

Self-Assessment Results
Program Year 2016-2017
Identified Areas for Program Improvement

BISHOP INDIAN HEAD START
INYO COUNTY STATE PRESCHOOL



[It is Self-Assessment that helps a program determine if it is doing everything it can to benefit the children and families it serves. Self-Assessment is also a vehicle for innovation. In the context of the 5-year project period, Self-Assessment is the key to programs being able to report cumulatively in each annual continuation application on their progress toward achieving their goals, objectives, and expected outcomes.]

<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/learning/docs/self-assessment.pdf>

The 2016-2017 Self-Assessment Results were received, reviewed, discussed and approved by the Policy Council on May 3rd 2017 and signed by Ambrosia Stone, Policy Council Chair.

The 2016-2017 Self-Assessment Results were received, reviewed, discussed and approved by the Bishop Paiute Tribal Council on May 11th, 2017 and signed by a Deston Rogers, Bishop Paiute Tribal Council.

BIHS Mission, Vision, and Philosophy

The **Mission** of the Bishop Indian Head Start program is to provide safe, healthy, nurturing and stimulating learning environments, and to promote the school readiness of children age three to five by enhancing their cognitive, social, and emotional development in two ways:

1. The learning environment will support children’s growth in language, literacy, mathematics, science, emotional functioning, creative arts, physical skills, approaches to learning, and cultural diversity.
2. Each family will be provided with health, mental health, educational, nutritional, social, and other services when necessary based on the family’s needs assessments.

The Bishop Indian Head Start Program’s **Vision** is to provide families, children, staff, and the community with a diverse learning experience. Bishop Indian Head Start collaborates with community services to provide education on parenting, leadership, disabilities, health, mental health, nutrition, fitness, and culture. The Bishop Indian Head Start Program’s **Philosophy** is to create a developmentally appropriate and enriched environment for every child. Bishop Indian Head Start believes in the empowerment of families so that they may make informed decisions about their children’s education and well-being.



2016-2017 BIHS SELF-ASSESSMENT

Program Name: Bishop Indian Head Start

Dates of Self-Assessment: February-April Year: 2016-2017

Participants in the Self-Assessment Process: Provide the positions or titles of various stakeholders who participated in the Self-Assessment process such as staff, parents, Policy Council, governing body, community partners (no need to list specific names).

Team Members:

Bishop Paiute Tribal Council and the Bishop Indian Head Start Policy Council
The BIHS Parent Committee and the Tribal Community Members
2016-2017 Health Advisory
BIHS Staff and Supporting Tribal Employees

Bishop Indian Head Start Partnerships

Bishop Tribal Reservation Agencies serving Bishop Indian Head Start and their families	Other Supportive Agencies serving Bishop Indian Head Start and their Families	Local Businesses that support Bishop Indian Head Start through donations or volunteer work and other outside programs
<ul style="list-style-type: none"> + Bishop Paiute Tribal Council + BIHS Policy Council + BIHS Parent Committee + Bishop Tribal Administration + Bishop Tribal Maintenance + BIHS Health/Nutrition/ Curriculum Advisory + Bishop Tribal Social Service Department + Bishop Tribal IT + Bishop Paiute Social Services + Bishop Tribe-Human Resource + Bishop Tribal Enrollment + Bishop Paiute Family Formation + Bishop Summer Youth and Year-Round Program + TERO + EMO + Bishop Tribal CDD + OVDCD-Nüümü Yadoha + OVDCD-Tütüwapi Library + Bishop Paiute Cultural Center + OVDCD-TANF + Bishop Paiute-Education + Tribal Police + Toiyabe Dental + Bishop Paiute Food Sovereignty Program + Toiyabe-Preventive Medicine + Toiyabe –Public Health (Marjoree Neer,FNP,PHN) + Matt Larsen Registered Dietician + TIHP-Racial and Ethnic Approaches to Community Health-REACH- + TIHP-Partnerships to Improve Community Health-PICH 	<ul style="list-style-type: none"> + Inyo County Board of Education + Inyo County State Preschool + Bishop Elementary + Bishop High School (Community Volunteers) + Inyo County WIC + Inyo County Social Services (Volunteers) + Inyo County Health and Human Services + Food Coalition Board + Education Board + Bishop Paiute Public Works + Indian Health Services + Car Seat Safety Coalition + SELPA-Inyo County Special Educational Local Plan + OVDCD Early Head Start: Bishop and Big Pine + Office of Head Start + Indian Health Services + Bishop Wild Iris + Child Protective Services + Dental Support Center(CRIHB) + Department of Forestry + Bishop Volunteer Fire Department + First 5 California + Inyo County First 5 + The California Preschool Instructional Network (CPIN): specialized training on the California Preschool Learning Foundations and Preschool Curriculum Frameworks, aligned to K-12 content standards + The Child Care Initiative Project (CCIP): specialized training for licensed family child care home providers serving children zero to age 13 + Inyo Mono Community Advocates (IMACA HS) + National Indian Justice Center 	<ul style="list-style-type: none"> + Bishop Paiute Casino + Bishop Manor Market + Bishop Toggery + Bishop Starbucks + Bishop Dwayne’s Pharmacy + Bishop McDonalds + Bishop Rite Aide + Laws Museum + BUHS Farm + Orange Lutheran High School + Chalfant Trees + Master Gardeners + University of California Agriculture and Natural Resources + Great Basin Bakery

Resources/ Data Used:

Head Start Program Performance Standards 45 CFR Chapter XIII September 2016

2015-2017 Parent Surveys
Agency Survey (survey monkey)
School Readiness Goals

Prior-Self Assessment Program Improvement Plan and Prism

Positive Child Outcomes
Desired Results Developmental Profile
Parent/Teacher Conferences
Staff Needs Surveys
BIHS 5-Year Plan

Parent, Family, Community, Engagement Outcomes
Community Assessment Data
Minutes: Health Advisory, Parent Committee, Policy Council
Child Plus Data

LEA Transition Meetings
<http://ers.fpg.unc.edu/early-childhood-environment-rating-scale-ecers-r>

Classroom Assessment Scoring System
California Adult Child Food Program Triennial Review-Summation Report 2015
Health Tracking Reports

Indian Health Survey and Action Plan
Recent Head Start Triennial Review

Transportation Monthly Records
California Highway Patrol
Single Fiscal Audits
State Preschool Program Report-QRIS

Ongoing Monitoring Reports
Record Keeping and Tracking
State Preschool Audits

Risk/Threat Assessment Checklist
Classroom Portfolios, IEP Folders, and Enrollment Folders

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Progress Made from the Previous Self-Assessment

Part 1302 Program Operations-Subpart C Education and Child Development

1302.34 Parent and family engagement in education and child development services

1302.36 Tribal language preservation and revitalization

Areas of Improvement: (1) Parent Involvement in lesson planning and continue to increase parent child activities. (2) Create a Cultural Curriculum for Preschool (3) Enhance Community Workers Curriculum

Progress: (1) Beginning school year 2016-2017-BIHS teachers did share lesson plans and where to locate lessons and a few parents reviewed lesson plans, provided parent input and participated in planned lessons. In addition, the Parent Committee did plan and participate in science lessons, nutrition and the health carnival. Minimal documentation on lesson plan that parents have reviewed their classrooms lesson plans to support parent awareness of the program's school readiness goals. According to the 2016-2017 Parent Survey 79% of Parents indicated they were very satisfied with the program meeting their child's individual needs and 21% satisfied as compared to 2015-2016 where 86% were very satisfied, 12% satisfied and 2% not satisfied. According to the 2016-2017 Parent Survey 82% of Parents indicated they were very satisfied with the program's daily activities and 18% satisfied as compared to 2015-2016 where 86% were very satisfied, 14%. Parents also contribute to the Tribal Language translations and Tribal Vocabulary in the school Newsletters. Classroom and monthly focus is also provided in school and classroom newsletters. BIHS partnered with First 5 to host Parent Engagement workshops and with the Bishop Tribal Food Sovereignty program and Inyo County Health Department to host family hands on nutrition shops with materials provided by Toiyabe Indian Health Project REACH and PICH grant. Parents were also provided an opportunity to engage in Fun Fitness Friday activities. (2) BIHS Cultural Committee has not been formed and planned events by start of September -hand games, pow wow, music, outdoor exploration, of our valley, pine nut gathering, increase interaction with elders and care center has not taken place. BIHS did conduct a Parent survey indicating Parent input for Cultural Activities. (3) Children learn about Community Workers and some fieldtrips have lined up with lesson plans such as the baker and a trip to the bakery.

Overall Team Consensus: (1) Continue to enhance goal 1. (2) Continue this goal. (3) Continue this goal.

Additional Information: Parent (s) and or Guardian (s) Cultural Activity ideas:

Paiute Language Classes at Head Start	Monthly Paiute Language Activities at the Language Center	Beading and or Weaving	Cultural Story Telling at BIHS	Cultural Meal Preparation and Cooking	Cultural Dance and Music
72%	55%	58%	62%	50%	72%

Other Cultural Activities suggested: (1) Cultural day once a month or focus on a topic for the month (2) Cultural Fieldtrips (walks, hikes) (gathering pine nuts, wild onions, etc.) (3) Paiute Language immersion in classroom (4) Regalia making (5) Focus on learning who they are as a native people.

In the 2015-2016 Parent Survey 88% of our families indicated they were very satisfied with Cultural Activities while 11% were satisfied and 2% not satisfied. In the 2016-2017 Parent Survey 73% of our families indicated they were very satisfied with Cultural Activities while 23% were satisfied and 2% not satisfied.

Part 1302 Program Operations-Subpart D Health and program Services

1302.44 Child nutrition

1302.45 Child mental health and social and emotional well-being

1302.45 Family support services for health, nutrition, and mental health

1302.47 Safety Practices

Areas of Improvement: (1) Contingency (emergency plan) related to health needs to be clarified and reviewed with staff. (2) Contingency (emergency plan) related to health needs to be clarified and reviewed with all staff. 2015-2016-ECERS #12Toileting/Diaper-4.5 Subscale: Personal Care Routines Score-6.00. (3) Improve communication with Inyo County SELPA and Superintendent of Schools for the purpose if addressing mental health needs of our children. (4) Documentation of opportunities to participate in Early Head Start to improve skills and knowledge in prenatal education on fetal development, labor and delivery, and

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post-partum recovery. (5) Interviews with staff and parents during Self-Assessment and menu planning discussion was an interest to increase Native American Cultural Foods (6) CACFP Mission needs updating to match our food sovereignty efforts.

Progress: (1) The Contingency (emergency plan) and Health and Safety Policies are reviewed at pre-service with staff. (2) 2016-2017-ECERS #12Toileting/Diaper-1-a 3.5 drop. Subscale: Personal Care Routines Score-2.90-a 3.1 drop. Indian Health Service observed Hand washing practices to be in-place. (2) Goal will continue. (3) BIHS Health and Disabilities Manager, SELPA Director and specialist met prior to the start of the new school year to plan actions steps that address severe behavior needs of children in a school environment. BIHS IEP families receive ongoing services, in addition to social playgroups to help children with challenging behaviors in the classroom. (4) Health and Disabilities Manager collaborates with WIC services to provide education and resources for our Head Start Newsletter and Tribal Newsletter. Workshops that cover skills and knowledge in prenatal education on fetal development, labor and delivery, and post-partum recovery for HS, EHS, and the community was not organized by BIHS. The BIHS Health and Disabilities Manager provided one to one support and referrals. (5) Head Start Director/ BIHS Chef Increased Cultural Foods and activities into the Menu and Monthly calendar of events: BIHS received grant opportunities to support garden activities that would include traditional foods. BIHS will continue to seek Cultural Food Advisors/Elders from other Tribes who have included traditional foods in their menus. Including, seeking resources from Tutuwapi Library and Nüümü Yadoha for recipe ideas. BIHS did participate in the CACFP Native American Recipe Project by trying a new recipe. (6) Health Manager, BIHS Chef, Lead Teachers Health Advisory held discussions regarding the BIHS CACFP Mission Statement to align with our REACH objectives. BIHS did not translate mission statement into Spanish at the start of 2016-2017 School Year because it has not been updated.

Additional Information: The Tribal Police and Tribal Administration has a copy of the 2015 Emergency Plan. State- ECERS is a scoring system that does not allow for a total picture of the overall improvements of the program facility. If you score low in just 1 area a program cannot obtain further points. It is our understanding we scored low due to sinks being used for tooth brushing and handwashing after toileting. We continue to get conflicting scores between State and Indian Health Service. 2016-2017-Section P – Health and safety policies and procedures 85% of our Parents indicated they were very satisfied and 15% indicated they were satisfied. In 2015-2016, 91% indicated they were very satisfied-a 6% decrease and 9% satisfied- 6% decrease. In both years, BIHS parents did not indicate they were not satisfied with Health and safety policies and procedures.

As of March 2017:

Speech Data						
Screened -17 Children on IEP-7 Didn't qualify-6	4 qualified for Responses to Intervention 8- week support program a Tier 2 intervention- see handout	Speech screening pending-0	Further assessment-0	Annual Review or Exiting speech-3		
Monthly Referrals						
Social emotional Service "Small Group Play"-8	Car Seats needed or checked-88	Family counseling-5	Transportation-5	Sleep Safe Smoke Alarm-17		
Health follow up						
Cavities receiving treatment-41	Lead screening complete-71	4-6 yrs. Immunizations due-7	Immunizations Behind-0	Physicals expired-0	Health insurance-68 2-dropped	Pregnant women-1YTD-3
Parent Child Health and Safety Education						
New Federal and State Head Start Regulations	First 5 Parenting Classes School Readiness	Pedestrian Safety	First Aid/CPR			
Car Seat Tech Training	Fire Drills	Bus Evacuation	Lead Screening			
Stranger Danger	Dental Screening	Nutrition-cooking and label reading	Health Advisory			
Flu Shot Clinic	RAVE-Resources	Car Seat Safety	Emergency Policies and Procedures			
Earthquake	Lana the Iguana Nutrition Classes	Salsa Making Workshops	Education Summit			
Education-Health Manager-Health Related Training						
All Pre-Service Trainings	First Aid/CPR/AED	Mental Health	Nutrition Label Reading			
Disabilities Workshop	Mandated Reporting	Social Emotional CPIN Training	Lead/Flu Shot training			
Salsa Making Workshops						

Overall Team Consensus: (1) No longer an area of improvement-Planning Process in place. However, the 2015 Emergency Plan must be updated to reflect the 2017 OHS Regulations and continued to be reviewed annually if not quarterly. (2) Continue goal. (3) No longer an area of improvement-process in place. (4) Continue goal. (5) Continue goal. (6) Continue goal.

Part 1302 Program Operations-Subpart E Family and Community Engagement Program Services**1302.50 Family engagement****1302.51 Parent activities to promote child learning and development****1302.52 Family Partnership services****1302.53 Community partnership and coordination with other early childhood and education programs**

Areas of Improvement: (1) Events planning still happening month to month. (2) 2015-2016 Parent Survey -Information from Program: What you can do to help your child learn and grow (93%) indicated yes; Parenting skills (91%) indicated yes; How to find other services in the community (95%) indicated yes; Where to report health and safety concerns and complaints (95%) indicated yes; Experience and training of Head Start Staff (93%). (3) Rights and Responsibilities are not translated into Spanish. (4) 2015-2016 Parent Survey – 84% of Parents indicated they were very satisfied in- How the BIHS staff communicates with them and 11% were satisfied and 5% Not Satisfied. (5) Written Plan needs updating and enhancements to reflect how the program will respond to any new needs of families. Consistency of follow-up by family services does not reflect the quality of services received through Head Start referrals. (6) Frequency of one to one with families to review the family partnership agreements, document progress in attaining goals, and adjust goals. (7) Other Family Service Considerations not in place. (8) Continue to increase parent activities to promote child learning and development. (9) Parent Involvement in Events Planning

Progress: (1) Yearly calendar in place and online. Staff and parents review the monthly activities and events planner prior to final submission. Monthly calendars are located online. 2016-2017 Parent Survey Question 6 Have you received information from your program regarding (Section D-Schedule of Daily Activities) 100% of parents indicated yes. (2)2016-2017 Parent Survey -Information from Program: What you can do to help your child learn and grow (98%) indicated yes-a 5% increase from last year; Parenting skills (96%) indicated yes- a 5% increase; How to find other services in the community (98%) indicated yes- a 3% increase; Where to report health and safety concerns and complaints (94%) indicated yes- a 1% decrease; Experience and training of Head Start Staff (91%)- a 2% decrease. (3) When needed, the BIHS Management Team will work with Community Partners to translate the Rights and Responsibilities into Spanish. Currently not an immediate goal. (4) 2016-2017 Parent Survey – 82% of Parents indicated they were very satisfied in- How the BIHS staff communicates with them -a 2% decrease and 15% were satisfied-a 4% increase and 3% Not Satisfied-a 2% decrease. BIHS Director facilitated Communication training for Parents and Staff during the 2016 Education Summit and provided training during preservice. However, Communication among staff and parents for the most part is positive and effective but still a need. (5) BIHS utilized the Child Plus Data system and excel program to summarize needs and interest of families and utilized the report to collaborate with partners and formed new partners to help meet identified areas of need or interest. BIHS did schedule monthly activities each month during the year. BIHS posted job listings and workshops related to needs and interests. Parents who attended workshops or events are documented in files and in the Child Plus file. BIHS Tribal Council and BIHS Director will hire an Assistant Director to assume the responsibilities of ERSEA/PFCE. She has experience in social work and family study, data entry and analysis, presentation skills, and experience in collaborative partnership building. She is implementing a tracking system for referrals using Child Plus or excel. ERSEA staff attended the 2016 Head Start Regulations in December. (6) Currently BIHS is in progress of meeting 3x a year as done in the past and is not meeting more than 3x a year. Documentation is being entered in Child Plus and in file of the frequency of partnership meetings. There has been success of forming relationships during the initial enrollment interview process and touching bases with families during enrollment. Partnership goals in September was over 50% completed, follow-up during parent teacher conference time is documented and will occur during transition. Additional: monthly phone calls or as often as family needs have been documented but not for 100% of families. According to the ERSEA manager 50% of her families have had a second meeting to discuss family partnership goals. (7) BIHS Director and Assistant Director collaborate with Social Services (RAVE) to assist in Child Abuse and Domestic Violence education and or assistance related to child abuse issues. BIHS did not reach out to Family Services to provide Marriage and Relationship resources for families willing to participate. In addition, issues afflicting older siblings, of HS children. Identify resources for youth in our community. Plan a process to link older siblings of HS children to these resources. However, BIHS submitted the Community Resource guide currently being used to the Education Team and to Tribal Administration to update resource guide. The Tribal Resource Guide has been updated and online. Copies of the guide have been provided to the BIHS Families. (8) BIHS Director, Teachers, and PFCE Team increased parent/child activities to an average of 2 events weekly. Parent Interest and Needs Survey was maintained by PFCE Manager and Program Director and outcomes was discussed with Parent Committee and Policy Council for the purpose of events planning. In addition, PFCE Team summarized interest by classroom and presented summary to teachers for classroom events planning. Activities included were Family Fitness BBQ, Nutrition trainings, Health Carnival, Parent Child Interaction nights, and Seasonal Family gatherings. We did not organize a Paiute Language Binder for each teacher with a training overview, cultural events and elder involvement. Our goal is to summarize data in the beginning on the year and not at the end of the year. Paiute Vocabulary and phrases were not consistently integrated though-out events. (9) Each classroom has

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at least 2 representatives from each classroom. Most classroom representatives have been consistent all year with attending planning meetings. Recruitment attempts to provide incentives have been made, but attendance is still low among all enrolled parents. Different time slots have also been attempted. The majority of parents do attend events, but not planning meetings. Participation and attendance is documented in Child Plus.

Additional Information: BIHS will continue to collaborate with staff and parents to utilize data from the Parent interest, goals and needs surveys, staff training needs survey, child outcomes and the self-assessment and community needs assessment to plan yearly trainings prior to the starting of the school year. The 2015-2016 Parent Survey indicated 72% of parents were very satisfied with parent involvement and 24% satisfied and 3% not satisfied. In 2016-2017, 67% indicated they were very satisfied with parent involvement, 32% satisfied and 2% not satisfied.

Question 5 - Has your child's enrollment in this program made it easier for you to: 2015-2016				Question 5 - Has your child's enrollment in this program made it easier for you to: 2016-2017			
	% Yes	% No	% N/A		% Yes	% No	% N/A
Section A – Accept a job?	47%	4%	49%	Section A – Accept a job?	50%	5%	45%
Section B – Keep a job?	67%	0%	33%	Section B – Keep a job?	68%	2%	31%
Section C – Accept a better job?	37%	6%	58%	Section C – Accept a better job?	45%	3%	52%
Section D – Attend educational or training programs?	45%	2%	44%	Section D – Attend educational or training programs?	55%	2%	44%

Parent Partnership Agreements Completed as of March 21, 2017			
Classroom 1: 100%	Classroom 2: 78%	Classroom 3: 88%	Classroom 4: 63%
82.25 percent			
Tracking Parent Partnership Goal Meetings by Classroom			
Classroom 1-8/16=50%	Classroom 2-7/17=41%	Classroom 3-8/17=47%	Classroom 4-10/16=63%
50.25 percent			

Overall Team Consensus: (1) No longer an area improvement-Planning Process in place. However, Data needs to be collected and summarized by September each year. (2) BIHS Management Team will continue to provide information on the identified areas: Where to report health and safety concerns and complaints and Experience and training of Head Start Staff. (3) N/A (4) Goal is to be continued. (5) No longer an area improvement-Planning Process in place. (6) Goal is to be continued. (7) BIHS collaborates with many Tribal and non-tribal agencies often and there are documentation of this process. There is no formal Memorandum and or agreement for many of our partners other than emails, support letters or planning calendars. BIHS will continue to development an informal planning letter as community partnership documentation that can be signed by the representing agency. (8) Goal is to be continued. (9) Goal is to be continued.

Part 1302 Program Operations-Subpart G Transition Services

1302.70 Transitions from Early Head Start

Areas of Improvement: (1) Early Head Start Transition Plan

Progress: (1) BIHS and OVDCDC formulated an MOU-Chart outlining activities for transitioning EHS children and families to Head Start. Activities include visiting the BIHS, engaging in shared parent engagement activities, assistance with application process, meeting HS teachers and staff. Transportation Education. Transfer of child and family files to maintain smooth service transitions. This year BIHS invited EHS to participate in Health Advisory meetings, Health fairs, Policy Council, and Parent Committee activities.

Overall Team Consensus: (1) No longer an area of improvement and process in place.

Part 1302 Program Operations-Subpart I Human Resources**1302.90 Personnel Policies****1302.91 Staff qualifications and competency requirements****1302.92 Training and Professional Development**

Areas of Improvement: (1) Response Time and Follow-thru: training and technical planned activities.

(2) New hires still needed guidance in policy and procedures (3) BIHS must contract for CLASS Observation Reliability Certification - No one on site. (4) Staff Professional Growth/Child Development Permits and professional development plans are needed for some teaching teams. (5) Employee Break Schedules

Progress: (1) Policy Council and Tribal Council approved of additional training days for BIHS staff during program year. Last year only 13% of our Head Start staff could participate in the Education Summit. This year, 93% of the BIHS staff attended. Cultural Curriculum was a topic covered at the Education Summit. In addition, BIHS employees had an opportunity to attend a Cultural Night Event. *Team building activities were provided at pre-service and during various staff trainings, but will continue area of improvement.* Two lead teachers attended an out of state PFCE training and 1 associate teacher attended bus driver classroom training. (2) BIHS Director and Management utilized the orientation checklist to ensure at the immediate start of employment each New and Returning employees are knowledgeable in Head Start, State Preschool, Bishop Paiute Tribal, and Indian Health Services regulations and policies and procedures. (3) An attempt to certify a CLASS Reliable Observer was attempted. Director did not pass the renewal exam. *Director or Coach will take a full CLASS training and retest for program year 2017-2018.* State Pre-school and OVCD-EHS has Reliable CLASS Observers that observe BIHS classrooms yearly to stay in compliance with State and OHS requirements. (4) The BIHS Director and State Preschool assigned coach followed up with staff who needs their appropriate teaching permit. 100% of Teaching Team completed a five-year plan for professional growth goals and objectives by the start of the 2016-2017 school year. (5) BIHS Team are all receiving breaks and received training in State, Federal, and Tribal policies and procedures. In addition, the support team checks in with classroom often to assist in meeting the individual health needs of teachers.

Overall Team Consensus: No longer an area improvement-Planning Process in place for (1), (2), (4) and (5). Continue with goal (3).

Additional Information: 2016-2017-Staff Needs Survey Question 4 to Staff: *Would you like more information or training related to your position or other positions?* 58% responded yes; 37% responded no; and 5% responded no. 2016-2017-Staff Needs Survey Question 7 to Staff: *Is there anything else you would like to say about how BIHS meets your training needs?* 42% responded yes; 11% responded no; and 47% had no response.

Request for training:

Increase training to help with behavior students

Teambuilding with all staff; Managing Conflicts; Building Communication Effectiveness

Family Advocate Training

Teaching Strategies for Children with Disabilities

Technical support

Transitions for children

CLASS; Coaching; and Human Resource Training

Comments:

More Trainings out of town or away from facility

Director individualizes training needs

Need hands on training

Need more time in day to take trainings

Part 1302 Program Operations-Subpart J Program Management and Quality Improvement**1302.101 Management Systems****1302.102 Achieving Program Goals****1302.103 Implementation of program performance standards**

Areas of Improvement: (1) Data analysis is in progress. Team needs formal data analysis training. (2) New Teaching staff and experienced teachers identified ongoing assessment tool training (3) Program Planning Cycle (Timing) (4) Implementation of program performance standards

Progress: (1) BIHS support team is in second year of utilizing data programs such as Child Plus, ASQ, DRDP online, and excel programs for ensuring data is aggregated, analyzed, and compared in such a way to assist in identifying risks and in forming strategies for continuous improvement in all program service areas. (2) 2 out of 4 teachers have been trained in entering data in the DRDP system. Support staff and Policy Council members have also been trained in entering DRDP data. (3) The BIHS Director and Support Team strengthened the Program Planning Cycle by ensuring the program calendar was followed by September 2016. Prior to the next month, The Team reviewed planning calendar and scheduled actual dates in the current month that correlate with planning cycle. Spreading out the planning cycle throughout the year to include data collection ensures information is available for the grant and other grants that will support Head Start Community Needs on time. BIHS Director was granted a 30-day extension to summarize the 2017 Community Assessment data into a formal report. Pre-service did not include training for the entire staff utilizing the National Center on Program Management and Fiscal Operations resources for program planning in Head Start. However, Policy Council received a program governance training and an intro to fiscal training. (3) As information was provided by program specialist and the Office of Head Start it was immediately shared with all stakeholders. BIHS Director and the ERSEA/Assistant Director attended a December 2016 Region 11 training regarding the 2016 Head Start Regulations. BIHS Director has been introducing the new standards to the Policy Council, Tribal Council and staff. BIHS still needs to provide a copy of new policies to Fiscal and Human Resources by May 1st 2017. BIHS will request the Directors of Fiscal and Human Resource review regulations and assist the BIHS Director in updating policies and procedures related to the Program Operations and Fiscal and Administrative Requirements no later than July 1st 2017.

Overall Team Consensus: (1) No longer an area improvement-Planning Process in place. However, BIHS will ensure that staff and the Policy Council receive online training in data analysis earlier in the program year for planning for program improvement and measuring positive outcomes. (2) Although progress has been made, BIHS will continue to make this an area of improvement. (3) Goal will continue and include 1302.103 Implementation of program performance standards.

Part 1303 Financial and Administrative Requirements**Subpart E-Facilities**

Areas of Improvement: (1) Staff Meeting Minutes regarding Outdoor Classroom; Facilities Checklist; POEMS assessments indicated a need to improve the outdoor learning space for children. (2) #7 Space for Gross Motor 2.25 Subscale: Space & Furnishings score – 6.26 Gross motor space did not provide sufficient cushioning under climbing equipment (fall zone did not meet 6 inches)

Progress: (1) BIHS, community partners and volunteers installed a new shade structure; installed swings and a slide; installed borders and fall zones; installed a drinking fountain. According to ECERS and to Indian Health Service the new equipment met all safety requirements. (2) #7 Space for Gross Motor scored a 1 (a 3.50 drop) despite the 19,000 square feet increase. Subscale: Space & Furnishings score – 5.56 dropped a .7 Gross motor space did not provide sufficient cushioning under climbing equipment (fall zone did not meet 9 inches) * State requirement went from 6 to 9 inches. BIHS purchased 12 pallets of sand and still did not meet the 9-inch requirement from Indian Health Service due to sand compacting despite rototilling near climbing equipment.

Additional Information: State- ECERS is a scoring system that does not allow for a total picture of the overall improvements of the program facility. If you score low in just 1 area a program cannot obtain further points. It is our understanding we scored low due to the fall zone, areas concerned to be hiding places for children, the latches on gates are too low, even though they are locked, and not all bolts were cut below 2 threads. In addition, the ECERS team said we did not meet the fall zone in the swing and slide area (Indian Health Service said we did). We continue to get conflicting scores between State and Indian Health Service.

Overall Team Consensus: (1) No longer an area of improvement. (2) Continue as an improvement goal.



Areas Identified for Program Improvement

Part 1301: Program Governance

1301.1 Purpose.

An agency, as defined in part 1305 of this chapter, must establish and maintain a formal structure for program governance that includes a governing body, a policy council at the agency level and policy committee at the delegate level, and a parent committee. Governing bodies have a legal and fiscal responsibility to administer and oversee the agency's Head Start and Early Head Start programs. Policy councils are responsible for the direction of the agency's Head Start and Early Head Start programs.

Part 1301—Program Governance

1301.1 Purpose.

1301.2 Governing body

1301.3 Policy council and policy committee.

1301.4 Parent committees.

1301.5 Training.

1301.6 Impasse procedures.

No Area of Improvement identified.

Part 1302: Program Operations

1302.1 Overview

This part implements these statutory requirements in Sections 641A, 645, 645A, and 648A of the Act by describing all of the program performance standards that are required to operate Head Start, Early Head Start, American Indian and Alaska Native and Migrant or Seasonal Head Start programs. The part covers the full range of operations from enrolling eligible children and providing program services to those children and their families, to managing programs to ensure staff are qualified and supported to effectively provide services. This part also focuses on using data through ongoing program improvement to ensure high-quality service. As required in the Act, these provisions do not narrow the scope or quality of services covered in previous regulations. Instead, these regulations raise the quality standard to reflect science and best practices, and streamline and simplify requirements so programs can better understand what is required for quality services.

Part 1302 Program Operations-Subpart A- Eligibility, Recruitment, Selection, Enrollment, and Attendance

1302.16 Attendance

Identified Area of Improvement	Improvement Strategies and Timeline Person(s) Responsible
Daily Individual Attendance logs and Attendance Letters to Parents have not improved -Despite attempts to remind and work with families to improve their average daily attendance. Including sending information out on the importance of school attendance.	BIHS has been maintaining an average of 91% in school wide attendance. BIHS staff will promote regular attendance of each individual child. BIHS will continue to track attendance for each child. BIHS calls each child by 8:30 am, if a child is unexpectedly absent and a parent has not contacted the program within one hour of our 7:45 am start time to ensure the child's well-being. Enrollment Staff and the Lead Teachers will continue to inform families on the importance of school attendance and our policies for promoting regular attendance. Tracking school tardiness will also be included as a prevention strategies for low attendance. BIHS will ensure that the ERSEA Manager, Health and Disabilities Manager and or Program Director make a home visit if not able to contact family when child is absent to ensure child's safety. In some cases, the Bishop Tribal Social Service Department will be contacted to assist in intensive case management. Only after all attempts have been made as outlined in the performance standards and BIHS policies and procedures will consider the slot vacant.

Part 1302 Program Operations-Subpart C Education and Child Development

1302.34 Parent and family engagement in education and child development services

1302.36 Tribal language preservation and revitalization

Identified Area of Improvement	Improvement Strategies and Timeline Person(s) Responsible												
Parent Involvement in lesson planning and continue to increase parent child activities-continue	Beginning school year 2016-2017 BIHS will enhance our program education structure and child development services to recognize parent's roles as children's lifelong educators, and to encourage parents to engage in their child's education by providing opportunities for families to comment and offer suggestions on the BIHS selected curriculum and materials used in the program in the beginning and end of the school year and or when new materials or curriculum has been obtained. BIHS to host curriculum activities once a month to engage families with new materials and how they are used to strengthen school readiness goals. BIHS Teaching team will document parent involvement in monthly curriculum development before the start of school year. Strategy: parent survey, interviews at home visit, documenting how parent web chart and interest surveys are woven into lesson plan.												
New Teaching staff and experienced teachers identified ongoing assessment tool training and review	During school year 2016-2017-BIHS Director will plan ongoing assessment tool training (DRDP) to ensure teachers are able to provide accurate and consistent information on children's progress.												
Create a Cultural Curriculum for Preschool	BIHS will form a Cultural Advisory to plan a cultural curriculum based on the <u>Parent (s) and or Guardian (s) Cultural Activity ideas:</u> <table border="1" data-bbox="289 1018 1429 1171"> <thead> <tr> <th>Paiute Language Classes at Head Start</th> <th>Monthly Paiute Language Activities at the Language Center</th> <th>Beading and or Weaving</th> <th>Cultural Story Telling at BIHS</th> <th>Cultural Meal Preparation and Cooking</th> <th>Cultural Dance and Music</th> </tr> </thead> <tbody> <tr> <td>72%</td> <td>55%</td> <td>58%</td> <td>62%</td> <td>50%</td> <td>72%</td> </tr> </tbody> </table> <p>Other Cultural Activities suggested: (1) Cultural day once a month or focus on a topic for the month (2) Cultural Fieldtrips (walks, hikes) (gathering pine nuts, wild onions, etc.) (3) Paiute Language immersion in classroom (4) Regalia making (5) Focus on learning who they are as a native people.</p>	Paiute Language Classes at Head Start	Monthly Paiute Language Activities at the Language Center	Beading and or Weaving	Cultural Story Telling at BIHS	Cultural Meal Preparation and Cooking	Cultural Dance and Music	72%	55%	58%	62%	50%	72%
Paiute Language Classes at Head Start	Monthly Paiute Language Activities at the Language Center	Beading and or Weaving	Cultural Story Telling at BIHS	Cultural Meal Preparation and Cooking	Cultural Dance and Music								
72%	55%	58%	62%	50%	72%								
Enhance Community Workers Curriculum	BIHS Teachers and parents plan Community Worker Presentations and field trips linked to the Community Workers in our area prior to the 2017-2018 academic year.												

Part 1302 Program Operations-Subpart D Health and Program Services

1302.44 Child Nutrition

1302.46 Family support services for health, nutrition, and mental health

1302.47 Safety Practices

Identified Area of Improvement	Improvement Strategies and Timeline Person(s) Responsible
Contingency (emergency plan) related to health needs to be clarified and reviewed with all staff.	BY the end of the 2016-2017 school year and the beginning of the 2017-2018 school year: the Lead Teachers, Director, Health Manager, Policy Council, and Health Advisory: will review the Contingency Policy flow chart related to contagious diseases: to include chain of command and more specific strategies for parents, teachers that include individualization, community health alerts, attendance, emergency communication, (phone tree via text) and sanitation process.
#12Toileting/ Diaper-1 Subscale: Personal Care Routines Score-2.9	Continue: Amanda Miloradich-Health Manager, All Teaching Staff will assign a part time aide or full-time aide to monitor hand-washing using a checklist to ensure all children are washing their hands. Health and Disabilities Manager will facilitate the "Glow Germ Lesson" in three-year-old classrooms; read "Germs make me sick" and provide individual lessons for children. Teachers facilitated "bubble confetti lesson and Sparkle germs" Health Manager will also observe hand washing routines once or twice a month and report outcomes to teachers. Teachers will continue to demonstrate to children the

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	<p>appropriate handwashing routine.</p> <ol style="list-style-type: none"> 1. Wet hands 2. Soap (20 seconds) Sing a song 3. Rinse 4. Turn off water with paper towel <p>When using bleach to sanitize tables, teachers need to wait 2 minutes before drying. BIHS will use a timer. Teachers will be retrained and informed regarding tooth brushing activities while other children are toileting. Teachers must disinfect sink after children wash their hands after using the toilet.</p>
Documentation of opportunities to participate in Early Head Start to improve skills and knowledge in prenatal education on fetal development, labor and delivery, and post-partum recovery.	Health and Disabilities Manager will continue to collaborate with WIC services to provide education and resources for our Head Start Newsletter and Tribal Newsletter. In addition, to planning workshops that cover skills and knowledge in prenatal education on fetal development, labor and delivery, and postpartum recovery for HS, EHS, and the community. In addition to: Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental health or substance use problems, including perinatal depression.
Interviews with staff and parents during Self-Assessment and menu planning discussion was an interest to increase Native American Cultural Foods.	<p>Head Start Director/ BIHS Chef Increased Cultural Foods and activities into the Menu and Monthly calendar of events: BIHS received grant opportunities to support garden activities that would include traditional foods. BIHS will continue to seek Cultural Food Advisors/Elders from other Tribes who have included traditional foods in their menus. Including seeking resources from Tutuwapi Library and Nüümü Yodaha for recipe ideas. BIHS did participate in the CACFP Native American Recipe Project by trying a new recipe. According to the 2016 Head Start regulation:</p> <p>(a) Nutrition service requirements. (1) A program must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities. Family style meals are encouraged as described in §1302.31 (e)(2).</p> <p>BIHS will also use the Lana Iguana Nutrition program to introduce Paiute traditional food such as rabbit, venison and pine nut mush.</p>
CACFP Mission needs updating to match our food sovereignty efforts.	Health Manager, BIHS Chef, Lead Teachers Health Advisory Update CACFP Mission Statement to align with our REACH objectives by the end of school year the 2016-2017 School Year. BIHS will translate to Spanish utilizing our state preschool resource team.
Monthly Menus are approved by the month by staff and a Registered Dietician	The Lead Teachers will assemble 10 months of menus that have been previously approved. BIHS will submit a menu plans to a Registered Dietician for review and approval prior to the new year starting. Approved Menus plans will be online for staff and parents. (Not a finding, but a planning goal).

Part 1302 Program Operations-Subpart E Family and Community Engagement Program Services

1302.50 Family engagement

1302.51 Parent activities to promote child learning and development

1302.52 Family Partnership services

1302.53 Community partnership and coordination with other early childhood and education programs

Identified Area of Improvement	Improvement Strategies and Timeline; Person(s) Responsible
Source: Parent Survey Information from Program: Section H-Where to report health and safety concerns and complaints -94% parents indicated Yes; Section I - Experience and training of Head Start Staff-91% indicated Yes	BIHS Management Team will continue to provide information on the identified areas. BIHS will add an information page regarding staff that will include the experience and training of each member of our team. We will also provide this information on our webpage. Where to report health and safety concerns and complaints is currently available in Parent Handbooks; however, BIHS will continue to add information to School and Tribal monthly newsletters, and menus. Team discussed the importance of sharing this information at enrollment and during the first home visit.
82% how the BIHS staff communicates with them and 15% were satisfied and 3% Not Satisfied see Improvement area.	BIHS Director and Team will continue to collaborate with parents to ensure effect positive communication expectations are met. The BIHS Director will collaborate with the Bishop Paiute Tribal Human Resource Department and the Bishop Tribal Employee Rights Commission (TERO) to locate trainers that provide effective communication training that is research-based by the start of the 2017-2018 program year. The enrollment team and teachers will ensure effective communication with their parents by completing the orientation checklist. BIHS Director will add information on Ages and Stages resources (ASQ) and Data Sharing. Ensure parents understand their Rights and Responsibilities. Staff will treat all parents with respect and address issues by protecting the family's privacy.

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<p>Follow-up frequency of the implementation Family Partnership Agreement process.</p>	<p>BIHS ERSEA Manager must meet at a minimum 3x a year with parents to discuss family partnership goals. Begin forming relationships during the initial enrollment interview process, touch bases as families are completing their enrollment, set goals in September, follow-up during parent teacher conference time (3x), and during transition. Additional: monthly phone calls or as often as family needs. The Head Start Program Performance Standards state: (c) Individualized family partnership services. A program must offer individualized family partnership services that: (1) Collaborate with families to identify interests, needs, and aspirations related to the family engagement outcomes described in paragraph (b) of this section; (2) Help families achieve identified individualized family engagement outcomes; (3) Establish and implement a family partnership agreement process that is jointly developed and shared with parents in which staff and families to review individual progress, revise goals, evaluate and track whether identified needs and goals are met, and adjust strategies on an ongoing basis, as necessary, and; (4) Assign staff and resources based on the urgency and intensity of identified family needs and goals. (d) Existing plans and community resources. In implementing this section, a program must take into consideration any existing plans for the family made with other community agencies and availability of other community resources to address family needs, strengths, and goals, to avoid duplication of effort.</p>
<p>Clarification collaborative relationships and partnerships with community organizations</p>	<p>BIHS Director, ERSEA Manager and Health and Disabilities Manager will design a frame work outlining collaborative relationships and partnerships with community organizations by August 1 that may include: (i) Health care providers, including child and adult mental health professionals, Medicaid managed care networks, dentists, other health professionals, nutritional service providers, providers of prenatal and postnatal support, and substance abuse treatment providers; (ii) Individuals and agencies that provide services to children with disabilities and their families, elementary schools, state preschool providers, and providers of child care services; (iii) Family preservation and support services and child protective services and any other agency to which child abuse must be reported under state or tribal law; (iv) Educational and cultural institutions, such as libraries and museums, for both children and families; (v) Temporary Assistance for Needy Families, nutrition assistance agencies, workforce development and training programs, adult or family literacy, adult education, and post-secondary education institutions, and agencies or financial institutions that provide asset-building education, products and services to enhance family financial stability and savings; (vi) Housing assistance agencies and providers of support for children and families experiencing homelessness, including the local educational agency liaison designated under section 722(g)(1)(J)(ii) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.); (vii) Domestic violence prevention and support providers; and, (viii) Other organizations or businesses that may provide support and resources to families.</p>
<p>Continue to increase parent activities to promote child learning and development</p> <p>First 5 has provided Triple P parenting workshop trainings to BIHS. However, BIHS has been unable to attend such trainings due to staffing shortages.</p>	<p>BIHS will promote shared responsibility with parents for children’s early learning and development, and implement family engagement strategies that are designed to foster parental confidence and skills in promoting children’s learning and development. These strategies must include: (1) Offering activities that support parent-child relationships and child development including language, dual language, literacy, and bi-literacy development as appropriate;(2) Providing parents with information about the importance of their child’s regular attendance, and partner with them, as necessary, to promote consistent attendance; and, (3) For dual language learners, information and resources for parents about the benefits of bilingualism and biliteracy. BIHS will offer opportunities for parents to participate in a research-based parenting curriculum that builds on parents’ knowledge and offers parents the opportunity to practice parenting skills to promote children’s learning and development. BIHS will attempt to reach out to First 5 -Triple P Parenting program to provide services for our families. BIHS Director, Teachers, and PFCE Team will increase parent/child activities to an average of 2 events monthly. Parent Interest and Needs Survey to be maintained by PFCE Manager and must report results and outcomes discussed with Parent Committee and Policy Council for events planning. In addition, PFCE Team will summarize interest by classroom and present summary to teachers for classroom events planning. Paiute Vocabulary and phrases should be incorporated through-out events.</p>

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<p>Parent participation in planning events are attended by the same groups. Recruitment is low. However, Classrooms have a least 2 representatives assigned to each classroom.</p>	<p>BIHS PFCE Team will work with continue to work with current leaders to brainstorm creative ways to gather family input for event planning. In addition to sign ups in the classroom and parents promoting the need for their participation. Parent leaders and staff can personally invite potential parent leaders to assist in planning and participation of events.</p> <p>BIHS must reach out to Elders and the Youth Council in an effort to provide mentors for our students. BIHS Teachers will utilize previous years' calendar of events to assemble a yearly calendar of events prior to the new year starting.</p>
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Part 1302 Program Operations-Subpart I Human Resources

1302.90 Personnel Policies

1302.91 Staff qualifications and competency requirements

1302.92 Training and Professional Development

Identified Area of Improvement	Improvement Strategies and Timeline Person(s) Responsible
<p>Staff Needs Assessment Survey- 15% of staff indicated a need for teambuilding and or effective communication strategies. An 8% increase from 2016.</p> <p>1302.92 (c)</p>	<p>The BIHS Director will collaborate with the Bishop Paiute Tribal Human Resource Department and the Bishop Tribal Employee Rights Commission (TERO) to locate trainers that provide effective communication training that is research-based by the start of the 2017-2018 program year.</p> <p>The BIHS Director will research Practice-Base Coaching provided by the Office of Head Start Training by August 1, 2017. The Director will implement Practice base coaching immediately and document progress of each teaching team based on a planned schedule.</p> <p>Director or Coach will take a full CLASS training and retest for program year 2017-2018. State Pre-school and OVCD-C-EHS has Reliable CLASS Observers that observe BIHS classrooms yearly to stay in compliance with State and OHS requirements.</p>
<p>New Head Start Regulations Complete background procedures 1302.90 (b) (1-4)</p>	<p>The BIHS Director and the Bishop Paiute Tribal Human Resource Department will collaborate to plan how to conduct fingerprint checks on all new and existing BIHS employees, consultants, contractors, and regular volunteers to meet the 1302.90 (2016) Head Start Regulations. Currently: Bus Drivers and teachers with permits have been fingerprinted.</p>
<p>Head Start Job Descriptions have not been updated to reflect the 2016 OHS regulations.</p>	<p>The BIHS Job Descriptions need to be updated to reflect the 2016 Office of Head Start Regulations by June 1st 2017 and reviewed, discussed and approved by the Policy Council and Tribal Council.</p>

Part 1302 Program Operations-Subpart J Program Management and Quality Improvement

1302.101 Management Systems

1302.102 Achieving Program Goals

1302.103 Implementation of Program performance standards

Identified Area of Improvement	Improvement Strategies and Timeline Person(s) Responsible
<p>Continue to improve Program Planning Cycle (Timing)</p>	<p>The BIHS Director and Support Team will strengthen the Program Planning Cycle by ensuring the program calendar is followed by September 2017. Prior to the next month, The Team will review planning calendar and schedule actual dates in the current month that correlate with planning cycle. Spreading out the planning cycle throughout the year to include data collection ensures information is available for the grant and other grants that will support Head Start Community Needs on time. Pre-service will include a training for the entire staff utilizing the National Center on Program Management and Fiscal Operations resources for program planning in Head Start.</p>
<p>BIHS will plan for implementation of the program performance standards</p>	<p>BIHS as of November 7, 2016, must implement a program-wide approach for the effective and timely implementation of the changes to the program performance standards, including the purchase of materials and allocation of staff time, as appropriate. (Finger print machine and appropriate resources to legally operate such a device).</p> <p>(b) A program's approach to implement the changes included in parts 1301 through 1304 of this chapter must ensure adequate preparation for effective and timely service delivery to children and their families including, at a minimum, review of community assessment data to determine the most appropriate strategy for implementing required program changes, including assessing any changes in the number of children who can be served, as necessary, the purchase of and training on any curriculum, assessment, or other materials, as needed, assessment of program-wide professional development</p>

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needs, assessment of staffing patterns, the development of coordinated approaches described in §1302.101(b), and the development of appropriate protections for data sharing; and children enrolled in the program in November 7, 2016 are not displaced during a program year and that children leaving Early Head Start or Head Start at the end of the program year following the publication of this rule as a result of any slot reductions received services described in §§1302.70 and 1302.72 to facilitate successful transitions to other programs.

BIHS Director has been introducing the new standards to the Policy Council, Tribal Council and staff. BIHS must provide a copy of new policies to Fiscal and Human Resources by May 1st 2017. BIHS will request the Directors of Fiscal and Human Resource review regulations and assist the BIHS Director in updating policies and procedures related to the Program Operations and Fiscal and Administrative Requirements no later than July 1st 2017.

Part 1303 Financial and Administrative Requirements

1303.1 Overview.

Section 641A of the Act requires that the Secretary modify as necessary program performance standards including administrative and financial management standards (section 641A(a)(1)(C)). This part specifies the financial and administrative requirements of agencies. Subpart A of this part outlines the financial requirements consistent with sections 640(b) and 644(b) and (c) of the Act. Subpart B of this part specifies the administrative requirements consistent with sections 644(a)(1), 644(e), 653, 654, 655, 656, and 657A of the Act. Subpart C of this part implements the statutory provision at section 641A(b)(4) of the Act that directs the Secretary to ensure the confidentiality of any personally identifiable data, information, and records collected or maintained. Subpart D of this part prescribes regulations for the operation of delegate agencies consistent with Section 641(A)(d). Subpart E of this part implements the statutory requirements in Section 644(c), (f) and (g) related to facilities. Subpart F prescribes regulations on transportation consistent with section 640(i) of the Act.

Part 1303 Financial and Administrative Requirements

Subpart E-Facilities

Identified Area of Improvement	Improvement Strategies and Timeline Person(s) Responsible
<p>The playground rock climber was measured to have 5 feet fall height with a sand surfacing depth measured at 4.5 inches. For a fall height of 5 feet, when sand is used as surfacing, the surfacing depth must be maintained at 9 inches to prevent life-threatening head injuries. Regular turning of the surfacing material is required to prevent compacting and a loss in overall surfacing depth. Additional surfacing material may be needed to meet the 9-inch depth requirement. Consumer Product Safety Commission 2.4.2.2</p>	<p>BIHS Maintenance Department and Gardener will regularly turn the surfacing material as required to prevent compacting and a loss in overall surfacing depth. BIHS Maintenance and Director will document this process each month on the facilities checklist. Process already started.</p> <p>BIHS staff with Toiyabe Indian Health funding will redesign the climbing structure area and use a different fall zone material (playground wood chips and 12 inch borders).</p> <p>Purchase 2-inch-thick mats for swings and slides to increase the depth of fall zone. Rake Fall Zone Material under swings and slides to maintain 9-12 inches of wood chips-completed.</p>
<p>Regarding the protruding bolts on the playground fence that had been end-capped, unfortunately, if the bolts remain accessible to children the use of caps does not eliminate the impalement, protrusion injury or entanglement risks. To determine if the hazard remains present, the height of the bolts from the ground would need to be measured to determine if they are 4 feet or less above surfacing/the ground. Because a typical 5-year-old averages 3.5 feet in height, this is the height and below that we want to maintain free of such hazards. If the bolts are 4' or less from the ground, the bolts should be cut down so that they do not extend more than 2 threads beyond the end of the nut. Consumer Product Safety Commission 3.2</p>	<p>BIHS Maintenance Department and Gardener will cut the bolts that are 4' or less from the ground, the bolts will be cut down so that they do not extend more than 2 threads beyond the end of the nut. BIHS Maintenance and Director will document this process each month on the facilities checklist. Process already started.</p>

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Bishop Indian Head Start Program Strengths

1301 Program Governance

Part 1301—Program Governance

1301.1 Purpose.

1301.2 Governing body

1301.3 Policy council and policy committee.

1301.4 Parent committees.

1301.5 Training.

1301.6 Impasse procedures.

Program Governance systems include a governance structure, strong communications, and regular reporting that supports shared decision-making.

Source: Parent Survey, Signed Statements and minutes from Tribal and Policy Council; Program Governance Screener, Tribal and Policy Council Minutes, OHS Monitoring Protocol-Management Systems and Program Governance guides

100% of our Policy Council is trained in Program Governance and the Tribal Council has been trained in Program Governance.

100% of our families indicated their child is happy in this program.

Parent Committee meetings are held twice a month and provide opportunities for parents to engage in parent child events planning.

All areas comply; Governing Bodies meet regularly to discuss Head Start operations and participate in program governance training and are aware of the 2016 New regulations.

Program Governance Policies and Procedures and Bylaws are currently approved by Policy Council and Tribal Council.

Policy Council and Tribal Council receive monthly program Director Report; report includes: Agendas and minutes; Family and Community Partnership activities; School Readiness Progress; individualization and tracking; ERSEA Data; goals and achievements; any deficiencies, quality improvement; or non-compliance areas; State Preschool monthly reimbursement, CACFP (meals and snacks data, expenditures and reimbursement); Head Start and Tribal Match Expenditures; facilities, materials, and equipment; Transportation Data; Child Health and Safety data; Health Manager Tracking (absences related to: illness, health appointments, communicable diseases, injury); speech services, referrals; health follow-ups; and professional growth of Health manager. Tribal Council and Policy Council participate in the annual self-assessment process and receive data on the community assessment.

Impasse procedures are in place and discussions to strengthen procedures can be found in minutes.

Planning Policies and Procedures are currently approved by Policy Council and Tribal Council. Community, staff, parents, families, and all stakeholders are involved in planning process.

1302 Program Operations

1302.1 Overview

1302 Subpart A—Eligibility, Recruitment, Selection, Enrollment, and Attendance

1302 Subpart B—Program Structure

1302 Subpart C—Education and Child Development Program Services

1302 Subpart D—Health Program Services

1302 Subpart E—Family and Community Engagement Program Services

1302 Subpart F—Additional Services for Children with Disabilities

1302 Subpart G—Transition Services

1302 Subpart H—Services to Enrolled Pregnant Women

1302 Subpart I—Human Resources Management

1302 Subpart J—Program Management and Quality Improvement

1302 Subpart A—Eligibility, Recruitment, Selection, Enrollment, and Attendance

Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) systems provide for effective access to the program for children and families.

Source: Staff and parent needs survey, self-assessment, community assessment, health data, Policy Council meetings, ERSEA policies and procedures

The BIHS Community Assessment includes all the following information about the Early Head Start and Head Start geographic areas: Demographics, Community strengths and assets, child care; child development programs that serve HS eligible children, estimated number of children with disabilities (birth to 4) include types and relevant services. Data regarding education, health, nutrition, social service needs of HS eligible children and families, including needs and resources to meet those needs, and a summary and analysis of the data collected for the Community Assessment.

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Policy Council consistently involved in ERSEA discussions and updated Selection Criteria sheet based on parent, community, and staff greatest needs. Wait list in place that ranks children according to selection criteria. Recruitment plan in place. Enrollment slots are consistently filled with 30 days or sooner.

Attendance Policy in place, tracked, recorded, and families are kept informed regarding their ADA. ADA for the year is above 90%. Parents must document reasons for children being absent. Teachers and enrollment staff review the attendance policy with parents. Staff will meet with families to formulate attendance plan if needed.

ERSEA Policies and Procedures are currently approved by Policy Council and Tribal Council and reflect all ACF-HS current regulations.

1302 Subpart B—Program Structure

1302.21 Center-based option.

Source: Staff, parent and community surveys, self-assessment, community assessment, health data, Policy Council meetings, planning policies and procedures, 2016 Head Start Regulations

BIHS meets all requirements for a center base setting and staff and child ratios.

BIHS provides 1,138 annual hours of planned class operations over the course of 10 months per year for 100 percent of its Head Start center-based funded enrollment. BIHS provides 6.5 hours of service five days a week.

Calendar planning is in place and updated regularly. BIHS plans for make-up days when BIHS has to close due to reasons out of our control.

Licensing and square footage requirements are met. BIHS has at least 35 square feet of usable indoor space per child available for the care and use of children (exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child. In fact, BIHS partnered with Toiyabe Indian Health Project which awarded BIHS funding to expand the outdoor area over 19,000 square feet.

BIHS facilities are monitored by Indian Health Services 2x a year, Inyo County State Preschool and the Bishop Fire Department.

2016-2017 Parent Survey indicated -85% of our parents were very satisfied with the overall quality of our program and 15% were satisfied. 86% of our parents were very satisfied with the hours of operation and 12% were satisfied but 2% was not satisfied. 91% of our parents were very satisfied with the location of the program, 8% were satisfied and 2% not satisfied.

2016-2017 Staff Needs survey indicated -42% of our staff were very satisfied with the overall quality of our program and 58% were satisfied. 83% of our staff were very satisfied with the classroom environment and 17% were satisfied. 74% of our staff were very satisfied with the outdoor classroom environment, 26% were satisfied. 61% of our staff were very satisfied with how happy they are in their work environment and 39% were satisfied. 74% of our staff were very satisfied with the BIHS Equipment and materials, 26% were satisfied.

BIHS advocates for families needing quality childcare. BIHS received approval from the Policy Council, Tribal Council and the Office of Head Start to serve 8 additional families. This coming summer BIHS is partnering with RAVE to support their Summer Childcare Project.

1302 Subpart C—Education and Child Development Program Services

1302.30 Purpose.

1302.31 Teaching and the learning environment.

1302.32 Curricula.

1302.33 Child screenings and assessments.

1302.34 Parent and family engagement in education and child development services.

1302.35 Education in home-based programs.

1302.36 Tribal language preservation and revitalization.

All programs must provide high-quality early education and child development services, including for children with disabilities that promote children's cognitive, social, and emotional growth for later success in school. A center-based or family child care program must embed responsive and effective teacher-child interactions. A home-based program must promote secure parent-child relationships and help parents provide high-quality early learning experiences. All programs must implement a research-based curriculum, and screening and assessment procedures that support individualization and growth in the areas of development described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and support family engagement in children's learning and development. A program must deliver developmentally, culturally, and linguistically appropriate learning experiences in language, literacy, mathematics, social and emotional functioning, and approaches to learning, science, physical skills, and creative arts. To deliver such high-quality early education and child development services, a center-based or family child care program must implement, at a minimum, the elements

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contained in §§1302.31 through 1302.34, and a home-based program must implement, at a minimum, the elements in §§1302.33 and 1302.35

Source: Parent Survey, Staff Survey and observations, Self-Assessment Interviews, ECERS, DRDP, DECA, Dial 4, ASQs
BIHS engages in a process of curriculum selection, and development, implementation, and evaluation, resulting in a written plan that supports the growth of children's social competence, including school readiness for center base option.
Teachers are trained in using ongoing assessment to provide accurate and consistent information on children's progress.
All screenings have been completed and summarized. Referrals made by teacher and or parents based in screening outcomes and services provided by specialist to children who qualified for an IEP or behavior plan.
85% of our parents were very satisfied with the Languages spoken by staff, 11% were satisfied and 5% not satisfied.
84% of our parents were very satisfied with the Interaction between staff and children and 16% were satisfied.
73% of our parents were very satisfied with the cultural activities, 26% were satisfied and 2% not satisfied.
89% of our parents were very satisfied with the BIHS Environment and 11% were satisfied. 82% of our parents were very satisfied with the BIHS Equipment and materials, 18% were satisfied.
82% of our parents were very satisfied with the daily activities and 18% were satisfied.
86% of how the program promotes your child's learning and development, 12% were satisfied and 2%
All Child Development Plans and Policies and Procedures are currently approved by Policy Council and Tribal Council. BIHS curriculum is consistent with performance standards, sound child development and learning principles. Curriculum is individualized through assessments, teacher observations, use of Head Start Early Learning Outcomes Framework and State Preschool Foundations.
Parents are involved in curriculum development and reporting child progress through Director reports, parent meetings and activities, parent teacher conferences, newsletters, displayed lesson plans, written surveys, and implementation of parent ideas (gardening, cooking, and fitness).
Gardening is helping children realize the importance of living off the land, and having healthier choices in nutrition and cultural beliefs. The Outdoor Classroom supports life science: respect for nature, increased natural outdoor area includes trees, grass, and running area.
School Readiness: Collaboration with Kindergarten Elm Street Teachers. Monthly focus on School Readiness Goals, all teachers working on social emotional goals through free play, feeling cards, and FLIP It. Teachers individualizing school readiness goals for children.
Parents are aware children are learning social skills, school readiness skills, confidence, and group interaction. Parents participate in parent teacher conferences and home visits and find the interaction helpful in keeping up with child and family goals. Information is set home to help children's age group and in newsletters.
Partnerships and strong collaborations have provided funding to carry out planning goals. Example Ages and Stages Network Planning Meetings facilitated by First 5: Goal of meeting: implement ASQ screening tool in health and education setting countrywide. Partners will help determine where investments need to be made and how referrals to existing resources can best be streamlined and promoted to increase family access developmental aides. Triple P Positive Parenting Program Meetings facilitated by First 5: Goal of meeting: countrywide implementation of program proven to reduce child abuse and neglect. Partners will decide what intensity of services will be offered, and what investments in local training needs to take place to build effective capacity to support Inyo parents.
94% received information on: How children develop at different ages; 96% How your child is growing and developing; 97% How your child is doing in the program; 100% Schedule of daily activities; 98% What you can do to help your child learn and develop; 96% Parenting skills; 98% How to find services in the community; 95% discipline problems; 98% How to get involved with your child's program; and 91% experience and training of staff.
Daily Classroom schedules are posted in the classroom for parents. Volunteers, substitutes, and staff.
2016-17-CLASS Dimensions: 6.37 in Emotional Support; 5.52 in Classroom Organization; and 3.16 in Instructional Support-Program Improvement. National Average: 6.10 ES; 5.83 Classroom Organization; and 2.90 Instructional Support
3 out of 4 classrooms were eligible for a Quality Counts Block Grant. Of those 3 100% qualified and achieved Tier 4 Status. The Highest is Tier 5. Areas monitored: Child Observations-DRDP used 3x and results used to inform curriculum planning; Health Screenings-program works with families to ensure screenings of all children using ASQ at entry and as indicated thereafter; Curriculum related to school readiness; minimum qualifications for lead teachers are met-AA/AS in ECE/CD or 24 units in ECE/CD or Site Supervisor Permit, and 21 hours of PD annually; CLASS Assessment-Emotional Support 5, Instructional Support 3, and Classroom Organization 5; Approach to DLL and Inclusion in place and being practiced; ratio and group size met for preschool-3:24 or 2:20, Program Environmental Assessment-Overall score at least a 5, Director Qualifications-BA with 24 units and Site Supervisor permit, and Home to school connections in place.
BIHS has received over \$41,500.00 in the past two years for Classroom Materials from EDISON and the State Preschool Quality

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Improvement Program.
Children, families, and staff receiving services based on their needs and strengths. Files reflect individualization in the following areas: child interest, developmental strengths, temperament, needs, learning styles, languages, early literacy, math and science, cultural background, health and nutrition, parent input, and classroom curriculum.
BIHS uses the Creative Curriculum and Lana the Iguana Nutrition Curriculum. BIHS Teaching staff in knowledgeable about the Head Start Early Learning Outcomes Framework and utilizes the information during lesson planning. BIHS Director monitors the teacher's lesson plan for age appropriateness and individualization.
All parent teacher conferences and home visits are tracked by the Lead Teacher. Teachers collaborate and track all information provided to family regarding their child's growth and development.
1302.36 Tribal language preservation and revitalization. BIHS serves 100% American Indian and Alaska Native children and has been working towards integrating efforts to preserve, revitalize, restore, or maintain the tribal language for these children into program services. Such language preservation and revitalization efforts include full utilizing tribal language for transitions, meal time and routines. If children's home language is English, exposure to English as described in §1302.31(b)(2)(i) and (ii) is not required. BIHS has conducted a cultural survey and will organize a cultural advisory committee. See Program Improvement Plans.

1302 Subpart D—Health Program Services

1302.40 Purpose.
1302.41 Collaboration and communication with parents.
1302.42 Child health status and care.
1302.43 Oral health practices.
1302.44 Child nutrition.
1302.45 Child mental health and social and emotional well-being.
1302.46 Family support services for health, nutrition, and mental health.
1302.47 Safety practices.
(a) A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.
(b) A program must establish and maintain a Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community.
Source: Parent and Staff Surveys; Program Plans; Self-Assessment; Health Advisory Minutes; Child Plus; Child Health Records, Indian Health Surveys
Record Keeping and Reporting Policies and Procedures are currently approved by Policy Council and Tribal Council. BIHS tracks the provisions of all child health and development services and ensures that follow-up services are received in a timely manner. Tools used to measure the strength of management systems: Governance, Leadership, and Oversight Capacity Screener, Health and Safety Screener, Family and Disabilities Services Staff Skills Profile, PFCE and School Readiness Screener. Utilize the Head Start knowledge center for additional resources.
Source of Health care; ensuring up to date child health care status; ongoing care and extended follow-care is in process and current. BIHS uses funds to purchase health care products and materials to care for enrolled children in our care. When needed BIHS uses funds for professional medical, mental and dental needs if we have no other resources to care for the children enrolled in our program.
BIHS uses USDA /CACFP as a funding source as a primary source of payment for meal services-BIHS is in full compliance: See uploaded report for Details. If any findings occur during an Indian Health Service review, corrections are made immediately.
85% of our parents were very satisfied with the health and safety policies and procedures and 15% were satisfied.
74% of our Staff were very satisfied with our health and safety policies and procedures and 26% were satisfied.
Child Plus is utilized by the Health and Disabilities Manager to track immunizations and due dates. Health and Disabilities Manager reports all data related to Health to Director and Health Advisory. The Director reports the Health and Disabilities Manager findings to the Policy Council and Tribal Council.
80% of our parents were very satisfied with the number of adults working with children, 18% satisfied 2% not satisfied.
Emergency Plan available in classrooms, front office, and administrator's office. In addition, Tribal Administration and Tribal Police have access to Emergency Plans and procedures and are being used as a resource. Monthly Fire drills; earthquake drills, bus evacuations, and fire drills are documented each month.
Health Plans and Policies and Procedures are currently approved by Policy Council and Tribal Council

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BIHS is in full compliance with Head Start Adult Child Ratios.
Strong Pedestrian Safety of our own Parking lot and crosswalks. Speed Limits posted, idle free zones posted, children playing signs posted, tobacco free signs posted, and buckle up safety signs posted. Car Seat Safety checks are conducted at least 2x a year. Car Seats are available to families in need with ride safe education. We have access to certified car seat technicians.
State and Head Start Preschool Needs Assessment completed, data gathered, referrals made by Family Advocate, Health Disabilities Manager, and or Director.
Policies and Procedures regarding individualization are currently approved by Policy Council and Tribal Council.
Health and Disabilities Plans and Policies and Procedures are currently approved by Policy Council and Tribal Council. BIHS ensures that individual services are effectively provided to children with diagnosed or suspected disabilities. MOU with SELPA updated and activated. Pre-Service and In-Service provided to staff and parents.
Accommodations are met to meet special needs. IEP meetings and collaborations are in place and practiced between specialist, teachers, and parents. Children, who do not qualify for an IEP, may receive services such as Response to Intervention. Children also may receive Social Play group activities each week.
All Mental Health Plans and Policies and Procedures are currently approved by Policy Council and Tribal Council.
BIHS has developed consistent and increase frequency of services with partners. Children, families, and staff developed comfortable and happy with New Speech Therapist.
99% of our families indicated their child was safe in the BIHS program. 100% of our families indicated their child was happy in the program.
94% of our families indicated they received information on where to report health and safety concerns.
95% of our families indicated they received information regarding discipline problems.
86% of our families were very satisfied with the Nutrition services, while 11% were satisfied and 3% not satisfied. BIHS serves mostly fresh fruits and vegetables each day. BIHS also facilitates the Lana the Iguana Preschool Curriculum activities each month. 70% of our BIHS staff was very satisfied with our Nutrition Services and 30% were satisfied.
Our monthly menus are reviewed by staff and parents and are reviewed and approved by a Registered Dietician. All approved menus are posted in classrooms, parent information board, and online.
BIHS collaborated for the third year with TIHP Prevention and was awarded a Garden and Nutrition grant to promote Healthy Eating among children and families. We have a 2,300-square foot garden and have planted over 30 fruit and nut trees. We have also planted grape vines and strawberry vines, tomatoes, potatoes, and green beans. Outdoor Expansion Garden promotes healthy foods, family and community engagement. BIHS received an award for our partnership in Community Health.
BIHS uses ongoing monitoring to increase the safety of our children, families, staff, and community for example, BIHS obtained a new school bus, security cameras, outdoor play equipment, classroom supplies, security doors and latches, Shelter in Place Equipment, First Aid and CPR Equipment, including and AED and repaired our ceiling leaks.
BIHS has developed consistent services with partners. BIHS is consistent in advocating for quality services for our children and families. We will seek funding to bring in outside professional agencies and continue to educate our team and community on the importance of mental health awareness. BIHS would like to focus on Mental Health First Aid workshops for families, staff, and community (Suicide Prevention). BIHS has developed consistent and increase frequency of services with partners, especially social services.
New Nutrition Policy in the form of a parent letter implementing enhancements to the foods and beverages served to their children as recommended by the Planning, Preparing, and Serving reimbursable meals courses presented by CACFP has been approved and shared with our Head Start families.
New Health and Safety Kitchen Polices regarding employee illness has been approved and implemented as recommended by the Indian Health Service Officers. All Nutrition Plans and Policies and Procedures are currently approved by Policy Council and Tribal Council
BIHS increase fresh fruits and vegetables by 90%! Hired on a full-time chef! Increase fresh foods; increased soups, beans, and hearty but healthy dishes. Continue to increase nutrition education for children, parents, and staff. New Effect Preschool Nutrition Curriculum Lana the Iguana likes to eat fruits and vegetables: Children have been introduced to: Brussel sprouts, asparagus, peppers, cactus, avocados and artichokes.
Evidence and Documentation of collaboration and communication with parents in place (authorization forms and polices regarding health emergencies).
Our Community Assessment and Health data is collected from our parents and community. BIHS collaborates with parents to promote children's health and well-being, by providing medical, oral, nutrition, and mental health education to support services that are understandable to individuals.
Staff and parents are provided opportunities to learn about children's health and well-being, by providing medical, oral, nutrition, and

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mental health education. A few of these topics include: CPR and First Aide, Environmental Hazards and health and safety practices for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep; Discussion opportunities include: Parents sharing their child's nutritional status with staff, including the importance of physical activity, healthy eating, and the negative health consequences of sugar-sweetened beverages, and how to select and prepare nutritious foods that meet the family's nutrition and food budget needs. In addition to topics related to pregnancy and pre-and postpartum care. Continuous discussions regarding mental health and social emotional well-being, including observations and any concerns about their child's mental health, typical and atypical behavior and development, and how to appropriately respond to their child and promote their child's social and emotional development take place with staff and parents. BIHS support staff, children and parents by providing opportunities to learn about appropriate vehicle and pedestrian safety for keeping children safe.

Our Health and Disabilities Manager provides ongoing support to assist parents' navigation through health systems to meet the general health and specifically identified needs of their children. Our Health and Disabilities Manager assist parents:

In understanding how to access health insurance for themselves and their families, including information about private and public health insurance and designated enrollment periods; In understanding the results of diagnostic and treatment procedures as well as plans for ongoing care; and, in familiarizing their children with services they will receive while enrolled in the program and to enroll and participate in a system of ongoing family health care. Health and Disabilities Manager meets with each of parents to discuss their child's summary of screenings and other related health issues related to their family needs.

BIHS adheres to all safety practices and utilizes safety checklist (see below)

Example

Child Health & Safety-2016-2017			
Health & Safety Area	BIHS Person in Charge	Frequency	Comments
Screenings and Referrals	Health and Disabilities Manager; ERSEA Manager; Parents; Physicians; and Teachers; Specialist	Within 30-45 days Ongoing	In compliance
Access to Health and Dental Care	Health and Disabilities Manager	Within 30-45 days Ongoing	Lack of Local Pediatrics Families have to travel out of the area for cases requiring surgery. Finances and reliable vehicles is often a challenge.
Safe Physical Environments	Director, BIHS Staff, Tribal Maintenance, Policy Council, Indian Health Service	Daily, Monthly, Yearly	BIHS granted funding to repair leaks from HVAC-units-goal for repair March 2017.
Health Practice and Routines	Health and Disabilities Manager; Teachers; and Health Advisory;	Daily	Indian Health Service- Hand washing in practice-no findings. State requiring additional handwashing steps. State ECERS tool used to measure Health Practice and routines.
Appropriate Group Size	Director, BIHS Staff, Indian Health Service, State, and Office of Head Start	Daily, Yearly	Office of Head Start is a 1-10 ratio. State is a 1-8 ratio. State requiring BIHS to add an additional person when classroom attendance in above the 1-8 ratio.
Transportation and Supervision	Director, Bus Drivers, bus monitors, Britt's Diesel, and California Highway Patrol	Daily, Every 45 days, Yearly	2017 School Bus granted to BIHS from Office of Head Start. New Bus due February 2017. Delivered in March-Wrong Bus and will be replaced.
Daily Facilities Maintenance Daily Playground Maintenance Inspection	Director and Tribal Maintenance	Daily	In compliance
Health and Safety Screener	Director, Staff, Policy Council, And Tribal Council	Yearly	In compliance
Heat Sensor Check	Director, Health & Disabilities Manager, and ERSEA Manager	Monthly, Yearly	In compliance
Emergency Lights	Director, Health & Disabilities Manager, and ERSEA Manager	Monthly, Yearly	In compliance
Fire Extinguishers	Director, Health & Disabilities Manager, and ERSEA Manager	Monthly, Yearly	In compliance
Annual Fire Inspection Report	Director, Bishop Fire Department	Yearly	In compliance
Ground-fault circuit interrupter (GFCI outlet)	Director, Health & Disabilities Manager, and ERSEA Manager	Monthly, Yearly	In compliance
Monthly Smoke Detector	Director, Health & Disabilities Manager, and ERSEA Manager	Monthly, Yearly	In compliance
Earthquake Drills	Director, Health & Disabilities Manager, and ERSEA Manager, and Teachers	Monthly	In compliance
Stranger Danger	Director, Health & Disabilities Manager, and ERSEA Manager, and Teachers	Monthly	In compliance
Fire Drill Practice ongoing 2x a month-Ongoing-Teachers	Director, Health & Disabilities Manager, and ERSEA Manager, and Teachers	Monthly	In compliance
Bus Drill Evacuation 3 times a year Pedestrian Safety Education	Director, Bus Drivers, and bus monitors	Quarterly	In compliance

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Annual Indian Health Service Survey	Director, Health & Disabilities Manager, and ERSEA Manager, Kitchen, Teachers, and Indian Health Service	Yearly	Now will inspect kitchen 2x a year: need to calibrate weekly verses monthly; monitor Hierarchy for Food storage daily; sanitation solutions changed and checked with strips often.
Kitchen Fire Suppression System	Director, Tribal Maintenance, Indian Health Service, Blizzard Fire Protection	Semi Annual	In compliance-Need to locate an updated resource. Mitch David provided numbers to call.
Annual Sprinkler System	Director, Tribal Maintenance, and Sierra Fire Sprinkler	Yearly	In compliance
Annual Smoke Detector Inspection	Director, Tribal Maintenance, and Edward Solarewicz: electrical and alarm	Yearly	In compliance-charging \$800.00 to fix an alarm will follow-up with Solarewicz
HEALTH AND SAFETY CONCERNS:			
<ul style="list-style-type: none"> ✓ <i>Discussion Request: BIHS Parking Light switched over to Solar.</i> ✓ <i>Discussion Request: Building Security Alarm</i> ✓ <i>Maintain fall zone depth by rototilling and raking sand and wood chips</i> ✓ <i>Continue to cut bolts back by 2 threads</i> ✓ <i>Finish repairing ceiling leaks (Completed in February)!</i> ✓ <i>Drainage needs repair in parking lot (Completed in February)!</i> 			

Part 1302 Program Operations-Subpart E Family and Community Engagement Program Services

1302.50 Family engagement.

1302.51 Parent activities to promote child learning and development.

1302.52 Family partnership services.

1302.53 Community partnerships and coordination with other early childhood and education programs.

Source: Parent and staff Self-Assessment interviews and surveys; Parent Education and Interest Survey; Ways to Volunteer Surveys, Head Start Family Assessment, Director Reports; MOUs, participation forms; Community Assessments; sign in sheets, agendas and minutes

Evidence of monthly Parent Meetings: Policy Council, Parent Committee, and Health Advisory. Evidence of parent orientation materials (Engagement pamphlets, Interest surveys, personal invites to participate).

All Parent Involvement Plans and Policies and Procedures are currently approved by Policy Council and Tribal Council. Parents are aware who they need to talk to when addressing a complaint. All Family and Community Plans and Policies and Procedures are currently approved by Policy Council and Tribal Council. BIHS engages in the process of collaborative partnership building with families.

Mothers and fathers can identify various opportunities that BIHS offers: CPR and First Aid Training, Car Seat Safety, Parent Committee and Policy, utilize the computer lab, garden and elder garden, and Master Gardener Activities.

Parents have been identified, trained and hired as employees (Kitchen, Bus drivers, Teacher Aides).

Parents participate in the Kindergarten Tour and get to meet K-1 teachers in action prior to the transition of their children. EHS parents participate in transition activities.

Provide opportunities for families to engage throughout the year. Summer, Fall, Winter and Spring events. Lana the Iguana activities, field trips, gardening, building the outdoor classroom, program planning, First 5 Building Block Play Night, Salsa Making, Nutrition classes, Family Fitness Day, and parent committee fundraising events.

Strong Community Partnerships with Local Tribal and Local Non-Tribal agencies, and without-side area partnerships that provide quality services to our students, families, staff, and community.

Policy Council and Tribal Council receive monthly program Director Report; report includes: Agendas, minutes, and meetings tracking, Family and Community Partnership activities; School Readiness Progress; individualization and tracking; ERSEA Data; goals and achievements; any deficiencies, quality improvement; or non-compliance areas; State Preschool monthly reimbursement, CACFP (meals and snacks data, expenditures and reimbursement); Head Start and Tribal Match Expenditures; facilities, materials, and equipment; Transportation Data; Child Health and Safety data; Health Manager Tracking (absences related to: illness, health appointments, communicable diseases, injury); speech services, referrals; health follow-ups; and professional growth of Health manager.

Parents Personal Rights are in Parent handbook and a signed copy by parent and staff in enrollment file.

Parent and Community Volunteer hours and in-kind are tracked and recorded in Child Plus.

Outdoor Expansion Garden promotes healthy eating and provides opportunities for family and community engagement through volunteer service. Our expanded outdoor classroom is 19,000 square feet, and equipped with outdoor classroom materials for gardening (new greenhouse) and gross motor equipment -all through partnership grant funding.

Father Involvement activities in place for fathers, uncles, grandfathers, and male relatives. All new yard and equipment installation was organized by fathers and community volunteers.

50% responded to yes, their child's enrollment in the BIHS program made it easier to accept a job; 68% responded to yes, their child's

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enrollment in the BIHS program made it easier to keep a job; 45% responded to yes, their child's enrollment in the BIHS program made it easier to accept a better job; and 55% responded to yes, their child's enrollment in the BIHS program made it easier to attend educational or training programs. Some increase over last year's survey.

Families are engaged in the collaborative partnership building and setting visions for their families.

The BIHS has identified the following top interest areas parents and guardians identified in order: **(1) Parent Child Relationships** (children and sexuality, parenting classes, positive parenting classes, single/step parenting, talking to your child about prison, using natural causes); **(2) Transitions** (Child Development (Ages & Stages) Kindergarten Information, School Readiness Information, Transitions for children; **(3) Family Well-Being** (Child abuse Prevention, Child Support Assistance, Domestic Violence Information, Family Dental/Oral Health, Family Fitness Ideas, Home Ownership, Marriage Counseling Resources, Healthy eating /nutrition (picky eaters), Promoting Positive Mental Health, Recognizing/Changing Eating Habits, Safety Risks & Prevention, Stress Management, and Substance Abuse Information /Treatment; **(4) Personal Knowledge** (Activities to do at home, Budgeting/Money Management, Career Planning, Employment/Job Skills Development, Financial Aid for continuing education, First Aid/CPR/AED classes, Parents as primary teachers, Positive Behavior Support; **(5) Advocates & Leaders** (Head Start Committee Opportunities, Opportunities to Advocate at the State & Local Level, Parent Policy Council Membership); **(6) Networking with Peers and Community** (Affordable Recreation Activities, Clothing Resources, Emergency Housing Resources, Employment/ Job Skill Development, Food Assistance Resources, Support Group: _____(n/a), Utility Assistance Resources, Ways to be involved in Your Community); **(7) Other**-list your interest: LVN Certification, Paiute Language, Scheduling and organizing and Communication. BIHS collaborates with over 50 agencies to provide resources for family partnership services. This is just an example; our Community Assessment report will reflect all goals, interests, and needs.

The BIHS has identified the following top 5 training/workshop interest areas from a sample of a 108 Community Member: (1) Gardening; (2) Family Fitness; (3) CPR/First Aid/AED; and (4) Nutrition; (5) Stress Management. BIHS collaborates with over 50 agencies to provide resources for family partnership services. This is just an example; our Community Assessment report will reflect all goals, interests, and needs.

The BIHS has identified the following Risks identified by Parents and Guardians in order: (1) Child Care Needs; (2) Employment; (3) Financial Needs and Budgeting; (4) Housing Needs; (5) Parent Education; other risk areas identified: Child Support, Sober Living (Substance Prevention), Emergency Crisis, Clothing, Homelessness, Health Education, Incarcerated Adult, Community Involvement, Legal problems, Furniture, Child Abuse, Domestic Violence, Social Emotional, Job Training/Higher Education, Energy Assistance, Nutrition, Family Relationships, Health Insurance Adults and Children. BIHS collaborates with other agencies to assist families with finding resources for identified risks. In addition, BIHS utilizes the Community Resources guide and Universal Referral Form to link families to their desired resources.

The BIHS has identified the following top 6 Needs for their family from a sample of a 108 Community Member: (1) Housing Improvements; (2) Vehicle repairs; (3) Education/Job Trainings; (4) Employment Services; and Employment Services; (5) Heating Home; (6) Budgeting; Other Needs identified: Clothing, Electricity/Propane, Finding Community Resources, Dental Services, Food, Cooling home, Nutrition services, Transportation, Parenting workshops, Emergency rent, Water/Sewer hook-ups, Health Services, Mental Health Services, Domestic Violence Prevention, and Child Abuse Prevention

BIHS provides opportunities for young children to get involved with HS by (reading books, gardening, health cooking, block play night, family gatherings, and volunteering in the classroom).

BIHS coordinates joint training with early childhood programs in our community: State Preschool, IMACA Head Start, and Early Head Start. BIHS participated with the Bishop Tribe Education Board to plan and facilitate the 2nd Annual Bishop Indian Education Summit "Honoring, our Traditions, Empowering our First Teachers." The purpose of staff and community school readiness education. In addition to Paiute Culture hands-on education.

Mothers and fathers can identify various opportunities that BIHS offers: CPR and First Aid Training, Car Seat Safety, Parent Committee and Policy, utilize the computer lab, garden and elder garden, and Master Gardener Activities. Teachers invite fathers to participate in meal time, honor their services to the country, educate fathers on the importance of their role in building confidence in their children, educating fathers on car seat safety training, building the outdoor classroom. Many fathers bring their children to school each morning, attend and participate in parent planning and leadership meetings, active volunteers, participate in partnership building, parent teacher conferences, enrollment and re-enrollment process, family engagement activities, and fieldtrips.

82% how the BIHS staff communicates with them and 15% were satisfied and 3% Not Satisfied see Improvement area.

98% of our families indicated BIHS provided them with information on How to find other services in the Community.

98% of our families indicated BIHS provided them with information on How they can get involved with their child's program.

67% of our families indicated they were very satisfied with Parent Involvement, 32% were satisfied, and 2% were not satisfied.

BIHS collects Family Volunteer Interest and summarizes and organizes information by classroom and school wide outcomes. The top 5 Interest Areas based on school wide data: Volunteering on fieldtrips, Eating Lunch with Children, assisting teachers in classroom, Working in the garden; and Setting up for meal times.

Part 1302 Program Operations-Subpart D Additional Services for Children with Disabilities

- 1302.60 Full participation in program services and activities.
- 1302.61 Additional services for children.
- 1302.62 Additional services for parents.
- 1302.63 Coordination and collaboration with the local agency responsible for implementing IDEA.

Source: Health Advisory Minutes; MOUs; Child Files; Self-Assessment Questions

BIHS has a current MOU with the Inyo County Special Education Local Plan Area (SELPA) meeting all of Subpart D 1302.60, 1302.61, 1302.62, and 1302.63

BIHS staff and family receive ongoing services to assist our children with School Readiness Skills.

All services are documented daily along with communication between teacher, specialist and parents regarding services, goals, and outcomes.

Parents, Staff, and Specialist meet as required and often as needs to discuss screenings, goals and progress. In addition, to transitioning into and out of services and between Head Start and the elementary and now EHS to HS.

Staff has a positive working relationship with Specialist.

Part 1302 Program Operations-Subpart G Transitions

- 1302.70 Transitions from Early Head Start.
- 1302.71 Transitions from Head Start to kindergarten.
- 1302.72 Transitions between programs.

Source: Health Advisory Minutes; MOUs; Child Files; Self-Assessment Questions; Transition Plans and Activities, Calendars

(a) *Implementing transition strategies and practices.* OVDCDC-EHS implemented strategies and practices to support successful transitions for children and their families transitioning out of Early Head Start to BIHS by presenting their Transition Activity Plan. BIHS provided an example of our Transition Activities plan. BIHS Staff will meet each year to review and update plans. BIHS presented final plan to our Policy Council and Tribal Council and plan was approved.

(b) *Timing for transitions.* OVDCDC-EHS implemented process at least six months prior to each child's third birthday, implement transition planning for each child and family that:

(1) Takes into account the child's developmental level and health and disability status, progress made by the child and family while in Early Head Start, current and changing family circumstances and, the availability of Head Start, other public pre-kindergarten, and other early education and child development services in the community that will meet the needs of the child and family; and,

(2) Transitions the child into Head Start or another program as soon as possible after the child's third birthday but permits the child to remain in Early Head Start for a limited number of additional months following the child's third birthday if necessary for an appropriate transition.

(c) *Family collaborations.* A program must collaborate with parents of Early Head Start children to implement strategies and activities that support successful transitions from Early Head Start and, at a minimum, provide information about the child's progress during the program year and provide strategies for parents to continue their involvement in and advocacy for the education and development of their child.

(d) *Early Head Start and Head Start collaboration.* Early Head Start and Head Start programs must work together to maximize enrollment transitions from Early Head Start to Head Start, consistent with the eligibility provisions in subpart A, and promote successful transitions through collaboration and communication.

(e) *Transition services for children with an IFSP.* A program must provide additional transition services for children with an IFSP, at a minimum, as described in subpart F of this part.

(a) *Implementing transition strategies and practices.* BIHS children who will enter kindergarten in the following year must participate in transition strategies to support a successful transition to kindergarten. BIHS collaborates each year to formulate an MOU with Bishop Elementary and contacts other Kindergarten programs where children will be transitioning. In addition to the approved MOU by Policy Council and Tribal Council, a transition plan of activities has also been written and approved. The plan supports the following:

(b) *Family collaborations for transitions.* (1) A program must collaborate with parents of enrolled children to implement strategies and activities that will help parents advocate for and promote successful transitions to kindergarten for their children, including their continued involvement in the education and development of their child.

(2) At a minimum, such strategies and activities must:

(i) Help parents understand their child's progress during Head Start;

(ii) Help parents understand practices they use to effectively provide academic and social support for their children during their transition to kindergarten and foster their continued involvement in the education of their child;

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- (iii) Prepare parents to exercise their rights and responsibilities concerning the education of their children in the elementary school setting, including services and supports available to children with disabilities and various options for their child to participate in language instruction educational programs; and,
- (iv) Assist parents in the ongoing communication with teachers and other school personnel so that parents can participate in decisions related to their children's education.
- (c) Community collaborations for transitions. (1) A program must collaborate with local education agencies to support family engagement under section 642(b) (13) of the Act and state departments of education, as appropriate, and kindergarten teachers to implement strategies and activities that promote successful transitions to kindergarten for children, their families, and the elementary school.
- (2) At a minimum, such strategies and activities must include:
- (i) Coordination with schools or other appropriate agencies to ensure children's relevant records are transferred to the school or next placement in which a child will enroll, consistent with privacy requirements in subpart C of part 1303 of this chapter;
- (ii) Communication between appropriate staff and their counterparts in the schools to facilitate continuity of learning and development, consistent with privacy requirements in subpart C of part 1303 of this chapter; and,
- (iii) Participation, as possible, for joint training and professional development activities for Head Start and kindergarten teachers and staff.
- (3) A program that does not operate during the summer must collaborate with school districts to determine the availability of summer school programming for children who will be entering kindergarten and work with parents and school districts to enroll children in such programs, as appropriate.
- (d) Learning environment activities. A program must implement strategies and activities in the learning environment that promote successful transitions to kindergarten for enrolled children, and at a minimum, include approaches that familiarize children with the transition to kindergarten and foster confidence about such transition.
- (e) Transition services for children with an IEP. A program must provide additional transition services for children with an IEP, at a minimum, as described in subpart F of this part.

BIHS supports the following:

- (a) For families and children who move out of the community in which they are currently served, including homeless families and foster children, a program must undertake efforts to support effective transitions to other Early Head Start or Head Start programs. If Early Head Start or Head Start is not available, the program should assist the family to identify another early childhood program that meets their needs.
- (b) A program that serves children whose families have decided to transition them to other early education programs, including public pre-kindergarten, in the year prior to kindergarten entry must undertake strategies and activities described in §1302.71(b) and (c)(1) and (2), as practicable and appropriate.

Part 1302 Program Operations-Subpart H Services to Enrolled Pregnant Women

1302.80 Enrolled pregnant women.

1302.81 Prenatal and postpartum information, education, and services.

1302.82 Family partnership services for enrolled pregnant women.

Source: Health and Disabilities Manager notes; Self-Assessment Questions

BIHS does not serve pregnant women, however, BIHS Health and Disabilities Manager tracks our BIHS families who are expecting babies and provides the following service:

- (a) Determines whether each pregnant woman has an ongoing source of continuous, accessible health care – provided by a health care professional that maintains her ongoing health record and is not primarily a source of emergency or urgent care – and, as appropriate, health insurance coverage.
- (b) If an enrolled pregnant woman does not have a source of ongoing care as described in paragraph (a) of this section and, as appropriate, health insurance coverage, BIHS will assist her access to such a source of care that will meet her needs.
- (c) BIHS Health and Disabilities Manager will facilitate the ability of all enrolled pregnant women to access comprehensive services through referrals that, at a minimum, include nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence.
- (d) BIHS Health and Disabilities Manager will inquire if family has had a newborn visit with each mother and baby to offer support and identify family needs.

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Part 1302 Program Operations-Subpart I Human Resources

- 1302.90 Personnel policies.
- 1302.91 Staff qualification and competency requirements.
- 1302.92 Training and professional development.
- 1302.93 Staff health and wellness.
- 1302.94 Volunteers.

Human resources systems provide ongoing professional development to well-qualified staff. It supports quality services for children and families within an effective organizational structure.

Source: Self-Assessment; Bishop Paiute Tribal Employee Handbook; Employee Needs Survey Employee Evaluations and self-evaluations;
Human Resources Policies and Procedures are currently approved by Policy Council and Tribal Council. BIHS follows all Tribal HR Policies and Procedures and will align with the 2016 OHS requirements. BIHS and the Bishop Paiute Tribal HR follows: (a) BIHS must ensure each staff member has an initial health examination and a periodic re-examination as recommended by their health care provider in accordance with state, tribal, or local requirements, that include screeners or tests for communicable diseases, as appropriate. The program must ensure staff do not, because of communicable diseases, pose a significant risk to the health or safety of others in the program that cannot be eliminated or reduced by reasonable accommodation, in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act. (b) BITC HR makes mental health and wellness information available to staff regarding health issues that may affect their job performance, and must provide regularly scheduled opportunities to learn about mental health, wellness, and health education.
Tribal Council supports staffing needs to ensure operations run smoothly while meeting safety and supervision needs.
Increased professional development, staff engaged in college course, and increased cross training. Teaching Team is dedicated, passionate, working together to support each other with classes.
BIHS provides opportunities for staff to express their training needs and other concerns through an annual survey. BIHS Director utilizes this information to formulate the Training and Technical Service Plan. All staff receive at a minimum but not limited to 15 clock hours of professional development. Child Development Permit holders require 105 clock hours every 5 years.
Staff is qualified for their positions and hold valid permits or certification for their position. 74% indicated they hold a current permit or certification for their position. 44% of our staff are currently enrolled in college courses to enhance their job skills.
74% of our staff has met with their supervisor for their annual permit. Staff receive their annual evaluation prior to the end of the year.
89% of our staff indicated they felt comfortable expressing their needs to their supervisor when it comes to work/family concerns.
94% of our staff indicated they have been able to work out solutions with their employer when it comes to work/family concerns.
79% of our parents were very satisfied with the background and experience of staff, 20% were satisfied and 2% were not satisfied.
91% of our parents indicated they received information on the experience and training of our staff.
Staffing issues resolved and current staff design is working efficiently to meet the needs of children and families. In addition, program operations are running efficiently with no delay in services. BIHS meets regularly and maintains contact with Human Resource Manager. HR provides quality services to BIHS and ensures BIHS is meeting Tribal and Head Start regulations. HR is currently reviewing all Head Start job descriptions submitted by Director. Policy Council reviewed and approved all job descriptions in draft form. We are still challenged with finding qualified sub-teacher staff.
89% of our staff indicated their individual training needs are met. 94% of our staff indicated they are successful in their position.
32% of our staff indicated they were Head Start graduates.
(a) BIHS is working with HR to ensure regular volunteers have been screened for appropriate communicable diseases in accordance with state, tribal or local laws. (b) BIHS ensures children are never left alone with volunteers.

Question 6 - How satisfied are you with your training or work environment?			
	% Very Satisfied	% Satisfied	% Not Satisfied
Section A – How happy are you in your work place?	59%	41%	0%
Section B – How happy are you in your classroom environment?	82%	18%	0%
Section C – How valued do you feel in your work?	44%	44%	11%
Section D – How satisfied are you with the frequency of recognition/incentives you receive?	39%	39%	22%
Section E – Languages spoken by staff	56%	33%	11%
Section F – How program staff communicate with you	47%	53%	0%
Section G – Meeting the individual needs of our students	78%	22%	0%
Section H – Interaction between staff and children	72%	28%	0%
Section I – Interaction with staff and parents	59%	41%	0%
Section J – Parent and Community Involvement	44%	56%	0%
Section K – Equipment and materials for your position	72%	28%	0%
Section L – Cultural activities	28%	50%	22%
Section M – Monthly/Daily activities education activities for children	61%	39%	0%
Section N – Transportation Services	72%	28%	0%
Section O – Nutrition Services	74%	26%	0%
Section P – Health and safety policies and procedures	72%	28%	0%
Section Q – Outdoor classroom Environment	72%	28%	0%

Question 5 - Has your BIHS training/College made it easier for you to:			
	% Yes	% No	% N/A
Section A – Accept a position in BIHS?	65%	0%	35%
Section B – Maintain your position?	76%	0%	24%
Section C – Accept another position with BIHS?	41%	0%	59%
Section D – Receive an increase in wages?	47%	18%	35%

Part 1302 Program Operations-Subpart J Program Management and Quality Improvement

1302.100 Purpose.

1302.101 Management system.

1302.102 Achieving program goals.

1302.103 Implementation of program performance standards.

A program must provide management and a process of ongoing monitoring and continuous improvement for achieving program goals that ensures child safety and the delivery of effective, high-quality program services.

Source: Self-Assessments, Office of Head Start Federal Reviews, Indian Health Service Reviews, Program Calendars, Child Plus Reports, Employee Evaluations and self-evaluations, ECERS-R Observation Score Sheet; Parent Survey; DRDP Observations (Fall, Winter, Spring)

- (1) BIHS implements an effect management system. All Management Policies and Procedures are online. BIHS ensures: Ensures a program, fiscal, and human resource management structure that provides effective management and oversight of all program areas and fiduciary responsibilities to enable delivery of high-quality services in all of the program services described in subparts C, D, E, F, G, and H
- (2) Provides regular and ongoing supervision to support individual staff professional development and continuous program quality improvement
- (3) Ensures budget and staffing patterns that promote continuity of care for all children enrolled, allow sufficient time for staff to participate in appropriate training and professional development, and allow for provision of the full range of services described in subparts C, D, E, F, G, and H of this part; and,
- (4) Maintains an automated accounting and record keeping system adequate for effective oversight
- (5) The training and professional development system, as described in §1302.92, effectively supports the delivery and continuous improvement of high-quality services
- (6) Utilizing information from the program's community assessment about the languages spoken throughout the program service area to anticipate child and family needs;
- (7) Identifying community resources and establishing ongoing collaborative relationships and partnerships with community organizations consistent with the requirements in §1302.53(a); and,
- (8) Systematically and comprehensively addressing child and family needs by facilitating meaningful access to program services, including, at a minimum, curriculum, instruction, staffing, supervision, and family partnerships with bilingual staff, oral language assistance and interpretation, or translation of essential program materials, as appropriate.
- (9) The full and effective participation of all children with disabilities, including but not limited to children eligible for services under IDEA, by providing services with appropriate facilities, program materials, curriculum, instruction, staffing, supervision, and partnerships, at a minimum, consistent with section 504 of the Rehabilitation Act and the Americans with Disabilities Act; and,
- (10) The management of program data to effectively support the availability, usability, integrity, and security of data. A program must establish procedures on data management, and have them approved by the governing body and policy council, in areas such as quality of data and effective use and sharing of data, while protecting the privacy of child records in accordance with subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws. (Child Plus, Ages and Stages, and DRDP)

BIHS has established program goals. BIHS is in collaboration with the governing body and policy council, our established goals and measurable objectives include:

- (1) Strategic long-term goals for ensuring programs are and remain responsive to community needs as identified in their community assessment as described in subpart A of this part;
 - (2) Goals for the provision of educational, health, nutritional, and family and community engagement program services as described in the program performance standards to further promote the school readiness of enrolled children;
 - (3) School readiness goals that are aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five, state and tribal early learning standards, as appropriate, and requirements and expectations of schools Head Start children will attend, per the requirements of subpart B of part 1304 of this part; and,
 - (4) Effective health and safety practices to ensure children are safe at all times, per the requirements in §§1302.47, 1302.90(b) and (c), 1302.92(c)(1), and 1302.94 and 1303 subpart F, of this chapter.
- (b) Monitoring program performance. (1) Ongoing compliance oversight and correction. In order to ensure effective ongoing oversight and correction, a program must establish and implement a system of ongoing oversight that ensures effective implementation of the program performance standards, including ensuring child safety, and other applicable federal regulations as described in this part, and must:
- (i) Collect and use data to inform this process;

- (ii) Correct quality and compliance issues immediately, or as quickly as possible;
 - (iii) Work with the governing body and the policy council to address issues during the ongoing oversight and correction process and during federal oversight; and,
 - (iv) Implement procedures that prevent recurrence of previous quality and compliance issues, including previously identified deficiencies, safety incidents, and audit findings.
- (2) Ongoing assessment of program goals. A program must effectively oversee progress towards program goals on an ongoing basis and annually must:
- (i) Conduct a self-assessment that uses program data including aggregated child assessment data, and professional development and parent and family engagement data as appropriate, to evaluate the program's progress towards meeting goals established under paragraph (a) of this section, compliance with program performance standards throughout the program year, and the effectiveness of the professional development and family engagement systems in promoting school readiness;
 - (ii) Communicate and collaborate with the governing body and policy council, program staff, and parents of enrolled children when conducting the annual self-assessment; and,
 - (iii) Submit findings of the self-assessment, including information listed in paragraph (b)(2)(i) of this section to the responsible HHS official.
- (c) Using data for continuous improvement. (1) A program must implement a process for using data to identify program strengths and needs, develop and implement plans that address program needs, and continually evaluate compliance with program performance standards and progress towards achieving program goals described in paragraph (a) of this section.
- (2) This process must:
- (i) Ensure data is aggregated, analyzed and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas;
 - (ii) Ensure child-level assessment data is aggregated and analyzed at least three times a year, including for sub-groups, such as dual language learners and children with disabilities, as appropriate.
 - (iii) n/a
 - (iv) Use information from ongoing monitoring and the annual self-assessment, and program data on teaching practice, staffing and professional development, child-level assessments, family needs assessments, and comprehensive services, to identify program needs, and develop and implement plans for program improvement; and,
 - (v) Use program improvement plans as needed to either strengthen or adjust content and strategies for professional development, change program scope and services, refine school readiness and other program goals, and adapt strategies to better address the needs of sub-groups.
- (d) Reporting. (1) A program must submit:
- (i) Status reports, determined by ongoing oversight data, to the governing body and policy council, at least semi-annually;
 - (ii) Reports, as appropriate, to the responsible HHS official immediately or as soon as practicable, related to any significant incidents affecting the health and safety of program participants, circumstances affecting the financial viability of the program, breaches of personally identifiable information, or program involvement in legal proceedings, any matter for which notification or a report to state, tribal, or local authorities is required by applicable law, including at a minimum:
 - (A) Any reports regarding agency staff or volunteer compliance with federal, state, tribal, or local laws addressing child abuse and neglect or laws governing sex offenders;
 - (B) Incidents that require classrooms or centers to be closed for any reason;
 - (C) Legal proceedings by any party that are directly related to program operations; and,
 - (D) All conditions required to be reported under §1304.12, including disqualification from the Child and Adult Care Food Program (CACFP) and license revocation.
- (2) Annually, a program must publish and disseminate a report that complies with section 644(a)(2) of the Act and includes a summary of a program's most recent community assessment, as described in §1302.11(b), consistent with privacy protections in subpart C of part 1303 of this chapter.
- (3) If a program has had a deficiency identified, it must submit, to the responsible HHS official, a quality improvement plan as required in section 641A(e)(2) of the Act.

All auditors found sufficient amount of documentation (record keeping and reporting) to find BIHS is compliance. We continue to practice the same amount of record keeping and reporting as if we are to be audited each day. Record Keeping and reporting is essential in all our funding and program operational requirements.

BIHS used the <http://ers.fpg.unc.edu/early-childhood-environment-rating-scale-ecers-r> as part of the system for assessing child outcomes in Program Assessment. (See attached or uploaded) program wide ECRS scale plan of action. We have also tracked 5 years of program progress and identified areas of improvement.

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Child Outcomes in Program Self-Assessment Policies and Procedures are currently approved by Policy Council and Tribal Council
BIHS uses the DRDP® (2015-Tech) by the California Department of Education to improve program quality each year. We also base our training, materials, and environmental plans based on the outcomes. We assess our children three times a year. State Preschool requires two times a year. http://www.desiredresults.us/form_drpd.htm
BIHS uses The Devereux Early Childhood Assessment (DECA) a normed assessment of within-child protective factors in preschool children aged two to five. (Social Emotional Screenings) once a year to identify children's and family's needs. We use this screening for referrals, parent and teacher trainings, and to purchase materials and supplies to support social emotional growth.
BIHS uses Developmental Indicators for the Assessment of Learning™, Fourth Edition (DIAL™-4) once a year to identify possible developmental delays. DIAL-4 provides standard deviation and percentile cutoff points by chronological age at two-month intervals for total and area scores—Motor, Concepts, Language, Self-Help, and Social Development. We use this screening for referrals, parent and teacher trainings, and to purchase materials and supplies to support social emotional growth.
(a) A current program as of November 7, 2016, must implement a program-wide approach for the effective and timely implementation of the changes to the program performance standards, including the purchase of materials and allocation of staff time, as appropriate. BIHS has begun implementing this process and illustrated in this self-assessment report. (b) A program's approach to implement the changes included in parts 1301 through 1304 of this chapter must ensure adequate preparation for effective and timely service delivery to children and their families including, at a minimum, review of community assessment data to determine the most appropriate strategy for implementing required program changes, including assessing any changes in the number of children who can be served, as necessary, the purchase of and training on any curriculum, assessment, or other materials, as needed, assessment of program-wide professional development needs, assessment of staffing patterns, the development of coordinated approaches described in §1302.101(b), and the development of appropriate protections for data sharing; and children enrolled in the program. BIHS has begun implementing this process and illustrated in this self-assessment report.

Part 1303 Financial and Administrative Requirements

1303.1 Overview.

1303 Subpart A—Financial Requirements

1303 Subpart B—Administrative Requirements

1303 Subpart C—Protections for the Privacy of Child Records

1303 Subpart D—Delegation of Program Operations

1303 Subpart E Facilities

1303 Subpart F—Transportation

Section 641A of the Act requires that the Secretary modify as necessary program performance standards including administrative and financial management standards (section 641A(a)(1)(C)). This part specifies the financial and administrative requirements of agencies. Subpart A of this part outlines the financial requirements consistent with sections 640(b) and 644(b) and (c) of the Act. Subpart B of this part specifies the administrative requirements consistent with sections 644(a)(1), 644(e), 653, 654, 655, 656, and 657A of the Act. Subpart C of this part implements the statutory provision at section 641A(b)(4) of the Act that directs the Secretary to ensure the confidentiality of any personally identifiable data, information, and records collected or maintained. Subpart D of this part prescribes regulations for the operation of delegate agencies consistent with Section 641(A)(d). Subpart E of this part implements the statutory requirements in Section 644(c), (f) and (g) related to facilities. Subpart F prescribes regulations on transportation consistent with section 640(i) of the Act.

Source: Self-Assessments, Office of Head Start Federal Reviews, Fiscal Single Audits, Financial reporting, OHS Regulations, Transportation reports and CHP monitoring

All Policies and Procedures related to facilities, materials, transportation, and technology systems are currently approved by Policy Council and Tribal Council

Fiscal Management Policies and Procedures are currently approved by Policy Council and Tribal Council. BIHS follows all Tribal Fiscal Policies. Effect Fiscal Policies and Procedures are in place and align with OHS requirements supporting the implementation of quality services to children and families. Required annual single audits are completed. No findings.

BIHS and Fiscal work together daily through communication via (in-person, email, or on phone) to discuss and prepare reports on expenditures and reimbursements, budget and balancing and adjustments, fiscal education, payroll, and single audit preparation and follow-up.

BIHS has policies and procedures in place to protect child records and parents sign permission for who can see their child's records.

BIHS parents have a right to inspect child records. BIHS has policies and procedure for inspecting children's files. BIHS parents have a Right to a copy of their child's record. BIHS will provide a parent, free of charge, an initial copy of child records disclosed to third parties with parental consent and, upon parent request, an initial copy of child records disclosed to third parties, unless the disclosure was for a court that ordered neither the subpoena, its contents, nor the information furnished in response be disclosed. BIHS parents have a Right to inspect written agreements. A parent has the right to review any written agreements with third parties.

BIHS is the only preschool program that provided School bus transportation. BIHS School Bus transportation service is inspected by the California Highway Patrol and Indian Health Service. BIHS is in full compliance, BIHS has received 2 one time emergency grants to purchase 2 new school buses.