

Olympic Educational Services District 114 Head Start/Early Head Start Program

Self-Assessment Report

Date:
2016-2017

Section 1. Introduction

Program description

Olympic Educational Service 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 pre-natal 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. As of June 2017 the program served over 475 ; 183 Head Start and 292 Early Head Start with the full year program continuing to enroll through the end of the program year July 31, 2017.

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

- Goal 1: Provide high quality comprehensive services to infants, toddlers, pregnant parents and pre-school aged children including home visiting services with a focus on under-or-unserved populations.
- Goal 2: Program will provide a variety of opportunities for positive family engagement and links to services in the community 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: Program will encourage a supportive work environment for all staff and volunteers by providing robust training, focused supervision, and ample substitute staff program.

Context for Self-Assessment

1. The leadership team came together to review the Self-Assessment 2015-2016 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. Last year's Self-Assessment had these key recommendations:
 - Create an organizational structure that allows for streamlined, efficient work load to better serve children, families, and staff.
 - Revise procedure and forms manual to allow staff access to the most up to date forms.
 - Align assessments and job responsibilities within the EHS Child Care Partnerships and Child Care Connections Program.
 - Create a training plan that focuses on newly hired staff receiving required trainings regardless of what time of the year they are hired.
 - Implement program wide system of pick up alert system so it is consistent across all classrooms in the program.
 - Revise the budget coding for operational funds and parent activity funds.

2. Policies and Procedures have been at the forefront of our programs systemic work and is an extension of our work from our previous years self-assessment. This year the intent will be to align with the new performance standards and take a deep dive into any gaps that might exist in current program policies and procedures and make sure they are closed with connection to our work plans.

3. As part of our ongoing monitoring we reviewed quarterly report summaries and took time to highlight any important strengths and growth items that were happening. Through the process questions arose of how efficiently monitoring is being done and if the systemic approach is helpful to the information we are wanting to gather. The program has found a

need to revise our monitoring system and has held workgroups to discuss how and what content areas are monitoring and will have a monitoring planning meeting with our TA specialist. This process will allow us to be more intentional and meaningful in our data collection and monitoring to produce guided information for program success and improvement.

4. As an extension from last year's self-assessment we have aligned our Strategic planning goals with our 5 year grant goals with the intention to see if there are areas that our program needs to focus on based on current needs. The program will complete a SWOT activity to determine strengths, weakness, opportunities, and threats. We want to look at the areas of opportunity while being aware of upcoming federal decisions that might affect our population and our work with families and children.

5. Our Early Head Start team took a dive into the new performance standards and found a need to look into creating a coaching model. Using our excellent model from our Head Start team around coaching a workgroup was created with participants that included Home Visitors, Head Start Coaches, Program Managers, Site Supervisors, and Center based staff. The intent is to create a coaching cycle for the EHS team that enhances capacity and strengthens professional growth to enhance work with children and families.

6. 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 Self-Assessment team to consider:

Subgroup	Questions to Consider
EHS Coaching Model/ Coaching to Fidelity	<ul style="list-style-type: none"> ● How can we improve a streamlined focus of coaching? ● What are the coaches role/duty and are responsibilities clearly mapped out? ● What are the key teaching practices to focus to? ● Which tools are used to aid in coaching? ● Which trainings are attended to maintain coaching fidelity?
Policies, Procedures and Forms	<ul style="list-style-type: none"> ● What systems are in place to maintain these files? ● Do work plans have policies and procedures as evidence? ● Are there policies for the procedures we have in place? ● Do we need to create implementation of new policy and procedures based on new performance standards? ● What is the most effective form of dispersing program policy, procedure and forms so all staff have the most up to date copy throughout the year? ● Can forms be designed in a way to spark more intentional conversations between staff and families?
EHS and HS Child Care Partnerships	<ul style="list-style-type: none"> ● What kind of feedback are we getting from providers around implementation of program support services? ● How can we ensure curriculum fidelity and aligning all licensing structures? ● What are the strengths and challenges of each of the partnerships?
Monitoring	<ul style="list-style-type: none"> ● Is there a monitoring plan that shows who/what/ and how monitoring takes place? ● Are we monitoring the data the program finds most beneficial? ● Why are we monitoring the specific data that we are?

Subgroup	Questions to Consider
<p>Frequency and Duration of Child Outcomes</p>	<ul style="list-style-type: none"> ● Have our efforts to contact parents when children are late or absent increased frequency of children attending? ● Are children transition from EHS to HS and completing the program? ● Has case load turnover impacted child outcomes? ● Does program completion correlate with improved outcomes for individual children?
<p>Training and Technical Assistance</p>	<ul style="list-style-type: none"> ● How can having split content area trainings become more individualized to senior staff members so that their professional development is continually being addressed with relevant training? ● How can an A and B training model enhance this effort? ● Are we providing relevant and needed content area trainings to our staff? What are our strengths? What are the challenges? How can we improve?
<p>Safety</p>	<ul style="list-style-type: none"> ● How can positive guidance be refreshed during the year to maintain active supervision safety protocol? ● Are schools informed of pick up alerts and health alerts in case of natural disasters or other emergent cases? ● Do our sites that are not housed in schools create active shooter, and natural disaster emergency plans? ● What strengths have we seen and what challenges have occurred in regards to Health and Safety?

Section 2. Methodology

Date	Action	Purpose
November 2016	Leadership Team meeting	<ul style="list-style-type: none"> ● Developed SA plan with tasks and timelines. ● Based on the data in our Strategic Plan, Action Plan and Ongoing Monitoring forms, recommended the following areas of discussion: <ul style="list-style-type: none"> ○ EHS Coaching Model/ Coaching to Fidelity ○ Policies/Procedures/Forms (ongoing) ○ Frequency and Duration of Child Outcomes (ongoing) ○ T/TA plans for staff ○ Monitoring ○ Safety ● Team members include: Director, Assistant Director, Content Area Program Managers, Policy Council, Program Staff, and a total of 184 Program Staff, Parents and Community Representatives
December 2016	Policy Council and Governing Board Approval of timeline, School Readiness Data Analysis and Planning, Update to 2014-2015 Action Plan.	<ul style="list-style-type: none"> ● Policy Council/Governing Board approved the timeline/methodology for this year's Self-Assessment. ● Reviewed/updated last year's Action Plan and discussed focus areas for this year's SA. ● Team came together to analyze School Readiness data.

<p>January- March 2017</p>	<p>Content Area Surveys out to Teams.</p> <p>Pulse Survey</p>	<p>This year's surveys were created to be focused on content area with regards to T/TA needs and planning. Teams included:</p> <ul style="list-style-type: none"> ● Health ● Policy Council ● Pre- School Classrooms ● Family Services ● Home Based ● EHS Center Based ● Health Advisory Committee <p>Pulse Survey taken with focus around program strengths, comfort levels and areas of improvement. In addition our Parent and Community Member survey was created to include a customer satisfaction survey as well as key survey questions from our community assessment, which created a longer survey but produced quality data and had a positive response from participants.</p>
<p>February- May 2017</p>	<p>Analyze/Synthesize Health/Safety Observation</p>	<p>To gage the quality of our health and safety throughout the program. A time where the team can see whether policies and procedures in place are working or if modifications need to be made. Assures compliance with performance standards.</p>
<p>April – May 2016</p>	<p>Complete Parent Surveys</p>	<p>Parents are able to 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. This year we have added increased questions from our community assessment and customer satisfaction survey to create one survey that produced great data and was positively received by participants.</p>

June 2017	Development of Self-Assessment Team Meetings Approvals	Self-Assessment is organized into common themes and recommendations are made for development of Self-Assessment report. Share and receive governing board Approval of Self-Assessment Report
Ongoing	EHS Coaching/Coaching to Fidelity, Policies/Procedures/Forms, Frequency/Duration of child outcomes Monitor and Assess progress in implementing Action Plans.	Ongoing meetings with teams to discuss these topics and develop plans to implementation of systemic improvements.
May 2017	Focus Areas, Collect Data on PIR, CLASS, file reviews, health deadlines, Budget Coding, EHS CCP alignment of services	Systematic issues are explored, progress on goals and objectives are examined. Team synthesizes information, leadership team reviews and analyzes results, Systems are put into place, and Action Plans are created by identifying corrective actions and recommended changes. Policy Council and OESD Board Approval

Section 3. Key Insights

Strengths

- ✓ Our EHS Child Care Partnership Program has supported community providers this year to expand their capacity to provide services. Providers are feeling empowered to expand their services and we are seeing home providers start to open up center based programming in the community to reach more children.
- ✓ Classroom teachers and Health Advocates were trained by our community partner Kitsap Public Health District (KPHD) on the importance of healthy active living, impact on children and families health and the different ways to incorporate 5210 in the classroom using the 5210 resources guide created by KPHD. 5210 activities were implemented into classrooms intentionally plan for physical activity and nutrition experiences in the classroom and information was shared with families.
- ✓ We had a strong year with Policy Council active participation from parents throughout the program. In addition, we held our first joint Policy Council and Health Advisory Meeting together with a large parent and community turnout. This resulted 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.
- ✓ Our system of having one person that completes the majority of the face to face eligibility meetings with parents has allowed the program to increase the wait list. It has also allowed direct service staff to focus on starting children in the classroom as soon as possible.
- ✓ The program has implemented a new hiring procedure this year that has strengthened our system of onboarding open positions. This year we have been able to fill many open positions in a timely fashion and place people in key program support positions.
- ✓ Our program has also implemented a Positive Behavioral Support Plan policy that aids in the mental health services being received for children. We have contracted with a

new mental health consultant this year to devote more time with feedback in supporting children and families in our program.

- ✓ 2015-2016 Health observations identified parent pick up alert program procedures as an area for growth. As a result, the pick-up alert procedure was updated to reflect program follow-up instructions for guardians that identify “Special Instructions” or “Restraining Order” on Emergency Care Forms. 2016-2017 Fall Health Observations noted the updated procedure is effective in providing a unified system for maintaining pick-up alerts. Additional change to the system has also been identified so Direct Service Staff and their supervisors are closely monitoring changes and updates as needed.
- ✓ Practice Based Coaching and the work of the two coaches that we have in place. In addition, our new Classroom Supervision model has shown positive feedback with more dedicated supports to staff.
- ✓ We offered 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 which increased family engagement outcomes for family connections to peers and community and families as learners. (taken from FPCE Framework) their supportive social networks and peer connections.

Systemic Issues

- ✓ Need to align new performance standards with work plans, policies and procedures.
Gaps have been identified where procedures did not have policies and were not attached to work plans. Work has been in process all year to complete all new alignment and connect each policy, procedure and work plan together.
- ✓ Need for new staff evaluation and goal setting procedure and system.
- ✓ Need for a monitoring system update, TA work group will establish this.
- ✓ Need a new EHS Coaching Cycle with procedure, observation forms, and

outlines responsibilities.

- ✓ System to maintain new performance standard requirement of Portable Background check hiring process.
- ✓ Increase intentional planning in classrooms using healthy eating and active living resources and strategies.
- ✓ Increase intentional follow up with families around attendance to support increased child individual attendance.
- ✓ Increase our substitute and volunteer pool.
- ✓ Incident reports are currently collected monthly by Health Program Manager. The current system does not allow for classroom teams to review monthly incident reports for trends and follow-up.
- ✓ Continue working on Adult-Child interactions by actively learning about child interests and incorporating more child generated ideas into weekly planning.

Progress in meeting our goals and objectives

Goal	Status
Provide high quality comprehensive services to infants, toddlers, pregnant parents and pre-school aged children including home visiting services with a focus on under-or-unserved populations.	<ul style="list-style-type: none">• Partnership with DCFS• Provider trainings to include: ACES, Substance abuse, creative curriculum, environmental setup, positive guidance.• Opportunities to connect with immigration center and homeless agencies, tribal/migrant populations, deaf community• Provided additional side by side TTA in partnership program

<p>Program will provide a variety of opportunities for positive family engagement and links to services in the community to support continued growth.</p>	<ul style="list-style-type: none"> ● Meetings with regional libraries ● Mother read/Father read events ● Parent trainings ● Inquiry into social media ● Book bags to increase 20 minutes read a day
<p>Program will form Strategic alliances within the community to support and sustain program services including providing technical assistance and outreach.</p>	<ul style="list-style-type: none"> ● Coalition partner with WAKIDS/Ready for K ● Coalition work with innovation network to create new opportunities ● Coalition partner with YMCA homeless families. ● Collaboration with Early Achievers ● Special education partners invited to trainings ● Opened all staff to school district partners ● District trainings on child find.
<p>Program will encourage a supportive work environment for all staff and volunteers by providing robust training, focused supervision and an ample substitute staff program.</p>	<ul style="list-style-type: none"> ● Need to increase substitute recruiting and pool. ● New supervision model created ● Case consultation facilitated by internal mental health consultant ● CCP TTA monthly P.D ● Preschool coordinated coaching model ● New process for sub management system ● New performance standard trainings

Section 4. Recommendations

These recommendations encompass the categories of progress on goals and objectives, systemic issues, and/or innovations.

- Create an EHS Coaching structure that allows for streamlined, efficient observation to better enhance staff capacity to implement fidelity with curriculum.
- Create Policies, Procedures, Forms and Work Plans that align with new performance standards and program needs.
- Create monitoring system that focus on intentional program data and a system that identifies the who and what each content area is monitoring with our TA workgroup.
- Implement program wide system of incident report reviews between direct staff and supervisory staff to indicate any trends to put safety plans in place.
- Implement healthy eating and active living resources and strategies.