

## Head Start Monthly Report June 2021

### Conduct of Responsibilities –

Each Head Start agency shall ensure the sharing of accurate and regular information for use by the **Governing Body and Policy Council**, about program planning, policies, and Head Start agency operations, including:

- (A) Monthly financial statements, including credit card expenditures;
- (B) Monthly program information summaries
- (C) Program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency;
- (D) Monthly reports of meals and snacks provided through programs of the Department of Agriculture;
- (E) The financial audit;
- (F) The annual self-assessment, including any findings related to such assessment;
- (G) The communitywide strategic planning and needs assessment of the Head Start agency, including any applicable updates;
- (H) Communication and guidance from the Secretary;

### In accordance with the New Head Start Performance Standards that went into effect on November 7, 2016:

1301.2 (b) Duties & Responsibilities of the Governing Body -

- (1) The governing body is responsible for activities specified at section 642©(1)€ of the Head Start Act.
- (2) The governing body must use ongoing monitoring results, data on school readiness goals, and other information described in 1302.102, and information described at section 642(d)(2) of the Act to conduct its responsibilities.

Please see Program Information Summary & attachments to this monthly report for monitoring reports.

#### A. Monthly Financial Statements including credit card expenditures:

##### Credit Card: \$265.96

5/13/21	\$36.07	Kroger	Staff
5/13/21	\$29.99	ADOBE	Marketing
5/24/21	\$199.90	ZOOM	Staff

### Program Information Summary

The program year came to a close this month. Throughout the year, staff, students, and families adhered to safety protocols and faced transitions which allowed us to keep in-person services available. Governor DeWine announced that as of June 2, COVID 19 restrictions will be lifted. The HCSM will utilize the next few months updating safety protocols and procedures to ensure the program is ready to open at full capacity for the upcoming school year.

In preparation for the upcoming fall, the administrative team participated in a Region V virtual conference specifically outlining expectations for full enrollment in the coming

months. Similarly, the Director attended several OHSAI meetings throughout the month. The Director attended and participated in other statewide initiatives including Heading to Kindergarten, REDI, and RAC. Locally, the Director participated in FCFC service coordination, steering committee, and COLT. The Director met with Superintendent Schiemsing and Treasurer Sommer to discuss ARP funds and intention of expenditures. Internally, the Director collaborated with managers on various projects including DECA (Mental Health), Recruitment (Family Engagement), Enrollment & Handbook (Family engagement), Leadership (Administration), and Administrative meeting.

The program conducted the monthly Policy Council meeting and received scheduled TTA with ECS specialist to discuss multicultural principles. The Director provided governance and Head Start history training new Family Advocate, and conducted 1<sup>st</sup> & second interviews for vacant Family Advocate position. The Director met with the attorney regarding HR issues.

The program decided to end contract with Xerox and lease new copier machines from Perry Pro Tech. To support recruitment efforts, the Director was filmed sharing enrollment opportunities.

**Education** – EM met with education members who are willing to work summer programming. 7 staff have committed to the program with 1 sub on standby.

**Mental Health** – No additional MH report this month.

**Disabilities** – 26 children were served with IEPs this year.

**ERSEA** – We are at 55% enrollment for PY 21/22

**Family Engagement** –No family engagement events in the month of May

## B. Enrollment / Attendance

**93 children are currently enrolled.**

### **Enrollment by Program Option:**

Half Day PY Head Start	63
Full Day School Year Ed Complex	16 V=5
Full Day School Year Rockford	8 V=1

### **Attendance by Program Option:**

Half Day PY Head Start	85.63%
Full Day School Year Ed Complex	84.5%
Full Day School Year Rockford	93%

## C. CACFP report – CACFP claimed meals

<b>Month Served</b>	<b>May 2021</b>
<b>Total Days Attendance</b>	<b>PD = 5    FD = 12</b>
<b>Total Breakfast</b>	<b>494</b>

<b>Total Lunches</b>	<b>785</b>
<b>Total Snacks</b>	<b>530</b>
<b>Total Meals</b>	<b>1809</b>

**D. Self-Assessment – Report attached**

**E. Community Assessment**

**F. Communication and guidance from the Secretary**

**Head Start Director is asking for an approval Self - Assessment Report.**

**Head Start Director is asking for approval of the program's Core Values, Mission, and Vision statements.**

**Attachments to report:**

Values, Mission, & Vision Statement

Respectfully submitted,

Amy Esser  
Executive Director

HEAD START - 2021 GRANT

REVENUE					
	FEDERAL BUDGET	OTHER SOURCES	TOTAL REVENUES	REVENUE RECEIVED	REMAINING FUNDING
Federal Revenue	1,925,465.00	-	1,925,465.00	805,000.00	1,120,465.00
CACFP Revenue	-	30,696.00	30,696.00	33,884.06	(3,188.06)
Other Local	-	-	-	1,500.00	(1,500.00)
Refund prior year exp	-	-	-	-	-
Board advance	-	-	-	-	-
<b>Total</b>	<b>1,925,465.00</b>	<b>30,696.00</b>	<b>1,956,161.00</b>	<b>840,384.06</b>	<b>1,115,776.94</b>

EXPENSES

	FEDERAL BUDGET	OTHER SOURCES	TOTAL BUDGET	ACTUAL EXPENDED	EXPENDABLE BALANCE	ENCUMBERED/ REQUISITIONS	REMAINING BALANCE
Salary	913,029.00	-	913,029.00	429,257.70	483,771.30	-	483,771.30
Fringe Benefits	626,671.00	-	626,671.00	279,872.14	346,798.86	-	346,798.86
Programming	158,087.00	793.00	158,880.00	73,911.08	84,968.92	44,279.61	40,689.31
Supplies	155,625.00	29,903.00	185,528.00	43,264.59	142,263.41	40,188.78	102,074.63
Capital Outlay	-	-	-	-	-	-	-
Other Expenditures	13,589.00	-	13,589.00	2,744.00	10,845.00	-	10,845.00
<b>PA22 subtotal</b>	<b>1,867,001.00</b>	<b>30,696.00</b>	<b>1,897,697.00</b>	<b>829,049.51</b>	<b>1,068,647.49</b>	<b>84,468.39</b>	<b>984,179.10</b>
<b>Training &amp; Technical Services</b>							
Training & technical serv (job code 400)	28,652.00	-	28,652.00	13,303.13	15,348.87	1,447.39	13,901.48
Staff out of town travel	7,798.00	-	7,798.00	-	7,798.00	2,020.76	5,777.24
<b>Subtotal Purch Service</b>	<b>36,450.00</b>	<b>-</b>	<b>36,450.00</b>	<b>13,303.13</b>	<b>23,146.87</b>	<b>3,468.15</b>	<b>19,678.72</b>
<b>Training &amp; Tech Supplies</b>							
Subtotal Supplies	12,014.00	-	12,014.00	2,247.84	9,766.16	-	9,766.16
T&TA -PA20	12,014.00	-	12,014.00	2,247.84	9,766.16	-	9,766.16
Return of Board Advance	48,464.00	-	48,464.00	15,550.97	32,913.03	3,468.15	29,444.88
<b>TOTALS</b>	<b>1,915,465.00</b>	<b>30,696.00</b>	<b>1,946,161.00</b>	<b>844,600.48</b>	<b>1,101,560.52</b>	<b>87,936.54</b>	<b>1,013,623.98</b>

TOTAL REVENUE OVER/UNDER TOTAL EXPENDITURES (4,216.42)

<b>439 Early Childhood</b>							
439-9921	Salaries	Fringes	Purchased	Supplies	Capital	Other	Total
	100	200	Services	500	Outlay	800	
			400		600		
Original							
CCIP Budget	31,400.00	20,600.00	-	-	-	-	52,000.00
							-
	10,500.00	9,500.00	-	-	-	-	20,000.00
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
Adjusted							
CCIP Budget	41,900.00	30,100.00	-	-	-	-	72,000.00
Exp thru 9/30	4,924.10	2,737.25					7,661.35
Exp thru 10/31	3,628.40	2,302.86					5,931.26
Exp thru 11/30	3,765.91	672.18					4,438.09
Exp thru 12/31	3,664.74	2,460.65					6,125.39
Exp thru 01/31	3,664.74	3,659.23					7,323.97
Exp thru 02/28	4,843.98	3,485.86					8,329.84
Exp thru 03/31	5,964.74	4,530.65					10,495.39
Exp thru 04/30	6,190.34	4,469.26					10,659.60
Exp thru 05/31	2,512.71	4,522.40					7,035.11
Exp thru 06/30	-	-					-
Exp thru 07/31							-
Exp thru 08/31							-
Total Expenditures	39,159.66	28,840.34	-	-	-	-	68,000.00
CCIP Budget							
Remaining	2,740.34	1,259.66	-	-	-	-	4,000.00
CAN SPEND UP TO	46,090.00	33,110.00					
BUDGET PLUS 10%							

## INDIVIDUAL CARDHOLDER ACTIVITY

**AMY ESSER**  
5563-7500-2990-4743

CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
\$0.00	\$ 265.96	\$0.00	\$ 265.96

**ACCOUNTING CODE:**

### Purchasing Activity

Post Date	Tran Date	Reference Number	Transaction Description	Amount
05-13	05-12	05436641132300230836004	KROGER #910 ST MARYS OH	36.07
05-13	05-13	55432861133200551261582	ADOBE *800-833-6687 ADOBE LY/ENUS CA P.O.S.: BL1405080785 SALES TAX: 0.00	29.99
<b>Telecommunication Activity</b>				
05-24	05-21	82305091142000001404258	Transaction Description ZOOM.US 888-799-9666 SAN JOSE CA	199.90
<b>Total Activity</b>				<b>\$ 265.96</b>

**Non-Federal Match**

**\*\*FINAL\*\* March 2021**

In-Kind	Hours	Rate / hour	Total
<b>Celina City Schools--Administrative / Support Personnel</b>			
Superintendent - \$11,065.60 / year			\$922.13
Treasurer's Office - Treasurer (TS) \$6323.20 / year			\$526.93
Treasurer's Office - Asst Treasurer (CR) \$3952.00 / year			\$329.33
Treasurer's Office - Admin Asst (SB) \$5532.00 / year			\$461.00
Fringe for All(Supt, Treas Office, IT, Speech, ELL, Jen&Jeff) - \$2391.00/yr			\$199.25
Technology Support - (CH) \$7,113.60 / year			\$592.80
Technology Support - (CS) \$2,371.20 / year			\$197.60
Benefits for Speech Therapist & Custodian - \$56,150.00/yr			\$4,679.17
Speech Therapist - \$42,416.00 / (Sept-May)			\$4,712.89
ELL Tutor - \$1,848 / year (Sept-May)			
Itinerant Teachers - \$ / (Sept-May) (Classroom) (2)			\$0.00
Board of Education		\$67.52	\$0.00
ESC Staff-VS		\$58.80	\$0.00
ESC Staff-TN		\$68.78	\$0.00
L. K. Itinerant	41	\$30.28	\$1,241.48
A. A. Itinerant	10	\$27.74	\$277.40
D. D. Itinerant	1.75	\$46.20	\$80.85
Special Ed-Tracey D		\$49.77	\$0.00
Special Ed-Andre W		\$51.95	\$0.00
Transportation			
		<b>Sub Total</b>	<b>\$14,220.83</b>
<b>Building Usage</b>			
Utilities - \$17,136 / year			\$1,428.00
Custodian - \$65,328 / year + retro amount			\$5,666.92
Maintenance - \$13,575 / year			\$1,131.25
Summer Custodian - July		\$9.75	\$0.00
Custodian / Paper Supplies			
		<b>Sub Total</b>	<b>\$8,226.17</b>
<b>Volunteers (from In-Kind Sheets)</b>			
Cafeteria Helpers		\$13.19	\$0.00
Tri-Star Students	27.5	\$18.05	\$496.38
College Students / Interns		\$18.05	\$0.00
Classroom - Parent / Community		\$18.05	\$0.00
At Home Activities	169.75	\$18.05	\$3,063.99
FA Assistant - Parent / Community		\$18.05	\$0.00
Office Helpers		\$15.23	\$0.00
Bus Aide		\$12.48	\$0.00
Policy Council		\$42.02	\$0.00
Mileage		\$0.580	\$0.00
Miscellaneous Meetings			
		<b>Sub Total</b>	<b>\$3,560.36</b>
<b>Goods &amp; Services</b>			
CJ's Highmarks for Policy Council - 20% discount (Do this calculation for regular price (Amt Pd /.80=Reg Price)		20.0%	
Monetary Donation			
Goods & Services Donation			\$64.95
<b>Conscious Discipline \$10,800 / (8 months Sept 2020-Apr 2021)</b>			\$1,350.00
Foundations Behavioral Health-Discount on MHC fees	78	\$25.00	\$1,950.00
Foundations Behavioral Health-Kinship / Speaker		\$100.00	\$0.00
Four-U Office--Discount			\$651.69
Misc. Discount on Goods / Services (Wellness Day Speakers)			\$413.02
		<b>Sub Total</b>	<b>\$4,429.66</b>
<b>Total This Month</b>			<b>\$30,437.02</b>
In-Kind Needed Each Month: \$		Annual required inkind	
		Inkind needed to date	-\$115,958.88



# Office of Head Start (OHS) Expectations for Head Start Programs in Program Year (PY) 2021–2022

[eclkc.ohs.acf.hhs.gov/policy/pi/acf-pi-hs-21-04](https://eclkc.ohs.acf.hhs.gov/policy/pi/acf-pi-hs-21-04)

[View the Latest Coronavirus Disease 2019 \(COVID-19\) Updates from the Office of Head Start »](#)

## Office of Head Start (OHS) Expectations for Head Start Programs in Program Year (PY) 2021–2022 ACF-PI-HS-21-04

U.S. Department  
of Health and Human Services

ACF  
Administration for Children and Families

1. **Log Number:** ACF-PI-HS-21-04
2. **Issuance Date:** 05/20/2021
3. **Originating Office:** Office of Head Start
4. **Key Words:** ERSEA; Recruitment; Selection; Enrollment; Virtual and Remote Services; In-person Services

### Program Instruction

**To:** Head Start and Early Head Start Grantees and Delegate Agencies

**Subject:** Office of Head Start (OHS) Expectations for Head Start Programs in Program Year (PY) 2021–2022

#### Instruction:

Since the onset of the COVID-19 pandemic, Head Start programs — inclusive of Head Start, Early Head Start, Migrant and Seasonal Head Start, American Indian and Alaska Native Head Start, and Early Head Start-Child Care Partnership programs — have faced unprecedented challenges. Beginning in spring 2020 and throughout PY 2020–2021, all of our directors, staff, and families have demonstrated resiliency, innovation, and perseverance. To date, OHS has provided needed flexibilities and guidance that allowed programs to adapt services based on the changing health conditions in their communities. Now, as programs prepare for PY 2021–2022, OHS is providing updated guidance.

This Program Instruction (PI) outlines OHS’s expectations for Head Start programs to begin working toward full enrollment and providing in-person comprehensive services for all enrolled children, regardless



of program option. The PI also addresses whether virtual or remote services are an allowable, long-term, locally designed option (LDO).

By *virtual*, OHS means services for children provided through technology. *Remote* refers to services provided via the delivery of supports and resources, such as educational materials or food boxes.

### **Operating Status and Enrollment**

OHS expects Head Start programs to provide comprehensive services in their approved program options beginning in PY 2021–2022, to the extent possible, as local health conditions allow.

OHS acknowledges programs are in different stages of fully returning to in-person services. Many programs continued to provide in-person services for children and families throughout the COVID-19 pandemic. These programs are expected to continue serving children in person, as local health conditions allow.

Other Head Start programs have been alternating between in-person services, virtual or remote services, or some combination of the two, due to community health conditions. These programs are expected to move to in-person services, as local health conditions allow.

OHS expects programs to work toward full enrollment and full comprehensive services, contingent upon U.S. Centers for Disease Control and Prevention (CDC) guidelines and state and local health department guidance and in consideration of local school districts' decisions.

In September 2021, OHS will begin reviewing monthly enrollment in the Head Start Enterprise System (HSES) and discuss program plans for moving to full enrollment. Programs should build toward full enrollment and provide comprehensive services for all enrolled children as soon as possible. Programs must communicate with their Regional Office and be able to demonstrate why they are unable to be fully enrolled or serve children in person in their approved programs options. All programs must have plans in place that allow for adaptation to changing guidance and to changes in community conditions, which may affect achieving full enrollment or cause programs to temporarily suspend in-person services.

Beginning January 2022, OHS will reinstate pre-pandemic practices for tracking and monitoring enrollment. OHS will also resume evaluating which programs enter into the Full Enrollment Initiative in January 2022. All programs will start fresh, including those participating in the Full Enrollment Initiative prior to the pandemic. Reported enrollment in January 2022 is the first month of enrollment that OHS will evaluate for the under-enrollment process.

### **Virtual and Remote Services**

Virtual and remote services for children are considered an interim strategy in the presence of an emergency or disaster and will not be approved as an LDO.

OHS has supported the implementation of virtual and remote services over the past 13 months. However, they are not an acceptable replacement for in-person comprehensive services. For PY 2021–2022, it is unallowable to have a program option run entirely by technology or delivering educational material, for example. OHS may still support some portion of services to continue remotely, as necessary.

OHS also recognizes that programs have discovered new virtual strategies for engaging families and reinforcing early learning and development at home. Innovations in virtual practice should be used as enhancements rather than substitutes for previously approved program options and service delivery.

Given their increased capacity to conduct virtual and remote services, programs may establish policies and procedures for temporary, weather-related virtual and remote services.

Head Start grantees have significant one-time funds and layered mitigation strategies available to support a return to in-person services. This includes access to the COVID-19 vaccine for adults.

### **Recruitment and Selection**

As grantees look to summer programming and PY 2021–2022, OHS expects programs to prioritize recruiting eligible children and families.

Almost one third of children served in Head Start programs before the pandemic — approximately 250,000 — have not received any services to date.

The pandemic has created and exacerbated long-standing disparities and inequities for families who have been marginalized for decades. The number of children and families in poverty has grown significantly. All grantees should update their community assessments to guide their intensive recruitment efforts and to ensure they are reaching families most in need of services. If a program determines that their pre-pandemic approved program option will not meet the needs of the community, they must submit an updated community assessment and request approval for a change in scope.

Programs should also revisit their established selection criteria based on findings from their updated community assessment. As always, programs must include specific efforts to actively locate and recruit all eligible children and, in particular, those whose families are English language learners, experiencing homelessness, or affected by substance misuse, as well as children with disabilities and children in foster care.

The funds grantees have received from the Coronavirus Aid, Relief, and Economic Security (CARES) and Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Acts, as well from the American Rescue Plan, can and should be used to support enhanced community partnerships and related recruitment efforts. Per OHS guidance in [ACF-PI-HS-21-03 FY 2021 American Rescue Plan Funding Increase for Head Start Programs](#), grantees have flexibility to determine which one-time investments best support the needs of staff, children, and families, while adhering to federal, state, and local guidance. This includes using funds to purchase services, materials, and technology to ramp up recruitment efforts, as well as to provide vaccine outreach and support as one layer of mitigation and protection for staff, children, and families.

Program planning for a full return to in-person services should include new and returning families at every step. Clear communication with families and regular invitations for input ensure Head Start services are most responsive to families, children, and the community.

### **Additional Information**

OHS will support grantees through webinars and guidance as programs continue and return fully to in-person services. Additional resources and information are available on the [Early Childhood Learning and Knowledge Center \(ECLKC\)](#) website.

Please direct any questions regarding this PI to your Regional Office.

Thank you for your work on behalf of children and families.

/ Dr. Bernadine Futrell /

Dr. Bernadine Futrell  
Director  
Office of Head Start

See PDF Version of Program Instruction:  
[Office of Head Start \(OHS\) Expectations for Head Start Programs in Program Year \(PY\) 2021–2022 \[PDF, 173KB\]](#)

Historical Document

# Group Health Insurance Plan Premiums for Furloughed Employees

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[eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-21-02](https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-21-02)

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# Group Health Insurance Plan Premiums for Furloughed Employees ACF-IM-HS-21-02

U.S. Department  
of Health and Human Services

ACF  
Administration for Children and Families

1. **Log Number:** ACF-IM-HS-21-02
2. **Issuance Date:** 06/02/2021
3. **Originating Office:** Office of Head Start
4. **Key Words:** Insurance; Layoff; Furlough; Group Health; Premiums; COBRA; Unemployment

## Information Memorandum

**To:** All Head Start and Early Head Start Agencies and Delegate Agencies

**Subject:** Group Health Insurance Plan Premiums for Furloughed Employees

### Information:

Most Head Start grantees provide health insurance coverage to employees eligible under the terms of their group health plan. Eligibility for coverage generally includes several factors, such as length of employment, hours worked, and full- or part-time status. Premiums may be paid entirely by the employer or shared between employer and employee, in accordance with the employer's policies and procedures. When a covered employee no longer meets the criteria for group health plan coverage, they experience a continuation of health coverage (COBRA) qualifying event.

In this Information Memorandum (IM), the term *furlough* refers generally to a change in employment status, not to exceed 90 days, that results in a loss of coverage eligibility under the terms of the employer's group health plan. This IM applies only to furloughed employees expected to return to work.

### Summer Program Closures

Program schedules for many grantees include a summer closure. Employees are furloughed, laid off, or placed on unpaid leave until they are recalled when services resume in the fall.

### **COVID-19 Furloughs**

As a result of the COVID-19 pandemic, some programs have implemented furloughs in addition to their usual summer closures. The American Rescue Plan Act, 2021, includes COBRA premium assistance. This tax credit is available to eligible employers for the cost of premium assistance provided for periods of health coverage on or after April 1, 2021, through September 30, 2021.

### **Group Health Premium Payment During Furloughs**

The Office of Head Start recognizes that payment of group health insurance premiums by furloughed employees may create a financial burden. Such issues decrease the likelihood that qualified staff will return when needed for fall services. Uninterrupted availability of insurance coverage may assist a grantee's recruitment and retention efforts.

Grantees may, subject to supportive policies and procedures, pay the partial or entire cost of group health premiums for employees subject to furlough for up to 90 days. Failure of a furloughed employee to return to work when recalled by the employer does not render costs paid for their group health premiums unallowable. This policy applies to covered furloughs in general and is not specific to COVID-19 or time-limited in relation to COVID-19.

### **Considerations**

Grantees choosing to implement policies and procedures for payment of group health premiums on behalf of furloughed employees should consult with their insurance carrier to make sure their group health plan allows for such payments, and that coverage will continue for furloughed employees. Depending on each group health plan, coverage may be continued through direct payment of premiums by the employer or payment of premiums by the employer after a COBRA election by the furloughed employee.

State unemployment compensation insurance requirements should also be reviewed to determine the impact on eligibility and benefits, if any, resulting from employer premium payments for furloughed employees. While the Internal Revenue Code, Sec. 106, contains language that excludes employer-paid premiums from gross income, payments may impact unemployment compensation insurance eligibility status or benefits in some states.

Grantees are encouraged to consider the budget impact and potential benefits of paying all or part of group health premium costs for furloughed employees. If a plan for payment of premiums for furloughed employees is developed, it must be supported by written policies and procedures that clearly describe the eligibility, terms, and conditions of the plan.

Thank you for your work on behalf of children and families.

/ Dr. Bernadine Futrell /

Dr. Bernadine Futrell  
Director  
Office of Head Start

See PDF Version of Information Memorandum:  
[Group Health Insurance Plan Premiums for Furloughed Employees](#) [PDF, 167KB]

Historical Document



**Mercer County Head Start**  
585 E. Livingston Street Celina, Ohio 45822  
419-268-0301 Fax 419-268-0017

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## Mercer County Head Start

### Core Values, Mission & Vision Statement

Mercer County Head Start has established core values that lead and exemplify the work that we endeavor to complete in every aspect of our mission and vision. These core values include Trust, Integrity, and Excellence.

#### Our Mission Statement

Mercer County Head Start invests in individualized, comprehensive services which champion school ready children and self-sufficient families.

#### Our Vision

To establish Mercer County Head Start as the foremost leader in early childhood services.

It is our fervent belief that by living our core values throughout our mission, we will accomplish our vision. Children, families, community members, stakeholders, and peers will benefit from the exemplary work accomplished.

Mercer County Head Start staff will hold true to our core values, mission, and vision displaying the compassion needed to combat poverty, inequity, and social injustice; forever impacting our local, state, and national communities.

## MERCER COUNTY SELF-ASSESSMENT 2020-2021

### Methodology

Mercer County Head Start began the self-assessment process in May 2021. The Executive Director utilized tools and processes provided by the Office of Head Start. Internally, these resources include the quarterly data reports, program goals, program training plan, community needs assessment, individual professional development plans, budget, and Head Start Program Performance Standards. Additionally, the grantee employed the data resources available to the grantee through the use of reports (TSGOLD, COPA, EDECA, Parent Gauge) and interviews with stakeholders. The Executive Director identified (5) five teams and team leaders. These individuals included: Executive Director, Education Manager, Family Engagement Services Manager, Health & Community Services Manager, and Mental Health Manager.

Discussion on the self-assessment process and tool began in January with follow-up trainings provided to individual team leaders throughout the month of May. Self-Assessment trainings on the process were given to all participants during the month of May as well. Policy Council reviewed the self-assessment process and tool during the April meeting. The Board of Education was informed of the process in April.

Team leaders were assigned areas of focus. The assignment of areas of focus was very intentional; assuring that management staff and direct service staff were responsible to review areas that they directly supervise or work. Current staff, community members, Policy Council members, Board of Education members and parents were asked to participate. At all times, confidentiality of children, family, and personnel information were safeguarded to protect their rights to privacy in accordance with state and federal mandates as well as the OAPSE #457 contract. In all (5) team's specific areas of focus were identified and the same relevant questions were asked in each team.

- 1). Does the program training plan reflect needs identified on IPDPS and program goals?
- 2). What progress has been made in the past year?
- 3). What have we done to improve the past year?
- 4). What may have caused specific incidents / progress / events?
- 5). How effective are our systems?

Self-Assessment began on May 24<sup>th</sup> and concluded on May 28<sup>th</sup>. During the one-week period, staff participated in review of agency reports, data, and plans. On June 1st, the self-assessment leadership team submitted overall reports to Executive Director for review. At that time areas of strength, areas of opportunity, and beginning stages of planning were documented.

Areas of Strength

The 12 Systems	Comments / Evidence
Human Resources	<ul style="list-style-type: none"> <li>• New employee satisfaction survey implemented</li> <li>• Required training expectations met</li> <li>• Orientation &amp; Onboarding systems completed</li> <li>• Wellness Day &amp; Staff Acknowledgement</li> </ul>
Program Planning & Service System Design	<ul style="list-style-type: none"> <li>• Program Goals &amp; Objectives reflect needs of community as derived by the Community Needs Assessment.</li> <li>• Progress has been made towards goal achievement</li> <li>• Response to COVID 19 met needs of community</li> <li>• Utilization of CARES Act &amp; ARP funds to support service delivery</li> <li>• Hired Mental Health Manager</li> </ul>
Data & Evaluation	<ul style="list-style-type: none"> <li>• ECERS training &amp; implementation impacted outcomes</li> <li>• DLL students assigned to classroom with DLL speaking teacher scored higher than DLL peers</li> <li>• TSGOLD system, EDECA, Parent Gauge, COPA</li> </ul>
Fiscal Management	<ul style="list-style-type: none"> <li>• Budget supports needs of program operations</li> <li>• Grantee applied for &amp; received dollars afforded through federal &amp; state CARES Act, CCRSSA, &amp; ARP</li> <li>• District is in process of upgrading financial software</li> </ul>
Community & Self-Assessment	<ul style="list-style-type: none"> <li>• Self-Assessment process and participants</li> <li>• Positive parent perception</li> </ul>
Facilities & Learning Environments	<ul style="list-style-type: none"> <li>• Teacher / child ratios maintained &amp; exceeded</li> <li>• Decrease in health issues due to new health &amp; safety protocols</li> </ul>
Transportation	<ul style="list-style-type: none"> <li>• Training made available for staff exceeds requirements</li> </ul>
Technology & Information Systems	<ul style="list-style-type: none"> <li>• COPA</li> <li>• Vast technology resources for the program</li> <li>• Parent Gauge</li> <li>• EDECA</li> </ul>
Training & Professional Development	<ul style="list-style-type: none"> <li>• Ample professional development opportunities for staff</li> <li>• Exceeded objective benchmarks for Conscious Discipline training for staff</li> <li>• Wellness Day for staff</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• Maintained connection with families throughout COVID</li> <li>• Staff receive communication through various modalities including face to face meetings, email, newsletters</li> </ul>
Record Keeping & Reporting	<ul style="list-style-type: none"> <li>• Health data shows achievement or progress towards goals</li> </ul>
Ongoing Monitoring & Continuous Improvement	<ul style="list-style-type: none"> <li>• Monitoring tools</li> </ul>



	<ul style="list-style-type: none"> <li>• Strict adherence to federal mandates</li> <li>• Data Dialogue process</li> </ul>
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Areas of Opportunity

The 12 Systems	Comments / Evidence
Human Resources	<ul style="list-style-type: none"> <li>• Self-imposed hiring requirements create barriers (licensure for teachers)</li> <li>• Length of time to fill vacancy</li> <li>• Admin completed <u>Serving leadership cohort</u>.</li> </ul>
Program Planning & Service System Design	<ul style="list-style-type: none"> <li>• Providing services to special populations (DLL, IEP children)</li> </ul>
Data & Evaluation	<ul style="list-style-type: none"> <li>• Incomplete and incorrect paperwork / date entry</li> <li>• Lack of understanding of curricula and how data supports planning</li> <li>• Data not used when planning Family Engagement, or FPAs</li> </ul>
Fiscal Management	<ul style="list-style-type: none"> <li>• Increase in funds and CANs creates new obstacles in accounting</li> </ul>
Community & Self - Assessment	<ul style="list-style-type: none"> <li>• Last year's self-assessment objectives not all met</li> <li>• Need to increase participation</li> <li>• Community assessment indicates childcare needed</li> </ul>
Facilities & Learning Environments	<ul style="list-style-type: none"> <li>• Lack of implementation once staff are trained on a topic (evidenced by ECERS / Math, Income verification)</li> <li>• Smaller class sizes did NOT provide better child outcomes</li> </ul>
Transportation	<ul style="list-style-type: none"> <li>• NONE</li> </ul>
Technology & Information Systems	<ul style="list-style-type: none"> <li>• Reliance on technology through pandemic caused <u>relationship breakdown with families</u></li> </ul>
Training & Professional Development	<ul style="list-style-type: none"> <li>• IPDPs do not align with program goals and / or not completed</li> <li>• No specific training identified for DLLs</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• Need to build better relationships with families</li> </ul>
Recordkeeping & Reporting	<ul style="list-style-type: none"> <li>• Chronic absenteeism</li> <li>• Inaccurate data reporting due to data entry errors</li> <li>• Errors in emergency transport paperwork</li> <li>• Errors in ERSEA paperwork</li> </ul>
Ongoing Monitoring & Continuous Improvement	<ul style="list-style-type: none"> <li>• Monitors revealed systemic paperwork issues</li> </ul>

Analysis and Conclusion

The Self-Assessment Leadership team met to review all the data and findings. Each team leader was able to provide a synopsis of their review and share specific items that were of significant strength or opportunities to improve. The team synthesized data with the intention of determining what areas of growth would be supported by the areas of strength, and which areas of growth directly impacted each other.

Teams reported this methodology for self -assessment was better than years passed. Recommendation from participants was to have more time to review data.

#### Items in Need of Immediate Planning

1. Recordkeeping and Reporting / ERSEA – Absenteeism / Chronic Absenteeism
2. Recordkeeping & Reporting / ERSEA – Accurate documentation and data entry
3. Data & Evaluation – Utilizing data to drive decision-making in all aspects of the program.
4. Human Resources - Increase quality staff longevity
5. Program Planning & Service System Design / Data & Evaluation – Increase quality of work and outcomes based upon correct use of research & evidence-based tools.

#### Items to be addressed in Long-Term Planning

1. Training & Professional Development / Communication – PFCE, Multicultural principles
2. Facilities & Learning Environments – Camera security system
3. Community & Self-Assessment – Begin establishing foundation for childcare services

#### Review of Previous Year’s Progress

The program identified mental health as an area of focus. In 2019, the program contracted a full-time mental health consultant to be on-site. 2020 saw the creation and hiring of the Mental Health Manager. This position will become the program’s onsite Conscious Discipline Coach and driving force for the creation of a Therapeutic Intervention Classroom. Another area of focus was facilities and learning environments. Previously, the program utilized ECERS tool by non-trained staff to gauge the quality of environments. To improve this area, the Education Manager, Program Director, and Education Coach completed ECERS training and then classroom observations. Health & Safety monitoring protocols were updated to reflect numerous observations and monitors to ensure children are safe at all times.

The Administrative team completed a leadership cohort titled The Serving Leader. Through this process the program’s core values, mission statement, and vision statement were developed.

Data in all aspects (correctness, currency, completeness, & consistency) continues to be an area of growth & development for the grantee. Accountability and quality of work appear to be concerns in key areas of education and parent engagement. Once the program’s core values, mission statement and vision statement are adopted by all staff these issues will dissipate.

Programmatic / Service Area	Description of Concern(s)	Desirable Outcome	Action Steps	Person(s) responsible	Timelines	Actual Outcomes
Recordkeeping & Reporting / ERSEA	Chronic absenteeism rates are high.	The program will meet and exceed the 85% threshold for attendance.	<ol style="list-style-type: none"> <li>1. FESM will monitor attendance daily through ERSEA reports in COPA.</li> <li>2. FESM will monitor attendance weekly through ERSEA reports provided by FAs and COPA.</li> <li>3. FESM will report to admin team detailed absenteeism report monthly at admin mtg.</li> <li>4. FESM will review current policy &amp; procedure related to attendance &amp; attendance strategies.</li> <li>5. If needed, FESM will updated policy, procedure, &amp; forms to support consistent attendance and submit to Executive Director for final review &amp; approval.</li> <li>6. FESM will develop an attendance strategy for PY 21/22</li> <li>7. FESM will ensure staff (Admin, Ed, FA, &amp; Trans) receive training &amp; guidance related to attendance strategy for PY 20/21.</li> <li>8. FESM will coordinate with other managers to ensure all staff (above) are working towards progress on attendance strategy.</li> <li>9. Staff will be held accountable for lack of student attendance (those in which student attendance is specifically</li> </ol>	<p>FESM</p> <p>FESM Exec Dir</p> <p>FESM</p> <p>FESM Admin Ed FA Trans Admin</p>	<ol style="list-style-type: none"> <li>1. Ongoing Aug - May</li> <li>2. Ongoing Aug - May</li> <li>3. Ongoing Aug - May</li> <li>4. July 2021</li> <li>5. July 2021</li> <li>6. July 2021</li> <li>7. August 2021</li> <li>8. Ongoing August - May</li> <li>9. Ongoing Aug - May</li> </ol>	

	Program did not decrease chronic absenteeism, actually increased	The program will decrease chronic absenteeism by 1% each month.	mentioned in their job description, IPDP). See above 10. FESM will utilize data to identify possible causes of chronic absenteeism (illness, mental health, transportation, etc.) 11. FESM will ensure that all policy & procedures accurately reflect steps to support families to mitigate absenteeism. If updates are needed, FESM will seek review & approval from Exec Dir. 12. FE team will ensure a substantial wait list to replace any children who are withdrawn due to chronic absenteeism.	See above FESM FESM Exec Dir  FE team	See above 10. Ongoing Aug – May 11. July 2021  Ongoing July - May			
Recordkeeping & Reporting ERSEA	Income verification documentation not correct.	The program's income verification system will ensure that income documentation & verification is correct 100% of the time.	1. The program will develop a 3-step income verification system with final oversight by the Executive Director. 2. All FE staff will be trained on income verification policy & procedure, prior to completing income paperwork annually. 3. The FESM will develop a monthly audit system of income verification paperwork. 4. Staff will be held accountable for incorrect documentation.	Exec Dir / FESM  Exec Dir / FESM  FESM  Exec Dir / FESM	July 2021  Aug 2021  Aug 2021  Ongoing			
Recordkeeping & Reporting ERSEA	Emergency contact information does not match	Emergency contact information will match in all places (COPA, child file, emergency files, transportation)	1. Family Advocates will follow current policy & procedure specific to child release information.	Family Advocates HCSM	1. Ongoing July – May 2. As determined			

	COPA and paper file		<p>2. HCSM will schedule 3 internal peer reviews to check for compliance.</p> <p>3. FESM &amp; HCSM to review policy &amp; procedure related to emergency contact information, release of children, and requirements of paperwork. If deemed necessary, FESM &amp; HCSM will develop updates &amp; submit to Exec Dir for review &amp; approval.</p> <p>4. HCSM to train all staff on release of children, proper documentation requirements.</p> <p>5. All staff to be held accountable for breach of safety of children and / or release of children including inaccurate or untimely paperwork.</p>	<p>HCSM</p> <p>FESM HCSM Exec Dir</p> <p>HCSM</p> <p>Admin</p>	<p>by Health &amp; Safety monitoring protocol</p> <p>3. July 2021</p> <p>4. August 2021</p> <p>5. Ongoing</p>	
Human Resources	Continued workforce turnover.	The program will increase the employment longevity of quality staff.	<p>1. Continue to improve the new employee onboarding &amp; orientation process.</p> <p>2. Continue new employee surveys and addressing any concerns.</p> <p>3. Administration will investigate various ways to increase wages</p> <p>4. Administration will investigate opportunities to provide incentives for positive parent / child outcomes.</p>	Exec Dir Managers	<p>1. Ongoing</p> <p>2. Ongoing</p> <p>3. Ongoing</p> <p>4. Ongoing</p> <p>5. Ongoing</p> <p>6. Ongoing</p> <p>7. September 2021</p> <p>8. August 2021</p>	

			<p>5. Administration to identify leadership opportunities for staff who display high quality work.</p> <p>6. Administration to provide and / or seek out new opportunities to support teachers in the classroom dealing with abhorrent behaviors.</p> <p>7. Mental Health team to develop school family protocol and increase buy-in from all staff.</p> <p>8. Administration to roll out core values, mission &amp; vision statement.</p>	Administration Staff	<p>1. Dec 21</p> <p>2. Apr 22</p> <p>3. Sept annually</p>	
	<p>There is no formal mentoring program for new employees aside from RESA.</p> <p>Current hiring practices have self-imposed barriers.</p>	<p>A mentoring system for all classification that connects positive seniored staff with newer staff.</p> <p>Streamlined hiring practices allow for quick hiring and identifying best candidates.</p>	<p>1. Administration to develop mentoring policy &amp; procedure.</p> <p>2. Interviews open for those staff interested in being a mentor.</p> <p>3. Identify mentors annually and connect with mentees as part of onboarding.</p> <p>1. Administration to research licensing and Head Start requirements for individual job positions.</p> <p>2. Administration to negotiate current contract language for internal candidates.</p> <p>3. Rewrite current policy &amp; procedure.</p>	Administration Staff	<p>1. Dec 21</p> <p>2. Dec 22</p> <p>3. Mar 23</p>	
Data & Evaluation	Staff do not approach data in a way to positively impact child &	Staff will utilize data to drive decision-making in all programmatic areas.	1. Admin staff will incorporate the 4C's of data in all meeting with staff (correctness, currency, completeness, consistency).	Admin Staff	1. Oct 2021 – ongoing thereafter	

	<p>family outcomes.</p>		<p>2. Staff will utilize data collection tools with fluency, anti-bias, and integrity. Data will be entered on time and accurately (online databases &amp; paperwork)                  3. Admin will support staff in the analysis of data with decreasing support throughout the program year. (Conducted during staff meeting, site meetings, data dialogues)                  4. Admin will identify staff who “struggle” or choose not to use data in decision-making / planning / development. (Addressed in one on one meetings prior to evaluations)                  5. For those identified, individual TTA will be provided. (Will be documented in evaluations &amp; IPDPS)                  6. All staff will be held accountable for the use of data in decision-making &amp; planning for program, family, and child outcomes. (evaluations &amp; plans of action)</p>	<p>Admin  Admin  Staff  Staff / Admin</p>	<p>2. Nov 2021 – ongoing thereafter                  3. Feb 2022 – ongoing thereafter                  4. May 2022                  5. Summer 2022                   6. May 2022 – ongoing thereafter</p>	
	<p>Child assessment – lack of collecting data in the moment and ensuring documentation entered into TSGold system</p>	<p>Education staff will ensure that at least 4 pieces of unique data (evidence) are entered into the TSGold system &amp; child portfolio weekly.</p>	<p>1. EM will inform education staff of new assessment collecting guidelines.                  2. EM will update ED monitoring tool to add new assessment collection guidelines and check on a regular basis.                  3. Education staff will support / teach each other various ways to</p>	<p>Education Manager Education staff</p>	<p>1. August 21                  2. August 21                  3. Sept 21</p>	

	<p>or child portfolio.</p>		<p>collect &amp; record data in a staff meeting. 4. All staff will be held accountable for the collection and entering of child assessment data.</p>			
<p>CLASS – Some teachers scores fell below national thresholds</p>	<p>Emotional Support scores will exceed 6, Classroom organization Scores will exceed 6, Instructional Support scores will exceed 3</p>	<p>1. EM will identify teachers (teams) score fell below national thresholds for PY 20/21. Those individuals will be assigned PBC for PY 21/22. 2. Program will ensure TTA tools (technological) available for in-house Professional Development. 3. EM will conduct CLASS observation 2X per year as directed in education monitoring tool. 4. EM, teaching team, and coach will identify specific areas to focus on (CLASS) 5. Education staff with IS scores falling below program defined benchmarks will be held accountable on IPDPs and evaluative tools.</p>	<p>1. EM will identify teachers (teams) score fell below national thresholds for PY 20/21. Those individuals will be assigned PBC for PY 21/22. 2. Program will ensure TTA tools (technological) available for in-house Professional Development. 3. EM will conduct CLASS observation 2X per year as directed in education monitoring tool. 4. EM, teaching team, and coach will identify specific areas to focus on (CLASS) 5. Education staff with IS scores falling below program defined benchmarks will be held accountable on IPDPs and evaluative tools.</p>	<p>Education Manager Coach Exec Dir Education Manager</p> <p>Ed Staff Education Manager</p>	<p>1. July 21 2. July 21 3. Ongoing as directed by Education Monitoring tool 4. August 21</p> <p>5. May 2022</p>	
<p>Family Engagement is not directed by data informed decision-making.</p>	<p>Family Engagement planning and service-delivery will be developed and implemented through the careful use of data analysis.</p>	<p>1. FESM will use FE monitoring tool as designed. 2. FE team will develop FE program plan based upon data received from families through application &amp; enrollment. 3. FE team will ensure surveys are developed, distributed,</p>	<p>1. FESM will use FE monitoring tool as designed. 2. FE team will develop FE program plan based upon data received from families through application &amp; enrollment. 3. FE team will ensure surveys are developed, distributed,</p>	<p>FESM FE team FE team FE Team</p>	<p>1. July – ongoing thereafter 2. Sept. 21 3. After each FE event 4. August 2021</p>	



			collected, and analyzed following each FE event. 4. FESM to shorten timelines for Parent Gauge completion to ensure data is available for planning. 5. FE staff will enter data correctly and timely into all databases as required. 6. FE staff will follow established policies & protocols for all aspects of FE.		5. July 21 – ongoing thereafter 6. July 21 – Ongoing thereafter
Program Planning & Service System Design	Evidence & Research - based tools are not used to fidelity.	The program will use all research & evidence-based tools as designed / prescribed.	1. Each manager will identify each research & / or evidence-based tool used in their department. 2. Each manager will conduct a needs assessment on each tool with their team(s). 3. Info from needs assessment will be used to develop training plans.	Managers  Administration	1. Oct 21 2. Apr 22 3. July 2022
	Smaller class sizes did not have a positive impact on child outcomes.	Smaller ratios will provide increased positive child outcomes.	1. Education manager to review end of program year data with education staff. 2. Collect information from education staff as to why they feel child outcomes did not improve in PY 20 with lower class ratios. 3. Begin developing primary caregiver groups for intentional teaching and expanding role of teacher assistants in classroom.	EM EM / Exec Dir	1. August 21 2. August 21 3. December 21

	<p>Children identified as special populations (IEP, DLL) did not score as well as their peers in child assessments.</p>	<p>All children despite their demographics will receive high-quality services and achieve outcomes reflective of their potential.</p>	<ol style="list-style-type: none"> <li>1. The program will begin TTA on multi-cultural principles and identify anti-bias.</li> <li>2. The program will identify outside resources to support teachers in classroom specifically related to special populations.</li> <li>3. Education staff will receive TTA on IEP services.</li> <li>4. The EM will work with speech therapist &amp; itinerants on expectations of supports &amp; modeling for education staff in classroom.</li> </ol>	<p>All staff EM / Exec Dir  Education staff EM</p>	<ol style="list-style-type: none"> <li>1. October 21</li> <li>2. Oct 21</li> <li>3. Dec 21</li> <li>4. Sept 21</li> </ol>	
	<p>Staff not aware of Mental Health services available in-house.</p>	<p>Staff will be knowledgeable about mental health resources and how to access those services in a timely manner.</p>	<ol style="list-style-type: none"> <li>1. MH Manager to provide mental health training overview.</li> <li>2. Administration will train staff on mental health tools.</li> <li>3. Administration to receive feedback via surveys</li> </ol>	<p>MH Manager MH / EM MH Mgr</p>	<ol style="list-style-type: none"> <li>1. August 21</li> <li>2. August / Sept. 21</li> <li>3. Apr 22</li> </ol>	