

SELF-ASSESSMENT

Annual report 2024-2025



**Sioux Falls School District
Head Start Program**

Grant #08CH013266

INTRODUCTION

On an annual basis, Head Start programs must effectively oversee progress towards program goals and must conduct a self-assessment that uses program data to monitor:

- Education and Child Development Service
- Family and Community Engagement Services
- Eligibility, Recruitment, Selection, Enrollment, and Attendance
- Health and Mental Health Services
- Special Education
- Program Structure
- Program Governance (management, fiscal oversight, human resources)

BACKGROUND INFORMATION

Staff, partners, community members, and governing board members attending the self-assessment meeting were asked to critically evaluate the current policies and practices used in the Head Start program. What strengths does our data highlight? What data collection methods need to be improved? What are the areas we can improve? Are there additional partnerships that could be made to better serve our families, students, and staff?

DATA SOURCES

1. Desired Results Developmental Profile, TPOT, Pyramid Benchmarks, CLASS
2. Family Engagement Data database
3. ERSEA Data: recruitment log, attendance data, selection criteria, enrollment data
4. Health Services pre- and post PIR data, Health Database, Student Records
5. Mental Health Referral Log, Mental Health pre- and post PIR data
6. Special Education Database, IEP Initial Referral Log, Eligibility Tracker, PIR Data
7. Child Behavior and Mental Health (anecdotal)
8. Professional Development and coaching models
9. Health and Safety Screening
10. Governing Board Screener

PROCEDURE

1. During the month of September members were asked to gather and organize their 2024-2025 data
2. The team discussed key participants from the community, board, and partners and invitations were extended.
3. Initial meeting was held on October 10, 2025 to preview data and put together a packet so all members could preview prior to the meeting.
4. Oct 24, 2025 a team of 22 met to discuss, analyze, and make recommendations.
5. Program staff synthesized this information and presented their reports to Erica.
6. Reports were received and reviewed by Erica and the final report was compiled.

DATA

Data source	Explanation	Results
DRDP	Desired Results Developmental Profile (DRDP)	<ul style="list-style-type: none">• Approximately 71% of children met the school readiness goals.• The program needs to be able to generate data reports that specifically look at 4-year old data.• Student Needs are greatest in Engagement and Persistence (ALT-REG 6), Number Sense of Quantity (COG 3), and Relationships and Social Interactions (SED 4).• Areas of greatest growth include Literacy (LLD 5), Gross Motor (PD-HLTH 2), and Phonological Awareness (LLD 8).• Area of lowest growth include Relationships and Social Interactions (SED 4) and classification (COG 2)• The program exceeded goal expectations in Classification (COG 2), Gross Motor (PD-HLTH 2), and Self-Care (PD-HLTH 8).• Students in Full-Day programming consistently results in larger growth towards student outcomes when compared to half-day programming.

TPOT	Teaching practices observation tool (TPOT)	<ul style="list-style-type: none"> ● As a program, we have 5/7 benchmarks of quality full in place. ● We have 2/7 partially in place ● Highest Benchmark is Staff Buy-In ● Lowest Benchmark is Professional Development and Staff Support Plan ● TPOT on new teachers indicate <ul style="list-style-type: none"> ○ Fidelity in collaborative teaming, engagement, and schedules/routines/activities. ○ Near fidelity scores in supportive conversations and providing directions. ○ Needs in Transitions, Teaching Social Skills, and Behavior Expectations ● Tier 1 checklist on veteran teachers indicate <ul style="list-style-type: none"> ○ Fidelity in routines, positive engagement, schedules posted, class rules posted, adult engagement, transition warnings, transitions, and rules reviewed. ○ Needs in Schedules reviewed, descriptive praise, and teaching social skills. ● Both new and old teachers need support to teach social skills.
CLASS	CLASS data (taken internally)	<ul style="list-style-type: none"> ● The program met Head Start minimum requirements in all areas. ● When compared to 23-24 scores, the program improved their average in 9/10 categories. ● Productivity score dropped by 0.13 ● Need to continue to focus on Classroom Organization: Instructional Learning Formats. ● The program questioned if internal scoring impacted scores. ● The program should consider alternating between internal and outside scoring.

Family Engagement	Family Goals	<ul style="list-style-type: none"> • 230 families completed a needs assessment • 191 of those families developed family goals • Areas of Greatest Interest for Support <ul style="list-style-type: none"> ◦ Developing Positive Parent-Child relationships, families as Lifelong educators, and Family Well-being account for 75% of requests • Program used this data when developing community partners, selecting training topics for parent learning opportunities, and parent committee events • The program needs to continue to explore and find ways to engage our families and increase attendance at events and leadership events. • The program continues to explore the best ways of communicating with families to support effective communication and support.
ERSEA	PIR Data, recruitment logs, enrollment database, attendance records, waitlist, applications	<p>Recruitment:</p> <ul style="list-style-type: none"> • Utilize a variety of mediums to promote the program and find eligible families including: social media, mailings, yard signs, banners in high traffic areas, school “all-calls” (text, phone, email), targeted recruitment in low-income neighborhoods and apartments, and news stories. <p>Selection Criteria</p> <ul style="list-style-type: none"> • Follows the Head Start guidance for ensuring students most at-risk get priority placement. • Use Head Start Housing Cost Calculator to account for housing costs when determining eligibility. <p>Enrollment</p> <ul style="list-style-type: none"> • The program maintained full-enrollment throughout the 24-25 school year. • Longitudinal data shows an average of 15–20% of students move from the program and are refilled with waitlist students. • 24-25 the program’s cumulative enrollment suggested 20% student movement, due to families that moved outside of the program area.

ERSEA (cont)		<p>Attendance</p> <ul style="list-style-type: none"> • 24-25 Program maintained 85% attendance • The program noted $\frac{1}{2}$-day rooms had higher attendance rates than full-day rooms. <ul style="list-style-type: none"> ◦ Full-day rooms have a smaller sample size (54 students) ◦ If students arrive late, attendance is not consistently updated ◦ Full-day rooms have class on a few inconsistent Fridays. These Fridays often have lower attendance. ◦ Half-day programming offers transportation, full-day does not have a transportation option. • The program will continue to find ways to support families to encourage consistent attendance.
Health	PIR data, Health Database, student records, community partners, and referral log.	<p>Insurance</p> <ul style="list-style-type: none"> • 97% of students ended the year with some type of health insurance. • The remaining 3% were ineligible for insurance. <p>Medical Services</p> <ul style="list-style-type: none"> • Students with up-to-date medical care increased from 200 to 339 during 24-25 program year • 40 students were identified as having a chronic medical condition. All of these students received medical treatment during the 24-25 program year. • BMI screening were completed on all students <ul style="list-style-type: none"> ◦ 75% were within healthy limits ◦ 1.6% underweight ◦ 23.4% were overweight-obese ◦ The program provided parent training on nutrition and healthy eating. ◦ The program promoted “being active” through monthly at-home challenges. • Immunizations <ul style="list-style-type: none"> ◦ 3% of students were exempt ◦ 97% up-to-date or as current as possible <p>Dental Services</p> <ul style="list-style-type: none"> • Students with access to dental care increased

Health		<p>from 328 to 407 during 24-25</p> <p>Dental Services (cont)</p> <ul style="list-style-type: none"> • 378 students received preventative care • 363 students received professional examinations, of these 67 needed further treatment <ul style="list-style-type: none"> ◦ 51 (of the 67) received follow-up care ◦ 10 (of the 67) missed their appointment ◦ 1 (of the 67) left the program ◦ 5 (of the 67) had upcoming appointments outside of the tracking window
Mental Health and Behavior	PIR data, consultation documentation, program behavior data, FBA/BIP, and referral log.	<p>Mental Health Consultations</p> <ul style="list-style-type: none"> • 100% of classrooms received assistance/support from mental health professionals. • 43 Head Start students were referred for mental health consultations • 41 additional EC students were referred • 4-week Family training provided <ul style="list-style-type: none"> ◦ Attended by 47 adults ◦ Continue to look at ways to support families. Consider adding a Zoom option. • Per teacher request, provided training to classroom support staff at 2 largest sites
Special Education	Enrollment Data, IEP referral log, IEP database	<p>Special Education</p> <ul style="list-style-type: none"> • 20% of Head Start students had an IEP <ul style="list-style-type: none"> ◦ Of the 70 students, 21 entered on an IEP. While 49 (of the 70) were deemed eligible during the program year. ◦ Of the 49 referred, all 49 were deemed eligible. ◦ All 70 students on an IEP received services during the 24-25 program year.
Classroom Safety	Health and Safety Screener	<p>Classroom Safety</p> <ul style="list-style-type: none"> • All 27 Head Start Classrooms were inspected for safety • No significant findings • Issues corrected: batteries in flashlights, restock of bandaids in first aid kits, replaced “EXIT” signs above doorways, printed

		updated cleaning logs, replaced outlet covers, and replaced blind-cord clips.
Program Governance	Governance and Leadership Capacity Screener	<p>Governing Board</p> <ul style="list-style-type: none"> • Comprised of elected city officials • Non-voting members act as experts in fiscal/accounting, legal, early childhood education. • Elected officials may also fill these roles and may or may not be previous Head Start families. • The majority of the Policy Council is composed of currently enrolled parents. • The program has policies in place to ensure proper oversight, training, reporting, conflict resolution, and balance of power.

STAFF INPUT

All staff members were asked to share their responses to the following questions. Their responses are bulleted in order of prevalence.

1. How can we increase our family engagement?
 - Provide a variety of communication: email, text, paper copy, phone call
 - Offer engagement opportunities at a variety of times to accommodate all work schedules
 - Offer both program wide and building specific events
 - Improved tracking methods to be able to see trends
2. As a program, how do we ensure student safety?
 - Follow Authorized Release Policy
 - Develop and train all classroom staff on Active Supervision
 - Review and adjust Supervision Plan as needed throughout the year
3. Mental Health needs are on the rise, what training is needed to prepare you in the classrooms?
 - Teaching Problem Solving Skills
 - Examples of Small Group Social-Emotional Lessons
 - Trauma Response Training
4. How can we support you in data collection and data-driven decision making?
 - Assist with training Educational Support Professionals to help collect data

- Provide data collection tips and tricks to ease the burden

5. As a classroom teacher, what additional skills would you like more training on?

- Working smarter, not harder
- Ways to increase student motivation, engagement, and interest
- How to differentiate instruction for learners with variable skill levels

6. When it comes to Special Education, what training would you like to receive?

- How to have hard conversations with parents
- Feeling more confident when reviewing test results with parents
- Feeling more confident when explaining eligibility

7. Additional Comments

- Increase training for Educational Support Professionals so they feel empowered to address challenging behaviors, assist with data collection, and teach behavior expectations/problem solving/social skills.

CONCLUSION:

The self-assessment committee identified the following strengths of the program:

- Strong community resources and supports to connect families to resources
- Numerous Fiscal processes and procedures to ensure compliance
- ERSEA process
- Highly qualified teaching staff
- Recipient of numerous perks based on being part of the Sioux Falls School District
- Partnership with Falls Community Health, Delta Dental, County Welfare
- Numerous opportunities to provide medical and dental homes to families, some even within an Elementary school building

The self-assessment committee identified the following areas to improve:

- Increase staff retention-this will improve CLASS and TPOT scores through increased training and application.
- Continue to explore new mediums of communication for recruitment, engagement, trainings, attendance, partnerships, and leadership roles
- Increase family involvement opportunities
- Refine and train all staff on data collection and analysis
- Continue staff training (including support staff) on Tier 1 strategies
- Keep student safety procedures and policies a program focus