

Children’s Developmental Services of Campbell County
Early Head Start Self-Assessment Report
2019-2020 Program Year

Introduction

Program Description

Children’s Developmental Services of Campbell County/Early Head Start (CDS-CC/EHS) began providing EHS Home Based Services to 36 pregnant women and children birth to three years of age in September 1999. CDS-CC also provides disability services for children from birth until public school, childcare for children 3 years until they enter public school, as well as parenting classes for the community. All programs are supported by numerous funding sources which include Federal, State, and local governments.

Program Goals

The Early Head Start program has established three program goals for the 5-Year project period ending August 31, 2024. These include:

- **Goal 1:** School Readiness – Early Head Start will promote the value of every child by providing comprehensive, quality services to all children and families in order for them to achieve their fullest potential.
- **Goal 2:** Health and Wellness: - CDS-CC will create a culture that values and promotes comprehensive health and wellness of families and staff.
- **Goal 3:** Engagement - EHS will empower families to understand the importance of and prioritize family engagement within their home and community.

Context for Self-Assessment

The self-assessment process began with a review of the previous year’s self-assessment report. A review of data indicated sufficient progress was made on the following goals for program improvement which were included in last year’s self-assessment:

Goal 1: Early Head Start will develop an ongoing file review system to ensure that all paperwork is up to date, included in the file, and completed within the required timelines.

Goal 2: Increase the number of enrolled pregnant women who receive required dental screenings and treatment and establish a dental home.

The data review identified that the following goal is an ongoing area of need and will continue to be addressed in the upcoming year:

Goal 3: Increase the number of children receiving required lead screening at 12 and 24 months.

At an initial planning meeting, the team elected to use the Focus Area 2 monitoring protocol as a guide to review overall compliance with the Head Start Program Performance Standards. Additionally, the team decided to take a closer look at Health Services, Education and Child Development, and Family and Community Engagement. Team members were assigned areas to review, and a timeline was established.

Methodology

Self-Assessment Team Members

Program Design Management and Quality Improvement

Stephanie Stevens and Bob Tranas

Monitoring and Implementing Quality Education and Child Development Services

Kristina Tyler and Cassie Sapp

Designing Quality Health Services

Stephanie Stevens, Kristina Tyler, Ashley Salmon

Monitoring and Implementing Quality Family and Community Engagement Services

Heather Zahn, Cassie Sapp, Ashley Salmon

Monitoring and Implementing Fiscal Infrastructure

Stephanie Stevens, Bob Tranas, Carol Curtis

Monitoring ERSEA: Eligibility, Recruitment Selection, Enrollment, and Attendance

Heather Zahn, Stephanie Stevens, Ashley Salmon

Home Visit/Discovery Observations

Observations of home visits were not completed during the self-assessment timeframe due to COVID-19 restrictions. Socializations were not being held due to COVID-19 health orders. Observations will be completed throughout the program year as part of ongoing program assessment and as allowed by current health orders.

Timeframe and data collection tools

The annual self-assessment was conducted from August 1 to September 30, 2020. File reviews were completed throughout August. Individual teams scheduled meeting times to review assigned areas.

The following data sources were utilized during this review:

- FY 2020 Focus Area Two Monitoring Protocol
- 2018-2019 Annual Self-Assessment
- OHS Monitoring Report (FA1)
- Individual Files
- Program goals
- Community Assessment
- Financial reports
- Policies and Procedures
- Head Start Early Learning Outcomes Framework
- Parent, Family, and Community Engagement Framework
- School Readiness Goals
- Health tracking logs
- Discovery lesson plans
- CACFP logs
- Emergency preparedness plans
- Enrollment forms

Key Insights

Program Strengths

Program Management and Quality Improvement

- The management team includes the executive director, EHS Coordinator, Early Intervention Coordinator, Early Childhood Coordinator, Early Intervention Inclusion Supervisor, and the Financial Specialist. This team meets weekly and is responsible for ensuring that the system of services at CDS meets the needs of all programming including maintaining high quality services and supports as well as ensuring all rules and regulations are followed.
- Training and technical assistance plan is developed annually with consideration of individual staff needs identified through coaching, reflective supervision, and regular meetings with the Early Head Start team.
- EHS Coordinator reports monthly to both the Board of Directors and Policy Council both verbally and through presentation of written reports.
- Shared governance among County Commissioners and Board of Directors. Executive Director maintains communication with the commissioners to request that they seek appointments for the Board of Directors that fulfill all required areas.
- Open communication between CDS-CC staff and board of directors through the management team reporting on respective programs at each monthly meeting.

Fiscal Infrastructure

- Senior Financial Specialist with 35 years of experience
- Policy Council and the Board of Directors review monthly financial reports
- Policy Council and the Board of Directors participate in development and approval of the budget
- 95% of the budget goes to personnel, with the remaining 5% to operating expenses
- Competitive wages and benefits

ERSEA: Eligibility, Recruitment Selection, Enrollment, and Attendance

- Community Assessment data is used to guide recruitment efforts, criteria ranking and selection
- Eligibility interviews are completed in person. When unable to complete in person, the reason is clearly documented.
- Eligibility is verified through review of applications and verification documents by 3 staff members who have been trained in ERSEA requirements
- Program maintained full enrollment and an active waiting list throughout the program year.
- Over 10% of enrolled children were also eligible for and receiving services through the Part C program
- Monthly reports generated and shared with Policy Council and Board of Directors. These reports include information on enrollment and attendance. Attendance data is reviewed with home visitors during reflective supervision and strategies to increase family engagement and attendance are discussed.
- All EHS staff completed professional development training on ERSEA requirements.

Education and Child Development Services

- School Readiness Goals are aligned with the HSELOF. Parent input was used to align school readiness goals with the ELOF.
- Transitions begin at age 2 ½. Supporting the child and family through preschool transitions becomes a family goal if desired. Parents and home visitors discuss all options and develop alternate plans if the parent's first choice is not available.
- Ongoing assessment data is reviewed regularly and used to track continued child development as well as make appropriate referrals.
- All EHS staff have been trained in implementing the Partners for a Healthy Baby curriculum with fidelity
- Translators are utilized when working with Spanish speaking families.
- Collaboration with Part C and Part B service providers for additional family support and ease of transitions between programs
- EHS home visitors completed online certificate program for partnering with families
- During Discovery Time, activities are planned in each area of development. Parent input is used to plan home visits and socializations.
- Bagless visits- families, together with their home visitor, plan activities for visits and ways to incorporate learning opportunities into daily routines. Home visitors and parents use the ELOF as a tool during the goal setting process.

Health Services

- Supporting families in establishing a medical home and insurance begins during the application process with attempts to identify barriers and provide resources.
- Child Health related information is tracked in a database and home visitors are made aware of upcoming medical and dental requirements
- Families receive individualized support to ensure that children attend well child visits, regular dental examinations, and receive immunizations.

- Mental health consultant facilitates a monthly group for parents and meets with staff monthly to provide education on various topics related to mental health, substance use/misuse, addiction, and trauma.
- Mental health consultation to individual families can be scheduled on an as needed basis
- Follow CACFP guidelines for Discovery meals and accommodate feeding needs for each child.
- Checklists are used to continuously monitor safety. Good emergency preparedness plans. Basic 8 training yearly for all staff.
- Defensive driving completed before transporting clients. Car seat safety/installation training.

Family and Community Engagement

- Multiple tools including a needs assessment, ecomap, and LSP data are used to identify and prioritize the needs of enrolled families
- Family goal tracking form is aligned with the PFCE framework
- Love and Logic Parenting classes offered free to families. Staff members are also able to complete the course so that they are better able to support families.
- Curriculum resources are utilized during visits and Discovery Time to enhance parents' abilities to support their children's learning and development
- EHS maintains relationships with community agencies through presentations, referrals, and MOUs.

Areas for Program Improvement

Health Services- Completion of required lead screenings at 12 and 24 months continues to be a challenge and continued efforts will be made to increase partnerships with providers in the community in order to meet these requirements.

The current system for tracking health requirements is no longer efficient. We will be examining this process and developing an updated system for gathering documentation and tracking requirements in a more efficient manner.

Education and Child Development- An issue identified in this area is that of transitions from Early Head Start to the local Head Start preschool program. Communication between the two programs can be a challenge and we would like to work to improve the process for families and staff. Another area of improvement identified was in coaching. EHS staff are not comfortable with the coaching process and TLC model. We determined that further training is needed in order to increase the effectiveness of coaching within our program

Progress in meeting goals and objectives

Goal 1: Early Head Start will develop an ongoing file review system to ensure that all paperwork is up to date, included in the file, and completed within the required timelines.

Progress: A system was developed to ensure that peer file reviews are completed upon enrollment and annually thereafter. The EHS Administrative Assistant distributes file review forms to EHS staff. The review form is organized according to 30 and 45-day requirements as well as ongoing documentation. Once completed, the EHS home visitor and EHS manager receive a list of

documentation currently missing. The EHS Home Visitor is responsible for ensuring that any missing information is obtained and filed as soon as possible.

Goal 2: Increase the number of enrolled pregnant women who receive required dental screenings and treatment and establish a dental home.

Progress: Currently, there are no dental providers in Campbell County accepting Medicaid for adults. This issue was shared with the Wyoming Head Start state collaboration office. We consulted with the dentist on the HSAC regarding access to dental care for pregnant mothers. A partnership was established with this dental provider, who volunteered to donate dental examinations for enrolled pregnant women who were unable to access dental care. This partnership has the potential to include dental cleaning and basic treatment in addition to examination.

Goal 3: Increase the number of children receiving required lead screening at 12 and 24 months.

Progress: The COVID-19 health emergency created many barriers to progress on this goal. The EHS program has reached out to several local providers with attempts to share information about EHS health requirements. Home Visitors are working closely with families to educate them on the EHS requirements and help them communicate this information with their provider at well child visits.

Recommendations for program improvement

Goal 1: Early Head Start will develop an updated health tracking system to obtain and track medical and dental requirements in a timely and efficient manner.

Action Steps:

- Review current system
Person responsible/time frame: EHS staff
Fall 2020
- Develop tracking/communication form for documenting well child and dental visits.
Person responsible/time frame: EHS Administrative Assistant and EHS Manager
Fall 2020
- Request feedback from providers regarding the proposed tracking form and effective systems of communication
Person responsible/time frame: EHS Manager and EHS Administrative Assistant
Winter/Spring 2020-2021

Goal 2: Early Head Start will strengthen our relationship with the Head Start program in Campbell County and collaborate to establish an effective transition process between programs.

Action Steps:

- Contact Campbell County Head Start State center coordinator
Person responsible/Timeframe: EHS Coordinator
Fall 2020
- Meet with Campbell County Head Start staff to discuss transition process and needs
Person responsible/Timeframe: EHS Staff
Winter 2020-2021
- Ongoing communication between Early Head Start and Campbell County Head Start regarding upcoming transitions
Person responsible/Timeframe: EHS Coordinator, EHS Home Visitors
Spring 2021; ongoing

Goal 3: Improve implementation of the TLC coaching model

Action Steps:

- Contact T/TA for additional TLC training resources
Person responsible/Timeframe: EHS Coordinator
Fall 2020
- Attend TLC facilitator training
Person responsible/Timeframe: EHS Coordinator
Winter/Spring 2020-2021
- Implement TLC model from the beginning to increase staff understanding and comfort with the TLC process
Person responsible/Timeframe: EHS Coordinator
Ongoing