



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Head Start | 8th Floor Portals Building, 1250 Maryland Ave. SW, Washington DC 20024 | eclkc.ohs.acf.hhs.gov

To: Board Chairperson

*Mr. Steve Laing
Board Chairperson
South Central Iowa Community Action Program
1711 Osceola Ave
Ste 103
Chariton, IA 50049-1516*

From: Responsible HHS Official

*Dr. Blanca Enriquez
Director, Office of Head Start*

Blanca E. Enriquez 11/20/15
Date

Overview of Findings

From 10/27/2015 to 10/30/2015, the Administration for Children and Families (ACF) conducted a Comprehensive Services/School Readiness review event for the South Central Iowa Community Action Program Head Start and Early Head Start programs. We wish to thank the governing body, Policy Council, staff, and parents of your program for their cooperation and assistance during the review event. This Head Start Review Event Report has been issued to Mr. Steve Laing, Board Chairperson, as legal notice to your agency of the results of the on-site review event.

Based on the information gathered, no area of noncompliance was found during the course of the review. Accordingly, no corrective action is required at this time.

Please contact your ACF Regional Office with any questions or concerns you may have about this report.

Distribution of the Head Start Review Report

Copies of this report will be distributed to the following recipients:

Mr. Clarence Small, Regional Program Manager
Ms. Rose Greif, Policy Council Chairperson
Mr. Jim Smith, CEO/Executive Director
Mrs. Nancy Schnurr, Head Start Director

Overview Information

Review Type:	<i>SR</i>
Organization:	<i>South Central Iowa Community Action Program</i>
Program Type:	<i>Head Start and Early Head Start</i>
Field Lead:	<i>Cathe Kuker</i>
Funded Enrollment HS:	<i>180</i>
Funded Enrollment EHS:	<i>32</i>

Glossary

A glossary of terms has been included to explain the various terms used throughout this report.

Term	Definition
Compliance Measure (CM)	The specific statements that collectively assess the level of program performance for each Key Indicator, focusing on one or more Federal regulations critical to the delivery of quality services and the development of strong management systems.
Strength	A new and/or unique way of reaching the community.
Compliant	No findings. Meets requirements of Compliance Measure.
Concern	An area or areas of performance which need improvement or technical assistance. These items should be discussed with the Regional Office and do not include a timeframe for correction.
Noncompliance	A finding that indicates the agency is out of compliance with Federal requirements (including, but not limited to, the Head Start Act or one or more of the performance standards) in an area or areas of program performance, but does not constitute a deficiency. Noncompliances require a written timeline of correction and possible technical assistance (TA) or guidance from their program specialist, and if not corrected within the specified timeline, can become a deficiency.
Deficiency	<p>An area or areas of performance in which an Early Head Start or Head Start grantee agency is not in compliance with State or Federal requirements (including but not limited to, the Head Start Act or one or more of the regulations) and which involves:</p> <p>(A) A threat to the health, safety, or civil rights of children or staff;</p> <p>(B) A denial to parents of the exercise of their full roles and responsibilities related to program governance;</p> <p>(C) A failure to perform substantially the requirements related to Early Childhood Development and Health Services, Family and Community Partnerships, or Program Design and Management; or</p> <p>(D) The misuse of Head Start grant funds.</p> <p>(ii) The loss of legal status or financial viability, as defined in part 1302 of this title, loss of permits, debarment from receiving Federal grants or contracts or the improper use of Federal funds; or</p> <p>(iii) Any other violation of Federal or State requirements including, but not limited to, the Head Start Act or one or more of the performance standards of this title, and which the grantee has shown an unwillingness or inability to correct within the period specified by the responsible HHS official, of which the responsible HHS official has given the grantee written notice of pursuant to section 1304.61.</p>

Comprehensive Services and School Readiness

CM#	Compliance Measure	Compliance Level
CSSR 1.1.1	<p>Program staff engage in a process of collaborative partnership building with all parents to:</p> <ul style="list-style-type: none"> • Demonstrate respect for each family’s structure, cultural, ethnic, and linguistic diversity • Establish mutual trust • Identify strengths • Identify necessary services and other supports 	<p>Compliant 1304.40(a)(1, 5)</p>
CSSR 1.1.2	<p>As part of an ongoing partnership, the program must identify family needs and interests and offer parents opportunities to develop and implement individualized family partnerships with staff that address family goals, responsibilities, timetables, strategies for achieving these goals, and progress in achieving goals.</p>	<p>Compliant 1304.40(a)(2)</p>
CSSR 1.2.1	<p>The program explains the purpose and results of screenings, evaluations, and health and developmental procedures in a way that families can understand and obtains their authorization prior to conducting the screenings. This allows parents to participate in the need identification process and supports parents in how to familiarize their children with assessments/screenings they will receive while enrolled in the program.</p>	<p>Compliant 1304.20(e)(2-3)</p>
CSSR 1.2.2	<p>The program makes vigorous efforts to involve and educate parents about the Individualized Education Plan (IEP) or Individual Family Service Plan (IFSP) process and understanding their rights under the Individuals with Disabilities Education Act (IDEA).</p>	<p>Compliant 1308.19(j)(1-2, 4), 1308.21(a)(6, 10)</p>
CSSR 1.3.1	<p>The program, in collaboration with each child’s parent, performs or obtains the required linguistically- and age-appropriate screenings to identify concerns regarding the child within 45 calendar days (30 days for programs operating shorter durations) of the child’s entry into the program.</p> <p>The program, in collaboration with each child’s parent, performs or obtains the required linguistically- and age-appropriate screenings to identify concerns regarding the child within 45 calendar days (30 days for programs operating shorter durations) of the child’s entry into the program.</p>	<p>Compliant 1304.20(a)(2), 1304.20(b)(1-3)</p> <p>Compliant 1304.20(a)(2), 1304.20(b)(1-3)</p>
CSSR 1.3.2	<p>Children suspected of having a disability are promptly referred for further evaluation through a coordinated screening, assessment, and referral process in partnership with the Local Education Agency (LEA) or early intervention services for infants and toddlers.</p>	<p>Compliant 1304.20(f)(2)(ii), 1308.6(a)(3), 1308.6(e)(1), 645A(b)(11)</p>
CSSR 1.3.3	<p>The program makes a determination about the preventive care status of each child by understanding:</p> <ul style="list-style-type: none"> • Whether or not each child has an ongoing source of continuous, accessible health care. <p>(If a child does not have a source of ongoing health care, grantee and delegate agencies must assist the parents in accessing a source of care within 90 days of entry into the program.)</p> <ul style="list-style-type: none"> • The current determination from a health care professional as to whether each child is up to date on a schedule of primary and preventive health care (EPSDT), including 	<p>Compliant 1304.20(a)(1)(i-ii), 1304.20(a)(1)(ii)(A-B), 1304.20(a)(2)</p>

	dental, and assists parents in bringing the child up to date as needed within 90 days of entry into the program.	
CSSR 1.3.4	The program assists parents in understanding how to enroll and participate in a system of ongoing family health care.	Compliant 1304.40(f)(2)(i)
CSSR 1.3.5	The program has established procedures for tracking the provision of health services.	Compliant 1304.20(a)(1)(ii)(C)
CSSR 1.3.6	When screening for developmental, sensory, and behavioral concerns, the program must utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.	Compliant 1304.20(b)(3)
CSSR 1.3.7	The program carries out ongoing developmental assessment for all enrolled children throughout the year to determine progress and to plan program activities.	Compliant 1308.6(a)(2)
CSSR 2.1.1	The program has established and engages a HSAC to help ensure the program and its community partners address health needs.	Compliant 1304.41(b)
CSSR 2.1.2	The program takes steps to ensure that staff obtain direct guidance from a mental health or child development professional on interpreting and using findings from screenings and evaluations, and that each child with a known, observable, or suspected health, dental, mental health or developmental concern receives: <ul style="list-style-type: none"> • Further diagnostic testing • Examination • Treatment from a licensed or certified health care professional • A follow-up plan to ensure required treatment has begun 	Compliant 1304.20(a)(1)(iii), 1304.20(b)(2), 1304.20(c)(1), 1304.20(e)(3)(ii), 1308.18(b)
CSSR 2.1.3	Programs must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interests and goals.	Compliant 1304.40(b)(1)(i-iii)
CSSR 2.2.1	The program involves parents, consulting with them immediately when child health or developmental concerns are suspected or identified.	Compliant 1304.20(e)(1)
CSSR 2.2.2	Services provided to children with identified disabilities are: <ul style="list-style-type: none"> • Designed to support the outcomes contained in their IEPs/IFSPs • Monitored by a designated staff member or consultant to coordinate services for children with disabilities, including collaborating with other service area coordinators (i.e., Education, Mental Health, and Nutrition) and staff 	Compliant 1308.18(a), 1308.19(k), 1308.6(d)
CSSR 2.3.1	The program uses information from screenings, ongoing observations, and evaluations, as well as insight from parents, to determine how best to respond to each child's individual characteristics, strengths, and needs.	Compliant 1304.20(d), 1304.20(f)(1)
CSSR 2.3.2	The program encourages parents to be full partners in the education of their children; parents are invited to no fewer than two parent-teacher conferences and home visits per year.	Compliant 1304.40(e)(5), 1304.40(i)(2)
CSSR 2.3.3	The program develops procedures for identifying children who are limited English proficient, and informing their parents about the instructional services used to help them make progress towards acquiring knowledge and skills and acquisition of the	Compliant 642(f)(10)

English language.

CSSR 2.3.4	The program provides opportunities for children and families to participate in family literacy activities, resources and services that are essential to the families' literacy development.	Compliant 1304.40(e)(4)(i)
CSSR 2.4.1	The program provides educational opportunities for parents to enhance their parenting skills and overall functioning that include: <ul style="list-style-type: none"> • Understanding the educational and developmental needs of their children • Sharing concerns and observations about their children with program staff • Understanding how to strengthen and nurture supportive environments and relationships in the home and at the program • Identifying the appropriate responses to their children's behaviors 	Compliant 1304.24(a)(1)(iii-iv), 1304.40(e)(2-3)
CSSR 2.5.1	The program makes provisions for mental health program services for parents and staff to promote children's mental wellness ("such as social-emotional development or behavioral concerns") that include: <ul style="list-style-type: none"> • Staff and parent education on mental health • Engaging parents in discussion regarding concerns about their child's mental health • Activities promoting children's mental wellness • Timely identification and intervention to address children's mental health concerns 	Compliant 1304.24(a)(1)(i), 1304.24(a)(2), 1304.24(a)(3)(i)
CSSR 3.1.1	The program has a system and processes in place to: <p>Aggregate and Analyze the following:</p> <ul style="list-style-type: none"> • Aggregate child-level data at least three times a year using data from one or more valid and reliable assessment tools. (Programs operating less than 90 days are required to do so at least twice during their operating period.) • Use the results to inform services. • Analyze individual, ongoing child-level assessment data for all children birth to age five. • For programs serving dual language learners (DLLs), determine status and progress in acquiring the knowledge and skills described in the Head Start Early Learning Outcomes Framework (demonstrated in any language, including the child's home language) and toward learning English. <p>Determine Progress:</p> <ul style="list-style-type: none"> • Use aggregated child-level data in combination with other program data to determine the level of progress towards meeting goals. • Use individual child level data in combination with input from parents and families to determine each child's status and progress in the five essential domains. <p>Use School Readiness Data to:</p> <ul style="list-style-type: none"> • Individualize experiences, instructional strategies, and services to best support each child. • Assess the fidelity curriculum implementation. • Direct continuous improvement related to the effectiveness of curriculum, instruction, professional development, and program design or other program decisions based on the analysis of school readiness outcomes data. • Inform parents and the community of the program's progress in achieving school readiness goals. 	Compliant 1307.3(b)(2)(i-ii)
CSSR 3.1.2	The program has engaged in a process to align its school readiness goals with the Head Start Early Learning Outcomes Framework, State Early Learning guidelines, and the requirements and expectations of the schools the children will attend to the extent that they apply to children participating in the Early Head Start or Head Start program, and has consulted with the parents of children participating in the program.	Compliant 1307.3(b)(1)(i-iii)

CSSR 3.2.1	The program hires teachers with the required qualifications, training, and experience.	Compliant 1304.52(h)(1), 645A(h)(1-2), 648A(a)(3)(B)(i-iii)
CSSR 3.2.2	The teacher's approach to Child Development and Education (CDE) is developmentally and linguistically appropriate and demonstrates an understanding that children have individual rates of development, interests, temperaments, languages, cultural backgrounds, and learning styles.	Compliant 1304.21(a)(1)(i)
CSSR 3.2.3	The program implements with fidelity a curriculum that: <ul style="list-style-type: none"> • Promotes young children's school readiness in the areas of language and cognitive development, early reading and mathematics skills, socio-emotional development, physical development, and approaches to learning. • Is evidence-based and is linked to ongoing assessment, with developmental and learning goals and measurable objectives. • Focuses on improving the learning environment, teaching practices, family involvement, and child outcomes across all areas of development. 	Compliant 642(f)(3)(A, C-D)
CSSR 3.3.1	The program provides a balanced daily program of child-initiated and adult-directed activities, including individual and small group activities.	Compliant 1304.21(a)(1)(iv)
CSSR 3.3.2	The learning space provided by grantee and delegate agencies must be organized into functional areas that can be recognized by the children and that allow for individual activities and social interactions.	Compliant 1304.53(a)(3)
CSSR 4.1.1	The program supports successful transitions for enrolled children and families, both into and out of Head Start programs, by: <ul style="list-style-type: none"> • Ensuring each child's relevant records are transferred from the previous setting to the child's next school or placement. • Initiating joint transition-related training for staff. • Building relationships with principals, teachers, social workers, and health staff to facilitate continuity of programming. • Discussing the developmental progress of individual children with parents and future teachers. • Initiating joint transition-related training for Head Start and kindergarten staff (this includes a staff-parent meeting toward the end of the child's participation in the program, to enable parents to understand child progress while enrolled in the program). • Developing parents' capacity to effectively communicate with teachers and other school personnel. 	Compliant 1304.40(h)(2), 1304.40(h)(3)(i-ii), 1304.41(e)(1)(i-iv)

— END OF REPORT —