

DULUTH HEAD START SELF-ASSESSMENT ANALYSIS

February 1, 2010

Program Strengths:

Program Weaknesses:

Management Systems: Program Governance

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| <ul style="list-style-type: none">➤ Policy Council members had many opportunities this year to receive training on roles and responsibilities. | <ul style="list-style-type: none">➤ Organizational chart needs more clear lines of supervision and Policy Council approval.➤ Governing Board needs yearly training. (waited for new members to be seated)➤ Would benefit from to stronger connection between the Governing Board and Policy Council and Head Start.➤ Would like to recruit more people of color as volunteers. |
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Management Systems - Planning

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| <ul style="list-style-type: none">➤ Planning Team process being used to work on program goals and budget process. | <ul style="list-style-type: none">➤ Improve the level of inclusion of Governing Board members in the planning process. |
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Management Systems: Communication

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| <ul style="list-style-type: none">➤ All staffs have email access and attend monthly staff meetings. | <ul style="list-style-type: none">➤ No longer producing program-wide newsletter.➤ No formal Head Start orientation for parents. |
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Management Systems: Record Keeping and Reporting

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| <ul style="list-style-type: none">➤ Parent Meetings and Policy Council effective in keeping parents informed about program.➤ Child Plus system works well | <ul style="list-style-type: none">➤ Increase the understanding of how screening summaries and child outcomes are shared with parents.➤ Medical and dental follow-ups are incomplete |
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Management Systems: Ongoing Monitoring

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| <ul style="list-style-type: none">➤ We are using a more systematic way of reporting concerns and action steps taken. | <ul style="list-style-type: none">➤ We need to strengthen our monitoring of medical and dental screenings and follow-ups. |
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Management Systems: Human Resources

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| <ul style="list-style-type: none">➤ All staff are highly qualified, trained and licensed in their service area.➤ Staff retention rate is very good. | <ul style="list-style-type: none">➤ Childcare staffs need continuous training and support due to their level of education and experience and the high turnover rate |
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Program Strengths:

Program Weaknesses:

Management Systems: Fiscal Management	
<ul style="list-style-type: none"> ➤ ISD 709 financial department strongly supports our ability to maintain fiscal control. ➤ Reports are on time and accurate. 	<ul style="list-style-type: none"> ➤ Loss of Early Reading First and Safe Schools Healthy Students grants is a concern. ➤ ISD 709 does not conduct regular inventory. ➤ 2007 Audit finding require follow-up by February 15, 2010.

Child Development and Health Services: Prevention and Early Intervention	
<ul style="list-style-type: none"> ➤ Head Start staffs have been successful in helping families establish a medical home. ➤ We have increased resources for dental screenings and treatment in Duluth. ➤ Mental Health Consultants are available in the schools to consult with families and staff. 	<ul style="list-style-type: none"> ➤ We need to tighten our monitoring of expired health events. ➤ We need to revise our procedures to obtain physical and dental exam forms in a timely manner.

Child Development and Health Services: Tracking and Follow-up	
<ul style="list-style-type: none"> ➤ Child Plus system works well. 	<ul style="list-style-type: none"> ➤ We need to improve our tracking and follow-up to help keep children current with medical requirements.

Child Development and Health: Individualization	
<ul style="list-style-type: none"> ➤ Access to Technology. ➤ Staffs see parents regularly. ➤ Highly trained/experienced staff. ➤ Classroom volunteers help free up time for teachers to work individualize with children. ➤ Access to ESFE staff helps streamline work with individual children. 	<ul style="list-style-type: none"> ➤ We are in the process of strengthening our system of individual tracking. ➤ Staffs need ongoing training on individualization. ➤ Need for program to respond to classroom staff's need for: <ul style="list-style-type: none"> Time to individualize Analyze what individual needs Prep materials Communicate with parents Communicate with staff members Communicate with specialists including Mental Health consultants.

Child Development and Health Services: Disabilities Services	
<ul style="list-style-type: none"> ➤ Attracting and serving more than 10% of eligible children with disabilities. ➤ Good relationship with ECSE resulting in timely services to children. ➤ Screening deadlines met for all but 2 children in federal program. 	<ul style="list-style-type: none"> ➤ Disability & Education Coordinators need to strengthen communication in order to coordinate efforts and follow-up with child concerns. ➤ Response to child concerns as a result of initial home visits needs more timely attention. ➤ Enrollment and Disabilities coordinator need time to coordinate the enrollment of children with disabilities.

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Program Strengths:

Program Weaknesses:

Child Development and Health Services: Curriculum and Assessment	
<ul style="list-style-type: none"> ➤ <i>From Observations:</i> ➤ <i>Concrete support for children to do problem solving.</i> ➤ <i>Strong/excellent use of individualization.</i> ➤ <i>Meeting standards.</i> ➤ <i>Sensory activities were appropriate and fun.</i> ➤ <i>Room was calm and well organized.</i> ➤ <i>Strong and effective curriculum. Currently have support to complete assessments.</i> ➤ <i>Language and literacy rich curriculum, OWL.</i> ➤ <i>Teachers are well trained and have the needed materials to implement the curriculum.</i> ➤ <i>We have supplemented our curriculum with health and safety activities, Second Step; social-emotional curriculum and Action Based Learning.</i> 	<ul style="list-style-type: none"> ➤ <i>From Observations:</i> ➤ <i>Children not involved in food preparation.</i> ➤ <i>Lack of child and family photos posted.</i> ➤ <i>Did not observe children using motor skills in daily routines; pouring.</i> ➤ <i>Lack of culturally relevant posters, books, dolls, materials available.</i> ➤ <i>Lack of materials depicting children with disabilities.</i> ➤ <i>Teachers report the curriculum is weak in math.</i> ➤ <i>Double half day sessions do not allow time for full curriculum implementation including lack of teacher prep time, small group and review of assessment data to meet individual needs.</i>

Family and Community Partnerships: Family Partnership Building	
<ul style="list-style-type: none"> ➤ <i>Referrals to appropriate services.</i> ➤ <i>Good Community Resource Guide.</i> ➤ <i>Documentation/record keeping procedures.</i> ➤ <i>Child Plus database training.</i> ➤ <i>Family reviews done with teachers and advocates.</i> ➤ <i>Meeting parents at pick-up of drop off times.</i> 	<ul style="list-style-type: none"> ➤ <i>FPA-Identifies weaknesses rather than strengths, not parent led process.</i> ➤ <i>No formal process to complete FPA with fathers.</i> ➤ <i>FPA follow up is weak due to time constraints.</i> ➤ <i>No procedure to check on quality of services received and documented.</i> ➤ <i>Pregnancy packet is our only response, could be stronger support for pregnant women.</i> ➤ <i>Transition to kindergarten seems too late.</i>

Family and Community Partnerships: Parent Involvement	
<ul style="list-style-type: none"> ➤ <i>Involvement in education process.</i> ➤ <i>Involvement in IEP, IFSP, Mental Health process.</i> ➤ <i>Involvement in child health procedures.</i> ➤ <i>Involvement in providing transportation to and from school.</i> 	<ul style="list-style-type: none"> ➤ <i>Need processes and procedures for communicating with non-custodial fathers.</i> ➤ <i>More communication with Dads with specific information regarding how and when they can participate.</i> ➤ <i>Parent Survey data should be collected yearly.</i> ➤ <i>More and more timely help for parents regarding Kindergarten transitions including one on one help.</i> ➤ <i>Procedures for when parents refuse health services.</i>

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Program Strengths:

Program Weaknesses:

Family and Community Partnerships: Community and Childcare Partnerships	
<ul style="list-style-type: none"> ➤ Great partnerships with Head Start Transportation Collaboration, CHUM, Community Health, Mental Health, Dental providers. ➤ Head Start is present in community, (Thrive, Success by 6, Family Services Collaboration, IEIC. ➤ Longstanding childcare collaborations. ➤ ECFE and Head Start are partnering at childcare sites. ➤ Families in Transition staff create and maintain strong community partnerships. 	<ul style="list-style-type: none"> ➤ Pursue partnerships with child protective services and family preservation services with the county. ➤ Missing connections with other childcare. ➤ Could have more parents volunteering in programmatic ways, representing the program in the community.

Program Design: ERSEA	
<ul style="list-style-type: none"> ➤ Child Plus and record keeping. ➤ Parent reports feeling valued and welcome, not just a number. 	<ul style="list-style-type: none"> ➤ Concerns regarding notification of enrollment late and timeliness of phone calls returned in summer. ➤ Posters used in recruitment need to be updated and replaced as they contain outdated contact information. ➤ Need a summary analysis of community assessment data collected.

Program Design: Facilities, Materials, Equipment, Transportation	
<ul style="list-style-type: none"> ➤ We have strong support from the grantee in terms of space, maintenance, safety and accessibility. ➤ Head Start has systems in place to monitor our facilities for safety. ➤ Early Reading First grant money allowed us to update our materials and equipment. ➤ Head Start Transportation Collaboration provides much needed support to families to help them get their children to school. 	<ul style="list-style-type: none"> ➤ We acknowledge the sacrifices parents and families make to insure their children get to and from school.

Summary of Results for Using Child Outcomes In Program Self-Assessment	
<ul style="list-style-type: none"> ➤ Access to technology. ➤ Literacy coach on staff who helped to do assessment and ongoing monitoring. ➤ Community partnerships which have provided classroom volunteers allowing more time for staff to do assessment and progress monitoring. ➤ Staffs have literacy assessment training. 	<ul style="list-style-type: none"> ➤ We are in the process of strengthening our assessments systems and working to provide more reliable outcomes.

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Program Strengths:

Program Weaknesses:

Child Development and Health Services: Mental Health	
<ul style="list-style-type: none">➤ Highly qualified and available mental health consultants which exceeds standards, provided through Safe Schools Healthy Students grant➤ Standard procedures, plan of action beginning with screening at home visit through follow-up with mental health consultant.	<ul style="list-style-type: none">➤ Teachers may lack knowledge of mental health services available for themselves and children/families as they rely on advocates and mental health consultants for that information➤ Feedback and communication between teachers and mental health consultants could be timelier.
Self Assessment Process	
<ul style="list-style-type: none">➤ Process yields good information as a part of our data driven decision making.	<ul style="list-style-type: none">➤ Self Assessment held to late in the year.➤ Self Assessment process is too rushed.➤ Need more volunteers, parents, ECSE staff, and governing board.➤ Some pieces could be done ahead of time especially interviews and observations. Financial, Family Advocates, Mental Health, Childcare, Policy Council, Governing Board.