

**Clackamas County Children’s Commission  
(CCCC)**

**“To support the growth of healthy children and families, positive parenting, and school readiness.”**

**Self-Assessment Report 2015-16**

<b>1. Introduction</b>
<p>CCCC, a non-profit organization, provided comprehensive services for 714 Head Start and Early Head Start children in eight locations throughout Clackamas County. The organization has been in operation since 1973. 132 employees provide the infrastructure to successfully create growth opportunities for children and families through center based classrooms and home visits.</p> <p>The CCCC self-assessment process is a year-round effort rather than a one-time event. The process began in January and continued through August after the PIR is complete. The results give CCCC a context to plan for improvements and to build on current strengths.</p>
<b>2. Methodology</b>
<p>This is the second year that CCCC’s assessment process was on-going over the course of the year. Members of the Policy Council, Board and Management contributed to the process in a variety of ways. Policy Council members visited all classrooms/facilities and completed an Environmental Health and Safety Checklist in February and results were compiled in March. Also, CCCC received two federal reviews. The results of those reviews are included in this report and are an important piece of this assessment. Ongoing Monitoring occurred monthly through the Monitoring By Information Reports (MBI). These reports included information regarding enrollment, attendance, screening completions, CLASS scores, and TS Gold checkpoints, and were used as a guide to completing the self-assessment.</p> <p>CCCC’s Five-Year Goals and annual Targeted Objectives were also reviewed for completion, as were the School Readiness Goals.</p>
<b>a. Time Frame and Tools</b>
<p>October: Federal Review Comprehensive Services/School Readiness, CLASS observations January: Examine MBI Data, Conduct Health and Safety Observations March: Examine MBI Data April: CLASS observations May: Federal Review Leadership/Governance/Management Systems/Data Carousel June: Gather year-end MBI, TS Gold, T Pot and School Readiness data, Staff Evaluations Conduct Data Carousel July: Examine/Review Five-Year Goals/Targeted Objectives/Annual Fiscal Audit August: Gather EHS information/PIR completion September: Completion/Report out to Board and PC</p> <p>Tools: MBI, Federal Review Reports, TS Gold Reports, CLASS scores, Safety Checklists, Five Year Goals, Employee Evaluations, Data Carousels</p>

### 3. Key Insights

#### a. Describe the strengths of the program

We were 100% compliant in the Comprehensive Services/School Readiness review completed in October.

We were 100% compliant in the Leadership/Governance/Management Systems review completed in May.

We presented our professional development system at the regional conference and continue to move forward with rubrics and evaluation tools for all positions.

The Financial Audit was finding free.

In PFCE we are above the state and national average for the percentage of families who received at least one of the outside services listed on the PIR at 92.6%. 95% of families completed a strength and needs assessment.

Child attendance improved significantly (over 80%) with the new supports provided.

100% of children with a medical condition received needed treatment.

CLASS scores are above the National Average.

#### Job Smart is a collaboration with our agency, Clackamas Community College and Clackamas County Workforce Partnership to put parents in higher paying and benefited jobs

26 of our parents were enrolled in some manner

**Jay:** welder training. Went from unemployed to \$14/hour with full benefits

**Sue:** moving from CNA1-CNA2 for more \$. Was making \$10.75/hour, now \$13.75

**Tom:** Administrative Assistant training helped her move from job at McDonalds to full time office position at Morrison Center

**Kris:** used to work at a pizza place in Vancouver. Single mom, long drive, long hours. Due to Job Smart classes, was just accepted into the Medical Assistant program at CCC.

**Carol:** was working PT jobs in a nursery. Just completed a Fire Science certificate. Job Smart working with forest service to find her a position.

**Dan:** completing a Network and Computer Systems Administrator certificate at CCC.

**Max:** lawyer in MX, most recently working at a restaurant. Job Smart assisted with degree translation and he is now in a Legal Assistant position at PCC.

b. Describe systemic issues

**The number of children with dental problems who receive treatment is low.** Total # of children with identified treatment needs: 185 Total # of children with unmet treatment needs: 95

**The numbers of children presenting serious behavior issues has increased and staff are negatively impacted with injuries and morale issues.**

c. Discuss the progress of the program in meeting its goals and objectives

25 of our 38 Targeted Objectives were met and goals have been set for the remainder.

There were School Readiness Goals in all five areas for both EHS and HS. Four out of five EHS goals were met, and five out of eight HS goals were met. Head Start goals were set at 90% of children will meet or exceed the widely held expectations scores in TS GOLD. We found that expectation was too high, and are lowering it this year to 85%. Only two goals were below 85%, and those were in literacy at 74% (children will be able to identify letters of the alphabet and produce correct sounds associated with letters), and in cognition at 84% (know number names and count sequence).

After conducting a data carousel around staff evaluations and assessment scores, it was discovered that classroom staff did not always enter timely or accurate information in TS GOLD.

**4. Recommendations**

REVIEW OF DENTAL TREATMENT PROGRAM YEAR 2015-16

Reason for no dental treatment	# & % of children	Notes
Health insurance does not cover dental	0	
No dental care available in local area	0	
Medicaid not accepted by dentist	0	
Dentist in area do not treat 3-5 year olds	0	
Parents did not keep or make appointments	48/51%	No appt made or no showed for one or more appts
Children left program before appointment date	21/22%	Children who dropped prior to end of program year or appt date

Appointment is scheduled for future date	5/5%	Appt scheduled after July 2016
No transportation	0	
No ROI to follow-up	6/6%	Unable to obtain official documentation of treatment
Health insurance lapsed had no insurance at end of program year)	14/15%	This number indicates children whose insurance was lapsed at end of enrollment, however, more children had periods of no coverage during program year that was a barrier to timely treatment.
Child has private dental insurance, and treatment costs were too expensive	0	3 children applied and received financial assistance
Dental provider refused to see child at 6 month appointment	1/1%	
<b>Total</b>	<b>95/100%</b>	

### Dental Treatment Improvement Plan for 2016-17

Activity/Task	Status
Create Treatment Groups in ChildPlus for more accurate dental treatment follow-up tracking	Completed; system in place for program year 2016-17
Survey parents as to the barriers they face seeing dentists	In progress
Centralized faxing for follow-up dental documentation	Completed; system in place for program year 2016-17
Adding dental treatment status to monthly report MBI report for agency-wide knowledge and accountability	Completed; system in place for program year 2016-17
Parent oral health education opportunity targeted at parents of children with dental decay	In progress; event planning and grant writing in process
Partner with community OHP Community Assisters to address insurance barriers	In progress; currently in discussion with

	community organizations that have OHP assisters
Schedule in person meetings with Advocates at least twice during program year to discuss in detail status of children needing dental treatment	Pending completion of NHC dental screenings at school; estimated start date is November 2016
Train Advocates on navigating OHP/DCO system in order to better assist parents.  Develop resource materials for Advocates (i.e. which dentists in area are contracted with which DCO)	Completed; provided training on 9/22/16. On-going staff attendance at OHA county collaboration meetings.
Improve data entry to more accurately categorize dental treatment needs	Completed; updated Dental Services procedure 8/2016 to include more specific ChildPlus data entry instructions
Provide training on oral health and dental treatment to Classroom staff	Scheduled for 9/30/16
Contract with local dental clinic to provide follow-up exams and treatment options for uninsured children.	Completed; contract in place for program year 2016-17
Develop collaborative relationship with County Dental Access Coordinator to assist program with determining DCO and insurance status of enrolled children	Discussions in progress

To support classroom staff with children’s challenging behaviors, we will develop a procedure that includes tiered responses and supports, and a system of monitoring the responses and supports utilized. We also received funding from the state to hire a child development specialist with expertise in children’s social emotional growth to coach and teach staff on this topic.

In order to increase the skills of classroom staff in observing children and entering information in TS GOLD, we are requiring that all classroom staff become TS GOLD reliable and supervisors will monitor this closely.