## Connecticut Institute For Communities, Inc.

# 2014 - 2015 Annual Report

"CIFC: Strengthening Families; Building Communities"



Dr. Francis J. Muska, Ph.D. Chair, Board of Directors

Hon. James H. Maloney, J.D. President & Chief Executive Officer

October, 2015

Health • Education • Housing • Economic Development

## 2014 - 2015 Annual Report

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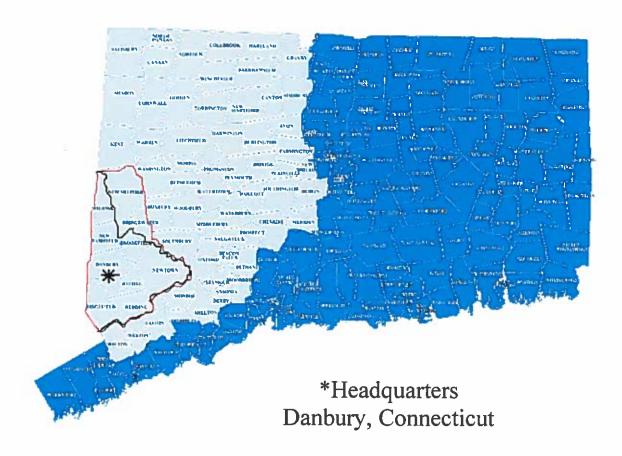




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#### MISSION STATEMENT

Connecticut Institute For Communities, Inc. (CIFC) is a community development corporation, a locally based non-profit organization serving the communities and low and moderate income families of Connecticut, with headquarters in Danbury, CT. CIFC is dedicated to advancing our communities, and fostering greater opportunities for the individual residents of our service areas, through a combination of health and education programs and housing and economic development projects.

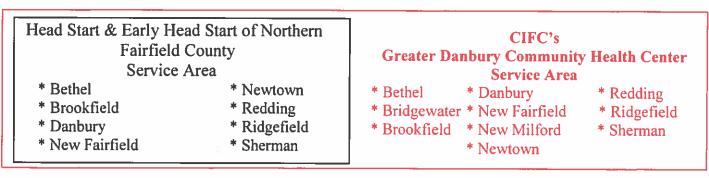


Our General Service Area:

The State of Connecticut

Our Primary Service Area:

North of the Merritt, West of I-91



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#### **DEDICATION**

Our Annual Report for 2014 - 2015 is dedicated to all those individuals and organizations that made possible CIFC's commencement of construction in June 2015 of our new \$15,000,000 Community Health Center Building (see the renderings on the following page) now being built at 120 Main Street in downtown Danbury.

As to individuals, we particularly want to note Governor Dannel P. Malloy, who sheparded a \$4,000,000 State grant through the State Bond Commission and the State's Department of Economic and Community Development; Danbury Mayor Mark D. Boughton who facilitated the sale of the building site – formerly the old Danbury Police Station – to the Institute for this project; former State Speaker-of-the-House Christopher Donovan who provided key support for the State grant early in the process; and former Danbury Mayor Gene Eriquez who was very helpful in the initial planning of the project. We could not have achieved this progress without their visionary leadership and assistance.

As to organizations, we particularly want to note that the State grant was provided through the Connecticut Department of Economic and Community Development; private commercial mortgage financing was provided by Eastern Bank of Boston, MA, in participation with Union Savings Bank of Danbury, CT, totaling approximately \$6,000,000; and private investments through the Federal New Market Tax Credit (NMTC) program were provided in the net amount of approximately \$5,000,000, through three (3) NMTC investors:

- The Primary Care Development Corporation (PCDC) of New York, New York;
- The Massachusetts Housing Investment Corporation (MHIC) of Boston, MA; and
- **JPMorgan Chase**, of New York, New York (Chase also has branch bank offices in Danbury, CT).

This new building will allow CIFC's Greater Danbury Community Health Center to significantly expand our Pediatric and Women's Health services, as well as add entirely new services such as Pharmacy and Phlebotomy, on site. These expanded services will be very beneficial additions to community health care in Danbury.

The Institute's new building will also mean the location of more than 60 permanent new jobs to downtown Danbury, many of them high-paying positions such as Physicians and Advanced Practice Registered Nurses. We look forward to having the building completed and placed into service by Fall 2016, approximately one (1) year from now.





Architectural Rendering of the Building viewed from Main Street
Art Credit: Studio Q Architecture & Quisenberry Arcari Architects



Architectural Rendering looking northwest from the corner of Main Street & Boughton St.

Art credit: Studio Q Architecture & Quisenberry Arcari Architects

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#### BACKGROUND

The Federal Government has long recognized the valuable contributions made by community development corporations. For example, the U.S. Office of Management and Budget identified, as a consequence of its Program Assessment Rating Tool (PART), the growing capacity of community development corporations in relation to the need for "effective organizations that foster community development". OMB, PART, 2003.

"At its best, community development is a nonlinear enterprise: tackling two or three different but related problems can produce dramatically more results than a single-minded assault on just one target. That's why the usual itemized inventory of community development corporation activities — an apartment rehab project, small business assistance, a clean-streets program, a workforce development partnership — often gives a poor picture of the organizations' real mission and potential. These aren't discrete, or even simply cumulative, activities. They are something like a chemical formula, intended to produce a transforming reaction." Local Initiatives Support Corporation (LISC), "The Whole Agenda: The Present and Future of Community Development", 2002, page 8.



#### Ribbon Cutting for CIFC's new School-Based Health Center at Newtown Middle School

From Left to Right: James H. Maloney, JD, CIFC Pres. & CEO; State Rep. Mitch Bolinsky, R-106; Dep. Commissioner of Dept. Public Health Janet M. Brancifort, MPH; Newtown First Selectwoman Pat Llodra; Principal Mr. Tom Einhorn; Mrs. Laura Roche, Newtown BOE Vice-Chair; Ms. Donna Dulbert, MPH, Newtown Health Dir.; State Sen. Tony Hwang, R-28; Ms. Melanie Bonjour, MPH, CIFC's SBHC Manager; and Newtown Superintendent of Schools, Dr. Joseph V. Erardi, Jr.

## WIC Celebrates National Nutrition Month!

National Nutrition Month is sponsored annually in the month of March by the Academy of Nutrition and Dietetics. This year's theme was "Bite into a Healthy Lifestyle" and taught by Amianta Lashley. WIC held healthy cooking classes on March 17<sup>a</sup> and March 24<sup>a</sup> for WIC participants (to the right).



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#### LEADERSHIP'S ANNUAL REPORT

Dr. Francis J. Muska, Ph.D. Board Chair

October, 2015



Hon. James H. Maloney, JD President & CEO

#### Dear Friends:

As in recent prior years, this past year the Connecticut Institute For Communities, Inc. (CIFC) concentrated on continuing to further develop two of our major programs: the CIFC Greater Danbury Community Health Center and our CIFC Early Learning Program (for children aged 6 weeks to 5 years old). At the same time, <u>ALL</u> of our other projects also made very substantial progress.

#### Highlights of the past year include:

- Re-renewal of recognition by the National Committee for Quality of Assurance of Level 3 (the highest) Patient-Centered Medical Home standing of CIFC's Greater Danbury Community Health Center.
- Expansion of our innovative Primary Care Adult Medicine Residency Program (post-MD), supported by major funding from USD/HHS Health Resources and Services Administration, beyond our original component at our Greater Danbury Community Health Center in cooperation with Danbury Hospital, to include a second component at Griffin Hospital, Derby, CT.
- Receipt of funding from the State of Connecticut for a fifth (5th) CIFC/GDCHC School-Based Health Center (SBHC), to be located at the Middle School in Newtown, CT.
- Further development at 120 Main Street in Downtown Danbury (the "Old Police Station Site" opposite St. Peter's R.C. Church), of the construction of both a new, comprehensive 37,000 +/-sq. ft. Health Center facility and a new multi-unit Elderly Housing Complex, including commitments for \$15 million in financing toward the construction of the new Health Center Building, including \$5 million (net) in Federal New Market Tax Credits, plus a \$4,000,000 state grant, and \$6,000,000 in mortgage funding.
- Significant progress, including Danbury Z.B.A. variance approval, towards the development of a seven classroom pre-school facility at 29 Park Avenue, near downtown Danbury.

- Continued revitalization work, following our purchase from the State of Connecticut, through the City of Danbury, of the Historic Armory Building on West Street in downtown Danbury, providing a home for our Harambee Youth Center Program.
- Continued progressive management of the Beaver Street Apartments Cooperative resulting in a very successful USD-HUD management ("MOR") review of our work, and the 100% payoff of the Cooperative's mortgage, the first time in 40 years that the Cooperative has been entirely free of mortgage debt!
- Receipt of a commitment from the State of Connecticut of \$3,800,000 for the "Danbury Community Facilities Collaboration," which will provide funds to modernize the facilities and equipment of the Danbury War Memorial building, help add up to 10 pre-school classrooms in Danbury, and purchase and re-open the former Danbury YMCA building as a comprehensive downtown Danbury Community Center, to include an newly organized Boys and Girls Club of Danbury.

Indeed, <u>every one</u> of CIFC's programs made progress and improvements this past year, which is fundamental to the organizational culture and the internal "DNA" of the Connecticut Institute For Communities. As of the mid-2015, our programs and services encompassed the following:

#### Beaver Street Apartments Cooperative, Inc.

#### **Danbury Armory Historic Preservation and Reuse Project**

#### Danbury Main Street Health Center and Senior Housing Development

#### **Greater Danbury Early Learning Programs:**

- City of Danbury Head Start Center Project
- Danbury CIFC School Readiness Program
- Early Head Start of Northern Fairfield County
- Head Start of Northern Fairfield County Program

#### Greater Danbury Community Health Center (GDCHC):

- Primary Care: Pediatric, Adolescent, Adult and Geriatric Medicine
- Basic Dental and Behavioral Health Care
- GDCHC Teaching Health Center (ACGME Accredited)
- GDCHC School-Based Health Centers:
  - ° Henry Abbott Technical High School
  - ° Danbury High School
  - ° Rogers Park Middle School
  - <sup>o</sup> Broadview Middle School
  - ° Newtown Middle School
- Regional Women, Infants & Children's Health & Nutrition Program (WIC)
- GDCHC Mobile Health Van

#### **Danbury Community Facilities Collaboration:**

- Modernization of the equipment and facilities of the Danbury War Memorial building,
- The addition of up to 10 new pre-school classrooms in Danbury, including 7 to be located in the former "Danbury Cadillac/Oldsmobile" building at 29 Park Avenue, and 3 at the Danbury War Memorial building,
- The purchase and re-opening of the former Danbury YMCA building as a comprehensive downtown **Danbury Community Center** to include a newly organized Boys and Girls Club of Danbury.

#### Harambee Youth Center

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So, once again, this has indeed been a dynamic year, one of outstanding progress and productive good work!

We continue to be ever grateful to our talented and hardworking staff, our dedicated and active Board of Directors, and to our many friends in both the public and private sectors, all of whom have made our progress possible and who will continue to be critical to our future success.

Yours truly,

Dr. Francis J. Muska, Ph.D. Chair, Board of Directors

Hon. James H. Maloney, J.D. President & Chief Executive Officer



#### HISTORY AND OVERVIEW

Connecticut Institute For Communities, Inc. (CIFC) is an independent non-profit, organization established in 2003. CIFC was founded on a commitment to help meet basic human needs in the fields of health, education, human services, and housing for low and moderate income children, families and adults in our service area. CIFC is the only organization in Western Connecticut that combines health care, education, human services, and housing in a comprehensive, coordinated approach.

Connecticut Institute For Communities, Inc. performs two unique roles. CIFC serves both as a "safety-net provider" of human services, and also as an especially qualified "community developer" of programs and projects. As a "safety-net provider" of human services, CIFC steps forward to make sure that needed and valued human services in our service areas are properly organized, managed, and delivered to the intended recipients. As a community development organization, CIFC, unlike other non-profit organizations, works not only with human services, but also takes on projects including physical development and/or rehabilitation.

#### 2003 - 2012

Over the course of the past ten years, CIFC has matured into a very significant agent for community good in Western Connecticut.

In 2004, CIFC became the new sponsor of the Danbury Head Start program maintaining a locally based operation and retaining more than \$2,000,000 per year in public funding. The Northern Fairfield County Head Start Program provides comprehensive child and family development services to low-income residents annually providing early childhood education services to more than 300 children including supportive services to their families (over 400 adults).
In 2005, CIFC stepped in as the Managing Agent for the Beaver Street Apartments Cooperative, keeping 300 residents out of foreclosure.
In 2006, at the City of Danbury's request, CIFC took on administrative, fiscal oversight and program development roles for the Harambee Youth Center, ensuring that Danbury's inner city youth would continue to have afterschool opportunities.

	Since 2007, the CIFC School Readiness Program, which is funded through the Connecticut Department of Education, has steadily expanded to now provide school-day, school-year, child day-care and developmental services to 44 Danbury children ages 3 and 4.
0	In June 2010, CIFC converted the child care component of the Even Start program into a federally funded Early Head Start program, which now serves 40 low income infants, toddlers, and teen moms.
	In 2010, CIFC opened the CIFC Greater Danbury Community Health Center (CIFC/GDCHC), providing comprehensive primary health care on a sliding fee basis, to people of all ages: children, adolescents, adults and seniors, especially those who are medically underserved; thereby ensuring affordable, accessible, comprehensive, high quality health care to all area residents regardless of their ability to pay or their insurance status. This past year, the Greater Danbury Community Health Center provided approximately 20,000 patient visits.
	In 2012, CIFC/GDCHC opened a satellite School Based Health Center at the Henry Abbott Technical High School (HATS) in Danbury.
	Also, in 2012, CIFC was awarded the contract to serve as the regional Women, Infants and Children (WIC) Nutrition Program sponsor. WIC provides nutrition assessment and education, breastfeeding promotion and support, and food vouchers for low-income women, infants, and children up to the age of five. WIC currently serves nearly 2,500 clients each year.
	In 2013, CIFC's Greater Danbury Community Health Center became certified as a <u>Level 3</u> Patient Centered Medical Home (PCMH) by the National Committee For Quality Assurance (NCQA), the highest level of certification, and one of the few in the State to receive such distinction.
	Also in 2013, CIFC's Greater Danbury Community Health Center was accredited by the Accreditation Council for Graduate Medical Education (ACGME) as a <u>Teaching Health Center</u> sponsoring an Internal Medicine Primary Care (post-MD) Residency Program. It is the only FQHC Teaching Health Center in the State, and one of only about 60 in the country

<u>2013</u>

	U	in CityCenter Danbury. Jointly financed by the City of Danbury and the State of Connecticut, the state-of-the-art Early Care and Learning Center has 16 classrooms designed for infants and preschoolers (ages 6 weeks up to age 5). Classes started at our new facility in July, 2013.
		The organization of an additional CIFC affiliate corporation to hold title to our leasehold interest at the new Head Start Center, 37 Foster Street, Danbury.
		As 2013 came to a close, CIFC/GDCHC, at the request of the City of Danbury, took on administrative, fiscal, and program management of Danbury's three School Based Health Centers located at the City's High School and two Middle Schools.
<u>2014</u>		
		Expansion of our Health Center's outreach services in support of enrollments in the Federal Patient Protection and Affordable Care Act health initiative ("Obamacare").
		Successful integration of the Regional Women, Infants and Children's Health & Nutrition Program (WIC) as a service of our Greater Danbury Community Health Center, with official recognition by the USD/HHS Health Resources and Services Administration.
		Consolidation of the three Danbury School Based Health Centers, previously administered by the Danbury Health Department at Danbury High School and Danbury's two Middle Schools (Broadview and Rogers Park), within our Community Health Center, also with official recognition by the USD/HHS Health Resources and Services Administration.
		Further planning for the "Old Police Station Site" at 120 Main Street in Downtown Danbury (opposite St. Peter's R.C. Church), for the construction of both a new, comprehensive 37,000 +/- sq. ft. Health Center facility and a new multi-unit Elderly Housing Complex, including in 2013 the submission to the City of Danbury Planning Commission of revised site plan and permit applications for the expansion of the Elderly Housing building up to 79 units.

- Preliminary revitalization work, following our purchase from the State of Connecticut, through the City of Danbury, of the Historic Armory Building on West Street in downtown Danbury, providing a permanent home for our Harambee Youth Center Program.
- Successful turnover of the Batchhelder Brownfield Project to the Town of Newtown, allowing the Town to seek environmental remediation grants to complete clean-up of the Batchhelder site.
- Significant physical renovations and improvements at the Beaver Street Apartments Cooperative resulting in a very successful USD/HUD site review of the project, with a score of 97A (out of 100), the highest such score received by the Cooperative in several decades.

#### <u>2015</u>

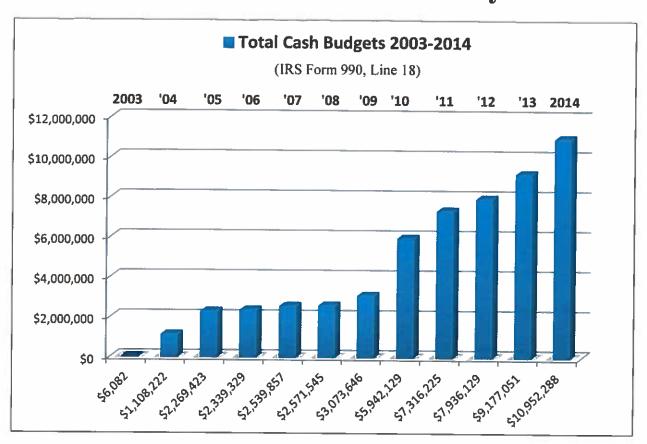
☐ See the "Leadership Letter" at Page 6 of this Report.

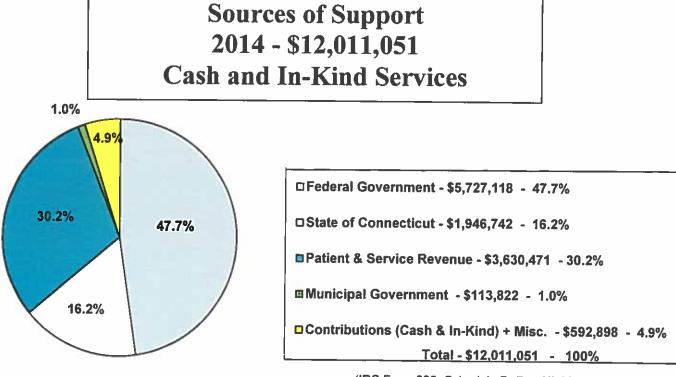




Gov. Dannel P. Malloy (center-left) and Mayor Mark Boughton of Danbury (center-right) lead the groundbreaking celebration for CIFC's new Greater Danbury Community Health Center building with CIFC's Board Chair, Dr. Frank Muska, PhD. (left) and CIFC's President/CEO, Hon. James H. Maloney, JD (right).

## **CIFC Financial Summary**





(IRS Form 990, Schedule D, Part XI, Line 1)

Head Start / Early Head Start Program Summary

2012/2013

2013/2014

2011/2012

		2011/2		2012			3/2014
		Head Start	Early Head Start	Head Start	Early Head Start	Head Start	Early Head Sta
Funded Enrollment		307	62	307	62	267	32
Total Number Served	(actual)	347	64 – children 10 – adults	423	72 – children 3 - adults	371	43
Families Served		331	71	398	72	348	40
Average Monthly Eng	ollment	307	62	307	62	267	32
Percent of Income Eligible Children	0-100% FPL	74%	82%	69%	88%	258 (70%)	74%
Served, re: Federal Poverty Level (FPL)	100-130% FPL	18%	14%	21.3%	5.3%	78 (21%)	18%
December 6.01.11	130% + FPL	8%	4%	9.7%	6.7%	35 (9%)	7%
Percentage of Childre with Medical Homes		334/347 = 96%	61/64 = 95%	403/423 = 95%	72/72 = 100%	364 (98%)	43/43
Percentage of Childre of age) with Dental H	omes	334/347 = 96%	57/57 = 100%	405/423 = 95.7%	46/48 = 95.8%	364 (98%)	30/30
Percentage of Childre  Medical & Dental Exa	nms	M = 334/347 = 96% D = 322/347 = 93%	M = 61/64 = 95% D = 59/59 = 100%	M = 403/423 = 95% D = 405/423 = 96%	M = 72/72 = 100% D = 46/48 = 96%	364 (98%) 364 (98%)	M 43/43 D 30/30
Percentage of Service Served		342/4446* = 7.8%	64/6670* = 1.0%	423/4446* = 9.5%	72/6670* = 1.1%		
Most recent Federal H	IS/EHS review	,		See Appendix B - 10	0% Compliance		
Most recent Federal A	udit			See Appen	dix C		
Services to Families/		ent Activities:			·····		
<ul> <li>Emergency/ Intervention</li> </ul>		1	1	1	1	1	1
Housing As:	sistance	<b>√</b>	√	<b>V</b>	1		1 1
Mental Heal	th Services	_ 1	1	V	1		1
<ul> <li>English as a Language (F</li> </ul>	Second ESL Training)	1	1	1	1	1	1
Adult Educa     (GED/Colle	ntion ge selection)	1	1	<b>√</b>	1	1	1
Job training		<b>√</b>	1	<b>V</b>	1		7
Substance A or treatment	buse prevention	1	1	1	1	1	N/R
<ul> <li>Child abuse services</li> </ul>	and neglect	1	√	1	√	1	1
	iolence Services	<b>√</b>	1	1	N/R	1	1 1
<ul> <li>Child Suppo</li> </ul>	rt assistance	√	N/R	V	N/R	1	N/R
Health Educ		\ \		1	1	1	1
<ul> <li>Assistance to Incarcerated</li> </ul>	Families of Individuals	√ √	N/R	√	N/R	√	1
Parenting Ed		√	√	1	1	1	1
<ul> <li>Marriage Ed</li> </ul>		√ √	N/R	1	N/R	N/R	1
Center Meet		√	√	√	<b>√</b>	√	1
<ul> <li>Policy Coun</li> </ul>		_ √	√	√	1	V	1
HS/EHS Ho		√	√_ ·	√	√	1	1
<ul> <li>Family Nigh</li> </ul>		√ √	V		√	√	1 1
<ul> <li>Transition to School Read Workshops</li> </ul>	Kindergarten iness	1	N/A	√	N/A	1	N/A
ransition to Kinderga		168 (100% of children of kindergarten age)		161 (100% of children of kindergarten age)	N/A  2013 and 2013/201-	257 (100% of children of kindergarten age)	N/A

Financial Summary *(See also Audit Report)	2011 (Audited)	2012 (Audited)	2013 (Audited)	2014 (Audited)	2015 (Proposed)
Head Start Federal Grant	2,049,235	1,826,964	1,781,139	1,761,611	1,849,487
Head Start Federal ARRA COLA & QI Grants	N/A	127,519	N/A	104,682	N/A
Head Start State Grants	225,696	258,050	219,909	180,412	209,098
Early Head Start Federal Grant	781,299	832,043	861,110	831,638	920,016
USDA/CT-SDE Child and Adult Food Program	242,663	219,534	264,846	271,566	297,381
State School Readiness Program Grant	238,352	230,472	400,608	407,088	414,864
* Does not include "Extended Day" and related mountains		The state of the s	7 17: 4	2 7	

Does not include "Extended Day" and related programming funded in part by the Connecticut Care 4 Kids program and parent fees.



Danbury Head Start Center (South Elevation – Bank Street)



Danbury Head Start Center (West Elevation – Foster Street)

#### Head Start and Early Head Start Detailed Finances 2012

			He	ad Start					E	arly Head Sta	rt	
			Sta	te/Local					Sta	ite/Local		
Item	Fed	leral	Sha	ire	То	tal	Fe	deral	Sh	are	To	otal
Personnel	\$	627,479	\$		- \$	627,479	\$	665,270	\$	_	\$	665,270
Fringe									1	-	+	000,210
Benefits_	\$	188,244	\$	<u> </u>	\$	188,244	\$	133,112	\$	-	\$	133,112
Equipment	\$		\$		- \$		\$	9,900	\$	-	\$	9,900
Supplies	\$	38,022	\$		- \$	38,022	\$	28,628	\$	-	\$	28,628
Contractual	\$	771,250	\$	364,707	\$	1,135,957	\$	16,482	\$	82,450	\$	98,932
Other	\$	171,375	\$	237,708	\$	409,083	\$	45,769	\$	147,900	\$	193,669
T&TA	\$	29,764	\$		- \$	29,764	\$	22,158	\$	-	\$	22,158
TOTAL	\$	1,826,134	\$	602,415	\$ 2	2,428,549	\$	921,319	\$	230,350	_	1,151,669

Total Federal:

\$ 2,747,453 \$ 832,765

76.7% 23.3%

USDA: \$260,000

**Total State Share: Combined Local** 

Total:

\$3,580,218

100%

#### 2013

			He	ad Start					E	arly Head Sta	rt	
			Sta	te/Local		•		··	Sta	ate/Local		
Item	Fed	leral	Sha	are	Tot	tal	Fee	deral	Sh	are	To	tal
Personnel	\$	760,387	\$	-	\$	760,387	\$	670,976	\$	-	\$	670,976
Fringe						<u> </u>					1	2,0,2,0
Benefits	\$	208,689	\$	-	\$	208,689	\$	124,927	\$	-	\$	124,927
Equipment	\$	-	\$	_	\$	-	\$	-	\$	-	\$	-
Supplies	\$	48,904	\$		\$	48,904	\$	32,940	\$	_	\$	32,940
Contractual	\$	469,135	\$	282,706	\$	751,841	\$	9,406	\$	59,800	\$	69,206
Other	\$	182,946	\$	538,679	\$	721,625	\$	33,017	\$	167,324	\$	200,341
Move-In	\$	19,528	\$	-	\$	19,528	\$	29,472	\$	-	\$	29,472
T&TA	\$	29,893	\$	-	\$	29,893	\$	22,029	\$	•	\$	22,029
TOTAL	\$	1,719,482	\$	821,385	\$ 2	,540,867	\$	922,767	\$	227,124	\$	1,149,891

Total Federal:

\$ 2,642,249

71.6%

Total State/Local

Share:

\$ 1,048,509

28.4%

USDA: \$288,776

Combined Total:

\$ 3,690,758

100%

#### **2014 (Actual)**

	Head Start								Ear	rly Head Star	rt	
	State/Local							Sta	ite/Local			
Item	Fed	leral	Sha	are	Tot	tal	Fe	deral	Sh	are	To	tal
Personnel	\$	1,101,790	\$	446,877	\$ 1	1,548,667	\$	545,380	\$	_	\$	545,380
Fringe				.=								
Benefits	\$	258,742	\$	127,648	\$	386,390	\$	136,345	\$	-	\$	136,345
Equipment	\$	-	\$	_	\$	-	\$	-	\$	-	\$	•
Supplies	\$	105,645	\$	50,666	\$	156,311	\$	78,400	\$	-	\$	78,400
Contractual	\$	55,135	\$	350	\$	55,485	\$	10,540	\$	_	\$	10,540
Other	\$	210,535	\$	243,361	\$	453,896	\$	38,815	\$	86,401	\$	125,216
T&TA	\$	29,764	\$	-	\$	29,764	\$	22,158	\$	-	\$	22,158
TOTAL	\$	1,761,611	\$	868,902	\$ 2	2,630,513	\$	831,638	\$	86,401	\$	918,039

73.9%

Base Federal: \$ 2,593,249

Federal
Supplemental
Grants
(COLA &
Restoration, net
for 2014): \$104,682

Federal Total
Total State/Local
Share: \$ 955,303

\$3,653,234

Combined Total:

26.1% <u>USDA: \$271,566</u> 100%

#### 2015 (As Proposed)

		Head Start			Early Head Sta	rt
		State/Local			State/Local	
Item	Federal	Share	Total	Federal	Share	Total
Personnel	\$ 1,242,442	\$ 502,648	\$ 1,745,090	\$ 646,483	\$ -0-	\$ 646,483
Fringe						
Benefits	\$ 179,835	\$ 257,282	\$ 437,117	\$ 80,442	\$ 81,178	\$ 161,620
Equipment	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Supplies	\$ 117,313	\$ 55,640	\$ 172,953	\$ 98,229	\$ -0-	\$ 98,229
Contractual	\$ 55,135	\$ 350	\$ 55,485	\$ 10,540	\$ -0-	\$ 10,540
Other	\$ 224,998	\$ 243,361	\$ 468,359	\$ 62,164	\$ 86,401	\$ 148,565
T&TA	\$ 29,764	\$ -0-	\$ 29,764	\$ 22,158	\$ -0-	\$ 22,158
TOTAL	\$ 1,849,487	\$ 1,059,281	\$ 2,908,768	\$ 920,016	\$ 167,579	\$ 1,087,595

Total Federal: \$ 2,769,503 69.3 %

Total State/Local
Share: \$ 1,226,860 30.7 %

Combined Total: \$ 3,996,363 100 %

USDA: \$297,381

#### School Readiness: Preparing Children for Kindergarten:

Children begin preparing for kindergarten the day that they start in our program. Teachers focus on social/emotional development, physical development, cognitive development, and language and literacy. Throughout the year, teachers conduct home visits and conferences with parents to review their child's progress. At the final meeting of the school year, teachers give parents activities for their children to work on over the summer. Staff from the Danbury Board of Education, where more than 90% of our families attend kindergarten, come to our Danbury Head Start Center to register children for kindergarten. Then each Spring, the public schools conduct orientation for parents and children. Head Start provides a development skill summary to district kindergarten teachers in August to help identify individual needs of each incoming kindergartner.

#### **Parent Involvement Activities:**

Our Head Start and Early Head Start parents are deeply involved with our program. All parents are members of their respective local Center Committee, which meets every other month to focus on issues of local concern at the center, such as pedestrian safety, and elects representatives to the Program's Policy Council. On alternate months, parents and other family members meet for program-wide Family Nights which concentrate on a range of important issues, such as oral health care, nutrition and menu planning, school readiness, and transition to kindergarten, closing the achievement gap, and setting appropriate night-time routines.

Each child also has an assigned Family Advocate who formally meets with parents at least 2 times a year, and has frequent informal (often daily) contact with parents. In addition, the classroom teachers meet with parents at least 4 times a year (full year program) and at least 4 times a year (Part-Year program).

Parents are also encouraged to volunteer in the classrooms, and receive priority for hiring as a Head Start staff when openings occur.

Our Fatherhood Coordinator makes a special, dedicated effort to involve male family members (Fathers, Grandfathers, Uncles, etc.) in the program, and in the lives of their children -- with at least monthly special "Fatherhood" gatherings.

The Policy Council meets each month (except July, August and December) to guide the overall conduct of the program, and maintains cross-membership with the CIFC Board of Directors.



## CIFC Greater Danbury Community Health Center

## **Summary Statistical Report**

ITEM	2011	2012	2013	2014	2014 State
	Results	Results	Results	Results	Averages
Patient Profile					
Total Patients	5,019	5,382	5,997	7,348	22,571
Medical Patients	5,019	5,382	5,997	7,348	18,199
% Patients < 200% FPL	55%	51%	62%	48%	94%
% income unknown	21%	18%	15%	33%	13%
% Medicaid	24%	36%	39%	47%	58%
% Uninsured	9%	16%	13%	10%	23%
% White <sup>t</sup>	70%	63%	61%	55%	55%
% African American	6%	6%	6%	7%	25%
% Hispanic	25%	27%	31%	36%	46%
Migrant patients	0	0	0	0	71
Homeless patients	7	2	3	2	1,149
Quality of Care					
Routine and Preventative					
% women with pap tests	40%	34%	58%	69%	58%
% children immunized	79%	60%	71%	93%	57%
Continuity of care (medical	2.44	2.66			
visits per patient) <sup>2</sup>	3.44	3.66	3.42	3.13	3.56
Chronic Care					
Hypertensive adults (18-75) as % of adult medical pts.	80%	52%	23%	28%	77%
% Controlled Hypertension	34%	69%	79%	75%	15%
Efficiency					
Total Visits	17,281	19,732	20,627	25,226	109,928
Medical Visits <sup>3</sup>	17,281	19,732	20,516	23,016	64,848
Direct medical staff support ratio	1.06	.96	.79	1.5	1.54
Admin. support staff ratio	3.32	4.29	.98	1.49	2.58
Financial Viability	1 - 2 - 1		III W		2.00
Avg. charge per patient	495.00	505.96	554.99	549.27	\$815.00
Avg. charge per billable visit	144.00	148.14	161.35	160.00	\$137.00
Avg. collection per visit	122.00	109.05	124.40	123.27	\$111.00
Ratio Charge to Cost <sup>4</sup>	0.73	0.74	0.77	0.76	0.93

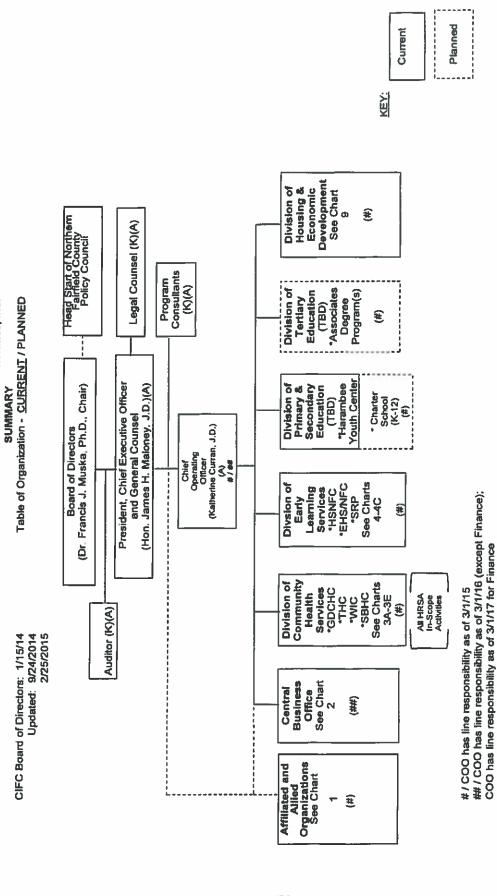
White, African American and Hispanic patients (self-identified) are calculated as percent of known.
 Excludes nursing visits.
 Excludes nursing visits.
 Excludes lab and x-ray costs.

## OUR DEDICATED BOARD OF DIRECTORS

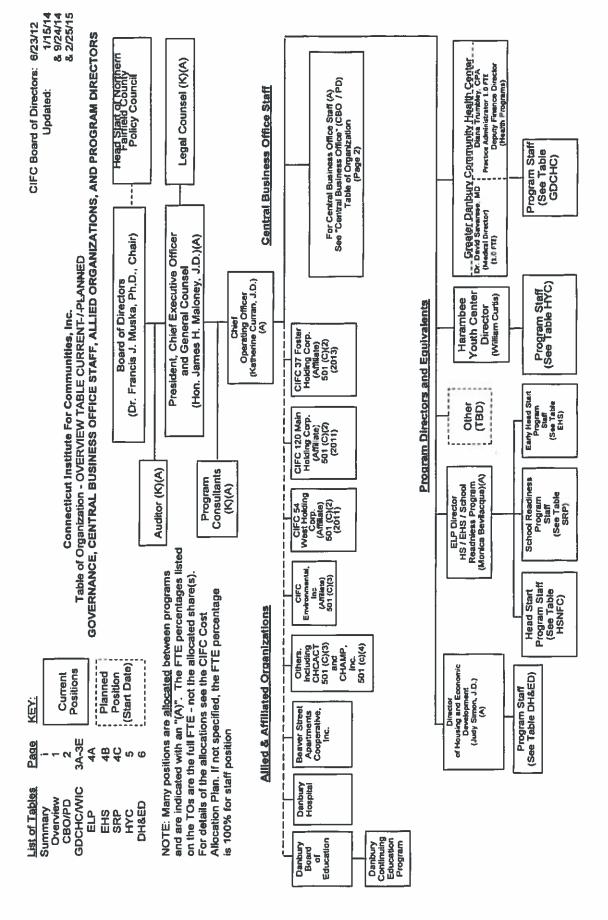
Dr. Francis	J. Muska, Ph.D					
Board Cha	ir & Director					
Sherr	nan, CT					
	nnecticut State University					
Ms. Ellen Bell, JD	Professor Charles A. Mullaney, JD					
Director	Board Treasurer & Director					
Danbury, CT	Redding, CT					
Attorney in Private Practice; Consumer Representative	Attorney; WCSU Faculty					
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Director	Director					
Newtown, CT	Bethel, CT					
Certified Public Accountant	HSNFC Policy Council/Consumer Representative to the BOD					
Ms. Elizabeth Curillo	Dr. Mahal Satchi, MD					
Director	Director					
Danbury, CT	Danbury, CT					
Consumer Representative	Physician/Consumer Representative					
Mr. Eric Gottschalk, JD	Mr. Angel Saquinaula					
Director	Director					
Danbury, CT	Danbury, CT 06810					
Attorney	Past Head Start Parent; Consumer Representative					
Mr. Richard Molinaro	Mr. Jeffrey Zakrewski					
Board Vice-Chair, Director	Assistant Treasurer & Director					
Danbury, CT	Southbury, CT					
Educator; Consumer Representative	Retired Director, Southbury Training School					
	Recreation Program					
(Affiliations listed for identification only)	(Updated through: 6/30/15)					

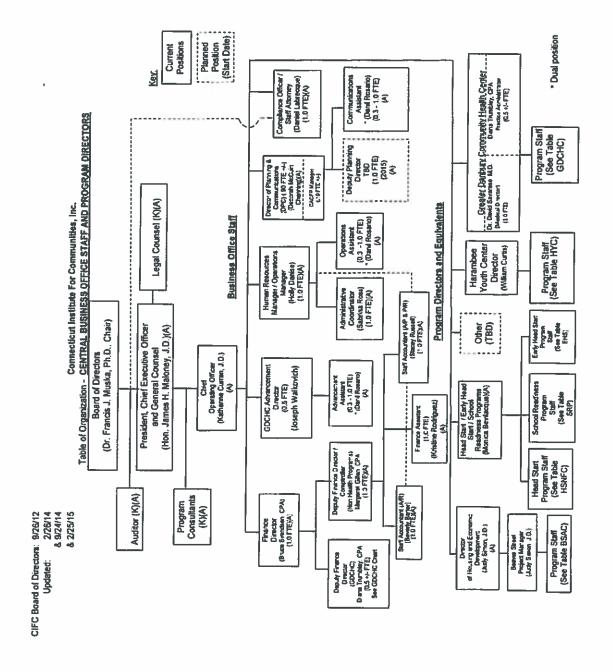


"CIFC: Strengthening Families; Building Communities"



Connecticut Institute For Communities, Inc.





#### LEADERSHIP STAFF

Control Pro	-1 Opp Disp	T OFFICE ( P )	
	siness Office Staff Furnpike, Suite 212	CIFC Greater Danbury Comn 57 North Street, Suite 309, D	
	, CT 06810	Pediatrics Tel: (203) 794-0761 Pedi	atrics Fax: (203) 731-5399
	~ Fax: (203) 743-3411	Internal Medicine Tel: (2	203) 743-0100
101. (203) 143-7100	~ Pax. (203) 743-3411	Internal Medicine Fax: (	
James H. Maloney, J.D. President/CEO	Margaret Gillen, CPA Deputy Finance Dir./Controller	Dr. David Savarese, MD Medical Director/Pediatrician	Dr. Nimi Magavi, MD Adult Medicine
Deborah McCuin-Channing, MA Dir. Planning & Communications	Sabrina Ross Administrative Coordinator	Diana Trumbley, CPA Practice Administrator	Dr. Shivayogi Magavi, MD Adult Medicine
Katie M. Curran, J.D. Chief Operating Officer	Bruce Svendsen, CPA Finance Director	Pilar Debuc-Penney Office Coordinator	Dr. Asha Marhatta, MD, MPH Residency Program Director
Holly Danise Human Resources & Operations Manager	Joseph Walkovich GDCHC Director of Advancement	Dr. Joan Draper, MD Ophthalmology Project Manager	Dr. Kathleen Mauks, MD Adult/Geriatric Medicine
80 Ma	n's Nutrition Program (WIC) iin Street	Dr. Robert Fornshell, MD Orthopedic Physician	Catia Monaco Eligibility Coordinator
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Patricia Mascoli WIC Program Manager	Annmarie Evans Lead Nutritionist	Emilie Koepke-Gibbs, PA-C Family Medicine	
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Melanie Bonjour SBHC Manager	Dr. Robert Golenbock, MD SBHC Medical Director	Monica Bevilacqua EHS/HS/ SRP Program Director	Sondra Cherney Education Services Asst. Manager
Beaver Street Apartmen 1B Meehan Place,	tes Program Staff ts Cooperative, Site Office Danbury, CT 06810 - Fax: (203) 794-0012	Jessica Watson, MS Senior Education Manager	Nancy Damici, RN Health & Nutrition Manager
David Martin Sr. Resident Relations Specialist	Leonard Romaniello Resident Relations/Facilities Specialist	Sarah Geary, MSW Social Services Manager	Robin Scott Education Manager
Joselyn Cotillo Resident Relations Specialist	Anthony Vines  Maintenance Specialist	Cristiana Ginsberg Mental Health & Disabilities, Mgr.	
54 West Street, D	Youth Center Panbury, CT 06810 ~ Fax: (203) 748-1595		
William Curtis Program Director	Larry Moore-Mouning Program Aide		

Updated through 6/30/15



### OUR PROFESSIONAL ADVISORS

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Richard Foley

Health Care Planning Kenneth Dym John Steiner The Roche O'Donnell Group, LLC
d/b/a Real Estate Solutions
MaryBeth McNerney
75 Glen Road, Suite 3
Sandy Hook, CT 06482



## CIFC AWARDS -- ROLL OF HONOR

<u>C</u>	IFC Distinguish Service Award		definite For Communities		CIFC Colleague of The Year
2013	- Dr. Uwe C. Koepke, MD, PhD. GDCHC Medical Director 2009 – 2011	icut		2003 -	Monica Marketto Bevilacqua, Operations Manager
2013	- Dr. Thomas F. Draper, MD, MPH GDCHC Medical Director	nect		2008 -	Stacey Russell Staff Accountant
	2011 - 2013	>	PRO CIVITAS	2008 -	Holly Danise, HR & Operations Manager
	Community Leadership Awards		CIVII	2010 -	Sabrina Ross Administrative Coordinator
2004 -	Hon. Mark D. Boughton, Mayor of Danbury			2011 -	Deb McCuin-Channing Director of Planning &
2005 -	State Senator David Capiello (24th District)	Health	Center Clinician of the Year		Communications
3006	,	2011 -		2012 -	Bruce Svendsen, CPA Finance Director
2006 -	State Representative Robert Godfrey (110 <sup>th</sup> District)	2011-	Dr. Nimi Magavi Internal Medicine	2013 -	Katie Curran, J.D.
2007 -	State Representative Jason Bartlett (2 <sup>nd</sup> District)	2012 -	Susan Hartmann, APRN Family Medicine	2014 -	Staff Attorney/Compliance Officer  Joe Walkovich
2008 -	Hon. Christopher Murphy Member of Congress (CT-5)	2013 -	Emilie Mauks-Koepke, PA Family Medicine		Director of Advancement
2009 -	Hon. Christopher Donovan	2014 -	Dr. Christine Metz, MD	SBHC C	olleague of the Year
	Speaker of the Connecticut House of Representatives		Chief of Adult Medicine		Jacqueline George NMS SBHC Program Assistant
2010 -	Hon. Norma Gyle, R.N., PhD Deputy Commissioner	<u>Health</u>	Center Colleague of the Year		
	CT Department of Public Health	2010 -	Maria Chann		
2011 -	State Representative Joseph Taborsak		Clinical Coordinator	WIC Col	lleague of the Year
	(109th District)	2011 -	Johanna Avila		Josephine Phillips
2012 -	Hon. Dannel P. Malloy, Esq. Governor of the State of Connecticut		Medical Assistant		Program Assistant
2012 -	Danbury Board of Education Member	2012 -	Eter Zapata Front Desk Specialist (Peds.)		
	Mr. Richard Janelli	2013 -	Ines Avila		
2013 -	Dr. Sal Pascarella, EdD Superintendent,		Front Desk Specialist (IM)		
	Danbury Public Schools	2014 -	Denise Kentala		

2014 - Mr. Thomas Saadi, JD

Democratic Council Leader Danbury City Council

#### CIFC AWARDS -- ROLL OF HONOR (con't)

#### Early Learning Colleague of the Year

2004 - Patricia Keith Johnson, Community Services Manager

2005 - Nancy Crain, Family Advocate

2006 - Claudia Schoen, L.P.N. Health Services Manager

2009 - Kara Watson-Wanzer Education Manager

2010 - Tara Willis
 Deputy Education Svcs. Mgr.

2011 – Jessica Watson EHS Program Manager

2013 - Sondra Cherney Education Services Asst. Mgr.

2014 - Nancy Damici, RN Health & Nutrition Manager

#### BSAC Colleague of the Year

2014 - Joselyn Cotillo Tenant Relations Specialist

2014 - Leonard Romaniello Resident Relations Facilities Specialist

#### Early Childhood Teacher of the Year

2007- Dee Strobel Teacher of the Year, HSNFC

2008 - Olivia Dovale, Teacher of the Year, HSNFC

2009 - Melinda Perrerira Teacher of the Year, HSNFC

2010 - Lynda Kafus Teacher of the Year, HSNFC

2011 - Ananya Ghorai Teacher of the Year, HSNFC

2012 - Louise Lamana Teacher of the Year, HSNFC

2012 - T'Arica Perkins Teacher of the Year, EHS

2013 - Lisa Dempsey Teacher of the Year, HSNFC

2014 - Gylshen Capri Teacher of the Year, HSNFC



## Connecticut Institute For Communities, Inc. would like to again thank our 2014 Community Contributors

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Western Connecticut Health Network

Susan Guerrero Memorial Fund

Maloney - Draper Family Fund

Boehringer Ingelheim Care for Kids Fund

Michael J. Ryer Memorial Head Start Fund

#### APPENDIX A:

#### **CURRENT PROJECTS and SERVICES SUMMARY**

#### Greater Danbury Community Health Center (GDCHC):

The Greater Danbury Community Health Center offers a comprehensive range of primary care, including medical, dental and mental health services, on a sliding fee basis, to people of all ages: children, adolescents, adults and seniors, especially those who are medically underserved. Our mission is to ensure affordable, accessible, comprehensive, high quality health care to the residents of the Greater Danbury area, regardless of their ability to pay or their insurance status.

#### • GDCHC Teaching Health Center:

As accredited by the national Accreditation Council for Graduate Medical Education (ACGME), GDCHC sponsors an innovative Residency Program (post-MD) in Primary Care Adult Medicine. Starting in July 2013, we began working with Residents (post-MD physicians) looking to specialize in community-based Internal Medicine Primary Care. GDCHC is the only Teaching Health Center in the State of Connecticut. We currently have twenty-three (23) Residents enrolled in our program.

- Since 2012 the Regional Women and Infant Children Health & Nutrition Program (WIC) has been sponsored by the Connecticut Institute For Communities, Inc. WIC serves residents in the City of Danbury, Bethel, Bridgewater, Brookfield, New Fairfield, New Milford, Newtown, Redding, Ridgefield, Roxbury, Sherman, and Washington, providing nutrition assessment and health education, breastfeeding promotion and support, and food vouchers for low-income (below 185% of the federal poverty level) women, infants and children up to the age of five, as well as referrals for physical health, dental and social services for infants, preschoolers and their parents. WIC currently serve approximately 2,500 low-income children and parents throughout the greater Danbury region.
- In 2012, the Greater Danbury Community Health Center (GDCHC) opened a satellite
  health center at Henry Abbott Technical High School. GDCHC medical staff is available
  every day school is in session to provide primary health care services to students. Students
  do not have to miss school or classes because they need medical care; and parents do not
  have to miss work.
- In 2013 we expanded our School Based Health Center (SBHC) work by consolidating under our auspices the Danbury SBHC's at Danbury High School and the two Danbury Middle Schools (Broadview and Rogers Park).
- In early 2015, we opened a new **SBHC** at **Newtown Middle School**, in Newtown, Connecticut, serving the school children of Newtown and Sandy Hook, CT.

#### CIFC offers three Early Learning programs:

Head Start of Northern Fairfield County (for children ages 3-5); Early Head Start of Northern Fairfield County (for children ages 6 weeks to age 3); and School Readiness (full-day, also for children ages 3 to 5)

- Head Start of Northern Fairfield County provides comprehensive pre-school education and childcare for low-income children ages 3 to 5 in full- and part-day classrooms in the City of Danbury. The program includes health, nutrition, disability, social, mental health, parent involvement and education services. Head Start helps families access other community services that offer adult education and career development, ESL courses, family counseling, primary health care, and employment search assistance. Family Nights and Center Meetings are offered every month on alternate months. Head Start serves more than 300 children and their families each year (at least 90% low-income, and at least 10% with developmental disabilities).
- Early Head Start serves 40 low-income infants, toddlers and pregnant women by providing continuous, intensive and comprehensive early childhood development and family support assistance through center-based services aimed at strengthening children's educational foundation and parents' self-sufficiency. The Early Head Start program collaborates with the Western Connecticut Regional Adult Education Program to assist low-income teenage mothers enrolled in the program (approximately 12 clients annually) to obtain their high school diploma.
- School Readiness Program: Funded through the Connecticut Department of Education, CIFC's School Readiness program provides fulltime, year round early childhood care and education to 44 Danbury children ages three and four.
- Danbury Head Start Center (HSC): In collaboration with the City of Danbury, CIFC has completed the development of a national model state-of-the-art 16 classroom Head Start Center in CityCenter Danbury to better serve our Head Start Families, including Early Head Start programming for children age 6 weeks through 2 years.

**Beaver Street Apartments Cooperative (BSAC):** BSAC is a 70-unit low-income housing cooperative located in downtown Danbury serving approximately 300 residents, for which CIFC serves as the Managing Agent.

### **Danbury Community Facilities Collaboration:**

- Modernization of the equipment and facilities of the Danbury War Memorial building,
- The addition of up to 10 new pre-school classrooms in Danbury, including 7 to be looked in the former "Danbury Cadillac/Oldsmobile" facility at 29 Park Avenue, and 3 at the Danbury War Memorial,
- The purchase and re-opening of the former Danbury YMCA building as a comprehensive downtown Danbury Community Center to include a newly organized Boys and Girls Club in Danbury.

Harambee Center for Youth and Community Services: Since 1965, the Harambee Center's mission has been to assist, support, and mentor children in the greater Danbury area in order to encourage them in the pursuit of their personal and educational goals. Harambee's special focus is on low-income, minority (especially African-American and Latino) adolescents, with more than 150 participants last year.

**Danbury Armory Project:** In 2011, CIFC accepted title to the Danbury Armory from the State of Connecticut through the City of Danbury. CIFC has begun the initial steps to qualify the Armory for Historic Preservation Rehabilitation Tax Credits, which will ensure the preservation of a unique, historic building in downtown Danbury, and a home for the Harambee Youth Center.

Health Center Building & Senior Housing Complex: Working in conjunction with Mayor Mark Boughton and several local partners, including Union Savings Bank and other local businesses, CIFC has been undertaking a comprehensive community re-development project at the site of the former Danbury police station which will be the location of the new facilities of CIFC's Greater Danbury Community Health Center (with construction starting in mid-2015) and an affordable, mixed-income 79 unit housing complex for senior citizens and senior Veterans. (See also the "Dedication" announcement at pages 3 and 4 of this Report).



#### Appendix B:



#### CONNECTICUT INSTITUTE FOR COMMUNITIES, INC.

Dr. Francis J. Muska, Ph.D. Board Chair

Hon. James H. Maloney, Esq. President & CEO

#### PRESS RELEASE

For Immediate Release May 12, 2014

## Head Start and Early Head Start Programs earn second consecutive dual 100% scores on Federal 3 Year Reviews

Danbury, CT – Connecticut Institute For Communities, Inc. (CIFC), the local sponsor of the regional Head Start Program, today announced the findings of their tri-ennial Head Start Federal Review. Head Start program are reviewed on a regular schedule by the United States Department of Health and Human Services (USDHHS).

"From 3/30/14 through 4/3/14, the Administration for Children and Families (ACF) conducted a monitoring review of the Connecticut Institute Communities, Inc.'s Head Start and Early Head Start programs [in Danbury, CT]. We wish to thank the governing body, Policy Council, staff and parents of your program for their cooperation and assistance during the review. Based on the information gathered, no area of noncompliance was found during the course of the review," stated Ms. Anne Linehan, Acting Director, USDHHS Office of Head Start, in the official report dated 4/24/14. (emphasis supplied).

In addition, all Head Start federal reviews also document scoring in the "Classroom Assessment Scoring System" (CLASS). The CLASS assessment looks at numerous dimensions of teacher-student interactions and rates them on a multi-point scale. Head Start of Northern Fairfield County scored <u>substantially above</u> the national average. The 3 major dimensions are Emotional Support, Classroom Support and Instructional Support. See the attached charts for details of the CLASS scoring.

Congresswoman Elizabeth Esty (CT-5) said "I am delighted to help announce this important news with the Connecticut Institute For Communities and Head Start of Northern Fairfield County. I am thrilled that one of the highest-performing Head Start programs in the entire country is located right here in Connecticut's 5th District. It's rare for a program to receive a perfect score, especially given that there are over 1,800 performance standards. And it's even more remarkable that the Head Start of Northern Fairfield County got a perfect score for both its Head Start and Early Head Start programs -- for two reviews in a row. I am honored to be here to celebrate this occasion, and I commend the parents, the Board of Directors, and the staff of Head Start of Northern Fairfield County program for their hard work and dedication to quality education for our children. I look forward to celebrating more successes with them in the future."

Business Office: 7 Old Sherman Turnpike, Suite 212, Danbury, CT 06810 Phone 203-743-9760 ~ Fax 203-743-3411 Mayor Mark Boughton said, "I am so proud of our Danbury Head Start Programs' receipt of perfect scores, and equally that we have here in Danbury one of the leading Head Start programs in the Country. The benefits that the parents and children receive through Head Start will last a lifetime. I applaud our program's staff, Board Members and Head Start families for their exceptional results."

The President and Chief Executive Officer of CIFC, James H. Maloney, said: "This is like winning, four years apart, two Gold Mcdals at two different Olympiads consecutively! It is a very rare accomplishment, and an achievement that is a great credit to our Head Start parents and staff. It is also a great credit to Mayor Boughton, Danbury Superintendent of Schools Dr. Sal Pascarella, and the members of the Danbury City Council and Danbury Board of Education who have strongly supported the Danbury IIcad Start programs for many years. I and the members of the Board of the Connecticut Institute For Communities, Inc. are deeply grateful for all their hard work and support. We are also very grateful to Congresswoman Esty, and Senators Blumenthal and Murphy, for their vigorous support of the Head Start program at the national level."

###

#### Attachments:

- Summary Charts
- Head Start Backgrounder
- Head Start Report Letter dated 4/24/14

For additional information, please contact Mr. Maloney at 203-743-9760 x 202.

Business Office: 7 Old Sherman Turnpike, Suite 212, Danbury, CT 06810 Phone 203-743-9760 ~ Fax 203-743-3411 To: Board Chairperson
Dr. Francis Muska
Board Chairperson
Connecticut Institute for Communities, Inc.
7 Old Sherman Turnpike, Suite 212
Dunbury, CT 06810

From: Responsible HHS Official Mr. Ann Linchan Acting Director, Office of Head Start

Coss Weaver 4/24/14

**Overview of Findings** 

From 3/30/2014 to 4/3/2014, the Administration for Children and Families (ACF) conducted a monitoring review of the Connecticut Institute for Communities, Inc. Head Start and Early Head Start programs. We wish to thank the governing body, Policy Council, staff, and parents of your program for their cooperation and assistance during the review. This Head Start Review Report has been issued to Dr. Francis Muska, Board Chairperson, as legal notice to your agency of the results of the on-site program review.

Based on the information gathered, no area of noncompliance was found during the course of the review. Accordingly, no corrective action is required at this time.

If you are a grantee serving preschool age children in the center-based option, a sample of your preschool classrooms will be observed using the Classroom Assessment Scoring System (CLASS). This classroom observation instrument looks at the teacher/child interactions, as well as interactions between children. The Office of Head Start encourages grantees to consider the CLASS results in planning ongoing efforts to improve classroom quality.

During your review, the team used a sampling methodology that included a random selection of child files, staff files, and class, center, and group observations. If your report includes findings related to evidence that involved sampling, the finding narratives in your report include specific percentages from each sample that were determined by dividing the number of issues found by the total sample size. This methodology, which uses statistically driven random samples, allows the OHS to use information collected through the representative samples to make generalizations regarding your program as a whole.

For example, if, during your review, the team examines a sample of 45 child files, the finding narrative will indicate the percentage of files that were identified with an issue. The percentage will be determined by dividing the number of child files with issues by 45. Likewise, when summarizing information from classroom observations, the total number of classrooms with issues will be divided by the total number observed to determine the percentage of the sample

with problems.

Please contact your ACF Regional Office with any questions or concerns you may have about this report.

#### Distribution of the Head Start Review Report

Copies of this report will be distributed to the following recipients:

Ms. Louise Eldridge, Regional Program Manager

Mr. Jorge Diaz Bernal, Policy Council Chairperson

Mr. James Maloney, CEO/Executive Director

Mrs. Monica Bevilacqua, Head Start Director

#### Overview Information

Review Type:

Triennial

Organization:

Connecticut Institute for Communities, Inc.

Program Type:

Head Start and Early Head Start

Team Leader:

Ms. Maria Kuhn-Beotton

Funded Enrollment HS:

267 32

Funded Enrollment EHS:

#### **APPENDIX C:**



CERTHIED PUBLIC ACCOUNTANTS

in the special Distriction of the terms of the form of

#### INDEPENDENT AUDITOR'S REPORT

Board of Ovectors

Connecticut Institute For Communities, Inc.

#### Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Connectcut Institute For Communities, Inc. and its affitiates, which comprise the consolidated statements of financial position as of December 31, 2014 and 2013, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fav presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

#### Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to linancial audits contained in Government Auditing Standards issued by the Compitoliar General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material missitatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, in making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order in design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Connecticut Institute For Communities, Inc. and its affiliates as of December 31, 2014 (and 2013) and the changes in Their net assets and litter cash flows for the years Then ended in accordance with accounting principles generally accepted in the United States of America.

#### Other Matters

#### Other Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards and State Financial Assistance are presented for purposes of additional analysis as required by the U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, and the State of Connecticut Office of Policy and Management Single Audit Act, and are not a required part of the consolidated financial statements. The accompanying supplemental schedules on pages 16-19 are also presented for purposes of additional analysis, and are also not a required part of the consolidated financial statements. The Schedule of Expenditures of Federal Awards and State Financial Assistance and supplemental schedules on pages 16-19 are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain other procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards and State Financial Assistance and supplemental schedules on pages 16-19 are fairly stated in all material respects in relation to the financial statements as a whole.

#### Report on Other Legal and Regulatory Requirements

In accordance with Government Auditing Standards, we have also issued our report dated June 02, 2015 on our consideration of Connecticut Institute For Communities, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Connecticut Institute For Communities, Inc.'s internal control over financial reporting and compliance.

Maletta & Company Certified Public Accountants

Bristol, Connecticut June 02, 2015

# CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS OF DECEMBER 31, 2014 AND 2013

	ASSETS				
			2014		2013
CURRENT ASSETS: Cash and Cash Equivalents Cash - Restricted Due From Funding Sources Patient Accounts Receivable - Net Accounts Receivable Other Receivables Inventory Prepaid Expenses Total Current Assets		\$	663,193 2,504 883,095 110,731 4,327 154,090 11,710 79,897	\$	360,295 2,502 281,245 164,706 45,356 194,164 10,092 29,023
FIXED ASSETS: Property and Equipment Less Accumulated Depreciation Net Property and Equipment			1,909,552 3,087,232 (420,829) 2,666,403	6	1,087,383 2,625,425 (473,960) 2,151,465
OTHER ASSETS: Other Assets			104,040		23,763
Total Assets		\$	4,679,995	\$	3,262,611
	LIABILITIES AND NET ASSETS	i			
CURRENT LIABILITIES: Accounts Payable Accrued Expenses Accrued Payroll Deferred Revenue Line of Credit Current Maturity of Long-Term Debt Total Current Liabilities		\$	905,326 323,043 367,024 89,253 - 180,444 1,865,090	\$	211,497 382,988 290,043 499,900 78,588 1,463,016
Long-Term Debt			879,833		585,337
NET ASSETS: Unrestricted Temporarily Restricted Permanently Restricted Total Net Assets	- -		1,568,887 366,185 - 1,935,072	<u> </u>	941,555 272,703 - 1,214,258
Total Liabilities and Net Assets	=	S	4,679,995	S	3,262,611

#### CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2014

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
OPERATING REVENUE AND SUPPORT:				
Grants from Government Sources	\$ 7,795,366	\$ ×	S III	\$ 7,796,366
Patient Service Revenue - Net	3,074,815		•	3,074.815
Contributions	554 418	29.540		583.958
Program Service Revenue	394.387	161,269	•	555,856 555,656
Miscellaneous Income	255	1		256
Total Operating Revenue & Support Before			•	730
Nat Assets Released From Restrictions	11,820,241	190,810	-	12 011,051
Not Assets Released From Restrictions	97,328	(97.328)		
Total Revenue and Support	11,917,569	93,482		12,011,051
OPERATING EXPENSES: Program Services				
Early Childhood Education	3.482.881			3,482,881
Health Services	6 080 017			6,080,017
Nutrition Services	286 465			286,465
Building & Grounds	12.173			12.173
Other Programs	111,495			111.495
Total Program Services	9 973,031			9,973,031
Supporting Services				
General & Administrative	1,317,206			1.317.206
Total Supporting Services	1,317,206	•		1,317,206
<b>Total Operating Expenses</b>	11,290,237	-		11,290,237
CHANGE IN NET ASSETS:	627,332	93,482	124	720,814
Net Assets, Beginning	941,555	272,703	1	1,214,258
Net Assels Ending	S 1,568 887	\$ 366,185	s .	\$ 1,935,072

#### CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2013

	Un	restricted		emporarily Restricted	Permane Restrict			Total
OPERATING REVENUE AND SUPPORT:								
Grants from Government Sources	s	5,765,574	\$		S		S	5,765,574
Patient Service Revenue - Net	_	2,554,270	•		•	-	Ф	2,554,270
Contributions		812,366		47,200		-		859,566
Program Service Revenue		262,349		122,796				385,145
Miscellaneous Income		536		16		-		552
Total Operating Revenue & Support Before							_	332
Net Assets Released From Restrictions		9,395,095		170,012		-		9,565,107
Net Assets Released From Restrictions		91,347		(91,347)				
Total Revenue and Support		9,486,442		78 665		_		9,565,107
OPERATING EXPENSES:								
Program Services								
Early Childhood Education		3,846,372		19		$\pm i$		3,846,372
Health Services		4,413,281				-3		4,413,281
Nutrition Services		260,410		72				260,410
Building & Grounds		24,623		12		2		24,623
Other Programs	-	114,958		12		-		114,958
Total Program Services		8,659,644		-		-		8,659,644
Supporting Services								
General & Administrative		1,179,862				_		1,179,862
Total Supporting Services		1,179,862		-		-		1,179,862
Total Operating Expenses	-	9,839,506		-		1000		9,839,506
CHANGE IN NET ASSETS:		(353,064)		78,665		-		(274,399)
Net Assets, Beginning		1,294,619		194,038				1,488,657
Net Assets, Ending	\$	941,555	\$	272,703	\$	-	\$	1,214,258

CONNECTICUT INSTITUTE FOR COMMUNITIES, INC.
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2014

			Program Services	LVICES			Supporting	
	Early							
	Childhood	Heatth	Nutrition	=	Other	But ding &	Seneral &	
	Education	Services	Services	्रभा	Programs	Grounds	Administrative	Total
SALARIES AND RELATED EXPENSES:				Ì				
Satanes	\$ 1,926,779	\$ 3,924,726	w		\$ 51495	4/1	5 1 101 152	\$ 7.004.152
Employee Benefits	261 045	386,183		*	2.177		107 193	746 598
Payroll Taxes	135 987	265,047	-		3 554	*	64 020	468 608
Total Salanes & Related Expenses	2 323,811	4,575 956			57,226	31	1,272,365	8.229.358
OTHER EXPENSES:								
Subcontract Costs	37,755	114 770		Ē,	6.017	٠	212	150 454
Professional Fees and Contracted Services	45,240	146 623				0C≱ €	23 922	723 184
Nutrition Services (Meals)	10,829	•	286 455	101				707 706
Occupancy	490,917	353,755		- 1	426-1	1 92-	888	250.008
Depreciation	33,230	52.846				6 13 38	098	474 FB
Other Program Costs	223,375	85,606			•	30	1	308 784
Staff Development and Training	97,36	38 633		ě	•	i i	79	136.514
Telephone	37,944	50 542			2.636	a '	495	01.617
Travel and Transportation	1,448	11.875		·		,	1	לבר בין כבר בין
Advertising and Public Relations	1.982	29 469			2.454	4	459	24 374
Insurance	48,937	52,323		4	44.	•	503	80C COL
Office Supplies and Expenses	33 369	238,832			170	35	7 230	799 575
Medical and Dental Supplies	28 661	336,115				i ·		334 777
Postage and Shipping	5,843	15,173		,	٠	25	150	20.899
Interest Expense	2	25,255		•	•	•	9.283	34.54
Dues and Substantions	8,273	12,272		4			en G	20.504
Total Other Expenses	1,159,070	1.504,061	285,455	92	54,269	2,173	44,841	3,060,879
Total Expenses	\$ 3.482,851	\$ 6,030,017	5 285 465	10	\$ 117,495	S 12 173	\$ 1,317,206	\$ 11,290,237

#### CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

CASH FLOWS FROM OPERATING ACTIVITIES:				
		2014	_	2013
Change in Net Assets Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities: Depreciation Expense	5	720,814 93,574	\$	(274,399)
Change in Operating Assets and Liabilities		53,514		117,753
Decrease (Increase) in Due From Funding Sources Decrease (Increase) in Patient Accounts Receivable - Net Decrease (Increase) in Accounts Receivable Decrease (Increase) in Other Receivables Decrease (Increase) in Inventory Decrease (Increase) in Prepaid Expenses Decrease (Increase) in Other Assets Increase (Decrease) in Accounts Payable Increase (Decrease) in Accrued Payroll & Related Liabilities Increase (Decrease) in Accrued Expenses		(601,850) 53,975 41,029 40,074 (1,618) (50,874) (80,277) 693,829 76,981 (59,945)		(151,417) 152,157 (16,727) 27,330 18,354 (18,909) (23,763) 72,006 71,244 52,457
Increase (Decrease) in Deferred Revenue  Cash Provided By Operating Activities	20	89,253 200,577		182,732
CASH FLOWS FROM FINANCING ACTIVITIES: Proceeds from Borrowings Repayment of Long Term Debt Net Provided (Used) by Financing Activities		1,014,965 500,000 (603,548) (103,548)		26,086 141,700 (76,754)
CASH FLOWS FROM INVESTING ACTIVITIES: Disposition of Property and Equipment Purchase of Assets in Progress Purchase of Property and Equipment Net Provided (Used) by Investing Activities		(524,652) (83,859) (608,511)		(878) (98,745) (81,558) (181,181)
NET INCREASE (DECREASE) IN CASH & CASH EQUIVALENTS:		302,906		(90,149)
CASH AT BEGINNING OF YEAR:		362,797		452,946
CASH AT END OF YEAR:	\$	665,702	\$	362,797
Supplemental Disclosure of Cash Flow Information Cash Paid for Interest Cash Paid for Taxes	\$	34,541	\$	34,927
CASH FAIR IOI 18ACS	2	-	S	-

# CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED DECEMBER 31, 2014

I. Summary of Auditor's Results			
Financial Statements			
Type of auditor's report issued: Unmodified			
Internal control over financial reporting:  Material weakness(es) identified?  Significant deficiency (ies) identified that are no considered to be material weaknesses?  Noncompliance material to financial statements note	·	_Yes _Yes _Yes	XNoXNone ReportedXNo
Federal Awards			
Internal control over major programs:  Material weakness(es) identified? Significant deficiency (ies) identified? considered to be material weaknesses?  Type of auditor's report issued on compliance for material weaknesses.	jor programs: Unmo	_Yes _Yes	
accordance with Section 510(a) of Circular A-133?		Yes	X No
Identification of major programs tested:			
93.600 10.557 93.224/93 527	Program Name Head Start WIC Program Health Centers Clu	· ·	
Dollar threshold used to distinguish between type A a	nd type B programs:		\$ 300,000
Auditee qualified as low-risk auditee			No
II. Findings Related to the Financial Statements Au Accordance with Generally Accepted Government	dit as Required to b	e Repor	ted in
None reported.	_		
III. Findings and Questioned Costs for Federal Awa	rds		
There were no current year audit findings or questions	ed costs.		

## CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED DECEMBER 31, 2014

I. SUMMARY OF AUDITOR'S RESULTS			
Financial Statements			
Type of auditor's report issued: Unmodified			
Internal control over financial reporting:  Material weakness(es) identified?  Significant deficiency (les) identified?  Noncompliance material to financial statements noted?	Yes X No Yes X None F Yes X No	Report	ed
State Financial Assistance			
Internal control over major programs:  Material weakness(es) identified?  Significant deficiency (ies) identified?	Yes X No Yes X None F	Reporte	ed
Type of auditor's report issued on compliance for major prog	grams: Unmodified		
Any audit finding disclosed that are required to be reported in accordance with Section 4-236-24 of the Regulations to the State Single Audit Act?	YesXNo		
The following schedule reflects the major programs incl	uded in the audit		
State Grantor And Program  Connecticut Department of Education	State Core-CT Number	Ехр	enditures
Alliance District Funding Program  Office of Early Childhood  School Readiness and Child Care in	11000-SDE64000-17041-82164	\$	485,107
Priority School Districts  Department of Public Health	11000-OEC64840-17101		407,088
Community Health Services Program School Based Health Clinics	11000-DPH48500-16060 11000-DPH48500-17019		177,442 566,847
Dollar threshold used to distinguish between type A and t	ype B programs:	s	200.000

#### II. FINANCIAL STATEMENTS FINDINGS

There were no current year financial statement findings.

#### III. STATE FINANCIAL ASSISTANCE FINDINGS AND QUESTIONED COSTS

There were no current year audit findings or questioned costs.