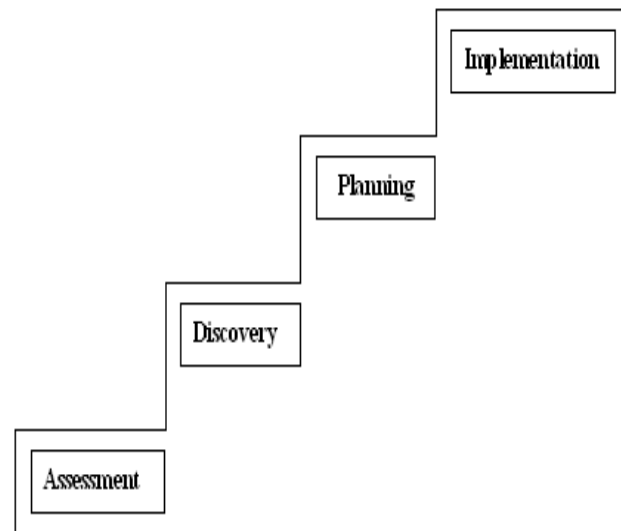


Self Assessment 2008-2009

Completed February, 2009



Quality Improvement Plan

UPPER CUMBERLAND RESOURCE AGENCY

Grant# 04CH0437

Funding Year: 2009

Self Assessment Narrative

In cohesive agreement with Head Start Performance Standard 1304.51(i) and the Region IV Office of the Administration for Children and Families, the following Self Assessment Plan is being submitted for the continued progression of improving our Program to attain an even higher level of excellence than which we currently maintain.

Preparation

The Policy Council met and discussed the Self Assessment. The Policy Council voted on members and other individuals that would participate in the Assessment. These participants were then trained using the Office of Head Start Monitoring Tool (FY 2009 Protocol). These trained participants then were contacted and mutually acceptable appointments were made to complete their assigned assessment. The areas included in the Self Assessment were: Health Services, Safe Environment, Nutritional Services, Disabilities, E.R.E.S.A., Mental Health, Transportation, Family and Community Partnership, Education, Program Design and Management, and Monitoring of Fiscal Services.

Self Assessment Process

Each participant was given a copy of the Monitoring Tool (FY 2009 Protocol), which guided the participant in what they were to look for during the assessment. This tool comes in the form of specific questions for the participant to ask the person responsible for that particular service area.

These targeted questions are indicative of basic program requirements, whereby answers assure that the area is being properly serviced or reflects that the area is lacking and needs improvement.

Self Assessment Objectives

The objective of the Self Assessment is for us to determine areas that need improvement to enable us to better achieve our goal of providing the best possible service to children and families. Each service area is carefully examined and the outcome is analyzed. These findings, with any areas that need improvement, are incorporated into the T/TA Plan and Strategic Plan. A QIP plan is developed to improve the areas identified. Although we continually seek ways to improve program service delivery and program design and management, the accountability of the self assessment process allows for an unbiased view of program operations.

Plans and Objectives

During our program wide self assessment for FY year 2008-2009, it was determined using the 2009 Review Protocol that the following items, although not critical, would enable us to continue to provide a high quality of service which we are known for. These items are as follows:

- Develop a procedure and form to address children with behavioral problems (for children who do not qualify for a disability IEP but need additional behavior modification), to include strategies when they start and how they will be implemented.
- Continue to strengthen existing fiscal procedure manual.
- Provide extensive E.R.S.E.A. training for Family Service staff, to strengthen existing knowledge.
- Develop a procedure for addressing and reporting weaknesses or problems identified in the disability service area.
- Develop Professional Development plans and procedures.
- Publish and manage all policy, plans, and procedures and manage resource information (strategic plan, community assessment, self assessment, outcomes, etc.) to a website to make more accessible to all stakeholders and reduce cost and man hours.

Program Summary

UCHRA Van Buren County Head Start is funded for 37 children. Services are rendered to the entire county which is an isolated, rural, mountainous community. Per capita income as stated in the 2000 census for Van Buren County was \$17, 497 and the median 2008-2009 family income of Head Start families was \$11,799. We anticipate income for our families to decrease as the manufacturing jobs continue to relocate from our area. Most of our children come from families that have a high school education or less. Local job opportunities are non existent and our parents are ill equipped to compete for what few jobs are available, which are outside the community, adding additional stress and expenses. Along this line, seeking medical and dental services, which are also non existent in the community, is another barrier. Like other communities, the plight of drug and alcohol abuse continues to be a problem. There are no social activities to keep our youth occupied. With no way for families to earn a living, and very few resources to aid these families, methamphetamine manufacturing has taken root in these isolated, rural communities. This drug has deteriorated the very backbone of our society. No current research is available on how to address the effects we see, and will continue to see, in the children we serve associated with exposure to methamphetamine.

Disability Stats

In the 17 years we have been administering Head Start in Van Buren County, we have never fallen below the 10% mandate of children with disabilities. Currently, we have 12.5% enrollment of children with disabilities with numbers up to 34% in the past years. Our school system currently maintains an enrollment of 13.25% of children with disabilities. We have an additional 8% of children with suspected disabilities that will be reevaluated at the end of the year.

Staffing Template

In education, we use a co teaching approach. Each class has two teachers. All teachers maintain a CDA and each classroom has a teacher with an AAS in Early Childhood Education. Health and Disabilities Service

Manager is supported by contracts by a mental health professional, nurse practitioner from the local Health Department, and a contract with the local school system for disabilities and nutrition. Family/Community Partnership management staff maintains an associate's degree in Social Services. Family Service Worker maintains a CDA. The Director/Education Manager maintains a BS in Business Organizational Management, CDA and CNA. Although our titles seem simplistic in nature, we each wear many hats and many times our positions overlap. According to our most recent wage comparability study, we are not compensated equivalent to other Head Start programs yet we continue to provide quality, professional and innovative Head Start services to children, families and our community.

Tools, Curriculum and Screening

UCHRA Van Buren County Head Start is a preschool program for children ages 3 and 4. We provide an excellent educational curriculum, accredited with the prestigious National Association for the Education of Young Children (NAEYC) as well as Tennessee's STAR licensing program. We have maintained the highest rating, three stars, since the inception of the state's program. Our education program incorporates the "Creative Curriculum" philosophy, which is learning through play. Teachers also incorporate the Second Step Curriculum and Talking About Touching Curriculum. The standards used are the 7 domains: gross motor, fine motor, language, pre-writing, cognitive, personal/social, self-help skills). Teachers also utilize LAP D screening and assessing with LAP D. Multiple tools are used in our locally designed educational program to include but not limited to: LAP 3, Red E Learner, Circle Step Program, DECA, Anecdotal: Individual Observations and Parent suggestions/surveys to determine goals, to plan and develop lesson plans and center activities, and determine the needs of individual students. Every child has their own individualized plan.

Strengths and Areas to Improve

Our strengths include:

- Staff dedication to exceed mandated Head Start and state requirements.
- Individual and personal relationships with each family.
- Community support.

- Our superior educational program is the true concept of quality preschool at its best.

Our areas to improve:

- Reduction in workload for all staff by publishing plans, policies, procedures and management documents on the web. We can eliminate the number of hours and costs associated with the dissemination and administration associated with maintaining these documents.
- We continuously seek access to dental care providers and affordable health coverage for our children and families.

Challenges

Familiar as you are to the issues we face in Head Start programs across this nation, our challenges are no different. Transportation and cost of transportation due to the location of our Head Start center will continue to be problematic. The absolute need to be more centrally located is a priority. Staff retention due to wages and excessive work load pushes us to strive continuously to seek innovative ways to reduce the work loads and retain staff on overly stressed budgets. Although we have always maintained full enrollment, we continuously struggle due to location and competition with local school system Pre K related to number of days served. Our Head Start program is a four full day program and the school system's Pre K program is a full five day program. The non existent child care in our community drives our parents to have to choose a five day program that meets their needs.

Changes or Anticipated Changes

Changes we anticipate to assist us in our ability for growth is:

- Enhance teaching staff skill through a systematic professional development approach.
- Develop a sound risk management system to anticipate and mitigate the adverse impacts on program operations.

