

**MOUNTAINHEART COMMUNITY SERVICES, INC.  
HEAD START/EARLY HEAD START  
SELF-ASSESSMENT  
2012 – 2013 PROGRAM YEAR**

**SUMMARY**

MountainHeart Community Services, Inc.'s Head Start and Early Head Start programs jointly conducted its annual self-assessment for the 2012 – 2013 program year during the months of February - April, 2013. Four teams were established each which were headed by members of the management team. Each team consisted of managers, direct service staff, parents, board members and community partners when available. The teams utilized the Head Start Monitoring instrument as they conducted this self-assessment. Reports from the four teams are attached and include strengths, weaknesses, and findings in each area.

## **Self Assessment Report FY 2013**

**Service Areas Reviewed:** Child Development and Education

**Team Members:** Glenna McCoy, Marcia McKinney, Joanna Belcher

**Centers Reviewed:** Southern Head Start, Oceana Early Head Start, MEHS, MHS

**Teachers Interviewed:** Madonna Gilco, Kathy Milam, Ladonna Lambert

### **Child Development & Education Key Indicators of Program Performance:**

**Key Indicator #1 -School Readiness** – outcomes are written using the HS Early Learning Framework, WV Early Learning Standards (for Pre-K and Infant & Toddlers), Teaching Strategies Gold widely held expectations for development, EHS Transition Milestones, and Kindergarten readiness checklist. Parents participate through Policy Council and Education Advisory, which meets 3 times a year. Data is analyzed from checkpoints completed by teachers 3 times a year on each child.

**Key Indicator #2 - Curriculum Selection and Implementation-** Program uses Creative Curriculum for Early Head Start and Head Start. Early Head Start Home Base also uses Parents as Partners and Prenatal home visitors use Parents as Partners. Creative Curriculum is a research/evidenced based curriculum, all staff have had training on how to use it, as well as Teaching Strategies Gold, which links measurable objectives to ongoing assessment. No dual language learners enrolled at this time.

**Key Indicator #3 – Individualizing** – Program uses ongoing observations, screenings and assessments, information from first home visits and subsequent parent conferences to individualize education services for all children. The Early Childhood Specialist and the Infant and Toddler Specialist work with the LEA to coordinate services for children with disabilities. Mental Health consultations are scheduled and also done per teacher or family request to help identify children who need further referral and evaluation services.

**Key Indicator #4 – Quality Teaching and Learning** – Head Start and Early Head Start teachers and staff meet the standards for their classrooms. All staff has yearly evaluations and professional development plans in place. Relevant and required trainings are offered during pre service sessions and throughout the year.

There were no negative findings.

# **Self Assessment 2013 Report**

## **Report Date:**

04/16/2013

## **Service Areas Reviewed:**

Eligibility, Recruitment, Selection, Enrollment, and Attendance

Family and Community Engagement

## **Team Members:**

Medena Lester, Family and Community Partnership Specialist

## **Centers:**

Glen Fork, Oceana Early, Maben 2, Central Office, Homebase, Southern, Baileysville, Wyoming East

## **Interviews:**

Medena Lester, FCPS

Madonna Gilco, Teacher HS

Marcia McKinney, ITS

Donna Gibson, Teacher HS

Charissa Cook, PHS

Paula Shelton, Teacher EHS

Rita Cline, Homebase

Glenna McCoy, ECS

Mary Nutter, Homebase

Amy Austin, Parent

Mark Cook, Parent

Kathy Milam, Teacher EHS

## Key Indicator #1- Recruitment and Enrollment

*The program implements practices to ensure eligible children and pregnant women are recruited and given priority for enrollment.*

- 1.1 The program develops and implements a process that is designed to actively recruit families with Head Start- and/or Early Head Start-eligible children, including children with disabilities and pregnant women (if applicable), informing them of available services and encouraging them to apply for admission. 1305.5(a), 1308.5(f), 645A(c)(1)

**No Concerns**

- 1.2 Prior to the agency selecting and enrolling children from families whose income falls above 100 percent of the poverty line, the program has established and implemented outreach and enrollment policies and procedures to ensure that it is meeting the needs of the following children:

- Children from families with an income below the poverty line
- Children from families who are receiving public assistance
- Children who are homeless
- Children who are in foster care 645(a)(1)(B)(iii)(II)(aa-bb)

**No Concerns**

- 1.3 Migrant programs give priority to children from families whose pursuit of agricultural work requires them to relocate most frequently within the previous 2-year period. *Note: Applies to migrant programs only.* 1305.6(b)

**N/A**

## Key Indicator #2—Eligibility

*The program verifies eligibility and enrolls children and pregnant women according to Federal regulations.*

- 2.1 Program staff verified each child's eligibility and included in each file a statement signed by a program employee identifying the child's eligibility category and the documents examined to determine eligibility.

*Note: Signed statements may list one of the following acceptable forms of proof of eligibility: individual Income Tax Form 1040; W-2 forms, pay stubs, pay envelopes, or employers' written statements; documentation showing current status as recipients of public assistance; and declarations of zero income. Also, note that homeless children and foster children are categorically eligible.* 1305.4(c-e)

**No Concerns**

- 2.2 The program enrolls children who are categorically eligible (who fall within the defined income-eligibility requirements).

Defined Eligibility Requirements:

- Child's family income is below the poverty line
- Child's family is receiving public assistance (SSI and TANF)
- Child's family is homeless
- Child is a foster child

Additional income-eligibility requirements include the following:

- Ten percent of children enrolled in the program may be over the income threshold
- An additional 35 percent of children who are not categorically eligible may be from families whose income is between 100 and 130 percent of poverty

*Note: Being a recipient of Food Stamps does not in and of itself makes a child eligible for the Head Start program. Note: Does not apply to American Indian or Alaska Native grantees.* 645(a)(1)(B)(iii)(I-II)

**No Concerns**

2.3 American Indian/Alaska Native programs ensure that the children who meet the following requirements are enrolled before enrolling more than 10 percent over-income children:

- Serving all income-eligible children who wish to enroll living on the reservation
- Serving all income-eligible children who wish to enroll native to the reservation but living in non-reservation areas
- Enrolling all non-American Indian income eligible children whose families wish to enroll if the non-reservation area is not served by another Head Start program

*Note: Applies only to AIAN programs*

**N/A**

## Key Indicator #3—Enrollment

*The program has practices in place to ensure maintenance of funded enrollment and at least 10% of enrollment of children with disabilities.*

3.1 Actual program enrollment is composed at least 10 percent of children with disabilities.

*Note: Programs are expected to reach the 10 percent requirement at any point during the program year. For reviews occurring between October and January, the program must have reached 10% at any time during the previous program year. For reviews occurring between February and September the program must have reached 10% at any time during the current program year.*

**No Concerns**

3.2 The program enrolled 100% of its funded enrollment and maintained an active and ranked waiting list at all times, with ongoing activities and community outreach to identify underserved populations to ensure that eligible children enter the program as vacancies occur. 1305.6(d) 642(g)

**Recommendation: The current waiting list does not have the children ranked in order.**

**Recommendation would be to update the master list so that the children on the waiting list are ranked in order and it is easy to identify which child is next on the list.**

3.3 The program has documentation to support monthly enrollment data submitted to the Office of Head Start. 641A(h)(2)(A-B)

**Recommendation: Print off monthly master list to match up with enrollment data submitted to the Office of Head Start.**

## Key Indicator #4—Attendance and Participation

*The program monitors daily attendance for center-based programs and ensures that no child's enrollment, in any program option, is contingent on payment of a fee.*

4.1 When monthly average daily attendance in center-based programs falls below 85 percent (except in the case of illness or well-documented absences), the causes of absenteeism are analyzed, and the program initiates appropriate family support as needed. *Note: Applies only to programs with a center-based program option.* 1305.8(a-b)

**No Concerns**

4.2 The program ensures that no child's enrollment or participation in the Head Start program is contingent on payment of a fee. *Note: State subsidies should not be used as a contingency for enrollment on attendance in the Head Start portion of the program.* 1305.9

**No Concerns**

## Family & Community Engagement

### Key Indicator #1–Partnerships with Families

*The program builds ongoing, respectful, and goal-oriented partnerships with families.*

- 1.1 The program is open to parents during all program hours, welcoming them as visitors and encouraging them to observe their children as often as possible. Participation in program activities is voluntary and not required as a condition of a child's enrollment. 1304.40(d)(2)

**No Concerns**

- 1.2 Program staff demonstrates respect for each family's cultural, ethnic, and linguistic diversity, in all meetings and interactions. 1304.40(a)(5)

**No Concerns**

- 1.3 Program staff engage in a process of strengths-based collaborative partnership-building with all parents to establish mutual trust and identify family goals, strengths, and necessary services and other supports. The process begins as early after enrollment as possible, and must take into consideration each family's readiness and willingness to participate. 1304.40(a)(1)

**Recommendation: Adopt and implement the Head Start Parent, Family and Community Engagement Framework that is available through the office of Head Start.**

- 1.4 The program works collaboratively with families to provide, directly or through referrals, resources and services that are responsive to families' needs, goals, and interests and conducts follow-up to determine the effectiveness of services received. 1304.40(b)(1), 1304.40(b)(2)

**No Concerns**

### Key Indicator #2–Parent-Child Relationships

*The program promotes positive parent-child relationships.*

- 2.1 The program provides opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children and share concerns about their children with *program staff*. 1304.40(e)(2-3)

**No Concerns**

- 2.2 Program staff share observations with parents regarding their children's behavior and development and encourage parents to share concerns and observations about their children's mental health, identify appropriate responses to their children's behavior, and discuss how to strengthen and nurture supportive environments and relationships in the home and at the program. 1304.24(a)(1)(i-iv)

**No Concerns**

- 2.3 The program makes provisions for mental health program services that include on-site mental health consultation involving the mental health professional, program staff, and parents on how to promote children's mental wellness, including group and individual staff and parent education on mental health issues. 1304.24(a)(3)(ii)

**No Concerns**

## Key Indicator #3—Parents as Their Child's Educators

*The program supports parents as their children's life-long educators.*

- 3.1 Program teaching staff plan, schedule, and facilitate no fewer than two staff-parent conferences and no fewer than two home visits per program year to discuss each child's development and progress.

*Note: Applies only to programs with a center-based program option 1304.40(i)(2), 1304.40(e)(5)*

**No Concerns**

- 3.2 The program encourages parents to be full partners in the education of their children.

642(b)(3)(A), 642(f)(10)

**No Concerns**

- 3.3 Programs provide opportunities for children and families to participate in literacy services by increasing family access to materials, services, and activities critical to family literacy development.

*Note: The term "family literacy services" means services that are of sufficient intensity in terms of hours, and of sufficient duration to make sustainable changes in a family and that integrate all of the following activities: (A) Interactive literacy activities between parents and their children (B) Training for parents regarding how to be the primary teachers for their children and full partners in the education of their children (C) Parent literacy training that leads to economic self-sufficiency and financial literacy (D) An age-appropriate education to prepare children for success in school and life experiences 1304.40(e)(4)(i)*

**Recommendation: Work with local LEA and FRN to identify available resources in the county that is available to parents.**

**Recommendation: Provide training to staff on the available resources in the county.**

- 3.4 The program builds parents' confidence to advocate for their children by informing parents of their rights under IDEA and assisting them in identifying and accessing resources needed to address their children's special needs.

*Note: Applies only to programs serving preschool-age children. 1308.21(a)(6), 1308.21(a)(10)*

**Recommendation: Identify Family Advocates that would be available for referrals.**

## Key Indicator #4—Parents in Transitions

*The program engages families in the transition process.*

- 4.1 The program has procedures to support successful transitions for enrolled children and families both into and out of Early Head Start and Head Start programs. The program engages parents in the transition process and encourages their continued involvement in their children's education and development.

*Transition procedures must include: (i) Coordinating with the schools or other agencies to ensure that individual Early Head Start or Head Start children's relevant records are transferred to the school or next placement in which a child will enroll or from earlier placements to Early Head Start or Head Start; (ii) Outreach to encourage communication between Early Head Start or Head Start staff and their counterparts in the schools and other child care settings including principals, teachers, social workers and health staff to facilitate continuity of programming; (iii) Initiating meetings involving Head Start teachers and parents and kindergarten or elementary school teachers to discuss the developmental progress and abilities of individual children; and (iv) Initiating joint transition-related training for Early Head Start or Head Start staff and school or other child development staff. 1304.40(h)(1), 1304.40(h)(3), 1304.41(c)(1)*

**No Concerns**

- 4.2 The program initiates transition planning for each Early Head Start enrolled child at least 6 months prior to the child's third birthday to ensure the most appropriate placement.

*Note: Applies only to programs serving infants and toddlers 1304.41(c)(2)*

**Recommendation: Provide training to EHS staff on transition plan.**

## Key Indicator #5—Community Partnerships

*The program establishes community partnerships that support services to children and families.*

5.1 The program has established and maintains a Health Services Advisory Committee (HSAC).1304.41(b)

**Recommendation: Brainstorm on ideas to increase participation of the HSAC.**

5.2 The program has taken steps to establish ongoing collaborative relationships with community organizations that are responsive to community needs to promote the access of children and families to community services.

*Note: Programs must take steps to establish ongoing collaborative relationships with the following community organizations: Health care providers, such as clinics and physicians, dentists, and other health professionals Mental health providers Nutrition service providers Individuals and agencies providing services to children with disabilities and their families (see 45CFR 1308.4 for specific service requirements) Family preservation and support services Child Protective Services and any other agencies to which child abuse must be reported under State or Tribal law Local elementary schools and other educational and cultural institutions, such as libraries and museums, for both children and families Providers of childcare services Any other organizations or businesses that may provide support and resources to families. 1304.41(a)(2)*

**No Concerns**

5.3 The program coordinates with and has current Interagency Agreements in place with Local Education Agencies (LEAs) and other agencies (PartC) within the service area. 1304.41(a)(4), 1308.4(l)

**No Concerns**



**Report Date:**

4-15-2013

**Service Areas Reviewed:**

OHSMS—Health Services, Nutrition Services, Safe Environments, Transportation Services

**Team Member:**

Amanda Walker/Health & Safety Specialist

Dillard Tate/Transportation Specialist

Charissa Cook/Prenatal/Health/Nutrition Specialist

Zella Lester/Driver at Hanover Head Start

Dustin Brunty/Driver at Baileysville & Oceana Early Head Starts

Christy Cardwell/Parent at Wyoming East Early

Mandi Hatfield/Parent at Hanover

Marion Osborne/Parent at Baileysville

**Centers:**

Hanover

Baileysville I & II

Baileysville Early

Wyoming East Early

Prenatal

**Interviews:**

Hanover, Baileysville, Wyoming East, Oceana Early

Management Team

Parents

## **Child Health & Safety Compliance Framework #1**

### **No findings**

Parents are given a 10 day notice before any screenings are done on children and are encouraged to come to the screenings.

All screenings are tracked by the Health/Safety Specialist and the Prenatal/Health/Nutrition Specialist.

Follow up visits are scheduled and followed up by the Health/Safety Specialist and the Prenatal/Health/Nutrition Specialist.

Parents receive a written notice as to the results of their child's screenings.

Prenatal Home Visitors provide weekly home visits on prenatal and postpartum information. This information consist of fetal development, labor and delivery, postpartum recovery, risk of smoking/alcohol/drugs, maternal depression, breastfeeding, and nutrition.

## **Child Health & Safety Compliance Framework #2**

### **No Findings**

MountainHeart has a contract in place with Oceana Dental Center for dentals.

MountainHeart has a contract in place with Family Health Care for physicals.

## **Child Health & Safety Compliance Framework #3**

### **No Findings**

Head Start follows a medication policy, and staff are trained in "Medication Administration".

Toys in the centers are age appropriate.

Centers are state daycare licensed.

Team meetings are conducted three times a year with center staff.

The Health & Safety Specialist does a safety checklist three times a year for Head Start, and the Prenatal/Health/Nutrition Specialist does the checklist three times a year for Early Head Start. If any problems are noted, a report is written and given to the Transportation/Facilities Specialist and Head Start Director for corrective action.

#### **Child Health & Safety Compliance Framework #4**

##### **No findings**

All staff is trained in OSHA/First Aid/CPR

Staff and children wash hands after toileting and before eating.

Policies exist for diaper changing.

Tooth brushing policies are followed, children brush teeth after breakfast and lunch, and infant's gums are cleaned with gauze.

#### **Child Health & Safety Compliance Framework #5**

##### **No findings**

A current master list is kept in the central office, and the teaching staff has class rosters. Paid staff members are with children at all times, and staff to child ratio is always maintained.

#### **Child Health & Safety Compliance Framework #6**

##### **No findings**

Anyone acting as a substitute bus monitor has to complete the bus monitor training.

Staff follows the bus head count & sweep procedure.

All drivers are trained annually on required bus procedures. They have an annual performance appraisal done by center teacher and Transportation/Facility Specialist. They also have a quarterly onboard performance evaluation conducted by the Transportation/Facility Specialist.

# **Self Assessment 2013 Report**

## **Report Date:**

04/17/2013

## **Service Areas Reviewed:**

Program Governance

Management Systems

Fiscal Integrity

## **Team Members:**

Tracy Cox, File Manager

## **Interviews:**

Susan Stafford, HS/EHS Director      Dylan Saunders, BOD Chairperson

Dreama Padgett, CFO      Christy Laxton, BOD Member

Jeff Lusk, BOD Member      Jessica Toler, Policy Council Representative

## **I. Program Governance**

### **Program Governance Key Indicator #1 – Structure and Participation**

*No Findings*

### **Program Governance Key Indicator #2 – Roles and Responsibilities, and Training**

**Recommendation:** Establish a Budget Planning Committee so Policy Council members can have a better understanding of Head Start/Early Head Start budget planning process.

**Recommendation:** Increase Policy Council members participation in statewide trainings and meetings.

### **Program Governance Key Indicator # 3 – Reporting to Governing Body and Policy Council**

**Recommendation:** CFO needs to provide monthly reports and attend Policy Council on a regular basis to inform members of financial status of programs.

## **II. Management Systems**

### **Management Systems Key Indicator #1 – Program Planning**

**Recommendation:** MountainHeart will continue to work with the local LEA to increase efforts so that all Head Start classrooms will become collaborative classrooms.

### **Management Systems Key Indicator #2 – Ongoing Monitoring**

*No Findings*

### **Management Systems Key Indicator #3 – Human Resources**

*No Findings*

### **Management Systems Key Indicator #4 – Communication**

*No Findings*

### **Management Systems Key Indicator #5 – Record Keeping and Reporting**

**Recommendation:** Utilize tracking system (FACSPro) to better monitor information and produce accurate reports.

### **Management Systems Key Indicator #6 - Strengths and Summaries**

**Program Strength:** One of the greatest strengths of our program is the experience and qualifications of our staff. In a resource poor community, we have managed to exceed the requirements for staff qualifications. A part of this is a “self-made” strength in that we have arranged for and provided specialized training and certification training for employees to “make our own resources” when needed. For example, we have staff trained in specimen collecting for drug testing, car seat safety, CPR and First Aid; Child Birth; Certified through WV State Police for Finger Prints on Background Checks; Volunteer Income Tax Assistance; ECERS Reliable through State of West Virginia; Certified Notaries; and STARS Registered through WV Professional Development.

## **III. Fiscal Integrity**

### **Fiscal Integrity Key Indicator #1 – Financial Management Systems**

*No Findings*

### **Fiscal Integrity Key Indicator #2 – Reporting**

*No Findings*

### **Fiscal Integrity Key Indicator #3 – Procurement**

*No Findings*

**Fiscal Integrity Key Indicator #4 Compensation**

*No Findings*

**Fiscal Integrity Key Indicator #5 – Cost Principles**

*No Findings*

**Fiscal Integrity Key Indicator #6 Facilities and Properties**

*No Findings*