

FINAL SELF ASSESSMENT REPORT AND CORRECTION PLAN

January 8, 2026

Process

Representatives from all sectors of SHS, including the Board of Directors and Policy Council, met on January 8, 2026 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 & 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 Services Manager, Kevyn Odenbach

Group 5. Recruitment/Enrollment

- Team Leader: Enrollment Specialist, Tracy Snow

Group 6. Disabilities/Mental Health

- Team Leader: Disabilities & Mental Health Services Manager, 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"> 1. Ongoing training is provided for teaching staff- including curriculum teaching pyramids, classroom environments and coaching support. 2. Children in EHS and HS are making consistent developmental progress. 3. Identifies trends to ensure teachers receive targeted training and support. 4. Children entering HS and EHS in fall are coming in with strong developmental skills. 5. Adding classroom aides for classroom support as younger children are entering preschool classrooms. 6. Social-emotional development has improved in HS and EHS. 	<ol style="list-style-type: none"> 1. Children are coming into our program younger. How can we prepare teachers? 2. We should be training staff that behavior is a form of language. 	<ol style="list-style-type: none"> 1. Our reports need to be more friendly to read- such as side-by-side bar graphs. 2. We should have a case study to track challenging behaviors in morning vs afternoon. 3. We should hire more aides for classrooms.
<p>Plan of Correction: Concerns and recommendations are addressed in current practices or program goals. No plan of correction needed.</p> <p>Where will correction be noted?</p>		

Group 2: Family Outcomes

Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> 1. Increasing goal completion rates. 2. Increase in parent group/meeting attendance. 3. We are providing training around how to create SMART goals for families. 4. Family services staff are having increased supervisory support. 5. PC meetings are offered via zoom to allow more parent access/convenience. 	<ol style="list-style-type: none"> 1. There is a difference in attendance numbers in various parent meetings. 2. We feel there should be an increase in parent participation in all areas- such as parent groups/meetings. 	<ol style="list-style-type: none"> 1. Looking at data, parent meetings have high attendance vs low attendance. We ask: why? 2. More encouragement for families to see themselves as participators, leaders, and encourage them to join more. 3. More emphasis that parents have power and empower them to participate.
<p>Plan of Correction: Concerns and recommendations are addressed in current practices or program goals. No corrections needed.</p> <p>Where will correction be noted?</p>		

Group 3: Staff Retention

Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> 1. Exit interviews = data favorable. 2. Exit interviews show past employees are highly satisfied with benefits, ex: sick pay, holiday pay, etc. 3. Exit interviews show that employees are happy with training and resources within their role. 4. There is little turnover in teacher positions. 5. There is little turnover with long-term employees. 6. There is little turnover in leadership roles. 7. The annual turnover has decreased overall. 8. Having subs available is positive. 9. Turnover is typical of employees who have been here less than 12 months. 	<ol style="list-style-type: none"> 1. Classroom aide turnover is high. 2. Primary caregiver turnover is high. 	<ol style="list-style-type: none"> 1. Reconfigure classroom aide interview questions to gauge the applicates heart and passion in working with children. 2. Implementing floor interviews - specifically with classroom aides (or for any position).
<p>Plan of Correction: No correction needed.</p>		
<p>Where will correction be noted?</p>		

Group 4: Dental and Health

Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> 1. Improvements in health data with collabs- specifically Hill Country Dental. 2. Family Workers receive comprehensive health and screener trainings. 3. Positive relationships with community collabs. 4. All requirements align with our vision- "Strong start in life". 5. Collabs with other agencies are bringing more grant funding into our community. 6. Community collabs want to work with SHS and the collabs are strong. 	<ol style="list-style-type: none"> 1. Collabs are losing grant funding - we have to look for new funding streams or new collabs. 2. There are large amounts of paperwork to get health requirements done and this is a barrier for families. 3. Lead testing is improving but still low and concerning. 4. There is low child attendance during clinic and screener days. 5. Dental treatments not available locally in some areas resulting in time and transportation restraints for families. 6. Low collabs in Siskiyou and Trinity counties. 7. There is a lack of medical and dental access in Siskiyou and Trinity counties, 	<ol style="list-style-type: none"> 1. Increase parent education on the importance of health and dental requirements. 2. Streamline paperwork processes. Such as electronic paperwork like DocuSign. 3. Look for other collabs such as WIC for lead testing. 4. Specialized lead testing education parent meeting, collab with CLPP program. 5. Look for new partnerships in Siskiyou and Trinity counties. 6. Send out Learning Genie family engagement around health requirements and health education. 7. Increase electronic reminders to parents regarding clinic and screener dates. 8. Increase communication between Family Workers and Education staff to work together on communicating with parents around health and dental.

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Where will correction be noted?

Group 5: Child and Family Recruitment

Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> 1. Recruitment with partners has been consistent. 2. Our main recruitment source is by word of mouth, by friends and family. 3. We are actively reaching out with other agencies to provide brochures and info. 4. There have been lots of recruitment events and this is increasing our waitlist numbers. 5. Increase in waitlisted children. 6. Docusign time range to complete applications are consistent. 7. Docusign makes it easier on families to apply. 8. ERSEA coordinators are actively providing follow-up to families- such as sending emails, letters, phone calls. 	<ol style="list-style-type: none"> 1. Increase of number of children leaving to attend another preschool/TK. 2. Drop rates that are due to transportation- due to limited community resources. 3. Less children enrolled this year and more are leaving for TK/preschool. 4. We do not have an afterschool program or late-hour options available for families. 	<ol style="list-style-type: none"> 1. When dropping a child, we would like more specific details to document why exactly they left the program. 2. Research more connections with Health and Human Services so they could provide more referrals to us. 3. Form more partnerships with outside agencies. 4. Have ads on TV and billboards. 5. Have more partnerships with housing authorities and onsite managers to provide SHS info to their tenants. 6. Continue with recruitment events. 7. Expand or engage other SHS depts to attend recruit events.

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Where will correction be noted?

Group 6: Disabilities / Mental Health

Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> 1. We are catching disabilities earlier. 2. PBS plans are being created more often supporting children and teaching staff. 3. Non-state classrooms are seeing longevity with teaching staff and there are fewer PBS plans (compared to state classrooms). 4. Teachers understand the process of BIRs and the importance of them. 5. We are consistently serving over 10% disabilities within our classrooms. 	<ol style="list-style-type: none"> 1. The number of behavioral/mental health referrals continues to rise. 2. We are seeing more PBS plans, and it takes more time and effort for the teaching staff. 3. State classrooms have a higher percentage of plans of action. 4. When there are too many behaviors in a classroom, it reduces quality of care. 5. Children being diagnosed with disabilities are rising. 6. There is struggle to get IFSP and IEPs in a timely manner. 7. IFSPs are on the rise for children under 3. We are wondering if it is a true disability or a lack of opportunity to develop skills? 8. Behaviors are happening more often during unstructured time. 9. More children are coming in lower developmentally which can trigger a referral. 10. There is higher burn out with teachers, and therefore less consistency in implementation of plans. 	<ol style="list-style-type: none"> 1. Would like to see more data regarding how many teacher referrals are vs parent requests. 2. Want more data from parents regarding aggressive behaviors at home vs school. 3. Want more data on how many children have a diagnosis vs how many are in the referral process. 4. Want more data on how many children with IFSP did not qualify when transiting to IEP- compared to when we refer in preschool. 5. Want to see more staff in state classrooms. 6. Support teachers in state classrooms with case conferencing. 7. Preschool life skills training opportunity - explore this. 8. Working with families of young children due to increase in IFSPs to develop those skills.

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