2015-2016

Program Monitoring & Reporting Plan
Program Monitoring Plan Contents

- Annual Self-assessment

- Component Systems Monitoring:
  - Health and Nutrition
  - Education and Disabilities
  - Professional Development
  - Family and Community Partnerships
  - Safe Environments and Transportation

- Administrative Systems Monitoring:
  - Non-federal Share Staff
  - Staff Vacancies
  - Fiscal
  - Facilities
  - Reporting
  - Child Incident Reporting
  - Child Abuse/Neglect Reporting
  - Center Health Concerns
  - Personnel Evaluations and Professional Development Plans
  - Reporting to Governing Bodies

- Classroom Monitoring:
  - CLASS
  - Binder (File) Review
  - Mental Health Observations
  - Disabilities Services
  - Social Emotional
Annual Self-assessment Monitoring

Purpose: To ensure programmatic quality and improvement.

Scope: Procedure describes the process of self-assessment and program monitoring.

Authority: 45 CFR 1304.51 (i) (2,3)

Policy: (i) Program self-assessment and monitoring:

1. At least once each program year, with the consultation and participation of the Policy Council and United Children’s Services (UCH) Board, and, as appropriate, other community members, Bennington County Head Start (BCHS) will conduct a self-assessment of its effectiveness and progress in meeting program goals and objectives and in implementing federal regulations.

2. BCHS has established and implemented procedures for the ongoing monitoring of its own Head Start operations to ensure that these operations effectively implement federal regulations.

Procedure:
The BCHS program annual self-assessment is primarily concerned with program-wide compliance with federal, state and local laws and regulations, best practices and ensuring the health and safety of children and staff.

The self-assessment is completed using the Office of Head Start monitoring protocol which provides a clear assessment of program quality, efficiency and effectiveness in meeting the goals and objectives of the program. Policy Council and members of the parent committee are involved in the self-assessment process. Teams consisting of management, staff, members of Policy Council, and parents are formed and trained in techniques of investigation of programmatic quality to ensure progress toward goals and continuous quality improvement. Parent and community partner survey results are also considered in the self-assessment. The strengthening families protective factors and self-study tools are also incorporated into the program self-assessment annually.

Evidence is gathered, compiled and analyzed. Through the use of on-site observation, document review and interviews, the teams make decisions about compliance with the Head Start performance standards and make recommendations for quality improvement.

A final report is written and presented to the program director, with data source documentation. The director provides the Policy Council and UCH Board members with the completed report.

Content managers are responsible for the conduct of the self-assessment. Self-assessment assignments are made by the full day manager in June, when teams are formed. Team training takes place prior to, and the final report is due to the director last week of August. The director will present the self-assessment to the UCH Board and Policy Council during their next scheduled meeting.

Component Systems Monitoring

Purpose: To ensure compliance with the Head Start performance standards. To ensure quality services to children and families across the spectrum of services provided by the Head Start program.

Scope: This policy covers the major components of the Head Start program: Health, nutrition, education, disabilities, family and community partnerships, ERSEA, and administration.
Component Systems Monitoring Continued

Authority: 45 CFR 1304.51 (h) (1); 45 CFR 1304.51 (i) (2)

Policy: BCHS has implemented and maintains a system of reporting to ensure control of program quality, maintain program accountability, and advises governing bodies, management, and staff of program progress, and to ensure effective implementation of federal regulations.

Procedure:
On or before the first Friday of each month leading staff submit to their component manager, and the managers will submit to the director programmatic information by center obtained from the Child Plus tracking system as well as the UCS facilities department logs/files regarding the following:

Health and Nutrition
  Immunization report
  Children with/without physicals
  Children receiving medical treatment
  Dental exams
  Dental treatments
  Number of CACFP meals served
  Amount of CACFP reimbursement

Education and Disabilities
  Number children with disabilities
  Number of children on IEP’s
  Number of child referrals
  Professional Development
    Number of teachers with/without appropriate credentials

Family and Community Partnerships
  Number of family partnership agreements
  Number of single/two parent families that are enrolled in school
  Number of single/two parent families that are employed/unemployed
  Number of formalized community partnership agreements

Enrollment, Recruitment, Selection, Eligibility, and Attendance
  Number of fully enrolled slots
  Number and location of vacant slots
  Number of children in transition
  Average daily attendance
  Number of children on the waiting list

Safe Environments and Transportation
  Completed facilities/maintenance work orders (with UCS facilities department)
  Bus maintenance logs (logs with UCS facilities department)

Reports to the director are emailed electronically, and the reports to the content managers are either emailed electronically or hard copies are given. Content managers will highlight or note discrepancies in their report for the director. Content managers will maintain copies of all reports and supporting documentation for the current program year.
Administration Monitoring

**Purpose:** To ensure compliance with the Head Start performance standards. To ensure quality services to children and families across the spectrum of services provided by the Head Start program.

**Scope:** This policy covers the program management of the Head Start program.

**Authority:** 45 CFR 1304.51 (h) (1); 45 CFR 1304.51 (i) (2)

**Policy:** BCHS has implemented and maintains a system of reporting to ensure control of program quality, maintain program accountability, and advises governing bodies, management, and staff of program progress, and to ensure effective implementation of federal regulations.

**Procedure:**

**Non-Federal Share:** The Head Start administrative coordinator will submit a report on or about the seventh day of each month to the Head Start director and UCS accountant detailing the amounts of non-federal share that has been acquired by the program during the month, as well as year-end.

**Staff Vacancies:** As soon as possible, the content managers will report all vacancies to the director. If the vacancy creates a significant operational deficiency or has a potential to do so, the content managers will immediately notify the director of the concern.

**Fiscal:** Each quarter the chief financial officer of UCS will submit to the director a report detailing the amounts expended during the quarter, the amount of revenue received, those amounts year-to-date and the previous year. This report or similar report will be provided to the Policy Council and UCH Board at their next regularly scheduled meetings.

**Facilities:** As soon as a condition(s) that endangers the health or safety children or staff is identified the person who identifies the problem will immediately report it to our health and safety officer. In all cases concerning the health and safety of children and staff the safety officer will immediately report to the center manager and the director.

In the case of routine maintenance, the administrative coordinator or the center manager will submit a work order via the electronic form through email. The UCS facilities manager will prioritize work orders and create a schedule of completion. If there are any problems in completing the request, the administrative coordinator or center manager will be notified.

All health and safety checklists will be completed in a timely manner and kept on file at the center. These checklists include but may not be limited to:

- Daily Playground Inspection
- Emergency Procedures Records (also with UCS facilities department)
- Monthly and Quarterly Classroom Safety Checklists
- Facilities Material and Equipment Checklists (also with UCS facilities department)
- Safety Equipment Inspections (also with UCS facilities department)
- Vehicle Pre and Post Trip Inspections (also with UCS facilities department)
- Child Injury Reports

**Reporting:** All incidents regarding child health and safety, child abuse, staff incidents and family and community incidents related to Head Start will be reported to the director and appropriate component managers.
Incidents concerning the health and safety of children and staff, staff misconduct, and other center issues will be reported using the UCS incident reporting form. Copies of the report will be sent to the UCS executive director, Head Start director and the appropriate component manager.

**Child Abuse/Neglect Reporting:** All child abuse/neglect reports are made with a supervisor. The family and community partnership (FCP) manager is notified when all reports are made.

This report will be followed up with a hard copy report of the Head Start child abuse/neglect form from the state, which is given to the FCP manager and then faxed to the Central Intake Unit. Hard copies of reports are then filed in a DCF binder in the FCP manager’s office, along with the results letter sent to us from DCF regarding the report.

**Personnel Evaluations and Professional Development Plans:** (Also see UCS personnel policies.) Annually, and not later than the last day of the employee’s anniversary month, each supervisor will submit to the director an evaluation of each person they supervise in accordance with the UCS personnel policies. The evaluation will be reviewed with and signed by each employee.

An individual professional development plan (IPDP) will be submitted with the evaluation that indicates areas of concern and the need for additional training.

Personnel evaluations and IPDPs will be maintained in the personnel file of the employee located in the human resources office at UCS. A copy of the evaluation and IPDP will be offered to the employee.

**Reporting to the Governing Bodies:** Monthly, or as required, the director will report programmatic statistics, OHS program instructions and information memorandums, as well as other program information they may require or is of interest. The report shall be submitted to the executive director of UCS by email, and it is included in monthly UCH Board packets that are mailed to members, and then reported to Policy Council at their scheduled monthly meeting.

**Classroom Monitoring**

**Purpose:** To ensure compliance with the Head Start performance standards. To ensure quality services to children and families across the spectrum of services provided by the Head Start program.

**Scope:** This policy covers the program management of the Head Start program.

**Authority:** 45 CFR 1304.51 (h) (1); 45 CFR 1304.51 (i) (2)

**Policy:** BCHS has implemented and maintains a system of reporting to ensure control of program quality, maintain program accountability, and advises governing bodies, management, and staff of program progress, and to ensure effective implementation of federal regulations.

**Procedure:**

**CLASS:** Bi-annually, on or before the end of November and by the end of May, the education/disabilities and full day managers will observe and assess each classroom using the CLASS assessment tool. Corrective action is presented and tracked at supervision. The education manager will maintain copies of each classroom assessment.

**Binder (File) Review:** Binder reviews are done two times per year and not later than the last working day of December and April. The content manager for each center will submit to the director a report which details the findings of binder reviews for each center conducted during the preceding period and corrective actions taken. A copy of the report and findings of binder reviews will be maintained by the content manager at each center.
**Mental Health Observations:** At least three times each program year, the mental health consultant will observe each classroom and review pertinent information on each child to ensure the mental health needs of children and families are being met.

The mental health consultant will provide a written copy of the observations to the FCP manager and classroom staff. The consultant will spend time reviewing observation with staff and make recommendations. The FCP manager will use observation “area of need” section to arrange further mental health trainings.

**Disabilities Services:** Review DIAL screenings for red flags and referrals. Quarterly meetings with classroom teachers around concerns. Quarterly meetings with the early education special ed team to review each child’s progress and teacher concerns, and assign staff for observation or assessment or follow-up with the support team.

**Social Emotional:**
The Devereux Early Childhood Assessment (DECA) is a nationally normed assessment. Based on the belief that the primary value of assessment is to guide effective services for children, the DECA was developed over a two-year period (1996-98) as part of a comprehensive program to foster the healthy social and emotional development of children. Completed by parents, family caregivers or early childhood professionals (preschool teachers and child care providers), the DECA evaluates the frequency of 27 positive behaviors (strengths) exhibited by preschoolers. Typical items include "chooses to do tasks that are challenging for him/her," "shows patience," and "asks adults to play with or read to her/him." These items were derived from the childhood resilience literature and through focus groups conducted with parents and early childhood professionals. The DECA also contains a 10-item behavioral concerns screener.

The three primary purposes of the DECA are:

1. To identify children who are low on the protective factors so that targeted classroom and home-based strategies can be implemented leading to the strengthening of these abilities;
2. To generate classroom profiles indicating the relative strengths of all children so that classroom design and instructional strategies can build upon these strengths to facilitate the healthy social and emotional growth of all children;
3. To screen for children who may be exhibiting behavioral concerns so that these can be addressed before they become entrenched and possibly develop into behavioral disorders. The DECA may be used as both an assessment and a screener.