



CSNT Head Start Program

2024 Self-Assessment Report - DRAFT

Date: 3-18-2024

Section 1. Introduction

Program description

Head Start and Early Head Start are two of several programs offered through Community Services of Northeast Texas, Inc. (CSNT). CSNT, a community action agency, has been providing Head Start services to eligible children in Northeast Texas since the 1960s. CSNT started providing Early Head Start services to eligible children in January of 2021. Total program funded enrollment for FY04-PY05 is 465 three-to-four-year-old Head Start children and 16 twelve-to-thirty-six-month Early Head Start children. There are eight Head Start locations within the four county service area of Bowie, Camp, Cass, and Morris Counties and one early Head location in Cass County only. Actual enrollment for PY05 is an average of 464 Head Start children and 16 Early Head Start children. The Office of Head Start (OHS) has issued Program Instruction HS-18-04 to address programs that are chronically under enrolled after the pandemic. At this time in the Program Year Head Start has met the funded enrollment of 465 slots. CSNT Head Start can serve more children than the funded enrollment due to partnerships with local education agencies. CSNT utilizes resources within the community to assist parents of enrolled children.

CSNT Head Start Program has (3) broad goals for Grant #06CH011282 five-year grant project period.

Goal 1: Strengthen comprehensive health services within the program.

Goal 2: Provide comprehensive school readiness.

Goal 3: Increase parent involvement in the Head Start Program.

Context for Self-Assessment

1. The Self-Assessment Team Leaders receive training on how to utilize the program data to check for systemic issues, document innovations and list any recommendations. The data used during the Self-Assessment is comprised of previous monitoring summaries, assessment data, and Program Information Reports. The Team Leaders are instructed on how to complete analyzation of data for their assigned content areas.
2. The Self-Assessment Leadership Team analyzes data from the On-Going Monitoring System including Detailed Monitoring summaries.
3. Self-Assessment Team Leaders analyze progress made on program goals/objectives as well as strengths and weaknesses of program systems. Team Leaders are program staff with experience in the areas being surveyed. Program data is collected throughout the grant project period and is examined by different staff in all areas. The Leadership Team documents systemic strengths along with any weaknesses based on the data. They also discuss staff recommendations concerning systemic issues and document any areas of innovation within the program.
4. Information from monitoring summaries is provided to the Self-Assessment Team Leaders including Self-Assessment Summary Reports for each area of the program and progress reports on program goals/objects. The Self-Assessment Team Leaders analyze the program data along with child assessment data, CLASS data, and any other relevant data to develop conclusions for each area of the program. Their findings are presented to the Self-Assessment Committee for approval.
5. After the Self-Assessment Committee approves a final Self-Assessment Report, it is presented to the Policy Council and Governing Board for approval. Input from the Governing Board and the Policy Council occur when members of the Governing Board and Policy Council serve as part of the Self-Assessment Committee.
6. Upon approval by the governing bodies, the program begins developing strategies on how to implement any changes into the program. Recommendations on any changes to the program goals/objectives are discussed during the Strategic Planning Committee Meeting. These changes become part of the program goals/objectives at that time.

SA Leadership Team	Questions to Consider
Area One: Program Governance/ Program Management & QI/ Financial and Administrative Requirements/ Human Resources	<ol style="list-style-type: none"> 1. Does the Board & PC have the required composition and representation? 2. Has training been provided throughout the program, as required? 3. Does the program’s Personnel Policies meet the requirements including a standard of conduct? 4. Does the program meet the background check requirements? 5. Does the program meet the requirements for staff professional development, health & wellness, and safety? 6. Does the program meet the requirements for management systems? 7. Is the program meeting financial and administrative requirements?
Area Two: Comprehensive Health Services/ Safety	<ol style="list-style-type: none"> 1. Does the program collaborate with parents as partners in health? 2. Does the program meet the requirements for up-to-date child health status? 3. Does the program implement safety practices?
Area Three: Early Childhood Education & Development/ CLASS/ Additional Disability Services	<ol style="list-style-type: none"> 1. Do teaching practices meet the requirements? 2. Does the program implement dual-language instruction? 3. Does the program’s curriculum meet the requirements? 4. Does the program utilize child assessment data to determine strengths for children? 5. Do classrooms have a variety of age-appropriate materials that are changed on a regular basis? 6. Does the program recognize parents’ roles in their child’s education? 7. Have CLASS scores for the Program improved? 8. Does the program meet the requirements for additional services for children with disabilities?
Area Four: Family & Community Engagement – ERSEA/ Transition/ Program Structure	<ol style="list-style-type: none"> 1. Does the program have a Community Assessment that meets the requirements and is it updated at least every (4) years? 2. Does the program have an approved selection criterion that meets the requirements of the HSPPS? 3. Are integrated parent and family engagement strategies implemented into all systems and program services? 4. Did the program reach 10% of its funded enrollment as children with disabilities by the end of the program year? 5. Does the program implement a research-based parent curriculum? 6. Does the program implement a transition process for children coming into and out of Head Start as required?

Section 2. Methodology

Date	Action	Purpose
11/13/2023	<i>Detailed OGM Leadership Meeting</i>	<ul style="list-style-type: none"> • <i>Update 2024 Detailed Monitoring process</i> • <i>Create 2024 Detailed Monitoring Teams for each area</i>
12/5-6/2023	<i>Detailed Monitoring Training Sessions, as needed</i>	<ul style="list-style-type: none"> • <i>Training – Detailed Monitoring Orientation and Team Training</i> • <i>Each Team Member is trained on confidentiality</i>
2/12/2024	<i>Detailed OGM Meeting</i>	<ul style="list-style-type: none"> • <i>Discuss Detailed OGM Results</i> • <i>Approve Detailed OGM Summary</i>
3/5/2024	<i>Self-Assessment Team Leader Meeting</i>	<ul style="list-style-type: none"> • <i>Program Team Leaders analyze data from each area of the program</i>
3/19/2024	<i>Self-Assessment Committee Meeting</i>	<ul style="list-style-type: none"> • <i>HS/EHS Director gives a short synopsis of each area</i> • <i>Approve 2024 SA Program Draft Report</i>
<i>Before 5/31/2024</i>	<i>Final Step in Self-Assessment Process</i>	<ul style="list-style-type: none"> • <i>Policy Council and Governing Board approval of SA Report</i> • <i>Submit to Regional Office with Grant</i>

Section 3. Key In-Sights

Strengths

- ✓ Technology plays an instrumental role in keeping CSNT Head Start and Early Head Start operating effectively and efficiently. CSNT utilizes technology to hold virtual meetings and to provide educational instruction, when needed. Technology is used to gather and analyze large amounts of program data. Program data is tracked and monitored for accuracy on a regular, on-going basis. On-going Monitoring results are tracked and analyzed electronically. Program Inventory is tracked and monitored electronically with scanners. Electronic management systems track and create reports that assist staff and governing bodies in making informed and knowledgeable decisions based on accurate information. Technology is also playing a larger role in communication with parents including social media platforms and blast text messages.
- ✓ CSNT Head Start/Early Head Start provides extra sanitation cleaning to all sites monthly during the school year to mitigate the spread of harmful viruses to children and staff. Health and safety are key to CSNT families and employees. Wellness is promoted throughout the program including adding health supplies as part of transition bags that children receive as they transition into and out of the Program. Families are provided bags that contained toothbrushes and other health and wellness supplies. The Agency also implements a Wellness Committee to address physical and mental wellness implementation within the Program/Agency.
- ✓ CSNT Head Start/Early Head Start implements a research-based early childhood curriculum that meets or exceeds the Head Start Early Learning Outcomes Framework and the Texas Pre-K Guidelines. Head Start and Early Head Start services are provided in partnership with local public school districts throughout the four-county service area. In each partnership classroom, Head Start Standards and State Guidelines are followed creating high quality services for each child and family. CLASS is being implemented throughout the program to analyze the overall classroom quality.
- ✓ All CSNT staff receive systematic, on-going training on a regular basis. Staff are encouraged and assisted in gaining the required education and/or certifications for their jobs. All staff receive professional development that enables them to carry out their job duties more efficiently. Currently, CSNT Lead Teachers meet or exceed the Head Start Performance Standards qualifications. Management staff are instrumental in providing college-level, certified, classroom-based training to CSNT staff. There are two Coaches that assist classroom staff throughout the school year.

- ✓ All CSNT children receive standardized and structured assessments three times per year. These assessments provide ongoing, individualized data that aligns with the Head Start Early Learning Outcomes Framework and the Texas Pre-Kindergarten Guidelines. Teachers create reports from these assessments that indicate a child’s progress in each of the areas designated by Head Start/Early Head Start. The teachers as well as parents and other staff utilize these reports.
- ✓ Currently, CSNT has 465 Head Start slots and 16 Early Head Start slots. The Early Head Start Program is being implemented at the Hughes Springs Head Start Campus. The CSNT Community Assessment indicated a need for Early Head Start services in the service area and CSNT is looking for opportunities to provide more Early Head Start slots. CSNT is also seeking ways to expand Head Start services within and outside the service area.

Systemic Issues

- ✓ Implement method(s) to assure staff are contacting parents within one hour if a child is absent without prior notice. (45 CFR §1302.16(a)(1))
- ✓ Implement methods to reach 10% disability funded enrollment by end of school year. (45 CFR §1302.14(b))
- ✓ Implement a process to assure Health & Dental related follow-ups are being implemented. (45 CFR §1302.42(b)(1)(i-ii) §1302.44(c))

Innovations

- ✓ CSNT Head Start implements a Family Service Credentialing program. The Family Service Administrator is a certified Family Service Credential Trainer. CSNT Family Service Workers can attend classes that lead to a Family Service Credential.
- ✓ CSNT Head Start/Early Head Start utilizes technology to maintain quality throughout the Head Start/Early Head Start Program. The program implements Child Plus to track and monitor data, Ready Rosie to assist parents, Frog Street On-line Curriculum for students, web-based assessments and screeners, inventory scanners, and ZOOM to keep staff, parents, and governing bodies connected on a regular basis.
- ✓ CSNT Head Start utilizes Mental Health Advocates within the service area to assist CSNT staff in obtaining disability services for eligible children. The Mental Health Advocates assist Campus staff with completing the necessary paperwork to obtain vital services for students. They provide communication and documentation between the HS/EHS Program and the service provider for each child and family that require disability or mental health services.

Progress in Meeting Program Goals and Objectives (Winter 2024)

Goals		Objective(s)/Outcome(s)
GOAL ONE: Strengthen comprehensive health services within the program.		87% of parents will obtain health requirements.
Completion Rate	81%	
GOAL ONE: Strengthen comprehensive health services within the program.		90% of parents/staff will participate in wellness activities.
Completion Rate	68%	
GOAL TWO: Provide comprehensive school readiness.		70% of Head Start children will name upper and lowercase letters
Completion Rate	64%	
GOAL TWO: Provide comprehensive school readiness.		75% of children will sequence count to 50
Completion Rate	40%	
GOAL TWO: Provide comprehensive school readiness.		6 in CLASS Emotional Support (HS) 6 in CLASS Classroom Organization (HS) 3 in CLASS Instructional Support (HS)
Completion Rate	ES – 6.31 (HS) CO – 5.44 (HS) IS – 4.08 (HS)	
GOAL TWO (EHS): Provide comprehensive school readiness.		6 Emotional & Behavior Score 6 Engaged Learning Score 6 Responsive Caregiving Score
Completion Rate	EB – 6.10 (EHS) – NA Spring EL – 5.67 (EHS) – NA Spring RC – 5.25 (EHS)	
GOAL TWO (EHS): Provide comprehensive school readiness.		85% of EHS children will demonstrate interactions with their peers.
Completion Rate	97%	
GOAL THREE: Increase parent involvement in the Head Start Program.		70% of parents will be involved in their child’s education.
Completion Rate	62%	

Recommendations

These recommendations encompass the categories of progress on goals and objectives, systemic issues, and/or innovations.

- Find ways to improve staff shortages by shortening the time between posting open positions, interviewing applicants, and offering positions
- Provide on-site visits prior to Campuses implementing HS Transportation routes
- Find ways to strengthen the planning process between Head Start and ISD Partnership Teachers
- Find ways to strengthen the referral process for children being referred for Disability Services
- Assign mentor/coaches for new staff to assist them with day-to-day tasks such as using the proper forms, completing documents, filing documents properly, etc.

Governing Board Approval: (_____)

Policy Council Approval: (_____)