

FINAL SELF ASSESSMENT REPORT AND CORRECTION PLAN

January 13, 2023

Process

Representatives from all sectors of SHS, including the Board of Directors, met on January 13, 2023, via Zoom meeting for the annual Program Self-Assessment. Data summary sets from the following areas were prepared for the team:

Group 1. School Readiness

- Team Leader: 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 Amber Butcher

Group 4. Dental Health

- Team Leader: Health Manager Kevyn Odenbach

Group 5. Recruitment/Enrollment

- Team Leader: Accounting Manager Melissa Skudlarek

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 chose a group to work in depending on their interest. 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. Approaches in learning and PD health were very high in the spring. 2. The gains in the data is still a gain despite the lack of social interactions due to the pandemic. 3. Large motor development is high due to outside activities and our rules around COVID. 4. PD health and safety was very high in fall, winter and spring. 5. Engagement and persistence (ALTREG6) started high at 37% and ended @ 77%. 6. Highest gain in IT was in approaches in learning. 7. ALT Reg 5 Had a huge gain with controlling feels from Fall to winter. 8. Looking at HS and other organizations were really leading in providing care. 	<ol style="list-style-type: none"> 1. Social emotional development is very low. The yearly growth isn't that large. 2. Post "COVID" kids have lower social skills due to the pandemic. 3. We still have a large number of challenging behavior children. 4. Phonological awareness started very low, but is understandable due to wearing masks. 5. Self-control and feelings are starting low. 	<ol style="list-style-type: none"> 1. How can we teach more through movement and large motor. 2. Training Staff on LLD with hands on activities. 3. Being aware that children are going to start lower emotionally, when they start. (Be prepared) 4. Add more training around developing measurement skills for PS children. 5. IT are going to start COG9 ALTREG5 lower, so being aware so we can be proactive with training.
<p>Plan of Correction:</p> <ol style="list-style-type: none"> 1. None <p>Where will correction be noted?</p> <ol style="list-style-type: none"> 1. Self-Assessment feedback will be used in developing our next five-year goals, objectives, and strategies. 		

Group 2: Family Outcomes		
Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> 1. Providing additional training/support for staff on goal writing and follow-up with families. 2. Increased monitoring to ensure accurate PFCE data input. 3. Providing resources and connecting families with our community. 4. More than half of the goals written were actually completed. 5. We have seen a year-to-year progression with the completion of goals. 6. Having a great tool such as the FOIA to assist the real needs of the families. 7. Ample time (90 days) to gain positive relationships with families prior to completing the FOIA. 8. Addition questions have been added to the FOIA to help strengthen the Framework. 9. The breakup of the time frame in which the FOIA's are conducted. 10. Separate FOIA's at the beginning of the program year and at the end of the program year helps to show improvements. 11. Making Parenting A Pleasure and the 'Reachables' tool is helpful to combine the curriculum with the Parent, Family, Community Engagement Framework (PFCE). 12. Parent Cafes are being offered again. 	<ol style="list-style-type: none"> 1. Staff turnover and the changes in Family Services Staff at a center. 2. Training for staff members who are completing Goals and FOIA's when Family Services staff is unavailable. 3. Staff availability and comfort level when conducting parenting groups. 	<ol style="list-style-type: none"> 1. Parent engagement/ Parent groups should be more available for families. 2. Providing more parent-to-parent connections for families. 3. Have familiar staff available to sit in with new Family Services staff when completing FOIA and goals to increase comfort levels. 4. Discipline That works workshops for parents that our staff can provide on a drop-in basis and not as a monthly commitment. 5. Provide child care for staff that are providing parenting groups.
<p>Plan of Correction:</p> <ol style="list-style-type: none"> 1. None <p>Where will correction be noted?</p> <ol style="list-style-type: none"> 1. Self-Assessment feedback will be used in developing our next five-year goals, objectives, and strategies. 		

Group 3: Staff Retention

Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> 1. Strong Culture - positive environment, passionate employees, holiday pay/bonuses/benefits, biweekly pay, morale boosting supervisors & activities 2. Support - both hands-on and virtual, shut down days, minimum day Mondays, supervisors always willing to help and support 3. Quality of Care - low ratios allow for individualization, high expectations for staff, passion 4. Access to Tech - higher access to technology than ever before 5. Town Halls - very informative, helpful to have full agency together, access to provide feedback 6. Strong Supervisors/Mgmt. - low turnover in supervisory positions, able to help support new staff, mgmt./supervisors with open door policies & are accessible 7. Qualification Pathways - great support for unqualified staff for classes, help through the CD Permit process + payment, education stipends 	<ol style="list-style-type: none"> 1. Other Employment - highest turnover reason, public schools/SCOE pay differently 2. Schedule Alignment - hard to hit every school district (e.g., COT, President's Week, etc.) 3. Out of Control - how do we become more adaptable/deal with so many aspects outside of our control - fingerprints in new hire process, CD Permits being granted through state, 40% of turnover for reasons outside of our control 4. Staff Child Care - child care crisis, affordable child care, consistent child care (including our own centers) 5. Turnover in 0-1 Year - highest turnover in first year of employment, more floor interviews? 	<ol style="list-style-type: none"> 1. Stay Interviews - focus on long-term EEs in positions with high turnover (e.g., PCs, ATs) 2. Feedback - provide ways to get feedback to Town Hall (anonymously?), comment boxes at centers, etc. 3. Clearer Career Paths - ensuring staff know how to climb the career ladder, how to help PT EEs who want FT hours & benefits
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Group 4: Dental Health		
Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> 1. Agency focus on oral health: social media, flyers/posters, parent meeting, parent newsletter, dental kits for all children, daily toothbrushing in classroom. 2. Strong Community Collaborations with Shasta Community Dental and Hill Country dental to provide dental clinics. 3. Several options for children to get dental exams: clinics (SCD) and onsite (Hill Country) making it as easy as possible to complete for parents. 4. Shasta Head Start Staff: Family workers and Registered Nurse working one on one with families, assisting them in getting these requirements completed, i.e. helping with scheduling and paperwork. 5. Using ChildPlus for tracking and follow-up of dental requirements. SHS has developed a strong system in ChildPlus to ensure transparency and consistency of dental data 	<ol style="list-style-type: none"> 1. No parent buy-in. Parents not believing or seeing the value in good oral health. 2. Lack of time to complete dental exams and treatment. Most families are working and don't have the time. Lots of center shutdowns that are eating into the time parents have. 3. No incentive to get dental exams, no repercussions for not, no way to enforce dental requirements with parents. 4. Staff are unable or having a hard time getting proof of dental care when it has been completed, staff spending alot time trying to get proof from providers and parents. 5. Getting paperwork done by parents to get children seen at one of our clinics. The amount of paperwork that must be completed beforehand is a definite barrier to children getting seen at the clinics. 6. Children that are uncooperative or need extensive dental treatment must be referred to 	<ol style="list-style-type: none"> 1. Be clear and set dental expectations with parents during enrollment. 2. Designate a day during the week (minimum days Monday) to sit down with parent to complete dental. paperwork 3. Re-adjust parent perspective around dental care -- it doesn't have to be a chore, but an important and healthy way of life you and your child. 4. Prepare and empower parents to pursue good health/oral health on their own. 5. If possible, schedule a dental clinic on the weekends if this would increase participation. 6. Before being seen by a dentist prepare children for the experience, talk about and practice at home/classroom, read books around oral health, send out short dental clips to parents over Learning Genie. 7. Standardize and pre-fill dental paperwork as much as possible, possible automate in ChildPlus. 8. Work with dental clinics to eliminate extraneous paperwork

for maintenance and supervision.	out of town for treatment, up to 6-8 hours away.	9. Send dental/health information and resources to families on the waitlist.
Plan of Correction: 1. None Where will correction be noted? 1. Self-Assessment feedback will be used in developing our next five-year goals, objectives, and strategies.		

Group 5: Child and Family Recruitment		
Strengths:	Concerns:	Recommendations:
1. ERSEA team is knowledgeable, good communication 2. Phone calls, personal contact with families 3. Families using survey monkey 4. Notes in Child Plus very helpful, encourage staff to seek info from families for notes 5. Texting families, reminders for appointments, complete paperwork (existing families) 6. High volume of returning children 7. Recommendations by word of mouth is highest source of recruitment 8. DocuSign, completion higher, less no shows	1. Category of unknowns on recruitment source & zip code data 2. Closing classrooms leading to TK 3. Attending other preschools, follow up with the FW as to the reasons 4. Center hours don't meet the families' needs 5. Protect our reputation in the community, continue to support the parents as well as we currently are so not to let class closures impact our word-of-mouth referrals 6. Inability to transition kids into class due to lack of staff	1. Increase communication via texts 2. Families using survey monkey, follow up via phone calls 3. ERSEA staff reach out to HV & FW to complete paperwork with enrolled families 4. Category of unknowns on recruitment source, zip code data, follow up with team to attain more specific info 5. Envelope completion rate higher (text, staff follow up) 6. Increase advertising sources 7. Continue to grow partnership of staff with the ERSEA department
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