



PACT

Parent & Child Together
for West Central Illinois

STRATEGIC PLAN

Developed November 2016 – October 2017

Planning Group

***Steering Committee**

Kristin Ripperda*

Jamie Maloney*

Denise Conkright*

Jennifer Alred*

Melissa Tschirgi*

Sara Mixer*

Diane Knight*

Shanna Edison*

April Darringer*

Joshua Conboy*

Ashley Fayhee

Toni Anderson

Betsy Bland

Cathy Cunningham

Krystal Matuck

Donna McCleery

Natalie Schneider

Mary Gordley

Pixie Clanton

Our Program Philosophy.....

PACT BELIEVES....

Parents are their children's first and most important teacher.

Parents care about their children and will put forth strong efforts to improve their child's well being.

Parents can and do learn new and better ways of interacting with their children given sufficient information and encouragement.

Resources for health and human services in West Central Illinois are limited and must be delivered without duplication to produce the most effective results.

Involvement of parents and the community in decision-making increases the commitment to the program while enhancing the quality of decision-making.

Our Mission.....

The mission of Parent and Child Together (PACT) for West Central Illinois is to provide a high quality comprehensive program of education, health, and social services to children and their families, developing life-long learners.

We believe that by working together we can further the vision and the intent of the agency's mission by:

Affirming program parents in their parenting role, working with them to improve their parenting skills.

Providing program parents with information and encouragement to increase their knowledge of their rights and responsibilities as parents.

Providing a program that will allow enrolled children and families to maximize their potential.

Providing opportunities for parents to become involved in the program decision-making process.

Providing opportunities for socialization for all enrolled children and their families.

Providing opportunities for children with disabilities to be enrolled in the program and to participate in all aspects of the program in order to meet their individual needs.

Providing a means of coordinating existing services for enrolled families to meet their individual needs.

Providing screening assessments designed to enhance early identification and treatment of potential problem areas for enrolled children.

Providing a cost-effective program that benefits all families involved.

Providing employment opportunities to enrolled families.

Vision Statements and Strategic Goals

Final draft created = 1/26/2017

We will become the leading and most desired early childhood program in West Central Illinois so that families and early childhood professionals and individuals beginning in the early childhood career field are applying to be in our centers, classrooms, and programs. We will do this by using practices that make the agency more efficient and effective and foster teamwork.

1. Increase staff retention/reduce staff turnover
2. Increase and Maintain CLASS scores in Head Start classrooms
3. Increase access to mental health services for children, families and staff.
4. Raise the awareness of staff and families around the importance of healthy choices for children (i.e. active lifestyles, nutritious food choices, etc.).
5. Increase the number of pregnant women applications
----- Ongoing Committee Work
6. Create and Implement Facility/Playground Improvement Plan
7. Update & Implement Technology/Going Green Plan
8. Continue to improve teamwork environment among managers, staff & families

EXECUTIVE OVERVIEW

The Strategic Planning process for PACT for West Central Illinois was started for the fourth time under the direction of Denise Conkright, Executive Director and Shanna Edison, Assistant Director. In April 2017, the transition of the Director position began. Mrs. Conkright is currently acting as a program consultant to the PACT Board and Director, and Mrs. Edison is now the Exec. Director. April Darringer, now Assistant Director, was on the previous steering committee for strategic planning. Additional members were recruited to ensure that various program options and staff positions were represented. Committee Members are as follow:

Denise Conkright	Program Consultant
Shanna Edison	Executive Director
April Darringer	Assistant Director, as of 8/31/17
Diane Knight	Fiscal Officer
Jamie Maloney	Site Supervisor
Jennifer Alred	Early Head Start Teacher
Melissa Tschirgi	Health Coordinator
Pixie Clanton	Home Based Teacher
Sara Mixer	Social Service Coordinator
Jamie Carroll	Family Advocate

Board Members are also participating in the process: reviewing surveys and committee work, as well as giving input and approval, via their regular meetings.

The Committee identified the year 2022 as the target year for the Strategic Plan, with the assistance of an outside facilitator, Lauri Morrison-Frichtl, Illinois Head Start Association Executive Director in November-December 2016. The committee reviewed the mission, with no changes, and identified the strengths, weaknesses, opportunities, and threats for the agency. An environmental scan, and results of the agency's last federal review, self-assessment, PIR data, were also reviewed and pertinent information considered and identified to be addressed in the strategic plan. At the December meeting the impacts to PACT, and projecting our results (proclaiming the dream) in 2022 were reviewed, discussed and prioritized by the group.

The above members then met in May 2017 to form the steering committee and began to review goals and possible objectives. The second meeting of the steering committee was September 1 to draft out the vision statements, and goals, and identify objectives. The managers met in September to give detail and measurable objectives and produce action steps for the working committees. The goals, objectives, gaps, and action steps were approved by the board on _____, and by the Policy Council

Much of the work on the action steps will be completed through committees, which will be comprised of staff members and parents as identified by the steering committee. February 2018 the strategic plan will be presented to all staff and they will be asked to volunteer for committees. The chairperson will be responsible for tracking and documenting progress and asking the steering committee for input during action steps. The steering committee will meet on a quarterly basis, or more often if needed, to review progress, ensure committees are staying on track, and will compile information for progress reports for the board and policy council.

Critical Success Indicators

Area to be measured	Desired Level in 2022	Where We Are Today 9/2017 (or last PIR)	What will we do to close this gap?	Target for MIDPOINT (2020-21)	Target for NEXT YEAR (2018)
Early Head Start/Head Start					
Dental/Health Screenings & Follow-up	HS: Medical 95%, Dental 90%, Follow up 90% EHS: Medical 80%	HS: Medical 90%, Dental 86%, Follow up 85% EHS: Medical 58%	Continue with education and support to parents. Staff will review Data Reports and brainstorm ideas of ways to increase numbers and receive input from health coordinator.	HS: Medical 94%, Dental 89%, Follow up 89%, EHS: Medical 75%	HS: Medical 92%, Dental 87%, Follow up 87%, EHS: Medical 70%
CLASS scores meet requirements (4)	Emot. Support 6.04 Class org. 5.76 Instruct. Support 2.74	Emot. Support 4.21 Class org. 4.94 Instruct. Support 1.94	Coaching, add CLASS observer, implement curriculum to fidelity	Emot. Support 5.50 Class org. 5.50 Instruct. Support 2.50	Emot. Support 5.00 Class org. 5.00 Instruct. Support 2.25
Fiscal Operations are sound with no audit findgs	No findings	No findings	Not needed	No findings	No findings
Meet/Exceed staff education requirements HS (1)	55% of staff meet/or exceed BA requirement	69%AAS & 31% BA (June 2017)	Concrete follow-up with staff	50% BA	40% BA
Inkind Requirements (exceed/ meet, etc.)	100% met	100% met and exceeded 2016-2017	Not needed	100% met	100% met
Attendance on Home Visits & Center- Based Classrooms	90%	EHS HB = 80% EHS CB = 80% HS CB = 86%	Targeted education with parents. Revisit allowable absence reasons (e.g. EHS stay at home days)	87%	85%
Child Outcomes/Children Ready for Kindergarten (compiled program-wide)	Meet the targets that are set for that year	Spring 2017 HS EHS S/E 99.1 100 Phy 97.3 99.5 Lang 96.9 99.5 Cog 97.6 98.9	Training, teachers evaluate data and look for gaps	Meet the targets set for that year	Meet the targets set for that year
Special Needs Enrollment meets requirement	10% of enrollment are children w/spec. needs	23(14%) HS 24(14%) EHS (2016-17) of enrollment are children w/special needs	Maintain enrollment & continue ref./ recruitment	10% of enrollment are children w/spec. needs	10% of enrollment are children w/spec. needs

CHILD CARE					
Maintain full enrollment year-round.	100%	0-3=100% 3-5=50%	Develop marketing strategy	Increase by 15%	Increase by 10%
All Staff positions Filled (1)	100%	20% filled (1 out of 5)	Implement Strategic Goals	Increase to 75%	Increase to 50%

CRITICAL SUCCESS INDICATORS THESE ARE PROPOSED FOR 2017 PLAN					
--	--	--	--	--	--

Area to be measured	Desired Level in 2022	Where We Are Today 9/2017 (or last PIR)	What will we do to close this gap?	Target for MIDPOINT (2020-21)	Target for NEXT YEAR (2018)
----------------------------	------------------------------	--	---	--------------------------------------	------------------------------------

ERSEA					
--------------	--	--	--	--	--

HS enrollment (5)	100% enrollment & increase WL by 20%	Under enrolled in HS 170 slots FTE, Little no wait list in most centers/areas.	Expand transportation Increase duration of classes	100% enrollment increase WL by 10%	100% enrollment increase WL by 5%
-------------------	--------------------------------------	--	---	------------------------------------	-----------------------------------

EHS enrollment	100% enrollment & increase WL by 20%; Increase pregnant women served to 15.	EHS--Served 11 pregnant women 2016-2017. Fully Enrolled EHS June 2017. Little to no waiting list in most areas/centers.	Retain HB families, increase pregnant women served, increase attendance to socialization.	100% enrollment & increase WL by 10%; Increase pregnant women served to 14.	100% enrollment & increase WL by 5%. \ Increase pregnant women served by 13.
----------------	--	--	---	--	---

Duration= 1020 hours (5)	CB 5/6= 1020 CB2/8=no change CB3a&b=meet 1020 if funds available	Dual Enrollment in Beardstown = 7 children. CB1,3,7=504 hrs. CB 5,6=975 hrs. Cb2,8=1200+hrs	Will need additional funding or reallocation of current funding	CB5 & CB6 =1020 Increase hours in 3a&b if funds allow	Maintain current # of hours
--------------------------	--	--	---	--	-----------------------------

Expand/Convert by 130 EHS	300 EHS total	EHS- 170 total	Explore expansion/conversion in Beardstown, Carthage (15m-24m), Quincy	Expand/Convert 65 EHS slots	Explore possibility of expansion/conversion by 1 classroom
---------------------------	---------------	----------------	--	-----------------------------	--

Transportation					
-----------------------	--	--	--	--	--

Expand transportation (5)	CP expanded area CB2 & CB8 Transportation	Transp. To some HS CB classrooms (CB1,5,6,7)	Increase bus fleet & staff; expand areas covered by routes. Transport to FD HS classes	Expand Camp Point area	Explore the possibility of expanding Camp Point routes
---------------------------	--	--	--	------------------------	--

Area to be measured	Desired Level in 2022	Where We Are Today 9/2017	What will we do to close this gap?	Target for MIDPOINT (2020-21)	Target for NEXT YEAR (2018)
Human Resources					
Increase wages (1)	Match wage comp in our area	Increased 3% in 17-18 (1% COLA)	Evaluate cost and available funds on a yearly basis. Determine gap between wage comp and our rate of pay by position.	Further increase education supplemental pay for HS bachelor degree teachers. % increase for all staff based on funds	Increase education supplemental pay for HS bachelor degree teachers. % increase for all staff based on funds
Parent/ Job training program (tied to enrollment in Full day HS/EHS) (1)	5 participants complete	Exploring program model at TCOC	Develop a plan. Recruit interested parents.	3 participants complete	1 participant complete
Increase staff benefits (1)	401K 5% match Pay all of employee portion for health ins PTO=all annual, sick, vacation combined	Health insurance PACT pays 80% (employee only), Life PACT pays 100%, 401k PACT matches up to 2%, many types of leave available	Evaluate costs. Determine needs.	401K 3.5% match, Pay 50% of employee portion of health ins.	401K 2.5% match, Pay 25% of employee portion of health ins.
Dental/vision benefits (1)	Determined by 1 st year target	AFLAC at a cost to employee	Evaluate costs. Determine needs.	Based upon 1 st year plan	Find out PACT employees interest. Investigate health insurance cost to add dental. Create a plan
Paid maternity/ family leave (1)	Deferred compensation plan. Employee options are spelled out in benefit explanations	AFLAC available at cost to employee	Evaluate costs. Determine needs.	Educate staff on options to finance maternity/family leave. Look at costs for a deferred plan	Spell out AFLAC benefits/costs better for employees.
Compensate for longevity (1)	1st priority for available COLA or extra funds	In 17/18 year staff will receive a one-time increase for longevity	Evaluate costs. Determine criteria.	Evaluate extra COLA or additional funds for possible increase	Evaluate extra COLA or additional funds for possible increase

Area to be measured	Desired Level in 2022	Where We Are Today 9/2017 (or last PIR)	What will we do to close this gap?	Target for MIDPOINT (2020-21)	Target for NEXT YEAR (2018)
Data/ Technology					
Efficient/Effective technology plan (3)	Full implement of current tech. plan	Hired Info Sys Mgr; and Beginning Tech Plan	Create Tech Plan to include maintenance and improvement schedule	All centers connected	Update going green plan/create a tech plan
Track children through public school and use to inform our work (3)	Participating in SIS by 2027	Separate tracking from districts	Collaborate with ISBE	Receive instruction from ISBE on entering children/families into SIS	Attend meetings in reference to SIS
Track individual family outcomes (3)	Full use of child plus with data results	Exploring tools to use to track outcomes	Create a system to track outcomes	Trial use of child plus for family outcomes	Expand use of child plus for family outcomes
Professional Development					
All teachers receive opportunity for coaching (1&2)	15 individuals for the year	Piloted 16-17 (4 teachers coached) 17-18: all teachers and aides assessed for coaching; hired 2 nd contract. coach	Train coaches, add coaches, expand to peer mentors or peer to peer groups	12 individuals for the year	10 individuals receive coaching
Credentials- Family service workers- Gateways- ExceleRate (1)	100% have credentials	3 of HBT 4 of FA	Partner with other agencies	60% have credentials	40% have credentials
Spirit work (1&2)	10% Turnover rate Staff surveys show a decrease in variance	Managers worked through Spirit/Values courses. Initial presentation to staff on teamwork and individual responsibility in being a team member. 24% turnover rate	Follow objectives to goals #1 & 2 Use data discussion at Staff meeting to have guided teamwork discussions center level	15% turnover rate. Decrease in variance for staff surveys	20% turnover rate. Decrease in variance for staff surveys
More support- less prescribed (1&2)	Meaningful, results oriented reporting	Less Record Monitoring	Follow objectives to goals #1 & 2	Using child plus dashboard to share data updates	Review of reporting to spot redundancies , etc.
Tuition reimbursement for staff pursuing higher degrees (1)	58% (7/12)of HS Teachers meet BA requirement	Priorities are set for 2017-2018 38% of teachers meet HS BA degree requirement (5/13)	Allocate addition funding for BA degrees, tuition reimbursement	50% (6/12)of HS Teachers meet BA requirement	42% (5/12)of HS Teachers meet BA requirement

SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats)

Strengths

Good representation in community
Longevity w/ staff
Looking to improve
Dedicated to families
Pretty good benefits
Helping families
Center/ agency management
Family advocates
Quality education/ curriculum
Flexibility= Staff
Education staff
Leadership
More ahead of the game
Child outcomes
Training/PD process- training workshops
Fiscal processes
Serving meals/food
Good families
Assessment- child
Transportation
Facilities
Compliance w/ regulations
Innovative
Director- moves us forward
Board- knowledgeable
Social services
Group think
Policy Council
Private foundation grants
Database- software
Security

Weaknesses

Too focused on compliance vs. innovation
Space
Staff turnover/ vacancy
Lack of subs
Wages
Transportation
Facilities- "shape of"
Communication
Parent involvement
People don't know that we are there
Student turnover rate- high
Not having a waiting list in some areas
Technology
Low socialization #s
Not enough money to fund priorities
Benefits to compete
Consistency of how things are done
More cheerful, want to be with the children-
staff
Staff morale
Food for children
Attendance of children
Teamwork
Gross motor indoor areas
Better relationship w/ public schools

Opportunities

Expansion
IHSA data system
Gateways
Training
Education
Helping small children learn
More jobs
WIU/ colleges
Parent education/ job opportunities
Improved parent involvement
Making a difference
Young staff
Child care
Coaching
Collaboration w/ LEA's/ partners
Prenatal program
Community/ local businesses
Parents/ families- routines
Seeking grants
Performance standards
Lactation consultant/ Dietitian
Lease @ Pittsfield almost over
Admin./ change
IHSA Innovation Award
EHS-CC Partnerships
Seek to improve staff morale
Staff mental health workforce development
Federal minimum wage increase

Threats

State funding crisis
Change in admin./ government
Culture of families changing
Lack of parent participation
Cook is getting old
Community
Jobs w/ better wages/ benefits
Pre-K expansion
Obamacare
Multi-stress levels of staff and staff morale
Toxic staff= grumpy
Sequestration/ funding reduction
Inkind not met
High staff turnover
More technology
Lack of teamwork
Pre-K
Safety of children
Losing funding
Aging leadership
IL resident
WIU/ college funding
State block granting
Super bugs/ health
Minimum wage increase

12/15/16

Looking internally, what are some key areas that need to be examined as part of our performance audit? (Strengths/weaknesses)

Strengths

- Compliance w/ regulations
- Child outcome
- Leadership
- Looking to improve
- Dedicated staff
- Dedicated to families

Weaknesses

- Staffing (wages, turnover, etc.)
- Transportation
- Communication
- Facilities
- Technology

Looking externally, what do we need to examine to identify threats and opportunities we are facing?

Opportunities

- Expansion
- Performance standards
- Training for staff/ parents
- Coaching
- Professional development

Threats

- Funding
- Block granting
- Technology manager
- New administration
- State budget
- Pre-K movement

12/15/16

OBJECTIVES AND ACTION STEPS

The Strategic Planning Steering Committee spent a large amount of time discussing the objectives. They developed action steps, which were reviewed and refined by management staff. The working committees will be assigned from the seven goals, with key managers and steering committee members on each committee. The remaining committee members will be decided by staff position and voluntary participation.

OBJECTIVES AND ACTION STEPS REPORTING

It is anticipated that the Steering Committee will meet on a quarterly basis during the year= January 2018, April 2018, July 2018, and October 2018.

Each Working Committee will meet initially at least once from February 2018 to May 2018. The chairperson of each Working Committee will report to the Steering Committee either personally or in writing, as determined by the Steering Committee.

ACTION STEPS COMMITTEE GUIDELINES

Each committee will operate under the guidance of the Steering Committee. The chairperson of each Working Committee will be responsible for seeing that minutes are kept of each committee meeting and that a summary report is typed before each quarterly Steering Committee meeting. Those reports should summarize meetings, on-going progress, anticipated barriers, participant input and plans for future progress. The initial reports should be submitted by June 1, 2018 to the Steering Committee, which in turn will meet in July 2018, and quarterly thereafter.