

# **Community Action Head Start Self-Assessment 2015-2016 Final Report and Program Improvement Plan**

The self-assessment was completed throughout the month of March 2016. Self-assessment activities were completed by program staff, parents, policy council and board members.

- A file review was conducted on 10% (99) of the files for enrolled children.
- Each site was visited and observed for learning activities and health and safety.
- All parents in the program were called to complete a telephone survey.
- Each bus was ridden by an observer who completed a transportation checklist.
- The Policy Council held a focus group interview facilitated by a member of the Board of Directors.
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- Mealtime observations were conducted in each classroom.
- A human resources questionnaire was completed by the agency HR Director.
- Weekly staffing's file review of children enrolled for Head Start, Early Head Start and Child Care Partnership programs.
- Fiscal Management questionnaire was completed by the agency CFO.

This report will summarize the strengths found in the program as well as areas needing improvement. When a finding is considered substantial it will be followed by a program improvement plan. Substantial findings are health & safety violations; concerns about systems as evidenced by issues being found in multiple locations; or multiple concerns that arose at the same location.

## **Strengths**

Teacher Home Visits & Conferences in Head Start: 82 of 83 child files showed evidence of a teacher home visit, and 78 showed evidence of a completed conference.

ASQs & Follow-Up in Head Start: 22 reviewed child files contained ASQs that required follow-up. 100% had evidence of follow-up completed.

Medical and Dental Homes: 100% of Head Start children whose files were reviewed have a medical home; 99% have a dental home. 100% of Early Head Start children have both a medical and dental home on record.

Physical and Dental Exams: 94% of Head Start children whose files were reviewed have evidence of a timely physical exam. 99% of HS children have evidence of a timely dental exam.

Parent Satisfaction with Program: 86% of parents asked to rank from 1-10 their satisfaction with the program this year ranked it at 8 or above. 95% of parents surveyed

stated that Head Start has helped them with concerns about their child's development, or that they did not have any concerns about their child's development. 83% of parents surveyed stated that Head Start has helped them to learn skills to create a closer relationship with their child. Of the 214 parents who completed a survey, 199 named ways that their family benefitted from the program (Head Start & Early Head Start).

Resource & Referral Follow Up: 99% of child files reviewed for Head Start contained evidence of timely follow up to resource and referrals. 100% of child files reviewed for Early Head Start contained evidence of timely follow up to resource and referrals.

Disability Services in Head Start and Early Head Start: Child file reviews show documentation of children's IFSPs in their files as well as timely follow up to referrals.

## **Concerns**

**Child Observations:** Four of nine EHS child files, 44% of the total, did not contain evidence of at least one observation per month. Three children were missing an observation for one month; one child was missing an observation for two months. In Head Start: 23% of HS child files did not contain evidence of at least one observation per month. Observations have been a concern for the last three self-assessments, with the number increasing each year.

### **Program Improvement Plan:**

Our plan is to improve the process of observation monitoring to be sure that they are completed as required.

- EHS Team Resource Specialists will intensify their monitoring on TS Gold and The Ounce Online databases. Timely monitoring and thorough follow up will be completed a minimum of twice per month to ensure all required observations have been completed and entered.
- Often observations are entered but not printed and placed in the child file. Our plan for the 2016-17 school year is to utilize an electronic system to store observations and not print a hard copy.
- The EHS Program Manager will run observation reports to monitor the program as a whole for observation completion at least 4 times per year.

**Staffing's in Head Start and Early Head Start:** The weekly classroom staffing requirement in both programs is not being met. In EHS, six classes had fewer than four staffing's during the sample month of February. In Head Start, only seven out of 43 classes have evidence of completion of four staffing's during the sample month of February.

### **Program Improvement Plan:**

It is apparent that the programs procedures for staffing no longer work within our structure. During the summer of 2016 a committee comprised of line staff and leadership will develop a new system for staffing. Careful monitoring throughout the 2016 – 2017 school year will test out the system and ensure it is fully implemented.

**Physical Exams in Early Head Start:** Five of nine child files, 56% of the total, did not contain evidence of a completed timely physical exam.

### **Program Improvement Plan:**

Receiving documentation of completed physical exams for Early Head Start children has been a challenge since the program was started two years ago. This is in part due to the frequency of well child visits an infant or toddler has in their first two years and the turnaround time it takes to get exams back from clinics. In order to monitor the EHS health requirements more closely and provide additional support to staff in their work with families, this past summer the EHS program hired a Health, Mental Health & Disabilities Specialist. Throughout the first year of this position several new monitoring systems have been established not only for physical exams but for other health requirements as well.

One area of improvement identified was how to make the process of completing health exams more clear for staff. In order to address this, revisions were made to the Health Review Tool (HRT) which staff uses to document their health-related work in the child file. This included modifying the paper-based HRT slightly to reflect the utilization of the new Health Communication Logs in ChildPlus. This new online documentation process allows a more seamless system of support between site staff and the EHS Health, Mental Health & Disabilities Specialist. Along with the greater availability of health information in ChildPlus, another one of the monitoring changes that will be made for next year is to provide EHS staff with more detailed information on the monthly physical and dental reports sent out. Instead of receiving a blank report to complete and send in, staff will receive a report with a more detailed outline of the specific tasks they need to follow-up on that month to ensure that health requirements are completed in a timely manner.