

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

Agenda Item 12.2

**Meeting Date:** 06/11/2021 10:00 AM (Tues)

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**

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

Actual Enrollment	1211
Percentage of Actual Attendance	86%

	144
Actual Enrollment	149
Percentage of Actual Attendance	71%

<b>Early Head Start Expansion Enrollment</b>	
Funded Enrollment	40
Actual Enrollment	38
Percentage of Actual Attendance	70%

**Disabilities Report for March 2016**

Head Start           143  
Early Head Start    18  
EHS Expansion       3







## Attachment 5

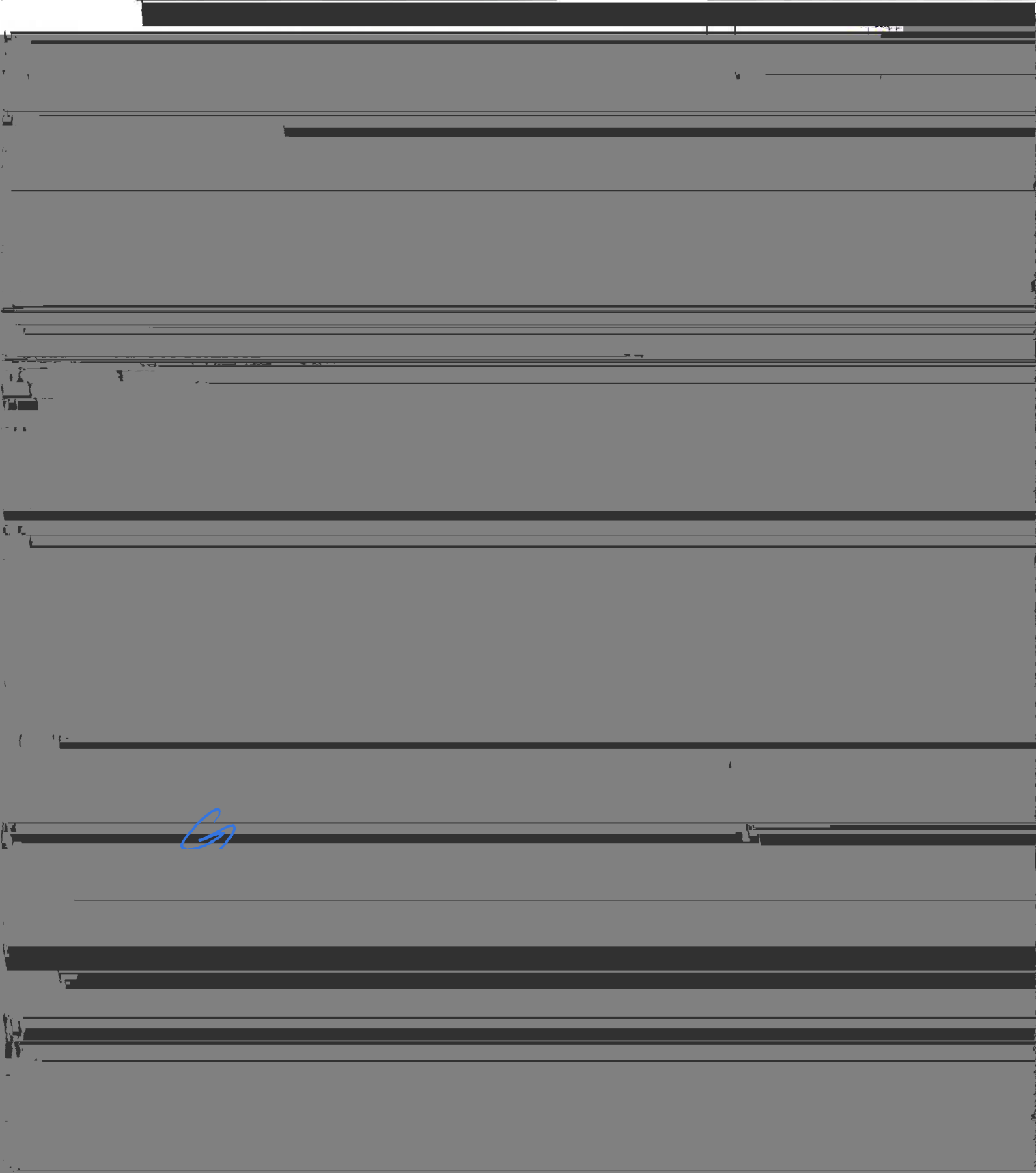




Attachment 7  
CHILD DEVELOPMENT DEPARTMENT  
SETA MONTHLY FISCAL REPORT

R5221

Month: February 1 - February 29, 2016 Agreement No: 1505551S0(2)



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**Quality Assurance Monitoring Response Plan**

Agency Name: Sacramento City Unified School District

Quality Assurance Review Date: 2/19/2016

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

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

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.

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)]TJETQae oro39 Tm[0 1 255

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

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

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.

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.

Diaper changing station at Elder Creek is not sink

The changing table will be moved into the bathroom that will have a sink within 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



No evidence of transition plan for children who are 2.5 years old and older (EC and AL)

A transition checklist will be implemented:

1. Data technician will pull monthly

One child turning 3 yrs. old with overdue IFSP at time of review (Elder Creek) did not have a transition plan, including a scheduled IEP

**PDM:**

Some EHS-CCP Associate Teachers do not meet the minimum qualifications set by OHS

## Quality Assurance Monitoring Response Plan

Agency Name: Sacramento City Unified School District

Quality Assurance Review Date: February 2016

Areas of Non-Compliance	PLAN OF ACTION/STRATEGIES PERSON(S) RESPT/F3 0e21956502 234	Completion
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Health Team, Registration Supervisor and Data Specialist met (March 2016) to review the following:

Determined screenings *were* completed or attempted within 45 days; however, there was a coding issue.

Decided to merge untestable with failed status code.

CDS and Health Clerks were trained to use the failed status code.

*Per recent meeting with SETA's at*

*Per recent meeting with SETA's QA Team:*  
*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:**

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) Not all files contain child's 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) *physicals that expired prior to child'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:**

Revised "Procedures for Tracking Missing Physical"  
Health reminder letter  
Training agenda/sign-in sheet  
Copy of physical with items circled

**Internal Monitoring:**

Monthly review of 3035 Child Plus Health Report

(5) Not all first year dental exams and subsequent year's dental exams were in file.

Retrain Enrollment Staff on "Dental Follow-up Procedures", to emphasis the steps below.

April 2016

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.

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:**

Training agenda/sign-in sheet

**Internal Monitoring:**

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 information in children's

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

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

Per recent meeting with SETA's QA Team:  
Follow-up code is pending response from SETA.

**Res**

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

- 4) Dental treatment follow-







	<p><b>Evidence of Completion of Corrective Action:</b> <i>Training Agendas, Handouts, Meeting Sign-In Sheets, Meeting Notes, Training Evaluations, revised Family Partnership procedures and forms.</i></p> <p><i>Monitoring process: File Reviews, Review of Goal Sheets, Parent Surveys, Parent Education Curriculum.</i></p> <p><b>Description of Internal Monitoring Procedures:</b> 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><b>Parent Meetings and Training</b></p> <p><i>(1)Not all classrooms have completed documentation of regular parent meetings and trainings.</i></p> <p><i>(2)Not all Classrooms have evidence of Pedestrian Safety Training.</i></p>	<p><b>Description of Corrective Action:</b></p> <p><b>Coordinators of sites found not to have Parent meeting documentation during Quality review, will follow-up with their staff. Parent Advisor and SCL's will assist in planning parent meetings for those classrooms for the remainder of this school year FPA Coordinator will meet with newly hired Parent Advisor to share the Quality Assurance findings in the area of Parent Meetings and Pedestrian Safety.</b></p> <p><b>FPA Coordinator, Parent Advisor, SCL's and Resource teachers will 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 within the first 30 days of school.</b></p> <p><b>Plan will be shared with Teachers during 2016-17 teacher Orientation</b></p> <p><b>Responsible Persons:</b> FPA Coordinator, Vicki Wasson; Parent Advisor, BraJona Harris; School Community Liaisons ; Patricia Hite, Delories Blackshire, Orylia Parra. Resource teachers</p> <p><b>Evidence of Completion of Corrective Action:</b> <i>Written Plan for Teachers Monthly Parent Meetings, Sign-In Sheets for Meetings, Monthly Parent Meeting Minutes, and Documentations.</i></p>	<p><i>April 15, 2016</i></p> <p><i>April 6, 2016</i></p> <p><i>April 2016-June 2016</i></p> <p><i>August 2016</i></p>

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





children's files to ensure there is a copy of the 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 children's files had available 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 children's files to ensure that there is evidence and work samples in children's portfolios 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:**

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

**Internal Monitoring Procedures:**

Education Accountability Record (EAR)  
File Review Checklist

(2) Individual Development Plans – Not all IDP's were 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***

**Evidence of Completion of Corrective Action:**

Training agenda and sign-in sheet on Inclusive Practices and Anti-bias Education  
Multicultural materials ordered.  
Staff Communications.

December 2016

**Internal Monitoring Procedures:**

Classroom monitoring visits includes Inclusive Practices and materials reflective of student population.

**4.1 A-Eligibility, Recruitment & Selection.**

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

