Southern Illinois University Carbondale Head Start

SELF-ASSESSMENT
2017-2018
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Verification of Approval

The Self-Assessment Report for Southern Illinois Head Start was reviewed and approved by the organization’s Policy Council on March 19, 2018.

Brian Collins, Policy Council Chairperson
SIU Carbondale Head Start

March 19, 2018
Date

The Self-Assessment Report for Southern Illinois Head Start was reviewed and approved by the organization’s Governing Board on March 21, 2018.

Michelle Pritchard, Governing Board Chairperson
SIU Carbondale Head Start

March 21, 2018
Date
INTRODUCTION

Southern Illinois University (SIU) Carbondale Head Start program performs an annual comprehensive Self-Assessment to evaluate the effectiveness of the service areas in meeting established goals and objectives. The program is housed in a public university and currently serves 358 preschool-age children throughout Jackson and Williamson Counties in Southern Illinois. The SIU Carbondale Head Start program partners with local school districts, community based organizations, public entities, and private business in order to leverage resources to enhance quality and increase access to necessary services.

SIU Carbondale, located in Southern Illinois, established its first Head Start center in 1970 and in the current program year, operates three Head Start centers in Jackson County in the cities of Carbondale and Murphysboro and at two centers in Williamson County, in the city of Marion. The program offers four service models through center-based programs:

- part-day/double session/school year
- extended-day/school year
- full-day/school year

Purpose

Continuous quality improvement is central to SIU Carbondale Head Start’s planning process. Annual self-assessment and reflection ensures that the program is meeting Head Start Performance Standards and is best serving eligible children and families in Jackson and Williamson Counties.

Head Start Program Performance Standards 1302.102(b)(2) specify that a program must effectively oversee progress towards program goals on an ongoing basis and annually must:

(i) Conduct a self-assessment that uses program data including aggregated child assessment data, and professional development and parent and family engagement data as appropriate, to evaluate the program’s progress towards meeting goals established under paragraph (a) of this section, compliance with program performance standards throughout the program year, and the effectiveness of the professional development and family engagement systems in promoting school readiness;

(ii) Communicate and collaborate with the governing body and policy council, program staff, and parents of enrolled children when conducting the annual self-assessment; and,

(iii) Submit findings of the self-assessment, including information listed in paragraph (b)(2)(i) of this section to the responsible HHS official.
Methodology

The SIU Carbondale Head Start conducted its annual Self-Assessment between December 2017 and February 2018. The Office of Head Start Guide to Self-Assessment and the results of the 2016-17 Self-Assessment informed the current Self-Assessment process. SIU Carbondale Head Start utilizes a four-step system approach that includes: preparing, collecting and synthesizing, interpreting, and strengthening.

Process

**Preparing.** The administrative staff engaged in a planning process based on guidance from the Head Start Regional Office. The plan was submitted to the Policy Council on September 12, 2016 and the Governing Board on October 16, 2017 for approval. After approval, the Self-Assessment plan was presented to the administrative staff at the November Leadership Team meeting for review; administrators then presented the plan to center staff and parents at the January 2018 staff training and parent meetings. Parents were invited in the January newsletter and through in-person requests from Center Directors to participate.

**Collecting and Synthesizing.** Teams were formed in December and early January, and team members were trained on the Self-Assessment process and procedures in January 2017 by the Program Director and Team Leaders (Service Area Coordinators). Team members finalized a Self-Assessment time frame and were assigned specific roles and tasks according to the process developed by team members and approved by the Policy Council and Governing Board. The Team Leaders were responsible for leading the data gathering process and compiling this data into a comprehensible format for the community-wide Self-Assessment meeting held at the Carbondale Civic Center on February 15, 2018.

**Interpreting.** A review and analysis was conducted by program managers with the findings and recommendations distributed to the Policy Council on March 19, 2018, and the Governing Board on March 21, 2018. Following the input and approval of the Policy Council and Governing Board, the final report will be written.

**Strengthening.** Upon approval of the final Self-Assessment report, administrative staff will examine the results to uncover patterns indicating areas for corrections. This information will be used to inform the 2017-18 continuation grant application, including the T and T/A plan, and future action projects.
Data Sources

The team members reviewed multiple sources of data throughout the course of the Self-Assessment process. Specifically, team members reviewed the following:

- 2016 PIR Report
- 2017 PIR Report
- Child Outcomes from Teaching Strategies GOLD
- Child Screening results from COPA
- Classroom Curriculum Fidelity Observations
- Mental Health data from COPA
- Education Staff Coaching Logs and Teacher Needs Assessments
- Current budget and expenditures
- ERSEA data
- Community Assessment report
- Human resources data: Teacher credentials, staff vacancies
- COPA
- Salary Spreadsheets
- Health and Safety Checklists
- Focus Child File Reviews
- IECAM Data
- Observation

Team Members

The Self-Assessment review teams consisted of management staff, teachers, LEA representatives, parents, and community volunteers. Other participants included Head Start Policy Council members and members of the Governing Board.

See Table 1: Self-Assessment Team Members
<table>
<thead>
<tr>
<th>Service Area</th>
<th>Team Leader</th>
<th>Team Members</th>
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</thead>
</table>
| Education, Disabilities, and Mental Health | Laura Lindsey        | • Abigail Moberly – Coach Specialist, SIU Head Start  
• Sue Shaw – Disabilities Specialist - SIU Head Start  
• Kathy Staff – Policy Council Community Representative and Transition Coordinator, Child and Family Connections  
• Deborah Bruns – Professor, Special Education, SIU Carbondale  
• Sara Nighswander, School Psychologist, Williamson County Special Education District  
• Amy Tallman, Coordinator, Southern Region Pre-K, SIU Carbondale  
• Diane Short – Education/Disabilities Specialist, Centerstone Early Head Start  
• Wendi Funk – Center Director, SIU Head Start, Marion Center  
• Sara Jones – Community Worker, SIU Head Start, Marion  
• Jamie Ragan – Coordinator, Williamson County Special Education Services  
• Millie Seyfert – Teacher, SIU Head Start, Murphysboro  
• Amy Remsey - Coordinator, Tri-County Special Education |
| Family and Community Partnerships  | Christina Lewis      | • Breanna Churchill – Center Director, SIU Head Start, Puka  
• Angela Davis – Lead Teacher, SIU Head Start  
• Samantha Albeedh - Community Worker, SIU Head Start  
• Mary Carter – Paternity Establishment Liaison, HFS/DCSS  
• Brittany Swims – Interim Director of Operations, Boys & Girls Club  
• Nina Wargel – Coordinator of Quality Services, Child Care Resource & Referral, JALC |
| Health and Nutrition               | Ashley Moss          | • Julie Reese – Health Specialist, SIU Head Start  
• Deana Hale – Health Consultant, SIU Head Start  
• Karen Brown – Director of Nursing and Family Services, Jackson County Health Department  
• Mary Beth Long – Health Specialist, Centerstone EHS  
• Eula Joiner - Community Worker, SIU Head Start |
| Program Design and Management      | Dr. Lea Maue         | • Erin Siebert – Assistant Program Director, SIU Head Start  
• Letitia Simmons – Office Administrator, SIU Head Start  
• Joyce Guy – Training Specialist, SIU Head Start  
• Holly Duckworth – Center Director, SIU Head Start,  
• Michelle Pritchard – SIU Head Start Governing Board  
• Lori Longueville - Director, Childcare Resource & Referral  
• Cheryl Walton – Policy Council Representative,  
• Yemisi Pleasant-Sloan – Director, Puka School, Inc.  
• Chris Grode, Superintendent Murphysboro CUSD 186  
• Sally Mondino, Program Director, Centerstone, EHS  
• Lawrence Nolan, Pastor, Servants for Christ Ministries |
ACCOMPLISHMENTS SINCE 2016-2017 SELF-ASSESSMENT

During February and March of 2018, the Program Director, Service Area Coordinators, and Specialists analyzed the program’s progress towards its intended objectives established in the previous year’s Self-Assessment, and arrived at the following determinations:

Program Design and Management:

✓ Participated in the university’s beta test of an online hiring system called Hire Touch.
✓ Expanded staff vacancy advertisements to more free publications.
✓ Created the childcare assistant position to enable entry-level staff a possible career path.
✓ Increased driver salary by $1.50 an hour.
✓ Initiated discussion of changing Assistant Teacher qualifications/classification.

Child Development and Education:

✓ IEPs taken to initial home visits this year to prioritize implementation with parents.
✓ Provided teachers with quarterly, small group trainings focused on CLASS implementation.
✓ Completed several goals focused on Practice Based Coaching and updated PATH goals.
✓ Initiated IEP goal progress reports to track progress of IEP goal completion in classrooms.
✓ Provided more trainings in a small group setting.
✓ Met with Williamson County Special Education Coordinator to coordinate dual enrollment of children in Marion.

Family and Community Partnerships:

✓ Initiated a new attendance policy that has created more dialogue between community workers and families about attendance patterns and is allowing the program to better track attendance trends.
✓ Sent families flyers consistently prior to parent meetings and activities.
✓ Used technology to remind parents of upcoming events. Community workers are able to text reminders to families.
✓ Continued the “Saluki Dog” competition to encourage parent attendance and participation at parent meetings.
✓ Re-designed the monthly newsletter. All upcoming activities are included in the newsletter.
✓ Added parent interest surveys to the parent orientation process to determine which times of the day work best for the majority of families and what topics families are interested in learning about.
✓ Introduced the Conscious Discipline parent curriculum at parent meetings.
✓ Promoted male involvement activities at an increased level.

Health and Nutrition:

✓ Modified the low hemoglobin follow-up form to obtain a value that gives a better representation of those in the program with Anemia compared to the state, region, and nation.
## Findings and Recommendations

### PROGRAM DESIGN AND MANAGEMENT

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<tr>
<th>FINDING</th>
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<tr>
<td>The program struggles to hire and retain qualified staff. A number of education and bus driving staff positions have remained vacant since the beginning of the year. The pool of qualified applicants for teachers continues to dwindle as the university’s early childhood education enrolls and graduates fewer students. Outside our parents and partners, the community is insufficiently aware of the benefits of the program and the excellent benefits that come from university employment.</td>
<td>1. Work collaboratively with JALC community and other colleges 2. Sharing news stories about the program to the community (Contact Molly Parker – Reporter) 3. Post job openings on the Gateway to Opportunity training portal 4. Advertisement of job postings in local newsletters of other colleges, agencies, business etc. (non-SIU affiliated) 5. Supporting local churches in the community and sharing employment openings with them 6. Focus recruitment efforts on newly graduated undergraduates for employment, who may be drawn to tuition waiver to complete graduate studies. 7. Contact Greater SI Schools “teacher 100 council” for possible employee recruiting. Mentioned Brian Chapman as the contact person 8. Create a statement of compensation packages for interviewing employees</td>
<td>FCPC (2, 5) OA (4, 8) Director (1, 6, 7) TS (3)</td>
<td>Immediate and ongoing (1, 2, 4) For August openings (3, 5) Immediate Apr.2018 (6) Prior to May 2018 (7, 8)</td>
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<td>All staff, and especially education staff, have tremendous job responsibilities and stress and are compensated at a level that most feel is insufficient to support a family. Staff struggle with a perceived lack of support to manage classrooms in which children are challenging and sometimes violent.</td>
<td>1. Give teachers more opportunities for scheduled and paid time off by explore the possibility of changing 43 sick day policy to accrue vacation for teachers. 2. Hire additional sub-teachers/extra help 3. Increase number of specialized staff 4. Providing a safe place for staff 5. Collaborating trainings with other agencies/program (ex. Centerstone) 6. Seek out university programs, such as the school of social work, to provide more hands on assistance.</td>
<td>Director (1, 3, 5, 6) CDC (2, 4) OA (2) CD (4) TS (5)</td>
<td>Immediately (1) Prior to school year (2) As needed (3) PY 18-19 (4) Summer 18 (5, 6)</td>
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<td>PROGRAM DESIGN AND MANAGEMENT</td>
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<td>Birth to three care for low-income families is severely lacking in both counties. This not only impacts care, but also transition rate into Head Start.</td>
<td>Convert some slots in Jackson County to Early Head Start. 1. Schedule meeting with SIUE to review considerations 2. Begin seeking collaboration opportunities 3. Review start up material on ECLKC</td>
<td>Director/Asst. Director</td>
<td>Spr/Sum 2018</td>
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<td>Competition for publicly funded pre-K care interferes with the enrollment of not only Head Start, but all Pre-K for All grantees.</td>
<td>Work closely with local Pre-K providers to coordinate care in a way that places children in the most appropriate educational setting. This will mean establishing enhanced agreements with local pre-K providers outlining how children should be placed.</td>
<td>Director, CDC</td>
<td>Spr/Sum 2018</td>
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<td>Although parents identified a need for a longer school day, all centers, with the exception of Puka, which we do not own, are at maximum capacity with no room for growth.</td>
<td>Apply for funds to purchase or lease an additional facility if funds become available through expansion of Duration.</td>
<td>Director, Assistant Director</td>
<td>As available</td>
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<td>EARLY CHILDHOOD DEVELOPMENT</td>
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<td>Over 1400 screenings are processed in less than two months following enrollment. Screenings for children who may need to be referred for disabilities services should be prioritized to speed up the referral process if needed.</td>
<td>CDC will scan incoming screenings while inputting them into COPA for very low scores. When low scoring screenings are found, they will be expedited to CDS for quick processing.</td>
<td>CDC and CDS</td>
<td>PY 18-19 Implement system in Aug.</td>
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| New education staff are provided with limited orientation upon hire. Ongoing support for education staff is limited by factors such as:  
- Staff shortages/absences  
- Time constraints of ECD staff | 1. Develop teacher mentor program:  
- Seasoned teachers have ongoing meetings with an assigned newly hired staff  
- Opportunities given for ongoing classroom visits during classroom hours  
2. Implement new staff orientation plan for all education staff  
- CDM follow up with orientation to develop PDP and begin coaching based on needs assessment. Possibly develop new education staff needs assessment | CDC, CDM (1)  
TS, CDC, CDM (2) | PY 18-19 |
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| Child outcomes are inconsistent due to the following reasons:  
- Rushing to complete them by deadline  
  o Poor time management by teachers  
  o Limited planning time to complete paperwork  
- More training is needed that is focused on completing checkpoints accurately  
- Format of entering checkpoints is confusing due to new online format | 1. Extend deadline for checkpoint completion  
2. Set midpoint due date for checkpoints to ensure that at least half of each classroom’s checkpoints are completed early (possibly Social, Physical, Language, Cognitive, Literacy for every child)  
3. Work with education staff to complete interrater reliability through MyTeachingStrategies  
4. Encourage ECD staff to document child development observations and preliminary levels when in classrooms as a model for teachers | CDC | PY 18-19 |
| Limited planning time interferes with the completion of paperwork | 1. On days of full staff attendance, provide an additional sub to provide an opportunity for education staff to complete paperwork.  
2. Work toward being full staffed. | CD (1)  
Director (2)  
CDC (1, 2) | PY 18-19 |
| Results from hearing and vision screenings are not provided to parents, teachers, FCSWs, and Center Directors in a timely manner so follow up can be completed quickly. Currently, there is lapse in time between screening and sharing results of one to two months.  
When referring children for disabilities services who also have hearing and/or vision concerns via failed screenings, the disabilities referral is delayed until the hearing/vision concern is addressed. This negatively affects the referral services for child and a quick diagnosis. | 1. Upon completion of each screening, a notification of the results of the screening (duplicate sheet) should be given to teachers to send home to parents.  
2. If a child fails either screening, HNC should provide a list of failed screenings/children to Center Director. A letter should be created explaining the failed screening, what our next steps are, and what the parent’s next steps should be. For failed hearing, a projected hearing rescreen date should be included in the letter. This letter will be immediately sent home to the parent and a COPA referral will be initiated by the FCSW and/or HN staff. The FCSW will begin working with the parent to have child’s hearing/vision checked by doctor. Teachers will also be notified of the failed screening and work with CD staff to provide modifications for child, if applicable. | HNC (1, 2)  
CD (1)  
FCSW (2)  
Teacher (1, 2)  
CD Staff (2) | PY 18-19 |
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<td>The CDS is primarily responsible for attending IEP meetings as a representative of the program. She works with teachers and gathers information about each child that is conveyed at the IEP meetings. Due to a lack of extra staff, classroom teachers are not always able to attend IEP meetings with the CDS. However, the team feels that having the classroom teacher, along with the CDS, in attendance for the IEP meetings would be ideal for sharing information and planning for services for the child.</td>
<td>3. CDS will contact the Center Director when an IEP meeting is scheduled for a child in their center. She will work with the Center Director to see if a sub is available to cover the classroom so the lead teacher can attend the meeting with the CDS. 4. If available and whenever possible, the classroom teacher will attend the IEP meeting with the CDS.</td>
<td>CDS CD</td>
<td>PY 18-19</td>
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<td>Education staff’s stress is high due to varying factors. The program must continue to address this stress and provide staff with ways of addressing and managing it.</td>
<td>1. The program should continue to implement Friday Fun Day in classrooms as an aspect of meeting Programmatic Goal #3. 2. Provide training to all program staff regarding caregiver fatigue and self-care. 3. Hire childcare assistants for more third person support.</td>
<td>CDC (1, 2) Director (3)</td>
<td>PY 18-19</td>
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<td>Mental Health resources available to families and children are limited. The number of families and children facing mental health or behavioral concerns is on the rise and the program is challenged to support them.</td>
<td>1. Explore Centerstone System of Care Grant- join committee if possible. (COMPLETED 2/16/18) 2. Contact Sparrow and get information regarding the services they provide. 3. Contact Hayley O regarding services for foster children.</td>
<td>CDC</td>
<td>May 2018</td>
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<td>Mental Health training regarding trauma and providing trauma informed care is needed for all staff. Specific training regarding implementing strategies in the classroom should be a focus of next year’s PD.</td>
<td>1. Provide training to all staff regarding the impact of trauma on development and strategies for working with those experiencing trauma. 2. Further training should be provided regarding working with families/children experiencing trauma specific to their job duties/environment. 3. Provide training to education staff regarding specific classroom strategies for supporting traumatized children. 4. Look into pre-existing trainings regarding strategies</td>
<td>Director (1-4) CDC (1-4) MHC (1-4)</td>
<td>PY 18-19</td>
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<td>Early Childhood Development</td>
<td>Additional support is needed for teachers regarding managing difficult behaviors (tantrums, aggression, stress, etc) in the classroom. This support should be provided in the classroom and the trainer should model appropriate strategies for the teachers, if possible.</td>
<td>Seek a mental health consultant or agency to provide in classroom/classroom focused support (Lume Institute, Centerstone). This person or organization should have working knowledge of classroom management skills, handling challenging behaviors, and providing realistic strategies to education staff.</td>
<td>CDC</td>
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<td>The CDM has limited time to meet with education staff regarding their</td>
<td>If possible, CDM should work with Center Directors to establish meeting times during the week. These times will be dependent on planning time and available coverage.</td>
<td>CDM, CD</td>
<td>PY 18-19</td>
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<td>coaching observations and/or PD goals during classroom hours. This</td>
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<td>impacts her ability to finish coaching cycles effectively and make</td>
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<td>progress in accomplishing PD goals.</td>
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<td>Staff absences significantly affect the impart of Coaching because:</td>
<td>Build communication between CDM and Center Directors to make the most of time.</td>
<td>CDM, CD</td>
<td>Immediately and ongoing</td>
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<td>• CDM used as sub in classroom to ensure classroom coverage.</td>
<td>• Weekly schedule of classroom visits-CDM to CD</td>
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<td>• Scheduled meetings are frequently cancelled due to teacher absences.</td>
<td>• Staff absences-CD to CDM</td>
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<td>Parent engagement is continually a struggle and reaching families can</td>
<td>1. Utilize technology to reach families (Facebook, Remind, texting). Post all events on the FB page and send mass reminders out to all enrolled families.</td>
<td>FCPC (2, 3, 4) CD (1)</td>
<td>Immediately and ongoing</td>
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<td>be difficult.</td>
<td>2. Hold our mass recruitment events at a community location rather than the centers to increase visibility within the community and to reach more families.</td>
<td>FCSWs (1, 4)</td>
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<td>3. Explore partnerships with different departments within SIU to increase families interest</td>
<td>Enrollment Specialist (2)</td>
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<td>4. Attend more resource fairs/community events to promote the program</td>
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| Attendance at parent meetings and parent events is low.                | 1. Alternate between daytime and evening meetings  
2. Hold meetings at a central location in the community (library, civic center)  
3. Plan a small program for children to perform for the parents (ie. sing songs) to encourage attendance  
4. Update the current parent needs survey to capture more information about what the parents prefer  
5. Utilize the Remind service to send out notifications about meetings and events  
6. Offer door prizes to encourage attendance  
7. Partner with SIU to coordinate a mini sports camp or other activity to involve enrolled families and children  
8. Post pictures from meetings on social media to increase visibility | FCPC (1,2, 3, 4, 6, 7, 8)  
CD (3)  
FCSWs (4, 5) | PY 18-19 |
| Staff turnover and absences greatly affect the area Family engagement.  | 1. Develop FCSW mentor program.  
→ Seasoned FCSW’s provide shadowing opportunities and weekly meetings with new FCSW hires.  
→ FCSW supervisor will schedule frequent “check-in” sessions with the new FCSW hire.  
2. Develop a new staff orientation plan for new FCSW hires.  
→ Establish a training schedule and checklist  
3. Explore the possibility of clerical support in the centers to assist with phones, bus radio and filing. | Director (2, 3)  
FCPC (1, 2) | PY 18-19 |
| Average Daily Attendance has decreased throughout the year.            | 1. Develop top absence reasons into a monthly educational topic to include in newsletters as well as a link on Facebook.  
2. Explore a partnership with public transportation to assist families affected by HS transportation  
3. Create incentives for good attendance (picture in newsletter/Facebook, awards, keychains) to recognize those families who prioritize attendance | FCPC | PY 18-19 |
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| Numbers of anemia cases still high compared to the state and national data. | 1. Define anemia and adjust the questions – is it less than 10.9 or less than 10? Follow up on the less than 10.  
2. Send Hemoglobin Follow up Form to both Primary Dr. and WIC          | HNC (1)                                         FCSW (1, 2)           | PY 18-19 |
| Number of missed appointments for dental treatment, vision, etc. are high. | 1. Develop relationships with the family through increased training and mentoring to FCSWs.  
2. Use all types of technology to contact the family (Text, Remind, Facebook etc.). Not only to remind of things that are needed, but to give them positive feedback.  
3. Update the phones the FCSW use to smart phones for ease of contact | FCPC (1)                                         CD, FCSW(2) Director (3) | PY 18-19 |
| Number of children with vision problems are higher than those in the state and nation. | Count only glasses or a diagnosed vision problem – not just a failed screening for PIR | HNC                              | PY 18-19 |
| Teachers are not following health and safety regulations. For example:   | Initiate corrective action at each center in which this is occurring. Include the Center Director and teaching staff. | HNC                              | Immediately |
| → Personal items are not being put away and locked  
→ Sinks are not being sanitized after use | Initiate corrective action at each center in which this is occurring. Include the Center Director and teaching staff. | HNC                              | Immediately |
| Center Staff are not following medication policy per DCFS and program policy. | 1. Initiate corrective action at each center in which this is occurring. Include the Center Director and teaching staff.  
2. Look into having one set of meds for on the bus and one for in the room.  
3. Call school nurses, in the area, and see how they handle this issue  
4. Medication logs | HNC                              | PY 18-19 (2, 3) |
CONCLUSIONS

The Self-Assessment process provides the program with valuable insight and information about its strengths and weaknesses and is a critical tool in continuous quality improvement. Information from the Self-Assessment is utilized each year in program planning and in grant preparation. During the 2017-18 program year, SIU Carbondale Head Start implemented a number of program planning decisions based on the 2016-17 Self-Assessment results.

Data indicate a resulting increase in staff morale, but this is still an area for improvement. To support child development staff, the program implemented extensive coaching and increased opportunities for professional development. Additionally, more stable pathways for advancement were established via the additional of two new positions—the Childcare Assistant and Child Development Associate. The quality and amount of coordination of services with other early childhood providers has increased significantly, but this is also an area that the grantee strives to improve as state funded pre-K expands in the area. Parent communication was identified as a third focus area in 16-17, and while staff have greatly increased efforts to communicate with parents in new ways such as Remind and texting, parent engagement remains flat.

This year’s Self-Assessment process produced a number of recommendations on which to focus in the upcoming year, but after careful interpretation, through a process of coding, four broad themes emerged as areas for improvement in the SIU Carbondale Head Start program.

1. **Staffing.** All service areas are impacted by ongoing staff shortages. The applicant pool for many positions such as Lead Teachers and Teachers is extremely small, and workforce data demonstrates this problem will persist. Teachers report feeling the effects of understaffing as do those who serve the centers such as the Coach, Disabilities Specialist, and Health and Nutrition Staff. For example, the teacher shortage impacts coaching because the Coach has been frequently pulled into classrooms to cover in emergency situations. In the Family and Community Partnerships service area, continued openings and staff turnover have influenced the program’s parent participation numbers.

2. **Staff Stress.** Staff are being asked to do more in stressful situations in which they do not feel mentally, emotionally, or physically prepared. This is especially true in the management of challenging and physically combative children. Adding to staff stress was the program’s limited orientation system. Although mental health, coaching, and disabilities support was available to staff, the need far outweighed the availability of already over-taxed staff members.

3. **Communication among Service Areas.** The findings demonstrate that the quality and amount of communication between service areas and centers must increase. All service areas must collaborate and share information in order to meet program goals and serve
families in the best possible manner. Family and Community Service Workers are charged not only to engage families, but also to follow up on health requirements and assist families in medical related issues, serving two service areas with two different managers. The Health and Nutrition service area collects information that is vital to child development staff and administration’s decision making process in serving children. A systematic communication plan must be developed in order to rectify this concern.

4. **Family Engagement.** Parent engagement is not what it should be and remains a significant problem. Family engagement impacts the education and health of children, and touches each staff member in some manner. In the current program year, the program focused its efforts on means and number of ways of contacting parents about opportunities for participation, but although contacts increased, engagement did not. Attendance at parent meetings is low, parents are missing an increasing number of dental and health appointments, and overall engagement at centers is a struggle.