

**CAPITAL AREA COMMUNITY SERVICES, INC.
EARLY HEAD START – CHILD CARE PARTNERSHIPS PROGRAM
SEMI-ANNUAL REPORT for August 2016 - January 2017**

- I. Accomplishments and positive developments that had a significant impact on the Early Head Start-Child Care Partnership program during the reporting period.**
- The program was fully enrolled by September 30.
 - 100% of enrolled children met the poverty guidelines and 91% met the CDC guidelines.
 - 17 children (14%) have been identified with special needs.
 - Since August 1, 14 partner staff have received their CDA; another 32 are currently enrolled in CDA classes.
 - All partners have implemented Creative Curriculum, and all EHS-CCP teachers have tested 'reliable'. Staff are using Teaching Strategies Gold to record ongoing developmental assessment. Supervisors are providing support to increase the quality and quantity of entries.
 - Two of the partners are expanding their businesses and moving family day care to center program.
 - Many of the partners realize the value of parent/teacher conferences and are conducting them with the parents of all children in their program, not just EHS-CCP funded children.
 - Partners are reporting that, since participating with EHS-CCP, their staff feel more professional, not just babysitters.
- II. Significant goals and objectives established for the reporting period, which were not met.** N/A – all goals are established for the full program year.
- III. Funded and actual enrollment by program option. Any under-enrollment, problems, delays, or adverse conditions which prevented the agency from achieving and maintaining full enrollment are addressed, along with plans to address the issue(s).**

PROGRAM OPTION	ENROLLMENT	
	Funded Enrollment	Actual Enrollment
Child care center	97	113
Family day care home	23	24
Totals:	120	137

- IV. Unexpected costs overruns or savings during the reporting period and their implications for program operations.** N/A

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted OA/OGM/Region V	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 05HP0009/02	Page of 1 1 pages
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------	---------------------------

3. Recipient Organization (Name and complete address including Zip code)
Capital Area Community Services, Inc. 101 East Willow Street Lansing, MI 48906

4a. DUNS Number 76389618	4b. EIN 38-1791181	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 50458	6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
------------------------------------	------------------------------	-------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

8. Project/Grant Period (Month, Day, Year) From: 08/01/2016 To: 07/31/2017	9. Reporting Period End Date (Month, Day, Year) 01/31/2017
---------------------------------------------------------------------------------------------	----------------------------------------------------------------------

10. Transactions Cumulative

(Use lines a-c for single or combined multiple grant reporting)

Federal Cash (To report multiple grants separately, also use FFR Attachment):

a. Cash Receipts	\$ 664,076.00
b. Cash Disbursements	\$ 673,498.00
c. Cash on Hand (line a minus b)	\$ 9,422.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$ 1,692,378.00
e. Federal share of expenditures	\$ 673,498.00
f. Federal share of unliquidated obligations	\$ 0.00
g. Total Federal share (sum of lines e and f)	\$ 673,498.00
h. Unobligated balance of Federal funds (line d minus g)	\$ 1,018,880.00

Recipient Share:

i. Total recipient share required	\$ 423,095.00
j. Recipient share of expenditures	\$ 52,787.00
k. Remaining recipient share to be provided (line i minus j)	\$ 370,308.00

Program Income:

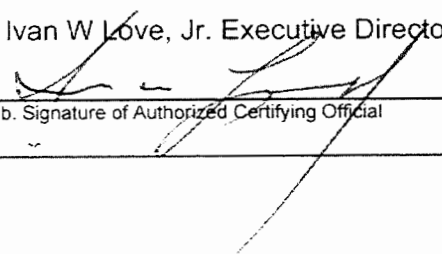
l. Total Federal share of program income earned	
m. Program income expended in accordance with the deduction alternative	\$ 0.00
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11.	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Indirect Expense	Predetermined	6.50%	8/1/2016	1/31/2017	\$ 631,828.00	\$ 41,069.00	\$ 41,069.00
g. Totals:						\$ 41,069.00	\$ 41,069.00

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

Admin \$46,475 T&TA \$5,303

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Ivan W Love, Jr. Executive Director 	c. Telephone (Area code, number, and extension) (517) 482-6281 x103 d. Email Address ksnw1327@hotmail.com e. Date Report Submitted (Month, Day, Year) 02/22/2017
b. Signature of Authorized Certifying Official	14. Agency use only:

Standard Form 425 - Revised 10/11/2011
 OMB Approval Number: 0348-0061
 Expiration Date: 2/28/2015

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.