

Action Plan Draft 3

| Noncompliance - Program Governance, 642(c)(1)(E)(iv)(I-II, VI), Gov 2.2 | | | | |
|--|--|--|--|--|
| Finding Type | Issue | Action Steps | Lead | Timeline |
| Roles, Responsibilities, and Training | The grantee did not ensure its governing body was responsible for establishing procedures and criteria for recruitment, selection, and enrollment of children or developing procedures for how members of PC were selected | <p>ERSEA</p> <p>a. reviewed program, PC, and board actions regarding ERSEA in order to identify action/improvement steps;</p> <p>b. reviewed admin calendar, re: ERSEA activities to ensure governing body role in establishing ERSEA system</p> <p>c. reviewed composition of the ERSEA committee in order to make needed improvements</p> <hr/> <p><i>d. establish PC and Board membership in ERSEA committee</i></p> <p><i>e. Conduct annual ERSEA Training for Board and Policy Council Members</i></p> <p><i>f. Create an orientation packet and manual for the Board and Policy Council</i></p> <p><i>g. Train new PC and Board members on the Relationship of Governance system and ERSEA system as part of the annual Policy Council training</i></p> | <p>a. Lori & Verda</p> <p>b. Gene & Lori</p> <p>c. Verda</p> <hr/> <p>d. Verda, Claire & Lori</p> <p>e-g. Verda, Claire & Lori</p> | <p>a-b. June, 2014</p> <p>c. September, 2014</p> <hr/> <p>d. September - October 2014 - ongoing</p> <p>e-g. October – November, 2014 & ongoing</p> |

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| | | <p><u>Selection of PC members</u> a. reviewed PC bylaws in order to establish improvement steps; b. reviewed approval of bylaws by Board, re: selection of PC members in order to establish the improved procedure c. Developed Governance Policy and Procedure d. Approved Governance Policy and Procedure</p> <hr/> <p><i>e. Update Governance materials to reflect changes & develop a visual graphic detailing the PC election procedures</i> <i>f. Communicate and train PC, Board, staff</i> <i>g. Create an orientation packet and manual for the Board and Policy Council</i></p> | <p>a-d. Lori & Nubia</p> <hr/> <p>e-g. Lori, Claire</p> | <p>a-b. June - July, 2014</p> <p>c-d. August-Sept, 2014</p> <hr/> <p>e-f. October – December, 2014 & ongoing</p> |
| <p style="text-align: center;">[Large 'DRAFT' watermark]</p> | | | | |

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| Noncompliance - Program Governance, 642(c)(1)(E)(iv)(V)(aa-bb), Gov 2.3 | | | | |
|--|--|---|--|--|
| Finding Type | Issue | Action Steps | Lead | Timeline |
| Roles, Responsibilities, and Training | The grantee did not ensure its governing body was responsible for the agency’s progress in carrying out the programmatic provisions in the grant application or approving the annual self-assessment. The Board delegated its authority for reviewing the HS program’s progress and did not approve the annual self-assessment | Board approach a. reviewed 2013/2014 board agendas in order to identify needed improvement ; b. reviewed admin calendar, re: self-assessment, in order to implement improvement steps c. presented 2014-15 SA results and SA improvement plan for approval to the PC and to the Board d. developed and approved SA Policy and procedure e. developed a subcommittee Charter – define roles and responsibilities | a. Luba b. Gene c. Luba d. Lori & Luba e. Claire | a-b. June, 2014 c. June-July, 2014 d-e. August-September, 2014 |
| | | f. <i>develop the Board EL subcommittee</i> g. <i>approve subcommittee charter by Region X and PSES Board</i> h. <i>communicate and train SA policy and procedure</i> i. <i>Create an orientation packet and manual for the Board and Policy Council</i> | f-g. Luba & Claire h-i. Lori & Claire | f-g. August-November 2014 h. Sept-December 2014, ongoing |

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| Noncompliance - Program Governance, 642(d)(2)(A-E, G-I), Gov 3.1 | | | | |
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| Finding Type | Issue | Action Steps | Lead | Timeline |
| Reporting to Governing Body and Policy Council | <p>The grantee did not share regular information for use by the governing body regarding program planning, policies, and HS agency operations. The governing body did not receive the regular reports meaningful and useful for the decision-making process.</p> <p>A. <u>monthly</u> financial statements B. <u>monthly</u> program information summaries C. <u>monthly</u> program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency D. <u>monthly</u> reports of meals and snacks provided through programs of the Department of Agriculture E. <u>quarterly</u> financial audit G. <u>annual</u> community-wide strategic planning and needs assessment, including <u>quarterly</u> applicable updates H. <u>ongoing</u> communication and guidance from the Secretary I. <u>monthly</u> program information reports</p> | <p>a. reviewed all materials that had been presented to the PC and board in 2013-2014 in order to identify needed improvements b. reviewed admin calendar for in order to make needed changes c. ESD Board became Governance system certified</p> <hr/> <p><i>d. Create and approve Governance Policy, Procedure and Calendar</i> <i>e. Finalize alignment of all timeline calendars to ensure timely reporting of information to the Board and PC</i> <i>f. develop the Board EL subcommittee</i> <i>g. approve subcommittee charter by Region X and PSESD Board</i> <i>h. Update Governance materials to reflect changes</i> <i>i. Communicate and train PC and Board</i> <i>j. develop and provide joint PC & Board Training in 2014-15</i></p> | <p>a-b. Gene</p> <p>c. Lori & Luba</p> <hr/> <p>d. Lori</p> <p>e. Lori & Claire</p> <p>f. Claire & Luba</p> <p>g. Claire & Luba</p> <p>h-j. Lori & Claire</p> | <p>a-b. June, 2014</p> <p>c. August, 2014</p> <hr/> <p>d. August-October, 2014</p> <p>e. Sept – November, 2014</p> <p>f-g. August – November 2014</p> <p>h-j. Sept-December 2014 & ongoing</p> |

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| Noncompliance - Management Systems, 1304.51 (a)(1)(iii), SYS 1.1 | | | | |
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| Finding Type | Issue | Action Steps | Lead | Timeline |
| Program Planning | The program did not implement an ongoing process of program planning including the governing board, the Policy Council, and program staff. The program did not engage the governing body and program staff in its ongoing process of program planning. | a. reviewed PC, Board, staff, and subcontractors involvement to the planning process in order to identify improvement steps; b. reviewed admin calendar in order to identify needed changes c. developed and approved Program Planning Policy and procedures d. updated the admin calendar and aligned with the Governance calendar - reflect ongoing communication with Board and PC regarding program planning e. Established Program Goals and Objectives, communicated to stakeholders, staff, PC and Board f. Completed the development of the Early Learning Program Manual (ELPM) Phase 1 <hr/> g. <i>Develop a graphic of program planning activities by category of involvement (Board, PC, staff, subcontractors) and utilize as a training tool</i> h. <i>develop ELPM orientation and distribution plan, and next steps (Phase 2)</i> | a. Luba b. Gene c. Luba & Lori d. Gene & Lori e. Gene, Luba & Lori f. Talena <hr/> g-h. Luba & Talena | a. June, 2014 b. August-September, 2014 c. August, 2014 d-e. August-September, 2014 <hr/> f. October - November, 2014 |

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| Noncompliance - Management Systems, 641A (g),(1) & 641A (g)(2)(B) SYS 1.2 | | | | |
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| Finding Type | Issue | Action Steps | Lead | Timeline |
| <p>Program Planning</p> <p><i>SA Improvement Plan – The agency shall develop, and submit (annually) to the Secretary a report containing, an improvement plan approved by the governing body of the agency to strengthen any areas identified in the self-assessment as weaknesses or in need of improvement</i></p> | <p>The grantee did not complete a comprehensive Self-Assessment, ensure its Board of Directors approved the SA process, or submit an improvement plan approved by the governing body to the Secretary. The grantees self-assessment did not cover all service areas and was not approved by the Board of Directors, and no improvement plan approved by the Board was submitted to the OHS.</p> | <p>a. Presented SA results and SA improvement plan to PC, Board, staff & stakeholders</p> <p>b. reviewed SA materials and documentation in order to identify needed improvements</p> <p>c. reviewed admin calendar, re: SA and SA improvement plan activities to ensure timely SA processes</p> <p>d. developed and approved SA policy and procedure</p> <p>e. updated the admin calendar - include ongoing communication with Board and PC regarding self-assessment</p> <p>f. submitted 2013-14 SA results, improvements plan, TTA plan, and improvement evaluation plan to the Secretary as a part of the 2013-15 grant application</p> <hr/> <p>g. <i>Work with BERK consultant group to enhance & streamline SA system and processes</i></p> <p>h. <i>Communicate and train staff and stakeholders</i></p> | <p>a. Luba</p> <p>b-c. Gene</p> <p>d. Lori & Luba</p> <p>e. Lori & Gene</p> <p>f. Luba & Gene</p> <hr/> <p>g-h. Luba & Nathalie</p> | <p>a. May - July, 2014</p> <p>b. June, 2014</p> <p>c. July-August, 2014</p> <p>d. August, 2014</p> <p>e. August-Sept, 2014</p> <p>f. July, 2014</p> <hr/> <p>g. September – Nov, 2014</p> |

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| Noncompliance - Management Systems, 641A (g)(3), SYS 2.1 | | | | |
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| Ongoing Monitoring | The grantee did not implement a system of ongoing monitoring to ensure its program operations worked toward meeting goals, objectives, and standards. The program's monitoring tools and procedures were in transition the time of the review and were not implemented effectively. | a. Reviewed current monitoring policy, procedures, processes, tools, and materials to identify needed changes b. Reviewed admin calendar, re: monitoring activities to develop action plan c. Reviewed blended sites/classrooms monitoring procedures, processes, and activities to develop an improvement plan d. Reviewed transportation policies, procedures, practices, and training materials to develop an improvement plan e. Established ongoing blended classrooms monitoring procedure for HS and community children f. Embed enrollment – group size and child ratio expectation in LOA for sub-contractors g. established consistent bus monitoring and bus monitors PD for Kent HS <hr/> h. <i>Align group size/ratio monitoring with ERSEA monthly report</i> i. <i>Provide training for subcontractors on the procedure for submitting enrollment information (ages of children/group size) to ensure accuracy of enrollment information</i> | a. Gene & Luba b. Gene & Leslie c. Gene & Verda d. Gene & Leslie e. Gene & Nicole f. Gene & Luba g. Leslie & Gene <hr/> h. Gene & Verda i. Verda & Gene | a-d. June – July, 2014 e-g. August – Sept, 2014 & ongoing <hr/> h. Sept – October, 2014 i. Sept – November, 2014 & ongoing |

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| | | <p><i>j. Continue developing a process for establishing an online form for reporting enrollment of children in blended classrooms to monitor for maintaining appropriate ratios and group sizes. Family Support Manager will run Child Plus enrollment reports for monitoring.</i></p> <p><i>k. Ensure all applicable changes in operational procedures that impact how subcontractors provide services is embedded in the LOA with sub-contractors.</i></p> <p><i>l. Communicate blended classroom monitoring expectations and train internal and external staff</i></p> | <p>j. Gene & Nicole</p> <p>k. Gene & Luba</p> <p>l. Verda & Nicole</p> | <p>j. August – November, 2014 & ongoing</p> <p>k-l. August – October, 2014 & ongoing</p> |
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| Noncompliance - ERSEA, 645 (a)(1)(B)(iii)(II)(bb), ERSEA 1.2 | | | | |
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| Finding Type | Issue | Action Steps | Lead | Timeline |
| Recruitment and Selection | The grantee did not prioritize the selection of children to ensure those below the poverty line and those eligible for public assistance were deemed eligible to participate prior to children from incomes below 130% of the poverty line. The program prioritized children with IEPs and IFSPs, and diagnosed disabilities higher than children who were income-eligible or on public assistance. | a. reviewed current eligibility criteria to identify needed changes | a-b. Verda & Gene | a-b. January – March, 2014 |
| | | b. reviewed ERSEA policies and procedures to develop improvement plan | | |
| | | c. Established and approved recruitment and selection criteria ensuring that homeless, foster and children receiving TANF or SSI and income eligible are prioritized and considered for enrollment before over income children on IEP/IFSP | c. Verda & ERSEA committee | c-d. March – May, 2014 & ongoing |
| | | d. Communicated and trained on improved recruitment and selection criteria - Board, PC, staff, subcontractors, and stakeholders | d. Verda | |
| | | <i>e. Establish ongoing monitoring process ensuring that homeless, foster and children receiving TANF or SSI and income eligible are prioritized and considered for enrollment before over income children on IEP/IFSP</i> | e-i. Verda & Nicole | e-h. May – November, 2014 |
| | | <i>f. Align group size/ratio monitoring with ERSEA monthly report</i> | | |
| | | <i>g. Provide training for subcontractors on the procedure for submitting enrollment information (ages of children/group size) to ensure accuracy of enrollment information</i> | | |
| | | <i>h. Establish an ongoing monitoring</i> | | |

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| | | <i>process to ensure reviewing 100% of files to verify necessary documentation is in place for eligibility determination</i> <i>i. Provide annual ERSEA training to all Grantee/Early Learning staff & Educational Leaders</i> | | i. November – June 2014-15 & ongoing |
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