Moore Community House Early Head Start

2016-2017 Annual Report

Executive Director: Rev. Carol Burnett
MCH-EHS Director: Mrs. Mary Harrington
Data Manager: Ms. Greta Miller
Message from Moore Community House
Executive Director and EHS Director

Dear Friends and Family of Moore Community House,

Since 1924, Moore Community House has served women and children in East Biloxi. Today, nearly 100 years later, our programs are based on the core principle that the most effective way to help families to achieve economic security is to provide affordable childcare and job training for work leading to a living wage.

Moore Community House has been providing children with an ‘early head start’ in life for nearly two decades. The Moore Community House Early Head Start program provides early childhood education and support for receiving health, social and nutritional services to qualifying children and their families. Early Head Start supports parents and families as they work to achieve their goals towards self-sufficiency. It is an investment not only in our children, but in our community as a whole.

This 2016-17 Annual Report highlights the work and success resulting from the Early Head Start program, including areas of student achievement, parent involvement and family impact.

We look forward to continuous growth in providing these services to children and families in the community. Feel free to extend a helping hand as we foster the minds of young children, support families and improve the quality of life for all. Thank you for the generous and continued support of this invaluable program.

Rev. Carol Burnett, Executive Director
And
Mrs. Mary Harrington, EHS Director
Moore Community House

ABOUT OUR AGENCY

Moore Community House, Inc. (MCH) is a private non-profit corporation that offers an Early Head Start (EHS) program and a Women in Construction (WinC) job training program. These programs improve the lives of women and children. To operate these programs effectively, the agency has established and maintained effective partnerships with other community organizations. Moore Community House is an integral part of the community where many agencies and service providers work together to identify needs, remove barriers and maximize resources collectively to meet the needs of children and families.

Mission Statement

Moore Community House, Incorporated, is a non-profit advocacy and social service organization empowering people to make positive changes in their lives and in their community. As a mission agency of United Methodist Women, Moore Community House designs programs aimed specifically to improve circumstances for low-income women and young children.

Goals and Objectives

The goal of the Moore Community House Early Head Start (MCH-EHS) program is to prepare children and families for success by developing building blocks of self-reliance and stability based on the four cornerstones of Early Head Start. MCH-EHS prepares children for school by focusing on their healthy development in these four important areas: physical, cognitive, emotional and social growth. We are dedicated to partnering with families, fostering self-esteem in parents, children and staff, and are guided by the principle that parents are their child’s first educator.
2016-17 MCH Board of Directors

Joe Dawsey, President
Rev. Lashaundra Smith, Vice President
Linda Lightsey, Secretary
Denise Antoine, Treasurer
David Perkes, Gulf Coast Community Design Studio
Georgene Johnson, Early Childhood Expertise
Annie Johnson, Legal Expertise
Bob Tucei, Financial Expertise
Rev. Jim Fisher, Seashore District Superintendent
Kara Adams, Financial Expertise
Tiffany Terry, Policy Council Liaison
MCH CEO Rev. Carol Burnett and MCH CFO Monica Matturri
2016 Policy Council Members
Bethany Reynolds-Chairperson
Tiffany Terry-Co-Chairperson
Jennifer Potts-Secretary
Andre Woods-Assistant Secretary
Kimberly Pervish-Governing Board Liaison
Janine Harges-Elected Community Member
Johnquiia Bullock-Elected Parent Member
Kendal Pickney-Elected Community Member
April Gaddy-Elected Parent Member
Mariah Green-Elected Parent Member
Jermel Lewis-Elected Parent Member
Stephanie Nicholson-Elected Parent Member
Christine Thompson-Elected Parent Member
Funding Sources and Audit

2016-2017 Budget

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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<tbody>
<tr>
<td>DHHS</td>
<td>1,483,856</td>
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<tr>
<td>T/TA</td>
<td>35,121</td>
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<td>Personnel</td>
<td>1,213,298</td>
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<td>Contract Health</td>
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<td>Equip Maintenance</td>
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<td>Gen Maintenance</td>
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<td>Mileage</td>
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<td>Print</td>
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<td>Gen Supplies</td>
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<td>Food Supplies</td>
<td>9,723</td>
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<tr>
<td>Admin</td>
<td>112,407</td>
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2016-2017 Audit Results was no findings.
Service Area – Harrison County and Sites

Center Location

Center Site Information

Davis Center (64 Children) 406 Davis Street, Biloxi MS 39530 228-436-0881

Nichols Center (40 Children) 345 Nichols Drive, Biloxi MS 39530 228-436-0633

Administration Building (Fiscal, WIN-C) 684 Walker Street, Biloxi MS 39530

Participant Mapping of Harrison County
Who are the Children?

Families interested in the Early Head Start program must qualify by meeting locally designated requirements. In general, eligibility is based on family income, which must be at or below the poverty level. Families with other situations, including homelessness and children in foster care, or families receiving Supplemental Security Income or Temporary Assistance for Needy Families, are also eligible.

During the 2016-2017 program year, families qualified for MCH-EHS program in the following ways:

<table>
<thead>
<tr>
<th>Children and Families Served</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>104</td>
<td>Total Funded EHS Enrollment</td>
</tr>
<tr>
<td>129</td>
<td>Total Cumulative Enrollment</td>
</tr>
<tr>
<td>9</td>
<td>Total Pregnant Women</td>
</tr>
<tr>
<td>35</td>
<td>Total number of children who completed the program</td>
</tr>
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<table>
<thead>
<tr>
<th>Enrollment- Children by Age</th>
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</tr>
</thead>
<tbody>
<tr>
<td>33%</td>
<td>Under One Year</td>
</tr>
<tr>
<td>33%</td>
<td>One Year Old</td>
</tr>
<tr>
<td>33%</td>
<td>Two-Year-Old</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enrollment by Eligibility</th>
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</thead>
<tbody>
<tr>
<td>71%</td>
<td>Income Below 100% of the Federal Poverty Line</td>
</tr>
<tr>
<td>12%</td>
<td>Receipt of Public Assistance such as TANF, SSI</td>
</tr>
<tr>
<td>4%</td>
<td>Foster Children</td>
</tr>
<tr>
<td>6%</td>
<td>Status as Homeless</td>
</tr>
<tr>
<td>2%</td>
<td>Over Income</td>
</tr>
<tr>
<td>4%</td>
<td>100% and 130% of the Federal Poverty line</td>
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</table>

<table>
<thead>
<tr>
<th>Number of Years Enrolled Children have Participated</th>
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<tbody>
<tr>
<td>31%</td>
<td>Second Year</td>
</tr>
<tr>
<td>13%</td>
<td>Three or More Years</td>
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<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
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</thead>
<tbody>
<tr>
<td>68%</td>
<td>Black or African American</td>
</tr>
<tr>
<td>1%</td>
<td>Asian</td>
</tr>
<tr>
<td>5%</td>
<td>White</td>
</tr>
<tr>
<td>10%</td>
<td>Bi-Racial and Multi-Racial</td>
</tr>
<tr>
<td>12%</td>
<td>Hispanic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enrollment by Language</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>85%</td>
<td>English</td>
</tr>
<tr>
<td>12%</td>
<td>Spanish</td>
</tr>
<tr>
<td>2%</td>
<td>East Asian Language</td>
</tr>
</tbody>
</table>
How did your hear about MCH?

• 38% of MCH-EHS families heard about MCH through their family members.
• 33% of MCH-EHS families heard about MCH through referrals from friends.
• 19% of MCH-EHS families heard about MCH through referrals from community partners.
• 10% of MCH-EHS families were walk-ins or their older children went to MCH.

How would you rate the overall success of MCH-EHS program?

• 74% of MCH-EHS families rated the overall success excellent.
• 26% of MCH-EHS families rated the overall success satisfactory.

When you enrolled your child, how was your enrollment process?

• 87% of MCH-EHS families rated the enrollment process excellent.
• 13% of MCH-EHS families rated the enrollment process satisfactory or needs improvement.

How well are you and your child treated by the staff?

• 87% of the MCH-EHS families rated how well they are treated as excellent.
• 13% of the MCH-EHS families rated how well they are treated as satisfactory.

How helpful is the staff at MCH-EHS?

• 84% of the MCH-EHS families rated how helpful MCH staff is as excellent.
• 16% of the MCH-EHS families rated how helpful MCH-EHS staff as satisfactory.

How well does the staff answer your questions?

• 83% of MCH-EHS families rated how well the staff answers questions excellent.
• 17% of MCH-EHS families rated how well the staff answers questions as satisfactory.

How do you rate your child's classroom?

• 90% of MCH-EHS families rated their classroom as excellent.
• 10% of MCH-EHS families rated their classroom as satisfactory.
Many opportunities were provided this year for parent involvement in the Early Head Start program. Parents, expectant mothers and guardians play an integral role in all the activities Early Head Start offers. First and foremost, parents are active participants in areas of their child’s development. Children learn through play and during playtime, and parents become active observers/teachers of their children. Teachers provide opportunities to encourage parent/child relationships and build on the skills families already have. Families participate in experiences and educational activities which lead to practices such as using their home as a learning environment, improved family nutrition, prevention of child abuse, preparation to transition children to Head Start or other early childhood programs, preventative medical and dental care, better home safety practices, additional prenatal care and fetal development, improved family finance and family literacy and improved access to community resources such as adult education and employment training. In addition to these opportunities, Early Head Start parents have participated in Policy Council, parent committee meetings, advisory committees/councils and numerous training events throughout the year. These experiences give parents opportunities to participate in program planning, review program policies, hear and discuss service area reports and receive information on child and adult educational activities, health, transportation and mental health information.

Parent Activities

Many parents participated in various fun activities such as the following:

- Martin Luther King, Jr. Shoebox Parade
- Read Across America Day
- Week of the Young Child
- Spring Treasure Hunt
- Mardi Gras Float Decorating Contest
- Annual Door Decorating Contest
- Action Figures with my Father Figure
- Tea with Mom
MCH-EHS Families

- 109 Total MCH-EHS Families Received Services in 2016-17

Parent and Families Figures

Two Parent Families - 22% of the families served were two-parent families. Most (95%) were biological, adoptive or step parents. 5% were foster parents.

One Parent Families - 80% were single parent families. Most of the families (98%) were biological, adoptive, stepmother mothers. 2% were foster parents.

Parent and Guardian Education

Most of our parents (66%) had a High School Diploma or GED; however, 12% did not complete high school. 5% of our parents had an advanced degree or Baccalaureate degree, 17% had an Associate Degree, vocational school, or some college. This program year 4 of our parents accomplished their goals of completing their education. 1 parent completed his/her high school education, 2 parents received his/her associates degree, and 1 parent received his/her baccalaureate degree during this program year.

Employment Status as Parents

Two Parent Families
In 41% of the two parent families, both parents are employed. 50% of the two parent families had at least one parent employed, and 9% of the two parent families have both parents were not working.

One Parent Family
Of the single parent families, 70% are employed, and 30% are unemployed.

Active Military

4% of the parents are members of the United States military on active duty, and 2% of the parents are veterans of the United States military.

Job Training/School Status

Some of our parents are continuing their education. Of the Two Parent Families, 14% have at least one parent in job training or in school, and 17% of the One Parent Families are in job training or in school.
Federal and Other Assistance

At the end of the program year, 10% of families receive TANF benefits, and 9% of families at receive SSI benefits. Most of our families receive supplemental food assistance. 81% of families receive benefits from the WIC program and 61% of families receive benefits from the SNAP program.

Services to Homeless Families

Moore Community House Early Head Start assists and serves families who experience homelessness in accordance with the McKinney-Vento Act. During the program year, 9% of families experienced homelessness. Of those, 70% of the homeless families acquired housing during the enrollment year.

Father Engagement

Fathers are an important part of a child’s life. During the program year, 39 fathers/father figures were engaged in the family assessment process, 33 fathers/father figures were engaged in family goal setting, 40 father/father figures were involved in their child’s developmental experiences, 4 father/father figures were engaged in Head Start program governance, and 35 fathers/father figures were engaged in parenting workshops.
Types of Family Services
Percentages of families that received the following services.

<table>
<thead>
<tr>
<th>Services Received</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asset Building Services</td>
<td>90%</td>
</tr>
<tr>
<td>Marriage Education</td>
<td>36%</td>
</tr>
<tr>
<td>Parenting Education</td>
<td>91%</td>
</tr>
<tr>
<td>Assistance to families of incarcerated individuals</td>
<td>13%</td>
</tr>
<tr>
<td>Health education</td>
<td>89%</td>
</tr>
<tr>
<td>Child support assistance</td>
<td>0%</td>
</tr>
<tr>
<td>Domestic violence services</td>
<td>6%</td>
</tr>
<tr>
<td>Child Abuse and Neglect</td>
<td>6%</td>
</tr>
<tr>
<td>Substance abuse treatment</td>
<td>2%</td>
</tr>
<tr>
<td>Substance abuse prevention</td>
<td>5%</td>
</tr>
<tr>
<td>Adult education such as GED programs and college selection</td>
<td>28%</td>
</tr>
<tr>
<td>English as a second language (ESL) training</td>
<td>13%</td>
</tr>
<tr>
<td>Mental health services</td>
<td>10%</td>
</tr>
<tr>
<td>Housing Assistance</td>
<td>19%</td>
</tr>
<tr>
<td>Emergency/crisis intervention</td>
<td>18%</td>
</tr>
</tbody>
</table>
Parent, Family and Community Engagement

MCH-EHS Family Service staff support parents and families as they work toward achieving their own goals through emotional encouragement, consultations and referrals to other agencies. Goals such as housing stability, continued education and financial security lead the family towards self-sufficiency. Each family is different, so depending on individual needs, parents and other family members may also be referred to medical, social welfare or employment specialists for services. MCH-EHS Family Service staff reinforce parents’ aspirations to obtain their GEDs and/or enroll in college classes. Families whose home language is not English receive information and referrals to collaborative partners who provide learning English as a Second Language classes and guidance on the path to citizenship. Parents also receive information regarding job training opportunities.

Family Service staff support family well-being and strengthen parent-child relationships. In coordination with MCH-EHS education staff, families are encouraged to engage around children’s learning and development and child-rearing so that they may have confidence in the challenging job of parenting.

MCH-EHS values Family and Community Engagement as an opportunity to build high-quality collaborative relationships to foster the growth and development of every family we serve. We strive to achieve great gains for our families through the utilization of these positive and goal-oriented relationships. MCH-EHS ensures that our PCFE model is both culturally and linguistically appropriate as well as effective.
Post PFCE Scores

There were 95 families that worked towards completing goals in nine areas of Head Start Frameworks in the 2016-2017 program year. Goals are both long term or short term. Depending on the entry age of the child, families can participate in the EHS program from one to four years (if enrolled as a pregnant woman), which gives a family ample time and support from the MCH-EHS to complete those goals. Families are assessed three times per program year. Through an interview process, the Family Service Coordinator partners with the parent to determine each family's needs and aspirations and then determines the stage of progress towards completion.
FAMILY ENGAGEMENT IN TRANSITION

- Urgent Need: 65%
- Inadequate: 26%
- Adequate: 8%
- Needs Met: 1%

FAMILY CONNECTION TO PEERS AND COMMUNITY

- Urgent Need: 38%
- Inadequate: 31%
- Adequate: 29%
- Needs Met: 2%

FAMILY AS ADVOCATES AND LEADERS

- Urgent Need: 59%
- Inadequate: 34%
- Adequate: 6%
- Needs Met: 1%

HEALTHY BIRTH

- Urgent Need: 77%
- Inadequate: 17%
- Adequate: 6%
- Needs Met: 0%
- Accomplished: 0%
Community Partnerships

Results of the parent survey about the community that surrounds the families we serve:

What resources do you need?

Community Partnerships used by the families:

I have used the following organizations:

a. El Pueblo
   - 9%

b. Harrison County Public Library
   - 52%

c. Mississippi Center for Justice
   - 7%

d. Bethel and Bethesda Free Health Clinics
   - 11%

e. Women's Center for Non-Violence
   - 9%

f. Harrison/Jackson County Civic Action LIHEAP...
   - 21%

g. Coastal Family Health
   - 38%

h. Catholic Diocese Food Bank/Utility Assistance
   - 9%

i. Back Bay Mission
   - 15%

j. Biloxi Housing Authority
   - 33%

k. Boat People SOS
   - 4%
Community Partnerships

General Collaboration
United Way of South Mississippi
El Pueblo
Hope Credit Union
WoodForrest Bank
Gulf Coast Women's Center for Nonviolence
Mississippi Center for Justice
East Biloxi Community Collaborative

Medical Collaboration
Coastal Family Health Center
Mississippi State Department of Health
South Mississippi Smiles
Kool Smiles

Educational Collaborations
Biloxi Public Library
Biloxi Public Schools
Excel by 5
Parents for Public School
First Steps Early Intervention
HEALTH AND WELLNESS

Learning is easier for children when they are healthy. Parents are better able to provide for and care for their children if they are healthy. Moore Community House is committed to wellness and uses a comprehensive vision of the health of children, families and staff. Through collaborative relationships between families, staff and health professionals, children are linked to an ongoing source of continuous care that meets their current health needs. Child health and developmental concerns are identified, and treatment is administered.

Medical
- 100% of the children have health insurance
- 118 children have an ongoing source of continuous, accessible health care
- 89 children are up to date on scheduled, age-appropriate preventive and primary health care
- 4 children received medical treatment for asthma
- 100% of the children are up to date on immunizations

Weight
- 92% of the children are normal weight
- 7% of the children are overweight
- 1% of the children are underweight

Dental Health
- 99% of the children have accessible dental care
- 85% of the children were up to date on primary oral health

Mental Health
- 77% of the children for whom the mental health professional consulted with staff regarding child’s behavior
- 75% of the children who were provided with an individual mental health assessment

Expectant Women

During the program year, 9 pregnant women received services. By the end of their pregnancy:
- All had health insurance
- All had prenatal health care
- All had postpartum health care
- 89% have received substance abuse prevention education
- All received prenatal education on fetal development
- All received information on benefits of breastfeeding

Prenatal Health
- 22% of expectant women enrolled during second trimester
- 78% of expectant women enrolled during third trimester

Pregnant Dental Services
- 78% of expectant women received a professional dental examination

Two women withdrew from the program before their children were born.
Nutrition

Children’s healthy food habits are learned through ongoing food experiences, both at school and at home. Staff work with children and parents to begin positive health practices early in life. Classroom food nutrition activities and nutrition information sent home to families enhance the development of healthy food habits. The nutrition/kitchen staff provide enrolled children with a nutritious breakfast, lunch, and snack. All meals meet or exceed Federal USDA guidelines. A registered dietician supervises the menu and provides education information on nutritional health food topics, as well as monitoring the growth and nutritional needs of each child and pregnant woman.

The program recognizes the importance of accommodating special dietary requests such as food intolerances/allergies or religious/lifestyle limitations. Each special dietary request is reviewed on an individual basis, and staff work with the family to meet these needs.

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<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Snack</th>
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<tbody>
<tr>
<td>October 2016</td>
<td>1591</td>
<td>1592</td>
<td>1503</td>
</tr>
<tr>
<td>November 2016</td>
<td>1542</td>
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<td>December 2016</td>
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<td>1339</td>
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<td>January 2017</td>
<td>1717</td>
<td>1710</td>
<td>1613</td>
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<tr>
<td>February 2017</td>
<td>1581</td>
<td>1580</td>
<td>1462</td>
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<td>March 2017</td>
<td>1965</td>
<td>1950</td>
<td>1829</td>
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<td>April 2017</td>
<td>1548</td>
<td>1552</td>
<td>1486</td>
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<td>May 2017</td>
<td>1933</td>
<td>1934</td>
<td>1818</td>
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<td>June 2017</td>
<td>1804</td>
<td>1787</td>
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<td>July 2017</td>
<td>1205</td>
<td>1203</td>
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</tr>
<tr>
<td>August 2017</td>
<td>1498</td>
<td>1493</td>
<td>1367</td>
</tr>
<tr>
<td>September 2017</td>
<td>1232</td>
<td>1236</td>
<td>1151</td>
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</table>
**Education**

The MCH-EHS program ensures enrolled children are making the gains needed in their development in preparation for the rest of their school career. MCH-EHS has partnerships with the local Head Start agency and area preschool programs to make sure our children are ready for the next stage in their education. MCH-EHS uses two assessment tools that are research-based and aligned with the Head Start Learning Outcomes Framework and Moore Community House school readiness goals. *Teaching Strategies GOLD (TS GOLD)* measures each child’s outcomes in the following developmental domains: Social Emotional, Gross Motor, Fine Motor, Language, Cognitive, Literacy and Math. *The Child Care Interaction Scale* is an observational tool that provides a common lens focused on teacher and child interaction.

The program has a transition plan for three-year old children that is implemented prior to the children leaving the program. Some transition activities associated with the transition process include: visiting the area Head Start center and having staff of other preschool programs, including Head Start, speak to parents about the enrollment process and what they should expect. Thirty-five children completed and transitioned out of the program into Head Start or other preschool programs at the end of 2016-17 program year.

Moore Community House has a collaboration plan with the Biloxi School District and the Mississippi State Department of Health’s Early Intervention program, First Steps, to identify and provide treatment to children with special needs. Last program term, there were 12 children enrolled in MCH-EHS with an Individual Family Service Plan or Individual Education Plan.

**Attendance Matters**

MCH-EHS recognizes the importance of a child’s school daily attendance. The agency sees the importance of building a strong foundation of good attendance at an early age. MCH monitors attendance daily. To ensure the safety of the family, staff members contact the family if a child is absent. The program assists families of children with a chronic or severe absentee rate through a staff/family meeting to plan for improving the child’s attendance.

Average daily attendance for 2016-17 was 96%.
2016-17 Early Head Start Outcomes

The children at Moore Community House exceeded the 60% School Readiness goal by 20%, reaching over 80% by the end of the program year. Teaching Strategies Gold Outcome data reports indicated that MCH-EHS children are meeting and exceeding goals at all levels. The following data includes pre-, mid- and post-assessments for 104 children:
2016-17

MCH-EHS Management Staff

Administrative Staff
- Executive Director Rev. Carol Burnett
- EHS Director Mary Harrington
- Communication Director Evelina Burnett
- Education Coordinator Maragaret Crawford
- EHS Fiscal Officer Monica Matturri

Davis Management Team
- Center Manager Katina Spaulding
- Family Service Lywanda White
- Mentor Coach Josephine Bradley
- Data Manger Greta Miller

Nichols Management Team
- Center Manager Sharon Hinton
- Family Service Jocelyn Bass
- Mentor Coach Yolanda Pride
- Health Records Alisha Shelby
2016-17 MCH Nichols Teaching Staff

Janell Hanks
Kaela McDonald

Danielle Brown
Ellie Kruger

Monica Bradley
Rozet Wells

Lisa McDonald
Sandra Beasley

Jessica Butler
Shayla Taylor

Floaters: Lakiva Washington, Jackie Ballard, Andrea Porter, Rhetha Edwards

Kitchen Amy Jankins
MCH DAVIS TEACHING STAFF

Alicia Ballard
Veronica Nance

Sheila Gaines
Kayla Travis

Jana Kij
Michaela Joseph

Latrece Walker
Dwunshae Reid

Brenda Breland
Tenisha Hasan

Alison Omelia
Brittany Brownlee

DeAundra Simmons
Zaakiyyah Hasan

Veronica Showers
Lakiesha Wright

Floaters: Dominque Christian, Denisha Nix, Betha Parker and Latoria Sumrall

Kitchen: Nancy Pumberger
Our Teachers are Trained and Talented

In program year 2016-17, MCH-EHS had 26 teachers and 8 Floater Teachers in the classroom.

Our Teachers are Trained:

- 2 teachers had a Baccalaureate Degree
- 1 teacher was working toward a Baccalaureate Degree
- 11 teachers had an Associate Degree
- 17 teachers had an Infant / Toddler Child Development Associate Credential
- 3 floater teachers had a high school diploma and are working on their CDA

2016-17 Teacher Interaction Scale Outcomes

The teachers are assessed on the Childcare Integration Scale, a research-based tool used to assess classroom interactions between the teachers and children.