizations needed (up-to-date), 9% were past due and 4% met the state's guidelines for an exemption from immunizations.

HEALTH OF OUR CHILDREN

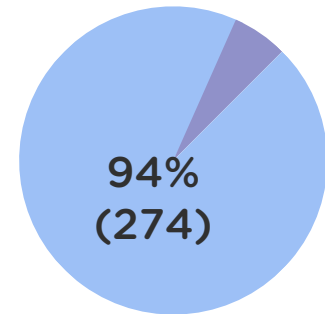
ORAL HEALTH



60% of our children were Up-to-date according to the Dental Periodicity Schedule (EPSDT).



94% of our children had continuous, accessible dental care provided by an oral health care professional which includes access to preventive care and dental treatment.



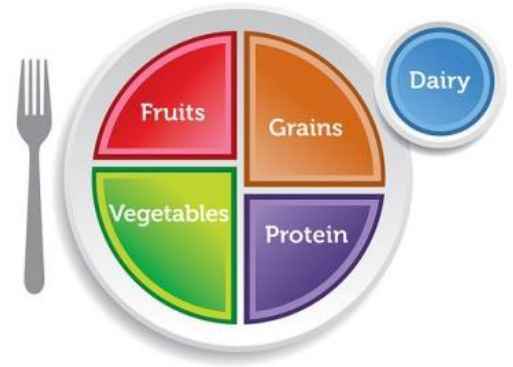
Per the Head Start Performance Standard 1302.43, we must promote effective oral health hygiene by ensuring team members assist children with brushing their teeth with toothpaste containing fluoride once daily. However, due to COVID-19, Sunrise Children’s Foundation stopped this daily practice as it was considered a high-risk activity per the Southern Nevada Health District. Instead, a total of 260 dental health kits - consisting of an age-appropriate toothbrush, toothpaste with fluoride, and oral health information and activities - were given to children attending onsite care at one of our child development centers.



HEALTH OF OUR CHILDREN

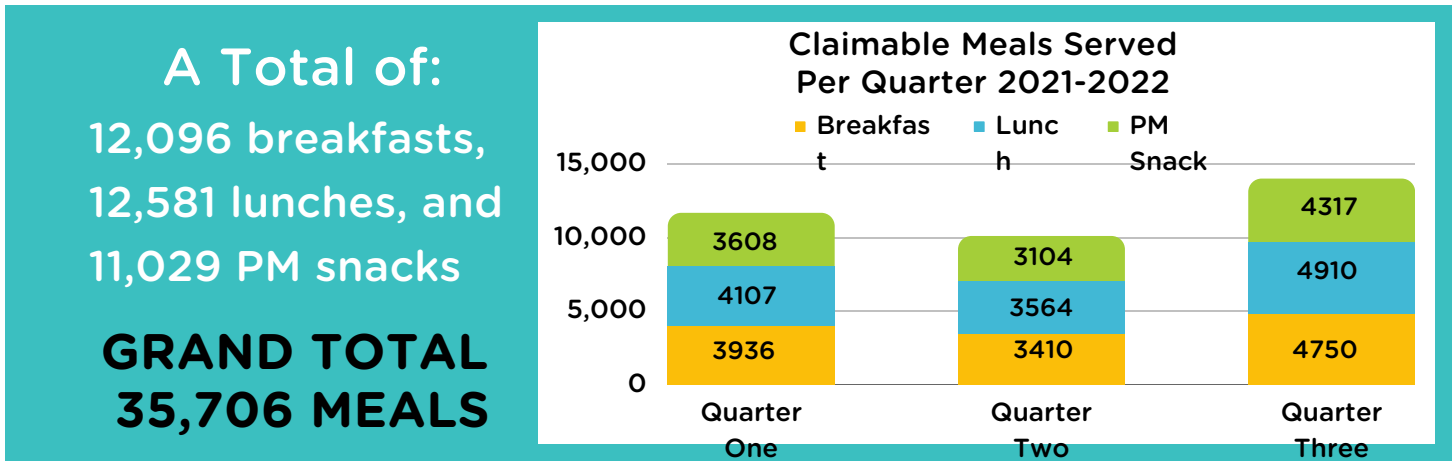
NUTRITION

Per Head Start Performance Standard 1302.44, we must provide and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities. We are also to use funds from USDA Child Care and Adult Food Program (CACFP) as the primary source of payment for meal services.



The Child and Adult Care Food Program (CACFP) provides nutritious meals and snacks to eligible children and adults enrolled for care in participating childcare centers, day care homes, adult day care centers, after school programs, and emergency shelters. It is a federally-funded program that provides reimbursements to such centers. Our food vendor and community partner is Acelero Learning.

All children, ages 0 to 3, that are enrolled at an SCF center, or our Child Care Partnership center, are eligible to receive free meals and snacks through our CACFP program.



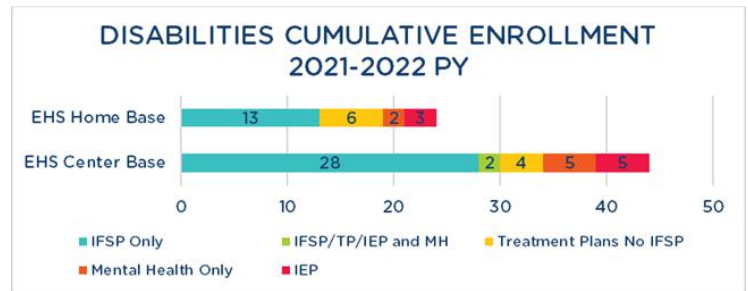
DISABILITIES SERVICES FOR OUR CHILDREN



As physical and mental well-being contribute to a child’s readiness for school, Early Head Start places a strong emphasis on the overall health and well-being of all the children we serve. Disabilities and Mental Health provided services to children and their families through both virtual and in-person means. From innovations to observation protocols, to the use of more refined tools and program software, SCF has taken a multi-disciplinary approach toward understanding how teams can identify program participants with specific needs and the ways that the organization is able to assist them.

PROGRAM ENROLLMENT

SCF had a total of 61 children enrolled who had an Individualized Family Service Plan (IFSP) or Therapy Plan (TP) at any time throughout the year. An IFSP indicates they were determined eligible by a Part C Agency to receive early intervention under



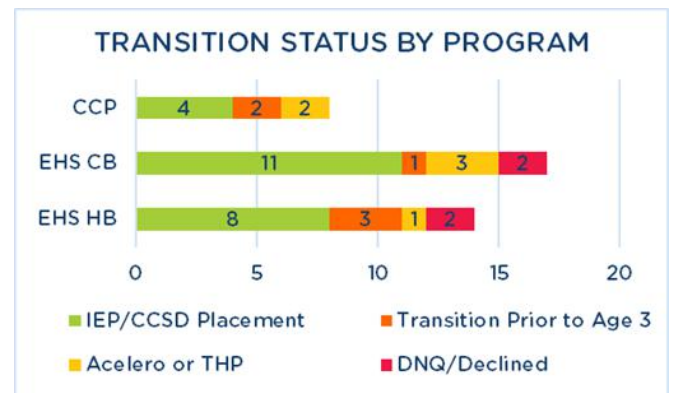
the Individuals with Disabilities Education Act (IDEA). Additionally, 9 children were receiving mental health support throughout the 2021-2022 program year.

PART C TO PART B TRANSITIONS

SCF provides additional transition support services for children with IFSPs and TPs working to ensure they have continued services provisions as they transition from Part C to Part B providers. For 2021-2022, SCF had a combined total of 39 children with an IFSP enrolled who reached transition age. A total of 27 children received comprehensive evaluations by Child



Child Find/Clark County School District (our LEA); 23 were found eligible for services under Part B and 4 declined or Did Not Qualify (DNQ) for services through Part B evaluations. Additionally, 6 children withdrew prior to the end of the program year and 6 transitioned to Acelero Learning (Head Start) or our Child Care Partner (CCP) site, The Hills Preschool.

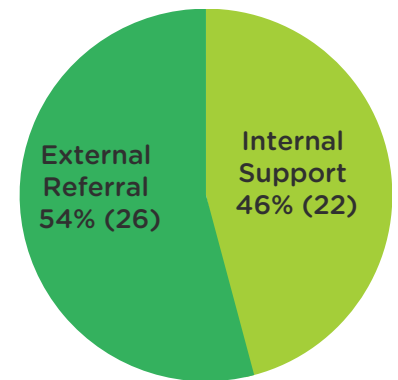


DISABILITY SERVICES FOR OUR CHILDREN

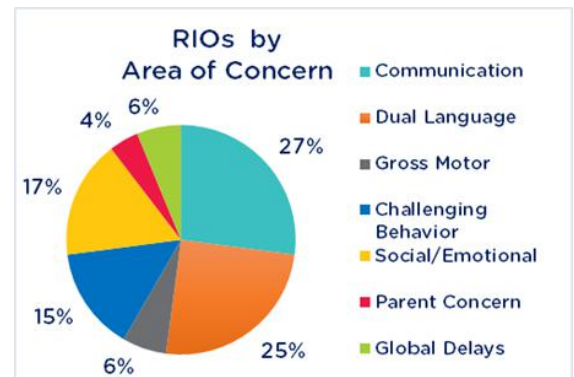


REQUEST FOR INTERNAL OBSERVATION

For the 2021-2022 program year, SCF had a total of 48 Requests for Internal Observations (RIOs), which are utilized by SCF team members seeking additional supportive services from Disabilities and Mental Health. Of the 48 RIOs received 26 (54%) resulted in an external referral to community partners, whereas 22 (46%) resulted in internal support offered to both staff and families, but did not result in an external referral. At the end of the program year 9 RIOs remained in progress for children who are eligible to return in new program year.

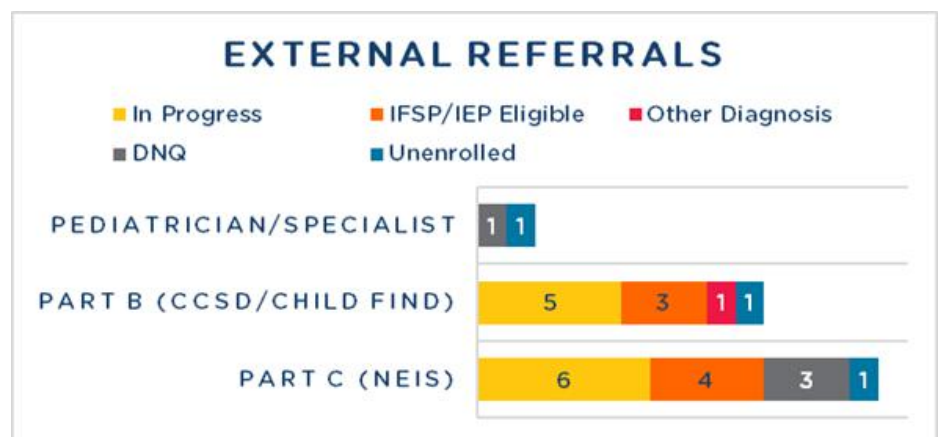


Area of Concern: Is tracked to better understand domains of concern and identifying trends, in addition to guiding the Disabilities and Mental Health team on topics for team member professional development.



EXTERNAL REFERRALS

Of the 26 external referrals resulting from Requests for Internal Observation (RIOs), 14 were to NEIS (Part C), 10 were to CCSD/Child Find (Part B), and 2 were to a pediatrician or specialist. 7 of the referrals resulted in the child being found eligible to receive services under IDEA, 1 child received another diagnosis and 4 Did Not Qualify (DNQ). At the end of the 2021-2022 program year, 11 children were still pending evaluations, 6 to Part C and 5 to Part B.



Child Outcomes & School Readiness



PROGRAM GOAL: WE WILL PROVIDE HIGH QUALITY EDUCATION AND SERVICES TO ALL QUALIFIED CHILDREN AND FAMILIES.

Head Start defines school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life. The Head Start Approach to School Readiness means that children are ready for school, families are ready to support their children’s learning, and schools are ready for children. For parents and families, school readiness means they are engaged in the long-term, lifelong success of their child.

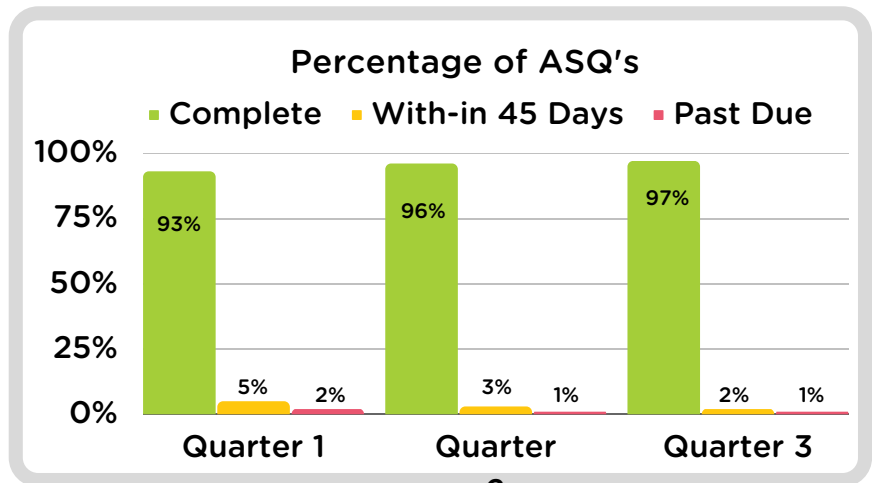
One way for us to support our educators in providing high quality education and services is to use a valid, reliable child screening tool. Screening young children is an effective, efficient way to check a child’s development, help parents celebrate their child’s milestones and know what to look for next, and determine whether follow-up steps are needed.



We use the Ages & Stages Questionnaires (ASQ) to engage parents and individualize activities for each child.

An ASQ questionnaire is selected by our educator’s that matches each child’s age. Educators complete and score the questionnaire with the family and then discuss the results of the screening, being able to compare the child’s scores to the cutoff points listed on the scoring sheet. Educators are then able to suggest resources for follow-up, monitoring or further assessment if needed.

Head Start requires these screenings be completed within 45 days of each child’s enrollment, we complete these in the first 30 days because we know that an essential first step toward identifying children with delays or disorders in the critical early years is to complete these as early on as possible.



Child Outcomes & School Readiness

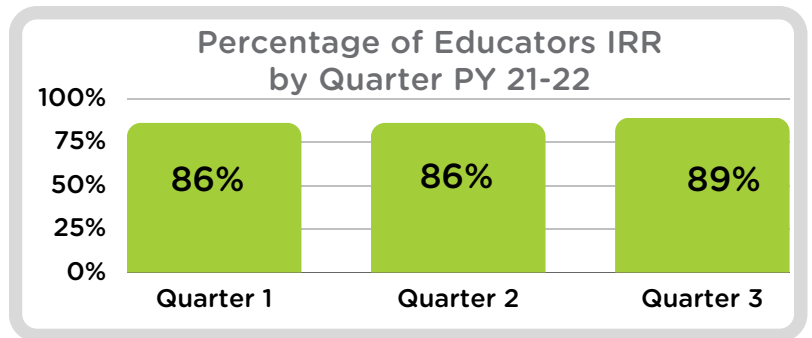


Another way for us to support our educators in providing high quality education and services is to use the "Teaching Strategies GOLD Online" child assessment system.

To help ensure that education team members are supported and have the understanding to make accurate assessment decisions and individualize for children, we have them complete the Teaching Strategies Gold Interrater Reliability (IRR) certification process. This is an online certification process that gives education team members the opportunity to evaluate sample child portfolios and compare their ratings with those of Teaching Strategies' master raters. Completing this certification process will ensure that teachers are accurately accessing the children and using the system with fidelity.



Our goal is that at minimum 80% of all our education team members to be Interrater Reliable with-in the first six to nine months of their hire.



Child Outcomes & School Readiness



We use the "Teaching Strategies GOLD Online" (TSG) child assessment system to collect information on the each child's progression.

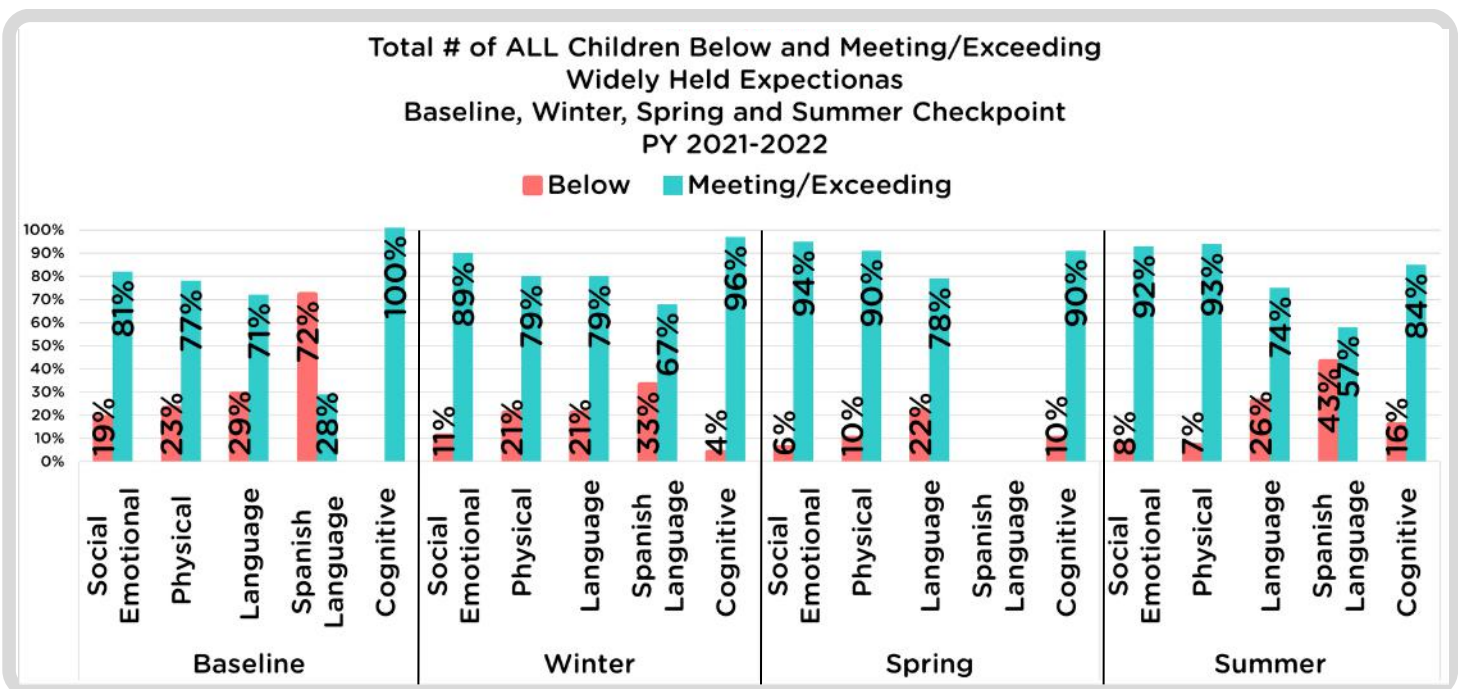
Collecting information on children's progress helps families know if their child is making developmental progress, teachers and parent educators know if the strategies they are using are effective, and helps in measuring school readiness.

Generating reports from TSG enables us to compare where our children fall within the widely held expectations to help determine if the children's knowledge, skills, and abilities are below, meeting, or exceeding the widely held expectations.

The term widely held expectations describes the range of knowledge, skills, and abilities that children of a particular age or class/grade typically demonstrate over a year of life (birth through age 3) or from the beginning to the end of a program year (preschool 3, pre-K 4, kindergarten, first grade, second grade, third grade).

We collect this information four times a year in a baseline checkpoint period, a winter checkpoint period, a spring checkpoint period and summer checkpoint period.

Our child outcome objective is that at minimum 85% of all our children meet or exceed the widely held expectations in the four developmental domains; Social Emotional, Physical, Language, and Cognitive by the end of their enrollment.



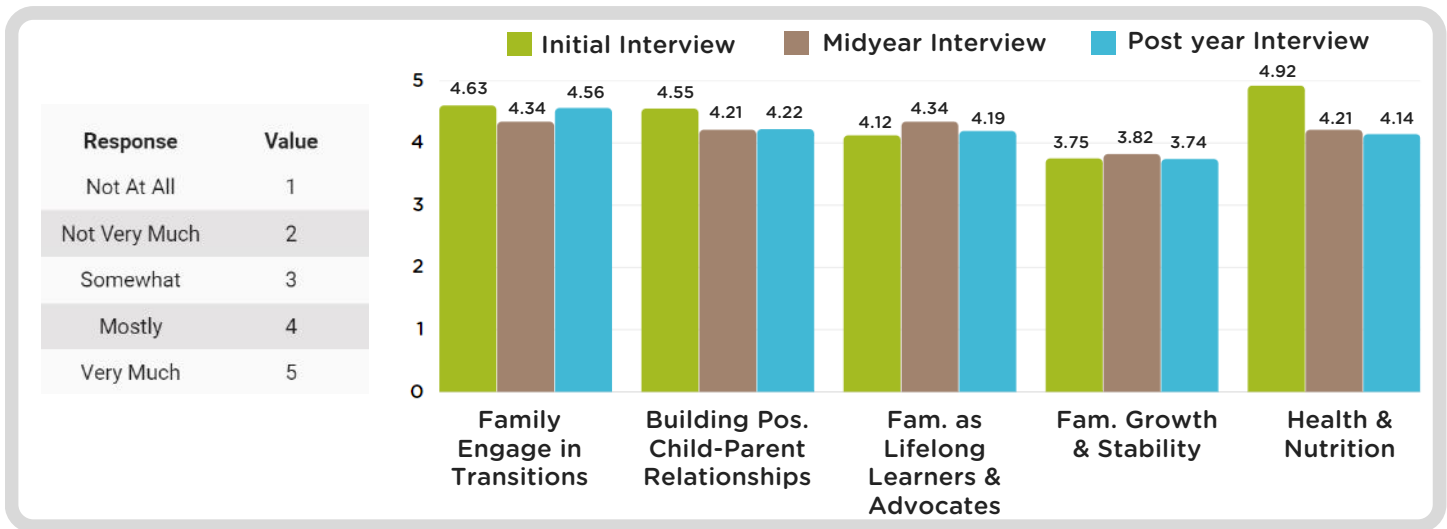
Family Services

GOAL: WE WILL PROVIDE QUALITY FAMILY AND COMMUNITY ENGAGEMENT SERVICES THAT PROMOTE FAMILY WELL-BEING, STRENGTHEN PARENTING AND PARENT-CHILD RELATIONSHIPS AND SUPPORTS FAMILY ENGAGEMENT IN SCHOOL READINESS.




Our Family Service Workers (family advocates and parent educators) provide assistance to meet the basic, immediate, and specialized needs of our families. They complete a family partnership agreement and set goals with each family at the beginning of their enrollment and create action steps for the families to help them reach their goal(s).

All families have the opportunity to participate in an ongoing family partnership and goal setting process. This process begins with the completion of a Parent Gauge family engagement assessment that is completed with the families. The tool measures the parents experience and the impact of our engagement efforts and is completed three times a year, initial assessment, midyear and post year. We are able to conduct a series of closed- and open-ended questions giving us immediate feedback regarding family needs but also allows us to pull reports to see an average score of where the parents scored in each area.



Response	Value
Not At All	1
Not Very Much	2
Somewhat	3
Mostly	4
Very Much	5

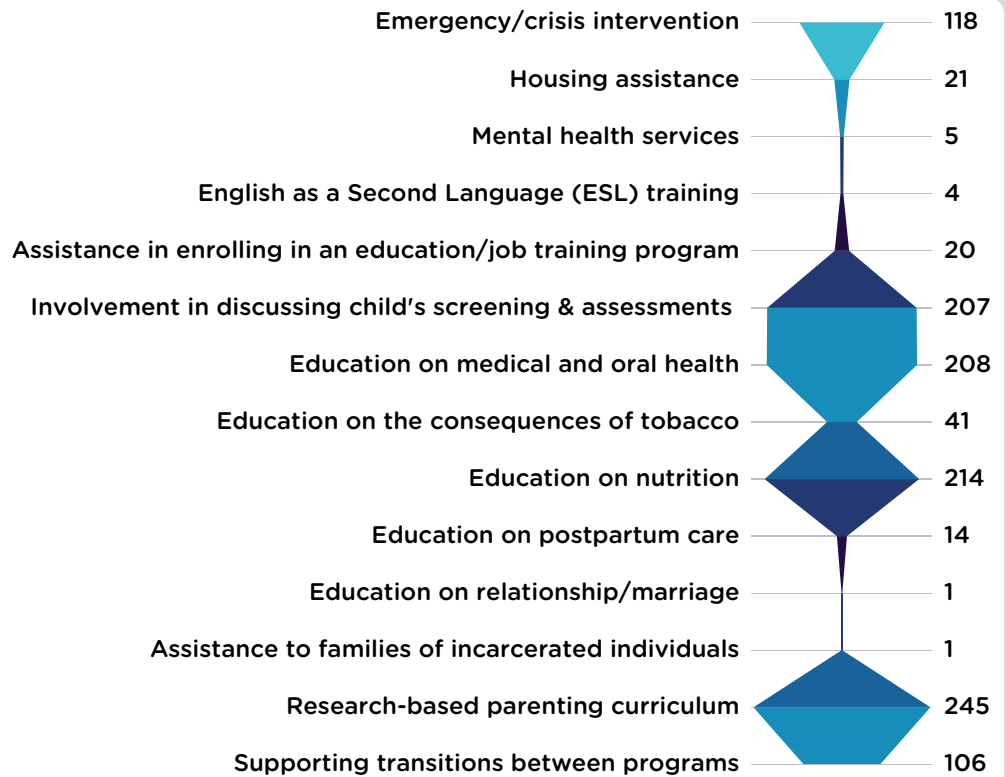


Throughout the year we were able to assist 124 families, 51%, in a goal setting process, and out of those 124 families, 75 families, 61%, completed at least one goal in one of the following categories:

Parenting Education	64
Education	34
Employment	25
Health	27
Housing	16
Fam. Health & Well-being	22
Fam. Relationships	3
Transportation	13
Family Routine	7
Financial	5

Family Services

We were able to support families and provide the following program services to promote positive family outcomes to the following number of families:

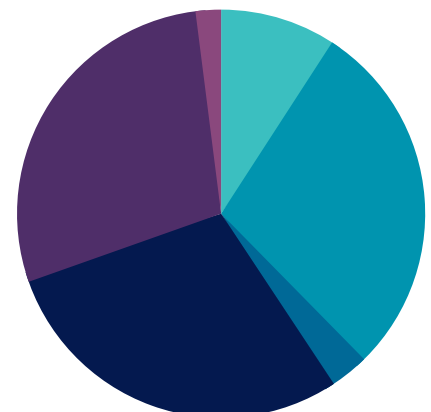


PARENTING CURRICULUM

We strive to offer various opportunities for parents to participate in our program and one way is by offering a research-based parenting curriculum that builds on parents' knowledge and offers parents the opportunity to practice parenting skills to promote children's learning and development. ReadyRosie is a RESEARCH-BASED parenting curriculum that builds on parents' knowledge and harnesses the power of video and mobile technology to empower families and schools to work together to promote SCHOOL READINESS. ReadyRosie has various videos that are sent to families via text, email as well as an app that align with the Parent, Family, and Community Engagement (PFCE) seven family outcomes.

Cumulative Family Outcomes that were Provided to our Families

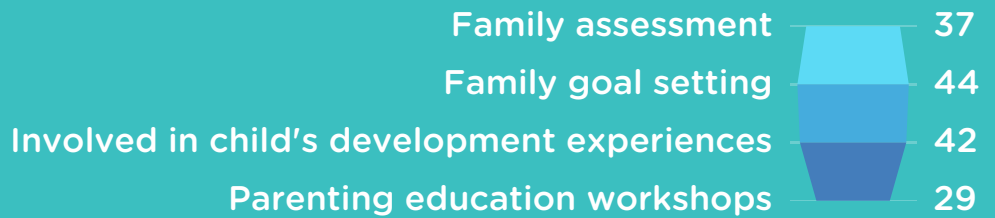
- Family Well-being 455, 9.2%
- Families as Lifelong Educators 1416, 28.5%
- Family Engagement in Transition 151, 3%
- Families as Advocates and Leaders 1, 1%
- Positive Parent-Child Relationships 1436, 28.9%
- Families as Leaders 1412, 28.4%
- Family Connections to Peers & Comm. 100, 2%



Father Engagement

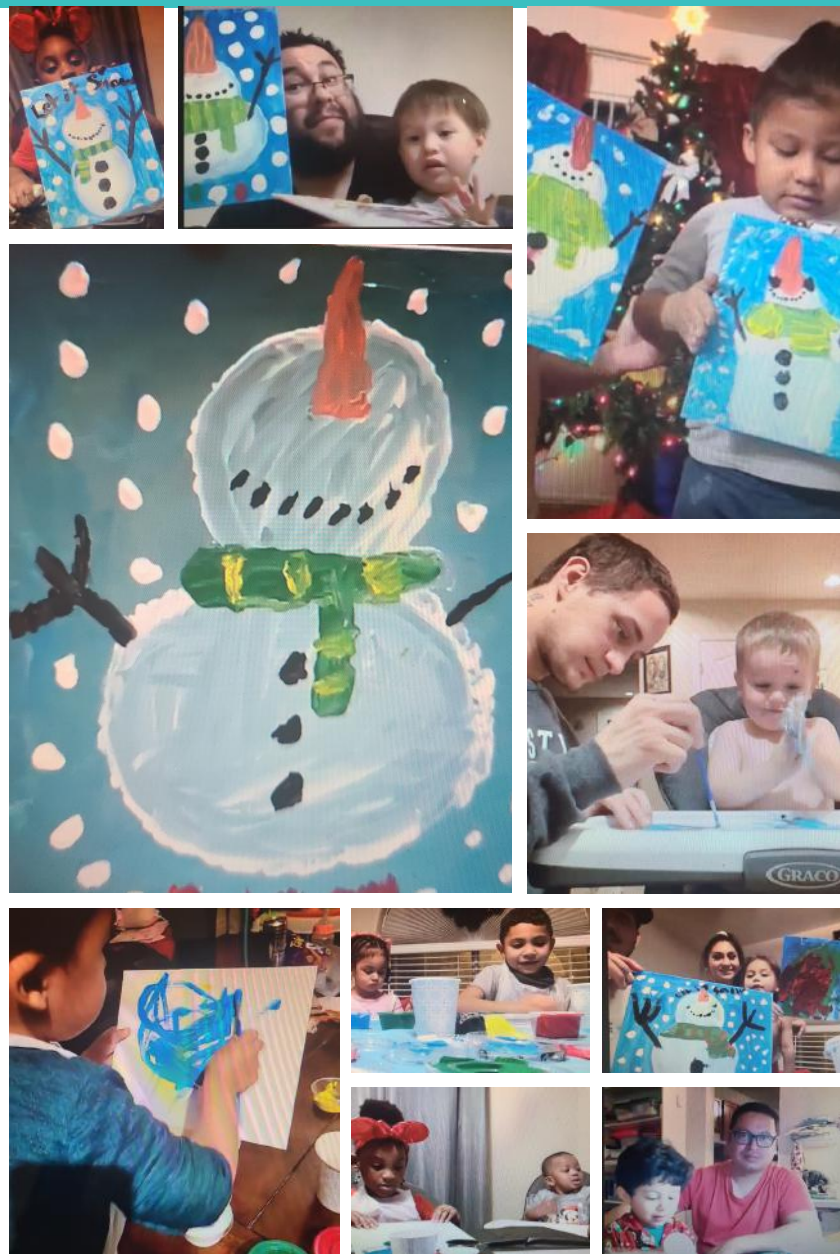
We strive to engage with fathers and empower them as role models and essential advocates for their children. Whether individuals are recognized as biological fathers, adoptive fathers, or stepfathers, these individuals are given resources, support, and opportunities to best serve the needs of the family. Among all our families, we had 44 fathers and or father figures engage in various activities over the program year. Father engagement enhances the Early Head Start experience by unlocking additional strategies to connect with children and build cohesiveness in the family structure.

Number of Fathers and or Father Figures who were engaged in the following activities:



FATHER ENGAGEMENT EVENT

We had many families join us for our Annual father engagement event, Painting with Pops. This event was virtual and put together and hosted by our own Education Manager Nicole Poblete.



Home Visiting Services



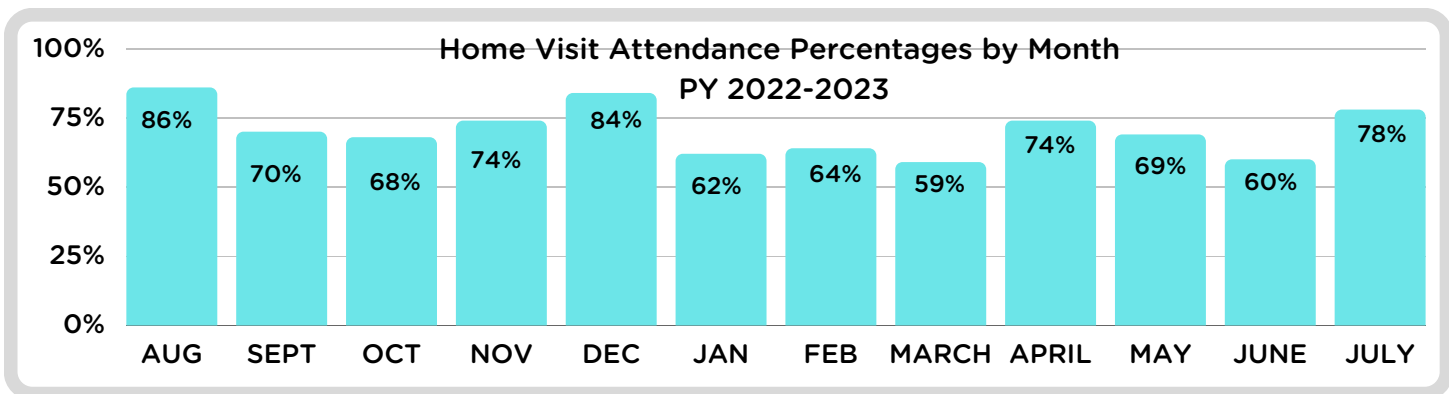
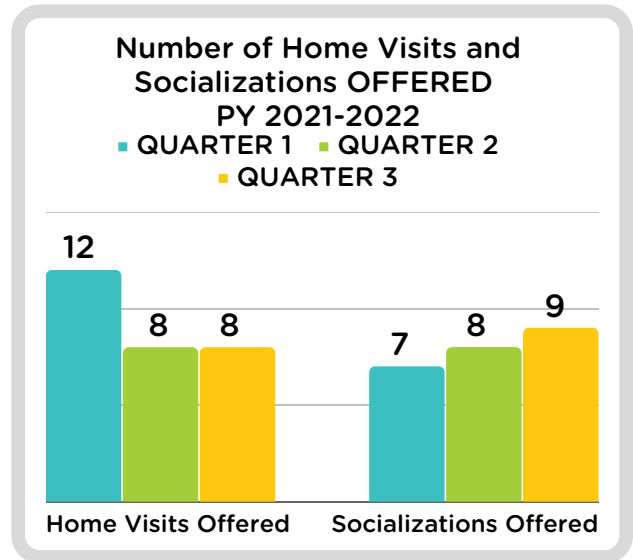
HSPPS 1302.22 Home-based option.

(c) Service duration. (1) Early Head Start.

By August 1, 2017, an Early Head Start home-based program must:

- (i) Provide one home visit per week per family that lasts at least an hour and a half and provide a minimum of 46 visits per year; and,
- (ii) Provide, at a minimum, 22 group socialization activities distributed over the course of the program year.

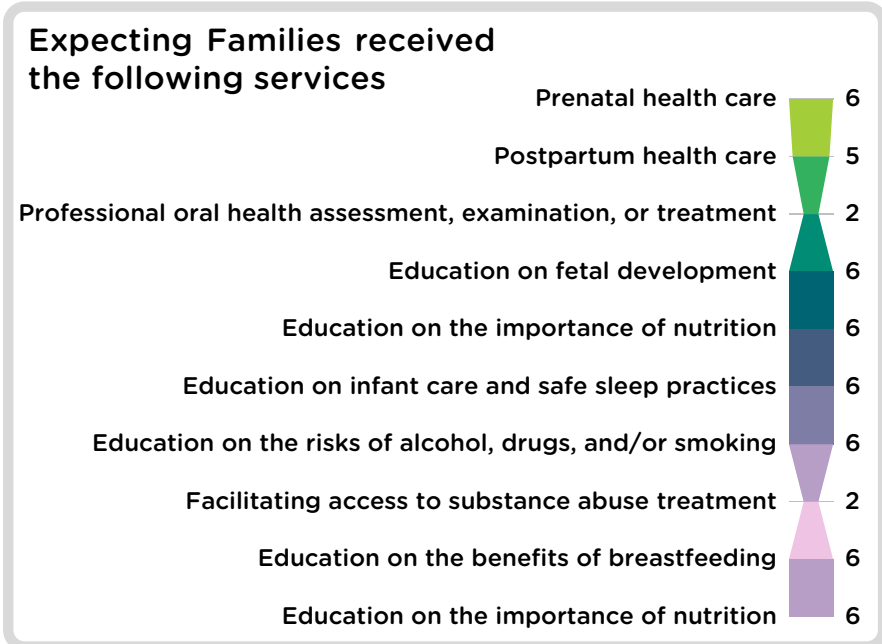
Sunrise provided Home visiting services to expectant mothers and families with children birth to 3 yrs of age. Home visits focus on supporting families with education on child development, parent child interactions, and family well being. Home visits are bi-weekly for expectant families and weekly for other families. Due to a staffing shortage, home visitors had double rosters and met with all families bi-weekly. To ensure families remained engaged Home Visiting offered extra socializations and a weekly newsletter that included extra activities and resources.





6 Expectant Families Served

SCF home base program offers services to expectant mothers. Expectant mothers receive bi-weekly home visits using the Parents as Teachers curriculum. During visits, Parent Educators provide prenatal and postpartum information includes handouts and activities that address fetal development and nutrition, the risks of alcohol, drugs, and smoking, labor and delivery, infant care, and safe sleep practices, as well as the benefits of breastfeeding.



Expectant Mothers & Postpartum Depression Screening

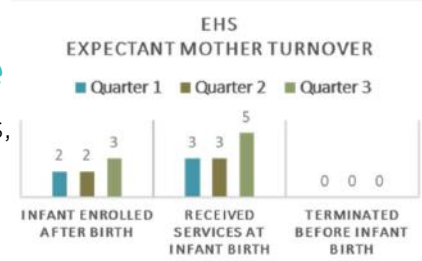
During the program year, six expectant mothers were enrolled, and four of them delivered successfully. Of the four mothers who gave birth, all reported that their babies slept in a crib on their back, and four mothers reported breastfeeding their newborns. All expectant mothers were screened for postpartum depression using the Edinburgh Postnatal Depression Scale (EPDS), which assigns a score of 0-3 to each answer. A maximum score of 30 is possible, and any mother who scores 13 or more requires follow-up care for possible depressive symptoms. Fortunately, none of the enrolled expectant mothers scored above 13.

However, leadership has concerns about the reliability of the data, given that most of the tools were administered virtually and some team members may not have a full understanding of the tool. As a result, the procedure for EPDS screening is being revised to include all mothers who delivered within the past 12 months and a clear process for referring mothers who score in the monitoring range. Leadership is also researching training to support team members administering the screening tool and additional resources and supportive services available to mothers in need.

Expectant Mothers Health Care/Insurance

4 pregnant women had an ongoing source of continuous, accessible health care provided by a health care professional.

5 pregnant women had at least one type of health insurance.



Volunteers & Community Partners



VOLUNTEERS

Due to COVID19 we did not allow anyone to enter our child development centers to volunteer in the classroom, thus we reported 0 (zero) people that provided any type of volunteer service for the entire program year.

COMMUNITY PARTNERS

To meet the needs of the diverse population of families and children we serve, we use the relationships we have with other organizations to provide a range of services to assist families.

- Albertson's
- Anthem Blue Cross and Blue Shield
- Barbara Lee & Bruce Woollen Foundation
- Bennet Family Foundation
- 3 Square Food Bank
- City Impact
- Clark County School District
- East Valley Family Services
- Foundation for Positively Kids
- MGM Resorts Foundation
- Nevada Head Start Association
- Opportunity Village Job Discovery Program
- Southern Nevada Children's First
- Southern Nevada Health District
- Southern Nevada Immunization and Health District
- Southern Nevada Regional Housing Authority
- St. Jude's Ranch
- United Way of Southern Nevada
- University of Nevada Cooperative Extension
- UNLV School of Dentistry



Community Needs Assessment

Sunrise Children's Foundation Conducts a Community Needs Assessment to Better Serve Southern Nevada Families which is updated annually.

The completion of Sunrise Children's Foundation's 2021-2022 Community Needs Assessment (CNA) provided valuable insights into the needs of populations in the Southern Nevada area, with a particular focus on families in Clark County. By collecting statistics and contextual information, the document has helped SCF understand the lifestyle of families in the area and create strategic program interventions to address relevant trends and concerns.

The assessment highlights areas of concern, such as staffing demands to meet program needs, collaboration opportunities with other organizations, and changing perceptions and involvement with engagement opportunities among families. By recognizing these challenges, Sunrise adjusted and updated its ongoing projects and program offerings to better serve family needs.

Through this process, team members gained a better understanding of the 'need fulfillment' process, from identifying a need to resolving it and follow-up. By incorporating data from various sources, including demographics, socioeconomics, geographical information, and engagement levels, Sunrise is creating a comprehensive assessment of the different needs of the community.

As SCF completes the final year of a five-year period with the current structure of the Community Needs Assessment and organization goals and objectives, team members will review their progress over the years and adjust their goals accordingly. This will ensure that SCF continues to serve the community effectively and efficiently.



Quality Assurance & Monitoring

The Head Start Act requires periodic federal reviews of all Head Start programs.



In June 2022, The Office of Head Start conducted a Focus Area 2 (FA2) on-site review. The Focus Area 2 review was an opportunity for us to demonstrate our effectiveness in implementing a high-quality program to promote positive outcomes and school readiness for children and their families.



Program Area Managers were able to take the reviewers on a data journey through their program area before reviewers visited all our child development centers and talked to the teachers and other program team members.

Reviewers were also able to talk with other key stakeholders from our Board of Directors, our Policy Council members and our parents as well as our finance team, HR team and other team members.

Sunrise Children's Foundation was found
100% COMPLIANT
IN ALL AREAS

Program Management and Quality Improvement,
 Monitoring and Implementing Quality Education and Child Development Services,
 Monitoring and Implementing Quality Health Services,
 Monitoring and Implementing Quality Family and Community Engagement Services,
 Monitoring and Implementing Fiscal Infrastructure,
 Monitoring ERSEA: Eligibility, Recruitment, Selection, Enrollment, and Attendance,

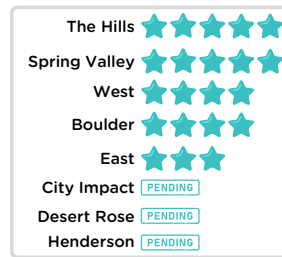
Quality Assurance & Monitoring

Quality Rating & Improvement System

The Quality Rating and Improvement System (QRIS) is a systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs. Similar to rating systems for restaurants and hotels, QRIS award quality ratings to early and school-age care and education programs that meet a set of defined program standards. By participating in their State's QRIS, early and school-age care providers embark on a path of continuous quality improvement. Even providers that have met the standards of the lowest QRIS levels have achieved a level of quality that is beyond the minimum requirements to operate.

Each child development center is assessed by a QRIS assessment team using the Infant Toddler Environment Rating Scale - 3rd Edition (ITERS-3) and Early Childhood Environment Rating Scale - 3rd Edition

Classrooms are randomly selected by the QRIS team. The three of our centers that are in a pending status is due to being on the QRIS waitlist and we hope to have them assessed in the next program year.



ONE STAR

- CURRENT CHILD CARE LICENSE
- CURRENTLY REGISTERED WITH THE CHILD CARE SUBSIDY PROGRAM

TWO STAR

- CURRENT CHILD CARE LICENSE
- CURRENTLY REGISTERED WITH THE CHILD CARE SUBSIDY PROGRAM
- ALL STAFF ARE CURRENTLY ACTIVE ON THE NEVADA REGISTRY CAREER LADDER.
- 25% OF CLASSROOMS MEET QRIS GROUP SIZE AND QRIS RATIOS

THREE STAR

- CURRENT CHILD CARE LICENSE
- CURRENTLY REGISTERED WITH THE CHILD CARE SUBSIDY PROGRAM
- ALL STAFF ARE CURRENTLY ACTIVE ON THE NEVADA REGISTRY CAREER LADDER.
- 50% OF CLASSROOMS MEET QRIS GROUP SIZE AND QRIS RATIOS
- AVERAGE ERS SCORES 3.5 OR HIGHER
- NO CLASSROOM SCORES LOWER THAN 3.0

FOUR STAR

- CURRENT CHILD CARE LICENSE
- CURRENTLY REGISTERED WITH THE CHILD CARE SUBSIDY PROGRAM
- ALL STAFF ARE CURRENTLY ACTIVE ON THE NEVADA REGISTRY CAREER LADDER.
- 75% OF CLASSROOMS MEET QRIS GROUP SIZE AND QRIS RATIOS
- AVERAGE ERS SCORES 4.0 OR HIGHER
- NO CLASSROOM SCORES LOWER THAN 3.5
- SUSPENSION AND EXPULSION POLICY THAT ALIGNS WITH NDE

FIVE STAR

- CURRENT CHILD CARE LICENSE
- CURRENTLY REGISTERED WITH THE CHILD CARE SUBSIDY PROGRAM
- ALL STAFF ARE CURRENTLY ACTIVE ON THE NEVADA REGISTRY CAREER LADDER.
- 100% OF CLASSROOMS MEET QRIS GROUP SIZE AND QRIS RATIOS
- AVERAGE ERS SCORES 4.5 OR HIGHER
- NO CLASSROOM SCORES LOWER THAN 4.0
- SUSPENSION AND EXPULSION POLICY THAT ALIGNS WITH NDE



Financials

School Year Aug. 1, 2021 - July 31, 2022



EHS Revenues by Funding Source

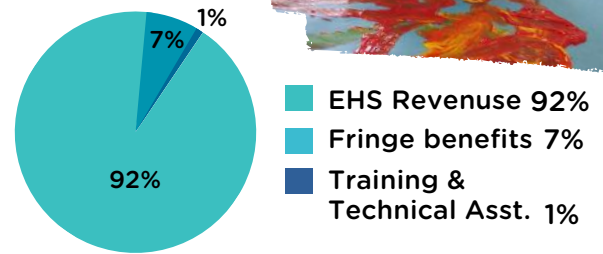
Total EHS Awarded Amount: \$8,220,990

Total Actual Expenses: \$6,095,854

Total CACFP Funds Reimbursed: \$98,730

Total CCDP Funds Recieved: \$505,312

Total Expenses after CACFP & CCDP Funds: \$5,491,812



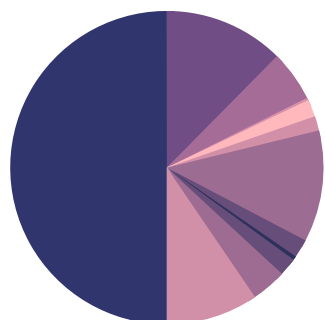
Expense	Budgeted Amount	Actual Amount	Difference	Over/Under Budget
Personnel	\$4,456,396	\$2,996,846	\$1,459,550	Under
Fringe Benefits	\$833,346	745,208	\$88,138	Under
Training & Technical Asst.	\$322,303	\$315,133	\$7,170	Under
Office Supplies/Print/Copy	\$87,278	\$15,009	\$72,269	Under
Classroom/Child Supplies	\$181,569	\$106,943	\$74,626	Under
Food Service/Supplies (including CACFP Funds)	\$127,924	\$188,426	\$38,228	Under
Other - Occupancy	\$691,186	\$690,638	\$548	Under
Other - Insurances	\$126,090	\$114,403	\$11,686	Under
Other - Auto/Mileage/Travel	\$38,860	\$23,688	\$15,172	Under
Other - Other Misc	\$169,536	\$111,623	\$57,913	Under
COVID Funds	\$528,853	\$217,375	\$311,478	Under
Indirect	\$657,648	\$570,562	\$87,086	Under

*** Total Draw & Total Budget differ by approximately \$1,238 M. There is not an actual profit, rather this is due to estimation of the total budget as described above and the effect of the pandemic on the CCDP revenue and underbudgeting.

*The EHS REV 850 Grant Budget Year begins in December and ends in November. In order to determine an appropriate budget amount for the school year, we calculated a prorated amount from each budget period, based on the number of months in the budget period that were in the school year.

CCDP Funds are used to the extent that actual expenses exceed actual EHS & CACFP Revenues.

EHS Actual Expense Percentage



- Personnel 50%
- Fringe 12%
- Training & Technical Assistance 5%
- Office Supplies/Print/Copy 1%
- Classroom/Child Supplies 2%
- Food Service/Supplies including CACFP Funds 1.5%
- Other - Occupancy 11.5%
- Other - Insurances 2%
- Other - Auto/Mileage/Travel 0.5%
- Other - Other Misc 2%
- COVID Funds 4%
- Indirect 9.5%



Financials



Non Federal Share - In Kind

In November 2022, the SCF Policy Council approved a non-federal share waiver amount of \$1,504,174, equating to 73% of the required amount. The non-federal share in-kind is a significant component of the Head Start Act section 640(b) and requires that 20% of the grant amount be generated through local contributions or in-kind. The purpose of in-kind contributions is to engage families and the community and leverage funding to create additional resources for children and families. It also helps families become more intentional about their activities and efforts in increasing their child's school readiness skills.

In-kind donations can be made by community partners who can offer rent-free spaces and other services. Families can also generate in-kind donations or services in the classroom and at home by engaging in parent-child activities that align with their child's individual school readiness goals, participating in policy council and parent meetings, volunteering in the classroom, and documenting time spent with their child during therapy or early intervention.

Unfortunately, due to the pandemic restrictions and challenges with the In Kind database, the required 20% non-federal share was not met. The non-federal share required was \$2,064,880, but only \$560,706 (27%) was obtained. As a result, a non-federal share waiver was submitted and approved. The budget period for this waiver was from August 2021 to November 2022.

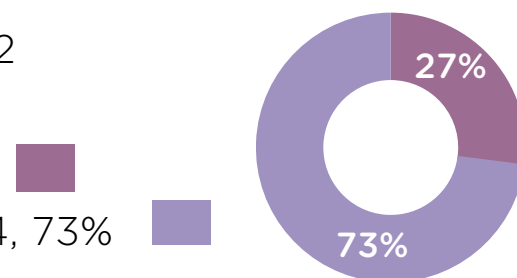
Budget period: August 2021 - November 2022

Non Federal Share Required: \$2,064,880

Non Federal Share Obtained: \$560,706, 27%

Non Federal Share Waiver amount: \$1,504,174, 73%

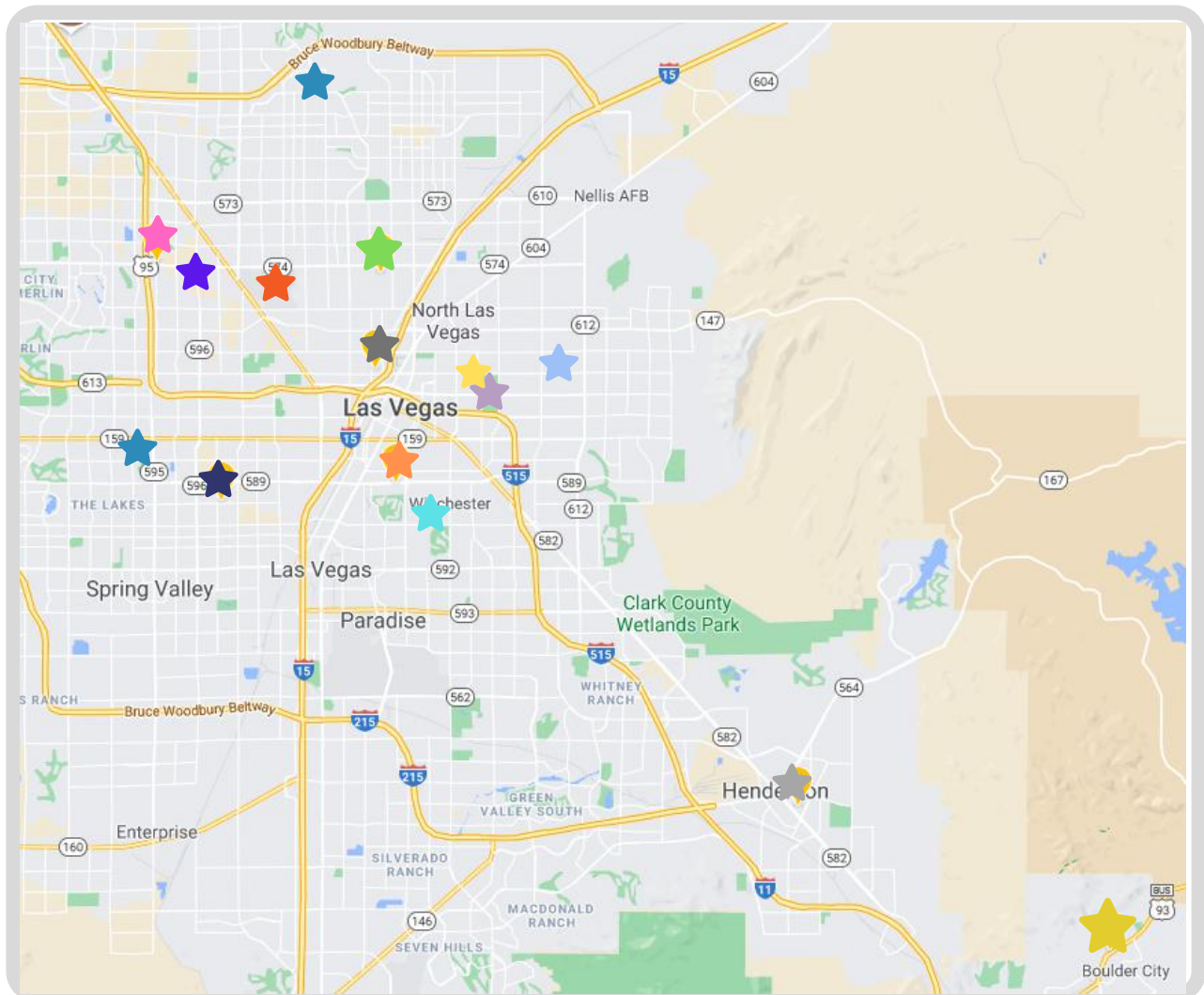
SCF Policy Council approved this waiver in Nov. 2022



LOCATIONS



- ★ **BOULDER CAMPUS**
1 CLASSROOMS
8 CHILDREN
- ★ **NORTHWEST CAMPUS**
4 CLASSROOMS
32 CHILDREN
- ★ **WEST CAMPUS**
3 CLASSROOMS
24 CHILDREN
- ★ **HENDERSON CAMPUS**
3 CLASSROOMS
24 CHILDREN
- ★ **DESERT ROSE CAMPUS**
2 CLASSROOMS
16 CHILDREN
- ★ **SPRING VALLEY CAMPUS**
4 CLASSROOMS
32 CHILDREN
- ★ **CITY IMPACT CAMPUS**
2 CLASSROOMS EXP
1 Classroom SCF
24 CHILDREN
- ★ **NORTH LV CAMPUS**
5 CLASSROOMS
40 CHILDREN
- ★ **EAST CAMPUS**
4 CLASSROOMS
32 CHILDREN
- ★ **STONE BRIDGE LEARNING ACADEMY**
2 CLASSROOMS
16 CHILDREN
- ★ **BRING'EM YOUNG ACADEMY**
2 CLASSROOMS
16 CHILDREN
- ★ **THE HILLS PRESCHOOL**
6 CLASSROOMS
48 CHILDREN
- ★ **SOURCE ACADEMY**
2 CLASSROOMS
16 CHILDREN
- ★ **SCF Education Center**
11 Home-Visiting
CLASSROOMS





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