

 2019

Self-Assessment Report

Self-Assessment Team Members

Supporting Cast

(involved in discussions outside of Self-Assessment day)

* Kerry Baughman, NMCAA Executive Director
* Dan Dewey, Fiscal Manager
* Early Head Start Program Services Coordinators
* Coaches
* Site Supervisors
* Family Engagement Specialists
* Collaborative Center Support Coordinators
* Policy Council Members

Team Members by Focus Group

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| **Health and Wellness** |
| * Alicia Temple, ERSEA and Health Manager
* Shannon Phelps, Early Childhood Programs Director
* Jason Paca, Head Start Recruitment and Health Specialist
* Dawn Marie Strehl, Oral Health Coordinator Health Dept. of NW Michigan
* Kelsey Hyde, Early Head Start Recruitment and Health Specialist
* Larisa Galnares, Family Engagement Specialist
* Karly Stoll, Head Start Teacher
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| **Early Head Start School Readiness and Attendance** |
| * Corey Berden, Early Head Start Program Manager
* Katherine Kwiatkowski, Collaborative Center Program Manager
* Kim Stackpoole, Early Head Start Child Family Specialist
* Marisssa Larson, Early Head Start Coach
* Chris Welton, Head Start Data Entry Clerk
* Donna Wiklanski, Policy Council Parent
* Amber Stone, Policy Council Parent
* Michele Maxwell, Early Head Start Child Family Specialist
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| **Head Start School Readiness and PFCE** |
| * Dru O’Connor, Education Coach and Disabilities Manager
* Stacey Parent, Mental Health and PFCE Manager
* Michelle Karns, Data Management Coordinator
* Anna Olson, Head Start Teacher
* Lindsey Ross, Head Start Teacher
* Dana Getsinger, NMCAA Board Member
* Rachael Birgy, Great Start to Quality
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| **Safety** |
| * Abria Morrow, Site Manager
* Kim Aultman, Operations Director
* Bethany Dugan, Collaborative Centers Coordinator
* Linda Petty, Site Supervisor
* Mary Chalker, Head Start Teacher
* Melodie Linebaugh, Homeless Programs Manager
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# Introduction

## Program Description

Northwest Michigan Community Action Agency (NMCAA) Head Start and Early Head Start Programs operate over a largely rural 10 county area in the upper northwest region of Michigan’s Lower Peninsula. Total program enrollment consists of 917 slots; 546 Head Start Center Based, 108 Head Start Collaborative Center, 235 Early Head Start Home Based, and 28 Early Head Start Center Based.

## Context for Self-Assessment

1. Our program community needs assessment was conducted in January 2019. During that time, the following factors were noted:
	* Prime community health concerns throughout the 10 county area are: obesity, substance abuse, access to health services, mental health
	* From 2014-2016, population trends in NMCAA’s 10 county service area have remained relatively stable
	* From 2015-2017, each of the 10 Counties in the NMCAA service area showed a decrease in the number of children, ages 0-5, living in households with incomes at or below 130% of the FPL, receiving food assistance
	* Throughout the 10 county service area, homeless rates, as defined by McKinney Vento guidelines, are especially high in areas of Antrim, Grand Traverse, Kalkaska, Leelanau, and Wexford Counties
	* From 2014-2016, Grand Traverse County had the highest number of children in out of home care, followed by Wexford County; however, the rates of children in out of home care in these counties fell below the rates in Kalkaska, Roscommon, and Antrim Counties
	* The rate of children ages 0-5 in special education in 2017, in Wexford, Grand Traverse, and Charlevoix Counties, exceeded the overall rate of children ages 0-5 in Michigan in special education
	* From 2012-2016, the rate of single parent households in the NMCAA service area, hovered around 30% with Roscommon County was at 43% and Leelanau County at 23%
	* In the majority of households, with children ages 0-5, throughout the NMCAA service area, all able adults were employed in 2017
	* In each of the ten counties, the 0-5 population in 2017 was larger than the number of available child care slots and preschool slots combined
2. In April 2019, as a continuation of our ongoing monitoring, our Mini Management team reviewed progress on our program’s five year goals, including objectives and action steps set during last year’s self-assessment process. At that time, we noted that our year four objectives have all been met. It was decided that during Self-Assessment, we would take a deeper look at our program goals and objectives to determine what further steps we can take in the upcoming year to strengthen outcomes related to our five year goals.
3. Quarterly data from ongoing monitoring; including data related to child development and education, comprehensive services, ERSEA, program governance and leadership, health and safety, fiscal, and management systems; collected during the 2018-2019 program year was combined in an annual summary and evaluated.
4. After taking the above mentioned factors into consideration, the following items were chosen to take to the Self-Assessment team:

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| **Subgroup** | **Questions to Consider** |
| **Health and Wellness** | 1. What are the next steps in increasing Early Head Start and Head Start health requirement completion rates?
2. How do we effectively promote dental homes for children ages 1 and up?
3. How can we continue to grow trauma informed practices within the agency?
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| **Early Head Start-** **School Readiness and Attendance** | 1. Does our TS GOLD data accurately reflect the developmental status of children in the areas of language and literacy? Are there supplemental assessments/processes that may provide a better reflection of where children are at developmentally in these areas?
2. Are there more effective ways in which we might assess attendance in Early Head Start programming?
3. How might we make parent advisory committees more meaningful?
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| **Head Start-****School Readiness and PFCE** | 1. How can we work to further support social/emotional growth within our classrooms?
2. How can we build teaching practices to increase behavior management and productivity within classrooms?
3. Is there a parent practice that might be added to the FOT that focuses on calmly responding to children’s challenging moments? If this is a focus, what strategies might be suggested to teachers/home visitors to increase parental confidence and competence around this practice?
4. How can we continue to grow trauma informed practices within the agency?
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| **Safety**  | 1. In what ways can we make the Active Supervision Monitoring Action Plan a more effective tool?
2. How can we effectively bring the top 8 missed areas of the safe environment checklist to the forefront of staff attention and ensure that the safe environment checklist does not become rote?
3. How can we effectively use licensing reports and corrective action plans to build upon agency safety practices?
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# Methodology

An overview of the Self-Assessment process is outlined below.

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| **Date** | **Action**  | **Purpose** |
| 1/2019 | Community Needs Assessment Updated | * For use in ongoing program planning
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| 2/14/19 | Discussed Self-Assessment process with Policy Council | * Increased understanding of Self-Assessment process and its importance to high quality programming
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| 2/14/19 | Reviewed updated community needs assessment data with Policy Council members | * Receive Policy Council thoughts and feedback on data and how it is applicable to programming
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| 5/6/19 | Self-Assessment Planning at Mini Management Meeting | * Develop Plan for Self-Assessment
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| 5/9/19 | Self-Assessment Committees at Policy Council | * Approval of Self-Assessment plan
* Gathered input from Policy Council members on program strengths and focus areas
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| 5/10/19-6/18/19 | Data Discussions at Direct Supervisor Meetings | * Discussions and feedback regarding findings from ongoing monitoring to share at Mini Management meeting
* Compilation of findings from ongoing monitoring entered into Google Doc for sharing and discussion at 6/19/19 Mini Management meeting
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| 6/19/19 | Mini Management Meeting | * Finalized plans for Self-Assessment
* Reviewed data collected during ongoing monitoring over the program year
* Identified topics for Self-Assessment
* Identified further members for participation in the Self-Assessment process
* Divided Self-Assessment participants in to subgroups
* Began save the date and informal invitation process
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| 7/3/19 | Emailed Official Self-Assessment Invitations | * Sent out official Self-Assessment invitations to identified members as follow up to save the date notifications
* Invitations included an overview of Self-Assessment
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| 7/16/19 | Self-Assessment Welcome Packets  | * Individualized information on focus areas sent to participants
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| 7/18/19 | Self-Assessment Team Orientation | * Provided participants with information on the importance of Self-Assessment and their role in the process
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| 7/18/19 | Self-Assessment Focus groups- Analyze and Dialogue | * Self-Assessment subgroups met to delve into their focus area. Background information was provided to participants and discussion was by a series of guided questions (Attached)
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| 7/18/19 | Recommendations | * Subgroups compiled their ideas and recommendations and shared with the larger group (Initial compilation Attached)
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| 8/5/19 | Review of Self-Assessment ideas and recommendations with Mini Management  | * Leaders from each Self-Assessment subgroup identified key points and revised priorities for the coming year (input from each Manager’s team was also considered during discussion)
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| 8/8/19 | Review of Initial Self-Assessment Results with Policy Council | * Policy Council members reviewed the recommendations made by the Self-Assessment team and were invited to comment and share further thoughts
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| 8/19/19-9/5/19 | Preparation of Self-Assessment Report | * Report was drafted using information obtained throughout the Self-Assessment Process
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| 9/12/19 | Policy Council Approval | * Final Self-Assessment report was shared with Policy Council and received approval
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| 9/19/19 | Board Approval | * Final Self-Assessment report was shared with the Board and received approval
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# Key Insights

## Strengths

1. Families recognize staff as welcoming and appreciate the greeting that is received each morning.
2. Real time data has increased, especially for Early Head Start home-based services. Changes to data entry systems give staff the ability to see an overview of a family needs and situations. This allows for individualizing based on family needs and to reduce the need for families to retell their story.
3. The number of optional trainings has increased, allowing for a greater variety of professional development opportunities that are in line with staff needs.
4. Documentation of health needs and follow up attempts have increased in ChildPlus, allowing for improved flow of communication. The use of health waivers has decreased as staff more effectively communicate the importance of preventive health measures and health follow up to families.
5. A supportive environment is provided to meet the needs of staff as they encounter situations with families that may evoke a variety of feelings. Reflective practice and self-regulation groups are available to staff, along with supervisor and peer to peer recap opportunities.
6. Many connections continue to be formed with other community agencies and groups to provide support to families. Examples include new relationships with trauma informed care groups, where staff have received specialized training, and ongoing relationship building groups with local school district staff.
7. The active supervision monitoring process has been improved and revised, allowing more efficient collection of usable data.
8. Licensing, HSPPS, and Great Start to Quality rules are referenced on most forms, helping staff to recognize why procedures are in place. Agency staff receive positive feedback from Licensing and Licensing has requested NMCAA staff to complete trainings for other preschool and childcare classrooms.

## Systemic Issues

1. Staff do not always feel confident on next steps to continue the process of supporting families once they learn about trauma history.
2. Staff could benefit from further social-emotional resources and trauma informed trainings.
3. We need to relook at procedures and opportunities to strengthen attendance in Early Head Start home-based programming.
4. There is a lot of information on the safe environment checklist and this can be overwhelming to staff.

## Progress in Meeting our Goals and Objectives

Our program has identified two broad goals as a part of our five year plan. These goals, along with progress made during the 2018-2019 program year, are outlined below.

Goal #1

Create an organization that makes decisions based on a system of data collection that renders the optimal focus for program planning.

**Objective:** Evaluate new data driven practices, revise protocols, and re-train staff as needed to ensure fidelity of the implementation.

**Outcomes:** Staff are able to efficiently track and pull data and have it available as a reference to use in daily decision making and planning.

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| **Progress (including challenges encountered)** |
| * + Site Supervisors, Recruitment and Health Specialists, Data Management Team members, and corresponding managers attended an in depth, three day ChildPlus training to increase knowledge of the ChildPlus data base system and identify new applications for our agency.
	+ Upon reevaluation of data being collected within our database system, ChildPlus, it was determined that our program could benefit from adding several more systems. This year an Active Supervision module was added, along with an illness/incident module, a preventative maintenance module to track work orders, and a transportation tracking section. Appropriate staff were trained in data entry for each of these modules, which allowed for an increase in the amount of usable data that our agency is now able to collect in real time, and with great ease and efficiency.
* Our agency began using ChildPlus information related to program drops in order to evaluate the reasoning behind exits from the program and offer services that better align with community needs. This data was a driver behind the determination of which classroom might benefit most from the application of duration funding.
* ChildPlus direct entry guidance was revised and staff received updated training. ChildPlus training videos were added to program webpages in order to ensure ease of access and consistency of training among staff.
* Staff have begun entering notes within the attendance section of ChildPlus to establish a common place for understanding barriers and effectiveness of follow up strategies.
* Use of the direct data entry system by teaching staff continues to be one of our biggest barriers due to time constraints. Site Supervisors and Coaches have begun entering information directly during conversations with the teaching team and this may be the most effective strategy to address this barrier. As long as data is entered in a timely manner, we feel that this objective will be accomplished. However, it is important that the teaching team is aware of procedures for pulling data so that they can access it as needed. The training modules added to the NMCAA webpages will be helpful in addressing this need.
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**Objective:** Revise the data dashboard as needed to reflect stakeholder needs and comparative progress as appropriate.

**Outcomes:** Managers are able to use data in real time through a system of ongoing monitoring to demonstrate measurable progress throughout the program year.

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| **Progress (including challenges encountered)** |
| * Dashboards have been created and are effectively being utilized to monitor health requirement completion, attainment of medical and dental homes, attendance, IEP/IFSP compliance, completion of the agency needs assessment, and family engagement information.
* This information is pulled at the management level and used to show progress in each of these categories throughout the year and is also utilized during recaps with direct services staff to identify focus areas and to celebrate successes.
* Charts have been developed to share information related to the status of the budget, enrollment, and attendance with the Board and Policy Council monthly.
* No major barriers to this objective have been identified, however we would like to continue to explore other dashboards that might be useful in the coming year.
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Goal #2

NMCAA Head Start/EHS will develop improved organizational capacity through an organizational structure that supports comprehensive service delivery and by supporting the professional development of staff.

**Objective:** Revised family outcomes based on analysis/approach

**Outcomes:** Staff have improved baseline data with which to examine home practices in support of school readiness

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| **Progress (including challenges encountered)** |
| * Home practices were added in ChildPlus, which allowed for a more complete picture of family progress in targeted categories.
* All areas of family home practices remained stable or showed growth throughout the program year. However, areas where growth occurred was minimal. One reason behind minimal growth may be that ratings across all categories began fairly high, not leaving much room for growth. Despite this, education staff might benefit from easily accessible information related to each practice to share with parents, depending on their interests. Also, while the information that parents receive regarding strategies to increase home practices will be tailored depending on individual interest, the program will increase focus in the coming year on home practices more fully related to program goals.
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**Objective:** Evaluate the implementation of Practice-Based Coaching and review the effectiveness of the Coaching Needs Assessment related to staff achievement of goals and revise as needed.

**Outcomes:** Modifications to Practice Based Coaching were made to meet the needs of the program individual staff.

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| **Progress (including challenges encountered)** |
| * The Education Manager and coaches created a 10 question evaluation for the staff receiving practice-based coaching for the 18-19 school year. Each person received a Survey Monkey to rate their experience and growth in their teaching practices. The data received was tabulated and used for planning for the 19-20 school year.
* All staff receiving intensive Practice Based Coaching gave their coaching experience a 5, the highest rating possible. They indicated that the coach was prepared and provided them with information to work towards their goals they grew from the experience and would recommend coaching to a coworker. All survey monkey items were scored high. Two staff indicated that they would like more control over when the coaching sessions took place. This has been discussed at a meeting with the Coaches and will be a focus for the coming year.
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**Objective:** Create a survey for staff to assess professional development interest for the coming year and use data to create training addendum, thus increasing the variety of learning opportunities available for staff.

**Outcomes:** Staff are able to select learning opportunities that reflect their interests and identified areas for growth.

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| **Progress (including challenges encountered)** |
| * All education staff complete a teaching/home visit practice needs assessment. The practices and items listed on this assessment are chosen based on program data collected over the previous program year. Professional development opportunities for the coming year have been based on information obtained from this survey, along with information gathered at recaps, Communities of Practices, and further data collection.
* At the beginning of each year, we hold a large teacher professional development day. During this time, all attendees receive important information for the upcoming program year. The information delivered at this time is the same for all attendees. Next year, in addition to an opening session where all participants will receive necessary information, we would like to explore tailoring this process to allow for participants to choose additional sessions to better address their learning/professional development needs.
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**Objective:** Child Care Partnerships will pilot a series of online orientation training modules for new staff.

**Outcomes:** New partnership staff are trained in a timely manner.

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| **Progress (including challenges encountered)** |
| * The NMCAA Collaborative Centers website was redesigned to include a variety of easily accessible learning modules for staff to access as a part of onboarding and according to their professional development plan. This approach to onboarding has allowed staff to complete necessary trainings within required time frames and according to their schedules.
* In the coming year, we would like to expand online training modules for other staff members across the early childhood program.
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# Recommendations

 As a result of the above Self-Assessment activities, including review of our most recent community needs

 assessment of progress on our program’s five year goals, the following recommendations were made:

1. Create a position to ensure compliance of preventative maintenance requirements by providing support and resources for facility/maintenance projects.
2. Separate Licensing Rules for Child Care Centers and Head Start Program Performance Standard rules on the Safe Environment Checklist to provide clarity and other opportunities for analyzing data.
3. Ensure that it is standard practice to reference the application and health history information prior to meeting families so the family does not have to retell their story.
4. Create individualized training to meet Head Start Education staff needs regarding the ChildPlus database system.
5. Always show up. Go to the visit EVERY week, to support building stronger relationships with the family, and build trust that we will always be there. Utilize “Sorry we missed you” or “Wish you well” bags, when family is sick or not home. When a child or family is sick or absent for an extended period of time, provide activities for families to engage with their children.
6. Have Family Engagement Specialists run Parent Advisory Committees if there is not a Policy Council representative available to take the lead.
7. Increase utilization of the Conscious Discipline portal.
8. Create a Facebook resource group for teachers in order to strengthen connections and sharing of ideas.
9. Increase training opportunities for Head Start education staff on how to effectively communicate the importance of oral health and how it ties into development.
10. Begin utilizing Mind Yeti and Mind UP in addition to other mindfulness opportunities.

# Conclusion

NMCAA Head Start has a strong belief in the importance of using data to work towards continuous quality improvement. The information obtained during the Self-Assessment process will be used in the development of a program improvement plan to be implemented in the upcoming program year.