Olympic Educational Services District 114 (Olympic ESD 114) is a regional educational agency operating Head Start and Early Head Start and Early Head Start Child Care Partnerships through center-based, home-based, and family child care options. We serve 157 children in Early Head Start that includes prenatal families and infants ages birth to 3 years old, 134 children ages 3 - 5 in Head Start, and 44 children in Child Care Partnerships. Olympic ESD 114 is part of a formal partnership with the Port Gamble S’Klallam Tribe, Suquamish Tribe, and Kitsap Community Resources to coordinate Head Start services in Kitsap County.

Olympic Educational Services District 114 Head Start/Early Head Start Program has five broad goals for our five-year project period:

Goal 1: Increased access to high quality comprehensive services for pregnant parents, infants, toddlers and preschool-age children with a focus on under- or un-serviced populations.

Goal 2: Program will provide increased awareness of community services through a variety of positive family engagement opportunities to support continued growth.

Goal 3: Program will form strategic alliances within the community to support and sustain program services including providing technical assistance and outreach.

Goal 4: All staff, volunteers and substitute staff will be provided training and focused supervision to ensure positive relationships and effective health and safety practices are implemented.
**CONTEXT FOR SELF-ASSESSMENT**

1. The leadership team came together to review the Self-Assessment process at the beginning of the year. Time was spent reviewing the process as well as following up with the action items that were developed. The 2018-2019 Self-Assessment had these key recommendations to focus on during the 2019-2020 program year. The following reflects the focus areas and indicators of how the focus areas are being addressed:

   - Alignment of new state WACs to policies, procedures, forms, and work plans.
     - Policies and Procedures have been at the forefront of our program’s systemic work. During the 2018-2019 program year, we aligned the new performance standards and took a deep dive into any gaps that might exist in current program policies and procedures and to ensure sure they are closed.
   - Create a program-wide system for supporting Dual Language Learners (DLL) and their families.
     - During the 2019-2020 program year our team will continue the DLL taskforce who supported the creation of a program-wide DLL model. Using models from Head Start as exemplars the workgroup created program procedures that enhance capacity and strengthens professional growth to enhance work with DLL children and families. The DLL taskforce presented to all staff spring 2019 and full implementation will occur fall 2019.
   - Create a focused and intentional system of alignment for a birth to age 5 educational approaches.
     - During the 2018-2019 program year our team continued to find opportunities to align our services and approaches to reflect a birth to age 5 model. Content specialists did joint meetings, consultants worked with B-5 staff collectively, and processes were reviewed to ensure coherence. During the 2019-2020 program year a full strategic planning process will occur and the birth to 5 program focus will be a high priority.
   - Implement a new program-wide approach to supporting family self-sufficiency.
     - During the 2018-2019 program year Family advocates and staff were trained on how to implement a new family self-sufficiency model (Mobility Mentoring) that is aligned to the PCFE framework. This model was implemented program-wide for all families enrolled. Staff received ongoing training and support throughout the first year of implementation that included Motivational Interviewing, Reflective Supervision, and ChildPlus data entry. During the 2019-2020 program year new staff will be trained and additional alignment work will occur within our data management systems.
   - Increase enrollment and maintain an active waitlist.
     - Through a program reorganization, there will be two enrollment coordinators who will complete the majority of the face to face eligibility meetings with parents. The program continues to increase the waitlist and expedite the enrollment process. Additionally, two recruitment coordinators were hired with the responsibility of recruitment for the entire program. Through this, a systems approach was developed to support active recruitment.
   - Refinement of the current monitoring system to align with the implementation of our new ChildPlus database.
     - As part of our ongoing monitoring, we analyzed monthly report summaries from ChildPlus which has highlighted the importance of timely data entry. Staff were trained on the program-wide monitoring procedure as well as timelines, data entry requirements, and individual/site-based monitoring. Continued ChildPlus help sessions were provided throughout the year as well as one on one sessions to meet the needs of individual staff. This process allowed us to be more intentional and meaningful in our data collection and monitoring to produce guided information for program success and improvement.
   - Continued review of training offerings and workforce development opportunities to ensure we are meeting the differentiated needs of staff.
     - During the fall of 2018-2019 leadership team met and reviewed every staff member’s individual goal setting form. Themes were identified and were aligned to the existing yearlong training plan. It was determined that the training offerings were aligned to the needs identified by staff. Additionally, during the spring staff satisfaction survey, 87% of staff felt supported and adequately trained to do their roles.

2. We then prioritized the items from our community assessment and ongoing monitoring summaries and data collection. We came up with the following items for the 2019-2020 Self-Assessment and questions to consider:
<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Questions to Consider</th>
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| Dual Language Learners   | • *How will we monitor the implementation* of a research-based best practices program-wide to enhance child development outcomes for Dual Language Learners?  
  • *How do we build the capacity and confidence* of staff to meet the needs of Dual Language Learners?  
  • What are the key teaching practices to focus on? Which tools are available to support practice?  
  • Where can we continue to reach out within the community to intensify our recruitment of Dual Language Learners?                                                                                                                                                                        |
| Mobility Mentoring       | (Year 3) • *What needs to be monitored* to ensure effective implementation?  
  • What continued training will staff need to implement Mobility Mentoring to fidelity? What is the frequency of this training and follow-up? How will new staff obtain the same level of training offered during the first year of implementation?  
  • How will we ensure drift in practice doesn’t occur?                                                                                                                                                                                                                                         |
| Birth to 5              | continuum of alignment (Year 2) • How can we continue to improve and streamline our systems and processes?  
  • *How can we ensure* curriculum, assessment, and screening *fidelity*?  
  • How do we build a system and common approaches and communication that is continuous for families?  
  • How do we ensure alignment or coordination with the *new State WACs* for licensing, Early Achievers, and ECEAP?                                                                                                                                                                      |
| ChildPlus               | Monitoring • How will we refine our new ChildPlus database to *maximize our monitoring process*?  
  • How will we ensure that data collected in ChildPlus is accurately reported in ELMS (state required database)? How can we support the reduction of duplication?  
  • How do we ensure that we are monitoring the data the program finds most beneficial? What reports will leadership use consistently to monitor 2x/month?  
  • How do we ensure that we are meeting our timelines for data monitoring? What will be the *follow-up process* for staff and leadership?                                                                                                                                                   |
| Attendance               | And Enrollment • What systems and approaches need to be implemented in order to *increase the frequency of children’s and families’ attendance* in program offerings?  
  • Are children transitioning from EHS to HS and completing the program? Does program completion and attendance correlate with improved outcomes for individual children?  
  • Has caseload turnover been a result of decreased attendance?  
  • How do we *actively recruit* in order to ensure full enrollment?                                                                                                                                                                                                                       |
| Training and             | Technical Assistance • How will training be *focused on staff’s needs* for additional support and guidance in having crucial conversations with families regarding adult mental health, family incarceration, domestic violence, and healthy eating habits?  
  • How will we continue to provide T/TA to staff needing additional support with *approaching challenging behaviors* within the classroom?  
  • What approaches need to be implemented to increase our EHS substitute pool?                                                                                                                                                                                                                 |
| Parent, Family           | and Father Engagement • What additional strategies can be implemented to increase parent/family engagement?  
  • What approaches could be implemented to increase the *presence of “fathers”* within the program? What would fathers say is the best way for them to be included?  
  • What will be the impact of having multiple joint Policy Council and HAC meetings?  
  • Are *additional parent workshops* needed due to the current high demand and attendance?                                                                                                                                                                                                 |
## SECTION 2. METHODOLOGY

<table>
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<tr>
<th>Date</th>
<th>Action</th>
<th>Purpose</th>
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</table>
| November 2019   | Leadership Team meeting                                                | • Developed SA plan with tasks and timelines.  
• Based on the data in our Strategic Plan, Action Plan, and Ongoing Monitoring, recommended the following areas of discussion:  
  ▪ Dual Language Learners  
  ▪ Mobility Mentoring  
  ▪ Birth to 5 Continuum Alignment  
  ▪ Child Plus Monitoring  
  ▪ Attendance and Enrollment  
  ▪ Training and Technical Assistance  
  ▪ Parent, Family and Father Engagement  
• Team members include: Director, Content Area Program Managers, Policy Council, Program Staff, Parents, and Community Representatives |
• Reviewed/updated last year’s Action Plan and discussed focus areas for this year’s SA. |
| January-February 2020 | Completed 5 year Strategic Planning Process                      | • Engaged in 4 days of strategic planning – developed new 5-year program-wide goals for 2020-2025  
• Team members include: director, program managers, program staff |
| January-March 2020 | Staff Survey  
*this process was modified due to COVID-19 | • Program survey was created to be focused on content areas concerning T/TA needs and planning. Survey content:  
  ▪ Health  
  ▪ Education  
  ▪ Family Services  
  ▪ Training and Technical Assistance  
  ▪ Vision, Mission, Professionalism, Strengths and Growth Areas  
• Parent and Community Member survey was created to include a customer satisfaction survey as well as key survey questions from our community assessment. |
| April-May 2020  | Complete Parent Surveys  
*this process was modified due to COVID-19 | • Parents can contribute input into the quality of services and educational outcomes from the year that their families and children have experienced. Also drives data to show what areas of improvement are needed and what services are missing based on needs. We have added increased questions from our community assessment and customer satisfaction survey to create one survey that produces great data and increased participation through electronic submission. Surveys will be distributed electronically via ChildPlus and are also available in paper version (and supported with interpretative services). |
June-August 2020

<table>
<thead>
<tr>
<th>Development of Self-Assessment Team Meetings</th>
<th>Obtain Approvals</th>
</tr>
</thead>
</table>

- Self-Assessment is organized into common themes and recommendations are made for the development of Self-Assessment report.
- Systematic issues are explored and progress on goals and objectives are examined. Information is synthesized, leadership team reviews and analyzes results, and Action Plans are created by identifying corrective actions and recommended changes.
- Share and receive governing board Approval of Self-Assessment Report and Action Plan.

Ongoing

<table>
<thead>
<tr>
<th>Dual Language Learners</th>
<th>Mobility Mentoring</th>
<th>Birth to 5 Continuum</th>
<th>Alignment</th>
<th>Child Plus Monitoring</th>
<th>Attendance and Enrollment</th>
<th>Training and Technical Assistance</th>
<th>Parent, Family and Father Engagement</th>
</tr>
</thead>
</table>

- Ongoing meetings with teams to discuss these topics and develop plans for implementation of systemic improvements.
- Ongoing collection of data:
  - PIR
  - CLASS/HOVRSPICCOLO
  - Health
  - Budget
  - Family Engagement
  - School Readiness Data
  - Health and Safety Checks
  - Fidelity Checks
  - Observations
  - Surveys

Section 3. Key Insights

Strengths

- Our program continues to be an exemplar for meeting and exceeding performance standards. We are knowledgeable, reliable, and responsive to the needs of our community and how to best meet those needs as a steward of Head Start. We are forward-thinking and innovative in our approaches in order to maximize and efficiently provide comprehensive care to families and children and continually make changes to meet the needs of our community as well as the requirements put forth.

- Workforce development and training continues to be a strength of our program. As a spotlight this year at the National Head Start conference, we were able to showcase the multitude of methods used to support and enhance our staff’s capacity and confidence in their roles. All staff receive ample training and ongoing coaching in their area of expertise, have opportunities to engage in book studies and learning walks, create and monitor personal and professional growth goals and have the opportunity to engage in reflective supervision practices monthly. Our Training and Technical Assistance plan is created based on staff feedback and highlights those areas they feel would most benefit them professionally. We continue to align our professional development offerings to our broad overarching goals to ensure continuity within our work.

- Health continues to be an area of excellence. This year our incident report process was imbedded into ChildPlus (our new data management system). This alignment allowed for more timely data entry which results in timely responses to incidents. Our registered dietician also increased her support to staff and families with individualized nutrition needs. Health data was reviewed at policy council and HAC regularly which promoted families providing thoughtful strategies to support children and family wellness in their local communities. Family advocates were trained on prenatal services and four Family Advocates fully transitioned from Health Nutrition Advocate to the role of Family Advocate.

Head Start Self-Assessment 2019-2020
✓ We had another strong year with Policy Council, Health Advisory, and Parent Education participation from parents throughout the program. We continue to hold joint Policy Council and Health Advisory Meeting together with a large parent and community turnout. This results in rich conversation around how these two groups as well as the other entities of our program all work together. As part of this joint meeting, we were able to discuss roles and responsibilities as well as similarities and strengths and how they all support one another. We offer monthly Parent Workshops with a focus on social-emotional well-being. All of the workshops were very well attended by parents and there was a large core group that attended all of the workshops. This increased family engagement outcomes for family connections to peers and community and families as learners.

✓ We have strong community partnerships, which continue to enhance our ability to meet diverse family needs. A new and growing partnership is with the Department of Children and Family Services. We have been spotlighted by the state as one of the few currently engaged in a partnership with DCFS supporting families in receiving additional home-based services as part of the parent reunification process. Additionally, we have partnerships with the Health District, the Community Service Office, Part C and B providers, school districts, Parent Child Assistance Program (PCAP), Kitsap Immigrant Assistance Center, and close to 90 additional partnerships.

✓ Our program continues to implement a Positive Behavioral Support Plan policy that aids in supporting staff and families when challenging behaviors are present. Our mental health referral process and our program’s mental health consultant also support this process. Through mental health consultation services families, children and staff are supported in meeting, at times, complex family and child developmental needs.

✓ Child outcomes continue to be a strength of our program. Data consistently demonstrates that children within our program are meeting and exceeding state and national norms (and/or are making sustainable growth from fall to spring data collection periods). Our school readiness data shows that children within our program are entering Kindergarten ready and are meeting or exceeding the state in 5 of the 6 measurement areas.

**SYSTEMIC CHALLENGES**

✓ Meeting the needs of Dual Language Learners and their families.

✓ Need to align new state standards with policies and procedures.

✓ Need for refinement of monitoring system based on implementation of new ChildPlus database.

✓ Continued alignment of education processes to ensure a birth to age 5 continuum of approaches and fidelity.

✓ Increase intentional follow up with families around attendance to support increased child individual attendance.

✓ Increase our substitute and volunteer pool; intentional focus on Early Head Start home-based.

✓ Ensuring full enrollment and an active waitlist.

Head Start Self-Assessment 2019-2020
PROGRESS IN MEETING OUR GOALS AND OBJECTIVES:

<table>
<thead>
<tr>
<th>Goal</th>
<th>Status</th>
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</table>
| Increase access to high-quality comprehensive services for pregnant parents, infants, toddlers, and preschool-age children with a focus on under- or unserved populations. | • Partnership with DCFS, Open Doors  
• Opportunities to connect with immigration center and homeless agencies, tribal/migrant populations and health district for prenatal families  
• Provided additional side by side TTA in partnership program  
• Implement Play and Learn groups at local CSO |
| Program will provide a variety of opportunities for positive family engagement and links to services in the community to support continued growth. | • Mother read/Father read events held at site locations  
• Parent education held monthly  
• Implementation of Facebook  
• Mobility Mentoring |
| Program will form strategic alliances within the community to support and sustain program services including providing technical assistance and outreach. | • Currently have over 90 community partnerships  
• Coalition work with innovation network to create new opportunities  
• Collaboration with Early Achievers and Child Care Action Council  
• Joint trainings held with part B/C community providers  
• Participation in local and regional workgroups to support early childhood education (Graduate Kitsap, Fellows, ECEAP Workgroup)  
• District trainings on Child Find  
• Continue to be a Shared Services provided for the region |
| All staff, volunteers, and substitute staff will be provided training and focused supervision to ensure positive relationships and effective health and safety practices are implemented. | • Case consultation facilitated by internal mental health consultant  
• Coordinated coaching model  
• Robust sub management system  
• Curriculum to fidelity  
• Training opportunities: Substance abuse, curriculum/assessment, poverty, environments, positive guidance, family engagement, book studies, learning walks, regional trainings, enhanced substitute orientation. |

SECTION 4. RECOMMENDATIONS

These recommendations encompass the categories identified as systemic challenges, and/or innovations:

• Create and refine our program-wide recruitment plan.
• Increase intentional and meaningful family engagement opportunities. Identify with families’ ways to increase engagement.
• Create increased alignment between educational approaches to enhance a true birth to age five model. This focus will include curriculum and assessment fidelity and ease of family transition.
• Refine our program-wide professional development system to include the effective use of a learning management system.
<table>
<thead>
<tr>
<th>GOAL AREA</th>
<th>PLAN</th>
<th>PROJECTED DATE OF COMPLETION</th>
<th>PERSON/PEOPLE RESPONSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create a comprehensive recruitment system.</td>
<td>Analyze Recruitment efforts monthly based on the number of referrals and applications completed. Utilize ChildPlus Communication tools program-wide to increase recruitment and enrollment. Create an ERSEA webinar via SafeSchools for orientation and annual updates.</td>
<td>Spring 2021</td>
<td>ERSEA Team</td>
</tr>
<tr>
<td>Create a Family Engagement Workgroup that includes different program component areas.</td>
<td></td>
<td>Fall 2020</td>
<td>Family and Health Program Manager</td>
</tr>
<tr>
<td>Create focused and intentional system of alignment for a birth to age 5 educational approaches.</td>
<td></td>
<td>Ongoing</td>
<td>Director, Program Managers and Coordinator Assistants</td>
</tr>
<tr>
<td>Increased community awareness of our prenatal to age 5 services</td>
<td>Hold Community Luncheon 2x/year for partners and community. Finalize Department Partnership Document to identify who direct contacts are, who is responsible for continued coordination and communication with specific partners, when meetings occur, who attends meetings, and who is responsible for securing and overseeing MOUs.</td>
<td>Ongoing</td>
<td>Director, Program Managers, Recruitment Coordinators</td>
</tr>
<tr>
<td>Increase waitlist and maintain enrollment.</td>
<td>Increase recruitment and program-wide system of approach full enrollment.</td>
<td>Ongoing – maintain full enrollment (97% or higher)</td>
<td>ERSEA Program Managers – All Staff</td>
</tr>
<tr>
<td>Continued refinement of current monitoring system to align with the implementation of our new ChildPlus database</td>
<td>Fully implement ChildPlus and ensure effective implementation through ongoing monitoring. Accurately report state data into ELMS through the use of ChildPlus. (Goal: go paperless)</td>
<td>Ongoing</td>
<td>Director, Program Managers, Data and Operations Coordinator Assistant and Data Administrative Assistant</td>
</tr>
<tr>
<td>Continued review of training offerings and workforce development opportunities to ensure they are meeting the differentiated needs of staff</td>
<td>Provide training and opportunities throughout the year that align with staff feedback on T/TA needs. These opportunities can be through the program or at regional options. Create a program-wide professional development plan with multiple methods of delivering prenatal to age 5 professional development driven by staff input data.</td>
<td>Ongoing – Spring 2020</td>
<td>Director and Program Managers</td>
</tr>
</tbody>
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