

**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
BOARD OF EDUCATION**

Agenda Item 12.2

Meeting Date: 6/11/2021 10:00 AM

10. Attachment 10: Head Start Quality Assurance Review Response Plan

Estimated Time of Presentation: N/A

Submitted by: Jacqualynn Bonini, Interim Director, Child Development

Approved by: José L. Banda, Superintendent

Attachment 1
 Head Start / Early Head Start
 Monthly Report Summary

Budget Reports

HS, EHS, CCP February 2016 Reports

USDA Meals and Snacks for February 2016 - Site Enrollment

	Breakfast	Lunch	Snack am	Snack pm
Early Head Start	561	692	NA	339
Head Start Part-day	4342	958	4269	959
Head Start Wrap Full-day Collaboration	7659	6378	NA	5889

Actual Enrollment	1211
Percentage of Actual Attendance	86%

	144
Actual Enrollment	149
Percentage of Actual Attendance	71%

Early Head Start Expansion Enrollment

Attachment 5

Attachment 7
CHILD DEVELOPMENT DEPARTMENT
SETA MONTHLY FISCAL REPORT

R5221

Month: February 1 - February 29, 2016 Agreement No: 150555180(2)

The majority of the page is obscured by a large, solid black redaction box. Only a few horizontal lines of the table grid are visible, suggesting a multi-column table structure. A small blue handwritten mark is present on one of the visible lines.

GA

SETA Head Start

Quality Assurance Monitoring Response Plan

Agency Name: Sacramento City Unified School District

Quality Assurance Review Date: 2/19/2016

x Exit sign is missing for door used in evacuation (Elder Creek and Hiram Johnson)

x At Elder Creek, the fire department required us to remove the exit sign above the door as it exits into a hallway.

x At Hiram Johnson the fire department inspected current signs and buildings passed inspection. However, a sign will be purchased for this site and placed at the exit.

x Playground areas present undesirable and/or hazardous conditions: piled leaves and debris on the ground, play equipment has webs, standing water and leaves veneer on pillar is broken and contains jagged edges (HJ and AL)

Work orders have been placed and waiting for completion:

1. Work orders placed for broken bricks and removal of shelving unit at American Legion. Licensing/facilities Specialist will follow up with orders
2. A hose will be purchased for American Legion. Classroom staff will spray play equipment and use a broom to 7() TJ ET Q ae oro39 Tm [(

x Classrooms have clutter which pose as potential hazards (staff purses in unlocked bottom cabinet, items on top cabinet shelves)

- x Fall zone surface in the indoor climbing equipment at HJ does not meet Consumer Product Safety Commission requirements

ITERS were completed for all classrooms.

 1. A mat will be ordered for Hiram Johnson that meets safety requirements

- x One day supply of emergency food and water for children and staff at the center needs to be replenished(HJ)

Nurse will order a new evacuation/disaster kit with all required emergency food items. Evacuation kits will be checked quarterly by the nurse to ensure all supplies are available.

- x Not all forms that require parent signatures and dates(ex. Parents rights & health history forms) are signed and dated(all sites)

Staff will be retrained on completion of forms:

 1. Enrollment checklist was created to ensure all forms are filled out and completed accurately
 2. Nurse/Resource teacher will review all specific content forms prior to child starting class
 3. Resource teacher/Coordinator will conduct random file reviews, utilizing the checklist.

- x Diaper changing station at Elder Creek is not Z L W K L Q D U P ¶ V sink

The changing table will be moved into the bathroom that will have a sink within D U P ¶ reach:

 1. A work order will be placed to move the shelf and changing table into the bathroom
 2. Facilities es 34 Tfp42(34 Tfp4d)-41()-47

x No evidence of

SETA Head Start

Quality Assurance Monitoring Response Plan

Agency Name: Sacramento City Unified School DistrictQuality Assurance Review Date: February 2016

Areas of Non-Compliance	PLAN OF ACTION/STRATEGIES PERSON(S) RESPT /F3 94 re 219.29 66	Completion
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Health Team, Registration Supervisor and Data Specialist met (March 2016) to review the following:

- x Determined screenings were completed or attempted within 45 days; however, there was a coding issue.
- x Decided to merge untestable with failed status code.
- x CDS and Health Clerks were trained to use the failed status code.

3 HU UHFHQW PHHWLQJ ZLWK 6

3 HU UHFHQW PHHWLQJ ZLWK 6

Response from SETA is pending to clarify if subsequent hearing and vision screenings is due from the initial or last rescreening.

Responsible Persons:

Data Technician: May Song; Registration Supervisor: Rose Moya. Nurses: Victoria Benson, Lisa Stevens and Lori Souza. Health Coordinator: Tammy Sanchez. Health Clerks: Chia Cha, Kimberly Mazyck.

Evidence of Completion :

- x Training agenda/sign-in 54J3n5.5 getion

(2) Not all files had current physical exams (within 30 days of entry date and subsequent physical exam per CHDP Periodicity Schedule).

(3) 1 RW DOO ILOHV F
blood level results or results were recorded past the 90 day timeline.

(4) Not all files have current hemoglobin/hematocrit results or results were recorded past the 90 day

timeline.

1) SK\VLFD OV WKDW H[SLUH G S enrollment can be counted as having a physical
2) if we need to request subsequent physical exams.

April 2016

Enrollment staff will be trained that if any required elements are missing on the physical form, staff will make a copy and return original to parent with instructions to obtain the missing information. The copy will be kept at the registration site. Missing areas will be circled for easy identification.

Responsible Persons:
Registration Supervisor: Rose Moya. Nurses: Victoria Benson, Lisa Stevens and Lori Souza.
Health Coordinator: Tammy Sanchez. CDS: Denaë Derby, Sue Gearin, Schonette Walker, Crystal Davis, Liz Avila, Chao Xiong.

Evidence of Completion:
x Revised 3 URFHG X UHV IRU 7 U
Missing Physical
x Health reminder letter
x Training agenda/sign-in sheet
x Copy of physical with items circled

Internal Monitoring :
x Monthly review of 3035 Child Plus Health Report

(5) Not all first year dental exams and subsequent \H D U \ V G H Q W D O in file.

Retrain Enrollment Staff on Dental Follow-up Procedures and emphasize the steps below.

April 2016

- x Health Clerks will run ChildPlus report monthly to identify those without dental exam. Will make three attempts to communicate to parents that the dental is needed, at initial entry, 30 days and 60 days.
- x If attempts fail, Nurse will be notified. Nurse will attempt to personally contact family.

Responsible Persons:
Registration Supervisor: Rose Moya. Nurses: Victoria Benson, Lisa Stevens and Lori Souza.
CDS: Denaë Derby, Sue Gearin, Schonette James, Crystal Davis, Liz Avila, Chao Xiong.
Health Clerks: Chia Cha, Kimberly Mazyck.

Evidence of Completion:
x Training agenda/sign-in sheet

Internal Monitoring:
x Monthly review of 3065 Child Plus

1.1.B HS- Health Care Tracking
and Follow -up

- 1) Exclusion procedure was not utilized effectively (no time lines) for obtaining required physicals.

- 2) Inaccuracies between
Child Plus and
LQIRUPDWLRQ LQ

files (e.g. dates, pass/fail, rescreen)

correctly entered as an Add Action.
x CDS and Health Clerks were told that Untestable/Failed Status codes will now be merged.

3 HU UHFHQW PHHWLQJ ZLWK 6

Follow-up code is pending response from SETA.

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3) Limited or infrequent follow-up for missing health information, health concern from physical or health history form or dental exams.

ET (r)-52(e)t46(a)s6(p)-57(e)-45(n)-57(d)-45(i)-54(n)-57(g)-45()-46(r)-52(e)-4TJ ET Q EMC /P

4) Dental treatment follow-

	<p>Evidence of Completion of Corrective Action: Training Agendas, Handouts, Meeting Sign-In Sheets, Meeting Notes, Training Evaluations, revised Family Partnership procedures and forms.</p> <p>Monitoring process: File Reviews, Review of Goal Sheets, Parent Surveys, Parent Education Curriculum.</p> <p>Description of Internal Monitoring Procedures : FPA Internal Monitoring Check-List for file checks, Reviewing Family Goal Sheets for strategies and timelines and following up regarding missing information for those areas. Teachers will send corrections to Social Workers. Teachers will be emailed by their Social Workers to complete goal sheets with strategies and timelines. Coordinators will be copied.</p>	
<p>Parent Meetings and Training</p> <p>(1)Not all classrooms have completed documentation of regular parent meetings and trainings.</p> <p>(2)Not all Classrooms have evidence of Pedestrian Safety Training.</p>	<p>Description of Corrective Action:</p> <ul style="list-style-type: none"> x Coordinators of sites found not to have Parent meeting documentation during Quality review, will follow -up with their staff. Parent Advisor and 6 & / ¶ V Z L O O D V V L V W L Q S C meetings for those classrooms for the remainder of this school year x FPA Coordinator will meet with newly hired Parent Advisor to share the Quality Assurance findings in the area of Parent Meetings and Pedestrian Safety. x FPA Coordinator, Parent Advisor, 6 & / ¶ V D Q G 5 H V R X U F H W H D create an effective plan for the 2016 - 17 school year that will assure classes will conduct and document monthly Parent Meetings. Pedestrian Safety will be delivered with in the first 30 days of school. x Plan will be shared with Teachers during 2016 -17 teacher Orientation <p>Responsible Persons : FPA Coordinator, Vicki Wasson; Parent Advisor, BraJona Harris; School Community Liaisons ; Patricia Hite, Delories Blackshire, Orylia Parra. Resource teachers</p> <p>Evidence of Completion of Corrective Action: Written Plan for Teachers Monthly Parent Meetings, Sign-In Sheets for Meetings, Monthly Parent Meeting Minutes, and Documentations.</p>	<p>April15, 2016</p> <p>April 6, 2016</p> <p>April 2016-June 2016</p> <p>August 2016</p>

Monitoring Process : Parent Advisor will receive Monthly parent meeting documentation and track each class on check-list. Report will be provided to FPA Coordinators.	
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Parent Volunteer Activities:

FKLOGUHQ ¶ V ILOHV WR HQVXU
IEP in files.

Description of Corrective Action:

Content Area Title

3.2.B HS ± Individual
Development Plan (IDP), Home
Visit/Parent Conference

(1) Assessments ± Not all
FKLOGUHQ ¶ V ILOHV K
samples, portfolios, or other
evidence that linked with DRDP
assessment. Few observations
or limited information related to
assessment.

1. Training will be provided to classroom staff on portfolios and collecting evidence and how to link to the DRDP assessment.
2. During routine file reviews, assigned classroom Resource Teachers will check FKLOGUHQ ¶ V ILOHV WR HQVXU DQG ZRUN VDP SOHV LQ FKLOG linking to the DRDP assessment.

Responsible Persons:

Doris Reese, Coordinator

Resource Teacher: Lauri Mayfield, Charlotte Bier, Theresa Perez, Sally Evey, Amy Ronsheimer, Lauri Mayfield, and Christ Andlovec

Evidence of Completion of Corrective Action:

- x Training agenda and sign-in sheet.
- x Staff Communications.
- x File/Portfolio Review Checklist.

Internal Monitoring Procedures:

- x Education Accountability Record (EAR)
- x File Review Checklist

(2) Individual Development
Plans ± 1 RW DOO , ' 3 ¶ V Z
completed within required time
frame, or had included parent
strategies or had identified
measure as a goal in each
domain.

Content Area Title

3.4.A HS Group Size and Supervision

<p>Evidence of Completion of Corrective Action:</p> <ul style="list-style-type: none"> x Training agenda and sign-in sheet on Inclusive Practices and Anti-bias Education x Multicultural materials ordered. x Staff Communications. <p>Internal Monitoring Procedures:</p> <ul style="list-style-type: none"> x Classroom monitoring visits includes Inclusive Practices and materials reflective of student population. 	<p>December 2016</p>
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4.1 A-Eligibility, Recruitment & Selection.

- 1) Finding: Limited Head Start recruitment materials seen at school sites

