

2022 VERMONT HEAD START AND EARLY HEAD START NEEDS ASSESSMENT REPORT

Spring 2023

Vermont Head Start
Collaboration Office (VHSCO)



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Submitted by:
Renee A. Kelly, Director
VHSCO
Vermont Department for Children
and Families
Child Development Division
www.dcf.vermont.gov/cdd



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Executive Summary

The Vermont Head Start Collaboration Office (VHSCO) is required, under the Head Start Act, to conduct and/or annually update an assessment that addresses the needs of Vermont Head Start and Early Head Start recipients with respect to:

- collaboration;
- coordination and alignment of services; and
- alignment of curricula, assessments, and early learning standards.

This requirement allows the VHSCO to better understand the needs of Head Start and Early Head Start programs in Vermont and supports the development of the VHSCO's annual strategic plan revisions and baseline or continuation grant applications.

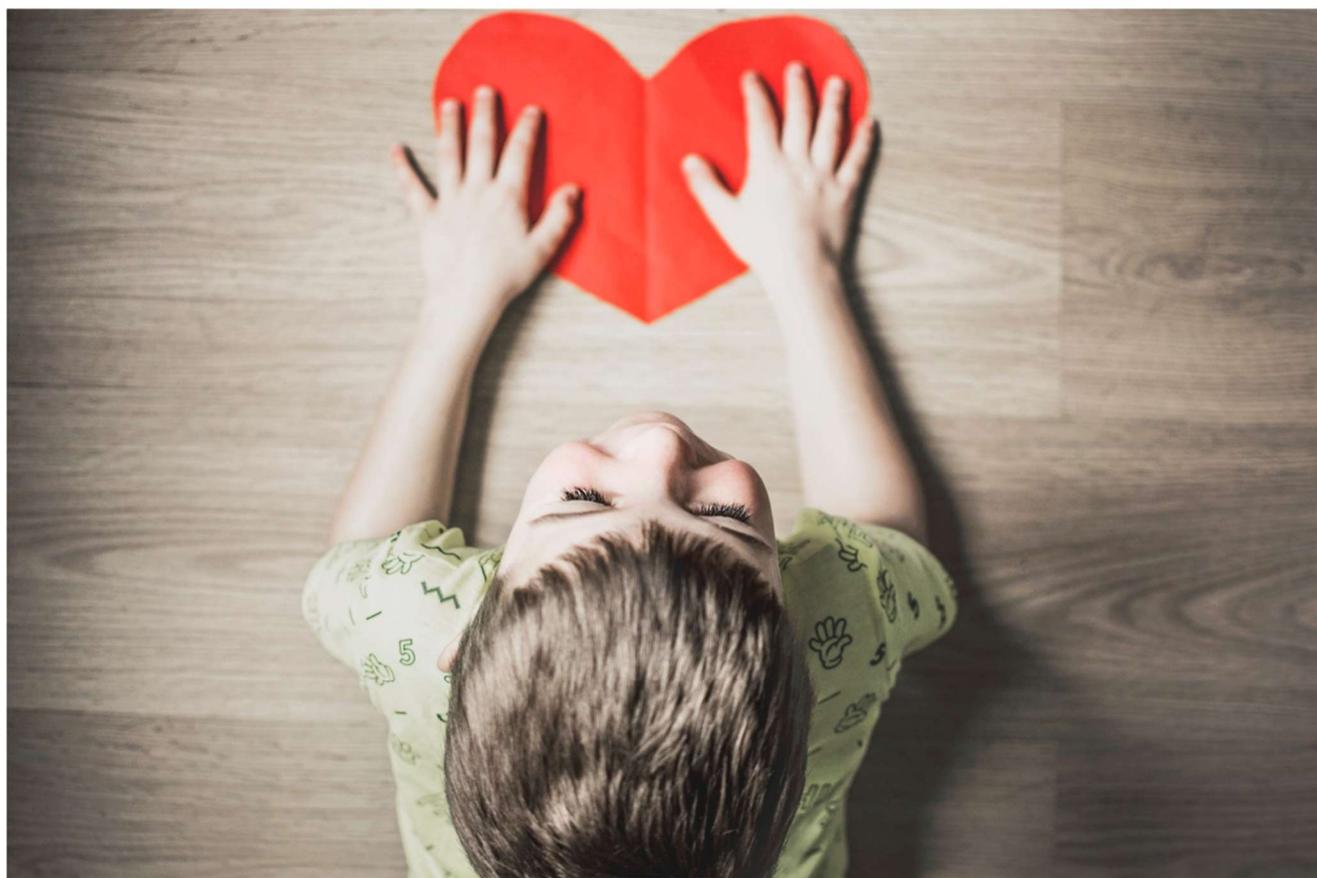
In addition to providing an overview of the VHSCO and describing Vermont Head Start and Early Head Start programs, this report presents findings from the 2021-2022 VHSCO Needs Assessment Web Survey and data from the 2021 Program Information Report (PIR). These two data sources influence the work of the VHSCO within its federally articulated priority areas:

1. Partnering with state child care systems, emphasizing Early Head Start-Child Care Partnerships (EHS-CCP);
2. Work with state efforts to collect data regarding early childhood programs and child outcomes;
3. Support for the expansion and access of high-quality workforce and career development opportunities for staff;
4. Collaboration with Quality Rating and Improvement Systems (QRIS);
5. Work with state school systems to ensure continuity between HS and Kindergarten Entry Assessment (KEA).

This report identifies the strengths and challenges associated with the ability of Head Start and Early Head Start recipients to collaborate, coordinate and align services and programming of State and local entities. The needs assessment results tracked the progress made in addressing collaboration, updated the VHSCO about timely collaboration issues facing Head Start and Early Head Start recipients and their partners, and informed the development of the VHSCO's baseline/Year 1 (2022-2023) federal grant application and Strategic Plan 1.0.

Acknowledgements

The 2022 Vermont Head Start and Early Head Start Needs Assessment Report involved several individuals. The Vermont Head Start Collaboration Office thanks members of the Vermont Head Start Association and the Child Development Division, Department for Children and Families, Agency of Human Services, State of Vermont for their commitment to and support of the needs assessment project and for posting the report online. We thank the Head Start and Early Head Start Directors and their staff for completing the 2021-2022 web survey, the primary data collection tool. A complete list of Head Start and Early Head Start recipients are included in Appendix A.



Overview of Vermont's Head Start Collaboration Office

The Vermont Head Start Collaboration Office (VHSCO) is part of a network of state, territorial, and national offices. Each of the 50 States, District of Columbia and Puerto Rico has a Head Start State Collaboration Office. Additional National Collaboration Offices include the American Indian/Alaskan Native Head Start Collaboration Office (AIANHSCO) and the Migrant and Seasonal Head Start Collaboration Office (MSHSCO). Each of the State and national offices receive a federal Head Start State Collaboration Office (HSSCO) grant from the Office of Head Start (OHS), Administration for Children in Families (ACF), U.S. Department of Health and Human Services (HHS) to support the development of multi-agency public and private partnerships at the state and national levels.

Head Start Collaboration Offices exist to facilitate partnerships between Head Start agencies and other state entities that provide services to benefit children from at-risk backgrounds and their families. They provide a structure and a process for OHS to work and partner with state agencies and local entities. Together, these partners work to leverage their common interests around young children and their families to formulate, implement, and improve state and local policy and practices. These partnerships are intended to:

- Assist in building early childhood systems
- Provide access to comprehensive services and support for all children from at-risk backgrounds
- Encourage widespread collaboration between Head Start and other appropriate programs, services, and initiatives
- Augment Head Start's capacity to be a partner in state initiatives on behalf of children and their families
- Facilitate the involvement of Head Start in state policies, plans, processes, and decisions affecting target populations and other families at-risk.

The methods by which HSCOs coordinate and lead efforts for diverse entities to work together include:

- **Communication** – Convening stakeholder groups for information sharing, planning, and partnering, and serving as a conduit of information between Regional Offices and state and local early childhood systems.
- **Access** – Facilitating 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** – Supporting policy, planning, partnerships, and implementation of cross agency state systems for early childhood, including the State Advisory Council, that include and serve the Head Start community.

OHS has prioritized the goals of the HSCO to guide their work. The six priorities include:

1. Partnering with state child care systems emphasizing the Early Head Start-Child Care Partnership (EHS-CCP) Initiative
2. Working with state efforts to collect data regarding early childhood programs and child outcomes
3. Supporting the expansion and access of high-quality workforce and career development opportunities for staff
4. Collaborating with State Quality Rating Improvement Systems (QRIS)
5. Working with state school systems to ensure continuity between Head Start and Kindergarten Entrance Assessment (KEA)
6. Any additional regional priorities

Within the current project period, the VHSCO is actively advancing four additional priorities:

6. Services to children experiencing homelessness
7. Services to children with disabilities
8. Promoting access to timely health care services, including those related to general, oral, and mental health.
9. Parent and family engagement

Under the Head Start Act, the VHSCO is required to develop and annually update a strategic plan that:

- enhances collaboration and coordination of Head Start services by Head Start recipients with other entities providing early childhood education and development, health care, mental health care, welfare, child protective services, education and community service activities, family literacy services, reading readiness programs, services relating to children with disabilities, other early childhood education and development for children with limited English proficiency and children experiencing homelessness, and services provided for children in foster care and children referred to HS programs by child welfare agencies;
- assists Head Start recipients to develop a plan for the provision of full working-day, full calendar year services for children enrolled in Head Start programs who need such services;

- assists Head Start recipients to align curricula and assessments used in Head Start programs with the Head Start Child Outcomes Framework and Vermont’s Early Learning Standards;
- enables Head Start recipients to better access professional development opportunities for Head Start staff; and,
- enables Head Start recipients to better conduct outreach to eligible families.

The VHSCO 2021-2022 needs assessment web-survey considered national/regional OHS priorities, and along with 2021 Program Information Report (PIR) data, informed the development of the 2022-2023 VHSCO baseline application Strategic Plan 1.0.

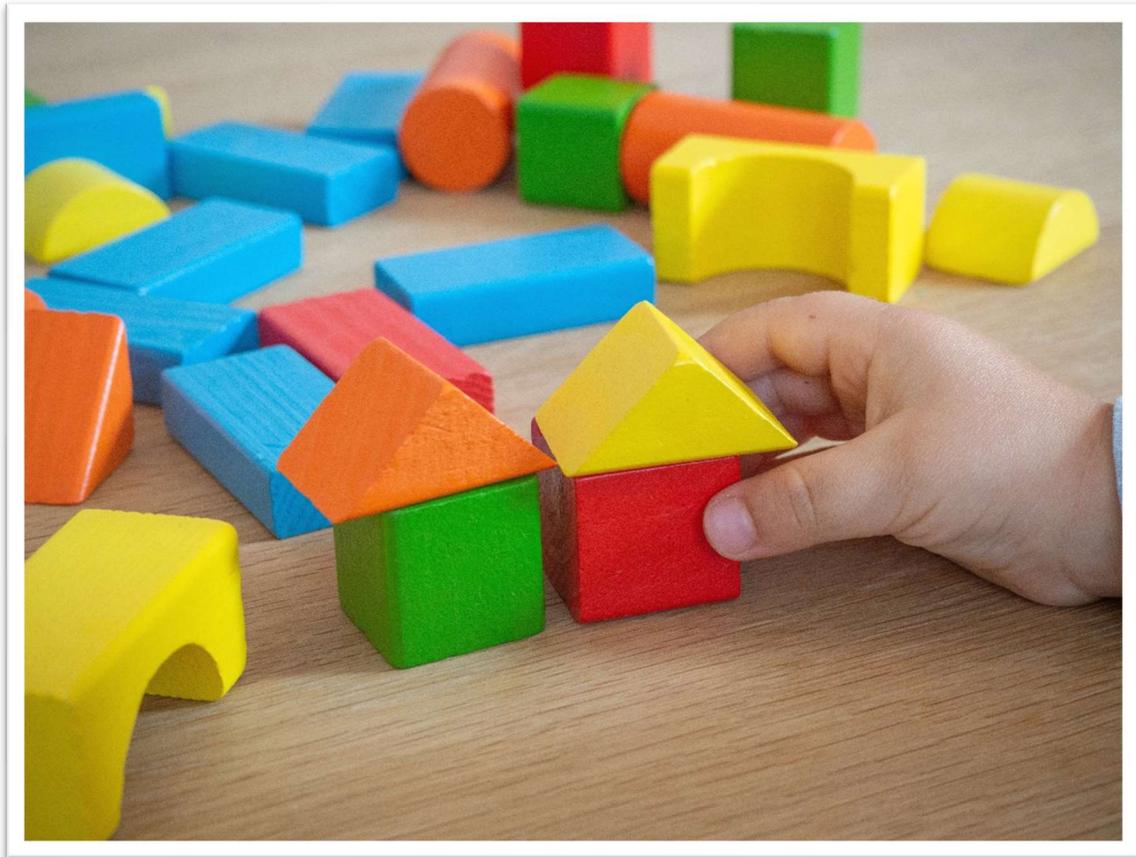


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Head Start and Early Head Start in Vermont

Introduction

Head Start and Early Head Start are comprehensive early education programs for children from at-risk backgrounds ages birth to five. From early math and reading skills to confidence and resilience, Head Start and Early Head Start help children build the skills they need to be successful in school and in life.

In addition to helping children prepare for kindergarten and beyond, Head Start and Early Head Start help facilitate critical health services like immunizations, and vision, dental, and hearing screenings. For parents, Head Start and Early Head Start offer job training opportunities and share information about important child development milestones, so parents can learn more ways to create encouraging home environments and enhance their relationships with their children. Each program engages parents as equal partners and works closely with the local community to adapt to what each area needs.

Head Start

Head Start programs promote school readiness of children ages three to five from at-risk backgrounds by supporting the development of the whole child. Programs offer a variety of service models, depending on the needs of the local community. Head Start programs are based in child care centers, family child care homes and schools. Some programs offer home-based services, with staff conducting weekly visits to children in their own home in partnership with parents.

Head Start programs support children's growth and development in a positive learning environment through a variety of services, which include:

- **Early learning:** Children's readiness for school and beyond is fostered through individualized learning experiences. Through relationships with adults, play, and planned and spontaneous instruction, children grow in many aspects of development. Children progress in social skills and emotional well-being, along with language and literacy learning, and concept development
- **Health:** Each child's perceptual, motor, and physical development is supported to permit them to fully explore and function in their environment. All children receive health and development screenings, nutritious meals, oral health, and mental health support. Programs connect families with medical, dental, and mental health services to ensure that children are receiving the services they need.

- **Family well-being:** Parents and families are supported in achieving their own goals, such as housing stability, continued education, and financial security. Programs support and strengthen parent-child relationships and engage families around children’s learning and development.

746 preschool-age children were served by Vermont Early Head Start programs in the 2020-2021 program year.

This is 115 children less than Vermont Head Start grantees were funded to serve and was a direct result of the COVID-19 pandemic.

Early Head Start

Early Head Start programs provide family-centered services for at-risk families with very young children and are designed to nurture healthy attachments between parent and child. Services encompass the full range of a family's needs from pregnancy through a child's third birthday.

Early Head Start programs provide similar services as preschool Head Start programs, but they are tailored for the unique needs of infants and toddlers. Early Head Start programs promote the physical, cognitive, social, and emotional development of infants and toddlers through safe and developmentally enriching caregiving. This prepares children for continued growth and development and eventual success in school and life.

Following the general Head Start model, Early Head Start programs support parents in their role as primary caregivers and teachers of their children. Programs assist families in meeting their own personal goals and achieving self-sufficiency across a wide variety of domains, such as housing stability, continued education, and financial security.

513 infants and toddlers and 38 pregnant women were served by Vermont Early Head Start programs in the 2020-2021 program year.

This is 18 children less than Vermont Head Start grantees were funded to serve and was a direct result of the COVID-19 pandemic.

Early Head Start Child Care Partnerships

Launched nationally in 2015, the Early Head Start-Child Care Partnerships (EHS-CCP) Program is designed to bring together the best of Early Head Start and child care programs by layering Early Head Start, child care, and other funding streams to provide comprehensive and continuous services to at-risk infants, toddlers, and their families. The EHS-CCP Program enhances and supports early learning settings to provide full-day, full-year, seamless, and comprehensive services that meet the needs of working families and those in school; increase access to high-quality, full-day child care (including family child care); support the development of infants and toddlers through strong relationship-based experiences; and prepare them for the transition into Head Start and other preschool settings.

69 children received comprehensive Early Head Start services at Child Care Partnership programs in the 2020-2021 program year. A total of nine partnership programs are offering EHS-CCP services during the 2021-2022 school year.

COVID-19 IMPACT ON ENROLLMENT

As of August 15th, 2020:

12 Head Start programs that would typically have been open were **closed due to COVID-19**. This included **six Child Care Partnership programs, four home-based programs** and **two Head Start-licensed center-based programs**.

27 Head Start programs continued to provide services as typically scheduled.
Eight Head Start Programs opened one-time supplemental summer programs.

As a result of workforce shortages, closed classrooms, and lower enrollment, Head Start recipients who rely on child care subsidy dollars to provide full-day services lost a total of \$1,357,451 in revenue for FY21.

Vermont Head Start and Early Head Start Recipients

Seven community-based organizations administer **Head Start** programs in Vermont:

- Capstone Community Action
- Champlain Valley Office of Economic Opportunity (CVOEO) – Champlain Valley Head Start (CVHS)
- Northeast Kingdom Community Action (NEKCA)
- Rutland Community Programs, Inc. (RCP) – Rutland Head Start (RHS)
- Southeast Vermont Community Action (SEVCA)
- United Children’s Services (UCS) – Bennington County Head Start/Early Head Start (BCHS)
- Windham Southeast School District (WSESD) – Early Education Services (EES)

Head Start and Early Head Start grants are awarded directly to public or private non-profit organizations, including community-based and faith-based organizations, or for-profit agencies within a community that wish to compete for funds. Currently in Vermont, four recipients are Community Action Agencies (Capstone; CVOEO; NEKCA; SEVCA), two are Mental Health Agencies (Rutland Community Programs, Inc.; United Children’s Services), and one is a School District (Windham Southeast School District) (See Table 1).

Five of the seven administer **Early Head Start**:

- Capstone Community Action
- Champlain Valley Office of Economic Opportunity (CVOEO) – Champlain Valley Head Start (CVHS)
- Northeast Kingdom Community Action (NEKCA)
- United Children’s Services (UCS) – Bennington County Head Start/Early Head Start (BCHS)
- Windham Southeast School District (WSESD) – Early Education Services (EES)

Four of the seven oversee **Early Head Start-Child Care Partnership Programs**:

- Capstone Community Action
- Champlain Valley Office of Economic Opportunity (CVOEO) – Champlain Valley Head Start (CVHS)
- Northeast Kingdom Community Action (NEKCA)
- United Children’s Services (UCS) – Bennington County Head Start/Early Head Start (BCHS)

*For the remainder of this report, use of the term **Head Start** includes **Early Head Start** and **Early Head Start – Child Care Partnerships**.*

Table 1: Vermont Head Start Recipients

Recipient Name	Recipient Org Type	Head Start	Early Head Start	EHS-CCP
Capstone	Community Action Agency	✓	✓	✓
CVOEO – CVHS	Community Action Agency	✓	✓	✓
NEKCA	Community Action Agency	✓	✓	✓
RCP – RHS	Mental Health Agency	✓		
SEVCA	Community Action Agency	✓		
UCS - BCHS	Mental Health Agency	✓	✓	✓
WSESD - EES	School District	✓	✓	

Figure 1: Geographic Service Areas for Vermont’s Head Start Recipients

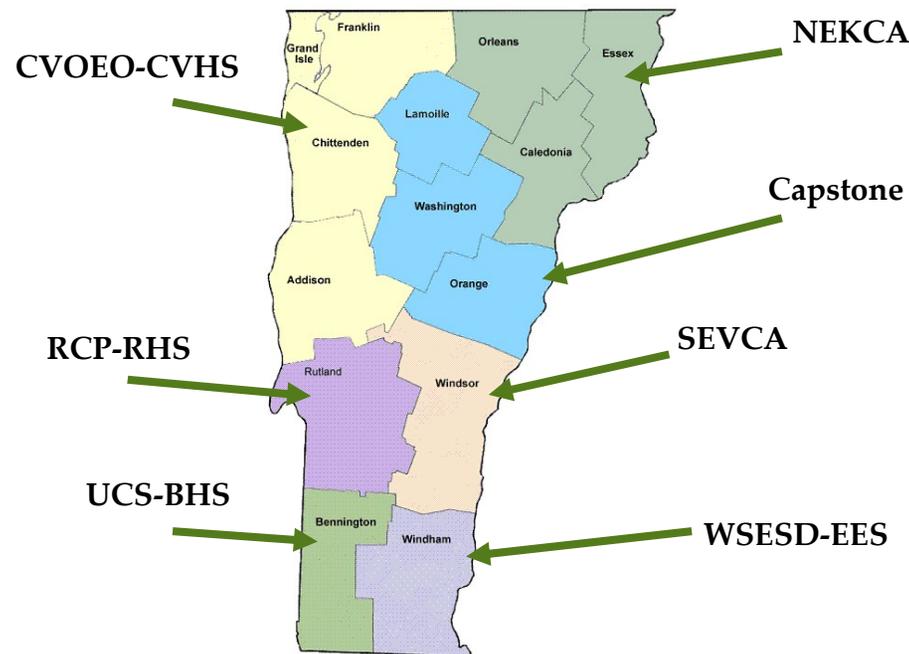
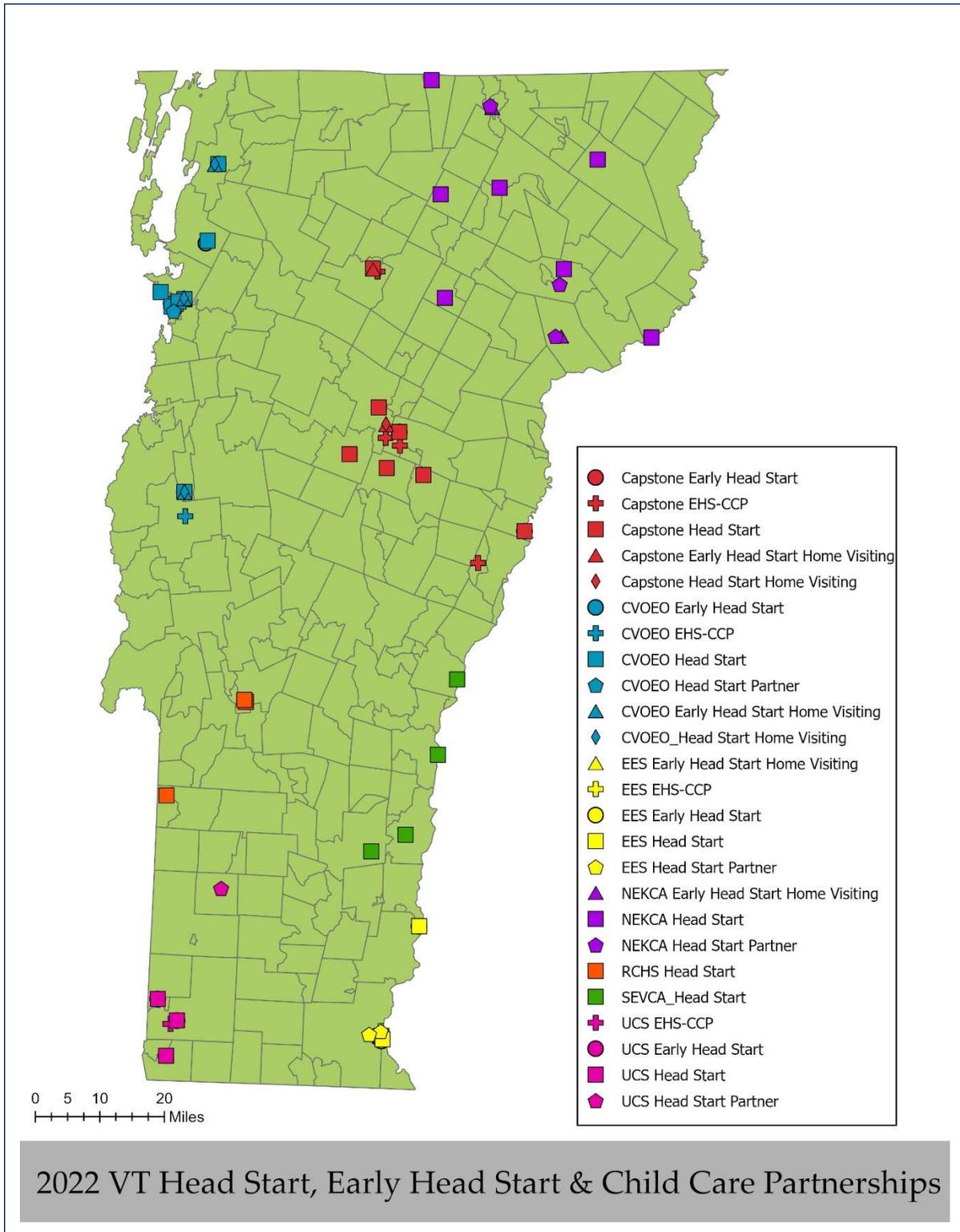


Figure 2: 2022 VT Head Start Programs and Partner Locations



Oversight, Funding and Enrollment

OHS, located in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, oversees the operations of and provides the bulk of funding directly to Head Start recipients. Under the Head Start Act, local public organizations, private non-profit agencies, and for-profit entities are eligible to receive federal grant funds and be a Head Start recipient. States are also eligible to apply for and receive federal EHS and EHS-CCP grants.

A Head Start recipient receives a five-year federal grant for 80 percent of its funding from OHS and must raise a 20 percent match from non-federal contributions. The federal government allows programs to use private, local, municipal, and State funding sources as part of their match. In some states, Head Start recipients receive additional state funding (e.g. special appropriations) to supplement their federal funds, however, that is not the case in Vermont.

ACF Federal Fiscal Year (FFY) 2021 funding for Head Start recipients in Vermont totaled \$24,587,558. Of those funds, 57% were allocated to Head Start (\$13,916,430) and the remaining 43% percent to Early Head Start (\$10,671,128).

In response to the COVID-19 pandemic, Vermont Head Start recipients also received an additional \$1,199,571 in CARES Act funding (Coronavirus Aid, Relieve and Economic Security Act), \$418,949 in CRRSA funding (Coronavirus Response and Relief Supplemental Appropriation Act), and \$1,697,836 in ARP funding (American Rescue Plan) from the Office of Head Start.

In FFY21, Vermont Head Start and Early Head Start programs received nearly \$28 million in federal funding to reach more families, prepare facilities for the return of in-person comprehensive services, and support the Head Start workforce.

It is important to note that Vermont does not currently appropriate additional state dollars to Head Start programs as other states do. However, all Vermont Head Start Programs are designated as Pre-Qualified Universal Pre-Kindergarten Providers and have the ability to layer UPK tuition and child care subsidy dollars on top of ACF funding in order to provide full-day and/or full-year services.

Program Options

Based on their respective community needs assessments and available annual funding, Head Start recipients determine which program structure(s) to offer in order to meet the individual needs of young children and their families. Hence, no two Head Start programs look the same. Program options include center-based, home-based, family child care, or an approved locally designed variation (see Table 2).

- **Center-based options** deliver a full range of education and child development services primarily in classroom settings.
 - Head Start center-based options provide at least 160 days per year of planned class operations when operating for five days per week, or at least 128 days per year if operating four days per week. Classes operate for a minimum of 3.5 hours per day. All seven VT recipients offer a center-based Head Start program option: Capstone; CVOEO-CVHS; NEKCA; RCP-RHS; SEVCA; UCS-BCHS; and WSES-EES.
 - Early Head Start center-based options provide 1,380 annual hours of planned class operations for all children. Early Head Start programs may also elect to operate on a school year schedule that aligns with their local education agency requirements, providing regular home-based services during the summer break. Four VT Early Head Start recipients offer a center-based Early Head Start program option: Capstone; CVOEO-CVHS; UCS-BCHS; and WSESD-EES.

- **Home-based options** deliver a full range of services through visits with the child's parents, primarily in the child's home and through group socialization opportunities.
 - Head Start home-based options are only used to deliver services to a portion of a program's enrolled children. Families receive one home visit per week that lasts at least an hour and a half, and a minimum of 32 visits per year. A minimum of 16 group socialization activities are provided. Two VT Head Start recipients offer a home-based Head Start program option: Capstone and CVOEO-CVHS.
 - Early Head Start home-based options may be used to deliver services to some or all of a program's enrolled children. Families receive one home visit per week that lasts at least an hour and a half, and a minimum of 46 visits per year. A minimum of 22 group socialization activities are also provided. Four VT Early Head Start recipients offer a home-based Early Head Start program option: Capstone; CVOEO-CVHS; NEKCA; and WSESD-EES.
 - Services to pregnant women are also provided by two VT Early Head Start recipients: NEKCA and WSESD-EES. Programs support pregnant women to access health insurance and care and ensure appropriate referrals to nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and

treatment, and emergency shelter or transitional housing in cases of domestic violence. Programs also provide prenatal and postpartum information, education and services that address fetal development, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding.

- **Family child care options** deliver a full range of services with education and child development services primarily delivered by family child care providers, either directly or via contractual arrangements, for a minimum of 1,380 hours. Child Development Specialists are provided to support family child care providers and ensure the provision of quality services at each family child care home. Child Development Specialists conduct regular visits to each family child care home at least once every two weeks; facilitate communication between program staff, family child care providers, and enrolled families; and provide recommendations for technical assistance to support family child care providers in developing relationships with other child care professionals. There are currently three VT Head Start recipients offering a family child care option: Capstone; NEKCA; and UCS-BCHS.
- **Locally designed options** allow Head Start and Early Head Start recipients to meet the unique needs of their communities or to demonstrate or test alternative approaches for providing program services. There are currently two VT Head Start recipients that offer a locally designed option: Capstone and UCS-BHS.

Table 2: Vermont Head Start/Early Head Start Recipient Program Options

Recipient Name	Center-Based HS	Center-Based EHS	Home-Based HS	Home-Based EHS	Family Child Care	Locally Designed Option
Capstone	✓	✓	✓	✓	✓	✓
CVOEO – CVHS	✓	✓	✓	✓		
NEKCA	✓		✓	✓	✓	
RCP – RHS	✓					
SEVCA	✓					
UCS - BHS	✓	✓			✓	✓
WSESD - EES	✓	✓	✓	✓		

Needs Assessment Process

Two primary data sources were considered in the 2022 needs assessment process and used to inform the annual revision of the VHSCO strategic plan: the 2021-2022 needs assessment web survey, which includes 124 questions designed to help the VHSCO more accurately measure strategic plan progress; and the 2021 Program Information Report (PIR), which is submitted directly to the Office of Head Start by Head Start and Early Head Start programs and includes comprehensive data on the services, staff, children, and families served. It is important to note that Head Start and Early Head Start recipients submit PIR data annually in August, with information pertaining to the previous program year. Therefore, 2021 PIR data contains participation information for the 2020-2021 program year, while needs assessment data is slightly more current, having been collected in the spring of 2022.

Timing and Topical Content of the Needs Assessment Survey

The 2021-2022 web survey contained 136 questions. Using SurveyMonkey® software, the VHSCO emailed the web survey to all Vermont Head Start recipients. All seven recipients completed the survey by May 2019. The survey consisted of close- and open-ended questions to support the VHSCO in monitoring progress on its 2021 Strategic Plan revision and inform the development of its 2022 revision. Questions addressed the following priority areas:

National Office of Head Start (OHS) Priorities

1. Partnering with state child care systems, emphasizing Early Head Start-Child Care Partnerships (EHS-CCP);
2. Work with state efforts to collect data regarding early childhood programs and child outcomes;
3. Support for the expansion and access of high-quality workforce and career development opportunities for staff;
4. Collaboration with Quality Rating and Improvement Systems (QRIS);
5. Work with state school systems to ensure continuity between HS and Kindergarten Entry Assessment (KEA).

Regional Priorities

6. Serving children experiencing homelessness
7. Serving children with disabilities
8. Promoting access to timely health care services, including those related to general, oral, and mental health.
9. Parent and family engagement

Using the web survey, the VHSCO sought to learn about the *Extent of Involvement* of Head Start recipients with state and local organizations, the *Degree of Difficulty* recipients experienced when engaging in a variety of activities related to established priority areas, and their overall *Level of Satisfaction* when engaging with state and local organizations in support of completing activities. These types of questions aimed to capture levels of collaboration that exist between recipients and their partners. The questions used a five-point *Extent of Involvement* scale (Frey, Lohneier, Lee & Tollefson, 2006), a four-point *Degree of Difficulty* scale, and a four-point *Level of Satisfaction* scale.

Head Start recipients rated their program's *Extent of Involvement* with each partner as one of the following:

- **Networking** - Aware of organization, loosely defined roles, little communication, all decisions are made independently,
- **Cooperation** - Provide information to each other, somewhat defined roles, formal communication, all decisions are made independently,
- **Coordination** - Share information and resources, defined roles, frequent communication, some shared decision making,
- **Coalition** - Share ideas, share resources, frequent and prioritized communication, all members have a vote in decision making, or
- **Collaboration** - Members belong to one system; frequent communication is characterized by mutual trust, and consensus is reached on all decisions.

Head Start and Early Head Start recipients rated their programs' *Degree of Difficulty* in engaging in a variety of activities with partners as one of the following:

- **Extremely Difficult**
- **Difficult**
- **Somewhat Difficult**, or
- **Not at All Difficult.**

Head Start and Early Head Start recipients rated their *Level of Satisfaction* when engaging with state and local organizations in support of completing activities as one of the following:

- **Very Dissatisfied**
- **Dissatisfied**
- **Satisfied**, or
- **Very Satisfied.**

Needs Assessment Findings

Partnering with State Child Care Systems

Head Start recipients participate in varying degrees with state, regional and local organizations to fund and deliver early childhood services to eligible children and families. The VHSCO works actively to build awareness and integrate Head Start programming into Vermont's early childhood system. Key partners in this work include the Vermont Department for Children and Families, the Vermont Agency of Education, the Vermont Department of Health, and Building Bright Futures.

In the 2021-2022 program year, six of the seven VT Head Start recipients provided full-year services to their communities. All provided full-day services through the layering of various funding streams.

In addition to ACF funds, VT Head Start recipients utilize child care subsidy dollars, known in Vermont as the Child Care Financial Assistance Program (CCFAP), Act 166 Universal Pre-K tuition dollars, and/or private funds to provide a full-day duration of services.

All recipients report high levels of involvement with other regulated child care programs in their service area but report financial barriers as well as barriers related to staff qualifications, recruitment and retention, and enrollment/eligibility conditions as limitations in their ability to offer full-day, full-year services.

Child Care Financial Assistance Program

The Child Care Financial Assistance Program helps eligible families pay for child care services for children ages six weeks to 13. Reimbursements for child care services are paid directly to eligible child care providers of eligible families. The program is administered by the Child Development Division (CDD), Department for Children and Families, Vermont Agency of Human Services and is funded through a combination of state and federal funds. All VT Head Start recipients layer CCDF funding, either directly or at partnership sites, to help extend the daily duration of services.

In the 2021-2022 program year, 498 Head Start children (38%) received a child care subsidy in order to extend the daily duration of Head Start services.

Universal Pre-Kindergarten

Vermont began statewide implementation of Act 166, its Universal Pre-Kindergarten education statute, in 2016. The law entitles all three-, four-, and five-year-old children not already enrolled in kindergarten to ten hours per week for 35 weeks of pre-kindergarten education. All VT Head Start programs have pre-qualified pre-kindergarten status and receive state UPK tuition funding. In addition to allowing Head Start programs to extend part-day, ACF-funded services for at-risk children, Head Start’s participation in Vermont’s UPK system supports the development of more socioeconomically diverse classrooms through the enrollment of non-Head Start-children, which has been shown to have a positive effect on educational outcomes for all children [Schechter, C. & Bye, R. (2007); Reid, J.L. & Ready, D.D. (2013)].

VT Head Start recipients held 82 formal agreements with public school pre-kindergarten programs during the 2020-2021 school year.

These formal collaboration and resource sharing agreements, known as Memoranda of Understanding (MOUs), are central in defining the specifics of partnerships between Head Start recipients and their Local Education Agencies (LEAs). Such MOUs provide for the planning and review of 11 specific activities. VT Head Start recipients were asked to rate the level of difficulty in coordinating each of these activities (See Table 3).

Table 3: Level of Difficulty Coordinating LEA MOU Activities

✓ = A majority of VT Head Start recipients reported **low levels of difficulty**

✗ = A majority of VT Head Start recipients reported **high levels of difficulty**

Activity	Easily Coordinated
Educational activities, curricular objectives, and instruction	✓
Public information dissemination and access to programs for families contacting Head Start or another UPK program	✓
Selection priorities for eligible children to be served by programs	✓
Service areas	✓
Staff training, including opportunities for joint staff training on topics such as academic content standards, instructional methods, curricula, and social and emotional development	✗
Joint technical assistance (e.g., on mutual needs, or to develop partnership agreements)	✗
Provision of services to meet the needs of working parents, as applicable	✗

Communication and parent outreach for smooth transitions to kindergarten	×
Provision and use of facilities, transportation, etc.	✓
Agreeing to shared school readiness goals	✓
Other elements mutually agreed to by the parties of the MOU	×

In addition to looking at the levels of difficulty Head Start recipients experienced statewide when coordinating MOU activities with LEAs, it is important to note that certain Head Start recipients within certain regions experienced more difficulty when attempting to do this work. For example, Head Start recipients serving Addison, Caledonia, Chittenden, Essex, Franklin, Grand Isle, Orleans, and Rutland counties reported it was difficult to coordinate a majority of the activities.

When asked to rate the overall extent of involvement with LEAs in the provision of UPK services (including individual schools, supervisory unions, supervisory districts, or school districts), the majority of Head Start recipients reported their involvement at a level of coordination or collaboration and overall satisfaction with the partnership. However, two Head Start recipients did report dissatisfaction with their program’s partnerships with public school pre-kindergarten education programs overall. One Head Start recipient commented, *“This past year our largest LEA eliminated its UPK Coordinator position. This has caused many of the activities to become more difficult and it feels very disconnected”*. Another noted *“cumbersome requirements”* in relation to UPK enrollment paperwork, reporting that it is redundant with Head Start enrollment paperwork and can be a challenge for families to complete.

Children’s Integrated Services

Children’s Integrated Services (CIS) offers early intervention, family support, and prevention services that help ensure the healthy development and well-being of children, pre-birth to age five. CIS services are family-centered, child-focused, and delivered through a network of providers throughout Vermont. Services are provided by local professionals including nurses, early interventionists, and child development specialists. Services are provided in homes and in child care programs.

Head Start recipients work in partnership with regional CIS Administrative and Intake teams to ensure that services such as developmental screenings, Part C IDEA, and Evidence-Based Home Visiting services are provided in coordinated ways that best meet the needs of children and families. When asked about their partnerships with CIS Administrative teams most VT

Head Start recipients reported low degrees of difficulty engaging, high levels of involvement, and frequent interaction. However, it is worth noting that one VT Head Start recipient reported extreme difficulty engaging with their regional CIS Administrative team and that they never interact. Partnerships between Head Start recipients and regional CIS Intake teams are much stronger. All VT Head Start recipients report high levels of involvement, frequent interaction, no difficulty engaging, and overall satisfaction with the partnership.

When asked about the perceived level of understanding Regional CIS Intake teams possess about Head Start eligibility criteria, all recipients reported that their Regional CIS teams understand either 'somewhat' or 'to a great extent'. All VT Head Start recipients also reported consistency and high levels of satisfaction with the referral process between Head Start programs and CIS Intake teams.

Evidence-Based Home Visiting

Integration with Evidence-Based Home Visiting is an identified priority within the VHSCO Strategic Plan and stems from Act 66, a 2013 legislative action to ensure that home visiting services throughout the state are of the highest quality. A partnership between Vermont's Departments of Children and Families Child Development Division and the Vermont Department of Health utilizes Children's Integrated Services as a mechanism to support the coordination of evidence-based home visiting services. There are currently three evidence-based home visiting models in the state: Parents as Teachers, Strong Families Vermont Nurse Home Visiting Program, and the Early Head Start home-based program option.

Four of the seven Head Start recipients offer a home-based program option. Half of these recipients reported that engaging with other EBHV services was 'somewhat difficult' but that they were eager to strengthen such partnerships. One VT Head Start recipient commented, *"Our home visiting program recently went through a considerable expansion, and we are continuing to work on establishing collaborative partnerships."* Overall, VT Head Start recipients reported high levels of involvement with other EBHV programs. When asked how they coordinate with other EBHV programs to meet the needs of children and families, respondents cited strategies such as team meetings, sharing referrals, case coordination, and carrying over a child's IEP/IFSP goals as Head Start goals.

Vermont Department of Health

The Vermont Department of Health (VDH) is an essential partner in Vermont's child care system. All Head Start recipients are required to provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically

appropriate and that support each child's growth and school readiness. All recipients must also establish and maintain a Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community. Partnering with regional VDH offices, which includes the USDA Special Supplemental Nutrition Program for Women, Infants and Children (WIC), allows VT Head Start recipients to build on their community strengths and assets to meet these requirements in an efficient and effective way.

The majority of VT Head Start recipients reported high levels of involvement, frequent interaction and low degrees of difficulty engaging with their local VDH office. One recipient categorized their involvement with their local VDH office at a lower level (networking), however all reported overall satisfaction with their partnership. One VT Head Start recipient commented, *"We have a great relationship with WIC staff"* citing the benefits of partnering to obtain children's health information (such as height and weight) to meet Head Start Program Performance Standards. The same recipient also partners with WIC to offer informational sessions for parents on WIC eligibility.

Help Me Grow

Help Me Grow is a system model used in Vermont that promotes the healthy development of children by supporting families, providers, and local communities to link families to the services and supports they need. The Vermont Department of Health oversees the Help Me Grow system and services are directed towards expectant parents and families with young children through age eight.

Help Me Grow is a relatively new system in Vermont and its newness is reflected in the way Head Start recipients rated the extent of their involvement. All recipients who responded indicated lower levels of involvement (networking and cooperation) but overall satisfaction with the relationship.

Universal Developmental Screening Registry

One of Help Me Grow's identified priorities is to populate Vermont's Universal Developmental Screening Registry (UDSR) to create an effective communication tool for tracking and sharing developmental screening information. Developmental screening is a public health strategy to improve child health outcomes yet Head Start recipients report varying levels of interaction with the UDSR. Two VT Head Start recipients reported that their staff have been trained on UDSR, two reported that their staff accessed the UDSR to meet Head Start Program Performance Standards related to Child Screening and Assessment, and three reported that their program staff enter data into the UDSR. All four VT Head Start

recipients who responded to this portion of the web-based survey agreed that the UDSR has reduced screening duplication and improved service coordination for children and families. One recipient noted, *“We see the potential to reduce screening duplication and improve coordination once all stakeholder agencies/entities are consistently entering information.”*

Strengthening Families

The Strengthening Families grant program was established in Vermont in 2010 with the primary goal of ensuring affordable access to high-quality, comprehensive early care and education programs for children and families challenged by economic instability and other environmental risk factors. Strengthening Families programs implement practices and policies aligned with the Center for the Study of Social Policy’s evidence-informed Strengthening Families approach and deliver services using strategies that align with five identified protective factors: concrete support in times of need; knowledge of parenting and child development; parental resilience; social and emotional competence of children; and social connections.

Two Head Start/Early Head Start recipients and two partnership programs received Strengthening Families grants in FY2022.

Building Bright Futures

Building Bright Futures (BBF) is Vermont’s early childhood public-private partnership established by law to monitor the state’s early care, health, and education systems and to advise the Administration and Legislature on early childhood policy. BBF serves as a statewide backbone organization, bringing early childhood stakeholders together to work collectively toward a coordinated, collaborative, and integrated early childhood system. Components of BBF include the BBF State Advisory Council (SAC), BBF Regional Councils, VT Early Childhood Action Plan Committees (Early Childhood Health & Wellness; Professional Preparation and Development; Data and Evaluation; Early Learning & Development; Families and Communities; Early Childhood Investment), and the Vermont Early Childhood Data and Policy Center.

The Building Bright Futures State Advisory Council (BBF-SAC) holds specific responsibilities related to establishing a system for planning, coordinating, integrating, and developing evidence-informed early childhood interventions, forward-thinking policies, public

information and resources at the state level with the goal of improving quality of services for families and young children.

All Head Start recipients reported low levels of difficulty and high levels of satisfaction when asked about their involvement with all levels of BBF (SAC, VT Early Childhood Action Plan Committees, and Regional Councils).

Implications

Universal Pre-Kindergarten - To support Vermont Head Start recipients in improving coordination activities with LEAs and increasing overall satisfaction with partnerships, the VHSCO will convene Head Start Family Services and Education/Disabilities Management in conjunction with OHS Region I T/TA representatives to plan and implement a statewide Kindergarten Transition/School Readiness Summit modeled after the OHS '100 School Reach' initiative. The intended audience will be Head Start and LEA staff with and goals will include strengthening interagency relationships, highlighting regional partnership strengths, reviewing MOU agreements, and collectively planning strategies and activities that support successful kindergarten transitions and overall school readiness.

Evidence-Based Home Visiting – To support Vermont Head Start recipients in strengthening their partnerships with other entities in the state that offer EBHV, the VHSCO will remain a committed member of the Vermont Home Visiting Alliance, an advisory group to the Agency of Human Services on how to effectively operationalize the continuum of home visiting services (Strong Families Vermont) in accordance with the Vermont home visiting rule (Act 66, 2013), standards, and manuals. In addition to supporting implementation of the standards, the group also focuses on shared practices and knowledge for home visiting programs and models, staffing and supervision, system and supports, and data and documentation.

Working with State Efforts to Collect Data Regarding Early Childhood Programs and Child Outcomes

As stakeholders in Vermont's early childhood system, Head Start recipients provide valuable data on early childhood programming and child outcomes. This data informs the development of policies, practices, and structures that impact the early childhood workforce and the children and families served by Head Start. Recipient participation in state efforts to collect this type of data results in a more comprehensive understanding of topics ranging from the state of wages within the early education workforce to the true costs of early care, education, and comprehensive services for both families and early childhood programs.

The VHSCO asked Head Start recipients to rate the extent of their involvement and the degree of difficulty engaging with the Agency of Education, Child Development Division, the Department of Health, and Vermont's Early Childhood Resource, Data & Policy Center as it pertained to data. A majority of recipients reported high levels of involvement with the Agency of Education and the Child Development Division, however, a majority also reported high degrees of difficulty when sharing data with and accessing data from the Agency of Education. Nearly half of VT recipients also expressed higher levels of difficulty when accessing data from the Child Development Division. Involvement with the VT Department of Health was somewhat lower for a majority of Head Start recipients, but similar levels of difficulty engaging were expressed by nearly half.

Involvement with the VT Early Childhood Resource, Data and Policy Center were somewhat lower with nearly half of VT recipients reporting their interactions at a level of networking (awareness). However, although interactions with these entities was lower, the ease of engaging was higher with all but two VT Head Start recipients reporting that it was not at all difficult.

When asked what type of data is needed to enhance their community needs assessments and strategic planning efforts, the majority of Vermont Head Start recipients identified elements related to demographics, longitudinal data/child and family outcomes, and disabilities. Data related to child welfare, health, housing, substance misuse, education and economics were also named by a lesser few.

When asked about the biggest barriers to sharing and using data, the majority of Head Start and Early Head Start recipients cited adequate time for staff to track and enter data. Other barriers identified include difficulties finding clear, relevant data on early childhood education and other factors that affect Head Start children and families; adequately trained staff to track and enter data; and lack of ability to track and use longitudinal data on long-term outcomes.

The Vermont Agency of Education's (AOE) State Longitudinal Data System (SLDS), which includes Head Start and Part C IDEA early learning sets, is the mechanism that Head Start recipients look to in order to support their understanding of longitudinal outcomes for children and families. Although Head Start recipients have now provided two years' worth of child data to AOE's SLDS, a successful process for sharing that data back to both Head Start recipients and the broader public to inform continuous quality improvement efforts has not yet been implemented and two recipients indicated they were dissatisfied with the level of involvement between their organization and AOE. One recipient noted, *"We provided information in the summers of 2020 and 2021 and it was very challenging. Although AOE staff are very helpful, we would benefit from having a longer time frame to submit and clean up our data"*.

The VHSCO has worked diligently over the last four years to facilitate Head Start and Early Head Start involvement in SLDS utilization, attempting to increase communication between recipients and AOE and support overall involvement. It is anticipated that such work will continue as Head Start and Early Head Start recipients seek to better understand the outcomes associated with children who have received Head Start services here in Vermont.

Implications

To improve Head Start recipients' satisfaction with their data partnership with the Vermont Agency of Education and to support their sharing data and accessing the longitudinal outcome data necessary to inform their continuous quality improvement efforts, the VHSCO will continue to partner and facilitate collaboration with the Agency of Education on data collection and quality efforts related to Head Start data sets. This will include joint development of a RACI matrix to clearly articulate timelines, functions, roles, and responsibilities associated with all phases of the work as well as facilitating ongoing communication between the Agency of Education Data Team and Head Start Directors and Data Stewards.

Regarding Head Start's ability to access relevant longitudinal outcome data, the VHSCO will continue to partner with Building Bright Futures to ensure that Head Start recipients have access to relevant, meaningful data that support their ability to make data-informed decisions and changes to programming that improve child outcomes and close achievement gaps. The VHSCO will also continue working with Building Bright Futures to explore the use of the Vermont Early Childhood Resource, Data and Policy Center as a public access point for Head Start data, both that which is captured by the State Longitudinal Data System as well as overall PIR data.

Support for Expansion and Access to High-Quality Workforce and Career Development Opportunities for Staff

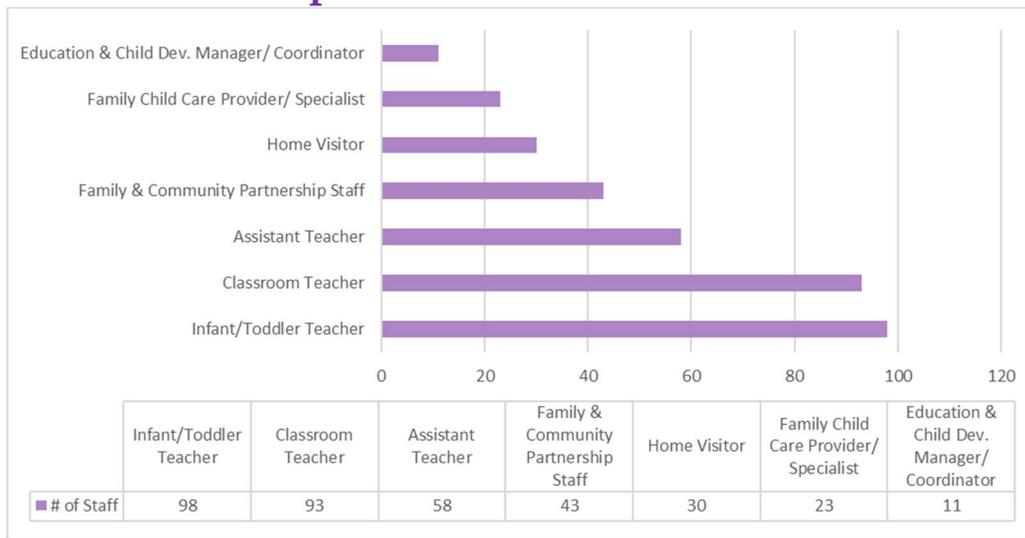
The VHSCO works with the Office of Head Start’s Training and Technical Assistance Centers, Northern Lights at Community College of Vermont (NL@CCV), the BBF Professional Preparation and Development Committee, and the Early Childhood Higher Education Consortium to promote expansion and high-quality career development opportunities for all early childhood professionals. These efforts support early childhood providers in accessing ongoing professional development that meet degree and credentialing requirements.

The Head Start and Early Head Start Workforce

Head Start recipients must ensure all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery in accordance with the program performance standards. Head Start recipients also must provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities.

According to the 2021 Program Information Report, 664 individuals were employed or contracted by Vermont Head Start and Early Head Start programs with 16% being current or former Head Start or Early Head Start parents. The workforce is composed primarily of Infant/Toddler Teachers (15%), Classroom Teachers (14%), and Assistant Teachers (9%). Family & Community Partnership Staff account for 6% of the Head Start-employed workforce and 5% are Home Visitors (See Figure 3: Workforce Composition).

Figure 3: Workforce Composition



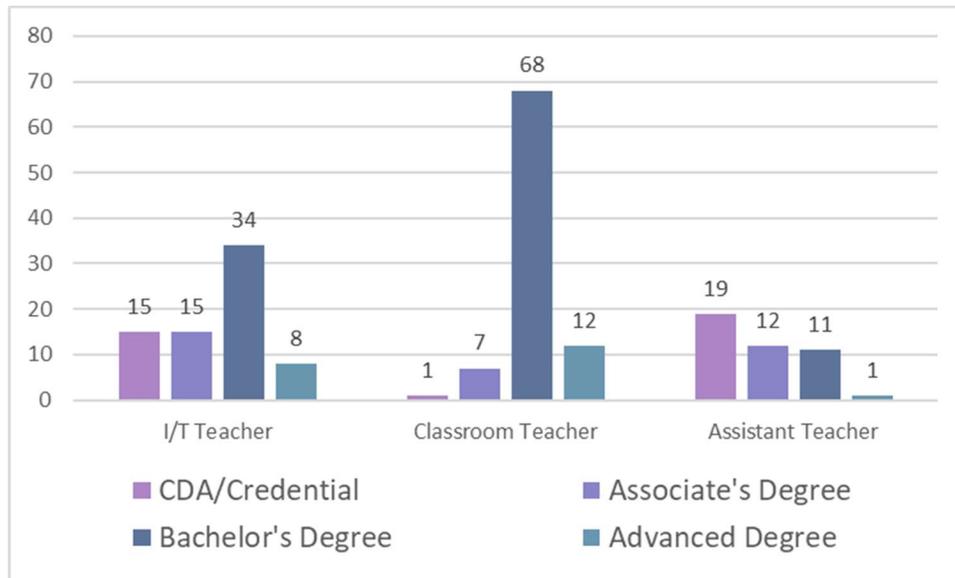
It is important to note that in past years, Classroom Teachers made up the majority of Head Start's workforce. However, this past year, Vermont Head Start recipients employed more Infant/Toddler Teachers than Classroom Teachers.

Head Start Program Performance Standard (HSPPS) §1302.91 *Staff Qualifications and Competency Requirements* dictates qualification requirements for all Head Start positions:

- **Head Start center-based teachers** must have an associate's or bachelor's degree in child development or early childhood education, or equivalent coursework.
- **Head Start assistant teachers** must have, at minimum, a CDA credential or a state-awarded certificate that meets or exceeds the requirements for a CDA credential, be enrolled in a program that will lead to an associate or baccalaureate degree, or be enrolled in a CDA credential program to be completed within two years of the time of hire.
- **Early Head Start center-based teachers** must have a minimum of a CDA credential or comparable credential, and be trained in or have equivalent coursework in early childhood development with a focus on infant and toddler development.
- **Family Child Care Providers** must have previous early child care experience and, at a minimum, be enrolled in a Family Child Care CDA program or state equivalent, or an associate's or baccalaureate degree program in child development or early childhood education prior to beginning service provision, and for the credential acquire it within 18 months of beginning to provide services.
- **Home Visitors** must have a minimum of a home-based CDA credential or comparable credential, or equivalent coursework as part of an associate's or bachelor's degree
- **Family Services Staff** must have, within 18 months of hire, at a minimum, a credential or certification in social work, human services, family services, counseling, or a related field.
- **Education & Child Development Management** must have a baccalaureate or advanced degree in early childhood education, or a baccalaureate or advanced degree and equivalent coursework in early childhood education with early education teaching experience.
- **Family, Health, and Disabilities Management** must have, at a minimum, a baccalaureate degree, preferable related to one or more of the disciplines they oversee.

All center-based teachers, assistant teachers, family child care providers, and home visitors must also demonstrate competency to provide effective and nurturing teacher-child interactions, plan and implement learning experiences that ensure effective curriculum implementation, use of assessment and promote children’s progress across the Head Start Early Learning Outcomes Framework and the Vermont Early Learning Standards.

Figure 4: Teaching Staff Qualifications



Overall, 86% of Vermont Head Start classroom teachers meet the HSPPS degree/credential requirements and 90% of Head Start assistant teachers have a CDA/equivalent or higher or are enrolled in a CDA or ECE degree program.

Staff Turnover

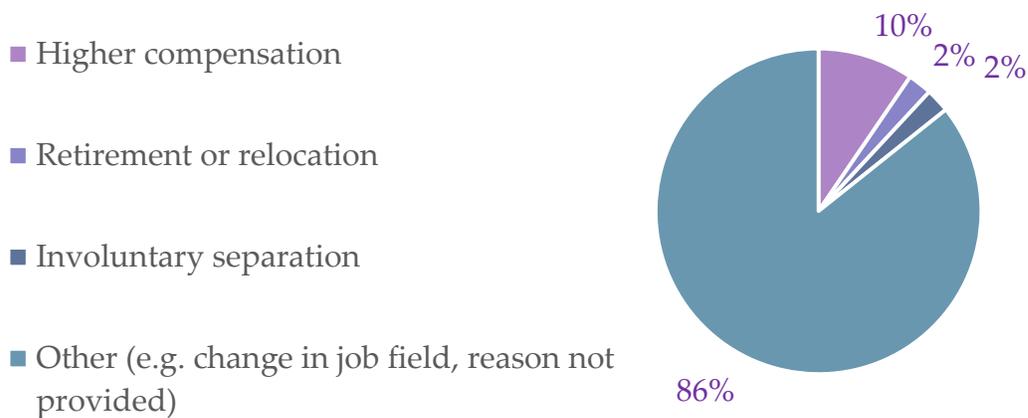
Head Start and Early Head Start staff turnover was also analyzed by the VHSCO using 2021 PIR data.

A total of 80 staff left their Head Start program during the 2020-2021 program year and less than half (46%) were replaced.

65% of those who left were teachers, assistant teachers, and home visitors.

Nearly one-third of vacancies remained unfilled for a period of three months or longer.

Figure 5: Reasons for Leaving



Wages and Benefits

Employee compensation is an important component of any program's ability to maintain a skilled and motivated workforce. To establish and maintain high-quality program operations and services, Head Start and Early Head Start programs must attract and retain qualified personnel. Although there are no specific requirements for Head Start wage and salary plans, there is regulatory language regarding employee compensation.

The *Head Start Act, Section 653* requires that Head Start programs not pay less than the minimum wage rate prescribed in section 6(a)(1) of the *Fair Labor Standards Act of 1938* and encourages Head Start agencies to provide compensation according to salary scales that are based on training and experience. *Sec. 640(a)(5)(A) - Allotment of Funds; Limitations on Assistance*

requires that funds be reserved to carry out quality improvement activities, including compensation and benefits of educational personnel, family service workers, and child counselors to:

- a. ensure that compensation is adequate to attract and retain qualified staff for the programs involved in order to enhance program quality;
- b. improve staff qualifications and assist with the implementation of career development programs for staff that support ongoing improvement of their skills and expertise; and
- c. provide education and professional development to enable teachers to be fully competent to meet the professional standards established under section 648A(a)(1), including:
 - i. providing assistance to complete postsecondary course work
 - ii. improving the qualifications and skills of educational personnel to become certified and licensed as bilingual education teachers, or as teachers of English as a second language; and
 - iii. improving the qualifications and skills of educational personnel to teach and provide services to children with disabilities.

To support Vermont Head Start recipients in meeting these regulations, in Summer 2020 the VHSCO contracted with School Readiness Consulting (SRC) to conduct the Vermont Early Childhood Wage and Fringe Benefit Comparability Study. A wage and fringe benefits comparability survey is an analysis of employee compensation in comparison to similar organizations that offer parallel services. The aims of the study were to define and classify the key positions held by members of Vermont's early childhood workforce and collect data via survey to describe and compare wages and fringe benefits of this workforce. The study included several service delivery settings, including public/private center-, school-, and home-based, as well as afterschool programs. In 2020 and 2021, SRC worked in partnership with VHSCO and an Advisory Group, comprised of representatives from multiple agencies and delivery settings, to develop position classifications and a survey instrument that align with the workforce landscape and project needs in Vermont.

A foundational piece of work for this study was crafting a plan for identifying and classifying key position types in the ECE field. SRC reviewed extant data from multiple sources, including existing job descriptions, state regulations, and program standards to compile a comprehensive list of position types for inclusion in the survey. The goal of this classification plan was to create a mutual understanding of the wide variety of roles in the field and facilitate reasonable comparisons between job types and delivery settings during analysis.

The final report presents the study findings about compensation of the ECE workforce in Vermont and provides recommendations and next steps. The report uses data from a web-based survey that collected employee compensation data from a random sample of programs in Vermont, including Head Start and Early Head Start, other center-based early childhood programs, FCCHs, CIS, and afterschool programs. The report describes wages and fringe benefits of the employees in each program type, by position type and concludes with takeaways summarizing the key findings, a series of recommendations that align with current efforts around the early childhood system in Vermont and suggested next steps for the state.

The final Vermont Early Childhood Wage and Benefit Comparability Study report can be found [here](#). It is important to note that although this work product was funded in whole or in part with monies provided by or through the State of Vermont, the State does not necessarily endorse the researchers' findings, conclusions and/or recommendations. The findings, conclusions and/or recommendations may be inconsistent with the State's policies, programs, and objectives.

T.E.A.C.H. Early Childhood Program

The T.E.A.C.H. Early Childhood Program, administered in Vermont by the Vermont Association for the Education of Young Children (VTAEYC), awards educational scholarships to early education professionals to address the key issues of under-education, poor compensation, and high turnover within the early education workforce. All scholarships link increasing educational levels with increased compensation and retention. Scholarship recipients and their sponsoring early care and education programs share in the cost. All Vermont Head Start recipients report high levels of involvement with VTAEYC.

In Vermont, T.E.A.C.H. is currently supported by the Child Development Division and targets practitioners interested in apprenticeship, an associate or bachelor's degree program, or teacher licensure. Thanks to increased funding from the American Rescue Plan Act, VTAEYC was able to eliminate co-pays for T.E.A.C.H. Early Childhood scholarship recipients and sponsor programs this past year. According to one Head Start recipient, "no fees this year has made a real impact." VTAEYC was also responsive to feedback from sponsoring programs, including Head Start recipients, who requested that the rate of reimbursement more closely match the amount paid for a substitute for release time. The rate of reimbursement for release time increased from \$11/hour to \$15/hour.

In the 2021-2022 Needs Assessment Survey, Vermont Head Start and Early Head Start recipients were asked to prioritize which degrees and credentials they would most likely

spend their training and technical assistance dollars on to support their staff. Nearly half of recipients reported that they would prioritize training and technical assistance funds for T.E.A.C.H if the program were able to support professionals in attaining a state infant toddler credential. One recipient commented, *“There’s a strong need for an Infant/Toddler Credential program to help meet the requirements for EHS programs and ensure high-quality services within other child care programs serving infants and toddlers.”* Bachelor degrees in Early Childhood Education or Early Childhood Special Education, Bachelor degrees with recommendation for licensure, and pathways directly to licensure for those who already hold a Bachelor degree were also cited as needs from Head Start recipients. Associate degrees were ranked as being less of a priority for Head Start recipients, but one did note, *“When investing in our staff the priority would primarily be licensure, however, when investing in collaborative staff [EHS-CCP] our focus would be on CDA/AA.”*

Despite increased program options and funding within the T.E.A.C.H program, limits in degree pathways and articulation still present as a challenge for Head Start recipients. One noted, *“I think there needs to be more options for folks coming from out of state to gain licensure or credit for attaining degrees in ECE. Or a program that allows for ‘life credits’ or credits based on previous education or experience. I feel like we are losing a lot of highly qualified staff members because their previous education/experience is not recognized.”* Another echoed these comments, saying *“I think Vermont in general makes it difficult for someone to be hired in ECE and grow them in the field. The expectation around degrees and licensure is high but the pay is low. There is no real balance or incentive for folks to get a degree in ECE.”*

Professional Development Needs

The 2020-2021 Needs Assessment Survey asked Head Start and Early Head Start recipients to indicate which professional development organizations their staff accessed throughout the past year. Head Start recipients reported high levels of involvement with the National Head Start Association, the New England Head Start Association, the OHS Region I Training/Technical Assistance Network at UMass Donahue Institute, Northern Lights at CCV,

CIS, and the Vermont Department of Health. High levels of involvement with the Vermont Agency of Human Services, Office of Economic Opportunity, and Institutions of Higher Education were also reported by a majority of recipients. Lower levels of involvement were reported for the Office of Child Care State Capacity Building Center, the National OHS T/TA Centers, and the Stern Center for Language and Literacy.

Although COVID-19 relief monies lessened the financial burden on individuals and programs needing access to higher levels of professional development and credentials (most recipients responded that accessing scholarships and other financial supports for professional development programs/activities was not at all difficult), a number of other difficulties were still experienced by recipients. These include transferring credits between public institutions of learning, accessing baccalaureate degree programs in ECE and ECESE with recommendation for licensure, accessing early childhood education degree programs in the community, exchanging information on roles and resources with other providers/organizations regarding professional development, obtaining staff release time to attend PD activities, and accessing online professional development opportunities. Connecting recipients with institutions of higher education and assisting recipients with understanding and navigating the statewide professional development system were identified by recipients as important areas for the VHSCO to focus on in the coming years to help alleviate these challenges.

The VHSCO also asked Head Start and Early Head Start recipients to identify their program's top three professional development needs. All recipients indicated a need for additional professional development on behavior management strategies, trauma-informed care, and supporting children with disabilities. Family engagement, supporting dual-language learners, reflective supervision, and data-informed decision making were also a need identified by a majority of recipients (See Figure 6).

Figure 6: Head Start Professional Development Needs



Coaching and Mentoring

As the early childhood field has broadened its scope of approaches to professional development delivery, research has found that coaching is very effective (Joyce & Showers, 2002). Coaching is defined as a relationship-based process led by an expert with specialized and adult learning, knowledge and skills, who often serves in a different professional role than the recipient(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal-setting and achievement for an individual or group (NAEYC & NACCRRA, 2011). Coaching has been so effective that Head Start included it in the 2016 Head Start Program Performance Standards.

Here in Vermont, Head Start recipients are implementing Practice-Based Coaching (PBC), a research-based coaching model developed under the auspices of the ACF Early Childhood Training and Technical Assistance System. PBC is a professional development approach used by early childhood education staff to help teachers use effective practices that lead to positive outcomes for children. It is made up of three components – planning goals and action steps, engaging in focused observation, and reflecting on and sharing feedback about teaching practices. The overall goal is to improve knowledge and practice by providing a robust body of materials and T/TA services that increase fidelity and effectiveness of PBC implementation.

In the 2020-2021 program year, 16 individuals provided intensive coaching to 85 teachers, assistant teachers, home visitors, and family child care partners.

Implementation of PBC varies throughout the state. Some Head Start recipients hire and train coaches while others subcontract. When asked to describe how their programs use a coaching model, Head Start recipients noted:

“We have coaching available to all teaching and home visiting staff, if they wish to participate.”

“We have a practice-based coach that works with a coachee from each of our centers on goals they have set collaboratively. The coach also helps to develop instructional plans to support challenging behaviors in the classroom.”

“We hire a practice-based coach, assess education staff annually, develop coaching plans, and track progress.”

“We currently contract out to a program that comes to coach our lead teachers. Then we have two Education Coordinators who provide group coaching for the remainder of our staff.”

“We utilize a consultant to provide practice-based coaching, who individualizes their approach based on self-assessments completed by staff.”

“We use coaching exclusively in the educational component of our programming. We have trained coaches who mentor newer teachers who wish to be coached, or we appoint new staff to be coached.”

When asked about ideas for leveraging the Head Start coaching model in support of the broader state early childhood system, recipients acknowledged, *“This is a critical*

concern and one that needs to be addressed now,” while suggesting more coach training opportunities and stipends to support coaching work. One recipient also noted that although Head Start is actively implementing practice-based coaching with their education staff (teachers and home visitors), the need for additional coaching supports for other staff, such as Family Services Staff, still exists. Another recipient noted the importance of respecting the uniqueness of each community and ensuring that any type of statewide approach would offer flexibility to account for the need to individualize approaches.

Implications

To support the Early Head Start workforce and assist in promoting high-quality service delivery for infants and toddlers, it is imperative that the VHSCO reconvene the Vermont Infant and Toddler Credential Taskforce to complete Phase II of the credential development and prepare for implementation. This will involve continued partnership with the Vermont Early Childhood Higher Education Consortium to assess and enhance the number of early childhood courses relevant to infants and toddlers across the state, as well as ongoing engagement with the OHS and OCC Region I T/TA Networks around project planning and facilitation.

To address Vermont Head Start recipients’ request that the VHSCO prioritize connections with institutions of higher education and assist with strengthening understanding and navigation of Vermont’s professional development system, the VHSCO will continue engaging with the Vermont Early Childhood Higher Education Consortium and the BBF Preparation & Professional Development Committee. Involvement with the Early Childhood Higher Education Consortium will contribute to the VHSCO’s ability to support articulation and the transferring of credits between public institutions of learning, promote greater access to ECE degree programs in communities, and allow for the exchange of information related to roles and resources regarding professional development. Participation in the BBF Preparation & Professional Development Committee will also enhance the exchange of information throughout the system while promoting access to professional development for Head Start staff and providing a mechanism to allow timely feedback to be shared with other professional development stakeholders as appropriate.

A final strategy related to this work includes partnering more closely with VTAEYC and the T.E.A.C.H Early Childhood Program to strengthen degree pathways and articulation for Head Start staff. By continuing to serve on the T.E.A.C.H Advisory Board the VHSCO will be well positioned to monitor Head Start participation and program/participant outcomes and support intentional outreach strategies for the Head Start community.

Photo by Priscilla Du Preez on Unsplash



Collaboration with State Quality Rating and Improvement Systems (QRIS)

QRIS provide states with systemic approaches to assess, improve, and communicate the level of quality in early care and education programs. Head Start Program Performance Standards (HSPPS) provide Head Start and Early Head Start programs with the defined standards and minimum requirements for the entire range of program services, also promoting high levels of quality. When QRIS, state licensing, and HSPPS align, the result is a stronger, higher-quality early childhood system. The VHSCO is in a unique position to support the alignment of these systems given its connectivity to the State and its Head Start/Early Head Start recipients.

The STep Ahead Recognition System (STARS) is Vermont's quality recognition system for child care, preschool, and afterschool programs. Programs that participate in STARS go above and beyond state regulations to provide professional services that meet the needs of children and families. All seven Head Start recipients participate in STARS and nearly 90% of recipient and partnership programs are rated as high-quality with 4- or 5- STARS out of a possible 5- STARS rating. Participation in the STARS system as a high-quality provider is required for Vermont Head Start recipients to access UPK tuition dollars and results in higher rates of financial assistance for families participating in the CCFAP program.

Vermont recently completed an evaluation of STARS, surveying families, child care providers, and community partners to learn more about strengths and challenges of the current STARS

system. Using this information and working with the STARS Evolution and Oversight Committees, the Child Development Division proposed two phases of changes to STARS. Phase one changes removed the regulatory history component of the system, meaning that all regulated licensed programs automatically receive a 1-STAR rating and was effective September 1, 2019. Phase two changes will involve changing the STARS structure and requirements. After pausing on this work as a result of the COVID-19 pandemic, the second phase of STARS Evolution has just recently started up again and includes a goal of ensuring criteria align with best-practices for child outcomes and shifting from a point-based system to one that focuses on continuous quality improvement and includes access to coaching.

Overall, a majority of Head Start and Early Head Start recipients report no difficulty with participating in STARS given the system of reciprocity currently established in Vermont.

Implications

The VHSCO will continue to participate in the STARS Evolution process to monitor and support Head Start participation in Vermont’s current QRIS while also ensuring that the revised QRIS aligns with Head Start Program Performance Standards and promotes a stronger, high-quality early childhood system overall.

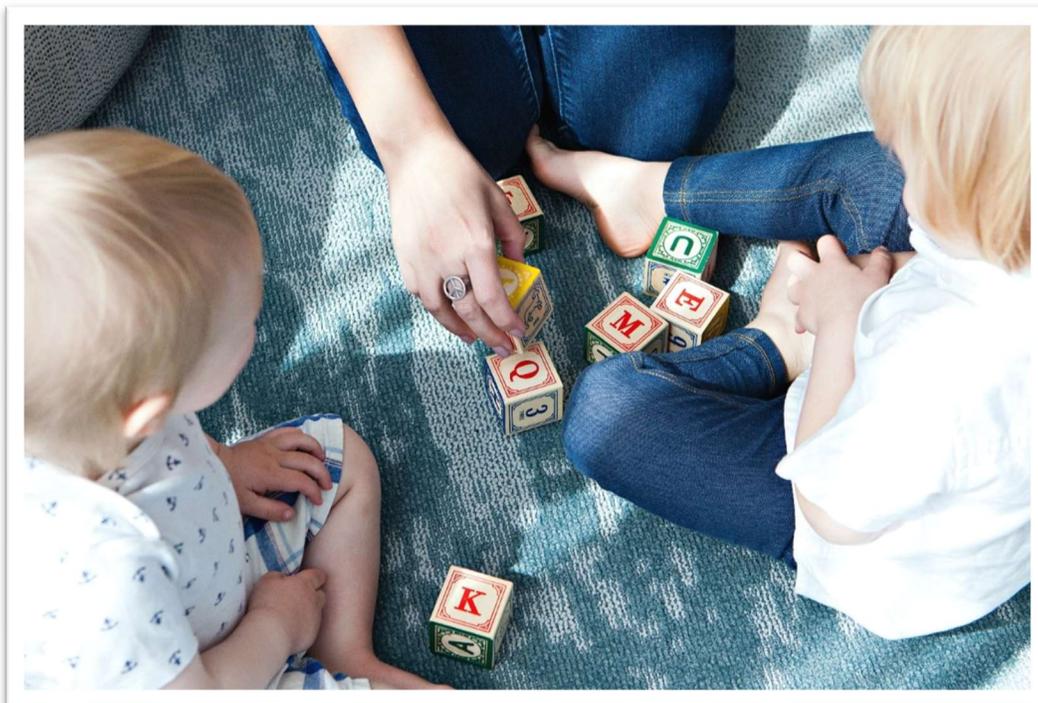


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Working with State School Systems to Ensure Continuity between Head Start and Kindergarten Entrance Assessment (KEA)

Strong collaborations between Head Start recipients and Local Education Agencies (LEAs) are essential to promote seamless transitions for children and families as children graduate from Head Start and enter kindergarten. Transitions are individualized, and ultimately each child will continue to develop and gain ground at their own pace. Their families are included and supported in the process.

Unfortunately, a majority of Head Start recipients reported a majority of coordination activities with their LEAs as difficult (See Table 4: Level of Difficulty Coordinating with LEAs). One recipient did note, *“We work with multiple LEAs (22 receiving schools last year), so relationships and ease of coordinating vary across districts.”*

Table 4: Level of Difficulty Coordinating with LEAs

✓ = A majority of VT Head Start recipients reported low levels of difficulty

✗ = A majority of VT Head Start recipients reported high levels of difficulty

<u>Activity</u>	<u>Easily Coordinated</u>
Coordinating with LEAs to implement systematic procedures for transferring Head Start program records to school	✗
Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney-Vento liaisons, etc.)	✗
Establishing and implementing comprehensive transition policies and procedures with LEAs	✗
Linking LEA and Head Start services relating to language, numeracy and literacy	✗
Aligning Head Start curricula with the Vermont Early Learning Standards	✓
Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records	✗
Coordinating transportation with LEAs	✗
Coordinating shared use of facilities with LEAs	✗
Coordinating with LEAs regarding other support services for children and families	✗
Conducting joint outreach to parents and LEAs to discuss needs of children entering kindergarten	✓

Establishing policies and procedures that support children’s transition to school that includes engagement with LEAs	×
Helping parents of limited English proficient children understand instructional and other information and services provided by the receiving school	×
Exchanging information with LEAs on roles, resources and regulations	×
Aligning curricula and assessment practices with LEAs	×
Organizing and participating in joint training, including transition-related training for school staff and Head Start staff	×
Coordinating with LEAs around state and federal statutes and regulations for Head Start, pre-k, and child care licensing, and best practice around Part B IDEA service provision	×
Coordinating with LEAs around their compliance with state and federal statutes and regulations for Head Start, pre-k, and child care licensing, and best practice around assuring child health and safety (e.g. active supervision, medication administration, safe environments, etc.)	×
Coordinating with LEAs around their compliance with state and federal statutes and regulations for Head Start, pre-k, and child care licensing, and best practice around fidelity to curriculum	×
Coordinating with LEAs around their compliance with state and federal statutes and regulations for Head Start, pre-k, and child care licensing, and best practice around other issues.	×

Kindergarten Entrance Assessments

The Ready for Kindergarten! Survey (R4K!S) is a readiness assessment of children entering kindergarten that examines students’ knowledge and skills that is administered within the first six to ten weeks of the school year. Vermont’s concept of children’s readiness is multidimensional and includes:

- Social and emotional development
- Communication
- Physical health
- Cognitive Development
- Knowledge
- Approaches to learning (i.e. – enthusiasm for learning, persistence, curiosity)

Vermont acknowledges the relationship between “children’s readiness” and “school readiness” is interactional: children need to be ready for schools and schools need to be ready to accommodate the diverse needs of children.

When asked how their programs use R4K!S data Head Start recipients noted its use in a variety of areas, including professional development and collaborative partnerships:

“We use R4K!S data to track trends in children’s development and inform our approach to strengthening teaching strategies.”

“To foster relationships and support conversations between Head Start and kindergarten teachers, building upon our collaborative transition activities.”

“We compare it to final child outcome data and identify patterns among 4-year-olds.”

“The R4K!S data is used to help us with program planning for improving our kindergarten readiness approach and teaching in areas where data is showing kids are not ready for kindergarten.”

“We reference the data for our community assessment process and use it to inform our development of school readiness goals.”

“We combine it with other data about the child for kindergarten transition meetings.”

“We have aligned our Transition to Kindergarten form to this information and share it with all our collaborative pre-k partners.”

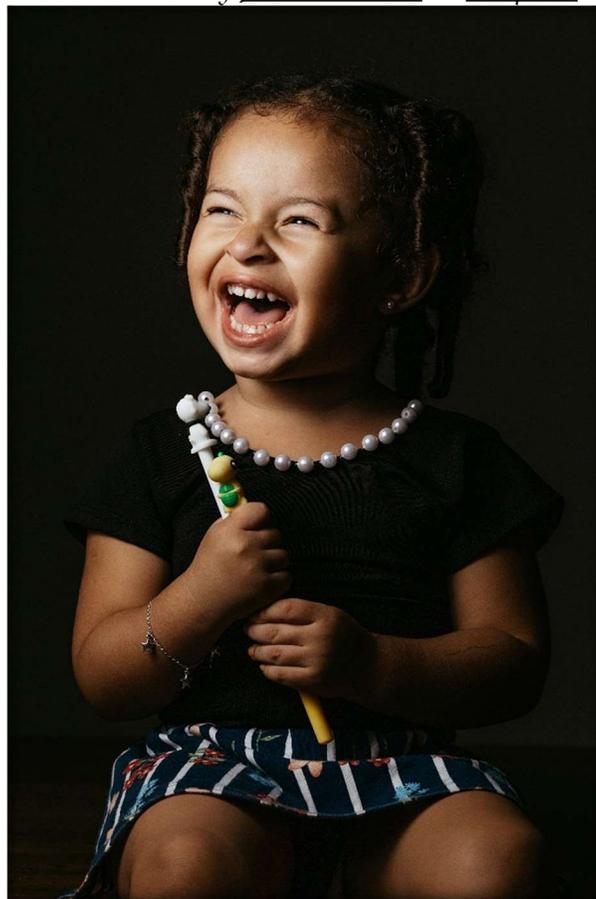
When asked how the VHSCO could best support work in this area, a majority of Head Start recipients suggested that focus be put on supporting partnerships with LEAs and Part B IDEA service providers and facilitating longitudinal tracking of Head Start student outcomes as they enter and progress through public school. One recipient stated, *“I think there needs to be more collaboration and engagement surrounding school readiness and transitions. While I understand there is a difference between kindergarten and preschool, there needs to be a more significant and supportive bridge between the two programs. All schools should have a coordinator who supports this critical transition for our children, especially children from Head Start given*

they often have higher needs than children from other programs.” Another referenced the need for additional transitions supports for dual language learners: *“It would be helpful if cultural liaisons had the ability to work with DLL families before the child exits our program.”*

Implications

To support Vermont Head Start recipients in improving coordination activities with LEAs and increasing overall satisfaction with partnerships, the VHSCO will convene Head Start Family Services and Education/Disabilities Management in conjunction with OHS Region I T/TA representatives to plan and implement a statewide Kindergarten Transition/School Readiness Summit modeled after the OHS ‘100 School Reach’ initiative. The intended audience will be Head Start and LEA staff with and goals will include strengthening interagency relationships, highlighting regional partnership strengths, reviewing MOU agreements, and collectively planning strategies and activities that support successful kindergarten transitions and overall school readiness.

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Services to Children Experiencing Homelessness

Children and youth experiencing homelessness face many educational barriers due to the disruption and trauma of not having a fixed, regular, and adequate place to live. Most face educational disruption due to changing schools as they move from one temporary location to another. Children and youth experiencing homelessness also have higher incidences of illness, depression, and exposure to violence than their stably housed peers.

Recognizing that homelessness has a tremendous impact on children's school readiness, the VHSCO coordinates with the Vermont Agency of Education and LEA's, local continua of care (COCs), and housing providers, including domestic violence shelters, to support access to services for children and families experiencing homelessness. The VHSCO also participates in the national HSSCO Learning Community on Homelessness, made up of Collaboration Office Directors from across the country who work collaboratively on key issues, share emerging and promising practices, develop strategies and tools, and work towards improving practices and policies that support children and families experiencing homelessness.

During the 2020-2021 school year, Head Start and Early Head Start recipients provided services to 209 children experiencing homelessness.
One third of these families acquired housing during the enrollment year.

McKinney-Vento Act

The first Federal law to directly impact the education of students experiencing homelessness was enacted in 1987 as part of the Stewart B. McKinney Homeless Assistance Act. The McKinney Act, which originally contained 15 programs designed to address the needs of people experiencing homelessness, contained a subtitle with the purpose of ensuring that children and youths experiencing homelessness could enroll in school without barriers. Since the initial passage, the homeless education law has been reauthorized with stronger and more specific requirements for State Educational Agencies (SEAs) and LEAs to ensure the immediate enrollment, school stability, and academic support needed to increase the educational success of homeless children and youths.

It's important to acknowledge that there are two major definitions of homelessness in use by federal agencies: the education definition in Subtitle VII-B of the McKinney-Vento Act; and the Housing and Urban Development (HUD) definition in Section 103 of Subtitle I of the McKinney-Vento Act. Head Start and Early Head Start operate under the education definition in Subtitle VII-B of the McKinney-Vento Act, which defines "homeless children and youth" as

individuals who lack a fixed, regular, and adequate nighttime residence, and includes children and youth who:

- share the housing of other persons due to loss of housing, economic hardship, or a similar reason
- live in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations
- live in emergency or transitional shelters
- are abandoned in hospitals
- have a primary nighttime residence that is a public or private place not normally used as a regular sleeping accommodation for human beings
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
- are migratory and qualify as homeless because they are living in circumstances described in the above situations.

The Housing and Urban Development (HUD) definition in Section 103 of Subtitle I of the McKinney-Vento Act, does not qualify motels and hotels or staying with others (“doubled-up”) as homelessness. This can often lead to differences in reporting, and therefore a difference in understanding, the complex nature of homelessness.

Every SEA has a State Coordinator for homeless education whose responsibilities are to carry out the activities specified in the law. SEAs submit annual data to the U.S. Department of Education on enrollment of children and youth experiencing homelessness and monitor all LEAs to assess compliance with the provisions in the Act. LEAs are instrumental in ensuring that the rights and services guaranteed in the Act are implemented throughout school districts, including:

- identification of children and youth experiencing homelessness by school personnel through outreach and coordination with other agencies;
- enrollment and full and equal opportunity to succeed in school;
- access to and receipt of eligible educational services, including Head Start programs, early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA), and other preschool programs administered by the LEA;
- referrals to health care services, dental services, mental health and substance abuse disorder services, housing services, and other appropriate services;
- information about transportation services, including transportation to the school of origin; and
- professional development and other support for school personnel.

In 2021 the OHS Region I T/TA Network convened Vermont Head Start Family Services staff, LEA McKinney-Vento staff, the VHSCO, and the State McKinney-Vento Coordinator to participate in a virtual session with SchoolHouse Connection, a national non-profit organization working to overcome homelessness through education that provides strategic advocacy and practical assistance to early childhood programs, schools, institutions of higher education, service providers, families and youth. The event provided participants with information about Head Start Program Performance Standards and OHS Memorandums related to homelessness while allowing the State McKinney-Vento Coordinator to provide an overview of McKinney-Vento in the state and discuss roles and current work.

As a result of this effort the VHSCO and State McKinney-Vento Coordinator have since partnered in other meaningful ways. The VHSCO was invited to present at an annual training for LEA McKinney-Vento Liaisons to provide an overview of Head Start services in the state and how they are tailored to support the needs of children and families experiencing homelessness. The VHSCO and State McKinney-Vento Coordinator also remained connected to explore the use of federal ARPA funds to support children experiencing homelessness which was supported by work happening at the National Head Start Association and are currently. More recently, the VHSCO and State McKinney-Vento Coordinator have been exploring how the state may utilize a new Head Start referral app developed as a tool to aid LEA McKinney-Vento liaisons in the identification of young children experiencing homelessness and support streamlined referrals to Head Start programs.

When asked about their involvement with McKinney-Vento Liaisons, most Vermont Head Start recipients reported high-levels of involvement yet expressed difficulty developing and implementing family outreach and support efforts in coordination with LEAs around transition planning for children experiencing homelessness. Staff cross-training and planning activities were also rated as difficult by a majority of Head Start recipients.

In terms of bright spots, strong connections with housing service providers and shelters were identified as being essential to support work in this area. One recipient noted, *“Our program has established good relationships with housing service providers and shelters. We are able to prioritize children and families experiencing homelessness when it’s determined in partnership with the family that our services could meet their needs.”* Head Start recipients who are part of community action agencies where other housing supports are embedded also indicated this as helpful in promoting coordinated and comprehensive case management that ultimately benefits families.

Another unique approach was identified by a Head Start recipient: *“We have a Financial Assistance Fund that is used to support families who are experiencing homelessness and/or are transitioning into permanent housing.”*

Access to safe, affordable housing continues to pose challenges to Head Start recipients ability to support children experiencing homelessness. One recipient noted, *“While we have good relationships with community partners, this is one of the areas that our community struggles with the most as housing affordability and availability in our community is compromised.”* Another recipient commented on the variation between communities and stated, *“I still think we need to work on a more consistent process for supporting children experiencing homelessness within each community.”*

Continua of Care

Each region of Vermont has its own Continuum of Care. Ideally, a Continuum is a partnership of the local service providers, local resource providers, nonprofit and for-profit housing managers, housing developers, consumers, and any other key local players in the homelessness or low-income service or housing system. Together, this collection of partners meets regularly to monitor the needs in their region and works to streamline local services and housing.

Involvement with CoCs was another bright spot in the work and high among Head Start recipients, with two affirming that their staff serve as a member. High levels of involvement with other agencies providing services to families experiencing homelessness, housing agencies and planning groups, and homeless shelters, including domestic/sexual violence shelters, were also reported by a majority recipients.

Implications

To further support access to services for children and families experiencing homelessness, the VHSCO will continue building its partnership with Vermont’s State McKinney-Vento Coordinator housed in the Vermont Agency of Education in order to identify opportunities for joint training focused on implementing family outreach and support efforts related to transition planning for children experiencing homelessness. The VHSCO will also continue to support communication and collaboration between Head Start Family Services staff, LEA

McKinney-Vento Liaisons, and CIS Specialized Child Care Coordinators, who are charged with supporting children and families experiencing homelessness who are connected to the Child Care Financial Assistance Program. Utilizing existing forums and modeling after the HSSCO Learning Community on Homelessness, the VHSCO will facilitate sharing of emerging and promising practices, the development and/or use of strategies and tools, and support the work of improving practices and policies that support children and families experiencing homelessness.

Another opportunity to strengthen work in this area would be to establish a relationship between the VHSCO and the VT Coalition to End Homelessness, which encompasses all regional Continua of Care. Currently, Head Start and Early Head Start recipients report low levels of involvement with their COC. If the VHSCO can increase connections with the VT Coalition to End Homelessness, it could help improve relationships between Head Start recipients and COC on a more systematic level, with any agreed upon policies and/or practices, particularly those related to developing and implementing family outreach and support efforts or conducting staff cross training, being codified in a statewide MOU between the Vermont Head Start Association and COCs that is held and supported by the VHSCO.



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Services to Children with Disabilities

Identifying young children with unique developmental needs, ensuring they receive appropriate and timely services, and helping families navigate eligibility guidelines are key strategies Head Start and Early Head Start use to provide inclusive services for children with special needs and their families. Head Start regulations require that at least 10 percent of enrolled children are children with disabilities. Within 45 days enrollment and in collaboration with a child's caregiver, recipients must conduct a developmental screening of every child. If a program identifies possible developmental concerns, children are referred to CIS or a LEA that administers early childhood special education services for eligible children provided in accordance with Part B and Part C of the Individuals with Disabilities Education Act (IDEA).

During the 2020-2021 program year, 27% of preschool-age children served by Head Start (n=205) and 18% of infants and toddlers served by Early Head Start programs (n=93) had an Individualized Education Program (IEP) at any time during the program year.

Developmental delays were the most common diagnosed primary disability among preschool-age children (19%) followed by speech or language impairments (4%) and autism (2%).

All Head Start recipients reported high levels of involvement with their LEAs, regional CIS Teams, and the Vermont Agency of Education as the Part B IDEA lead agency. A majority also reported high involvement with the state CIS team and described no difficulties in coordinating services with CIS Early Interventionists under Part C. However, difficulties were identified by a majority of recipients in obtaining timely early intervention evaluations of children in accordance with Part B and Part C of IDEA and coordinating services with LEA Special Education providers under Part B. One recipient noted, *“One school district we partner with does not follow through with timely evaluations or provide sufficient support services for our Head Start children.”*

Another commented, *“The biggest challenge is the time it takes from assessment to when services start. It needs to be a more streamlined process that ends with the child getting services set up sooner after the assessment is complete.”*

COVID-19 and its impacts on the workforce and the mental well-being of children has unfortunately exacerbated this issue. One recipient commented, *“The biggest*

challenge is a very high number of children who need services and there not being enough providers available at any given time.” Another said, “Staff shortages, particularly in the areas of early intervention, and other COVID-19-related challenges have delayed evaluations and child absences due to sickness have meant limited services.” A third offered, “In our area, districts are only providing a maximum of 10 hours of support for a child a week and are not able to hire their own support staff. Instead, they are relying on Head Start to hire and train these positions – which is difficult for us because there aren’t enough qualified applicants applying.”

Variations across LEAs only further complicate this work. According to one recipient, *“Some of our LEAs have shifting policies about whether they will provide service in our classroom or children need to go to the LEA for services. One LEA is requiring children to attend for a few hours per week for special services in their classroom and is collecting the entirety of Act 166 tuition, despite the child being in our classroom for 20+ hours a week.”*

When asked what is working well in addressing the needs of young children with disabilities, recipients emphasized the importance of strong relationships between their staff and those working in early intervention and LEAs. Regular communication was cited as a mechanism for strengthening these relationships, with a focus on shared professional development and establishing clear procedures for collaboration. Smaller class sizes with higher teacher ratios were also identified as a supportive strategy.

Vermont Guiding Principles: Supporting Each and Every Young Child and Family's Full and Equitable Participation

Each and every young child and family in Vermont has diverse strengths rooted in their unique culture, heritage, language, beliefs, and circumstances. They have gifts and abilities that should be celebrated and nurtured. Full participation means promoting a sense of belonging, supporting positive social relationships, and enabling families and early childhood professionals to gain the competence and confidence to positively impact the lives of each and every child and their family.

The Guiding Principles describe what individuals, organizations, and communities understand and do to realize the promise of each and every young Vermont child. They highlight explicit, intentional, and strengths-based practices that are respectful of and responsive to child, family, and community values, priorities, and beliefs. They are consistent with relevant state and national laws and policies. These principles articulate Vermont's commitment to fully include each and every child and their family in a continuum of meaningful experiences to ensure their health, mental health, safety, happiness, and success now and into the future.

When asked how their programs use Vermont's Guiding Principles, recipients reported that they are *"an ethical perspective to guide our work"*, embraced in their everyday systems and are used to promote strengths-based approaches to working with children and families. One recipient noted, *"As an agency, our program devoted meaningful trainings on diversity, equity, and inclusion this past year. Guiding Principles have contributed to the evolution of our work towards a more inclusive environment and informed the Code of Conduct that our agency will adhere to."* Others reported, *"It offers a valuable overview of best practices and a guiding philosophy"* and affirmed that they review the Principles with staff in an ongoing way and frame up examples and discussions about each and what it means to the actual children and families they work with. Lastly, one program stated, *"We use the Guiding Principles to ensure that we are doing our absolute best in serving all children and families who come through our doors. We work hard to brainstorm ways to support the complex needs of our children and families and ensure continuity of care and services. We often serve children who struggle in a more traditional child care program and are able to do so because of our commitment to supporting each and every child in our community."*

Implications

To support the provision of coordinated services to children with disabilities and their families, the VHSCO will continue leading the process of revising the statewide Interagency Agreement titled *Supporting Children with Disabilities and Their Families: An Interagency Agreement Among Early Care, Health and Education Programs and Agencies in Vermont*. The VHSCO initiated this work in response to new federal Head Start and Early Head Start requirements and a commitment from other state partners to ensure that services are offered to families in a coordinated, collaborative fashion in local communities based on a common set of guidelines. The Agreement complements and supports the implementation of services provided under Parts B and C of the Individuals with Disabilities Education Act (IDEA) and the 2014 Part C Interagency Agreement between AHS and AOE.

The purpose of the Agreement is to define and clarify responsibilities of the Vermont Agency of Human Services (AHS), Vermont Agency of Education (AOE), VHSCO, the Vermont Head Start Association, and its member Head Start and Early Head Start recipients to ensure a statewide comprehensive, coordinated multi-disciplinary system of services among Vermont's early care, health and education programs for children prenatal to age five with developmental delays and other disabilities. Children, families and communities are best served when agencies develop relationships and work together through regional and local interagency collaboration.

The VHSCO will continue to work in partnership with Head Start recipients, Children's Integrated Services (Part C of IDEA), and AOE (Part B of IDEA) to support a revision of the Agreement that further clarifies roles and responsibilities while incorporating more recent additions in Vermont's early childhood system (e.g. Help Me Grow; the VT Universal Developmental Screening Registry; Vermont Guiding Principles).

Promoting Access to Timely Health Care Services, Including Those Around General Health, Oral Health, and Mental Health

Head Start and Early Head Start recipients provide high-quality health, oral health, mental health, and nutrition services to support children's growth and school readiness.

In the 2020-2021 program year, 99% of children enrolled in Head Start and Early Head Start had health insurance.

99% of Head Start children and 98% of Early Head Start children also had a medical home that provided an ongoing source of continuous, accessible health care.

The majority of Head Start recipients reported high levels of involvement with medical home providers/community health centers and low levels of difficulty linking children to medical homes and sharing data on children and families served by Head Start with other health-related agencies when appropriate. However, recipients reported higher levels of difficulty when arranging coordinated services for children with special health care needs and with their overall partnerships with medical providers and ability to support families in accessing care. For example, exchanging information on roles and resources with medical providers and partnering with medical professionals on health-related issues were identified as difficult or somewhat difficult by a majority of recipients. Assisting parents to communicate effectively with their medical providers and to get transportation to appointments was also reported to be more difficult.

In terms of access to health-related trainings for staff, a majority of recipients reported low levels of difficulty when accessing training or resources on active supervision of children, safe sleep practices, administration of medication, and intruder safety/workplace violence. This makes sense given that Head Start recipients report high levels of involvement with Northern Lights at CCV. However, accessing CDD's free online nine-hour module through Pennsylvania State University (Better Kid Care) to meet the Vermont Orientation Training requirements was reported by a majority of recipients as somewhat difficult.

Oral Health

When asked about the provision of dental services to children and families, a majority of Head Start recipients reported high levels of difficulty when linking children to dental homes that serve young children and partnering with oral health professionals on oral-health related issues despite indicating high levels of involvement with dental home providers. One recipient

noted, *“Not having enough pediatric dentists in the area to support the number of children on Medicaid is a real challenge.”* Another reiterated additional factors that complicate access, identifying *“The rural setting, long wait times, and a lack of follow-through by parents who have their own complicated histories with oral health care”* makes work in this area difficult.

Despite these challenges, Head Start recipients offered up bright spots in supporting families with timely access to oral health care: *“We have established strong relationships with the dental offices that do exist and work well with them to take families that may otherwise have a difficult time of finding a dental home.”* Other recipients commented about the benefits of Tooth Tutors, which nearly all recipients reported being highly involved with. Through a partnership with Northeast Delta Dental Foundation, dental hygienists are accessible by every Head Start recipient in order to help families find a dental home for children and to provide education to children and families about health oral habits. One recipient commented, *“The Tooth Tutor collaboration is incredibly helpful and in combination with fluoride application and brushing, has made a difference.”* More information about Vermont Head Start’s Tooth Tutor program can be found [here](#).

In the 2020-2021 program year, 82% of Head Start children and 56% of Early Head Start children had a dental home.

When asked to identify the most pressing health and safety needs of children and families served by their programs, six out of the seven Vermont Head Start recipients identified connecting dental health providers to Head Start programs so all Head Start children have a dental home as a top need.

Mental Health

Head Start and Early Head Start programs support the mental health of children, families, and staff. Early childhood mental health is akin to social and emotional well-being. It is a child’s developing capacity to express and regulate emotions, form trusting relationships, explore, and learn—all in the cultural context of family and community. The mental health of children and the adults that care for them is essential for school readiness.

To support a program-wide culture that promotes children’s mental health, social and emotional well-being, and overall health, Head Start and Early Head Start programs are

required to provide supports for effective classroom management and positive learning environments, supportive teacher practices, and strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns. Programs must also secure mental health consultation services on a schedule of sufficient and consistent frequency to partner with staff and families in a timely and effective manner. Mental Health Consultants assist by:

- implementing strategies that identify and support children with mental health and social and emotional concerns;
- supporting teachers and family child care providers to improve classroom management and teacher practices through use of classroom observations and consultations and the creation of physical and cultural environments that promote positive mental health and social and emotional functioning;
- supporting home visitors and other staff to meet children’s mental health and social and emotional using observation and consultation; and
- supporting parents in understanding mental health and accessing mental health interventions, if needed.

In the 2020-2021 program year, mental health professionals provided consultation to 59% of all Vermont Head Start classroom teachers, home visitors, and family child care providers regarding the behavioral and/or mental health of 139 children.

Mental and behavioral health needs were identified as one of the most pressing needs by Vermont Head Start recipients. Although involvement with Designated Agencies and local mental health providers was ranked as high, involvement with the Vermont Department of Mental Health was identified as low. In addition to requesting that the VHSCO focus on increasing partnerships with mental health initiatives and service providers as a top priority to ensure that low-income children receive comprehensive mental health services, increasing understanding of early childhood trauma, toxic stress, Adverse Childhood Experiences (ACEs) and how Head Start programs support children and families impacted by trauma was also identified as a priority for the VHSCO.

Implications

Given that Head Start recipients identified mental and behavioral health needs as most pressing, the VHSCO will focus efforts on strengthening its relationship with the Vermont Department of Mental Health to identify opportunities for collaboration in the interest of shared goals. The Building Bright Futures State Advisory Council (SAC) will serve as an excellent foundation for this work. The VHSCO currently serves as Secretary of the SAC

Executive Committee alongside the DMH Interagency Planning Director who serves as Co-Chair. In addition to leveraging this forum as an opportunity to strengthen working relationships, the SAC's most recent recommendations include a call to respond to Vermont's mental health crisis by way of investing in community-based mental health supports (funding, human capital, coordination) for children and families. This sets the stage for the VHSCO to continue work in this area and has the potential to promote the use of Head Start strategies and resources at a statewide level.

Children's Integrated Services is another key player in this work, given its regional presence and connection to DMH for the delivery of early childhood and family mental health services. The VHSCO will continue to collaborate with the CIS State Team to explore opportunities to coordinate around mental health initiatives, services, and supports, such as joint trainings and facilitated communities of practice, to strengthen understanding of early childhood trauma, toxic stress, and Adverse Childhood Experiences in order to promote the provision of high-quality comprehensive mental health services within the early childhood field.

To support partnerships with medical providers and the coordination of services for children with special health care needs, the VHSCO will build upon its partnerships with Help Me Grow Vermont and the Building Bright Futures Child Outcomes Accountability Team (COAT).

Help Me Grow Vermont currently works collaboratively with medical home and early care and education providers to promote developmental monitoring, screening, and use of the Universal Developmental Screening Registry, which positions them as a key partner to support the VHSCO in identifying existing relationships between Head Start recipients and medical providers on which strategies for enhancing service coordination between the two in support of children with special health care needs can be built around.

The Building Bright Futures Child Outcomes Accountability Team (COAT) seeks to improve integration and coordination of early childhood public and private partners committed to the health and well-being of children and their families. It informs strategies and monitors progress towards Vermont's commitment to ensuring that all children are healthy, thriving and developmentally on track from the prenatal period to third grade. It recently served as an advisory body for an Act Early COVID-19 Response Grant from the Association of University Centers on Disabilities (AUCD) and the Centers for Disease Control and Prevention (CDC) which focused on bolstering early identification of developmental delays and disabilities, and is currently acting as a steering committee for work under an Early Childhood Comprehensive Systems 5-year grant from the U.S. Health Resources and Services Administration (HRSA)

awarded to the Vermont Department of Health focused on aligning and integrating early childhood and maternal and child health systems. The VHSCO is an active member of the committee and anticipates utilizing its well-established partnership to identify and advance action steps that will ultimately enhance coordination of services between Head Start recipients and medical providers on behalf of children with special health needs.

Connecting dental health providers to Head Start programs so all Head start children have a dental home was also identified by recipients as a high-priority need. To support this work the VHSCO will document, map, and analyze the availability of dental health providers in relation to Head Start programs and explore partnerships with key entities, such as the Vermont State Dental Society, to identify strategies that promote access to dental care for Head Start children.

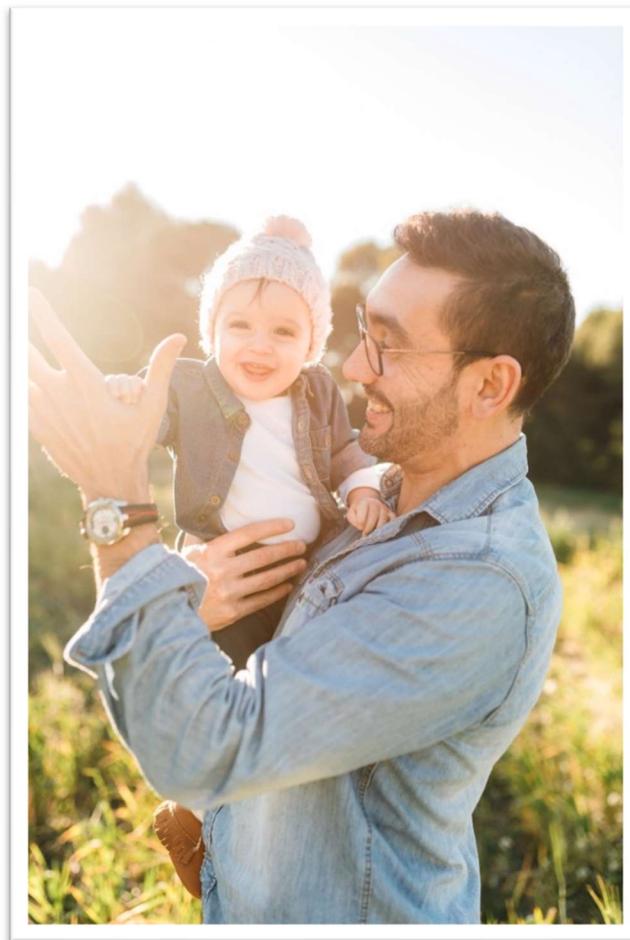


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Family Engagement

Family engagement is a collaborative and strengths-based process through which early childhood professionals, families, and children build positive and goal-oriented relationships. It is a shared responsibility of families and staff at all levels that requires mutual respect for the roles and strengths each has to offer. Family engagement focuses on culturally and linguistically responsive relationship-building with key family members in a child's life and requires making a commitment to creating and sustaining an ongoing partnership that supports family well-being. It also honors and supports the parent-child relationships that are central to a child's healthy development, school readiness, and well-being.

Head Start recipients must integrate parent and family engagement strategies into all their systems and program services to support family well-being and promote children's learning and development. Programs develop innovative two-generation approaches to address prevalent needs of families across their program and support family well-being. Strategies used by Head Start to strengthen family engagement include:

- recognizing parents as their children's primary teachers and nurturers and implementing intentional strategies to engage parents in their children's learning and development, and support parent-child relationships, including specific strategies for father engagement;
- developing relationships with parents and structuring services to encourage trust and respectful, ongoing two-way communication that contributes to the creation of welcoming program environments that incorporate the unique cultural, ethnic, and linguistic backgrounds of families;
- collaborating with families in a partnership process that identifies needs, interests, strengths, goals, and services and resources that support family well-being, including family safety, health, and economic stability;
- providing parents with opportunities to participate in the program as employees or volunteers; and,
- providing family engagement services in the family's preferred language, or through an interpreter, to the extent possible, and ensure families have the opportunity to share personal information in an environment in which they feel safe.

When asked what is working well in efforts to build relationships with families and engage parents, Vermont Head Start recipients acknowledge that COVID-19 initially had a negative impact on family engagement, but that since then staff have pivoted and can now offer a variety of in-person and virtual opportunities. *"Building relationships with families and engaging parents has certainly been more challenging with COVID given that parents were not allowed to come into our centers, but we still offer parenting trainings and*

support on topics parents have demonstrated interest in.” Use of technology was emphasized by another recipient as being essential: “Participation in our parent support groups, including fatherhood groups, was low as a result of the pandemic. We transitioned to offering virtual meetings and began using technology such as the Bright Wheel app to improve communication with families, which has been successful. Now that restrictions related to the pandemic are easing, we recently began sponsoring bowling events for families on the weekends, which have been widely embraced.”

One recipient expanded further on their program’s need to embrace virtual opportunities, saying *“We have finally gotten ‘in a groove’ with providing virtual parenting programs. We offer one cooking activity per month and one additional activity. Families who register are sent home packages with all the ingredients and materials needed as well as a QR code that brings them to the Zoom component of the event. We have also partnered with Veggie Van Go and Everyone Eats to provide regular food deliveries to families throughout the pandemic. We utilize ReadyRosie to send curated video lists and to communicate with families about home activities. We have closed Facebook groups for each classroom where teachers share recorded and streamed read-alouds, lesson plans and photos from the classroom. We recently hosted a sensory-sensitive playtime at the local gymnastic studio, inviting children who benefit from low-stimulation play time. This allowed the children access to gross motor equipment in a safe space while providing networking opportunities for families.”*

Other Vermont Head Start recipients noted how important their staff are in ensuring strong, supportive working relationships with families: *“Our program has a seasoned Family Services team that understands the importance of building trust and positive, goal-oriented relationships with families. Our approach to family well-being is multifaceted. We build on the family partnership process to offer a variety of parent happenings and provide resources. We provide home visits that are more formal, and we have many non-formal conversations in the day-to-day. We have also incorporated the Strengthening Families approach which supports nurturing relationships between parents/caregivers and their child, and professional development is provided to staff on strengthening families and family engagement.”* Another offered: *“We have very experienced staff who have an excellent foundation in relationship-based competencies and*

much of their time is focused on family well-being. Utilization of the Family Services Credential program has also bolstered our staff's confidence and ability to do this work."

Head Start and Early Head Start recipients possess many examples of how their programs support family well-being. In addition to connecting families to critical community resources and implementing a family wellness plan as part of a family partnership assessment, one recipient shared, *"Parent committees, parent activities, trainings offered to families, establishing relationships through compassion and empathy, and leading with a strength-based approach have enabled us to support family well-being."*

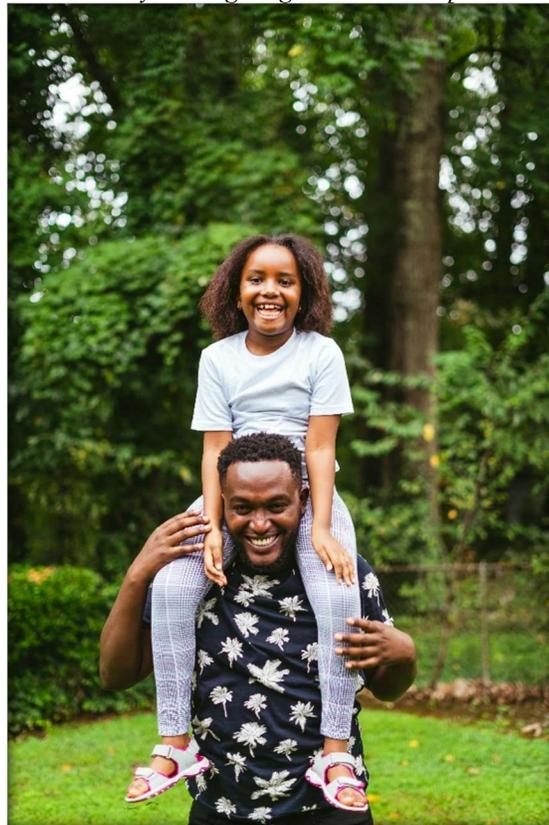
Implications

Given Head Start's strong commitment to family engagement, the VHSCO will continue its work to integrate Head Start family engagement resources and strategies, including principles of the Parent, Family and Community Engagement Framework, into Vermont's early care and education system. There are currently two tables the VHSCO can leverage to advance this work: the Building Bright Futures Families & Communities Committee (BBF F&C) and the Vermont Interagency Coordinating Council.

The BBF F&C Committee works to develop a statewide approach that enriches and expands family leadership at the provider, agency, and community levels by convening a statewide Family Leadership Team to provide thought leadership for family leadership best practices. With a majority of parents and caregivers as members, it strives to support development of an early childhood system that mirrors the diverse needs of Vermont families. By providing parents and caregivers opportunities to bring forward thoughts and concerns and partner in systems conversations and decision-making processes, families become leaders in designing a responsive system that works for them. Under Vermont's Preschool Development Grant – Birth to Five, the Committee recently completed an Early Childhood Family Engagement Assessment to inform and improve how people who serve Vermont's children and families respect and engage families as partners. The project sought to inform each level of Vermont's early childhood system – including families, communities, and systems – about how to strengthen families as decision makers, strategies to nurture resilient families, and ultimately help children thrive. The project centered around a Family Engagement survey which was developed and executed to embody family engagement principals at each level of the process. The VHSCO contributed to the development of the Family Engagement survey and remains an active member, promoting the understanding and use of Head Start resources throughout the system.

The Vermont Interagency Coordinating Council is a federally required council charged with meeting to advise the State of Vermont around programs relating to IDEA Part C. In 2008, Vermont became unique in its approach to the ICC, as it began to use this group to advise and assist program practices and decisions for all of Vermont's Children's Integrated Services programs, in addition to Part C Early Intervention. VICC is made up of parents and caregivers of children receiving Children's Integrated Services (CIS), as well as representatives from the state legislature, Medicaid, Head Start, community providers and many more that have a desire to improve services for Vermont families. Priorities of the Council include increasing parent and caregiver voice and support of family networking at the regional and state level; reviewing and updating the State Systemic Improvement Plan to best support the CIS system and the needs of children and families; responding to and navigating current public health crises (including, but not limited to COVID-19, systemic racism, substance misuse); and interpreting data to advise and assist CIS. Although the VHSCO does not hold a formally designated seat on the Council, its close working relationship with the CIS State Team will facilitate the sharing and dissemination of Head Start resources for CIS practitioners to ultimately support best-practices in family engagement approaches across Vermont's early childhood system.

Photo by Osarugue Igbino on Unsplash



Conclusion

The VHSCO is well-positioned to collectively support the work of Vermont's Head Start and Early Head Start recipients while at the same time, advancing work in the five federally articulated HSSCO priorities and the additional four regional priorities. Based on responses gathered in the 2021-2022 VHSCO Needs Assessment Web Survey and 2021 PIR data, the VHSCO will focus its next five years on the following efforts:

1. Partnering with state child care systems, emphasizing Early Head Start-Child Care Partnerships (EHS-CCP)
 - a. Promote the alignment of models, standards, competencies, and shared practices related to staffing, supervision, data, and documentation between Head Start and other entities in the state that offer EBHV.
 - b. Support efforts to increase the supply of qualified infant/toddler staff, strengthen access to high-quality training, coaching, and technical assistance, and promote policies that contribute to a strong system of care for infants and toddlers.
 - c. Partner with Children's Integrated Services (Specialized Child Care) to promote EHS-CCP and the use of Head Start resources to meet the needs of children involved in the child welfare system, families experiencing significant stress, and children with special physical, medical, behavioral, or developmental needs.
2. Work with state efforts to collect data regarding early childhood programs and child outcomes
 - a. Facilitate collaboration between Vermont Head Start recipients, the Vermont Agency of Education, and Building Bright Futures to support data sharing and access to longitudinal outcome data for children enrolled in Head Start.
 - b. Continue partnering with Building Bright Futures to promote the use of Head Start data within Vermont's early childhood system.
3. Support for the expansion and access of high-quality workforce and career development opportunities for staff
 - a. Lead the development of a VT Infant and Toddler Credential to meet the needs of the EHS and EHS-CCP workforce.
 - b. Work in collaboration with the VT Early Childhood Higher Education Consortium to support articulation and the transferring of credits between public institutions of learning, promote greater access to ECE degree programs in communities, and allow for the exchange of information related to roles and resources regarding professional development.

- c. Monitor and support access to professional development for Head Start staff and partners via the Building Bright Futures Preparation & Professional Development Committee.
 - d. Partner with VTAEYC and the T.E.A.C.H. Early Childhood Program to strengthen degree pathways and articulation for Head Start staff and partners.
- 4. Collaboration with Quality Rating and Improvement Systems (QRIS)
 - a. Continue contributing to Vermont's STARS Evolution process to monitor and support Head Start participation and promote alignment with Head Start Program Performance Standards.
- 5. Work with state school systems to ensure continuity between HS and Kindergarten Entry Assessment (KEA)
 - a. Convene Head Start Family Services and Education/Disabilities Management in conjunction with OHS Region I T/TA representatives to plan and implement a Kindergarten Transition/School Readiness Summit modeled after the OHS 100 School Reach initiative.
- 6. Serving children experiencing homelessness
 - a. Continue building partnerships with Vermont's State McKinney-Vento Coordinator to identify opportunities for joint training focused on implementing family outreach and support efforts related to transition planning for children experiencing homelessness.
 - b. Convene Head Start Family Services staff, LEA McKinney-Vento Liaisons, and CIS Specialized Child Care Coordinators in an ongoing Community of Practice to facilitate sharing of emerging and promising practices, the development and/or use of strategies and tools, and to strengthen practices and policies that support children and families experiencing homelessness.
 - c. Establish a relationship with the VT Coalition to End Homelessness to facilitate Head Start/Early Head Start access to local COCs.
- 7. Serving children with disabilities
 - a. Continue to convene and work in partnership with Head Start/Early Head Start recipients, Children's Integrated Services (Part C of IDEA), and AOE (Part B of IDEA) to support a revision of the Interagency Agreement titled *Supporting Children with Disabilities and Their Families: An Interagency Agreement Among Early Care, Health and Education Programs and Agencies in Vermont* that further clarifies roles and responsibilities within service provision and incorporates more recent

additions to Vermont's early childhood system (e.g. Help Me Grow, the VT Universal Developmental Screening Registry, Vermont Guiding Principles, etc.)

8. Promoting access to timely health care services, including those related to general, oral, and mental health
 - a. Strengthen relationships with the VT Department of Mental Health to identify opportunities for collaboration in the interest of shared goals and the provision of high-quality mental and behavioral health services to Head Start children and families.
 - b. Continue collaborating with the CIS State Team to explore and identify opportunities to coordinate around mental health initiatives, services, and supports, such as joint trainings and facilitated communities of practice, to strengthen understanding of early childhood trauma, toxic stress, and Adverse Childhood Experiences in order to promote the provision of high-quality comprehensive mental health services within the early childhood field.
 - c. Partner with Help Me Grow Vermont, Building Bright Futures, and the CIS State Team to develop and promote strategies for engaging medical providers and Head Start recipients with a focus on enhancing service coordination in support of children with special health care needs.
 - d. Promote access to dental care for Head Start children by documenting, mapping and analyzing the existing availability of pediatric dental health providers and developing relationships with key dental entities to identify strategies for increasing access.

9. Parent and family engagement
 - a. Continue to integrate Head Start and Early Head Start family engagement strategies, including principles of the Parent, Family and Community Engagement Framework, into Vermont's early care and education system.

Appendix A

Windham Southeast School District - Early Education Services (EES) Head Start and Early Head Start

130 Birge St.
Brattleboro, VT 05301
802-254-3742
County Served: Windham

Capstone Community Action Head Start and Early Head Start

20 Gable Place
Barre, VT 05641
802-479-1053
Counties Served: Lamoille, Orange,
Washington

Champlain Valley Office of Economic Opportunity (CVOEO) Head Start and Early Head Start

431 Pine Street
Burlington, VT 05401
802-651-4180
Counties Served: Addison, Chittenden,
Franklin, Grand Isle

Northeast Kingdom Community Action, Inc. (NEKCA) Head Start and Early Head Start

191 High Street
Barton, VT 05822
802-525-3362
Counties Served: Essex, Orleans, Caledonia

Rutland Community Programs, Inc. (Rutland County Head Start)

78 Meadow Street, P.O. Box 222
Rutland, VT 05702
802-665-2620
County Served: Rutland

Southeastern Vermont Community Action (SEVCA) Head Start

107 Park Street, Suite 1
Springfield, VT 05156
802-885-6669
County Served: Windsor

United Children's Service of Bennington County Head Start and Early Head Start

P.O. Box 588
Bennington, VT 05201
802-442-3686
County Served: Bennington