

ANNUAL REPORT

Oahe Child Development Center, Inc.
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September 1, 2012-August 31, 2013

Established 1972

Vision Statement

Oahe Child Development Center recognizes and celebrates the family through its direct and consistent involvement with parent and child. We strongly believe parents are the primary educators of their child(ren) and the staff will support the belief that we are all learning together. This program will focus on developing self-esteem for the family, including physical, social, emotional, and intellectual development for both the children and parents.

Mission Statement

Leading Children and Families into the Future

Belief Statements/Core Values

We believe in and celebrate the family through our direct and consistent involvement with the parent and child, our belief that parents are the primary educators of their child(ren), and that we are all learning together.

We are supporting self-esteem, physical, social, and emotional, and intellectual development for both child(ren) and the parents.

Oahe Child Development Center, Inc.

Oahe Child Development Center (OCDC) was incorporated March 7, 1972 as non-profit corporation governed by a nine member board. The original incorporators were Karen Jones, Wynona Wahweotten, Henrietta Adams, Cheryl Hill, Barbara Spears, and Mrs. Emery Byers, all of Pierre, SD as well as Rose Nelson of Fort Pierre, SD. This Board served as the sponsor for the Head Start Program.

The purpose of the corporation is to develop and administer programs for child development; to qualify for and receive public and private donations; to qualify for and receive funds under federal, state, county, municipal, school district, private or any other programs concerned with child development or personnel and parent training associated with child development; to administer such funds in accordance with the laws of the United States and the State of South Dakota; and to engage in any other activities associated with child development.

The corporation was designed to be governed by a Board of Directors representing professions related to the services provided by the corporation, local school districts and a Head Start Policy Council. In 1972, the board received its first Head Start funding for a school year program. The program would serve 55 children from the Pierre and Ft. Pierre area. The budget at this time was \$99,000 or \$1800 per child served. Eleven staff members served 55 children in three classrooms.

During the 2012-13 program year, the agency was funded to serve 216 children and has participants in six counties. For the 2012-13 program year, 166 children were enrolled in Head Start at the cost of \$7,272 (9 month program) per child and 50 participants in Early Head Start at a cost of \$10,779 (12 month program) per child, with a total combined budget of \$1,746,153 (Head Start \$1,207,224 / Early Head Start \$538,929).

Sponsored Programs

Head Start Program and Early Head Start

Funded by: Administration for Children and Families
Department of Health and Human Services
Head Start Bureau-Region VIII
999 18th Street
South Terrace- Suite #499
Denver, Co. 80202

The early years of childhood are a very important time in a child's overall development. It is a time that learning patterns and skills are developing, emotional development is taking place, the child's curiosity is increasing rapidly, and the child is developing into an individual- mentally, physically and emotionally.

Head Start is a comprehensive child development program designed to assist families and children during these developmental years. The program provides for health care services, educational services, and special needs services for the child and family.

Education

In six counties that the Head Start serves there are three options available- a center-based program, a home-based program and a combination program.

- Center-Based Program – Children attend the center four days a week for 3.5 hours each day.
- Home-Based Program – A home visitor visits the family's home weekly for 1 ½ hours. During that time, parents set goals they feel are important to their child's development and their family's well being. Children and parents are encouraged to participate in socializations that are held twice monthly.
- Combination Program – Children attend a center three days a week for 3.5 hours each day. Home visits are conducted once a month.

2012-13 Home-based served the following counties:

Hughes	EHS
Stanley	EHS
Sully	EHS
Hyde	EHS
Jones	EHS
Mellette	EHS and HS

2012-13 Center Base served the following counties

Hughes County	HS
Stanley County	HS
Hyde County	HS

2012-13 Combination served the following counties

Hughes	HS
Stanley	HS
Jones	HS
Sully County	HS

CLASS (Classroom Assessment Scoring System) is used in our Center-Based and Combination Programs to monitor classroom quality. Oahe Child Development Center uses Creative Curriculum for our curriculum and Teaching Strategies GOLD Assessment to assess school readiness skills.

The Agency's Efforts to Prepare Children for Kindergarten

The most important goal of Oahe Child Development Center's curriculum for school readiness is to help children become more enthusiastic learners, progress and develop in all areas of child development. We focus on building relationships with families that support family well-being and strong relationships between parents and their children so that children, birth to 5 years, are ready for school, families are ready to support their children's learning and schools are ready for children.

School readiness goals, birth to 5 years emphasizes 6 major areas of development:

- Physical development and health
- Social and emotional development
- Approaches to learning which includes persistence, curiosity and engaging in music and movement
- Language development and literacy knowledge and skills
- Cognitive and general knowledge which includes problem solving skills and simple mathematic skills
- Science, Creative Arts, Social Studies—this development falls within the other areas

It is Oahe Child Development Center's expectation that each child show progress and growth in their varied stages of development. Every 3-5 year old child is assessed 3 times per year to monitor individual progress. This is done through observations, documentations, analyzing data and evaluating development. All children develop at different levels and times. Oahe Child Development's Early Head Start and Head Start programs help children develop the skills needed for school readiness. By providing a supportive environment, trained staff, and play-based experiences, Oahe Child Development Center helps all children, to the best of their ability, develop to their fullest potential physically, emotionally, socially and cognitively. The following are our agency's school readiness goals at a glance.

School Goals Readiness Goals

Through observations, documentations, analyzing data, and evaluating development, each child in our program will show progression in the following goals:

Physical Development and Health

1. *Children will develop movement skills such as traveling, navigation and balance.*
2. *Children will develop skills to manipulate and explore.*
3. *Children will develop healthy habits and safe practices.*

Social & Emotional Development

1. *Children will begin to regulate their own emotions and behaviors.*
2. *Children will develop and establish positive relationships and interactions with adults and peers.*
3. *Children will begin to learn and use rules, routines and directions.*
4. *Children will demonstrate a positive self-concept and self-confidence in play and everyday tasks.*

Approaches to Learning

1. *Children will begin to develop curiosity, eagerness, persistence and attentiveness.*
2. *Children will engage in variety of learning experiences such as music, movement and dance, art and drama.*

Language Development/Literacy Knowledge & Skills

1. *Children will demonstrate receptive and expressive language for conversation and communication.*
2. *Children will engage, respond to, and understand stories and books.*
3. *Children will demonstrate a alphabet knowledge and phonological awareness through play and interactions.*
4. *Children will demonstrate the concepts of print.*
5. *Children will demonstrate early writing skills.*

Cognitive and General Knowledge

1. *Children will begin to develop problem-solving skills and remembering and connecting experiences.*
2. *Children will begin to learn and use simple mathematic skills in everyday routines and experiences.*

OCDC Aggregated Child Assessment Scores

From Teaching Strategies (2012-2013)

Following are the results of the progress and growth on the children enrolled in Oahe Child Development Center's Head Start/Early Head Start program. The growth reports show change over time. Teachers and administrators use growth reports to examine movement between checkpoints. These reports provide a big picture of how children are progressing toward meeting developmental learning objectives.

In the area of Social Emotional

	# of Children Below Expectations	% of Children Below Expectations	# of Children Meeting Expectations	% of Children Meeting Expectations	# of Children Exceeding Expectations	% of Children Exceeding Expectations
Fall	73	36%	121	59%	11	5%
Winter	30	14%	150	72%	28	13%
Spring	19	9%	129	62%	61	29%

In the area of Gross Motor

	# of Children Below Expectations	% of Children Below Expectations	# of Children Meeting Expectations	% of Children Meeting Expectations	# of Children Exceeding Expectations	% of Children Exceeding Expectations
Fall	88	43%	107	52%	9	4%
Winter	22	13%	146	77%	22	12%
Spring	11	5%	155	74%	43	21%

In the area of Fine Motor

	# of Children Below Expectations	% of Children Below Expectations	# of Children Meeting Expectations	% of Children Meeting Expectations	# of Children Exceeding Expectations	% of Children Exceeding Expectations
Fall	47	23%	144	71%	13	6%
Winter	9	5%	164	86%	17	9%
Spring	5	2%	149	71%	55	26%

In the area of Cognitive

	# of Children Below Expectations	% of Children Below Expectations	# of Children Meeting Expectations	% of Children Meeting Expectations	# of Children Exceeding Expectations	% of Children Exceeding Expectations
Fall	88	43%	108	53%	9	4%
Winter	23	12%	148	78%	19	10%
Spring	13	6%	144	69%	52	25%

In the area of Language

	# of Children Below Expectations	% of Children Below Expectations	# of Children Meeting Expectations	% of Children Meeting Expectations	# of Children Exceeding Expectations	% of Children Exceeding Expectations
Fall	86	42%	113	55%	6	3%
Winter	38	20%	139	73%	13	7%
Spring	26	12%	137	66%	46	22%

In the area of Literacy

	# of Children Below Expectations	% of Children Below Expectations	# of Children Meeting Expectations	% of Children Meeting Expectations	# of Children Exceeding Expectations	% of Children Exceeding Expectations
Fall	92	45%	107	52%	5	25%
Winter	38	20%	128	67%	24	13%
Spring	29	14%	129	62%	51	24%

In the area of Math

	# of Children Below Expectations	% of Children Below Expectations	# of Children Meeting Expectations	% of Children Meeting Expectations	# of Children Exceeding Expectations	% of Children Exceeding Expectations
Fall	131	64%	70	34%	3	1%
Winter	62	33%	114	60%	14	7%
Spring	36	17%	115	55%	57	27%

Transitions

Transitions are the smooth movement of children and families from Head Start into a public education setting, from Early Head Start to Head Start, as well as through other life changes. This is accomplished through the use of informational materials, parent socials, visits to the public school or Head Start, transition meetings with local education agencies, transfer of records, and ongoing education about the transition process. Examples of transition activities include: educational material sent to families about Sippy cups, pacifiers, potty training, new siblings, and new babies packets for parents. Transition packets and information are given to students for summer activities and information about the child's next placement.

Nutrition

The nutrition education promotes good nutrition as a way to good health. The emphasis is placed on nutrition education for parents, staff, as well as the child. Nutritious meals and snacks are served during classroom experiences, socializations and parent functions. Our nutrition specialist consults on a regular basis with a registered dietician for training and to discuss concerns for children. Head Start children are provided 1/3 of their daily nutritional requirements while at the center.

Child & Adult Food Care Program

Funded by: USDA/Child and Adult Care Food Program
South Dakota Department of Education/CACFP
800 Governor Drive
Pierre, SD 57501-2235

The primary goal of the program is to ensure that children in Head Start and childcare settings will receive, at no cost to Head Start children, nutritious meals and snacks that meet the minimum daily nutritional requirements set by USDA and the Head Start performance standards.

Oahe Child Development Center, Inc. staff conducts scheduled and unscheduled reviews at the sites that serve our children to ensure that all requirements of the food reimbursement program are being provided in accordance with the written agreement. The staff also provide needed technical assistance and arrange for continuing education opportunities for staff and providers.

Health

The goal of the health component is to provide a comprehensive program which includes a broad range of medical and dental services to the children enrolled in the program, and to assist in the child's physical, cognitive, and social development. Each child is required to have a physical examination, dental examination, and a record of immunizations. Pregnant mothers are assisted in meeting their medical needs, as well as prenatal education. Head Start will assist in the treatment of health problems and follow-up to ensure the child receives the services needed. If the family has not established a "medical home", Head Start will assist in establishing one.

Mental Health

The goal of the mental health component is to provide a comprehensive program to ensure a positive mental health attitude for the child and the family. This is accomplished by providing positive experiences to assist in the child's physical, emotional, cognitive and social development, with an overall goal of social competence. Head Start will assist and provide resources in the treatment of mental health concerns and follow-up to ensure the child and family receives services needed.

Disabilities

The Head Start Program believes that all children, regardless of their disability, can benefit from a comprehensive evaluation and services at an early age. The disability component also provides resources for families and family support. Head Start does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities.

Enrollment Information

During the 2012-13 operating year, Oahe Child Development Center served 228 families and a total of 249 participants. The average monthly enrollment for Head Start was 100% of the funded enrollment and the average monthly enrollment for Early Head Start was 100% of the funded enrollment. Overall, our program averaged 100% of the funded enrollment. OCDC serves approximately 12% of the eligible children in our six county area.

Medical / Dental Information

Oahe Child Development Center has two Health and Safety Specialists who are in contact with our families, helping work towards getting all participants up to date with immunizations, well child exams, and dental exams. The following chart shows information regarding the 2012-2013 program year:

	Head Start	Early Head Start
The percentage of children with an ongoing source of continuous, accessible health care.	99%	100%
The percentage who are up-to-date on a schedule of age-appropriate preventive and primary health care.	94%	89%
The percentage of children who have been determined by a health care professional to be up-to-date on all immunizations.	97%	93%
The percentage of children with continuous, accessible dental care provided by a dentist.	99%	97%

The percentage of Head Start children who have completed a professional dental examination since last year's Program Information Report. The percentage of Early Head Start children who are up-to-date on preventive and primary oral health care according to the state's EPSDT schedule.	90%	100%
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Family Services/ Parent Engagement

The Head Start Program is based on the premise that if low-income families have access to local resources and programs, they will develop more self-reliance and social competence. The family services component helps families regarding educational, medical, psychological and other special needs. Oahe Child Development believes that the parent is their child's first and most important educator. Parents are encouraged to be involved in and contribute to our programs.

	Head Start	Early Head Start
The number of people providing volunteer services to our program during the 2012-13 program year	477	111
Of these, the number that were current or former Head Start or Early Head Start parents	317	102

Every month, Oahe Child Development Center holds monthly parent meetings and bi-monthly socials. These meetings are designed to inform the parents about the program, as well as include them in activities with their children. Each month there is a different topic that is presented to help encourage parents to stay involved with their child's education and development. These topics are taken from the parent enrollment form which asks which topics the parents would like more information regarding.

Staff encourage parent engagement to include setting and achieving short-term and long-term goals for themselves and their children. The following are parent engagement goals that our agency is focusing on:

1. Family Well-Being

- Through developed relationships, goals will be identified and set to improve the overall well-being of the family.

2. Positive Parent-Child Relationships

- Parents and families will gain knowledge about their child's development to better nurture healthy relationships, appropriate discipline practices, and positive interactions.

3. Families as Lifelong Educators

- Parents and families are engaged in their child's education by observing, sharing and participating in goals and activities.

4. Families as Learners

- Parents and families will learn about opportunities to improve their education skills and interests.

5. Family Engagement in Transitions

- Parents and families will learn how their children adapt to changes and transitions that occur in early childhood and both home and school settings.

6. Family Connections to Peers and Community

- Parents and families will participate in program and community events that expand opportunities to build relationships with peers and community.

7. Families as Advocates and Leaders

- Parents and families will learn about leadership/advocacy opportunities to improve children's development and learning experiences.

Statistics from our 2012-13 Program Year:

Percent of parents that stated they had opportunities to be involved in their child's classroom and/or lesson planning	90%
Percent of parents that stated they gained knowledge from our program about strategies that helped them with their child's behavior	89%
Percent of parents that stated they gained knowledge from our program that helped them understand their child's health care needs	89%
Percent of parents that stated our program gave them an opportunity to advance their learning interests through education and training that supported their parenting skills, career and other life goals.	83%
Percent of parents that felt Oahe Child Development Center helped them make progress towards their written goals	88%
Percent of parents that rated the quality of their relationship with their home visitor or child's teacher as above average or excellent	89%
Percent of enrolled children whose fathers/father figures participated in father involvement activities	HS 65% EHS 57%

The following are a few comments from 2012-13 parents regarding how our program has impacted their child or their family:

- My daughter has increased her love of school. She has learned appropriate behavior for her age and vastly improved her social skills. My husband and I are glad we get to be a positive part of our child's education.
- The program has made us more aware of our child's education needs and what to do to help her strive in education and life.
- The sense of family at Head Start is just like what we have in our home. Thank you for all you do for us.

- My daughter now has all the skills necessary to move on to kindergarten and is doing great!
- Head Start has impacted our family in more ways than I can write, but some examples are helping my son learn everything from colors and shapes to tasting a new texture, gaining new and fun ideas and activities that the whole family can do, and teaching us as a family.

Partnerships

The overall success of today's Head Start Program is greatly influenced by the program's ability and willingness to partner with other service agencies. The type and level of each partnership is based on the identified needs of the community being served, as well as serving the missions of the partnering agencies. Oahe Child Development Center, Inc. currently has partnerships with several local school districts, private nonprofits, and community agencies.

<u>Agency</u>	<u>Type of Partnership</u>
American Red Cross	Provides emergency services CPR/FA
ABO Schools	Educational services, OT, speech services PT, space, meals
Birth to Three (SD Cares)	Service provider for birth to three children with disabilities
Capitol Area Counseling	Agreement for counseling services
Capital Area United Way	Literacy and special project funding
Dentists	Most local dentists provide initial dental exam to enrolled children
Dept. of Public Safety	Car seat rental program
Dietician- Ruth Seyfer	Menu planning, nutrition consultation for children, parents, and staff
First Presbyterian Church-Onida	Space
Growing Up Together	Teen pregnancy services and parenting classes
Hyde County Schools	Meals, educational services, OT, PT, speech services, transition
Jones County Clinic	Health services, exams, WIC, Immunes
Jones County Schools	Education services, speech, OT, PT, transition services, meals, space, staff

Lariat Lanes	Emergency evacuation
Medical Occupation, Pierre Public Sch.	Student volunteers
Oahe Valley Health Center	Income based Health Care Clinic
Pierre Area Referral	Food pantry, housing assistance, fuel assistance, Ministries Association
Pierre School District	Child Find, referrals, transition activities speech therapy, OT, PT, diagnostic testing, coordination and collaboration on services birth – 5
Professional Counseling & other counseling services	Provides reduced rates/in-kind services to enrolled children and families and staff
Rawlins Library	Share resources, trainings
Right Turn	Computer classes, GED, literacy training, early childhood training
RSVP	Provides volunteer help for the classrooms
Southern Plains Behavioral Health	Agreement for counseling services
Stanley County School District	Provides educational services, OT, PT, Child Find and transition services
Sully County Clinic	Health services
Three Rivers Birth to Three Program	Service provider for birth to three children with disabilities
United Methodist Church- White River	Space
USD Nursing Program	Provides classroom training from nursing students.
White River School District	Educational services, speech, OT, PT, and transition services.
YIP/ Pierre Public Schools	Provides youth volunteers for the classroom

Statewide agreements

South Dakota Department of Education	Services for children birth -5
South Dakota Department of Social Services	Training and referrals
SDHS & Dept. of Social Service and Labor	Collaborate & coordinate services
South Dakota Department of Health	Immunizations and WIC
WIC	Ongoing communication/ information sharing

Financial Audit

There were no findings in the most recent financial audit for the Oahe Child Development fiscal year ending March 31, 2013.

Federal Review Findings

From Oct. 3 to Oct. 8, 2010, the Administration for Children and Families conducted an on-site monitoring review of the Oahe Child Development Center, Inc. Head Start and Early Head Start programs. The findings and the corrective action for the findings are in the following chart.

Follow up on Areas of Noncompliance from October 2010 On-site Monitoring Review

<i>Performance Standards</i>	<i>Area of Non-compliance</i>	<i>Corrective Action</i>	<i>Time Frame</i>	<i>Person Responsible</i>	<i>Date Completed</i>	<i>Supporting Documents</i>
1304.53(a)(10)(x) The selection, layout and maintenance of playground equipment and surfaces minimize the possibility of injury to children.	The Jones County School District did some additional construction to move the Head Start program onto the school site. While our new playground was being built, the teacher allowed the children to play on the elementary school playground.	<ol style="list-style-type: none"> 1. An email was sent to Murdo, directing staff to stop using the elementary school playground immediately. 2. A contingency plan was written to use the elementary school gym until the playground is completed. 3. Work was started on the playground in the late fall. Winter weather hit and completion was postponed until the Spring 2011. Due to heavy rains and flooding, construction continued into the summer. 	<p>October 7, 2010</p> <p>October 7, 2010</p> <p>June 2011</p>	<p>Program Director</p>	<p>October 7, 2010</p> <p>October 7, 2010</p> <p>July 2011</p>	<ol style="list-style-type: none"> 1. Email sent to the Murdo Center 2. Contingency plan
1304.53(a)(10)(xi) Electrical outlets accessible to children prevent shock through the use of child-resistant covers, installation of child-protection outlets, or the use of safety plugs.	OCCDC rents a house for use in Highmore and the outlet where the dryer would plug in was not covered. It was behind a trash can and not visible unless the trash can was moved and was missed by our Health and Safety Specialist when performing safety checks. All other outlets in all of our centers were covered.	We could not find a child protection safety plug for a dryer outlet, so a box was built to cover the outlet.	October 7, 2010	Health and Safety Specialist	October 7, 2010	<ol style="list-style-type: none"> 1. The monitoring review team confirmed the box was built by reviewing the invoice from Homestead Building Supplies and by observation of the box. 2. Photo of the box covering the outlet
1304.53(a)(10)(xii) Windows and glass door are constructed, adapted or adjusted to prevent injury to children.	An inspection of the Murdo Center on October 5, 2010 found the windows in the classroom were accessible to children and not made of safety glass.	OCCDC had a 4 mil safety film installed on the existing window. The monitoring review team observed the windows after they were covered with safety film.	October 7, 2010	Health and Safety Specialist	October 7, 2010	<ol style="list-style-type: none"> 1. Signed statement by the contractor who did the work 2. The purchase order for the film

						3. Two invoices for the film 4. Product testing and performance information from the product manufacturer
1304.24(a)(2) Grantee and delegate agencies must secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child's mental health.	1. A review of the Mental Health Memorandum of Agreement found the agreement did not contain a schedule nor did it detail a work plan of the specific services to be provided to the Head Start and Early Head Start program. 2. The Mental Health Consultant discussed the services offered by her agency in the city of Pierre, South Dakota and stated she did not schedule visits or provide services in the four outlying areas of the program.	1. A more detailed Memorandum of Understanding with Capital Area Counseling Services to provide Mental Health Services, which lists the services provided and days that a licensed counselor is available for the Pierre, Onida, Murdo, and Highmore sites was signed. 2. Mental Health services were being provided by a different counselor from Capital Area Counseling for our children and families in Sully, Hyde, and Jones Counties, as well as a counselor from Southern Plains Behavioral Health Services for our children and families in Mellette County. This information was not shared with the review team, as the consultant only answered the questions she was asked. A Memorandum of Understanding with Southern Plains Behavioral Health that lists the services provided and the days a licensed counselor is available for our Mellette County families was signed. 3. In addition, OCHDC transferred staff to fill the Mental Health Specialist position with a staff member whose degree better fit that area. Our Mental Health Specialist has always been mentored by a master's level, licensed Mental Health Clinician.	April 2011 			

operations, as well as those of each of their delegate agencies, to ensure that these operations effectively implement Federal Regulations		<p>used baseboard heat in our Highmore center since 1999 and it had passed all previous reviews. We now have updated our health and safety checklist to include safety glass/film and no baseboard heat.</p> <p>2. A procedure has been written for the process of competing health and safety inspections. We will continue to monitor electrical outlets and make sure that items that are light enough to be moved by children are moved during Health and Safety checks.</p> <p>3. Mental health services were available in the outlying areas. Our Mental Health Specialist was not asked about counselors serving our outlying areas and the counselor that the review team interviewed was the counselor that serves our Pierre area. Although the Mental Health Specialist, as well as the licensed counselors, was available to the families and children, we did not have a schedule of days/times that they would be available. We have made a set schedule for our Mental Health Specialist to visit our outlying sites, as well as the days that licensed counselors will be available in each community.</p> <p>4. A Mental Health Services tracking form was developed to monitor that timely identification of and intervention in family and staff mental health concerns are addressed. We will continue to monitor our mental health area with our monthly reports, Program Information Reports, educational reports, as well as Child Plus.</p>	<p>June 2011</p> <p>March 2011</p> <p>June 2011</p>	<p>Health & Safety Specialist and Program Director</p> <p>Mental Health Specialist and Program Director</p> <p>Mental Health Specialist and Program Director</p>	<p>June 2011</p> <p>March 2011</p> <p>June 2011</p>	<p>3. Program Information Reports</p> <p>4. Printouts from Contracted Counseling Agency of those receiving services</p> <p>5. Mental Health schedule of visits</p> <p>6. Mental Health service area plan</p> <p>7. Mental Health tracking form</p> <p>8. Licensed Counselor schedule</p> <p>1. Invoices for the cove heating installation</p> <p>2. Pictures of newly installed cove heating</p>
1304.53(a)(10)(i) In climates where such systems are necessary, there is a safe and effective heating and cooling system that is	Baseboard heating system was being used in the Highmore center	Replaced baseboard heating with cove heating	November 2010	Program Director	November 2010	

Oahe Child Development Center, Inc.
Board Membership 2012-2013
Pierre, SD 57501
Phone Number 605-224-6603
Fax Number 605-224-0850

Char Nickolas, Chair
Educator/ Counselor
Pierre, SD

Trista Olsen, Vice-Chair
Parent
Pierre, SD

Scott Louis, Secretary
Former Parent
Pierre, SD

Jessica Filler
Attorney
Pierre, SD

Kay Hammond
Educator
Pierre, SD

Dennis Champ
School Admin. Special Services
Pierre, SD

Colleen Weiss
Business/Community
Pierre, SD

Ron Woodburn
Higher Education Administrator
Pierre, SD

Katie Luce
Parent/PC Rep
Pierre, SD

Rob Coverdale
Educator
Pierre, SD

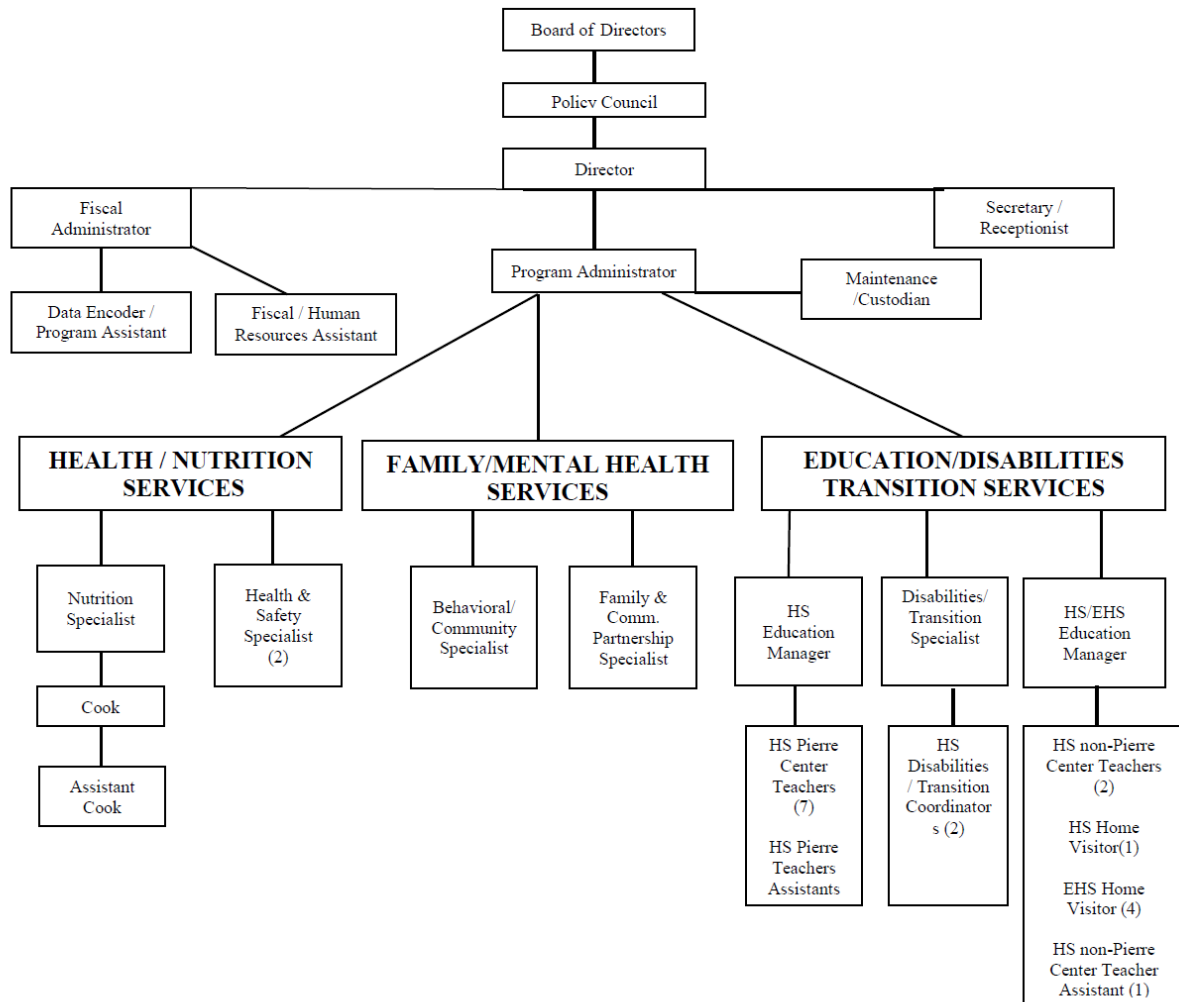
Karen Hasek
Fiscal /Bank Auditor
Pierre, SD

Twyla Bartholomew
United Way Representative (non-voting)
Pierre, SD

OAHE CHILD DEVELOPMENT CENTER SERVICE AREA



OAHE CHILD DEVELOPMENT CENTER, INC.
Head Start/Early Head Start



Oahe Child Development Center, Inc.
Approved Budget for 2012 - 2013

Program	Funding Source	Budgeted Program Expenditures
Head Start PA22	ACF – Program Operations	\$ 1,188,187
Head Start PA20	ACF – T & TA	19,037
	Non-Federal	340,532
Other Funds	State of SD USDA	72,846
	United Way	6,892
	Midcontinent	1,652
Early Head Start PA25	ACF – Program Operations	\$ 525,784
Early Head Start PA26	ACF – T & TA	13,145
	Non-Federal	138,162
Other Funds	State of SD USDA	200
	United Way	2,954

Summary of Program Expenditures Categories for Head Start PA 22 & 20

	<u>Program Operations</u>	<u>T & TA</u>	<u>Non-Federal</u>	<u>Total</u>
a. Personnel	\$ 726,447		\$ 282,642	\$ 1,009,089
b. Fringe Benefits	181,050		57,890	238,940
c. Travel	948	\$ 5,000		5,948
d. Equipment	15,778			15,778
e. Supplies	69,256			69,256
f. Contractual				
g. Construction				
h. Other	194,708	\$ 14,037		208,745
i. TOTAL	\$ 1,188,187	\$ 19,037	\$ 340,532	\$ 1,547,756

Summary of Program Expenditures Categories for Early Head Start PA 25 & 26

	<u>Program Operations</u>	<u>T & TA</u>	<u>Non-Federal</u>	<u>Total</u>
a. Personnel	\$ 314,433		\$ 114,674	\$ 429,107
b. Fringe Benefits	76,773		23,488	100,261
c. Travel		\$ 2,000		2,000
d. Equipment	6,762			6,762
e. Supplies	37,035			37,035
f. Contractual				
g. Construction				
h. Other	90,781	\$ 11,145		101,926
i. TOTAL	\$ 525,784	\$ 13,145	\$ 138,162	\$ 677,091

Oahe Child Development Center, Inc.
Approved Budget for 2013 - 2014

Program	Funding Source	Budgeted Program Expenditures
Head Start PA22	ACF – Program Operations	\$ 1,125,570
Head Start PA20	ACF – T & TA	19,037
	Non-Federal	286,152
Other Funds	State of SD USDA	73,000
Early Head Start PA25	ACF – Program Operations	\$ 498,075
Early Head Start PA26	ACF – T & TA	13,145
	Non-Federal	127,805
Other Funds	State of SD USDA	200

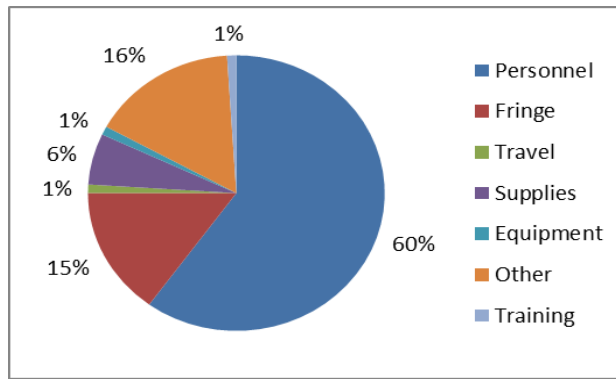
Summary of Budgeted Categories for Head Start PA 22 & 20

	<u>Program Operations</u>	<u>T & TA</u>	<u>Non-Federal</u>	<u>Total</u>
j. Personnel	\$ 687,378		\$ 246,985	\$ 934,363
k. Fringe Benefits	185,353		39,167	224,520
l. Travel	1,000	\$ 4,650		5,650
m. Equipment	7,000			7,000
n. Supplies	57,625			57,625
o. Contractual				
p. Construction				
q. Other	187,214	\$ 14,387		201,601
r. TOTAL	\$ 1,125,570	\$ 19,037	\$ 286,152	\$1,430,759

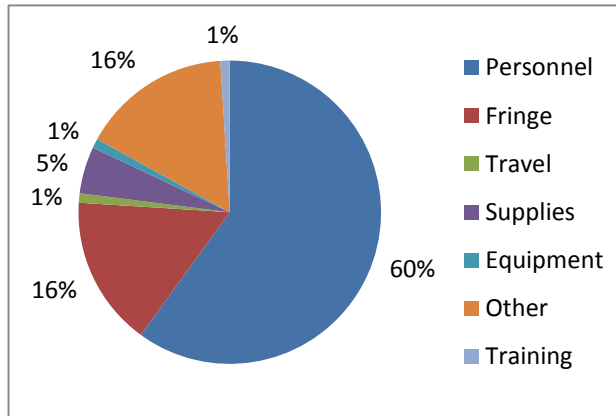
Summary of Budgeted Categories for Early Head Start PA 25 & 26

	<u>Program Operations</u>	<u>T & TA</u>	<u>Non-Federal</u>	<u>Total</u>
j. Personnel	\$ 288,836		\$ 110,545	\$ 399,381
k. Fringe Benefits	69,567		17,260	86,827
l. Travel	500	\$ 1,975		2,475
m. Equipment	12,000			12,000
n. Supplies	31,485			31,485
o. Contractual				
p. Construction				
q. Other	95,687	11,170		106,857
r. TOTAL	\$ 498,075	\$ 13,145	\$ 127,805	\$ 639,025

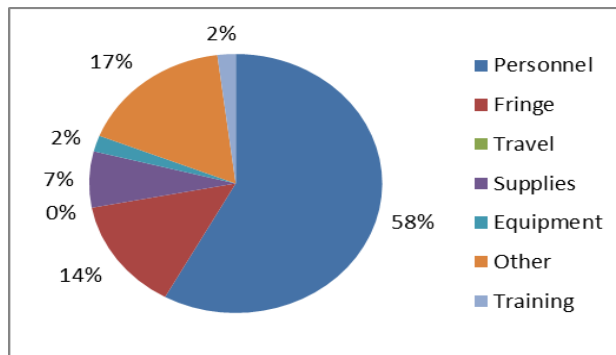
**Head Start
2012-2013**



**Head Start
2013-2014**



**Early Head
Start
2012-2013**



**Early Head
Start
2013-2014**

