Malcolm J. Costa

President/CEO

Summit County
Head Start/Early Head Start

Improved Outcomes for Children and Families

Self-Assessment

Analyzing accomplishments, strengths, and weaknesses on the road to a stronger program

Program Year: 2016/2017

Annual Self-Assessment Report

February 23, 2017

I. PURPOSE, PROCESS AND RESULTS

A. Introduction

The annual self-assessment is a long-standing element of the Head Start program calendar. Congress affirmed the importance of the process in the *Improving Head Start for School Readiness Act of 2007* (also known as the Head Start Act of 2007) when it articulated the need for every Head Start grantee and delegate agency to conduct a comprehensive self-assessment of its effectiveness, at least annually. The Office of Head Start (OHS) sees the annual self-assessment as a crucial element in a grantee's role in providing effective oversight (National Centers on Program Management and Fiscal Operations-PMFO Tip Sheet).[1] In accordance with this principal, the Summit County, Ohio Head Start/Early Head Start annual self-assessment was conducted during January 24, 2017 through February 3, 2017.

B. Quality Service Delivery and Use of Data

Constant quality improvement is a key component to the Summit County Head Start/Early Head Start program. Annually, the program-wide self-assessment ensures compliance, quality and continuous movement in program excellence for service delivery to children and their families. Self-assessment results are used to develop program goals and continuous quality improvements.

C. Quality and Compliance Indicators

The Performance Standards and the Head Start Act of 2007 are the two documents that guide Head Start/ Early Head Start. They are mandatory regulations that provide the structure for implementing, monitoring and enforcing quality standards. Section 1302.102(b)(2)(i-iii) of the performance standards specifies that at least once each program year, grantee and delegate agencies must conduct a self-assessment of their effectiveness and progress in meeting program goals and objectives and in implementing federal regulations. Lastly, the Head Start Act of 2007 specifies the governing body as having the primary responsibility for the annual self-assessment (See Governing Body Roles and Responsibilities Sec. 642 (c)(1)(E) (V) (aa)).

D. Classification and Definition of Terms for Results

The results of the self-assessment are reported in the following categories:

- **Non-compliance** – these areas are identified as not in compliance with Federal requirements (including, but not limited to, the Head Start Act or one or more of the regulations in ways that do not constitute a deficiency.
- **Deficiency** - would exist when a number of items of non-compliance that when considered together are of such a major scope or seriousness that they prevent the grantee from providing services of adequate quality to children and families or results in the program being operated in an unacceptable manner.
- **Program Strength** – these areas are identified as exceeding regulation requirements; above-average and/or exemplary areas worth noting as program best practices.
- **Weakness/Risk** – these areas are identified not technically out of compliance, but that demonstrate a need for improvement to avoid becoming non-compliance area in the future.

E. Summary of Activities

Steering Committee Meeting	Friday, January 20, 2017, 11:30 a.m.– 1:30 p.m.
Assessment Team Training/Meeting	Monday, January 23, 2017, 9:00 a.m. – 3:00 p.m.

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[1] 45 CFR **1302.102(b)(2)(i-iii)** Head Start Program Performance Standards and Program Guidance. 2016. English; and Improving Head Start for School Readiness Act of 2007 (PL 110-134) HHS/ACF/OHS. 2016. English.

Assessment Period	Tuesday, January 24, 2017 – Friday, February 3, 2017
Team Preliminary Results Meeting	Monday, February 6, 2017, 1:00 p.m. – 4:30 p.m.
Steering Committee Results Meeting	Wednesday, February 8, 2017 11:30 a.m. – 1:00 p.m.
Quality Improvement Plan/ Updates	March 2017 – July 2017

F. Assessment Instruments

The primary tool for assessment of systems and services were the Fiscal Year (FY) 2016 Office of Head Start (OHS) Monitoring Protocols in the following area: Fiscal, Environmental Health and Safety, Child Health and Nutrition; and FY2017 for Eligibility Recruitment Selection Enrollment Attendance. Other local companion tools were used in the various content areas such as. Classroom Mental Health Observation Form, Devereux Reflective Checklist for Care giving, Teaching Practices and Environment, and Infant/Toddler Environment Rating Scales.

G. Sites Reviewed / Home Visits and Home-based Socialization Observed

Sixty-four percent (64%) of Head Start/Early Head Start sites were assessed (a total of nine sites), Early Head Start Home-based and Services to Pregnant Women. The sites reviewed were: 1) Head Start at Arlington, 2) Head Start at Barberton, 3) Head Start at David Bacon, 4) Head Start at Five Points One, 5) Head Start at Helen Arnold, 6) Head Start at Portage Path, 7) Head Start at Robinson, 8) Early Head Start at Five Points Two, 9) Early Head Start at Waterloo.

H. Assessment Teams

Assessment teams were established based on the Head Start/Early Head Start Management Systems Wheel. "The Head Start management systems wheel is a visual representation of the twelve program management, planning, and oversight systems that are critical to sound program infrastructure and high-quality service delivery. Leadership and governance, the bedrocks of effective management, are depicted as surrounding all twelve systems. Head Start program leadership consists of three key entities: governing body/Tribal Council, Policy Council, and management staff. The governing body/ Tribal Council assume legal and fiscal responsibility for the program, the Policy Council sets direction, and the management staff oversees day-to-day operations. Together they are a powerful force that provides leadership and strategic direction. These management systems are crucial to the effective operation of the services in the inner blue circle which in turn result in quality child and family outcomes".[2]

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[2] Department of Health and Human Services, Administration of Children and Families, Office of Head Start National Center on Program Management and Fiscal Operations (PMFO) 12/2016 Head Start Management Systems Wheel: Five Year Project Period

A total of nine teams formed (five service delivery and four systems). Each team comprised of community representatives, parents of children currently enrolled; board members and staff. Below is a breakdown of each team:

A. Service Delivery
1. **Child Health and Child Nutrition:** Children files review at Centers (Site Visits)
2. **Services to Children with Disabilities & Mental Health Services**: Children files review at Centers (Site Visits)
3. **Family & Community Engagement**: Children files review at Centers (Site Visits)
4. **Services to Pregnant Women**: Families files review at Centers (Home Visits, with permission)
5. **Education & Child Development, Home-Based Services & Transitions Services**: Children files review at Centers, Families' files review at Center (Site Visits & Home-Visits, with permission)

B. Management Systems
6. **Eligibility Recruitment, Selection, Enrollment, Attendance (ERSEA)**: Children files review at Centers (Site Visits)
7. **Environmental Health and Safety & Child Safety:** Children files review at Centers (Site Visits)
8. **Financial and Administrative Management**: Financial records reviews (Main Office)
9. **Program Governance – Human Resources Management – Program Management & Quality Improvement**: Records review (Main Office)

I. File Selection (Children and Staff)
Based on funded enrollment for sites selected for review, 10% of children files were reviewed (135 files including children with disabilities). For employees, 10% personnel records (31 files), with a focus on new staff hired with the past 12 months (January 2016 – January 2017).

J. Assessment Process – A Focus on Data
The goal was to let the data lead the process. An examination of the data revealed strengths, accomplishments, emerging theme(s) and concerns. As the data review process was conducted, teams assessed which data highlighted those strengths; which data highlighted any concerns; which data told the story on the program process in meeting goals and objectives; and what were the patterns or emerging theme(s) assessed across the various data sources. Some examples of primary data reviewed were:
1) Children/Families' Files
2) Community Assessment
3) Results of Federal Monitoring Outcome
4) On-going Monitoring Reports (Site-based and Administrative)
5) Classroom Scoring System (CLASS) Observation Data
6) Program Information Report (PIR)

7) Child Outcome and Family Outcome
8) Governance (meeting minutes, training data, composition, etc.); and
9) Other data sources included: Ohio Department of Job Family Services (ODJFS) Child Care Licensing Reviews, Summit County Public Health Kitchen Inspections, Playground and Classroom Checklists, Health and Safety Checklist (Medication, Drills, etc.), Individualized Education Plans (IEP) & Individualized Family Service Plans (IFSP), and Family Goals Setting Plans.

As applicable, other forms of assessments and reviews included observations, home-visits and interviews – for example:
1) Observations of facilities and classrooms
2) Home visits with families enrolled in Early Head Start Home-based program option
3) Home visits to pregnant women enrolled in Early Head Start Services to Pregnant Women program
4) Observation of Early Head Start Home-based Family Socialization
5) Interviews of parents, staff and volunteers, as applicable.

II. STEERING COMMITTEE

In accordance with the Head Start Act of 2007, the Board of Trustees (Board) has oversight responsibility for the self-assessment. For the local Summit County program, a Steering Committee was established and served as the leadership team for the self-assessment. An ad hoc committee, the steering committee's responsibilities were as follows: 1) Oversight of the self-assessment process, 2) Certification of self-assessment result and improvement plan and 3) Recommendation of results to the Board and Policy Council for approvals. The committee comprised of the board member chair, policy council chair, community representatives, executive director and head start director. The board chair served as the Steering Committee chair and the policy council chair served as the vice chair.

III. RESULTS

A. Program Strengths
Management Systems
- Agency is a low-risk Grantee (Strong financial systems and internal controls)
- Engaged and strong governance (Board of Trustees and Policy Council)
- Strong technology and information systems to support communication, record-keeping and child data tracking for enrollment and assessment
- 41% of current staff are former Head Start parents

Service Delivery and Quality Community Collaborations/Partnerships
- Staff interactions with children and communication with parents
- School readiness engagement with parents, children and community
- Strong parent and community volunteer participation
- Strong community partnerships to support transition and other areas of child development.

Qualified Staff – Credentials and Certification
- 100% degreed Early Head Start Caregiver Teachers (65% with 4-year degrees / 35 with 2-year degrees
- 100% degreed Head Start Teachers (62% with 4-year degrees or higher / 38% with 2-year degrees)
- 42% degreed Head Start Teacher Assistants (26 with 4-year degrees / 16% with 2-year degrees);
- 49% Head Start Teacher Assistants with Child Development Associate (CDA) Certificate
- 53% Social Service staff holds 4-year or 2-year degrees
- 100% of all nutrition staff (cooks, dietary technician, nutrition coordinator) and 100% of all child development center supervisors are all ServSafe Certified (Food Safety and Sanitation)
- 95% of Child Development Center Supervisors and Content Area Coordinators are Classroom Assessment Scoring System (CLASS) Observer Reliable (Teacher/Child quality engagement assessment and Classroom management quality assessment)

Quality Rated Facilities
- Highest quality rated centers (13 of 14 sites Step-Up-to-Quality - SUTQ) rated 5-Star; most 5-Star SUTQ Rated centers in Summit County
- Three sites National Association for the Education of Young Children (NAEYC) Accredited
- Over half (57%) of centers are Ohio Health Programs designated – Created by Ohio Child Care Resource and Referral Association (OCCRRA), the recognition honors programs committed to a healthy environment for young children.

B. Emerging Themes
There were two emerging themes realized during this year's self-assessment: 1) Documentation and 2) record-keeping—both, of which, resulted in one non-compliance and areas of weakness across

Program areas (see Areas of Weaknesses and Area of Non-Compliance).

C. Areas of Weakness/Risk

Area	Applicable Standard	Title of Standard & Description	Reason for Weakness/Risk
Health and Nutrition	Subpart J – Program Management and Quality Improvement 1302.101(4)	Management Systems (4) "…..record keeping system adequate for effective oversight."	**Issue** • During ChildPlus review of information, there were inconsistencies between data found in the children manual files and data found in the Child Plus software tracking system (the manual files were complete and the ChildPlus software data was incomplete (One site, one staff with 50 files) **Evidence** • Child files and ChildPlus data system **Reason** • Data needs to be accurate between files and ChildPlus. Recordkeeping needs to show more efficiency and effectiveness to provide accuracy and timely information regarding children and families

Area	Applicable Standard	Title of Standard & Description	Reason for Weakness/Risk
Family and Community Partnership	**Subpart E – Program Operation 1302.52 (c)(3) Family Partnership Services**	**(c) Individualized Family Partnership Services (3)** Establish and implement a family partnership agreement process that is jointly developed and shared with parents in which staff and families to review individual progress, revise goals, evaluate and track whether identified needs and goals are met, and adjust strategies on an ongoing basis as necessary.	**Issue** • Follow-ups documentation of family strengths and needs assessments following initial enrollment assessment. **Evidence** • Nine (9) of 123 flies reviewed lacked documentation of follow-ups with Strengths and Needs Assessment **Reason** • Documentation was insufficient to support follow ups with Strengths and Needs Assessment
Education	**Subpart J – Program Management and Quality Improvement 1302.101(4)**	**Management Systems (4)** "…..record keeping system adequate for effective oversight."	**Issue** • During review of 123 files, there were several inconsistencies between Home Visit/Parent Teacher Conference dates found in approximately ten files. **Evidence** • Education Child files (Head Start) **Reason** • Data needs to be accurate between files. Recordkeeping needs to show more efficiency and effectiveness to provide accuracy and timely information regarding children and families
	Subpart C- Education and Child Development Program Services 1302.31(e)(3)	**(e)** Promoting learning through approaches to rest, meals, routines, and physical activities **(3)** A program must approach routines such as hand-washing and diapering, and transitions between activities as opportunities strengthening development, learning, and skill growth.	**Issue** • 32 classrooms were observed across the nine sites reviewed. In one classroom in three of the Head Start sites and one classroom in one of the Early Head Start site assessors observed children being asked to wait for longer periods of time to wash hands or transition to the next activity without anything to do, but sit and wait **Evidence** • Classroom Observations (Early Head Start and Head Start) **Reason** • Teachers need to plan activities during transitioning to reduce wait time and behavior issues, to a minimum.

C. Areas of Weakness/Risk Continued

Area	Applicable Standard	Title of Standard & Description	Reason for Weakness/Risk

| Enrollment Recruitment Selection Eligibility Attendance (ERSEA) | Subpart A – ERSEA

1302.12a1i – Determining, verifying, and documenting eligibility | Determining, verifying, and documenting eligibility
(1) Program staff must: (i) Conduct an in-person interview with each family; unless paragraph (a)(2) of this section applies

(a)(2) Program staff may interview the family over the telephone if an in-person interview is not possible or convenient for the family | **Issue**
• Of the 123 files reviewed, two files were missing documentation to indicate the method, in which, the eligibility determination assessment was conducted either in-person or telephone interview.
Evidence
• *Eligibility Verification and Applicant* and the *Eligibility and Enrollment Information Forms* should have been marked to signify the method of assessment (a check box option for the Staff Assessor than s/he to sign and date..this was not done in these two files).
Reason
• Staff failed to document mode of assessment, as required |

D. Area of Non-Compliance

Area	Applicable Standard	Title of Standard & Description	Reason for Non-Compliance
Environmental Health and Safety	Subpart J – Program Management and Quality Improvement 1302.101(4)	Management Systems "…record-keeping system adequate for effective oversight."	**Issue** • During review of 32 medication records (across four of nine sites reviewed) kept in the medication bag and/or locked box that are housed in Head Start classrooms, there were seven (7) incomplete Ohio Department of Job & Family Services (ODJFS) medication staff training forms found (forms indicate awareness of medication housed in bag and that staff had been trained on medication administration should it become necessary). **Evidence** • ODJFS forms in medication bags and/or lock boxes in the classrooms compared to those found in the children files were inconsistent. The same forms found in the children files were completed, as they should be to indicate awareness and trained – staff signed and dated. **Reason** • Data needs to be accurate between medication bags housed in classroom and children files. Record-keeping and documentation needs to show efficiency and effectiveness to provide accurate and timely information regarding children's medication and staff's knowledge, awareness and training.

IV. QUALITY IMPROVEMENT PLAN

A. **Weaknesses/Risks**

WEAKNESS/RISK				
SERVICES – HEALTH AND NUTRITION				
Performance Standards & Regulations	**Describe the Issue**	**Lead Staff Responsible**	**Action Steps**	**Timeframe**
Subpart J – Program Management and Quality Improvement 1302.101(4) Management Systems "…..record keeping system adequate for effective oversight"	**Record-keeping/ Documentation** **Issue** • During ChildPlus review of information, there were inconsistencies between data found in the children manual files and data found in the Child Plus software tracking system (the manual files were complete and the ChildPlus software data was incomplete (one site, one staff who has 50 files) **Evidence** • Child files and ChildPlus data system **Reason** Data needs to be accurate between files and ChildPlus. Recordkeeping needs to show more efficiency and effectiveness to provide accuracy and timely information regarding children and families	Child Development Center Supervisors (Supported by Health and Nutrition Coordinators)	Child Development Center Supervisor will ensure data entry of information into ChildPlus Health and Nutrition Coordinator will check for compliance though ongoing monitoring on a monthly basis	Monthly through May 2017
WEAKNESS/RISK				
SERVICES – FAMILY AND COMMUNITY PARTNERSHIPS				
Performance Standards & Regulations	**Describe the Issue**	**Lead Staff Responsible**	**Action Steps**	**Timeframe**

Performance Standards & Regulations	Describe the Issue	Lead Staff Responsible	Action Steps	Timeframe
Subpart E – Program Operation 1302.52 (c)(3) Family Partnership Services Establish and implement a family partnership agreement process that is jointly developed and shared with parents in which staff and families to review individual progress, revise goals, evaluate and track whether	<u>**Documentation and Follow-up**</u> **Issue** • Follow-ups documentation of family strengths and needs assessments following initial enrollment assessment **Evidence** • Nine (9) of 123 flies reviewed lacked documentation of follow-ups with Strengths and Needs Assessment **Reason** • Documentation was insufficient to support follow ups	Family Development Coordinator (Supported by Child Development Center Supervisors)	Strengthen staff's ability for documentation and follow-up by: 1) Review with staff the guidance for Strengths and Needs with Family Support Specialists 2) Review with staff the guidance for Strengths and Needs with Supervisors 3) Individualize instruction with Family Support Specialists based on need 4) Create talking points related to categories on Strengths and Needs document for use by Family Support Specialists when discussing with parent 5) Review/revise format of Strengths and Needs document and staff responsible for completion	1) Family Support Focus Group February 13, 2017 2) Supervisor meeting February 22, 2017 3) Ongoing through July 2017 4) February 2017 5) June 2017

WEAKNESS/RISK	

SERVICES – EDUCATION				
Performance Standards & Regulations	**Describe the Issue**	**Lead Staff Responsible**	**Action Steps**	**Timeframe**
Subpart C- Education and Child Development Program Services 1302.31(e)(3) (e) Promoting learning through approaches to rest, meals, routines, and physical activities (3) A program must approach routines such as hand-washing and diapering, and transitions between activities as opportunities strengthening development, learning, and skill growth	<u>**Routines/Transitions**</u> **Issue** • 32 classrooms were observed across the nine sites reviewed. In one classroom in three of the Head Start sites and one classroom in one of the Early Head Start site assessors observed children being asked to wait for longer periods of time to wash hands or transition to the next activity without anything to do, but sit and wait **Evidence** • Classroom Observations (Early Head Start and Head Start) **Reason** • Teachers need to plan activities during transitioning to reduce wait time and to keep behavior issues to a minimum	Education Coordinator (Supported by Child Development Center- CDC Supervisors)	Conduct training for Teaching Staff and CDC Supervisors Ongoing monitoring of classrooms during transition and conduct Classroom Assessment Scoring System (CLASS) observations to evaluate the "productivity" during transition	April 2017 September 2017

WEAKNESS/RISK	

SERVICES – EDUCATION				
Performance Standards & Regulations	**Describe the Issue**	**Lead Staff Responsible**	**Action Steps**	**Timeframe**
Subpart J – Program Management and Quality Improvement 1302.101(4) Management Systems "…..record keeping system adequate for effective oversight"	**Recordkeeping/ Documentation** **Issue** • During review of 123 files, there were several inconsistencies between Home Visit/Parent Teacher Conference dates found in approximately ten files **Evidence** • Education Child files (Head Start) **Reason** • Data needs to be accurate between files; Recordkeeping needs to show more efficiency and effectiveness to provide a c c u r a c y a n d t i m e l y information regarding children and families	Education Coordinator (Supported by Child Development Center-CDC Supervisor)	Conduct Component training for Teaching Staff Ongoing monitoring of education files	April 2017 September 2017

WEAKNESS/RISK				
MANAGEMENT SYSTEMS – ENROLLMENT, RECRUITMENT, SELECTION, ELIGIBILITY, ATTENDANCE				
Performance Standards & Regulations	**Describe the Issue**	**Lead Staff Responsible**	**Action Steps**	**Timeframe**

Subpart A – Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) **1302.12a1i – Determining, verifying, and documenting eligibility** (3) Program staff must: (i) Conduct an in-person interview with each family; unless paragraph (a)(2) of this section applies (a)(2) Program staff may interview the family over the telephone if an in-person interview is not possible or convenient for the family	**Documentation** **Issue** • Of the 123 files reviewed, two files were missing documentation to indicate the method, in which, the eligibility determination assessment was conducted either in-person or telephone interview **Evidence** • *Eligibility Verification and Applicant* and the *Eligibility and Enrollment Information Forms* should have been marked to signify the method of assessment (a check box option for the Staff Assessor than s/he to sign and date..this was not done in these two files) **Reason** • Staff failed to document mode of assessment, as required	Recruitment and Enrollment Administrator	Documentation in files during review Ongoing monitoring to ensure compliance (at time of assessment)	Files corrected 02/03/2017 March – May 2017

B.   Non-Compliance

NON-COMPLIANCE

MANAGEMENT SYSTEMS – ENVIRNOMENTAL HEALTH AND SAFETY				
Performance Standards & Regulations	**Describe the Issue**	**Lead Staff Responsible**	**Action Steps**	**Timeframe**
Subpart J – Program Management and Quality Improvement 1302.101(4) Management Systems "…record-keeping system adequate for effective oversight"	**Record-keeping/ Documentation** **Issue** • During review of 32 medication records (across four of nine sites reviewed) kept in the medication bag and/or locked box that are housed in Head Start classrooms, there were seven (7) incomplete Ohio Department of Job & Family Services (ODJFS) medication staff training forms found (forms indicate awareness of medication housed in bag and that staff had been trained on medication administration should it become necessary) **Evidence** • ODJFS forms in medication bags and/or lock boxes in the classrooms compared to those found in the children files were inconsistent. The same forms found in the children files were completed, as they should be to indicate awareness and trained – staff signed and dated **Reason** Data needs to be accurate between medication bags housed in classroom and children files. Record-keeping and documentation needs to show efficiency and effectiveness to provide accurate and timely information regarding children's medication and staff's knowledge, awareness and training	Child Development Center (CDC) Supervisors (Supported by: Health Coordinator)	1. Site Supervisors must review and approve all medication documents for completion and accuracy prior to documents being copied to be placed in child's file and classroom medication bags and/or lock boxes 2. Update Monthly On-going Monitoring Report tracking form to include a column for "Classroom documentation" to ensure documents in the classroom match what is in the file	March 2017 May 2017

Improved Outcomes for Children and Families

James Arnold
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Approvals/Certification
Board of Trustees Approval: 02/23/2017
Policy Council Approval: 02/21/2017
Steering Committee Certification: 02/08/2017