

Metropolitan Children and Youth, Inc.

Renaissance Head Start Annual Report

November 1, 2022 – October 31, 2023



“Changing the World, One Child at A Time”

Mission Statement

By creating an educational environment of excellence, creativity and independent thinking, Renaissance Head Start provides children and families
“A NEW BEGINNING FOR A BRIGHTER TOMORROW.”

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This report is prepared to comply with the Head Start Reauthorization Act of 2007, Administrative Requirements and Standards Sec. 644 {42 U.S.C. 9839 (a)(2)}.

Parents, Friends, and Stakeholders,

HISTORY...

During the 1983/84 fiscal year, Rev. Charles E. Morton, Pastor of Metropolitan Baptist Church, met with a group of concerned church members regarding the expansion of Head Start services in Detroit. Metropolitan Baptist Church Children and Youth, Inc. submitted a proposal for Head Start and the rest is history; Metropolitan Baptist Children and Youth, Inc./Renaissance Head Start was born. The first single-purpose non-profit Head Start grantee in the city was born.

Renaissance Head Start is a federally funded program that serves low-income families with children ages 3 years old to 5 years old.

The Renaissance Head Start Program currently operates nineteen classrooms in five centers located within the City of Detroit; servicing a total of 286 children and families. The classrooms enjoy extended hours and are operational for eight hours Monday thru Thursday.

In September 2003 the agency's name was changed to Metropolitan Children and Youth, Inc./Renaissance Head Start.

The Executive Director of 28 years retired April 2017. During the last five (5) years, the Agency has experienced several administrative changes including three (3) Executive Directors and one (1) Interim Executive Director.

Renaissance, has staff members that support our goals and objectives. Dedicated, caring, highly skilled staff, combined with professional development opportunities, help to ensure the program's ability to meet the needs of the children and families and to deliver quality early childhood education while providing a comprehensive service delivery model.

This service delivery model includes many supportive services including, health and wellness, disability services, nutrition, social services, and an extensive educational content area. Renaissance is committed to addressing the needs of our children and families. Center-level staff, senior staff, and executive staff work together to assess and address issues, problem solve and bridge any service delivery gaps that exist. We help our families navigate through what can often be a confusing human services system through the use of resources, partnerships, and collaborations.

Looking back on the year and forward to the future, includes a Professional Development Initiative, increased resources for parents, technological advancements, diversified funding, and an unchanged vision with an expanded mission! We are excited and dedicated to **“Children and Families First”**.

Thank you for your support and dedication to the Renaissance Head Start Family.

40 Years of Serving Children and Reaching Families

Program Overview

In 2022/2023 Office of Head Start Introduce the Head Start Forward Campaign

Since the onset of the COVID-19 pandemic, Head Start, Early Head Start, Migrant and Seasonal Head Start, American Indian and Alaska Native Head Start, and Head Start-Child Care Partnership programs have faced and overcome unprecedented challenges. Together, we have experienced the effects of the pandemic in big and small ways. Together, we have demonstrated resiliency, innovation, and perseverance.

Together, we are moving forward. Staff and children are tested for COVID regularly.

Renaissance Head Start had been open since September 5, 2022, for in-person services.

RHS is a federally funded Child Development Program serving 286 children however actual enrollment was only 178 children because the lack of staff, classrooms had to be closed.

Renaissance Head Start is a comprehensive program that provides meaningful opportunities for both children and parents. Parents receive family development services in addition to early childhood programming for their children. R. H. S. operates on a nine-month school year with a summer recess. All Renaissance Head Start Centers are extended days from 8:00 a.m. to 4:00 p.m. Monday through Thursday.

Our children and families received quality early childhood education, training, activities, resources, and services that focus on creating a strong and stable family environment.

At Renaissance Head Start we believe that play is integral to the development of young children. In a child's early years, they discover the world around them by experimenting, exploring, and using all their senses to gain knowledge of self and to satisfy their curious minds. Renaissance Head Start promotes school readiness through learning opportunities in the areas of social/emotional development; problem-solving skills; physical health/development; logic/reasoning skills and language development.

Head Start services are provided in a preschool classroom setting by teachers who are trained in early childhood education. R. H. S. teachers plan activities to encourage growth and development in children. Each classroom is divided into learning areas that provide direct, hands-on experiences that help children learn. The learning areas include blocks, dramatic play, toys and games, art, library, science, sensory, music and movement, and computers. Classroom activities and materials support the development of children's emerging language, literacy, math, and science skills, and enhance reasoning, problem-solving, and decision-making skills.

Renaissance Head Start selected curriculum is High Scope. High Scope assists classroom teachers in planning and implementing a developmental, linguistic, and culturally appropriate program for all children. They also learn healthy habits and good attitudes which contribute to a positive sense of self.

Renaissance identifies each child's interests, strengths, and needs through the program's observation and assessment process. The assessment process considers the child's temperament, language, and cultural background. In addition to observations and assessments, screenings are completed for all children within their first 45 days in the classroom. These include developmental, social/emotional, hearing, vision, and speech screenings. Parental engagement, screening results, observations, and assessments are used to individualize instructions.

Parent, Family, and Community Engagement



No element is as critical to a child's success as parent involvement. We believe parents are a child's most important teachers. Head Start parents are encouraged to participate in the classroom, assist with setting educational goals, as well as read and engage in educational activities with their child(ren) at home. Parents are taught the stages of a child's development and what they can do to nurture development at each stage.

Through the Policy Council and Parent Committee Meetings, parents are involved in decision-making activities assisting the teachers and the Head Start Management Team in the overall operations of Renaissance Head Start. Parent Committees allow all parents to be involved in their child's education.

Meetings are held regularly, which help parents work together to solve various issues. These meetings give parents the confidence to support their children while facing the many challenges they will encounter during childhood.

Policy Council takes this idea to another level. Composed of elected parents and selected community representatives, this group meets monthly with RHS Management Staff to assist with program planning, and decision making and to offer their insights into the future of the program.

Parent/Family Engagement is the key ingredient to the success of Head Start children and their families in meeting many of their goals. Participation includes volunteering in the classrooms, actively participating in home visits, making decisions regarding budgets, curriculum planning, staff hiring, training, and other aspects of Head Start.

Family engagement means building relationships with families that support family well-being, strong parent-child relationships, and ongoing learning and development of parents and children alike. It refers to the beliefs, attitudes, behaviors, and activities of families that support their children's positive development from early childhood through young adulthood. Family engagement happens in the home, early childhood program, school, and community. It is a shared responsibility with all those who support children's learning.

An essential part of Renaissance Head Start is the engagement of parents, families, and the community in every aspect of the program. Parents are recognized as the primary educators of their children.

Parents are urged to participate in the classroom, attend workshops and monthly meetings, and become decision-makers about the overall program.

Parent Education Workshop Series is provided by Renaissance staff and the staff from other Human Services Agencies.

Health/Nutrition Service

Children are provided with comprehensive medical, dental, mental health, and nutritional services, including meals/snacks each day. Head Start children and families are referred for additional community resources and services as needed.

Family Assistance

Families are provided with social service assistance to set goals and receive information and referrals to meet their individual needs. Parents receive information regarding the emotional, social, health, nutritional, and psychological needs of their children and educational/literacy activities that can be utilized at home.

Family Services

The number of families that received the following program service to promote family outcomes:

- a. Emergency/crisis intervention (e.g. meeting immediate needs for food, clothing, or shelter) **24**
- b. Housing assistance (e.g. subsidies, utilities, repairs) **0**
- c. Asset building services (e.g. financial education, debt counseling) **0**
- d. Mental health services **0**
- e. Substance misuse prevention **0**
- f. Substance misuse treatment **0**
- g. English as a Second Language (ESL) training **0**

- h. Assistance in enrolling into an education or job training program **0**
- i. Research-based parenting curriculum **0**
- j. Involvement in discussing their child's screening and assessment results and their child's progress **145**
- k. Supporting transitions between programs (i.e. EHS to HS, HS to kindergarten) **132**
- l. Education on preventive medical and oral health **3**
- m. Education on health and developmental consequences of tobacco product use **1**
- n. Education on nutrition **146**
- o. Education on postpartum care (e.g. breastfeeding support) **0**
- p. Education on relationship/marriage **0**
- q. Assistance to families of incarcerated individuals **0**

Father engagement

The number of fathers/father figures who were engaged in the following activities during this program year:

- a. Family assessment **40**
- b. Family goal setting **39**
- c. Involvement in child's Head Start child development experiences (e.g. home visits, parent-teacher conferences, etc.) **42**
- d. Head Start program governance, such as participation in the Policy Council or policy committees **6**
- e. Parenting education workshops **2**

Homelessness services

Total number of families experiencing homelessness that were served during the enrollment year **4**

Total number of children experiencing homelessness that were served during the enrollment year **4**

Total number of families experiencing homelessness that acquired housing during the enrollment year **0**

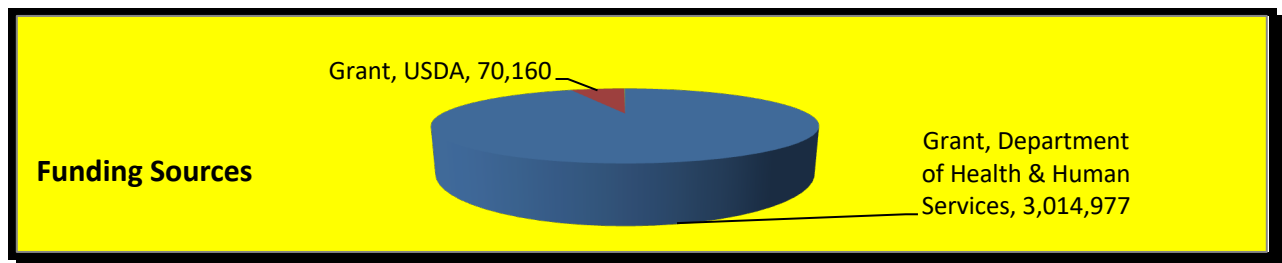
Foster care and child welfare

Total number of enrolled children who were in foster care at any point during the program year **1**

Total number of enrolled children who were referred to Head Start/Early Head Start services by a child welfare agency **0**

A. Public and Private Funds Received

Head Start funds are received from the U.S. Department of Health and Human Services, Administration for Children and Families, Child and Adult Care Food Program (CACFP) -USDA.



B. Budgetary Expenditures FY 2022/2023

Renaissance Head Start is a non-profit 501(c)(3) Exempt Organization. Tellis and Company, P.L.L.C. completed the audit for the Fiscal Year 2022-2023. The audit was conducted by Government Auditing Standards and the provisions of the Office of Management and Budget, the (OMB) Circular A-133 for Nonprofit Organizations. Copies of the audits and financial statements are available from our Administrative Office.

November 1, 2022 – October 31, 2023

STATEMENT OF ACTIVITIES		EXPENSES	
PUBLIC SUPPORT AND REVENUE:			
Public Support-		Salaries & Wages	\$1,512,413
DHHS	\$3,014,997	Fringe Benefits	268,444
DHHS – CRRSA	19,597	Staff Travel	6,510
DHHS – ARP	61,053	License	475
In-Kind Contributions	718,221	Insurance	14,238
Child and Adult Care Food Program	70,160	Supplies	272,413
		Occupancy	300,962
		Parent Component	19,912
		Contractual	17,577
		Telephone	32,572
Total Public Support	3,884,008	Maintenance	44,872
		Education and Training	122,483
Revenue-		Printing and Subscriptions	13,700
Other Revenue	1,348	In-Kind Services	44,936
		In-Kind Space	131,571
Total Public Support and Revenue	3,885,356	In-Kind Other	541,714
		Depreciation	
EXPENSES:			
Program Services -			
Head Start Program	3,344,792		
Food Service Program	46,125		
Supporting Services -			
Management and General	471,370		
			\$3,344,792
Total Expenses	3,862,287		
Change in Net Assets	23,069		
NET ASSETS, Beginning of Year	196,165		
NET ASSETS, End of Year	\$219,2344		

C. Services to Families

In the 2022/2023 school year, Renaissance Head Start provided services for 178 children and 158 families. The funded enrollment was for 286 children. The 178 children served all income eligible. Two (2) were homeless.

Ethnicity and race

	# of children	
	(1) Hispanic or Latino origin	(2) Non-Hispanic or Non-Latino origin
A.25 Race and ethnicity		
a. American Indian or Alaska Native	0	0
b. Asian	0	0
c. Black or African American	0	169
d. Native Hawaiian or other Pacific Islander	0	0
e. White	1	6
f. Bi-racial/Multi-racial	0	2
g. Other	0	0

Enrollment by Primary Language

	# of children	% of total children
English	161	90.2%
Spanish	2	0%
Middle Eastern & South Asian Languages	15	8.2%
Dual Language Learner		
Dual Language	2	1.6%

D. Accountability - Quality Assurance and External Reviews

During 2022/2023 there was one (1) Observation and one (1) review.

CLASS Video Pilot Observations review conducted from 01/18/2023 to 03/04/2023 of your Head Start program. The CLASS® Video Pilot provided an opportunity for Head Start monitoring team to ascertain the feasibility, efficiency, and quality of classroom observations obtained through video recordings in comparison to those obtained during in-person visits.

Scores from observations conducted during the 2022-23 program year for this CLASS® Video Pilot will not be used for Designation Renewal System (DRS) purposes.

From April 3, 2023 to April 7, 2023, the Administration for Children and Families conducted a Focus Area Two (FA2) monitoring review of Metropolitan Children and Youth, Inc. - Renaissance Head Start Head Start program. This report contains information about the grant recipient's performance and compliance with the requirements of the Head Start Program Performance Standards (HSPPS) or Public Law 110-134, Improving Head Start for School Readiness Act of 2007

Service Area	Grant Number(s)	Compliance Level	Applicable Standards	Timeframe for Correction
Supporting Teachers in Promoting School Readiness	05CH011257	Area of Concern	1302.91(e)(2)(ii)	Follow up with Regional Office for support
Safety Practices	05CH011257	Area of Noncompliance	1302.47(b)(1)(iii)	120 days

Renaissance was assigned a Grantee Specialist to assist us in the Area of Concern and Noncompliance. Both goals were accomplished.

Independent Audit

An annual independent audit is conducted in compliance with the requirements described in the U.S. Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Award. The Independent Audit is conducted by Tellis and Company, P.S.S.C.

E. Service Measures - Medical, Dental, and Nutrition Services

Good Health and Nutrition are two top focal areas among many emphasized for children enrolled in Renaissance Head Start. As required, all children enrolled have timely physical and dental examinations as well as basic health screenings, inclusive of hearing, vision, health, and nutrition; with follow-up referral, as warranted from outside service providers.



Renaissance is fortunate to have on its HNSAC (Health/Nutrition Services Advisory Committee) physicians, dentists, and health coordinators who provide services to families (at their facilities) at low or no cost. A partnership was developed in 2006 with the Joy-Southfield Health and Education Center, which provides health perimeters for children free of charge.

Community resources are available to parents; for access to health care for children and families. The program has scheduled Smile Programs the Mobile Dentist Dental Program to assist in the determination of an ongoing source of care. In addition, a partnership with VSP "Sight for Students" provides certificates for eye exams and free glasses. Services are available to children up to 19 years of age who are still enrolled in school.

Each of Renaissance Head Start's health partnerships provides its services, resources, educational information, recommendations, and referrals (when indicated).

Health insurance – children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.1 Number of all children with health insurance	178	178
a. Of these, the number enrolled in Medicaid and/or CHIP	173	173
b. Of these, the number enrolled in state-only funded insurance (e.g., medically indigent insurance), private insurance, or other health insurance	5	5
C.2 Number of children with no health insurance	0	0

Accessible health care - children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.5 Number of children with an ongoing source of continuous, accessible health care provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care	178	178
a. Of these, the number of children that have accessible health care through a federally qualified Health Center, Indian Health Service, Tribal and/or Urban Indian Health Program facility	0	0

Medical services – children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.7 Number of children who are up-to-date on a schedule of age-appropriate preventive and primary health care, according to the relevant state's EPSDT schedule for well child care	157	157

	# of children
C.8. Number of children diagnosed with any chronic condition by a health care professional, regardless of when the condition was first diagnosed	0
a. Of these, the number who received medical treatment for their diagnosed chronic health condition	0

b. Specify the primary reason that children with any chronic condition diagnosed by a health care professional did not receive medical treatment:	# of children
1. No medical treatment needed	0
2. No health insurance	0
3. Parents did not keep/make appointment	0
4. Children left the program before their appointment date	0
5. Appointment is scheduled for future date	0
6. Other	0

C.9 Number of children diagnosed by a health care professional with the following chronic condition, regardless of when the condition was first diagnosed:	# of children
a. Autism spectrum disorder (ASD)	0
b. Attention deficit hyperactivity disorder (ADHD)	0
c. Asthma	0
d. Seizures	0
e. Life-threatening allergies (e.g., food allergies, bee stings, and medication allergies that may result in systemic anaphylaxis)	0
f. Hearing Problems	0

g. Vision Problems	0
h. Blood lead level test with elevated lead levels >5 g/dL	0
i. Diabetes	0

Body Mass Index (BMI) – children (HS and Migrant programs)	# of children at enrollment
C.10 Number of children who are in the following weight categories according to the 2000 CDC BMI-for-age growth charts	
a. Underweight (BMI less than 5th percentile for child's age and sex)	12
b. Healthy weight (at or above 5th percentile and below 85th percentile for child's age and sex)	88
c. Overweight (BMI at or above 85th percentile and below 95th percentile for child's age and sex)	18
d. Obese (BMI at or above 95th percentile for child's age and sex)	60

Immunization services - children	(1) # of children at enrollment	(2) # of children at end of enrollment
C.11 Number of children who have been determined by a health care professional to be up-to-date on all immunizations appropriate for their age	152	152
C.12 Number of children who have been determined by a health care professional to have received all immunizations possible at this time but who have not received all immunizations appropriate for their age	13	15
C.13 Number of children who meet their state's guidelines for an exemption from immunizations	5	5

Accessible dental care – children	(1) # of children at enrollment	(2) # of children at end of enrollment
C.17 Number of children with continuous, accessible dental care provided by an oral health care professional which includes access to preventive care and dental treatment	178	178

Preschool dental services (HS and Migrant programs)	# of children at end of enrollment
C.18 Number of children who received preventive care during the program year	136
C.19 Number of all children, including those enrolled in Medicaid or CHIP, who have completed a professional dental examination during the program year	169
a. Of these, the number of children diagnosed as needing dental treatment during the program year	2
1. Of these, the number of children who have received or are receiving dental treatment	1
b. Specify the primary reason that children who needed dental treatment did not receive it:	# of children
1. Health insurance doesn't cover dental treatment	
2. No dental care available in local area	
3. Medicaid not accepted by dentist	

4. Dentists in the area do not treat 3 – 5 year old children	
5. Parents did not keep/make appointment	
6. Children left the program before their appointment date	
7. Appointment is scheduled for future date	
8. No transportation	
9. Other	

Mental health consultation

	# of staff
C.21 Total number of classroom teachers, home visitors, and family child care providers	11
a. Indicate the number of classroom teachers, home visitors, and family child care providers who received assistance from a mental health consultant through observation and consultation	0

DISABILITIES SERVICES

IDEA eligibility determination

	# of children
C.22 The total number of children referred for an evaluation to determine eligibility under the Individuals with Disabilities Education Act (IDEA) during the program year	21
a. Of these, the number who received an evaluation to determine IDEA eligibility	10
1. Of the children that received an evaluation, the number that were diagnosed with a disability under IDEA	8
2. Of the children that received an evaluation, the number that were not diagnosed with a disability under IDEA	2
1. Of these children, the number for which the program is still providing or facilitating individualized services and supports such as an individual learning plan or supports described under Section 504 of the Rehabilitation Act.	0
b. Of these, the number who did not receive an evaluation to determine IDEA eligibility	11
	# of children
C.23 Specify the primary reason that children referred for an evaluation to determine IDEA eligibility did not receive it:	
a. The responsible agency assigned child to Response to Intervention (RTI)	0
b. Parent(s) refused evaluation	0
c. Evaluation is pending and not yet completed by responsible agency	0
d. Other	0

Preschool disabilities services (HS and Migrant programs)

	# of children
C.24 Number of children enrolled in the program who had an Individualized Education Program (IEP), at any time during the program year, indicating they were determined eligible by the LEA to receive special education and related services under the IDEA	7
a. Of these, the number who were determined eligible to receive special education and related services:	# of children
1. Prior to this program year	5

Center Conferences (2)
Monthly Center Committee Meetings
Monthly Policy Council Meetings

Male Involvement Meetings
Food Safety/Sanitation Training
Ready Rosie Curriculum (for parents)

G. Efforts to Prepare Children for Kindergarten

Renaissance Head Start Educational Task Force Committee Recommended Kindergarten/School Readiness Indicators

In accordance with the Office of Head Start Early Learning Outcomes Framework and the element of our ongoing assessment of the progress and accomplishments of children, Renaissance Head Start established goals for students to obtain through; individualization, group instructions, and daily experiences. These indicators are the building blocks for school success in which children demonstrate their progress and growth in all areas of development.

DOMAINS AND INDICATORS

1. Physical Development and Health

Understands movement concepts; how the body moves, control of the body, and that the body can move independently or in coordination with other objects.

- a) Child gets sufficient rest, sleep and exercise to support healthy development.
- b) Child completes personal care tasks, such as dressing, brushing teeth, toileting, and washing hands independently from adults.
- c) Child participates in structured and unstructured physical activities.
- d) Child is able to choose healthy foods.
- e) Children will know the importance of a doctor/dentist visit.
- f) Children will master hand coordination skills such as holding a pencil, utensils, zipping, stringing, snapping, and using scissors and other objects.
- g) Children will gallop, jump, throw, catch, climb, ride tricycles, hit a moving object, and move to a steady beat.

2. Social & Emotional Development

Establish secure relationships with peers and adults and the ability to express their own needs and wants.

- a) Establishes secure relationships with adults, develops friendships, and cooperates with others.
- b) Use socially appropriate behavior with peers and adults, such as helping, sharing, and taking turns.
- c) Children will express an emotion thru play, art, work, or verbally.

3. Approaches to Learning

Plan, initiate, and maintain interest in a learning activity or project until completed.

- a) Create artistic work (creativity and imagination) that reflects thoughts, feelings, experiences, or knowledge including musical activities.
- b) Children will draw and create representations of their imagination
- c) Children will engage in role play and act out ideas.

4. Cognitive and General Knowledge

Children will be able to use logic and reasoning to problem solve and acquire math, science, and social study skills.

- a) Use past knowledge to build new knowledge.
- b) Classifies, compares and contrasts objects, events, and experiences.
- c) Rote count one to thirty and be able to count one to one association to number ten.
- d) Uses a range of strategies such as counting, subsidizing, or matching to compare quantities.



- e) Recognize common shapes and colors.
- f) Investigates to make predictions and draw conclusions.
- g) Observes, describes, and discusses living and non-living things and natural processes.
- h) Understands one's relationship to the family and community with respect for diversity.
- i) Recognizes that people share the environment with other people, animals, and plants.

5. Language and Literacy

Understand verbal and nonverbal communications and responds appropriately to engage in complex language skills.

- a) Retells stories or information from books through conversation, artistic works, creative movement, or drama.
- b) Identify ten alphabets and letter sounds.
- c) Recognize words as a unit of print and understands that letters are grouped to form words.
- d) English Language Development
 - i). Understand the meaning of English words.
 - ii). Uses English words and constructs sentences.
 - iii). Engage in conversation in English related to stories, events, and personal experiences.

Curriculum: HIGH SCOPE

Instruments used for Developmental Screening:

Brigance Inventory of Early Development is used to screen all children.

The Education Service Area creates a classroom environment that is developmentally appropriate. A safe and healthy atmosphere helps to build positive self-esteem in children.

Efforts to prepare children for kindergarten begin as soon as a child is enrolled in one of our Head Start centers. The center staff, along with the parents, reviews the child's health and nutrition history, as well as completes the required developmental screening within the first 45 days of enrollment.

Renaissance Head Start promotes the young child's school readiness in the areas of language and cognitive development, early reading and mathematics skills, socio-emotional development, physical development, and approaches to learning. Each child's skills and knowledge are assessed to ensure that the educational instruction and school readiness of children are supported.

Child Assessments

Renaissance Head Start utilizes the High Scope electronic COR (Child Observation Record) Assessment Tool in the Fall, Winter, and Spring. At the end of each observation period, the teaching staff completes the Assessment Summary Report and shares the information with the parents and guardians during home visits or parent conferences.

The teaching staff, along with the parents, develop an Individual Service Plan for each child that will facilitate plans for individualization to support and encourage the development of skills that will prepare the child to enter kindergarten.

Screening	# of children
Number of all newly enrolled children since last year's PIR was reported	133
Number of all newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns since last year's PIR was reported	149

a. Of these, the number identified as needing follow-up assessment or formal evaluation to determine if the child has a disability	1
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The instrument(s) used by the program for developmental screening - Brigance
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Children participate in a variety of learning activities and are introduced to the concept of words and numbers to further their intellectual growth.

Children learn to express their feelings which facilitates the foundation for good communication skills. They are encouraged to engage in cooperative play with their peers, which develops social and emotional competence.

During the past school year, data taken from assessments, screenings, classroom observations, and parents' input has provided valuable information regarding children's gains and areas needing improvement. The data also identified areas where teachers' development and training are needed.

The Outcomes Summary Report for the 2022-2023 School Year

The scores collected were from three periods.

The reports generated from the COR Advantage system data reflects a steady increase in scores for all children across each indicator (see page 9-10 for a description of each Domain and Indicator). By the end of the second COR Assessment period, the scores in the specific domains as outlined by Renaissance Head Start School Readiness Goals showed children were school ready.

The School Readiness Report measures student progress towards meeting school readiness goals over time. The report uses student performance across all COR Advantage categories.

In order to be evaluated, a child must have at least 75% of the assessment items scored in each category. Children are determined school ready if they have an average score of 3.75 in each category and an overall average of 4.0 or higher.

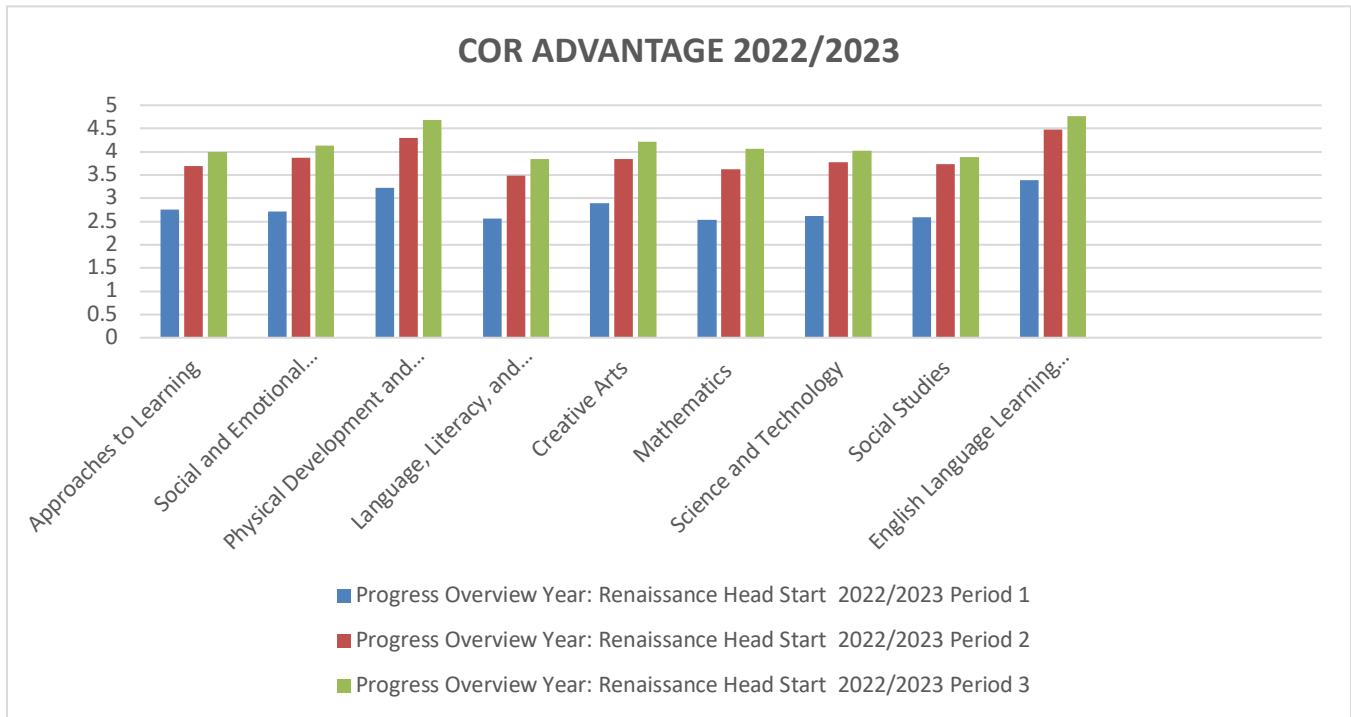
Based on these final COR scores from the 2022/2023 Renaissance Head Start plan is to provide more professional development training for staff provided by High Scope COR Advantage step-by-step tutorials, browse through FAQs, and post individual questions for support. The COR Advantage help center offers step-by-step tutorials.

The COR Advantage System generates reports that break down the Assessment by demographics such as Age and Gender.

The Assessment Periods are in the Fall and Winter. Reports are analyzed and aggregated, goals are reviewed and recommendations are made on updating, revising, or changing the School Readiness Goals to align with Renaissance's Head Start selection of the High Scope curriculum.

The reports generated from this system will be utilized to measure School Readiness and shared with Families Individual Planning for children and Professional Development of Teaching Staff.

The majority of Renaissance Head Start’s disability population continues to be children with speech and language impairments. Wayne State University provides screenings for Speech, Language, and Hearing on all children.



Progress Overview

Category	Period 1	Period 2	Period 3
Approaches to Learning	2.76	3.69	3.99
Social and Emotional Development	2.71	3.87	4.13
Physical Development and Health	3.22	4.3	4.68
Language, Literacy, and Communication	2.57	3.48	3.85
Creative Arts	2.89	3.85	4.21
Mathematics	2.53	3.63	4.07
Science and Technology	2.62	3.77	4.02
Social Studies	2.59	3.73	3.88
English Language Learning (ELL)	3.39	4.48	4.76

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

The number of children enrolled in the program who have an Individualized Education Program (IEP) indicating they have been determined eligible by the LEA (Local Education Agency) to receive special education and related services was five (5).

RHS requested a Disability Waiver for 2022/2023 because the 10% special needs children were not met.

CENTERS LOCATIONS

Monday - Thursday

8:00 A.M. - 4:00P.M.

FORD MEMORIAL CENTER

16400 W. Warren
581-6760 – Detroit, 48228

NEW BEGINNING CENTER

13110 Fourteenth Street
867-3012 – Detroit, 48238

SECOND GRACE CENTER

18700 Joy Road
272-6076 – Detroit, 48228

UNITY CENTER

7500 Tireman
491-3070 – Detroit, 48204

RHS KIDZ IN ACTION CENTER

15888 Archdale Street
271-7160 – Detroit, 48227

Board of Directors

Stacia Little, Chairperson

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