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SACRAMENTO HOUSING AND REDEVELOPMENT AGENCY

March 26, 1985 CITY MANAGER'S OFFICE

RECEIVED
APR 16 1985

Housing Authority of the
City of Sacramento

Honorable Members in Session:

SUBJECT: Summary of the River Oaks Child Development Center Program Monitoring Quality Review Conducted by the State Office of Child Development Services Staff

SUMMARY

Attached as Exhibit A is a copy of the Child Care Services Monitoring Quality Review report on the River Oaks Child Development Center Program.

BACKGROUND

On January 31, 1985, an on-site monitoring visit of the River Oaks Child Development Center was conducted by Mr. Ken Wemmer and Ms. Frances Sherman, Office of Child Development Services Consultants.

The River Oaks Center was found to be much improved in the physical facility since modernization was completed. Reviewers also noted the utilization of Foster Grandparents and parent volunteers in the program and expressed satisfaction. The educational component was found to be too structured and the reviewers recommended that staff discontinue formal teaching of basic education, (alphabets and numbers.)

A review of the program goals found the goals achievable and being reached. No score was allowed at the time of review because acceptance of the program goals which are included in the Agency's 1985 budget was not evidenced by a City Council resolution. Upon receipt of this by Office of Child Development staff, the center will be in compliance. A copy of the resolution has been secured and transmitted as of this date.

FILED
APR 23 1985
SACRAMENTO HOUSING AUTHORITY
CITY OF SACRAMENTO

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SACRAMENTO HOUSING AND REDEVELOPMENT AGENCY

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The staff development plan for 1985 has not been fully developed, therefore not implemented. A comprehensive plan for staff development and career advancement is being developed and will be transmitted when complete. It is anticipated that this will be completed and implementation begun by April 1.

The report notes item numbers 6 through 12 which addresses the activities provided for the children and numbers 15, 19 and 22 which will require additional development. The specific indicators, the comments of the reviewers and the center responses are reflected on the review sheet attachment. (Attachment 1)

FINANCIAL DATA

There is no financial implication to the monitoring report.

POLICY IMPLICATIONS

The actions proposed in this staff report are consistent with previously approved policy and there are no policy changes being recommended.

RECOMMENDATION

The staff recommends the receipt and filing of this report.

Respectfully submitted,


Andy Plescia
Acting Executive Director

TRANSMITTAL TO COUNCIL:


Walter Slipe
City Manager

SACRAMENTO HOUSING AND REDEVELOPMENT AGENCY

PROGRAM QUALITY REVIEW

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Item 6 Indicator 12

Identification of Child's Need: When a child enrolls, information is obtained regarding family background, physical, cognitive, social and emotional development.

RESPONSE

A comprehensive form for identification of children's needs and obtaining this information was developed by the Center's Program Manager and in use in the center from 1978 until 1982. (This form is called the "Parents Pre-Admission Health History")

In 1982, a more condensed form was developed by the Office of Child Development Services and sent to the child care centers. The form is also called "Parent's Pre-Admission Health History". Mr. Pete Isola, who was the consultant for the center from the Office of Child Development, stated that the form in use by the center was too long and that we should use the form we had received from the state. The state form has been used since 1982. The reviewers state that we should begin using the original form for obtaining the desired information. Center staff have complied. (see attachment "A", Office of Child Development form, and attachment "B", Child Care developed form.)

CORRECTED

Items 7 through 10

SOCIAL, PHYSICAL, COGNITIVE, LANGUAGE DEVELOPMENT NEEDS
NOT IDENTIFIED

RESPONSE: See Item 6, indicator 12. CORRECTED

Item 11, Indicator 17

ART. ACTIVITY PLANS LACK VARIETY OF ART EXPERIENCES

RESPONSE

Art, music and dramatic play is incorporated in the daily routine. Due to limited space, children's activities have been limited during winter months, Easel painting where easel boards require considerably more space than table and floor art activities. With the coming of warmer weather children will again participate in accelerated painting activities that include use of easel boards outdoors. The center has a large supply of easel boards, paint brushes and tempera paint. Since new carpets have been installed the use of fluid paints indoors have been limited.

CORRECTED

Item 12 Indicator 18

MUSIC: CENTER LACKS BASIC EQUIPMENT AND MATERIALS FOR MUSIC.

RESPONSE

Singing is reserved for no time slot - It is woven into our entire program. We sing as we go through routines; we sing as we move from one activity to another; we sing as we walk out on a field trip; we sing to convey or reinforce ideas; we sing for sheer exuberance, and we dance. Although we did not have the basic record player at time of the review, due to vandalism, we did have a variety of musical instruments. .. 2 Autoharps, a complete set of children's musical instruments such as bells, cymbals, triangles, rhythm sticks, 1 cassette player and tapes for recording the children while they participate in singing and music activities, 2 radio-cassette players with tapes of pre-recorded children's musical games and songs, and, as stated to the reviewers, we create and improvise, using assorted home-originated items for producing a variety of rhythm sounds. Generally, at least one record player is always in the center and one of two players (that was removed by vandalism a short while back) has been replaced. CORRECTED.

Item 15 Indicator 25

PERSONAL INTERACTION: FREEDOM OF CHOICE AND MOVEMENT ARE UNDULY LIMITED.

RESPONSE

The reviewers stated that the center was too structured. It was observed that when toileting, eating and going for out-door play, children were asked to "form a line." While being seated at the lunch table as food was being placed on the table, the teachers asked the children to put their hands on laps. Teachers were told that the structure extended into the teaching activities and that it was obvious that too much teaching is being conducted and not enough play, this was revealed when it was noted by reviewers that children knew the alphabet as well as the numbers from 1 to 20. Center staff has begun correcting this by considerably less structure which consists of indirect teaching, less teaching, and continuous play throughout the day.

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Item 16 Indicator 26

SELF CONCEPT: ALL CUBBIES WERE NOT PERSONALIZED: CHILDRENS WORK WAS NOT DISPLAYED.

RESPONSE CORRECTED.

Item 17 Indicator 27

ETHNIC CULTURAL RECOGNITION

RESPONSE

Reviewers did not see visual signs that there were observations of ethnic holidays, specifically, Martin L. King, Jr. While pictures of noteworthy persons and events were not on display at time of the review, the center celebrates any and all allowable birthdays and holidays. As regards the celebration of Black History, the center utilizes many black persons to focus attention on, as significant contributors to American history. While Dr. King's picture was not in the center, throughout the year the children celebrate holidays of other cultures in addition to blacks. Multi-cultural pot-lucks, Cinco de Mayo, Gung Hoy Fat Choy, Mu Tich-Chu, (the tallest basketball player in the world and a hero of the 1968 Asian Games in Thailand), Ken Wa Lun, of Hawaii (who plays for the Atlanta Braves), March Fong Eu, the first Chinese American elected to a constitutional office, George Washington, Abraham Lincoln and many others. Because the teachings are on-going throughout the year, it is impossible to focus on any one person for a long period.

Item 19 Indicator 31

STAFF PARENT COMMUNICATION: NO DOCUMENTATION OF 2 PARENT CONFERENCES DURING THE PAST YEAR.

RESPONSE

Although informal and formal parent conferences are held twice annually, teachers failed to duplicate copies of the originals. The reviewers suggested our Developmental Checklist be assessed twice yearly, to coincide with the times individual parents come to the office to recertify their children. Following our pre-scheduled spring parent/teacher conferences, this scheduling procedure will be used.

CORRECTED.

Item 22 Indicator 42

PARENT EDUCATION: PARENTS INTERESTS NOT IDENTIFIED.

RESPONSE

In the past, topics for discussion by parents have been selected informally by parents. The discussions dealt primarily with children. No formal document for identifying the personal interests and needs of the parents had been developed. Such a form has since been given parents and many responses have

been returned. The information gathered from the survey will be considered for basing future discussions and parent training.

CORRECTED.

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Agency <i>Sacramento Housing and Habitat Agency</i>		Project number <i>34167703R25H</i>	
Site <i>First Child Dev Center</i>		Vendor	Program type
Site no.	Assistance type <i>REVE</i>	Contact mode <i>FIELD</i>	Contact reason <i>REG</i>
Recommended action <i>FPA</i>	If follow-up, code _____ by whom <i>NOD</i> date _____ Year Month Day		
Corrective action plan Due date <i>8/5/84</i>	code _____ by whom <i>NOD</i> date _____ Year Month Day		
Assigned consultant <i>Ken Wemmer</i>		SIGNATURE <i>Ken Wemmer</i>	
Second reviewer <i>Frances D. Sherman</i>		<i>Frances D. Sherman</i>	
Agency contact <i>Vivian Long</i>		<i>Vivian Long</i>	

NOTICE TO CONTRACTOR

The Child Development Division has completed a Mini-Program Quality Review of your agency. The results of the review are shown below.

Level 3 is the standard which represents the minimally acceptable level of quality for each indicator. For any indicator in which you have received a score of 0, 1, or 2, your agency is considered to be out of compliance with minimum state standards of quality.

Evidence of correction or a plan to achieve correction of each item in which your agency is out of compliance must be submitted, in writing, and received by the Child Development Division no later than the due date shown above under "Corrective Action Plan Due Date." Mail your response to the above noted assigned consultant at the Child Development Division, 1500 5th Street, Sacramento, CA 95814. Failure to comply with these requirements may jeopardize the contract for this program.

Item No.	Indicator	0	1	2	3	4	5	Comments (required for score of 0, 1, or 2)
1 (2)	Child Development Program Goals	✓						<i>copy of APPROV. Bd. meets Feb</i>
2 (6)	Employee Evaluation					✓		
3 (7)	Personnel Policies					✓		
4 (8)	Staff Development			✓				<i>Staff development plan has not been implemented</i>
5 (11)	Goals and Objectives				✓			

NOTE: Items in parentheses correspond to the indicator in the Comprehensive Child Development Program Quality Review document. (7)

Item No.	Indicator						Comments (required for score of 0, 1, or 2)
		0	1	2	3	4	
6 (12)	Identification of Child's Need	✓					information incomplete, no social-emotional/cognitive needs are identified for individual children
7 (13)	Social Emotional Development			✓			see 7(13)
8 (14)	Physical Development			✓			see 7(13)
9 (15)	Cognitive Development			✓			see 7(13)
10 (16)	Language Development			✓			see 7(13)
11 (17)	Art		✓				Activity plans lack variety of art experiences
12 (18)	Music	✓					lack basic equipment and materials
13 (19)	Dramatic Play				✓		needs to made available to all children
14 (21)	Nutrition					✓	
15 (25)	Personal Interaction		✓				Freedom of choice and movement are unduly limited.
16 (26)	Self-Concept	✓					All cubbies are not personalized Children's work should be displayed
17 (27)	Ethnic Cultural Recognition			✓			Plan not implemented
18 (28)	Special Needs				✓		
19 (31)	Staff-Parent Communication		✓				no documentation of two parent conferences/year Level 3 OK
20 (34)	Use of Child's Health Record				✓		
21 (40)	Parental Involvement with Children				✓		
22 (42)	Parent Education		✓				parents interests not identified

NOTE: Items in parentheses correspond to the indicator in the Comprehensive Child Development Program Quality Review document.

ADDITIONAL COMMENTS:

State Department of Education
Office of Child Development
CD-1208 A (Rev. 1-27-82)

PART II--RECORDS TO BE MAINTAINED AT THE CHILDREN'S DAY CARE CENTER

The following records are required under Title 22 of the California Administrative Code, and must be maintained on an up-to-date basis at each child care center. The attached forms, or their equivalent, are to be used to record the required information.

The "CD" forms may be ordered from the Office of Child Development using the attached Form Request (CD-8806).

A. Personnel Records for Each Staff Member

1. Personnel and Qualifications Report (Sections 31202, 31209).
2. Personnel Record on each staff member (Sections 31202, 31209).
3. Evidence of freedom from tuberculosis by skin test within past 48 months or by x-ray if skin test was positive (Section 31219).
4. Physician's Report of Pre-employment Examination (Section 31219).
5. For the directors, verification of the required courses in Administration and in Early Childhood Education (Section 31202).
6. For each teacher, verification of the required courses in Early Childhood Education or of current enrollment (Section 31209).

B. For Each Child Enrolled (Section 31233, 31265, 31267, 31269, 31271)

1. Identification and Emergency Information (Sample Form CD-9607 attached).
2. Child's Preadmission Health Evaluation (Physician's Report) (Sample Form CD-2207 attached).
- *3. Child's Preadmission Health History (Parent's Report) (Sample Form CD-2206 attached).

C. Daily Attendance Record

1. Sign in, sign out sheet.
2. Time and parents or guardians initials or signature.

PLEASE KEEP THIS NOTICE IN YOUR OFFICE FOR REFERENCE

CHILD'S PREAMISSION HEALTH HISTORY--PARENT'S REPORT

Child's name	Sex	Birth date
Father's name	Age	Does father live in home with child?
Mother's name	Age	Does mother live in home with child?
Has child been under regular supervision of physician?	Date of last examination	

DEVELOPMENTAL HISTORY

Walked at: _____ Months	Began talking at: _____ Months	Toilet training started at: _____ Months
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PAST ILLNESSES--Check those child has had and approximate dates

<input type="checkbox"/> Chicken Pox	Dates	<input type="checkbox"/> Diabetes	Dates	<input type="checkbox"/> Poliomyelitis	Dates
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubella)	
<input type="checkbox"/> Pneumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

Other serious or severe illnesses or accidents

Does child have frequent colds? How many in last year? List any allergies staff should be aware of

DAILY ROUTINES

What time does child get up? What time does child go to bed? Does child sleep well?

Does child sleep during the day? When? How long?

Diet pattern: Breakfast Noon meal Evening meal What are usual eating hours?

Any food dislikes? Any eating problems?

Are bowel movements regular? Yes No What is usual time?

Word used for: Bowel movement: Urination:

Parent's evaluation of child's health

Parent's evaluation of child's personality

How does child get along with parents, brothers, sisters and other children?

Has the child had group play experiences?

Does the child have any special problems--fears? (explain)

What is plan for care when child is ill?

Parent signature Date

M. T. H. C. D. M. E. N. T. L. D.
Sacramento Housing & Redevelopment Agency

River Oaks Child Development Center

240 Seavey Circle Drive

Sacramento, California 95818

443-3238

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CHILD'S PREADMISSION HEALTH HISTORY

PARENT'S REPORT 12-29-81

Has child been under regular supervision of a physician? YES
Does child have a regular doctor and dentist? doctor yes dentist - No
Date of last examination by physician October 8, 1979
Date and results of last eye examination N/A

Does the child need or wear eye glasses? N/A
Date and results of last hearing examination N/A
Does the child need or wear a hearing aid? N/A

Past Illnesses Check those child has had - give approximate dates.

Chicken pox No Asthma No Rheumatic Fever No
Ten-Day Measles No Hay Fever No Diabetes No
Three-Day "German" Measles No Epilepsy No
Whooping Cough No Mumps No Poliomyelitis No
Allergies No Heart Disease No
Chronic illnesses No
Other serious or severe illnesses, accidents, or recurring infections Fungus from diaper rash
Physical limitations of child No
Drugs/medication child is taking None
Does the child have frequent colds? No How many last year? N/A
Is child allergic to any foods? Not as of yet
Joint or bone problems? No Convulsions No
Speech problems None
Any health or behavior problems that worries you No

Daily Routines

Sleeping Pattern: Time child goes to bed varies sets up varies
Any problems sleeping? No
Diet Pattern: Breakfast ✓ Lunch ✓ Dinner ✓
Child more active, less active, as active as average child as active as average child
Any health or behavior problem that worries you None
Any special problems or fears not yet

Plan for care when child is ill: _____
Current status of child's health (including other health problems) _____
of family member: None
How does child react when coming down with something (cranky, sleepy, vomits, stomach ache): Cranky, vomits & has fever with fever

Mother's Prenatal Health:

Prenatal health _____ Number of this pregnancy _____
Birth weight of child 6' 5 3/4
Was baby premature? Yes _____ No If so, how much? _____
Any complications during labor and delivery? No
Abnormalities noted at birth No

Toilet training:

Extent of toilet training N/A
Bowel movements regular? _____ Usual time _____
Word used for bowel movement _____ Urination _____

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River Oaks Child Development Center
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Sacramento, California 95818

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Child's

INFORMATION ON CHILD'S FAMILY

1. Are there any family/cultural traditions and holidays you might like to share with all the children at Center?

Not as of yet

2. Are there any holidays the child cannot take part in, or food the child cannot eat because of religious or family/cultural tradition?

No

3. Are there any talents or skills you have which you may want to contribute to the Center's program?

No

4. Do you have interest in arranging group cooperative baby-sitting occasions so you can have free time?

No

5. What would you like to do and/or where would you like to go with the Center's parent group?

with the majority

6. What information do you consider confidential?

*All. Record
my daughter and myself*

7. Are there any court order actions or pending court orders that would affect child?

No

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River Oaks Child Development Center
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Child's Name _____ *reagan*

INFORMATION ON CHILD'S SOCIAL DEVELOPMENT

1. When did your child begin to smile? 2 months
2. When did your child begin to feed himself? _____
3. When did your child stop drinking from a bottle? _____
4. When did your child begin to dress himself? _____
5. Does your child have a close relationship with any relatives outside the home? Yes
6. Has your child had very much experience relating to people who are not part of the family? yes
7. How does the child get along with the family? fine
8. How does the child appear to feel about adults, children his own age, younger children? n/a
9. What are the child's responsibilities in the home (for example, such chores as feeding pets, emptying trash?)
NA
10. How do you feel your child should behave? _____
11. What do you feel is the best thing about your child's behavior at home? _____
12. What do you feel is the worst problem with your child's behavior at home? _____
13. What have you found to be the best way to get your child to do what you want him to do? _____
14. What rules for behavior does your family have at home? _____

(over)

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Child's name _____

INFORMATION ON CHILD'S NUTRITION

1. What foods does the child like to eat? Fruits, vegetables, fruit, meat, cereals
2. What foods does he not like to eat? Nothing (eats everything)
3. How much food does your child eat? lots of milk (smile) & (2) bottles of food
4. What foods can't the child eat because of allergies? while teething no milk, meat → Please give 7-up & water
5. Does your child eat quickly or slowly? slowly
6. What time does the family eat breakfast? 7:30 (or when)
lunch? _____ Dinner? up about 1/2
7. Does your child need a special diet? only when teething. no milk & pork serving of water, juices (apple juice, grape, orange)

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Child's N _____

INFORMATION ON CHILD'S MENTAL DEVELOPMENT

1. When did your child begin using single words to name things? _____
2. When did your child begin using two or three words in combination? _____
3. Are there any letters or letter combinations the child has not yet learned to pronounce? _____
4. What languages are spoken in the home? _____

5. Has your child:

- a. Lived in one area most of his life? yes
- b. Lived in a great number of places? no
- c. Visited places outside his neighborhood? no
- d. Traveled a great deal? no

6. Has your child had previous experience with a full-time baby sitter, nursery school, center, or other child care agency? Yes (baby sitters)

7. Are crayons, paper, magazines, or books available in the home? no

8. Approximately how many hours each week does your child watch television at home? _____

9. Does anyone read aloud to your child at home? Yes (me)

10. Does the child have books of his own at home? no

11. Are most of his experiences at home with adults or with children his own age? _____

12. What experiences do you expect your child to have during his stay at the Center? social & mental

development of mobility

Child's Name _____

INFORMATION ON CHILD'S PHYSICAL DEVELOPMENT

1. Age child began rolling over while lying in crib 3 1/2 mo.

2. Age child began crawling 4 months

3. Age child stood up with support 4 1/2 mo.

4. Age child stood up by himself on the way

5. Age child began walking _____

6. What are your child's opportunities for physical activities at home? walker, crawling, rolling over, etc.

7. Do you have any physical activity skills which you would like to share with children at Center? No, not yet!