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AGENDA REPORT

TO: Sabrina B. Landreth
City Administrator

FROM: Sara Bedford
Director, Human Services

SUBJECT: SUPPLEMENTAL – Report and
Update from Head Start Advisory
Board

DATE: January 15, 2020

City Administrator Approval

Date:

1/23/2020

RECOMMENDATION

Staff Recommends That The City Council Staff Recommends That The City Council Receive A Joint Informational Report From The Head Start Advisory Board And Policy Council On The City Of Oakland Head Start Program Governance Structure And Program Metrics For FY 2018-19.

REASON FOR SUPPLEMENTAL

This supplemental report provides responses to questions raised at the Life Enrichment Committee (LEC) meeting on September 10, 2019, including an update on the Oakland Head Start federal monitoring visit findings of March 2019 and implementation of the quality improvement plan developed in response to the findings.

I. Summary of Findings from the Oakland Head Start Federal Review, March 2019

A. Background

The City of Oakland applied for and received a five-year grant to provide Head Start and Early Head Start services to 1,006 children, starting in fiscal year (FY) 2016-17. The City of Oakland Head Start program is currently in year four of the five-year cycle. During the early years of the grant period, the City began the process of significantly updating the program, taking on additional early childhood education partners, substantially expanding its services for children 0-3 years of age, and shifting nearly all sites to full-day services. This included, in the first two years, renovating facilities to meet Early Head Start licensing requirements, on-boarding new partners, revising all job specifications to address new performance standards, and meet and confer with labor unions.

In Year 3, FY 2018-19, the City participated in a two-part on-site monitoring review conducted by the Federal Office of Head Start (OHS). *Part I* consisted of a program review by a Federal review team, from March 4-8, 2019, using the official OHS monitoring instrument – the *Head Start Focus Area Two (FA2) Monitoring Protocol* to assess the program. The FA2 Monitoring Protocol is divided into six program sections and contains 24 performance indicators, and was used program-wide, to review the grantee, early childhood partners, and delegate agency, Unity Council Head Start and Early Head Start programs.

Part II consisted of a program review by a second review team, April 15-19, 2019, who used an instrument adopted by the OHS – *CLASS (Classroom Assessment Scoring System)*, to assess classroom teaching practices, teacher/child interactions and environments. Site and classroom assessments took place during both the March and April reviews.

Results

On April 25, 2019, the Office of Head Start provided Oakland Head Start with its CLASS scores from the review. Oakland's scores improved substantially from prior self-assessments using the CLASS tool, and results met the national 2018 required scores. The overall status of the CLASS review will be provided after the publication of the 2019 scores, typically released in January. As of January 17, 2020, the national Head Start CLASS average of scores has not yet been released.

On September 09, 2019, the Office of Head Start provided Oakland Head Start with the results of the Focus Area Two (FA2) Monitoring Review, conducted in March 2019. Overall, the review team identified one Program Strength, seventeen Areas of Compliance; and seven Areas of Non-Compliance (ANC) and Deficiencies (DEF).

Areas of Compliance

The areas of compliance noted during the FA2 on-site Monitoring Review, include:

- Program Governance
- Budget Planning and Development
- Budget Execution
- Ongoing Fiscal Capacity
- Facilities and Equipment
- School Readiness Alignment
- Effective and Intentional Teaching Practices
- Mental Health
- Home Based Program Services
- Enrollment
- Attendance
- Oral Health and Nutrition
- Safety Practices
- Services for Pregnant Women
- Family Well-Being
- Strengthening Parenting & Parent/Child Supports
- Family Engagement in Education & Child Development Services

In summary, the key areas of classroom services to children, family support services, and fiscal management of Oakland Head Start were in compliance with the FA2 Monitoring Protocol.

Summary of Non-Compliance and Deficiency Findings

Table 1, below, highlights all the findings of the FA2 Monitoring Review. Many of these findings are inter-related and show the need to develop both the skills and knowledge necessary to use data systems to monitor performance for continuous program improvement and quality of services being delivered to children and families, as well as to effectively monitor partners and the delegate agency. More intentional and tested professional development and performance plans related to data systems and monitoring, and ensuring data integrity and consistent collection of data, will improve compliance in many areas. This system of data management and continuous quality improvement was codified in new performance standards issued in 2016, and thus is new for the staff.

Table 1

| Service Area | Description of Area | Correction Timeframe | Compliance Level |
|--|--|----------------------|------------------|
| Program Management | The grantee did not demonstrate program oversight to ensure that all staff, consultants, and contractors had sufficient knowledge and training to implement program services as evident in health services, eligibility, recruitment, selection, enrollment and attendance (ERSEA), and staff qualifications. | 120 days | ANC |
| Program Management | The grantee did not ensure the program had established and implemented a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate. | 120 days | ANC |
| Program Management | The grantee did not ensure a program's fiscal and human resource management structure provided effective management and oversight of all program areas and fiduciary responsibilities to enable the delivery of high-quality services in all of the program services. <i>The specific areas cited for this deficiency is that Management Staff "lacked the knowledge and understanding of how to use Child Plus (database system) to effectively monitor all service areas." There were no fiscal findings despite the language used in this finding.</i> | 120 days | DEF |
| Ongoing Monitoring and Continuous Improvement | The grantee did not ensure data is aggregated, analyzed, and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas. Specifically, the grantee did not collect program data for its delegate and partners and was not tracking outcomes in Child Plus. | 120 days | ANC |
| Ongoing Monitoring and Continuous Improvement | The grantee did not ensure data is aggregated, analyzed and compared in such a way to assist the delegate and partners in identifying risks and informing strategies for continuous improvement in all program service areas. | 120 days | DEF |
| Supporting Teachers in Promoting School | The grantee did not ensure all delegate and partner Head Start teachers, Early Head Start teachers, and home visitors met the qualification requirements. A review of delegate and partners' | 120 days | ANC |

| Service Area | Description of Area | Correction Timeframe | Compliance Level |
|-------------------------------------|---|----------------------|------------------|
| Readiness | staff qualifications indicated that not all teaching staff met the required staff qualifications for Head Start. | | |
| Child Health Status and Care | <p>The grantee did not ensure up-to-date health care status for children attending the program by obtaining determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age-appropriate preventive and primary medical and oral health care, based on the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) within 90 days.</p> <p><i>This related to missing physical reports from doctors, dental screenings and up to date immunization documentation.</i></p> | 120 days | ANC |
| Eligibility | <p>The grantee did not maintain child files with an eligibility record that included the child's eligibility category, documentation that staff completed an in-person or phone interview with the family, and the documents used to determine eligibility for each child or pregnant woman.</p> <p><i>Low-income families were providing two months of pay stub information instead of 12 months of income verification. Families declaring zero income or homelessness did not all have third-party verification.</i></p> | 120 days | ANC |
| Eligibility | <p>The program did not ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under Individuals with Disabilities Education Act (IDEA).</p> <p><i>The program was serving 7 percent of children eligible for IDEA at the time of the review. A formal waiver request was submitted after the review.</i></p> | 120 days | ANC |

Strength/Highlights

The area of Mental Health and the work the City of Oakland has been doing to support children's mental health concerns was recognized as an overall strength. Specifically, the review report indicated the following:

“The Human Services Department (HSD) recognized the stress and trauma for staff and clients in all of their programs from Senior Centers, Violence Prevention, and the Head Start program. In late 2016, HSD applied for and received a federal Substance Abuse and Mental Health Administration ReCast grant to promote resiliency and equity for Oakland's high-risk youth and adults most affected by trauma, violence, and civil unrest. The program is in collaboration with city partners who work together to improve behavioral health, to empower community residents, to make their institution's trauma-informed spaces, and to improve community- police relations. This award has enabled the Human Services Department to amplify training for mental health consultants to improve upon their current policies and best practices embedded in their Early Head Start and Head Start centers. In addition, the mental health consultants support the overall administrative structure of the Head Start programming using a Trauma Stewardship lens and framework.”

Next Steps

To address the FA2 Review findings, program staff first worked with the Regional (Region IX) Head Start Office in San Francisco, to develop a Quality Improvement Plan (QIP), which began implementation on September 26, 2019. Technical Assistance from the Regional Office (RO) was also assigned to provide both for the development of the QIP, and to support the on-going implementation and monitoring of the plan during the correction period.

Timeline for Corrective Actions

The program was initially given 120 days from September 12, 2019 - January 10, 2020, to correct all findings. The City requested an extension to ensure full implementation, and based on demonstrating progress, the RO extended the deadline to February 24, 2020. Sometime shortly after the submission of QIP in February, representatives from the Office of Head Start will re-review the program and assess the program progress in resolving the deficiencies.

Progress Made with the Quality Improvement Plan (QIP)

The QIP is organized by Areas of Deficiency and Areas of Non-Compliance, and across both categories, with specific implementation activities listed under each area. The QIP lays out specific timelines for each implementation activity, staff responsible, documentation required, and outlines actions taken to strengthen systems program-wide.

Attachment A provides an updated tracking of QIP activities that highlights specific actions implemented to ensure the necessary quality improvements. However, more broadly framed, the critical tasks necessary for the QIP are summarized below:

- The Head Start specific database, ChildPlus, requires an overhaul in terms of restructuring the system to improve data entry, which will result in improved ability to produce reports that accurately and consistently allow staff to assess mandates, progress, and reporting. Additional tasks include aligning the delegate ChildPlus system with City's system to ensure that reporting across all 1,006 children and families is improved.
- Re-training staff at all levels of the organization, including partners and delegate, to ensure the analytic capacity of the data systems is better understood and being used effectively to improve program outcomes.

- Revising all QIP-related policies and procedures to ensure compliance with new performance standards and ensure robust quality improvement processes. Requires fully re-training staff including partners and delegates on all new policies and procedures and monitoring implementation.
- The program's organizational structure and specific roles and responsibilities are also being revised to ensure adequate capacity to conduct high-quality data analytics, to ensure data integrity, and to translate that information for program implementation and sharing with both the Policy Council and Advisory Board.
- One hundred percent of all child files were reviewed for accuracy and quality, with particular emphasis on health requirements, eligibility, enrollment, and disabilities for the Grantee, Partners, and Delegate. Child files were also reviewed for alignment with the ChildPlus system. An iterative process of making corrections, re-auditing files, and aligning files and database is also being undertaken and will be on-going.
- Staff professional development plans are being revised to ensure skills necessary to be a data-driven organization are built into staff's future and on-going professional development activities. Similarly, performance plans are being revised to reflect the specific monitoring and data tasks necessary for continuous quality improvement.

II. Response to Questions at Life Enrichment Committee, September 10, 2019

Analysis of Potential Head Start Sites in District 6

Staff will begin analysis of potential Head Start sites following the completion of the Quality Improvement Plan on February 24th and the follow-up review from the Office of Head Start.

California Licensing Requirements for Child Care Sites

Table 2, below, shows the primary criteria for determining a site's suitability to be licensed as a Head Start or Early Head Start site, based on the number of participating children. The indoor and outdoor square footage requirement is the primary criteria as the bathroom and sink requirements can often be established through simple renovations.

Table 2

| Program Option | Number of children | Classroom Number | Indoor Square Foot Requirement | Outdoor Square Foot Requirement | Children Bathroom count | Children Sink Count |
|-------------------------|--------------------|------------------|--------------------------------|---------------------------------|-------------------------|---------------------|
| Head Start | 16 | 1 | 560 | 1200 | 2 | 2 |
| | 24 | 1 | 840 | 1800 | 2 | 2 |
| | 32 | 2 | 560 x 2 = 1120 | 2400 | 3 | 3 |
| | 48 | 3 | 560 x 3 = 1680 | 3600 | 4 | 4 |
| | 64 | 4 | 560 x 4 = 2240 | 4800 | 5 | 5 |
| Early Head Start | 8 | 1 | 280 | 600 | 1 | 1 |
| | 16 | 2 | 280 x 2 = 560 | 1200 | 2 | 2 |
| | 24 | 3 | 280 x 3 = 840 | 1800 | 2 | 2 |
| | 32 | 4 | 280 x 4 = 1120 | 2400 | 3 | 3 |
| | 40 | 5 | 280 x 5 = 1400 | 3000 | 3 | 3 |

Cost-Benefit Analysis of Oakland's Early Childhood Development Services

The City of Oakland Head Start program receives federal, state and general purpose funds. The average annual cost per child for the Head Start program year 2019-2020 is \$21,058.

In addition to early education and meal services (two nutritious meals and snacks a day), this funding allows the Oakland Head Start program to improve “school readiness” of low-income children based on a “whole child” model, that provides comprehensive services including preschool education; medical, dental, and mental health care; nutrition services; and efforts to help parents foster their child’s development. Head Start services are responsive to each child’s and family’s ethnic, cultural, and linguistic heritage.

The benefits of the program were highlighted in a 2016 Brookings Institute Report that analyzed the long-term impact of the Head Start program nationally and identified the following outcomes:

- *Consistent with the prior literature, we find that Head Start improves educational outcomes— increasing the probability that participants graduate from high school, attend college, and receive a post-secondary degree, license, or certification.*

- *Overall and particularly among African American participants, we find that Head Start also causes social, emotional, and behavioral development that becomes evident in adulthood measures of self-control, self-esteem, and positive parenting practices.*
- *We find that Head Start participation increased positive parenting practices for each ethnic group and for participants whose mothers did not have a high school degree when compared with the outcomes of children who went to a preschool other than Head Start.*

Progress on Key Program Indicators

Attendance: Head Start requires that “if a program’s monthly average daily attendance rate falls below 85 percent, the program must analyze the causes of absenteeism to identify any systematic issues that contribute to the program’s absentee rate.” The program had an 85.7 percent Average Daily Attendance (ADA) rate for the month of December, meeting the benchmark.

Health Program Services: Head Start requires that a grantee “provide high-quality health, oral health, mental health, and nutrition services that will support each child’s growth and school readiness.

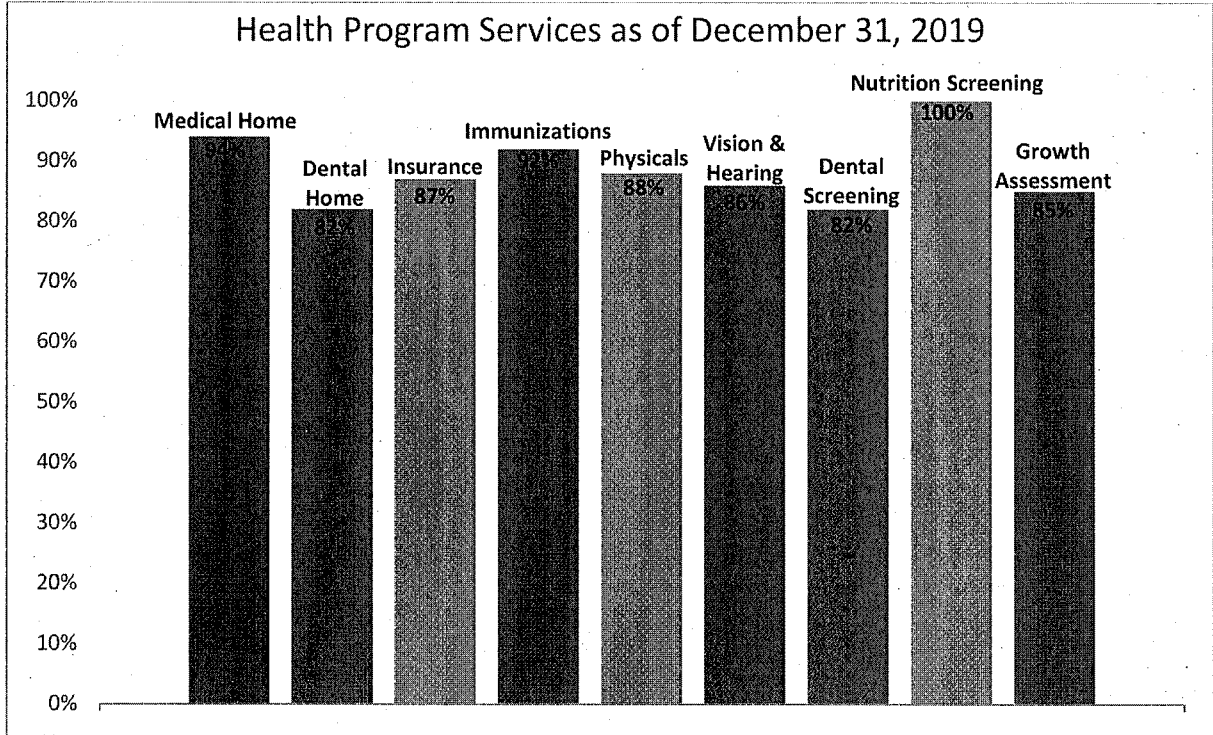
As of December 31, 2019, the program ensured that 94 percent had a medical provider or medical home (a patient- and family-centered model of pediatric care), 82 percent had a dental home, and 87 percent had health insurance. Staff is working with families to ensure that they are able to establish a medical/dental home and obtain insurance.

In December 2019, staff confirmed that 92 percent of children were up to date with immunizations. Eighty-eight percent of children had documented physicals and well-baby checks. Eighty-six percent of children had a vision and hearing screening, and 82 percent of children had a documented dental screening. The team is working closely with families who have not had their screenings and assessments to make appointments with providers. Staff are now trained to conduct hearing and vision screenings – in January 2020, hearing and vision clinics are being offered to families.

Nutrition: All children have received a Nutrition Screening. There are currently 18 children who are receiving food modifications, due to food allergies. Growth Assessment data has been documented for 85 percent of children in the program. Staff are trained in conducting growth assessments and this will be a part of the January health clinic (referenced above which will also be offering hearing and vision screenings).

Table 3, below, shows sources of health care, health status, screenings, assessments and up-to-date immunizations by percentage of program enrollees receiving these services. The City’s goal is to reach a 100 percent in each of these health program areas.

Table 3



In December 2019, staff began a 100 percent audit of health files, which will continue through January. The ChildPlus database system requires significant updating in order to provide an effective system for monitoring health data. As staff works with the ChildPlus specialist to make these improvements, the health team is working to manually monitor and record health data, by using the CAIR (California Immunization Registry) and contacting medical providers directly (with the family's permission).

Mental Health & Disabilities Services: Head Start requires that grantees must “ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under IDEA (Individuals with Disabilities Education Act), unless granted a waiver.”

As of December 31, 2019, there were 82 (8.2 percent) children enrolled with an Individualized Family Services Plan (IFSP) or Individualized Education Plan (IEP). In addition, there are 43 children who are currently in the referral process with Oakland Unified School District (OUSD) or Regional Center of the East Bay (RCEB) to be assessed for an IEP/IFSP. The program has not reached the 10 percent (101 children) requirement and will therefore request a waiver from the regional office in January 2020. The primary disability of children enrolled continues to be a Speech/Language delay (60 percent).

Education Services: Head Start requires that a program “must complete or obtain a current developmental screening to identify concerns regarding a child’s developmental, behavioral, motor, language, social, cognitive, and emotional skills” and “must conduct standardized and structured assessments, which may be observation-based or direct, for each child that provides ongoing information to evaluate the child’s developmental level and progress.” The

City of Oakland obtains developmental and behavioral screening information through the Ages & Stages Questionnaire (ASQ) and the Ages & Stages Questionnaire – Social-Emotional (ASQ:SE). Assessment of developmental level and progress of each child is determined using the Desired Results for Children & Families (DRDP) tool.

As of December 31, 2019 – 93 percent of children enrolled have completed ASQ and ASQ:SE screenings. 821 (84 percent) of Head Start and Early Head Start children enrolled have completed the *Fall - 1st Child Development Assessment* using the DRDP tool. Ninety-three percent of families have had an *Initial Home Visit*.

Human Resources & Professional Development: The program continued its ongoing recruitment, outreach and interviews for several positions, including Program Manager; Program Supervisor, Health & Nutrition Coordinator; Family Advocate, Center Directors, Teachers, Substitute Teachers and Teaching Assistants. Professional Trainings for December included: Health Policies and Procedures, Health Data Entry, Site based Rock/Trauma PLC Work Group, Health Monitoring, Attendance Policy and Procedure, Disability Advocacy Training, Head Start Performance Standards, Staff Qualifications Audit with The Unity Council, Commercial Sexually Exploited Children.

ACTION REQUESTED OF THE CITY COUNCIL

Staff Recommends That The City Council Receive A Joint Informational Report From The Head Start Advisory Board And Policy Council On The City Of Oakland Head Start Program Governance Structure And Program Metrics For FY 2018-19.

For questions regarding this report, please contact Tracey Black, Health and Human Services Planner, at 510-238-2317.

Respectfully submitted,



SARA BEDFORD
Director, Human Services Department

Reviewed by:

Molly Tafoya, Chair
Head Start Advisory Board

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Attachment (1):

A: City of Oakland Head Start Quality Improvement Plan

Attachment A - City of Oakland Head Start Quality Improvement Plan

| | | | | | |
|---------------------|-----------------------------------|------------------------|------------------|----------------------|-------------------|
| Grantee Name | City of Oakland Head Start | Plan Start Date | 9/12/2019 | Plan End Date | 02/24/2020 |
|---------------------|-----------------------------------|------------------------|------------------|----------------------|-------------------|

ACTIONS TAKEN TO STRENGTHEN SYSTEMS PROGRAM-WIDE

1. Area of Deficiency: Program Management

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|--------------------------|--|
| Key Element: | Program Performance and Management Information Systems - Data Collection, Usability, and Analysis |
| Intended Outcome: | To gain greater knowledge and understanding of Management Information systems to provide management and oversight of program services. |

| Implementation Activities | Timeline | Staff responsible | Status of Activities |
|---|----------------------------|---|---|
| 1. Re-training on strategic and operational planning processes for all management staff. | By December 13, 2019 | Program Director, Human Services Director | Completed December 13, 2019. |
| 2. Advisory Board revisit Strategic Planning Process and outline calendar for Strategic Plan Development. | By January 23, 2020 | Program Director, Human Services Director | Completed. |
| 3. Develop and train staff on a Strategic and Program Planning policy and procedure that is approved by the Advisory Board. | By January 29, 2020 | Program Director, Human Services Director | Upcoming |
| 4. Begin implementation of Strategic and Program Planning Policy and Procedure by updating a program planning calendar. | Beginning January 31, 2020 | Program Director, Management Team | Upcoming |
| 5. Update Ongoing Monitoring and Continuous Improvement policy and procedure and train staff on updates. | By January 27, 2020 | HS Planners, Program Director | Policy Updated and Approved by PC & AB. Training begins January 29, 2020. |
| 6. Re-train management staff in the use of data from program performance measurement to evaluation. | By October 31, 2019 | HS Planner, Program Director | Completed October 30, 2019. |
| 7. Present a quarterly Program Information Report that draws on data and informs the status of program compliance that is shared with | By January 28, 2020 | HS Planner, Program Director | Completed. |

Attachment A - City of Oakland Head Start Quality Improvement Plan

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| Executive Leadership, Policy Council and the HS Advisory Board. | | | |
| Management Information Systems | | | |
| 1. Revisit organizational chart to ensure staff needed to carry out operations are in place. | Beginning October 2019 | Human Services Director, Program Director | Ongoing. Key changes included hiring of a Planner for Ongoing Monitoring & Quality Improvement, assigning coordinator to monitor Professional Development, a coordinator focused on the Child Plus database system. |
| 2. Evaluate existing ChildPlus system and identify areas of needed improvement. | Beginning October 25, 2019 | Data Coordinator, HS Planner, Program Director | Complete. Significant areas of concern identified that has impacted ability to monitor program. Working with Child Plus Specialist to develop plan and make improvements. Ongoing process. |
| 3. Begin the process to update existing ChildPlus database system based on evaluation findings to unify the grantee and delegate systems. | Begins – By November 27, 2019. | Data Coordinator, HS Planner and Management Staff | Underway. Agreement with delegate on unification of system reached. Coordinators have worked with delegate counterparts to outline areas for alignment. New program year 2020-2021 will have full alignment of systems. Child Plus Specialist on site January 23 rd & 24 th for systems corrections. |
| 4. Introduce alternate system to manage data while Child Plus is in process of improvements. | Begins November 27, 2019. | All Coordinator & Management Staff | Data management occurs using Child Plus reports and manual tracking through excel spreadsheets. Presented at weekly coordinators meeting. |
| 5. Review and update policies and procedures for all content areas to ensure inclusion of Child Plus and/or alternate data management systems used for program oversight. Train staff on revised policies and procedures. | Begins November 30, 2019 | Management Staff, Program Director | Ongoing. |

Attachment A - City of Oakland Head Start Quality Improvement Plan

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| 6. Modify ChildPlus manuals for specific content areas as they are improved that include detailed information on who is responsible, how to enter data, types of data that need to be collected, frequency of monitoring of data, and which reports are reviewed on a regular basis. | Begins January 10, 2020 | Data Coordinator | In progress beginning with enrollment and active personnel. |
| 7. Present weekly data reports at management meetings. Staff will interpret reports for program performance oversight. | Begins November 04, 2019 | All Management staff, Program Director | Occurs weekly. Improvement in data reporting and analysis is observable. Providing increased support to content areas needing further data support. |
| 8. Include the expectation of advanced Child Plus knowledge and understanding to effectively monitor and provide program oversight as a key role and function of all management staff. | By January 17, 2020 | Program Director/HS Planner | Completed. |
| 9. Get approval from the City for new positions of HHS Planner for Ongoing Monitoring and Data Specialist Coordinator to ensure ongoing Child Plus skill and implementation from management to field staff. | Begins February, 2020 | Human Services Director, Program Director | Monitors quality of data entry, use of reports, supports program oversight through complex data analysis. Provides ongoing child plus trouble shooting at grantee, delegate and partner sites. |
| Ongoing Supervision to Individual Staff | | | |
| 1. Update City policy and procedure on supervision, and train supervisors on implementing policy. | By December 20, 2019 | HS Planner, Program Director | Completed |
| Ongoing professional Development to Individual Staff | | | |
| 1. Assign the professional development system to the Coach Coordinator. | By October 15, 2019 | Program Supervisor of HR & Business Services, Coach Coordinator, Program Director | Completed |

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| 2. Update the professional development policy and procedure. | By December 20, 2019 | Program Supervisor of HR & Business Services/Program Director | Completed |
| 3. Developing a program wide professional development strategy including a calendar of professional development priorities. | By January 29, 2020 | Coach Coordinator, Program Director | In process |
| 4. Monitor implementation of performance development plans. | Ongoing beginning December 30, 2019 | Coach Coordinator, Supervisors, Program Director | Ongoing |

2. Area of Deficiency: Ongoing Monitoring and Continuous Improvement

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|--------------------------|--|
| Key Element: | Ongoing Monitoring and Data Evaluation of Delegate and Partners |
| Intended Outcome: | To assess regular performance and compliance of delegate and partners on a regular basis and use data support in improving teaching practices, adjusting in services to help families achieve their goals, improving the child health services or any other comprehensive services provided. |

| Implementation Activities | Timeline | Staff responsible | Status of Activities |
|--|--------------------------|---|--|
| 1. Assess the quality of program performance data for delegate and partners based on Key Performance Indicators monthly. | Begins November 04, 2019 | Partner Program Supervisor, Planner, Program Director, Management Staff | Ongoing. Team working with partner & delegate showing ongoing improvement in meeting targets. |
| 2. Enhance comprehensive Ongoing Monitoring and Continuous Improvement that includes regular (weekly, monthly, quarterly) monitoring and evaluation activities. | Begins Oct. 31, 2019 | HS Planner, Program Director | Ongoing. Weekly reports, weekly presentation at meetings, monthly partner & delegate meetings, |
| 3. Develop the framework for a comprehensive annual evaluation of delegate and partners using aggregate data from monitoring reports to identify risks and inform strategies for continuous improvement in all program service areas which become part of the annual contract with special conditions if needed. | By February 07, 2020 | Partner Program Supervisor, HS Planner, Program Director | Upcoming. Self-Assessment methodology drafted. |

Attachment A - City of Oakland Head Start Quality Improvement Plan

| Implementation Activities | Timeline | Staff responsible | Status of Activities |
|---|----------------------------|--|----------------------|
| 4. Monthly meetings with delegate management team to discuss ongoing monitoring reports and to make improvements and adjustments as needed. | Beginning October 25, 2019 | Partner Program Supervisor, HS Planner, Program Director | Ongoing. |

3. Area of Non-Compliance: Program Management

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|--------------------------|--|
| Key Element: | Knowledge and Training of Program Staff to Implement Program Services |
| Intended Outcome: | The successful implementation of program services that follow applicable HSPPS, as well as meet best practice standards. |

| Implementation Activities | Timeline | Staff responsible | Status of Activities |
|---|------------------------------------|--|---|
| 1. Re-train all management staff in the HS Performance Standards. | Begins October 22, 2019. | Coach Coordinator, Program Director | Trainings held in October, December and January. Ongoing. |
| 2. Add a performance rubric in the annual performance appraisal on maintaining knowledge and training in content areas. | By January 31, 2020 | Program Supervisor of Business Services | In Progress |
| 3. Monitor implementation of professional development plans quarterly. | Ongoing beginning January 27, 2020 | Coach Coordinator, Supervisors, Program Director | In Progress |

4. Area of Non-Compliance: Program Management

| | |
|--------------------------|--|
| Key Element: | Training and professional development. |
| Intended Outcome: | The successful implementation of program services that follow applicable HSPPS, as well as meet best practice standards. |

| Implementation Activities | Timeline | Staff responsible | Status of Activities |
|--|--------------------------|-------------------------------------|--|
| 1. Refresher training for all management staff in the Performance Standards. | Begins October 25, 2019. | Coach Coordinator, Program Director | Completed in October, December, January – Ongoing. |

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| 2. Train management staff in the use of data from program performance measurement to evaluation. | By October 31, 2019 | HS Planner, Program Director | Completed. |
| 3. Add a performance rubric in the annual performance appraisal on maintaining knowledge and training in service areas. | By February 07, 2020 | Program Supervisor of Business Services | In Progress. |
| 4. Update policy and procedure on professional development plans and training protocol. Train and monitor (quarterly) supervisors on implementing policy. | By January 17, 2020 | Coach Coordinator, Program Director, HR and Business Supervisor | Policy completed and approved. Supervision taking place. Monitoring begins at the end of January. |
| 5. Program Wide Professional Development Strategy and Implementation Plan | By January 24, 2020 | HR and Business Supervisor, Coach Coordinator, Program Director | In Progress |
| 6. Monitor implementation of professional development plans quarterly. | Ongoing beginning January 27, 2020 | Coach Coordinator, Supervisors, Program Director | In Progress |

5. Area of Non-Compliance: Ongoing Monitoring and Continuous Improvement

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|--------------------------|--|
| Key Element: | Ongoing Monitoring and Data Evaluation of All Program Services |
| Intended Outcome: | To assess regular performance and compliance of all program services on a regular basis and use data support in improving teaching practices, adjusting services to help families achieve their goals, improving the child health services or any other comprehensive services provided. |

| Implementation Activities | Timeline | Staff responsible | Status of Activities |
|--|----------------------|---|----------------------|
| 1. Train management staff in the use of data from program performance measurement to evaluation. | By October 31, 2019 | HS Planner, Program Director | Completed |
| 2. Implement Ongoing Monitoring and Continuous Improvement policy by developing an Ongoing Monitoring and Continuous Improvement Workplan. | By February 14, 2020 | HS Planner, Program Director | In Progress |
| 3. Develop a monthly, Data Performance Indicator Dashboard that includes delegate and partner performance data. Share the monthly dashboard with the Policy Council and HS | By January 23, 2020 | Program Supervisor of Collaboration, HS Planner, Program Director | Completed. |

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| Implementation Activities | Timeline | Staff responsible | Status of Activities |
|---|---------------------------|---|------------------------|
| Advisory Board. | | | |
| 4. Implement the monitoring system, inclusive of issuing monitoring reports that are shared with the Policy Council and Head Start Advisory Board on a quarterly basis. | By January 23, 2020 | Program Supervisor of Collaboration, HS Planner, Program Director, Management Staff | Completed and Ongoing. |
| 5. Begin the process to enhance existing ChildPlus database system based on evaluation findings to unify the grantee and delegate systems to allow the use of data to track outcomes in Child Plus for all content areas. | Begins January 06, 2020 | Program Director, ChildPlus Specialist, ERSEA/Data Coordinator and Management Staff | In Progress |
| 6. Introduce alternate system to manage data while Child Plus is in process of improvements. | Begins November 27, 2019. | All Coordinator & Management Staff | Completed and Ongoing. |
| 7. Develop Data Performance Indicator Dashboards based on ChildPlus that is shared with Executive Leadership, Policy Council and the HS Advisory Board on a monthly basis. | By January 28, 2020 | HS Planner, Program Director | Completed and Ongoing. |
| 8. Develop a quarterly Program Information Report that draws on data from ChildPlus/other monitoring systems and informs the status of program compliance that is shared with Executive Leadership, Policy Council and the HS Advisory Board. | By January 28, 2020 | HS Planner, Program Director | Completed and Ongoing. |

6. Area of Non-Compliance: Supporting Teachers in Promoting School Readiness

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|--------------------------|---|
| Key Element: | Staff qualifications and competency requirements. |
| Intended Outcome: | All delegate and partner Head Start teachers, Early Head Start teachers, and home visitors meet the qualification requirements. |

| Implementation Activities | Timeline | Staff responsible | Status of Activities |
|--|-------------------------|---|--|
| 1. Review delegate and partner staff qualifications checklist at the beginning of the program year. Ensure on-going submission of tracking information as new staff are hired. | Begins October 30, 2019 | Coach Coordinator, Supervisor for Delegate and partners | Completed and In-progress. Working with delegate to ensure meets requirements. |
| 2. Review individual professional development plans for all staff who do not meet the | By December 30, 2019 | HR and Business Supervisor, Coach Coordinator | PD plans reviewed. Provided feedback on enhancing plans. 2 nd |

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| Implementation Activities | Timeline | Staff responsible | Status of Activities |
|--|-------------------------|---|--|
| qualifications requirement at the start of the program year. | | | Review will occur at the end of January. |
| 3. Biannual audit of delegate and partner staff by classroom and staff files to assess progress with professional development plans related to qualifications. | Begins January 20, 2020 | HR and Business Supervisor, Coach Coordinator | In Progress. |
| 4. Update staff qualifications policy and procedure to include monitoring of partner and delegate qualifications and professional development plans. | By January 23, 2020 | HR and Business Supervisor, Coach Coordinator, HS Planner | Complete. |

7. Area of Non-Compliance: Child Health Status and Care

| | |
|--------------------------|--|
| Key Element: | Child health status and care |
| Intended Outcome: | Ensure up-to-date health care status for children attending the program, |

| Implementation Activities | Timeline | Staff responsible | Status of Activities |
|--|-------------------------|--|---|
| 1. Active recruitment for Health and Nutrition Coordinator and Health Specialist. | Begins December, 2019 | HR Supervisor, Comprehensive Services Supervisor, Program Director | Interviews conducted. Offer for ELDE hire made. Start date January 27 th . |
| 2. Train temporary Health Aide and Comprehensive Services supervisor on Child Health Status and Care requirements and monitoring through Child Plus. | By November 30, 2019 | Coach Coordinator, Program Director | Completed and Ongoing. HHS Planner now manages Child Health Status and Care. |
| 3. Weekly Health Status Child Plus reports presented at management meetings that demonstrates interpretation of reports for program performance. | Beginning October 2019 | All Management staff, Program Director | In Progress. Ongoing. |
| 4. Assess Child Plus monitoring and file review during supervision. | Beginning December 2019 | Supervisors, Program Director | In Progress. |
| 5. Quarterly Child Plus Audit of Child Health Status files. | Beginning November 2019 | Data Coordinator, HS Planner, Program Director | Audit Complete. Analysis Report complete. |

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8. Area of Non-Compliance: Eligibility

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|--------------------------|---|
| Key Element: | Determining, verifying, and documenting eligibility. |
| Intended Outcome: | Program keeps eligibility determination records for each participant. |

| Implementation Activities | Timeline | Staff responsible | Status of Activities |
|---|--|---|--|
| 1. Update all ERSEA policies and procedures. | By January 23, 2020 | ERSEA/Data Coordinator, HS Program Planner | Completed. |
| 2. Re-train management, ERSEA, and family advocate staff on ERSEA performance standards and documentation of eligibility. | By November 22, 2019 | ERSEA/Data Coordinator, Coach Coordinator | Completed. |
| 3. Begin the process to enhance existing ChildPlus database system based on evaluation findings to unify the grantee and delegate systems to allow the use of data to track outcomes in Child Plus for all content areas. | Begins November 2019 | Program Director, ChildPlus Specialist, ERSEA/Data Coordinator and Management Staff | In Progress. |
| 4. Introduce alternate system to manage data while Child Plus is in process of improvements. | Begins November 27, 2019. | All Coordinator & Management Staff | Completed and Ongoing. |
| 5. Modify ChildPlus manuals for ERSEA to include detailed information on how to enter data, types of data that need to be collected, frequency of monitoring of data, and which reports are reviewed on a regular basis. | By February 07, 2020 | Program Director, ChildPlus Specialist, ERSEA/Data Coordinator and Management Staff | In Progress. |
| 6. Audit 100% of ERSEA Child Files for grantee, delegate and partners. | Quarterly Audit Beginning November, 2019 | Program Director, ChildPlus Specialist, ERSEA/Data Coordinator and Management Staff | Completed. Analysis Report in development. |
| 7. Conduct Monthly monitoring of ERSEA child files of grantee, partner and delegates. | Beginning November, 2019 | Program Director, ChildPlus Specialist, ERSEA/Data Coordinator and Management Staff | Completed and Ongoing. |

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9. Area of Non-Compliance: Eligibility

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|--------------------------|---|
| Key Element: | Selection process - Children eligible for services under IDEA. |
| Intended Outcome: | Ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under the Individuals with Disabilities Education Act (IDEA). |

| Implementation Activities | Timeline | Staff responsible | Status of Activities |
|--|------------------------------|---|--|
| 1. Train staff on and implement the updated Selection Policy and Procedure. | By January 27, 2020 | ERSEA/Data Coordinator, Mental Health and Disabilities Coordinator | Scheduled. Training on January 29, 2019. |
| 2. Include Children eligible for services under IDEA in ongoing monitoring protocols. | By February 07, 2020 | Mental Health and Disabilities Coordinator, ERSEA and Data Coordinator. | Completed and Ongoing. |
| 3. Weekly monitoring of enrollment of children with IEP's/IFSP's. | Beginning October 2019 | Mental Health and Disabilities Coordinator, ERSEA and Data Coordinator. | Completed and Ongoing. |
| 4. Develop strategies to increase parent advocacy in requesting evaluations from OUSD (Part B Agency)/RCEB (Part C Agency) to 'speed-up' the evaluation and diagnosis process and review Part B and Part C agency MOU's. | Beginning in November 2019 | Mental Health and Disabilities Coordinator, Family Engagement Coordinator, | In Progress. |
| 5. Modify mental health and disabilities policy and procedures with regards to timelines for referrals as a response to the known delays with processing referrals. | By November January 23, 2020 | Mental Health and Disabilities Coordinator, | Completed. Approved by governing bodies. |
| 6. Monitor referrals to OUSD by delegate and partners by monitoring ASQ screenings and working with delegate's Disabilities/Mental Health Coordinator. | Beginning in October 2019 | Mental Health/Disabilities Coordinator Program Supervisor for Collaborative Partners | Completed and Ongoing. |
| 7. Include a special condition on delegate and partner contracts to fill 10% of vacancies with children with active IEPs/IFSPs. | By February 07, 2020 | Program Supervisor for Collaborative Partners | In Progress. |