

# **Community Action Head Start, Early Head Start and Early Head Start Child Care Partnerships**

## **Self-Assessment 2018-2019**

### **Final Report and Program Improvement Plan**

Self-assessment data collection took place throughout the school year, and data was analyzed throughout the months of May and June 2019. Self-assessment activities were completed by Content Area Specialists, Leadership Team Members and Management Team, with input from Policy Council. This Self-Assessment final report and Program Improvement plan will be presented to the Head Start Policy Council and the MWVCAA Board of Directors for approval, and monitored for completion by the Head Start Leadership Team.

- Children's Services were reviewed in the areas of Education, Health, Family Services, Mental Health and Disabilities. Data was collected on a minimum of 10% (95) of randomly selected children's files which included 80 Pre K, 9 Early Head Start (EHS), and 6 Early Head Start Child Care Partnerships (EHS CCP). Some data was reviewed in its entirety for 100% of the programs overall total enrollment.
- Health and Safety inspections were conducted twice during the year, once in the fall and again in the spring at every site. 100% of the inspections were reviewed for this assessment.
- Human Resources (HR) 10% (22) of randomly selected staff files were reviewed to reflect HR requirements.
- Food Services, Child and Adult Care Food Program (CACFP), and loss of revenue for meal count reimbursements were assessed and 100% of the information was reviewed.
- Transportation observation data collected during the months of May and June and 100% was analyzed.
- 100% of Staff Professional Development goals were reviewed for progress or completion of goals.
- Parents were invited to complete a Parent/Family 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 arise at the same location. The program will continue to monitor any concerns throughout the year during monthly monitoring meetings allowing the program to see the progress or completion of concerns that were found during the Self-Assessment.

## ***Strengths:***

Developmental and Behavioral Screenings Completion: Children are required to receive a developmental screening and a social emotional screening within 45 days of enrollment. Our program uses the Ages and Stages Questionnaire (ASQ) for developmental screening and the Ages and Stages Questionnaire - Social Emotional (ASQ-SE) for behavioral screening. The screenings are conducted in partnership between teachers and parents during the initial home visit at the beginning of the school year. The program implemented the online version of the ASQ and ASQ-SE for the 2018-2019 school year. The ASQ completion rate for Head Start was 91.42%, EHS was 97.77%, and EHS CCP was 90%. The ASQ-SE completion rate for Head Start was 90.79%, EHS was 97.77%, and EHS CCP was 96.66%.

Health Screening Completion: The program is required to conduct a hearing, vision and height/weight screening for each enrolled child within 45 days of enrollment. The hearing, vision and height/weight screenings for children in all three programs were completed in a timely manner in accordance with Head Start Performance Standards. Hearing in HS 99.3%, EHS 94.6%, and EHS CCP 98.3%, vision in HS 98.8%, EHS 100%, and EHS CCP 96.6%, Height/weight HS 98.4%, EHS 100.00%, and EHS CCP 98.3%.

Education Pre-k Outcomes: Reviewing the progress of Pre-k children from Fall 2018 through Spring of 2019, the data shows that children progressed in all developmental areas. The percentages of change in each area are: Social Emotional increased by 104%, Physical increased by 72%, Language increased by 85%, Cognitive increased by 136%, Literacy increased by 232%, and Mathematics increased by 317%. It is always exciting to see these dramatic increases at the end of our school year. They are a tribute to our teaching staff who work so hard to help children be as successful as possible, and speaks to the great efforts of parents who support their child's learning at home.

Education Home Visits and Conferences in EHS CCP: 100% of Home Visits and Conferences were completed as well as the Family Information Forms. The requirement for Home Visits and conferences are two Home Visits and two conferences per year for every child.

Classroom Health and Safety: 100% of all classrooms and centers were visited at least twice during the 2018-2019 school year by members of Leadership Team. These visits were conducted once in the fall and once in the spring using a comprehensive Health and Safety checklist. The following areas are among the strengths found among Head Start and Early Head Start classrooms. 100% of Early Head Start Child Care Partnerships classrooms and centers were visited quarterly by the Child Development Specialist and showed the same strengths.

- Current emergency consent and contact information is maintained for all children in emergency notebooks
- Hazard food preparation or cleaning materials are out of reach of children
- Hallways, stairs and walkways are kept free of debris and tripping hazards
- Health alert lists with children's allergies or special dietary needs are posted and signed by staff
- Annual fire inspections are posted

Professional Development: The system for staff professional development was enhanced and improved this year through changes made by the Staff Development and Training Coordinator. This position is in place to support staff through the process of attaining educational goals and milestones, either as required by Performance Standards, or through staff professional development plans and goal-setting. 18 staff completed their educational programs: CDA 1, Infant Toddler Certificate 7, Preschool Certificate 6, Associates in ECE, and Family Development Credential 3. 36 staff are in progress toward completion: CDA 9, Infant Toddler Certificate 1, Preschool Certificate 11, Associates in ECE 10, and Infant/Toddler/Pre K Cohort 5.

Mealtime Observations: Tri-annual observations are conducted by the Nutrition Specialist and Nutrition Services Assistant in Head Start and Early Head Start classrooms. The program performed very well during mealtimes this year. The three step cleaning process was consistently used. Teachers also provided consistent routines during mealtimes, allowing children to effectively learn how to participate in family style meals. Children knew their routines well and enjoyed trying new foods. In most classrooms children helped to set and clean tables. CCP centers are monitored through a separate CACFP provider.

Safe and Positive Bus Rides: Transportation observations were conducted by Leadership Team members during the months of May and June for the 2018-2019 school year. During the observations it was shown that the program received a 100% in the following areas: appropriate signage on bus, all item's on bus secured, routes are efficient and on schedule, bus interiors are clean, transportation agreements are complete, counting procedure is followed, driver notebooks are current, pre-trip and mileage logs are on the bus and easily accessible, and bus evacuation information is posted.

Parent/Family Satisfaction: 471 families completed the parent/family satisfaction survey out of 949 total enrollment. This represents a tremendous improvement as the past two years the program has had low participation in the survey, and had listed it as a concern on prior self-assessment reports. The parents identified many aspects of the program that they enjoy and appreciate, including:

- Support from Family Service Staff
- Staff sharing information about child's progress

- Staff support viewing parents as first and most important teacher
- Program affected parent and child’s relationships
- Parent support of child’s education because of the program
- Parent/family satisfaction with experience in the program
- Relationships with staff
- Information shared with parents regarding concerns or individualized plans

**Concerns:**

Medical and dental follow-up completion: Head Start staff are required to support families to ensure that children receive prompt follow-up when medical and dental needs are identified. The Self-Assessment process identified that medical and dental follow-up completion percentages were low for all three programs. See *table below*. It is important to note that the completion rates below reflect only the follow-up that was fully addressed during the school year and does not reflect the follow-up that was still in progress due to upcoming appointments, ongoing treatments needed, pending faxes to clinics etc.

	Health Appraisal Follow-Up Completion	Oral Health Assessment Follow-Up Completion
Head Start	35%	36%
Early Head Start	40%	33%
Child Care Partnership	47%	17%

This was an area identified as an ongoing concern through monitoring reports throughout the year.

**Program Improvement Plan:** As part of the Self-Assessment process the Health Team carefully examined the electronic files of all children that indicated medical or dental follow-up was still needed to identify possible gaps in our follow-up systems. A total of 213 out the 220 files that indicated follow-up was still needed were reviewed. 60% of the files indicated that the Health Team had attempted to contact the family one or more times about the indicated follow-up. 30 files were found to have related documentation about conversations with families in the Family Documentation Log that took place between parents and Teachers or Family Educators. Overall 75 files (35%) showed evidence of various follow-up actions that were not documented in a way that reflected that follow-up was actually in progress or already completed. This included the identification of children with upcoming appointments or appointments scheduled after the end of the school year (31 files total). It also included children whose follow-up documentation was requested from clinics by the Health Team but never received (15 files total). This is the second year of our gradual transition into the use of electronic files and the gaps in documentation seem to reflect this process. The Health Team also

took on the primary responsibility for all health related tasks when Family Educator caseloads were increased to 60 children. It has proven difficult for the Health Advocates to respond to every emergent medical and dental need for all 949 enrolled children. Moving into next year Family Educator caseloads will be reduced back to 40 allowing them to take a more active role in supporting the Health Team with the health and dental follow-up needs of the children they are serving. The documentation process will be streamlined for family services staff in ChildPlus so that the Health Team is able to more readily access the information they need in order to support parents and obtain documentation from clinics. A training focusing on this documentation process will be completed during preservice for the upcoming 2019-2020 school year. Health Advocates will also be available to do one-on-one training with family services staff as needed.

Follow-up for sensory and growth screenings: Head Start staff are required to support families to ensure that children receive prompt follow-up when hearing and vision concerns are identified and to provide parents the opportunity to have conversations about their child’s growth and nutritional health habits. The Self-Assessment process identified that follow-up for sensory and growth screenings was an area identified as a concern during ongoing monitoring reports throughout the year. *See table below.*

	Hearing Follow-Up Completion including Follow-Up that was in progress	Vision Follow-Up Completion including Follow-Up that was in progress	Height/Weight Follow-Up Completion (Children over/under weight)
Head Start	59%	50%	60%
Early Head Start	73%	100%	67%
Child Care Partnership	54%	80%	44%

**Program Improvement Plan:** As mentioned previously, this is the second year of the program’s gradual transition to the use of electronic files as well as having most of the health-related duties transferred to the Health Team when Family Educator Caseloads were increased. Family services staff did however maintain an active role in supporting the Health Team with having follow-up conversations with parents around failed hearing and vision screenings; facilitated by the hearing/vision screening result form that Family Educators and EHS staff provide to parents. Conversations about nutrition and growth-related concerns also stayed an ongoing part of the family services work based on the relational aspects essential to motivational interviewing and goal setting when working with families to support steps towards healthier nutritional and physical activity habits. However, it seems that there has also been a gap in the documentation process when it comes to tracking the follow-up efforts with families to address concerns identified in

these areas. As with the documentation of ongoing medical and dental follow-up, the documentation process for health screenings will also be streamlined for site staff in ChildPlus in order for this process to be less cumbersome for them to complete. This will create a more efficient process so that the Health Team is better able to access the information they need in order to support staff and parents with the completion of timely follow-up. The Health & Wellness Manager will complete a training focusing on this documentation process during preservice for the upcoming 2019-2020 school year. Health Advocates will also be available to do one-on-one training with site staff as needed.

**Pre-k Observations in Teaching Strategies:** Teachers conduct daily observations of children's progress. That information is entered into our assessment data base, Teachings Strategies Gold. Observations are monitored by Regional Team Resource Specialists for quantity ensuring that each child is receiving observations on a monthly basis. Mentor Teachers monitor observations for quality ensuring that observations are objective and that teachers are accurately assessing children. Out of 80 child files, 26 (33%) children did not receive TS Gold observations in one or more months. Monitoring for observations includes Regional Team Resource Specialists checking for the number of observations entered by the teacher for each child, and Mentors monitoring for the quality of observations and the accurate assessment of observations. However, our systems for monitoring are weakened due to the number of vacant teaching positions and a lack of substitutes which pulls our teaching teams, RTRS's, and mentors from their regular duties to provide coverage in classrooms. Additionally, through the process of completing this assessment, we learned that the process the RTRS was using to monitor was not effectively providing us with the information needed to identify which children were not receiving observations on a monthly basis.

**Program Improvement plan:** Teachers will receive pre-service training about recording and entering observations each month. Assistant Teachers will receive extensive training at pre-service on how to observe children and record observations in the TSG system so that they will be better equipped to support teachers with observations. RTRS's will be given more effective tools to utilize for their observation monitoring to provide data on a monthly basis rather than looking at quantity over all. We will be adding a third Mentor Teacher to our Education Team to help distribute the work load among the mentor team allowing more time for accurate monitoring. As our current mentors enter their second year in their positions, they have a better understanding of their roles and responsibilities. The Education Manager will continue to train and monitor the progress of all three mentors in being able to perform all of their mentoring duties. A concerted effort is underway to recruit and hire eligible Teacher substitutes. Part of that plan is offering a more competitive salary to part time, unbenefited substitute teachers as a means of creating a more extensive pool of substitutes. This will help alleviate some of the extra responsibility placed on regular teaching staff to cover classrooms in addition to their own.

EHS Observations: Out of 9 child files, 7 children did not receive the required number of Teaching Strategies Gold observations in one or more months.

**Program Improvement Plan:** EHS Teachers and Home Visitors will receive pre-service training about recording and entering observations each month. RTRS's will be given more effective tools to utilize for their observation monitoring. The position of an Early Head Start Education Specialist was added mid-year, adding this position will help to develop new systems for monitoring and training around observations. The EHS Mentor has become a full-time position which will ensure training and support occurs with EHS Teachers and Home Visitors.

Staff File Review: Files for each staff member are maintained in Human Resources that include applications, standards of conduct forms, proof of auto insurance, proof of staff physical examinations, and verification of mandatory training. For this review, 22 staff files were randomly selected. The review showed that the following area's needs to be addressed: proof of auto insurance was missing from 47% of staff files, evidence of current CPR and First Aid certification was missing from 58% of staff files, evidence of completion of mandatory Child Abuse and Neglect training was missing from 11% of staff files, evidence of completion of mandatory Health and Safety training was missing from 33% of staff files, and 63% of the staff files examined did not contain a current performance evaluation..

**Program Improvement Plan:** During the course of the school year, the Human Resources department was short staffed and had turnover. A review of responsibilities and tasks associate with on-boarding and record maintenance was done. Two full time HR assistances and a part time file clerk were hired. Each new staff member has specific responsibilities in these areas. A new program for staff on-boarding will be developed to make the tracking of requirements easier.

Auto Insurance: HR will enter updated cards into Paycom, printed, and placed in the employee file.

CPR and First Aid Cards; HR will develop a checklist for items a new employee is required to bring with them on the first day and provide an email reminder to them prior to the first day. If the employee has a CPR and First Aid card it will be scanned and a hard copy will be put in employee file. As Head Start employees complete CPR and First Aid classes the Health Assistant will provide HR a copy of the card to be added to the employee file.

Child Abuse and Neglect Training Certificate; HR will utilize a checklist for new employees with directions stating that the certificate needs to be printed out and turned into them. HR will scan certificate, send to program manager and put hard copy in employee file. HR will ensure all employee files have documentation of completion.

Health and Safety Training Certificate; HR will utilize a checklist for new employees with directions stating that the certificate needs to be printed out and turned into them. HR will scan certificate, send to program manager and put hard copy in employee file.

Employee Performance Evaluations; Supervisors will turn in completed evaluations to HR. Coordination with HR will continue to ensure they have evaluations turned into

them. HR will be responsible to include in the employee file and provide reports to the program manager to assist with monitoring of completion. HR clerk has the responsibility for periodic random audits looking for the required documents in the paper employee files.

Child and Adult Care Food Program Nutrition Monitoring: Five follow up visits were needed this year to correct important oversights. The reasons for follow-up visits are listed below:

- Leftover food saved without cooling record or not stored properly (thrown away at visit)
- Food/refrigerator temperatures not recorded
- Menu changes not recorded
- No Building for the Future poster
- Meal count not taken at point-of-service

Program Improvement Plan: To correct food safety issues, food service employees will receive thorough training on the importance of recording food and refrigerator temperatures, completing cooling logs, and recording menu changes. Subsequent trainings will include scenarios and problem-solving discussions to ensure that food safety protocols are being strictly followed each day.

For classroom staff, the All Staff CACFP training will include explicit reminders to ensure that required Civil Rights posters are hung in classrooms, and that meal counts are taken at the point-of-service during the scheduled meal time. Trainings will also include meal time scenarios and problem-solving discussions to ensure that meal counts are taken correctly.

New bleach mixing procedures were distributed after the first visit this year, and measuring spoons were sent to sites as well to aid in mixing correct solutions. Many sites improved on mixing correct solutions by the last visit. Three sites still had incorrect mixing solutions by the last visit of the year.

Another item to work on this year was using meal time as a learning time. To increase classroom staff use of meal times for learning, the Nutrition Specialist will conduct a Meal Time as Learning Time training during pre-service.

Loss of Revenue: Five classrooms had a loss of revenue more than once during the 2018-2019 school year. A total of 100 breakfasts, 140 lunches, and 12 snacks that could have been reimbursed were not able to be reimbursed due to meal counts not being correctly recorded. This caused the program to lose \$653.32 in revenue.

**Program Improvement Plan:** In order to prevent further loss of revenue from meal counts not being taken at point of service, the CACFP training at Pre-service this next year will include emphasize the section on taking meal counts at the point of service and during the scheduled meal time. To improve next year, Loss of Revenue memos should include more specific reasons for the loss of revenue to inform supervisors on what information staff should be trained on.