



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Head Start | 4th Floor – Switzer Memorial Building, 330 C Street SW, Washington DC 20024 [eclkc.ohs.acf.hhs.gov](http://eclkc.ohs.acf.hhs.gov)

## Program Performance Summary Report

**To: Authorizing Official/Board Chairperson**

*Mr. Lloyd Schneider*

*Amador-Tuolumne Community Action*

*10590 State Highway 88*

*Jackson, CA 95642 - 9470*

**From: Responsible HHS Official**

**Date: 03/12/2019**

**Dr. Deborah Bergeron**

**Director, Office of Head Start**

From February 11, 2019 to February 14, 2019, the Administration for Children and Families (ACF) conducted a Focus Area Two (FA2) monitoring review of the Amador-Tuolumne Community Action Head Start and Early Head Start programs. This report contains information about the grantee's performance and compliance with the requirements of the Head Start Program Performance Standards (HSPPS) or Public Law 110-134, *Improving Head Start for School Readiness Act of 2007*.

The Office of Head Start (OHS) would like to thank your governing body, policy council, parents, and staff for their engagement in the review process. Based on the information gathered during this review, we have found your program meets the requirements of all applicable HSPPS, laws, regulations, and policy requirements.

Please contact your Regional Office for guidance should you have any questions or concerns. Your Regional Office will follow up on the content of this report and can work with you to identify resources to support your program's continuous improvement.

### **DISTRIBUTION OF THE REPORT**

Ms. Jan Len, Regional Program Manager

Mr. Rajeev Rambob, Chief Executive Officer/Executive Director

Ms. Marcia Williams, Head Start Director

Ms. Marcia Williams, Early Head Start Director

## Glossary of Terms

|                              |   |
|------------------------------|---|
| <b>Area of Concern</b>       | An area for which the agency needs to improve performance. These issues should be discussed with the grantee's Regional Office of Head Start for possible technical assistance.   |
| <b>Area of Noncompliance</b> | An area for which the agency is out of compliance with Federal requirements (including but not limited to the Head Start Act or one or more of the regulations) in one or more areas of performance. This status requires a written timeline of correction and possible technical assistance or guidance from the grantee's program specialist. If not corrected within the specified timeline, this status becomes a deficiency.   |
| <b>Deficiency</b>            | <p>As defined in the Head Start Act, the term "deficiency" means:</p> <p>(A) a systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</p> <ul style="list-style-type: none"> <li>(i) a threat to the health, safety, or civil rights of children or staff;</li> <li>(ii) a denial to parents of the exercise of their full roles and responsibilities related to program operations;</li> <li>(iii) a failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;</li> <li>(iv) the misuse of funds received under this subchapter;</li> <li>(v) loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or</li> <li>(vi) failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified;</li> </ul> <p>(B) systemic or material failure of the governing body of an agency to fully exercise its legal and fiduciary responsibilities; or</p> <p>(C) an unresolved area of noncompliance.</p> |



## Program Management and Quality Improvement

### Program Management

Does the grantee establish a management structure consisting of staff, consultants, or contractors who ensure high-quality service delivery, have sufficient knowledge, training, experience and competencies to fulfill the roles and responsibilities of their positions, and provide regular supervision and support to staff?

Monitoring Results:

- The management team uses their knowledge, training, experience, and competencies to ensure high-quality service delivery. 1302.91(a)
- The management/organizational structure provides effective management and oversight of all program areas. 1302.101(a)(1)
- Managers provide ongoing supervision and professional development to support individual staff. 1302.101(a)(2); 1302.92(b)

### Ongoing Monitoring and Continuous Improvement

Does the grantee use data to identify program strengths, needs, and areas needing improvement; evaluate progress toward achieving program goals and compliance with the the program performance standards; and assess the effectiveness of professional development?

Monitoring Results:

- Data are aggregated, analyzed, and compared to inform strategies for continuous improvement in all service areas and to identify risk. 1302.102(c)(2)(i)
- Information is used for ongoing monitoring and improvement of teaching practices, child-level assessments, family outcomes, health and safety practices, and other comprehensive services. 1302.102(c)(2)(iv)
- The grantee evaluates progress toward meeting program goals. 1302.102(b)(1)(i)

### Program Governance

Does the grantee maintain a formal structure of program governance to oversee the quality of services for children and families and to make decisions related to program design and implementation?

Monitoring Results:

- The governing body members adopt practices that ensure active, independent, and informed governance of the Head Start agency. 642(c)(1)(E)(ii)
- The governing body members use data (both program data and external information) to oversee the provision of quality services for children and families and to ensure progress toward school readiness. 1301.2(b)(2)
- The governing body members oversee the agency's progress in carrying out programmatic provisions of the agency's grant application. 642(c)(1)(E)(iv)(V)(bb)

Does the policy council engage in the direction of the program, including program design and planning of goals and objectives?

Monitoring Results:

- The policy council members submit activities to support active involvement of parents in program operations and ensure the agency's responsiveness to community and parent needs. 642(c)(2)(D)(i)
- The policy council members use information to ensure the program is delivering quality services and to participate actively in the direction of the program. 1302.102(d)



## Monitoring and Implementing Quality Education and Child Development Services

### Alignment with School Readiness

Do the grantee's school readiness efforts align with the expectations of receiving schools, the Head Start Early Learning Outcomes Framework (HSELOF), and State early learning standards?

Monitoring Results:

- The grantee aligns school readiness efforts with the expectations of receiving schools, the HSELOF, and the State early learning standards. 1302.102(a)(3)
- The grantee understands expectations of the receiving schools and collaborates to promote successful transitions to kindergarten. 1302.71(a)
- The grantee implements strategies and practices to support successful transitions for children and families out of Early Head Start. 1302.70(a)
- The grantee uses data to show children are ready to meet the expectations of receiving schools. 1302.102(c)(2)(ii)-(iii); 1302.33(b)(1)

### Effective and Intentional Teaching Practices

Do the grantee's teaching practices intentionally promote progress toward school readiness and provide high-quality learning experiences for children?

Monitoring Results:

- The grantee organizes activities, schedules, lesson plans, and learning experiences that are responsive to the children's individual developmental patterns and progressions as described in the HSELOF. 1302.31(b)(1)(ii)
- The grantee individualizes for children, including those who are not making progress toward school readiness. 1302.33(b)(2)
- The grantee provides nurturing and responsive learning environments for children, including ensuring environments promote critical thinking and problem solving, encourage children's engagement, and are communication- and language-rich. 1302.31(b)(1)(i)
- The grantee supports child-teacher interactions, socialization, development, and learning at all times, including daily routines and mealtimes. 1302.31(e)
- The grantee ensures the full inclusion of children with disabilities. 1302.61(a)
- The grantee uses strategies and activities to recognize bilingualism and biliteracy as strengths for children who are dual language learners. 1302.31(b)(2)
- The grantee promotes successful transitions for children entering kindergarten. 1302.71(d)
- The grantee supports teachers in providing effective classroom management and positive learning environments. 1302.45(a)(1)

### Supporting Teachers in Promoting School Readiness

Does the grantee prepare teachers to implement the curriculum and support children's progress toward school readiness?

Monitoring Results:

- The grantee assists education staff in using data to individualize learning experiences to improve outcomes for all children. 1302.92(b)(5)
- The grantee supports staff in effectively implementing curricula, monitoring curriculum implementation, and ensuring fidelity. 1302.32(a)(2)
- The grantee identifies strengths, areas of needed support, and staff who would benefit from intensive coaching for all education staff. 1302.92(c)(1)
- The mental health consultant supports teaching practices through strategies to address teacher and individual child needs. 1302.45(b)(2)
- The grantee hires and retains teachers with the appropriate qualifications. 1302.91(e)(1-2)

### Home-based Program Services

Does the grantee ensure home-based program services provide home visits, and group socialization activities provide high-quality learning experiences?

Monitoring Results:

- The grantee promotes secure parent-child relationships and help parents provide high-quality early learning experiences. 1302.35(a)
- The grantee provides developmentally appropriate, child-focused learning experiences that promote parents' ability to support their children's development and align intentionally to school readiness goals and the HSELOF (home visits and socialization). 1302.35(c); 1302.35(e)(2)
- The grantee promotes research-based strategies and activities that recognize bilingualism and biliteracy as strengths for children who are dual language learners. 1302.35(c)(4)



## Monitoring and Implementing Quality Health Services

### Child Health Status and Care

Does the grantee effectively monitor and maintain timely information on children's health status and care, including ongoing sources of health care, preventive care, and follow-up?

Monitoring Results:

- The grantee ensures children are up to date on a schedule of age-appropriate medical and oral health care (EPSDT). 1302.42(b)(1)(i)
- The grantee ensures ongoing care and extended follow-up care. 1302.42(c)-(d)
- The grantee ensures each child has an ongoing source of continuous health care. 1302.42(a)(1)
- The grantee educates, supports, and collaborates with parents to share information about the child's health and well-being. 1302.41(a)

### Mental Health

Does the grantee support a program-wide culture that promotes mental health and social and emotional well-being, and uses mental health consultation to support staff?

Monitoring Results:

- The grantee ensures mental health consultation is available to collaborate with staff and families in a timely and effective manner. 1302.45(a)(2)
- The mental health consultant assists the grantee in implementing strategies to identify and support children with mental health and social and emotional concerns. 1302.45(b)(1)
- The mental health consultant supports staff and families in meeting mental health and social and emotional needs. 1302.45(b)(3)

### Oral Health and Nutrition

Does the grantee maintain and monitor for effective oral health practices and nutrition services that meet the nutritional needs and accommodate feeding requirements and allergies?

Monitoring Results:

- The grantee promotes effective oral health hygiene by ensuring children with teeth are assisted in brushing their teeth once a day. 1302.43
- The grantee implements culturally and developmentally appropriate nutrition services, including meeting the nutritional and feeding needs of babies and young children. 1302.44(a)(1)
- The grantee posts individual child food allergies prominently where staff can view wherever food is served. 1302.47(b)(7)(vi)

### Safety Practices

Does the grantee implement a process for monitoring and maintaining healthy and safe environments?

Monitoring Results:

- The grantee keeps all facilities safe through an ongoing system of preventive maintenance. 1302.47(b)(1)(ix)
- The grantee keeps all equipment and materials safe through an ongoing system of preventive maintenance. 1302.47(b)(2)(v)
- The grantee maintains a system for ensuring appropriate safety practices. 1302.47(b)(5)(i); 1302.47(b)(5)(ii); 1302.47(b)(5)(iii); 1302.47(b)(5)(iv); 1302.90(c)
- The grantee ensures all staff have completed the background checks prior to hire. Sec. 648A(g)(3)

### Services to Pregnant Women

Does the grantee provide quality services that facilitate pregnant women's access to health care and provide information to support prenatal, postpartum, maternal, and infant health and emotional well-being?

Monitoring Results:

- The grantee connects women to comprehensive services and conducts newborn visits. 1302.80
- The grantee provides prenatal and postnatal education, supports parents during pregnancy, and works to reduce stress and maternal depression. 1302.81



## Monitoring and Implementing Quality Family and Community Engagement Services

### Family Well-being

Does the grantee collaborate with families to support family well-being, parents' aspirations, and parents' life goals?

Monitoring Results:

- The grantee supports family goal setting and tracks family strengths, needs, and progress toward goals. 1302.52(c)(3)
- The grantee provides resources that support family well-being, either within the program or through community partnerships. 1302.45(b)(5); 1302.50(b)(3); 1302.53(a)(2)(vi)

### Strengthening Parenting and Parent-Child Supports

Does the grantee provide services that strengthen parent-child relationships and support parents in strengthening parenting skills?

Monitoring Results:

- The grantee implements family engagement strategies designed to foster parental confidence, including opportunities to connect with other parents. 1302.51(a)
- The grantee offers parents the opportunity to practice parenting skills and build on their knowledge. 1302.51(b)

### Family Engagement in Education and Child Development Services

Does the grantee provide education and child development services that recognize parents' roles as children's lifelong educators and encourage parents to engage in their child's education?

Monitoring Results:

- The grantee helps parents support the learning and development of their children. 1302.50(b)(1)
- The grantee shares information with parents about their child's development and gathers information from parents about their child's development. 1302.34(b)(2)
- The grantee supports families in their transition into and out of Head Start. 1302.71(b)(2)
- The grantee prepares parents to advocate for their child. 1302.71(b)(1)
- The grantee supports parents of children with disabilities. 1302.62(b)
- The grantee supports parents in promoting the social and emotional development of their child. 1302.46(b)(1)



## Monitoring and Implementing Fiscal Infrastructure

### Budget Planning and Development

Does the grantee develop and implement its budget to sustain management, staffing structures, and the delivery of services that support the needs of enrolled children and families?

Monitoring Results:

- The grantee takes into account the program's goals and objectives when developing the budget to ensure the provision of comprehensive services and the continuity of care. 1302.101(a)(3)
- The governing body reviews and approves the annual operating budget. 642(c)(1)(E)(iv)(VII)(aa); 642(c)(1)(E)(iv)(VII)(bb); 642(c)(1)(B)(i); 642(d)(2)(A)-(I); 642(d)(3)
- The policy council is involved in the budget development process. 642(c)(2)(D)(iv); 642(d)(2)(A)-(I); 642(d)(3)
- The grantee's budget development process takes into account program goals and objectives to set priorities and make trade-offs, showing the program intentionally allocated resources to its highest priority goals and objectives. 1302.102(b)(1)(iii)

### Ongoing Fiscal Capacity

Does the grantee plan and implement a fiscal management system that supports the organization's ongoing capacity to execute its budget over time and meet the needs of its organization?

Monitoring Results:

- The grantee analyzes fiscal needs when selecting a fiscal officer. 1302.91(c)
- The grantee identifies, assesses, and addresses risks such as natural disasters, child injury, and electronic theft, including insurance coverage, bonding, systems improvement, and other risk reduction measures. 1303.12; 1303.52(b)
- The grantee implements staffing and internal controls that support the program's financial management system. 75.303(a)(b) and (e)

### Budget Execution

Does the grantee's financial management system provide for effective control over and accountability for all funds, property, and other assets?

Monitoring Results:

- The grantee effectively manages personnel compensation and fringe benefits. 653(a); 75.302(b)(4); 75.302(b)(3); 75.303(c); 75.303(d); 75.305(b)(1); 75.414; 75.430(i); 75.405(a); 75.441
- The grantee has a system for determining whether individual expenses are necessary, reasonable, allocable, and adequately documented. 75.302(b)(7); 75.328(a)(4)(5)(7); 75.328(b); 75.329(a)-(b); 75.403(a)-(g); 75.329(a)-(b); 75.332; 75.327(h)

### Facilities and Equipment

Does the grantee comply with application, prior approval, and reporting requirements for facilities purchased, constructed, or renovated with Head Start funds?

Monitoring Results:

- The grantee ensured it received prior ACF approval for use of funds. 75.308(c)(1)(xi)
- The grantee filed or posted a notice of federal interest that reflects the use of funds. 1303.46(b)(1)-(4)
- The grantee maintains a complete inventory of all equipment purchased, in whole or in part, with Head Start funds. 75.320(d)(2)



## Monitoring ERSEA: Eligibility, Recruitment, Enrollment, and Attendance

### Determining, Verifying, and Documenting Eligibility

Does the grantee enroll children or pregnant women who are categorically eligible or who meet defined income-eligibility requirements?

Monitoring Results:

- The grantee maintains child files with an eligibility record that includes the child's eligibility category, documentation that staff completed an in-person or telephone interview with the family, and the documents used to determine eligibility for each child or pregnant woman. 1302.12(k)
- The grantee enrolls children who are categorically eligible or who meet defined income-eligibility requirements. 1302.12(c)
- At least 10 percent of the grantee's total funded enrollment is filled by children eligible for services under the Individuals with Disabilities Education Act, or the grantee has received a waiver. 1302.14(b)

### Attendance

Does the grantee monitor and use attendance data to support families in promoting individual child attendance and inform program improvements where monthly attendance rates indicate systematic attendance issues?

Monitoring Results:

- The grantee has a system for tracking child attendance and monitors individual child attendance and the program's monthly average daily attendance. 1302.16(a)(1); 1302.16(a)(2); 1302.16(b)

### Enrollment

Does the grantee send accurate monthly enrollment numbers to the Head Start Enterprise System (HSES)?

Monitoring Results:

- The grantee reports accurate monthly enrollment numbers to HSES. 1302.15(a)



## Program Highlights

Program highlights include information about your program's unique or innovative service delivery.

### Program Design

The grantee's strength lies in its ability to build partnerships with other community organizations that support positive changes for their children, families, and staff. The grantee's dedication to finding and implementing solutions to challenges is evident in its partnerships with the First 5 California state agency, a local college, medical providers and others.

### Strengthening Mental Health and Disabilities Services

The Amador-Tuolumne Community Action Agency supports Mental Health and Disabilities through the implementation of the Teaching Pyramid framework curriculum.

The grantee serves many children experiencing multiple levels of social-emotional concerns and disabilities. Recent Community Assessment data shows an increase in the levels of poverty, unemployment, substance abuse, and housing shortages as factors affecting the children and families. Of the grantee's total enrollment, 25 percent of children have a diagnosed disability and 22 percent of children have identified behavior challenges, the latter up from 9 percent in 2017. In addition, the results of teacher surveys indicated the number one training need is how to better support children who have challenging behavior and/or disabilities and two teachers resigned because they felt that they could not handle the behaviors of the children. To support the staff and families, the grantee accepted an opportunity through their partnership with Amador and Tuolumne County First 5 California IMPACT (Improve and Maximize Programs so All Children Thrive) to have three staff participate in training to become trainers and certified coaches for The Teaching Pyramid framework. The Teaching Pyramid framework was developed by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and enhanced for California by WestEd. Data shows that when early childhood educators are trained in the Teaching Pyramid, preschoolers demonstrate greater emotional literacy, social competence, and fewer behavioral challenges. The trainer and coaches are working with an initial group of 15 teachers as they are being observed by the CSEFEL during their instruction and implementation of the training.

Teachers involved in this initial group are learning ways to promote the social-emotional development of children and families using preventive strategies and to recognize the need for more intensive interventions when children have significant social-emotional needs and challenging behavior. The trainer and coaches are going into the classroom to help teachers implement the strategies with fidelity. Two strategies teachers have been coached on are Visual Schedules and Positive Descriptive Acknowledgement (PDA). After viewing videos the coaches had made of the teacher-child interactions, teachers realized that the training would help improve their implementation of the strategies. The initial reactions from teachers are positive and they have begun to increase their use of the strategies.

### Program Management

The grantee is addressing chronic staff shortage in a variety of ways. The grantee utilized a variety of strategies to recruit and retain staff. The grantee stated they have struggled with hiring and retaining qualified teaching and family services staff which forced the closure of two centers. Since 2016, the grantee turnover rate of positions included 44 percent for teachers and 24 percent for Family Advocates. This turnover has caused stress for the remaining staff to provide services to additional families, as well as, the additional burdens associated with bringing on new employees such as the cost of training and building trust between staff and families. The grantee found there were a variety of reasons staff were leaving such as being recruited to other early childhood programs or the state's transitional kindergarten programs; pregnancy or caregiving needs; moving out of the area; the stress of working with children with challenging behaviors; and poor job performance.

Two recruitment and retention strategies the grantee has found successful included developing an entry-level position of Center Assistant that required a high school diploma, and an Early Childhood Education Teacher Apprenticeship program through a partnership with Columbia College, which is a local community college. There are currently seven Center Assistant positions, five are filled by current or former Head Start parents. In addition, former Center Assistants have been promoted within the organization. Two are now managers, one is in maintenance and three are teachers. The Apprenticeship program was started due to a shortage of teachers, including early childhood teachers across the State. The program is designed to help students receive a California Associate Teacher Permit and 12 units of Early Childhood Education in two years. Students in the program take classes either at the college or online, receive help (financially, counseling) and spend 20 to 25 hours a week working in one of the grantee classrooms. The grantee has partnered with the college and benefited by the increased number of adults in the classrooms and many of the apprentices have transitioned into grantee full-time staff.

The methods are also resulting in the staff reflecting the population they serve. One-third of the grantee staff are now current or former Head Start parents. Another unintended benefit to the program is the increase in the number of bilingual staff that is available to support the increasing Hispanic population being served by the grantee. In the past 10 years, the program has increased the number of Spanish speaking staff from 0 to 10 percent, which mirrors the increase in dual language children in the program. These activities have helped the program improve employee recruitment and retention, as well as provide employment opportunities in their communities.

### Child Health Status and Care

The grantee was successful in locating services and supporting families to ensure 100 percent of Head Start children and pregnant moms had dental and medical homes and insurance.

The Family Services team focused on helping families connect to medical and dental services. Family Services staff created strong relationships that helped to engage families with the program and reach their health-related goals. This was significant given the scarcity of dentists and pediatricians in the service region that accept Medicaid and the lack of public transportation. The grantee followed up with families to ensure appointments were kept using text message reminders, provided transportation to appointments, with parent consent sent and received health documents from providers, and information showing the importance of health/dental provider relationships were shared at Parent Meetings. Examples include how a Home Visitor supported a mother experiencing a high-risk pregnancy who had no transportation. The doctors in Tuolumne County would not consider delivering the baby anywhere in the region due to the risk involved for the mother and baby. The Home Visitor worked with the mother and her local doctor to get a referral to a perinatologist at the University of California San Francisco (UCSF) Medical Center. The Home Visitor transported the mother to the UCSF Medical Center twice- once for her pre-delivery work up and again for her scheduled C-section. After a safe and healthy delivery, the Home Visitor helped the mother to arrange transportation back to Tuolumne County. Another example is how Family Advocates facilitated the process of helping families find medical and dental homes by collecting applications from the providers, helping the families complete the applications, make appointments, and provided transportation. Not only did this help the children, but the family members also established medical and dental homes. Data showed that at the beginning of the school year 69.4 percent of children had insurance, 74 percent a medical home, 60.1 percent a dental home and 71.1 percent up-to-date immunizations. Due to the grantee's efforts to improve these statistics, at the end of the school year, all of these areas were at 100 percent of children.