

**DULUTH HEAD START SELF-ASSESSMENT ACTION PLAN**  
**February 28, 2012**

**Program Weaknesses:**

**Action Step:**

<b>1. Program Governance</b>	
<ul style="list-style-type: none"> <li>• None noted.</li> </ul>	

  

<b>2. Management Systems</b>	
<ul style="list-style-type: none"> <li>• Lack of males/fathers on Planning Team.</li> <li>• Moving ongoing monitoring issues to action could be smoother.</li> <li>• Advocates need technology upgrades to move to less paper.</li> </ul>	<ul style="list-style-type: none"> <li>• Recruit males for Planning Team Committee.</li> <li>• Utilize our system to document action steps taken from ongoing monitoring findings.</li> <li>• Budget funds to upgrade to digital tablets for family advocates.</li> </ul>

  

<b>3. Fiscal Integrity</b>	
<ul style="list-style-type: none"> <li>• Need to notify State and Federal Head Start program officers of changes in positions: Superintendent, Assistant Superintendent, Executive Assistant and Policy Council Chair.</li> <li>• Need to organize inventory of equipment.</li> </ul>	<ul style="list-style-type: none"> <li>• Write letters to State and Federal program officers regarding personnel changes.</li> <li>• Organize equipment inventory.</li> </ul>

  

<b>4. ERSEA</b>	
<ul style="list-style-type: none"> <li>• Expand outreach and community awareness of Head Start in places not typically serving Head Start eligible families.</li> <li>• Work on sending recruitment flyer to St. Louis County Social Services for mailing to MNFIP recipients.</li> <li>• Need to generate new enrollment point sheet to include type of income verified for eligibility and include a list of automatic qualifiers.</li> </ul>	<p>Include line item in Training and Technical Assistance budget for public relations materials.</p> <p>Will send recruitment flyer in SLCSS mailing.</p> <p>Will create new enrollment point sheet to include type of income verified for eligibility and include a list of automatic qualifiers.</p>

  

<b>5. Child Health and Safety</b>	
<ul style="list-style-type: none"> <li>• Current forms no longer ask for parent's hospital preference in case of an</li> </ul>	<ul style="list-style-type: none"> <li>• Revise forms to allow parents to designate hospital preference. <i>This form has been</i></li> </ul>

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<p>emergency.</p> <ul style="list-style-type: none"> <li>• Diapering procedure needs updating.</li> <li>• A separate vision and hearing screening procedure is needed.</li> </ul>	<p><i>revised. Teachers also asked current parents their hospital preferences for this year.</i></p> <ul style="list-style-type: none"> <li>• <i>The diapering procedure has been updated and distributed to classrooms.</i></li> <li>• <i>We have developed a written step-by-step procedure for vision and hearing screening.</i></li> </ul>
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**6. Family and Community Engagement**

<ul style="list-style-type: none"> <li>• Need to make greater efforts to insure all parents are informed about mental health consultants and their services.</li> </ul>	<ul style="list-style-type: none"> <li>• Include mental health consultants in family orientation during staggered start days at the beginning of school in the fall.</li> <li>• Invite mental health consultants to the first parent meeting and have them participate in the fall Parent Institute.</li> </ul>
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**7. Child Development and Education**

<ul style="list-style-type: none"> <li>• Early Head Start ongoing assessment, ASQ, needs to be set up in Child Plus database.</li> <li>• Need to beef up math and science awareness with materials, and trainings.</li> <li>• In process of continued training on the ongoing assessment in observation and documentation.</li> <li>• NOTE: we may need to re look at how we categorize our ongoing assessment/benchmark items to match our school readiness goals for the next year. This will make a very clear correlation of child outcomes and school readiness goals.</li> </ul>	<ul style="list-style-type: none"> <li>• Set up EHS assessment tracking on Child Plus database system.</li> <li>• Include funds to purchase materials and train and support staff on fully incorporating science and math in their curriculum planning.</li> <li>• <i>Staff will receive training on observing and documenting children's behavior in March 2012.</i></li> </ul>
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**8. Child Development and Disabilities**

<ul style="list-style-type: none"> <li>• Issues with transportation for children with a disability.</li> <li>• Communicate with ECSE regarding time children receive during the Head Start day.</li> <li>• Staff awareness of inclusion, universal design and differentiated instruction in general and with ECSE collaboration.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with LEA/ECSE to address transportation needs within the Head Start day.</li> <li>• Work with the LEA/ECSE to address IEP minutes related to transportation issues.</li> <li>• Provide staff trainings in collaboration with ECSE and sister programs to address and clarify roles and responsibilities within partnership.</li> </ul>
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<b>9. Child Development and Mental Health</b>	
<ul style="list-style-type: none"> <li>• Some parents unaware of mental health consultant services.</li> <li>• Some staff confused about referral process.</li> </ul>	<ul style="list-style-type: none"> <li>• Include mental health consultants in family orientation during staggered start days at the beginning of school in the fall.</li> <li>• Invite mental health consultants to the first parent meeting and have them participate in the fall Parent Institute.</li> <li>• Include mental health referral process in pre-service training and follow-up at monthly staff meetings.</li> </ul>