

**Alabama Council on Human Relations, Inc.**  
**Child Development Program 2021 Self-Assessment and Improvement Plan**

In the fall of 2021 the Alabama Council on Human Relations (ACHR), Inc. conducted its annual Child Development Program (CDP) Self-Assessment using a variety of interview, monitoring, and other methods to review ACHR compliance with both Focus Area One and Two of the Office of Head Start (OHS) FY 2020 Head Start Monitoring Protocol and the Head Start Performance Standards. The core objective of the Self-Assessment was to determine whether there are areas of non-compliance that must be fixed, areas that could be improved, and what the program is doing well that staff should build on to continue to improve the overall effectiveness and strength of the program.

The Self-Assessment looks at wide-ranging areas of agency operations as covered in the Performance Standards including Fiscal; Program Design and Management; Education and Child Development Services; Health/Disabilities and Mental Health; Family and Community Engagement Services and ERSEA.

***Methodology:***

The 2021 Self-Assessment teams composed of 34 agency E/HS staff, parents and board members were recruited by ACHR's Management Team. The Administrative Coordinator provided training for the Team leaders and co-leaders via Zoom on September 14, 2021 and provided the review tools for each area as well as documents that would be needed by the teams (such as the Community Assessments, the E/HS grant documents from last year and last year's Self-Assessment) in a shared Drop Box folder. Discussion included the importance of the Self-Assessment in the Early/Head Start planning cycle and in assuring that ACHR provide a quality program in all areas, making it imperative to highlight concerns. In most years, teams are directed to send members to review centers other than their own. However, in this time of continued concern about COVID including the possibility of inadvertently transmitting it among our facilities, team leaders instead were asked to task team members with reviewing their own centers with a hard look at them. Teams began their work soon after.

***Data Collection Tools:***

Data collection tools used for the 2021 Self-Assessment included: a) face-to-face, Zoom and telephone interviews with persons who could/should respond to/provide information about a question or area, b) email correspondence; c) on-site observations (e.g., classrooms, buses, etc.); review of files and other pertinent child, family, and staff documents; e) review of data from software such as ChildPlus; f) center walk-throughs; and g) licensing/certification checks.

***Additional Self-Assessment Information:***

In doing the 2021 Self-Assessment, team members also used the following: a) ACHR's FY'21 Head Start/Early Head Start Continuation Grant and program goals, 2020 Self-Assessment, 2020 Strategic Plan; current Community Assessment (including addendum of fall 2021); e) the Head Start Performance Standards; and g) Head Start Act of 2007.

### ***Strengths of the Program:***

All areas of the program were found in compliance with HSPPS. Progress on program goals across the grant period is evident, though for this year somewhat less than usual due to COVID having diverted staff from working on some of the goals to planning and re-planning how to provide services safely to children, families, and staff.

The following is a compilation of findings from Review Teams' reports as they sent them (grammar, spelling and redundancy repaired).

After the Self-Assessment was complete and compiled, the document was shared with staff and responses/improvement plan items were inserted as needed/appropriate.

### **FISCAL INFRASTRUCTURE, CAPACITY AND RESPONSIVENESS**

*(Regulations reviewed for the following areas: Budget Planning and Development; Ongoing Fiscal Capacity; Budget Execution; and Facilities and Equipment.)*

**General Determination: In compliance with all applicable federal regulations.**

#### **Goals/objectives for this area?**

- Finding additional sources of In-Kind.
- During the past year it was determined a succession plan was needed to replace Ms. Dianne Kent, current Fiscal Coordinator. She has provided 30 years of service to the agency. As of October 1, 2021 a qualified person was hired and had begun training.
- Adding additional fiscal staff (accountant) and continued succession planning for key positions.
- Because of the nation-wide hiring challenges, companies have raised wages significantly. Considerations of increase in our Pay Scale to make positions attractive to new employees and to maintain employees that currently work for the agency.

#### **Recommendations for program improvement in this area?**

Once new fiscal staff member is able to assume full responsibility of the Fiscal Coordinator/CFO position another accountant will need to be hired.

#### **Budget Planning and Development**

- Fiscal management, accounting, and reporting policies are voted on and approved at agency board meetings.
- The agency ensures compliance with laws and regulations related to financial statements via regular review.
- The annual operating budget is voted on and approved by the agency's board of directors.
- The software utilized by the agency ensures an accurate budget development process and is instrumental in ensuring a reliable process for tracking the budget, making revisions, and obtaining required approvals.

## Ongoing Fiscal Capacity

- The agency has the fiscal capacity to handle multiple grants, funding sources, facilities, and employees.
- Certifications confirm the training, experience, and qualifications of the fiscal officer and fiscal staff.
- Due to the current nation-wide hiring shortage, finding qualified staff is the agency's biggest staffing problem.
- The fiscal officer is responsible for developing and delivering fiscal information to the agency's governing bodies.
- The agency's Risk Management Team meets quarterly to identify, assess, and address risks.

## Budget Execution

- Because of the nation-wide hiring challenges, area companies have raised wages significantly. Currently our wages are not competitive or compatible with area wages.
- The agency identifies and accounts for indirect costs, accurately tracks time of non-exempt employees, and has a double-check protocol in place to ensure that Head Start funds are used only for authorized purposes.
- The agency seeks regional office guidance for determining whether individual expenses are necessary, reasonable, allocable, and adequately documents.
- Policies and procedures are in place to govern the agency's purchasing and contracting of goods and services.
- The agency solicits multiple price bids on all purchases and contracted services.

## PROGRAM MANAGEMENT AND QUALITY IMPROVEMENT

*(Regulations reviewed for the following areas: Program Management; Ongoing Monitoring and Continuous Improvement; and Program Governance.)*

**ACHR'S child development program has many strengths in the area of "program management and quality improvement." A few concerns are listed as well.**

### Program Management

Grantee establishes a management structure that consists of staff, consultants, or contractors who ensure high-quality service delivery; have sufficient knowledge, training, experience and competencies to fulfill the roles and responsibilities of their positions; and provide regular supervision and support to staff.

Goals are met.

As reported last year the ACHR Head Start program has many highly experienced, dedicated staff who have worked with the agency for many years. This is a **strength** but also a **concern** because knowledge in certain areas of the agency is held by a few people. ACHR continues to improve in

this area by including more staff in meetings and decision-making. Over the past year, there have been several staff changes and promotions that will continue the improvement in this area.

**Concern:** Recently there has been a great deal of staff turnover in several areas of the agency specifically education (teachers, teacher assistants, home based parent educators). One reason attributed to this is low salary (while salaries in the community are rapidly rising) but other reasons may be a perceived lack of empathy and patience toward staff. A self-assessment team member stated that staff needed more encouragement, support, feedback and recognition for a job well done.

#### **RESPONSE/IMPROVEMENT PLAN:**

Staff in key positions are aware of these concerns. Getting our salaries to a point where they are competitive is a tremendous challenge given that even fast food employers currently are paying high starting wages to obtain/retain staff.

Staff are working on the other areas, but that is also a challenge. Because of the aforementioned staff turnover, we are in a constant hiring/re-training mode that puts more stress on remaining staff. We are starting with small, doable things, like celebrating accomplishments, checking in with teachers during the day, more reliably offering restroom breaks, and posting a positive message for the week at sign-in areas.

#### **Ongoing Monitoring and Continuous Improvement**

Grantee uses data to: identify program strengths, needs, and areas needing improvement; evaluate progress toward achieving program goals and compliance with program performance standards, and assess effectiveness of professional development.

#### **Goals are met**

Data is aggregated, analyzed and compared to assist with continuous improvement in all areas using tools such as: Community Assessment, CLASS, PQA, Self-Assessment, Strategic Planning, Parent Surveys, Annual Report, Child Observation Record (COR) progress across the program year, and Family Engagement Summary.

#### **Strengths:**

Health and safety practices are implemented; training in the area of health and safety takes place annually and as needed for new staff. The *Emergency Preparedness and Response Plan* was updated and distributed to all staff recently. In addition to hard copies given out at orientation, a copy is available to parents on our web site. Emergency drills are practiced regularly and emergency plans posted throughout the centers.

The agency website and social media post are very informative but posting and keeping the website up-to-date is a huge responsibility for staff who already have many other responsibilities.

Data collection from CLASS and PQA as well as from annual staff evaluations is used to monitor progress and track education staff efficiency and areas for improvement. Coaching provides targeted support for some staff on effective teaching practices and instructional strategies.

Child level data is collected through the COR ongoing assessment and ASQ3 and DECA screeners. Data is collected, analyzed and used for individualization and differentiating instruction.

This year the Family Engagement Advocates and Home Based Parent Educators are implementing a new electronic Family Engagement Summary using ChildPlus. This tool will allow staff to more easily track family outcomes including strengths and vulnerabilities. A follow up assessment will be completed at mid-year and end of the year.

Weekly Staff Meetings are held with representatives from most areas/centers of the agency in attendance (education, family engagement, maintenance/transportation, health, special projects, programs director, Head Start director)

The program supports families and children who are dual language learners by providing some agency forms and documents translated in Spanish. We now have a tool on our website that allows other agency documents and information to be translated into many different languages. The agency offers employment preference to DL educators. Classroom and take home materials are provided in multiple languages. Some staff recently participated in the BIG 5 training on supporting DLL. Visual supports are provided in classrooms and common areas. Home Based curriculum is provided in English and Spanish. We have some bilingual staff and try to place children who need a teacher with that language in those classrooms.

**Improvements:** The occasional staff newsletter and memos have been helpful. This is a move in the right direction.

**Concerns:**

Data collection system seems to be incomplete. Education Coordinator states that a large amount of data is collected but we do not have an adequate system to analyze and aggregate the data in all areas. Currently the management team is working toward improvement by attending data-driven decision-making workshops.

Dropbox is used for document sharing but not all necessary staff is able access due to lack of “space” available.

Improved system for sharing information is needed. Still seems to be a lack of information sharing between ALL staff and information such as budgets. There also seems to be division and a lack of “teamwork” and “unity” between departments.

Additional bilingual staff and access to translation services needed to increase accessibility and cultural sensitivity. There is a large Hispanic population in our area that is not being served due to lack of bilingual staff available to recruit and work with them.

**Suggestions:** An increase in access to information and progress monitoring data among leadership staff may promote a sense of common purpose and ease issues with service

coordination. Increased access to program wide goals for all staff may help promote a sense of common purpose and alignment. Start a full employee and staff meeting (monthly/quarterly).

## **RESPONSE/IMPROVEMENT PLAN**

As stated, staff is working on finding ways to better utilize existing data as well as assure that we are collecting all data needed for informed decision-making, but not more than we actually need. Information from the recent regional Data Boot Camp has helped our administrative team to think about new ways to look at data. Challenges include the COVID crisis protocols preventing in-room observations for tools such as CLASS and PQA (in past year and a half) complexity of the tasks as well as the time necessary to plan, gather, input, analyze, report and use data to tell our story and make program improvements. Time for planning has been set aside in the next weeks/months to work on ACHR's data plan and system.

Drop Box system is well-used among key staff. There is are two coordinator level Drop Box folders as well as "ACHR Doc for Staff" to which about 40 staff have access. That folder includes all agency manuals, procedures, forms, the agency calendar and so forth. Many staff are beginning to use this system routinely. For example, recently we learned the Accounts Payable Assistant is using the calendar. Some staff groups, such as classroom staff and Home Based Parent Educators, have their own Drop Box folder system to share work and document. Additionally, all staff have access to applicable manuals through the staff section of the ACHR website.

Training or reminders may be needed to assure that the folders with relevant forms and procedures are routinely up-dated in those Drop Box folders.

There is always room to increase sharing and teamwork and we will continue to work on that. As we revisit our data plan, we will find ways to share information with staff. Sharing the program goals with a broader group is a good idea and feasible.

We continue to search for bilingual staff, but the search is hampered by the required qualifications for positions and the current available pay rate.

## **Program Management**

The grantee has an approach to providing effective management and oversight of all program areas and fiduciary responsibilities.

One kind of data that drives professional development and program improvements is data from ongoing Child Assessment. Teachers use individual/classroom data to determine how children are progressing toward school readiness across the program year. This data is available to them instantly online in the tool. They turn in copies of their progress weekly. Educators review the information and work with teachers on items that appear to need clarification so that reliability will increase. The education team discusses things like the need for additional resources for classrooms to support identified school readiness goals. Data is analyzed a third time at the end of the program year. The purpose of analyzing across the year is to determine overall progress of various groups of children towards school readiness goals and for teachers to use child observation data to identify and plan for individuals based on their needs and interests.. In addition to

classroom and other staff, the Board and PC receive school readiness progress data after each analysis.

Prior to COVID, teachers/classrooms in EHS and HS were observed using tools such as HighScope PQA & CLASS (HS) and the (EHS) Infant-toddler Environmental Rating scale. Teachers receive feedback after each observation and CLASS scores are part of the information used to determine professional development opportunities. We have no useful data from 2019-20 or 20-21 due to COVID. Once it is safer to observe in person, staff will resume using these important tools. During the COVID period, classroom staff have attended various online trainings, including a web-based overview training on CLASS from the creators at TEACHSTONE and age-targeted Conscious Discipline training of 15-30 hours.

We use staff evaluations (performance reviews) developed from job descriptions to determine both individual progress/needs and program needs for training or additional resources. Staff currently is working on other ways to use this data for decision-making.

Difficulty in hiring/retaining classroom staff /home visitors currently is a challenging issue for the program and for professional development and supervisory support. When there are not enough classroom staff then the educational managers and coaches spend time covering classrooms instead of supporting staff.

Starting over with new staff also affects program level data, making it more difficult to track progress on program goals across the years. It also means more resources must be devoted to training on basics, rather than enhancing skills to provide a quality program.

**Strengths:**

The program is strong and in compliance in program areas.

**Concerns:**

Due to COVID, some meetings, such as the Health Advisory Committee, that normally are held routinely were not held in person due to COVID but were held by Zoom. Meetings could not be held in person and staff resources were heavily directed to finding ways to provide services virtually and at that protecting staff who were in the center, finding new way get information to/from parents and so forth.

Due to illness with key staff members, staffing issues and COVID-19, the agency struggled to function and to meet all requirements.

**RESPONSE AND IMPROVEMENT PLAN**

COVID-19 presented challenges, and continues to do so.

Staff groups are back on track with meetings already held or planned. Most held virtually and some small groups held in-person. The focus is closer to “normal” though staff continues to be burdened with many extra precautions.

The Fiscal Coordinator (CFO) had health problems that had slowed her work, then got COVID in late November of 2020 and developed what now has been termed “long-haul” COVID. Her staff continued the work within their capabilities. The CEO and board are aware that there is catching up to do. We recently hired a person who is in training to become the CFO.

### **Program Governance**

The grantee maintains a formal structure for program governance that includes a governing body, policy council and parent committee.

The governing body includes two childhood educators, an adjunct accountant and two attorneys. The policy council includes community representatives and a diverse group of parents whose children are enrolled currently in Early Head Start and Head Start.

The governing body receives training and information in meetings as new guidelines and requirements come into effect for the agency and as new members are oriented. Policy Council receive annual training done by an outside trainer who provides information on the roles and responsibilities of the Policy Council, leadership skills and so forth.

### **Grantee maintains a formal structure of program governance to oversee the quality of services for children and families and to make decisions related to program design and implementation.**

The ACHR Board trusts the CEO and key staff to maintain day-to-day operations. It approves certain actions and monitors the actions of the functioning of the agency. The ACHR Board meets quarterly and stays in contact as needed by email or phone. If something in a board report peaks the interest of a board member, sometimes questions or a request for more information is relayed to staff. It reviews and acts on recommendations from the Policy Council. The Policy Council meets monthly during the school year.

Prior to meetings, members of both groups receive information via email. Both groups also have access to the Board section of the ACHR website which includes information from OHS, IMs and PMs, quarterly board reports from each area of the agency (education often includes a school readiness report), and enrollment data.

### **Concerns in the area:**

Need for open communication about how this area works so that every employee has an understanding of how things are put in place and what the outcomes are.

### **Grantee’s policy council is engaged in the direction of the program, including program design and planning of goals and objectives.**

The Policy Council shows they support active involvement of parents in program operations by answering questions, and as needed finding a person in the agency who can help them with the questions and concerns. The Policy Council hiring committee meets with new staff as early as possible.

The Policy Council has a Parent Committee at each center. During the COVID period, both the Policy Council and Center Committee have been meeting virtually on Zoom.

**Concern in the area:** There seems to be a lack of effective communication between the designated ACHR liaison and the Policy Council members. At a recent meeting, a Policy Council member asked who they were supposed to communicate with within ACHR. She thought maybe there was someone other than the designated person. This question is a concern. A related concern surfaced at a staff luncheon the PC was kind enough to host for staff near the end of the school year; when home based educators were introduced, some PC members did not seem familiar with the program.

## **RESPONSE AND IMPROVEMENT PLAN**

We will work with the Parent Engagement Coordinator to assure that Policy Council members receive needed information. The Home Based Program Educator plans to provide the liaison with the EHS Home Based flyer and related information for the PC to assure they are knowledgeable about this portion of our program.

### **Program structure and design informed by community strengths & needs**

The needs of the community were considered when designing the ACHR child development programs. Center based care always is among the list of needs on the Community Needs Assessment. Head Start (age 3-5) services are provided to working and non-working families. Early Head Start (birth-3) center based services are provided to families who are working or in school. Due to the small number of slots that are available in Early Head Start, it was decided that employment/school should be a priority. The Early Head Start Home Based program option is available to parents who are not working or in school. We provide a wrap around program to assist working parents who need childcare before/after Early/Head Start hours at two of our three centers.

The program accepts children from all nationalities and backgrounds. We do not discriminate due to disabilities or household arrangements. We provide meals to accommodate special dietary needs, both medical and religious, with appropriate documentation

The Community Assessment showed the need for additional EHS center based slots in Lee County and fewer preschool slots because of Pre-K. Last year conversion of some slots was requested and approved; we expect to open 5 new EHS classrooms at Darden Center, in the beginning of 2022, though with shipping delays we are experiencing for items essential for licensing, that could be slightly delayed.

Our centers in Lee County are centrally located in areas that serve Auburn and Opelika and Lee County. The population in the rural area of Russell County where our Edelman Center is located has begun to dwindle. People are moving from the area due to the lack of employment. This decrease in population has made it challenging to meet enrollment requirements. We are searching for a location toward the eastern side of Russell County.

A diverse team of local public school leaders, AU faculty and ACHR educators are on the school readiness committee. During meetings, input and suggestions are made to assist us in reaching our

school readiness goals; the receiving schools share their expectations of prospective kindergarten students.

## **QUALITY FAMILY AND COMMUNITY ENGAGEMENT SERVICES**

**General Determination: In compliance with all applicable federal regulations and no serious concerns.**

*(Regulations reviewed for the following areas: Family Well-Being; Strengthening Parenting and Parent-Child Supports; and Family Engagement in Education and Child Development Services.)*

### **Family Well-Being**

**Grantee collaborates with families to support family well-being, parents' aspirations, and parents' life goals.**

1. Program supports family goal setting and tracks family strengths, needs, and progress toward goals. 1302.52(c)(3); describe the approach

At the beginning of the year, Family Engagement Advocates (FEA) and Home Based Parent Educators (HBPE) give/sent family engagement summary (rating tool 1 weak to 5 strong) to all families. Areas are: family well-being, positive parent-child relationships, family as life-long educators, family as learners, family engagement in transitions, family connections to community, and family as advocates and leaders.

Based on the areas with the lower scores, staff work to assist families in setting and working toward self-chosen goals. FEAs and HBPEs then provide suggested resources both within and outside the agency to assist the family in meeting goals. FEAs and HBPEs get updates from families monthly and document progress toward goals. At the middle and end of the year, families will complete the family engagement summary again to show the family's growth throughout the year. We do this so that we can see every family not just survive, but also thrive.

2. Program provides resources that support family well-being, either within the program or through community partnerships.

ACHR has emergency service programs that can help with rental assistance, cooling and heating assistance, and housing counseling. We have a clothing and other goods center (the Sunshine Shop) at Darden for parents. Parents from any center can "shop" for free clothing and other donated goods. Staff connects parents with job fairs and the career center in order to find employment opportunities to fit their needs. We refer to the Lee County Financial Literacy class that offers basic financial information, such as creating a budget, how to track spending, managing a checking and savings account and using credit wisely.

We link families with Safe Link Wireless to provide families a free way to communicate in order to better their family life and well-being. If appropriate, they are referred to Southern

Union and similar sources to complete the GED program to meet educational goals. We refer to East Alabama Mental Health for mental health concerns, the Domestic Violence Intervention Center for domestic concerns, and for substance abuse to the Hosanna House and His place. Each family's situation is unique and staff finds the best resource to support the family towards total well-being.

- a. provide economic mobility resources to help families with pathways out of poverty (including educational, vocational, and employment opportunities; budgeting; debt counseling; tax credits; savings accounts;

ACHR provides low cost daycare at two of our three centers so parents are able to work or go to school. Staff helps parents get jobs by posting available jobs in centers and promoting local job fairs. The grantee provides debt counseling and tax prep help at no cost to the parents. There are monthly parent meetings with all kinds of information. ACHR has a community resources booklet, "Branching Out to the Community," that is available to all parents on the website.

- b. Provide health and mental health resources (including health insurance or referrals for parental depression, domestic violence, substance misuse, etc.

Family Engagement Advocates refer parents to community partners as mentioned above and then follow up to make sure they receive the help they need.

- c. Does grantee provide resources and support for families experiencing homelessness

Family Engagement Advocates can refer families experiencing Homelessness to the Homeless Resources Network that can provide information on the shelters in area to provide them safe temporary shelter. Families are also referred to the local housing authority to apply for housing. Family Engagement Advocates counsel with homeless families and assist them in getting to the services they need.

**Grantee provides services that strengthen parent-child relationships and support parents in strengthening parenting skills.**

1. Family engagement strategies and how they are designed to foster parental confidence, including opportunities to connect with other parents.

Every classroom has a lending library where children can take home books for their parents can read with them. Use suspended during COVID; however, we have a group that donates several books each year (including some with both Spanish and English words on the pages) for children to take home for parents and children to enjoy together.

The home based program has a lending library; families can borrow a book for a week to share with their child then return the next week. Parents are encouraged to read 15 minutes a day with their child/children. This group of children also receives donated books to keep.

Parents are welcome to make a video as they read a book and to have it posted on our program's Facebook page or YouTube channel. Normally, parents are welcome to

volunteer in centers - do a cooking activity, bring in something from their culture, or read a book to the children. Due to COVID, there are restrictions at this time.

Parents are encouraged to have their child in attendance at the center regularly. When a child is absent, the families are contacted by FEA to check on the family to see why child is absent and what we can do to help.

2. Program offers parents the opportunity to practice parenting skills, build on their knowledge, and participate in a parenting curriculum

Using a variety of resources, normally a variety of workshops are offered to the parents such as Conscious Discipline Parenting classes, Triple P parenting classes through our local child care resource center, parent and child relationships, and parents as advocates for children. Though some of this has continued through Zoom, COVID has reduced attendance. Parents are encouraged to take part in opportunities such as joining Policy Council, and helping in other ways.

3. Show how the program plans to support parents in strengthening parenting skills and if they plan to use a parenting curriculum

Parents and teachers work together setting goals for the children during home visits and conferences. During COVID, these have been virtual and/or drive through events with limited close contact. We send out weekly RAGS (Reading, Activities and Growth for Success) sheets with activities parents can do at home with children that coincide with/support what the teacher is doing at school.

Parenting classes are offered to all parents (we use the Conscious Discipline Parenting Curriculum). We also collaborate with and refer parents to other agencies that also offer parenting classes appropriate for our families such as the Special Deliveries Program, and Triple P Parenting. This year we began, offering parents the Ready4K program that sends parents three texts a week that are developmentally appropriate for the child.

### **Family Engagement in Education and Child Development Services**

**Grantee's education and child development services recognize parents' roles as children's lifelong educators and encourage parents to engage in their child's education.**

1. Describe how program helps parents support the learning and development of their children.

Program helps parents support the learning and development of their children starting with the initial transitional home visit when they talk about goals. The two home visits and parent- teacher conferences (due to COVID virtual home and center visits for some parents), conferences in the center, focus on the goals, keep the parent up-to-date and knowledgeable of progress made. Ideas are shared with parents about things the parents can do at home, and RAGS forms sent home weekly.

2. How program shares information with parents about their child's development and the types of information the grantee gathers from parents about their child's development.

Our program shares information with parents about their child's development using the COR Advantage tool. The grantee gathers from parents about their child's development initially through an interview using our Parental Assessment and Natural Environment form and through conversation about the child with the parent. Additional information is gathered from parent during subsequent parent-teacher conferences and home visits. The COR Advantage Family Report shared with parents after each collection period gives anecdotes and shows the child's progress. Staff communicate daily with parents who pick up their children and share their child's positive experiences for that day.

3. Describe how program supports families in their transition into and out of Head Start.

Families of children accepted to the program for HS or EHS pick up an orientation package (currently mailed). Parents complete and return the completed package at parent orientation (in 2020 and 2021 drive-through). Assigned teacher contacts parent to set up a transitional home visit (in '20 and '21 virtual), to get to know parent and child so child has a familiar face starting in the center and to get more information on child (likes, dislikes etc.).

EHS children begin a transitioning plan at age 2 ½ which is jointly written by the parent and teacher focusing on the child's readiness for preschool and things the parent and teacher will do to support the child's transition readiness.

Transitioning out of ACHR Head Start, parents are encouraged to register children in timely way and are given the needed records (including original immunization form; staff keeps copy in case of review.) Staff are able to arrange school tours with most schools (pre-pandemic). Children/staff are bussed for a visit to their upcoming school to take a tour. Educators and or Intervention/Behavior Specialist meet with school counselors or teachers to discuss typical and children with special needs that will be attending their school the upcoming school year.

4. Program prepares parents to advocate for their child

ACHR and the Child Care Resources Center both offer parenting classes. During various training events, staff helps educate parents on the importance of speaking up for their child in an appropriate way and on the impact of an organized group of well-informed parents in advancing education for all students. One of the roles of the Intervention/Behavior Specialist is to work with parents who have children with special needs on advocating for their child to help ensure that the child receives needed services.

5. Program supports parents of children with disabilities. (This is from parents; slightly paraphrased for length)

The teachers have had some training to deal with children with disabilities. I as a parent try not to worry because I know it is not just one person but everyone. When child is at the center, he is getting the resources he needs. I was a part of the IEP process and I get frequent updates on progress and things he can do at home to work on his goals as well. The RAGS sheets were helpful for me, not just educational goals but they have some

things geared towards development and speech delays as well. I am very thankful for a program with resources for my child because I know that not all programs do.

Suggestion: I suggest getting hands on training for teachers to help them become more prepared to help children with disabilities.

6. Describe how program supports parents in promoting the social and emotional development of their child (paraphrased from parent interview)

EHS has been essential for my child's development socially emotionally. I have noticed many changes since he started the program. He is now able to call kids from his class by name. He plays well with others and is able to greet others. Prior to starting, he would not speak to others at all. He would play independently rather than with other children. The agency provides support for parents in promoting the social and emotional development of their children.

Home visitors share information from Parents for a Healthy Baby with parent during home visits. Home Visitors provide information on medical care and the importance of vaccinations, well-child visits, dental care, and home safety checklist that they go over with moms during home visits to make sure the home is safe.

## **RESPONSE**

Thank you for the suggestion about more hands on training for teachers to help them be more prepared to help children with disabilities. It is a challenge to find enough teacher training time in the schedule, but this is an important area. We will work on implementing this idea. ACHR is already in the process of developing a contract with outside area experts to provide classroom staff with consultation in the areas of disabilities and child mental health. This will be done through small group trainings and consultation with teaching teams.

## **ELIGIBILITY, RECRUITMENT, SELECTION AND ATTENDANCE (ERSEA)**

**General Determination: In compliance with all applicable federal regulations and no serious concerns.**

Enrolls children or pregnant women who are categorically eligible or meet defined income-eligibility requirements. The grantee will

1. Show how staff verify eligibility and how program maintain eligibility records

Staff use the family eligibility income verification form. They collect eligibility verification documents (ex. TANF, IRS1040, SSI, child support, unemployment doc.)

Verification of eligibility: Parent completes application (online or paper). Paper applications are entered in ChildPlus system.

FEA or HBPE contacts families (in person or during COVID by phone) to go over application, verify details (such as if child had an IEP or special needs), and request documentation such as that to verify income, age, disability, foster care, and homelessness. When information is received, the staff reviews, and processes application including entering points in ChildPlus, and then submits to supervisor to check. Supervisor approves/signs or requests further verification.

Children accepted per points system. Over income applications placed on waitlist (unless child has diagnosed disability).

ERSEA training – done annually.

P&P includes language about actions taken if staff knowingly violate ERSEA regulations.

**2. At least 10 percent of grantee’s total funded enrollment is filled by children eligible for services under IDEA or grantee has a waiver.**

For many years, ACHR’s 10% slots have been reserved for children who have diagnosed disabilities, so with rare exception, program accepts all children who have a diagnosed disability.

All of our receiving school systems now have special classes for preschool children who have disabilities alongside typically developing children. These classrooms often are considered the “least restrictive environment.” Additionally, in Alabama, the cut-off score to consider a child to have a disability is 80, not 70 or 75 as in surrounding states, making it harder for a child to qualify, and it is a challenge to get a child, even with considerable emotional/behavioral difficulties labeled with a disability.

In most years, ACHR has a number of children who did not reach the cut-off and who are being served by private therapists (some of whom we have referred), or by East Alabama Mental health, but these children do not count.

Therefore, in recent years it has been very difficult for ACHR to reach 10%.

## **Enrollment**

### **Maintains and tracks enrollment for all participants, including pregnant women.**

**1. Vacant Slot/Removal**

A slot always is declared vacant within 30 days unless there is a known reason and staff is holding a slot for a child whose return is expected soon (extended medical absence, or family out of the country on a visit, for example).

A slot may be declared vacant in less than 30 days if the parent has stated a reason (child being enrolled in another program, family moving out of the area, etc.)

If the family simply disappears with no known reason, the FEA first works to try to locate the family (sometimes they have moved suddenly and the child returns to the program).

When reason is known, it is entered in ChildPlus along with the drop date.

2. Process for filling slots that have been vacant for 30 days: ChildPlus reports provide documentation on the number of vacant slots, the length of time vacant, and the description for why the slot is vacant.

Slots are filled from the waitlist using the priority points listing to select the next child on the list unless there is valid reason to override.

Waitlist is maintained in the ChildPlus system.

### **Attendance**

Program has a procedure to monitor attendance and follow up on children who do not arrive at a center at the expected time unless the reason is known. FEAs also work with parents on things such as helping them find ways to more reliably get their children to/from the center in a timely way if they are not bus riders.

## **HEALTH PROGRAM SERVICES**

*(Regulations reviewed for the following areas: Child Health Status and Care; Mental Health; Oral Health and Nutrition; Safety Practices; Services to Pregnant Women; and Transportation Safety.)*

### **Strengths:**

**Mental Health:** Program has a contract with East Alabama Mental Health to provide a consultant. She meets with all classroom staff to discuss how she can help them in the classroom. She tells them that she is available to staff to help meet their needs. There is a process to refer children with possible special needs, including emotional concerns.

**Oral Health:** Pre COVID, the program promoted effective use of oral hygiene in the classroom by providing classrooms with toothbrushes for each child and toothpaste so they could practice brushing their teeth under teacher supervision. Teachers used various approaches such as visuals, singing songs and about or to time the length of brushing etc. Pre-COVID the classrooms were monitored at least 3 times each year by health staff to assure that children were brushing and brushing appropriately for age.

During the COVID-19 period, the program promotes the effective use of oral hygiene by providing parents with toothbrush and toothpaste for children at least twice a year. Health education is promoted through use of oral health education packets and brochures.

Infants/toddler gums and incoming teeth are wiped with gauze. Moistened gauze is used with two fingers to thoroughly wipe the surface of the child's incoming teeth and gums after feeding.

**Nutrition:** Program implements nutrition services that are culturally and developmentally appropriate, including meeting nutritional and feeding needs of babies and young children with of CACFP's diet program. All breakfasts served at the centers include grain, fruit, and age-appropriate milk. All lunches include meat, fruit, vegetable, grain, or alternative with age-appropriate milk. The distribution of age-appropriate milk includes: whole milk (1-2 years of age) and 1% milk (ages 3-5). For infants who are 5 weeks to 6 months, doctor prescribed iron-based formula or breast milk is given. For infants 6 months to 12 months, iron-based formula and food are given per the developmental cycle of the infant.

As needed and documented from physicians, the registered dietician adjusts the food menu of individual children to meet the needs of those with food allergies, religious restrictions or developmental needs (e.g., texture barrier). Lists of children's food allergies and special needs are posted in each classroom and in the kitchens in an area visible to all to assure that special dietary needs are met.

**Safety of equipment:** All indoor and outdoor equipment meets standards set by the Consumer Product Safety Commission or American Society for Testing and Materials International. All equipment is cleaned, age appropriate, children are supervised at all times and kept separated by age (EHS vs HS).

**Child Abuse:** All classroom staff, home based parent educators, health staff and support staff are mandated reporters and receive annual training about child abuse and reporting requirements.

**Safe Sleep Practices:** HBPEs inform pregnant women and those with young children about the importance of safe sleep. Teachers are required to do a training on SIDS through Quorum, which is also required through Department of Human Resources.

**Correct child-staff ratios:** Maintained at all times including in classroom, on playgrounds and on buses. On the playground, staff are at different posts so they can supervise and interact with the children.

**Release to authorized adult:** Program has and staff follow procedures to up-date release forms as needed. Until staff know persons receiving a child by sight, persons are asked for ID.

**Maltreatment of children:** The *ACHR Policy and Procedure Manual* includes a code of conduct, which includes several items regarding maltreatment and endangerment of children and the penalties. Staff sign that they have read and understand this manual. In addition to the P&P all staff receive at hire and must sign that they have read a one page summary of the key points and DHR performance standards.

**Background checks:** All staff in the hiring process are given directions and information to get their background check. All staff must complete background check before contact with children. Ten of ten staff folders reviewed had the required background checks.

**Services to Pregnant Women:** Program actively recruits women into the program via word of

mouth and through the surrounding school systems. Prenatal education provided through home visits two or more times a month. The program visits pregnant women post-birth to assess needs and concerns. Mother and child continue to receive health education and family support weekly with home visitors (if child is enrolled in home-based program). The program implements the aforementioned through the Partners for a Healthy Baby curriculum. The curriculum is designed to explain needed prenatal care, fetal care, and postpartum care. The curriculum stresses that maternal depression and stress is not uncommon after pregnancy and provides suggestions to reduce the likelihood of these psychological and emotional situations. On the downside, most women have prenatal Medicaid that does not cover dental insurance. If women are experiencing dental problems, the program recommends they talk to their OBGYN. In addition, sometimes emergency dental funds are available through our CSBG, but it is difficult to find a dentist for pregnant moms.

Communication – all areas: The program has effectively used all avenues to communicate with parents via email, phone calls, text messages, word of mouth, posters, handbook and take-home flyers.

Program vehicles – contain required items including communication (cell phones) and safety items including safety seats for children. Annual inspections done and drivers do pre trip checks daily.

### **Things to improve:**

- Bus Aides have concerns about whether form listing individuals who are authorized to pick up children off the bus is always current.
- Child Plus net is used to check their children in and out. However, Child Plus errors can falsely report child(ren) absent from school when they are present. Need to find a way to reduce those errors, while keeping the system.
- Work on speed/accuracy of checking on all children not in the center.
- Hire additional janitors to help clean the building to provide a safe and healthy environment for all.
- Sign in/out system – adults occasionally by-pass scanning; must find a way to stop this.
- Emergency response plan – be sure new staff receive/understand
- King Center has had gutter leaks (gutters are in the walls); staff have cleaned, dried repeatedly; awaiting materials needed to be able to repair.
- King Center kitchen sometimes has strong odors; grease trap needs to be emptied more frequently.

### **RESPONSE/IMPROVEMENT PLAN**

Staff will continue to monitor all health-safety areas to be sure that they remain in compliance.

We will review our systems to ensure that bus aides understand that they always have the most current release information as per agency procedure (changes made in center office, new release list for child printed and copy given to bus driver same day).

We are in the last stages of upgrading our phone/internet system. Part of the errors in the ChildPlus sign in/out system may be that current Internet speed may not be sufficient. We believe that is causing confusion because parents do not always get immediate verification of sign in, and so re-scan, thus signing the child out. We have added a staff person to monitor the scanning. Center Assistants monitor ChildPlus for errors, compares with classroom meal reports and fixes immediately.

Parents and adults that sign in/out child are routinely educated on how to sign correctly in/out their child in our system. Signs are located above (and staff routinely stand beside) the sign in/out “station” to remind parents not to by-pass.

We have been searching for an additional janitor, which is needed. So far have not found someone for this position; search will continue.

The Emergency/Response plan is given to all center staff and is required reading and discussion as part of orientation.

The contractor has notified us that none of his three suppliers can get, in the near future, the material needed to resolve the leak situation at King Center. Meanwhile, maintenance/ janitorial staff are focusing on what we can do, including keeping leaves off the roof and the clean outs clear, and then sucking up water from any leaks. When he is able to install the new gutter system, he will do any further remediation needed. Then we will do additional maintenance as needed.

The King Center grease trap, unlike those at our other centers, is not underground to be pumped out. Because the kitchen is in the center of the building on a slab and had no grease trap, we had to install a small one that must be emptied by a company that does those things. They were emptying every three months, then every two. We now have requested every six weeks.

## **QUALITY EDUCATION AND CHILD DEVELOPMENT SERVICES**

*(Regulations reviewed for the following areas: Alignment with School Readiness; Effective and Intentional Teaching Practices; Supporting Teachers in Promoting School Readiness; and Home-Based Services.)*

The Self - Assessment Team found no serious concerns in this area, and many strengths.

### **Strengths**

In observing the program this year, the team found the following

School readiness goals are aligned with the Head Start Early Learning Outcomes Framework; state early learning standards, as appropriate, and expectations of schools our children will attend.

The program works with the receiving schools, if needed encourages parents to register their children for kindergarten and works with individual schools to transition the children.

Children are assessed regularly using COR Advantage, which provides classroom staff the information needed to help the child meet school readiness outcomes.

Receiving kindergarten teachers expect entering children to be able to count to ten, have emerging math and pre-reading skills, be able to name colors, write their names, identify shapes and have age-appropriate social skills.

Our educators receive feedback from schools during School Readiness meetings, which include staff from school systems. In some cases, staff continue to have a relationship with a parent. We get information the school system has given parents from parents and parents then share with us. We compare this information with our school readiness goals.

Curriculum: The HighScope curriculum supports learning through children's active involvement with teachers and peers, materials, events and ideas. Our goal is to help them become independent, responsible, and confident so they can be ready for school and life. Through this curriculum, they develop problem solving, critical thinking skills through play and telling about activities and what they learned from these.

Parents are supported in supporting their child's learning by encouragement to be involved in every aspect of the child's education at E/HS. Every family has a Family Engagement Advocate to help families get the most out of the HS experience, and refer them to outside services and resources as needed to strengthen further their parenting role. Parents are encouraged to participate in multiple activities and meetings offered to help build the parent/child relationship. Some of this has been a considerable challenge during COVID. In spite of this, classroom staff worked hard and were able to build good relationships with many children's parents.

Teachers ensure inclusion of children with disabilities by individualizing in the lesson plans to make learning accessible, providing a range of activities and making sure the child is working toward in the IEP (or IFSP) goals and documenting progress.

Teachers receive support in providing effective classroom management from the mentor teacher and educators. The mentor teacher, coaches and educators help support teachers in providing effective classroom management skills. Our intervention/behavior specialist provides supports to teachers who have behavior issues in the classroom. She is supported by our special services team, which meets periodically to discuss children's needs and plan accordingly, and by the mental health specialist.

Classroom staff is provided professional development training at the beginning of each center year and at points throughout the year. Topic include things such as: understanding and recognizing child abuse and neglect and when to report, as well as safety information and various school readiness topics.

Classroom staff qualifications: During the hiring process, potential teachers complete an application that asks them about their personal and professional skills including credentials; they

provide proof of those credentials including diplomas, transcripts and sometimes documentation of experience. Given our budget, it always is a challenge to hire and retain a sufficient number of qualified staff, and during the current period, this has been/is even more difficult. Because of that, ongoing training, even in things such as daily routines, becomes even more important.

Classroom staff is assessed to identify strengths, areas of needed support, and which staff would benefit most from intensive coaching;

### **Home Based Program Services**

Our Early Head Start Home based program uses the Partners for a Healthy Baby Curriculum and strategies from Conscious Discipline to create individualized lesson plans for each child. The home environment is used to promote early learning using as much as possible the items in the home. As needed (and when feasible with COVID), the HBPE educator takes toys or books to the home. The parent and child use these and as needed, the HBPE models for the parent how to interact with the materials and child. The parent educator and then the parent reads books to the child. The books stay with the family until the next home visit and the parent is encouraged to read or talk about the book repeatedly.

Each home based child has an individualized lesson plan so that parent educator and parent can focus on activities, which are developmentally appropriate for the child. The materials chosen are determined by the scores from the ASQ, DECA screenings, and ongoing child assessment. In combination with the screeners and curriculum, the parent educator focuses on the areas of need as well as developing the child's strengths. The parent and parent educator work together in helping the child succeed and become more school ready. As appropriate and available, the parent educator shares other resources with the parent.

Currently Partners for a Healthy Baby offers only an English and Spanish version of the curriculum. Parent educators can get some educational flyers in multiple different languages from the ECLKC website. Like our classroom staff, knowing that children are capable of learning more than one language, and that it is an asset to them in life, HBPE encourage bilingual families to speak their first language with their children as much as possible.

There are two concerns, both COVID related:

The program is having great difficulty finding enough qualified teachers and teacher assistants

Last year's School Readiness scores did not quite meet expectations.

### **EDUCATION AND CHILD DEVELOPMENT IMPROVEMENT PLAN:**

1. Classroom and Home Visiting Staff Shortages: Across the nation, HS programs are annually losing approximately 50% of their teaching staff. The turnover in classroom and home visitors is an ongoing issue that had begun prior to the COVID pandemic; however, COVID has contributed to an increase in staff absences and staff turnover. This includes bouts of quarantines and illness of staff and family members. Some staff who contracted COVID have lingering, serious health issues affecting their ability to work.

Additionally, staff wages are low. Classroom staff and home visitors leave for higher paying jobs in other Head Start, Pre-K, social work, and other jobs outside of the field. Our current budget has no room to raise salaries. ACHR is searching for ways to increase salaries/incentives.

Some things ACHR is doing to improve staff retention: Lowered the number of children in most HS classrooms to reduce classroom staff stress due to the increasing numbers of children with special needs such as autism and children with mental health needs. In order to provide more resources for children, families, and staff, ACHR recently has strengthened its contract with East Alabama Mental Health. When possible, ACHR provides a third person to assist in classrooms where most needed. When the program is short of classroom staff, center educators and other support staff end up working in classrooms rather than being able to provide support for all classroom staff.

ACHR continues to search for classroom staff and home visitors using our web site, Facebook page, Indeed, Linked-In, and flyers at universities. ACHR will also continue promoting staff morale by providing recruitment items that include the agency's logo such as t-shirts, masks, and aprons.

2. Child Outcomes: Were slightly lower in 2020-21 than on previous years. COVID caused disruption to consistent center-based child attendance and higher turnover in children/families. Home based EHS visits were 100% virtual in 2020-21, which home visitors reported as less effective because it was much more difficult to model adult-child interaction and to keep parents' interest.

While children's outcomes in 2020-21 were in some cases lower compared to pre-COVID years, the older toddlers were 95% to the average school readiness goal, the 3 yr. old group were on target, and the 4-5 yr. old group was 96% to their school readiness goal. Although 4-5 yr. olds were slightly below the goal, no learning area was less than 91% of its school readiness goal. Skills logs of HS children indicated forward growth in alphabet recognition, numeral and color/shape naming but the 4-5 yr. old group's numbers of items named was 21.9% lower than the 4-5 yr. old group in 2018-19. On a positive note, when in-person classes resumed in fall of 2020, classroom sizes were small. This appears to have contributed to the success of the HS children, in spite of the many added stressors in their lives.

ACHR's goal, which is in accordance with OHS, is to conduct all learning in-center in 2021-22, with virtual learning happening only during a classroom quarantine. Preschool children do better in school readiness when they have hands-on experiences in enriched learning environments with the support of teachers and peers. When working in on site classrooms, teachers will also be able to record child progress more fully, use their data to better individualize, and maximize each child's progress towards school readiness. In a similar fashion, to promote direct interaction and encourage long-term participation leading to higher outcomes, ACHR home visitors will conduct home visits and child observations in person, utilizing the outdoors, masks and distancing.