

Community Action Head Start Self Assessment 2013-2014 Final Report and Program Improvement Plan

The self assessment was completed throughout the month of March 2014. Self assessment activities were completed by program staff, parents, policy council and board members.

- A file review was conducted on 10% (85) of the files for enrolled children.
- Each site was visited and observed for learning activities and health and safety.
- All parents in the program were called to complete a telephone survey.
- Each bus was ridden by an observer who completed a transportation checklist.
- The Policy Council held a focus group interview facilitated by a member of the Board of Directors.
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- Mealtime observations were conducted in each classroom.
- A fiscal questionnaire was completed by the agency CFO.
- A human resources questionnaire was completed by the agency HR Director.

This report will summarize the strengths found in the program as well as areas needing improvement. When a finding is considered substantial it will be followed by a program improvement plan. Substantial findings are health & safety violations; concerns about systems as evidenced by issues being found in multiple locations; or concerns that arose repeatedly at the same location.

Strengths:

Relationships with Families: 85% of parents who completed the parent survey rate their relationships with Head Start staff as 8 or above on a scale of 1-10. Parent-staff relationships were described as trusting and supportive.

Developmental Screenings: The Ages and Stages Questionnaire screening for development and the Ages and Stages: Social Emotional Questionnaire screening for emotional/behavior development were found completed in every child file. 90% of these screenings that showed a need for follow up had received and documented follow up in place. In the parent telephone survey, of the 139 parents who stated that they had a concern about their child's development, 112 rated the quality of support they received as 8 or above on a scale of 1-10.

Finance: The agency CFO reported through completion of an extensive questionnaire that the finance department and the Head Start program are in compliance with all fiscal policies, procedures, regulations and best practices.

Child Outcomes Reports: Children's progress is tracked through observations and reported three times a year in the form of outcomes reports. Outcomes data is presented to governing bodies and provided to parents for their child. 92% of parents surveyed report that they have received information about their child's progress through the use of these reports and that they find them helpful.

Concerns:

Physical and Dental Follow Up: When a child's physical exam or dental exam shows follow up treatment is needed, staff are required to monitor and support the family to ensure that needed follow up takes place. In the child file review, 50% of the physical exams and 40% of the dental exams needing follow up had no evidence of follow up.

Completing physical and dental follow up based on concerns identified during physical and dental exams has been an ongoing challenge for our program. This year, with the inception of Cover Oregon in our area, local health providers have been much busier than usual due to the influx of newly insured patients. Consequently, there have been longer wait times for our families to get appointments for both preventative health services as well as treatment/follow up. Especially with dental providers, the wait time for an appointment has been 2-3 months for treatment of non-urgent early dental caries. In addition, many children who have not been seen by their own dentist in the past 12 months are being screened during our limited classroom dental exams, causing more children to be identified as needing treatment. These children are then being referred to their assigned dental home, but it is often a lengthy process since many of these children may have repeatedly missed past appointments or never attended preventative appointments.

Program Improvement Plan: This spring, in an effort to increase our physical exam follow up completion, our Health Team created a Physical Exam Follow Up spreadsheet to be used in addition to the ChildPlus follow up reports that Family Educators receive monthly. Additionally, the Health Specialist met individually with 17 Family Educators in the month of April and discussed their progress with each child who was still in need of an exam or follow up/treatment. Typically, follow up and treatment rates increase near the end of the school year or are completed over the summer months.

In the beginning of a school year, it may take the Family Educator several weeks of relationship-building with the family or establishing a medical/dental home before the child attends a physical or dental exam and is determined to need follow up or treatment. In the fall, we will be adding two new Health Monitor positions to complete the preliminary and ongoing health requirements for each family. Health Monitors will work with families and local health/dental care providers to ensure that our children receive exams and needed treatment and follow up.

Staff Physicals: Staff are required by Performance Standard to have a physical examination at the time of hire and periodically thereafter. Our program has a guideline requiring a new physical exam every two years. 48 staff do not have evidence of a current physical examination in their Personnel files. This was a finding in last year's self assessment, with a program improvement plan written to modify the system for tracking physicals and adhere to it. This plan was not carried out effectively and the concern has not only continued but grown.

Program Improvement Plan: The plan made last year was a good one, it just wasn't carried out. Changes in personnel in the Human Resources department and in the Program Manager position have taken place. The program will make a second attempt at implementing this program improvement plan:

There is a long-term and a short-term fix for this issue. In the short-term, Human Resources staff and the Program Manager will resume following the procedures already in place. The process is for Human Resources to produce a monthly list of staff whose physicals have expired and provide it to the Program Manager. The Program Manager then follows up with letters and reminders to staff and ensures that all required physicals are turned in. Human Resources staff then enter the physicals into the staff data base.

For the long-term solution, the Human Resource Director will research potential methods for tracking the requirement of staff physicals. Because the performance standard leaves room for interpretation, there is an option to define the policy differently. Some Head Start programs have a policy where staff do not have a routine physical, but rather an exam to ensure they are free of communicable disease. The definition of periodic is also under discussion and there are examples of programs requiring these every five years. Once the research is completed and a new plan developed and approved, we will switch to that method.

Policy Council Interview: Based on the Policy Council interview, members do not fully understand their roles and how they fit with the Board of Directors and the program. The PC representatives were not able to fully answer several questions, including those about how they were trained, reports they receive, their relationship and communication process with the Board of Directors, how the PC participates in planning, the PC role in program monitoring, PC participation in developing ERSEA policies and procedures and describing the Internal Dispute Resolution policy.

Program Improvement Plan: The Director and Family Services & Parent Involvement Specialist will enhance the annual training for Policy Council members in October. Follow up conversations and reminders will take place during scheduled Policy Council meetings to ensure that members are better prepared to answer the questions during the Policy Council interview for the self assessment.

Medication Safety: During health and safety inspections in the classrooms, two classrooms were identified that had medication in the locking medication box that was past its expiration date. This is a small number of occurrences, but significant as a health and safety concern.

Program Improvement Plan: The Medication Administration procedure states “Classroom staff – Ensures that all medications are not used beyond the expiration date of the medication or beyond the stated duration for administration.” This was also covered during annual Medication Administration training. We will revise the procedure to indicate a monthly frequency for staff to check all medication expiration dates. In addition we will add it to the Medication Log and the Medication Box Checklist, attached to all medication boxes throughout the program. Site teams that were identified with this concern during the self assessment will receive a verbal warning as a team from their supervisor.