

2021 Self-Assessment Report - DRAFT

Date: 2-26-2021

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. CNST started providing Early Head Start services to eligible children in January of 2021. Total program funded enrollment for FY21-PY02 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 PY02 is an average of 435 Head Start children and 14 Early Head Start children. The Office of Head Start (OHS) is allowing Program flexibility with enrollment due to the COVID-19 Pandemic. During the PY01 grant year Head Start served an average of 526 children. 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 for Head Start children and their families.
- 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 implementation of the Self-Assessment. They are trained 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 facilitate their teams through the data analyzation process for their assigned content areas.
- 2. The Self-Assessment Teams analyze data from the On-Going Monitoring System including Detailed Monitoring summaries.
 - a. Detailed Monitoring is implemented as part of the On-Going Monitoring System to add a layer of monitoring that includes the creation of up to (4) teams made-up of Administrative, management, and Campus staff as well as parents, policy council and governing board members, and community partners, where applicable. These teams monitor the program for areas of strength, weaknesses, and non-compliances. They also provide recommendations as part of their reports. Each team completes an on-site visit, reviews documentation, and completes interviews. A summary of the Detailed Monitoring findings becomes a part of the Self-Assessment Team data packets.
 - 3. Self-Assessment Teams analyze progress made on program goals/objectives as well as strengths and weaknesses of program systems. There are (4) teams with up to five members on each team. 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 members of each team. The Team documents systemic strengths along with any weaknesses. They also make recommendations concerning systemic issues and document any areas of innovation within the program.
 - 4. Information from monitoring summaries is provided to the Self-Assessment Teams including Self-Assessment Summary Reports for each area of the program and progress reports on program goals/objects. The Self-Assessment Teams 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 members of a Self-Assessment Team and as part of the 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 Teams		Questions to Consider
Team One:	1.	Does the Board & PC have the required composition and
Program		representation?
Governance/	2.	Has training been provided throughout the program, as
Program		required?
Management &	3.	Does the program's Personnel Policies meet the requirements
QI/		including a standard of conduct?
Financial and	4.	Does the program meet the background check requirements?
Administrative	5.	, 9
Requirements/		development, health & wellness, and safety?
Human	6.	Does the program meet the requirements for management
Resources		systems?
	7.	1 0
		requirements?
Team Two:	1.	, 9
Comprehensive	_	health?
Health	2.	Does the program meet the requirements for up-to-date child
Services/	_	health status?
Safety		Does the program implement safety practices?
Team Three:	1.	
Early Childhood	2.	1 0 1
Education &	3.	1 0
Development/	4.	, 6
CLASS/	_	strengths for children?
Additional	5.	Do classrooms have a variety of age-appropriate materials that
Disability	_	are changed on a regular basis?
Services	6.	Does the program recognize parents' roles in their child's education?
	7	
	7. 8.	Have CLASS scores for the Program improved? Does the program meet the requirements for additional services
	0.	for children with disabilities?
Team Four:	1	Does the program have a Community Assessment that meets the
Family &	1.	requirements and is it updated at least every (4) years?
Community	2	Does the program have an approved selection criterion that
Engagement –	۷.	meets the requirements of the HSPPS?
ERSEA/	3.	Are integrated parent and family engagement strategies
Transition/		implemented into all systems and program services?
Program	4.	Did the program reach 10% of its funded enrollment as children
Structure		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
11/16/2020	Detailed OGM Leadership Meeting	 Update 2021 Detailed Monitoring Process Create 2021 Self- Assessment Implementation Plan
12/2/2020	Detailed Monitoring Training Sessions	 Training – Detailed Monitoring Orientation and Team Training Each Team Member is trained on confidentiality
2/8/2021	Detailed OGM Meeting	 Discuss Detailed OGM Results Approve Detailed OGM Summary
2/25/2021	Self-Assessment Committee Meeting	 Training on SA Process Discuss Proposed 2021 Self-Assessment Implementation Plan Approve 2021 Self-Assessment Implementation Plan
3/10/2021	Self-Assessment Committee Meeting	Approve 2021 SA Program Report
Before 5/31/2021	Final Step in Self-Assessment Process	 Policy Council and Governing Board approval of SA Report Submit to Regional Office with Grant

Section 3. Key In-Sights

Strengths

- ✓ Technology plays an instrumental role in keeping CSNT Head Start and Early Head Start operating during the Pandemic. CSNT utilizes technology to hold virtual Policy Council meetings and to provide educational instruction, when needed. Technology is used to gather and analyze large amounts of program data. This Program data is tracked and monitored for accuracy on a regular, on-going basis. On-going Monitoring is a key element in providing high-quality services to children and families. Electronic management systems track and create reports that assist staff and governing bodies in making informed and knowledgeable decisions based on accurate information.
- ✓ CSNT Head Start/Early Head Start provided Protective Personal Equipment (PPE) to all sites along with sanitation devices during the Pandemic. 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. With CARES Act Funding, families were provided bags that contained PPE along with toothbrushes and other health and wellness supplies.
- ✓ CSNT Head Start/Early Head Start implement 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 services are provided in partnership with local public school districts in all (8) of the Head Start locations throughout the four-county service area. In each Head Start classroom, Head Start and State Guidelines are followed creating high quality services for each child and family. The Teachstone Platform is also being implemented to assist classroom staff with CLASS implementation.
- ✓ 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, 100% of CSNT Head Start Lead Teachers have at least a bachelor's degree. Management staff are instrumental in providing college-level, certified, classroom-based training to CSNT staff.
- ✓ All children in the program 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.
- ✓ CSNT converted 51 Head Start slots into 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 found an opportunity to convert these slots. The public school district decided to end a Head Start/Pre-K Partnership with CSNT due to the lack of space at the district. This enabled CSNT to convert the Head Start slots and start providing Early Head Start services.

Systemic Issues

- ✓ Implement methods to reach 10% disability funded enrollment by the end of January (45 CFR §1302.14(b))
- ✓ Implement safety practices that provide training, oversight, and correction at all facilities including School District Campuses (45 CFR §1302.47 (b)(1)(iv))
- ✓ Create orientation training with Family Engagement staff that addresses all the acronyms used by the program (45 CFR §1302.20)

<u>Innovations</u>

- ✓ 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, especially during the COVID-19 Pandemic. The program implements Child Plus to track and monitor data, Ready Rosie to assist parents, Frog Street On-line Curriculum for students, webbased assessments and screeners, and ZOOM to keep staff, parents, and governing bodies connected on a regular basis.
- ✓ CSNT Head Start has implemented virtual instruction during the COVID-19 Pandemic. This instruction is provided by CSNT Head Start at standalone Campuses and through partnerships with the local school districts at School District Campuses. Virtual instructional is also being utilized for children who must be away from school due to health issues.

Progress in Meeting Program Goals and Objectives (Fall 2020)

Goals		Objective(s)
GOAL ONE: Strengthen comprehensive health services		81% of parents will obtain health
for Hea	nd Start children and their families.	requirements.
Completion Rate	66%	
GOAL TWO: Provide comprehensive school readiness.		63% of children will name upper and lowercase letter
Completion Rate	27%	
GOAL TWO: Provide comprehensive school readiness.		78% of children will sequence count to 50
Completion Rate	48%	
GOAL TWO: Provide comprehensive school readiness.		.5% Increase in CLASS Emotional Support .5% Increase in CLASS Classroom Organization .2% Increase in CLASS Instructional Support
Completion Rate	ES .16 Increase CO .20 Increase IS 1.41 Increase	
GOAL THREE: Increase parent involvement in the Head Start Program.		40% of parents will be involved in their child's education.
Completion Rate	80%	

Recommendations

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

- Add collaboration statement to LEA MOUs that indicates the 10% enrollment amount needed at each location
- Communicate with Campus staff the roles and responsibilities of the Mental Health Advocates and address better communication at the Campus level
- Add copies of all goals to the CSNT Website for staff access including the Program Goals, the School Readiness Goals and the Family and Community Engagement Goals

Governing Board Approval: (_)
Policy Council Approval: ()	