# nmcaa logo newEarly Head Start

# Meeting

Date | time 9.23.19| 9:30-3:30 Location Kalkaska Kaliseum, 1900 Fairgrounds, Kalkaska, Mi 49646

Please bring: Computer

**Welcome/Inclusion – Your Journey Together**

* Module 1.1

**Gold – Discussion and Guidance**

* Gold expectations were discussed, regarding how many documentations per month. One per area of development per month per child. More is certainly welcome, and your data will be more accurate.
* Talk to your PSC about doing checkpoints on children who have dropped mid quarter. We are going to start marking yes that the child has an IFSP. We are recommending going back and marking already existing children also. This will mean adding the initial date of the IFSP.
* Shared quarterly data. For our summer quarter several areas increased for meeting or above expectations. Our school readiness goals will stay the same as last year. The hope is that they will transfer over to be part of the school readiness goals for the next 5-year grant period.
* Talked about how GOLD is connected to school readiness

**Health – R & H**

* Reviewed the performance standards about health, the requirements, and importance of the relationship and communication between R&H and the CFS. Explanation of the well child check and the form we use and what must be included to call it a well child check. Referred to the PAT handout on health that explains the difference between wcc and when a child is sick.
* R&H shared some ideas to ensure wcc are set up and completed.
* Reviewed What’s Due When that is individualized for each child
* Reviewed the R&H role, CFS role PSC and Manager’s role in supporting health requirements.
* Talked about insurance tips, specifically Medicaid. Michigan enrolls and MI Bridges websites are helpful. Another option is to find out who is trained as a DHHS navigator. Can refer to the health dept and also talking with families about needed documents and what is needed for reinstatement. The agency will pay for health appointments that are required if there is no insurance – must let the R & H know the child does not have insurance.
* Dental is required for children at 12 months. Encouraging parents to get dentals is important as well as well as doing dental curriculum to educate families why dental health is important.
* R&H talked about waivers, specifically for well checks that doctors may not do, like the 9 and 15 and 30 month well check – we have a special waiver asking the dr. to sign that they will not complete the WCC
* Talked about what to do if a dentist is refusing to do a dental at 12 months. Contact your R & H, they will talk with the PSC about next steps
* Continue to share family’s story with the R&H
* When a family loses or gains insurance let R&H know!
* How is health connected to school readiness? Talked about the importance of children being ready to learn

**PAT Home Visiting Observation Tool – Training and Discussion**

* Went over the elements of the observation and talking about the prep for the visit beforehand.
* Visit prep - at a minimum cfs will fill out the intent of the pat activity and be able to explain how you chose the activity. Checking in is not mandatory, individualize for the family. When writing in the goal make sure that there is intent for the goal present. Make sure the activity is age and developmentally appropriate. Above all, the plan must be individualized.
* Opening the visit should include connecting to something in the home or with the family. Agree what will happen in the visit from what was planned the week before. Follow the parents lead. Reflect regarding the experience with the extension activity from the week before, this is a great link to documenting in kind.
* Parent-Child Interaction-parenting behaviors facilitated. Point out and label and notice 1 or more and talk about how it impacts the child’s development. Discuss the developmental domains. Ask the parent what they observe and link it to the parenting behavior. Foundational visit 3, page 2 of the activity and the PAT tool kit has parenting behaviors listed. Review the intents for the activity verbally with the parent. The activity is then facilitated as a parent-child experience, encouraging the parent to join in
* Dev Centered Parenting- helping the family connect their child’s behavior to the stage of development. Includes topics regarding sleep, attachment, discipline, health, transition/routines, safety and nutrition.
* Family well-being is the family’s perspective on their own well-being. Includes resources and referrals and info shared.
* Closing-review, revisit, evaluate and affirm. Schedule the next visit
* Looked at specific elements for the visit, like including literacy and reviewing and establishing goals.
* Milestones are not mandatory but recommended.
* Talked about how observations affect school readiness by improving our practices

**FOT**

* Top portion will only be collected once a year in the fall, or when they enroll. This is the FOT data, which is a needs assessment – it is now yes or no, rather than scaling. The Home Practices and Routine portion is done in the fall and in the spring. Home Practices and Routines are where we will document outcomes for our program because we will be able to compare Fall and Spring. FOT and Home Practices and Routine guidance has changed and is now on the Weebly site – still need to add in how to document on CP once the module is up. In the talking points the info in red comes from the application or other intake materials such as the Community Connections form, be sure to review that the information has not changed.
* Connect to FES’s for HS for resources if needed.
* The CFS will complete the FOT for dually enrolled families.

**Summer data and Self-Assessment**

* Attendance is up by 1 percent for the program year – this is something to be proud of!! Keep up the great work and thank you for prioritizing home visits! This is an exceptional accomplishment considering how much staff turnover we have had!
* Health summer data is down due to transitioning kids
* Family partnership – low in the summer due to many newly enrolled, building relationships before setting goals
* Eligibility – not a lot of change
* Disability info currently down to 15% - will probably see this number increase as we complete 45-day requirements.
* Self-assessment: familiarized staff with what it is and where the data comes from. This is collected using the community needs assessment info as well for the agency to improve our services. Self-assessment was completed with direct service workers, management and most importantly, parents. Some of the things indicated were for EHS specifically. Recommendations are made and then put into a program improvement plan. For EHS we may be looking at being present and possibly doing that through “we care” bags for visits when a family is not able to meet and showing up at all times. This will be a gradual change and staff considerations will be taken into account before any specific guidance is created.

**Socialization/PAC Meeting Introduction**

* Went over the performance standard about socializations. 2 per year, using our curriculum. Just as with PAT we need to be using PAT activities for the socializations. Other extension activities can be used if they connect to the curriculum. Fillable forms for creating your own activity - parking lot.
* Using the new socialization form in CP can happen immediately, if you would like some time to get used to the form, take your time – ensure that all socializations are on the new form beginning for December socializations.
* Sign in sheets can be attached to child plus. Chris Welton will collect from child plus. E-mail her once to let her know they are now being attached to CP.
* PAC notes can also be attached with the sign in sheet.

**Socialization Small Group Activity**

Staff practiced for 30 minutes planning a socialization

**Boundaries Training**