

# OLYMPIC EDUCATIONAL SERVICES DISTRICT 114

## ECEAP

### SELF-ASSESSMENT PROCESS AND REPORT

DATE: 2021-2022

#### 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 164 children in Early Head Start that includes pre-natal families and infants ages birth to 3 years old, 123 children ages 3 - 5 in Head Start and 188 in ECEAP, and 40 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 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.

## **SECTION 1: CONTEXT FOR SELF-ASSESSMENT**

**What:** Self-Assessment is a process for reviewing program goals and objectives, progress in achieving program goals and objects, and a process for being accountable to Head Start/ECEAP, Policy Council, and the Board for ensuring resources and services are in alignment and are implemented effectively.

**Why:** Self-Assessment is a process for analyzing strengths within the program as well as identifying areas of improvement of innovation.

**Who?** Self-Assessment includes Program staff, parents, Policy Council and the governing body of OESD 114, community leaders, and other interested individuals who have a vested interest in the success of the program.

**When?** Self-Assessment is done annually.

**How?** Self-Assessment follows a five-phase process.

### **THE 5 PHASES**

#### **Phase 1: Design the Process**

Director

- Develops a plan for self-assessment
- Identifies and invites internal and external team members
- Consults with Policy Council and governing body and seeks approval of the self-assessment plan

#### **Phase 2: Engage the Team**

Director and Management Team

- Orient self-assessment team members
- Share the self-assessment plan
- Share ongoing monitoring data, last year's self-assessment report, and other data
- Identify other team members, as needed
- Form teams and begin the process

#### **Phase 3: Analyze and Dialogue**

Self-Assessment Team or Sub-Group

- Review systemic issues
- Review and analyze data and seek additional data, as needed
- Engage in dialogue using probing questions
- Examine progress on goals and objectives
- Formulate discoveries

#### **Phase 4: Recommend**

Self-Assessment Team or Sub Group

- Consolidates discoveries across teams
- Prepares final recommendations to inform program planning
- Provides feedback on the self-assessment process for next year's self-assessment

#### **Phase 5: Prepare the Report and Next Steps**

Director

- Prepares self-assessment report
- Submits report to Policy Council and governing body for approval
- Submits approved report to Regional Office

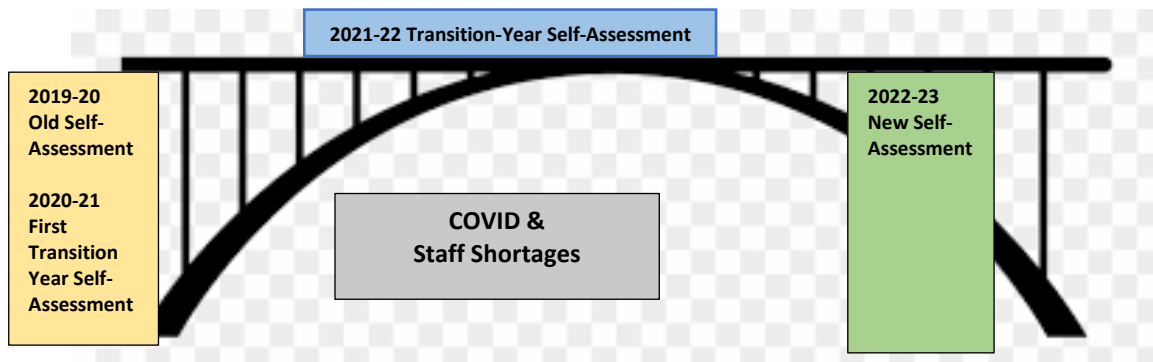
Program Leadership

- Reviews feedback from this year's self-assessment team to help plan for next year
- Uses self-assessment report recommendations to confirm or review program goals and objectives
- Adds to or revises annual action plan, as necessary
- Communicates self-assessment insights to staff and other stakeholders

**Self-Assessment  
Transition Year Two 2021-22**

**Plan**

1. Postpone the implementation of the new full Self-Assessment process until SY 2022-23.
  2. Update last year's Transition-Year Self-Assessment and apply that once again for SY 2021-22.
- Transition-Year Two Self-Assessment
    - To continue to honor the complicated disruptions of COVID and staff shortages.
    - For contractors to delve deeply into pandemic planning and impacts of staff shortages.
    - Acknowledge the lack of reliable data available due to COVID. Lack of reliable data makes a traditional self-assessment very difficult.
    - Plan how to roll out the new SA process in 2022-23.



**Guidelines**

**When is it due?** Submit to DCYF ECEAP by June 15, 2022.

**What is the minimum required?** Answer all of the questions below in a way that provides a picture of your programming.

**How long does it need to be?** This depends on what works best for you. We expect you will individualize your self-assessment so it meets your needs.

**Who to involve.** Parents and staff are required by Performance Standards. DCYF realizes with COVID-19, this participation levels may be less than in a typical programming year.

**What about other funding sources?** If you have funding sources beyond ECEAP, combine what they are asking about pandemic planning with what you report to ECEAP. Do not duplicate work. Ensure details specific to ECEAP are included and reflected in the final version you send to ECEAP.

**Surveys to complete for 2021-22 SY.** Contractors are required to complete Family and Director surveys as part of your Self-Assessment process during 2021-22 SY. Please complete these surveys by June 30, 2022. Survey links will be provided by DCYF ECEAP.

**Questions** Please answer all the following questions:

Your Program

- What were your biggest challenges this year? (Some examples might be the ongoing COVID-19 pandemic, staffing shortages, higher needs children and families, recruitment / filling slots, fewer community resources, etc.)
- What has worked well in your response to these challenges?
- What do you think will impact your program in the coming year?
- What are your plans to address these impacts?

Your Community

- How has the pandemic impacted and/or changed your community? (i.e. demography, availability of community resources, early learning providers, etc.)
- How have those changes influenced your program implementation?
- How will this impact program-planning in the future?

Staffing Data

- What staffing challenges did you face this year? **Unable to hire staff necessitating the closure of classes.**
- If you were short-staffed:
  1. How many staff openings do you have? (Please provide numbers. For example, “Out of \_\_\_ positions, we have \_\_\_ openings.”) **8**
  2. Please check all that apply and add brief explanation in the table below.

	Issues	Brief explanation
<input checked="" type="checkbox"/>	Lack of applicants/lack of qualified applicants	<b>Yes – we saw fewer applicants</b>
<input checked="" type="checkbox"/>	Staff loss due to: <input type="checkbox"/> COVID vaccine mandate impacts <input checked="" type="checkbox"/> Higher pay/better benefits elsewhere <input checked="" type="checkbox"/> Stress and burnout <input type="checkbox"/> Illness <input checked="" type="checkbox"/> Lack of child care for staff	<b>Some staff also left to take care of family members.</b>  <b>The weight of this work compounded with a pandemic is stressful for all.</b>  <b>Staff resigning for higher pay jobs with less hours worked</b>
<input checked="" type="checkbox"/>	High absenteeism (i.e. frequent illness of self and family members, lack of child care, etc.)	
<input type="checkbox"/>	Hiring freezes due to COVID/HR challenges	
<input checked="" type="checkbox"/>	Funding (unable to offer competitive wages and benefits)	<b>This is always a challenge regardless of a pandemic. ECEAP/and Early Learning wages are not at parity.</b>
<input type="checkbox"/>	Other (specify):	

3. Did you experience any other itinerant staff shortage (i.e. early intervention staff, bus drivers, food service staff, etc.) that impacted your ECEAP services? **Substitute teacher shortage**



**2021-2022 ECEAP Self-Assessment**  
**Due June 15, 2022**

Name of Contractor: Olympic Educational Service District 114  
Name of person completing form: Kristen Sheridan  
Date: 5/31/22

<b>Number of parents participating in the 2021-2022 ECEAP Self-Assessment:</b>	<b>Number of staff participating in the 2021-2022 ECEAP-Self Assessment: 70</b>
<b>Number of additional participants: 0</b>	

Please answer all the following questions.

<b>Your Program:</b>
What were your biggest challenges this year? (Some examples might be the ongoing COVID-19 pandemic, staffing shortages, higher needs children and families, recruitment/filling slots, fewer community resources, etc.)
<b>Staffing Shortages</b> <b>Continued changes in regulations</b> <b>Having to close classes resulting in inability to be fully enrolled</b> <b>Staff morale</b>
What has worked well in your response to these challenges?
<b>Being innovative in our approaches</b> <b>Continuing to provide high quality services in person and in hybrid/virtual when necessary</b> <b>ECEAP willingness and support in being flexible and provide waivers/variances when needed</b>
What do you think will impact your program in the coming year?
<b>Staffing shortages and constraints</b> <b>Enrollment</b> <b>Recruitment</b> <b>Possible Outbreaks</b> <b>Inflation, living costs, housing, food</b> <b>Lack of access to medical and dental care</b> <b>Lack of transportation</b> <b>Punitive consequences for not meeting deliverables &amp; ECEAP requirements</b> <b>Burnout &amp; Compassion Fatigue</b> <b>Child care</b>
What are your plans to address these impacts?
<b>Intensive recruitment of both employees and families</b> <b>Retention bonuses</b>

<p><b>Prepare &amp; Plan</b></p> <p><b>Professional development for staff</b></p> <p><b>Staff connection opportunities</b></p>
<p>(Other suggestions?)</p>
<p><b>Increase slot rates</b></p>
<p><b>Your Community:</b></p>
<p>How has the pandemic impacted and/or changed your community? (i.e. demography, availability of community resources, early learning providers, etc.)</p> <p><b>Access to medical and dental care – limited providers and COVID restrictions</b></p> <p><b>Increase in crime and poverty</b></p> <p><b>Lack of access to mental health care</b></p> <p><b>No or lack of child care</b></p> <p><b>Increased homeless population</b></p> <p><b>Affordable housing</b></p> <p><b>Lack of applicants for staff positions</b></p>
<p>How have those changes influenced your program implementation?</p> <p><b>Smaller classroom sizes and social distancing</b></p> <p><b>Adapting classroom routine &amp; schedules to meet the social emotional needs of children</b></p> <p><b>Increased costs</b></p> <p><b>Adapt schedules to meet staff needs due to lack of child care resources</b></p>
<p>How will this impact program-planning in the future?</p> <p><b>Unknown</b></p>
<p>(Other suggestions?)</p>
<p><b>Increased slot rates and match regulations to be in alignment with Head Start</b></p>
<p><b>Staffing Data:</b></p>
<p>What staffing challenges did you face this year?</p> <p><b>Unable to hire staff necessitating the closure of classes.</b></p> <p><b>Burnout &amp; Compassion Fatigue</b></p> <p><b>Staff Retention</b></p> <p><b>Program changes due to staff personal needs</b></p> <p><b>COVID outbreaks at home and in classrooms</b></p> <p><b>Time off needed to support ill family members</b></p> <p><b>Time off needed to get well</b></p>

If you were short-staffed:

1. How many staff opening do you have? (Please provide numbers. For example, "Out of \_\_\_ positions, we have \_\_\_ openings.")  
**8**
2. Please check all that apply and add brief explanation in the table below.

	Issues	Brief explanation
<input checked="" type="checkbox"/>	Lack of applicants/lack of qualified applicants	<b>Yes – we saw fewer applicants</b>
<input checked="" type="checkbox"/>	Staff loss due to: <input type="checkbox"/> COVID vaccine mandate impacts <input checked="" type="checkbox"/> Higher pay/better benefits elsewhere <input checked="" type="checkbox"/> Stress and burnout <input type="checkbox"/> Illness <input checked="" type="checkbox"/> Lack of child care for staff	<b>Some staff also left to take care of family members.</b>  <b>The weight of this work compounded with a pandemic is stressful for all.</b>  <b>Staff resigned to accept higher paying jobs requiring less hours</b>
<input checked="" type="checkbox"/>	High absenteeism (i.e. frequent illness of self and family members, lack of child care, etc.)	
<input type="checkbox"/>	Hiring freezes due to COVID/HR challenges	
<input checked="" type="checkbox"/>	Funding (unable to offer competitive wages and benefits)	<b>This is always a challenge regardless of a pandemic. ECEAP/and Early Learning wages are not at parity.</b>
<input type="checkbox"/>	Other (specify):	

3. Did you experienced any other itinerant staff shortage (i.e. early intervention staff, bus drivers, food service staff, etc.) that impacted your ECEAP services?  
**Substitute teacher shortage**

**Email your self-assessment form to [dcyf.eceap@dcyf.wa.gov](mailto:dcyf.eceap@dcyf.wa.gov) by June 15, 2022**

## 2021-2022 AREAS OF FOCUS

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 2020-2120 Self-Assessment had these key recommendations to focus on during the 2021-2022 program year. The following reflects the focus areas and indicators of how the focus areas are being addressed:

2021-2022 Focus Areas	Focus Area Progress
Increase waitlist and maintain enrollment.	<ul style="list-style-type: none"> <li>✓ 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.</li> <li>✓ Our team has created a comprehensive recruitment system that includes an emphasis on four categories: direct service (community fairs/events, distribution of toothbrushes and flyers), community engagement (providing opportunities for community stakeholders to network, media campaign (social media, marketing, Constant Contact, video) &amp; staff engagement (created ERSEA and recruitment training).</li> </ul>
Increased community awareness of our prenatal to age 5 services	<ul style="list-style-type: none"> <li>✓ Create an awareness media campaign, to include Constant Contact Newsletter, program video, update our webpage, and social media.</li> <li>✓ Provide community engagement activities (cafes &amp; convening) with community stakeholders to increase knowledge and awareness of our services prenatal to age 5.</li> </ul>
Continued refinement of the current monitoring system to align with the implementation of our new ChildPlus database	<ul style="list-style-type: none"> <li>✓ As part of our ongoing monitoring, we analyzed monthly report summaries from ChildPlus which have 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. We have also created a Monitoring Workgroup focused on systems alignment of our monitoring processes.</li> </ul>
Create a Family Engagement Workgroup that includes different program component areas.	<p>Due to COVID-19 this was postponed to 2022-2023PY with the focus of:</p> <ul style="list-style-type: none"> <li>✓ Creating a cross component team focused on developing program-wide family engagement services, needs assessments, supports, and systems planning.</li> <li>✓ Identify family needs, program needs and analyze services</li> </ul>
Create a focused and intentional system of alignment for a birth to age 5 educational approaches.	<ul style="list-style-type: none"> <li>✓ To create an intentional system of alignment for birth to age 5 educational approach, the program moved from the use of multiple developmental and social-emotional screening tools to the use of one developmental assessment tool (ASQ) and one social-emotional assessment tool (DECA) for all children. Staff received training and implementation support. Further, the program formed a Birth to 5 Transitions workgroup made up of staff who support the birth to 5 education team. The team consists of coaches, supervisors, and Managers. They are working to refine our EHS to preschool transition and our preschool to kindergarten transition processes and close knowledge gaps among staff and families accessing our</li> </ul>



	<p>different programs. Closing knowledge gaps include identifying professional development opportunities. Additionally, our program continued a program wide focus on Conscious Discipline with our birth to 5 education team as a way to further the birth to 5 alignments developing a sense of a school family, building resilience, and a sense of connection from the moment a child and family enrolls in our program. Monthly our program engages in facilitated learning. Our program is currently developing a Conscious Discipline Action Plan to guide how it will be integrated into our program in future program years. In addition to Conscious Discipline, the program engaged in multiple book studies.</p>
<p>Continued review of training offerings and workforce development opportunities to ensure they are meeting the differentiated needs of staff</p>	<p>✓ Increased our provision of birth to age 5 professional development opportunities to support system alignment for a birth to age 5 educational approach and cross-content area training and collaboration. Created a special professional development coordination position to focus on the development of a comprehensive professional development system. New or continuing staff will be able to access essential training and professional development through this learning management system. The program Leadership team reviewed and analyzed staff goals to plan for future professional development opportunities and to meet staff training needs. Surveyed program staff to elicit feedback for their needed support and training needs for virtual and newly implemented services.</p>
<p>Finalize and fully implementation of a comprehensive mental health and wellness program.</p>	<p>✓ The hiring of a Mental Health and Wellness Program Manager to implement a program-wide mental health and wellness systems for staff, children and families. The staff attends monthly Mental Health &amp; Wellness Professional Development (CHIME) trainings that provide education, reflection, and voice on health, mental health, and wellness that may affect their job performance. Our mental health program has focused on being responsive to our workforce by offering professional development trainings for staff on mental health and wellness strategies. In addition, program policies and procedures have been adopted to meet the mental health and wellness needs of children and families; staff have received training and received continued support through observations and feedback loops.</p>

## QUESTIONS TO GUIDE THE PROCESS:

The leadership team then prioritizes the items from our community assessment and ongoing monitoring summaries and data collection. From this, the leadership team comes up with questions to consider as part of the process:

Subgroup	Questions to Consider
Family Engagement	<ul style="list-style-type: none"> <li>• What additional strategies can be implemented to <b>increase parent/family engagement</b>?</li> <li>• How do we ensure <b>family voice</b> in determining parent/family engagement opportunities?</li> <li>• How can all staff be more involved in parent/family engagement opportunities?</li> <li>• What approaches could be implemented to increase the <b>presence of “fathers”</b> within the program? What would fathers say is the best way for them to be included?</li> <li>• Are <b>additional parent workshops</b> needed due to the current high demand and attendance?</li> </ul>
Birth to 5 continuum of alignment	<ul style="list-style-type: none"> <li>• How can we continue to improve and streamline our systems and processes?</li> <li>• <b>How can we ensure</b> curriculum, assessment, and screening <b>fidelity</b>?</li> <li>• How do we build a system and common approaches and communication that is continuous for families?</li> <li>• How do we ensure alignment or coordination with the <b>new State WACs</b> for licensing, Early</li> </ul>
Monitoring	<ul style="list-style-type: none"> <li>• How will we refine our new ChildPlus database to <b>maximize our monitoring process</b>?</li> <li>• 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?</li> <li>• 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?</li> <li>• How do we ensure that we are meeting our timelines for data monitoring? What will be the <b>follow-up process</b> for staff and leadership?</li> </ul>
Recruitment, Enrollment, & Community Awareness	<ul style="list-style-type: none"> <li>• How do we <b>actively recruit</b> to ensure full enrollment?</li> <li>• What systems and approaches need to be implemented <b>to increase enrollment</b>?</li> <li>• How do we <b>increase community awareness</b> that then transfers to increased enrollment?</li> <li>• How are program transitions supporting continuous enrollment B-5?</li> </ul>
Training and Technical Assistance	<ul style="list-style-type: none"> <li>• How will training be <b>focused on staff’s needs</b> for additional support and guidance in having crucial conversations with families regarding adult mental health, family incarceration, domestic violence, and healthy eating habits?</li> <li>• How will we continue to provide T/TA to staff needing additional support with <b>approaching challenging behaviors</b> within the classroom?</li> <li>• What approaches need to be implemented to increase our EHS substitute pool?</li> </ul>

**SECTION 2. METHODOLOGY** \*THIS PROCESS IS MODIFIED DUE TO COVID-19

Date	Action	Purpose
November	Leadership Team meeting	<ul style="list-style-type: none"> <li>• Developed SA plan with tasks and timelines.</li> <li>• Based on the data in the Strategic Plan, Action Plan, and Ongoing Monitoring, recommended the following areas of discussion: <ul style="list-style-type: none"> <li>▪ Birth to 5 Continuum Alignment</li> <li>▪ Monitoring</li> <li>▪ Recruitment and Enrollment</li> <li>▪ Training and Technical Assistance</li> <li>▪ Family Engagement</li> </ul> </li> <li>• Team members include: Director, Content Area Program Managers, Program Staff</li> </ul>
December	Policy Council & Governing Board Approval of timeline, School Readiness Report, and updated Action Plan.	<ul style="list-style-type: none"> <li>• Policy Council/Governing Board approved the timeline/methodology for this year's Self-Assessment.</li> <li>• Reviewed/updated last year's Action Plan and discussed focus areas for this year's SA.</li> </ul>
November- March	<p>Begin Self-Assessment process including establishing workgroups.</p> <p>Review and update staff and parent surveys.</p> <p>Gather data for data review</p>	<ul style="list-style-type: none"> <li>• Based on the strategic plan, the action plan, and ongoing monitoring, program leadership determines self-assessment activities which include the formation of workgroups and ongoing data analysis.</li> <li>• Program survey is created to be focused on content area needs and planning. Survey content: <ul style="list-style-type: none"> <li>▪ Health</li> <li>▪ Education</li> <li>▪ Family Services</li> <li>▪ Training and Technical Assistance</li> <li>▪ Vision, Mission, Professionalism, Strengths, and Growth Areas</li> </ul> </li> <li>• Parent and Community Member survey is created to include a customer satisfaction survey as well as key survey questions from our community assessment.</li> </ul>
April – May	Complete Surveys	<ul style="list-style-type: none"> <li>• 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. Surveys will be distributed electronically via ChildPlus and are also available in paper versions (and supported with interpretative services).</li> </ul>
June-August	<p>Development of Self-Assessment Team Meetings</p> <p>Obtain Approvals</p>	<ul style="list-style-type: none"> <li>• Self-Assessment is organized into common themes and recommendations are made for the development of the Self-Assessment report.</li> <li>• Systematic issues are explored and progress on goals and objectives are examined. Information is synthesized, the leadership team reviews and analyzes results, and Action Plans are created by identifying corrective actions and recommended changes.</li> <li>• Share and receive governing board Approval of Self-Assessment Report and Action Plan.</li> </ul>
Ongoing	<p>Team meetings</p> <p>Program Monitoring</p>	<ul style="list-style-type: none"> <li>• Ongoing meetings with teams to discuss SA focus areas and develop plans for implementation of system-wide improvements.</li> <li>• Ongoing collection of data: <ul style="list-style-type: none"> <li>▪ PIR, CLASS, HOVRS, PICCOLO, AEPSi, TSG, Health, Budget, Family Engagement, School Readiness Data, Health and Safety Checks, Fidelity Checks, Observations, Surveys</li> </ul> </li> </ul>

## 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/ECEAP. We are forward-thinking and innovative in our approaches 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. 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. Health data is reviewed at Policy Council and HAC regularly which promotes families providing thoughtful strategies to support children and family wellness in their local communities.
- ✓ We have strong community partnerships, which continue to enhance our ability to meet diverse family needs. We have partnerships with the Health District, the Community Service Office, DSFS, Part C and B providers, school districts, Parent-Child Assistance Program (PCAP), Kitsap Immigrant Assistance Center, and close to 90 additional partnerships.
- ✓ A comprehensive mental health and wellness approach is an area of celebration within our program. Within this approach, our program can support the mental health and wellness of children, families, and staff and has systems in place to do such.
- ✓ 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

- ✓ Need for continual staff training and support in the implementation of our program wide monitoring.
- ✓ Continued alignment of education processes to ensure a birth to age 5 continuum of approaches and fidelity.
- ✓ Ensuring full enrollment and an active waitlist.

**PROGRESS IN MEETING OUR GOALS AND OBJECTIVES:**

Goal	Status
Increase access to high-quality comprehensive services for pregnant parents, infants, toddlers, and preschool-age children with a focus on under- or un-served populations.	<ul style="list-style-type: none"> <li>• Opportunities to connect with key community agencies including immigration center and homeless agencies, tribal/migrant populations, and health district for recruitment and enrollment of families</li> <li>• Provided additional side by side training and technical assistance in the partnership programs</li> <li>• Implement Play and Learn groups at various locations across the county</li> </ul>
Program will provide a variety of opportunities for positive family engagement and links to services in the community to support continued growth.	<ul style="list-style-type: none"> <li>• Parent education held 2x/month</li> <li>• Monthly parent committee meetings/family gatherings</li> <li>• Implementation of Mobility Mentoring</li> <li>• Community Health Meetings</li> </ul>
Program will form strategic alliances within the community to support and sustain program services including providing technical assistance and outreach.	<ul style="list-style-type: none"> <li>• Currently have over 90 community partnerships</li> <li>• Collaboration with Early Achievers and Child Care Action Council</li> <li>• Joint trainings held with community agencies</li> <li>• Participation in local and regional workgroups to support early childhood education (Graduate Kitsap, Fellows, ECEAP Workgroups)</li> </ul>
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.	<ul style="list-style-type: none"> <li>• The hiring of a Mental Health Program Manager to support program-wide wellness</li> <li>• Coordinated coaching model – implementation of program wide PLCs</li> <li>• Robust sub management system</li> <li>• Curriculum to fidelity</li> <li>• Training opportunities: Substance abuse, curriculum/assessment, poverty, environments, positive guidance, family engagement, book studies, learning walks, regional trainings, enhanced substitute orientation.</li> </ul>

**SECTION 4. RECOMMENDATIONS**

THESE RECOMMENDATIONS ENCOMPASS THE CATEGORIES IDENTIFIED AS SYSTEMIC CHALLENGES, AND/OR INNOVATIONS:

- 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.
- Maintain full enrollment

**BASED ON THE CULMINATION OF THE SELF-ASSESSMENT PROCESS THE FOLLOWING ACTION PLAN IS CREATED FOR THE NEXT PROGRAM YEAR, SEE BELOW:**

**OESD Head Start/ECEAP/EHS  
SELF ASSESSMENT ACTION PLAN 2022-2023**

PROGRAM ACTION/IMPROVEMENT PLAN TO BE COMPLETED BY AUGUST 31, 2023

<b>GOAL AREA</b>	<b>PLAN</b>	<b>PROJECTED DATE OF COMPLETION</b>	<b>PERSON/PEOPLE RESPONSIBLE</b>
Increase waitlist and maintain enrollment.	Increase recruitment and program-wide system to approach full enrollment. Build an alliance with identified health care professionals through an analysis of referrals and community engagement efforts. Create an alliance list of trusted partners.	Ongoing – maintain full enrollment (97% or higher)	ERSEA Program Manager – All Staff
Increased community awareness of our prenatal to age 5 services	Hold Community Luncheon 2x/year for partners and the community. Renewed emphasis on rebuilding partner relationships due to COVID. Develop a systematic and individualized process to foster relationships with identified partners. Create an individualized service plan for targeted partners.	Ongoing	Director, ERSEA Program Manager, Recruitment Coordinators
Continued refinement of the current monitoring system to align with the implementation of our new ChildPlus database	Fully implement ChildPlus and ensure effective implementation through ongoing monitoring. Accurately report state data into ELMS through the use of ChildPlus. (Goal: go paperless)	Ongoing	Director, Program Managers, ChildPlus Administrative Team, and all Staff
Create a Family Engagement Workgroup that includes different program component areas.	Analyze current family engagement practices to analyze current practices, create a family needs assessment form, and determine potential changes needed.	Fall 2022	Family and Health Program Manager, Staff, and Families
Create a focused and intentional system of alignment for a birth to age 5 educational approaches.	Create an education review workgroup that will update school readiness goals and will review coaching policies, procedures, and systems to ensure alignment with performance standards and research-based best practices	Ongoing	Director, Program Managers, and All Staff
Continued review of training offerings and workforce development opportunities to ensure they are meeting the differentiated needs of staff	Create a program-wide professional development plan with multiple methods of delivering prenatal to age 5 professional development driven by staff input data 2022 Staff Self-Assessment Survey revealed an increased need for DLL professional development.	Ongoing – Spring 2023	Director, P-3 Professional Development Program Managers, CPDP Coordinator
Implementation of a comprehensive mental health and wellness program.	Mental Health Manager and program staff will be training on new mental health procedures. Tiered approaches will be implemented to support children, families, and staff in alignment with the plan.	Ongoing	Mental Health Program Manager – All Staff