Head Start

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Editors Note:
This annual self-assessment is a compilation of the work of many individuals and groups. Some statements have been edited for grammatical or clarity reasons. Every effort was made to retain the meaning of the author.
INTRODUCTION

Program Description

Missouri Ozarks Community Action Head Start has provided high quality child development services to the low-income communities of the Ozark Highlands since 1965. The service area encompasses the Missouri counties of Camden, Crawford, Gasconade, Laclede, Maries, Miller, Phelps and Pulaski. The program provides full day, 5 day per week and part day, 4 day per week center based services to 543 children and their families.

The Self-Assessment process, mandated to be completed annually, involves the collection of information from a variety of sources to determine if systems and services have been implemented and are working effectively. The results of the Self-Assessment serve as a driving force in determining needs for program.

METHODOLOGY

Design

In accordance with paragraphs 45 CFR 1304.51(i) and 1304.50(d)(1)(viii) of The Head Start Performance Standards: The Missouri Ozarks Community Action, Inc (MOCA) Head Start annual self assessment was conducted during the winter and spring of 2014. The Office of Head Start Guide to Self Assessment and the 2014 Head Start Monitoring Protocol (as found in our triennial review by The Office of Head Start) were used in this self-assessment. The Self-Assessment review team consisted of management staff, field staff, parents and community volunteers. Other participants included Head Start Policy Council members and members of the Board of Directors.

Data was collected from program sources including program records, reports, policies and procedures, interviews and observations. MOCA Head Start uses the web-based PROMIS child and family tracking system, the Teaching Strategies Gold, child outcomes tracking system and other computerized systems for data and document management.

Program Planning
The information from the Annual Self-Assessment is primarily used for our program’s training work plan and used to identify areas of concern and areas of excellence to be used in the formulation of policies and procedures.

The information from the Community Assessment is used to set up the operation of our program. The assessment helps to identify the best location for centers, the program class options that best suit the community, and the needs for services.

When a problem or weakness is detected at one area specifically, it is addressed in person with additional training and/or support. Where necessary, program wide adjustment of policy and procedure are made in collaboration with the Head Start Director and other management personnel.

KEY FINDINGS

Self Assessment Summary

SELF ASSESSMENT SUMMARY - EARLY CHILDHOOD DEVELOPMENT

The Early Childhood Development content area expert has an AAS in ECD, a BA in Psychology and is a certified trainer for Family Development Credential Program and is a Reliable Classroom Assessment Scoring System observer. The ECD content area specialist also taught in a Head Start Classroom for 5 years, and was a Center Director/Area Supervisor for five years. The program specialist assures that all trainings both in-service and pre-service contain pertinent and current training information in early childhood.

Teachers are required to communicate in the languages spoken by the families served by the program with the help of interpreters from the community. There are four persons on staff that speak fluent Spanish and a number of native German speakers. The program also has one staff persons that speaks fluent Turkish.

The program has met the 2011 mandate for teacher’s credentials by providing support for college attendance. CDA classes are offered to all teaching staff and entry level teacher aides must attain the CDA credential within the first year.
The program was found to be compliant in all areas of child development with a curriculum that is developmentally appropriate. An additional curriculum, Second Step is a curriculum that enables children to develop their social and emotional skills. Our program has adopted Positive Behavior Support in each classroom and supports the teachers with ongoing training.

Assessment is obtained through observation and Developmental Indicators for the Assessment of Learning, Third Edition. All concerns are addressed through referral to the LEA or other appropriate professionals.

The CLASS instrument is used to monitor the teachers, the environment and determines teachers’ level of skill and needed training. ECERS is used to assess classroom environments. Overall monitoring tools of the program include PROMIS, Teaching Strategies-Gold, CLASS, ECERS, child observations and communication with families. The MOCA Head Start Monitoring Plan is available on the Head Start website at: http://www.moca-caa.org.

The agency uses the web-based PROMIS (Program Resources and Outcomes Management Information System) child and family tracking system for electronic recordkeeping. Information is available in one system and accessible through reports. Central office staff and supervisors have instant access to information about our children and families. Training is provided for all system users during pre-service and individual instruction on an as needed basis. Teaching Strategies — Gold is use by education staff to monitor child outcomes and school readiness for each child.

Family Advocates and Education staff have additional support for special needs children. The agency employs two Mental Health Professionals and a full time Disabilities Coordinator. The referral process is monitored carefully to ensure optimal service delivery.

SELF ASSESSMENT SUMMARY - FAMILY AND COMMUNITY PARTNERSHIPS

Overall Service Summary:

The Director of Family and Community Partnerships has 8 years experience with Head Start. She has Head Start experience as a teacher’s aide, ERSEA specialist and is currently the Director of Family and Community Partnerships. The Director of Family and Community Partnerships has maintained Family Development Credentialing since 2008. She works with Family Advocates in the Head Start centers, training them to work with the families. She also provides instruction and assistance with our computer data system. She is a qualified Internal ROMA (Results Oriented
Management and Accountability Consultant, and is a trained facilitator of the strategic planning process.

The agency maintains numerous partnerships with education, community and health organizations supported by formal and informal partnership agreements. Families receive seamless service through these partnerships providing benefit to children, families and staff.

The Head Start program provides pre-service training prior to the beginning of the school year and a week of In-Service trainings at the beginning of the calendar year to meet requirements of the Department of Health and Senior Services licensing requirements. MOCA Head Start also provides other trainings as they become available and maintains an “on-demand” learning center.

Periodic visits to the centers are made to help in areas of need or concern. Monthly reports that monitor data entry of PIR (Program Information Report) information are submitted to the Program Director. These monthly reports include family partnership agreements, father/male involvement, and parent involvement in the program. The monitoring plan is available on the MOCA Head Start website.

Ongoing Monitoring and Oversight

Monthly reports are provided to monitor entry of family partnerships into PROMIS (the computer data system). Child files containing a family section are reviewed for partnership agreements and services to that family. Educational opportunities to families through Parent Education workshops are documented and entered into the computer data system. Reviews of community contact logs at each center are done periodically. Onsite monitoring and support is provided as needed.

Documentation provided included: Parent Education Log, Community Contact log, Family Services Record, Family Strength and Interest Record, Resource binders

Periodically group discussions are held where Family Advocates can get together, possibly along with their supervisor and the Director of Family and Community Partnerships to discuss issues of concern. Ideas for improvement, suggestions for alternative systems, and general information are discussed. Those that need approval from the Head Start Director are taken to him, those that need to be disseminated are done so either in person or by email.
Staff Coordination

Policy and operational changes in the program are addressed and discussed during management meetings. Attending these meetings is the Head Start Program Director, component specialists and Area Supervisors. If any changes are made, the Area Supervisors will inform the staff at their centers and the component specialist will update the policy and procedures.

Community Partnerships

MOCA Head Start maintains formal Memoranda of Understanding with all school districts in our service area. The MOUs are updated annually.

MOCA Head Start has partnerships with most of our local Health Departments. The Health Departments provide us with information on what services are available at their locations, either free of charge or fee for service. We also will utilize them for their educational workshops they can provide for Parent Education workshops or classroom teachings with the children. Many doctors’ offices and dental offices are aware of the enrollment requirements for Head Start and are used to refer families for exams.

Mental Health Professionals and a Disabilities Coordinator are employed by the Head Start Program, and a Registered Dietician is contracted. The dietician makes up the menus that each center uses for their meals. The Mental Health Professional and Disabilities Coordinator visit our Head Start centers on a regular basis to observe and evaluate enrolled children. Any necessary follow-up and/or referrals suggested by them are discussed with the family of the child and necessary referrals made.

We also have partnerships with the Missouri Lions Club Association to do eye exams for some Head Start children. With consent from the parent/guardian, the Missouri Lions Eye Research Foundation’s Vision Screening Program offers a preliminary screening that can detect amblyopia as well as other vision problems that can lead to amblyopia if not corrected early in life. Any abnormal findings are discussed with the parent(s)/guardian(s) and necessary referrals are made.

All children in our program receive vision and hearing screens.
Community Partnerships for Family Support

The partnerships that we have in our communities comes in various forms. Some partnerships are informal with just a verbal agreement between our staff and the partnering agency. These types of contacts are recorded on a Community Contact Log and are documented as being done either by phone, face-to-face, or email. Formal partnerships are documented with Memorandums of Understanding (MOU), a contract, or other written agreements.

We have agreements with the local Health Departments as to what services are available at their locations so that families can complete requirements for enrollment. MOU’s help to establish responsibilities between the local school districts and our Head Start centers when giving services to children with disabilities. The informal agreements, or community contacts, help when referring families to services that are needed.

SELF ASSESSMENT SUMMARY - SAFE ENVIRONMENTS

Overall Service Summary:
The program is effective in providing a safe environment. Staff and volunteers work together and even the children are involved in safety practices.

Overall we are very confident in the program’s effectiveness in providing a safe environment.

Service Specific Strengths:
To ensure consistent fire safety, the safety officer checks the fire extinguishers and smoke alarms monthly. The local fire department is involved in safety checks as well as in fire drills with the children. They are also included in teaching the children about fire safety.

Every Staff member is not only informed about safety policies that comply with OSHA, but receives a yearly training on how to handle spilled bodily fluids and other Environmental Hazards.

Monthly inspections and emergency drills ensure the prevention of possible hazards and are kept on file.

Ongoing Monitoring:
Records of safety checks, cleaning schedules and emergency drills are kept on file in the central office as well as in the class rooms. A safety officer is assigned to be in charge of the safety checks and report the findings in each center. If corrections need to be made, they are done in a timely manner.

All procedures are done according to the performance standards.
Teachers and teaching staff are responsible for the tornado, fire, and tornado drills that are done with the children.

Bus drivers are responsible for the monthly bus evacuation drills.

The safety officer is responsible for the outside safety and cleaning as well as for the tornado box and the medication cabinet and first aid kit. But the teaching staff and all other staff help as well and take corrective measures (i.e. removing broken toys from the playground).

Findings which cannot be corrected immediately will be documented and forwarded to the MOCA Central Office in the form of a work order. Defective or dangerous equipment is secured to avoid injury to children.

**SELF ASSESSMENT SUMMARY - NUTRITION**

**Overall Service Summary:**
The program provides the proper components for the children, the meals are nutritious, food portions are child sized and all sanitation standards are met. A written menu is posted for adults alongside a menu with pictures for the children to “read”. The meals are served family style which provides opportunities for the children to practice self help skills such as setting the table, serving food, pouring milk, and cleaning up. Meal time also provides an opportunity to practice social skills such as taking turns, using table manners and sharing in polite conservation.

Program staff at each table encourage children to taste everything on their plate while good nutrition and the importance of eating a variety of foods are discussed. Children are not required or coerced to eat, try something or to clean their plates.

**Service Specific Strengths:**
Some service specific strengths of our program include a Whole Grain Heart Healthy Diet and the Fluoride Varnish Program through the Department of Health/Senior Services. Some centers have been adopted by various community groups into the Back Pack Program where children are given food to take home on the weekends. Head Start Centers collaborate with local Health Departments for various health and nutrition information, dental and hand washing presentations and children’s car seats for Head Start families. The Head Start contract with CACFP is now accessible on-line.

Effective two-way communication between Nutrition staff and staff in other areas takes place daily through verbal and written communication, e-mail and telephone. Staff shares information concerning children’s diets, classroom nutrition activities, product recalls, etc.

Some examples of two-way communication with parents are menus posted at the center and sent home, sharing the Nutrition Assessment Form, sending home health and nutrition brochures, and nutrition workshops. Parents have requested recipes for children’s favorite meals and snacks at school.
The Nutrition Services area’s written plans can be found on MOCA Head Start website. Goals are accomplished by making mealtime fun, introducing and encouraging children to try new foods. Goals are achieved when children are growing and gaining the appropriate amount of weight and when parents and children are becoming educated about proper nutrition. Some of the Nutrition Program strengths include serving high quality foods in a relaxed family style setting where children can practice social skills while eating nutritious meals. Children have positive interactions with the cooks and look forward to the meals that they prepare. Children also use what they are learning during hands on nutrition activities that will assist them when making nutrition choices in the future.

**Ongoing Monitoring:**
Nutrition records to include Nutrition Assessments, Prescription Diets, and Inspection Sheets for cleaning, temperatures and sanitation are kept up to date. The Director of Health, Nutrition, Disabilities and Mental Health monitors and documents progress. Each center is inspected three times during the year following up within two weeks with any findings.

**SELF ASSESSMENT SUMMARY - HEALTH**

**Overall Service Summary:**
Our Health Coordinator is a registered nurse with a Masters in Health. She has 20+ years experience with maternal and child health, public health, and family counseling. She provides the program with regularly scheduled, ongoing expertise and oversight in the area of health services by routine reports from PROMIS and communication with staff and families. She ensures that the program administers health procedures by licensed professionals. The program is made aware of those health procedures that must be performed only by licensed and certified professionals.

The program’s procedure for determining whether children have an ongoing source of health care is monitored through reports that are produced through PROMIS. This is done by making sure that each child has health insurance, a medical home and a dental home. The Health Coordinator can determine whether enrolled children have an ongoing source of continuous, accessible health care within 90 days of entry by whether or not they can obtain physicals or dental care. The Health Coordinator provides support to parents in accessing a source of ongoing health care for their children by reviewing documentation in PROMIS. This support is documented by all staff that provides support to families. The family advocates have lists of doctors, dentists, and health insurance providers for their area so that enrolled families are able to find the information easily.

The Health Coordinator obtains a determination of each child’s health status from a health care professional and ensures that each child is up to date with the EPSDT requirement of our State by the physical each child is required to have to enter the program. She ensures that children are up to date with primary and preventative health care and that it stays up to date by follow up through PROMIS and Family Advocates. If a child is not up to date on his or her schedule of primary and preventative health care, the Health Coordinator will ensure that they are set up with dentals and
physicals and assist them with transportation and ways to pay for the care. If parents are having difficulty making appointments or keeping their children up to date in primary and preventative health care we can ask questions to see what barriers may be preventing them from keeping appointments and assist with transport and place reminder calls if necessary.

In order to ensure that each child receives the necessary required screening a report can be run through PROMIS. During the first 45 days of a child’s enrollment the required screenings are to be completed and entered into PROMIS. The reports are run periodically to ensure that we are in compliance with the appropriate deadlines. Our program obtains guidance from a mental health and a child development professional. The information we gather is used to help facilitate the referral process. Other sources of information that we use to help us understand screening findings are through parent teacher communication, the mental health counselor’s feedback, and other trained professionals that conduct the required screenings.

Referrals are the process that we use to obtain further testing, examination, or treatment for children with known or suspected health or developmental problems. Follow up in another important part of this process as well as support for the families involved in these processes. We communicate with parents to ensure follow-up on medical and dental concerns and documenting conversations in the case notes of PROMIS, putting copies of results and notices of appointments in the enrolled child’s file, and by communication between the Health Coordinator and the Family Advocates.

Regular reports are part of the ongoing procedure for identifying new or recurring medical, dental, or developmental concerns. Health concerns entered in PROMIS are how we record physical changes in a child’s appearance or signs of illness or injury when noted or observed by staff or parents as well as by using accident and incident reports. We make referrals as often as necessary based on these observations.

If a parent or guardian refuses health services a family advocate talks over any concerns the enrolled family may have, they explain the benefits of the health service and how it affects the child in all areas of development. The Health Coordinator is available to speak with the enrolled families as well. If all attempts are made and the family still wishes to refuse the health services, a refusal of services is to be signed by the family documenting why they are refusing the service.

The system for tracking children’s health care if through PROMIS. Family Advocates are responsible for the data entry in the area of health care. The system is kept accurate by following routine reports. The tracking system is used to communicate child health needs with parents and staff. The Health Coordinator is aware of issues when children are not receiving required screenings. This information is found by running reports, communication with the Family Advocates to find out why a health service is out of date or not completed. The Family Advocate follows up with the parents to help in getting the required screenings/treatment.

Children are not denied admission to the program for health reasons. Every effort is made to accommodate health concerns of each child. The least restrictive and most appropriate setting
for the child is always considered.

Health plans are used to request information from parents about their children’s health or safety needs. Files are stored in locked file cabinets to ensure that information collected from parents about their children’s health or safety needs is kept confidential. Personnel are given information on a need to know basis so that staff members who work directly with the children are informed of needed accommodations. Health care plans and medical sheets are used to document all medications dispensed. These records are reviewed with parents each time the medication is dispensed.

Performance standards are used to monitor delivery of the program’s health services and the program’s compliance with all Federal regulations as well as policy and procedures. If problems or weaknesses with the program’s health services are detected, we correct them immediately. Information from the Annual Self Assessment is incorporated into program planning and implementation by showing strengths and weaknesses and by building on the strengths and correcting the weaknesses.

Program-wide dental varnishing is available for all students. Over time, this will support oral health for all our students.

SELF ASSESSMENT SUMMARY - PROGRAM DESIGN AND MANAGEMENT

Overall Service Summary:

In review of the Program Design and Management portion of self-assessment the following findings of strengths and weaknesses are as follows:

Strengths:
. Several Governing Board members have expertise in accounting as well as business administration. Additionally, several board members have expertise in ECE.
. Governing Body involved in all aspects of program planning, implementation and oversight
. Orientations, trainings, and retreats held for governing body
. Packets are sent to the Board/Policy Council members prior to meeting for review
. The implementation of the PROMIS management information system
. Teaching Strategies - Gold data management system supports individualization and child outcomes with Creative Curriculum
. All staff have Professional Development Plans
. Bilingual staff support diversity

Governing Body - Composition
The governing body of MOCA’s has several members with expertise in fiscal management or accounting. They are several members with business, financial and community affairs expertise.
There is a member with expertise in early childhood education and development and a member who is a licensed attorney. There are several members that are past Head Start parents or grandparents. The governing board of MOCA is properly composed.

Governing Body - Training
According to Governing Board member and meeting minutes, training and technical assistance is on-going. Head Start Director attends all board meetings and is detailed in his explanation of materials and reports received by the board.

Governing Body - Information
The following information is provided to the governing body members, monthly financial statements, credit card expenditures, attendance reports, CACFP report, programmatic information and financial audit. Governing body member report that the reports they received were clear and complete.

Governing Body - Activities
Applications for funding and any amendments are discussed in detail and approved by board. Board members are aware of the established procedures and criteria for recruiting; selecting, and enrolling children. They meet twice a year with the Policy Council.

Governing Body - Involvement
The governing body reviews and approves all major policies which include financial audit; grant application provisions, personnel policies; results from monitoring, including follow-up activities.

Governing Body - Financial
According to interviews and document reviews, the governing body approves major financial expenditures; annual operating budget, the selection of independent financial auditors and monitors the agency’s actions to correct any findings.

Policy Council – Organization
Parent committees are formed by each center in the fall and are composed of all parents of enrolled children.

Policy Council is made up of over 51 percent of parents of currently enrolled children. Policy Council member are elected by each center’s parent committees in the fall of each year. The Policy Council Chairperson is a parent.

Policy Council — Program Direction
MOCA Head Start’s Policy Council responsibilities include the program’s direction, and the program design and operation. Policy council members are made aware of the community needs assessment and the program self-assessment.

Policy Council -Conflict of Interest
Policy Council members are offered compensation for mileage and childcare. They are forms provided for compensation. No other compensation is available.
No employee or member of their immediate family, contractor or consultant may be seated on the Policy Council.

Policy Council - Training
New policy council members received a Policy Council Handbook at their first solo meeting in October. According to policy council minutes, it was reviewed with them. Also, they receive ongoing training at each meeting. Chairperson received one-on-one training and the different committees received specific training on their duties.

Policy Council - Reports
Policy Council members are provided with the following reports: monthly financial statements, credit card expenditures, monthly program information summaries, program enrollment reports, monthly reports of meals and snacks provided, financial audit. They also receive guidance from the Secretary of HHS. They were unsure of the community needs assessment and the self assessment; however, it was on the Policy Council meeting agenda to be discussed.

Policy Council - Activities
Policy Council and the Governing Board meet together twice a year. Minutes from the meeting indicate that the following decisions are approved and submitted to the governing body: Program recruitment, selection and enrollment priorities, bylaws for Policy Council operations, applications for funding and amendments to applications, budget planning for program expenditures, program personnel policies and decisions and developing procedures for electing Policy Council member.

Policy Council - Reimbursement
Policy Council members are offered reimbursement for mileage and child care expenses, and forms for that are provided. There is no stigma attached to accepting or declining. They are aware of the necessity to participate and the use funding, if needed. No other compensation is provided to the members of the Policy Council.

Planning - Self Assessment
MOCA Head Start conducts a self assessment each year. There is a team (headed by Area Supervisors and site directors) to oversee this procedure. Policy Council/Board members and field staff are utilized in completing the assessment.

Planning - Community Assessment
MOCA Head Start conducts a community assessment every three years but it is updated every year. The community assessment is used in determining best place to add areas of service. (i.e. changes at Laquey and Richland and establishing a dual language classroom) and determining program options.

Planning and Ongoing Monitoring
MOCA Head Start has a monitoring and reporting plan in place.
The Head Start Director requires a monthly report from the Director of each component area
which includes attendance, children with disabilities, etc. If a problem or weakness is detected, it is reviewed and corrected immediately. There are 4 area supervisors and 3 site directors that are based in the field and are consistently monitoring their areas to ensure the performance standards are met in every area. These activities are reported per the monitoring plan.

Communications
Several methods of communication are available to staff: telephones, emails, center staff meetings, in-service training and one-on-one meetings with support staff. The staff can request technical assistance from content area specialists.

Record-keeping and Reporting
MOCA Head Start uses the PROMIS system to maintain their records. All centers have access to this program and maintain children and family records in the field. This system allows easy access to reports. This is a secure system and is password protected.

Human Resources
The program’s organizational chart includes a Head Start Director, Director of Education, Director of Health Services which includes mental health nutrition and disabilities, Director of family and community partnerships, Director of Transportation, Facilities and Cultural Diversity. All this positions are filled at this time.

Human Resources - Qualifications
Director of Education holds an AAS in Early Childhood Development, a BA in Psychology and is a certified trainer for the Family Development Credential Program. She is also a certified Classroom Assessment Scoring System observer. She has taught in a Head Start Classroom for five years, and then became a Center Director, Area Supervisor for five more years. She currently holds the position of Director of Education and Professional Development for MOCA Head Start. She has attended several trainings throughout the sixteen years with MOCA Head Start to include the Addressing Challenging Behavior Institute, Positive Behavior Support program, Creative Curriculum implementation training, Birth to Three Conference and the Head Start Dual Language Institute.

Director of Family & Community Partnerships has seven years experience with Head Start in the positions of teacher aide, ERSEA clerk and Director of Family & Community Partnerships. She has the FCP credential and is a Nationally Certified Internal ROMA Consultant.

Director of Health Services has ten years of Head Start experience and is a registered nurse. MOCA Head Start also contracts professionals for mental health services and employs a full time Disabilities Coordinator.

The Director of Transportation, Facilities and Cultural Diversity has a Masters Degree in Early Childhood, a Bachelor Degree in Criminal Justice and Psychology. She has been the diversity specialist for MOCA Head Start for four years and is a native Spanish speaker.
Human Resources — Performance Reviews
Annual performance reviews are conducted in the spring of each year. The results are used to develop a professional development plan for every employee. The plan is developed by the employee and their supervisor and are updated annually.

Human Resources - PDP
All staff have a professional development plan which is reviewed and updated annually.

Human Resources — Background Check
A criminal background check and drug screening is conducted on all new MOCA Head Start employees prior to employment. All current employees have received criminal background checks.

Human Resources — Physical/TB
All employees have an initial physical and screening for tuberculosis is conducted every year. Drivers also have a DOT physical and cooks have a physical every year. Director of Health tracks all physicals and TB screenings.

Human Resources — Program Director Qualifications
The Head Start Director has a BS in Communication Disorders as well as 26 years of Head Start experience with 16 years in a management position; 10 years of which have been as a Head Start Program Director and member of the MOCA Senior Staff. The Director is a Certified Community Action Professional (CCAP). Also, the Director has received substantial training in Head Start specific issues, OMB circulars and numerous related topics.

Human Resource — Standards of Conduct
The program has an established standard of conduct which addresses violations of the standards and includes minor to severe infractions and the penalties of each infraction. The Standards of Conduct address responsibilities to child and conflicts of interests.
All staff signed off on the standards of conduct.
In addition, MOCA Head Start adheres to the Code of Ethical Conduct of the National Association for the Education of Young Children (NAEYC).

Human Resources — Staff Training
MOCA Head Start program provides many opportunities for ongoing training and development for all their staff. Pre service is held in the fall for the entire staff. Also, there were numerous professional development days scheduled for the year.

In addition to planned professional development days, many field staff and management staff attended workshops, trainings and conferences.

MOCA Head Start initiated an online distance learning program in the fall of 2010. The MOCA Learning Center is available to staff 24 hours a day and provides training on critical issues related to Head Start.
Human Resources — CAN Training
The MOCA Head Start personnel are trained in Positive Behavior Support and are annually trained in their responsibilities as mandated reporters of child abuse and neglect.

Program Strengths:

MOCA Head Start has been innovative in establishing a Positive Behavior Support Program for all classrooms, program wide. It has resulted in a significant reduction of challenging behaviors in the classroom. The program has maintained full enrollment for the last 8 years and continues to have an over-income enrollment of less than 1%.

MOCA Head Start has a state of the art information system with high speed internet connections in all centers. Training in the use of child tracking system (PROMIS) and child outcomes tracking systems (Teaching Strategies Gold) is ongoing. The result has been a dramatic improvement in reporting and tracking of Head Start services. A state of the art distance learning system has been developed and has been in use since the fall of 2010 that has enabled cost reductions for training, improved tracking of the transference of learning and has increased the available time and quality of training.

SELF ASSESSMENT SUMMARY - ERSEA
Eligibility, Recruitment, Selection, Enrollment and Attendance

Overall Service Summary:

Eligibility & Enrollment
All children enrolled in the MOCA Head Start program are age eligible at the time of their enrollment.
Strengths:
  . Enrollment of less than 1% of over income children
  . Maintained full enrollment for the past 10 years
  . The availability of a list of children eligible for enrollment from DFS
The program has in place signed statements that support acceptable forms of proof of eligibility. No enrolled children fall outside of the defined eligibility requirements.

MOCA Head Start does not serve families that fall between the additional allowance of 100 percent and 130 percent of poverty guideline. To ensure that MOCA Head Start is meeting the needs of children below the poverty line, the program uses the Health and Human Services Poverty guidelines to determine low-income families. Families whose income is below the guidelines are given priority. Age and the income are verified as part of the application process. Income determination reflects the family’s current status. The selection criteria are developed yearly by the policy council which gives points to each area of criteria to include income, foster care and homeless. The points are totaled for each application then placed in order on the waitlist.
Enrollment of the MOCA Head Start program includes at least 10% children with identified disabilities.

Attendance and Participation
All centers take a daily attendance using a code for absences and reason. A short comment is made about the reason for absence. If a child is absent for 3 or more days contact is made with the family, by phone, mail or home visit. With excessive absenteeism, the Family Advocate visits with the family, offering support, referral and resources. An attendance action plan may be initiated for chronic absence.

Fees
Enrollment and participation in MOCA Head Start is not contingent on payment of fees, tuitions or co-payments.

Program Options
MOCA Head Start operates center-based programs in full-day and part-day classrooms.

Self-assessment is completed each year and the community needs assessment and updates are used in determining which programs to offer and in which communities.

SELF ASSESSMENT SUMMARY - DISABILITIES/MENTAL HEALTH

Overall Service Summary:
Disabilities and Mental Health, screening and subsequent re-screens (DIAL -3, Behavioral Observations checklist, and referrals) were done in a timely manner before the 45 days of enrollment was up. Follow ups were done every two weeks and case notes on the contact person report are run to see the progress and that follow ups are being done.

Staff informs parents of the screening at the time of the initial home visit.

The screens will be conducted in the child’s native language. An interpreter may be required for any child who’s primary language in not spoken English.

Children with potential delay were re-screened with-in two weeks.

IEP Goals and objective were all done in a timely manner all documentation were in the Child files. Centers provide scheduling transition conference to provide a continuity of services for Head Start children to Kindergarten and provide the parent with a formal opportunity to assess progress made during the period of the IEP. Screens are conducted to detect children with potential problems in area that may affect their ability to learn. And referral and follow up were done in a timely manner.
Family and Community Services meet the training requirements and ongoing monitoring is done by running monthly reports and onsite verification. The program has established ongoing partnership with Health, mental health, disabilities processors. Formal partnerships are documented with memorandums of understanding, a contract, or other written agreements. Training is provided to field staff through In-Service components, or with on-site visits.

Documentation of ongoing monitoring of family and community services, Parent meeting, community log, Interagency Meetings is documented.

Staff training is documented and entered in the computer.

Family and community services meet Head Start Performance Standards.

SELF ASSESSMENT SUMMARY – FISCAL

Overall Service Summary:

The program maintains an efficient, effective reporting system that is clear and comprehensive. Likewise, the program has an independent governing body with expertise in fiscal oversight. Furthermore, to ensure quality control and program accountability; monthly reports were provided to governing body members, policy council members and staff. These reports were inclusive of balance sheets, credit card expenses and year to date revenues and expenses.

The organization is competently staffed and implemented a rotation of responsibilities to compensate for its inability to segregate duties. Moreover, precise fiscal policies are in place to safeguard funds, including management review and approval prior to obligation of payment. Additionally, the organization conducted periodic cost projections to ensure funds were adequate to carry out the Head Start program and performed thorough inventories to maintain control over assets.

SELF ASSESSMENT SUMMARY - TRANSPORTATION

Overall Service Summary:

Ongoing Monitoring and Oversight
All licensed MOCA drivers receive behind the wheel training by having the site director or transportation trainer ride along on a route. Drivers and bus monitors receive in-class training at in-service meetings when they are brought up to date on new polices and/or procedures. It is the bus driver’s responsibility to train their monitor.

Any problems arise in the program it is brought to the attention of the site director and together we find a way to resolve it.

Program Planning
The annual self assessment gives the centers the opportunity to come together review the current policies and procedures and see if there is a need for any changes for improvement.
Transportation Procedures
When a new child is enrolled into Head Start the drivers are given a copy of the child’s enrollment form with a photo, by that child’s FA. The form is placed in the bus book which goes on the bus when the children are on the bus. Parents/Guardians must sign their child on and off the bus each day.

The bus book is on the bus in the event of an accident, the driver is to call 911 and the center to notify the director and then they call the families.

Families are encouraged to volunteer on the bus; however they may not do so unless they complete 12 hours of training, a TB test and a background check. These are the same requirements for drivers and monitors. In the event that we are in need of a sub bus monitor the teachers or the FA’s will assume that responsibility.

Transportation for Children with Disabilities
MOCA does offer transportation, which complies with the American with Disabilities Act of 1990, for children with disabilities. The services provided are based on each IEP.

Performance Reviews and Training
Annual performance reviews are conducted each year. If there is any need for improvement additional training it is addressed.

Additional training can be done at the center for individual employees or at the in service if it is something new that the whole group needs.

Vehicle Maintenance and Inspections
Drivers are to do a daily inspection of their bus and fill out an inspection sheet. The inspection sheet is turned in every week along with gas tickets or maintenance receipts.

Vehicle Equipment
All busses are equipped with reverse beepers, proper passenger restraints, 2 seat belt cutters, a stocked first aid kit, a cell phone and a fire extinguisher.

Bus Safety
Every bus has an overhead compartment to store med box, first aid, gloves, plastic bags or anything that the driver needs, this compartment stays latched at all times. The children keep their back packs in their laps.
PROGRAM STRENGTHS AND AREAS FOR PROGRAM IMPROVEMENT

Governance

Head Start governance consists of 3 main bodies. The parent committee, whose membership consists of all parents of enrolled children, a Policy Council whose membership are the elected representatives of the parents and the community and the Missouri Ozarks Community Action (MOCA) Board of Directors. These 3 bodies, in cooperation with management, guide the Head Start Program.

GOV 1.1.0
The governing body does have the correct composition to provide effective oversight of the Head Start program. It currently has at least one member in each of the following areas: fiscal/accounting background and expertise, early childhood and development background and expertise, and a licensed attorney. There are also members from the community and members that are parents of children who are currently, or were formerly enrolled in this Head Start program.

GOV 1.1.1
Documentation of board member qualification is available from the Administrative Clerk. The board has no missing roles in its membership and does not use consultants for member expertise.

GOV 1.2.0
The program has established a Policy Council, elected by parents of currently enrolled children, whose membership is composed of a majority of parents of children currently enrolled in the program as well as members of the community served by the Head Start agency.

The Policy Council has the correct composition to fulfill its roles and responsibilities. The PC is currently composed of a total of 26 members from the various centers and the communities that are served. Eighteen of the 26 members (69%) are parent representatives and eight are community representatives. PC members were nominated and elected by parents of currently enrolled children at meetings held at each center in September of 2013.

GOV 1.2.1
Documentation of appropriate Policy Council composition is available from the Director of Family and Community Partnerships in the Head Start office.

GOV 2.1.0
Members of the governing body and the PC receive appropriate training and technical assistance to ensure that members understand information they receive and can provide effective oversight of, make appropriate decisions for, and participate in programs of the Head Start agency. The PC approves and submits recommendations about identified program activities to the governing body.

GOV 2.1.1
The governing body receives training that is specific to their role as governing body members and some board members also attend statewide training.

Board members exercise responsibility with respect to Head Start policy and procedures by
reviewing, approving, and developing bylaws and procedures for selecting Policy Council members.

The 2013/2014 PC members received training from staff during the September 2013 meeting. The PC Handbook was distributed in both hardcopy and softcopy formats. The training focused on these documents and included items such as policies and procedures, duties of the various PC officers, responsibilities of PC committees, basics of parliamentary procedures, Reimbursement policies and procedures.

Further training was provided which covered both the grant process and the process and responsibilities of the Personnel committee specifically.

GOV 2.1.2
Documentation exists for both the Policy Council meeting and the Board meeting to include a sign in sheet with the list of required members, a binder with the agenda and minutes concerning training and information for both the current and previous month’s meetings.

GOV 2.1.3
The minutes of the Governing Board and the Policy Council indicate regular training of the Board and Policy Council. The areas of training are relevant to the responsibilities of the respective governing bodies. Meeting minutes and sign-in sheets of the Board of Directors are available from the Administrative Clerk. Policy Council meeting minutes and sign-in sheet are available for the Director of Family and Community Partnerships.

GOV 2.2.0
Responsibilities have been appropriately exercised by both the members of Board of Directors and Policy Council. Both parent and community representatives are nominated and voted on during the first Parent Meeting. The purpose of the Policy Council and the duties of the members are discussed during orientation and a written description is sent home with each child prior to the first Parent Meeting. There is training given at the first Policy Council meeting, with additional training given at each monthly meeting to include training for individual committees. Policy Council members felt that they were given appropriate training and information to help them to provide effective oversight and to make decisions for the Head Start program. The proper number and type of representatives were represented at the meeting per documentation on the sign in sheets and in the agendas.

The Policy Council has a standing committee to review and recommend recruitment, selection and enrollment criteria and make recommendations to the Committee of the Whole on those issues.

Missouri Ozarks Community Action does not employ delegate agencies.

MOCA Head Start has written policies and procedures for selecting Policy Council members which have been approved by the Policy Council.

Minutes of the Policy Council confirm that the Policy Council reviewed, approved and recommended to the Board of Directors the funding application and amendments.
GOV 2.3.0
The governing body engages in the oversight of the program’s legal and financial decisions by reviewing and approving applications for grants and other types of funding. The board is also responsible to assure that the grant award is divided per grant instructions. The finance committee reviews the all agency operating budget and all expenditures that are over $5000.00 must have board approval. The board hires an auditor based on individual bids, cost and the history of the auditor. The auditor conducts a financial audit, reports to the board and the executive committee of board to any findings that may occur.

GOV 2.3.1
The governing body reviews the annual financial audit and the results of the annual self-assessment. Program information Reports to include financial statements, program information summaries, program enrollment reports, including attendance reports of meals and snacks provided through the U.S. Department of Agriculture. The governing body receives the results of the community-wide strategic planning and needs assessment (Community Assessment) every three years. All reports are sent to Board Members and Policy Council members to be reviewed 7 days prior to meeting dates.

GOV 2.3.2
All major financial expenditures of the agency are reviewed and approved by the governing body.

The operating budget of the agency is reviewed and approved by the governing body. The selection of independent financial auditors to report all critical accounting policies and practices to the governing body were reviewed and approved by the governing body. The financial audit was reviewed and approved by the governing body.

The agency’s progress in carrying out the programmatic and fiscal provisions in the agency’s grant application, including implementation of corrective actions are reviewed and approved by the governing body.

Monitoring of the agency’s actions to correct any audit findings and other action necessary to comply with applicable laws (including regulations) governing financial statements and accounting practices are reviewed and approved by the governing body.

GOV 2.3.3
The annual Self-Assessment are reviewed and approved by the Policy Council and the Board of Directors.

Personnel policies of the agency regarding the hiring, evaluation, termination, and compensation of agency employees are reviewed and approved by the Board of Directors.

Results from monitoring conducted under section 641A(c), including appropriate follow-up activities are reviewed and approved by the Board of Directors, as required.

Personnel policies and procedures, including policies and procedures regarding the hiring, evaluation, compensation, and termination of the Executive Director, Head Start Director,
Director of Human Resources, Chief Fiscal Officer, and any other person in an equivalent position with the agency are reviewed and approved by the Board of Directors

GOV 2.4.0
The PC is engaged in the approval and submission of recommendations to the governing body. For example...PC members reviewed and discussed the 2014/2015 Grant application during the October 15, 2013 meeting. Members approved a motion to recommend to the Board that the grant application be submitted. The personnel committee reviews staff employment applications and makes recommendations to the PC on matters such as employment and terminations of the program staff in a manner consistent with 642(c)(1)(E)(iv)(IX). The By-law committee reviews and recommends amendments to the by-laws. The selection criteria committee reviews and recommends the selection criteria document that covers areas such as program recruitment, selection, and enrollment priorities. The PC membership as a whole voted to approve the by-laws and selection criteria for the 2014/2015 year.

GOV 3.1.0
The program provides all of the required reports to the governing body and Policy Council to ensure they have the necessary information to make decisions and provide effective oversight of the program.

PC members regularly receive documents related to financial statements, credit card summaries, program information summaries, enrollment reports, Program instructions and information Memorandums, reports of meals and snacks provided through USDA programs, community needs assessments and program information reports. Members receive this information in softcopy format via email seven days prior to the PC meeting. Hardcopy packets are provided to all PC members at each meeting. The reports and information packets are consistently of high quality. This information supports the Policy Council’s ability to make required decisions for the program.

Annual reports:
- The financial audit is received annually
- The Self-Assessment, including any findings related to such assessment, are received annually.
- Program Information Reports (PIRs) are received annually

Monthly Reports:
- Financial statements, including credit card expenditures are provided monthly.
- Program information summaries are provided monthly
- Program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency are provided monthly.
- Reports of meals and snacks provided through programs of the U.S. Department of Agriculture
- (USDA) are provided monthly.

Additional reports:
- Every 3 years, the community-wide strategic planning and needs assessment (Community Assessment) of the Head Start agency are provided.
- Applicable current updates from the Secretary (i.e., Program Instructions, Information Memoranda, etc.) are provided in the monthly report as appropriate.
SYSTEMS

SYS 1.1
The program uses information from the Community Assessment and Self-Assessment to develop long and short-range goals. The grant narrative lists both short and long term goals of the program. Some example of these goals are 50% of teachers will have BA degree, All classroom staff will have CDA within one year of their employment, Family Advocates will earn Family Development Credential in same time frame, partnerships with LEAs, male involvement, reduction in staff turnover, early literacy, and school readiness.

Documents can be found online at http://www.moca-caa.org.

How the program knows about goals being met and the changes made based on what is learned through the planning process is through program statistics (such as PIR, attendance and enrollment records) and using in house statistics and turnover of Head Start staff.

SYS 1.2
The self-Assessment is conducted yearly. The entire program is included in this process.

At the end of the self assessment process; an action plan is created. Reports are combined and final report is drafted.

The program evaluates all service areas and fiscal operations. Tools and procedures are used effectively and consistently by program staff.

Monitoring plan on the MOCA Head Start website fulfills obligations and monitors appropriate areas. The staff is responsible for and/or participates in ongoing monitoring activities.

At the end of the self assessment process action plans are created and a final report is drafted.

SYS 2.1
MOCA Head Start has an on-going self-monitoring plan. It is available to all staff and the general public at: http://www.moca-caa.org on the administrative tab.

SYS 3.1.0
The organizational structure of MOCA Head Start supports the programs goals and objectives. Each component of the program is supported by at least one Content Area Specialist, including Mental Health, Disabilities, Early Childhood Development, Health, Nutrition, Family and Community Engagement and Facilities and Transportation.

There are currently no vacancies in positions that support Head Start functions. The Field staff are supervised by Area Supervisors and Site Directors.

SYS 3.1.1
The staff assigned to each role is as follows; Linda Money--Health, Anne Roach-- Disabilities and Mental Health, TJ Harper--Education and professional development, Jenny Patton--Family and Community Partnerships, Kathy Drake--Head Start Clerk, Maria Smith--Facilities and transportation, Beth Dye--ERSEA and Area Supervisors who supervise field personnel.
SYS 3.1.2
The program provides adequate mechanisms for staff supervision and support by content areas specialist and area supervisors. Our system organization structure is on the website.

Standards of Conduct---MOCA Head Start adheres to the NAEYC Standards of Professional Conduct, and provides Standards of Conduct online with table of penalties. Each Head Start employee signs a statement of understanding concerning their responsibilities surrounding the Standards of Conduct.

SYS 3.1.3
The Human Resources system supports program goals and objectives by ensuring that appropriate positions are assigned to each activity and that those positions are filled appropriately with qualified individuals. A system of job descriptions are in place to address the major functions and responsibilities assigned to each staff position. A system of supervision is in place to ensure adequate supervision and support of each staff position.

SYS 3.3.4
All TB and Health Exams were completed. Documentation is maintained in personnel files and tracked by the Director of Health Services.

SYS 3.4.0
The Human Resource Manager uses a tracking form for Criminal Records Check. Each CRC is filed in the individuals personnel file.

The CRC’s are requested by the Executive Assistant thru the Jefferson City Harmon Document Retrieval Service. There is also a request made to the Missouri State Highway Patrol. Information includes driver’s license number, social security numbers, and date of birth for each staff person. If the record is clear it is received the next day if not it takes 4 or 5 days and the director is notified. An employee may not be hired until the background check is received. All employees have had a criminal background check.

SYS 3.4.1
Criminal record checks were completed on all staff as required by Federal Law.

SYS 3.4.2
All employees hired within the last 12 months have had a criminal record check conducted prior to employment.

SYS 4.1
The program has communication mechanisms in place that provide:

- Sharing of accurate and timely information and staff to support outcomes for children and families.
- Sharing of accurate and timely information with parents, policy groups and the general community.

SYS 5.1.0
The program establishes and maintains a record-keeping system that supports the delivery of services to children and families. The program consistently collects and records data in an accurate and timely manner for children, families, and staff, generates reports to inform planning,
communication and ongoing monitoring, makes information accessible to appropriate parties and maintains confidentiality.

The data systems used by the program are PROMIS and TS Gold.

Data are accurate and up-to-date.

SYS 5.1.1
Program records are updated as necessary and related reports are reliable and periodic. Systems for collecting data are in place and used by all staff.

SYS 5.1.2
All systems provide adequate access for appropriate parties and are protected from inappropriate access.

SYS 5.1.3
The program record keeping system yields effective and timely reports that are used in ongoing monitoring, planning, reporting and overall communication.

SYS 5.1.4
All electronic record keeping systems are password secured and policies are in place to ensure confidentiality of children and families and staff. Paper systems are secured under lock and key when not in use.

SYS 5.2.0
The annual report contains the required explanation of budgetary expenditures, proposed budget for the fiscal year, and information on school readiness and how we prepare children for kindergarten. The annual report is made available to the public on the programs website at: http://www.moca-caa.org/documents/AnnualReport.pdf

SYS 6.2.0
MOCA Head Start has a strong system of program governance. The Policy Council and the Board of Directors meet twice each year in joint session and there are liaisons between the two groups to provide good communication and understanding.

The Policy Council members are elected by the parents of children enrolled in the program. It meets regularly and has good attendance. Policy Council members understand their roles and responsibilities. Minutes of meetings are provided to centers for posting and members report back to their respective centers on the activities of the Policy Council.

The Board of Directors meets regularly and most are long time board members. The board consists of members of the community that are elected officials, representatives of low income families and representatives of civic organizations that represent the community at large.

Meetings are well attended and members are active in their participation. Alternate meetings are held in Richland, MO at the central office and at locations more convenient for members at the other side of the service area. The board members are trained regularly in the activities of the program and their responsibilities to the program.
FISCAL Review

Fiscal review was not conducted because the annual audit was conducted during the information gathering stage of this Self-Assessment and is available on the website.

The Annual Audit contains an unmodified opinion.

ERSEA

ERSEA 1.1
The program has an effective system for recruitment. The Community Needs Assessment is used. The program has built partnerships with businesses and organizations in the community. They contact current and past Head Start families for referrals of age eligible children. They also contact the current wait list of children and update their information. The program contacts families with age eligible children that are on the current DFS client list. They post flyers throughout the community, contact local media and give them the PSA, have recruitment fairs, partner with local Parents as Teachers and distribute information to the local schools. They set up at community events and businesses to hand out information. All information given includes disability information. Recruitment efforts always include information on children with disabilities.

ERSEA 1.2
The selection criteria are set by the Policy Council. Selection Criteria includes: child’s age, family size, income, foster care, public assistance, identified disability, SSI, biological risks, environmental risks, established risks, parent type, family type,(single mother/father, one two parent family, foster family, etc), primary language. Each area receives points and when added together will determine where the child is on the wait list.

ERSEA 2.1
All child files had a signed statement in the verifying the child’s eligibility.

ERSEA 2.1
All of the files indicated which documents were examined to determine whether the child was eligible to participate in the program.
The signed statement in the files indicates the eligibility status of the child.

ERSEA 2.2
All of the children in the program are enrolled as income eligible, except three children are over income. Three were categorically eligible.

ERSEA 3.1
There is at least 10% of children enrolled in the program with disabilities.

ERSEA 3.2
The program maintains an active wait list at all times. The children on the wait list are ranked according to the program’s selection criteria and the program uses the wait list to fill vacancies as they occur.
The program takes applications all year and the selection criteria ranks the children by need. Staff recruits in the community all year. The last day for children to attend class is May 30th 2014.

ERSEA 3.3
The program’s enrollment report is submitted by the 7th of each month to ACF by the Program Director. The program has never been out of compliance the entire program year.
Enrollment records support ACF Reporting.

ERSEA 4.1
When children are absent, the centers make contact with the child’s family and document in PROMIS the reason for absence and on the attendance sheet why the child is absent. The centers are in contact with the families with attendance issues and assist them in finding solutions to whatever the problem is that is causing the absences by making referrals to community organizations as needed. If absences continue the staff will do an attendance plan of action with the family.

ERSEA 4.1
Absences are documented on the weekly attendance record and in PROMIS. A monthly average attendance report and absence by reason reports are run and reviewed by the Head Start Director, ERSEA Clerk and the Head Start Center. The Centers are in contact with the families with attendance issues and assist them if they can or make referrals to other agencies.

ERSEA 4.2
No fees are ever charged for the Head Start Program.
CHILD HEALTH AND SAFETY

CHS 1.1
A determination is made by a health care professional as to whether or not the child was up-to-date on a schedule of age-appropriate preventive and primary health care made. A signed physical is present in all child files.

CHS 1.1
Staff will assist parents in making arrangements to bring their children up-to-date on a schedule of primary and preventative health, evidenced by dental forms, vision and hearing exams provided on sight, and notations in case notes of helping families to schedule primary and preventative health care appointments.

CHS 1.1
A random child file selected demonstrates that a health care professional determined that the child was up-to-date on age appropriate primary and preventative health care as evidenced by the child’s physical examination.

CHS 1.1
There is a process used by MOCA Head Start to ensure that children are kept up-to-date on a schedule of age appropriate and primary care through-out the year, tasks involved in this process are that program policy which states that each child is required to have a physical by a health care professional within 30 days of enrollment, and updated yearly. This is monitored throughout the year by the use of the PROMIS data recording system, through family advocate monitoring, area supervisor file reviews, and the health specialists monitoring reports. The family advocates are primarily responsible for encouraging and ensuring that parents keep their children up to date on age appropriate preventative and primary health care of their children. Periodic health status alerts are sent to the Health Services Director, the Program Director and Family Advocates when children are nearing the period in which new health determinations need to be made.

CHS 1.2
The program and staff developed a process of follow-up and guidance for the family, by sending home pamphlets, and holding a parent workshop on childhood obesity. It is determined that follow-up occurs on a regular basis with this family

CHS 1.3
The staff performs a developmental screening, or the staff gets a recent DIAL-3 score from a cooperating agency, such as the school system. If the scores are low the teaching staff can either rescreen when the child is more comfortable, or refer for further testing. Parents are contacted and a parent teacher conference or a home visit is scheduled to go over the results of the DIAL -3 and the recommendation for the referral to another agency. Health issues are handled much the same, hearing and vision screenings are scheduled with in the first 45 days of entering the program, and then parents are contacted and spoken with about the need for further evaluation and given resources to help them.

CHS 1.3
There are program policies and procedures in place to ensure that all parents or legal guardians are contacted in a prompt and timely manner, this determination is made based on the interview with the health coordinator, review of emergency records, and a review of policies and procedures in
CHS 1.3
The home visitor discusses health and development concerns by reviewing the DIAL-3 results, and to ascertain if the family has any concerns. An example was given of a younger child who was biting.

CHS 1.3
The program does not include family child care providers

CHS 1.4
The children did receive health procedures and developmental screenings administered through the program and by contract/agreements.

CHS 1.4
The file contained evidence of parent/guardian consent for health procedures and developmental screenings administered or scheduled through the program, through the documentation of parental informed consent forms for, DIAL-3 screenings, eye exam, fluoride varnish and mental health screenings. Further evidence is found of parental consent for health procedures on the child demographics form.

Parental consent was made prior to any health procedures and developmental screenings being performs.

CHS 1.5
The tracking system includes all necessary information for the tracking of the health care services provided, the system is regularly updated, it includes information on all required health services, and it is confirmed that the information in the system is accurate by the comparison of the data with the information contained in the child files.

CHS 1.6
The program does not serve pregnant women and new mothers.

CHS 1.7
The program does not serve pregnant women and new mothers

CHS 1.1
All vision and hearing screenings were completed by the entries in the data management system.

CHS 2.1
The program performs or obtains the required linguistically and age-appropriate screenings to identify concerns regarding children within 45 calendar days of their entry into the program.

CHS 2.1
The program completed the sensory screenings for the child within 45 days of the child’s entry into the program, as documented by the completion of all the center’s children having received sensory screenings prior to 45 days of entry into the program.

CHS 2.1
All screenings for developmental concerns were completed, determination made by the review of the child files, and PROMIS report.
All screenings for social, emotional and behavioral concerns were completed as evidenced through DIAL-3 observations, observations in case notes, and mental health screenings.

The program made an attempt to complete the social, emotional, and behavioral screenings for the child within 45 days of the child’s date of entry.

CHS 2.1
The center staff and the Health Director ensure that all enrolled children have a developmental, speech, hearing, vision, dental, sensory and behavioral appraisals within 45 days of enrollment. The program’s screening process includes collecting information from multiple sources by bringing in health professionals, observation conducted by center staff, physical documentation, referrals, and by assisting the family where ever needed. It is determined that the program ensures that the screenings are linguistically, age appropriate and sensitive to each child’s cultural background by bringing in interpreters to work with the families and children who speak other languages.

This program has been open more than 45 days at the time of the review.

CHS 2.1
There are documents with in the program’s health screening procedures that provide evidence that the program has a screening process that is linguistically, age appropriate and is sensitive to each child’s cultural background, other than Spanish.

The procedures used ensure that information is collected from multiple sources.

There are procedures that describe the grantee’s process for using guidance from mental health or child development professionals on how to use the findings to address identified needs.

CHS 2.2
The child’s file reviewed does not have a suspected or identified disability

Upon interview of the staff, that the lead teacher (not the Disabilities Coordinator) makes a prompt referral to the LEA soon after the DIAL-3 screenings. Referrals are reviewed and coordinated by the Disabilities Coordinator.

The Disabilities coordinator is involved in screenings, assessment and referral process by following up on screenings done by center staff, PROMIS, observations, follow-ups on necessary referrals, etc, and also through reports and classroom observations.

Referrals are determined from results of DIAL-3, observations, etc. and followed up on through the monitoring of reports of data entry and visits to the center. The center staff ascertains the status of the referral by conversations with the families, ensuring that they have a release of information to talk to the LEA agency and requesting information on the status of the referral.

The parent was notified of the different types of screenings prior to the child receiving the screenings, and the purpose of further evaluation and referrals. The parents were met with and explained the results of the screenings and what the next step would be.

CHS 3.1
The state and local licensing requirements apply to all of the program’s facilities.
All of the program’s facilities have a current license provided by the state for the amount of children in attendance. All centers are appropriately licensed.

CHS 3.2
The toys, materials, and furniture are age-appropriate, safe, and supportive of the abilities and developmental level of each child served, and adaptations are made for children with disabilities

CHS 3.2
The program provides sufficient equipment, toys, materials, and furniture to meet the needs and facilitate the participation of children and adults.

CHS 3.2
The program does not require or request that families provide any items; all items are supplied for them.

CHS 3.3
The program does not include family child care providers

There are emergency evacuation routes and other safety procedures (e.g., for fire- or weather-related emergencies) posted in the classroom by evidence of the posted procedures on the wall of each classroom.

There is sufficient and adequate lighting for classroom activities, as founded by an observation of the classrooms.

There is adequate emergency lighting available in the case of a power failure, this determination was made based on an observation of facilities.

There is a fire extinguisher available that is easily accessible and there is a service date on the fire extinguisher showing that it has been updated annually by a professional and visually inspected monthly by staff.

There are an appropriate number of smoke detectors installed and is there documentation showing that the smoke detectors are tested regularly as documented on the clip board in the classroom.

The exits are clearly visible and evacuation routes are clearly marked and posted so that the paths to safety routes are unmistakable.

CHS 3.4
All medications are labeled and stored under lock and key as observed by the reviewer.

There are written procedures include procedures for the labeling and storage of medications for children, staff and volunteers, under lock and key, and refrigerating if necessary.

CHS 3.5
The program does not include family child care providers

Electrical outlets that are accessible to children are designed to prevent shock and the use of plastic safety covers.
The windows and doors are constructed to prevent injury to children.

Toilets and hand washing facilities adequate, clean, in good repair, and easily reached by children.

Toileting and diapering areas separated from areas used for cooking eating and children’s activities.

Garbage and trash is stored in a safe an sanity manner, as evidenced by lids and cleanliness surrounding the trash cans.

There is a safe and effective heating and cooling system that is insulated and protect children and staff from potential injuries, as evidence by the system being in a separate room.

The design of the playground and selection and layout of playground equipment and/or surfaces minimize the possibility of injury to children.

All sewage and liquid waste are disposed of properly.

The center is free of air pollutants, including smoke, lead, pesticides, and herbicides, as well as soil and water pollutants.

When spraying and pesticides are used by the centers, the program ensures that no children are present during the spraying and that children do not return to the affected area until it is safe.

CHS 3.6
The program maintains a smoke-free environment on the center grounds.

CHS 3.7
The program does not include family child care providers.

CHS 3.8
The classrooms do provide at least 35 square feet of usable indoor space per child (excluding bathrooms, halls, kitchens, staff rooms, and storage space).

The program does not include family child care providers.

The centers do provide at least 75 square feet of usable outdoor space per child for each group using the playground.

CHS 3.9
The outdoor play areas are arranged to prevent children from leaving the premises and getting into unsafe and unsupervised areas.

There were no instances when children left in outdoor play area or were able to access unsafe or unsupervised areas. Children are not exposed to vehicular traffic en route to play areas at any center.

CHS 3.10
Facilities materials and equipment are well maintained and in good repair.
CHS 3.10
Indoor and outdoor premises cleaned daily and kept free of undesirable and hazardous materials and conditions.

CHS 3.11
Provisions were made to ensure the safety, comfort and participation of children with disabilities as demonstrated by the observation of a child with disabilities who had a special needs aid working with him and ensuring that he could participate with the class.

CHS 4.1
Staff, volunteers and children washed their hands with soap and running water, after toilet use, before food preparation, whenever hands are contaminated with blood or other bodily fluids, and after handling pets or other animals.

Staff and children wash their hands before each meal, after being outside, after playing in learning areas, after sneezing, coughing, and helping with sick children, and after toileting or helping a child with toileting or diapering. To wash hands the procedure is, to turn on the water and wet hands, add soap and rub in front, back, nails, etc for 20 seconds, rinse hands and dry with one paper towel. The towel is then used to turn off the water.

Staff states that gloves are worn when coming into contact with bodily fluids, and spills are cleaned up immediately.

CHS 4.3
No diapering was observed. There are policies and procedures that sanitization and hygiene procedures for diapering protect the health and safety of children, by occurring away from children, hand washing, sanitation practices, and the proper disposal of soiled diapers.

This center does have one child with special needs that does require diapering. The process that is used is to take the child to the bathroom to ensure privacy. A mat is placed on the floor, the child is changed. Immediately the child is helped is helped to wash their hands and allowed to return to the classroom. The assisting teacher then uses the 3 step process for sanitizing the mat. Soapy water, rinse, water and bleach solution is sprayed on and allowed to air dry. The diaper is taken out and the staff then washes their hands again.

CHS 4.4
Parent was asked to provide information when filling out the initial application, and again on a health concern form. At orientation the family was able to discuss their child’s health and safety concerns and provide more information about the child’s needs. Information that was shared was dentals, shot records, past illnesses, diagnosed issues, etc., the family felt that the staff was very friendly and accommodating.

Staff is given any needed training to accommodate and work with each child.

Staff are trained and qualified through necessary training required to fulfill their job duties, to ensure that the health, safety, and welfare of every child in the program needs are met. Additional training is available for staff that has children with specialized needs in the classroom. Through parent interviews, health care plans, child physicals, observations, documentations and screenings, special instructions from the child’s doctor or other health professionals are examples of how staff can
identify many of the special needs of the children in our program.

CHS 4.5
The program meets the nutritional needs and feeding requirements of all children, special dietary requirements are addressed, accommodations are made for the feeding and nutritional needs of children with disabilities, and there are a variety of foods served.

CHS 4.6
The program schedules meals and snacks to meet the USDA guidelines. A further determination is made that individual child’s needs are adjusted for when serving meals.

CHS 4.7
The program does not serve infants and toddlers

CHS 4.8
Children are provided with opportunities to brush their teeth daily as part of their classroom routine.

Children are provided opportunities to brush their teeth in conjunction with meals. Staff utilizes the written brushing teeth policy.

CHS 5.1
The predominate age is 4 and 5 year olds.

There are 16 children in the classroom.

This program does not include family child care providers

CHS 5.2
This program does not serve infants and toddlers

CHS 6.1
The bus is equipped with a two-way communication system, as evidenced by cell phones

The bus is equipped with safety equipment for use in an emergency, including a charged fire extinguisher that is properly mounted near the driver’s seat and a sign indicating its location.

The bus is equipped with a first aid kit and a sign indicating its location.

The bus is equipped with a seat belt cutter for use in an emergency evacuation and a sign indicating its location.

The bus is equipped for use of height- and weight-appropriate child restraint systems

The bus is equipped with a reverse beeper.

CHS 6.2
The program assigns one teacher as a monitor per bus route, unless more monitors are needed due to the needs of the children.
Program ensures that children are only released to authorized persons, by having a copy of the child enrollment form with emergency and release to information provided by the parents. The bus driver and aide both walk through the bus to ensure that no child is left on the bus.

There are procedures that ensure that children are released only to parents or legal guardians and that any other adults have been approved in writing. At orientation forms are filled out and names and phone numbers are given of anyone that is allowed to pick up the child. When someone the staff does not know comes to pick up the child, they are asked to present identification and this is checked against the information the parents have provided. Parents are asked to update the list as needed. There is a process of taking head counts and roll call is done to ensure that all children are accounted for throughout the day.

CHS 6.4
Bus monitors receive training before they are scheduled to monitor the bus. These trainings include how to load and unload children, the use of child restraint system, administering first aid and CPR, how to handle emergency situations including emergency evacuation, the operation of special equipment, maintaining all appropriate records and documents, child pick up and release procedures, and pre and post trip check

CHS 6.5
There is a training plan for bus drivers in the program. This includes receiving a certificate from MOCA, and training approved through MO department of health and human services, annual training in January, drivers do not drive until they have completed the initial training, a MO DOT physical is also completed every two years with a head start physical every year.

CHS 6.6
Families in this center provide for their own transportation needs and occasionally help each other with transportation. The interviewed parent did not mention any challenges.

CHS 6.6
Transportation information is translated and there is a Spanish translator in house.

Family Community Engagement and ERSEA Summary

ERSEA:
Parent Transitions: Jenny reported that there is support for parents of a child transitioning by policy council procedures

Parents report good communication, staff involved in giving information on transitions concerning public schools etc.

Partnership with Families service delivery tracking, direct service was strength all findings good. Parent child relationship: OK. Community Partnerships was good no findings. Parent as the child educator all parent interviewed were positive.

FCE 1.1
Program staff engage in a process of collaborative partnership-building with all parents to:
- Demonstrate respect for each family’s cultural, ethnic, and linguistic diversity
Establish mutual trust
- Identify family goals
- Identify strengths
- Identify necessary services and other supports

The process begins as early after enrollment as possible and must take into consideration each family’s readiness and willingness to participate.

FCE 1.2
The program works with families to provide referrals, resources and services that are responsive to families’ needs and conducts follow-ups to determine the effectiveness of services received.

FCE 1.4.0
Staff have a Resource Binder that they use to list area resources available to families. These resources list doctors, dentists, banks, babysitters, adult education, etc. and other local agencies within their community. Family Advocates are involved in local inter-agency collaborations that also allow them to share resources and information regarding local services and opportunities.

Staff can then use this information to aide families when they are in need of local services outside of Head start.

When staff refer families for services outside of Head start, they are to follow-up with the family and/or provider. This initial referral is documented in PROMIS as are any follow-up services. Staff can enter comments on their progress and enter a result of “in progress”, “pending”, “Service Complete”, “Service not delivered”, or “Service ongoing”

FCE 1.4.1
Family surveys help identify interest or needs. Visual displays for resource information makes needed resources available to any family. Offering education materials through workshops, meetings and family events helps with standard family development. Individual referrals and materials are available to support family discussions.

FCE 2.1
The program provides educational opportunities for parents to enhance their parenting skills that include:
- Understanding the educational and developmental needs of their children
- Sharing concerns and observations about their children with program staff

FCE 2.1.1
Teachers incorporate individual child goals in lesson plans and data is obtained through observations in teaching strategies. Parent teacher conferences; home visits; and an open door policy where the parents are encouraged to voice any concerns that they have with their child’s teacher or program staff

FCE 2.2
Parents are encouraged to share any concerns they may have. The program staff builds a positive
relationship with each parent/family to ensure they feel comfortable and welcome in the center.

Program staff:
- Educate parents about how to strengthen and nurture supportive environments and relationships in the home and at the program.
- Identify appropriate responses to children’s behaviors
- Encourage parents to share concerns and observations about their children’s mental health
- Share observations with parents regarding their children’s behavior and development.

Information concerning mental health is provided after each assessment is completed on each child. The mental health consultant is also present with any concerns.

FCE 2.3
The program makes provisions for mental health program services for parents and staff that include:
- Staff and parent education on mental health issues
- On-site mental health consultation with mental health professionals
- Activities promoting children’s mental wellness

FCE 3.1
The program encourages parents to be full partners in the education of their children; parents are invited to no fewer than two pare-teacher conferences and home visits per year. Scheduling for home visits and parent teacher conferences are made at the convenience of the parent.

FCE 3.2
The program increases families’ access to materials, services and activities critical to family literacy development, including:
- Interactive literacy activities for parents and their children
- Training for parents on how to be their children’s primary teacher
- Education and resources that lead to economic self-sufficiency and financial literacy

FCE 3.3
The program builds parents’ understanding of their rights under IDEA and builds their confidence in identifying, accessing and advocating for resources needed to address their children’s special needs.

FCE 3.4
Parents are given information at the beginning of the year about where to get evaluations for children with suspected disability.

Child Development and Early Learning

CDE 1.1
School readiness goals include Head Start Child Development and Early Learning Framework, state Early Learning guidelines, and in some cases the requirements and expectations of the schools that the children will attend. The school readiness goals were established utilizing a team effort, and the alignment through TS Gold.

Parents are involved in the process of developing the program’s school readiness goals by
participating in the policy council, and a parent survey.

All five domains are included in the program’s school readiness goals. These goals are tracked through TS gold, which works through all 5 domains and more.

CDE 1.2
The program analyzes individual, ongoing child level assessment data through the use of TS Gold. Teachers put in information and 3 times a year reports can be generated to review the goals. Teachers, supervisors, and the Education Director review and analyze the data.

There is an individual school readiness data system, the data is tracked in the existing data system

The program demonstrates that children who are dual language learners make progress in both acquiring the knowledge and skills described in the Head start child Development and Early Learning Framework and learning English by having a dual language teacher in the classroom when possible, and tracking observations and data through the TS Gold system. When there is not a teacher who speaks the same language available for that classroom, all resources are used to find an employee that can help, and/or using community partners to help communicate with the child and family.

The program includes a system to aggregate and analyze child-level assessment data at least three times during the program year by using sub groups of 3 and 4 year olds and finalizing reports in TS Gold. The finalized data is then used to run reports for analysis.

The program uses data in combination with input from parents and families to determine each child’s status and progress in the five essential domains by gathering and inputting data from a variety of sources to include teachers, parents, home visits, parent teacher conferences, dial-3 questionnaire, and formal and informal interactions with families.

The program uses data to individualize experiences, instructional strategies and services to best support each child by utilizing TS Gold and running reports to determine the needs of each student and the class as a whole. TS Gold also includes individualized activities and ideas based on the data entered. Teachers are trained to interact with children at their level and to scaffold learning.

CDE 1.2
The program directs continuous improvement related to the effectiveness of the following and based on the analysis of school readiness outcomes: curriculum and instruction, Professional development, Program design, and other program decisions by, conducting observations throughout the year, having the area supervisors then look at what is low and target individualized training, in-services training looks at the program as a whole and determines training based on the needs of the teachers and classrooms. However, this does not seem to include school readiness outcomes.

CDE 1.2
The program is not informing parents and the community of the program’s progress in achieving school readiness goals.
The program uses ongoing child-level assessment data to identify children’s levels of development, provides experiences to support children’s development, and monitors children’s progress throughout the program year by imputing data and tracking the child’s development in the TS Gold system, the teaching staff uses this information through reports to plan the classroom environment and activities.

The program utilizes creative curriculum, 2nd step and, picturing America for all program options.

The program did include the ages of children, staff development and training, and ongoing assessment by using teaching strategies gold which includes measurable objectives for each child. This curriculum was chosen because of good foundations and research. It is unclear how the program’s school readiness goals and measurement of progress is used to determine the curriculum selection.

CDE 2.1

The curricula supports dual language learners because it is play based and through play all enrolled children acquire the knowledge and skills described in the Head start child Development and Early Learning Frame work. The curricula further supports the acquisition and progress toward learning English by using the documentation and goal based data tracking system, teaching strategies gold.

CDE 2.1

The program has not modified the curriculum, the program determines whether the staff is implementing the curriculum by regular observations, weekly lesson plans that are submitted and approved by the area supervisor, and frequent visits by the area supervisors.

CDE 2.2

The staff uses the curriculum to support the development and continued progress of all children in the five essential domains by rotating the essential domains in the lesson plans. All domains are worked with weekly and observations are recorded on each child. These observations are used in the TS Gold system to determine the level of the child’s abilities in each domain and then this report is used to create lesson plans that target where each child and helps to scaffold the child’s learning to higher outcomes.
The program does service some dual language learners. The curriculum is set so that children demonstrate learning through observations and participating in activates. The curriculum helps to support the acquisition of English by providing information in both English and the home language and helping the child make the connection and acquire skills in both languages.

CDE 2.2

The setting did reflect the implementation and curriculum experiences that promote language and literacy by having journals, notebooks, paper, writing materials, a large selection of books, written words, children’s work, the alphabet was posted in many areas, and there were great conversations between staff and children.

CDE 2.2

The setting did reflect the implementation of curriculum experiences that promote cognition and general knowledge by the problem solving by the children, many math and science activities, interactive game to intentionally teach the rules, and alternative activities being available.

The setting did reflect the implementation of curriculum experiences that promote approaches to learning, by including the theme bugs and insects throughout the room. The room was full of pictures, books, posters, toys and games that were bug related. There were also live caterpillars in a jar with life cycle cards and charts.

CDE 2.2

The setting did reflect the implementation of curriculum experiences that promote physical development and health.

CDE 2.2

The setting did reflect the implementation of curriculum experiences that promote social and emotional development.

CDE 3.1

The teaching staff uses information through ongoing observations, insights from families, and medical needs when individualizing the program for children and families.

CDE 3.2

The program is all inclusive and children with varying abilities are in the same environment.

Modification and arrangements are made on an as needed basis, dependent on the needs of the child and IEP. The centers utilize OT/PT, speech, and other special services from the local school system,
if the LEA denies services to a child, the Head start staff in coordination with Parents and the Disabilities coordinator can create an IEP. Collaborations take place by frequent communication between the LEA and part c agencies, families, and staff.
CDE 3.4

The program has secured the services of a mental health professional including on-site consultations for program staff and families that provides for timely identification and interventions to address children’s mental health concerns.

CDE 3.5

Staff individualize the program and supports each child’s individual growth development and progress. Staff responds to children’s interests, temperaments, languages, and plans and outcomes are documented for each child through the TS Gold system.

The approach to CDE by this program is to support each child’s individual growth, development and progress by providing the tools for each student, if they need it, it is provided, each student is observed to determine their individual development and lesson plans are created to encourage development and progression through skills that are individualized. To include dual language learners, the program employs many strategies from having on staff interpreters who are fluent in Spanish, and other staff that is indicative of the culture of the area that the center is located.

Other strategies are used if needed, to include family members, and other community partners.

CDE 4.1

The program hires teachers with the required qualifications, training and experience.

This program does not serve infants and toddlers.

CDE 4.2

This program does not utilize family child care providers

CDE 4.3

There is a professional development plan on file each employee.

CDE 4.3

The staff is involved in their professional development plan at the time of their annual evaluation. The evaluation is used as a guide to determine the staff’s needs for continued educational improvement and to have a positive impact on teacher and staff effectiveness. Professional Development plans are evaluated as often as necessary, determined by the supervisors and staff, at
a minimum of once a year. The ECD director, and supervisors establish plans to ensure that the teaching staff meets qualifications.

CDE 4.3

The professional development plans are created based on the yearly evaluation. Teachers and staff create the goals to improve performance, skills, and to increase the scores on the evaluations.

CDE 4.5

No classroom in the program has a majority of child that speak a language other than English.

Languages of children are tracked in the TS Gold and PROMIS systems. There are a variety of methods that are used in the event that a family does not speak English. These include utilizing the on staff translator, other staff, community partners, or other family members are used to communicate with the family.
Effectiveness of the Program in Meeting Regulatory Requirements

1. The program maintains an effective system of shared governance that supports the implementation of quality services to children and families.

2. The program engages in an effective system of program planning that supports the implementation of quality services to children and families.

3. The program maintains an effective system of communication that supports the implementation of quality services to children and families.

4. The program maintains efficient and effective systems of record-keeping and reporting that provides accurate, confidential and timely information regarding children, families, and staff in support of quality services.

5. The program maintains an effective on-going monitoring system that supports the implementation of quality services to children and families.

6. The program maintains an effective system of human resources that support the implementation of quality services to children and families.

7. The program maintains an effective fiscal management system in supporting implementation of quality services to children and families.
   a. **Area to strengthen:** Need a succession plan for fiscal director.

8. The program implements a comprehensive system of services for preventing health problems and intervening promptly when they exist.

9. The program tracks the provision of all child health and developmental services and ensures that follow-up services are received in a timely manner.

10. The program, in consultation with the family, individualizes a program of child development and health services to meet each child’s unique characteristics, strengths and needs.
    a. **Area to strengthen:** Multicultural activities for families should be incorporated more to enrich diversity and cultural knowledge.

11. The program ensures that individual services are effectively provided to children with diagnosed or suspected disabilities.

12. The program has engaged in a process of curriculum selection, development, implementation and evaluation that has resulted in a written plan that supports the growth of children’s social competence, including school readiness.
    a. **Area to strengthen:** Time available to complete requirements.

13. The program engages in a process of collaborative partnership-building with families.
    a. **Area to strengthen:** Revisit FDC training annually.
14. The program provides parent involvement opportunities in all aspects of the Head Start Program.

15. The program takes an active role in community planning and advocacy to improve the delivery of services to children and families and is engaged in effective child care partnerships.

16. The program approach to eligibility, recruitment, selection, enrollment and attendance helps meet the needs of Head Start-eligible families and is formulated in response to the Community Assessment.

17. The program ensures that the facilities, materials, equipment and transportation services are supportive of learning and reflective of different ages and stages of development of each child including children with disabilities, and that appropriate space is provided for the conduct of all program activities.

18. The program has an effective system for measuring child outcomes that informs program leaders of patterns of progress for 3 to 5 year old children and how the program might be improved.

19. The program implements a comprehensive system of mental health prevention and intervention services for children and families including providing mental health awareness and education to staff.
Corrective Action Plan

a. **Area to strengthen:** Need a succession plan for fiscal director.
   i. **Objective:** Fiscal Officer will develop a succession plan
   ii. **Responsible Person:** Heather Shortell
   iii. **Time Frame:** Jan 31, 2015
   iv. **Date Completed:**

b. **Area to strengthen:** Multicultural activities for families should be incorporated more to enrich diversity and cultural knowledge.
   i. **Objective:** Multicultural activities will be expanded.
   ii. **Responsible Person:** Maria Weddle
   iii. **Time Frame:** September to May
   iv. **Date Completed:**

c. **Area to strengthen:** Time available to complete requirements.
   i. **Objective:** Area Supervisors will ensure the efficient operation of centers and staff time management.
   ii. **Responsible Person:** TJ Harper
   iii. **Time Frame:** September to May
   iv. **Date Completed:**

d. **Area to strengthen:** Revisit FDC training annually
   i. **Objective:** Review the principles and values of the FDC course to improve the quality of services to families and communities
   ii. **Responsible Person:** TJ Harper
   iii. **Time Frame:** During program pre-service
   iv. **Date Completed:**