

# FINAL SELF ASSESSMENT REPORT AND CORRECTION PLAN

January 10, 2025

## Process

Representatives from all sectors of SHS, including the Board of Directors and Policy Council, met on January 10, 2025 for the annual Program Self-Assessment. Data summary sets from the following areas were prepared for the team:

### Group 1. School Readiness

- Team Leaders: Child Development Managers Tessa Buell and Christina Knowles

### Group 2. Family Outcomes

- Team Leader: Family Services Manager Diane Hacker

### Group 3. Staff Retention

- Team Leader: Human Resources Manager Kaylee Cambra

### Group 4. Dental and Health

- Team Leader: Health Manager Kevyn Odenbach

### Group 5. Recruitment/Enrollment

- Team Leader: ERSEA Manager Melissa Skudlarek

### Group 6. Disabilities/Mental Health

- Team Leader: Jess Dennis

Team members participated in an overall orientation given by the Executive Director, Gordon Chatham, about the purpose of Self-Assessment, an overview of the agency's 5-year goals, and the process that would be followed. All teams were overseen by Gordon Chatham.

Each participant was assigned to a group. The team leaders guided the group discussion by asking the following questions: *What are the strengths in this program area? What are the concerns/areas of improvement needed? What are the group's recommendations to strengthen this area?*

Group 1: School Readiness		
Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> <li>1. A lot of growth for Preschool and Infant Toddler from Fall to Spring.</li> <li>2. English Language Development 2 &amp; Approaches to Learning-Self-Regulation 5/6 came in high and stayed high from Fall and Spring.</li> <li>3. Cognition 1 Early Head Start came in high and stayed high.</li> <li>4. Language and Literacy Development 8/9 are coming higher and having large gains Head Start. Also not masked up with COVID</li> <li>5. What we're doing is working, as the data is reflecting growth.</li> <li>6. Science and physical development are the same from 2023/2024 in Head Start</li> <li>7. Fully staffed classrooms open. The data is showing that were serving more students in Early Head Start</li> <li>8. English Language Development is progressing as the year moves on.</li> </ol>	<ol style="list-style-type: none"> <li>1. Cognition 9 Scientific reasoning and problem solving didn't have a lot of growth for Head Start</li> <li>2. Approaches to Learning-Self-Regulation 5 measure low for Head Start/Early Head Start</li> <li>3. Early Head Start are entering low in Language and Literacy Development</li> <li>4. Early Head Start are coming lower in the fall in social emotional.</li> </ol>	<ol style="list-style-type: none"> <li>1. Providing training for parents around Language and Literacy Development and screen time and the importance. Our data shows that children are starting low in Language and Literacy Development.</li> <li>2. Campaign that we could adopt and share with families.</li> <li>3. Training around delayed gratification.</li> <li>4. Promoting Literacy as an alternative/ Training for Parents.</li> <li>5. Add information on the mango signs regarding Language and Literacy Development.</li> <li>6. Add more education trainings around Language and Literacy Development for our teachers</li> </ol>
<p><b>Plan of Correction:</b></p> <ol style="list-style-type: none"> <li>1. Provide parents with resources and education tools regarding the importance of limited age appropriate screentime.</li> </ol> <p><b>Where will correction be noted?</b></p> <ol style="list-style-type: none"> <li>1. Goal 3, Objective 3. Add strategy/activities.</li> </ol>		

<b>Group 2: Family Outcomes</b>		
<b>Strengths:</b>	<b>Concerns:</b>	<b>Recommendations:</b>
<ul style="list-style-type: none"> <li>1. Family goal completion is improving</li> <li>2. Resources/referrals are now being documented in ChildPlus data system.</li> <li>3. SOPs</li> <li>4. Having family service staff at all centers</li> <li>5. Trainings (Printouts &amp; Hands on learning)</li> <li>6. More parent involvement than previous years</li> <li>7. Family service staff's knowledge about creating goals &amp; the relationship built with families</li> <li>8. Collaborations with family service staff and classroom staff</li> </ul>	<ul style="list-style-type: none"> <li>1. Retaining stable family service staff</li> <li>2. Are we documenting and entering all resources provided into the correct places in CP for the data to be accurate when given to the Office of Head Start? (Program Information Report)</li> <li>3. Time consuming data entry processes</li> <li>4. Getting more parent involvement (Continue to increase)</li> <li>5. Scheduling for Dual Language Learner families</li> <li>6. Non-Dual Language Learner family worker/home visitor connections/barriers with Dual Language Learner families</li> </ul>	<ul style="list-style-type: none"> <li>1. Add an area for updates on the goals (with date stamp) and a report to increase accuracy</li> <li>2. Training bilingual caregiver to help/assist with completion of Family Opportunities and Interest Assessment and goals with families since they already have a relationship with the family</li> </ul>
<p><b>Plan of Correction:</b></p> <ul style="list-style-type: none"> <li>1. Review possible modifications to the family opportunity and interest assessment.</li> </ul> <p><b>Where will correction be noted?</b></p> <ul style="list-style-type: none"> <li>1. Goal 3, Objective 3. Add strategy/activities.</li> </ul>		

Group 3: Staff Retention		
Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> <li>1. Implementation of Learning Management System</li> <li>2. Ability to hire fully or almost fully qualified staff rather than hiring non-qualified staff and putting them on a Plan of Action</li> <li>3. Implementing Sub-line to cover absences and keep classrooms open</li> <li>4. On-boarding process is quicker because of in person paperwork</li> <li>5. New Staff Orientation is back!!</li> <li>6. Interview process lies more with the Human Resources Training &amp; Development Coordinator, freeing up the Human Resources clerk</li> <li>7. All classroom aides have 6 units or more</li> </ol>	<ol style="list-style-type: none"> <li>1. Classroom aide turnover is high</li> <li>2. Minimum wage and Cost of Living Adjustment.</li> </ol>	<ol style="list-style-type: none"> <li>1. Following through with Position Learning Path</li> <li>2. Focus on building staff through training and education</li> <li>3. Utilize stipends for staff who want to further their education for promotions</li> <li>4. Create exit interviews for classroom aides (position w/ highest turnover)</li> <li>5. Create data that displays the number of classroom aides who have been promoted</li> </ol>
<p><b>Plan of Correction:</b></p> <ol style="list-style-type: none"> <li>1. Implement annual staff surveys</li> </ol> <p>Where will correction be noted?</p> <ol style="list-style-type: none"> <li>1. Goal 4, Objective 3. Add strategy/activity.</li> </ol>		

**Group 4: Dental and Health**

<b>Strengths:</b>	<b>Concerns:</b>	<b>Recommendations:</b>
<ol style="list-style-type: none"> <li>1. Yearly increase in completed dentals from the collaborations.</li> <li>2. Using Hill Country Dental and Shasta Community: Dental families can establish dental homes</li> <li>3. Partnerships with Lions Club and UCSF for Hearing and Vision Screenings (takes some of the workload of Family Workers)</li> <li>4. Overall strong community collaborations to meet standards and support families</li> </ol>	<ol style="list-style-type: none"> <li>1. Not enough dentists in outer areas (Siskiyou) leading to long waitlists to be seen for exams</li> <li>2. The large amount of paperwork to be seen by the dental collaborations is a potential barrier to parents</li> <li>3. Not all medical providers are doing lead testing for the Well-Child Check Up.</li> <li>4. Barriers to getting proof lead testing when it is done.</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase family worker support with the family to complete needed paperwork</li> <li>2. More verbal/text reminders to parents.</li> <li>3. Electronic paperwork in place of the paper packet for Hill Country Dental and Shasta Community Dental</li> <li>4. Add dental paperwork to the enrollment meeting</li> <li>5. Parent Training from the county lead prevention program for lead information and safety</li> <li>6. Brainstorm ways to share more lead information with families</li> <li>7. Collaborate with local agencies to educate families on the importance of lead testing (Rowell)</li> <li>8. Work with medical providers for the possibility of mobile lead testing</li> </ol>

**Plan of Correction:**

1. No Corrections Needed

**Where will correction be noted?**

1. Appropriate actions are already listed in 5 Year Goals

Group 5: Child and Family Recruitment		
Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> <li>1. Drop reasons were broken out well to identify why families leave the SHS program.</li> <li>2. DocuSign data shows that it is working well for families to apply for the program.</li> <li>3. The velocity and completion rate for DocuSign shows good information and that the follow up for completion of applications is positive.</li> <li>4. Friends and family referrals are the highest referral and that reflects well on the agency.</li> <li>5. We have a large list of referral sources.</li> <li>6. Percentage of contacts being wait-listed is increasing.</li> </ol>	<ol style="list-style-type: none"> <li>1. Decrease seen in outside agency referrals. "Raises the question if this coincides with our funded slots and decrease in the children we serve."</li> <li>2. People having casual conversations about Head Start are saying they think the community lacks knowledge that we offer infant and toddler care.</li> <li>3. Per zip code assessment a concern was brought up why Siskiyou County did not have a high contact to actual wait-list ratio.</li> </ol>	<ol style="list-style-type: none"> <li>1. Possibly adding additional information to "not satisfied with program" as their reason for dropping from the program.</li> <li>2. Comparison added to self-assessment report to show how many applicants are applying in person.</li> <li>3. Reach out to the outside agencies that refer to us to strengthen the connection.</li> </ol>
<p><b>Plan of Correction:</b></p> <ol style="list-style-type: none"> <li>1. No Corrections Needed</li> </ol> <p><b>Where will correction be noted?</b></p> <ol style="list-style-type: none"> <li>1. Appropriate actions are already listed in 5 Year Goals</li> </ol>		

**Group 6: Disabilities / Mental Health**

<b>Strengths:</b>	<b>Concerns:</b>	<b>Recommendations:</b>
<ol style="list-style-type: none"> <li>1. Meeting 10% of enrollment of children with disabilities- we do this year after year</li> <li>2. More awareness of children coming in with disabilities and how to place them during selection (and concern). New Positive Behavior evaluation tool systems that track teachers plan fidelity and children's response to plan Teaching pyramid modules were given this program year to new staff</li> <li>3. Referral process updated and increased parent involvement</li> <li>4. Increase number of children referred in Early Head Start for mental health/behavior</li> </ol>	<ol style="list-style-type: none"> <li>1. Classrooms have high percentage of children in classroom with disabilities and/or challenging behavior Growing number of children coming in or being diagnosed with a disability: how to balance where and how to place them.</li> <li>2. New staff-potentially not understanding when to track children and when to refer</li> <li>3. Unknown children with behaviors or disabilities pulled from the wait list</li> <li>4. Lower ratio of staff (3 in classroom) hard to support children with high level needs</li> <li>5. Amount of ouch Behavior Incident Reports in relation to ouch reports</li> </ol>	<ol style="list-style-type: none"> <li>1. Finding a balance of children with disabilities and or challenging behavior in classrooms.</li> <li>2. Develop training based on common Behavior Incident Report behaviors (eloping)</li> <li>3. More training with Early Head Start to Head Start behaviors. How can we do those transitions better.</li> <li>4. Collect data on eval plans.</li> <li>5. Smaller ratio classroom for children with Autism</li> <li>6. During Enrollment with ERSEA ask questions to be able to recognize if there is a potential risk for challenging behavior</li> </ol>

**Plan of Correction:**

1. Ensure successful transitions between SHS classrooms and from SHS to TK and Kindergarten (i.e., collaboration with SHS Staff, public schools and parent education around expectations).
2. Develop a consistent approach to support transitions of children requiring additional resources to be successful in the classroom.

**Where will correction be noted?**

1. Goal 2, Objective 2. Add strategy/activity.