



2022–2023

## Self–Assessment

“Supporting the growth of healthy children and families, positive parenting, and school readiness.”

### Introduction:

The ClackCoKids self-assessment process begins with an analysis of ongoing monitoring data to determine strengths and identify areas for improvement. Once areas are identified, further data is gathered and analyzed in order to develop and appropriate plan for improvement.

### Methodology:

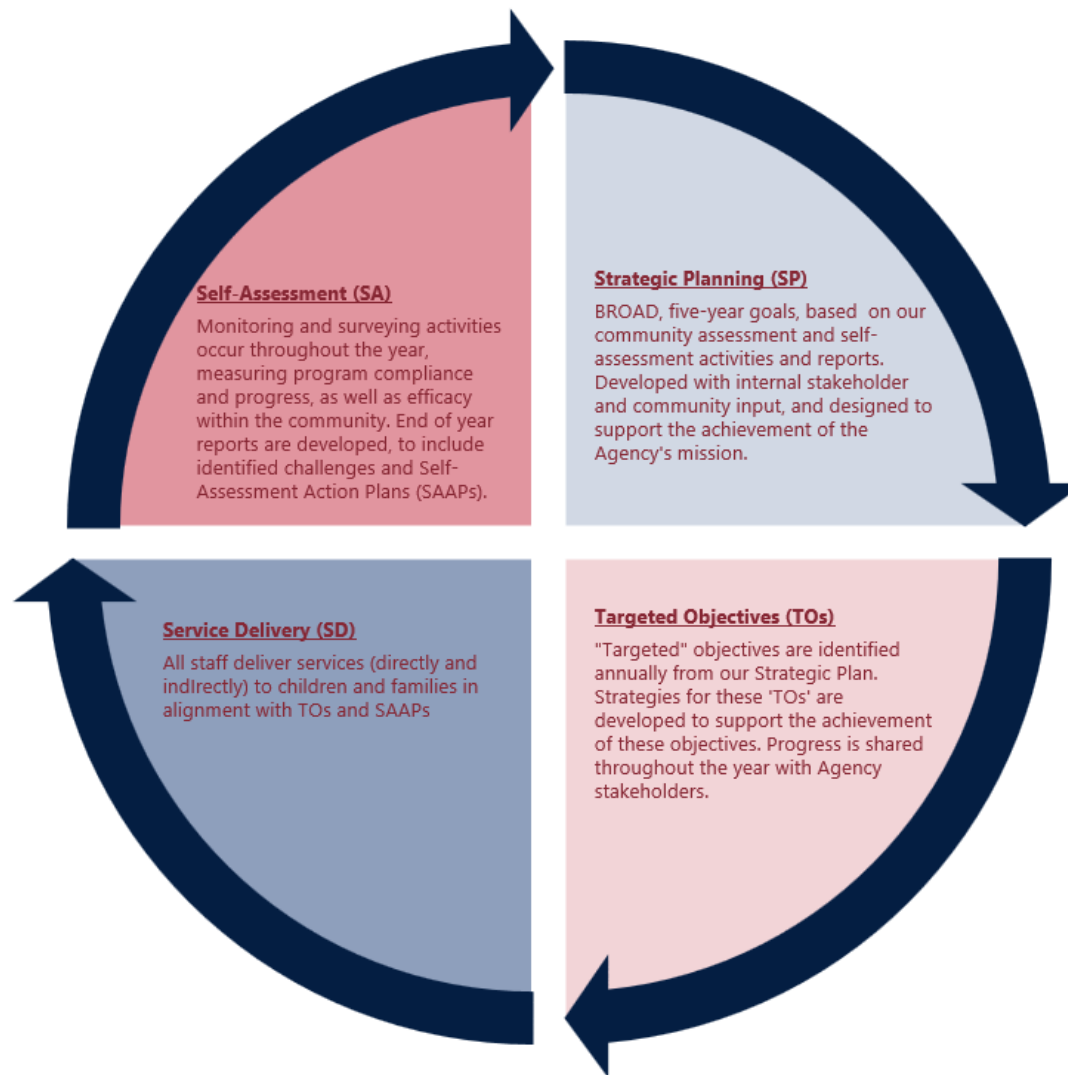
Members of the Policy Council, Board and Management Team contributed to the Self-Assessment process in a variety of ways.

Ongoing Monitoring occurred monthly through the Monitoring by Information Reports (MBI). These reports included information regarding: enrollment, attendance, screening completions, home visit completion rates, professional development/coaching activities, CLASS scores, TPOT/TPITOS scores, child outcomes, family outcomes, operations, facilities/maintenance, and human resources data. These data points were used to inform and drive the self-assessment process for each component.

ClackCoKids’s Five-Year Goals and annual Targeted Objectives were also reviewed for completion, as were the birth to five School Readiness Goals.

The visual on the next page, taken from our agency policy and procedure for self-assessment and program planning, further illustrates our self-assessment procedure

## Program Planning and Self-Assessment Cycle



### BROAD:

B – Bold and Beyond

R – Responsive to Community Needs

O – Organization-Wide Applicability

A – Aspirational – Reaching & Pushing

D – Dynamic – Can Change from Year to Year

### SMART:

S – Specific

M – Measurable

A – Achievable

R – Realistic

T - Timed

## Key Insights:

<i>Disabilities Services</i>	
<i>Self-Assessment Team:</i>	<ul style="list-style-type: none"><li>• Abby Reynolds, Education Services Manager</li><li>• Clair Kessler, Education Services Manager</li><li>• Tiffany Morgan, Home-Based Services Manager</li><li>• April Gonzalez, Family Connections Coordinator</li><li>• Ada Angel, Family Educator</li><li>• Holly Oehme, Education Supervisor</li><li>• Sheila Preece, Education Supervisor</li><li>• Meghan Matter, Head Start Assistant Teacher</li><li>• Madison Chose, Head Start Teacher Family Advocate</li><li>• Shara Sala, EHS Combo Teacher/Mental Health Specialist</li><li>• Nikki Shaffer, Family Advocate</li><li>• Brenda Pineda, Family Educator Supervisor</li><li>• Dawn Hendricks, Board Member</li><li>• Delaney Herbst, Operations Specialist</li><li>• Sara Winczewski, Education Supervisor</li></ul>
<i>Data Reviewed:</i>	<ul style="list-style-type: none"><li>• Percentage of children referred to ESD and the reasons not referred</li><li>• Fall, Winter, and Spring TSG outcomes</li><li>• ASQ and ASQ:SE completion percentages, results by status type (passed, not passed, referred, has IFSP, needs rescreen, etc.)</li><li>• Disability concerns by type and concern status (open, closed, etc.)</li><li>• CST meeting notes for children being monitored for developmental concerns</li><li>• Trend data – pre and post COVID: # and % of served children with an IFSP</li><li>• Disability diagnosis by type and eligible categories (communication, social emotional, adaptive, cognitive, physical, health)</li><li>• # of children entering program already with an IFSP or in referral process vs. # of children we screened and then referred</li></ul>
<i>Focusing Questions:</i>	<ul style="list-style-type: none"><li>• How often are children referred to ESD after rescreens and if they are not referred, what is the reason?</li><li>• How often are children referred to ESD after individualized curriculum is implemented?</li><li>• How often do social and emotional concerns lead to ESD referrals?</li></ul>
<i>Strengths:</i>	<ul style="list-style-type: none"><li>• Half of the home-based children who did not pass the ASQ were referred to ESD and the other half needed rescreens</li><li>• 80% of the home-based children who did not pass the ASQ and were not referred to ESD were either due to parent refusal or needing a rescreen.</li></ul>

<b>Challenges:</b>	<ul style="list-style-type: none"> <li>• 20% of the home-based children who did not pass the ASQ and were not referred for services had no notes as to why they were not referred. This will be monitored individually in supervision.</li> <li>• Inconsistent disability documentation amongst center-based staff</li> <li>• Tracking CESD referrals in real time via CP documentation; easily tracking results of referrals (found eligible, not found eligible)</li> <li>• Percentage of children entering the HS program that have an IFSP continues to increase annually (was 24% this program year)</li> <li>• Percentage of children served with a diagnosed disability has increased post pandemic (from 22% pre-pandemic to 30% post)</li> </ul>
<b>Areas of Non-Compliance:</b>	<ul style="list-style-type: none"> <li>• None identified</li> </ul>

<b>Disabilities Services Self-Assessment Action Plan</b>						
<b>SAAP #</b>	<b>Specific goal:</b>	<b>Measurable – how we know it's achieved:</b>	<b>Achievable by whom:</b>	<b>Realistic – resources necessary:</b>	<b>90-Day Timeline:</b>	<b>Completion Status:</b>
1.	Provide training for Education staff on Developmental Screening Procedure, CESD Referral Procedure, Disability tab CP data entry instructions, Supporting Children with Suspected and Identified Disabilities Procedure, and CESD inter-agency agreement content.	<p>More families are accessing disability resources</p> <p>Fewer parent refusal of service for students who score in the black or two areas of grey after individualized curriculum for 6-8 weeks and rescreen on ASQ/ASQ-SE</p> <p>Increased knowledge of available disability resources</p>	<i>Ed. Team</i>	<p><i>Increased/additional community partnerships</i></p> <p><i>Training staff on available resources</i></p>	<i>9/5/23</i>	

<b>Education</b>	
<b>Self-Assessment Team:</b>	<ul style="list-style-type: none"> <li>• Abby Reynolds, Education Services Manager</li> <li>• Clair Kessler, Education Services Manager</li> <li>• Tiffany Morgan, Home-Based Services Manager</li> <li>• April Gonzalez, Family Connections Coordinator</li> <li>• Ada Angel, Family Educator</li> <li>• Holly Oehme, Education Supervisor</li> <li>• Sheila Preece, Education Supervisor</li> <li>• Meghan Matter, Head Start Assistant Teacher</li> <li>• Madison Chose, Head Start Teacher Family Advocate</li> <li>• Shara Sala, EHS Combo Teacher Family Advocate</li> <li>• Nikki Shaffer, Family Advocate</li> <li>• Brenda Pineda, Family Educator Supervisor</li> <li>• Dawn Hendricks, Board Member</li> <li>• Delaney Herbst, Operations Specialist</li> <li>• Sara Winczewski, Education Supervisor</li> </ul>
<b>Data Reviewed:</b>	<ul style="list-style-type: none"> <li>• Hours of pre-service training per component area</li> <li>• Preservice participant survey results</li> <li>• Fall to spring child outcomes (gains made/growth rate)</li> <li>• Individualized curriculum entries (CP data entry, TS GOLD entries)</li> <li>• Home-based home visit cancelations – percent of home visits canceled, reasons for cancelation and attempts to reschedule</li> <li>• Teacher and child absenteeism – totals and reasons</li> <li>• CLASS scores by domain and dimension – changes from Fall to Spring (gains in Emotional Support)</li> <li>• Classroom no contact days – totals and reasons</li> <li>• Comparison of CLASS, TPOT and TPITOS scores with Child Outcomes and Child Attendance rates</li> <li>• Child attendance: % of children chronically absent, by demographic (health concern or no health concern, IFSP or no IFSP, etc.)</li> <li>• Child attendance rates: comparing EHS classrooms to HS classrooms</li> <li>• Internal monitoring results for: Positive Guidance Monitoring, Classroom Monitoring, Active Supervision</li> <li>• Child Incident Reports by type: L1, L2, L3</li> <li>• Child goals and individualized activities</li> </ul>
<b>Focusing Questions:</b>	<ul style="list-style-type: none"> <li>• Which components provided the most and least amount of training hours during pre-service and how does that compare with other data sets?</li> <li>• What is the correlation between individualized curriculum and child outcomes from fall to spring?</li> </ul>

	<ul style="list-style-type: none"> <li>Does completion of CAPs in internal monitoring correlate to a change in classroom TPOT/TPITOS and CLASS scores?</li> <li>Why are children missing school?</li> <li>Why are families canceling home visits for home-based?</li> </ul>
<b>Strengths:</b>	<ul style="list-style-type: none"> <li>Home-based provided 28 hours of pre-service training in family services, education, mental health and disabilities, with the majority of the hours spent on family services.</li> <li>Over 90% of canceled home-based home visits had a documented reason for the cancelation and the majority of which were due to family illness.</li> <li>Increase in center-based CLASS scores in Spring for Positive Climate, Emotional Support, Teacher Sensitivity, and Behavior Management</li> <li>Increase in child outcomes from Fall to Spring in 2022-2023</li> <li>High completion rates for Center-Based education home visits and parent conferences</li> </ul>
<b>Challenges:</b>	<ul style="list-style-type: none"> <li>For home-based, the majority of home visits that were canceled had no documented attempts to reschedule.</li> <li>High rates of staff absenteeism in center-based, leading to classroom closures</li> <li>Consistent implementation of curriculum across all centers and classrooms</li> <li>Fidelity of PBIS, specifically in HS classrooms (TPOT scores)</li> </ul>
<b>Areas of Non-Compliance:</b>	<p>1302.22</p> <p>(c) (1): Provide one home visit per week per family that lasts at least an hour and a half and provide a minimum of 46 visits per year</p> <p>(c) (3) (I): Make up planned home visits or scheduled group socialization activities that were canceled by the program, and to the extent possible attempt to make up home visits canceled by the family when it is necessary to complete the minimums described in paragraphs (c) (1) and (2) of this section.</p>

<b>Education Self-Assessment Action Plan</b>						
<b>SAAP #</b>	<b>Specific goal:</b>	<b>Measurable – how we know it’s achieved:</b>	<b>Achievable by whom:</b>	<b>Realistic – resources necessary:</b>	<b>90-Day Timeline:</b>	<b>Completion Status:</b>
1.	Support understanding of best practice correlated to CLASS dimensions by providing targeted training to classroom staff during pre-service.	Survey training participants on content understanding after training	Ed. Team	Best practice trainings 8/21/23-8/31/23	8/31/23	
2.	Increase consistency of anecdotal information collected from teaching staff and data collected	Compare anecdotal information with CP and TSG data	ESMs	Create a systematic approach for collecting anecdotal	9/5/23	

	from CP and TSG by providing instruction and training on child assessment documentation practices and expectations.			information from teaching staff		
3.	Reschedule all home-based home visits canceled by staff and document attempts to reschedule home visits when canceled by the family	Child Plus documentation	<i>Family Educators</i>	<i>Create a supervision monitoring plan to ensure that this is reviewed and monitored during each supervision session. Track the progress monthly on Monday.com</i>	<i>9/5/23</i>	
4.	Complete full TPOT and TPITOS observations for every operating center-based classroom to establish full picture baseline of fidelity %.	Classroom observations will be conducted, scores will be entered into TPOT scoring spreadsheet.	<i>Ed Team</i>	<i>Create classroom observation plan, to include reliable observer assignments</i>	<i>9/5/23</i>	

<b><i>Facilities and Maintenance</i></b>	
<b><i>Self-Assessment Team:</i></b>	<ul style="list-style-type: none"> <li>• Greg James, Facilities Manager</li> <li>• Select Committee Members: Jenny Root, John Avalos, Delaney Herbst, Jeremiah Braeback, Debbie Stedman, James Welborn, Kristin Wilson (Policy Council Member)</li> </ul>
<b><i>Data Reviewed:</i></b>	<ul style="list-style-type: none"> <li>• Maintenance Requests for emergency HVAC services</li> <li>• Maintenance Requests and multiple emails for Janitorial issues</li> <li>• Annual expenditures for contracted and one-off Landscaping services</li> </ul>
<b><i>Focusing Questions:</i></b>	<ul style="list-style-type: none"> <li>• How do we develop and outsource an industry expert Preventative Maintenance program that will ensure proactive operation in the reliability and sustainability of all our Heating, Ventilation and Air Conditioning (HVAC) units, as well as being an available 24/7 responsive resource if/when emergency needs occur?</li> </ul>

	<ul style="list-style-type: none"> <li>• How can we improve our current janitorial contract to provide better and more consistent service and to also include a better system for supply ordering and installing additional routine services for better health practice and long-term sustainability (semi-annual floorcare, annual high dusting, etc.)?</li> <li>•</li> <li>• How can we best track and provide top-level reports/charts of Maintenance Requests in terms of numbers, priority, issue type, and per Center, as well as what the average time it takes to respond and close a request.</li> <li>• How can we utilize a new maintenance tech and acquire the necessary equipment and supplies to improve efficiencies within the department and reallocate current contract services/expenses by replacing them to occur in-house as opposed to outsourcing (i.e., Landscaping)?</li> </ul>
<b>Strengths:</b>	<ul style="list-style-type: none"> <li>• Maintenance requests have increased over 400% from this time last year. Month-to-month, we are averaging about a 25-30% increase. We have turned standard requests around from inception to completion by an average of less than 2 days.</li> <li>• Though our response/completion times are positive, we have a strong nucleus of contractors that can fill in as needed that we continue to build upon using Monday.com as our tracking and service history tool. This also helps us with cost-savings when a warranty issue should arise.</li> </ul>
<b>Challenges:</b>	<ul style="list-style-type: none"> <li>• The current scheduled maintenance contracts (janitorial, landscaping, HVAC) are either insufficient or nonexistent. When trying to improve on this, it will undoubtedly require more funding to achieve the expected results.</li> <li>• To bring landscaping duties in-house and increase our ability to handle other miscellaneous requests, we need an additional maintenance tech to support our department and Centers' needs.</li> <li>• Right now, furniture/fixture inventory is mismanaged causing items to either be unnecessarily ordered or items to merely not be sourced or stored effectively for potential use in the future. We do not have the space to warehouse these items, nor do we have the staff to manage (transfer, receive, dispose, build, etc.) the revolving inventory.</li> </ul>
<b>Areas of Non-Compliance:</b>	<ul style="list-style-type: none"> <li>• We did not identify any areas of non-compliance for our component but rather some critical areas of need.</li> </ul>

<b>Facilities and Maintenance Self-Assessment Action Plan</b>						
<i>SAAP #</i>	<i>Specific goal:</i>	<i>Measurable – how we know it's achieved:</i>	<i>Achievable by whom:</i>	<i>Realistic – resources necessary:</i>	<i>90-Day Timeline:</i>	<i>Completion Status:</i>
1.	Create a Preventive Maintenance program for our HVAC equipment that we are responsible for.	When RFP has been created (which will also require identifying equipment, locations and filter needs), and	<i>Greg James (identifying and working</i>	<i>It will require additional funds</i>	<i>June/July 2023 – create an RFP to put out to bid;</i>	



		we receive a feasible contract to reward.	<i>with a local HVAC vendor)</i>		<i>August 2023 - award contract</i>	
2.	<i>Improve the janitorial contract we currently have in place.</i>	Once a new vendor is installed, the measurable will be easily identified by the increased cleaning standards being delivered.	<i>Greg James (and the new assigned vendor)</i>	<i>Cost will increase due to additional services not being performed, ie floor stripping, high dusting, rug cleaning, etc.</i>	<i>May/June 2023 - meet with janitorial companies and perform walk-throughs while outlining specific expectations. August/September 2023 - terminate existing and award new contract</i>	
3.	Create better service reporting mechanisms.	When we can integrate the collected data into charts and other exportable tables for future reporting and budgetary purposes.	<i>Greg James</i>	<i>Monday.com - work through roadblocks and improve upon current system to pull the data necessary</i>	<i>August 2023</i>	
4.	Hire a new Maintenance Tech with a Landscaping focus.	<i>When the position is filled and is providing the service necessary for the select Centers.</i>	<i>Greg James</i>	<i>Compensation and effective time/resource management with some additional costs to servicing and/or purchasing additional equipment</i>	<i>May 2023 - job posted, June/July 2023 - gather applicants, interview, and hire the position.</i>	

***Family and Community Connections***

<p><b><i>Self-Assessment Team:</i></b></p>	<p><b>Component Area Managers:</b></p> <ul style="list-style-type: none"> <li>• Natalie Hornstein; Community Engagement Manager</li> <li>• John Avalos; Family Connections Manager</li> </ul> <p><b>Committee Members:</b></p> <ul style="list-style-type: none"> <li>• Corrie Etheredge; Clackamas County Children’s Commission Board Member</li> <li>• Georgia Ullmann; Health Services Manager</li> <li>• Andrea Ayala Alvarez; Family Connections Coordinator</li> <li>• Abigale Mortensen; Family Advocate</li> <li>• Erin David; Teacher Family Advocate</li> <li>• April Gonzalez; Family Connections Coordinator</li> </ul>
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<p><b><i>Data Reviewed:</i></b></p>	<p><b>Prenatal Applications:</b></p> <ul style="list-style-type: none"> <li>• Outreach efforts and strategies (community partner relationships)</li> <li>• Community partner referrals</li> <li>• Enrollment numbers, Connect Oregon referral platforms</li> <li>• Internal policies and procedures</li> </ul> <p><b>Abandoned Applications:</b></p> <ul style="list-style-type: none"> <li>• Program and eligibility type</li> <li>• Family language</li> <li>• Home-based vs. center-based enrollment data</li> </ul> <p><b>In-Person Recruitment:</b></p> <ul style="list-style-type: none"> <li>• Review of geographic areas (Oregon City in particular)</li> <li>• Prenatal recruitment/outreach</li> <li>• Community demographics</li> <li>• Community partner referrals</li> <li>• Outreach strategies (community events, relationship building)</li> <li>• Marketing strategies (Monday.com boards)</li> <li>• Home-based vs. center-based waiting lists and enrollment numbers</li> </ul> <p><b>SNAP Eligibility:</b></p> <ul style="list-style-type: none"> <li>• SNAP eligibility numbers</li> <li>• Enrollment data (looking at SNAP eligibility from April 21, 2022, through end of PY 2021-202, when SNAP became a factor for Categorical Eligibility)</li> </ul> <p><b>ODHS Referrals:</b></p>
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	<ul style="list-style-type: none"> <li>• ODHS referrals</li> <li>• ODHS partnership efforts/strategies</li> </ul> <p><b>Internal (Application) File Audit:</b></p> <ul style="list-style-type: none"> <li>• Application completion rates</li> <li>• Eligibility determination</li> <li>• Eligibility supporting documentation</li> </ul> <p><b>Extended Service Hours Interest:</b></p> <ul style="list-style-type: none"> <li>• Extended hours interest survey for duration families</li> <li>• Family Survey with questions assessing longer day interest</li> <li>• CP data collected at intake during 2022-2023 program year</li> </ul>
<p><i>Focusing Questions:</i></p>	<p><b>Prenatal Applications:</b></p> <ul style="list-style-type: none"> <li>• Were overall prenatal applications lower for Program Year 2022-2023 than they were for PY 2021-2022?</li> </ul> <p><b>Abandoned Applications:</b></p> <ul style="list-style-type: none"> <li>• Who are the families that make up our “abandoned” applications?</li> </ul> <p><b>In-Person Recruitment:</b></p> <ul style="list-style-type: none"> <li>• How did our in-person recruitment affect our waiting lists?</li> </ul> <p><b>SNAP Eligibility:</b></p> <ul style="list-style-type: none"> <li>• How did SNAP eligibility impact our enrollment numbers?</li> </ul> <p><b>ODHS Referrals:</b></p> <ul style="list-style-type: none"> <li>• Did our recent ODHS partnership help increase our referral numbers?</li> </ul> <p><b>Internal (Application) File Audit:</b></p> <ul style="list-style-type: none"> <li>• Were we consistent in our application completion process and in determining eligibility for services?</li> </ul> <p><b>Extended Service Hours Interest:</b></p> <ul style="list-style-type: none"> <li>• Do families need a longer day option, and if so, at which centers?</li> </ul>
<p><i>Strengths:</i></p>	<p><b>Prenatal Applications:</b></p> <ul style="list-style-type: none"> <li>• Our current prenatal application numbers (2022-2023) did not decrease from the previous year (2021-2022)</li> </ul> <p><b>Abandoned Applications:</b></p> <ul style="list-style-type: none"> <li>• We have identified the families who make up our “abandoned” application numbers</li> </ul> <p><b>In-Person Recruitment:</b></p> <ul style="list-style-type: none"> <li>• In-person recruitment, both at community events and at direct partner-to-partner meetings, resulted in 70% of Head Start classroom waiting lists being at 20% of enrollment or better 6 out of the past 9 months that the program has been in operation</li> <li>• In-person recruitment, both at community events and at direct partner-to-partner meetings, resulted in 100% of Early Head Start classroom waiting lists being at 20% of enrollment, or better, 9 out of the past 9 months that the program has been in operation</li> </ul> <p><b>SNAP Eligibility:</b></p>

	<ul style="list-style-type: none"> <li>As an eligibility factor, SNAP helped 161 families become eligible for services for the 2021-2022 program year (effective April 21, 2022), with 611 families becoming eligible for the 2022-2023 program year</li> </ul> <p><b>ODHS Referrals:</b></p> <ul style="list-style-type: none"> <li>Our recent partnership with ODHS resulted in 32 more family referrals being made in program year 2022-2023 vs program year 2021-2022 which had zero ODS referrals</li> </ul> <p><b>Internal (Application) File Audit:</b></p> <ul style="list-style-type: none"> <li>The introduction of new and updated intake and eligibility processes and procedures, along with annual eligibility training for Family Connections Coordinators and Family Advocates, has resulted in staff that can complete intakes thoroughly, resulting in applications that have a high-level of data integrity.</li> </ul> <p><b>Extended Service Hours Interest:</b></p> <ul style="list-style-type: none"> <li>60% survey return rate for Family Services survey indicated most families are satisfied with current program hours and days</li> <li>Family Connections survey results matched the Family Survey with high levels of satisfaction for current program offerings</li> </ul>
<p><i>Challenges:</i></p>	<p><b>Prenatal Applications:</b></p> <ul style="list-style-type: none"> <li>Prenatal recruitment application numbers did not increase from one program year (2021-2022) to the next (2022-2023)</li> </ul> <p><b>Abandoned Applications:</b></p> <ul style="list-style-type: none"> <li>With new staff carrying out application intakes, training is needed on a continuous basis to ensure that families with incomplete applications do receive proper follow-up that results in application completion</li> </ul> <p><b>In-Person Recruitment:</b></p> <ul style="list-style-type: none"> <li>Our dual screening process for Healthy Families and Early Start applicants results in “abandoned” applications for families who are enrolled for services</li> </ul> <p><b>In-Person Recruitment:</b></p> <ul style="list-style-type: none"> <li>In-person recruitment, both at community events and at direct partner-to-partner meetings, did not have a positive impact on the Early Head Start home-based program’s waiting lists as all caseloads remained at below 20% of enrollment levels 9 out of the past 9 months of that the program has been in operation</li> </ul> <p><b>ODHS Referrals:</b></p> <ul style="list-style-type: none"> <li>We are still waiting to find out if ODHS will give us permission to utilize their SNAP, TANF and ERDC database, which will allow us to increase our outreach to service-eligible families.</li> </ul> <p><b>Internal (Application) File Audit:</b></p> <ul style="list-style-type: none"> <li>Older applications, that were completed before our current policies and procedures were established, were largely responsible for a 14% application error rate, of which all errors were of a quality assurance nature (i.e., wrong box checked, etc.)</li> </ul> <p><b>Extended Service Hours Interest:</b></p> <ul style="list-style-type: none"> <li>Some families indicated a need for longer days to match working schedules, with a higher concentration of these families in the Milwaukie area.</li> </ul>

<b>Areas of Non-Compliance:</b>	HSPPS 1302.15(a): Despite maintaining enrollment levels between 80% - 86% throughout Program Year 2022-2023, Clackamas County Children's Commission has not reached full enrollment for its Head Start and Early Start and has programs due to staffing and waiting list challenges.
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<b>Family Connections Self-Assessment Action Plan</b>						
<i>SAAP #</i>	<i>Specific goal:</i>	<i>Measurable – how we know it's achieved:</i>	<i>Achievable by whom:</i>	<i>Realistic – resources necessary:</i>	<i>90-Day Timeline:</i>	<i>Completion Status:</i>
1.	Reduce the number of "abandoned" Head Start and Early Head Start applications by 33% by 7/31/2023	Compare the number of abandoned applications on file on August 31, 2023 (PY 2023-2024) against the number of abandoned applications on file on May 31, 2023 (PY 2022-2023)	<i>FC Team</i>	<i>Training and additional CP slots for HF enrollments</i>	<i>8/31/2023</i>	
2.	Increase staffing so that all Head Start and Early Head Start classrooms can be opened, helping us to attain full program enrollment	Effective immediately, all Family Connections recruitment efforts for ClackCoKids services and programs will involve Human Resources collaboration so that we are also recruiting for staff positions	<i>Family Connections Team, Human Resources Team</i>	<i>Human Resources recruitment materials</i>	<i>8/31/2023</i>	

<b>Family Services</b>	
<b>Self-Assessment Team:</b>	<ul style="list-style-type: none"> <li>• Olive Bicha and Sara Castañeda- Family Services Managers</li> <li>• Brenda Pineda- Home Based Supervisor</li> <li>• Madison Chose- Teacher/Family Advocate</li> <li>• Molly Hawley- ODHS Consultant/Community Member</li> </ul>

	<ul style="list-style-type: none"> <li>• Nikki Shaffer- Family Advocate</li> <li>• Iratze Aguilar- Family Advocate</li> <li>• Vanessa Looney- Head Start Dur Teacher</li> <li>• Georgia Ullman- Health Services Manager</li> </ul>
<i>Data Reviewed:</i>	<ul style="list-style-type: none"> <li>• <b>Supporting self-sufficiency:</b> # families who gained housing during program year, # families that used HOP passes through Trimet Relief Grant, goal progress by center, Cooking Matters attendance, Barlow Free Food Market attendance, bi-annual record checks, Home Visit observations</li> <li>• <b>Engagement &amp; child attendance:</b> Family Gathering, Parent Education and Home-Based Play-group attendance, child attendance by center</li> <li>• <b>Turnover &amp; engagement:</b> Family Advocate turnover by center (not just staff exits, but the number of times a family's advocate changed over the year), quarterly HV completion rates by center, Family Gathering attendance by center</li> <li>• Parent Ed attendance (Cooking Matters, Financial Literacy, Abriendo Puertas, etc.)</li> <li>• <b>Cultural competence</b></li> <li>• Results from 2022-2023 Family Survey</li> <li>• Record Checks</li> <li>• Home Visit observations</li> <li>• Race/ethnicity demographics</li> <li>• Language/interpretation</li> </ul>
<i>Focusing Questions:</i>	<ul style="list-style-type: none"> <li>• What are we doing to support family self-sufficiency, and is it working? (Housing, food access, goal progress, language, referrals)</li> <li>• How does a family's engagement with the program impact child attendance?</li> <li>• Does Family Advocate turnover impact HV completion rates and/or family engagement?</li> <li>• Does our component use an equity lens to effectively demonstrate cultural competence with families?</li> </ul>
<i>Strengths:</i>	<ul style="list-style-type: none"> <li>• <b>Supporting self-sufficiency</b> <ul style="list-style-type: none"> <li>○ 79% of families agreed that staff set goals with them to help their family thrive (2022-2023 Family Survey)</li> <li>○ Family services staff were able to identify at least one strength for <b>every</b> family enrolled in our program</li> <li>○ Families accessing Trimet bus passes doubled from September 2022 to January 2023, 19 families have acquired housing so far during the program year</li> <li>○ Increased attendance for Cooking Matters classes that provide food to enrolled families</li> <li>○ Families are able to access food at the Barlow Free Food Market</li> </ul> </li> <li>• <b>Engagement &amp; child attendance</b> <ul style="list-style-type: none"> <li>○ Parent Education attendance increased, and offered to community members (including families on our waiting list for services)</li> <li>○ Family Gathering attendance improved from previous year</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Staff were able to connect families with resources to support stability (I.e., transportation assistance through Trimet, food, clothing, etc.)</li> <li>● <b>Turnover &amp; engagement</b> <ul style="list-style-type: none"> <li>○ Parent Education attendance increased, and offered to community members (including families on our waiting list for services)</li> <li>○ Home Visits are being completed with families in a timely manner and due dates for home visits are being met about 85% of the time</li> <li>○ Effective utilization of Family Services FTEs to ensure that 3 Home Visits were completed for <i>a//</i>enrolled families</li> </ul> </li> <li>● <b>Cultural competence</b> <ul style="list-style-type: none"> <li>○ 87% of families felt that materials given to them represented their race/language/ethnicity</li> <li>○ 99% of families said that staff speak clearly to them, in a language they understand, with or without an interpreter</li> <li>○ 73% of families say staff help them think about their values, traditions and beliefs in a respectful way</li> </ul> </li> </ul> <p><b>Other highlights from the 2022-2023 Family Survey...</b></p> <ul style="list-style-type: none"> <li>● 59% of enrolled families completed the end-of-year survey</li> <li>● Of the families who submitted responses... <ul style="list-style-type: none"> <li>○ 74% agreed that our staff provide resources to meet their needs</li> <li>○ 73% agreed that parent education classes helped them strengthen their parenting skills</li> </ul> </li> </ul>
<i>Challenges:</i>	<ul style="list-style-type: none"> <li>● <b>Supporting self-sufficiency</b> <ul style="list-style-type: none"> <li>○ There is not currently a report to pull needs and goals by category from Child Plus, so we could not evaluate on a large scale whether goals and needs align with FASN scores</li> <li>○ Many goals and resources given are a “short-term fix” and need to align better with Family Outcomes to promote long-term stability for families (information gathered from Record Checks and Home Visit Observations)</li> </ul> </li> <li>● <b>Engagement &amp; child attendance</b> <ul style="list-style-type: none"> <li>○ Lack of alignment and communication across programs and different types of home visitors (EHS Home Based/Healthy Families/Center Based/Teacher-Family Advocates)</li> </ul> </li> <li>● <b>Turnover &amp; engagement</b> <ul style="list-style-type: none"> <li>○ Sites with FA turnover had less consistent Family Gathering and Parent Ed attendance</li> </ul> </li> <li>● <b>Cultural competence</b> <ul style="list-style-type: none"> <li>○ It is not clear that families who need interpretation are communicated with within the same timelines as families who do not</li> </ul> </li> </ul> <p><b>Other challenges/findings:</b></p> <ul style="list-style-type: none"> <li>● There was not Family Outcomes data to factor into this assessment because family advocates were not yet required to enter FASN exit scores at the time that the committee meeting took place</li> <li>● Not all of the FASN guiding questions are culturally sensitive and/or trauma-informed (information gathered from FASN update project)</li> </ul>

<i>Areas of Non-Compliance:</i>	<ul style="list-style-type: none"> <li>We did not identify any areas of non-compliance for our component</li> </ul>
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<i>Family Services Self-Assessment Action Plan</i>						
<i>SAAP #</i>	<i>Specific goal:</i>	<i>Measurable – how we know it's achieved:</i>	<i>Achievable by whom:</i>	<i>Realistic – resources necessary:</i>	<i>90-Day Timeline:</i>	<i>Completion Status:</i>
1.	<i>Update FASN to align with PFCE framework and ensure that Child Plus data entry matches.</i>	<i>CP reports pull accurately and paint a clear picture of the progress that home visitors are making with families</i>	<i>Family Services Managers  Home-Based Manager</i>	<i>CP Consultation  Clear vision of what data we are currently missing/wish we could access</i>	<i>August 2023</i>	
2.	<i>Add Child Plus features for:</i> <ol style="list-style-type: none"> <li><i>Identifying needs and goals by category, and a report to pull this information</i></li> <li><i>Clear identification of interpretation needs that can be extracted using a report</i></li> </ol>	<i>Clear reports that pull accurately...</i> <ol style="list-style-type: none"> <li><i>To identify families accessing interpretation services</i></li> <li><i>Summarize needs and goals by category</i></li> </ol>	<i>Family Services Managers  Home-Based Manager</i>	<i>CP Consultation  Communication with FCC team to add information during intake process</i>	<i>August 2023</i>	

<i>Fiscal</i>
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<b>Self-Assessment Team:</b>	Carlos Valles / Finance Director Doug Kohnke / Controller Keiko Yokoyama / Fiscal Staff Sinh Appel / Account Payable Specialist Robin Gill / Payroll and Benefits Specialist
<b>Data Reviewed:</b>	<ul style="list-style-type: none"> <li>• CACFP audit, Federal Review and Financial Audit.</li> <li>• Also, the A-133 Federal Audit listed CCCCHS as a low-risk auditee.</li> </ul>
<b>Focusing Questions:</b>	<ul style="list-style-type: none"> <li>• What are some workflows we are using and what workflows are we looking to improve?</li> <li>• Do we feel we have workflows and automations in place to work the most efficiently?</li> <li>• Do we maintain control of sending and tracking purchases throughout the entire process?</li> <li>• How much time did it take on average to review and enter the credit card transactions to the actual system?</li> <li>• How much time did it take on average to close books?</li> <li>• Where are the sticking points and barriers in the workflow processing invoices?</li> <li>• How are adjustments on timesheets made compared to what is on Form 4?</li> </ul>
<b>Strengths:</b>	<ul style="list-style-type: none"> <li>• The most recent federal review conformed with Generally Accepted Accounting Principles and had no findings.</li> <li>• Employees with financial roles have the knowledge and skill necessary to perform their jobs.</li> </ul>
<b>Challenges:</b>	<ul style="list-style-type: none"> <li>• Improve cash flow and pay bills timely, on a consistent basis.</li> <li>• Effectively train, manage, and support a hybrid/remote workforce.</li> <li>• Identify and correct payable errors before entering the accounting system.</li> <li>• Improve budget process and get department involvement.</li> <li>• Maximize MIP accounting software.</li> </ul>
<b>Areas of Non-Compliance:</b>	None Identified

<b>Fiscal Services Self-Assessment Action Plan</b>						
<b>SAAP #</b>	<b>Specific goal:</b>	<b>Measurable – how we know it's achieved:</b>	<b>Achievable by whom:</b>	<b>Realistic – resources necessary:</b>	<b>90-Day Timeline:</b>	<b>Completion Status:</b>
1.	Improved workflows for credit card expenses management.	Reduce time to closing months. Monthly check list of the monthly activities. Monthly credit card reconciliation review.	Finance Director Fiscal Staff	Credit card module implementation. Training Finance Staff	09/01/2023	

2.	<i>Improve workflows on processing invoices management</i>	<i>Reduce time to closing months. Monthly task list. Weekly Account Payable Report.</i>	<i>Finance Director Fiscal Staff</i>	<i>Invoices module implementation. Training Finance Staff and non-Finance Staff</i>	<i>09/01/2023</i>	
3.	<i>Allowing both accounting and non-accounting personnel the ability to approve invoices electronically using the same system.</i>	<i>Staff satisfaction survey.</i>	<i>Directors Managers Fiscal Staff</i>	<i>Time to develop plans and training for staff.</i>	<i>10/30/2023</i>	
4.	<i>Meet the audit requirements to ensure that the procurement, receipt, and payment for goods and services comply with federal and State regulations.</i>	<i>Audits report Staff attendance at training</i>	<i>Finance Director Controller Fiscal Staff</i>	<i>Training Finance Staff</i>	<i>01/31/2024</i>	
5.	<i>Decentralize our budgeting process by enabling managers to enter their budget electronically</i>	<i>Staff will understand the budgeting process. Evidence of plan.</i>	<i>Finance Director Controller</i>	<i>Budget module implementation. Training non-Finance Staff</i>	<i>03/31/2024</i>	
6.	<i>Verification of timesheet adjustments made by employee, by comparison to the position's labor allocations, as set forth by the budget's labor allocations on Paycom Form 4.</i>	<i>Payroll makes the comparison and correction if needed. GL will not have to be adjusted separately.</i>	<i>Payroll &amp; Benefits Specialist Controller</i>	<i>Access to corresponding school year's budget and time for comparison during payroll processing.</i>	<i>09/01/2023</i>	

<b>Health Services</b>	
<b>Self-Assessment Team:</b>	<ul style="list-style-type: none"> <li>• Robyn Alper, Health Services Manager</li> <li>• Georgia Ullmann, Health Services Specialist</li> <li>• Tammy Cline, Teacher Family Advocate</li> <li>• Abigale Mortensen, Family Advocate</li> <li>• Olive Bicha, Family Services Manager</li> <li>• Sheila Vails, EHS Teacher</li> <li>• Elizabeth Pinola, LPN</li> <li>• Christy Young, ES</li> <li>• Terri Sutton, Mental Health Specialist</li> </ul>
<b>Data Reviewed:</b>	<ul style="list-style-type: none"> <li>• Data from ChildPlus (health follow up, attendance, classroom health concerns, special diets, medication, and care plans)</li> <li>• Survey data from FAs and FEs</li> <li>• Classroom closure data</li> <li>• National chronic health data</li> <li>• Survey data from other Health Services Managers</li> </ul>
<b>Focusing Questions:</b>	<ul style="list-style-type: none"> <li>• What are the barriers to children going through the follow-up process? What internal and external factors do we see?</li> <li>• How can we improve health communication with parents? Obtain documentation and share information?</li> <li>• How can we support children with special health/nutrition needs better?</li> <li>• How do we improve staff training?</li> </ul>
<b>Strengths:</b>	<ul style="list-style-type: none"> <li>• Most children are connected to a medical home.</li> <li>• Most children are screened/attempted to screen within the first 45 days.</li> <li>• We have a strong system to track children who need follow-up on hearing, vision, and dental.</li> <li>• We are identifying Source of Care for children easily with the electronic PHI form.</li> <li>• We have efficient ways to track and monitor immunizations.</li> <li>• We are updating how we offer training to staff to respond to staff onboarding throughout the year.</li> <li>• We have a strong partnership with Neighborhood Health Center (dental) and Elk's Preschool Vision Program at Casey Eye Institute (vision).</li> </ul>
<b>Challenges:</b>	<ul style="list-style-type: none"> <li>• Most children with identified hearing, vision, dental concerns are stuck in the first step of the follow-up process.</li> <li>• Parents are not making or keeping appointments for medical or dental follow-up.</li> </ul>

	<ul style="list-style-type: none"> <li>• Fewer younger children (0-3) are going to follow-up appointments/being seen by providers.</li> <li>• Fewer children have an identified dental home.</li> <li>• We are missing medical/dental ROIs for ~20% of children. It's hard to get ROIs completed for children in foster care.</li> <li>• There's an unclear follow-up process for children with excess weight, children who don't eat at school, etc.</li> <li>• Lack of cross-component work about children with health/nutrition/mental health/disability concerns. Lack of time to collaborate.</li> <li>• Lack of dedicated training time preservice and throughout the year. Few Fridays are available for trainings.</li> <li>• Lack of training time with TFAs.</li> <li>• Teachers, FAs, FEs, TFAs report lack of time to do health work well.</li> <li>• Many children enroll throughout the year needing special medication, which requires special medication training for the particular classroom staff. A child with medication may move multiple times or staff may change multiple times resulting in repeated training on a particular medication. Ex: 11 separate trainings for 1 child's epi-pen.</li> <li>• External factors (backlog at clinics, understaffing at clinics) slow down children getting in for appointments.</li> <li>• Parents are reporting more health concerns than previous years.</li> <li>• Many EHS and HS classrooms exceed the national average for health acuity.</li> </ul>
<b>Areas of Non-Compliance:</b>	None identified

<b>Health Services Self-Assessment Action Plan</b>						
<i>SAAP #</i>	<i>Specific goal:</i>	<i>Measurable – how we know it's achieved:</i>	<i>Achievable by whom:</i>	<i>Realistic – resources necessary:</i>	<i>90-Day Timeline:</i>	<i>Completion Status:</i>
1.	Increase the number of children with identified screening concern that get evaluated by a provider/receive treatment. <ol style="list-style-type: none"> <li>1. Set up 1:1 meetings between Health team and FA/FE/TFAs to triage cases.</li> <li>2. Create a Health Follow-up Checklist with FSMs.</li> </ol>	<p>Calendared meetings</p> <p>New document</p>	<p>HSM</p> <p>HSM</p>	<p>Time</p> <p>Time</p>	<p>9/5/23</p> <p>9/5/23</p>	
2.	Improve health communication to parents around importance of					

	<p>health screenings and requirements.</p> <ol style="list-style-type: none"> <li>1. Assess which platforms are used in other components.</li> <li>2. Identify reliable communication platform to deliver health messages.</li> <li>3. Update the screening results letters to clarify next steps after a failed screening.</li> <li>4. Identify parent-friendly fact sheets (in English and other languages) that can be shared with parents.</li> </ol>	<p>List of platforms currently in use program wide.</p> <p>Cross-component discussion about current platforms &amp; new options.</p> <p>New screening letters</p> <p>A folder of fact sheets in Teams</p>	<p>HSM</p> <p>HSM &amp; CDS</p> <p>HSM</p> <p>HSM</p>	<p>Time</p> <p>Time</p> <p>Time, translation cost</p> <p>Time</p>	<p>6/30/23</p> <p>9/5/23</p> <p>9/5/23</p> <p>9/5/23</p>	
3.	<p>Improve care coordination for children with special health/nutrition needs.</p> <ol style="list-style-type: none"> <li>1. Explore establishing regular interdisciplinary meetings between health, MH, disabilities, and nutrition.</li> <li>2. Collaborate with school district nurses to facilitate transition to kindergarten.</li> <li>3. Refine process for identifying and managing children with special nutrition and dietary needs.</li> <li>4. Create a system for flagging all children with a reported Autism Spectrum Disorder diagnosis.</li> </ol>	<p>Identifying participants of the interdisciplinary team &amp; determine process for regular interdisciplinary case management.</p> <p>Attend monthly school RN meetings</p> <p>Determine whether food &amp; Feeding Matters questionnaire should be used.</p> <p>Flag in ChildPlus</p>	<p>ECN</p> <p>ECN</p> <p>ECN</p> <p>ECN</p>	<p>Time</p> <p>Time</p> <p>Time</p> <p>Time</p>	<p>9/5/23</p> <p>9/5/23</p> <p>9/5/23</p> <p>9/5/23</p>	

4.	Improve staff training on health topics.					
	1. Increase staff training time preservice.	Preservice agenda	HSM	Time	8/31/23	
	2. Offer health insurance training to FAs, FEs, and TFAs.	Preservice agenda	HSM	Time	9/5/23	
	3. Offer Severe Allergic Reaction training to preservice schedule.	Preservice agenda	HSM, ECN	Time	9/5/23	
	4. Schedule regular meetings with TFAs to review health topics.	Calendared meetings	HSM	Time	9/5/23	
5. Create a Health Binder for each FA, FE, and TFA with important health topics.	Physical binder	HSM, HSA	Time, supplies, printing, translation (if needed)	9/5/23		

<b><i>Human Resources</i></b>	
<b><i>Self-Assessment Team:</i></b>	<ul style="list-style-type: none"> <li>• Danielle Martin -Human Resources Director</li> <li>• Heather Gregory -Human Resources Coordinator</li> <li>• Rosie Torres- Human Resources Recruitment Specialist</li> </ul>
<b><i>Data Reviewed:</i></b>	<ul style="list-style-type: none"> <li>• Tracking recruitment process from start to finish Excel spreadsheet</li> <li>• Race Demographics Report</li> <li>• Staff absenteeism patterns from timesheets in PayCom and Monday. Com</li> </ul>
<b><i>Focusing Questions:</i></b>	<ul style="list-style-type: none"> <li>• What efficiencies or changes can we bring to staff recruiting selection, or conditional processes to increase hires?</li> <li>• How can we increase/attract diversity?</li> </ul>

	<ul style="list-style-type: none"> <li>How can we increase attendance?</li> </ul>
<b>Strengths:</b>	<ul style="list-style-type: none"> <li>Large pool of long-term employees</li> <li>Strong commitment to ClackCoKids</li> <li>High engagement</li> <li>Increased hiring efforts</li> </ul>
<b>Challenges:</b>	<ul style="list-style-type: none"> <li>Staff absenteeism</li> <li>Staff retention</li> <li>Hiring a diverse group of people</li> <li>Developing effective tracking systems</li> </ul>
<b>Areas of Non-Compliance:</b>	No areas of non-compliance found

<b>Human Resources Self-Assessment Action Plan</b>						
<i>SAAP #</i>	<i>Specific goal:</i>	<i>Measurable – how we know it's achieved:</i>	<i>Achievable by whom:</i>	<i>Realistic – resources necessary:</i>	<i>90-Day Timeline:</i>	<i>Completion Status:</i>
1.	Compare/Contrast PayCom with Indeed for efficiencies	Staff hired	<i>HR Director</i>	<i>Indeed membership</i>	<i>July 31, 2023</i>	
2.	<i>Research alternate options for physical exam/drug testing</i>	Timelines for completing physical exam and drug testing	<i>HR Director</i>	<i>Time</i>	<i>July 31, 2023</i>	
3.	Create tracking system for managing various requirements including CBR, food handlers, CPR/First Aid, DL, annual eval	Tracking system in place	<i>HR Director</i>	<i>Time</i>	<i>August 30, 2023</i>	
4.						
5.						

<b><i>Mental Health Services</i></b>	
<b><i>Self-Assessment Team:</i></b>	<ul style="list-style-type: none"> <li>• Abby Reynolds, Education Services Manager</li> <li>• Clair Kessler, Education Services Manager</li> <li>• Tiffany Morgan, Home-Based Services Manager</li> <li>• April Gonzalez, Family Connections Coordinator</li> <li>• Ada Angel, Family Educator</li> <li>• Holly Oehme, Education Supervisor</li> <li>• Sheila Preece, Education Supervisor</li> <li>• Meghan Matter, Head Start Assistant Teacher</li> <li>• Madison Chose, Head Start Teacher Family Advocate</li> <li>• Shara Sala, EHS Combo Teacher Family Advocate</li> <li>• Nikki Shaffer, Family Advocate</li> <li>• Brenda Pineda, Family Educator Supervisor</li> <li>• Dawn Hendricks, Board Member</li> <li>• Delaney Herbst, Operations Specialist</li> <li>• Sara Winczewski, Education Supervisor</li> </ul>
<b><i>Data Reviewed:</i></b>	<ul style="list-style-type: none"> <li>• Internal and external mental health referrals and transactions</li> <li>• CLASS, TPITOS and TPOT scores</li> <li>• Classroom closures</li> <li>• Staff absences – totals and reasons</li> <li>• Child absences – totals and reasons</li> <li>• Fall, Winter, and Spring TSG child outcomes by dimension and objective</li> <li>• # and % of children with both disability and MH concerns</li> <li>• ASQ-SE screening results by status type (how many children had an elevated SE score, and how many children passed initially?)</li> <li>• Level 3 challenging behavior child incidents</li> <li>• Behavior Support Plans</li> <li>• Classroom visits and observations completed by MH specialists</li> </ul>
<b><i>Focusing Questions:</i></b>	<ul style="list-style-type: none"> <li>• What percentage of internal referrals turn into community referrals and what percentage of those result in services?</li> <li>• How often do social and emotional concerns lead to mental health referrals?</li> <li>• How have mental health referral numbers changed pre and post covid?</li> <li>• What is the correlation between reported social and emotional concerns among students and attendance among classroom staff at classroom and site levels?</li> </ul>



<b>Strengths:</b>	<ul style="list-style-type: none"> <li>About half of the home-based children with a mental health referral have received external mental health referrals and more than half of those referred, have been contacted with and utilizing the services.</li> <li>More than 60% of home-based children have a mental health transaction.</li> <li>High rate of center-based SE concerns are referred to mental health services and ESD</li> <li>Increase in child outcomes for Spring amongst students only receiving ESD services</li> <li>Increase in child outcomes for Spring amongst students only receiving MH services</li> <li>Increase in child outcomes for Spring amongst students receiving both MH and ESD services</li> <li>Significant increase in number of completed site and classroom visits by MH specialists, compared to last program year</li> <li>Many center-based children have MH transactions in CP even though they have not been referred for MH services – this means Teachers are trusting in the MH consultation model</li> </ul>
<b>Challenges:</b>	<ul style="list-style-type: none"> <li>30% of home-based children with mental health concerns are receiving either mental health services, ESD services, or both. Looking at how the other 70% of the families are being supported.</li> <li>Inconsistent mental health documentation amongst center-based staff</li> <li>% of HS children with a MH referral has increased since last year by</li> </ul>
<b>Areas of Non-Compliance:</b>	<ul style="list-style-type: none"> <li>None identified</li> </ul>

<b>Mental Health Services Self-Assessment Action Plan</b>						
<b>SAAP #</b>	<b>Specific goal:</b>	<b>Measurable – how we know it's achieved:</b>	<b>Achievable by whom:</b>	<b>Realistic – resources necessary:</b>	<b>90-Day Timeline:</b>	<b>Completion Status:</b>
1.	Streamline mental health services documentation with training on updated procedures, data entry instructions, and monitoring by supervisors and managers.	Consistent data across all MH CP reports.	Mental Health Specialists  ESMs	CP module building consultation  Training time with Mental Health Specialists, Teachers and ESs	9/5/23	
2.	Update and train staff on expectations and procedure for when and how to complete a Mental Health Referral.	Increase of Mental health referrals.  Survey teachers on MH efficacy.	ESMs	Create a survey for teachers' feedback	9/5/23	

<b><i>Nutrition Services</i></b>	
<b><i>Self-Assessment Team:</i></b>	<ul style="list-style-type: none"> <li>• Yashar Mosanenzadeh, Heather Meyers, Holly Mollick</li> <li>• Additional members on Nutrition Services Self-Assessment Committee: Anita, Vicki, and Kamarie</li> </ul>
<b><i>Data Reviewed:</i></b>	<ul style="list-style-type: none"> <li>• CACFP funds expenditures: Supplies and Food</li> <li>• CACFP invoicing</li> <li>• Child Count and Attendance</li> <li>• Site working menus</li> <li>• Vended Meal site expenditures</li> <li>• Parent Survey</li> <li>• Nutrition Dept Annual Survey</li> <li>• Free Food Market Attendance</li> <li>• Nutrition services staff turnover</li> <li>• Number of times personal funds are used by staff to purchase nutrition related items</li> <li>• Setting sustainability and waste reduction benchmarks for future years</li> </ul>
<b><i>Focusing Questions:</i></b>	<ul style="list-style-type: none"> <li>• Where are our CACFP funds going? How many paper products are being used?</li> <li>• How are we doing with CACFP invoicing?</li> <li>• How is classroom attendance impacting nutrition services?</li> <li>• How often do our site cooks changing the menu? Avg figure?</li> <li>• How much money are we spending on vended meals?</li> <li>• Use parent survey to gauge parent satisfaction with nutrition services and men?</li> <li>• How can we use an annual dept survey of our staff and agency staff to gauge and pinpoint successes and opportunities?</li> <li>• Is demand for our Free Food Market in Barlow increasing? Does this justify a second location at Sandy Ridge?</li> <li>• How is staff turnover in dept? Room for improvement?</li> <li>• How often are cooks and other staff having to use personal funds to pay for nutrition items? Why?</li> <li>• How much paper products are we using? How much are we spending on sustainably grown and produced food? How much are we spending with local farms?</li> </ul>
<b><i>Strengths:</i></b>	<ul style="list-style-type: none"> <li>• Cook team is solid and everyone has good intentions for families and program as a whole</li> <li>• Increased collaboration between site cooks, especially when it comes to purchasing food and special events</li> </ul>

	<ul style="list-style-type: none"> <li>• Low staff turnover</li> <li>• All major site kitchen equipment have been repaired. Working on replacing some aging units this summer.</li> <li>• Community involvement in cooking classes and site events</li> </ul>
<b>Challenges:</b>	<ul style="list-style-type: none"> <li>• Record keeping: invoicing, monthly kitchen records</li> <li>• Managing site cooks remotely has created a gap in supervision</li> <li>• No way to track inventory at sites</li> <li>• Difficult to track site purchasing with many sites and several vendors</li> <li>• Menus were a challenge to some sites due to Nutrition Specialist's lack of kitchen experience</li> <li>•</li> </ul>
<b>Areas of Non-Compliance:</b>	<ul style="list-style-type: none"> <li>• None identified</li> </ul>

<b>Nutrition Services Self-Assessment Action Plan</b>						
<i>SAAP #</i>	<i>Specific goal:</i>	<i>Measurable – how we know it's achieved:</i>	<i>Achievable by whom:</i>	<i>Realistic – resources necessary:</i>	<i>90-Day Timeline:</i>	<i>Completion Status:</i>
1.	Use fiscal dept data to track CACFP fund expenditures, track costs and categorize purchases	When we can pull up data and pinpoint issues	FSM	Collaboration with fiscal and AP dept	December 2, 2023	
2.	Further develop system to better track receipts and invoices	Its easy to find, manipulate and present for audits and reviews	FSM	One entry port for all food services receipts from vendors across all sites	December 2, 2023	
3.	Use ChildPlus data to track meal counts vs. \$\$ spent	When we can track attendance and purchases in real time	FSM	Staff member in charge of transferring child plus attendance data into FS file	December 2, 2023	
4.	Track how often published menu items are changed in working menu	When we can track how often menu is being changed at sites in real time each month	FSM and Cooks	Cooks will turn in numbers during monthly supervision	December 2, 2023	
5.	Add food services related questions to Program Annual Parent Survey	When we can get food services related data from parent surveys	FSM	Collaborate with dept in charge of parent surveys	December 2, 2023	

6.	Develop annual Food Services and Nutrition survey for Staff and Families	<i>When we can gather data from our surveys to help with decision making</i>	<i>FSM, Cooks, Teachers</i>	<i>Use Monday.com to make surveys after input from cooks and teachers</i>	<i>December 2, 2023</i>	
7.	Continue to track free food market attendance	<i>When data is easy to glean from MBI and OFB website</i>	<i>FSM</i>	<i>Collaborate with OFB</i>	<i>December 2, 2023</i>	
8.	Track staff turnover	<i>When we can easily track turnover % each year. come up with excel file.</i>	<i>FSM</i>	<i>Collaborate with HR to</i>	<i>December 2, 2023</i>	
9.	Tracking number of times food service staff are having to use personal funds to buy necessary items for their sites	<i>When we can track how many times personal funds are used each month by each staff member</i>	<i>FSM, Cooks</i>	<i>Cooks will report each months purchases using personal funds when petty cash is not available</i>	<i>December 2, 2023</i>	
10.	Develop systems and set sustainability benchmarks for future years	<i>When we can track how much food we buy from sustainable sources and tracking food waste</i>	<i>FSM, Cooks</i>	<i>Daily form to track food waste</i>	<i>December 2, 2023</i>	
					<i>December 2, 2023</i>	

<b><i>Operations</i></b>	
<b><i>Self-Assessment Team:</i></b>	<ul style="list-style-type: none"> <li>Debbie Stedman, Delaney Herbst, Olive Bicha</li> </ul>
<b><i>Data Reviewed:</i></b>	<ul style="list-style-type: none"> <li>Health and Safety checklist, Compliance records, MBI</li> </ul>

<b><i>Focusing Questions:</i></b>	<ul style="list-style-type: none"> <li>Looking at the Emergency preparedness plan, where are the gaps, next steps, and are staff trained in this Emergency preparedness plan?</li> <li>How do we create a system for compliance?</li> <li>What systems can be identified and used by both Operation Specialist and Education Supervisors?</li> </ul>
<b><i>Strengths:</i></b>	<ul style="list-style-type: none"> <li>Completion of Health and Safety checklist</li> <li>Number of Health and Safety findings have been reduced</li> <li>Staff are being trained in CPR/ First aid</li> <li>Closer monitoring of staff incidents, slips, trips and falls</li> </ul>
<b><i>Challenges:</i></b>	<ul style="list-style-type: none"> <li>Not much data to look at this past year, creating new ways to collect data</li> <li>New team, new position</li> </ul>
<b><i>Areas of Non-Compliance:</i></b>	None identified

<b><i>Operations Self-Assessment Action Plan</i></b>						
<b><i>SAAP #</i></b>	<b><i>Specific goal:</i></b>	<b><i>Measurable – how we know it's achieved:</i></b>	<b><i>Achievable by whom:</i></b>	<b><i>Realistic – resources necessary:</i></b>	<b><i>90-Day Timeline:</i></b>	<b><i>Completion Status:</i></b>
1.	Review, update and implement compliance procedures and policies.	When licensing is awarded without issuing a temporary license	<i>Classroom staff ESs and Operations Specialist</i>	<i>Update forms Train staff on how to use forms</i>	<i>August 15<sup>th</sup> 2023</i>	
2.	<i>The operations team will create a training plan for Emergency Preparedness.</i>	Staff will be confident and demonstrate knowledge of Emergency Preparedness plan.	<i>Operations Team, All Staff</i>	<i>Review existing Emergency preparedness plan Secure dollars for training site Develop training plan</i>	<i>August 25<sup>th</sup> 2023</i>	
3.	Develop monitoring report for CP to implement Health and safety checklist. Train Operations	<i>When the Health and Safety checklist is in CP. ESs and Operations Specialist have knowledge of how to use system.</i>	<i>Debbie Stedman and Christina Aguirre create a report.</i>	<i>Training space</i>	<i>August 25<sup>th</sup> 2023</i>	

	specialist and ESs on how to use and respond to CAPS		<i>Debbie Stedman trains Operation Specialist and ESs on how to use</i>			
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<b><i>Prenatal Services</i></b>	
<b><i>Self-Assessment Team:</i></b>	<ul style="list-style-type: none"> <li>• Tiffany Morgan, Home-Based Service Manager</li> <li>• Georgia Ullman, Health Services Manager</li> <li>• Brenda Pineda, Family Education Supervisor</li> <li>• Elisha Mitchell, Education Coach and Mental Health Specialist</li> </ul>
<b><i>Data Reviewed:</i></b>	<ul style="list-style-type: none"> <li>• Prenatal enrollment – average days, drops, completed and enrolled newborn, still enrolled</li> <li>• Prenatal home visit completion and reasons for cancelation</li> <li>• CP data entry for the prenatal tab</li> <li>• Types of screenings completed</li> <li>• Percentage of prenatal education topics covered</li> <li>• Needs identified</li> <li>• Staff survey input on pre- and post-natal services and training needs</li> </ul>
<b><i>Focusing Questions:</i></b>	<ul style="list-style-type: none"> <li>• Is there consistency in the documentation and is it outlined in a P&amp;P?</li> <li>• Is there consistency in pre- and post-natal screenings and how are they tracked?</li> <li>• Are families being connected to resources as needs around pregnancy develop?</li> <li>• What is the staff comfort level and knowledge for supporting prenatal and postnatal families?</li> </ul>

<b><i>Strengths:</i></b>	<ul style="list-style-type: none"> <li>• 100% of home-based families that have enrolled prenatally have either given birth and subsequently enrolled their child or are still enrolled. There have been no prenatal drops.</li> <li>• Consistent Child Plus documentation between Family Educators.</li> <li>• Families who expressed needs for external mental health referrals, breast feeding support, parenting classes and infant resources, were given the information to connect with resources.</li> <li>• Staff expressed higher scores for the quality of prenatal services that we provide and the cultural diversity in the materials and resources that are given to families.</li> </ul>
<b><i>Challenges:</i></b>	<ul style="list-style-type: none"> <li>• 78% of prenatal home visits have been completed and we are working to ensure rescheduling of cancelled home visits.</li> <li>• P&amp;Ps need to be updated to convey timelines, monitoring, and roles and responsibilities.</li> <li>• Looking at how we talk about mood disorder screenings and domestic violence screenings to reduce the number of families declining screenings.</li> <li>• Not all prenatal education topics were discussed with all families. We are looking at how we talk about this and what we want the P&amp;Ps to say.</li> <li>• Looking into prenatal training, as staff expressed a need for sufficient training to support families prenatally, including understanding fetal development.</li> </ul>
<b><i>Areas of Non-Compliance:</i></b>	<ul style="list-style-type: none"> <li>• None identified</li> </ul>

<b><i>Program Professional Development</i></b>	
<b><i>Self-Assessment Team:</i></b>	<ul style="list-style-type: none"> <li>• Briana King, Program Prof Development Manager</li> <li>• Laura Linda Negri- Pool, Education Coach</li> <li>• Rosey Wyland, Education Coach-Circle of Security</li> <li>• Dez Chartrand, Inclusion Coach</li> <li>• Elisha Mitchell, Education Coach &amp; Mental Health Specialist</li> </ul>
<b><i>Data Reviewed:</i></b>	<ul style="list-style-type: none"> <li>• Spring and Fall CLASS scores</li> <li>• Spring and Fall TPOT and TPOTS scores</li> <li>• TS Gold Child Outcomes</li> <li>• Staff attendance and retention</li> <li>• Ed Staff Spring Self-Assessment</li> <li>• ED Awards received</li> <li>• March/April MBI reports</li> </ul>

<b><i>Focusing Questions:</i></b>	<ul style="list-style-type: none"> <li>• How can we collect data on inclusion?</li> <li>• Are TPOT and TPITOS short form observations accurate pictures of the classroom?</li> <li>• Are we providing COS-P to all the parents who want to participate?</li> <li>• Is the Ed Award process accessible to staff</li> </ul>
<b><i>Strengths:</i></b>	<ul style="list-style-type: none"> <li>• All coaching cohorts saw an increase in CLASS scores Fall to Spring</li> <li>• TLC and Tier 2 COS have 100% staff retention</li> <li>• EHS TLC reported increase confidence in Teaching practices and positive comments about children and families</li> <li>• Tier 2 COS increased CLASS scores Fall to Spring in the area of Emotional Support most participants</li> <li>•</li> </ul>
<b><i>Challenges:</i></b>	<ul style="list-style-type: none"> <li>• Inconsistencies among CLASS observers</li> <li>• Scheduling Coaching sessions</li> <li>• Few TPOT and TPITOS reliable observers</li> <li>• No way to run reports for TPOT and TPITOS</li> <li>• Delay in receiving correct/complete paperwork for Ed Awards resulting in late fees for the student/applicant</li> <li>• Limited data from pre/post training surveys</li> </ul>
<b><i>Areas of Non-Compliance:</i></b>	<ul style="list-style-type: none"> <li>• None identified</li> </ul>

<b><i>Program Professional Development Self-Assessment Action Plan</i></b>						
<b><i>SAAP #</i></b>	<b><i>Specific goal:</i></b>	<b><i>Measurable – how we know it's achieved:</i></b>	<b><i>Achievable by whom:</i></b>	<b><i>Realistic – resources necessary:</i></b>	<b><i>90-Day Timeline:</i></b>	<b><i>Completion Status:</i></b>
1.	Update Ed Award process to align with college due dates and CCCCHS Fiscal Department requirements.	Ed Awards payments are received by colleges by week 3 of each term.	PPDM		Sept 2023	
2.	Increase reliability in TPOT/TPITOS results thru use of full observation form.	Results from TPOT/TPITOS aligns with SE data collected from CLASS, Classroom monitoring, and Supervisor report	PPDM	TPITOS reliability training for coaches and MH Specialists	Sept 2023	



3.	Schedule 4+ in-person parenting groups for 2023-2023 Parent Ed Calendar.	5+ parents complete COS-P 2023-2024 program year	<i>PPDM</i>	<i>Coordinate with other components to calendar groups</i>	<i>July 30, 2023</i>	
4.	Establish system of collecting data on Inclusion in the classroom.	2+ data points to review at end of year coaching meeting.	<i>PPDM</i>	<i>Collaborate with ESMS to understand what data might already be collected or monitoring forms modified.</i>	<i>Sept 2023</i>	
5.						

*Revised: 7.1.2023*