

**Community Action Head Start, Early Head Start and Early Head Start
Child Care Partnerships
Self-Assessment 2017-2018
Final Report and Program Improvement Plan**

The self-assessment data collection took place throughout the school year, and this data was analyzed throughout the months of May and June 2018. Self-assessment activities were completed by Content Area Specialists, Leadership Team Members and Management Team; Policy Council also participated in planning the Self-Assessment. The Self-Assessment final report and Program Improvement plan will be shared with Policy Council and the Board of Directors.

- Children's Services Review was conducted on 10% (95) of randomly selected children's files that included 80 Pre K, 9 Early Head Start (EHS), and 6 Early Head Start Child Care Partnerships (EHS CCP). The service review included the Education, Mental Health, Disabilities, Health, and Family Services components.
- Health and Safety inspections were conducted twice during the year in every classroom and this data was analyzed for the Self-Assessment.
- Human Resources (HR) completed a questionnaire to reflect HR requirements for all staff.
- Food Services and Child and Adult Care Food Program (CACFP) observation data collected during the school year was analyzed for the Self-Assessment.
- Transportation observation data collected during the school year was analyzed for the Self-Assessment.
- Staff Development information was collected and reviewed to document progress toward staff educational requirements.
- Parents were invited to complete a Parent Satisfaction Survey.

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 listed as a concern in this report, followed by a program improvement plan. A concern becomes a substantial finding if it is a health & safety violation; a systemic concern as evidenced by issues being found in multiple locations; or if multiple concerns arose at the same location.

Strengths:

Social Emotional Screenings and Follow Up: Children are required to receive a social emotional screening within 45 days of enrollment. Our program uses a screening called the Ages and Stages Questionnaire Social Emotional (ASQ-SE) during enrollment, and teachers or child care providers follow up on the screening during a home visit with the family, providing resources identified as needed on the screening. 100% of Pre K, EHS and EHS CCP children received a completed ASQ-SE screening.

Health Screenings: Children are required to receive a vision, hearing, and height/weight screening within 45 days of enrolling in the program. 100% of Pre K, EHS and EHS CCP children received timely health screenings.

Resource and Referrals and Follow-Up in Pre K, EHS and EHS CCP: During home visits and other contacts with parents, Family Services staff and EHS Teachers provide needed resources and referrals. Follow-up is completed to ensure that the resource and referrals met the needs of the parents. The follow-up rate for Pre K was 97%; EHS was 100%; and EHS CCP was 100%.

Classroom Health and Safety: Each classroom was visited twice by members of the Leadership Team during the 2017-2018 school year to ensure they were free of hazards to children's safety. The following areas are strengths identified from the health and safety checklist:

- Health Alert Lists are posted with allergy information about children
- Emergency Consents and contact information is present and available
- Heating and cooling systems are insulated to prevent burns
- Environments are free of highly flammable furnishings
- Room lighting is adequate and in working order
- Classroom supplies, toys and storage items are stored in a safe orderly fashion
- Staff supervise children at all times, including bathroom, and ensure safe use of equipment
- Environments are free of poisonous toxic plants that are accessible to children
- Refrigerator locks are in use in EHS classrooms
- Transition and counting procedures are being followed by staff
- Medications are stored in locked backpacks and kept from children, medications requiring refrigeration are stored in refrigerators in locked boxes
- The 3-step cleaning process for tables was followed consistently.

Mealtime Observations: Based on tri-annual observations conducted by the Nutrition Specialist, children had a thorough knowledge of routines and proper procedures for before, during and after mealtimes. Children demonstrated good knowledge of family style meals at all sites, with staff and children conducting good conversations. Meals were served on time and proper food temperatures maintained. The 3-step cleaning process for tables was followed consistently.

Safe and Positive Bus Rides: Bus rides were found to be safe and positive during inspections by the Transportation Specialist throughout the year. Pre-trip inspections are done as prescribed; driver's interactions with staff, children and parents are pleasant and appropriate. Bus routes are safe and efficient, eliminating the need for children to cross streets and minimizing red light stops. The child transition counting procedure is being followed on the bus.

Parent Satisfaction: 133 families completed parent satisfaction survey. The parents who completed our survey identified many aspects of the program that they enjoy and appreciate, including:

- Parent and staff relationships
- Child development progress
- Feeling valued as their child's first and most important teacher
- Gaining helpful skill for child's education at home
- Progress made in families' stability and self sufficiency
- Play therapy opportunities

Concerns:

EHS Home Based Socializations: EHS home base children and families are required to participate in two group socialization activities each month. The annual attendance rate for EHS socializations was 65%.

Program Improvement Plan: The structure of the socializations will continue during the 2018-2019 school year to better accommodate parents by providing socializations when parents are available, planning socialization times and locations to eliminate barriers for attendance. Beginning at enrollment and continually during home visits, home visitors will discuss program requirements for the home based option. This could include discussion of barriers that the family faces that may interfere with participating in the socialization time. Parents will have options to attend another socialization at a different times or locations. The program manager will work with each home visitor to ensure that families are in compliance with attendance requirements.

Developmental Screening Follow Up in Pre K, EHS and EHS CCP: Children are required to receive a developmental screening within 45 days of enrollment, and those with identified concerns are to receive follow up from Teachers. Follow up on the Ages and Stages Questionnaire (ASQ) was not completed for 59% of the children who were identified with concerns on the screening. The process for completing the ASQ was new this year, with teachers collecting the screenings and scoring them, and the Inclusion & Support team entering them and identifying needed follow-up. The entire process was ineffective this year, primarily due to staff turnover on the Inclusion & Support team, and inadequate training for the teaching staff.

Program Improvement Plan: The program will be implementing an online version of the ASQ during the 2018-2019 school year. All procedures involved in the developmental screen will be rewritten to reflect this major change. Teachers will be trained in utilizing the ASQ on-line, and Inclusion & Support staff will be trained on how to retrieve the information from this database and enter it into the ChildPlus database. The process for identifying necessary follow-up and informing teachers will be recreated, with clarity and understanding for all involved in order to improve our

performance in this area. The program has created a new Health & Wellness Manager position, providing oversight to the Inclusion & Support team. The Health & Wellness Manager and the Inclusion & Support Specialist will be responsible for the overall creation of the procedures, staff training and ongoing monitoring.

Health Concerns:

- Health Appraisal Follow Up: Children are required to receive a health appraisal from their medical care provider within 90 days of enrollment. If the health appraisal indicates certain health conditions, the program facilitates further diagnostic testing, evaluation, treatment and follow-up. The follow up for children with concerns on their health appraisal was low, with 56% of Pre K children who required follow up showing evidence of follow up; and none of the EHS CCP children who required follow up showed evidence of follow up. Most of the children with health conditions that require follow up were due to having low hemoglobin or high lead blood readings, or the clinician did not complete that section of the health appraisal at all.
- Screening Follow Up: The program screens for vision, hearing, and height and weight within 45 days of enrollment. Children who fail their hearing or vision screening are required to have follow up or additional treatment or referrals. Children whose height/weight screening reveals concerns about obesity are to receive follow up information from Family Services staff. 22% of children reviewed in Pre K had no evidence of completed treatment or follow-up. Additionally, 25% of EHS and 77% of EHS CCP children reviewed had no evidence of completed treatment or follow up.
- Oral Health Assessments for EHS CCP Children: Children are required to have an oral health assessment within 90 days of enrollment. Only 50% of the EHS CCP and 78% of EHS children reviewed had an Oral Health Assessment on file

Program Improvement Plan:

- Health appraisal concerns will be addressed by making modifications to the Health Appraisal form to include the American Academy of Pediatrics recommendations for lead and hemoglobin screenings and the need that they be performed. Increased monitoring of health appraisal follow up will be accomplished through the addition of the Health & Wellness Manager to the program's leadership structure.
- The follow up system for hearing and vision screenings will be modified to have the Health Advocates fax children's clinics for evidence of follow up to concerns about hearing or vision.
- The Health & Wellness Manager will provide training and more intensive monitoring of the follow up to height/weight concerns with the Family Services staff and EHS Teachers. In addition, the Health Advocates will send referral packets to parents to encourage them to seek follow up care.
- The low percentage of Oral Health Assessments for EHS and EHS CCP will be addressed by continuing to build a partnership with Capitol Dental in order to

provide classroom dental screenings at an increased number of EHS classrooms and EHS CCP provider locations. Additional screening dates will also be scheduled for next year. Education among community dental care providers and parents will be increased to help with the understanding that even our youngest children require dental screenings and care, as soon as they begin to grow teeth.

Child Staffings in EHS: Every month the staff who work with each child and family are required to meet at a Child Staffing to discuss relevant information about the family and their services. Only 67% of EHS children reviewed show evidence of an adequate number of Staffings. One contributing factor was that the program was short-staffed, and it was a challenge for staff to come together each month for Staffing.

Program Improvement Plan: EHS Teachers will receive training during the September 2018 preservice in order to maintain staffing children on a monthly basis. When there are staff shortages, the EHS Program Manager or Regional Team Resource Specialists will help to problem solve in order for staff to have time together to complete their staffings. The RTRS monthly checklist will include the completion of staffings for the EHS program. The EHS Program Manager will monitor, and follow up with staff, and report to Leadership Team the completion or any concerns with staffings on a quarterly basis.

Classroom Health and Safety: Each classroom was visited twice by members of the Leadership Team during the 2017-2018 school year to ensure classrooms were free of hazards to children's safety. The following are concerns from classroom health and safety checklists:

- Fire extinguishers are to be checked monthly and staff initial the tags to document the inspection. Fourteen classrooms had fire extinguishers that did not have monthly initials on the tags.
- Electrical cords are to be taped down or hidden so they do not create a tripping hazard. Seven classrooms were found with an exposed electrical cord.
- Staff are required to use a Daily Safety and Sanitation Checklist in the classrooms every day, documenting that the room has been inspected for safety hazards. Twelve classrooms did not have evidence of this practice being done on a daily basis.
- Emergency Evacuation Locations are to be posted in all sites to ensure safety evacuation emergencies are established. Fourteen classrooms did not have emergency evacuation plans.
- Flashlights are required in each classroom for emergencies when power goes out. Eleven classrooms had flashlights that were not functioning properly.

Program Improvement Plan: The procedure for conducting quarterly health and safety inspections will be revised for the 2018-2019 school year. When a concern is found during an inspection by one of the Leadership Team, it will be recorded on the form but also conveyed verbally to the staff present on site. Staff on site will have the opportunity to make immediate corrections, and have those corrections noted on the

form. All health and safety checklists will be reviewed as soon as they are turned into the Program Manager, and she will assign follow up to any concerns noted to the RTRS for the site. Weekly follow up will be conducted until each item of concern has been addressed. Documentation of the health and safety inspections, all concerns, and their resolution will be recorded in the ChildPlus database. This information will be presented quarterly at the Leadership Team monitoring meetings.

School Bus Housekeeping:

Transportation monitoring revealed that bus drivers are not maintaining the school buses properly. Concerns identified included: 33% of the bus routes on the computer are not printed and up to date, 33% of transportation agreements for families had not been completed, 54% of the time, buses were found to be dirty on the outside, 33% of the items on bus were not being secured properly, and appropriate signage on the bus was missing 31% of the time. One contributing factor to these concerns was the bus driver workload for four drivers, who worked four ten hour days to provide bus service to two morning classes and two afternoon classes on a staggered schedule.

Program Improvement Plan: For the 2018-2019 school year, plans were put in place to allow all bus drivers sufficient time to do their paperwork and bus cleaning. Several classes have been established as self-transport, reducing the maximum number of bus routes for all drivers to three. During pre-service, the Transportation Specialist will introduce these program changes and restate our expectations for up-to-date bus routes and clean and well maintained buses. The Transportation Specialist will continue to conduct transportation monitoring twice per year to identify concerns and address them as necessary.

Parent Satisfaction Survey: The self-assessment parent survey yielded a low turnout for the second consecutive year. This year we received only 133 completed surveys out of 949 families, which was an improvement over last year.

Program Improvement plan: The program will continue to use social media, and paper format to gather completed surveys. However, the survey will be introduced earlier in the year, at the second home visit during April. This will allow more time to remind parents to complete the survey.