2012 VERMONT HEAD START AND EARLY HEAD START NEEDS ASSESSMENT

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Vermont Head Start - State Collaboration Office (VHSSCO)

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DEPARTMENT FOR CHILDREN AND FAMILIES
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Vermont Head Start - State Collaboration Office

Executive Summary

Under the *Head Start Act*, the Vermont Head Start – State Collaboration Office (VHSSCO) is required to conduct and update annually a needs assessment of Head Start (HS) and Early Head Start (EHS) grantees in the State of Vermont in the areas of coordination, collaboration, and alignment of services, curricula, assessments, and standards used in HS grantees, such as aligning the Head Start Child Development Framework (formerly the Head Start Outcomes Framework) with the Vermont Early Learning Standards (VELS). The VHSSCO must use the findings of its needs assessment to inform the development of its Five-Year (2007-2012) Strategic Plan. The VHSSCO's five-year strategic plan must meet the federal OHS goals and priorities, and this strategic plan must outline how the VHSSCO will assist and support HS grantees in meeting their *Head Start Act* requirements for coordination, collaboration, transition to elementary school and alignment with K-12 education.

This 2011-2012 needs assessment report identifies the needs of HS and EHS grantees for collaboration, coordination, and alignment with their diverse partners serving Vermont's young children and their low-income families. Based upon the prior findings of the *2009 Vermont Head Start Needs Assessment* (for 2008-2009 program year) and the *2011 Vermont Head Start Needs Assessment* (for 2010-2011 program year), the findings from this 2011-2012 HS and EHS needs assessment web survey were for the most part unsurprising. Overall, the seven HS and four EHS grantees generally viewed their partners relatively high on the 4-point collaboration scale. Most coordinating activities with partners were "somewhat "to "not at all difficult".

The 2012 needs assessment process was completed in three phases:

1. Conduct and analyze results of a web survey,
2. Review the OHS's Head Start Program Information Report (PIRs), and
3. Assess state-level resources for HS- and EHS-eligible young children.

In the three years (2008-2009, 2010-2011, and 2011-2012) of conducting the needs assessment web survey, HS and EHS grantees were asked for the first time with the 2011-2012 web survey to complete the survey as separate groups. In prior years, HS grantees were only asked to

complete it. Differences and similarities in the responses between HS and EHS grantees were identified.

Some of the specific 2012 web survey findings are:

- HS grantees viewed their schools/LEAs, child care, and early childhood systems partners as among their most involved partners, just as they were in the 2011 Vermont Head Start Needs Assessment. EHS grantees similarly rated their involvement with child care, early childhood systems and health care partners in the top three of categories of their collaborative partners.
- HS grantees rated among their least involved partners those organizations providing homelessness services, community and welfare/child welfare services. Some of the opportunities to improve coordination between schools and HS activities related to homelessness, public prekindergarten and transitioning to kindergarten. Transportation and professional development (e.g. shared training and technical assistance) activities were also identified as among the areas to strengthen. EHS grantees generally rated less their involvement with providers of services for children experiencing homelessness, community and disabilities services.
- HS and EHS grantees reported high marks for engaging with their State- and community-level partners on numerous activities. HS and EHS grantees reported experiencing very low levels of difficulties in many activities, including their exchange with their child care partners information about roles and resources for child care and community needs assessments, their communication of information on roles and resources with their community services partners, their participation in the state Quality Rating and Improvement System (QRIS), the enrollment of children in Dr. Dynasaur, the linkage of children to medical homes, and the submission of applications to Supplemental Security Income for children with disabilities.
- However, HS and EHS grantees experienced high levels of difficulties in engaging in activities with LEAs in several areas, opportunities for joint staff training obtaining timely Part B/619 evaluations, coordinating transportation, working with LEAs in developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness. In addition, HS and EHS grantees experienced high levels of difficulties in other activities, including the alignment of their policies and practices with other child service providers, the accessibility of early childhood education degree programs in the community and scholarship and other financial support for professional development programs/activities, and certain Welfare/Child Welfare activities.

As part of the needs assessment process, the VHSSCO for the first time conducted a state-level resource assessment (see SECTION 2 NEEDS ASSESSMENT PROCESS). The VHSSCO intends to use this resource assessment to gain a better understanding of the HS and EHS grantees' environment to facilitate future "…collaboration among HS and EHS grantees and agencies in the state and local community that carry out activities to benefit low-income children from birth to school entry and their families," (HSCO Annual Report, section titled *Meeting the Requirements of the Head Start Act 2007*, pg. VIII, http://eclkc.ohs.acf.hhs.gov/hslc/states/collaboration/HSSCO/FINAL-ANNUAL-StateCollabDir_09.pdf). This resource will help to identify gaps in resources by identifying state-level and community-level data which HS and EHS grantees can use to consider implementing collaborations and partnerships with state-level and community-level partners. In addition, HS grantees had asked the VHSSCO to include community-level data in its 2011-2012 needs assessment to use as a resource for HS grantees conduct their community needs assessments.

This 2011-2012 needs assessment report provides baseline data for the VHSSCO Five-Year Strategic Plan (September 30, 2012 – September 29, 2017) which was submitted on June 30, 2012 and later approved by Region I and the Central OHS in August 2012. The VHSSCO developed the four goals in its Five-Year Strategic Plan (see Appendix C) after taking into account its *2011 Vermont Head Start Needs Assessment*, the results from its preliminary 2011-2012 HS and EHS needs assessment web survey results, and the stakeholder input received during the VHSSCO's development of it 2012-2017 strategic plan.

As the VHSSCO, Vermont Head Start Association, and their partners move forward with implementation of the VHSSCO Five-Year Strategic Plan, the expectation is we can succeed in attaining outcomes over time in fostering collaboration, coordination, and alignment of services over the course of each year will be achievable. VHSSCO and partners have been working on enhancing collaboration for 20 years. The annual needs assessment process and report helps identify any problems during the course of the year that may detract from reaching the long term outcomes and goals. The process itself helps to mobilize HS and EHS grantees and their existing partners that are already engaged. It also helps connect HS/EHS with new state and local partners to share goals and reasons to change how services are provided. Ultimately, building upon successful collaboration in the past and taking advantage of existing opportunities or challenges of enhancing collaboration will optimize the growth and health of Vermont's young children and their low-income families.

Acknowledgements

VHSSCO recognizes all individuals and organizations engaged in the 2011-2012 needs assessment process and the development of the VHSSCO Five-Year Strategic Plan. We extend our deep appreciation especially to the VHSA and the HS and EHS directors who provided leadership and committed resources to the implementation of the needs assessment process. The directors and/or their staff completed the 2012 web survey and provided valuable input as we reviewed results during VHSA monthly meetings and the Directors' Retreat in November 2012. We also appreciate the support provided by the Child Development Division, Department for Children and Families, Agency of Human Services, State of Vermont.

Section 1 Overview of Partners

VHSA and VHSSCO shared mission is to "strengthen collaboration between Vermont Head Start programs and other statewide and local systems of early care, education and family services," (www.vermontheadstart.org). There are seven organizations that operate HS programs in Vermont, providing a full range of health, education, child development, and family support services in partnership with state and community organizations to help low-income families and their three to five year old children. Four of the seven organizations which are HS grantees are also EHS grantees. EHS grantees enroll pregnant women and children from birth to three years of age and their families.

One of the Head Start - State Collaboration Office (HSSCO)'s roles is to foster collaboration by using strategies that address the needs assessment collaboration strengths and gaps between HS and EHS grantees and their state and local partners. VHSSCO's last needs assessment was completed during the 2010-2011 school year, and its findings were used to shape VHSSCO Five-Year Strategic Plan (September 30, 2012 – September 29, 2017). The 2011-2012 needs assessment findings in this report were used to establish a baseline, set priorities for year one of the VHSSCO's Five-Year (2012-2017) Strategic Plan, and to meet the VHSSCO's federal requirement to conduct and update annually a needs assessment.

There are several state agencies, departments, and community entities working on early childhood systems aimed at creating high quality programs. Within the Department for Children and Families (DCF) of the Agency of Human Services (AHS), the Child Development Division (CDD) has several units involved in the development of early childhood systems: Statewide Systems and Community Collaborations; Children's Integrated Services (CIS); Child Care Licensing and Financial Assistance; and the Vermont Head Start – State Collaboration Office (VHSSCO) which located in the Deputy Commissioner's Office. The Vermont Agency of Education (AOE) and Local Education Agencies (LEAs) which coordinate and collaborate with HS programs to facilitate HS children's transition from HS to k-12 and to meet the public preschool needs in local communities under Vermont's Act 62, (dcf.vermont.gov/cdd/providing_care/public_preschool).[1] The CDD-funded Northern Lights Career Development Center (NLCDC) is another key partner, responsible for helping early child care professionals find learning opportunities, registering early learning instructors, and providing teachers and staff with advice on career paths. VHSA and VHSSCO work on shared activities to link the HS and EHS requirements in the *Head Start Act* and *Head Start Program*

[1] Prior to 2013, the Vermont Agency of Education was called the Vermont Department of Education.

Performance Standards and Other Regulations to systemic improvements in professional development, licensing, quality improvement, and public preschool. State and local agencies and HS programs have a mutual interest in developing a high quality state early education system so young children can thrive in learning settings and succeed during their future kindergarten through grade twelve (K-12) educational experiences.

The early childhood education and child care stakeholder organizations partner with VHSSCO and HS and EHS grantees for a variety of reasons, including a mutual desire for increasing access to high quality care and comprehensive services to meet the needs of young children and their families and to address systemic approaches to coordinated, high quality services, care and education programming. VHSSCO and VHSA partner or intend to partner with:

- Vermont Association for Child Care Resource and Referral Agencies (VACCRRA)
- Vermont Child Care Providers Association (VCCPA)
- Vermont Association for the Education of Young Children (VAEYC)
- Vermont Child Care Industry and Career Council (VCCICC)
- Vermont Birth to Three (VB3)
- Vermont Home Visiting Alliance (VHVA)
- Vermont Parent Child Center Network (VPCCN)
- Vermont Building Bright Futures (BBF) – State Advisory Council (SAC) and it's committees
- Prekindergarten to 16 Council

Head Start-State Collaboration Office Overview

Each State receives a federal grant from the OHS to fund a Head Start-State Collaboration Office (HSSCO). The VHSSCO began its operations in 1992 after the State received its first federal HSSCO grant award.

The VHSSCO is charged under the Improving Head Start for School Readiness Act of 2007 (Public Law 110-134) with promoting and facilitating collaboration and coordination among Head Start and Early Head Start programs and State, community, and other entities that carry out activities designed to better meet the needs of young children from birth to school entry and their low-income families. Each State has a Head Start-State Collaboration Office (HSSCO) and receives a federal grant to do this work. Every HSSCO must conduct and update annually a needs assessment concerning the collaboration and coordination of programming and services and the alignment of the Head Start Child Development and Early Learning Framework with State early learning standards. Using its needs assessment, each HSSCO must develop and implement a five-year strategic plan that meets federal OHS goals and priorities, aligns with State Advisory Council (Building Bright Futures State Advisory Council, Inc.)'s work, Part B of the Individuals with Disabilities Act (Early Essential Education), Part C Individuals with Disabilities Act (Children's Integrated Services Early Intervention), and State Performance Plans and Early Childhood Comprehensive Systems (ECCS) plans, and each HSSCO works with the Head Start Training and Technical Assistance Network. HSSCOs support State- and local-level partnerships between Head Start and pre-kindergarten programs, including providing information and support to local Head Start programs that contract with State Education Agencies (Agency of Education) and Local Education Agencies (School Districts/Supervisory Unions) to serve as providers of comprehensive early childhood services to children eligible to participate in State pre-kindergarten programs. Pursuant to Vermont Act 104, the VHSSCO Director is a member of the Building Bright Futures State Advisory Council, Inc. Public Law 110-134 requires the involvement of the Vermont Head Start Association "…in determinations relating to the ongoing direction of the collaboration office…"

HSSCOs provide a structure and a process for the OHS and Head Start and Early Head Start grantees to work with State agencies, departments, and divisions and local entities to leverage their common interests around young children and their families to formulate, implement, and improve state and local policies and practices.) To improve coordination and delivery of early childhood education and development to children within a State, the State receiving a HSSCO grant must appoint or designate an individual to serve as the HSSCO Director, ensure that the HSSCO Director holds a position with sufficient authority and access to ensure that collaboration is facilitated among Head Start agencies (including Early Head Start agencies) and entities that carry out activities designed to benefit low-income children from birth to school

entry, and their families is effective and involves a range of State agencies; and involve the State Head Start Association in the HSSCO Director's selection and in determinations relating to the ongoing direction of the HSSCO (Head Start Act, Section 642B).

In 2011, the Office of Head Start (OHS) announced its Head Start-State Collaboration Office Framework to broadly define the scope of HSSCOs' work in terms of four OHS four priorities: 1) School Transition; 2) Professional Development; 3) Child Care and Early Childhood Systems; and 4) Regional Office Priorities. This framework also describes the methods by which HSSCOs lead efforts to foster collaboration, coordination and alignment among diverse organizations (see Appendix B).

The VHSSCO Director oversees the annual VHSSCO work plan and an annual $118,413 federal grant.[2] The Director is a member of the Building Bright Futures State Advisory Council (BBF SAC) and co-chairs the BBF SAC Data Management and Evaluation Committee. The VHSSCO also collaborates with the Vermont Department of Health (VDH)'s Maternal Infant Early Childhood Home Visiting (MIECHV) Project, which received federal funds for five years "to improve health and development outcomes for at-risk children through evidence-based home visiting programs," (Health Resources and Services Administration, Maternal and Child Health, http://mchb.hrsa/programs/homevisiting/). Through the statewide system of Children's Integrated Services (CIS), first time pregnant women are offered Nurse Family Partnership (NFP) home visits. In addition, CIS is a referral source for EHS, which, like NFP, is also an evidence-based home visiting program. The VHSSCO Director participates as an active member of the Vermont Home Visiting Alliance. Project consultants are also hired to help the VHSSCO address its work in such areas as professional development, school readiness, needs assessment and strategic planning, and health services project coordination.

EHS and HS Organizations – www.vermontheadstart.org

In Vermont, seven community-based organizations in Vermont receive federal grants from OHS, Administration for Children and Families (ACF), U.S. Department of Health and Human Services to operate seven HS programs, and four of these organizations receive federal grants from OHS to operate four EHS programs. Four of the seven HS grantee organizations are community action agencies: Champlain Valley Office of Economic Opportunity, Central Vermont Community Action Council, Northeast Kingdom Community Action, and Southeast Vermont Community Action. Two of the seven HS grantee organizations are mental health

[2] Prior to the federal Fiscal Year 2013 sequestration cut of 5.27 percent, the federal HSSCO grant to Vermont was $125,000 per annual budget period.

agencies: Rutland Mental Health Agency and United Children's Services, and the seventh organization is a school district: Brattleboro School District. Three of the four EHS grantee organizations are community action agencies: Champlain Valley Office of Economic Opportunity, Central Vermont Community Action Council, and Northeast Kingdom Community Action. The fourth EHS grantee organization is a school district: Brattleboro School District.

HS and EHS programs, by federal statute, must receive 80 percent of their funding from the federal government and 20 percent of their funding from local sources. During the 2011- 2012 program year, the total number of children funded in HS was 1,187 children with ACF funds and 10 with non-ACF funds, and four EHS grantees are funded for 375 children and pregnant.[3]

Program options are available to meet a family's individual needs. Families chose from home-based/home visiting, center-based, a combination of the home visiting and center-based program option, and the family child care option. HS and EHS grantees partners with family child care providers, striving as one way to provide full-day, full-year programs. Part-day, school year center-based services are also an option: children attend a classroom four to five part-day sessions each week from September to June. Based on each grantees community needs assessment and available funding, each HS/EHS grantee determines the options that are best suited for their families and resources available in that region (Figure 1).

HS and EHS grantee staff help a family to access their child's health care services (e.g. medical, oral and mental health, and nutrition). Coordination of social services may include HS/EHS helping the parents/parental guardians of HS and EHS children to access services, such as job placement/training, housing, adult education, food banks, transportation and other services based on the family's situation and eligibility for programs.

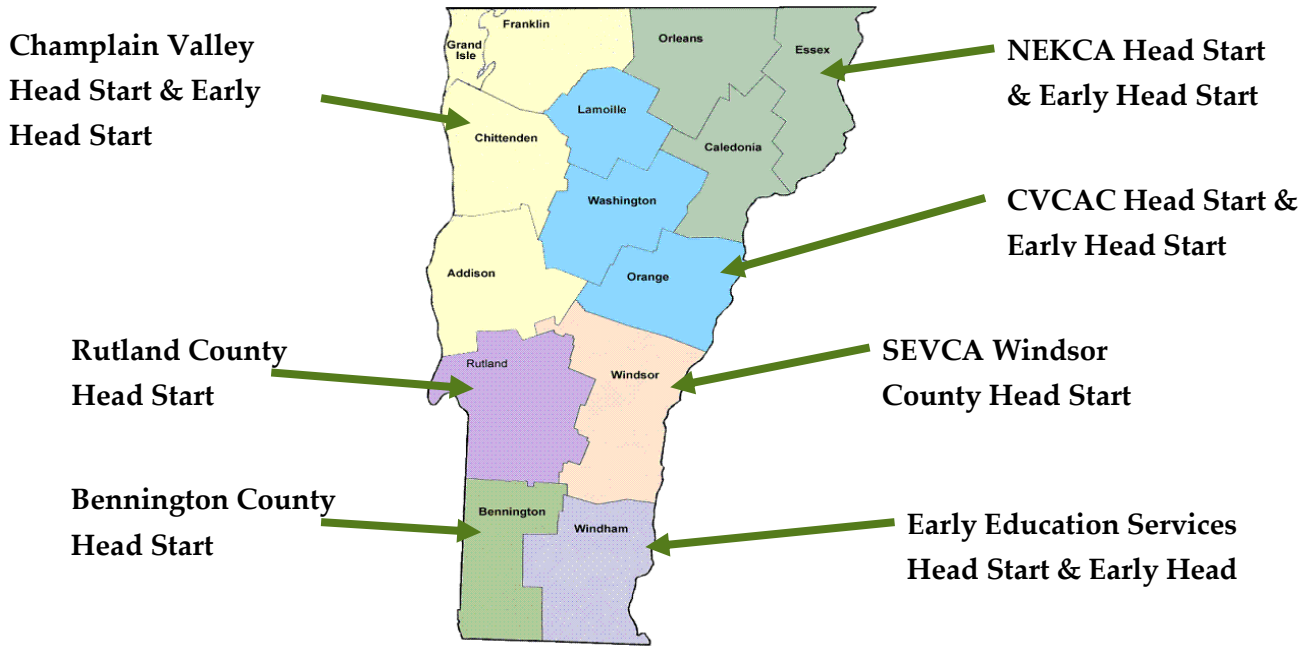
Children with developmental delays receive early intervention services that HS/EHS provides or arranges through referrals to its State and community partners. In Vermont, CIS determines whether a child from birth to age 3 enrolled in EHS is eligible for Part C Early Intervention services under the Individuals with Disabilities Act (IDEA). If CIS deems a child eligible, an Individualized Family Service Plan/One Plan (EPT) is developed and implemented for the child. A HS grantee's local school district Evaluation Planning Team determines whether a child ages 3 years old and up to age 6 enrolled in HS is eligible to receive Part B, Section 619/Early Childhood Special Education services under IDEA. If the EPT determines such a HS child

[3] These funded spaces figures do not reflect the Head Start and Early Head Start enrollment reductions which occurred in 2013 as a result of the federal sequestration funding cut of 5.27 percent.

eligible to receive these special education services, an Individualized Education Plan (IEP) will be created and implemented for the child (Joint 2012 memo from the Department of Education, CDD, Vermont Head Start Association, Vermont Head Start State Collaboration Office, and CIS regarding federal Head Start requirements concerning children with disabilities, (http://www.vermontheadstart.org/stateco.html.)

During the 2011-2012 program year, the federal OHS allocated $10,566,222 to HS grantees and $4,304,255 to EHS grantees in Vermont. There are no grantees receiving funds for Migrant and Seasonal HS or American Indian and Alaska Native HS programs in the state. Federal ARRA funds expanded enrollment to Northeast Kingdom Community Action – Child and Family Development and United Children's Services of Bennington County Head Start. Champlain Valley Head Start used American Recovery and Reinvestment Act (ARRA) funds to start a new EHS program in 2010. Additional details about each HS and EHS grantee are profiled in this section of the report.

Figure 1



The following grantee profiles include enrollment data, county population and county poverty rates, and funding information. The 2010 US Census was the primary data source of the used. The 2011 state and county population estimates and poverty rates for children and all ages were obtained online, (http://quickfacts.census.gov/qfd/states/50000.html). The 2011-2012 program year enrollment information was obtained by the Program Information Report, the Office of HS's national data system.

Central Vermont Community Action Council (CVCAC)

www.cvcac.org

CVCAC serves Washington, Orange and Lamoille Counties and is one of the four HS grantees located within a community action agency. CVCAC also is an EHS grantee.

- CVCAC's EHS program enrolled 131 children during the 2011-2012 year and the HS program enrolled 207 children during the same time.
- County-level population of children under five years old compared to the total county population:
    - 1,421 children under age five reside in Orange County or 4.9% of the total population of 29,006;
    - 3,041 children under age five reside in Washington County or 5.1% of the total population of 59,626 ; and
    - 1,457children under age five reside in Lamoille County or 5.9% of the total population of 24,701 (2011 population estimates, (http://quickfacts.census.gov/qfd/states/50/50015.html).
- County poverty rates for all ages are:
    - 12.5% of 3,543 people in Orange County;
    - 10.8% of the 6,161 people in Washington County;
    - 13.3% of the 3,179 people in Lamoille County; and
    - 12.4% of all the 74,720 Vermonters living below the poverty level, (http://quickfacts.census.gov/qfd/states/50000.html and 2010 poverty and median income estimates, http://www.census.gov/did/www/saipe/data/statecounty/data/2010.html).
- The poverty estimates for children under 18 are 17.3% (1,019) in Orange, 14% (1,687) in Washington and 16.6% (896) in Lamoille Counties.
- CVCAC received $1,345,188 for EHS and $2,381,840 for HS from the federal OHS.

CVCAC operates the statewide Vermont Family Matters (VFM) program, available to all EHS and HS families. VFM helps to strengthen family relationships and improve communication skills among parents. By providing tools and resources, parents create nurturing environments for their young children.

Champlain Valley Head Start (CVHS) - Office of Economic Opportunity (CVOEO)

http://champlainvalleyheadstart.org

CVHS covers four counties in the northwest region of Vermont: Chittenden, Addison, Grand Isle, and Franklin County. For the first time, CVHS enrolled received funding for 30 EHS and 335 HS children using preexisting HS funding. CVHS served two pregnant women during the 2011-2012 program year.

- County populations for children under five years old are:
    - 7,717 young children live in Chittenden County or 4.9% of its total population of 157,491.
    - Franklin County has 2,887 or 6% of its total population of 48,113.
    - In Grand Isle County, there are 312 children or 4.5% of its total population of 6,931 and
    - In Addison County, there are 1,653 children or 4.5% of its total population of 36,742 residents.
- County poverty levels for all ages are:
    - 11.8 % (17,289) of the Chittenden County's population
    - 11.9% (5,614) of Franklin County's population
    - 8.1% (565) of Grand Isle's population and
    - 11.0 % (4,109) of persons living in Addison County live in poverty.
- The poverty estimates for children under 18 are 11.9% (3,664) in Chittenden, 15.5% (1,793) in Franklin, 14.8% (205) in Grand Isle and 14.6 (1,067) in Addison county Counties.
- Champlain Valley received $405,688 for EHS and $2,830,100 for HS from the federal OHS.

CVHS serves Chittenden County, the most populated county of the state's 14 counties. Located in Chittenden County, Burlington is the state's most populated city with 42,417 people in 2010 (US Census Bureau, 2011). Chittenden County makes up approximately 25% of Vermont's total estimated population leaving 75% of Vermont's population living in rural towns and smaller cities, (Vermont Department of Health, 2009 US Census Bureau, http://quickfacts.census.gov/qfd/states/50/5010675.html).

The Vermont population increased by 16,419 (2.8%) from 608,827 in 2000 to 625,741 in 2010. Chittenden County had the largest population increase in the state in terms of individual number and percentage with an increase of 9,974 people and 6.8%, respectively. Three counties (Essex, Rutland, Windsor) lost population from 2000 to 2010 (Summary, pg. 1, 1990-2000 Census Counts and Intercensal Population Estimates).

CVHS is helping to facilitate the collection of data from all the HS grantees by implementing a tobacco cessation and prevention initiative which was piloted by CVHS during the 2011-2012 program year. The tobacco cessation and prevention initiative assesses the tobacco use among families and guides behavior change by engaging and encouraging parents to stop smoking around their children or to take steps to quit. A system of pre- and post- surveys to parents will monitor progress and changes that occurred over the course of the year. VDH also helps to track referrals from CVHS and the other HS programs to the Vermont Quit Network, www.vtquitnetwork.org .

Early Education Services (EES)/Windham County*

www.ees-vt.org

EES serves children and their families in the southeastern county of Windham. This Vermont HS and EHS grantee is the only program operated by a school based agency, Windham Southeast Supervisory Union's Brattleboro Town School District.

- EES currently has slots for 115 EHS and 105 HS children.
- There are a total of 2,081 children under age five or 4.7% of Windham County's total population of 44,266.
- Approximately, 12.8% or 5,533 people of all ages residing in Windham County have incomes below the federal poverty level.
- The poverty estimate for children under age 18 is 1,518 or 18.1%.
- EES received $1,598,632 for EHS and $864,787 for HS from the federal OHS.

EES is particularly recognized for its fatherhood programs. EES offers HS parents and community members a place to meet and learn how to become better fathers by enhancing their involvement in the lives of their children. Family and home-based services, parent committees, parent support and playgroups are other ways that EES staff engages parents to be their child's first teacher and to set and reach goals for the family and child through family-centered partnerships, respect, and cultural responsiveness with the goal of helping children get ready for their school years.

Northeast Kingdom Community Action (NEKCA) Child and Family Development Program*

www.nekcavt.org

NEKCA is a community action agency (*) that operates HS and EHS programs. Covering Essex, Orleans, and Caledonia Counties in the northeast region of Vermont, NEKCA serves a large and rural geographic region.

- NEKCA enrolled 184 HS children and 99 EHS children and added 27 more EHS children with ARRA funds.
- County populations for children under five years old compared to the total population are:
    - 283 children under age five live in Essex County representing 4.5% of the county's total population of 6,291.
    - 1,386 children under age five live in Orleans County representing 5.1 % of the county's total population of 27,173.
    - 1,683 children under age five live in Caledonia County representing 5.4% of the county's total population of 31,166.
- The county poverty rates for all ages are:
    - 17.2% (1,082 people) live in poverty in Essex County,
    - 17% (4,476 people) live in poverty in Orleans County, and
    - 16.1% (4,833 people for all ages) live in poverty in Caledonia County.
- The poverty estimates for children under age of 18 in all three counties served by NEKCA are the highest in the State of Vermont:
    - 26.5% (317 children) for Essex County,
    - 24.4% (1,376 children) for Orleans County, and
    - 21.8% (1,431 children) for Caledonia County.
- NEKCA Child and Family Development Program received federal $954,747 for EHS and $1,589,098 for HS.

Rutland County Head Start (RCHS)

www.rchsccn.org

The Rutland County Head Start (RCHS) is located within the Community Care Network which joins the Rutland Mental Health Services and Rutland Community Programs (2012 Community Assessment, p.4).

- RCHS enrolled 146 HS children focusing operations in Rutland City, the largest city in the Rutland County where the greatest need arises.
- There is an estimated 2,758 children under five years old in Rutland County or 4.5 % of a total population of 61,289. Based on the 2010 U.S. Census, an estimated 260 children under age 5 throughout Rutland County who are eligible for HS services.
- The poverty percentage for all ages in Rutland County is approximately 12% (7,789). The Rutland City poverty rate is 16%.
- The poverty estimate for children under 18 is 16.7% (1,931).
- RCHS received $1,193,572 dollars for its part-day center-based HS program from the federal OHS.

RCHS benefits from the strong relationship with its sister agency, Rutland Mental Health Services (RMHS). Rutland Mental Health Services provides case management and clinical services to children and families enrolled in the HS program. Case managers work with children and families who are experiencing difficulties including, but not limited to, divorce, substance abuse, domestic violence, and mental health issues. The need for case management services continues to grow. Currently, four Rutland Mental Health Services case managers are available to the program and deliver most services on-site. Case management services are provided both in the home as well as in the classroom. RMHS therapeutic support specialists work on a daily basis in its Meadow Street classrooms with children who have significant behavioral difficulties and who are open to Medicaid case management services.

Southeast Vermont Community Action (SEVCA)/Windsor County

www.sevca.org

SEVCA is one of the five community action agencies in Vermont (http://dcf.vermont.gov/community_action_agencies), and it operates a small HS program. The advantage of co-locating HS with community action agencies is the ease with which families that need housing assistance, emergency food and shelter, and a variety of other direct services (nutrition, utility assistance, job counseling, etc.) are connected to these community resources.

- Although SEVCA does not operate an EHS program, it enrolled 87 HS-eligible children during the 2011 - 2012 school year.
- There are a total of 2,663 children under five years old in Windsor County or 4.7 % of the total population of 56,666.
- 5,654 people of all ages or 10.2% of the Windsor County population live in poverty.
- The estimated poverty rate for children under age 18 is 14% (1,539).
- SEVCA received $738,669 from the federal OHS to fund its HS program with centers located in Chester, Springfield, Windsor, and White River Junction.

SEVCA Head Start has innovative programming and services for parents and their children and has strategically entered into partnerships to expand access to high quality early learning services. SEVCA Head Start's "Fathering Initiative" organizes planned activities like having dinner with dad events and holding an annual train ride. Each child goes on the train ride with any significant male role model in the child's life. The purpose of SEVCA Head Start's "Fathering Initiative" is to support the importance of fathers or dads in a child's development. A parenting resource library is accessible to check out videos and books on a variety of topics. Parenting support programs are available and evaluated using a pre- and post-assessment to see how parents are progressing with skills and what the needs are for future programs. Even though SEVCA has the smallest enrollment of all HS programs in the state, the program has intentionally identified partnerships with preschool providers to increase the access of three-to-five-year-olds in this region to high quality and comprehensive early learning services.

United Children's Services (UCS)/Bennington County Head Start (BCHS)

www.ucsvt.org

Established 46 years ago, Bennington County Head Start (BCHS)'s service area borders the states of Massachusetts and New York and geographically this area ranges from the southern town of Pownal to the town of Dorset in the far north of Bennington County (2010 Community Assessment Update, pg. 1).

- BCHS enrolled 133 children and 10 of these were non-ACF funded enrollment slots.
- There are a total of 1,849 children under age 5 in Bennington County or 5 % of a total county population of 36,970.
- The poverty percentage for the county for all ages is 13.8% (4,894).

- The poverty estimate for children under age 18 is 21.2% (1,561). Only NEKCA HS/EHS served counties with the higher poverty rates for children under age 18.
- BCHS received $959,196 from the federal OHS during the 2011-2012 program year.

BCHS actively provides professional development training. It has two staff trained in the Center for Social Emotional Foundations of Early Learning (CSEFEL) and two more staff in the Foundations of Early Learning (FEL). Their goal is to implement these skills and practices into the classroom. BCHS has an active membership in the Building Bright Futures State Advisory Council (BBF SAC)'s Preparation and Professional Development Committee. This BBF SAC committee is charged to ensure a comprehensive, coordinated system of quality learning opportunities that gives current and prospective professionals the knowledge, skills, dispositions and experiences they need to provide the best care and education to Vermont's children and families. BCHS also received a Federal Mentoring grant to support professional development using CLASS (Classroom Assessment Scoring System). All BCHS operated centers are rated as 5 STARS in Vermont's Steps Ahead Recognition System (STARS) and are National Association for Education of Young Children (NAEYC) accredited.

Other Stakeholders

HS and EHS programs collaborate with a variety of state and local agencies and enter into partnerships with community organizations. HS programs often form partnership agreements when a community partner has a defined role, an area of expertise, and/or resources that HS lacks.

Figure 2 provides a partial list of organizations partnering/collaborating with VHSSCO and/or HS and EHS grantees in Vermont and a corresponding list of partnership examples.

Figure 2

Agency Name	Partnership Examples
Administration for Children and Families – OHS Central Office	Funding to promote healthy prenatal outcomes and social competency and school readiness
OHS Region I	Training and Technical Assistance
Vermont AHS – DCF Divisions of Child Development, Economic Services, Family Services, Office of Economic Opportunity, Office of Child Support, Office of Disability Determination	Coordination of comprehensive services to children in the custody of the state or in foster care Coordination of services for families enrolled in HS and Reach Up (Vermont's version of the Temporary Assistance for Needy Families program)
Vermont DCF- CDD includes VHSSCO, Child Care Licensing and Financial Assistance; CIS; Statewide Systems and Community Collaboration	Supporting Children with Disabilities and Their Families, *An Interagency Agreement Among Early Care, Health and Education Programs and Agencies in Vermont*, 2010 (http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/Head_Start_Interagency_Agreement_2010.pdf) & Memorandum of Agreement between DCF and the Vermont Head Start Association, May 2011 (http://www.vermontheadstart.org/DCFMOU.pdf)
BBF SAC and Building Bright Futures Regional Councils	Representation of HS at the state-level and regional-levels within the state,
Vermont Department of Education (Early Essential Education, public pre-school, Early Education Initiative)	Statewide use of the Teaching Strategies Gold assessment tool to collect and assess child development and school readiness outcomes
VDH	Immunization registry access for HS programs established in 2007

Section 2 Needs Assessment Process

Every HSSCO must conduct and update annually a needs assessment concerning the collaboration and coordination of programming and services and the alignment of the Head Start Child Development and Early Learning Framework with State early learning standards. The needs assessment gauges the coordination, collaboration and alignment of comprehensive services and programming for children in HS and their families.

The needs assessment web survey question format has remained the same since the 2008-2009 survey was completed by grantees. VHSSCO asked each HS grantee (n=7) in 2008-2009 and 2010-2011 and each HS (n=7) and EHS grantee (n=4) in 2012 to rate their extent of involvement with partners/service providers/organizations and their degree of difficulty in engaging in a variety of activities/partnership in the above 11 priority areas of HSSCOs:

1. Health Care Services
2. Services for Children Experiencing Homelessness
3. Welfare/Child Welfare
4. Child Care
5. Family Literacy Services
6. Services for Children with Disabilities
7. Community Services
8. Education (School Readiness, Head Start – Pre-K Partnership Development, and Partnerships with Local Education Agencies)
9. Head Start Transition to Kindergarten and Alignment with K-12
10. Professional Development, and
11. Early Childhood Systems.

During 2011, OHS worked with a small group of Head Start-State Collaboration Office directors to revise the Head Start needs assessment web survey and added to the survey questions addressing the 11th priority: Early Childhood Systems. These 11 priorities are captured by the OHS' four priorities in its Head Start-State Collaboration Office Framework: 1) School Transitions; 2) Professional Development; 3) Child Care and Early Childhood Systems; and 4) Regional Office Priorities (see Appendix B).

The VHSSCO's 2012 needs assessment process consisted of three phases. During the first phase, VHSSCO administered a 2011-2012 needs assessment web survey to HS and EHS grantees using a web survey crafted in July 2011 by OHS in collaboration with a group of HSSCO directors. This VHSSCO 2011-2012 needs assessment web survey reflected the OHS' four priorities in its Head Start-State Collaboration Office Framework: 1) School Transitions; 2) Professional Development; 3) Child Care and Early Childhood Systems; and 4) Regional Office Priorities (see Appendix B). The VHSSCO web survey questions were organized in the following priority areas: 1) Health Services, 2) Services for Children Experiencing Homelessness, 3) Welfare/Child Welfare, 4) Child Care, 5) Family Literacy Services, 6) Services for Children with Disabilities, 7) Community Services, 8) Education (School Readiness, Head Start – Pre-K Partnership Development, and Partnerships with Local Education Agencies), 9) School Transitions and Alignment with K-12/Head Start Transition to Kindergarten and Alignment with Kindergarten to Grade 12, 10) Professional Development, and 11) Early Childhood Systems Development which is a new section.

OHS recommended that HSSCO directors leave the survey questions unaltered because OHS intended to use data from every HSSCOs' 2011-2012 need assessment in a national analysis to evaluate collaboration progress in all states. VHSSCO explained this recommendation to the HS and EHS directors in Vermont who agreed to participate in the survey for this national purpose and to evaluate the extent to which HS and EHS program directors viewed needs and opportunities for enhancing collaboration, coordination, and alignment efforts with their actual and potential State, local, and community partners.

Using the web-based Survey Monkey software, VHSSCO fielded the online 2011-2012 needs assessment survey in late February 2012. VHSA members, primarily consisting of HS and EHS directors, originally agreed to complete the survey by the end of April 2012. VHSA and VHSSCO agreed upon this timing because it was most optimal for including HS/EHS staff to help complete the comprehensive survey before the HS program years ended in May or June. VHSCCO later extended the deadline until June 30, 2012 to accommodate evolving and competing priorities that some directors needed to address.

VHSSCO began its second phase of the 2012 needs assessment process when OHS made available at the end of September 2012 its Head Start Program Information Report (PIR) for the 2011-2012. HS and EHS grantees had self-reported to OHS their 2011-2012 program-level PIR data in August 2012. VHSSCO accessed from OHS the 2011-2012 PIR data for inclusion in this needs assessment. VHSSCO used this PIR data in this needs assessment to describe each HS and EHS program (see Section 1) and to help quantify the collaboration/coordination gaps identified by HS and EHS grantees in the 2012 web survey (see Section 3).

The third and final phase of the 2012 needs assessment process began when VHSSCO asked HS and EHS directors what kinds of additional content they wanted included in this report – beyond VHSSCO including their responses to the web-based needs assessment survey. HS and EHS replied that two categories of information would help them.

The first category concerned a request from HS directors for including county-level data in the needs assessment report. Section 1 of this report contains county-level population data.

Regarding the second category, HS and EHS directors suggested that VHSSCO create a state-level assessment mirroring the community needs assessment that each HS/EHS grantee completes periodically. This state-level assessment is relevant to determining the collaboration, coordination, and alignment needs of HS and EHS grantees in Vermont because it helps to identify resources and gaps in services and potential resource collaborations/partnerships for HS and EHS grantees which HS and EHS grantees may not have previously considered. This information is included in a state-level resource assessment contained in this report (see the last subsection of Section 3).

VHSSCO completed a state-level resource assessment process by data to identify resources and gaps in services to children that may be eligible for HS/EHS but not enrolled for various reasons.

Even though the needs assessment process provides robust information from the web survey, PIR data, and state-level assessment findings, it has a limitation. The limitation is that the current process omits a formal process to obtain the perspectives of State-level and other organizations about their collaborations/partnerships with HS and EHS grantees. For future needs assessments, the inclusion of these additional perspectives would identify differences in perceptions between HS and EHS grantees and their State and community partners. This step would ultimately help HS and EHS grantees and their partners initiate and/or strengthen their collaborations by identifying collaboration, coordination, and alignment concerns and subsequently develop strategies to address these concerns for the benefit of the young children and their low-income families receiving HS and EHS services.

Web Survey

Directors were asked to complete separate web surveys for their EHS and HS programs. The seven HS directors and/or their staff completed a survey for their respective HS programs, and the four EHS directors and/or their staff completed a survey for their respective EHS programs. All HS and EHS grantees completed the VHSSCO's 2011-2012 Needs Assessment web-survey by June 30, 2012. This report describes the HS and EHS survey results separately (see Section 3).

For this web-survey, the VHSSCO asked each HS grantee (n=7) and EHS grantee (n=4) in 2012 to rate their *extent of involvement* with partners/service providers/organizations and their *degree of difficulty* in engaging in a variety of activities/partnership in 11 priority areas: 1) Health Services, 2) Services for Children Experiencing Homelessness, 3) Welfare/Child Welfare, 4) Child Care, 5) Family Literacy Services, 6) Services for Children with Disabilities, 7) Community Services, 8) Education (School Readiness, Head Start – Pre-K Partnership Development, and Partnerships with Local Education Agencies), 9) School Transitions and Alignment with K-12/ Head Start Transition to Kindergarten and Alignment with Kindergarten to Grade 12, 10) Professional Development, and 11) Early Childhood Systems Development.

In comparison to the 2011 web survey, there were two changes in the 2012 web survey. First welfare and child welfare were collapsed into one section in the 2012 survey, whereas these were separate sections in the 2011 survey. The Early Childhood Systems Development section was added as new priority area question section in the 2012 web needs assessment surveys and was not included in the 2011 and 2008 web needs assessment surveys.

There was a question response choice of "Not Applicable" in the 2011 web needs assessment survey. This choice was dropped this year to keep the survey intact for the national comparison of data with the exceptions of a few questions in the OHS recommended needs assessment survey that included the "Not Applicable" choice. For example, HS and EHS grantees were asked in the "Services for Children Experiencing Homelessness" questions section to rate their level of involvement with the "School district Title I Director (if applicable), if Title I funds are being used to support early care and education programs for children experiencing homelessness."

Each of the 11 priority areas had questions using the following rating scales:

a. *Extent of each HS grantee's or each EHS grantee's involvement* with various service providers/organizations related to the following areas: 1) Health Services, 2) Services for Children Experiencing Homelessness, 3) Welfare/Child Welfare, 4) Child Care, 5) Family Literacy Services, 6) Services for Children with Disabilities, 7) Community Services, 8) Education (School Readiness, Head Start – Pre-K Partnership Development, and

Partnerships with Local Education Agencies), 9) School Transitions and Alignment with K-12/ Head Start Transition to Kindergarten and Alignment with Kindergarten to Grade 12, 10) Professional Development, and 11) Early Childhood Systems Development and

b. *Degree of difficulty* for each HS grantee or EHS grantee to engage in a variety of activities and partnerships related to each of the above 11 priority areas.

A 4-point Likert scale assigned points to each possible close-ended question response representing a different level of involvement (see below the question response definitions and corresponding points assigned to each one). The following definitions were provided in the web survey instructions:

- NO WORKING RELATIONSHIP (1 point): You have little or no contact with each other (i.e. you do not make/receive referrals, work together on projects/activities, share information, etc.)
- COOPERATION (2 points): You exchange information. This includes making and receiving referrals, even when you serve the same families.
- COORDINATION (3 points): You work together on projects or activities. Examples: parents from the service provider's agency are invited to your parent education night; the service provider offers health screenings for the children at your site.
- COLLABORATION (4 points): You share resources and/or have formal written assignments or roles. Examples: co-funded staff or building costs; joint grant funding for a new initiative; an MOU (Memorandum of Understanding) on transition, etc.

VHSSCO used the above 4-point system to calculate the mean for each HS or EHS grantee's level of involvement with partners in a priority area and the mean for all HS or EHS grantees' level of involvement with their partners combined for a priority area. For instance, the closer the mean for all HS or EHS partners combined within a priority area was to "Collaboration" (4 points) in the 4-point scale, the greater the level of a HS or EHS grantees' involvement with partners in that priority area. The closer the mean for all HS or EHS partners combined within a priority area was to "No Working Relationship" (1 point) indicated a gap for all HS or EHS grantees to collaborate with a partner in a particular priority area.

The degree of difficulty 4-point rating scale assigned points to calculate the mean for activities related to the priority areas as follows:

- EXTREMELY DIFFICULT (1 points)
- DIFFICULT (2 points)

- SOMEWHAT DIFFICULT (3 points)
- NOT AT ALL DIFFICULT (4 point).

VHSSCO used the above 4-point system to calculate the mean for each HS or EHS grantee's degree of difficulty in engaging in a variety of activities/partnerships within a priority area or the mean for all HS or EHS grantees' degree of difficulty combined in engaging in a variety of activities/partnerships for a priority area. For instance, the closer to the mean for all HS or EHS partners combined within a priority area was to "Not at All Difficult" (4 points) in the 4-point scale, the greater the likelihood of a HS or EHS grantees' ability to engage with partners in that priority area. The closer the mean for all HS or EHS partners combined within a priority area was to "Difficult" (2 points) or "Extremely Difficult" (1 point) indicated a gap for all HS or EHS grantees to engage with partners in a particular priority area.

The directors were encouraged to complete the survey with staff. Grantees could enter responses and exit the survey knowing their responses were saved and return to the survey later. There was also space for grantees to add comments about what their concerns were in each area and what was working well.

Program Information Report (PIR)

In addition to examining at the web survey results, the needs assessment process analyzed the rich data that HS and EHS grantees collect on children, family and their staff during the 2011-2012 program year. Each program has a data system, which is populated from the time HS/EHS program first interacts with the child and family during the enrollment process and throughout the program year once a HS- or EHS-eligible child is actively enrolled. Annually, OHS sends each HS and EHS grantee a Head Start Program Information Report (PIR) questionnaire to complete for each program year. Each HS and EHS grantee submits its complete PIR questionnaire data to OHS.

VHSSCO examined the PIR data in conjunction with the web survey results to validate the gaps and strengths reported by the HS/EHS grantees in their web survey responses (see Section 3). For example, 2011-2012 web survey results identified that EHS grantees experienced more difficulty in linking infants and toddlers to dental homes than HS grantees experienced for preschool age children. The 2011-2012 PIR data supports their perceptions: 61.9% of EHS infants and toddlers had a dental home compared to 94.0% of the HS preschool age children.

In its PIR questionnaire, OHS collected from HS and EHS grantees data describing demographic information, enrollment and program options, staff qualifications, family information, health and dental services, disabilities services, and education services. The PIR

Summary Report was used primarily in this needs assessment process because it provides the best data overview including: 1) program information (e.g. enrollment information); 2) program staff and qualifications; and 3) child and family services. Additional information about the PIR data reports is accessible through the OHS' Early Childhood Learning and Knowledge Center website (http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/pir).

State-Level Resource Assessment

In the third and final phase of the needs assessment process, the VHSSCO sought to replicate at the state-level the community-level assessment conducted by HS and EHS grantees. The rationale for producing this state-level assessment reason was to document state-level strengths and potential gaps in the resources available for children and their families who are enrolled in HS/EHS. Because HS and EHS grantees receive insufficient funds to provide services to all HS- and EHS-eligible young children in Vermont, VHSSCO assessed the state-level early childhood resources available to all HS- and EHS-eligible young children in Vermont.

This phase of the assessment resulted from the interest expressed by HS and EHS directors who wanted VHSSCO assistance with obtaining county-level information for their community-level assessments. In the past the AHS had provided this type of data, but state budget cuts during the Great Recession limited the ability of the public, including HS and EHS grantees, to easily access this data.

The VHSSCO worked on producing a state-level resource assessment because it would identify for HS and EHS grantees resource strengths and gaps within the State. Future VHSSCO strategies to address statewide resource gaps and strengths are consistent with OHS' HSSCO Framework. The framework outlines three methods by which HSSCOs coordinate and lead efforts for diverse entities to work together (see Appendix B). Two of these three methods are relevant to resource strengths and gaps:

- **Access:** Facilitate HS agencies' access to, and utilization of, appropriate entities so HS children and families can secure needed services and critical partnerships are formalized.
- **Systems:** Support policy, planning, and implementation of cross agency State systems for early childhood, including the State Advisory Council, that include and serve the HS community (see Appendix B).

The VHSSCO used reports produced by other state agencies to assess the available resources and to search for relevant data and information pertaining to the Head Start Program Performance Standards, § 1305.3 *Determining community strengths and needs*, http://eclkc

.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1305/1305.3%20Determining%20community%20strengths%20and%20needs..htm.)

§ 1305.3(c) reads:

> (c) Each EHS and HS grantee must conduct a Community Assessment within its service area once every three years. The Community Assessment must include the collection and analysis of the following information about the grantee's EHS or HS area:
>
> (1) The **demographic make-up** of HS-eligible children and families, including their estimated number, geographic location, and racial and ethnic composition;
>
> (2) Other **child development and child care programs** that are serving HS-eligible children, including publicly funded State and local preschool programs, and the approximate number of HS eligible children served by each;
>
> (3) The estimated number of **children with disabilities four years old or younger**, including types of disabilities and relevant services and resources provided to these children by community agencies;
>
> (4) Data regarding the **education, health, nutrition and social service needs** of HS-eligible children and their families;
>
> (5) The **education, health, nutrition and social service needs** of HS-eligible children and their families as defined by families of HS eligible children and by institutions in the community that serve young children;
>
> (6) **Resources in the community that could be used to address the needs** of HS-eligible children and their families, including assessments of their availability and accessibility.

Limitations

Two of the three phases of the 2012 needs assessment process have limitations: web survey and state-level resource assessment. A few of these limitations concern the web survey. One qualitative limitation for the VHSSCO is comparing results between years when conducting the survey with HS and EHS in the 11 priority areas. Determining and measuring significant change over time is sometimes difficult. The 2011-2012 web survey findings are baseline data for the VHSSCO project period: September 30, 2012 – September 29, 2017. Another web survey limitation to the needs assessment process was how HS and EHS directors perceived and interpreted the wording and meaning of some of the 2011-2012 web survey questions. Some of the survey questions gave examples while others did not. HS and EHS directors and staff were left to interpret the meaning. Still another limitation of this needs assessment process is that only HS and EHS grantees are surveyed. The VHSSCO does not survey state and community organizations who partner with HS and EHS grantees, consequently the VHSSCO does not know how they view their coordination and collaboration efforts with HS and EHS grantees.

A limitation with the state-level resource assessment was the difficulty from the VHSSCO to access from non-HS and EHS sources data relevant to the health, education and child development, nutrition, disabilities and social service needs of HS and EHS children. The full development and implementation of the Vermont's Early Childhood Data Reporting System (ECDRS) would greatly assist the VHSSCO to identify resource gaps and strengths because the ECDRS makes it easier to search for multiple data sources in one data system.

Section 3 Data Findings

The seven HS directors responded to a web survey between the months of March and June 2012. Each director completed one survey for his/her HS grantee and one for his/her EHS grantee (if applicable). There were a total of seven HS and four EHS surveys completed (n=11). Directors were encouraged to answer the survey questions with the assistance of their content managers for children's services, education and disabilities, family and mental health, child development, health services, family services, and enrollment.

HS Web Survey Summary of Results

In this subsection of the report, we focus exclusively on survey responses of HS grantees and how they rated the extent of their involvement with partners in Figure 1 A., and how they rated their degree of difficulty in collaborating on activities in Figure 2 A., for each of the 11priority areas. The top three most involved group of partners in the 11 priority areas were the same for both years of the survey:

1) LEA- Public Preschool;
2) Child Care and
3) LEA-Transitions and Alignment with Kindergarten through grade 12.

The least involved group of HS partners is organizations providing services for children experiencing homelessness.

HS grantees' health care services, community services, and professional development partners received a lower in ranking in 2012 compared to 2011 (see Figure 1 A.). The text of these priority areas are bolded and italicized because the annual change in their rankings was two points or greater). The ranking of HS grantees' family literacy partners, on the other hand, rose and were viewed as more involved with HS grantees in 2012 than in 2011. The text of this priority area is bolded and underlined because the annual change in its ranking was three points.

Figure 1 A. HS extent of involvement with organizations rated from most to least involved by means. The higher mean on a 4.0 point scale indicates a higher level of HS grantee involvement with providers/organizations in each priority area.

Ranking 2012	*Ranking 2011*	*Head Start – State Collaboration Office Priority Area*	*# of Partners in the priority area*	*2012 Mean*
1	2	LEA Public Prekindergarten	1	3.43
2	3	Child Care	5	3.11
3	1	LEA Transition & Alignment w/K-12	1	3.00
4	NA	Early Childhood Systems	3	2.86
5	6	Services for Children with Disabilities	9	2.76
6	***4***	***Health Care***	***13***	***2.63***
7	**10**	**Family Literacy Services**	**13**	**2.63**
8	***5***	***Professional Development***	***13***	***2.52***
9	7	Child Welfare[4]	7	2.49
9	9	Welfare	7	2.49
10	***8***	***Community Services***	***7***	***2.27***
11	11	Services for Children Experiencing Homelessness	3	1.62

HS grantees could only rank their level of involvement with one partner in the LEA public prekindergarten and LEA transition and alignment with kindergarten to grade 12 priority areas. With respect to the former priority area, HS grantees reported that they were most involved with this priority area in 2012, and regarding the latter priority area, HS grantees reported that the ranking of their involvement with the LEA transition and alignment priority area fell from #3 in 2011 to # 1 in 2012.

The rankings of the priority areas are based on the 2012 and 2011 means of the priority areas. For example, the 2012 mean (see the far right column in Figure 1 A.) was calculated by first assigning points to each possible level of involvement rating of a service provider/organization partnering with a HS grantee:

[4] Welfare and child welfare were separate sections in the 2010-2011 web survey because VHSSCO at that time sought to tease out the collaboration strengths and gaps for welfare and child welfare separately. In the 2011-2012 web survey, the VHSSCO maintained the integrity of OHS' recommended web survey in which welfare and child welfare sections were combined into the welfare/child welfare section.

- NO WORKING RELATIONSHIP (1 point)
- COOPERATION (2 points)
- COORDINATION (3 points)
- COLLABORATION (4 points).

The points were totaled for each partner rated by HS grantees and divided by seven (the number of HS grantees completing the survey). For example, the responses by each of the seven HS grantees regarding each Child Welfare partner were totaled and divided by seven to calculate the mean of HS grantees' perception of their involvement with each Child Welfare partner.

To calculate the mean of HS grantees' perception regarding all of their partners within the Child Welfare priority area, the means for each of the partners in this priority area were summed and divided by the number of partners in that area. For example, the mean for Child Welfare was calculated as follows:

> [3.57 Local TANF + 2.43 Employment & Training + 1.71 Economic and Development Councils + 2.86 Local Child Welfare + 2.43 State Child Welfare + 2.86 State Children's Trust + 1.57 Foster/Adoptive Care Services Agencies] ÷ 7 = 2.49 mean value

The same method was used to calculate the means of HS grantees' perceptions of their degree of difficulty to engage in activities or partnerships. The number of points assigned to each response by HS grantees was:

- EXTREMELY DIFFICULT (1 points)
- DIFFICULT (2 points)
- SOMEWHAT DIFFICULT (3 points)
- NOT AT ALL DIFFICULT (4 point).

The findings in Figures 1 A. and 2 A. are designed to be viewed together because of the relationship between a HS grantee's perception of its extent of involvement with a service provider/organization (1 A.) and a HS grantee's perception of its degree of difficulty in engaging in an activity/partnership (2 A.). Just because a priority area ranks in the middle on the extent of involvement scale does not necessarily mean that HS grantees will have medium difficulty collaborating on activities within that priority area. For instance, HS grantees gave welfare and child welfare providers means of 2.49 in Figure 1A., and these means fall between coordination (2 points) and cooperation (3 points) on the extent of involvement 4-point ranking scale, but HS grantees rated their level of difficulty with the welfare and child welfare activities

means of 3.4 in Figure 2A. The mean of 3.4 falls between somewhat difficult (3 points) and not at all difficult (4 points) on the 4-point degree of difficulty scale.

Figure 2 A. HS degree of difficulty with coordinating services or activities are in rank order by mean on a 4-point scale with a 4 indicating "Not at All Difficult" and a 1 indicating "Extremely Difficult." A mean closer to 4 represents a lower degree of difficulty for HS grantees. Priority areas bolded and underlined indicate that a priority area increased in rank by 3 or more places from 2011 to 2012. Priority areas bolded and italicized shows that a priority area decreased in rank by 3 or more places between 2011 and 2012.

Ranking 2012	*Ranking 2011*	*Priority Area*	*# of Services or Activities*	*2012 Mean*
1	NA	Early Childhood Systems	3	3.71
2	**8**	**Family Literacy Services**	**5**	**3.57**
3	1	Services for Children Experiencing Homelessness	5	3.54
4	2	Child Welfare (combined with Welfare in 2012)	6	3.40
4	**10**	**Welfare**	**6**	**3.40**
5	4	Health Care	11	3.38
6	**11**	**Professional Development**	**7**	**3.37**
7	***3***	***Community Services***	***8***	***3.34***
8	**6**	**LEA Transition & Alignment w/K-12**	***16***	***3.31***
9	9	Child Care	6	3.29
10	***7***	***Services for Children with Disabilities***	***9***	***3.27***
11	***5***	***LEA Public Prekindergarten***	***11***	***2.94***

In Figure 2A., most of the degree of difficulty means for the 11 priority areas fell in the less difficult range between somewhat difficult (3 points) and not at all difficult (4 points). The HS grantees' mean of 2.94 for the degree of difficulty for preschool activities was the exception falling in between difficult (2 points) and the somewhat difficult (3 points).

Of the 11 priority areas evaluated by HS grantees, the most involved partners (those with means of ≥ 3.0 points) and their corresponding priority area are listed in Figure 3 A. A mean of

≥ 3.0 points was chosen as the cutoff marker for displaying priority area means in Figure 3 A. because a mean of ≥ 3.0 points indicates a much stronger level of involvement between HS grantees and their partner. On the other hand, HS grantees were relatively less involved with providers/organizations in the community services and services for children experiencing homelessness priority areas because these two priority areas had no service providers with means ≥ 3.0 points.

Figure 3 A. HS most involved providers/organizations by priority area, means ≥ 3.0 points on a 4.0-point scale in which Coordination = 3 points and Collaboration = 4 points

Priority Area	Provider or Organization	2012 HS Mean
Child Care	State Agency for Child Care (CDD)	3.43
	Local child care programs	3.43
	State or regional planning/policy (e.g. BBF)	3.29
	Community Child Care Support Agencies	3.00
Early Childhood Systems	Quality Rating and Improvement System (STARS)	3.43
Family Literacy	Public private sources that provide books	3.14
	Parent Education Programs and Services	3.00
	Adult Education	3.00
Health Care	WIC	3.14
	Dental home providers	3.00
	Other nutrition services (coop ext. services, Hunger Free VT)	3.00
LEA Public Prekindergarten	Local Education Agencies	3.43
LEA Transition & Alignment w/K-12	Local Education Agencies	3.00
Professional Development	HS Training & Technical Assistance	3.71
	Child Care Resources and Referral Development Training	3.14
Services for Children with Disabilities	Local Part C (CIS)	3.71
	Local Part B (Early Essential Education)	3.57

Figure 3 A. HS most involved providers/organizations by priority area, means ≥ 3.0 points on a 4.0-point scale in which Coordination = 3 points and Collaboration = 4 points		
Priority Area	**Provider or Organization**	**2012 HS Mean**
	State Part B (Early Essential Education)	3.29
Welfare/Child Welfare	Local TANF (e.g. economic services Reach First, Reach Up, Reach Ahead)	3.57[5]

In Figure 4 A., the least involved partners of HS grantees are defined as those with a mean of ≤ 2.0 falling between cooperation (2 points) and no working relationship (1 point) in the 4-point No Working Relationship to Collaboration scale. A mean ≤ 2.0 points was chosen as the cutoff marker for displaying priority area means in Figure 4 A. because this cutoff marker indicates where significant level of involvement gaps exist. HS grantees can work to close these gaps by working to improve their levels of involvement with certain partners. As a positive matter, several priority areas, including child care, family literacy, public prekindergarten, school transitions and early childhood systems do not have least involved providers/organizations listed in Figure 4A. There were some providers or organizations such as providers of services to military families, the State Children's Trust and the Head Start National Centers on Quality Teaching and Learning and Cultural and Linguistic Responsiveness that were included for the first time in 2012 web survey. The text of these providers and organizations is bolded in Figure 4 A.

The family literacy priority area is one that demonstrated improvement regarding the involvement of its providers or organizations with HS grantees. Family literacy had five providers listed among the least involved partners with HS grantees in 2011, but it had none in 2012.

Figure 4 A. HS least involved providers/organizations with a mean ≤ 2.0 points		
Priority Area	Provider or Organization	2012 Mean
Community Services	Law enforcement	2.00
	Providers of services to military families	**1.86**
Heath Care Services	Community Health Centers	1.86
Professional Development	**National Center on Quality Teaching and**	**2.00**

[5] The 2012 web survey specifically asked about partnering with local TANF teams while the earlier web surveys asked about partnering with the state agency administering TANF.

	Learning	
	National Center on Cultural and Linguistic Responsiveness	**1.29**
Services for Children Experiencing Homelessness	Local McKinney-Vento homelessness liaison	1.57
	Title I Director	1.00
Services for Children with Disabilities	University/community college programs/services	2.00
	State Education Agency for other programs (e.g. 504)	1.71
Welfare/Child Welfare	Economic and Community Development Councils	1.71
	State Children's Trust Agency	**1.57**

Figure 5 A. represents the least difficult activities in the 11 priority areas for HS grantees to engage with their partnering providers/organizations. A mean of ≥ 3.0 points was chosen as the cutoff marker for displaying the least difficult activities in the priority areas in Figure 5 A. This cutoff marker was selected because it captures those activities ranked by HS grantees as between somewhat difficult (3 points) to not at all difficult (4 points) for HS grantees to engage in activities with their partners. This extensive list demonstrates a large number of strong areas in which HS grantees engage in activities for the benefit of young children and their families.

Table 5 A. HS least difficult activities to engage with providers/organizations having a mean ≥ 3.0

Priority Area	Activities	2012 Mean
Child Care	Establishing linkages/partnerships with child care providers	3.57
	Exchanging information about roles and resources for child care and community needs assessment	3.43
	Assisting families to access full-day, full year	3.43
	Sharing data/information on children that are jointly served (assessment, outcomes, etc.)	3.29

Table 5 A. HS least difficult activities to engage with providers/organizations having a mean ≥ 3.0		
Priority Area	Activities	2012 Mean
	Capacity to braid funding for full-day, full year	3.29
Community Services	Exchanging information on roles and resources	3.86
	Establishing linkages/partnerships with public resources	3.43
	Partnering with service providers on outreach	3.43
	Sharing data/information on children that are jointly served (prevention & treatment)	3.43
	Establishing linkages/partnerships law enforcement	3.29
	Obtaining in-kind services	3.29
	Establishing partnerships with providers of services to military families	3.14
Early Childhood Systems	Exchanging information from and providing input to State Advisory Councils	3.86
	Participating in state Quality Rating and Improvement System (QRIS)	3.86
	Participating in state efforts to unify early childhood data systems	3.43
Family Literacy	Educating others (e.g. parents, the community) about importance of family literacy	3.86
	Exchanging information with other providers about roles and resources	3.71
	Establishing linkages/partnerships with local level organizations/programs other than libraries	3.29
	Establishing linkages/partnerships with literacy providers	3.29

Table 5 A. HS least difficult activities to engage with providers/organizations having a mean ≥ 3.0		
Priority Area	Activities	2012 Mean
	Securing family participation[6]	3.29
Health Care Services	Getting children enrolled in VCHIP, Dr. Dynasaur, Medicaid	3.86
	Linking children to medical homes	3.71
	Exchanging information on roles and resources w/medical, dental and other health care providers	3.71
	Partnering with medical professionals	3.43
	Partnering with oral health professionals	3.43
	Arranging coordinated services for children with special health care needs	3.29
	Assisting parents to communicate with medical/dental providers	3.29
	Sharing data/information on children/families served jointly	3.14
	Assisting parents with transportation to appointments	3.00
LEA Public Prekindergarten	Aligning HS curricula with state Early Learning Standards (Vermont Early Learning Standards)	4.00
	Aligning HS curricula and assessments with the Head Start Child Development and Early Learning Framework (formerly the Head Start Child Outcomes Framework)	3.86
	Education activities, curricular objectives & instruction	3.29
	Information, dissemination and access for families	3.29

[6] In the 2011 and 2008 needs assessment surveys, the activity was recruiting families.

Table 5 A. HS least difficult activities to engage with providers/organizations having a mean ≥ 3.0		
Priority Area	Activities	2012 Mean
	contacting HS or other preschool programs	
	Selection criteria for eligible children	3.29
	Other elements of MOU mutually agreed upon	3.14
	Communications and parent outreach for transition to kindergarten	3.14
	Provision and use of facilities, transportation, etc.	3.00
	Developing MOUs with publicly funded preschool	3.00
LEA Transition and K-12 Alignment	Coordinating with LEAs to implement systematic procedures for transferring HS program records to school	3.57
	Coordinating shared use of facilities with LEAs	3.57
	Coordinating with LEAs regarding other support services for children and families	3.57
	Helping parents of limited English proficient children understand instructional and other information and services provided by the receiving school.	3.43
	Linking LEA and HS services relating to language, numeracy and literacy	3.29
	Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten	3.29
	Establishing policies and procedures that support children's transition to school that includes engagement with LEA	3.29
	Exchanging information with LEAs on roles, resources and regulations	3.29

Table 5 A. HS least difficult activities to engage with providers/organizations having a mean ≥ 3.0		
Priority Area	Activities	2012 Mean
	Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney-Vento liaisons, etc.)	3.14
	Establishing and implementing comprehensive transition policies and procedures with LEAs	3.14
	Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records	3.14
	Aligning curricula and assessment practices with LEAs	3.14
	Organizing and participating in joint training, including transition-related training for school staff and HS staff	3.14
Professional Development	Exchanging information about roles and resources with other providers/organizations about professional development	3.86
	Accessing on-line professional development opportunities	3.57
	Accessing T/TA opportunities in the community including shared training	3.57
	Transferring credits between public institutions	3.43
	Staff release time	3.43
Services for Children Experiencing Homelessness	Implementing policies and procedures to prioritize enrollment	4.00
	Allowing families to apply, enroll and attend HS while documents are obtained	4.00
	Obtaining data under community assessment	3.57

Table 5 A. HS least difficult activities to engage with providers/organizations having a mean ≥ 3.0		
Priority Area	Activities	2012 Mean
	Engaging community partners in cross training and planning activities	3.29
Services for Children with Disabilities	Applying for Supplemental Security Income (SSI) and/or waiver programs	3.71
	Coordinating services with Part C providers: CIS Early Intervention	3.71
	Having HS/EHS staff attend IEP or IFSP meetings	3.43
	Supporting the referral process to Part C providers for children identified under CAPTA	3.43
	Exchanging information on roles and resources	3.29
	Sharing data/information on jointly served children	3.14
	Obtaining timely Part C evaluations	3.14
	Coordinating services with Part B/619 providers Education	3.00
Welfare/Child Welfare	Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment	4.00
	Exchanging information on roles and resources	3.57
	Working together to target recruitment to families receiving TANF, Employment and Training, & other services	3.57
	Obtaining information and data for community assessment and planning	3.43
	Facilitating shared training & technical assistance	3.00

Figure 6 A. depicts the most difficult activities as reported by HS grantees. A mean of < 3.0 points is the cutoff marker for displaying the most difficult activities with each priority area in this figure. The LEA public prekindergarten priority area contains with the greatest number of most difficult activities (4 activities). HS grantees did not rate activities in the early childhood systems and family literacy priority areas as among their most difficult activities in Figure 6 A.

Figure 6 A. HS most difficult activities indicated by having a mean < 3.0 points in which somewhat difficult = 3 points, difficult = 2 points, and extremely difficult = 1 points.

Priority Area	Activities	2012 Mean
Child Care	Aligning policies and practices with other service providers	2.71
Child Welfare/Welfare	Getting involved in state level planning and policy development	2.86
Community Services	Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, businesses) regarding prevention/treatment services	2.86
Health	Getting full representation and active commitment on your Health Advisory Committee	2.71
LEA Public Prekindergarten	Service areas	2.86
	Provision and use of facilities, transportation, etc.	2.71
	Staff training, including opportunities for joint staff training	2.57
	Joint/shared program technical assistance (e.g., on mutual needs, or to develop partnership agreements)	2.00
LEA Transition and K-12 Alignment	Coordinating transportation with LEA	2.14
Professional Development	Accessing early childhood education degree programs in the community	2.86

Figure 6 A. HS most difficult activities indicated by having a mean < 3.0 points in which somewhat difficult = 3 points, difficult = 2 points, and extremely difficult = 1 points.		
Priority Area	**Activities**	**2012 Mean**
	Accessing scholarships and other financial support for professional development programs/activities (e.g., T.E.A.C.H. Early Childhood) D. Accessing scholarships and other financial support for professional development programs/activities (e.g., T.E.A.C.H. Early Childhood)	2.86
Services for Children Experiencing Homelessness	In coordination with the LEA developing and implementing family outreach and support efforts under McKinney-Vento and transition planning	2.86
Services for Children with Disabilities	Obtaining timely Part B/619 (preschool special education) evaluations of children	2.57
Welfare/Child Welfare	Getting involved in state level planning and policy development	2.86

It is interesting to compare the 2011 and 2012 web needs assessment survey results. HS grantees no longer view some activities in 2012 as their most difficult. These activities include linking children to dental homes and assisting families with getting transportation to appointments. The number of school transition activities ranked as most difficult by HS grantees dropped from six in 2011 to one in 2011. Despite this improvement, VHSSCO, following its Five-Year (2011-2012) Strategic Plan, will work with HS grantees to build upon this success and will seek to bring about statewide consistency in how HS, parents, schools and other preschool providers support school transition efforts. The professional development priority area also has fewer activities ranked as most difficult in 2012 than in 2011. On the other hand, there were some activities listed in both 2011 and 2012 web surveys that have remained most difficult like children and families served by HS grantees obtaining timely Part B/619 preschool special education evaluations for children with disabilities.

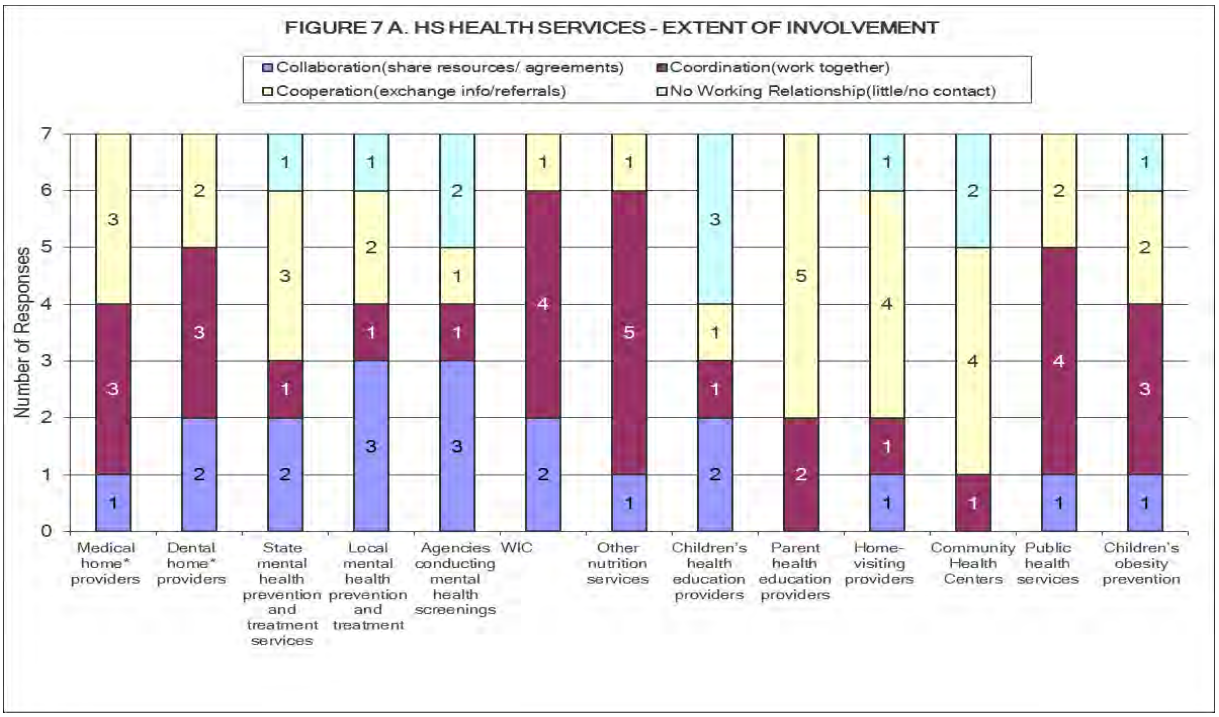
HS Web Survey Results by Priority Area

This subsection of this report details the results for each of the 11 web survey question sections corresponding to the 11 priority areas supported by the VHSSCO its annual work plan. Each priority area question section includes a brief narrative and figures (bar graphs) indicating the number of responses for each point on the 4.0 point Likert scales regarding the extent of HS or EHS grantee involvement with its partners and degree of difficulty for HS or EHS grantees to engage in activities and partnerships. The sections are health care services, homelessness, welfare/child welfare, child care, community services, family literacy, services for children with disabilities, preschool and alignment with kindergarten through grade 12, school transitions, professional development, and early childhood systems. The narrative of the survey question sections may include means to provide context for the reader about which HS or EHS grantee partners were viewed as very involved versus those that are not viewed as involved and about which activities and partnerships were viewed as not at all difficult for HS or EHS grantees to engage in versus those that were extremely difficulty for HS or EHS grantees to engage. All means are available upon request, but all were not included in this report to reduce its length. HS and EHS grantees also added comments at the end of each of the 11 web survey question questions. These comments related to concerns or issues and what is working are included as unedited raw data.

The HS grantee web survey findings for each of the 11 priority areas will be presented first. Subsequently, the EHS grantee web survey findings will be provided for each of the 11 priority areas and will be compared to the HS grantee web survey findings.

Health Care Services

Figure 7 A. shows the level of HS grantees' involvement with each of the 13 health care services service providers/organizations. To present all of the service providers/organizations in this and subsequent graphical figures, the names of the service providers/organizations were shortened from the original names in the web survey (see Appendix D – OHS Web Survey).



The number appearing in each of the colored bar segments indicates the number of HS grantees who rated their level of involvement with a service provider/organization. Using the children's obesity prevention service provider/organization as an example, one HS grantee rated this service provider as collaboration (medium blue bar segment), three HS grantees rated this service provider as coordination (maroon bar segment), two HS grantees rated this service provider as cooperation (yellow bar segment), and one HS grantee rated this service provider as no working relationship (light blue/aqua bar segment).

The top three involved service providers/organizations with HS grantees are dental home providers (mean = 3.00), WIC or Women's, Infants and Children's Supplemental Nutrition Program (mean = 3.14), and other nutrition service programs such as cooperative extension programs, university projects on nutrition, and USDA, (mean = 3.00). Community health centers received the lowest rating of involvement (mean = 1.71) among the 13 partners for the second year in a row.

Health Care Services -- Raw Survey Comments

Please describe any other issues you may have regarding partnerships with health care services efforts in your state.

- New HEP vaccine requirements are challenging; like the lead screening requirements, this will take time to educate/ require pediatricians to administer it.

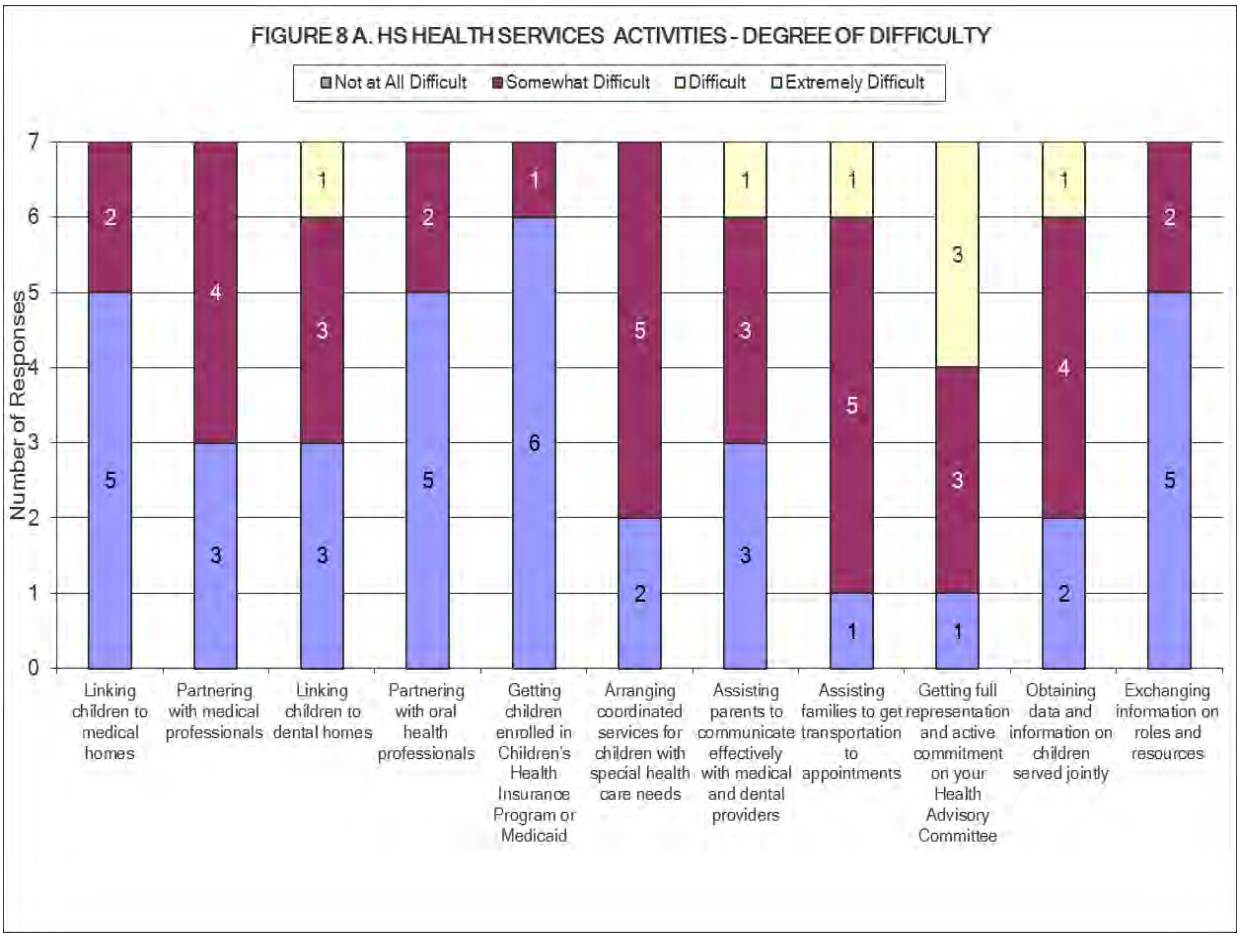
- Reduced number of dental providers in area causes delays in children receiving dental care
- Language/completing forms can be difficult
- Transportation/keeping appointments is biggest barrier
- For mental health finding a consultant that meets the requirements and can commit to the program.
- Limited dental access for families on Medicaid
- Parents need more education around advocacy for medical and dental needs (examples: "What is a well-child exam?" "Why does my child need so many immunizations?" "Why does my 1 year old need to see the dentist?") This would be a great area for the State to take on as our staff are not trained health educators.
- CVHS experiences very slow response times from some medical and dental providers around receiving timely records in Franklin and Chittenden Counties
- CVHS would like to have more coordination with medical providers and other area agencies to partner on obesity-related issues.
- It would be helpful if the State worked with their partners to be sure medical providers are current on EPSDT requirements (lead, hemoglobin, hearing/vision screening, etc.) This would also be an opportunity to educate providers about HS requirements."
- Helping families to understand the importance of well-child care and following up with medical treatment. Also conflicting requirements between HS and State requirements results in confusion for HS families.
- Obtaining care for children with a pediatric dentist that takes Medicaid is challenging.

In your efforts to address the health care services needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

1. We have on-going recruitment activities to identify members for health advisory
2. Annual Dental Health Day provides free dental care for adults in various dental practices throughout our service area
3. Saturday Dental Clinics for children on Medicaid provided at our agency through a partnership with local pediatric dentist
4. Cooking for Life classes for parents (healthy foods farm to table)

5. Hearing screenings of EHS children with new audiometer has detected early hearing impairments
6. Tooth Tutors attend screening days allowing relationships to be formed with families and later establish dental homes where needed
7. Registration--at registration the tooth tutor is present to see all kids in the program
8. Tooth Tutors have been providing excellent support and education to parents, children and staff to assure children are getting to exams/treatment.
9. (Helpful to other programs) CVHS developed a HEAL (Healthy Eating Active Living) calendar for parents and staff that highlights healthy recipes, physical activities, general health messages, and a section for emergency contact information. (Helpful to other programs)
10. CVHS offered many different days and time slots for parent education around mental health in order to meet the varying needs of family availability.
11. CVHS collaborated with UVM on a research project, "CATCH Curriculum," to provide additional resources for physical activity in the classroom.
12. We've met with medical practices at "lunch and learns" for discuss HS's role and how we can work together
13. During Parent Orientation, we educate parents on the recommended EPSDT requirements, which benefits us as parents are making sure physicians are completing all of the required information during the physicals.

Figure 8 A. depicts the degree of difficulty that HS grantees have in engaging in 11 health care services-related activities with partners. The number appearing in each of the colored bar segments indicates the number of HS grantees who rated their level of difficulty engaging in an activity with a partner. Using linking children to dental homes as an example, three HS grantees rated this activity as not at all difficult (medium blue bar segment), three HS grantees rated this activity as somewhat difficult (maroon bar segment), and one HS grantee rated this activity as difficult (yellow bar segment). No HS grantees rated this activity as extremely difficult (light blue/aqua bar segment).

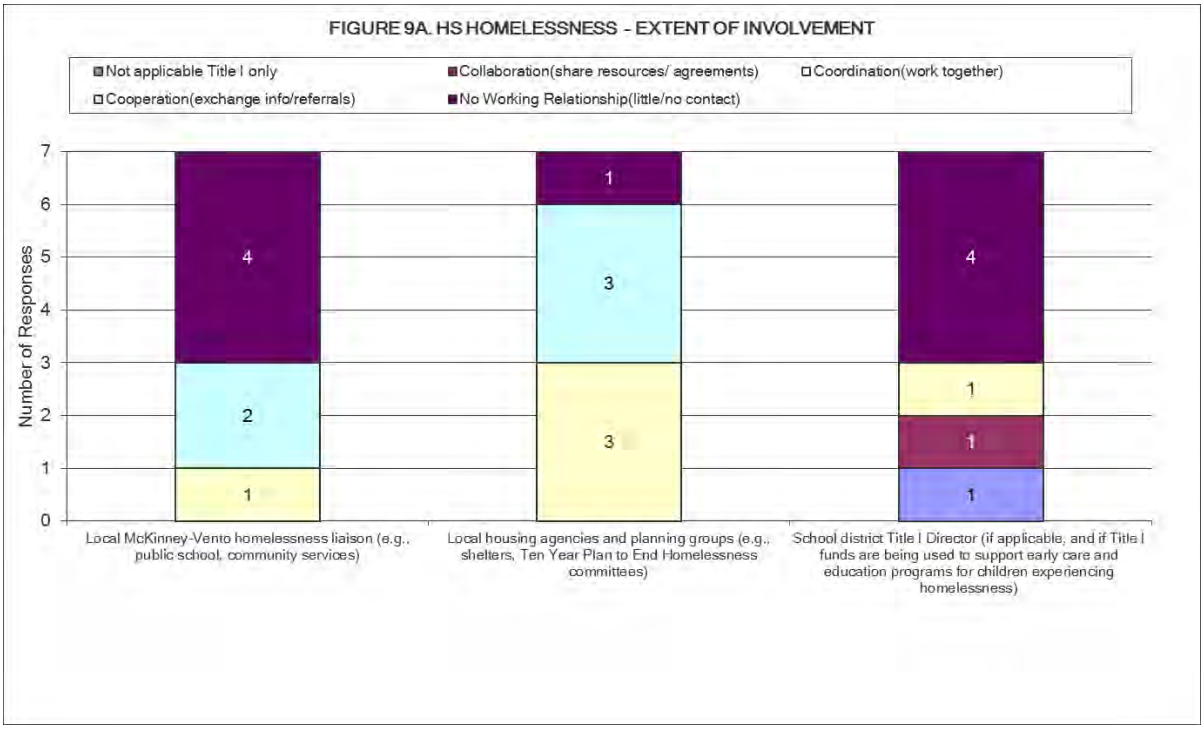


In Figure 8 A. HS grantees indicated that getting children enrolled in Dr. Dynosaur (Children's Health Insurance Program in Vermont) was the least difficult activity (mean = 3.86), but they indicated that their most difficult activity was getting full representation on their Health Advisory Committee (mean = 2.71). In the 2012 web survey, HS grantees viewed assisting families to get transportation to appointments (mean = 3.00) as less difficult than in previous web surveys. The majority of health care service related activities fell between the somewhat difficult and the not at all difficult range (means: 3.00 to 4.00).

Children Experiencing Homelessness

Figure 9 A., shows the extent of involvement that HS grantees have had with providers and organizations serving children and families experiencing homelessness. The bar graph on the right hand side in Figure 9 A. illustrates a gap in HS grantees' relationship with school- based Title I directors regarding their use of Title I funds to support early care and education programs for children experiencing homelessness because four of the seven HS grantees indicated no working relationship with these Title I directors (mean = 1.83). HS grantees

experienced even lower levels of involvement with their local McKinney-Vento homelessness liaison (mean = 1.57). Meanwhile, HS grantees' level of involvement with their local housing agencies and planning groups was somewhat higher (mean = 2.29). Some issues between HS grantees and providers and organization serving children and families experiencing homelessness are captured in the raw comments of grantees.



Services to Children Experiencing Homelessness – Raw Survey Comments

Please describe any other issues you may have regarding partnerships with providers of services for homelessness efforts in your state.

- Not enough adequate, affordable housing for homeless families and many homeless families have burnt their bridges (past due balances, incarceration etc.) with past opportunities making it challenging to get more help
- Lack of affordable housing for families; there is a lot of transition from town to town
- We feel there is a need for more cross-training among homelessness/housing providers and HS. This training should include representatives from our Collaborative Partners as they are often the intermediaries in the process. As with many other social service

issues, the bulk of providers and types of resources are rooted in Chittenden County which impacts options for our families from other counties.

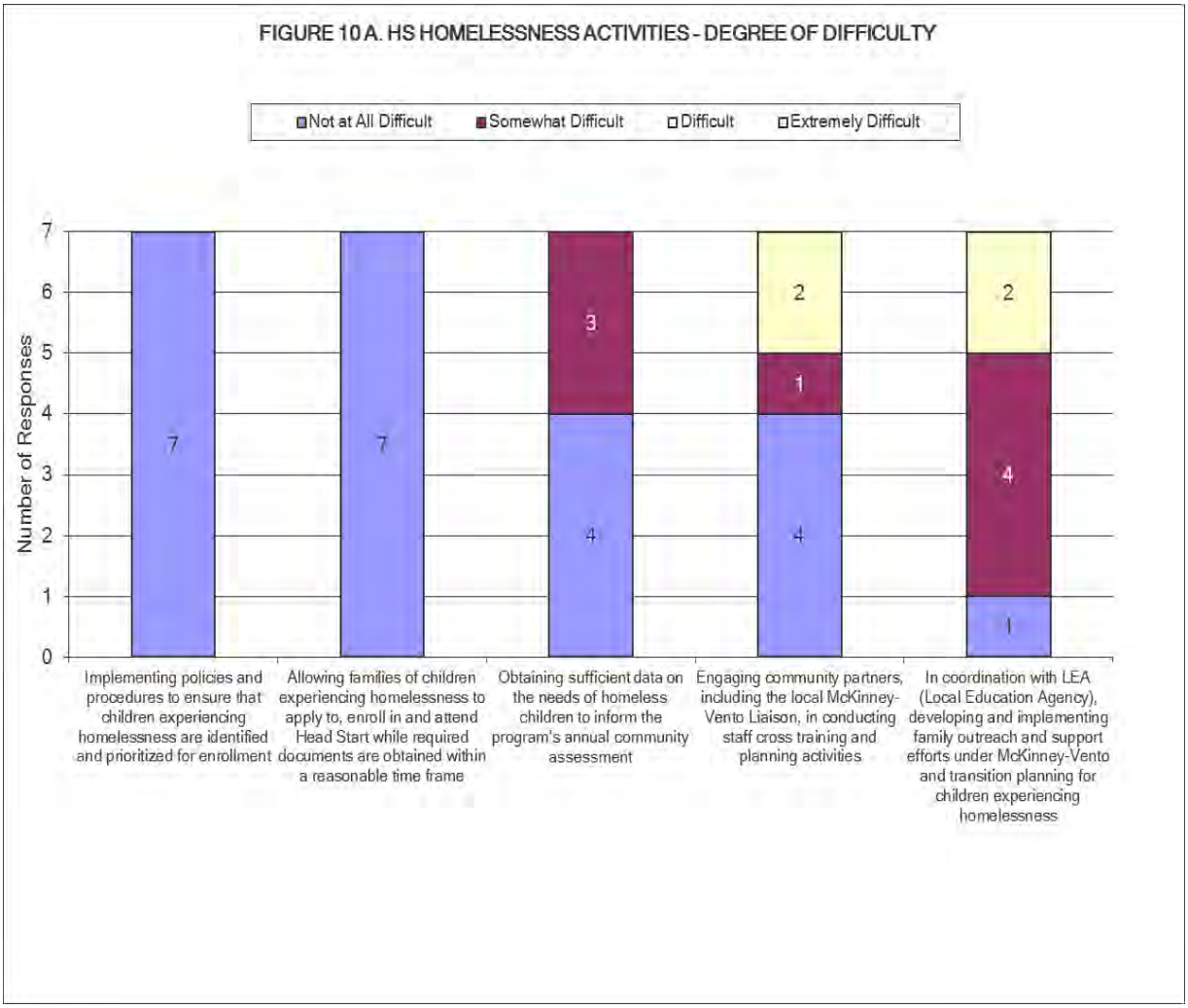
- Availability of safe and affordable housing.
- Not all programs we work with (LEA's) follow the same rules in regards to homeless children, so it is sometimes difficult to provide continued services to children that become homeless throughout the program year.

In your efforts to address services for homelessness needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

1. More success getting housing when families are involved with our agency which prioritizes them for services with other agencies
2. We help families meet "supplemental" needs (i.e.: transportation, childcare) which frees up their energies to focus on attaining a home.
3. We have an established strong reputation in the community so when we refer a family for services they are prioritized.
4. We sit on many community committees which brings current knowledge and partnerships to the work we do and the connections we need to help our families.
5. HS participation in monthly meetings with local housing agency
6. Referrals to serve homeless from economic services
7. HS participation on the Rutland County Rapid Housing Services team
8. Ability to provide immediate services through community action agency and because of our program's selection criteria-we take homeless children immediately into the program
9. Great relationship with the homeless shelter...it is in close proximity to our program
10. Sharing of parent workshops at HS center
11. Based on feedback from providers about the needs of the families accessing their services, within the last year, we have instituted a practice of e-mailing our contacts at COTS and Women Helping Battered Women to inform them of openings in any full day/full year options.
12. Availability of home-based program option across all service areas

13. Housing specialist in all three CVCAC outlying offices
14. Our collaboration with the Haven (homeless shelter) in WRJ enables us to serve eligible children in our HS program.

Figure 10 A. shows the degree of difficulty HS grantees reported having in coordinating with seven homelessness activities. In coordination with LEA (Local Education Agency), developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness was the most difficult activity reported by HS (mean = 2.86 out of 4.00). All other activities had means between somewhat difficult (3.00) and not at all difficult (4.00).



Welfare and Child Welfare

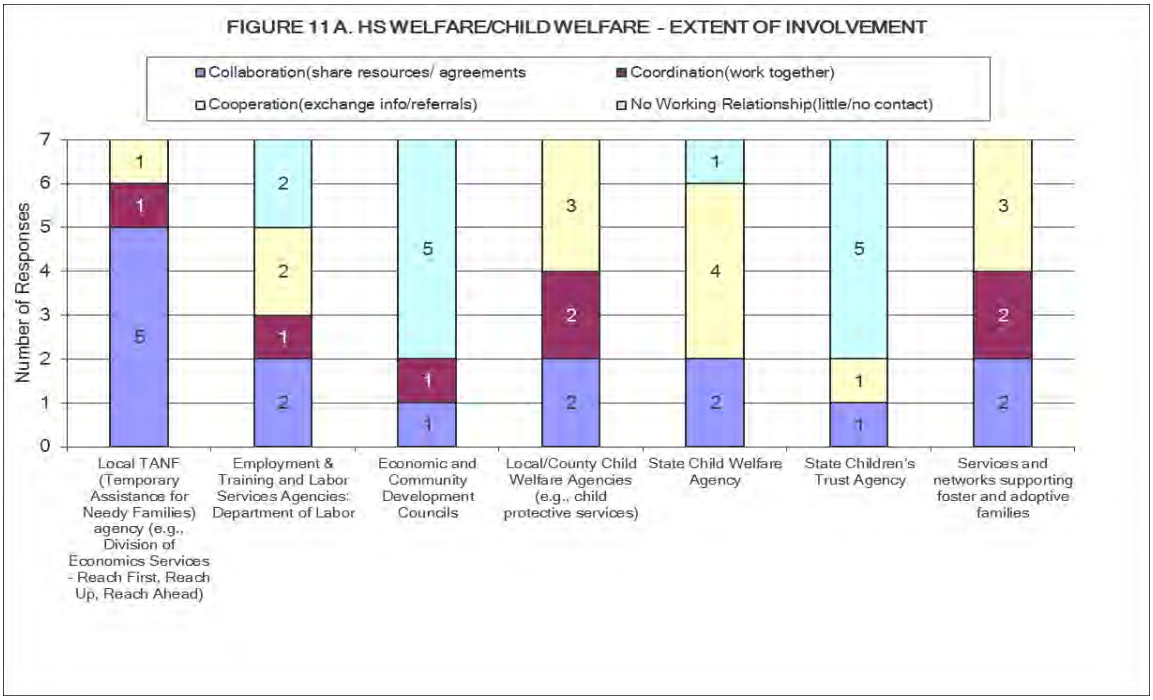
Figure 11 A. shows the HS grantee responses for the level of involvement between HS and state and local organizations responsible for family and child welfare services. Involvement with

local TANF (Temporary Assistance for Needy Families) received five responses for collaboration (share resources/agreements) resulting , the highest rating in the scale. The mean was 3.57 out of 4.00 and local TANF was the only partner in this category that made the most involved list of partners in Figure 3 A.

One reason local TANF entities may have been viewed this way was efforts locally to implement the May 2011 Memorandum of Agreement (MOA) between the VHSA and the DCF. The MOA formalized the state level relationship and commitment to improving the coordination of services among the children mutually served by DCF and HS.

Economic and Community Development Councils and the State Children's Trust Agency were rated the least involved of the partners in this area, receiving five responses each for no working relationship, the lowest rating on the scale. It was noted in the comment section of the survey by one grantee that they did not know which council they were rating. This was one of the flaws or limitations in the survey to address in a future needs assessment. One hypothesis for why there may be no working relationship with the State Children's Trust Agency is that the structure for administering and raising funds has changed over time (*The Vermont Children's Trust Fund TAX CHECK-OFF REPORT*, January 2012 http://www.leg.state.vt.us/reports/2012ExternalReports/275452.pdf).

Another hypothesis is obtaining funding from the Vermont Children's Trust Fund are highly competitive. During State Fiscal Year 2012, requests for funding totaled $865,555, but there was only $430,651 available to award (page 2).



Welfare and Child Welfare – Raw Survey Comments

Please describe any other issues you may have regarding partnerships with welfare and child welfare efforts in your state.

- Reach-Up restrictions can lead to temporary bumps for families accessing services and interruption of services
- Would like to improve relationship with the Family Services office
- Still finding it difficult to develop trainings with economic services and HS
- Referrals from DCF/child protective seem to only come when a child is in custody or on the verge of custody
- The support from the state level to sign an MOU between VHSA and AHS has been very helpful in moving collaborations forward. Our greatest struggle is finding the time and resources to ensure the connections do progress on the continuum. Also, since the changes in process of moving more families to kinship family cases as opposed to traditional foster care court cases we find it difficult to align it with the HS priorities of serving kids and families in foster care.
- Please define "Economic and Community Development Councils" for future surveys.
- Child welfare staff have large caseloads and can be difficult to manage (schedule team meetings and reviews are sometimes scheduled at difficult times for HS staff to participate).
- Public transportation is very limited which can create problems.

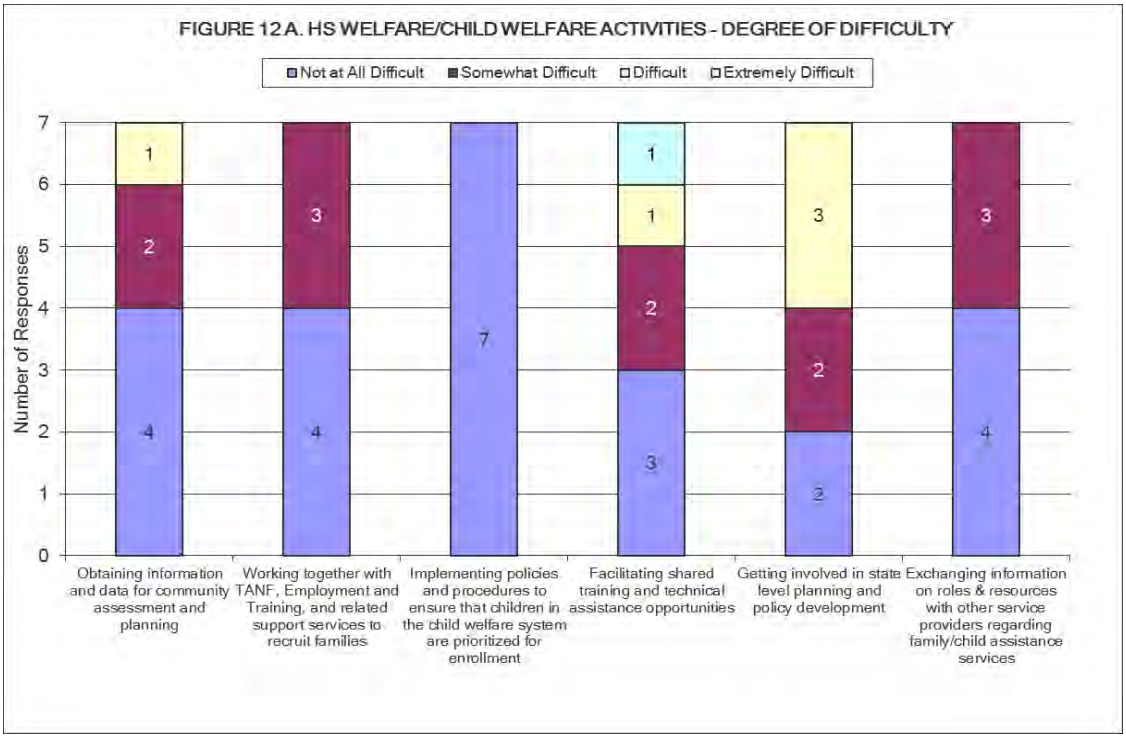
In your efforts to address the welfare and child welfare needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

1. Our agency includes Reach-Up case management for young parents and their children, prioritizing these families for HS and EHS services.
2. As a Parent-Child Center, we offer family assistance funds for emergency needs (such as threatened utility shut-offs or missed rent, car repairs, etc.).
3. Working closely with local Reach-Up team leader and office of Vocational Rehabilitation to recruit families for HS services and to be a job placement site for Reach-Up and Vocational Rehabilitation.
4. More referrals coming from Economic Services
5. We have found it very helpful to identify key points of contact both internally and at the provider level. For example, the Enrollment Manager directly contacting the Reach Up

Team Leaders to share enrollment information or the Family Services Coordinator taking on the role of following up with DCF Family Services to access case plans and custody documentation.

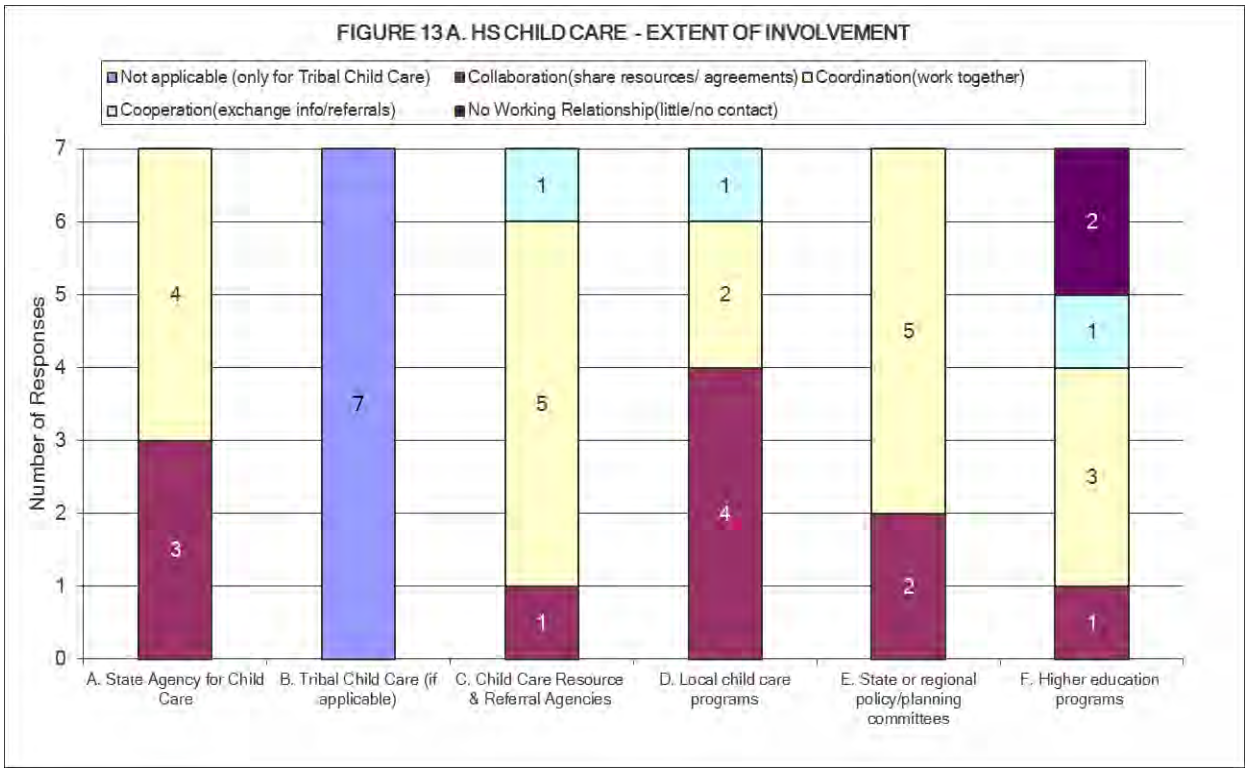
6. 1. C. Above: It would be helpful to have more definition of "Economic and Community Development Councils" as it is unclear who these are.
7. Communication with case workers in determining HS eligibility. Centralized reporting system is working well.
8. There are systems in place that can assist families with transportation.
9. There are people within our agency that can provide the resources needed to our families.

Figure 12 A., reflects the level of difficulty for HS grantees in coordinating services and welfare/child welfare-related activities with partners. In 2012, HS grantees viewed getting involved in state planning and policy as the most difficult welfare/child welfare-related activities activity (mean = 2.86). On the other hand, all seven HS grantees rated the item: implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment as not at all difficult (mean = 4.0). Working together with TANF, Employment and Training, and related support services to recruit families received a mean of 3.57 out of 4.00. Exchanging information on roles and resources with other service providers regarding family/child assistance services received a mean of 3.57 out of 4.00.



Child Care

Figure 13 A. represents the perceptions of HS grantees toward their extent of involvement with state child care agencies, child care service providers, and other child care organizations. All organizations in this area received high marks for collaboration between "coordination or working together" to "collaboration or sharing resources and agreements," with two exceptions. Higher education programs/services/resources related to child care received the lowest rating in this priority for involvement (mean = 2.43). The other exception is tribal child care which is not applicable to Vermont.



Child Care – Raw Survey Comments

Please describe any other issues you may have regarding partnerships with child care efforts in your state.

- State child care assistance eligibility requirements sometimes hinder families' abilities to maintain year-round child care if financial status changes and they are consequently required to pay a co-pay (fee)
- Access and maintaining CCFAP certs is challenging for programs and families:
    - Some examples we have encountered this year to illustrate this:

- Denial of CIS/ Family Support childcare due to length of using this service need despite needs of family
- Special Health Needs Forms, doctor's offices not completing in timely manner and family losing cert or not completing at all or due to state restraints of level of profession that complete form, family not having a provider to do so
- Work Search: NO ONE finds a job in 4 weeks in our economy- even unemployment benefits have been extended- so should this service need; to start a child just to end them 4, 8, or 12 weeks later is difficult for programs, children, and families
- Self-Employment: CCFAP requires business profits to be shown in 1 year, inconsistent with tax law, a struggle for families who need the childcare to grow their business, and still be able to take deductions the IRS allows
- Another trend that we are noting that is happening more frequently:
- Families have a current certificate, for example, that ends at the end of one month but they complete their application and turn it in early, once they receive it from their local office. The new cert will not begin after the old one ends, but from the time they turned their application in, a month early for processing, so if they have employment as a service need, they are actually only getting an 11 month cert instead of a 12 month. Further impacting our program, and more importantly, another trend that has been increasing:
- The family completes their application early and returns it to the local office for processing, but does not send any documentation with the application. They are issued a Missing Items Letter, with due dates a couple of weeks in advance, these due dates have been more frequently been requiring Missing Items due before the actual End date of their current certificate. This is very confusing to families as they think they are losing their childcare cert early. In addition, when the cert is actually closed on the End date, they have to start the process and do another application all over again. It was easier for families when they could turn paperwork in a couple of weeks later, because they do not want to do the paperwork late, but the system is very confusing for them and difficult to navigate exactly what they need.
- Another confusing aspect of the application is the "Child Support" line. It indicates if they do not receive child support to explain why, and they do

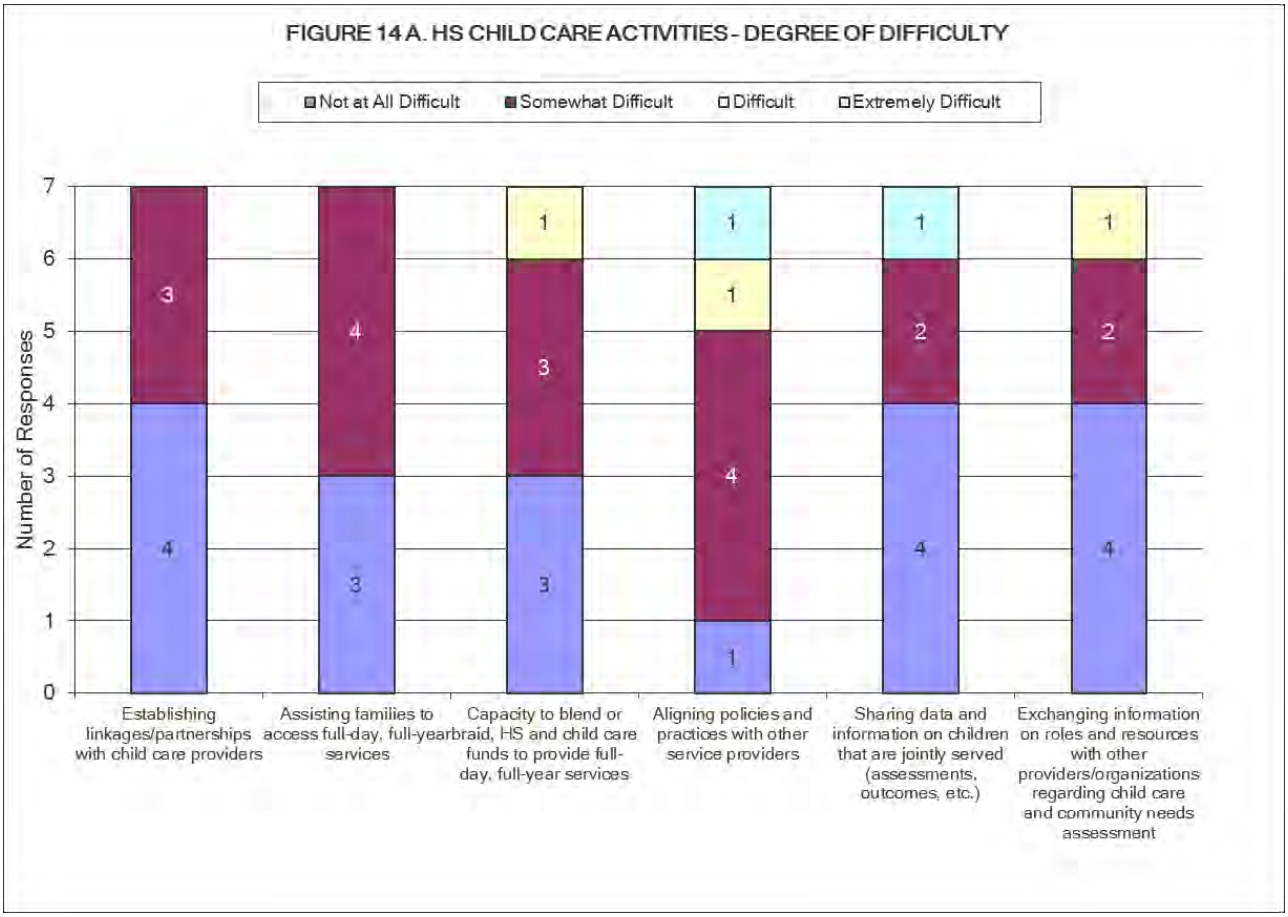
complete this. However, they are ALWAYS issued a missing item to send a note, signed, and dated to explain why they do not receive child support- it is the exact same information but required again, and very frustrating to families and programs

- Some of our service areas are without quality full day, full year child care centers for possible HS collaborations.
- Child care financial assistance is not adequate to support high quality services. Copays for parents are a barrier in accessing high quality services.

In your efforts to address the child care needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

1. One stop EHS through HS full-time childcare is offered at our program
2. We provide transportation to and from childcare
3. Collaborations with community childcare partners is selective, and longstanding so that quality care is assured and our program's reputation and integrity is upheld
4. Regular meetings with CCFAP specialists
5. Turning in paperwork for families
6. Home visits & conferences to help families complete CCFAP paperwork with the help of FSWs and management
7. State DCF works hard to address provider issues.
8. HS Family Child Care Partnerships
9. Sharing resources (Bright futures information system)
10. We have strong partnerships with Child Care/Resource and referral program.

Figure 14 A. shows that HS grantees responded most of the time that child care-related activities were not at all difficult to somewhat difficult. The overall mean for these activities was 3.29 points on a 4.00 point scale in which four is not at all difficult and one is extremely difficult. The one potential gap area to look at is aligning HS policies and practices with other service providers of child care (mean = 2.71).



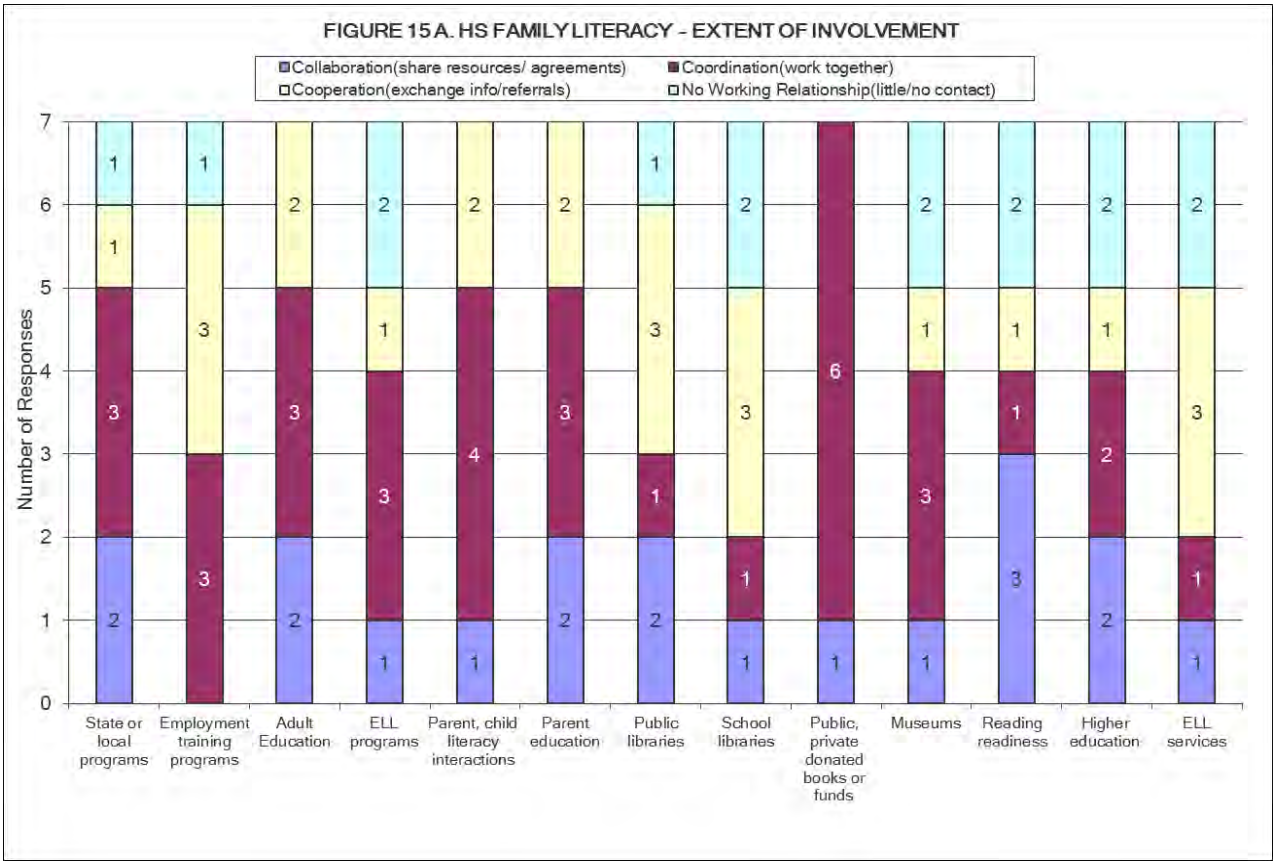
Family Literacy Services

Figure 15 A. presents the levels of involvement with 13 family literacy agencies. The least involved partners in this priority area receiving the lowest means scores were:

1. Providers of services for children and families who are English language learners (ELL) (mean = 2.14);
2. School libraries (mean = 2.14);
3. Employment and Training Programs (mean = 2.29);
4. English Language Learner programs & services (mean = 2.43); and

5. Museums (mean = 2.43).

The partners that were the most involved receiving the highest means scores in this priority area, indicating a stronger partnership with HS grantees were: a) adult education (mean = 3.00), b) parent education programs (mean = 3.00), and c) public or private sources of book donations or funding (mean = 3.14).



Family Literacy Services – Raw Survey Comments

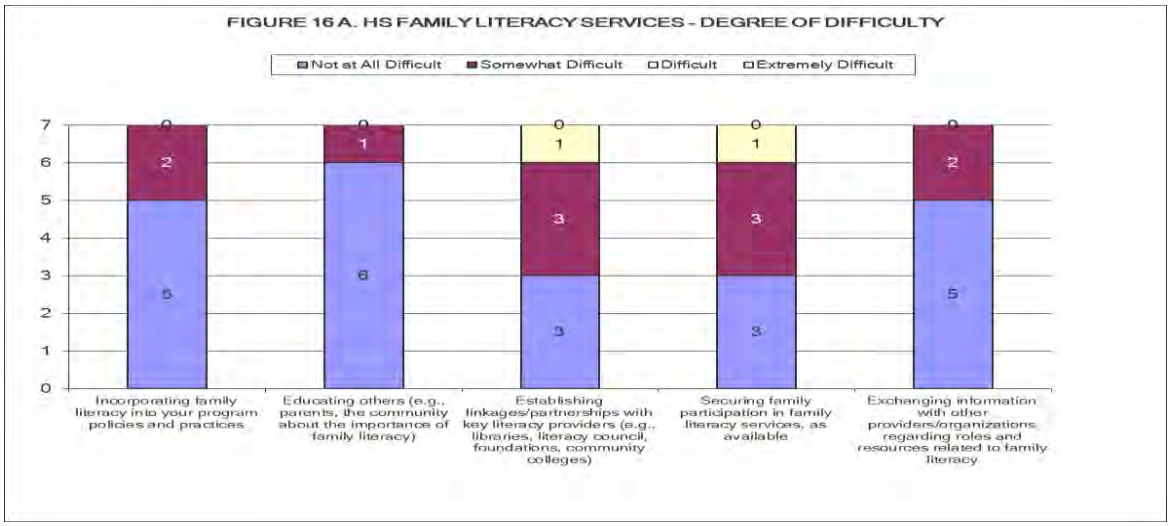
Please describe any other issues you may have regarding partnerships with family literacy services efforts in your state.

- Family Literacy Events are regularly scheduled with low parent turnout.
- There seems to be an ebb & flow to family literacy services and providers which makes it difficult to make more meaningful connections. Our families often struggle with committing to the extensive duration of most family literacy programming.
- Loss of Even Start funding, loss of RIF (Reading Is Fundamental) funding.

In your efforts to address the family literacy needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

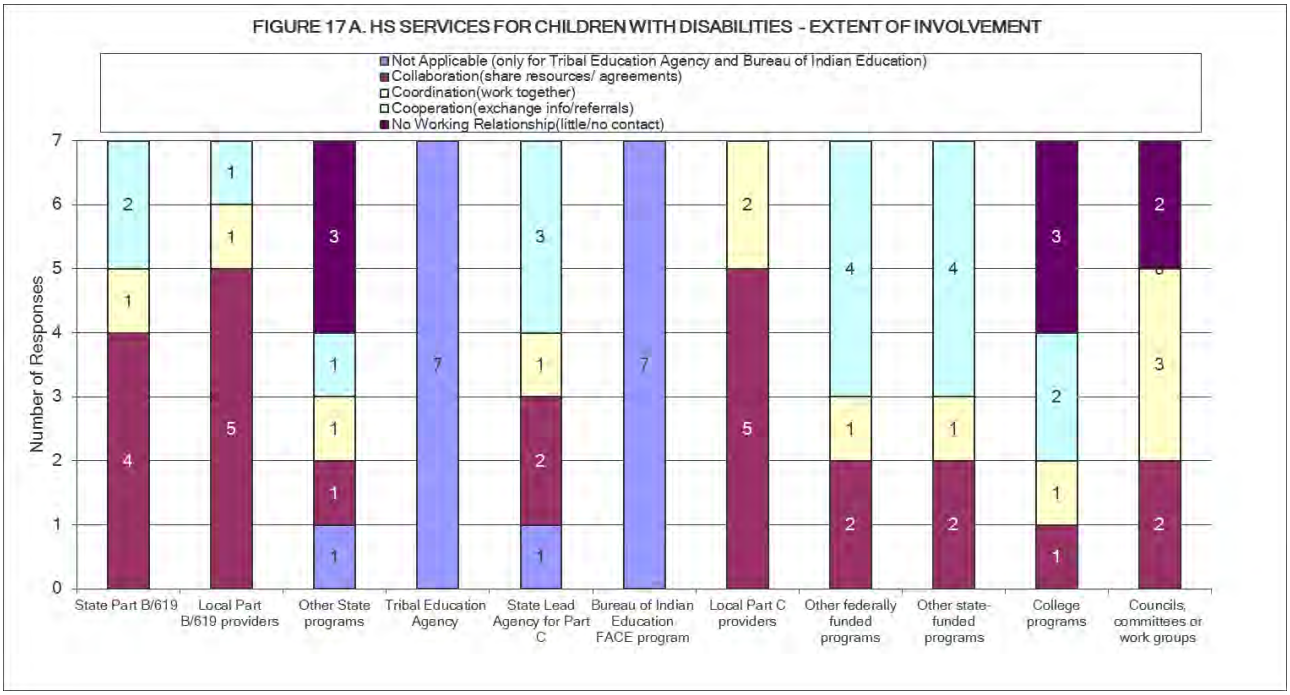
1. As part of the local school-district we accessed their Literacy Specialist who provided specific training for teachers and staff about the importance of teaching literacy and ways to do it
2. HS has been working closely with VT Adult Learning to provide a placement for VAL students to volunteer at HS and to refer HS families to VAL for services
3. CLIF grant awarded to program; family Literacy Nights at sites; children receive book to take home
4. We have a great connection to VT Reading Partners.
5. Literacy is embedded in our HS programming.
6. Individualizing for each family
7. Extensive staff training in family literacy
8. Sponsoring community literacy events
9. We have developed an awesome lending library for parents, which have been well received by parents.

Figure 16 A. shows all family literacy services activities falling in the somewhat difficult to not at all difficult range (means ≥ 3.00 on a 4.00 point scale). All five activities received the not at all difficult rating from three or more of the seven HS grantees responding to the survey.



Services for Children with Disabilities

Figure 17 A. shows the level of involvement of HS grantees with 11 organizations providing services for children with disabilities. In 2012 HS grantees rated their involvement with Other State Programs the lowest among the 11 organizations (mean =1.71). HS grantees rated highly their involvement with Local Part B: Preschool Special Education (mean = 3.57) and Part C: Early Intervention provider (mean = 3.71). The State Part B/619 agency also received a relatively high HS rating for involvement (mean = 3.29).



Services for Children with Disabilities – Raw Survey Comments

Please describe any other issues you may have regarding partnerships with disabilities services efforts in your state.

- We have serious challenges with one school district regarding their inability to conduct assessments in a timely manner (if at all) that may or should lead to an IEP. Currently, in May, we have children who were referred for assessments in the fall and it has not yet occurred. This places us in the precarious position of having to support families in filing a grievance, which will gravely affect our ability to have a positive relationship with that school system. This isolated misfortune skews our responses in this section. For all other school districts in our service area, we have a solid and effective working relationship where services are being met for children in a timely manner.

- CIS-EI/EEE sometimes do not invite HS staff to meetings; many times we have to remind the programs to send us supporting docs such as IEP mtg minutes
- "Our region is spread across 4 counties, and our experience working with partners and other providers in our communities can vary greatly. For example, we work with 25 LEAs and 3 Part C agencies. In answering section one (relationships) and section two (level of difficulty) we tried to choose the rating that best describes most of them. In this section about issues we may be having, several of the issues listed are true for only a small number of LEAs.
    - Receiving copies of written IEPs and Evaluation Reports following meetings. For both IEP annual reviews and initial IEPs we often wait 1 month, sometimes 2 months and have had cases this year where the IEP and/or Evaluation Report was not distributed in written form for up to 4 months following meetings, despite repeated, regular requests for the written copy. We estimate that about half of the districts we work with have had this type of delay in getting written plans distributed to IEP team members. Other districts are very timely in getting plans out to the team.
    - Some districts seem to have more children with special needs than current staffing can support. This relates primarily to screening and evaluating and somewhat to providing services to eligible children.
    - LEA questions about what type of information can be released to HS. For 1 district out of the 25, questions have developed over the course of this program year about what they should/can release to us, even though we provide a parent signed release to share information. At one point the Special Education Coordinator stopped the release of all IEPs and Evaluations. Those are now released, but at this time we are still not able to obtain the Parent Consent for Special Education Evaluation (Form 3a) from this district. We have heard from other HS Coordinators that it is sometimes hard for them to get what they need. In our statewide Interagency Agreement, Supporting Children with Special Needs and their Families, the subject of sharing of information is addressed but does not specify which documents HS must obtain from EEE in order to meet HS regulations. Clarifying this may be a relatively easy fix that could be helpful to all.
    - Consistent response and guidelines for concerns about the development of children from ELL families. This issue is limited to few districts given the distribution of ELL families in the state. One district we work with seems to have a protocol for assessing the need for evaluation, especially if the concerns are in areas other than speech development, and even in the area of articulation they provide screening and

recommendations. Another district we work with said their protocol is to refer all children from ELL families to the Child Development Clinic.

  - Providing timely notice of IEP meetings and scheduling meetings so that HS staff can attend. For several districts this is an issue, for the majority HS staff are included as valuable members of the team."

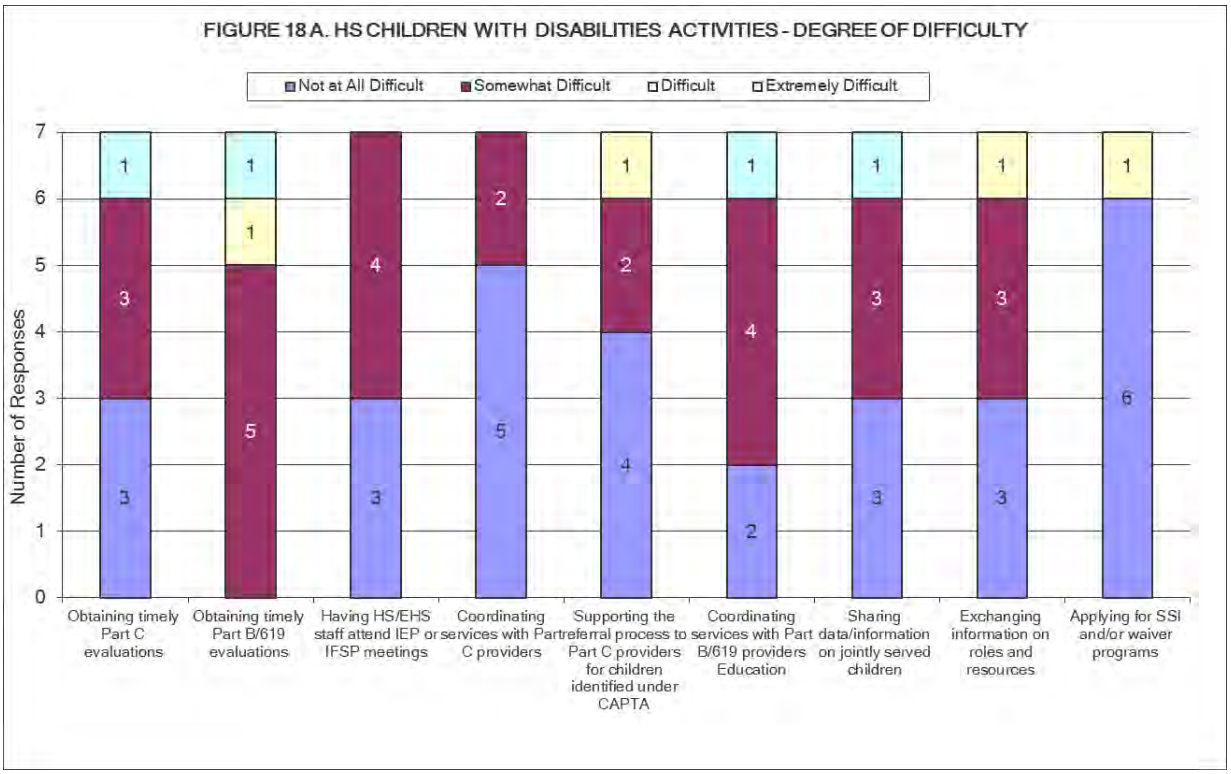
- Limited resources to support children with disabilities in a variety of settings. Approximately 23% of children enrolled have diagnosed disabilities which stretch resources for staff, parents and communities.
- We do not have EHS, so we do not deal with Part C very often, if at all.

In your efforts to address the disabilities needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

1. CIS Model; being an integral part of this system at the administrative (design and monitoring) and service levels. This integral involvement would serve other programs well.
2. Collaboration with mental health services within agency
3. Public school para-educators assigned to work in some classrooms with children on IEP
4. Collaborations with public schools
5. CIS process is centralized
6. Relationships continue to grow over time
7. Sharing professional development opps
8. Relationship with EEE/sharing of staff & materials
9. Willingness of EEE staff to meet with disabilities manager regularly throughout the year to update concerns about all children in the program from their district
10. Joint staff training opportunities
11. Partnerships where time is set aside for regular planning
12. We coordinate well in general.

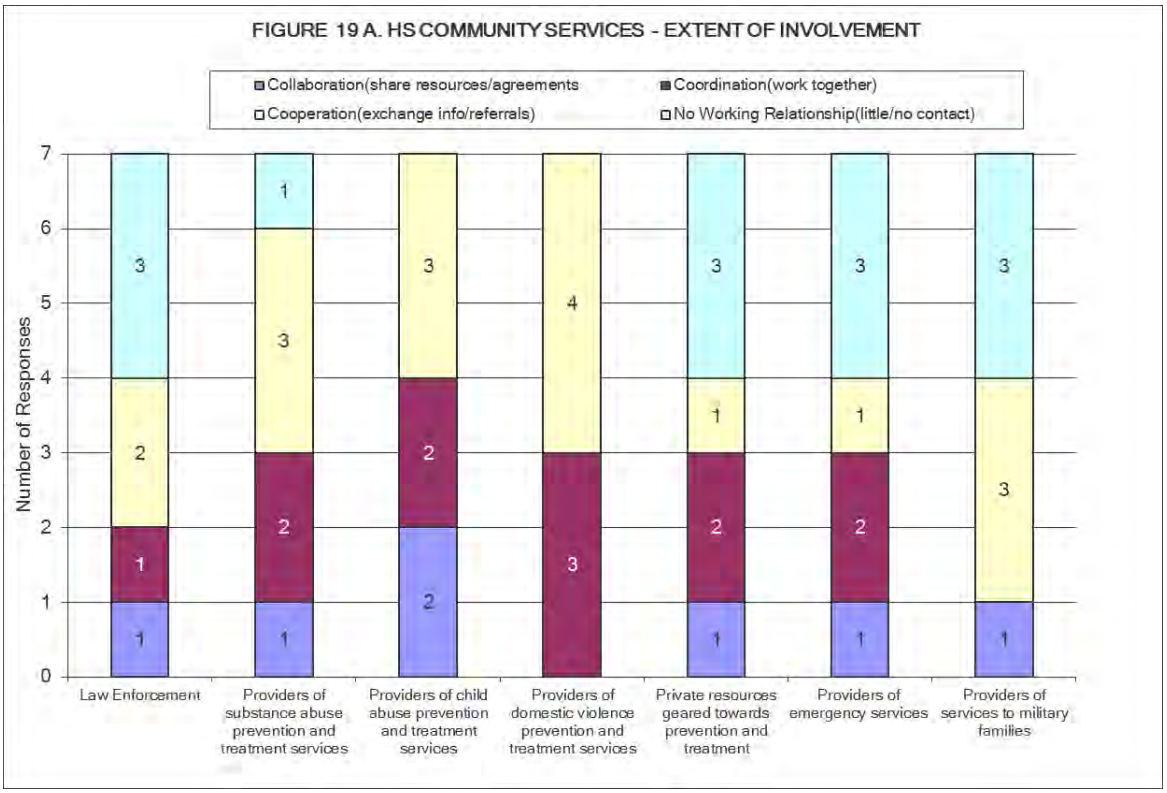
Figure 18 A. represents the degree of difficulty that HS grantees reported for the nine disabilities service activities. Applying for Social Security Supplemental Insurance or other

waiver (mean = 3.71) and the Coordinating services with Part C providers: CIS Early Intervention (mean = 3.71) were rated as the least difficult activities. HS grantees rated Obtaining timely Part B/619 evaluations activity (mean = 2.57) as the most difficult of the disabilities activities. EHS partners with Part C providers, and HS agencies work with Part B/619 entities to coordinate these activities.



Community Services

Figure 19 A. reveals the extent of involvement of HS grantees with seven community services providers. For the first time, HS grantees were asked to rate their involvement with providers of services to military families which received the lowest ranking for involvement in the community services priority area (mean = 1.86). The HS grantees' ratings of their involvement with the other six community services providers were not much higher (means ranged between 2.0 and 2.86).



Community Services – Raw Survey Comments

Please describe any other issues you may have regarding partnerships with community services efforts in your state.

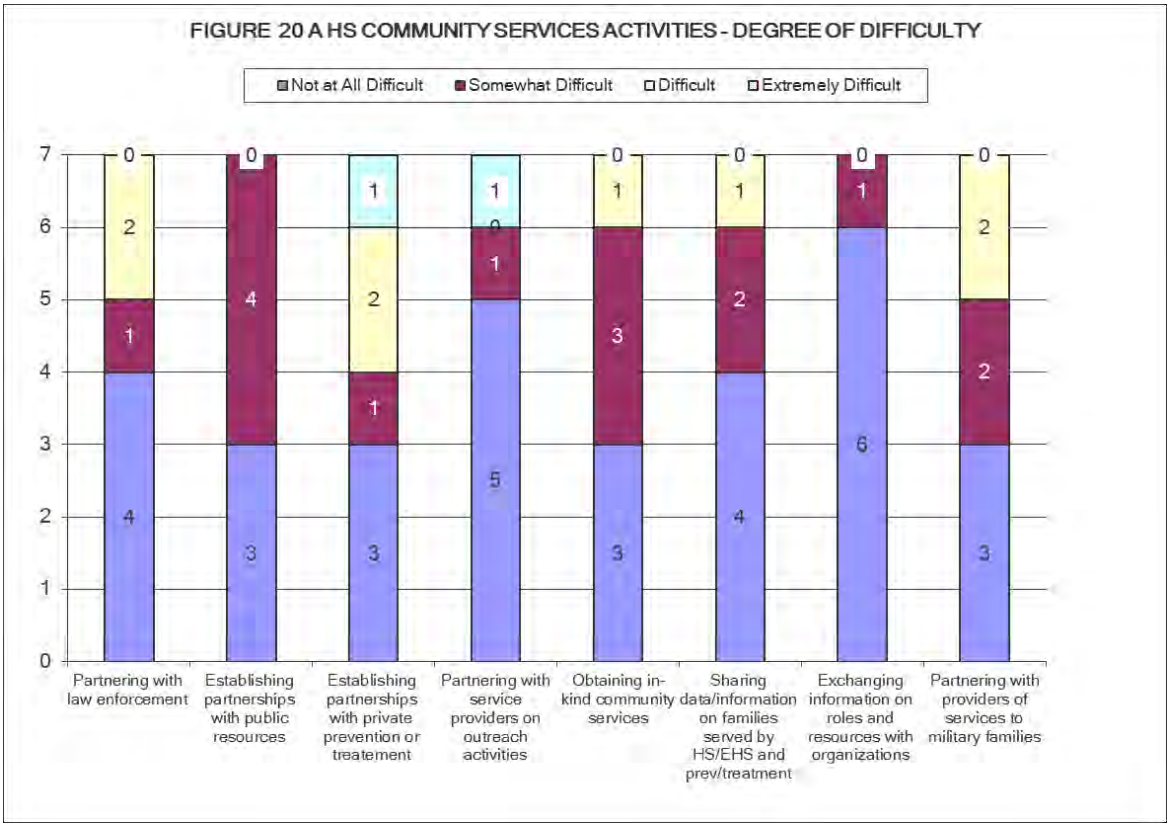
- Transportation is very challenging.
- We have not had many families who have had parents in the military
- The difficulty for us rests in finding the time and resources to actively develop the linkages and ensure continuity of those linkages over time. There is also a disparity in services and linkages based on county, with Chittenden often being the most complicated to navigate.

In your efforts to address the community services needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

1. Having a strong presence on community boards
2. Having strong representation from community boards on our committees and council
3. Being part of a school system

4. Lincoln center in St Johnsbury - multiple programs in one building
5. Information is only shared with parent permission.

Figure 20 A. shows the degree of difficulty in eight community services related activities. Similar to the 2011 web survey results, community service activities were viewed by HS grantees as having a low level of difficulty, most with means ≥ 3.00 (somewhat difficult) out of 4.00 (not at all difficult). The one exception was establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services with a mean of 2.86 out of 4.00.



Partnerships with Local Education Agencies - Prekindergarten Readiness

The Head Start Act requires grantees have Memorandum of Understanding (MOU) with all Local Education Agencies or LEAs that offer publicly funded prekindergarten. LEAs providing publicly funded prekindergarten are viewed as the most collaborative of all the partners in this survey. The 2012 mean was 3.43 out of the highest rating of involvement of 4.00. In 2011 the mean for LEAs was 3.29 out of 4.00. Even though the level of involvement for two consecutive surveys was high, there is room to improve in certain activities and to address some of the issues raised in the comments below.

Partnerships with LEAs - Prekindergarten Readiness -- Raw Survey Comments

Please describe any other issues you may have regarding partnerships with prekindergarten efforts in your state.

- For the majority it is all great but there is one school district has not followed through in a timely manner to response to child assessment and possible IEP services. EES was working with the school and the parent to get the support needed.
- Time to have face to face meetings; need more resources; difference in philosophy at times
- Securing & retaining licensed teachers
- CVHS has at least 18 LEAs in our region, some of which partner with HS for provision of preschool services, some of which do not. This makes it challenging to obtain the MOU proscribed by the HS Act in every case. Perhaps four years ago, the VT HS State Collab Office provided some initial support toward obtaining a state-level agreement with VT DOE/ VHSA which would contain all of the required elements, and which would serve as a guiding document akin to the state-level agreement "Services to Children with Special Needs and their Families." This effort should be picked up again and followed through to fruition.
- 15 supervisory unions with 1 or more elementary schools

In your efforts to address the public preschool needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

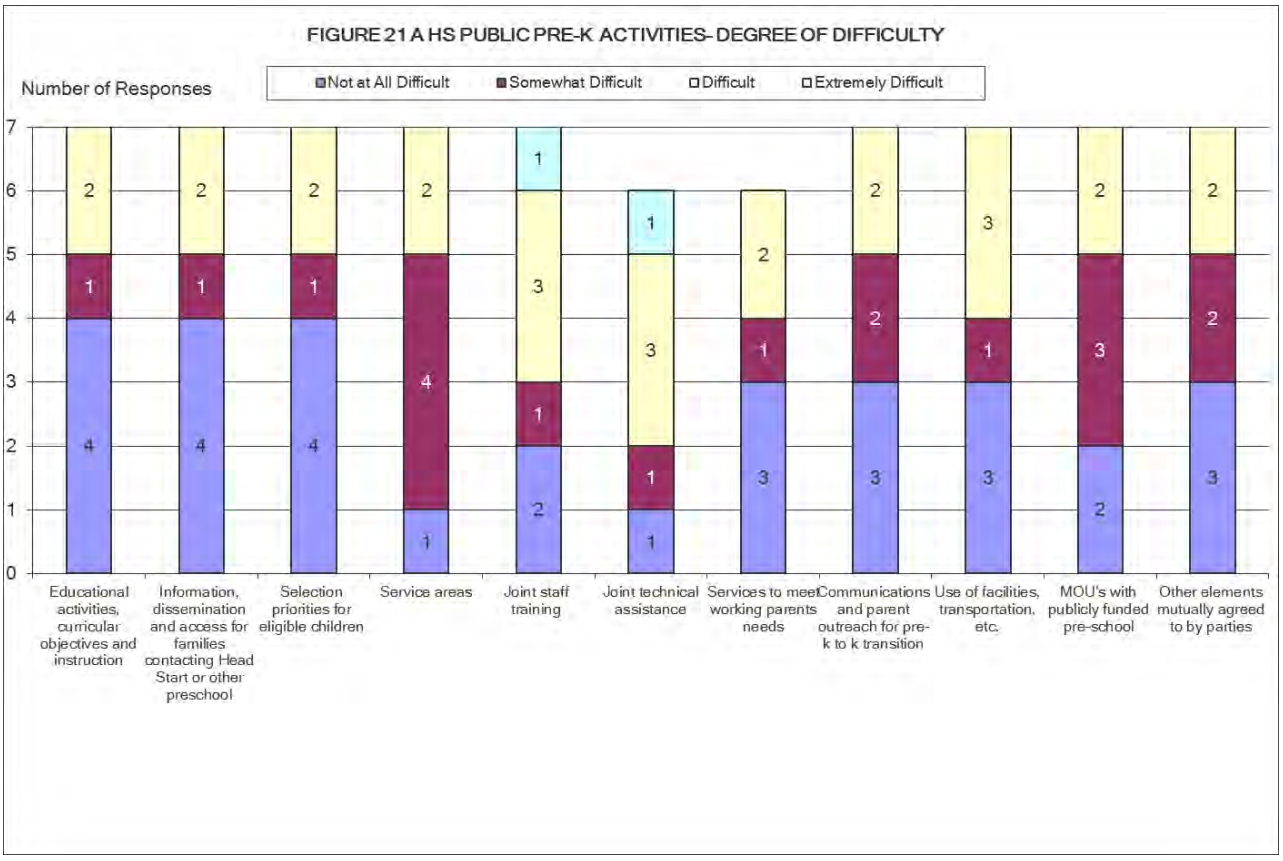
1. School readiness goals-sharing and all on the same page-driven by academics sharing common language
2. Being part of the SD administration team - looking at kindergarten readiness and developing strategies to work closer together (literacy and math coach)
3. School District is sharing resources.
4. We are building relationships over time.
5. Interagency agreements have become more individualized as more collaborations are formed
6. The state now has one assessment for reporting child outcomes.
7. Public schools that we currently partner with are enthusiastic & inviting.

8. The principals are open to implementing suggestions for improving partnership visits.
9. Receiving public schools realize that the partnerships have eased the children's transition to kindergarten and the teachers have met the children and are more prepared as the year begins
10. We have strong longstanding relationships with written agreements with LEAs where we have a shared HS/LEA classroom.

Figure 21 A., illustrates the degree of difficulty for HS grantees to coordinate publicly-funded prekindergarten-related activities with LEAs. The OHS Information Memo 08-18 (http://eclkc.ohs.acf.hhs.gov/hslc/standards/IMs/2008/resour_ime_018_101408.html) states, "the MOU(s) must include coordination plans that address the ten subjects described in Section 642(e) (5) (A) of the Act". In the 2011-2011 web survey, HS grantees were asked to rate their degree of difficulty in addressing each of these required activities or subjects that the MOU should contain. In the 2011-2012 web survey findings, HS grantees had a greater difficulty in coordinating the following activities:

- Staff training, including opportunities for joint staff training with a mean of 2.57 which falls between difficult and somewhat difficult);
- Joint/shared technical assistance (e.g., on mutual needs; to develop partnership agreements) (mean = 2.00);
- Provision of services to meet needs of working parents, as applicable with a mean of 2.71 which falls between the difficult and somewhat difficult; and
- Services areas (mean = 2.86).

HS grantees rated as somewhat difficult their coordination of the provision and use of facilities, transportation, etc. activity with their publicly-funded Pre-K partners in the Education (School Readiness, Head Start – Pre-K Partnership Development) priority area (see Figure 5 A). However, HS grantees rated their coordination of transportation with LEAs as much more difficult in the school transition priority area (mean=2.14) when their coordination of transportation was separated from their coordination of their use of facilities (mean=3.58) (see Figure 22 A.)



Partnerships with LEAs - Transition and Alignment with K-12

Compared with the 2010-2011 web survey (mean = 3.71), Head Start grantees ranked their involvement with LEAs in the Partnership with LEAs – Transition and Alignment with K-12 priority area .71 points less than they did in the 2011-2012 web survey (mean = 3.00) (see Figure 3A). However, LEAs partnering with HS programs in the Transition and Alignment with Kindergarten to Grade 12 priority area is one of the top three scoring items in which HS programs are most involved with providers/organizations (see Figure 3A). Six of the seven HS grantees provided specific comments, describing the key issues in this priority area (see below).

Transitioning and Alignment with K-12 -- Raw Survey Comments

Please describe any other issues you may have regarding school transition and alignment efforts in your state.

- We are working on developing stronger links with local schools so that we are all operating with the same definition of school-readiness and expectations; it is important to find more time and money to support k teachers visiting HS classrooms and spending time with HS teachers to learn about incoming kindergartners and their needs.

- Some teachers want the assessment info-others do not; some lea's are more collaborative than others!
- We only had 1 child in our program who needed ESL services. That child only remained in the program for 2-3 weeks. Finding an interpreter for family meetings and general use was difficult
- Because of the Magnet School application process in the Burlington School District, children are not guaranteed their neighborhood school or the same school as their siblings. There is late notice of school placement.
- Some LEAs refuse child records. Survey is difficult to answer with 15 supervisory unions where we do not have collaborative classrooms with all.
- Some school districts are easier to work with than others.

In your efforts to address the school transition and alignment services needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

1. Superintendent of host school district is on board with the importance of early education and the need to strengthen k transition activities.
2. Sharing resources from the host school district with our HS staff
3. Executive Director reports to School Board and is a part of the school leadership team
4. HS teacher meetings with kindergarten teachers for children transitioning
5. Sharing of child outcomes with families and local schools
6. We are currently working both at the local and the state levels on developing and implementing best practices for transition for our children and families as they enter public schools.
7. State level work is being done to align our VELS with the HS framework and the common core k-12 in math and literacy.
8. Transition report process completed with staff and parents
9. Transition focused parent meetings required each spring
10. Transition materials (example books, resources, backpacks) given to HS families each spring

11. Our transition plans are well thought out even though some public schools may choose not to participate in the activities we have planned.

The School Transition and Alignment with Kindergarten to Grade 12 Priority Area covers a broad range of 16 activities. Figure 22 A. depicts how HS grantees rate each of these 16 activities in terms of degree of difficulty. Activities rated as least difficult are considered strengths, and activities rated as most difficult are considered as gaps. HS grantees rated the coordinating transportation activities with their partners item by far as the most difficult (mean = 2.14) and this item received three extremely difficult ratings out of seven grantee responses possible. The means for the other 15 activities were calculated as described earlier and all were rated with means ranging between 3.14 points and 4.00 points. HS grantees rated aligning Vermont Early Learning Standards (VELS) with the Head Start Child Outcomes Framework as the least difficult of the activities (mean = 4.00).

The VHSSCO Five-Year Strategic Plan was designed to strengthen the activities between HS grantees and their partners in the Partnership with LEAs – Transition and Alignment with K-12 priority area. Based upon the ratings by some grantees, there are activities and services that can be better coordinated like establishing comprehensive policies and procedures that support children's transitions. Our school transition goal is to develop a systemic approach to school transition and alignment of k-12 curriculum, by supporting pilots in HS catchment areas. Each pilot is committing to making transitioning a priority and convening a team to address problems, share the lessons learned to the other LEAs in the HS area and support change that benefit all children and their family.

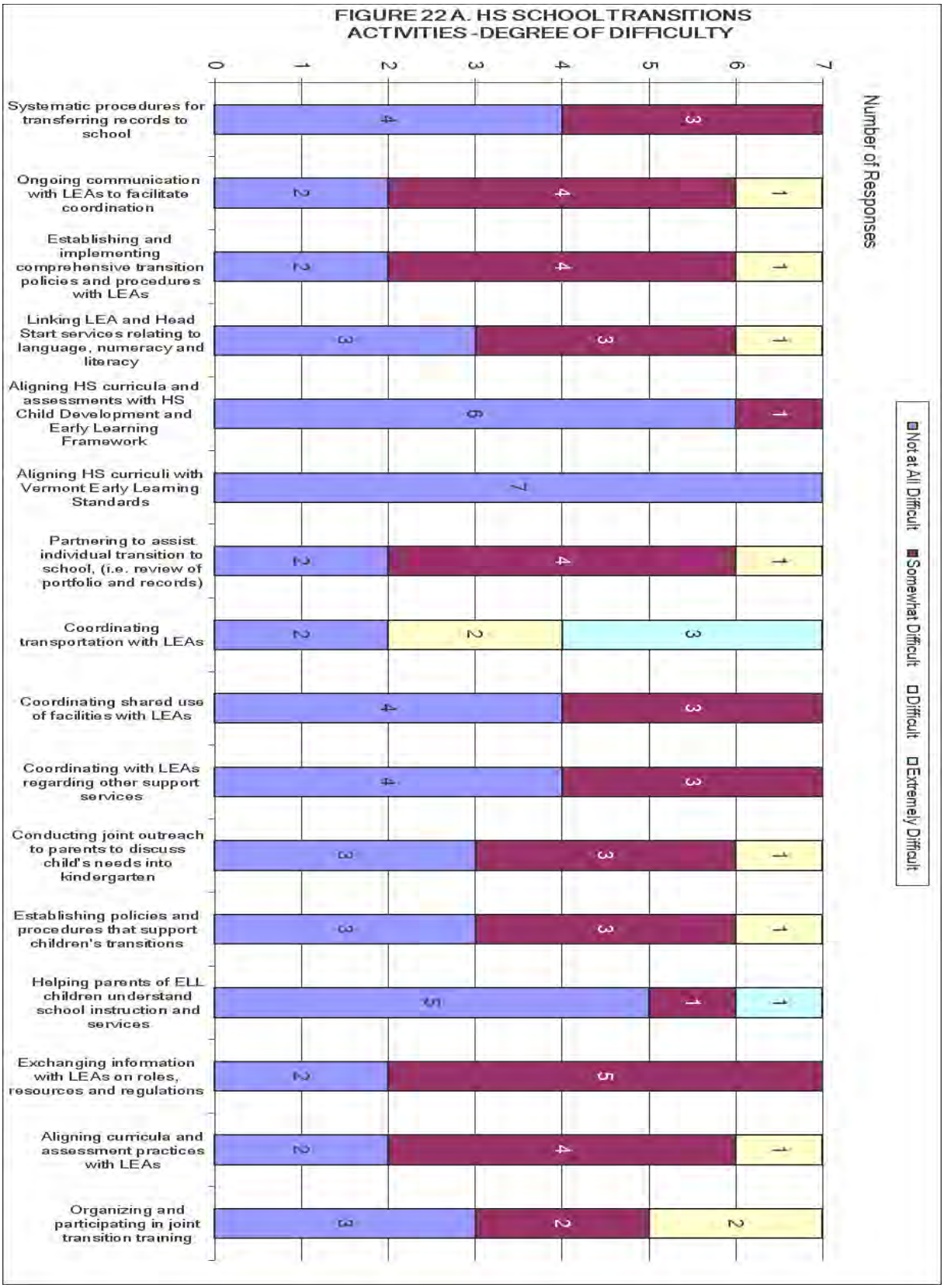
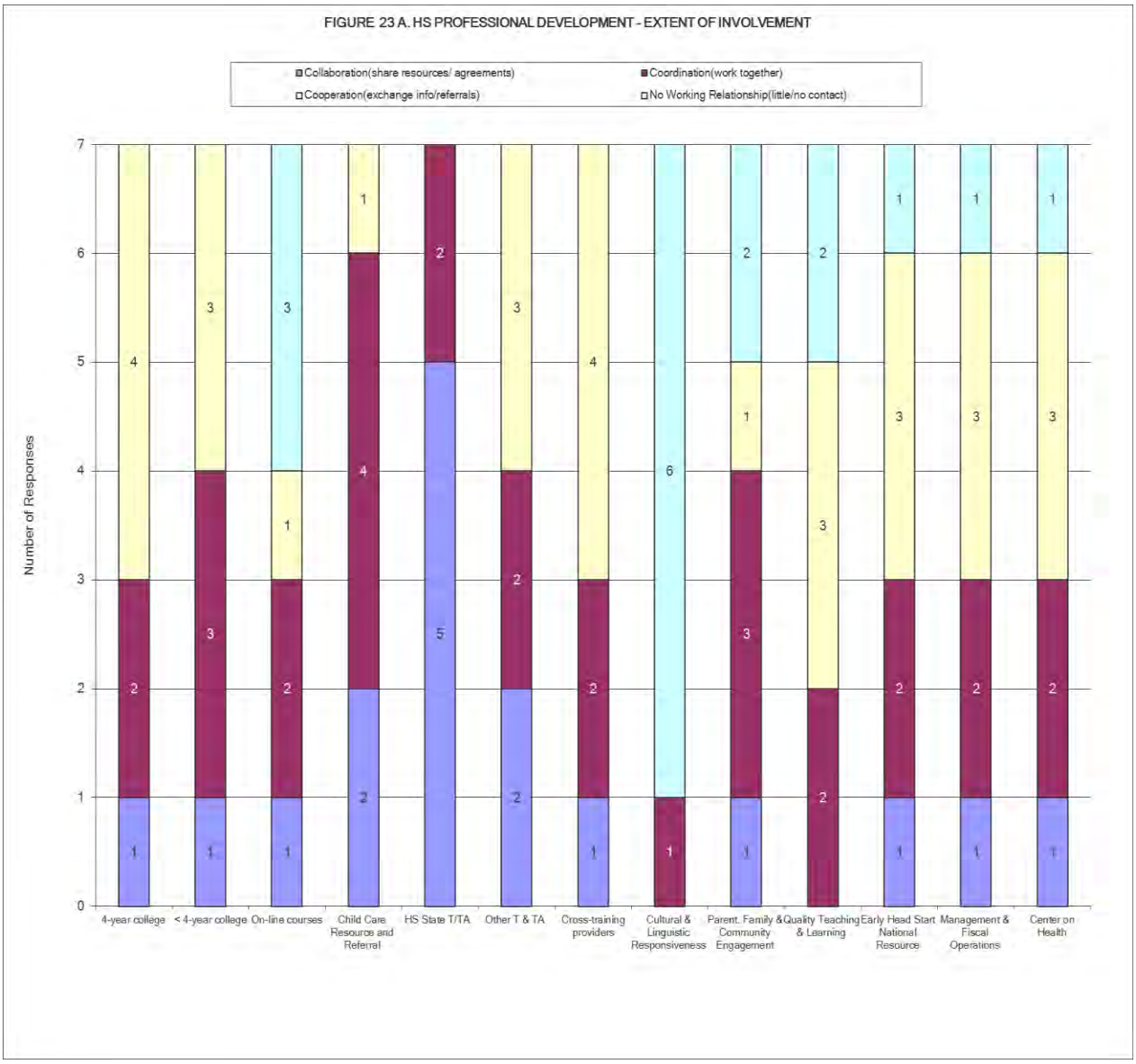


FIGURE 22 A. HS SCHOOL TRANSITIONS ACTIVITIES -DEGREE OF DIFFICULTY
0
1
2
3
4
5
6
7
Number of Responses
Systematic procedures for transferring records to school
4
3
Ongoing communication with LEAs to facilitate coordination
2
4
1
Establishing and implementing comprehensive transition policies and procedures with LEAs
2
4
1
Linking LEA and Head Start services relating to language, numeracy and literacy
3
3
1
Aligning HS curricula and assessments with HS Child Development and Early Learning Framework
6
1
Aligning HS curriculi with Vermont Early Learning Standards
7
Partnering to assist individual transition to school, (i.e. review of portfolio and records)
2
4
1
Coordinating transportation with LEAs
2
2
3
Coordinating shared use of facilities with LEAs
4
3
Coordinating with LEAs regarding other support services
4
3
Conducting joint outreach to parents to discuss child's needs into kindergarten
3
3
1
Establishing policies and procedures that support children's transitions
3
3
1
Helping parents of ELL children understand school instruction and services
5
1
1
Exchanging information with LEAs on roles, resources and regulations
2
5
Aligning curricula and assessment practices with LEAs
2
4
1
Organizing and participating in joint transition training
3
2
2
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult

Professional Development

Figure 23 A. shows the extent of HS involvement with providers and organizations providing professional development services, courses or programming for early care and education professionals. HS grantees rated themselves as least involved with the National Center on Cultural and Linguistics Responsiveness (mean =1.28); National Center on Quality Teaching and Learning (mean=2.0); National Center on Health (mean = 2.4); National Center on the EHS National Resource Center (mean=2.4); National Center on Program Management and Fiscal Operations (mean=2.4); and National Center on Parent, Family and Community Engagement (mean=2.4). These organizations were not included in the 2011 web survey. HS grantees rated themselves as most involved with the Head Start State-based Training and Technical Assistance Network (mean=3.71) and their local Child Care Resource and Referral/Resource Development agencies (mean=3.14).



Professional Development -- Raw Survey Comments

Please describe any other issues you may have regarding partnerships with professional development efforts in your state.

- Higher teacher qualifications should be compensated at higher pay rates; we are increasing requirements but not salaries.
- On-line is difficult due to lack of internet in areas of the NEK.
- We should look into TEACH for VT and health. Related coursework for health managers. We do not have any 4 year degree programs in Bennington County and this is a major problem for staff development.

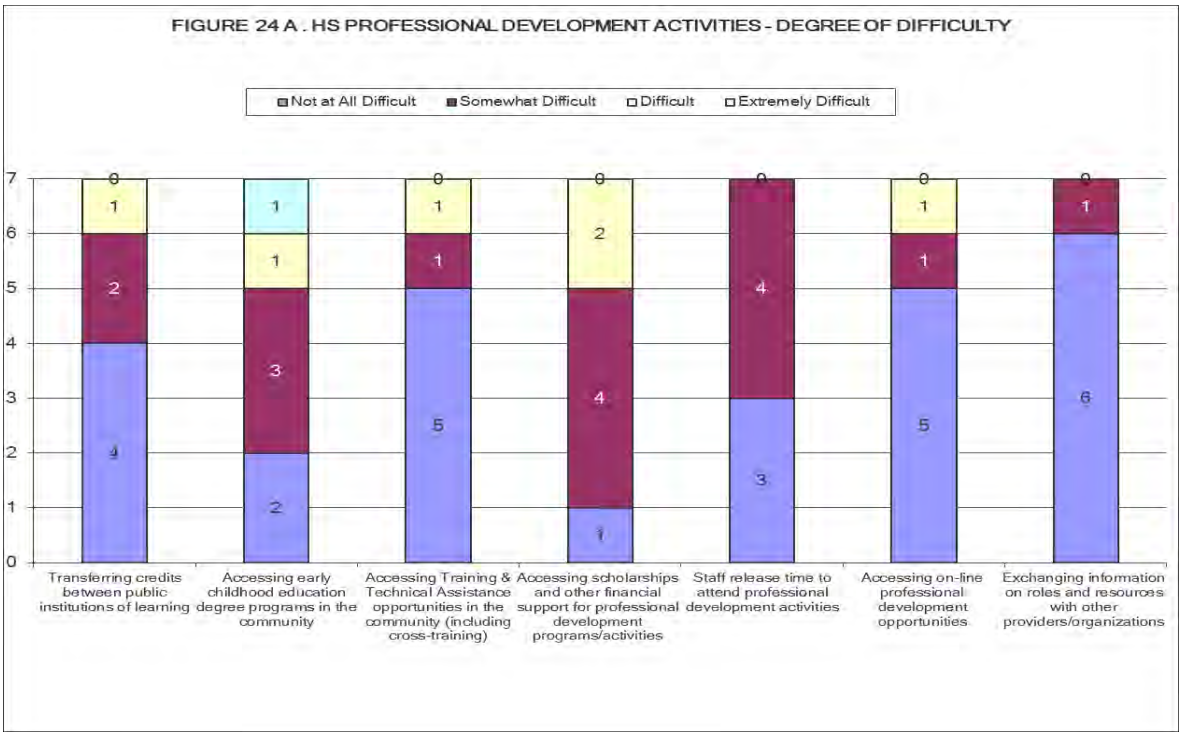
- Not sure that we've had any real interaction with the National Centers other than perhaps the EHS Center.
- Scholarships for professional development are only available for classroom staff.

In your efforts to address the professional development needs in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

1. Providing stimulating, cutting edge professional training opportunities above and beyond the basics in order to keep morale up and help staff feel they are benefitting and improving themselves even though they are not paid well; (an issue in the field and not excuse to our agency)
2. Encouraging staff to attend regional and national training events
3. Reviewing child outcomes to help assess professional development needs
4. Utilization of staff as mentors/trainers of new and less experienced staff
5. We work closely with Northern Lights and our local CCV site
6. Our mentoring OHS project provided valuable support for the teaching staff for staff development and should be a universal priority state wide. We also meet monthly with all our ECE partners about professional development for the county
7. Connection with CIS
8. Starting Points Directors network
9. Many training opportunities are offered by CVHS and other agencies.
10. CVHS staff are supported to develop and revisit IPDP.
11. We have easy access to local two and four year colleges to assist staff with coursework necessary to renew teaching license, add an additional endorsement to a teaching license, and/or advance to a higher degree.
12. CVHS is very pleased with the HS T/TA assistance available to our program. Support has been received in the form of in-service and state cluster training sessions, developing state and program school readiness goals, and presence at VHSA meetings.
13. In-service monthly training.
14. Sending staff to additional training.
15. Support staff effort to improve credentials.

16. The Apprenticeship Partnership program has been a wonderful collaboration with our program!

Figure 24 A. rates the degree of difficulty that HS grantees reported as having when collaborating on seven professional development-related activities. The most difficult activities (gaps) for HS grantees are accessing early education degree programs in the community (mean=2.86) and accessing scholarships and other financial support for professional development programs/activities (mean=2.86). Five out of the seven HS grantees rated each of these activities as extremely difficult (medium blue bar).

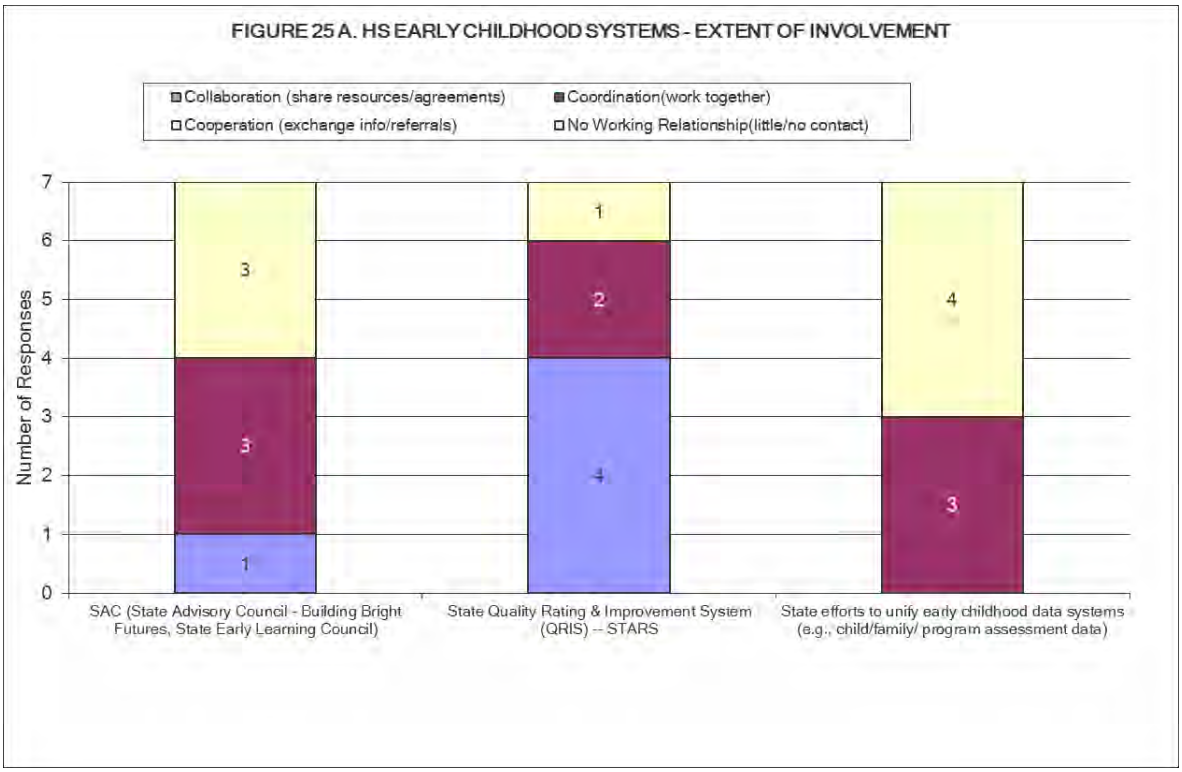


Early Childhood Systems

Of the three Early Childhood Systems activities, Figure 25 A, depicts that HS grantees view themselves as the least involved with the state efforts to unify early childhood data systems (mean=2.43). HS grantees rated their involvement with the Building Bright Futures State Advisory Council, Inc. (BBF SAC) as another potential partner gap that could be improved (mean=2.71). Since launching and analyzing the responses to the 2011-2012 web survey, there was an effort to formalize a data sharing agreement between the Building Bright Future - State Advisory Council (BBF-SAC) and VHSA. This agreement may help enhance the future level of involvement between HS grantees and this state-level organization. BBF-SAC is hosting and leading the development of Vermont's Early Childhood Data Reporting System (ECDRS), a comprehensive open source searchable data system to help with decision making and setting

policies in the future. The VHSSCO Director is co-chairing the BBF SAC Data and Evaluation Committee which makes recommendations about and has oversight of the ECDRS. The VHSSCO Director's role also offers an opportunity to strengthen this relationship and improve coordination of activities like data sharing.

HS grantees reported the greatest level of involvement (partnering strength) was with Vermont's STep Ahead Recognition System (STARS) -- Vermont's Quality Rating and Improvement System (mean=3.43). This mean of 3.43 indicates a high level of coordination.



Early Childhood Systems -- Raw Survey Comments

Please describe any other issues you may have regarding partnerships with early childhood system efforts in your state.

- Executive Director attends BBF Council meetings and participates in statewide committees aimed at bridging state and federal systems relevant to professional development, consistent quality ratings, etc. There needs to be improvement in the relationship of HS and Parent-Child Centers.
- We need the statewide data piece of TS Gold to work seamlessly for HS programs. PLEASE make this a priority in working with VT DOE and HS Education Managers.

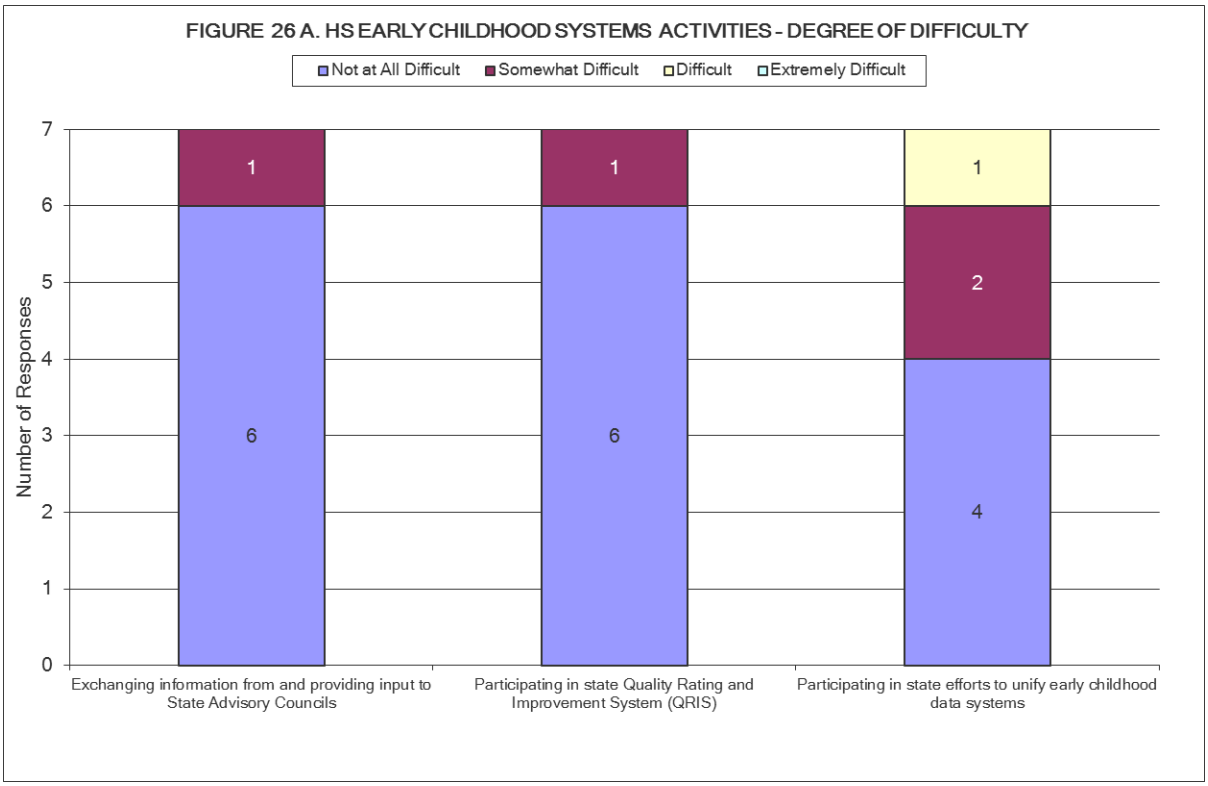
- Being able to link assessment systems to programs/specific children, so when children move from one area to another, the child's record could be transferred easily.

In your efforts to address the early childhood system needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

1. CIS
2. Northern Lights, BBF, etc. has the potential of becoming leaders in the nation due to the size of our state, close relationships across the state and high level "mindedness" of leaders who want to improve our systems
3. Participation on childcare licensing process management team
4. STARS oversight committee
5. EEI grant reviewer
6. SAC is not difficult due to the fact that I am on the council!
7. Working with VELS committee
8. Representation on the licensing committee
9. All programs are 5 stars our partners are 4 stars
10. Funding to support full day-full year through strengthening families grant...VERY IMPORTANT
11. CVHS attendance at all local BBF councils
12. Program wide on-going training with new assessment tool
13. Collaboration with DOE on TS GOLD training and implementation
14. All HS and collaborative sites have 4 or 5 STARS in our state preschool quality rating system.
15. One early childhood birth to five assessment system statewide

HS grantees rated themselves as having low levels of difficulty in coordinating and collaborating with their Early Childhood Systems activities (see Figure 26 A). Even though their extent of involvement with the State efforts to unify data systems was ranked lower on collaboration scale (mean=2.43), HS grantees rated their participation in the state efforts to unify early childhood data systems as falling in between somewhat difficult (3 points) and not at all difficult (4 points) with a mean of 3.43 points out of 4.00 points. Six of the seven HS grantees

rated as somewhat difficult exchanging information from and providing input to the BBF SAC and participating in STARS while one of the seven HS grantees rated these activities as not at all difficult. These ratings meant that the seven HS grantees overall rated their degree of difficulty exchanging information from and providing input to the BBF SAC with a mean of 3.86 points and participating in STARS with a mean of 3.86 points.



EHS Web Survey Summary of Results

This section examines the EHS grantees' responses (n=4) and compares them to the HS grantees' responses (n=7) presented earlier in this report. Generally, the responses by EHS grantees were similar to those of HS grantees yet there are some subtle differences.

The content of the EHS Figures 1 B. – 6 B. (tables) correspond to the content of the HS Figures 1 A. – 6 A. Figures 7 B. – 24 B. (bar graphs) represent the extent of EHS grantees' involvement with partners and the degree of difficulty of EHS grantees in their coordination and collaboration of their activities in nine of the 11 priority areas. EHS grantees did not answer questions in the two survey sections titled Education/Head Start--Public Pre-K Partnership Development and School Transition/Alignment with Kindergarten-Grade 12 because the content of these two sections is not directly germane to the work of EHS grantees.

One possible reason for subtle differences existing between the responses of EHS and HS grantees is because they serve different individuals. EHS grantees serve pregnant women and families with infants and toddlers, while HS grantees work with the three to five year olds population and their families. This in turn, results in their partnering with different organizations. For instance, EHS grantees collaborate with the local Part C- Early Intervention providers and may also partner with home-based regulated child care more than HS grantees do. Another possible reason for different responses is that EHS and HS grantees enroll different numbers of individuals.

During the 2011-2012 program year, EHS grantees had 375 funded slots and HS grantees had 1,197 funded slots. Because EHS grantees serve much fewer children than HS grantees, this fact may mean that HS grantees rely on more partners than EHS grantees to serve the needs of children and their families. Partnering with more organizations may also impact how involved HS grantees can be with each of their partners. Ultimately, all of these reasons may have impacted the responses.

Figure 1 B. depicts the EHS grantees' ranking of their partners in nine of the relevant priority areas. A ranking of one indicates that EHS grantees are most involved with service providers/organizations in a priority area, while a ranking of nine indicates that EHS grantees are least involved with service providers/organizations in a priority area.

In addition, EHS rankings in their nine priority areas are compared with the HS rankings in their 11 priority areas from one to eleven, and the comparison indicates that the EHS and HS rankings are relatively are similar (see the second column in Figure 1B). Figure 1 B. shows that the mean rankings by HS and EHS grantees were the same for child care.

The means were calculated using the same method as described earlier in the HS Web Survey Summary of Results section. For example, the 2012 mean for EHS grantees (see the second column from the right hand side in Figure 1 B.) was calculated by first assigning points to each possible level of involvement rating of a service provider/organization partnering with a HS grantee:

- NO WORKING RELATIONSHIP (1 point)
- COOPERATION (2 points)
- COORDINATION (3 points)
- COLLABORATION (4 points).

The points were totaled for each partner rated by EHS grantees and divided by four (the number of EHS grantees completing the survey). For example, the responses by each of the four EHS grantees regarding each Early Childhood Systems partner were totaled and divided by four to calculate the mean of EHS grantees' perception of their involvement with their Early Childhood Systems partners.

To calculate the mean of EHS grantees' perception regarding all of their partners within a priority area, the means for each of the partners in a priority area were summed and divided by the number of partners in that area. For example, the mean for Early Childhood Systems was calculated as follows:

> [3.0 State Advisory Council (BBF SAC) + 2.75 State Quality Rating and Improvement System (QRIS) STARS + 2.5 State Efforts to Unify Early Childhood Data Systems] ÷ 3 = 2.75 mean value

The same method was used to calculate the means of EHS grantees' perceptions of their degree of difficulty to engage in activities or partnerships. The number of points assigned to each response by EHS grantees was:

- EXTREMELY DIFFICULT (1 points)
- DIFFICULT (2 points)
- SOMEWHAT DIFFICULT (3 points)
- NOT AT ALL DIFFICULT (4 point).

Figure 1 B. EHS extent of involvement with service providers ranked from most to least involved by mean – Higher means on a 1 to 4 point scale indicates a higher level of involvement with EHS or HS.

Ranking EHS	*Ranking HS*	*Priority Area*	*# of Types of Partners in 2012 Web Survey*	*2012 EHS Mean*	*2012 HS Mean*
1	**4**	**Early Childhood Systems**	3	2.75	2.86
2	2	Child Care*	5	2.67*	3.11*
3	**6**	**Health Care**	13	2.46	2.63
4	**7**	**Family Literacy Services**	13	2.40	2.63
5	**9**	**Welfare/Child Welfare**[7]	7	2.39	2.49
6	8	Professional Development	13	2.33	2.52
7	5	Services for Children with Disabilities	9	2.23	2.76
8	10	Community Services	7	2.04	2.27
9	11	Services for Children Experiencing Homelessness	3	1.75	1.62
NA	1	LEA Public Prekindergarten	1	NA	3.43
NA	3	LEA Transition & Alignment w/K-12	1	NA	3.00

The means of HS and EHS grantees are similar, but the rank order by priority area (first two columns in Figure 1 B.) of partners and providers were different by as much as three or more places (see bolded text). For example, EHS grantees ranked their extent of involvement with service providers/organizations in the health care, family literacy, and welfare/child welfare priority areas three, three, and four rankings higher than HS grantees ranked them, respectively. One hypothesis for these ranking differences is that EHS grantees may be serving more first time parents who need access to health care, family literacy, welfare/child welfare services as new parents. With older children, HS families, on the other hand, have had more parental experiences and may be more experienced accessing these kinds of services.

Figure 2 B. shows how HS and EHS grantees ranked the priority areas with a one indicating the least difficult to a nine indicating the most difficult. Both HS and EHS grantees ranked child care activities as one of the most difficult, even though they ranked their extent of involvement with child care providers as among those most collaborative (see Figure 1 B.).

[7] Welfare and Child Welfare partners were combined in the 2012 and 2008 Web Surveys.

Overall, EHS and HS grantees ranked these priority areas similarly (see Figure 2 B). The largest difference in ranking between EHS and HS grantees in terms of degree of difficulty for children with difficulties, but the EHS and EHS means for this priority area only differed by .05 points.

Figure 2 B. EHS degree of difficulty with services or activities are in rank order from least to most difficult by mean – A mean closer to 4 indicates a lesser degree of difficulty in 2012. Bold text represents a significant difference in the ranking.

Ranking EHS	*Ranking HS*	*Priority Area*	*# of Services or Activities*	*2012 EHS Mean*	*2012 HS Mean*
1	1	Early Childhood Systems	3	3.83	3.71
2	2	Family Literacy Services	5	3.50	3.57
3	3	Services for Children Experiencing Homelessness	5	3.45	3.54
4	4	Child Welfare/Welfare	6	3.42	3.40
5	6	Professional Development	7	3.36	3.37
6	5	Health Care	11	3.27	3.38
7	7	Community Services	8	3.25	3.34
8	**10**	**Services for Children with Disabilities**	**9**	**3.22**	**3.27**
9	9	Child Care	6	2.92	3.29
NA	8	LEA Transition & Alignment w/K-12	16	NA	3.31
NA	11	LEA Public Prekindergarten	11	NA	2.94

Figure 3 B. shows the most involved partners in each priority areas. Partners who had a mean of ≥ 3.00 are listed in this figure. A mean of three represents a partner which EHS grantees view as coordinating and working together with them on projects and activities, while a mean of four represents a partner which EHS grantees view as collaborating and sharing resources with them and/or a partner with which EHS grantees have formal written agreements.

None of the EHS grantee's seven community services partners or three providers of services for children experiencing homelessness received a mean of ≥ 3.00. This indicates that there is a gap for EHS grantees to partner with these organizations to provide EHS children and their families with community and homelessness services.

A provider or organization and a 2012 EHS mean highlighted in Bold text corresponding to a Priority Area in Figure 3 B. indicates that the EHS grantees viewed the provider or organization as one of the most involved with themselves, but HS grantees did not view the same provider or organization as one of the most involved with themselves (see Figure 3 A.).

Figure 3 B. EHS most involved providers/organizations by priority area, means ≥ 3.00

Priority Area	Provider or Organization	2012 EHS Mean
Child Care	Local child care programs	3.50
	State Agency for Child Care (CDD)	3.00
	State or regional planning/policy (e.g. BBF)	3.00
Early Childhood Systems	**State Advisory Council**	**3.00**
Family Literacy	Public Private Sources that provide books	3.25
	Adult Education	3.00
	Services to promote parent/child literacy	3.00
Health Care	Other nutrition services (coop ext. services, Hunger Free VT)	3.25
	WIC	3.00
Professional Development	HS Training & Technical Assistance	3.75
Services for Children with Disabilities	Local Part C (CIS)	3.50
	State Part B (EEE)	3.25
	State Part C (CIS)	**3.25**
	Local Part B (EEE)	3.00
	Other state funded programs	**3.00**

Welfare/Child Welfare	TANF (e.g. economic services Reach First, Reach Up, Reach Ahead	3.50[8]
	Services and networks supporting foster and adoptive families	**3.00**

Other differences between EHS and HS rating for the most involved partners include the following:

1. Child Care - HS ranked Community Child Care Support Agencies (CCCSAs) higher with a mean of 3.00 whereas EHS grantees ranked their involvement lower with a mean of 2.75.
2. Professional Development - EHS grantees involvement with Child Care Resources and Referral Development training providers was ranked lower (mean = 2.75) while HS grantees ranked it higher (mean = 3.14).
3. Welfare/Child Welfare - Perceptions of involvement with services and networks supporting foster care and adoptive families fared better among EHS grantees with a mean of 3.00 while HS grantees ranked it lower with a mean of 2.86.
4. Early Childhood Systems - The Quality Ratings Improvement System did not make the list of most involved partners for EHS (mean=2.75) while it did for HS (mean=3.43). Yet the EHS grantees perceived their involvement with Vermont's BBF SAC higher (mean=3.00) than HS grantees did (mean=2.71).
5. In the area of Health Care Services, EHS grantees' rated their involvement with dental home providers was lower (mean=2.50) than HS grantees did (mean=3.0) (see Figure 3 A).

Figure 4 B. represents the organizations that are least involved with EHS grantees as defined by a mean ≤ 2.00. Based upon the web survey definitions, a mean ≤ 2.00 meant that EHS grantees viewed themselves as having had no working relationships (mean=1.00) or EHS grantees viewed themselves as cooperating, exchanging of information, and making and receiving referrals when serving the same families (mean=2.00).

[8] The 2012 web survey specifically asked HS and Early Head Start grantees about partnering with local TANF teams while the earlier web surveys asked HS grantees about partnering with the state agency administering TANF.

Figure 4 B. EHS least involved providers/organizations with a mean ≤ 2.00		
Priority Area	**Provider or Organization**	**2012 Mean**
Community Services	Emergency services	2.00
	Private substance abuse prevention and treatment resources	1.75
	Providers of services to military families	1.75
	Law enforcement	1.50
Family Literacy	Employment and training	2.00
	Museums	2.00
	Reading readiness programs	1.75
	Higher education	1.75
	School libraries	1.50
Health Care Services	Community Health Centers	1.75
	Children's health education providers	1.75
Professional Development	On-line course	1.75
	National Center on Cultural and Linguistic Responsiveness	1.50
Services for Children Experiencing Homelessness	Local housing agencies	2.00
	School Title I Director	1.75
	School Local McKinney-Vento homelessness liaison	1.50
Services for Children with Disabilities	State Education Agency for other programs (i.e. 504)	1.75
	University/community college programs/services	1.50
Welfare/Child Welfare	State Children's Trust Agency	2.00
	Employment and Training and Labor Services	1.75
	Economic and Community Development Councils	1.50

There were no organizations providing child care services and addressing early childhood systems rated by EHS grantees as being one of the least involved on the Collaboration to No Working Relationship Rating Scale.

Figure 5 B., shows that EHS grantees rated many activities between Somewhat Difficult (3.00) and Not at All Difficult (4.00) on the Extremely Difficult to the Not At All Difficult 4.0 Point Scale. The closer that EHS grantees rated their activities with partner to a Mean of 4.00, the less difficult EHS grantees rated this activity to coordinate with their partners.

Figure 5 B. EHS least difficult activities to collaborate with providers and organizations having a mean ≥ 3.00

Priority Area	Activities	2012 Mean
Child Care	Exchanging information about roles and resources for child care and community needs assessment	3.50
	Sharing data/information on children that are jointly served (assessment, outcomes, etc.)	3.50
	Establishing linkages/partnerships with child care providers	3.25
Community Services	Exchanging information on roles and resources	3.86
	Exchanging information on roles and resources with other providers	3.75
	Establishing linkages/partnerships with public resources	3.50
	Establishing linkages/partnerships law enforcement	3.50
	Obtaining in-kind services	3.25
	Establishing partnerships with providers of services to military families	3.25
	Partnering with service providers on outreach	3.00
	Sharing data/information on children that are jointly served (prevention & treatment)	3.00
Early Childhood Systems	Participating in state Quality Rating and Improvement System (QRIS)	4.00
	Exchanging information from and providing input to	3.75

Figure 5 B. EHS least difficult activities to collaborate with providers and organizations having a mean ≥ 3.00		
Priority Area	**Activities**	**2012 Mean**
	State Advisory Councils	
	Participating in state efforts to unify early childhood data systems	3.75
Family Literacy	Educating others (e.g. parents, the community) about importance of family literacy	3.75
	Exchanging information with other providers about roles and resources	3.75
	Incorporating family literacy into your program policies and practices	3.75
	Establishing linkages/partnerships with literacy providers	3.50
Health Care Services	Getting children enrolled in VCHIP, Dr. Dynasaur, Medicaid	3.75
	Linking children to medical homes	3.75
	Exchanging information on roles and resources w/medical, dental and other health care providers	3.50
	Partnering with medical professionals	3.50
	Arranging coordinated services for children with special health care needs	3.50
	Exchanging information about roles and resources with other providers/organizations	3.50
	Assisting parents to communicate with medical/dental providers	3.00
	Assisting parents with transportation to appointments	3.00

Figure 5 B. EHS least difficult activities to collaborate with providers and organizations having a mean ≥ 3.00		
Priority Area	**Activities**	**2012 Mean**
	Getting full representation and active commitment on your Health Advisory Committee	3.00
Professional Development	Exchanging information about roles and resources with other providers/organizations about professional development	3.75
	Accessing T/TA opportunities in the community including shared training	3.75
	Accessing on-line professional development opportunities	3.50
	Transferring credits between public institutions	3.50
	Staff release time	3.50
Services for Children Experiencing Homelessness	Implementing policies and procedures to prioritize enrollment	4.00
	Allowing families to apply, enroll and attend HS while documents are obtained	4.00
	Obtaining data under community assessment	3.25
	Engaging community partners in cross training and planning activities	3.25
Services for Children with Disabilities	Applying for SSI (Supplemental Security Income)	3.50
	Coordinating services with Part C providers	3.50
	Exchanging information on roles and resources with other providers	3.50
	Having HS/EHS staff attend IEP (Individual Education Plan) or IFSP (Individual Family Service Plan) meetings	3.25

Figure 5 B. EHS least difficult activities to collaborate with providers and organizations having a mean ≥ 3.00		
Priority Area	**Activities**	**2012 Mean**
	Supporting the referral process to Part C for children identified under Child Abuse Prevention & Treatment Act	3.25
	Coordination services with Part B/619 providers	3.25
	Sharing data/information on jointly served children	3.25
Welfare/Child Welfare	Implementing policies and procedures to prioritize enrollment	4.00
	Exchanging information on roles and resources	3.50
	Obtaining information and data for community assessment and planning	3.50
	Working together to target recruitment to families receiving TANF, Employment and Training, & other services	3.25
	Facilitating shared training & technical assistance	3.25

Figure 6 B. shows activities that EHS grantees viewed as the most difficult. The most difficult activities depicted in Figure 6 B. are those with a mean ≤ 3.00.

EHS grantees and HS grantees rated in different subtle ways which activities they viewed as the most difficult as depicted in Figure 6 B. and Figure 6 A., respectively. For example, EHS grantees ranked assisting families with access to full-day, full-year child care services as more difficult (mean=2.25) than HS grantees (mean= 3.43) did. EHS grantees ranked their capacity to blend funds to provide full-day, full-year child care services as more difficult (mean=2.50) than HS grantees (mean=3.29) did. In addition, EHS grantees had a more difficult time securing family participation in family literacy services (mean=2.75) than HS grantees (mean=3.29) did.

Figure 6 B. EHS most difficult activities indicated by mean ≤ 3.0 where 3 = somewhat difficult, 2=difficult and 1 is extremely difficult.		
Priority Area	**Activities**	**2012 Mean**
Child Care	Aligning policies and practices with other service providers	2.50
	Capacity to blend funds to provide full-day, full-year services	2.50
	Assisting families to access full-day, full-year services	2.25
Child Welfare/Welfare	Getting involved in state level planning and policy development	2.75
Community Services	Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, businesses) regarding prevention/treatment services	2.75
Family Literacy	Securing family participation in family literacy services	2.75
Health Care Services	Obtaining data and information on children and families served jointly	2.75
	Linking children to dental homes	2.50
Professional Development	Accessing early childhood education degree programs in the community	2.75
	Accessing scholarships and other financial support for professional development programs/activities (e.g., T.E.A.C.H. Early Childhood)	2.75
Services for Children Experiencing Homelessness	In coordination with the LEA developing and implementing family outreach and support efforts under McKinney-Vento and transition planning	2.75
Services for Children with Disabilities	Obtaining timely Part C (early intervention) evaluations of children within 60 days of when referral is made	2.75
	Obtaining timely Part B/619 evaluations for preschoolers	2.75

EHS grantees did not rate early childhood systems-related activities as being among the most difficult activities.

Both EHS and HS grantees found the following activities to be among the most difficult (see Figures 6 B. and 6 A.):

- Accessing early childhood education degree programs in the community and scholarships and other financial support for professional development programs/activities (e.g., T.E.A.C.H. Early Childhood);
- Obtaining timely Part C (early intervention) evaluations of infants and toddlers within 60 days of when a referral is made and obtaining timely Part B/619 evaluations for preschoolers with disabilities; and
- Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, businesses) regarding prevention/treatment resources under community services.

Early Head Start Web Survey Results by Priority Area

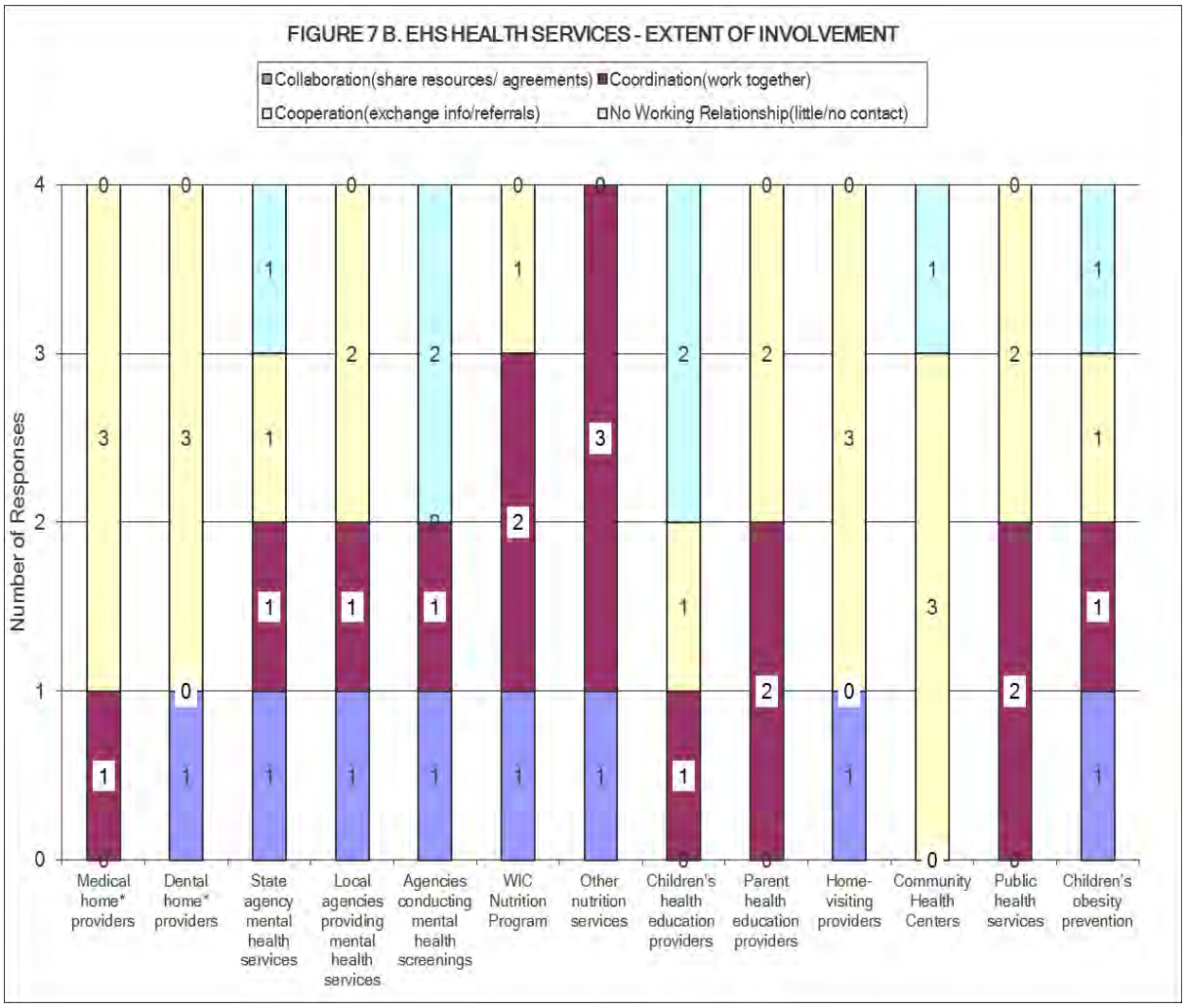
This section of the report details the results for each of the nine EHS web survey sections. A brief narrative accompanies each figure (graph) describing the extent of EHS grantees' involvement with various partnering service providers/organizations and the degree of difficulty EHS grantees have had engaging in a variety of activities around health care services, homelessness, welfare/child welfare, child care, community services, family literacy, disabilities, professional development and early childhood systems. In completing the web survey, EHS grantees (n=4) added comments to the survey, and these comments are presented as unedited, raw data at the end of each priority area section.

Health Care Services

Out of the 13 health service providers/organizations, EHS grantees rated the greatest extent of their involvement with WIC (Women Infants and Children) Supplement Nutrition Program (mean=3.00) and with Other Nutrition Programs (mean=3.25).

On the other hand, children's health education providers and community health centers both shared the lowest levels of involvement with EHS grantees with a means of 1.75. One reason may be that EHS grantees view their teachers and home visitors having a role of health educator. Another reason may be families have better access to medical homes in the

community and less access to the federally qualified health centers in the state (http://www.bistatepca.org/bi-state-members---vt).



Health Care Services -- Raw Survey Comments

Please describe any other issues you may have regarding partnerships with health care service efforts in your state?

- Linking the whole family to one dental home; dental access for adults; medical homes for adults; lead testing (doctors still not routinely conducting them in the Bellows Falls area) Hepatitis A (children are not being routinely immunized)
- Limited dental access for 0-3 year olds
- Limited dental access for families on Medicaid

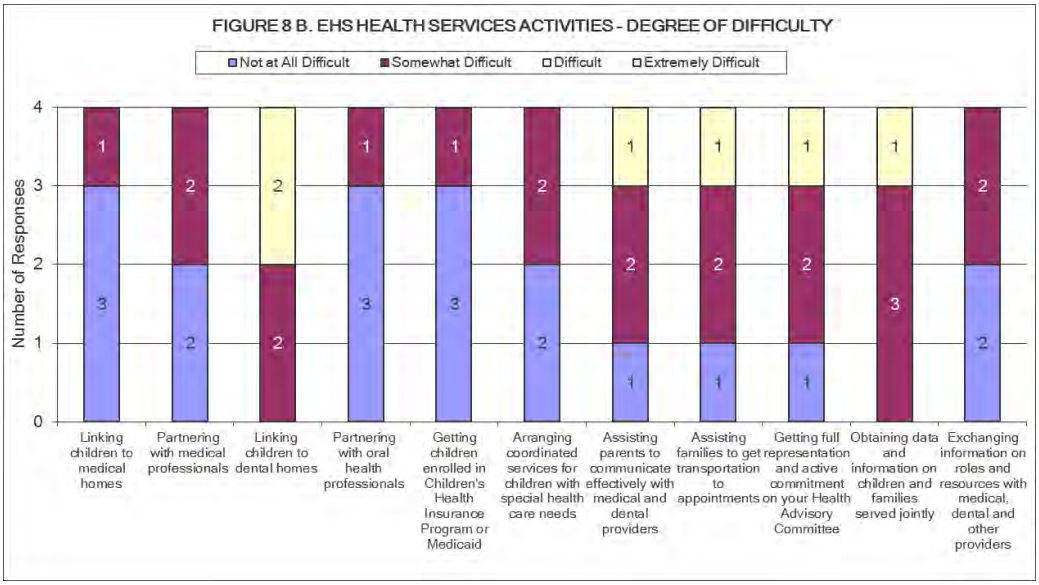
- Parents need more education around advocacy for medical and dental needs (examples: "What is a well-child exam?" "Why does my child need so many immunizations?" "Why does my 1 year old need to see the dentist?") This would be a great area for the State to take on as our staff are not trained health educators.
- CVHS experiences very slow response times from some medical and dental providers around receiving timely records (Mousetrap Pediatrics [Enosburg, St. Albans], Thomas Chittenden Health Center and Richford Notch Dental)
- CVHS would like to have more coordination with medical providers and other area agencies to partner on obesity-related issues.
- It would be helpful if the State worked with their partners to be sure medical providers are current on EPSDT requirements (lead, hemoglobin, hearing/vision screening, etc.) This would also be an opportunity to educate providers about HS requirements.
- AAP Safe Sleep guidelines have recently changed. The State could help provide training and guidance on how to implement this in centers serving infants."
- Helping families understand the importance of well child medical care and following through with medical appointments. The conflicting immunization schedules/requirements for HS and state result in confusion for families.

In your efforts to address the health care services needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

1. Saturday Dental Clinics for children
2. Annual Dental Health Day with services for adults who would otherwise not have dental care
3. Linking children to dental homes have greatly improved because of our concerted efforts and providing a community wide training on Bridges Out of Poverty for dental staff
4. Strong collaboration with DPH
5. Active and involved Health Advisory Committee includes a pediatrician who believes in HS; we educated them about HS
6. Community-wide collaboration with other health agencies due to advocacy from the program, particularly the health manager, relationships!
7. Perform EHS hearing screenings using OAE tool

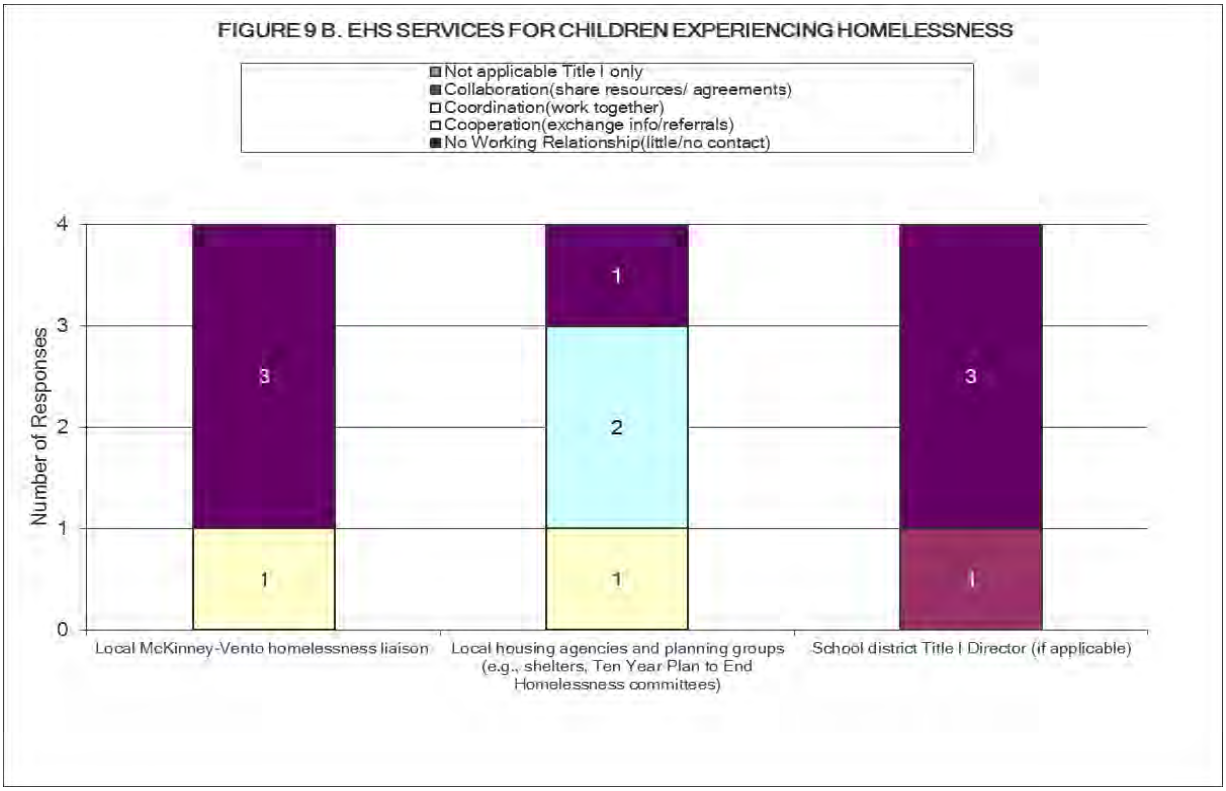
8. Tooth Tutors have been providing excellent support and education to parents, children and staff to assure children are getting to exams/Tx. (helpful to other programs)
9. CVHS developed a HEAL (Healthy Eating Active Living) calendar for parents and staff that highlights healthy recipes, physical activities, general health messages, and a section for emergency contact information. (Helpful to other programs)
10. CVHS offered many different days and time slots for parent education around mental health in order to meet the varying needs of family availability.
11. CVHS has had very good collaboration with the VT Dept. of Health's (WIC) breastfeeding coordinator.
12. CVHS introduced the "Little Voices/Healthy Choices" program to focus on nutrition, sleep and physical development of infants and toddlers.
13. We have met with medical practices for "lunch and learns" to discuss HSs role and how we can work together.
14. When families fall behind in getting routine medical care and immunizations they receive additional support from the nurse consultant and health manager. (phone calls, letters)

Of the 11 activities in the health services priority area, Figure 8 B. shows that accessing/linking to dental homes (mean=2.50) and obtaining data and information on children and families jointly served (mean=2.75) are the most difficult activities for EHS grantees. EHS grantees rated all other activities with means ranging between 3.00 (somewhat difficult) to 4.00 (not at all difficult) on the four point Extremely Difficult to Not at All Difficult Scale.



Children Experiencing Homelessness

EHS grantees reported they have little engagement with either with the Local McKinney-Vento Homelessness Liaison (mean=1.50) or the School District Title I Director (mean=1.75) to support young children and families experiencing homelessness (see Figure 9 B). Of the three service providers/organizations, EHS grantees rated their engagement with the Local Housing Agencies and Planning Groups as the highest, but they still rated their level of engagement as low (mean=2.00).



Homelessness Services -- Raw Survey Comments

Please describe any other issues you may have regarding partnerships with homelessness services efforts in your state?

- Lack of affordable housing for families; a lot of transition from town to town
- We feel there is a need for more cross-training among homelessness/housing providers and HS. This training should include representatives from our Collaborative Partners as they are often the intermediaries in the process. As with many other social service issues, the bulk of providers and types of resources are rooted in Chittenden County which impacts options for our families from other counties.

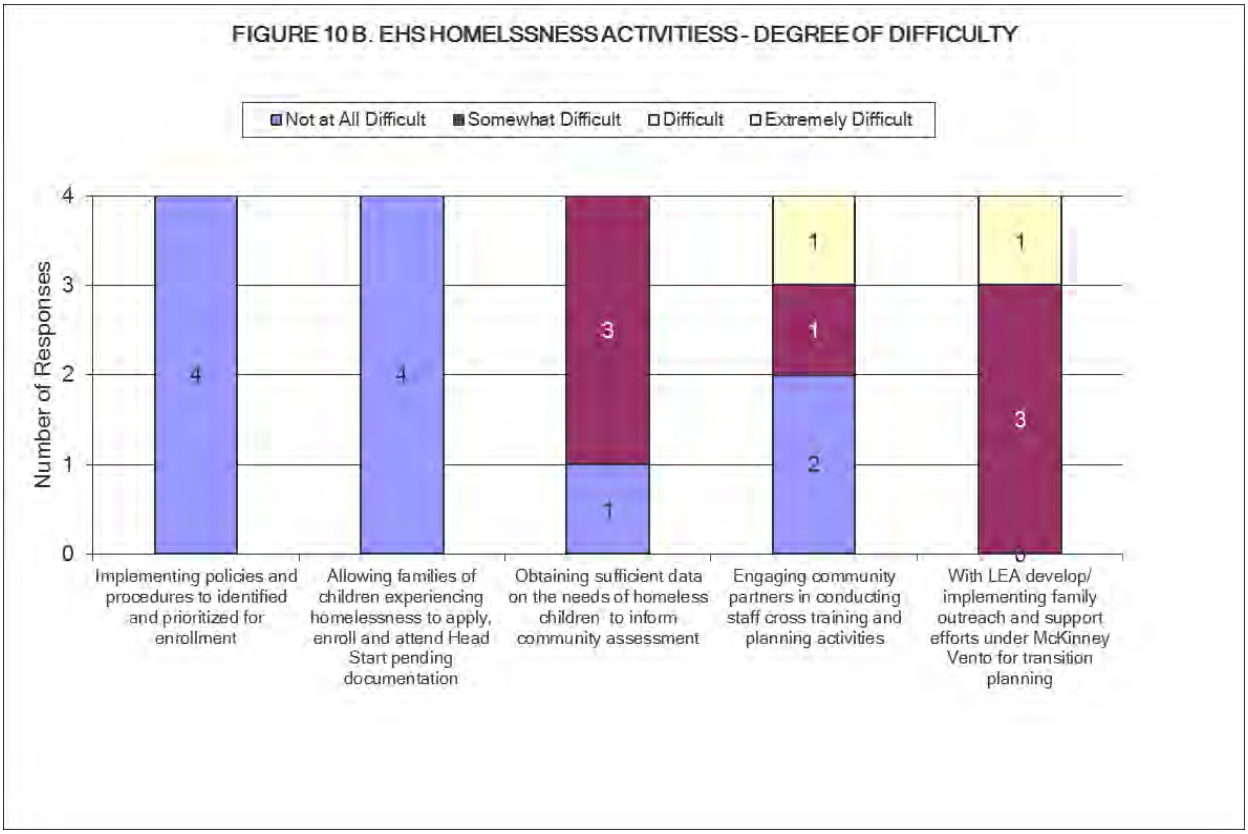
- Availability of safe and affordable housing

In your efforts to address the homelessness services needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

1. Ability to access services from community action agency to assist families
2. Based on feedback from providers about the needs of the families accessing their services, within the last year, we have instituted a practice of e-mailing our contacts at COTS and Women Helping Battered Women to inform them of openings in any full day/full year options.
3. The availability of home-based program options across all service areas.
4. Our agency employs housing specialists.

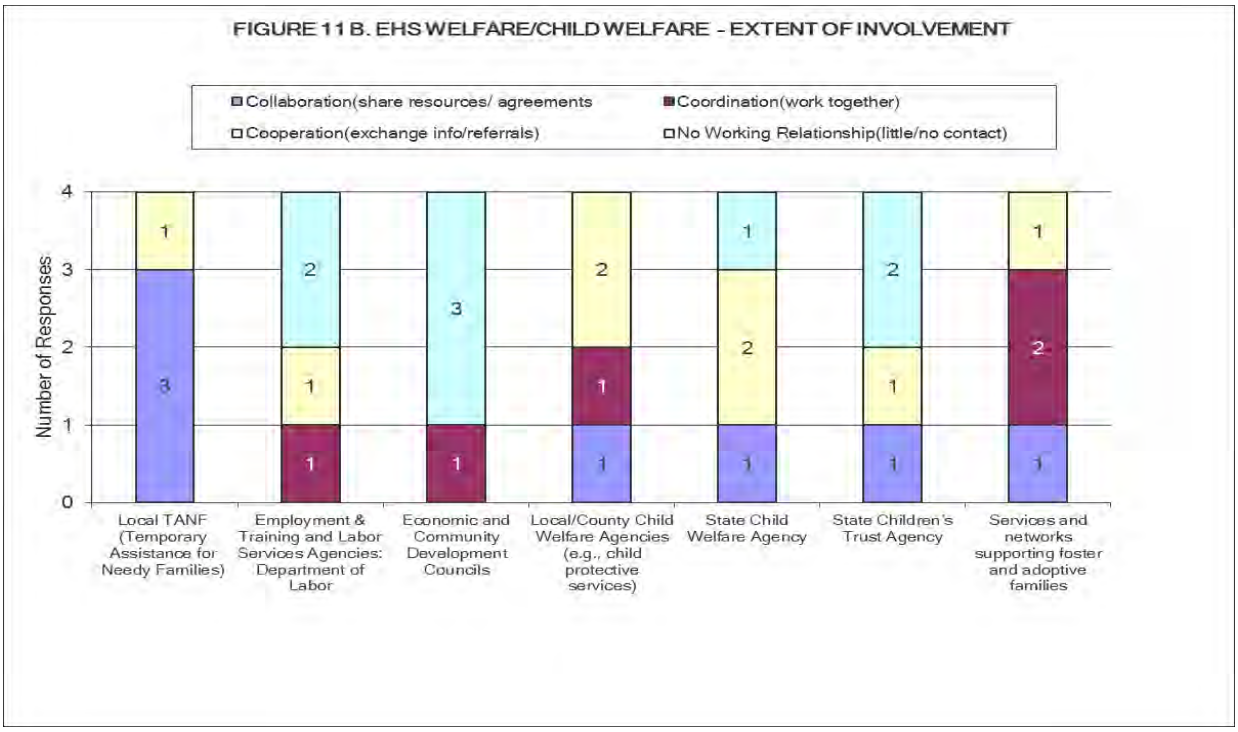
Figure 10 B. shows the degree of difficulty in coordinating services and activities for the EHS families experiencing homelessness. Coordinating outreach with the Local Education Agency (LEA) to support transition planning for children who are homeless was viewed by EHS grantees as the most difficult (mean=2.75). One reason for the degree of difficulty may lie in the school's emphasis on older children ages five and older. Regardless of the reason, VHSSCO intends to support better coordination in a variety of service areas (e.g. homelessness and school transitions and alignment with K-12) between LEAs and HS and EHS grantees as these areas were consistently found to be concerns or gaps raised in the 2011-2012 web survey findings and during the five-year strategic planning process which the VHSSCO undertook with partners in the spring 2012.

However, there are notable strengths in two of the five homelessness activities depicted in Figure 10 B. Four of the four EHS grantees rated as not at all difficult implementing policies and procedures to identify and prioritize the enrollment of children experiencing homelessness in EHS programs (mean=4.00) and allowing families of children experiencing homelessness to apply, enroll, and attend EHS programs pending documentation (mean=4.00).



Welfare and Child Welfare

Of the seven Welfare/Child Welfare service providers/organizations in Figure 11 B., EHS grantees reported their greatest level of involvement with local Temporary Assistance for Needy Families (TANF) teams (mean=3.50). For local Temporary Assistance for Needy Families (TANF) teams, three EHS grantees rated their involvement as Collaboration (light blue color in the bar) and one EHS grantees rated their involvement as Cooperation (yellow color in the bar). EHS grantees also rated highly their extent of involvement with services and networks supporting foster and adoptive families (mean=3.00). On the other hand, EHS grantees rated their involvement with Economic and Community Development Councils as the lowest among the seven service providers/organizations (mean=1.50).



Welfare and Child Welfare Services -- Raw Survey Comments

Please describe any other issues you may have regarding partnerships with welfare/child welfare services efforts in your state?

- The support from the state level to sign an MOU between VHSA and AHS has been very helpful in moving collaborations forward. Our greatest struggle is finding the time and resources to ensure the connections do progress on the continuum. Also, since the changes in process of moving more families to kinship family cases as opposed to traditional foster care court cases we find it difficult to align it with the HS priorities of serving kids and families in foster care.
- Child welfare staff have large caseloads. The team meetings are often scheduled at times when HS staff are not available.

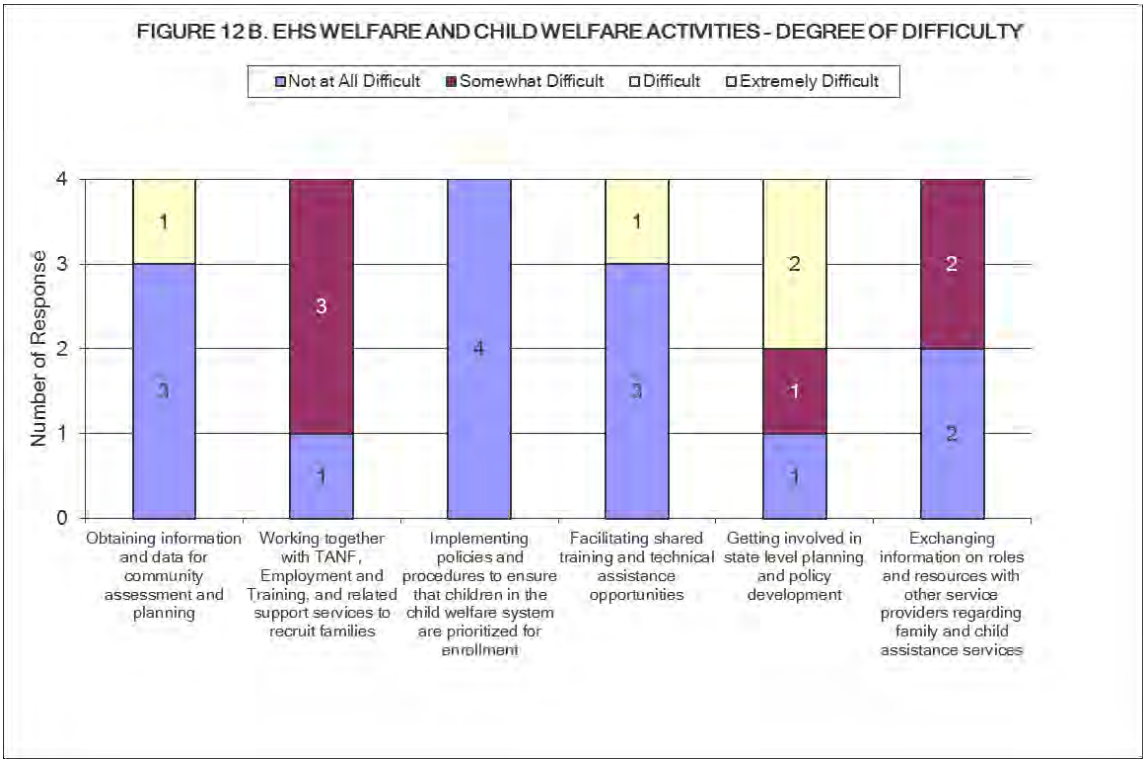
In your efforts to address the welfare/child welfare services needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

1. We have a contract with Reach-Up (Dept. of Economic Services) so that we have an EES employee who works with young parents and provides them with Reach-Up services
2. We have found it very helpful to identify key points of contact both internally and at the provider level. For example, the Enrollment Manager directly contacting the Reach Up Team Leaders to share enrollment information or the Family Services Coordinator

taking on the role of following up with DCF Family Services to access case plans and custody documentation.

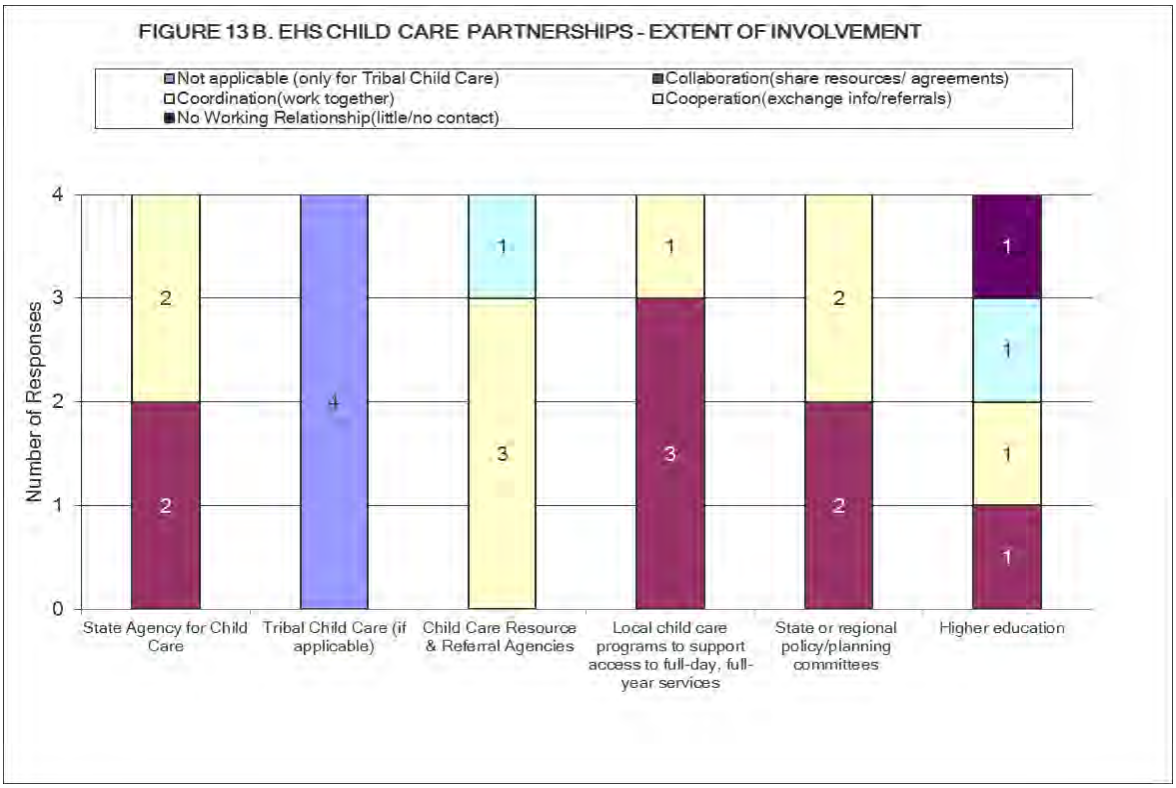
3. Communication with child welfare caseworkers in determining HS eligibility.
4. The centralized reporting system is working well.
5. HS staff accompany parents to team meetings.

Figure 12 B., shows two of the four EHS grantees rated state level planning and policy development difficult. Four of the four grantees however, found prioritizing enrollment for children in the child welfare system was not at all difficult. Working together with TANF was also less difficult.



Child Care

Figure 13 B. shows EHS grantees rating the extent of their involvement with six service providers/organizations providing child care services. Of these six, EHS grantees rated their involvement with higher education programs the lowest (mean=2.50) and rated their involvement with child care resource and referral agencies just a little more highly (mean=2.75). Grantees' comments shed light on the needs and barriers to infants and toddlers child care services.



Child Care -- Raw Survey Comments

Please describe any other issues you may have regarding partnerships with child care services efforts in your state?

- Not enough infant/toddler care available
- EHS is mostly home based so we don't have a lot of interaction with childcare; however we are exploring more options in this area as we just completed a pilot project thru OHS for EHS FCCP option
    - Limited number of options and spaces for infants and toddlers in our service area.

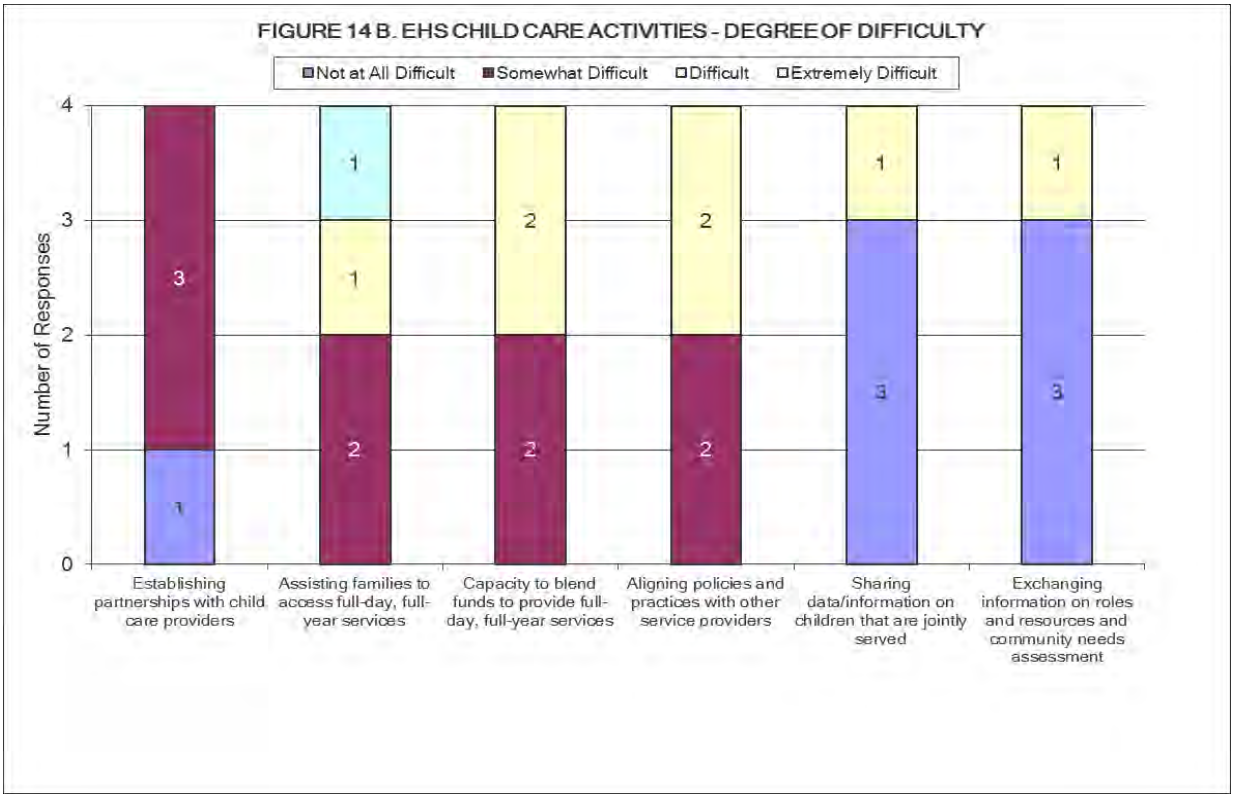
    - Difficult to find credentialed staff with collaborative partners (infant/toddler CDA).
    - Often difficult to find quality sites following HS performance standards related to infants and toddlers."

- Child care financial assistance is not adequate to support high quality services. The childcare co-pay is a barrier to accessing high quality services. The availability of infant/toddler care is poor.

In your efforts to address the child care services needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

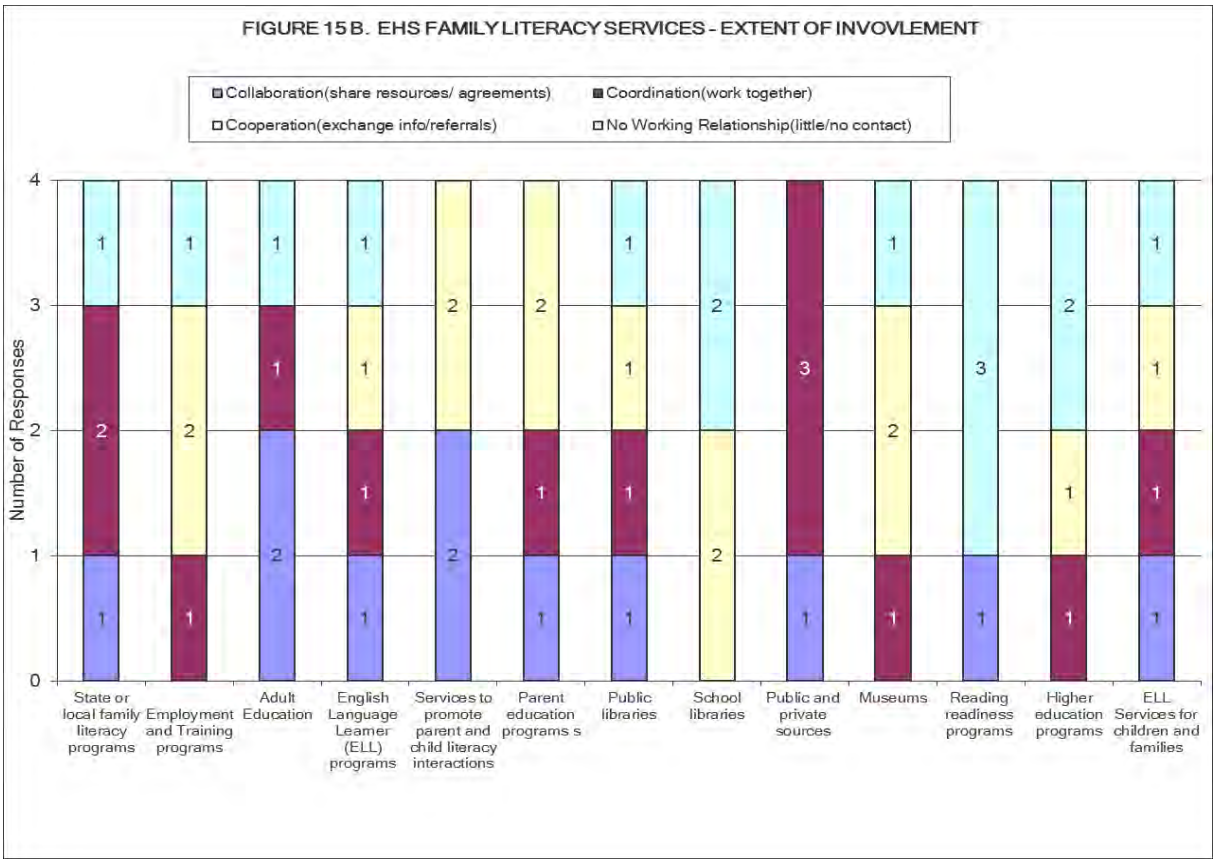
1. Braided funding
2. Excellent working relationship with the two EHS sites we currently collaborate with in meeting the performance standards.
3. State DCF workers try to address provider issues.
4. HS family child care partnerships.
5. Sharing resources with the Bright Futures information system.

Of the six child care activities in Figure 14 B, EHS grantees rated sharing data/information on children jointly served by child care (mean=3.50) and exchanging information on roles and resources and community needs assessment (mean=3.50) as among the least difficult activities to engage with partners. EHS grantees rated the capacity to blend funds to provide full-day, full-year services (mean=2.50), assisting families with accessing full-day, full-year child care services (mean = 2.25), and aligning policies and practices with other service providers (means = 2.50) as the most difficult activities to engage with partners.



Family Literacy

Figure 15 B. shows the responses for rating the extent of involvement between EHS grantees and 13 family literacy providers. EHS grantees rated their involvement with school libraries the lowest (mean=1.50), and they rated the same their involvement with higher education and reading readiness programs (e.g. Reading is Fundamental) slightly higher (means=1.75). These are potential gaps in partnerships to support building during VHSSCO's five-year project period. On the other hand, the most collaborative (involved) partners are public and private sources that provide book donations or funding for books (mean = 3.25), adult education (mean = 3.00), and providers of services to promote parent and child literacy interactions (mean = 3.00).



Family Literacy Services -- Raw Survey Comments

Please describe any other issues you may have regarding partnerships with family literacy services efforts in your state?

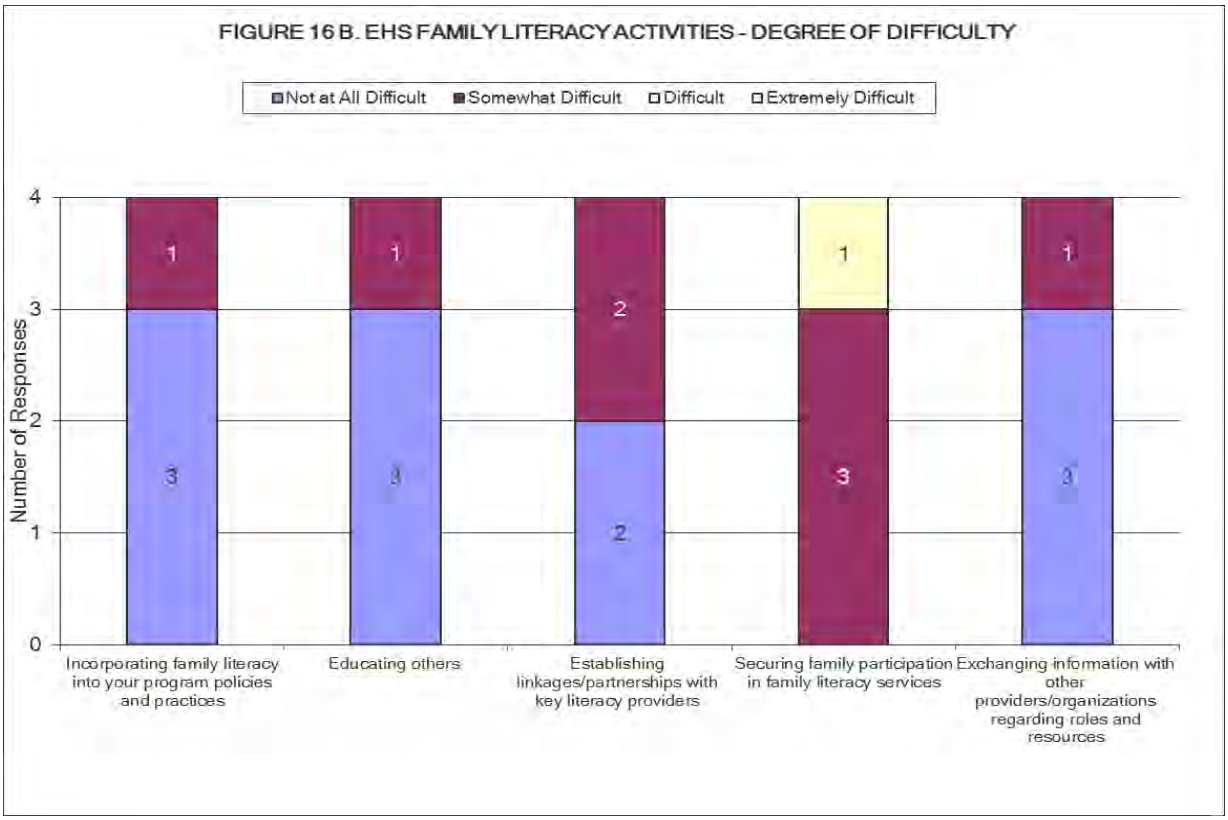
- There seems to be an ebb & flow to family literacy services and providers which makes it difficult to make more meaningful connections. Our families often struggle with committing to the extensive duration of most family literacy programming.
- The loss of the Even Start funding and the loss of RIF funding.

In your efforts to address the family literacy needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

1. Working with School District Literacy Coach
2. Some of our EHS playgroups are held at libraries
3. Literacy is embedded in the HS programming.
4. Staff receives extensive literacy training.
5. Individualizing for each family

6. Sponsoring community literacy events.

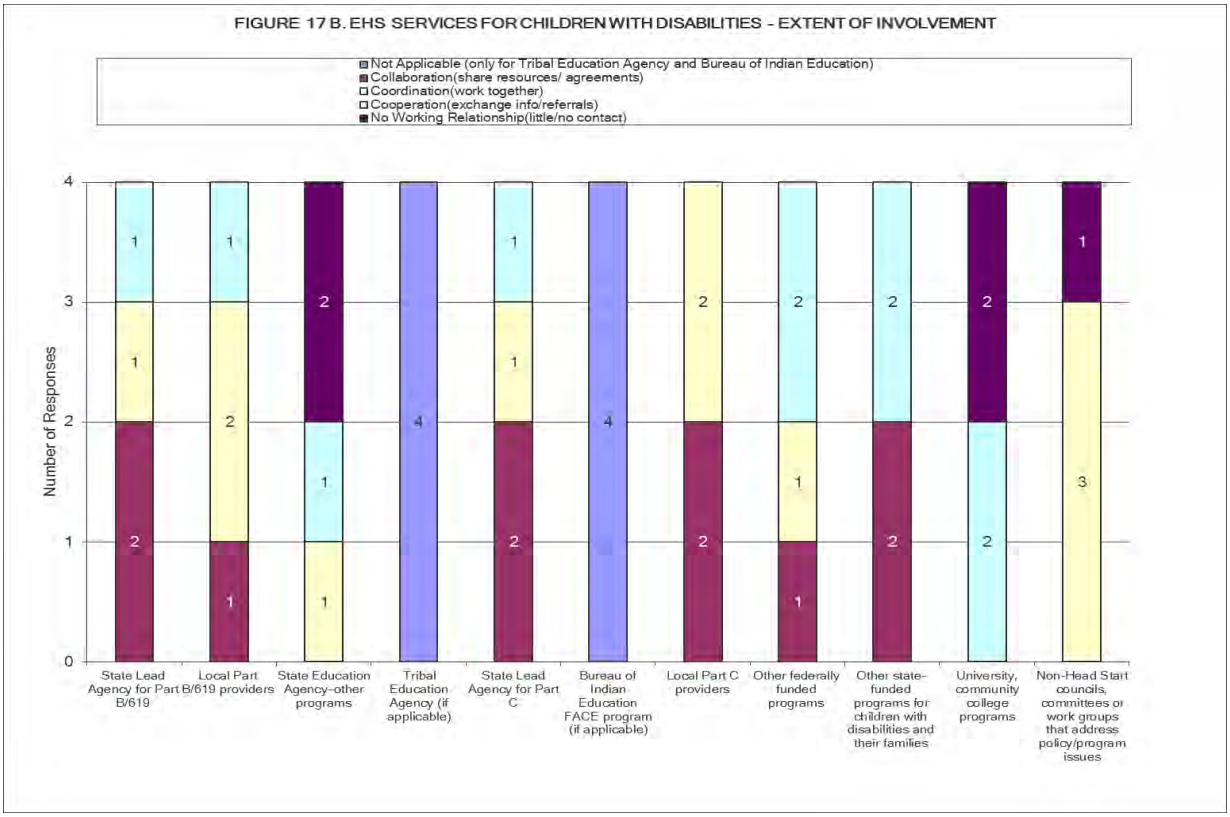
As shown in Figure 16.B., EHS grantees rated four of the five family literacy activities as falling between somewhat difficult (3 points) and not at all difficult (4 points) on the four-point Extremely Difficult to Not at All Difficult Scale: incorporating family literacy into your program policies and practices (mean=3.75), educating others (mean=3.75), and exchanging information with other providers/organizations regarding roles and resources (mean=3.75), and establishing linkages/partnerships with key literacy providers (mean=3.50).



Services for Children with Disabilities

Figure 17 B. illustrates the responses by EHS grantees regarding their extent of involvement with 11 types of service providers/organizations involved with disabilities services for infants and toddlers. Out of the 11 service providers/organizations, EHS grantees rated themselves as the least involved with university and community college programs (mean=1.50). EHS grantees rated their involvement with state education agency—other providers/services for children with disabilities (e.g. Section 504 of the Rehabilitation Act, state improvement grants, state response to intervention) (mean=1.75). EHS grantees rated themselves as most involved with local Part C providers: CIS, early intervention (mean=3.50). Meanwhile, EHS grantees viewed themselves as

highly involved with state level agency for Part C, local Part B/619 providers, and other state-funded programs for children with disabilities and their families (means ≥ 3.00).



Services for Children with Disabilities -- Raw Survey Comments

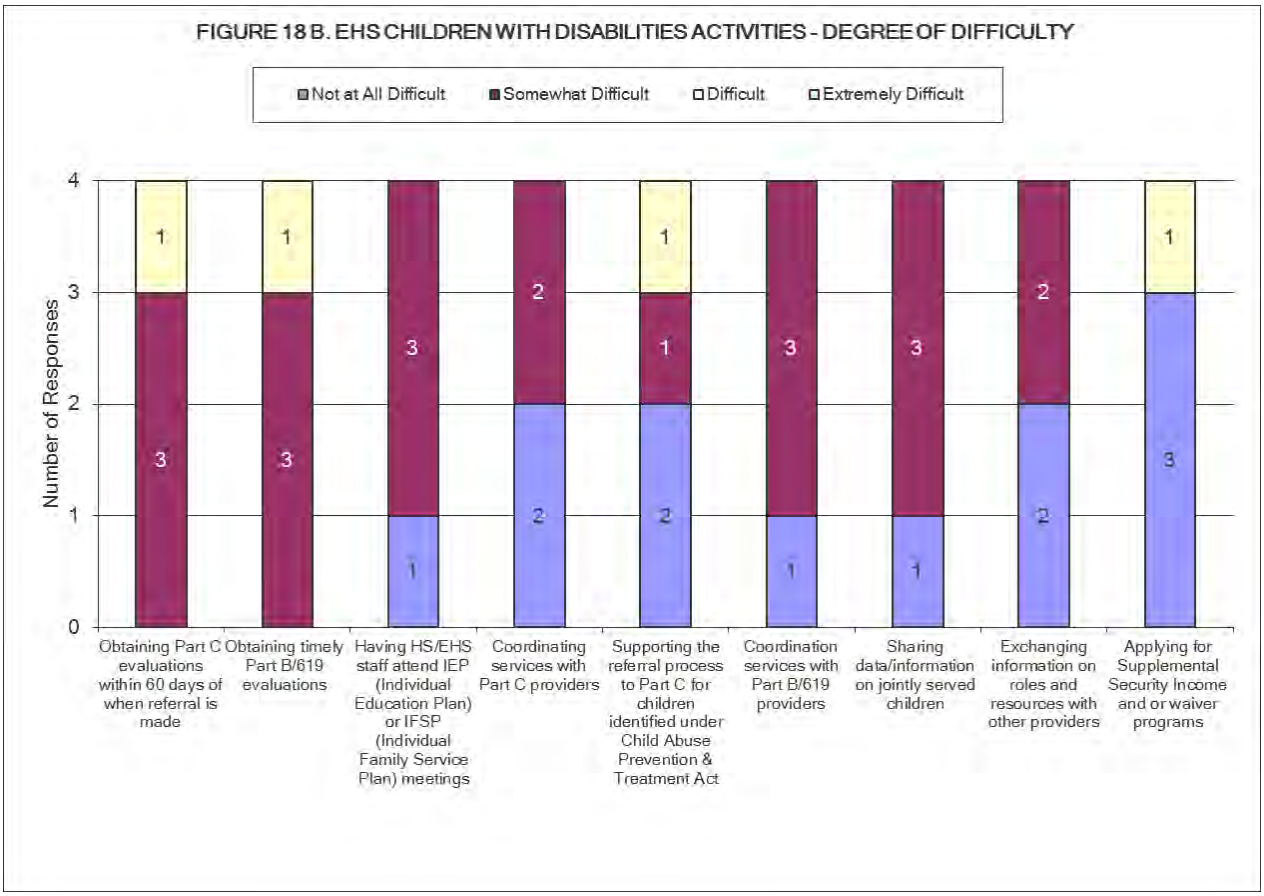
Please describe any other issues you may have regarding partnerships for children with disabilities efforts in your state?

- One School District we work with habitually falls behind in assessing and providing services for children with special needs
- Need clarification on the role of members of the HS management team with respect to the various CIS teams/meetings in the 4 counties in our area.
- Need to improve timeliness of evaluations and documentation from Part B and Part C.
- There are limited resources to support children with disabilities in a variety of settings. Approximately 23% of children enrolled have a diagnosed disability stretching the resources of staff, parents and communities.

In your efforts to address the disabilities needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

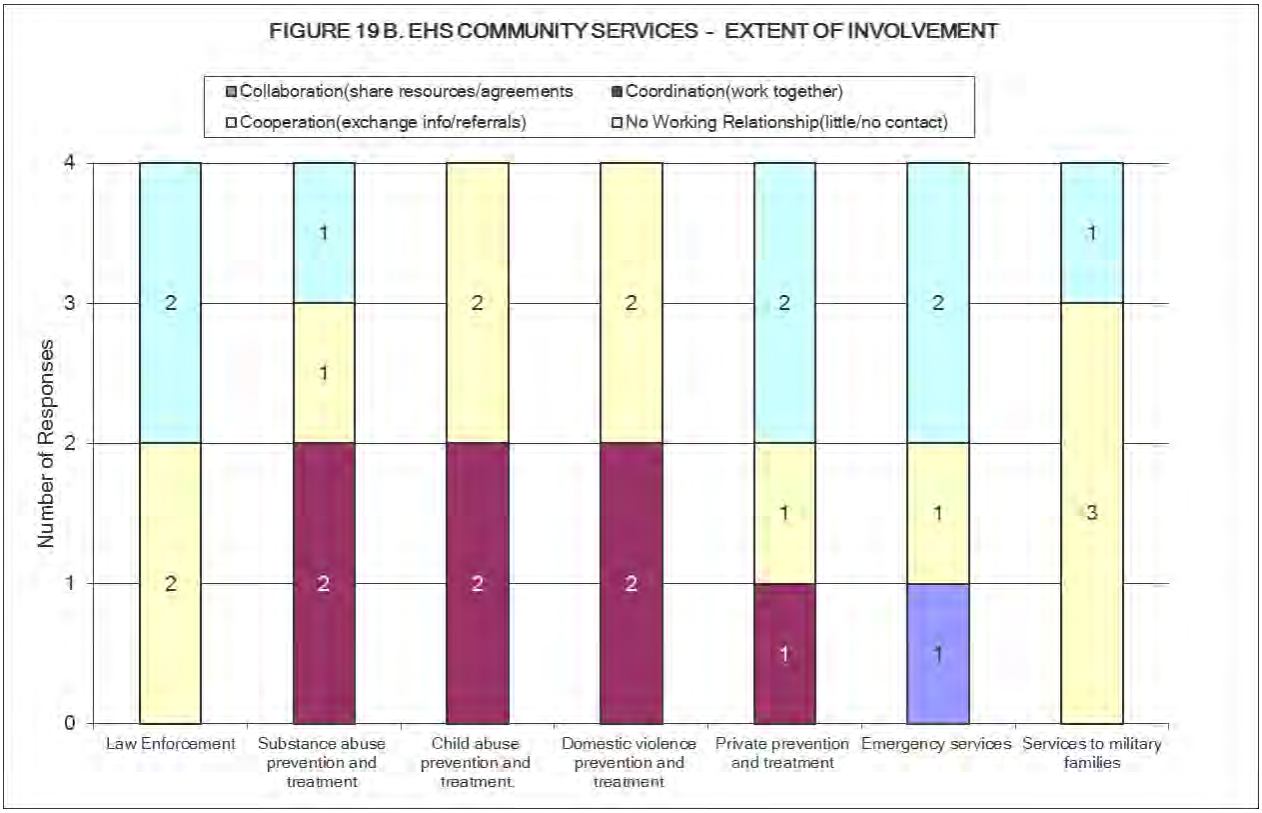
1. Our health managers share our infant toddler hearing screening with CIS early intervention staff by going on joint home visits to children not enrolled in EHS.
2. We coordinate well in general.

The responses of EHS grantees regarding their degrees of difficulty in engaging in nine children with disabilities activities are shown in Figure 18 B. In seven of the nine activities, EHS grantees rated their degrees of difficulty as falling between somewhat difficult (3 points) and not at all difficult (4 points) on the four-point Not at All Difficult to Extremely Difficult Scale with means for each activity either being 3.25 and 3.50. Based upon the EHS grantees' responses, improvement is needed for obtaining timely Part C evaluations of infants and toddlers within 60 days of when a referral is made (mean=2.75).



Community Services

In Figure 19 B. EHS grantees indicate that they have low levels of involvement with many community services providers. EHS grantees have the lowest level of involvement with law enforcement (mean=1.50). Their level of involvement is not much higher with private prevention and treatment organizations (mean= 1.75), services to military families (mean=1.75), and emergency services providers (mean=2.00). There were no providers that received from EHS grantees a mean of ≥ 3.00 (coordination) out of 4.00 (collaboration) in this priority area. This is a potential priority to support building stronger partnerships over the next several years.



Community Services -- Raw Survey Comments

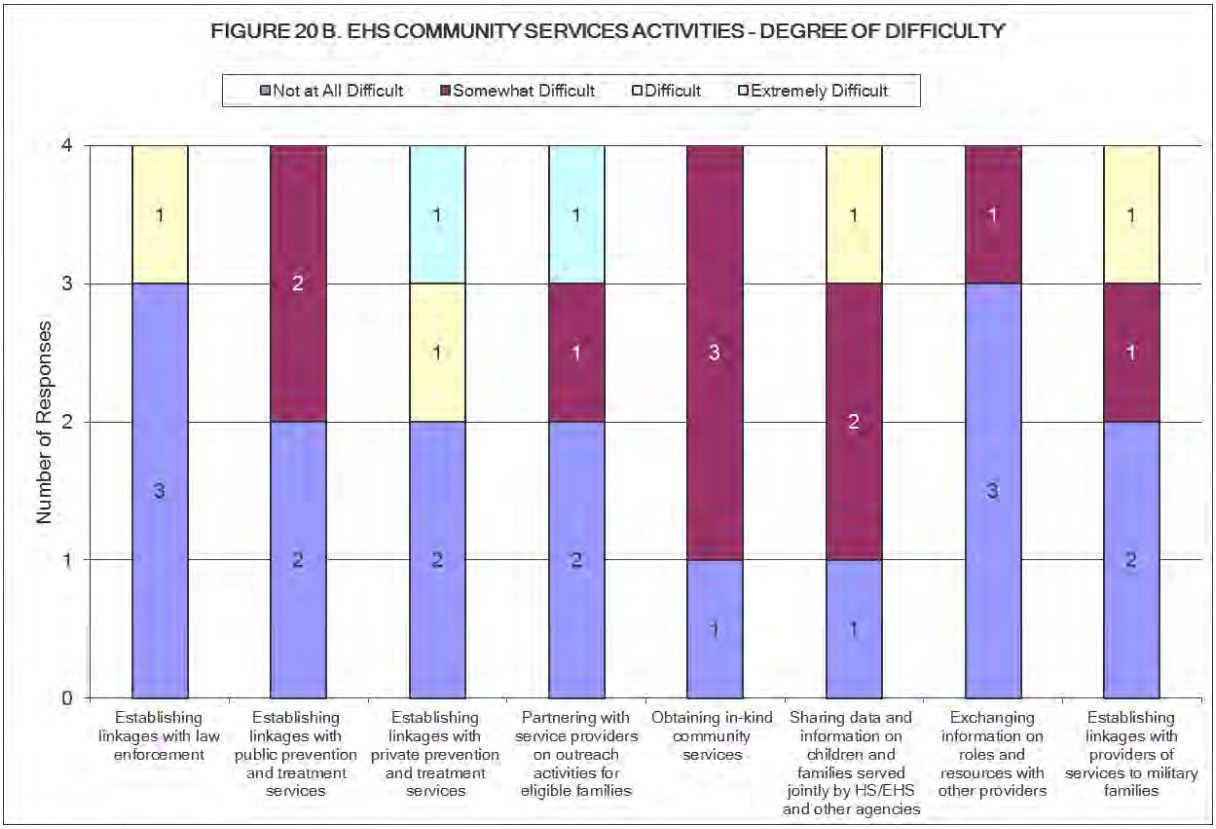
Please describe any other issues you may have regarding partnerships with community services efforts in your state?

- The difficulty for us rests in finding the time and resources to actively develop the linkages and ensure continuity of those linkages over time. There is also a disparity in services and linkages based on county with Chittenden often being the most complicated to navigate.

In your efforts to address the community services needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

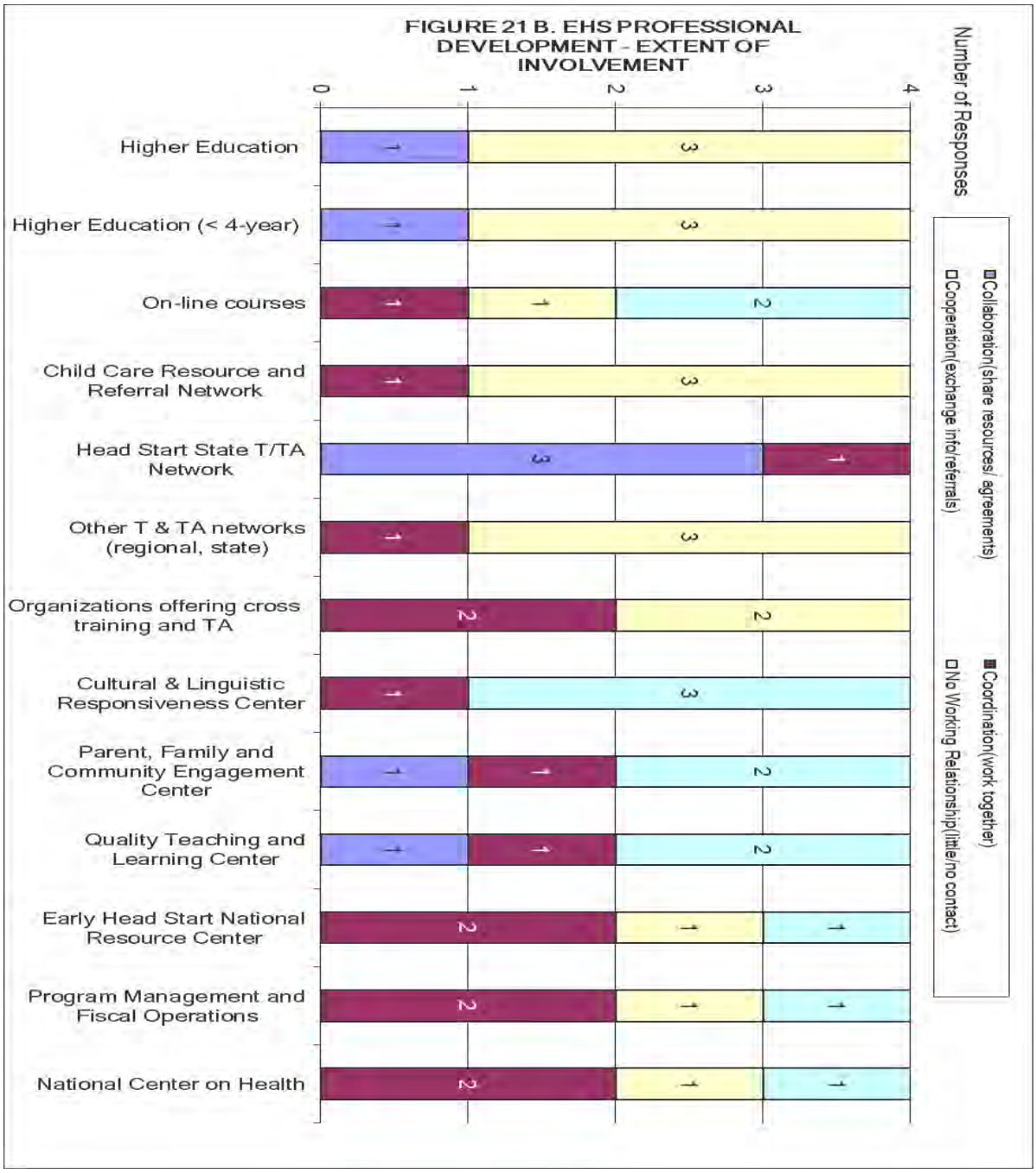
1. EHS has a unique collaboration with Lund Family Center to serve young women who are parenting in the context of substance abuse and trauma histories.
2. Parent information is only shared with signed release.

Although EHS grantees generally had relatively low levels of involvement with many types of organizations providing community services, Figure 20 B. shows that EHS grantees viewed community services-related activities as generally less difficult to engage with. In Figure 20 B. EHS grantees rated as relatively low their degree of difficulty in engaging with seven of the eight activities (means of ≥ 3.00). The exception for EHS grantees was their degree of difficulty establishing linkages with private prevention and treatment services (mean=2.75).



Professional Development

In Figure 21 B., that the HS State-based Training and Technical Assistance (T/TA) has the greatest level of involvement with EHS grantees (mean=3.75) as it did with HS grantees. EHS grantees gave other organizations lower ratings (means ranging between 1.50 points and 2.50 points). EHS grantees gave the various National Centers means ranging between 1.50 points and 2.25 points.



Professional Development -- Raw Survey Comments

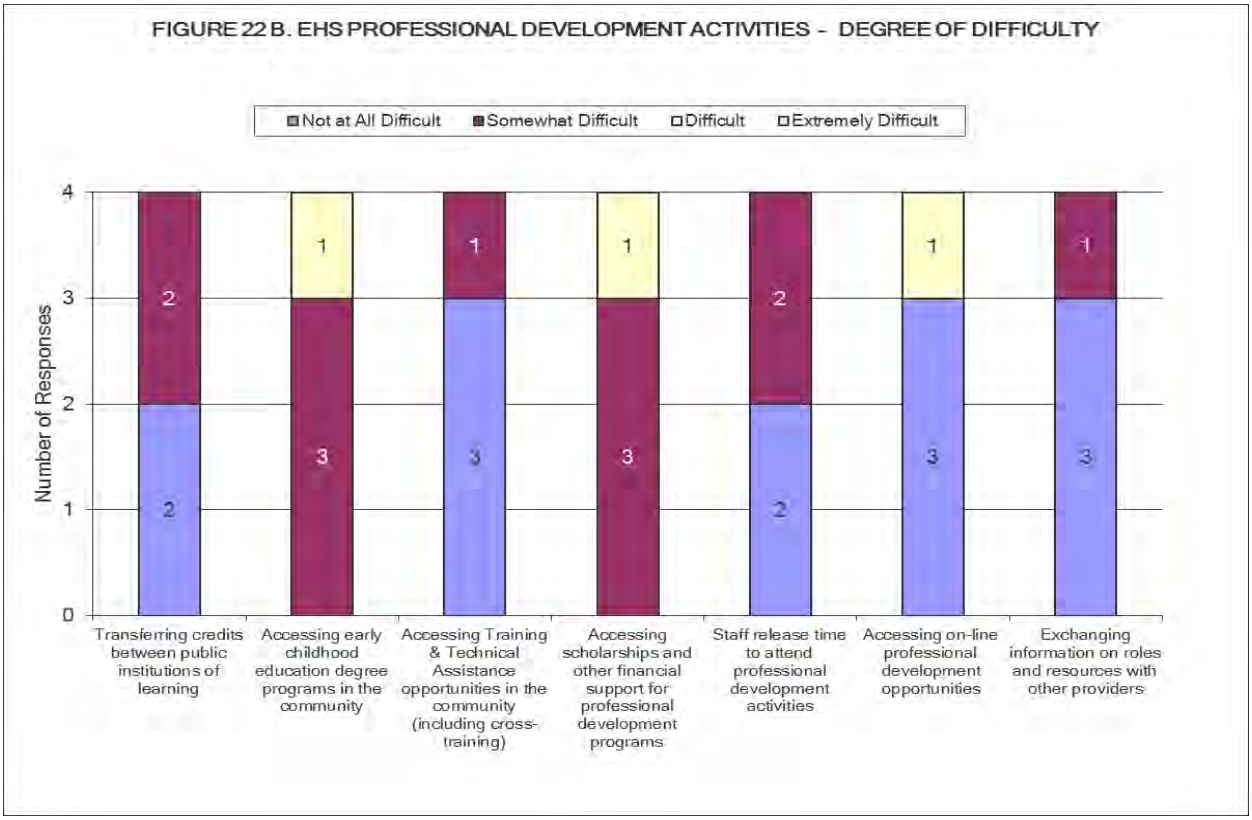
Please describe any other issues you may have regarding partnerships with professional development efforts in your state?

- Online can be difficult due to lack of internet service in our area
- It can be difficult to find teachers with an infant/toddler CDA.
- Scholarships for professional development are only available for classroom staff.

In your efforts to address the professional development needs in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

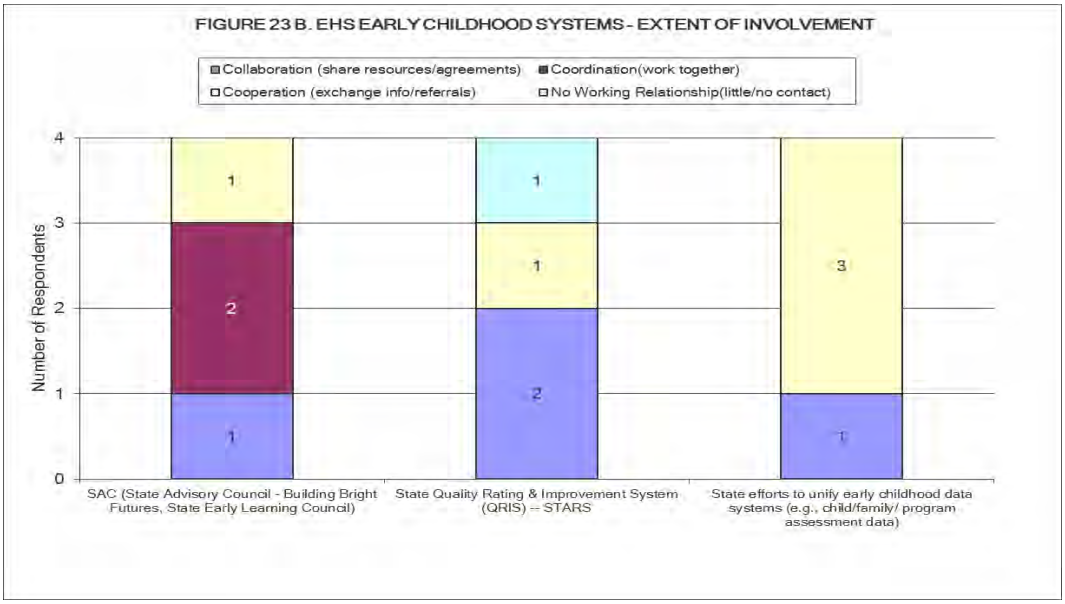
1. Many training opportunities are offered by CVHS and other agencies.
2. CVHS staff are supported to develop and revisit IPDP.
3. We have easy access to local two and four year colleges to assist staff with coursework necessary to renew teaching license, add an additional endorsement to a teaching license, and/or advance to a higher degree.
4. CVHS is very pleased with the HS T/TA assistance available to our program. Support has been received in the form of in-service and state cluster training sessions, developing state and program school readiness goals, and presence at VHSA meetings.
5. Easy access too many T/TA opportunities throughout our community and other parts of the state; variety of training topics to meet the needs of individual teachers, home visitors and management.
6. In-service monthly training
7. Sending staff to additional training.
8. Support staff effort to improve credentials.

Figure 22 B. shows how the EHS grantees rated their degree of difficulty in engaging in seven types of professional development-related activities. Of these seven activities, EHS grantees found that they had the most difficulty accessing scholarships and other financial support for professional development programs (mean=2.75) and accessing early childhood education degree programs in the community (mean=2.75). HS grantees had a similar level of difficulty for each of these activities (means=2.86). EHS grantees rated their degree of difficulty engaging with the other five professional development activities as falling within the somewhat difficult to not at all difficult range (means of ≥ 3.50).



Early Childhood Systems

Of the three early childhood systems items, EHS grantees were least involved with State efforts to unify early childhood data systems (mean =2.50) shown in Figure 23 B. EHS grantees were most involved with the BBF SAC (mean=3.00).



Early Childhood Systems -- Raw Survey Comments

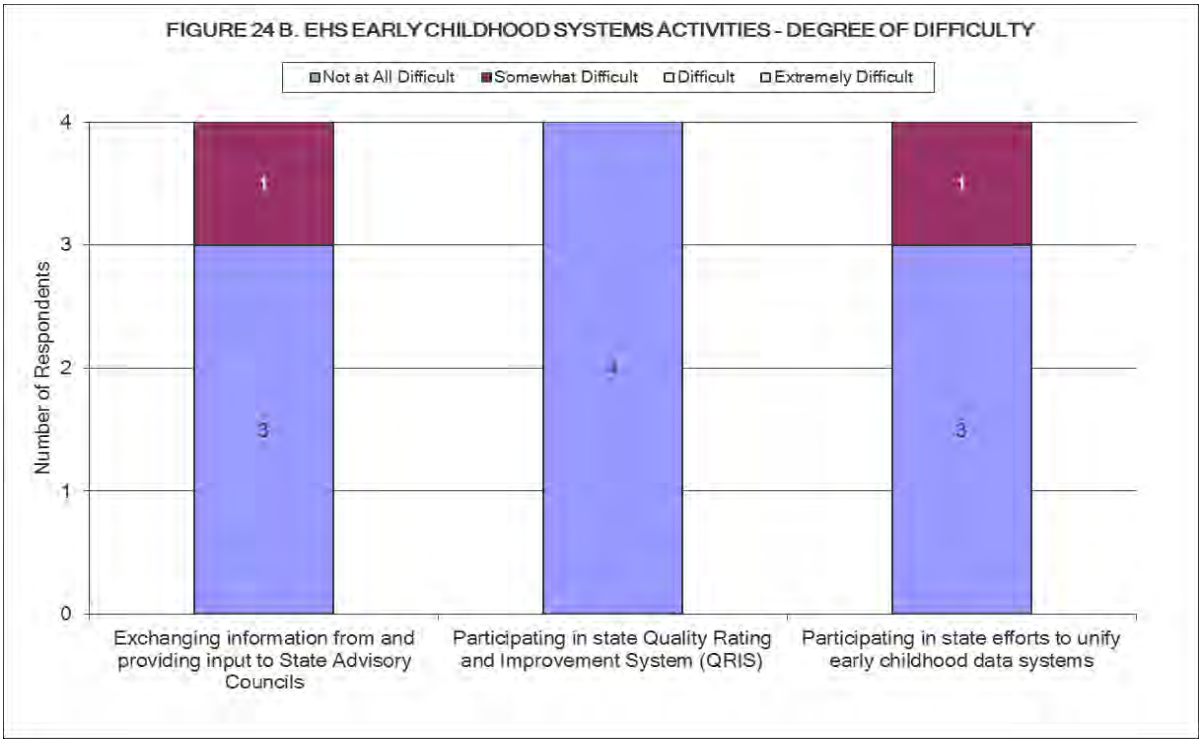
Please describe any other issues you may have regarding partnerships with early childhood systems efforts in your state?

- All of these partnerships and collaborations require a great deal of staff time

In your efforts to address the early childhood systems needs in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

1. CVHS attendance at all local BBF councils; program wide on-going training with new assessment tool
2. Collaboration with DOE on TS GOLD training and implementation
3. All collaborative sites have 4 or 5 STARS in state rating system
4. One early childhood birth to five assessment system statewide.

In Figure 24 B. EHS grantees rated their degree of difficulty in engaging with early childhood systems activities as being close to not at all difficult or being not at all difficult (means ≥ 3.75).



Program Information Report (PIR) Findings

"The OHS Program Information Report (PIR) provides comprehensive data on the services, staff, children, and families served by HS and EHS programs nationwide. All grantees and delegates are required to submit Program Information Reports for HS and EHS programs," each year (http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/pir).

This section of the report uses the PIR information for the program year 2011-2012 to substantiate the 2011-2012 web survey results reporting on the strengths and weaknesses of HS and EHS grantees in coordinating services with community and state agencies. For example, EHS grantees indicated a high degree of difficulty in linking infants and toddlers in their programs to dental home (mean=2.50). The PIR results support this finding: 61.9% of EHS children had a dental home compared to 94.0% of the HS children. In this example, the PIR results validate the web survey's finding that there is an EHS coordination gap for this dental home activity, and the PIR data quantify the extent of this EHS dental home gap. The validation of certain findings of 2012 web survey using the PIR, are italicized in data that follows. The PIR results are also a good source of describing the composition of the HS and EHS children and families served directly by HS and EHS grantees or by their community partners.

In calculating some percentages, we opted to separate HS and EHS populations in some cases and combined the population at other times. The calculation of percentages was derived by using the cumulative enrollment numbers at times and at other times using the actual funded spaces. We were also able to calculated percentages of a segment of the population served. For example, the number of families experiencing homelessness was 223 which was the denominator used to calculate the success rate of acquiring housing with HS/EHS support. The following is a list of possible denominators used, which also appear in the findings under each of the 11 priority areas in this section:

- The total HS and EHS funded enrollment was 1,572 slots (375 EHS and 1,197 HS).
- The cumulative HS and EHS enrollment was 1,934 children (527 EHS and 1,407 HS) and 47 pregnant women for a total cumulative enrollment 1,981.
- The total number of families in HS and EHS was 1,823 (481 EHS and 1,342 HS): 914 two-parent families and 909 one-parent families.
- There are 443 employees and 142 contracted staff. Of the 2,913 volunteers, half were parent volunteers (1,595).

A. Health Care Services (includes mental and dental health) - *The performance indicator for children with a medical home was 100% for EHS and 99.5% for HS which supports the web*

survey findings that this was not difficult to coordinate. The performance indicator for children with a dental home was more a problem in EHS (61.9%) compared to HS (94.0%). This was also reflected in the 2012 survey by EHS and HS grantees in this area; EHS reported having a harder time accessing dental homes for infants and toddlers.

(1) 99.0% (1,915/1934) of children had health insurance at the end of enrollment and 99.6 (1927/1934) of children had access to a medical home.

(2) 85.3 % (1,648/1934) of children had continuous accessible dental care (e.g. dental home) at the end of enrollment.

(3) 16.5% (320/1934) of children had a mental health professional consult with the program about behavior or mental health concerns.

(4) 8 % (161/1,934) children had a mental health professional complete an assessment. Over half (141/320) of the children receiving a mental health professional consult had a referral for mental health services. However, if you look at the cumulative enrollment only 7.3% of the children in HS or EHS received a referral for mental health services.

B. Welfare and Child Welfare – *81.3% (1,094/1,342) of HS Families and 92.7% (446/481) of EHS families receive at least one of the family services reported in the PIR. Given the majority seek welfare and child welfare services, a few of the gaps in the level of involvement in this priority area with child welfare/welfare partners as reported in the web survey findings makes a strong case to build and improve the state- and community-level partnerships in the welfare/child welfare priority area.*

Family Services

(1) 20.6 % (376/1823) HS and EHS families received housing assistance (food, clothing, shelter).

(2) 19.3 % (351/1823) families received mental health services.

(3) 12.2 % (222/1,823) of all HS/Early Head families participated in adult education while 7.1% (130/1823) of these families received job training.

(4) 2.7 % (49/1,823) of families received assistance for incarcerated individuals.

(5) 8.8 % (160/1823) of families received child support assistance.

Employment

(6) 26.4% (241/914) of two-parent HS and EHS families have both parents' unemployed (not working) and 46.8 % (428/914) had one parent employed.

(7) 49.2% (447/909) of single-parent HS and EHS families have a parent not working and 47.5% (432/909) of single-parent families have no parent working.

Federal and Other assistance

(8) 14.2 % (258/1,823) of HS and EHS families received Social Security's Supplemental Security Income (SSI) benefits.

(9) 74.2% (1353/1,823) of HS and EHS families received the "Federal Special Supplemental Nutrition Program for Women, Infants and Children" (a.k.a. WIC) benefits.

Job Training and School

(10) 86.1% (787/914) of two-parent HS/EHS families have neither parent in training or school while 12.0 % (110/914) had one parent in training or school and 1.9 % (17/914) had both in training or school.

(11) 79.9% (726/909) of single-parent HS/EHS families are not in training or school while 20.1 % (183/909)

Parent Education

(12) 54.5 % (993/1,823) of all families have at least one parent with the highest education level of a high school diploma or GED. 12.4% (226/1823) had at least one parent with the highest education level of less than a high school degree.

Foster Care and Child Welfare

(13) 3.0 % (59/1,934) of enrolled children were foster children.

(14) 2.0% (40/1934) were child welfare agency referrals.

(15) All eight child welfare agencies in the HS and EHS service areas had collaboration agreements in place to coordinate services.

C. Child Care – *The 2011-2012 web survey results for EHS grantees indicated their involvement in the child care priority area was high, but they rated three of their child care activities as among the most difficult: their capacity to blend funds to provide full-day, full-year access for families, aligning policies and practices with other service providers, and*

assisting families to access full-day, full-year services. On the other hand, HS grantees rated the child care priority area highly in terms of their involvement, but they rated the child care activity to align HS policies and practices with other service providers as one of the most difficult areas for HS grantees to address. The PIR data suggest enhancing these relationships will best serve the children and their families in this area.

(1) 24 .8% (479/1,934) of children received a child care subsidy.

(2) 2.2 % (43/1,934) of children are enrolled in full-day, full year family child care option compared to 7.0% (136/1934) in full-day, full year center based option.

(3) 21.4 % (414/1,934) of children are enrolled in the center-based option and 21.8 % (402/1934) in the home-based option.

(4) The center-based part-day (4 days a week) option had the most children enrolled 23.6 % (457/1934).

(5) 5.6 % (106/1,934) of enrolled HS children were transported. Transportation may be a barrier for some families to participate in HS center-based programs.

D. Family Literacy – *Both HS and EHS grantees reported in the 2011-2012 web survey that they need to improve their involvement with family literacy providers. But some agencies offering public private sources for books, parent education programs and services and adult education agencies were viewed as more involved. Activities in this area were less difficult to coordinate too. Family Literacy covers a broad range of services including English as a Second Language (ESL) training, promoting literacy between parent and child, financial literacy and economic self-sufficiency training, teaching parents how to be their child's primary teacher, and age appropriate education to support a child's success in school and life (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/Family%20and%20Community%20Partnerships/New%20Family%20Literacy/Federal%20Definition/FamilyLiteracy.htm). Findings from the survey and the PIR suggest that targeted efforts to assist with collaboration may be helpful.*

(1) 97.7 % (1,890/1,934) of children have English as the primary language in the home.

(2) 1.4% (26/1,823) of all families received English as a Second Language (ESL) training.

(3) 66.6 % (1,214/1,823) of families participated in parenting education.

(4) 5.8 % (106/1,823) of families participated in relationship/marriage education aimed at strengthening relationships to create a nurturing environment.

E. Services for Children with Disabilities – *18.2% (96/527) of infants and toddlers have an Individual Family Services Plan and 22.2% (313/1,407) of three to five year olds in HS have an Individual Education Plan. Based on the 2011-2012 web survey, HS and EHS grantees indicated that some improvements are needed. HS grantees rated obtaining timely Part B/619 evaluations as difficult, and EHS grantees indicated that two activities were difficult: obtaining timely Part C evaluations of children within 60 days of when a referral is made and obtaining timely Part B/619.*

(1) 22.2 % (313/1,407) of the preschool-age HS children had an Individualized Education Plan (IEP).

(2) 18.2 % (96/527) of the infant and toddlers in EHS programs had an Individualized Family Services Plan (IFSP).

(3) 13 .2% (255/1,934) of preschool-age HS children had a primary diagnosis of non-categorical developmental delay, which was the most common preschool-age primary disability.

(4) Among preschool-age HS children, speech impairment was the second most diagnosed primary disability 1.7 % (33/1,934) and autism was the third most common .01 % (12/1,934).

(5) There were 21 Part C Agencies in the service area and 20 had agreements in place to coordinate services.

(6) 156 schools had agreements to coordinate disabilities services.

F. Community Services - *The 2011-2012 web survey asked grantees to rate community services providers like substance abuse and prevention, law enforcement, domestic violence, child maltreatment (abuse and neglect), emergency services and services to military families. Community services partners/providers were ranked relatively low by HS and EHS grantees in terms of their involvement. Both HS and EHS grantees found as among its most difficult activities their ability to engage with their partners in establishing linkages/partnerships with private resources (e.g., faith-based, foundations, businesses) regarding prevention/treatment services. Meanwhile, the PIR data capture community partnership data like the number of collaboration agreements with agencies like LEAs, Part C and child welfare agencies (see above sections). The PIR data shows that the number of families accessing several types of community services (e.g. substance abuse treatment, services for military families, etc.) is*

rather low suggesting sustaining involvement between HS and EHS grantees and these service providers is needed to help more families to access these services.

(1) 7.8 % (143/1,823) of all families received substance abuse prevention or treatment services.

(2) 10.1% (184/1,823) of families received child abuse and neglect services.

(3) 4.4 % (81/1,823) of families received domestic violence services.

(4) .01 % (17/1823) of families had a parent as a member of the US military.

G. Education – Public Prekindergarten and Transition and Alignment with K- 12 – The PIR data pertaining to activities that are required of HS and LEAs in providing public preschool and supporting the preschool to school transition is limited.

(1) 160 schools were reported in the HS and EHS service areas.

(2) Most schools (152) had agreements with HS to coordinate transition services and fewer 53 and prekindergarten collaboration and resource sharing agreements.

H. Professional Development- *Currently EHS classroom teachers must have a minimum qualification of a Child Development Associate (CDA) credential. By September 30, 2013, at least 50% HS classroom teachers nationwide in center-based programs must have at least a bachelor's degree in early childhood education or related field. The PIR data shows Vermont's HS and EHS teachers already exceed these standards: 79.2 % (114/144) HS preschool classroom teachers meet the staff qualification requirements and 100% (29/29) EHS center-based teachers meet the CDA or higher requirement. However, the 2011-2012 web survey found there is still a need for employees to access early childhood degree programs in order to be licensed by the Vermont Department of Education to teach preschool. Financial support was also a barrier raised by the survey. In addition, some HS service areas lack institutions of higher education offering early education degree programs.*

(1) 79.2 % (114/144) HS preschool classroom teachers meet the staff qualification requirements (a baccalaureate degree or advanced degree in early childhood education or related field)

(2) 100% (29/29) EHS center-based teachers meet the CDA or higher requirement have met the minimal credential or degree requirement.

I. Early Childhood Systems – The PIR currently captures no data that can be used to validate the level of involvement of HS and EHS grants with early childhood systems organizations in the 2011-2012 web survey and that can be used to validate

the degree of difficulty for HS and EHS grantees to engage in early childhood systems activities in the 2011-2012 web survey.

State-Level Resource Assessment Results

The VHSSCO asked HS and EHS program directors to weigh in on the information they hoped to gleam from this year's needs assessment report. The directors suggested that the VHSSCO attempt to complete a state-level assessment similar to the community-level assessment each grantee conducts every three years.

There were two reasons for trying to replicate the community - level process to attain results for a state-level assessment. First, the state –level assessment would provide grantees with state-level data to compare with their community data to see how their catchment area data fared with respect to the state-level data. Second, the state-level assessment focused on access to resources to help the VHSSCO to document the strengths and potential gaps in the state's early childhood system to address the needs of children and their families who are enrolled in HS or EHS programs. It was also important to narrow the state-level assessment's scope to examining resources because there are more HS- and EHS-eligible children in the state that than there are federally funding spaces. Federal funding levels limit the number of these children who can enroll. If the state-level assessment identifies resource gaps, then the VHSSCO could "facilitate HS agencies' access to, and utilization of, appropriate entities so HS children and families can secure needed services and critical partnerships are formalized "and "support policy, planning, and implementation of cross agency State systems for early childhood, …., that include and serve the HS community," (HSSCO Framework, Appendix B). In the end, the state-level resource assessment described whether HS and EHS grantees were reaching the neediest families and whether these families were also accessing the state resources available to all of Vermont's low-income families.

The first step was to search for statewide data in the following areas that are typically included in community-level assessments:

- Demographic make-up and estimates of HS- and EHS-eligible children by race and ethnic composition;
- State and local preschool programs and other child development and child care programs serving HS eligible children;
- Estimated number of children with disabilities four years old and younger, including relevant services or resources in Vermont;

- Education, health, nutrition and social services needs of HS and EHS eligible children and their families; and
- Resources in the state that are used or could be used to address needs of HS- and EHS-eligible children and their families.

Although the VHSSCO found some data at the county-level, the focus of this report is on state-level data because the VHSSCO is in a position to work within the state government and with state agencies to help leverage and shape state policy and practices around shared goals for young children and their families.

Demographics

Based on the VDH, *Vermont Census Counts and Intercensal Population Estimates* 2000-2010 booklet, Vermont's population has become older over the last decade (http://healthvermont.gov/research/pop/2000-2010CensusCountsandIntercensalEstimates.aspx , Summary, p. 1). There has been a significant decline in the number of children under five years old in the state over the past decade (2000-2010) too and a large increase of 55 -64 –year- olds in the state. Vermont has 625,741 individuals based on the 2010 census, and 156,545 live in the most populated county (Chittenden County) compared to the 6,970 living in the least populated county (Grand Isle). There are 5,968 infants < 1 year old counted in the 2010 census and 25,984 children between the ages of 1 -4 – years - old. The numbers of Vermonters by town, county, age and sex are available in the booklet, (http://www.healthvermont.gov/research/pop/documents/IntercensalBull10.pdf, pp. 6-20).

Table 1 shows the changes in the race and ethnicity of Vermonters tracked by the Department of Health in *The Health Disparities of Vermonters*, June 2010 report (http://healthvermont.gov/pubs/healthdisparities/race.pdf , p. 50).

Table 1 - Vermont Population, by Racial & Ethnic Category

	1990 U.S. Census –		2007 Estimate –	
	Total #	Percent	Total	# Percent
White Non-Hispanic	552,413	98.2%	596,777	96.0%
Hispanic or Latino	5,687	0.7%	8,170	1.3%
Asian*	3,215	0.5%	7,573	1.2%
Black/African American	1,951	0.3%	6,485	1.0%
American Indian/ Alaskan Native	1,696	0.3%	2,839	0.5%
Total Population	562,758	100%	621,254	100%

*This category also includes Native Hawaiian/Other Pacific Islander

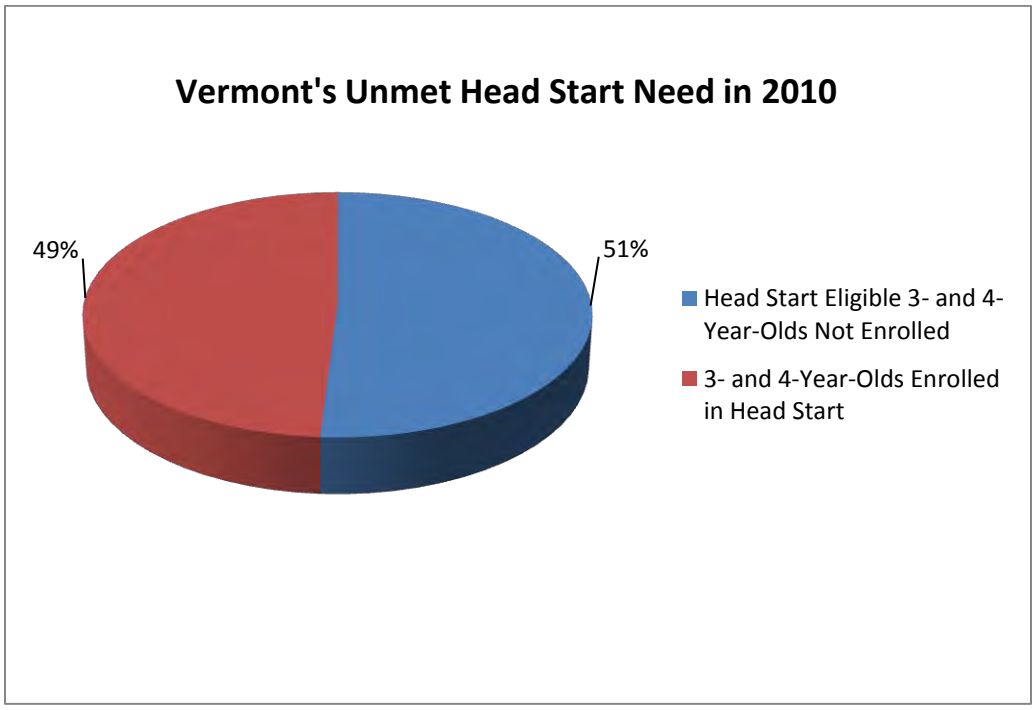
In order to compare the above demographics of the total Vermont population with the those of the population being served by HS and EHS providers, the VHSSCO examined the HS PIR 2011-2012 Program Year data. In Table 2, HS and EHS grantees are enrolling young children who are from minority race/ethnicity groups that in total are proportionally higher than the minority population found in the state estimates. For example 4 % of the children enrolled in HS and EHS programs are Hispanic as compared to 1.3% of all Vermonters. Since ethnicity and race are factors contributing to health disparities, this data implies that these children who are enrolled in HS and EHS programs are more likely to need access to the HS/EHS program's comprehensive approach to child development, health, nutrition and other social services.

Table 2

Race or Ethnicity	HS and EHS Percent of Total Enrollment	Vermont 2007 Estimate Percent of Total Vermont Population
White	86.0 % (1672/1934)	96.0%
Hispanic	4.0 % (78/1934)	1.3%
Asian, Native Hawaiian/Other Pacific Islander	1.5 % (29/1934)	1.2%
Black	3.8 % (74/1934)	1.0%
American Indian/Alaskan Native	.01% (10/1934)	.5%
Bi-racial or multi-racial	8.3 % (161/1934)	NA
other race and unspecified race	1.8 % (35/1934)	NA

Meanwhile, a comparison of the HS and EHS enrollment data with the statewide demographic data reveals that there is a gap between the number of eligible children and the number of children actually enrolled. Chart 1 presented in a joint memo from the DCF and the Vermont Head Start Association to Governor Peter Shumlin, estimated there were approximately 1,351 or 51 % of the eligible 3 and 4 years not enrolled in HS (personal communication, March 21, 2011). Even though the unmet need was not calculated for EHS in the memo, it is assumed there is a greater gap for infants and toddlers because there were 822 fewer spaces available in EHS (375 spaces) than there are available HS spaces (1,197).

Chart 1.



The gap or unmet need for HS and EHS-eligible young children who are unable to enroll in HS and EHS programs does not mean that 6,502 children four years old and younger from low-income families (2011 Poverty and Median Income Estimates, US Census, http://www.census.gov/did/www/saipe/data/interactive/#) are not accessing state resources to address some of their need. This assessment of resources at best can look at the availability of other state resources and the number of low income families accessing these services, given the income eligibility for HS and EHS is more stringent in some cases than other state programs like WIC, Dr. Dynasaur-an expansion of Medicaid and TANF.

Child Development and Child Care Programs

According to Child Care Aware of America, formally known as the National Association of Child Care Resource and Referral Agencies, there were 6,121 children four and younger in Vermont living in poverty out of 32,155 children in this age group (2012 Child Care in State of: Vermont, http://www.naccrra.org/sites/default/files/default_site_pages/2012/vermont_060612-3.pdf). Some of these children living in poverty are enrolled in HS and EHS programs based on the following HS and EHS eligibility category data:

- 733 children were determined eligible based on income

- 877 children's families were receiving public assistance ,
- 26 children were in foster care,
- 124 children were experiencing homelessness,
- 100 were between 100% and 130% of poverty for a total cumulative enrollment of 1,981 over the course of the year and
- 121 were over income (Program Information Report, 2011-2012 program year).

The 6,121 children living in poverty and who are enrolled or eligible for HS may also need access to regulated child care in Vermont. Are there enough child care providers that are regulated and meet the minimum standards of quality care? There are 16 licensed family child care home, 936 registered family child care homes, and approximately 496 licensed early childhood program centers which include those of centers in HS and EHS programs and those in state-funded publicly funded preschool, (http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/proposed/RegReview/Vermont%20licensed%20program%20data%20for%20reg%20review%207%2027%202012.pdf). Child Care Aware of America estimates there are 32,933 child care spaces available in these regulated centers, preschools and homes. It appears as if the families of the 6,121 low-income children four and younger could have access to regulated programs, especially given there are enough child care spaces (32,155) for all of Vermont's children four and younger. Yet, this state-level assessment of child care and child development resources is limited to the hypothesis that low-income children have access because it does not account for are some of the barriers families may experience in accessing services. These include barriers like if child care spaces are available within a short distance of the family's home or work, lack of reliable transportation issues, eligibility for child care financial assistance and out of pocket co-payments for families, and even a value to place their child in the care of family and friends instead of regulated care.

Children with Disabilities

Vermont's Part C – Early Intervention is a part of the comprehensive services coordinated by CIS at DCF. CIS is modeled after the HS and EHS comprehensive approach. An annual report of the performance indicators is issued each year for the project period of July 1 to June 30. Since the 2011-2012 report was not available at the time of the report, the VHSSCO reviewed the 2010-2011 report, showing there are 790 children on Individual Family Services Plans (IFSP) or One Plans in Vermont (http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/cis/part_c/vt-apr-2012c.pdf, p.9). HS grantees reported serving 95 of these children or 12 % during the same timeframe. Terri Edgerton, Manager Vermont's Part C, explained that over the course of any

year, approximately 2,000 children are served in a given year (personal communication, October 29, 2012).

Vermont's Part C – Essential Early Education (preschool special education) is administered through the Agency of Education. Kate Rogers, Part C Manager, reported there were 1,751 children three to five-years-old on Individual Education Plans (IEP), determined eligible for Part B services), during the Federal Fiscal Year ending 2009 (2009-2010). 350 of these children are in kindergarten so these means there are approximately 1,400 children of preschool age on IEPs. HS served 315 children with IEPs for the same timeframe (2009-2010 Program Information Report) or 23% (315/1,400) of the children in the state with IEPs.

Education, Health, Nutrition and Social Services Needs

The Department of Health has reported on the factors related to health disparities in Vermont like education and occupation, income, race and culture, access to health care and stress, disability and depression. Looking at the HS Program Information Report for 2011-2012 program year, a majority of HS and EHS programs have a parent with the a high school education or GED as the highest level of education (993/1,815) and 256 have a parent with the highest level of education less than a high school degree. For those with less education there is a connection to income earned too. "While 42% of Vermonters who have less than a high school education earn an income below the federal poverty level, only 5% of those who have a college degree earn so little, "(The Health Disparities of Vermonters, pg. 16).

Even Vermonters living above the federal poverty level will also not meet the basic needs of their families and rely on programs that expand eligibility and services to low income Vermonters in need. HS and EHS reach some of these low income families with incomes between 100 and 130% of the federal poverty level. Single parents are another factor contributing to the amount of income earned which links to health disparities and half of HS and EHS children are from single parent homes. "40% of families with a single mother and children under the age of 5 reported their past year's income to be below the poverty level."

Table 3 Health, Education & Food Safety Net Programs (The Health Disparities of Vermonters, pg. 9)

% of Federal Poverty Level (FPL) Eligibility and Estimated Enrollment in Vermont • June 2009		
% FPL Program Enrollment	Program	Enrollment
100%	HS preschool education	1,542 per year
130%	School Meals - Free & Reduced (up to 185%)	29,000 per year

130%	3SquaresVT (formerly Food Stamps)	76,000 per month
130%	Commodity Supplemental Food Program (to 185%)	3,800 per month
185%	WIC: Supplemental Nutrition Program for Women, Infants & Children	24,239 per year
185%	Farm to Family food coupons	4,885 households per year

Vermonters earning less income and who have less education are more likely to smoke, be obese, lack prenatal care and have more chronic stress and depression in their lives (p. 73). HS and EHS can help those children who are enrolled to address health issues and provide family support services to improve income, mental health and other stressors that contribute to health disparities. Based on the Program Information Report many resources are being accessed by these families: 1) 351 families received mental health services last year, 2) 558 received emergency or crisis intervention, which cover a plethora of issues and circumstances and 3) almost all families received some form of health education (1,113) to empower them to make good choices with their health and their child's health. Based on this information, it seems like the needs of HS and EHS families are being addressed and families are accessing the state resources like WIC, TANF, 3SquaresVT and other services. We do not know based on this information however, if all eligible HS and EHS children, who are not enrolled, are accessing these services too.

Resources in the State

DCF and other Departments within the AHS receive both state and federal funds to address the needs of Vermont families. Based on the Program Information Report, many HS and EHS families are accessing these funds getting help for things like paying for child care (479/1,572 or 30%) to attaining skills for better employment through TANF benefits (774/1,572 or 49%). DCF, CDD specifically commits state resources to the following:

1. Child Care Financial Assistance Program, (Child Care Subsidy)
2. Child Care Licensing
3. CIS (social work and family support; maternal/child health and nursing; Part C - child development and early intervention; early childhood and family mental health; child care; and other specialties (e.g., nutrition, speech and language therapy) (http://dcf.vermont.gov/cdd/cis)

4. Statewide Systems and Community Collaboration (also known as the Workforce Development and Quality Enhancements and Early Childhood and After School Care Systems) and

5. Vermont Head Start –State Collaboration Office.

DCF also collaborates with community agencies like the 15 Parent Child Centers and the 13 Community Child Care Support Agencies to deliver services and resources to families locally. HS and EHS staff are experts in helping families navigate the systems to apply for these state resources. The staff may also be working with other DCF divisions that have a community presence to coordinate services and manage cases for families they jointly serve (e.g. TANF - Reach Up). VHSSCO has helped put into place agreements and shared memos between HS and EHS and other state agencies to help set standards for consistent implementation and distribution of resources locally. These agreements include:

- Memorandum of Agreement between DCF and Vermont HS Association (http://dcf.vermont.gov/sites/dcf/files/pdf/MOU%20-%20DCF%20and%20VT%20Head%20Start.pdf)

- Supporting Children with Disabilities and Their Families Interagency Agreement Among Early Care, Health and Education Agencies and

- A December 2012 joint memo, *Clarification of Federal Head Start and Early HS Requirements Regarding Documentation for Young Children with Disabilities*

Private foundations are also helping to add resources to the state to address school readiness and quality. The Vermont Foundation - Permanent Fund (http://www.permanentfund.org)/ is supporting programs like Vermont Birth to Three (mentoring) and the Vermont Community Preschool Collaborative. The Vermont Business Roundtable is also committed to improving the quality of child care in building a future workforce with the necessary skills to succeed. And Building Bright Futures – State Advisory Council is charged with assuring that all Vermont children are healthy and successful by improving the quality, affordability and accessibility of services for families with children under the age of six in the areas of health, early care and education, (http://www.buildingbrightfutures.org/index.php?option=com_content&task=blogcategory&id=130&Itemid=59) .

Based on the assessment of state resources, there are gaps in certain areas including public preschool for three-year-old children. The assessment process also shows that EHS and HS children actively enrolled are gaining access to these resources while it is not clear all children that may be eligible, especially based on income, have the same experience. Further exploration

of where these eligible children are in the early childhood education and child care setting will help guide how the state invests resources to ensure those Vermont families that need can apply, enroll and receive services for their children and themselves.

Section 4 Recommendations Moving Forward

The 2011-2012 needs assessment process and data results described earlier in this report documented where strengths and weaknesses exist in the partnerships between HS and EHS and their federal, state and community partners. The 2011-2012 web survey sets the stage for grantees to reflect on the past 2011-2012 program year's work with partners and how it was effective or if there were barriers to serving the needs of children and family enrolled in the program. We also looked at the aggregate data found in the HS PIR data to gain insights about child and family serve needs and compared this to the state resources that may be accessed.

What Were the Lessons Learned This Year?

HS and EHS grantees continue to rate their involvement with Local Education Agencies high, yet there are on-going struggles with creating approaches that work across LEAs around homelessness, disabilities, school transitions, alignment of k-12 and public preschool. HS and EHS grantees expressed their desire to be more involved with the early childhood system particularly with respect to increasing their involvement with the state's efforts to unify its early childhood data systems. The promising news is that this desire is beginning to be addressed as momentum builds among state leaders in VHSA and BBF SAC to build an Early Childhood Data Reporting System (ECDRS). ECDRS is searchable web-based data repository which will enable HS and EHS grantees to answer questions and will enable them to produce reports. These reports will enable them to paint pictures regionally and statewide for how the children are doing.

Views about professional development efforts among grantees are mixed. On one hand, the PIR data suggests Vermont is doing well and staff qualifications for teachers are above the Head Start Act requirements. Yet there are geographic areas served by HS or EHS that need help with accessing scholarships and early education degree programs. The need for a targeted approach by the VHSSCO also exists when examining needs regarding family literacy, especially for English Language Learners and their families.

In one of the regional priority areas, there is room for improved coordinating and sharing of resources among families that are jointly enrolled in HS/EHS programs and welfare and child welfare programs. However, VHSSCO includes some new strategies and objectives in its five-year strategic plan.

Where Do We Go from Here?

This report of the needs assessment findings served as baseline data for the VHSSCO five-year strategic plan (September 30, 2012- September 29, 2017). Given there are some known and unknown gaps in state resources, moving forward relies on a shared commitment and accountability among stakeholders (e.g. time, human resource capital and funding in some cases). The challenge will be to make data-driven decisions about investments in the early childhood system and improve collaboration and coordination of programming and services where gaps exist.

VHSSCO engages with a range of state and regional agencies to help achieve shared goals. The next step is to share the results of this report publicly particularly with stakeholders beginning with VHSA. The VHSSCO has a long history of working together with the seven HS and four EHS grantees to implement and achieve shared goals. VHSA review with the VHSSCO the VHSSCO work plan each year to provide an opportunity for the VHSSCO and VHSA to align their respective goals and strategies in the areas of coordination and collaboration of services and programing with partners and to align early learning standards and assessments between those used by HS and EHS grantees and their partners throughout the State of Vermont.

Subsequently, VHSSCO will share the findings of this report with organizations such as the Vermont Child Care Providers Association, TANF, CIS, and Northern Lights Career Development Center. Through this feedback process, collaboration and coordination between HS and EHS grantees and these organizations will be strengthened so that young children and their families in Vermont will have improved access to high-quality services and programming.

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Appendices - Appendix A

Head Start & Early Head Start State Collaboration Needs Assessment Survey

Recommended Instructions for Collaboration Offices

The Head Start Act of 2007 requires Head Start State Collaboration Offices (HSSCOs) to "conduct an assessment that addresses the needs of Head Start agencies…with respect to collaboration, coordination and alignment of curricula and assessments used in Head Start programs with the Head Start Outcomes Framework and, as appropriate, State early learning standards (Sec, 642B(a)(4)(A)(i). In response to this requirement, a group of HSSCO administrators developed the *Head Start & Early Head Start State Collaboration Needs Assessment Survey* in 2008 and updated it 2011 with technical assistance from the Office of Head Start. Use of this tool is voluntary. To promote survey integrity and national comparability, however, and to assist HSSCOs to document their effectiveness in supporting HS/EHS state and community partnerships, the following recommendations for use of the survey were generated.

1) **All states use the full survey at least once in their 5-year grant cycle.** To provide a national "snapshot," ensure comparability and establish a baseline, it is recommended that all states use the full survey during the 2011 - 2012 program year and submit data to OHS by September 30, 2012.

2) **All states use identical sections of the survey at least once during their 5-year grant cycle.** To ensure comparability, it is recommended that states administer *at least* the following sections of the survey during the 2013 – 2014 program, which correspond to Federal focus areas identified at the 2011 national meeting:

   - SECTION 4: Child Care
   - SECTION 9: School Transitions and Alignment with K-12
   - SECTION 10: Professional Development
   - SECTION 11: Early Childhood Systems

   Additional sections may be added according to the state's needs, but only results from the above sections would be included in a national summary.

3) **In updating their needs assessment during other years, states may use a variety of options** (based on their own criteria), such as the full survey, partial survey, other surveys, focus groups on a various topics, etc.

4) **The survey can be customized, but please keep it intact**! For the full survey:

- Don't eliminate sections or items.
- Customize by adding sections at the end of the survey (i.e., as an addendum).
- Add questions at end of sections.
- Clarify agency references by adding the name of the agency at the end of the item (vs. changing the item). For example: "local/county Child Welfare agency (DCYF District Office)." This is especially important for researchers undertaking a national evaluation to ensure consistency across states.

For updates, please keep the sections intact.

- Add questions at the end of sections.
- Clarify agency references by adding the name of the agency at the end of the item.

5) **Survey at the grantee/delegate agency level**:

- Limit each grantee/delegate agency to one response. The rationale for this recommendation was that response rates might improve, particularly in large states.
- States may survey at the program level, but have available grantee/delegate level results for national evaluation, should OHS decide to undertake another national summary.

Appendix B

Head Start - State Collaboration Offices Framework

Purpose of the Head Start - State Collaboration Offices

The Head Start - State Collaboration Offices (HSSCOs) exist "to facilitate collaboration among Head Start agencies…and entities that carry out activities designed to benefit low-income children from birth to school entry, and their families[9]. They provide a structure and a process for OHS to work with State agencies and local entities to leverage their common interests around young children and their families to formulate, implement, and improve state and local policy and practice. To be effective, the HSSCO director must hold a full-time position of sufficient authority and access to ensure collaboration is effective and involves a range of State agencies[10].

HSSCO methods by which they coordinate and lead efforts for diverse entities to work together

- **Communication**: Convene stakeholder groups for information sharing and planning. Be a conduit of information between the regional office and the State and local early childhood system.
- **Access**: Facilitate Head Start agencies' access to, and utilization of, appropriate entities so Head Start children and families can secure needed services and critical partnerships are formalized.
- **Systems**: Support policy, planning, and implementation of cross agency State systems for early childhood, including the State Advisory Council, that include and serve the Head Start community.

Scope of Work *– HSSCOs facilitate collaboration among Head Start agencies and State and local entities as charged by the Office of Head Start in the Regional Office*

School Transitions

- To foster seamless transitions and long-term success of Head Start children by promoting continuity of services between the Head Start Child Development and Learning Framework and State early learning standards including pre-k entry assessment and interoperable data systems.

Professional Development

[9] Head Start Act Section 642(B)(a)(2)(A)

[10] Head Start Act Section 642(B)(a)(3)(B)

- To collaborate with institutions of higher education to promote professional development through education and credentialing programs for early childhood providers in states.

Child Care and Early Childhood Systems

- To coordinate activities with the State agency responsible for the State CCDBG program and resource and referral, to make full-working-day and full calendar year services available to children. Include Head Start Program Performance Standards in State efforts to rate the quality of programs (Quality Rating and Improvement System, or QRIS) and support Head Start programs in participating in QRIS and partnering with child care and early childhood systems at the local level.

Regional Office Priorities

- To support other regional office priorities such as family and community partnerships; health, mental health, and oral health; disabilities; and support to military families. Other special OHS and ACF initiative requests for HSSCO support should be routed through the OHS Regional Offices.

Appendix C - VHSSO Five-Year Plan Goals

School Transition Goal 1 - Families, school principals, kindergarten teachers, Head Start education managers/teachers and other pre-school providers will be actively engaged in the design and implementation of "prekindergarten to kindergarten" transition leading to the development of a *school transition* system within each HS service areas to support all children to be ready for school and experience success. It includes addressing services for children experiencing homelessness and public prekindergarten.

Professional Development Goal 1: Increase the number of qualified early childhood and family services professionals that meet or exceed the Head Start Act requirements for teacher staff qualifications. Additional *professional development* related objectives, activities, and outcomes are woven into the other three goals of the five-year plan.

Child Care and Early Childhood Systems Goal 1: HS/EHS and other provider networks, including family child care providers, will partner to increase child and family access to high-quality child development programs and coordinated family services to optimize the development of children and to strengthen families. Support to military families is addressed under this goal.

Regional Office Priorities Goal 1: Intentional partnerships between HS/EHS grantees and their community, state and federal partners create an effective system to coordinate services to support and strengthen children and their families. These priority areas include health, welfare/child welfare, family literacy, services for children with disabilities and community services.

Appendix D – Office of Head Start Survey

HEAD START & EARLY HEAD START STATE COLLABORATION

A. Date survey was completed:

_____ _____

B. Head Start & Early Head Start Grantee or Delegate Agency Information:

1. Type of agency (Please check one): ☐ Grantee ☐ Delegate ☐ Both
2. Services (Please check one): ☐ Head Start ☐ Early Head Start ☐ Both
3. Agency contact information:

Name of Agency: _____ Phone: _____

Address: _____

_____

_____

_____

C. Contact information for person submitting this survey for Grantee or Delegate agency:

Name: _____ Title: _____

Address: _____

_____

_____

Phone: _____ Email: _____

Please complete this survey by _____(DATE) and submit it (e.g., electronically, via mail in postage-paid envelope, etc.) to (CONTACT INFO).

If you have any questions about this survey, please contact: (CONTACT INFORMATION)

Head Start & Early Head Start
State Collaboration Needs Assessment Survey

Introduction

The Head Start Act (as amended December 12, 2007) requires the Head Start State Collaboration Offices (HSSCOs) to conduct a needs assessment of Head Start & Early Head Start grantees and delegate agencies in the State in the areas of coordination, collaboration alignment of services, and alignment of curricula and assessments used in Head Start programs with the Head Start Child Development & Early Learning Framework and, as appropriate, State Early Learning Standards

The Head Start Act also requires the HSSCOs to use the results of the needs assessment to develop a strategic plan outlining how they will assist and support Head Start/Early Head Start grantees and delegates in meeting the requirements of the Head Start Act for coordination, collaboration, transition to elementary school and alignment with K-12 education. HSSCOs must also annually update the needs assessment and strategic plan and make the results of the needs assessment available to the general public within the State.

The purpose of gathering this information is to identify your needs in the specified areas and inform the activities of the annually revised strategic plan for the Head Start State Collaboration Office in your state. This information can also be used to inform Head Start grantees' and delegates' program improvement at the local/grantee levels and supports them in meeting Head Start Performance Standards and other federal regulations.

This needs assessment survey is organized around the Federal priority areas for the HSSCOs. These priority areas include:

1. Health Services;
2. Services for Children Experiencing Homelessness;
3. Welfare//Child Welfare
4. Child Care;
5. Family Literacy;
6. Services for Children with Disabilities;
7. Community Services;
8. Education (School Readiness, Head Start – Pre-K Partnership Development);
9. School Transitions and Alignment with K-12;
10. Professional Development; and
11. Early Childhood Systems Development

The survey includes three parts for each area indicated above.

Part 1 asks you to rate the extent of your involvement with various service providers/organizations related to the content area. This part uses the following 4-point Likert scale and definitions to reflect your progress in relationship-building at this point in time:

No Working Relationship (little/no contact)	**Cooperation** (exchange info/referrals)	**Coordination** (work together)	**Collaboration** (share resources/ agreements)

Definitions:

No working relationship. You have **little or no contact with each other** (i.e.; **you do not:** make/receive referrals, work together on projects/activities, share information, etc.)

Cooperation. You **exchange information**. This includes making and receiving referrals, even when you serve the same families.

Coordination. You **work together on projects or activities**. Examples: parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

Collaboration: You **share resources and/or have formal, written agreements.** Examples: co-funded staff or building costs; joint grant funding for a new initiative; an MOU on transition, etc.

Part 2 asks you to indicate the level of difficulty your program has had engaging in each of a variety of activities and partnerships. A 4-point scale of difficulty is provided, ranging from "Extremely Difficult" to "Not At All Difficult," as shown below. The purpose of this part is to assist you in identifying challenges you may be experiencing in building successful partnerships at the local and state levels to support the delivery of quality education and comprehensive services to your children and families.

Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult

Part 3 includes two open-ended questions at the end of each section the survey instrument. The first will give you the opportunity to document any remaining concerns that were not covered in the survey. The second question gives you the opportunity to document what is working well in your program, and to indicate if any of these successful strategies/activities may be helpful to other programs.

Your Head Start State Collaboration Director will aggregate the survey findings from all Head Start/Early Head Start and delegate agencies in your state and then compile a report that will be forwarded to the Federal and Regional Office of Head Start. Results will also be made available to you and to the general public.

Thank you for taking the time to reflect on the coordination and collaboration challenges and accomplishments in your program(s). The cumulative findings from this needs assessment survey will assist your collaboration director to support your program needs in the collaboration and systems development work in your state. Our shared goal is to support and promote your success in serving our children and families.

1. HEALTH CARE

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. Check ***one rating*** for each.

   *Note: If you have different relationships with different providers/organizations in a category, check the option that **best describes** your relationship with **most** of them.*

Category	**No Working Relationship** (little/no contact)	**Cooperation** (exchange info/referrals)	**Coordination** (work together)	**Collaboration** (share resources/ agreements)
A. Medical home* providers	☐	☐	☐	☐
B. Dental home* providers for treatment & care	☐	☐	☐	☐
C. State agency(ies) providing mental health prevention and treatment services	☐	☐	☐	☐
D. Local and or Tribal agencies providing mental health prevention and treatment	☐	☐	☐	☐
E. Agencies/programs that conduct mental health screenings	☐	☐	☐	☐
F. WIC (Women, Infants Children)	☐	☐	☐	☐
G. Other nutrition services (e.g., cooperative extension programs, university projects on nutrition, USDA, etc.)	☐	☐	☐	☐
H. Children's health education providers (e.g., resource & referral, other community-based training providers)	☐	☐	☐	☐
I. Parent health education providers	☐	☐	☐	☐

Category	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
J. Home-visiting programs and services	☐	☐	☐	☐
K. Community and or Tribal Health Centers	☐	☐	☐	☐
L. Public health services	☐	☐	☐	☐
M. Programs/services related to children's physical fitness and obesity prevention	☐	☐	☐	☐

Note: "Medical and Dental Home" means comprehensive, coordinated care and not just access to a doctor or dentist, particularly for one-time exams.

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select *one rating for each* item.

Area	Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult
A. Linking children to medical homes	☐	☐	☐	☐
B. Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene, etc.)	☐	☐	☐	☐
C. Linking children to dental homes that serve young children	☐	☐	☐	☐
D. Partnering with oral health professionals on oral-health related issues (e.g., hygiene, education, etc.)	☐	☐	☐	☐
E. Getting children enrolled in CHIP or Medicaid	☐	☐	☐	☐
F. Arranging coordinated services for	☐	☐	☐	☐

Area	Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult
children with special health care needs				
G. Assisting parents to communicate effectively with medical/dental providers	☐	☐	☐	☐
H. Assisting families to get transportation to appointments	☐	☐	☐	☐
I. Getting full representation and active commitment on your Health Advisory Committee	☐	☐	☐	☐
J. Obtaining data/information on children/families served jointly by Head Start and other agencies re: health care (e.g., lead screening, nutrition reports, home-visit reports, etc.)	☐	☐	☐	☐
K. Exchanging information on roles and resources with medical, dental and other providers/ organizations regarding health care	☐	☐	☐	☐

3. Please describe any other issues you may have regarding health care for the children and families in your program.

4. What is working well in your efforts to address the health care needs of the children and families in your program? Which of these efforts do you think may be helpful to other programs?

2. *SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS*

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. Check ***one rating*** for each.

   *Note: If you have different relationships with different providers/organizations in a category, check the option that **best describes** your relationship with **most** of them.*

Category	**No Working Relationship** (little/no contact)	**Cooperation** (exchange info/referrals)	**Coordination** (work together)	**Collaboration** (share resources/ agreements)
A. Local McKinney-Vento homeless liaison (public school, community services)	☐	☐	☐	☐
B. Local housing agencies and planning groups serving families experiencing homelessness (e.g., shelters, Ten Year Plan to End Homelessness committees)	☐	☐	☐	☐
C. School district Title I Director (if applicable, and if Title I funds are being used to support early care and education programs for children experiencing homelessness) * Skip rating and check here if not applicable: ☐	☐	☐	☐	☐

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select *one rating for each* item.

Area	Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult
A. Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment	☐	☐	☐	☐
B. Allowing families of children experiencing homelessness to apply to, enroll in and attend Head Start while required documents are obtained within a reasonable time frame	☐	☐	☐	☐
C. Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment	☐	☐	☐	☐
D. Engaging community partners, including the local McKinney-Vento Homeless Liaison, in conducting staff cross training and planning activities	☐	☐	☐	☐
E. In coordination with LEA, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness	☐	☐	☐	☐

*<u>Note</u>: *Title I funded preschool programs must follow the Head Start Performance Standards*

Comments:

3. Please describe any other issues you may have regarding services for children and families in your program experiencing homelessness.

4. What is working well in your efforts to address the housing needs of the children and families in your program who are experiencing homelessness? Which of these efforts do you think may be helpful to other programs?

3. WELFARE/CHILD WELFARE

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. Check ***one rating*** for each.

   *Note: If you have different relationships with different providers/organizations in a category, check the option that **best describes** your relationship with **most** of them.*

Category	**No Working Relationship** (little/no contact)	**Cooperation** (exchange info/referrals)	**Coordination** (work together)	**Collaboration** (share resources/ agreements)
A. Local Temporary Assistance for Needy Families Services (TANF)	☐	☐	☐	☐
B. Employment & Training and Labor services agencies	☐	☐	☐	☐
C. Economic and Community Development Councils	☐	☐	☐	☐
D. Local/County Child Welfare agency (e.g., child protective services)	☐	☐	☐	☐
E. State Child Welfare Agency	☐	☐	☐	☐
F. State Children's Trust agency*	☐	☐	☐	☐
G. Services and networks supporting foster and adoptive families	☐	☐	☐	☐

**State Children's Trust & Prevention Fund (supports strategies/programs that prevent child abuse and neglect via grants, training, services, etc.)*

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select *one rating for each* item.

Area	Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult
A. Obtaining information and data for community assessment and planning	☐	☐	☐	☐
B. Working together with TANF, Employment and Training, and related support services to recruit families	☐	☐	☐	☐
C. Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment	☐	☐	☐	☐
D. Facilitating shared training and technical assistance opportunities	☐	☐	☐	☐
Area (continued)	**Extremely Difficult**	**Difficult**	**Somewhat Difficult**	**Not at All Difficult**
E. Getting involved in state level planning and policy development	☐	☐	☐	☐
F. Exchanging information on roles & resources with other service providers regarding family/child assistance services	☐	☐	☐	☐

3. Please describe any other issues you may have regarding the welfare/child welfare (family/child assistance) needs of the children and families in your program.

4. What is working well in your efforts to address the welfare/child welfare (family/child assistance) needs of children and families in your program? Which of these efforts do you think may be helpful to other programs?

4. CHILD CARE

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. Check ***one rating*** for each.

   *Note: If you have different relationships with different providers/organizations in a category, check the option that **best describes** your relationship with **most** of them.*

Category	**No Working Relationship** (little/no contact)	**Cooperation** (exchange info/referrals)	**Coordination** (work together)	**Collaboration** (share resources/ agreements)
A. State agency for Child Care	☐	☐	☐	☐
B. Tribal Child Care (if applicable)	☐	☐	☐	☐
C. Child Care Resource & Referral agencies	☐	☐	☐	☐
D. Local child care programs to support access to full day, full year services	☐	☐	☐	☐
E. State or regional policy/planning committees that address child care issues	☐	☐	☐	☐
F. Higher education programs/services/ resources related to child care (e.g., lab schools, student interns, cross-training)	☐	☐	☐	☐

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select ***one rating*** *for each* item.

Area	Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult
A. Establishing linkages/partnerships with child care providers	☐	☐	☐	☐
B. Assisting families to access full-day, full year services	☐	☐	☐	☐
C. Capacity to blend or braid, HS and child care funds to provide full day, full year services	☐	☐	☐	☐
D. Aligning policies and practices with other service providers	☐	☐	☐	☐
E. Sharing data/information on children that are jointly served (assessments, outcomes, etc.)	☐	☐	☐	☐
F. Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment	☐	☐	☐	☐

3. Please describe any other issues you may have regarding access to child care services and resources.

4. What is working well in your efforts to address the child care needs of the children and families in your program? Which of these efforts do you think may be helpful to other programs?

5. FAMILY LITERACY SERVICES

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. Check ***one rating*** for each.

   *Note: If you have different relationships with different providers/organizations in a category, check the option that **best describes** your relationship with **most** of them.*

Category	**No Working Relationship** (little/no contact)	**Cooperation** (exchange info/referrals)	**Coordination** (work together)	**Collaboration** (share resources/ agreements)
A. State or local family literacy programs	☐	☐	☐	☐
B. Employment and Training programs	☐	☐	☐	☐
C. Adult Education	☐	☐	☐	☐
D. English Language Learner programs & services	☐	☐	☐	☐
E. Services to promote parent/child literacy interactions	☐	☐	☐	☐
F. Parent education programs/services	☐	☐	☐	☐
G. Public libraries	☐	☐	☐	☐
H. School libraries	☐	☐	☐	☐
I. Public/private sources that provide book donations or funding for books	☐	☐	☐	☐
J. Museums	☐	☐	☐	☐
K. Reading Readiness programs				
L. Higher education programs/services/ resources related to family literacy	☐	☐	☐	☐

(e.g., grant projects, student interns, cross-training, etc.)				
M. Providers of services for children and families who are English language learners (ELL)	☐	☐	☐	☐

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select ***one rating*** *for each* item.

Area	Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult
A. Incorporating family literacy into your program policies and practices	☐	☐	☐	☐
B. Educating others (e.g., parents, the community) about the importance of family literacy	☐	☐	☐	☐
C. Establishing linkages/partnerships with key literacy providers (libraries, literacy council, foundations, community colleges)	☐	☐	☐	☐
E. Securing family participation in family literacy services, as available	☐	☐	☐	☐
F. Exchanging information with other providers/organizations regarding roles and resources related to family literacy	☐	☐	☐	☐

3. Please describe any other issues you may have regarding family literacy services and resources.

4. What is working well in your efforts to address the literacy needs of the families in your program? Which of these efforts do you think may be helpful to other programs?

6. SERVICES FOR CHILDREN WITH DISABILITIES

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. Check ***one rating*** for each.

   *Note: If you have different relationships with different providers/organizations in a category, check the option that **best describes** your relationship with **most** of them.*

Category	**No Working Relationship** (little/no contact)	**Cooperation** (exchange info/referrals)	**Coordination** (work together)	**Collaboration** (share resources/ agreements)
A. State Lead Agency for Part B/619 (preschool special education)	☐	☐	☐	☐
B. Local Part B/619 (preschool special education) providers	☐	☐	☐	☐
C. State Education Agency—other programs/services (e.g., Section 504 of Rehabilitation Act, state improvement grants, state Response to Intervention)	☐	☐	☐	☐
D. Tribal Education Agency (if applicable)	☐	☐	☐	☐
E. State Lead Agency for Part C (early intervention)	☐	☐	☐	☐
F. Bureau of Indian Education FACE program (if applicable)	☐	☐	☐	☐
G. Local Part C providers (early intervention)	☐	☐	☐	☐
H. Other Federally funded programs for families of children with disabilities (e.g., Parent Training & Information Center, Family Voices, Maternal and Child Health,	☐	☐	☐	☐

Category	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
Protection & Advocacy agency, Special Medical Services, etc.)				
I. Other State-funded programs for children with disabilities and their families (e.g., developmental services agencies)	☐	☐	☐	☐
J. University/community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/others)	☐	☐	☐	☐
K. Non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities (e.g., State /Local Interagency Coordinating Council, preschool special education work/advisory group)	☐	☐	☐	☐

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select *one rating for each* item.

Area	Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult
A. Obtaining timely Part C (early intervention) evaluations of children (i.e., within 60 days of when referral is made)	☐	☐	☐	☐
B. Obtaining timely Part B/619 (preschool special education) evaluations of children	☐	☐	☐	☐
C. Having HS/EHS staff attend IEP or IFSP meetings	☐	☐	☐	☐

Area	Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult
D. Coordinating services with Part C providers	☐	☐	☐	☐
E. Supporting the referral process to Part C providers/agencies for children identified under CAPTA (Child Abuse Prevention & Treatment Act)	☐	☐	☐	☐
F. Coordinating services with Part B/619 providers	☐	☐	☐	☐
G. Sharing data/information on jointly served children (assessments, outcomes, etc.)	☐	☐	☐	☐
H. Exchanging information on roles and resources with other providers/ organizations regarding services for children with disabilities and their families	☐	☐	☐	☐
I. Applying for SSI and/or Waiver Programs (for children and families with disabilities)	☐	☐	☐	☐

3. Please describe any other issues you may have regarding services for children with disabilities and their families.

4. What is working well in your efforts to address the needs of children with disabilities in your program? Which of these efforts do you think may be helpful to other programs?

7. *COMMUNITY SERVICES*

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. Check ***one rating*** for each.

   *Note: If you have different relationships with different providers/organizations in a category, check the option that **best describes** your relationship with **most** of them.*

Category	**No Working Relationship** (little/no contact)	**Cooperation** (exchange info/referrals)	**Coordination** (work together)	**Collaboration** (share resources/ agreements
A. Law Enforcement	☐	☐	☐	☐
B. Providers of substance abuse prevention/treatment services	☐	☐	☐	☐
C. Providers of child abuse prevention/treatment services	☐	☐	☐	☐
D. Providers of domestic violence prevention/treatment services	☐	☐	☐	☐
E. Private resources geared toward prevention/intervention (faith-based, business, foundations, shelters, etc.)	☐	☐	☐	☐
F. Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans)	☐	☐	☐	☐
G. Providers of services to military families	☐	☐	☐	☐

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select *one rating for each* item.

Area	Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult
A. Establishing linkages/partnerships with law enforcement agencies	☐	☐	☐	☐
B. Establishing linkages/partnerships with public resources (state, county, city, etc.) regarding prevention/treatment services	☐	☐	☐	☐
C. Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services	☐	☐	☐	☐
D. Partnering with service providers on outreach activities for eligible families	☐	☐	☐	☐
E. Obtaining in-kind community services for the children/families in your program	☐	☐	☐	☐
F. Sharing data/information on children/families served jointly by HS/EHS and other agencies re: prevention/treatment services	☐	☐	☐	☐
G. Exchanging information on roles and resources with other providers/ organizations regarding community services	☐	☐	☐	☐
H. Establishing linkages/partnerships with providers of services to military families	☐	☐	☐	☐

3. Please describe any other issues you may have regarding community services for the families in your program.

4. What is working well in your efforts to address the community services needs of the families in your program?
   Which of these efforts do you think may be helpful to other programs?

8. EDUCATION (SCHOOL READINESS, HEAD START – PRE-K PARTNERSHIP DEVELOPMENT);

IF Early Head Start program: check here and skip to SECTION 10. ☐

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. Check ***one rating*** for each.

Category	**No Working Relationship** (little/no contact)	**Cooperation** (exchange info/referrals)	**Coordination** (work together)	**Collaboration** (share resources/ agreements)
A. Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing **publicly funded preschool programs i**n the service area of your agency which includes plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (I-X), and a review of each of the activities	☐	☐	☐	☐
B. No publicly funded pre-k in this state *Check "no working relationship" and skip to SECTION 9*	☐			

2. Head Start programs are required to have an MOU with publicly-funded Pre-K programs in their service areas. The MOU must include a review of, and plans to coordinate, as appropriate, 10 areas/activities, as listed below. For each of the following items, please rate the level of difficulty *you have had in the past, or may have* as you coordinate these activities with publicly-funded Pre-K programs. Select *one rating for each* item.

Area	Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult
A. Educational activities, curricular objectives and instruction	☐	☐	☐	☐
B. Information, dissemination and access for families contacting Head Start or other preschool program	☐	☐	☐	☐
C. Selection priorities for eligible children served	☐	☐	☐	☐
D. Service areas	☐	☐	☐	☐
E. Staff training, including opportunities for joint staff training	☐	☐	☐	☐
F. Joint/shared technical assistance (e.g., on mutual needs; to develop partnership agreements)	☐	☐	☐	☐
G. Provision of services to meet needs of working parents, as applicable	☐	☐	☐	☐
H. Communications and parent outreach for transition to kindergarten	☐	☐	☐	☐
I. Provision and use of facilities, transportation, etc.	☐	☐	☐	☐
J. Developing MOU's with publicly funded pre-school programs (see 1A)	☐	☐	☐	☐
K. Other elements mutually agreed to by the parties to the MOU	☐	☐	☐	☐

3. Please describe any other issues you may have regarding partnership development with Local Educational Agencies in your service areas.

4. What is working well in your efforts to develop partnerships with Local Education Agencies managing pre-k programs in your service areas? Which of these efforts do you think may be helpful to other programs?

9. SCHOOL TRANSITIONS AND ALIGNMENT WITH K-12

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with local education agencies (LEAs) ***at this point in time***. Check ***one rating***.

   Note: If you have different relationships with different LEAs, check the option that **best describes** your relationship with **most** of them.

Category	**No Working Relationship** (little/no contact)	**Cooperation** (exchange info/referrals)	**Coordination** (work together)	**Collaboration** (share resources/ agreements
A. Relationship with Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten	☐	☐	☐	☐

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select *one rating for each* item.

Area	**Extremely Difficult**	**Difficult**	**Somewhat Difficult**	**Not at All Difficult**
A. Coordinating with LEAs to implement systematic procedures for transferring Head Start program records to school	☐	☐	☐	☐
B. Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney Vento liaisons, etc.)	☐	☐	☐	☐

Area	Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult
C. Establishing and implementing comprehensive transition policies and procedures with LEAs	☐	☐	☐	☐
D. Linking LEA and Head Start services relating to language, numeracy and literacy	☐	☐	☐	☐
E. Aligning Head Start curricula and assessments with Head Start Child Outcomes Framework	☐	☐	☐	☐
F. Aligning Head Start curricula with state Early Learning Standards	☐	☐	☐	☐
G. Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records	☐	☐	☐	☐
H. Coordinating transportation with LEAs	☐	☐	☐	☐
I. Coordinating shared use of facilities with LEAs	☐	☐	☐	☐
J. Coordinating with LEAs regarding other support services for children and families	☐	☐	☐	☐
K. Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten	☐	☐	☐	☐
L. Establish policies and procedures that support children's transition to school that includes engagement with LEA	☐	☐	☐	☐

Area	Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult
M. Helping parents of limited English proficient children understand instructional and other information and services provided by the receiving school.	☐	☐	☐	☐
N. Exchanging information with LEAs on roles, resources and regulations	☐	☐	☐	☐
O. Aligning curricula and assessment practices with LEAs	☐	☐	☐	☐
P. Organizing and participating in joint training, including transition-related training for school staff and Head Start staff	☐	☐	☐	☐

3. Please describe any other issues you may have regarding Head Start transition and alignment with K-12 for the children and families in your program.

4. In your efforts to address the education/Head Start transition to school needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

10. PROFESSIONAL DEVELOPMENT

1. Using the definitions on pages 2 and 3, please ***rate the extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. Check ***one rating*** for each.

   *Note: If you have different relationships with different providers/organizations in a category, check the option that **best describes** your relationship with **most** of them.*

Category	**No Working Relationship** (little/no contact)	**Cooperation** (exchange info/referrals)	**Coordination** (work together)	**Collaboration** (share resources/ agreements)
A. Institutions of Higher Education (4 year)	☐	☐	☐	☐
B. Institutions of Higher Education (less than 4 year)(e.g., community colleges)	☐	☐	☐	☐
C. On-line courses/programs	☐	☐	☐	☐
D. Child Care Resource & Referral Network	☐	☐	☐	☐
E. Head Start State T & TA Network	☐	☐	☐	☐
F. Other T & TA networks (regional, state)	☐	☐	☐	☐
G. Service providers/organizations offering relevant training/TA cross-training opportunities	☐	☐	☐	☐

Category	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
H. National Centers				
a. Cultural & Linguistic Responsiveness	☐	☐	☐	☐
b. Parent, Family & Community Engagement	☐	☐	☐	☐
c. Quality Teaching & Learning	☐	☐	☐	☐
d. Early Head Start National Resource Center	☐	☐	☐	☐
e. Program Management & Fiscal Operations	☐	☐	☐	☐
f. Center on Health	☐	☐	☐	☐

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select ***one rating*** *for each* item.

Area	Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult
A. Transferring credits between public institutions of learning	☐	☐	☐	☐
B. Accessing early childhood education degree programs in the community	☐	☐	☐	☐
C. Accessing T & TA opportunities in the community (including cross-training)	☐	☐	☐	☐

Area	Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult
D. Accessing scholarships and other financial support for professional development programs/activities (e.g., T.E.A.C.H. Early Childhood®)	☐	☐	☐	☐
E. Staff release time to attend professional development activities	☐	☐	☐	☐
F. Accessing on-line professional development opportunities (e.g., availability of equipment, internet connection, etc.)	☐	☐	☐	☐
G. Exchanging information on roles and resources with other providers/ organizations regarding professional development	☐	☐	☐	☐

3. Please describe any other issues you may have regarding professional development activities and resources.

4. What is working well in your efforts to address the professional development needs of your staff? Which of these efforts do you think may be helpful to other programs?

11. EARLY CHILDHOOD SYSTEMS

1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time***. Check ***one rating*** for each.

   *Note: If you have different relationships with different providers/organizations in a category, check the option that **best describes** your relationship with **most** of them.*

Category	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
A. SAC (State Advisory Council, State Early Learning Council)	☐	☐	☐	☐
B. State Quality Rating & Improvement System (QRIS)	☐	☐	☐	☐
C. State efforts to unify early childhood data systems (e.g., child/family/ program assessment data)	☐	☐	☐	☐

2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select ***one rating*** *for each* item.

Area	Extremely Difficult	Difficult	Somewhat Difficult	Not at All Difficult
A. Exchanging information from and providing input to state advisory councils	☐	☐	☐	☐
B. Participating in state Quality Rating and Improvement System (QRIS) Skip rating and check here if state has no QRIS: ☐	☐	☐	☐	☐
C. Participating in state efforts to unify early childhood data systems	☐	☐	☐	☐

3. Please describe any other issues you may have regarding partnerships with early childhood systems efforts in your state.

4. What is working well in your efforts to partner with early childhood systems initiatives in your state? Which of these efforts do you think may be helpful to other programs?