



ANNUAL SELF-ASSESSMENT MOCA HEAD START/EARLY HEAD START

2021-2022

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Overview

AUTHORITY

Every year the Missouri Ozarks Community Action, Inc. Head Start/Early Head Start conducts a Self-Assessment of its operations as it relates to services and achievement of Program Goals. This process is mandated by the Office of Head Start Program Performance Standard 1302.102 (b)(2)(i).

TIME LINE

The time line for the 2021-2022 Self-Assessment was May 24-25, 2022

METHOD

The process this year was led by the Program Director as an all in one forum, where everyone listened to the component specialist report out, and the others added in their data points, observations, and other resources from the various sites on the topic. A list of strengths, concerns as well as an action plan was then drafted by all.

The following areas were highlighted and reviewed:

Head Start Component Areas:

- School Readiness
- Family Outcomes
- Health
- Mental Health
- Transportation and Facilities

Head Start / Early Head Start Program Goals

- Strengthen Parent Family and Community Engagement
- Strengthen and Expand Early Head Start
- Professional Development-Staff Wellness, Mission and Purpose
- Trauma Informed Program

ASSESSMENT COMMITTEE

A request for participation to be on the Self-Assessment Committee was announced at two regular governing body meetings prior to the first assembling of the committee. MOCA Head Start assembled the Area Component Specialist, Head Start Clerk, Area and Site Supervisors, the Head Start Director and Executive Director, as well as invited the Board and Policy Council members.

DATA SOURCES/OBSERVATION TOOLS

Observation tools are used by the management staff to ensure that the classrooms, centers, and family services areas are providing the necessary services and resources to enrolled families.

- Head Start Aggregated Data Workbook
 - Classroom Assessment Scoring System (CLASS)
 - PBS inventory of practice observation
 - Early Childhood Environment Rating Scale (ECERS)
 - IEP numbers in classrooms
 - Teaching Strategies Gold Widely Held Expectation Check point report
 - Parent Surveys (fall and spring)
 - Family Engagement Outcomes
- Family services tracking system by Cleverex-Myheadstart.com
- Teaching Strategies Gold (TS Gold)
 - Interrater Reliability Certification Report
 - Growth Report
 - Alignment Report
- Early Literacy Observations
- Social Emotional Observations
- Teaching Staff Needs Assessment
- Staff Exit Interviews
- Smart Connection Evaluations
- Community Contact Logs
- Early Head Start Aggregated Data Workbook
 - Infant Toddler Environment Rating Scale-3 (ITERS-3)
 - Monthly Attendance
 - Number of IFSP's in a classroom
 - Social/Emotional Checklist scores
 - Classroom Demographics
 - Teaching Strategies Gold Widely Held Expectations checkpoints
 - Early Head Start Family Engagement Outcomes for Fall and Spring
 - MHS Home Visiting workbook for each assessment period
 - MHS Home Visiting Socialization workbook for the each assessment period

- Home Visiting Rating Scale (HOVRS)
- Partners for a Healthy Baby Curriculum
- Edinburgh Postnatal Depression Scale (EPDS)
- Early Head Start Prenatal Questionnaire
- Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO)
- Home Visitor Self-Assessment
- Early Head Start Teacher Self-Assessment

BRIEF SYNOPSIS

This program year was the most challenging ever. The continuation of the National Health Emergency (COVID-19) can be held as the catalyst for several of the issues the program faced. The most dominant of these was losing staff, the others were low enrollment and staff morale. The announcement requiring a COVID vaccine in order to continue as an employee of a Head Start program sent some long term and newly hired employees to leave, and recruiting those with the vaccine was not easy. As the economy continues to recover the employment opportunities rose with higher compensation and it is now a searchers market. Some employees left to better their family's economic status.

At the beginning of the 2021-2022 school year the COVID guidance was intense, classrooms or centers were closed for the duration of the exposure. Parents pulled children due to the inconsistency. As cases and exposures slowed so did the classroom closures; however those previously enrolled did not return and applicants were not there. The previous synopsis was outlined to help give a picture of the programs most unprecedented year.

The next section will outline each component area with a brief synopsis of the discussion had during the self-assessment meetings. At the end of the content area and program goal sections is the action plan that was drafted by the group. The action plan outlines what the program intends to do about the information that was discovered, in order to assist the program in rectifying the identified issues.

Addendum "A" is the aggregated data, used in analyzing the strengths, and needs of the classrooms, class teams as well as the center.

Data Source Origins

- Family services tracking system by Cleverex-Myheadstart.com
 - *Application
 - *Attendance
 - *Application Referrals
 - *Family Engagement Outcomes
 - *Family Needs Assessment
 - *Individualized Family Partnership Agreement (IFPA)
- Child Outcomes tracking by Teaching Strategies Gold (TS Gold)-research based developmental continuum, and coincides with curriculum
- Classroom Assessment Scoring System (CLASS) an observation that reviews the way the teacher and child are relating, is the teacher prepared, and child perspective.
- Early Literacy Observations-an observation, information on the early literacy environment
- Social Emotional Observations-an observation to gather information on the children's emotional well-being, can they understand their own emotional experiences and assist in recognizing and understanding of others.
- Teaching Staff Needs Assessment, the teaching staff assess their needs in this survey
- Staff Exit Interviews-when an employee leaves they have the opportunity to complete a brief questionnaire
- Parent Smart Connection Evaluations
- Community Contact Logs-This is a tracking system that is kept by Family Advocates in each center
- Early Childhood Environment Rating Scale (ECERS)- evaluates the physical environment, basic care, curriculum, teacher child interaction, class schedule, program structure and the provisions for parent and staff
- Infant Toddler Environment Rating Scale-3 (ITERS-3)-evaluates the physical environment, basic care, curriculum, teacher child interaction, class schedule, program structure and the provisions for parent and staff.
- Home Visiting Rating Scale (HOVRS)-an observation that emphasizes a developmental parent support approach that respects each family's strengths and culture.
- Partners for a Healthy Baby Curriculum
- Edinburgh Postnatal Depression Scale (EPDS)-a screening for postpartum women
- Early Head Start Prenatal Development
- Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO)-an evidence-based observational measure of parenting with very young children.
- Ages and Stages (ASQ) Questionnaire- parents completed screening tool about the

home environments of children ages birth to age six.

Outcome:

SCHOOL READINESS

School Readiness is not just for the children, school readiness is targeted for all who are involved with that child's school experience. The parents of course, as they are the child's first and most influential teacher, the institution of learning which includes of course the education staff, the support staff (Family Advocates, Cooks and Drivers), then there is the community in which the family lives. This year 2021-2022 was a different year for the MOCA Head Start/Early Head Start program, in that the year presented several challenges; one of the most dominant challenge was being short staffed in nearly every single center which lead the Director of Education to make this statement in her report;

“It is hard to trust the data with the past year's staffing and turnover of staff. The Interrater reliability certification report identifies 12 staff that do not have a current TS Gold Reliability Certification. This could affect the outcomes report. Time available for proper documentation has suffered, as staff were completing assignments on a priority basis to maintain quality services for the children and families.”

Within the discussion on the validity of the information the team came up with some target areas. Starting with the Teaching staff, as they are the ones who are explaining School Readiness to the Parents (the second target). Then the third target is the Family Advocates who are the ones with the teaching staff, explaining to the community about what school readiness is, and how they in the community are an essential part of that child and families success in school and growth within the community.

The conversation lead to training topics and who should receive the trainings. Within this discussion there was an overwhelming thought that the program would need to go back to the beginning, due to the number of new staff, and that even seasoned staff did not have time to assist with the new staff's training. The training topics are as follows:

- Attendance –the importance of daily participation
- Communication-between parents and staff, staff to staff, staff to school districts,
- Expectations-Staff's expectations of staff, parent having an understanding of what the program expects from them
- Parent Teacher/Home Visits-Explaining the reasons for having the meetings, what information is given to the parents, and what each person's role is in these meetings.
- Time management in the classroom
- Focus on Best Practices
- Program Assessment program (TS-Gold) training:
 - Who is doing the documentation
 - TS Gold Reliability certified
 - Data entry
 - By area of development

- Quality vs quantity
 - Alignment
 - Color Bands-age based
 - Observations vs meeting the milestone (accuracy)
- Leadership Training

Summary from the Director of Education

Self-Assessment 2022 Data sources-

- Aggregated data workbook- compiled of CLASS scores, PBS inventory of practice observation, ECERS scores, number of IEPs in each classroom, Fall, Winter, and Spring check points and demographic data, parent survey results from fall and spring and Family Engagement Outcomes.
- Program MOCA Head Start Interrater Reliability Certification Report
- Teaching Strategies Gold Growth report
- Teaching strategies Gold alignment report

Findings- It is hard to trust the data with the past year's turnover of staff. The Interrater reliability certification report identifies 12 staff that do not have a current TS Gold Reliability Certification. This could affect the outcomes report. Time available for proper documentation has suffered, as staff were completing assignments on a priority basis to maintain quality services for the children and families.

Overall child outcomes showed that children did make strides towards school readiness.

The most gains were in Physical development with 30.6% children being in the Exceeding expectations category and only 3.82% being below expectations. This is followed by Social emotional development with 27.7% of children being in the exceeding expectations category and 5.88% in the below expectations category. The least amount of gains was in the Literacy with the least amount of children in the exceeding category at 16.47% and the most in the below expectations. This could be because mask wearing and social distancing limited the sharing of books and other literacy activities. Thus, either it was not happening or results were not being documented.

The Teaching Strategies Gold Widely Held Expectations are located in Addendum A, within the Aggregated Data Report.

Outcome:

FAMILY OUTCOMES

Family Outcomes is one of those pillars that need to be strong in order for the rest of the program's goals to come to fruition. Again in this area there were doubts in the accuracy of the data entered;

this was stated in the meeting and based on the number of new staff and other staff performing the Family Advocates duties due to no advocate in that position. Some of the reasons were being unfamiliar of what and where to document interactions with the families. Despite this, the Family Advocates are connecting to the families, and their communities.

There were a few areas identified to target as training topics for the Family Advocates;

- Training New Family Advocate Staff
- Community Resources for all staff
- Where/How/When to Document
- Cross Communication between staff and parents
 - Parent Teacher Conferences
 - Home Visits

Summary from the Director of Family, Parent and Community Engagement

Family Engagement held steady for the 2021-2022 program year, despite COVID restrictions. Participation in setting goals, Home Visits and Parent/Teacher conferences, parent meetings and parenting curriculum opportunities were on track at the same rate as previous years.

Family engagement outcomes show gains from checkpoint one to two, as well as from two to three. The greatest gain from checkpoint one to two was in Families as Learners. It is during these two checkpoints that we are offering our parenting curriculum sessions, so this is to be expected. Between checkpoints two and three, the greatest gain shows up in Transition. This is the time of the year staff make sure those families and children who will go on to kindergarten receive that necessary information.

Families are receiving other services in parenting education outside of the parenting curriculum opportunities. Many families were required to keep their children at home if COVID policies dictated this. As a result, families were given at home learning and activity packets. Additionally, other materials and information was given to families as needed, per a report of services regarding parenting education. Numbers were also up from the previous years for Father Engagement.

When looking at family assessments, this report shows that the highest identified need was in Emergency/Crisis Intervention (45 families). The highest identified interest was in Parenting Education (107 families). Our program currently has a great strength in meeting both of these needs and interest, as our center staff are building great relationships within their communities and within MOCA and providing referrals for needed services. Our services for parenting education are being provided even outside of “need” and “interest” with a total of 405 parenting education services entered.

Despite COVID restrictions and full engagement of families physically in the facilities, a strong parent involvement still shows through. As things return to “normal” it is expected that participation will increase. However, only time will tell.

Our weakness falls in staffing. We have had seven of our Family Advocate positions become vacant during the 2021-2022 program year. Some remained vacant for extended periods of time. In addition, two of the other remaining staff were hired during the pandemic and have yet to work outside of the two-year pandemic time-frame. This leaves only four Family Advocates who have worked in this position and have a better understanding of what the program’s mission and purpose is. Training of the new staff is a priority.

Outcome:

HEALTH PROGRAM SERVICES

The health component is paramount to school readiness. If a child is in need of health care, they are not focusing on learning. The health component starts at the point of application, the family must provide a current vaccination record for the child they are wanting to enroll. At that time the staff review the record and let the parent know what if any vaccinations are needed. The staff also let the parents know if the child is selected they child will need a physical, and a dental exam. One primary focus of Head Start is to ensure that the health of a child does not hinder their education. In Early Head Start an enrolled expectant mother is required to be under the care of a medical provider and is on schedule with visits.

MOCA Head Start has been able to align with several of the area Federally Qualified Health Clinics (FQHC) within the service area to assist families in obtaining the required health services. The National Health Emergency has strained the services provided this past year, however they did what they could to assist.

The Health Services area had an unexpected upset with the departure of the Health/Nutrition Director mid-year, and there were no qualifying applicants to replace this personnel.

As a result of this departure other personnel took on health related monitoring responsibilities and other duties as assigned. Center staff were very instrumental about monitoring health services for enrolled children and pregnant women.

The program data tracks how many children who have medical insurance, dental home, and designated medical provider for their medical and dental needs. According to the data throughout the year the data showed repeatedly over 85% of children had access to medical and dental care. The program tracks the completeness of the required vaccinations for the

age of the child, in this area it too was high as 88% children had or were on track to have the required vaccinations for their age.

Outcome:

MENTAL HEALTH

Mental Health has been an important component of Head Start for many years, but with the myriad of research completed on social emotional health and its implications for the healthy development of young children, it has gained more recognition in the past few years. MOCA Head Start is fortunate to have Mental Health consultant on staff. One of the MOCA Head Start Program requirements is to screen in the area of social emotional health.

During the self-assessment discussion of this area it was found that Trauma Smart played a large role in the daily operations of the classroom. Specific trauma informed language and the understanding of how trauma during childhood influences outcomes helped teachers conduct their classrooms in a way that resulted in increased positive interactions and successful behavioral modifications. The use of the trauma smart “common” language while working with the children helped to de-escalate situations as well as gave teachers an understanding how to approach children demonstrating extreme behaviors. The group concluded that one of the greatest strengths came from the staff supporting each other as well as additional support from the coordinators.

One of the concerns that was reported by the Mental Health consultant was the time line of referrals. The consultant would like to implement a specific amount of time, from when a referral is written to when a referral is either executed or refused by the caregivers. The Mental Health Consultant would require that staff maintain contact with the families as they pursue the referral, or even assist a family in contacting providers and creating appointments for services, in addition to continuing comprehensive documentation of the referral process. This would include staff discussions with the caregivers regarding the referral, whether services were being received (and from whom), or whether caregivers refuse the referral and their reason for the refusal.

The Health Services Advisory committee is another concern in this area. There are few Mental Health representatives participating on the committee and this is something that the program would like to see change.

The overall mental health discussion led to addressing the role of the Mental Health consultant. Thoughts were that some staff do not understand the role the Mental Health Consultant plays in the program and are therefore not relaying the importance of the mental health component to families.

The consultant discussed the need to see the home base families more frequently in their homes as well as at socialization days.

Summary from the Mental Health Component

All classrooms were observed on a regular basis throughout the year by the Mental Health Consultant, she also attended the home base socialization days. The consultant conversed with every teaching team about her observations and gave guidance when appropriate.

The data shows that 375 children were screened with the ASQ-3 in social and emotional wellbeing. The data indicates that there were 52 concerns in which the mental health consultant was requested to specifically observe; from that, 29 families were provided a referral for outside assistance. However, 13 families refused the assistance.

Outcome:

TRANSPORTATION AND FACILITIES

This section is in two parts, Transportation and then the Head Start Facilities. The Transportation area is in play in only two sites Lebanon and Waynesville as drivers have been difficult to find. Advertisements for drivers have been published in those centers that at the beginning of the year that had a driver, however there were no applicants.

Company vehicles assigned to Head Start are under the care of the Director of Transportation and Facilities. This includes busses, trucks and cars used for management personnel as well as Home Visitors for the Home Base visits. The Director is to ensure that all vehicles are in good running condition and are serviced at regular intervals.

Summary from the Transportation and Facilities Component

This year has been a very unusual year as several of the vehicles have been vandalized. The main issue was the theft of catalytic converters from the busses, and trucks. Then the theft of gas, and a whole car, which was recovered and vandalized to the extent it was totaled by the insurance company. The program has installed outside cameras at most all but one center as that center is in a school district building. They have helped detour some crime events and aided in that the center staff have a better sense of security.

There are twelve Head Start facilities, that are under the supervision of the Director of Transportation and Facilities. There is one maintenance person to assist the Director, and is responsible for ensuring the facilities are in compliance with Licensing, State fire and sanitation requirements, as well as ensure that the indoor and outdoor facilities are safe for both children and staff. With the assistance from the American Rescue Plan some centers are becoming more sanitary by removing the carpet from classrooms and replacing it with tile or laminate flooring. This flooring allows for a more sanitary environment, as hard floors are easier to clean and keep clean than carpet. There are some delays in these projects due in part to the contractor's product availability as well

as their scheduling. The entire project is expected to be completed by April of 2023.

During the discussion of facilities it was mentioned that there appeared to be an abundance of consumables in the centers. The plan will outline a drafting of a monthly inventory list that will guide the ordering of such materials so that storage space will not be such an issue.

Outcome:

EARLY HEAD START: CENTER BASED AND HOME BASED

MOCA Early Head Start serves children zero to 36 months, and pregnant women. This program option is relatively new to MOCA Head Start it began in 2017. The program started with a funded enrollment of 36 children and now serve 52. The program offers both a classroom center based option for 32 children and Home Base option for 20 children or pregnant woman. There have been challenges. The need for qualified teaching staff for instance; the EHS teacher is required to have an Infant Toddler Child Development Associate Credential (CDA) or greater (AA in Early Childhood Development). Whereas the program does ensure that all teaching staff without a credential or degree start the CDA process upon hiring, it may take anywhere from 12 to 24 months to complete depending on the candidates ability to acquire the required training and contact hours. The program has been very fortunate to have some staff who have been with the program from the beginning of the EHS program. The recent staff turnover in EHS has been a challenge yes, but we are progressing and have hired some new personnel and hoping our recruitment efforts will pay off.

Head Starts at the national level are seeing an increased need for EHS services. MOCA Head Start itself has increased the number of EHS children served within the short time we have had the program option. We expect the need to grow even further within the eight counties MOCA serves. This assessment as well as the community needs assessment will guide the direction of any further conversions or expansions for EHS.

Summary from Early Head Start Component Specialist

Self – Assessment 2021-2022 Data sources –

- Aggregated data workbook – includes data collected from ITERS-3 observation, monthly attendance report, number of IFSPs, social-emotional observation, literacy checklist, fall, winter, spring and summer widely held expectations to include demographics, color band percentages. Also includes EHS Family Engagement Outcomes.
- MHS Home –Based Home Visit Report
- Creative Curriculum Scope and Sequence for 0-12m, 12-24m, 24-36m – tool is used to apply the Head Start Early Learning Outcomes Framework(ELOF) to the sequence of the when skills should be introduced while using Creative Curriculum.

Findings –

Findings in classroom observations are current through the end of December 2021. That data is included in the aggregated data workbook, including analysis for fall, winter and spring. Second observations were unable to be completed as listed in the Early Head Start monitoring task, due drastic changes in classroom staff.

However, Teaching Strategies data shows an average of 80% of all EHS children are meeting expectations in all 6 developmental areas.

Classrooms were effectively utilizing technology to capture children in photographs and videos to show growth in physical development; consistently showing progress in fine motor and gross motor developmental.

Home-based children in both locations, are making continuous progress; average of 70% of children enrolled were meeting developmental expectations. Informal qualitative data showed home visitors were effectively using the Partners for a Healthy Baby curriculum to help strengthen families, enhance child health and developmental outcomes, and maternal health.

Early Head Start has maintained partnerships with Missouri First Steps SPOE 8 and SPOE 9. Children within our program receive services in areas of special instruction, physical therapy, occupational therapy and specialized vision/hearing services. Providers’ partner with center based and home based staff.

The cumulative data for the Family Engagement Outcomes for Early Head Start did show significant gains from checkpoint #1 to # 2. Also steady gains from checkpoints #1 to #3. Steady increase in specific outcomes of Family Well Being and Positive Parent-Child relationships.

Outcome:

PROGRAM GOALS

Strengthen Parent Family Community Engagement

This area is a vital to the operation of any Head Start program, as parents are our first point of contact to the community at large.

During the self-assessment meeting on this topic the group reported that there was a decline in “family support” reported by parents (Parent Surveys). The group discussed the reasons for this, the conclusion was:

- Covid-19
- Center Short Staffed

The centers first priority was to keep the center/classroom environment safe and free of contaminants as possible; which restricted some participation from parents and

other community volunteers in the classrooms and centers.

The Head Start program started losing staff for several reasons, one being the vaccine mandate that needed to be recorded by January 31, 2022. Another reason discovered was that community businesses were hiring personnel at a higher rate of pay than before the pandemic. Staff left the program employ in order to better their family's financial situation.

Services to parents was hindered due to the loss of staff, especially those in the Family Advocate position. As reported in the PFCE section of this report there were seven family advocate positions were vacated over the year. A few of those positions are still vacant; other staff did their best in supporting the needs of a families.

Strengthen and Expand Early Head Start

As Early Head Start is still a young program option to MOCA Head Start, the program continues to evaluate the services provided. Last year (2020-2021) the program expanded both sites adding 12 new EHS slots to the programs funded EHS enrollment. The wait list continues to grow in both the Lebanon and Waynesville centers. Some other successes with EHS are:

- Several children have transitioned from this program option to the next 3 to 5 Head Start.
- A very strong partnership with First Steps (state supported early intervention program)
- The Infant Toddler Environmental Rating Scale has become a more reliable tool in the classroom.
- The Infant Toddler CDA can be obtained within 12 months from hire date.

The review found some areas that need strengthening.

- The EHS Family Advocate that was assigned for both centers did not workout. The thoughts were that the centers were too short staffed, the travel between the communities, and the hours that were spent in each center were not sufficient to make the needed connections with the families or communities. As a result these areas were identified as not working, health and family tracking.
- It was discussed due to the turnover of EHS teachers the new ones need to earn their Family Development Credential (FDC). Those who were scheduled for this year's class were unable to attend due to staff shortages, and due to the staff shortages the FDC class was canceled altogether.
- Medical providers need to be made aware of the "physical assessment" needs for EHS. Parents need to be made aware of what to advocate for when they take their child for their physical as well as other screenings.
- In the area of Home Base, the need for screenings to be timely.

Professional Development Staff Wellness (Mission & Purpose)

An organization cannot operate without its staff. Staff are the foundation to any program's operation. The program experienced the highest staff turnover rate that this person of 28 years has ever seen. The number of open positions were as high as 40 out of a total of 112 (35.7%). Some of the reasons were explained in the PFCE area. As a result the program needed to lean more heavily on the management staff for everyday center operations. Many were in center staff positions filling in for absent or vacant staff on a daily basis until these positions were filled or staff returned. Other aspects of the program were affected by the staff shortages, training, management meetings, planning for professional development, and this assessment. Whereas the topic mainly focused around staff vacancies there were other areas identified as a need from the individual professional development plans of staff. Personal evaluations showed a need for time management and organization training as well as a need for overall staff communication.

The areas to strengthen this upcoming year

- Regain staff in all positions
 - Recruitment efforts –MOCA mobile office, social media, and other job posting sites.
- Reinstitute the Professional Development Committee
 - Due to the turnover a campaign to educate staff on the basics of what Head Start is and its Mission and Vision.
 - Back to the begging of Head Start's operations

Trauma Informed Program

MOCA Head Start has been working with the Crittenton Children's Center in the area of understanding children with trauma experiences and how to respond to it responsively since 2019. This training and continued support from the Crittenton Children's Center has become a great asset to the program and its staff. The evidence of this is that staff were able to have more empathy for families and children who have experienced trauma. The new staff are picking up the concept quickly despite the lack of training on the subject.

Each year the program strives to have each staff member trained with the Trauma Smart training modules. This program year due to the staff shortage, those scheduled trainings had to canceled. A plan has been drafted to catchup this year, so that the program can continue it goal towards having all staff Trauma Informed.

A challenge that arose was the loss of two Trauma Informed Care (TIC). The program is scheduled to replace and expand the TIC team to keep the momentum of this vital mental health component active. There are three current personnel that will be attending the Trauma Smart Coaching and Smart Connections Academy in the

fall of 2022, with a possible fourth when the position is filled. We have two that will attend the Trauma Smart Facilitators training that is scheduled in the spring of 2023.

The Parenting Curriculum from Trauma Smart had its own issues as in the presentation of it. The trauma coaches were able to maneuver around the situation with acceptance from Crittenton Children’s Center (See report below).

Parenting Curriculum -Smart Connections

Data Summary

Program Year: 2021-2022

For this program year, 2021-2022 we agreed to offer 3 modules of Smart Connections. These modules were offered in the Spring.

Due to drastic changes in classroom staff and our TIC team; facilitators were not able to meet with the family advocates as planned. A recorded zoom video was provided to the FAs by Jenny giving them a brief overview / refresher of Smart Connections and how to present it and instructions on documenting this in our data tracking system (MyHeadStart).

A PowerPoint was created for the family advocates, with reflection questions as guide through the material. Each center was supplied with a resource kit, containing copies of evaluations, handouts and any activities needed to support the facilitation of the module.

Our Goal: During the program year, we will have 10 % participation of smart connections workshops based on 100% enrollment of each center.

Belle – 2 Bourbon -1 Camden -4 Crawford – 5 Eldon – 3 Gasconade – 2 Iberia – 2 Lebanon – 8 Osage – 2

Rolla – 5 St James – 2 Tri-County – 2 Waynesville – 8

We collected data from the evaluations of the centers that completed Smart Connection Workshops.

Spring

(These numbers are based on those who completed module evaluations, and the FAs who submitted them)

Total Number of families participated in Session 1 “Managing the Ups and Downs” - 15

Total Number of families participated in Session 2 “Reading the Signs” - 16

Total Number of families participated in Session 3 “Feelings Detective” - 19

MOCA Head Start is committed to this project and will continue to practice the concept, with families, children and staff. It is just as vital to have an understanding of staff who have faced trauma in their lives as it is our families and children.

ADDENDUM COVID-19

MOCA Head Start provided in person services to the best of its ability for this program year 2021-2022. COVID-19 did play a significant part of the programs operations this year, in that it was responsible for periodic center/classroom closures due to exposure, staff shortages due to illness, as well as loss of staff due to the vaccine mandate. The program did lose some enrolled children for various reasons; masking, inconsistencies in operations (back to back center/classroom closures) or the basic fear of contracting the virus. COVID-19 did play a part of not fulfilling the programs goal of 100% enrollment, and proper staffing.

Despite 41 classroom closures due to COVID-19 over the school year from August 2021-May 2022, the program did provide services to over 466 children cumulatively.

Help from the American Rescue Plan (ARP) has allowed the program to utilize the funds for retention compensation benefit, salaries for those staff affected with COVID or COVID related absences. ARO has allowed some staff to work in the summer months (when they would be laid off) to work on a recruitment and community connection project. This project was first activated last year with the use of CRRSA funds, which produced some new connections in the communities and over 180 child applications taken.

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ADDENDUMS:

#1 Head Start Aggregated Data

#2 Early Head Start Aggregated Data

#3 Program Improvement Work Plan