



DEPARTMENT OF HEALTH & HUMAN SERVICES

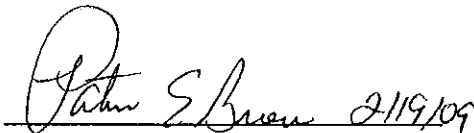
ADMINISTRATION FOR CHILDREN AND FAMILIES  
**Office of Head Start**  
8th Floor Portal Building  
1250 Maryland Avenue, SW  
Washington, DC 20024

**To: Board Chairperson**

*Ms. Phyllis Adams*  
*Board Chairperson*  
*Kids' Corps, Inc.*  
*1840 Bragaw St.*  
*Ste. 210*  
*Anchorage, AK 99508*

**From: Responsible HHS Official**

*Ms. Patricia E. Brown*  
*Acting Director, Office of Head Start*

  
*Patricia E. Brown* *2/19/09*  
Date

**Follow-up Report on Corrective Action Documentation**

On 11/02/2008, the Administration for Children and Families (ACF) conducted a monitoring desk review of the Kids' Corps, Inc. Head Start Program to determine whether the previously identified findings had been corrected. We wish to thank the governing body, Policy Council, staff, and parents of your program for their cooperation and assistance during the review. This Head Start Review Report has been issued to Ms. Phyllis Adams, Board Chairperson, as legal notice to your agency of the results of the program review.

Based on the information gathered during our review, we have closed the previously identified findings. Accordingly, no corrective action is required at this time. If you have questions about this report, please contact your ACF Regional Office.

**Distribution of the Head Start Review Report**

Copies of this report will be distributed to the following recipients:  
Ms. Nancy Hutchins, Regional Program Manager  
Ms. Nudaja Hartman, Policy Council Chairperson  
Mr. Dirk S. Shumaker, CEO/Executive Director/Head Start Director

**Overview Information**

Review Type: *Desk Review*  
Organization: *Kids' Corps, Inc.*  
Program Type: *HS*  
Team Leader: *Ms. Maralyn Akiyama*

Purpose *Follow-up*  
 Funded Enrollment HS: 320  
 Funded Enrollment EHS: 0

### Status of Previously Identified Areas of Noncompliance

Date of review in which noncompliance was identified	Applicable Standards	Program Type	Status
May 11, 2008	1304.20(f)(1)	HS	Corrected
May 11, 2008	1304.22(e)(1)(ii)	HS	Corrected
May 11, 2008	1304.22(e)(2)(ii)	HS	Corrected
May 11, 2008	1304.40(a)(2)	HS	Corrected

#### 1304.20 Child Health and Developmental Services.

##### (f) Individualization of the Program

(1) Grantee and delegate agencies must use the information from the screenings for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths and needs.

Triennial (5/11/2008)

The grantee did not use information from behavioral screenings and ongoing observations to respond to each child's individual characteristics and needs. The Muldoon Center Director reported four children currently in room A and eight children in room B had challenging behaviors. Of the 12 children, only 2, who exhibited extremely challenging behaviors, had individual Action Plans in place.

A review of the Muldoon Early Childhood Behavior report confirmed 12 of the 36 children enrolled were identified with behavior challenges and as in need of classroom environmental changes and one-on-one teaching strategies. The report indicated classroom activities and teaching strategies were prescribed by the Child Mental Health Liaison to meet the individual behavioral needs of the 12 children. A review of 5 of the 12 Individual Observation reports completed by the Mental Health Consultant found teaching strategies outlined to facilitate classroom management and meet individual behavioral, social, and emotional needs. In addition, a review of the March 2008 Environmental Rating Scale completed by the Educational Consultant for the Muldoon Center found it identified children who required classroom environmental changes and one-on-one teaching strategies.

Although information was documented identifying need for individualized services, a review of lesson plans from September, October, and November 2007 and May 2008 found no evidence of individualized activities for the 12 children identified with behavioral concerns. In addition, a 1-hour, 20-minute observation in Muldoon classroom A provided evidence the teachers did not

implement individual Action Plans for children demonstrating behavioral concerns. For example, no individualized activities were developed or steps taken to address children wandering in and out of the classroom, climbing on furniture, hitting other children, crying uncontrollably, and being unable to participate in group circle-time activities. The grantee was not in compliance with the regulation because it did not use information from screenings and observations to plan for and respond to behavioral concerns for individual children.

#### Desk Review (11/2/2008) - Corrected

The grantee used information from behavioral screenings and ongoing observations to respond to each child's individual characteristics and needs. With Municipal Licensing approval, the Muldoon site was renovated to create separate entrances for each of the two classrooms, and the classrooms were reorganized to be completely self-contained. The renovation reduced disruptions during pick-up and drop-off times.

The grantee renegotiated its contract with the Early Childhood Education Consultant, who held a master's degree in Early Intervention. A review of the new contract found it increased the scope of services in areas supporting individualizing and best classroom practices in social-emotional development. In addition, the grantee renegotiated a contract with the Mental Health Consultant to increase meeting time with staff before and after classroom observations. A review of the new contract verified it increased the scope of services and included more meeting time with staff to discuss concerns, strategies, and progress in implementing individualized plans. The Early Childhood Education and Mental Health Consultants conducted a half-day pre-service training for all teachers and assistant teachers on the topic of supporting social-emotional development in the Head Start classroom; this was verified in a review of the pre-service agenda and sign-in sheets.

A review of the grantee's revised Standard Operating Procedure for "Challenging Behavior" found it included a clear process, with timelines and responsible parties, for implementing and revising individualized action plans for children. An interview with the Executive Director and a review of the grantee's Monitoring Review action plan, Early Childhood Behavior report, activity plans, and child goals provided further evidence to support the grantee's actions for correction.

The grantee used information from screenings and ongoing observations to respond to each child's individual characteristics and needs, renovated its classroom design, and increased its Early Childhood Education and Mental Health Consultants' scope of services. This area of noncompliance is corrected.

#### **1304.22 Child Health and Safety.**

##### **(e) Hygiene**

##### **(1) Staff, volunteers, and children must wash their hands with soap and running water at**

**least at the following times:**

**(ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);**

Triennial (5/11/2008)

The grantee did not ensure children washed their hands before handling and consuming food. Children from Muldoon classrooms A and B were observed coming in from outdoor play and going to the sink area to wash their hands. Teachers directed all children to wash their hands; however, none of the four teachers supervised the sink area to ensure children washed their hands with soap and running water.

The following day, children in Muldoon classroom B were observed as staff told them to wash their hands before mealtime, but staff did not accompany the children to ensure they completed the task. Three children did not wash their hands and proceeded to eat lunch. An observation in classroom A found children were asked to wash their hands in preparation for snack; however, two children washed their hands and then engaged in free-choice activities for 15 minutes prior to snack time and did not rewash their hands prior to eating.

During the same observation, two children and the teaching assistant did not wash their hands prior to setting meal tables, and four children sitting at tables waiting for snack did not wash their hands prior to going to the table, and each touched the snack items. The grantee was not in compliance with the regulation because children and staff members did not wash their hands with soap and running water before handling and consuming food.

Desk Review (11/2/2008) - Corrected

The grantee ensured children washed their hands before handling and consuming food. The Executive Director stated the grantee developed an action plan to correct the area of noncompliance, which was signed and dated by the Governing Board Chair, Policy Council Chair, and Executive Director. A review of receipts found they supported the installation of a half-wall and door between the two classes at the Muldoon site. The two classrooms shared a common space, including sinks and bathrooms, and the renovation allowed children direct access to the bathrooms, making it easier for staff to supervise them.

A review of the grantee's pre-service agenda and sign-in sheets found they documented training provided to all classroom staff to review handwashing procedures. In addition, the grantee reviewed orientation procedures to ensure new staff and substitutes were informed about handwashing procedures, as noted on the New Staff Orientation form. A review of the handwashing action plan, Health and Nutritional Checklist, and Program Operations meeting minutes found handwashing procedures were a recurring agenda item for center team meetings; this was confirmed in a review of the May and July 2008 team meeting minutes, and Center Directors noted the review of this topic in the monthly reports.

To monitor the implementation of handwashing procedures, the Health and Nutrition Assistant conducted both unannounced and regularly scheduled handwashing observations at all centers as part of the grantee's Health and Nutrition Checklist review. A review of the Health and Nutritional Checklist found it supported the observations. The Checklist was sent to the Program Operations Manager, who reviewed and monitored follow-up activities. A review of the annual Child and Adult Care Food Program review report for October 2008 found handwashing was observed and recorded.

The grantee ensured children washed their hands before handling and consuming food and developed monitoring procedures to confirm handwashing took place. This area of noncompliance is corrected.

### **1304.22 Child Health and Safety.**

#### **(e) Hygiene**

#### **(2) Staff and volunteers must also wash their hands with soap and running water:**

#### **(ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and**

Triennial (5/11/2008)

The grantee did not ensure staff washed their hands with soap and running water after bandaging a wound. During an observation at the Muldoon Center, the classroom B teacher bandaged a child's knee. The teacher removed an adhesive bandage from the first aid kit and placed it over the child's scraped knee. She did not wash her hands either prior to or after applying the bandage strip.

The teacher then proceeded to prepare for snack service by clearing and wiping the table surfaces. A review of the Handwashing Standard Operating Procedure found staff were required to wash their hands before and after administering first aid to themselves or others. A teacher prepared for snack time without washing her hands after bandaging a wound, demonstrating the grantee was not in compliance with the regulation.

Desk Review (11/2/2008) - Corrected

The grantee ensured staff washed their hands with soap and running water before and after treating or bandaging a wound. The Executive Director stated the grantee provided training to all staff on blood-borne pathogens and hygiene; the training included a review of the program's handwashing policy. A review of the pre-service agenda and sign-in sheets confirmed the training took place.

A review of the handwashing action plan, Health and Nutritional Checklist, and Program Operations meeting minutes found the grantee established and implemented procedures for monitoring handwashing before and after treating wounds. The grantee ensured staff washed their hands before and after treating or bandaging a wound and provided training and

monitoring to support the practice. This area of noncompliance is corrected.

#### **1304.40 Family Partnerships.**

##### **(a) Family Goal Setting**

**(2) As part of this ongoing partnership, grantee and delegate agencies must offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them. In home-based program options, this agreement must include the above information as well as the specific roles of parents in home visits and group socialization activities (see 45 CFR 1306.33(b)).**

Triennial (5/11/2008)

The grantee's family goal-setting process did not ensure follow-up occurred with families to determine progress toward achieving their goals. A review of Family Partnership Agreements for 33 of the grantee's 320 enrolled families and an interview with the Family and Community Specialist (FCS) provided evidence between 6 months and 1 year elapsed for 12 parents from the time initial goals were identified until they were provided an opportunity to discuss progress toward or strategies for achieving goals with staff. In addition, the grantee was unable to provide evidence demonstrating how or when 17 of the 33 parents were provided opportunities to discuss progress in achieving their goals.

During an interview, the FCS reported the same issue was identified as a program weakness in the March 2008 Self-Assessment. A review of the Family Partnership work plan found staff were required to review Family Partnership Agreements with families three to four times a year to support them in achieving their identified goals. Family contacts were to be made through home visits, on-site visits, or telephone calls. The grantee was not in compliance with the regulation because it did not provide opportunities for parents to discuss progress in achieving goals set during the Family Partnership process.

Desk Review (11/2/2008) - Corrected

The grantee's family goal-setting process ensured follow-up occurred with families to determine progress toward achieving their goals. A review of the revised Family Staffing form found it included Family Partnership follow-up staffings. The staffings were to be completed every quarter and reviewed by the Family Services Specialist.

A review of the Standard Operating Procedure titled "Family Services Home Visits" found it provided staff with guidance on Family Partnership follow-up and a description of the reporting procedure used to designate the process and responsible party for ensuring follow-up. A review of the Child Outcome Planning and Assessment (COPA) Family Goal report, COPA Family Partnership Agreement (FPA) Goal form, Family Services Home Visits, Family Visit Planning Sheet, Family Visit Schedule, and Family Services meeting minutes from July through October 2008 confirmed the implementation of revised FPAs and tracking of ongoing

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partnership activities with all families. In addition, a review of the in-service training agenda and sign-in sheet for all staff found the topic of communicating effectively with parents was presented.

In addition, the grantee revised its monthly report template to include a section to specifically track FPA activities. The Program Operations Manager used the information to monitor the rate of follow-up and reviewed agreements and staffing forms to determine the quality of follow-up activities. In interviews, the Executive Director and Operations Director confirmed the grantee implemented corrective actions in the area of family goal-setting.

The grantee ensured its family goal-setting process included follow-up with families to determine progress. This area of noncompliance is corrected.

— END OF REPORT —