

City of San Antonio
Department of Human Services
Head Start Program

2017 - 2018
Self-Assessment Report



Executive Summary

In accordance with 1302.102(b)(2)(i) of the Head Start Program Performance Standards, the City of San Antonio, Department of Human Services (DHS), Head Start Division annually engages in a self-assessment process as mandated by the Head Start Program Performance Standards. This process ensures timely evaluation of program services and delivery systems for the purpose of implementing improvements and complying with the Head Start Program Performance Standards.

During the self-assessment process, staff reviewed services provided to a funded enrollment of 3,236 children and their families in 21 Head Start and six Early Head Start-Child Care Partnership (heretofore, DHS Head Start) sites located in San Antonio Independent School District (SAISD) and Edgewood Independent School District (EISD). Self-assessment results, in conjunction with the Community Assessment Report and ongoing monitoring results, support quality program improvements for children and their families enrolled in the DHS Head Start programs as related directly to the Five-Year Strategic Plan, grantee policies, procedures, and management systems for the upcoming program year.

Process

For the 2017 – 2018 school year, DHS Head Start conducted a data-driven self-assessment process that included Quarterly Data Review Meetings and the implementation of the Self-Assessment System for Continuous Improvement and Evaluation (SASCIE) Rubric.

The Quarterly Data Review Meetings allowed DHS Head Start to use data from Head Start service areas, including, monitoring, program benchmarks, Program Information Report (PIR), Five-Year Strategic Plan, monthly reports and education assessments. Prior to each meeting, data was collected and analyzed. Next the data was presented at the 2018 Quarterly Data Review Meetings in February, April, June and September. Throughout the self-assessment process, participants included a diverse representation of parents, community members, and staff from organizations that either partner with DHS Head Start and/or work with similar populations. Program staff, community stakeholders, and members of the Head Start Policy Council participated in the meetings. At each Quarterly Data Review Meeting, data and objectives were presented and discussed with those stakeholders attending. Stakeholders were encouraged to ask questions about the data thereby assuring their understanding. Staff reported program progress, concerns, and areas of success, program risks, as well as actions taken to ensure Head Start compliance and status of program goals, objectives and benchmarks.

The SASCIE process serves as an ongoing self-assessment of the program's compliance with Head Start regulations and progress in meeting program goals and objectives. The SASCIE rubric is an instrument designed to function as a roadmap for the continuous improvement of program services. Integrated teams used the SASCIE roll to review the quality of program services and identify areas of non-compliance, strengths and areas of focus.

The report includes results for the following Head Start and EHS-CCP service areas: Program Design and Management (PDM), Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA), Education and Disabilities, Family Community Support and Mental Wellness, and Health, Nutrition, Transportation, and Safe Environments.

Results

The ensuing pages provide a description and a summary of the progress made towards the DHS Head Start Five Year Plan and strengths and areas of improvement identified during the self-assessment process.

Goal 1: Education **Prepare children for school and life**

DHS Head Start has continued its focus on school readiness and the important role that parents and families play in ensuring children are ready for school. The overall school readiness approach and education and early childhood services system values the integration of physical, educational, social, and emotional services as central to a child's ability to learn. DHS Head Start also works closely with the Education Service Providers to ensure the Head Start Program Performance Standards are met and the programs maintains disability enrollment of at least 10%.

Head Start achieved a disability enrollment percentage of 13.84%. The EHS-CCP program achieved a rate of 13.70%.

Based on the Five Year Plan, seven objectives were measured and reviewed for DHS Head Start in this service area. Below are the results of the objectives related to Education at the end of the program year.

Objective 1: IN PROGRESS

Increase annual Prekindergarten Classroom Assessment Scoring System (CLASS) scores by .5 points in each domain, from 5.65 in Emotional Support, 5.02 in Classroom Organization, and 2.99 in Instructional Support in 2016-2017 to 6.15 in Emotional Support, 5.52 in Classroom Organization, and 3.49 in Instructional Support by 2023.

CLASS is a standardized, research based tool that assesses the quality of teacher-child interactions in center-based classrooms that support children's learning and development in three domains: Emotional Support; Classroom Organization; and Instructional Support. Each domain is scored on a scale of 1 to 7. The program observes 60% of classrooms. The program continues progress towards achieving the objective. The table below shows the CLASS scores for the 2017-2018 school year. During the 2018-2019 school, the program will observe 100% of the classrooms and will continue to use a coaching model to support teaching staff and increase CLASS scores.

City of San Antonio Head Start Program

Program Year	Emotional Support	Classroom Organization	Instructional Support
2016-2017	5.65	5.02	2.99
2017-2018	5.78	5.16	2.98

Objective 2: BASELINE ESTABLISHED

Increase the annual Infant Classroom Assessment Scoring System (CLASS) scores. The baseline for Responsive Caregiving will be established in 2017-2018 with a point increase determined in 2018-2019.

The Infant CLASS measure includes one domain: Responsive Caregiving. This domain captures the key interactions between caregivers and infants. The strategy for 2017-2018 was to establish a baseline. The baseline has been established for the domain at 4.84.

Objective 3: BASELINE ESTABLISHED

Increase the annual Toddler Classroom Assessment Scoring System (CLASS) scores in each domain. The baselines for Emotional and Behavioral Support and Engaged Support for Learning will be established in 2017-2018 with a point increase determined in 2018-2019.

The Toddler CLASS measure includes two domains: Emotional and Behavioral Support and Engaged Support for Learning. The strategy for 2017-2018 was to establish a baseline. The baseline has been established for each of the domains, Emotional and Behavioral Support at 5.37 and Engaged Support for Learning at 3.33. EHS-CCP has exceeded expectation on this domain as this is an integral part of the program, but is not used by the Office of Head Start. Currently, the program is working with Teachstone to identify other EHS-CCP programs that may use both the Infant and Toddler tools and would be willing to share program level data for a comparative analysis.

Objective 4: BASELINE ESTABLISHED

Increase the percentage of children that meet school readiness goals. The baseline will be established in 2017-2018 with a percentage increase determined in 2018-2019.

Based on the benchmarks for the percentage of objectives correct for each age group that were determined by the Strategic Planning Committee, the program achieved the following:

Program	Age Group	Benchmarks	Outcomes
EHS-CCP	Birth-8 months	55%	33%
EHS-CCP	9 to 15 months	60%	25%
EHS-CCP	16 to 36 months	65%	49%
EHS-CCP	36+ months	70%	42%
Head Start	36-72 months	75%	41%

DHS Head Start will continue to work with stakeholders to determine the most appropriate benchmarks, cut points, and definition of school readiness that is useful to the program and provides clear information related to student outcomes.

Objective 5: IN PROGRESS

Increase the percentage of children transitioning to kindergarten that score at or above the average range in all seven LAP-3 Domains by 5%, from 74% in 2016-2017 to 79% in 2022-2023.

The table below shows the results for the 2017-2018 school year. The End of Year (EOY) LAP-3 assessment results for children transitioning to kindergarten were significantly lower than the previous year. DHS Head Start continues to focus on supporting teachers, ensuring fidelity to the assessment, and promoting language development. The program is partnering with Texas A&M San Antonio to further evaluate trends in the data and develop professional development for teachers to improve fidelity. In addition, DHS Head Start has partnered with both EISD and SAISD to increase enrollment in at language and literacy focused professional development sessions provided by ESC Region XX.

Children transitioning to kindergarten scoring at or above the AVERAGE range in all seven LAP-3 Domains

Program Year	BOY	MOY	EOY
2016-2017	42%	48%	74%
2017-2018	40%	54%	67%

Objective 6: IN PROGRESS

Increase the number of children that show growth from BOY to EOY across all domains on the Early Learning Accomplishments Profile (E-LAP) and the Learning Accomplishments Profile – 3rd Edition (LAP-3). The baseline will be established in 2017-2018 with a percentage increase determined in 2018-2019.

The DHS Head Start Program utilizes the Early Learning Accomplishments Profile (E-LAP) for children birth – 36 months old and the Learning Accomplishments Profile – 3rd Edition (LAP-3) for children 36 – 72 months old. The E-LAP and LAP-3 are criterion-referenced assessments and provide a systematic method for observing the skill development of children. The results of the E-LAP and LAP-3 are used to generate a detailed picture of a child's developmental progress across various domains so that individualized, developmentally appropriate activities can be planned and implemented. Students are assessed three times a year: Beginning of the Year (BOY), Middle of the Year (MOY), and End of the Year (EOY).

The tables below provide the percentage of children that gained at least six months of developmental growth while enrolled in the program. For children enrolled in EHS-CCP program, the data set includes children that received a minimum of 180 calendar days of instruction between the BOY and EOY assessments. For children enrolled in Head Start, the data set includes children with a minimum of 150 calendar days of instruction between the BOY and EOY assessments. The program will determine an appropriate percentage increase during the 2018-2019 Strategic Planning meeting.

Children enrolled in EHS-CCP with 6+months of developmental growth on the E-LAP

Program Year	E-LAP-3 Domains						% of Children with 6+ months of developmental growth in all six E-LAP Domains
	Gross Motor	Fine Motor	Cognitive	Language	Self-help	Social- emotional	
2017-2018	73%	67%	72%	80%	72%	67%	31%

n=93

Children enrolled in EHS-CCP with 6+months of developmental growth on the LAP-3

Program Year	LAP-3 Domains							% of Children with 6+ months of developmental growth in all seven LAP-3 Domains
	Gross Motor	Fine Motor	Pre-Writing	Cognitive	Language	Self-Help	Personal/ Social	
2017-2018	84%	100%	86%	83%	83%	78%	81%	41%

n=63

Children enrolled in Head Start with 6+months of developmental growth on the LAP-3

Program Year	LAP-3 Domains							% of Children with 6+ months of developmental growth in all seven LAP-3 Domains
	Gross Motor	Fine Motor	Pre-Writing	Cognitive	Language	Self-Help	Personal/ Social	
2017- 2018	87%	91%	94%	95%	90%	83%	75%	50%

n=2531

Objective 7: BASELINE ESTABLISHED

Reduce the percentage of children with chronic absenteeism. The baseline will be established in 2017-2018 with a percentage reduction determined in 2018-2019.

During the 2017-2018 school year, 24% of children enrolled in Head Start were identified as chronically absent and 46% of children enrolled in EHS-CCP were identified as chronically absent. The program will determine an appropriate percentage decrease during the 2018-2019 Strategic Planning Meeting.

Goal 2: Family Support

Promote the well-being of families to enable them to support their children's learning and development

Family and Community Support and Mental Health services focus on promoting family well-being, building strong collaborations with parents and families, and creating community partnerships to maximize resources available to all DHS Head Start children and families.

Based on the Five Year Plan, six objectives for DHS Head Start in this service area are measured and reviewed. Below are the results of each Family and Community Support objective at the end of the program year.

Objective 1: IN PROGRESS

Increase the number of families who complete high school/GED by 10%, from 409 in 2016-2017 to 449 in 2022- 2023

At the end of the program year, DHS Head Start was at 353 families. DHS Head Start continues to work on this objective to increase the number of families who complete high school/GED.

Objective 2: IN PROGRESS

Increase the number of families who complete a job training program by 10% from 145 in 2016-2017 to 160 in 2022- 2023.

At the end of the program year, DHS Head Start was at 161 families. DHS Head Start has exceeded its projection and will review this objective to edit or replace.

Objective 3: IN PROGRESS

Increase the percentage of Family Life Practice goals achieved by 5% from 87% in 2016-2017 to 92% in 2022- 2023.

At the end of the program year, DHS Head Start was at 87% which indicates no change from the baseline year data. DHS Head Start will continue to gather data to strive for an increase from program year to program year.

Objective 4: IN PROGRESS

Increase the percentage of families who receive at least one support service, such as emergency assistance, parenting education, or job training and higher education services, by 5% from 79% in 2016-2017 to 84% in 2022- 2023.

At the end of the program year, DHS Head Start was at 81%. This shows a positive growth in meeting the overall goal of 84% by the 2022-2023 program year.

Objective 5: IN PROGRESS

Research various family assessment instruments and determine whether or not to revise the current instrument or adopt a new instrument for implementation by August 2019.

DHS Head Start created an operational plan and began discussion regarding other family assessment instruments in February 2018. The program will determine whether to revise the current instrument or adopt a new instrument for implementation by August 2019.

Objective 6: BASELINE ESTABLISHED

Increase the number of families that complete the SafeCare Child Abuse Prevention Program. The baseline will be established in 2017-2018 with a percentage increase determined in 2018-2019.

During the 2017-2018 school year, 27 families participated in the SafeCare Program; of these, three families completed at least one module. The program recognizes that it may not be appropriate for a family to complete more than one module. DHS Head Start will examine the use of the SafeCare Child Abuse Prevention Program, plan for the implementation of the program with our new case management model, and determine an appropriate measure of success during the 2018-2019 Strategic Planning Meeting.

Goal 3: Health

Children are healthy and ready to learn

Head Start Program services in the areas of health and nutrition are structured to ensure children are physically and mentally well in order to learn, are safe while in care, and that children and families receive educational supports to create life-long healthy habits. Head Start staff and service providers implemented various targeted activities to help parents establish and model healthy lifestyle habits for their children and families.

Based on the Five Year Plan, four objectives were measured and reviewed for DHS Head Start in this service area. Below are the results of the objectives related to Health at the end of the program year.

Objective 1: IN PROGRESS

Increase the percentage of children with up-to-date Texas Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements at the end of the school year by 4% in the first year (17-18) and 2% in the following years, from 78% in 2016-2017 to 92% in 2022-2023.

At the end of the 2017-2018 school year, 78% of the children enrolled in the program were *up-to-date on the Texas Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements*. This measure includes cumulative enrollment. The program continues to examine the barriers for parents/guardians to obtain an up-to-date physical exam. In particular, the program will implement strategies to address expiring physical exams and an action plan to facilitate on-site EPSDT clinics. The program continues to complete on-site dental exams, behavioral, developmental, lead, height, weight, hearing, vision, and blood pressure screenings to enrolled children as part of the EPSDT requirements.

Objective 2: IN PROGRESS

Increase the percentage of children identified as Class 2 that are designated treatment complete by the end of the program year by 13% from 32% in 2016-2017 to 45% in 2022-2023.

At the end of the 2017-2018 school year, 37% of children identified as CLASS 2 were designated as treatment complete and received the appropriate follow-up and dental treatment - a 5% increase from 2016-2017; 60% of the remaining CLASS 2 dental cases are identified as receiving treatment but not complete or treatment is being monitored by a dental professional. The program implemented a dental case management model with Metro Health and plans to expand the program during the 2018-2019 school year.

Objective 3: IN PROGRESS

Increase the percentage of children who receive services following a community Mental Wellness referral by 10% from 50% in 2016-2017 to 60% in 2022-2023.

During the 2017-2018 school year, 50% of children received services following a community Mental Wellness referral. This objective is not applicable to EHS-CCP as referrals are not provided to community agencies for Mental Wellness services. Instead, services are provided for infants/toddlers and families in need.

Objective 4: BASELINE PENDING

Increase average score on the Wellness Survey. The baseline will be established in 2018-2019 with a percentage increase determined in 2019-2020.

The program has collaborated with the University of the Incarnate Word School of Osteopathic Medicine and the Head Start Health Services Advisory Committee to develop a Wellness Assessment to identify behaviors of Head Start children related to obesity, nutrition, and physical activity. Data will be collected during the 2018-2019 school year, and the baseline will be established during the 2019-2020 Strategic Planning Meeting.

Goal 4: Environmental Health and Safety
Support the care of children by creating safe environments

Head Start Program Services related to environmental health and safety are structured to ensure children are safe while in care. DHS Head Start staff and Education Service Providers implemented an array of targeted activities to ensure the health and safety of all children enrolled in the program.

Based on the Five Year Plan, five objectives were measured and reviewed for DHS Head Start in this service area. Below are the results of the objectives related to Environmental Health and Safety.

Objective 1: MET

Decrease the percentage of non-compliances in the Head Start Prekindergarten Environmental Health and Safety Monitoring Reviews by 1% from 5.8 % in 2016-2017 to 4.8% in 2023.

The Head Start Program has far exceeded this long-term goal with a non-compliance rate for Environmental Health and Safety Monitoring Reviews of 3.18% during the 2018-2019 school year. The program will determine an appropriate percentage decrease during the 2018-2019 Strategic Planning Meeting.

Objective 2: BASELINE ESTABLISHED

Reduce the percentage of non-compliances in EHS-CCP Environmental Health and Safety Monitoring Reviews. The baseline will be established in 2017-2018 with a percentage reduction determined in 2018-2019.

The EHS-CCP program reported a 3.1% non-compliance rate for the 2017-2018 baseline year. The program will determine an appropriate percentage decrease during the 2018-2019 Strategic Planning Meeting.

Objective 3: IN PROGRESS

Decrease the number of findings in Health and Human Services Commission Childcare Center Inspections by 50% from 38 in 2016-2017 to 19 in 2023.

During the 2017-2018 school year, there were a total of 18 findings for the EHS-CCP Program in Health and Human Services Commission Childcare Center Inspections. This equals a 47% reduction from the established baseline percentage in 2016-2017. The program will continue to work the EHS-CCP Program Education Service Providers to decrease findings.

Objective 4: IN PROGRESS

Develop an implementation plan for integrating the voluntary Texas Rising Star System (State of Texas QRIS) as a measure of quality for the EHS-CCP program by August 2019.

The EHS-CCP Program continues to work with the EHS-CCP Education Service Providers to develop a plan to integrate the Texas Rising Star System.

Objective 5: MET

Develop an implementation plan for integrating components of the Early Childhood Environment Rating Scale (ECERS-R) as a measure of quality for the Head Start program by August 2019.

In collaboration with the Education Advisory Committee and the Education Service Providers, the program has developed an implementation plan to integrate components of the Early Childhood Environment Rating Scale (ECERS) beginning in the 2018-2019 school year. Program staff will collect baseline data and provide guidance for the following areas: art, blocks, nature/science, math materials and activities, fine motor, gross motor equipment, and promoting acceptance of diversity. The program will implement the full ECERS tool during the 2020-2021 school year and determine a percentage increase during the 2021-2022 Strategic Planning meeting.

Goal 6: Highly Qualified Staff
Recruit and retain highly qualified staff

The Program Design and Management (PDM) Team directly oversees systems and infrastructure which support the provision of direct program services through implementation of a strong shared governance system, effective management systems, and ongoing programmatic oversight. The PDM, Content, and Monitoring teams provide direction, guidance, training and technical assistance to service providers to ensure staff at all levels of the organization have the resources, knowledge, and support needed to deliver high quality program services.

Based on the Five-Year Strategic Plan, five objectives were measured and reviewed for DHS Head Start in this service area. Below are the results of the objectives related to Highly Qualified Staff at the end of the program year.

Objective 1: IN PROGRESS

Reduce the average number of days to fill a vacancy with the City of San Antonio Head Start Program by 16 days from 62 days in 2016-2017 to 46 days in 2023.

During the 2017-2018 school year, DHS Head Start reduced the number of days to fill a vacancy to 46 days, exceeding the objective.

Objective 2: BASELINE ESTABLISHED

Increase the retention rate for Family Support Workers. The baseline will be established in 2017-2018, with a percentage increase determined in 2018-2019.

During the 2017-2018 school year, the Head Start retention rate was 89.3% and the EHS-CCP retention rate was 85.7%. However, as the first year of a new five year program, the Head Start Program was restructured, reducing the total number of Family Support Workers. The program intentionally reduced the number of staff through voluntary attrition, resulting in a lower retention rate. The program will work with stake holders and determine an appropriate retention rate given the new program model.

Objective 3: IN PROGRESS

Develop a pathway to increase the number of EHS-CCP and Head Start teachers and instructional assistants with an Early Childhood Certificate, associate's, bachelors or master's degree by August 2019.

The program is currently in negotiations with the Teacher Education and Compensation Helps (T.E.A.C.H.) program with Texas Association for the Education of Young Children (TxAEYC) in supporting instructional assistants to obtain certificates or degrees. In addition, the program has an agreement with Texas A&M San Antonio Summer Institute to assist teachers in earning master's degrees.

Objective 4: BASELINE ESTABLISHED

Increase the number of teaching staff that complete the Head Start Summer Institute towards earning a master's degree by 2023. The baseline will be established in 2017-2018 with a number increase determined in 2018-2019.

The program collected baseline data during the 2017-2018 school year. The two year program assists staff to earn up to 18 hours in early childhood education and work towards a master's degree over two summers. The program is currently on the fourth cohort, with nine students enrolled in the program. A total of 28 students have participated in the Summer Institute, as a part of the past three cohorts. Of these, 23 (82%) have completed the Summer Institute, and 16 of the 23 have completed, or are working toward their master's degree. Program staff are working with Texas A&M San Antonio and our partner districts to determine how best to support teachers to complete the 18-hour Summer Institute.

Objective 5: IN PROGRESS

Develop a system for continuous professional development aligned to the Classroom Assessment Scoring System (CLASS) for teachers and instructional assistants by August 2019.

DHS Head Start continues to work with the Education Service Providers and Pre-K SA on aligning Professional Development with CLASS.

Strengths & Areas of Improvement

In addition, through the self-assessment process, the DHS Head Start Program identified strengths and areas of focus across both the Head Start and EHS-CCP programs in a number of key areas.

Strengths

- **Monitoring, Systems & Analysis**
 - Self-Assessment Rubric – DHS Head Start created a self-assessment rubric tool designed for continuous improvement.
 - Data Review – DHS Head Start conducts child file audits multiple times a year across service areas.
- **Early Learning**
 - School Readiness Goals – The program’s School Readiness Goals are developed in conjunction with parents, community stakeholders, and staff, and are shared with all staff annually.
 - CLASS – DHS Head Start has three staff that are certified trainers for the Pre-K Classroom Assessment Scoring System (CLASS) tool and two staff that are certified trainers for the Toddler CLASS tool. Additionally, the program has an ongoing system to ensure the reliability of CLASS Observers.
 - Support for Meeting All Children’s Needs: Developmental Services and Dual Language Learners – The Dual Language Program provided by the Education Service Providers exceeds the requirements of the Head Start Program Performance Standards.
- **ERSEA**
 - Eligibility, Recruitment, Selection, Enrollment, and Attendance – DHS Head Start exceeds the requirements of enrollment of children with disabilities.
 - Attendance– DHS Head Start maintained above 85% Average Daily Attendance (ADA) for the program year. Head Start’s ADA for the 2017-2018 school year was 94%, and EHS-CCP ADA was 92%. Both programs surpassed the Head Start Performance Standards requirement of 85%.
- **Family and Community Engagement**
 - Support for Meeting Children and Family Needs – DHS Head Start has added three Senior Family Support Worker positions to the mental health component to expand the capacity of the programs to respond to crisis situations and provide intensive case management services for families experiencing multiple stressors.
 - Family Services and Health Coaching and Supervision – DHS Head Start utilizes 1-3-6-month employee evaluation forms to provide ongoing feedback for new Family Support Workers.

- Child Health and Safety
 - EPSDT Health Adherence – The percentage of children that are up-to- date on EPSDT increased from 40% the start of program year to 78% at the end. In addition, 99% of children have a physical exam within 90 days of date of entry in school.
 - Medical and Dental Homes and Insurance – DHS Head Start has systems in place to determine status of children with medical and dental homes within the first 30 days of entry into school. The number of children with an ongoing source of medical and dental care at the beginning of the year was 99% and continued to remain at 99% at the end of the program year.
 - Health and Wellness – The program Health Services Advisory Committee met twice in the year to discuss health service priorities, health data, and ongoing health initiatives. The program also partnered with the University Of Incarnate Word School Of Nursing to provide 1,484 on-site child lead screenings and parent education. In addition, the program completed 3,095 on-site child dental exams with a fluoride varnish, 22 nutritional education workshops and food demonstrations for parents.
- Program Governance, Communication & Human Resources
 - Engagement – DHS Head Start engages families throughout the year by encouraging parents/guardians to run for the Head Start Policy Council (HSPC), be active participants in their schools, and inviting them to trainings and conferences both locally and nationally. In compliance with the HSPPS, the program had a system for reaching out to parents of enrolled children to ensure understanding of election process and encourage their participation on the HSPC. For program year 2017-2018, there were a total of 16 HSPC representatives with an average attendance rate of 90%. This group of mostly parent leaders participated in staff interviews, self-assessment reviews, strategic planning, and many more program events. They also reviewed and approved all items as required by the HSPPS during their monthly required meetings.
 - Internal Communication – DHS Head Start exhibits strengths in the area of internal communication with service provider and community partners. Through the Health Services Advisory Committee (HSAC) and Education Advisory Committee (EAC) meetings, the program met with staff and stakeholders to address key program areas and questions that arose throughout the year. Also, coordinator and education service provider meetings were held consistently to share feedback and important information, and to discuss campus and program level issues.
 - Human Resources – DHS Head Start counts on the support of a quality Human Resources (HR) Department within the City of San Antonio. The working relations ship with this department was identified as a strength since the program successfully completed HR duties according to applicable policies, laws and regulations. A thorough employee evaluation system, which includes professional goals and development, is in place and was completed for all program employees. Also, an innovative online system was in place for all staff to complete required health and safety trainings.

Areas for Improvement

- **Monitoring, Systems & Analysis**
 - **Monitoring and Data Use** – In the 2017-2018 program year, monthly data reports were not shared with Education Service Providers on an ongoing basis. DHS Head Start will create a system to ensure data is shared with relevant staff and in a timely manner.
 - **Critical Incident Reports** – While the program has a system for reporting and documenting Critical Incidents, during the 2017-2018 program year, staff did not audit the critical incidents involving children at least twice a year.
- **Early Learning**
 - **School Readiness Goals** – A system to share the School Readiness Goals requires improvements and was not fully implemented during the program year.
 - **Support for Assessment** – A system for ensuring fidelity to the assessment was not implemented and needs improvement. The program experienced a significant decrease in the results for the EOY LAP-3 assessment for children transitioning to kindergarten, from 74% in 2016-2017 to 67% in 2017-2018. Access to the data and fidelity to the administration of the assessment contributed to the outcome. The program is working to further analyze the data and improve professional development related to the implementation of the assessment.
 - **Support for Meeting All Children's Needs: Developmental Services and Dual Language Learners** – The EHS-CCP Program continues to work on providing additional professional development opportunities related to serving children identified as Dual Language Learners.
 - **Coaching** – The Head Start Program continues to refine the coaching system to ensure the system is implemented with fidelity. In addition, the program has increased the number of professional development opportunities available to instructional assistants and teacher related to language and literacy.
- **ERSEA**
 - **Eligibility, Recruitment, Selection, Enrollment, and Attendance** – During the program year, applications were not completed within 90 days of initial application. DHS Head Start is in the developmental stages of implementing a process to ensure that new applications are completed within 90 days of the initial application.
 - **Recruitment** – DHS Head Start did not systematically use all program staff across all areas to support recruitment efforts. The program is working to improve the plan.
- **Family and Community Engagement**
 - **Differentiated Family Support** – DHS Head Start will develop a system and improve response times for addressing families in crisis.
 - **Differentiated Family Support** – DHS Head Start is working to improve collaborations with community agencies to ensure seamless case management.
 - **Family Services and Health Support Coaching and Supervision** – DHS Head Start recognizes the need to strengthen the opportunities fathers and grandparents have to be more involved in their child/grandchild's day to support their healthy growth and development. Staff will work across both EHS-CCP and Head Start to build

strategies to create a welcoming environment for fathers/grandparents; present opportunities to further understanding of how to foster children's development and learning from both perspectives; and increase volunteer opportunities within the day to day program.

- Child Health and Safety
 - Child Health and Safety Monitoring – DHS Head Start will create a system to address non-compliance's identified during monitoring visits within specified time frame; specifically the corrective action plan for each non-compliance
 - Special Diets – Of the number of children with a special diet, 18% were identified by the CoSA Monitoring team as incomplete. The program will revisit and improve the documentation and tracking system for special diets.
 - EPSDT Health Adherence- Of the number of children with dental concerns, 62% of children lacked treatment in progress or treatment complete. The program will work on a system to reach 80% of treatment complete on dental concerns.
- Program Governance, Communication & Human Resources Internal Communication - COSA Staff
 - DHS Head Start will create a system for administration's communication with Head Start campus Principals and EHS-CCP Education Service Providers. DHS Head Start will also assign team liaisons who will attend school staff meetings throughout the program year and report any critical or upcoming items to COSA Staff.

Summary of Report

Overall, DHS Head Start continues to utilize program data to guide and inform the decision making process. The program is compliant with the Head Start Program Performance Standards and continues to strive towards high quality through continuous improvement. While the program strives to meet or exceed the Five Year Strategic Plan objectives, there is still room for improvement. The identified strengths and areas of improvement will assist the program in reevaluating goals and measures for the next 5-Year Strategic Plan. The Self-Assessment process will continue to be used for ongoing assessment of all program services to promote compliance with Head Start Program Performance Standards and to ensure the needs of DHS Head Start children and families are met.

APPENDIX A

Self-Assessment Process

