



**Community Coordinated Care for Children, Inc (4C)
Early Head Start CCP Program
2016 Self-Assessment Final Report
June 23, 2016**

Introduction

In February 2015, 4C was awarded the Child Care Partnership Grant. 4C Early Head Start, Child Care Partnership (EHS-CCP), will use the Self-Assessment process to annually assess how specific aspects of the program are performing. The Self-Assessment is not an isolated event, but along with ongoing monitoring, is an integral part of the programming structure for program improvement. 4C CCP Programs seeks continuous improvement and constantly asks the following questions:

- * Is the program meeting all national *Head Start Performance Standards*?
- * Are our services responding effectively to the changing needs of children and families?
- * Are we doing what we need to, or are we just doing it the way we have always done it?
- * Can we refine our program design and management systems to further improve outcomes for children and families?
- * For the CCP program, after beginning the program in October 2015 what are the focus areas for improvement?

4C HS/EHS/CCP utilized the Self-Assessment process as an opportunity to engage family, community stakeholders and Policy Council members, and make them more aware of how the program operates and is viewed by its consumers. This first Self-Assessment for EHS-CCP has successfully demonstrated how key management staff, 4C staff and child care partners have begun to work to implement new procedures and processes which will ultimately lead to quality programs.

A final report is compiled from this information. It includes a summary of these results and makes determination regarding opportunities for increased program quality and improvement. This first assessment indicates that we have a program moving towards greater compliance with several areas of strength and some areas that are in need of improvement.

All areas are fully detailed in this report with processes initiated for corrections and improvements.

This report will be added to the current 2015 – 2016 Self Assessment for HS/EHS.

The 2016 4C Head Start Self-Assessment Process

4C EHS/HS/CCP program uses the Self Assessment process as an opportunity to provide cross-service area training to HS/EHS/CCP key management team members and new partners with in



the EHS network. Key management team members provide leadership to each team. The guidebook, Head Start Self Assessment, Your Foundation for Building Program Excellence, was utilized in conjunction with the HHS current Monitoring Protocol instrument to guide this process. Data mining and evidence gathering included utilizing the methodologies listed below in a standardized process linked to compliance areas.

Interview Guides

Document Review Guides

Checklists

Raw data was collected by team leaders and organized. Key management team members then analyzed the presented data to address: Areas of Concern, Areas of Strength, and Areas of Improvement. A final report is compiled from this information. It includes a summary of these results and makes determination regarding opportunities for program quality improvement. This may take place in the form of QI Plans for Areas of Concern, Program Area Action Plans for Areas of Improvement, and the preparation of the annual Training and Technical Assistance Plan. It is important that data is analyzed to determine whether events occur in isolation, or if they are a part of a larger trend of system implementation issues.



Results of the 2016 4C Early Head Start CCP Self Assessment

System: ERSEA		
Team Members: Hughena Covill – Team Leader •Wanda Diaz – Content Expert •Kim Grant •Jennifer Morris •Andre Ashley •Maria Galarza •Roodley Cantave •Darlene McKinney •Janet Adebajo •Ashley Nicole Shepard		
Sites Visited: Kid’s Castle All About Kidz Rising Star Pine Hills Preschool Kidz Castle “ODN” (Orlando Day Nursery)	Person Interviewed: Jennifer Cronk	
Strengths	Improvement Areas	Observations/Suggestions
<p>When absences occur due to transportation and other issues the FA creates an Action Plan with the family to identify ways for the family to resolve the problem. Data shows that children are constantly monitored for attendance.</p> <p>The Child Care Partnership Program attendance has not been under 85%. The attendance averages have been 88% or higher.</p>	<p>79 children were absent for more than 4 consecutive days this year.</p>	<p>Of those 79 absent, 9 had transportation issues. Identify the issues preventing children from attending and further develop plans for increasing attendance.</p>



<p>All files reviewed indicated an eligibility-determination record was available in the child files.</p> <p>All contacts were face to face. There is now a form to indicate a face to face interview, but it was not in place when the children were initially enrolled.</p> <p>All reports submitted indicated that the eligibility-determination records contain a statement that identifies the child’s verified eligibility status, and is it signed by a program employee.</p> <p>All reports submitted indicated there is a statement indicating which documents were examined to determine whether the child was eligible to participate in the program.</p>	<p>The eligibility determination records contain copies of documents or statements program staff used to verify eligibility in all files reviewed except one.</p>	<p>In-take has been consistently done in person and phone interviews. The families all used pay stubs, tax documentation or an employer letter to determine income. The primary reason stated for eligibility is ‘Income Eligible – low income’.</p>
<p>ERSEA Coordinator maintains the wait list throughout the year. A monthly monitoring of the list is done. Checks are also made for families where the Family Advocate has made 3 attempts to contact the family and has had no reply. The program takes applications each Wednesday in each of the 3 counties. It is a planned activity called “Walk-In Wednesday” and is promoted through-out the community. They also offer scheduled appointments for intake on the other days of the week.</p> <p>The program recruits through community partners/resources, such as WIC offices, local churches and</p>	<p>Processes for enrollment are all in place and properly utilized by Family Advocates and content area specialist.</p>	



<p>4C School Readiness Program. Recruiting includes leaving brochures in the community, attending many various fairs/events as a vendor, setting up booths at various locations such as libraries, medical facilities, Goodwill Ctr., food banks, and other related programs, and during information presentations at community/peer group meetings throughout the tri-county area. The agency also maintains a web site and Face Book site with on-going articles and information for families including information on programs offered and ways to apply.</p>	<p>We have not yet met the 10% disability enrollment. CCP is at 2%. Our program had its first enrolled child in the classroom on October 12, 2015. The CCP Mental Health & Disabilities Specialist began her job on Nov 6, 2015 (eight months). We are continuing to educate the providers and staff on how to work with the MHDS to achieve this goal.</p> <p>The program has been operational for less than 12 months. Our current enrollment is below funded amount. The original enrollment planned for 280 children. Consideration for a reduction in enrollment is in place.</p>	<p>There is a continued need to educate providers about how to work in cooperation with the MHDS in order for all the children with a need to be identified and both the MHD Specialist and the providers are learning to work together at this time. Providers should communicate when scores are low or there is a concern. Specialist will need a formal system to ensure referrals are completed. Communication with the MH Specialist has not been consistent. What are the procedures supports for children in the classroom for private pay student?</p> <p>The CCP program is currently reducing the enrollment numbers from 280 to 205. This would indicate a reduced number of children with disabilities that would be needed to reach 10% served. However, with the reduction in enrollment numbers the program would still fall short of the number required.</p>
<p>Non-Compliances: The program needs to meet the 10% disability enrollment</p>		



System: <u>Leadership, Governance, Management Systems</u>		
Team Members: Madeline Brown, Percy Snyder, Kim Hall, Tatiana Gonzales, Nuri Murad, Monica Ortiz-Gonzales, Shantara Gibson, Rena Jones, Adalyz Rodriguez, and Christen Doyle		
Sites Visited: Apopka Child Academy, Early Education Station, Thomas FCC, Frontline Outreach, Gods Creation		Person Interviewed: Teachers, Site Directors & Education Coordinator
Strengths	Improvement Areas	Observations/Suggestions
<p>The teachers work closely with Education Specialist, Mental Health Specialist, and Health Specialist with completion of weekly and daily planning tools such as; Teaching Strategies, Home Connections, BDI screening, and PACE reports. The program utilizes these planning tools to ensure compliance of OHS key performance areas. Teaching staff see the area specialist as key to resources and information.</p> <hr/> <p>The program provides the teaching staff with ongoing training (in-service); and resources of the most update safe practices are made available to the teaching staff to help maintain the health and safety of the children.</p>	<p>The program has policies and procedures in place to ensure teaching staff receive the proper training on the use of the planning tool, however teaching staff do not have a full understanding of their roles and responsibilities in helping the program with it's planning and reaching it's long term goals.</p>	<p>Provide support on how teachers can encourage parent participation in policy council.</p> <p>Teachers do not feel they have adequate planning time. Education Specialist have recommended various ideas and support on scheduling in addition the directors/owners have been provided training on scheduling.</p>



CCP teachers are provided trainings in MMCI, Teaching Strategies, Conscious Discipline, CPR, and annual Child Abuse & Neglect. CCP Family Advocates and staff members are provided training in areas of screening, Minute Menu, and Child Plus.

CCP partners with community resources to help provided the necessary materials, equipment, and services to complete the program day to day operations.

The governing body approves all applications and budgets to help move the program forward. They support the program in order to bring all areas of service up to quality standards as needed.

The program ensures the staff has support from the Education Specialist in fulfilling their responsibilities with guidance in classroom management, weekly lesson plans, home connections,



<p>and TS checkpoints. The education team provides age appropriate materials and toys for each classroom.</p> <p>Family Advocates, Health Specialist do the follow up for shot records, and physical immunization by sending out letters and calling parents to get updates through quality monitoring.</p> <p>The teaching teams complete the PACE report every morning ensuring playground safety, completing daily health checks, and having 2 teachers in the classroom at all times.</p> <hr/>		
<p>On site supervision and support is provided daily with availability of the Center Directors, Site Supervisor, and Family Advocates.</p>	<p>Directors and teachers expressed concerns with the program not having someone in upper management contacting the CCP sites with information during weather alerts.</p>	<hr/> <p>Programs were made aware that 4C Head Start programs follow the school system schedule concerning school closings.</p>



<p>The CCP program communicates with the parents through social media accounts such as Facebook etc. The program provides pictures, information about immunization, volunteer opportunities, and Policy Council meetings information. Face to Face communication with the parents happens daily during morning arrival and afternoon dismissal time. Parents receive emails, letters, monthly parent meetings, and a parent board located in the classroom contains hard copies of information for parents.</p> <p>Staff communicate daily with face to face contact, emails, telephone calls, and faxes between directors and owners, HR, Specialist, Family Advocates and other teaching staff.</p> <p>The program communicates with Policy Council, governing boards and Policy Committees through conference calls, monthly meetings, emails, through the US mailing system and face to face correspondence. Social media is used to collaborate with the general community and community partners. Annual reports, literature, and invites to Policy Council meeting are</p>	<p>CCP sites do not always receive daily communication in a timely manner. No Parent Handbook, News Letters or Parent Orientation observed during site visits.</p>	<p>Parent Handbooks and newsletters are available and should be easily accessible.</p>



<p>placed on social media.</p>		
<p>The CCP program has various record tracking tools, data monitoring and reporting system in place. QA collects data and records and follow up with recommendations for facilities, staff trainings, and individualize recommendations for specialists needs. Program uses Child Plus, Gold, Teaching Strategies, and Children Outcomes to see the program progress in delivering quality comprehensive services and ensuring safety of children.</p> <p>The program use the ongoing monitoring data as guidelines to improve weakness in service areas such as attendance, communication between service providers and management team, parent communication , educational needs, and facility needed improvements.</p>	<p>Provider’s reports that they have large amounts of paperwork and request that more training should be in the classroom and hands on.</p>	
<p>The program has implemented</p>	<p>While there are specified</p>	



<p>a variety of processes for ongoing monitoring of the CCP Program for continuous improvement of program services. CCP daily and monthly checklists, Pace reports, teaching strategies, QA reports, Child Plus, and site monitoring binders. Training, Self Assessment, and the Program improvement plan and staff development are all ongoing monitoring tools used on an ongoing basis to improve the services of CCP.</p>	<p>monitoring tools in place, some partners have not fully understood implementation of the standards. (This is the CCP first year, there are no prior reports or Self Assessment reports to be utilize). Staff are not fully knowledgeable about OHS key performance areas standards.</p>	<p>Directors and owners from partner sites have had training in OHS standards and support from monitoring. Providers have had ongoing training from the Education staff, QA staff and in service training.</p>
<p>The program has all the proper protocol in place to provide the Policy Council members with information related to the delivery of services to the community. Members of Policy Council are provided monthly reports, budget reports, PIR report, along with the annual Self Assessment and Annual Reports during monthly meetings. The program provides the Policy council with detail fiscal operating reports to explain credit card expenditure, money spent on supplies, equipment and material expenditures, and CCP staff payroll. The policy council parent interviews indicated that parents are satisfied with the service and program CCP has</p>	<p>There are some indication that program has not provided basic fiscal training and understand of how CCP spends the money received from OHS to the members of its Policy Council.</p>	<p>Fiscal training has been provided to the CCP directors and Policy Council. This training included appropriation of funds, In-Kind and funding of slots.</p>



provide to the community.		
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Non-Compliances:

System: Comprehensive Services & School Readiness Guide CCP Early Head Start

Team Members:

August Kummerfeldt (Group Leader)

Shonda Robinson (Content Expert)

Idalyz Figueroa, Nora Majano, Mata Dennis, Cindy Van Klink, Haydee Berrios, Damaris Mariso, Luisa Garcia-Cursillo, Sylvia Aymat, DeTasha Kelley

<p>Sites Visited:</p> <ul style="list-style-type: none"> - Golden Bear Academy (1) - Hartage FCC (1) -My Destiny Academy (2) - Dream Big (2) -Teddy Bear FCC (1) 	<p>Person Interviewed:</p> <p>Gay DeLaughter (Early Head Start / Head Start Director)</p> <p>Percy Snyder (Early Head Start / Head Start Program Manager)</p> <p>Shonda Robinson (Early Childhood Development Coordinator)</p> <p>Andy Alexandre (Health Specialist)</p> <p>At least 2 parent Interviews completed at each site.</p> <p>Site Supervisors / Directors were also interviewed at each site.</p>
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Strengths	Improvement Areas	Observations/Suggestions
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<p>Overall parents expressed satisfaction with the program. Parents expressed that they see benefits for their children and families in the program. The Family Advocates are very open and provide support in discussing goals for the families. The program assists families by providing good care of children. Some parents report that IFSP process went smoothly and they were given all of the correct information about their child’s development. The program supports families with follow-up care after the referral if additional services are needed.”</p>	<p>There were 8 of 9 files that recorded vision and hearing screenings as completed. Two of 8 files indicated that ASQ3 developmental screenings were conducted past the 45 day time-line. One file conducted an ASQ3</p>	<p>Ensure that the screenings are conducted within the 45 day screening time. Ensure that</p>
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<p>10% of child and staff files were reviewed within 7 EHS/CCP classrooms. The staff files are reviewed by Human Resources, Site Supervisors, by Quality Assurance and also by the teachers themselves, to maintain accuracy and compliance. The children’s files are reviewed by the teachers, Site Supervisors, Quality Assurance Specialists, Health Specialists, Mental Health and Disability Specialists, Educational Specialists and by the Family Advocates to ensure that documents remain in compliance.</p> <p>Child files included observable, known, or suspected health, dental, or developmental problems. The child with known, observable, or suspected developmental problems receives diagnostic testing, examination, and/or treatment by an appropriate licensed or certified professional. The program has a written plan in place to address ongoing concerns that were not diagnosed as disabilities. The program supports the family in the process of implementing a plan in the home and in the classroom to address ongoing child concerns. The program provides support to parents in understanding parenting techniques that support learning. The child file’s have individual child-development goals. The goals were created in collaboration with the child’s parents.</p>	<p>after the 45 days unnecessarily, as an IFSP was in place. In some cases, follow up from Nutrition and Mental Health/Disabilities was noted. In one instance, an ASQ-SE with a “review” result was not followed up. Zero of 9 files recorded the completion of GOLD Assessment. In several files follow up on actions were not written, contact notes, follow up on referrals, and indications that resources were provided to a family were not documented.</p>	<p>Mental Health/Disabilities are conducting a follow up based on screenings/referrals. Outline process for indicating follow up on referrals and action plans.</p>
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<p>Home Visits are conducted twice during the school year. Parent conferences are also conducted as needed. Regular communication with the parents is conducted daily.</p> <p>Family advocates work together with the families to complete a needs assessment and set family goals. The needs assessment check list guides this discussion but the advocate has a conversation with the family to ensure that they understand the family’s needs. A family partnership agreement is developed and the family advocate monitors it. The family advocate meets regularly with the families to track progress. Supervisors review Child Plus for progress. Goals are updated as needed. At the end of the year there is a final interview using the same assessment entered into Child Plus.</p> <p>If additional health services are needed, information is provided in the folders and at monthly meetings of places that conduct physicals and dental services.</p> <p>The Family Partnership Agreement is created and monitored by the Family Advocate who works with the family. The Family Advocate makes referrals if needed. All data about the referral and it’s completion is put into Child Plus. Our Health Advisory Committee goes over needs that we can’t meet and helps us find other service providers.</p>		
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<p>Parents report that the parent meetings are valuable and include topics such as dental care, understanding child and parent temperament, social-emotional development, challenging behaviors, stress, child development, and health information.</p> <p>Parent stated that they do receive follow up letters for immunization or physical exams in a timely manner.</p> <p>Parents also reported that the teachers are very communicative and always give the highlights of the day when they pick up their children. Parents also report that they turn in home connections and participate in activities that are easy to follow at home.</p> <p>The HSAC consists of a group of people, such as WIC, dental professionals, County Health Departments and pediatric offices in the county. HSAC meets every other month to see how services can improve.</p> <p>Supervisors review the family plans and notes in Child Plus. If progress is not being made, they talk with the family advocate to develop solutions. Support from different program areas are implemented if needed.</p> <p>Training is provided annually during</p>	<p>A nutrition file contained the wrong paperwork for milk allergy. In a separate file The Family Partnership agreement is not signed or filled out. The action plan is not complete; there is no follow-up, no contacts, and no notes. Another file contained no documentation resources were given to parents.</p> <p>Another file had a missing physical exam and expired immunization records. In another file The Family Partnership Agreement did not follow up on the action plan and there are no contact notes. Another file also did not follow up on contact notes or provide</p>	<p>Ensure that all files are up to date and current. Provide resources for families.</p>
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<p>pre-service and in-service. The staff is sent to additional trainings as needed.</p> <p>Multi-disciplinary team meetings are held once a month to collaborate and share information across all service areas to better serve the needs of the children with a suspected disability. All relevant service area staff meet and talk about concerns and develop a plan of action. The plan created by the multidisciplinary team is adjusted to meet the individualized needs as the child develops. The portfolio and Teaching Strategies Gold are used for lesson planning. The lesson plans are reviewed by the team to ensure they are meeting the needs of the child. The minutes of these meetings are entered into Child Plus. Each child's profile is in Teaching Strategies Gold.</p> <hr/> <p>Support for the child and family:</p> <p>During the home visits parents and the teachers discuss the various skills that the children are learning at school. The teachers and parents also discuss the methods being used to teach the children these skills so the parent can work in partnership with the teacher to incorporate these lessons in the home as well as in school. The parents and teachers also share behavior management techniques to ensure they are working together to offer the child a consistent approach while at school</p>	<p>resources to parent.</p> <p>In one file the Health file contains information about milk allergy but no follow-up. Teacher stated child does not drink that brand of milk anymore. In the Nutrition File, there was no WIC Id provided and no follow up.</p> <p>In one of the classrooms, teacher's had a concern about behavioral problems. There is a referral in place but no follow-up noted.</p> <hr/> <p>Currently, there are three children with IFSP's; the program is not meeting the 10% disabilities enrollment goal.</p>	<hr/> <p>Ensure that follow-up on referrals is in place with Mental Health and Disabilities.</p>
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<p>and at home.</p> <p>Staff development is a primary focus within the EHS/CCP program. Ongoing monitoring help ensure that staff understand how to best serve the various cultures in our community. Goals are developed in partnership with the parents so that they are relevant to the families' culture. The Family Advocates work with the parents on an individual basis. Family Advocates document various learning styles, cultural practices, possible literacy needs, etc. that may affect how to best serve the family. This information is then passed on to other specialists working with the family and used to complete the Family Partnership Agreement. ERSEA reviews all the agreements. ERSEA works with the advocates and teachers to make sure that any concerns are handled appropriately.</p>		
<p>Parent interviews:</p> <p>Teachers are qualified to provide high-quality teaching and learning strategies that are relationship-based, developmentally appropriate, and individualized to promote each child's learning and progress towards school readiness goals. Teachers understand how to use data to ensure that school readiness goals are met. They establish an engaging learning environment for children.</p>	<p>Several of the parents stated that the school readiness goals were not conveyed to them.</p>	<p>Work with the parent to ensure the school readiness goals created for the children are appropriate. Also help the parent to recognize the positive impact that the school environment typically has on a child so that the parent will understand why the goals are believed to be an obtainable option for the child.</p>



<p>They provide responsive care giving to infants and toddlers in the classroom.</p> <hr/> <p>Goals are appropriately developed for all age children in accordance with developmentally appropriate expectations. Goals are appropriately monitored and compared to the latest data. The latest edition of all curriculums are used in the classrooms.</p> <p>The system in place is designed to ensure proper monitoring of lesson plans and classrooms, with follow up. There is review to ensure domains from the Framework and individualization for students is included.</p> <p>Various tools such as ITERS, and regular monitoring are used to ensure quality. Educational equipment is ordered based on the needs of the</p>	<p>The classroom environment in some of these classrooms did not provide a language rich environment. There were some labels on the shelves but only in English. Three out of the 7 classrooms observed, there was not a lot of print throughout the classrooms.</p> <hr/> <p>The program has reported improved school readiness scores but would like to see a continued increase in the math scores.</p> <p>At one site some areas of a classroom were blocked off. Children were unable to play with materials. Although educational materials are provided sites need support with rotating age appropriate materials based on the enrollment.</p>	<p>Ensure that the classroom environment is rich in language by placing labels in English, Spanish and other increasing languages, such as Creole. Print is posted throughout the learning environment. Ensure that all areas are accessible to children that facilitate learning. Ensure that there is a wide-range of age-appropriate materials for infants and toddlers.</p> <hr/> <p>The program has purchased a new curriculum, provided training and information on how to develop math skills in young children. Based on our classroom observations there is a need for additional social emotional support so we have provided the teachers with additional trainings in this area.</p> <p>Pre service trainings, in-service trainings, and a 12 hour on line training for the assessment piece of the curriculum is provided to all teachers.</p>
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<p>site by the Education department.</p>		
<p>The children’s files are monitored by the Education Specialists, Health Specialists, Family Advocates, and Quality Assurance Specialists also by the classroom teachers. Parents reported that they feel their child would be ready to transition from the EHS program into the HS program.</p> <p>All appropriate programs are working to transition children to Head Start and kindergarten. Our EHS teachers are trained on the HS framework and expectations for the children.</p>	<p>Several parents interviewed were unaware of the process for transitioning from EHS to HS. Due to the time of setting up the CCP program, the program was not completely informed or trained on the process.</p> <p>Parents requested information on how to apply and did not know the next steps for transitioning into another program.</p>	<p>Provide more training regarding the transition process from EHS to HS. Ensure that parents are informed of the transition process. Meetings should be held with parents, teachers, and family advocate.</p>
<p>Non-Compliances: Monitor 45 day due dates.</p>		



System: FY 2016 OHS Environmental Health & Safety		
Team Members: A. Alexandre, C. Mondelus, L. Jones, Jeanette V-Mercado, D. Jones, Michelle Silva, Malarie King, Brenda Nieves, E. Phipps, Reenie Johnson, Elizabeth Johnson, S. Horton, Zolandela Torres (observers), A. Budesheim (group leader)		
Sites Visited: All About Kidz of Oviedo, Early Education Station, Frontline Outreach, God’s Creation, Golden Bear Academy, Hartage FCC, Kids Castle, My Destiny Academy, Orlando Day Nursery, Pine Hills Preschool, Rising Star in Longwood, Teddy Bear FCC, Apopka Child Academy, Dream Big, Thomas FCC	Person Interviewed: Staff at each site	
Strengths	Improvement Areas	Observations/Suggestions
<p>Inspections at centers are done, daily, weekly, and annually by staff. These include the daily PACE reports. Daily PACE reports being done consistently. Facilities are clean. Toys are sanitized daily. Staff complete daily inspections both inside and outside.</p> <p>Areas look clean, organized and safe for children. Areas are clean and accessible by children, including children with disabilities.</p> <p>Hand washing occurred at appropriate times for the majority of the sites.</p> <p>Hand washing procedures for children were followed with teacher assistance.</p> <p>Hand washing procedures were posted</p>	<p>The hand washing procedures were not observed, even though diapering/toileting occurred.</p> <p>Wipes were used by children to cleanse after lunch. Staff did NOT use gloves while diapering or wash hands after at one site.</p> <p>Did not observe hand washing before snack was given on the playground.</p>	<p>There are some inconsistent hand washing practices between sites.</p>



<p>and staff have received training on the proper hand washing procedures. Sanitation of the diapering area was seen. Hand washing and diapering procedures were followed for most sites.</p>		
<p>Formula was prepared and labeled with child’s name and date of preparation.</p> <p>Formula is made and labeled as needed. The program meets the individual nutritional needs of all children.</p> <p>The program meets the individual nutritional needs of all children. Sites follow the USDA food program requirements.</p> <p>Breast milk is properly stored and labeled. Staff hold any child while bottle feeding.</p> <p>The program complies with USDA nutrition requirements, including children with disabilities.</p> <p>Formula/breast milk are labeled and handled properly.</p> <p>This program passed their last USDA inspection.</p> <p>Infants were held when feeding from a bottle. Toddlers were seated at the table while self-feeding from a bottle.</p> <p>Breast milk was properly stored and labeled.</p>	<p>In classroom B, children were feeding themselves a bottle while either sitting, laying down, or propped up.</p> <p>During observation, hot dogs w/bun was served, (high-choking risk).</p> <p>Two sites inappropriately reported meal counts for the USDA food program.</p> <p>Two children were on formula. The bottles were not labeled. One bottle had cereal inside.</p> <p>At another site the bottle was not labeled (the child had recently arrived at school).</p> <p>At another site formula was not labeled with the child’s name.</p> <p>Formula was being stored in the refrigerator door without a lid. (The name, but no date was on the label)</p>	<p>All reported meal counts should be double checked. TA has been provided.</p> <p>The program passed the last USDA inspection by correcting errors.</p> <p>Some sites have been able to follow the requirements for labeling and food preparation.</p>



<p>Sites all have the fire detection systems in place and exit signs are posted.</p> <p>Fire prevention system is available. Some classrooms have an exit that leads directly to the outside.</p> <p>Smoke detector system has been tested, and fire extinguisher is accessible.</p> <p>The FCC sites have a fire prevention system with exits/windows that lead directly outside.</p>	<p>Fire extinguisher is located down the hall. Waiting on second extinguisher to be refilled.</p> <p>At one site near the cribs, two items were plugged in and will be accessible to the children once they start pulling themselves up to stand. Not able to locate the inspection date for the fire extinguisher during the monitoring.</p>	<p>Extinguishers are within 75 feet.</p> <p>Buildings that do not have automatic sprinkler systems have smoke detection systems in place.</p>
<p>Playgrounds are accessible and promote safety.</p> <p>The outside climbing toys are secured to the ground and have shock-absorbing surfaces underneath.</p> <p>Playgrounds are secure and age-appropriate with no water hazards.</p>	<p>The gate between the playgrounds was left open, and three children walked away from their teacher.</p> <p>The outdoor climbing toys are NOT age-appropriate. This site has not received the playground improvements proposed. There is a gap in the fence. 4C has completed a playground inspection and is awaiting the approval.</p> <p>Playground has steps from building without railing.</p> <p>On one playground, the gate lock is broken and can be easily opened.</p>	<p>Some materials for sites are still waiting to be delivered.</p> <p>One site is waiting the proposed work based on the playground inspection.</p>
<p>Only one medication was identified. The medication (cream) was in the original tube, with a form signed by the parent/ doctor, and stored in a locked box.</p>	<p>The teacher does NOT write on the medication log after applying cream to the child's bottom. A lock-box for medications is needed.</p>	<p>All sites have medication boxes upon starting the program.</p>
<p>During the observations most staff are supervising and engaging with children. They use positive guidance when responding to undesirable child behaviors.</p>	<p>At site there were behavior concerns seen from the children. TA is needed to help guide the teachers in redirection.</p> <p>After a child threw toys onto the floor, the teacher offered the child</p>	<p>When a child went to the restroom they closed the door and were out of hearing range for the</p>



<p>One classroom brought toys outside for playtime.</p> <p>Staff were supervising and engaging with children in a way that ensures their safety.</p> <p>Staff supervise and engage with children to ensure safety.</p> <p>Areas are arranged for clear supervision. Staff use Conscious Discipline when responding to undesirable child behaviors.</p> <p>Teachers were supervising and engaged with the children.</p> <p>Positive guidance and teacher modeling were used when redirecting children.</p> <p>Teachers supervise and engage with the children throughout the day while the observation was being done.</p> <p>Teachers used positive guidance with children when dealing with unwanted behaviors.</p> <p>Many different materials and toys were used during observation.</p>	<p>a lollipop to pick up the toys.</p>	<p>teacher.</p>
<p>There are adequate facilities, including provisions for children with disabilities. Bars are located in restrooms. Facilities are age-appropriate and accessible for children.</p>	<p>At one site during the observation, pests were seen coming in the window (proof of Orkin service presented). The air vent in the bathroom is not secured in the ceiling.</p>	<p>Sites provide steps for children to access restrooms as needed.</p>
	<p>From one site: equipment was stacked on top of sand table (inaccessible toys). Class is described as very cramped. Class has pillow/stuffed animal in sleeping area.</p>	



	<p>Paper blocks were torn.</p> <p>Although programs had steps to start the program one classroom need a step stool for the sink. Bathroom needs step stool for older children.</p> <p>Need step stool for children in bathroom.</p>	
	<p>Class had 5 children signed in, but 6 children in attendance. Class had 2 children signed in, but 5 children in attendance. During the observation, 3 children were signed in, but there were 4 children in attendance.</p>	<p>Staff should be sure to monitor sign in sheets for private pay students and CCP students in the classroom.</p>
<p>Non-Compliances: Bottle feeding procedures are not followed. Crib safety – no items should be stored in the crib.</p>		