



Missouri Ozarks Community Action, Inc



Head Start

2012

Self-Assessment

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Self Assessment Summary

The Self-Assessment process, mandated to be done 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 improvement.

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 2012. The Office of Head Start Guide to Self Assessment was used in this self-assessment. The 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.

In general, the findings were positive. No areas of non-compliance were noted. However, several areas in need of improvement were identified.

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 5 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 4 persons on staff that speak fluent Spanish and a number of native German speakers. The program also has 2 staff persons that speak fluent Chinese and one speaks fluent Turkish.

Teaching staff credentials:

CDA w/ Waiver:	5%	1 classroom teachers
AA:	55%	11 classroom teachers
BA:	35%	7 classroom teachers
MA:	5%	1 classroom teacher

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

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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.

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. A credentials waiver was obtained from The Office of Head Start for one teacher at St. James.

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

The CLASS instrument is used to monitor the teachers, the environment and determines teachers' level of skill and needed training. ECERES is used to assess classroom environments. Overall monitoring tools of the program include PROMIS, CC.Net, CLASS, ECERES, daily observations, communication with families.

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 being 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.

The agency contracts the services of a Disabilities Process Coordinator and a Mental Health Professional. Family Advocates and Education staff have additional support with special needs children: the referral process is monitored carefully to ensure optimal service delivery.

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

A new building was built in Richland, Camden County. The facility is easy to reach from major roads and will provide services to children and families in the Richland and Laquey communities.

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.

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SELF ASSESSMENT SUMMARY - FAMILY AND COMMUNITY PARTNERSHIPS

Overall Service Summary:

The Director of Family and Community Partnerships has four 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 was instrumental in the development of the agency 2010 Strategic Plan.

The Head Start program provides pre-service training prior to the beginning of the program year and In-Service trainings throughout the year; usually one in the fall, a recruitment training, and another In-Service in the spring. MOCA Head Start also provides other trainings as they become available. 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.

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. Review 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 and 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. Others that need to be disseminated are done so either in person or by email.

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.

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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 for 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.

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

We have 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.

We have contracts with a Mental Health Professional, Disabilities Processor, and a Registered Dietician. The dietician makes up the menus that each center uses for their meals. The Mental Health Professional and Disabilities Processor 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.

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 within our communities come 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

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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 very effective in providing a safe environment. Staff and volunteers are working together and even the children are involved in safety practices. Each area that was addressed had a positive answer; the only thing that is not implemented is an indoor cleaning log.

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 taken, 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).

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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 conversation. 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 that are new for 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. A Head Start parent stated that Nutrition Staff does a very good job communicating what is being provided to her child. She said the menu is helpful in that she can talk to her child about what he will eat that day and encourage him to try the foods offered to him. After school they discuss what foods he enjoyed and the nutritional value of those foods. They also praise the child for choosing to try new foods.

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 and providing 1/3 to 2/3 of the daily required amount of calories for each child. Goals are

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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

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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 provide 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 offer to transport and place reminder calls.

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. Anita Pinson is used for mental health guidance. Susan Bowden is used for assistance in developmental referrals. The information we gather through these professionals are used to help facilitate the referral process and used to discuss any arising issues with the enrolled families. 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 by 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.

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The system for tracking children's health care is 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 by health needs that go over percentiles or under are alerts. 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 we ensure 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.

SELF ASSESSMENT SUMMARY – PROGRAM DESIGN AND MANAGEMENT

In review of the Program Design and Management portion of the Office of Head Start Monitoring Protocol 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

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- Packets are sent to the Board/Policy Council members prior to meeting for review
- Microsoft Exchange Server improved communication
- 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 very 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 reported that the reports received were clear and complete.

Governing Body - Activities

According to board member and documents reviewed, application 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

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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

According to policy council members interviewed, compensation is offered on for mileage and childcare. They are provided forms to fill out for that. 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 meeting in September. 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

According to policy council members interviewed, they 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

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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 interviewed stated that mileage and child care expenses are offered reimbursement, and forms for that are provided. There is no stigma attached to accepting or declining. They are aware of the necessity to participate and use funding if needed.

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 using the model supplied by the Office of Head Start.

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

The Head Start Director requests 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.

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. They began using this system five years ago. All centers have access to this program and maintain children and family

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records in the field. This system allows easy access to reports. This is a very secure system as you have to have a password to access it.

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 these 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 through University Missouri Kansas City. 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 just to name a few.

Director of Family & Community Partnerships has four 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 5 years Head Start experiences and is a registered nurse. MOCA Head Start also contracts several professionals for mental health and disabilities services.

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 3 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

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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.

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 24 years of Head Start experience with 13 years in a management position; 8 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 address violations of these standards and include 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 was held in the fall for the entire staff. Also, there were numerous professional development days scheduled for the year.

Besides planned professional development days, many field staff and management staff attended workshops, trainings and conferences throughout the country.

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 – C/AN 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.

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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 7 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 (CC.Net) 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

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SELF ASSESSMENT SUMMARY – ERSEA

Eligibility, Recruitment, Selection, Enrollment and Attendance

In review of the Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA) portion of the self assessment instrument the following findings of strengths and weaknesses are as follows:

Eligibility & Enrollment

All children enrolled in the MOCA Head Start program were age eligible at the time of their enrollment.

Strengths:

- Enrollment of less than 1% of over income children
- Maintained full enrollment for the past 7 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. Fifteen files were reviewed

No child fell outside of the defined eligibility requirements. There was 1 child enrolled that was over the income guideline. This is well under the 10 percent allowed for over income children.

MOCA Head Start does not serve families that fall between the additional 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.

The actual 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 to the reason. 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.

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Fees

Enrollment 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

Disabilities/Mental Health

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. Head Start has done a wonderful job with early identification and treatment of developmental and other disabilities in preschool children which will significantly reduces the impact these disabilities have on the child early in life and long term learning abilities. To this end 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.

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SELF ASSESSMENT SUMMARY - FISCAL

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. Although small in number, the organization was competently staffed and implemented a rotation of responsibilities to compensate for its inability to segregate duties. Moreover, precise fiscal policies were 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.

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SELF ASSESSMENT SUMMARY – TRANSPORTATION

Ongoing Monitoring and Oversight

All licensed MOCA drivers receive additional behind the wheel training by having the site director or transportation trainer ride along on a route. Drivers and bus monitors receive in the class training 5 times a year at the in service meetings when they are brought up to date on new polices and/or procedures. It is the bus drivers 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. The bus book is on the bus in the event of an accident, which 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 in February of each year. If there is any need for improvement of any 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.

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Vehicle Equipment

All busses are equipped with reverse beepers, proper 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.

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Booklet #1 - Management Systems: Program Governance

The program has a policy group and governing body that share the responsibility of overseeing that the program provides quality service to the children and their families.

Policy Council is an asset to the program it keeps parents and community informed and serves a great need.

Specific Program Weakness

After interviewing parents on Policy Council they believed other parents may be unsure as to what Policy Council really involves and that they need more information and initiative to get involved. A lot of them did not understand the importance of the Policy Council.

Booklet #2 - Management Systems: Planning

Recruitment and enrollment has been asset to the program. The program has never gone past 30 days without being fully enrolled.

Over income enrollment is less than 1 %

Specific Program Weakness

Areas of improvement were more father involvement, if the mother does not share information about dad. We have a hard time making him a part of program.

Needs to improve school readiness. We need better partnering with school districts.

Booklet #3 - Management Systems: Communication

Working well in the program is communication between management and staff, staff and families, Policy council and families, management and board members.

Specific Program Weakness

Areas of improvement are needed with the communities. School Districts and Head Start Centers need improvement in partnerships.

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Booklet #4 - Management Systems: Record-Keeping and Reporting

Programs are in place to generate reports and information is organized and easily accessed.

Specific Program Weakness

Paper trail sometimes so much paper work to follow that if used a scanner system to digitize files would minimize the need for a paper trail.

Booklet # 5 - Management Systems: Ongoing Monitoring

The program has tools to support data collection that provides ongoing monitoring to help ensure that regulations, goals and objectives are being achieved. Making sure individuals' needs have been met.

Specific Program Weakness

Training for teaching staff for what-ever program that will be used that year. This training needs to be given before they have to use it.

Booklet #6 - Management Systems: Human Resources

We do well with enrollment, never go over the 30 days expected for compliance.

Management is well trained.

Specific Program Weakness

We need more father involvement in the program. A plan to get them involvement.

More training for supervisors on how to hire staff more effectively, how to retain staff. Science in the classroom is need for improvement.

Booklet #7 – Management Systems: Fiscal Management

Good communication between Head Start director, Board and Policy Council. There was agreement that Head Start office seems to communicate well with both bodies and having

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a board liaison to the policy Council a policy council liaison to the board and a joint-appointee who sits on both bodies' was felt to be Effective.

Specific Program Weakness

No concerns. Recommendation was to keep a good flow of information between and among the three bodies (Head Start, Board and Policy council). Fill the vacant liaison position from Policy Council to the Board in a timely fashion since board viewed this as valuable.

Booklet #8 - Child Development and Health Services: Prevention & Intervention

Nutritional Services strive to meet the needs of the children, USDA guidelines are followed and menus are reviewed by a registered dietician. Parents are educated in how to keep their family healthy and safe by attending workshops and receiving education material.

Specific Program Weakness

None noted

Booklet #9 - Child Development and Health Services: Tracking and Follow-up

The program utilizes a system, PROMIS, for tracking the provision of health and developmental services. The program determines whether each child has an ongoing source of continuous, accessible health care. The program ensures that the children receive timely intervention for the evaluation and treatment of health and developmental concerns.

Specific Program Weakness

None noted

Booklet #10 - Child Development and Health Services: Individualization

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Teachers generated individualized plans for every child through *Teaching Strategies GOLD*.

Specific Program Weakness:

None noted

Booklet #11 - Child Development and Health Services: Disabilities Services

Children with disabilities are served in the program with a total number usually exceeding 10%. Services are provided through a working collaboration with the local school districts.

Specific Program Weakness

None noted

Booklet #12 - Child Development and Health Services: Curriculum and Assessment

The program utilizes scientifically researched based curriculum and assessment through Teaching Strategies; Creative Curriculum and GOLD Assessment systems. Supplemental social emotional curriculum, Second Step is used to help in addressing special concerns.

Specific Program Weakness

Substitute Staff--Lack of PBS knowledge

Booklet # 13 – Family and Community Partnerships: Family Partnership Building

All files (approximately 140) viewed contained evidence of family goals from a strength based perspective. There were timetables and strategies for achieving these family goals. File notes indicated that families are being referred to appropriate resources. Community resource listings included, but were not limited to, emergency assistance, counseling services and education and employment training.

Specific Program Weakness

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There was no documentation as to whether fathers were included in the family partnership agreement process.

None noted

Booklet #14 - Family and Community Partnerships: Parent Involvement

All files reviewed contained documentation of at least two staff-parent conferences conducted per program year. There was evidence that the information obtained during these conferences and during home visits have a direct influence on the services that are provided to children and families. There are ample opportunities for families to enhance parenting skills, participate in family literacy services (Ready, Set, Read and Read from the Start), opportunities provided by the community as well as Head Start staff for families of children with disabilities to recognize their role in advocating for their child, and opportunities the program offers to families to participate in parent education.

Specific Program Weakness

There was no evidence that staff members have an understanding and appreciation for the important role that fathers play in child development. We were unable to locate any training or technical assistance they have received regarding father involvement. There was no evidence that steps are being taken to fully involve fathers in the enrollment process. The services found that was most often provided to fathers was parent education at one parent meeting.

Booklet #15: Family and Community Partnerships: Community and Child Care Partnerships

There is evidence that this program has on-going collaborative relationships with health care providers, mental health providers, nutritional service providers, providers of services to children with disabilities, child protective services, local elementary schools, and organizations and businesses that provide support and resources to mothers, fathers and families. There are newly revised procedures in place to facilitate transitions from Head Start to elementary school. The local elementary schools had positive relationships with this Head Start program and work together to support children with disabilities.

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Advisory committees are established and maintained to help the program respond to family and community needs. Families have the opportunity to serve on various committees.

Specific Program Weakness

None noted

Booklet #16 – Program Design: ERSEA

1305.4 The team found the ERSEA program specialist does a good job and is organized. Documentation showed that at least 90% of our families or low-income families. Head Start staff and the ERSEA specialist work very close together on taking applications and verifying that all information is correct and documented. With the new PROMIS, staff and ERSEA clerk are able to run monthly reports to ensure all families are enrolled in the program.

1305.05 Recruitment – Staff/F.A or using lots of creative ideas to recruit children and their families. Recruitment training is held to help with strategies to inform or local communities. Staff members work hard to take applications continuously throughout the year. The team found that the community assessment both interesting and helpful.

1305.8 Attendance- Staff/ERSEA clerk or able to run reports from PROMIS that continuously documents the average daily attendance. The program has several ways to document and study patterns of absences. The staff discusses with parents at orientation the importance of their child's attendance. The program provides family calendar/Handbook at orientation.

Specific Program Weakness

The team found that documentation/Meeting with parents on attendance on regular basis could be better.

Booklet #17 - Program Design: Facilities, Materials, Equipment and Transportation

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1304.53 (a) (10)The team found that the facilities were well organized in space, classroom and outdoors.. The centers were up to date on equipment and were making sure that the safety and development of the children were being met by conducting a safety inspection daily, monthly and annually.

1310.17 Bus drivers receive a combination of classroom and behind the wheel training annually. The team found that safety on and off the bus is a strength that the staff/bus drivers go above and beyond the requirements of performance standards. Since bus service has been eliminated in some centers, other transportation options were implemented into families routines so that admission into Head Start was possible.

1310.13 Vehicle maintenance and inspections were complete and kept on file in center and central office.

Specific Program Weakness

None noted

Booklet #18 - Using Outcomes in Program Self-Assessment

CLASS was implemented program wide

Specific Program Weakness

More training on monitoring progress of Individual children and entire classes is needed.

Teachers weren't trained on the program from the beginning so each teachers' abilities to navigate the system varies greatly.

Booklet #19 – Mental Health

Mental Health curriculum supports the social/emotional growth, respect and responsibilities for children. All children are observed by a mental health professional at least once a year most are seen twice.

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Specific Program Weakness

None Noted