

FINAL SELF ASSESSMENT REPORT AND CORRECTION PLAN

January 12, 2024

Process

Representatives from all sectors of SHS, including the Board of Directors and Policy Council, met on January 12, 2024 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: Enrollment Coordinator 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 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. High numbers of children receiving Fall & Spring DRDP. Kids staying whole year. 2. Preschool children showed consistent gains in all domains - about 40%. 3. Preschool children came in low in LLD - gained 45% 4. Preschool - large gains in phonological awareness, including letter and word knowledge. 5. Children are making gains in Social Emotional Development - even with lower entry %. 6. The measures that tend to represent the challenging behaviors are ending with high gains. 7. In person trainings are helping teaching staff to take more away from trainings. 8. Huge growth in motor development and approaches to learning. 9. Steady increase in gains for social & emotional development. 10. Language & literacy good gains from Fall to Spring. 11. Significant increases in symbolic sociodramatic and social and emotional understanding. SE4 came in really high (66%) and made gains to 95%. 12. Spatial relationships & classification had high gains. 	<ol style="list-style-type: none"> 1. TK impacting numbers of children enrolled / reduction of slots. 2. Looking at where children are in, in regard to SE → the BIR / BOR process to get classroom support seems lengthy - up to 6 weeks. 	<ol style="list-style-type: none"> 1. Continue to educate SHS parents and community on benefits of SHS vs. TK. 2. Keep working on social emotional development - through implementing TP & looking at techniques to implement conscious discipline. 3. Strengthen goal for 90% of new staff to complete Teaching Pyramid learning path and work to meet 90% goal - objective 1 - goal 1. 4. Continue training in language & literacy to achieve even higher outcomes. 5. Find ways to encourage parents to complete parent/child activity records.
<p>Plan of Correction:</p> <ol style="list-style-type: none"> 1. No correction needed. <p>Where will correction be noted?</p> <ol style="list-style-type: none"> 1. Self-Assessment feedback will be used in reviewing our five-year goals, objectives, and strategies. 		

Group 2: Family Outcomes		
Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> 1. Documentation of resources provided. 2. Individualization with every child and family. 3. Goals / Follow-ups with every family. 4. Family Services providing trainings. 5. Lack of abandoned goals (low percentage, 3%). 6. Families are more likely to continue positive outcomes when they have our support. 7. More than half of goals were completed by families. 8. The amount of community events & opportunities to be a part of their community in different ways. 	<ol style="list-style-type: none"> 1. Increase parent engagement (i.e. parent volunteers, father engagement). 2. Lack of Learning Genie usage by parents. 3. Male role model lacking. 4. Low parent attendance for Parenting Groups / Meetings. 	<ol style="list-style-type: none"> 1. Adding father involvement to Family outcome information. 2. Documentation of ALL resources provided (by classroom staff as well). 3. Provide more opportunities for male involvement. 4. Male staff participation in classrooms (pancake breakfast, royal reader, etc.).
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Group 3: Staff Retention		
Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> 1. In person new hire orientation, updated presentation which helps provide connection. 2. Receiving more qualified/quality applicants, due to wage increases & offering sign on bonus (ability to choose between candidates). 3. Faster moving onboarding process, in person paperwork (one of the strategies). 4. HR is fully staffed, getting trained, and eager to learn. 5. Fully staffed and over staffed. 6. SOP Portal (recommendation updating the interface). 	<ol style="list-style-type: none"> 1. Collaboration to implement Learning Paths. 2. Update interview questions with subject matter experts (time how to) 3. Balancing the overstaff, over hiring 4. Learning management is access which is difficult to manage (no supervisor access). 	<ol style="list-style-type: none"> 1. Learning path checklist, get experienced staff to participate. 2. Implementing a learning management system, which can lead to better trained staff and staff buy in (Paycom). 3. HRTDC attending trainings for all departments to better understand. 4. Implement stay / exit interviews. 5. Provide community event to promote SHS + ECE - go into classrooms.
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Group 4: Dental and Health

Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> 1. Current long-standing collaboration with Shasta Community Dental 2. Dental Clinics and collaboration with SCD and Hill County Dental 3. Increased number of dental clinics with SCD for the 23/24 year 4. Family Workers assist parents with the medical and dental processes and completing requirements. 5. Bi-lingual aids are available to support parents, bi-lingual forms are also available. 	<ol style="list-style-type: none"> 1. Difficult to get established with a dentist in Siskiyou County 2. Long waiting periods to be seen by a dentist, appts scheduled months out. 3. Large amounts of paperwork to be seen is a challenge for parents. 4. Dental Clinic hours that are offered is difficult for working parent to get to 5. General lack of pediatric dentist in the remote areas 6. Children may be absent on the days that Lion’s Club or Hill Country come to the center. 	<ol style="list-style-type: none"> 1. Look for new strategies to work with and engage parents. 2. Incorporate filling out paperwork into Parent Conference Meeting and/or first Home Visit, use this time to talk about requirements. 3. Plan a “dental/health week” into classroom activities, schedule this in advance and engage classroom staff. 4. Current health events are a good opportunity to talk to parents. 5. Lead recalls on products and food are a good time to stress the importance of lead testing. 6. Provide local transportation to dental clinics, and medical appointments.
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Group 5: Child and Family Recruitment

Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> 1. Low drop rate for unsatisfied with program. 2. Our highest referral sources are friends and family / past & current parents. 	<ol style="list-style-type: none"> 1. Improve percentage of DocuSign applications to completion. 2. Reader friendly view of breakdown of data. 	<ol style="list-style-type: none"> 1. Add comparison years for DocuSign. 2. Continue to look for ways to recruit. 3. Make data more reader friendly with more details of where the need is coming from (example: zip codes, EHS vs HS).
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Group 6: Disabilities / Mental Health

Strengths:	Concerns:	Recommendations:
<ol style="list-style-type: none"> 1. Family dynamics survey completed by Mental Health Specialist with all families of children in PBS process. Data is being collected and analyzed. 2. IEP/IFSP enrollment meets and exceeds minimum requirements. 3. Providing lots of staff training through Teaching Pyramid and additional workshops. 	<ol style="list-style-type: none"> 1. Increasing numbers of behavior/mental health referrals 2. How does selection process balance and address identified and unidentified children with behavior/mental health, IEP/IFSP, additional factors? 3. Staff wellness and how it impacts the classroom and perceptions of child behavior. 4. Lack of parent engagement - Parents are required to attend a lot of meetings (HV, Conferences and additional meetings when referred) 5. Writing BOR/BIR is challenging for some staff (no time or they feel they are managing the behavior) so they are not doing them. 	<ol style="list-style-type: none"> 1. Complete staff wellness survey and identify who is responsible for leading staff wellness efforts. 2. Provide more training on communication - including difficult conversations with co-workers and parents, connecting with others to establish common goals, 3. Set a standing agenda item around communication on monthly site meetings. 4. Solicit feedback from teachers and parents who have children with BIR/BORs and PBS plans this year. 5. Evaluate how to balance and support parent needs for full day as well as strategies to support quality in full day classrooms (teacher planning and team communication time). 6. Identify classrooms or teaching teams that are doing well and find ways to share and duplicate what they are doing. 7. Consider presenting certain data sets as percentages to compare across years. 8. Consider ways to combine parent meetings or reduce multiple meetings about the same topic.

Plan of Correction:

2. No correction needed.

Where will correction be noted?

3. Self-Assessment feedback will be used in reviewing our five-year goals, objectives, and strategies.