GEMINUS
HEAD START

MISSION:

Geminus Head Start is the Northwest Indiana leader in early childhood education, making a positive impact on families, children and staff through reactive partnerships that inspire personal growth, foster empowerment and provide quality comprehensive services for all.

VISION:

We are an organization of excellence that supports a highly qualified and dedicated staff that inspires children and families to achieve their full potential, which prepares them for a successful and fulfilling life.

PRINCIPLES AND VALUES:

Geminus Team works as a collective force to uphold these principles and embed them in every strategic goal and objective, demonstrating their significance throughout our daily practice.

Diversity/ Cultural Responsiveness

Comprehensive Service Delivery

Data and Evaluation

Health and Wellness

Child Development, Education and School Readiness

Family and Community Engagement

Ongoing Monitoring and Continuous Quality Improvement

Effective Communication

Leadership and Governance
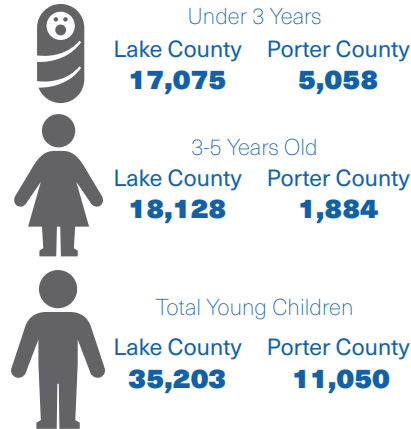
Training and Professional Development

Collaboration and Partnerships
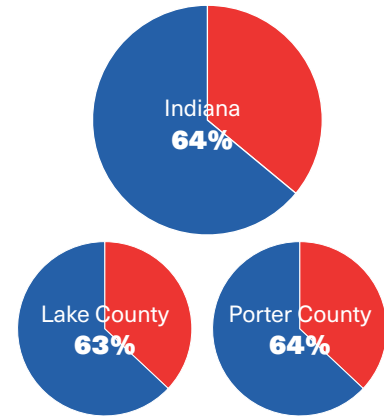
OVERVIEW OF HEAD START:

Head Start is a program funded by the United States Department of Health and Human Services that serve America's most vulnerable young children and their families. Geminus Head Start programs deliver services in core areas of early learning, health, and family well-being while engaging parents as partners every step of the way.

COMMUNITY NEED:

YOUNG CHILDREN[1]

Under 3 Years

Lake County	Porter County
17,075	5,058

3-5 Years Old

Lake County	Porter County
18,128	1,884

Total Young Children

Lake County	Porter County
35,203	11,050

CHILDREN UNDER 6 WHO NEED CARE BECAUSE ALL PARENTS WORK[2]

Indiana 64%

Lake County 63%

Porter County 64%

AVERAGE COST OF HIGH-QUALITY EARLY CHILDHOOD EDUCATION[3]

Indiana	Lake County	Porter County
$9,156	$8,510	$9,382

CHILDREN ENROLLED IN KNOWN EARLY CHILDHOOD PROGRAMS[4]

	Lake County	Porter County
Known:	11,153	2,563
High Quality:	6,443	1,794

1. U.S. Census Bureau, 2019, Table B09001.
2. U.S. Census Bureau, 2019, Table B23008.
3. Indiana Early Learning Advisory Committee, 2019 Interactive Dashboard.
4. Indiana Early Learning Advisory Committee, COVID-19 Impact on Child Care interactive dashboard, June 30, 2021.

POVERTY/LOW INCOME[5]

Lake County

Children Under 6 Living in Poverty:
8,800 (25%)

Additional Children Under 6 Living between 100-125% FPL:
2,415

Porter County

Children Under 6 Living in Poverty:
1,369 (12%)

Additional Children Under 6 Living between 100-125% FPL:
551

PERCENTAGE OF WOMEN WITH NO EARLY PRENATAL CARE (FIRST TRIMESTER)[7]

Indiana	Lake County	Porter County
31.1%	**35.4%**	**27.1%**

Geminus Head Start, along with its two delegate agencies, has delivered Head Start services to Lake and Porter County families since 1997.

CHILDREN UNDER 3 RECEIVING EARLY INTERVENTION SERVICES (Children served in First Steps)[6]

Lake County	Porter County
1,756	**615**

INFANT DEATHS PER 1,000[8]

Indiana	Lake County	Porter County
6.5	**6.0**	**3.7**

WHO WE SERVED

Geminus Head Start offers the following programs:

- Head Start for 1,216 preschool children ages 3 to 5
- Early Head Start for 20 pregnant women and 128 infants and toddlers under the age of 3
- EHS-Child Care Partnership Program brings together the best of Early Head Start and child care through the layering of funding to provide comprehensive and continuous services to 200 low income infants, toddlers, and their families in a childcare setting-full day and full year

SERVED IN THE 2020-21 PROGRAM YEAR

Young Children: 1,146

Pregnant Women: 39

Homeless: 69

Living in Foster Care: 71

Children with a Disability: 123

Comprehensive Services to Families: 1,023

5. U.S. Census Bureau, 2019, Table B17024.
6. FSSA Office of Early Childhood and Out-of-School Learning, First Steps, County Profile Report, March 31, 2021.
7. https://www.in.gov/health/mch/files/Northwestern-Region-IMR-Fact-Sheet-2019.pdf
8. https://www.in.gov/health/mch/files/Northwestern-Region-IMR-Fact-Sheet-2019.pdf

GOALS: KEY PERFORMANCE INDICATORS FOR SUCCESS

GOAL 1

Strive for Organizational Success
1.1 Improve stability of facility locations by having less than 1-2 moves per year
1.2 Increase the percentage of instructional staff with CDA, AA, and BA to 95%
1.3 Staff improve their understanding around the importance of data by the end of the program year

GOAL 2

Maintain Full Enrollment of Eligible Children and Families
2.1 Increase the enrollment of priority populations across each program year (foster care, homelessness, disabilities, DLL, etc.)
2.2 Reduce children who withdraw before 45 days to less than 5% of enrollment
2.3 Reduce the enrollment of over-income families to represent 10% or less of all enrollment
2.4 75% of prenatal mothers who give birth will transition their child to be served in Early Head Start
2.5 50% of prenatal mothers who enroll their child in Early Head Start will ultimately transition their child into Head Start
2.6 Reduce chronic absenteeism to less than 15% of children

GOAL 3

Foster Family Self-Sufficiency and Engagement
3.1 75% of families participating in a goal will make progress towards completion
3.2 Children of families that complete 50% of goal steps will perform better on child outcomes compared to children of families who do not set a goal
3.3 Children of families that attend four or more engagement events perform better on child outcomes compared to children of families that attend none
3.4 30% of children improve their student social/ emotional assessment scores from pre to post

**GOAL 4**

Nurture Child and Family Health and Wellness
4.1 Increase the enrollment to 30% of pregnant women enrolling in their first trimester
4.2 Within 120 days of enrollment, at least 50% of children with targeted oral health risks will be up to date on dental visits
4.3 Decrease the percent of children that miss school due to health related absences by 50% to increase the percent of children who meet child outcome expectations by the end of the school year

GOAL 5

Promote School Readiness
5.1 Improve student's overall growth in all areas by 10% or more from fall to spring using MyTeachingStrategies®/ AIM Assessment
5.2 Improve CLASS Instructional Support scores from fall to spring to 3 to meet the quality threshold established by the Office of Head Start
5.3 Increase the percentage of children who receive services after an identified need from the developmental assessment by 98%
5.4 Increase the percentage of children who are enrolled in Head Start for 2 or more years to exceed child outcome expectations in all areas by the end of the school year
5.5 90% of children will meet child outcome expectations in all areas by the end of the school year
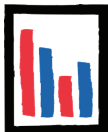
Over the next three years, Geminus will implement the following strategies to accomplish the identified goals.
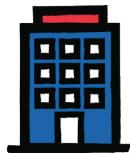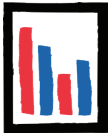

Goal 1: Strive for Organizational Success

KEY PERFORMANCE INDICATORS	ACTION STEPS
1.1: Improve stability of facility locations by having less than 1-2 moves per year	Secure long-term leases from LEAs (5-year minimum).
1.2: Increase the percentage of instructional staff with CDA, AA, and BA to 95%	Non-credentialed classroom aides enroll in and complete a CDA or an Infant Toddler Credential program.
1.3: Staff improve their understanding around the importance of data by the end of the program year	Analyze data entry.
	Ensure Content Directors are comfortable around the goals, data, and training.
	Train staff on content specific training (coach staff across the program to be able to "tell and show" data utilization within their role).
	Review staff performance evaluation tools and assess how they involve conversations around data.

Goal 2: Maintain Full Enrollment of Eligible Children and Families

KEY PERFORMANCE INDICATORS	ACTION STEPS
2.1: Increase the enrollment of priority populations across each program year (foster care, homelessness, disabilities, DLL, etc.)	Create a list of places to go to recruit.
	Increase recruitment strategies in these targeted population areas.
	Designate specific staff members to visit locations and develop a partnership.
	Contact school districts and ask them to send home informational flyers to eligible families (qualify for free/reduced lunch).
	Identify school staff (McKinney Vento/Social Workers) to help identify families who are homeless and in foster care.
	Partner with DCS and LCPAs (foster home agencies) to refer families.
	Monitor and review MOUs and strengthen those partnerships.
2.2: Reduce children who withdraw before 45 days to less than 5% of enrollment	Review attendance on a weekly basis and monitor for trends of absenteeism to identify children who miss 5-7% of school days per month (about 1 day) for additional intervention.
	Strengthen communication and messaging at enrollment to highlight the importance of attendance with families.
	Re-engage families through daily phone contact, home visits, and attendance plans (if needed).
	Administer family surveys.
2.3: Reduce the enrollment of over-income families to represent 10% or less of all enrollment	Identify locations to recruit and assign staff to those locations.
	Receive approval for acceptance of over income applicants from ERSEA /QA prior to enrollment.
2.4: 75% of prenatal mothers who give birth will transition their child to be served in Early Head Start	Identify when to begin the conversation with families to educate them on choices and options.
	Confirm spot for a family 3 months before enrollment.
	Create more EHS classrooms (centers) for prenatal families.
	Improve "soft handoff" from programs (prenatal, EHS and HS).
	Facilitate program visits for new families (EHS student visit HS classroom; prenatal visits EHS).

Goal 2: Maintain Full Enrollment of Eligible Children and Families

KEY PERFORMANCE INDICATORS	ACTION STEPS
2.5: 50% of prenatal mothers who enroll their child in Early Head Start will ultimately transition their child into Head Start	Identify when to begin the conversation with families to educate them on choices and options.
	Confirm spot for a family 3 months before enrollment.
	Improve "soft handoff" from programs (prenatal, EHS and HS).
	Facilitate program visits for new families (EHS student visit HS classroom; prenatal visits EHS).
2.6: Reduce chronic absenteeism to less than 15%	Strengthen communication and messaging at enrollment to highlight the importance of attendance with families.
	Monitor and intervene with children at risk of being chronically absent with 5-7% absence for additional intervention (transportation, etc.).
	Assist work sites at helping troubleshoot and re-engage at-risk families.
	Administer family surveys to gain feedback on why their child is missing school.

Goal 3: Foster Family Self-Sufficiency and Engagement

KEY PERFORMANCE INDICATORS	ACTION STEPS
3.1: 75% of families participating in a goal will make progress towards completion	Train Family Services teams on collaborating with the families to create SMART goals.
	Collaborate with families to create SMART goals with appropriate and attainable steps and provide formal goal follow-up every 90 days.
	Individualize and offer families appropriate community resources and referrals to meet SMART goals.
	Monitor goal creation and progress to ensure compliance and quality service delivery.
3.2: Children of families that complete 50% of goal steps will show better child outcomes compared to children of families who do not set a goal	Collaborate with families to create SMART goals with appropriate and attainable steps.
	Individualize and offer families appropriate community resources and referrals to meet SMART goals. Collaborate with families to provide formal goal follow-up every 90 days.
3.3: Children of families that attend four or more engagement events perform better on child outcomes compared to children of families that attend none	Family Service will inform and invite all families to participate in various engagement events/activities.
	Monitor data entry surrounding families that attend engagement events/activities.
	Collect and compare spring child outcomes and families that attended four or more engagement events during the summer of 2021-2022 program year.
	Evaluate data to determine the impact of family engagement to child outcomes.

Goal 3: Foster Family Self-Sufficiency and Engagement

KEY PERFORMANCE INDICATORS	ACTION STEPS
3.4: 30% of children improve their student social/ emotional assessment scores from pre to post	Administer age appropriate pre and post Infant, Toddler, or Pre-K e-DECA screenings.
	Deliver Conscious Discipline strategies and social/emotional support to parents.
	Provide families with appropriate community resources and referrals based on need.
	Monitor completion of Teacher pre and post e-DECA screenings and required Family e-DECA screenings.
	Collect and compare Teacher pre and post e-DECA screenings.
	Evaluate data to determine overall improvement in assessment scores.

Goal 4: Nurture Child and Family Health and Wellness

KEY PERFORMANCE INDICATORS	ACTION STEPS
4.1: Increase the enrollment to 30% of pregnant women enrolling in their first trimester	Create outreach plans to go to the different community clinics to meet with director/ health professionals to share information about the prenatal program.
	Seek social media groups to share info (prenatal, mom, moms trying to get pregnant).
	Increase education and materials available on recognizing pregnancy sooner. Including materials geared towards teens and adults.
	Increase disbursement and partner communication, including diversification of materials to teens and adults.
	Increase outreach to adults intentionally trying to get pregnant (Consider IVF, OB offices, social media groups, etc.)
4.2: Within 120 days of enrollment, at least 50% of children with targeted oral health risks will be up to date on dental visits	Provide nutrition and health education for targeted health risks.
	Track/ concentrate on who needs treatment (resources, funding).
4.3: Decrease the percent of children that miss school due to health-related absences by 50% to increase percent of children who meet child outcome expectations by the end of the school year	Identify students with chronic illnesses.
	Offer modified schedule options for students with chronic illnesses causing attendance issues (virtual offering, resources, etc).
	Provide education to families related to targeted health risks.
	Evaluate and track better data entry for absence reasons.

Goal 5: Promote School Readiness

KEY PERFORMANCE INDICATORS	ACTION STEPS
5.1: Improve student's overall growth in all areas by 10% or more from fall to spring using MyTeachingStrategies® /AIM Assessment	Identify transitioning grantee students.
	Train all instructional staff on appropriate assessment strategies (between MTS/AIM).
	Drive intentional teaching through data and monthly PDS.
	Coach and support the PDS to deepen the understanding of assessment and data driven planning.
	Compare the Data from MTS to Aim for validity and reliability.
	Determine continued use based off data collected.
5.2: Improve CLASS Instructional Support scores from fall to spring to 3 to meet the quality threshold established by the Office of Head Start	Perform CLASS within the first 45 days of school.
	Train all instructional staff monthly CGC (MMCI).
	Identify instructional staff needed for intensive coaching based on Fall CLASS scores and needs assessment.
	Coach and support instructional staff between the monthly PD.
	Perform spring class observations.
	Compare fall to spring MTS assessments for child outcome growth and classroom CLASS scores
	Revaluate training & PD to increase CLASS scores with the intent of raising child outcomes.
5.3: Increase the percentage of children who receive services after an identified need from the developmental assessment by 98%	Train staff on administering the assessments and referral process.
	Conduct screeners (ASQ-3 & DIAL 4) within the first 45 days.
	Identify children with potential delays and submit a screening alert form.
	Conduct a team meeting with families to determine if services are needed.
	Track referrals generated from screenings (time frame).
	Ensure services are being provided based on the IEP/IFSP.

Goal 5: Promote School Readiness

KEY PERFORMANCE INDICATORS	ACTION STEPS
5.4: Increase the percentage of children who are enrolled in Head Start for 2 or more years to exceed child outcome expectations in all areas by the end of the school year	Collect & compare child outcomes from fall to spring for all children in EHS/HS beginning 2021-2022 school year.
	Identify returning students with a minimum of 2 years in the program to be used as the study group (EHS-HS, EHS, HS) based off the 2021-2022 school year.
	Determine students with 1 year or less to be used as a control group each program year.
	Collect, compare, and chart spring child outcomes for each group.
	Evaluate data to determine gains and program effectiveness.
5.5: 90% of children will meet child outcome expectations in all areas by the end of the school year	Collect & compare child outcomes from fall to spring for all children in EHS/HS beginning 2021-2022 school year.
	Identify returning students with a minimum of 2 years in the program to be used as the study group (EHS-HS, EHS, HS) based off the 2021-2022 school year.
	Determine students with 1 year or less to be used as a control group each program year.
	Collect, compare, and chart spring child outcomes for each group.
	Evaluate data to determine gains and program effectiveness.

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