

**Vermont Head Start State  
Collaboration Office  
*Needs Assessment Report of 2008***

**Submitted  
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## I. Overview of Vermont's Head Start Grantees

Vermont has seven Head Start grantees, three of whom also provide Early Head Start, serving a total of 1542 children—1263 in Head Start and 279 in Early Head Start. The total funding allocation is \$13,587,437; \$10,195,950 for Head Start and \$3,391,950 for Early Head Start.

2007 US Census Bureau data indicates that the population for Vermont is 621,254, an increase of 2% since 2000. The estimated number of Vermonters at the 100% poverty level is 71,090<sup>1</sup>; the number of young children at the poverty level is 3,874<sup>2</sup>.

In Vermont, Head Start grantees provide comprehensive child and family development services which include an educational program that provides a variety of learning experiences to foster children's intellectual, physical, social, and emotional growth; a comprehensive health program that includes immunizations, medical, dental, mental health, and nutritional services; services for children with special needs; parent involvement that includes parent education, program planning, and leadership activities; and social services responsive to each family's individual needs. Head Start programs can provide services to families in either center-based or home-based settings. Head Start is committed to preparing children from low-income families to succeed in school, and these comprehensive services work towards that end.

These program options are offered by Vermont's Head Start grantees.

◆ **Full-day, full-year, center-based services**

Children attend a classroom setting five days each week, year round.

◆ **Part-day, school year center-based services**

Children attend a classroom four or five part-day sessions each week from September through June.

◆ **Combination of home and center-based services**

Children attend a classroom three or more sessions each week from September through June, and receive one or more home visit per month with a Head Start staff member.

◆ **Home-based programs**

A staff member goes to the family's home once a week to work with parents to provide learning experiences for their children.

◆ **Partnerships**

Local child care centers, family child care providers, and school-based partners offer Head Start services in community settings.

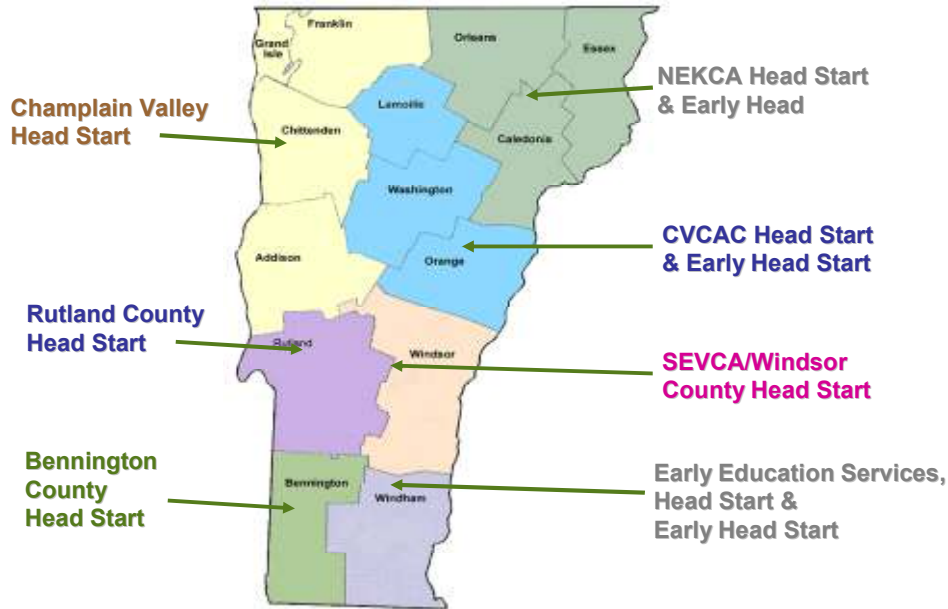
The Vermont Head Start State Collaboration Office (VHSSCO) is housed within the Vermont Agency of Human Services, Department for Children and Families, Child Development Division and is actively involved with the Vermont Head Start Association (VHSA).

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<sup>1</sup> Kaiser Family Foundation State Health Facts, 2007.

<sup>2</sup> National Center for Children in Poverty, 2009.

## Vermont Head Start Programs by County



### Community profiles of Head Start communities in Vermont

#### Bennington County Head Start (Grantee: United Counseling Services)

Bennington County Head Start serves 116 Head Start children in Bennington County. Bennington County Head Start receives a total of \$840,144. This county is located in the southwestern corner of the State of Vermont bordering the states of Massachusetts to the south and New York to the west. Based on the 2006 Census, the population of this county is 36,929.

#### Rutland County Head Start (Grantee: Rutland County Mental Health Services)

Rutland County Head Start serves 154 Head Start children in the 28 southwestern Vermont towns that make up Rutland County. Based on the 2006 Census, the population of this county is 63,641. Rutland County Head Start receives a total of \$1,120,826

#### Central Vermont Head Start (Grantee: Central Vermont Community Action Agency)

Central Vermont Community Action Agency serves a total of 376 Head Start children; 276 enrolled in Head Start and 100 enrolled in the Early Head Start. This program is located in the central part of the State and serves Lamoille, Washington and Orange County. CVCAC receives a total of \$3,498,231; \$2,470,316 for Head Start and \$1,027,915 for Early Head Start.

Based on the 2006 Census, the estimated population for these counties is as follows:

- Lamoille-24,592
- Washington-59,564
- Orange-29,440

**Child and Family Development Project (Grantee: Northeast Kingdom Community Action/NEKCA)**

NEKCA serves 184 Head Start children and 72 Early Head Start children in Essex, Orleans and Caledonia counties. This program is located in the northeastern part of the state, bordering Canada to the north and New Hampshire to the east. NEKCA receives a total of \$2,383,141; \$1,495,190 for Head Start and \$887,951 for Early Head Start.

Based on the 2006 Census, the estimated population for these counties is as follows:

- Essex-6,567
- Orleans-27,718
- Caledonia-30,842

**Early Education Services (Grantee: Brattleboro Town School District)**

Early Education Services (EES), in Windham County, serves a total of 228 children; 121 in Head Start and 107 in Early Head Start. This program is located in the southeastern part of the state, bordering Massachusetts to the south and New Hampshire to the east. EES receives a total of \$2,348,350; \$872,266 for Head Start Program and \$1,476,084 for Early Head Start. Based on the 2006 Census, the estimated population for this county is 43,898.

**Windsor County Head Start (Grantee: Southeast Vermont Community Action)**

Southeast Vermont Community Action (SEVCA) serves 87 Head Start children in Windsor County which is located in the southeast-central part of Vermont. SEVCA receives a total of \$691,342. The estimated population of Windsor County is 57,418.

**Champlain Valley Head Start (Grantee: Champlain Valley Office of Economic Opportunity)**

The Champlain Valley Head Start serves 325 Head Start children within four counties in the northwest corner of the State. These counties include: Franklin, Grand Isle, Chittenden and Addison counties, and covers over 2,000 square miles of northwestern Vermont. They receive a total of \$2,580,403. Total population for these counties is as follows:

- Franklin and Grand Isle Counties - 55,938
- Chittenden County - 150,069
- Addison County -37,057

## II. Description of the Needs Assessment Activity

Planning for the Head Start State Collaboration Office (HSSCO) needs assessment began in the summer of 2008 with a review of the SurveyMonkey template developed by a committee of HSSCO Directors from across the nation. With great appreciation for that committee's work, Vermont tailored some of the questions and descriptions to better align with the lexicon of program names and services in our state. At the September 2008 Vermont Head Start Association (VHSA) meeting, the HSSCO made a presentation on the Head Start Act of 2007 requirements for collaboration offices, with an emphasis on the needs assessment and strategic planning process. Vermont's seven Head Start directors contributed further revisions to the questions, adding an opportunity to report significant variations within their services areas, and the survey was finalized in early October.

Vermont's HSSCO needs assessment was designed to be completed online using Survey Monkey as the web-based platform for collecting data. SurveyMonkey was chosen for its ease of use for both developers and respondents.

The survey consisted of a section on background information about the grantees' programs and respondents, and questions about the nine HSSCO priority areas:

- Health care
- Services to children experiencing homelessness
- Welfare/child welfare
- Family literacy
- Child care
- Community services
- Services to children with disabilities
- Education:
  - Partnering with pre-k
  - Transition and alignment with k-12
- Professional Development

Each of the nine questions had five parts, designed to identify:

1. **Extent of involvement** with agencies, programs, and services related to the priority area (choices were No Working Relationship, Cooperation, Coordination, Collaboration, NA);
2. **Degree of difficulty** of delivering specific services and/or activities (choices were Extremely Difficult, Difficult, Somewhat Difficult, Not at all Difficult);
3. **Other issues of importance** in that priority area;
4. **What is working well** for that grantee concerning a specific priority area, and
5. **What the grantee was contributing to the community** at large in a specific priority area.

Definitions for the responses in extent of involvement questions included:

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

The Head Start grantees had three weeks to complete the survey. Each grantee was invited to involve program managers and other staff in addition to the director, to answer questions about which they had experience and expertise. Grantees that preferred to complete a paper copy were mailed one, and a HSSCO staff person entered the data into SurveyMonkey. Preliminary data analysis was done using a simple percentage of the total responses to identify the extent of involvement, and degree of difficulty (questions 1 and 2). Mean scores were calculated in order to make comparisons.

A preliminary report was made to the VHSA at its retreat in November 2008 to get clarification on confusing items and confirm the analysis. Notes from that preliminary report presentation are included in the appendix.

### **Assumptions**

The following assumptions were made about the data gathered:

1. Levels of involvement can be described as a continuum with *"No Relationship"* at one end and *"Collaboration"* at the other.
2. *"Cooperation"* is a level of involvement that has potential for strengthening and may be easiest to move toward collaboration.
3. Higher levels of involvement are desired; it is possible to move along the continuum towards higher levels of involvement.
4. Priority areas, programs, and services on the survey are relevant to Head Start and contribute to better outcomes for children, families, staff, and communities.
5. There may be significant variations in the way a grantee would answer a question about their service area.
6. All services and activities are not equal; some are more critical than others in achieving outcomes. Importance may change over time, based on current events, priorities, resources, and social and economic stresses on families.

### III. Data Responses

All surveys were completed during the time period September 26 through October 16, 2008. All seven Head Start directors completed the survey, in addition to the following program managers: Children’s Services; Education/Disabilities; Family and Mental Health; Child Development; Disabilities/Mental Health; Health; Family Services; Full Day. All programs provided contact information for the Head Start director.

In this section of the report, the data is presented on two themes: extent of involvement between Head Start grantees and providers/organizations of services in priority areas of concern to Head Start’s work with low-income children and families; and, the degree of difficulty Head Start grantees report having with a variety of activities they undertake in key priority areas for their work with children and families.

#### Overall Results

**Table 1** depicts the level of involvement overall with providers and organizations Head Start works with on behalf of children, families, and staff. Strong partnerships were found with public pre-K providers, child care, and Local Education Agencies (LEAs). Grantees reported the lowest levels of involvement with partners in the areas of services to children experiencing homelessness, community services, and family literacy services. **Table 2** depicts the degree of difficulty accessing services for children and families, or working in partnership with agencies and organizations providing such services. In some cases, grantees report high involvement with providers/organizations of key priority areas, while at the same time they report having difficulty with activities in those priority areas. For example, grantees report a high level of involvement with K-12 regarding transition of children, but also a great deal of difficulty with activities in this area.<sup>3</sup>

**Table 1. Level of involvement with service providers/organizations rank ordered from most to least involved, by mean\***

Priority Area	Number of Items	Mean
Child care	5	3.1
Local Education Agencies (LEA)		
• Public pre-k	1	3.1
• Transition	1	2.9
Health care	13	2.6
Services for children with disabilities	9	2.5
Professional development	8	2.4

<sup>3</sup> For more detail on transition-related activities, see Table 25.

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

Welfare/child welfare	5	2.4
Community services	6	2.2
Family literacy services	14	2.2
Homelessness services	4	1.9

Possible responses: 4 = collaboration; 3 = coordination; 2 = cooperation; 1 = no working relationship

**Table 2. Degree of difficulty with services, providers, and organizations rank ordered from most to least difficult, by mean \***

Priority Area	Number of Items	Mean
Health care	12	2.1
LEAs (transition)	16	2.0
Homelessness services	7	1.9
Professional development	8	1.9
Services for children with disabilities	6	1.9
LEAs (pre-k)	10	1.7
Child care	5	1.7
Community services	7	1.6
Welfare/child welfare	7	1.5
Family literacy services	7	1.5

Possible responses: 4 = extremely difficult; 3= difficult; 2 = somewhat difficult; 1=not at all difficult

Tables 3 through 7 of this report will answer the following questions about the **extent of involvement** and **degree of difficulty** Head Start has in working to address the needs of low-income children and families in the priority areas above:

- What are the providers/organizations that Head Start has **the most involvement** with?
- What are the providers/organizations Head Start has the **least involvement** with?
- What are the providers/organizations that Head Start **cooperates** with? (For the purpose of this analysis, cooperation is a level of involvement to target for strengthening.)
- What are the services/activities that are **most difficult** for Head Start’s work with children and families?

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

- What are the services/activities that are **least difficult** for Head Start’s work with children and families?

Vermont’s Head Start grantees had the **most involvement** with a variety of providers and organizations, including mental health providers and parent health education providers, child care organization, programs, and councils, sources of books to share with families, local pre-K providers and the Head Start T/TA network, as shown in **Table 3**.

**Table 3. Most involved providers/organizations by category (mean  $\geq 3$ )\***

Priority Area	Category	Mean
Health Care	• Parent health education providers (Tooth Tutors, breastfeeding support, etc.)	3.9
	• Mental health prevention and treatment	3.4
Child Care	• State/regional planning councils	3.4
	• State agency for child care: Child Development Division	3.1
	• Full-day, full-year child care programs	3.1
	• Child Care Resource and Referral organizations	3.0
Family Literacy Services	• Donations or sources of funding for books	3.0
Services for children with disabilities	• Local part B providers (EEE, LEAs)	3.7
	• Part B/619 state agency (DOE)	3.0
LEAs	• MOUs with public pre-K	3.1
Professional Development	• Head Start T/TA network	3.28

Possible responses: 4 = collaboration; 3 = coordination; 2 = cooperation; 1 = no working relationship

As shown in **Table 4**, Head Start had the **least involvement** with providers and organizations of children’s obesity prevention/fitness programs, health education, homelessness liaisons in the schools, online courses for staff professional development, law enforcement and emergency services, and a variety of family literacy services.

**Table 4. Least involved providers/organizations by category (mean  $< 2$ )\***

Priority Area	Category	Mean
Health Care	• Non-WIC nutrition services	1.4
	• Community health centers	1.7
	• Children’s health education providers (e.g., Healthy Child Care Vermont)	2.0
	• Children’s fitness and obesity prevention	2.0
Homelessness	• Title 1 director	1.3
	• Local McKinney-Vento liaison	1.8
Welfare/Child welfare	• Economic and community development councils	2.0
Family literacy services	• Even Start	1.7

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

	<ul style="list-style-type: none"> <li>Title 1 Part A family literacy director</li> <li>ELL programs and services</li> <li>Reading readiness programs</li> <li>Higher education programs related to family literacy</li> </ul>	1.7 1.7 1.8 2.0
Services for children with disabilities	<ul style="list-style-type: none"> <li>University/community college programs related to children with disabilities</li> </ul>	1.7
Community services	<ul style="list-style-type: none"> <li>Law enforcement</li> <li>Emergency services (Red Cross, VEMA)</li> </ul>	1.7 2.0
Professional Development	<ul style="list-style-type: none"> <li>On-line courses</li> </ul>	1.7

Possible responses: 4 = collaboration; 3 = coordination; 2 = cooperation; 1 = no working relationship

**Table 5** lists the priority areas and categories of providers and organizations Head Start grantees currently **cooperate** with. When grantees cooperate around a variety of services with programs and providers, they may be able to take simple steps toward deeper involvement, i.e., coordination and collaboration.

**Table 5. Providers/organizations Head Start cooperates with (Cooperation: 4 or more grantees reported this level of involvement, identified as a target for improvement)**

Priority Area	Category
Health care	<ul style="list-style-type: none"> <li>Medical home providers</li> <li>Dental home providers</li> <li>State agencies for mental health prevention and treatment</li> <li>Public health services (immunizations, lead screening, infectious disease management)</li> <li>Children's fitness and obesity prevention</li> </ul>
Homelessness	<ul style="list-style-type: none"> <li>Local agencies serving families experiencing homelessness</li> <li>Local housing agencies and planning groups</li> </ul>
Welfare/child welfare	<ul style="list-style-type: none"> <li>TANF agency (Economic Services)</li> </ul>
Family literacy	<ul style="list-style-type: none"> <li>Employment and training programs</li> <li>Adult education</li> <li>English language learner</li> <li>Parent-child literacy interactions</li> <li>Parent education</li> <li>School libraries</li> </ul>
Child care	<ul style="list-style-type: none"> <li>Community child care support agencies</li> </ul>
Services for children with disabilities	<ul style="list-style-type: none"> <li>State DOE programs (not part C or B)</li> <li>Local part C agencies</li> <li>Federally funded programs for children with disabilities</li> <li>State funded programs for children with disabilities</li> <li>University programs related to</li> </ul>
LEAs	<ul style="list-style-type: none"> <li>Relationship with LEAs regarding transition from HS to kindergarten</li> </ul>
Professional development	<ul style="list-style-type: none"> <li>Higher education: 2- and 4-year</li> <li>Community child care support agency training</li> <li>TA networks (non-HS) for technical assistance</li> </ul>

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

	<ul style="list-style-type: none"> <li>• Service providers and organizations offering training</li> <li>• Northern Lights Career Development Center</li> </ul>
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**Table 6** shows activities that Head Start has the **least difficulty** accessing for low-income children and families enrolled in their programs. Notably, the priority areas of welfare and child welfare, child care, community services, and LEAs include activities that require coordination or collaboration with partners. Other activities that are also not difficult for grantees, in the areas of homelessness, family literacy, and professional development, are ones that involve internal program policies, practices, and procedures, such as identifying and prioritizing homeless children for enrollment.

**Table 6. *Least difficult activities and survey areas (lowest mean scores; < 1.5)\****

Priority Area	Category	Mean
Homelessness	<ul style="list-style-type: none"> <li>• Identifying and prioritizing homeless children for enrollment</li> </ul>	1.4
Welfare/child welfare	<ul style="list-style-type: none"> <li>• Implementing enrollment policies and procedures that prioritize children in the child welfare system</li> </ul>	1.0
	<ul style="list-style-type: none"> <li>• Exchanging information on roles and resources with providers regarding child/family assistance services</li> </ul>	1.4
	<ul style="list-style-type: none"> <li>• Shared training and technical assistance opportunities</li> </ul>	1.5
Child care	<ul style="list-style-type: none"> <li>• Assisting families to access full-day, full-year services</li> </ul>	1.4
	<ul style="list-style-type: none"> <li>• Sharing data (assessments, outcomes) on children served jointly</li> </ul>	1.4
Family literacy services	<ul style="list-style-type: none"> <li>• Incorporating family literacy into program policies and practices</li> </ul>	1.1
	<ul style="list-style-type: none"> <li>• Exchanging information regarding roles and resources related to family literacy</li> </ul>	1.3
	<ul style="list-style-type: none"> <li>• Educating the community about the importance of family literacy</li> </ul>	1.4
	<ul style="list-style-type: none"> <li>• Establishing partnerships with key family literacy providers</li> </ul>	1.4
Services for children with disabilities	<ul style="list-style-type: none"> <li>• Exchanging information on roles and resources with providers regarding services for children with disabilities and their families</li> </ul>	1.5
Community services	<ul style="list-style-type: none"> <li>• Establishing partnerships with public resources regarding prevention/treatment services</li> </ul>	1.4
	<ul style="list-style-type: none"> <li>• Partnering with providers on outreach to eligible families</li> </ul>	1.4
	<ul style="list-style-type: none"> <li>• Obtaining in-kind community services for children and families</li> </ul>	1.4
	<ul style="list-style-type: none"> <li>• Exchanging information on roles/resources regarding community services</li> </ul>	1.4
LEAs (MOU with pre-K providers)	<ul style="list-style-type: none"> <li>• Information, dissemination and access</li> </ul>	1.3
	<ul style="list-style-type: none"> <li>• Educational and curricular activities, objectives, instruction</li> </ul>	1.5
	<ul style="list-style-type: none"> <li>• Staff training, including joint staff training</li> </ul>	1.5
	<ul style="list-style-type: none"> <li>• Program technical assistance</li> </ul>	1.5
LEAs (transition to K-12)	<ul style="list-style-type: none"> <li>• Aligning Head Start Child Outcomes Framework with Vermont Early Learning Standards</li> </ul>	1.0
	<ul style="list-style-type: none"> <li>• Coordinating to implement procedures for transferring child records</li> </ul>	1.4
Professional Development	<ul style="list-style-type: none"> <li>• Accessing T/TA opportunities in the community</li> </ul>	1.4
	<ul style="list-style-type: none"> <li>• Equipment to access on-line professional development opportunities</li> </ul>	1.4
	<ul style="list-style-type: none"> <li>• Exchanging information on roles/resources in professional development</li> </ul>	1.4

Possible responses: 4 = extremely difficult; 3= difficult; 2 = somewhat difficult; 1=not at all difficult

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

**Table 7** identifies activities from the survey that are the **most difficult** for Head Start grantees in their work on behalf of low-income children and families. These activities fall under five of the nine collaboration office priority areas: health care, homelessness, child care, services for children with disabilities, and work with LEAs. The priority areas of health care and transition to K-12 have the most items under which these “difficult” activities fall are health care and transition to K-12.

**Table 7. Most difficult activities and survey areas (highest mean scores:  $\geq 2.0$ )\***

Priority areas	Categories	Mean
Health care	• Linking pregnant women to prenatal care	2.0
	• Partnering with medical providers on health-related issues	2.1
	• Linking children to dental homes	2.3
	• Partnering with oral health providers	2.0
	• Getting children enrolled in Dr. Dynosaur	2.0
	• Assisting families to communicate effectively with health providers	2.1
	• Assisting families to get transportation to medical appointments	2.5
	• Getting full representation on the Health Advisory Council	2.0
	• Sharing data on children served by Head Start and health providers/agencies related to health care	2.7
	• Exchanging information on roles/resources related to health care	2.4
Homelessness	• Engaging community partners in conducting staff cross-training and joint planning on the needs of homeless children and families	2.5
	• Entering into an MOU with pre-K providers that includes a plan to prioritize enrollment for children experiencing homelessness	2.5
	• Coordinating with LEA to develop and implement family outreach and support efforts under McKinney-Vento, and transition planning for children	2.4
Child care	• Aligning policies and practices with child care providers	2.1
Services for children with disabilities	• Obtaining timely evaluations of children	2.6
	• Coordinating services with Family, Infant, and Toddler Program (Part C)	2.0
	• Coordinating services with Essential Early Education (Part B/619)	2.0
LEAs (MOU with pre-K providers)	• Including provisions to meet the needs of working families	2.3
	• Including provisions on use of facilities, and transportation	2.3
LEAs (transition to K-12)	• Establishing and implementing comprehensive transition policies	2.3
	• Aligning LEA and Head Start curricula and assessment with Head Start Child Outcomes Framework	2.1
	• Coordinating transportation	3.3
	• Coordinating shared use of facilities	2.4
	• Coordinating other support services for children and families	2.3
	• Conducting joint outreach to discuss needs of children entering kindergarten	2.0
	• Helping parents of limited English proficient children to understand	2.3

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

	instructional and other school services <ul style="list-style-type: none"> <li>Aligning curricula and assessment practices</li> <li>Organizing and participating in joint training, including training on transitions, for school and Head Start staff</li> </ul>	2.3 2.0
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Possible responses: 4 = extremely difficult; 3= difficult; 2 = somewhat difficult; 1=not at all difficult

## Specific Priority Area Results

The following pages describe results for each of the nine priority areas of the Head Start State Collaboration Office pertaining to the **level of involvement** Head Start grantees have with providers and organizations, and the **degree of difficulty** experienced by the grantees when they try to partner with providers and organizations to meet the needs of the children and families they serve. Direct quotes are included that capture salient experiences, strengths, and issues.

### Head Start State Collaboration Office Priority Areas

- Health care
- Services to children experiencing homelessness
- Welfare/Child welfare
- Child care
- Family literacy
- Community services
- Education
  - Partnerships with pre-k
  - Transition and alignment with K-12
- Professional development

### HEALTH CARE

- *“Our Tooth Tutors are a wonderful benefit to our families.”*
- *“It is still a challenge to access dental care for pregnant moms, toddlers, and young preschoolers.”*
- *“Bringing primary care providers into the conversation re: how to manage/accommodate children with special health needs in our program can be challenging due to their lack of time and accessibility as well as their lack of awareness of who we are and what we do (though this varies by provider). Getting parents to start and complete dental treatment for their child is also a challenge for a variety of reasons. We also experience difficulty in obtaining information regarding whether children in our program have been tested for lead at 12 and 24 months.”*

--Survey respondents

**Table 8** shows the extent of involvement with providers and organizations of health care. The strongest partnerships were with WIC, local mental health agencies, and parent health education providers. Vermont’s seven Head Start grantees collaborated on an Oral Health grant from the Office of Head Start which provides ‘Tooth Tutors’, dental hygienists with special training in serving children, available to every enrolled child and family. Some Tooth Tutors provide service to children in collaborating child care programs. (Because of the specific

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

prompt in the question, the positive experience with Tooth Tutors may account for the high extent of involvement with parent education providers.) Lower levels of involvement were seen with other nutrition programs, children’s fitness and obesity prevention programs, community health centers, children’s health education providers, and medical and dental home providers.

**Table 8. Extent of involvement with health-related providers/organizations \***

	No working relationship	Cooperation (exchange referrals)	Coordination (work together)	Collaboration (share resources/agreements)	N	Mean
Medical home providers	0	71.4%	28.6%	0	7	2.3
Dental home providers	0	71.4%	28.6%	0	7	2.3
State agencies providing mental health treatment/prevention	0	28.6%	42.9%	28.6%	7	2.3
Local agencies providing mental health treatment/prevention	0	14.3%	28.6%	57.1%	7	3.4
Agencies that provide mental health screening	14.3%	14.3%	42.9%	28.6%	7	2.9
WIC	0	28.6	57.1	14.3	7	2.9
Other nutrition services/programs	14.3	42.9	14.3	0	5	2.0
Children’s health education providers (e.g. Healthy Child Care VT)	14.3	28.6	42.9	0	6	2.3
Home visiting providers	28.6	28.6	14.3	28.6	7	2.4
Parent health education providers (e.g., Tooth Tutors)	0	0	14.3	85.7	7	3.9
Community Health Centers	28.6	28.6	28.6	0	6	2.0
Public health services (immunizations, lead screenings)	0	71.4	14.3	14.3	7	2.4
Children’s fitness and obesity prevention	0	71.4	0	14.3	6	2.3

Possible responses: 4 = collaboration; 3 = coordination; 2 = cooperation; 1 = no working relationship

**Table 9** shows the degree of difficulty grantees have with each of the 11 health-related activities on the survey. The most difficult activities were assisting families with transportation to medical appointments, sharing data/information on children jointly served by Head Start and other health-related agencies, and exchanging information on roles/resources with health-

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

related providers and organizations. The least difficult activities were linking children to medical homes and arranging coordinated services for children with special health care needs.

**Table 9. Ratings on *degree of difficulty* for each health related activity \***

Activity	Extremely difficult	Difficult	Somewhat difficult	Not at all difficult	N	Mean
Linking children to medical homes	14.3	0	28.6	57.1	7	1.7
Linking pregnant women to prenatal care	0	25	50	25	4	3.0
Partnering with medical providers on health related issues	0	14.3	85.7	0	7	2.1
Linking children to dental homes	0	42.9	42.9	14.3	7	2.3
Partnering with oral health providers	14.3	14.3	28.6	42.9	7	2.0
Getting children enrolled in Dr. Dynosaur/Medicaid	16.7	0	50	33.3	6	2.0
Arranging coordinated services for children with special health needs	0	14.3	42.9	42.9	7	1.7
Assisting parents to communicate effectively with medical/dental providers	0	14.3	85.7	0	7	2.1
Assisting families to get transportation to appointments	16.7	16.7	66.7	0	6	2.5
Getting full representation and participation on Health Advisory Committee	14.3	14.3	28.6	42.9	7	2.0
Sharing information on children served by Head Start and other health programs (immunizations, screenings, etc.)	14.3	57.1	14.3	14.3	7	2.7
Exchanging information on role/resources with health providers	14.3	28.6	42.9	14.3	7	2.4

Possible responses: 4 = extremely difficult; 3= difficult; 2 = somewhat difficult; 1=not at all difficult

### SERVICES TO CHILDREN EXPERIENCING HOMELESSNESS

- *“Homeless families are often difficult to locate and/or contact, which can take time. It is also difficult to keep homeless families enrolled when the funding that our collaborative partners receive is based on attendance, which may not be consistent for homeless or transient families.”*
- *“Providing services is not an issue. Transportation can be (an issue).”*
- *“We changed the language in our brochure and on our application so that it no longer asks “Are you homeless?” but instead says ‘Are you currently living in a shelter, sharing the housing of others, or living in a motel, car or campground?’ Changing this wording takes some of the stigma away and hopefully the families*

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

can answer the question more honestly, as many people in these circumstances don't like to think of themselves as homeless.”

Survey Respondents

**Table 10** shows the extent of involvement grantees have with individuals and organizations serving children and families experiencing homelessness. All grantees have a relationship of some kind with agencies serving homeless families and children, although most have little or no relationship with school-based homeless providers (McKinney-Vento liaisons and Title 1 directors, when Title 1 funds support early childhood services).

**Table 10. Extent of involvement with services to homeless children and families \***

	No working relationship	Cooperation (exchange referrals)	Coordination (work together)	Collaboration (share resources/agreements)	N	Mean
Local McKinney-Vento liaison	57.1	14.3	14.3	14.3	7	1.8
Local agencies serving homeless families	0	71.4	0	28.6	7	2.6
Local housing agencies/groups	28.6	42.9	14.3	14.3	7	2.1
Title 1 Director	66.7	0	0	16.7	6	1.3

Possible responses: 4 = collaboration; 3 = coordination; 2 = cooperation; 1 = no working relationship

**Table 11** shows the degree of difficulty grantees have with each of seven homelessness-related activities. The most difficult activity was working with LEAs on outreach to families and support for their children’s transition to school. The least difficult activity was prioritizing children experiencing homelessness for enrollment in Head Start.

**Table 11. Ratings on the degree of difficulty for homelessness-related activities\***

Activity	Extremely difficult	Difficult	Somewhat difficult	Not at all difficult	N	Mean
Aligning definitions of homelessness (Head Start and McKinney-Vento legislation)	14.3	0	28.6	57.1	7	1.7
Identifying/prioritizing enrollment for children without homes	14.3	0	0	85.7	7	1.4
Allowing children without homes to attend Head Start while getting required documentation	14.3	0	14.3	71.4	7	1.6
Obtaining sufficient data on needs of homeless children for	0	0	57.1	42.9	7	1.6

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

community assessment						
Staff cross-training and planning with community partners, including McKinney-Vento liaison	16.7	33.3	33.3	16.7	6	2.5
Entering into MOUs with public pre-K to prioritize enrollment	33.3	16.7	16.7	33.3	6	2.5
Family outreach/support with LEAs and transition planning	40	40	20	0	5	3.2

Possible responses: 4 = extremely difficult; 3= difficult; 2 = somewhat difficult; 1=not at all difficult

## WELFARE/CHILD WELFARE

- *“It is difficult working with statewide departments (such as Reach Up and DCF) because we feel that we are never communicating with the right people to get our overall message heard and disseminated. ...It would be wonderful if connecting with these organizations could begin higher up in the system and then work its way down to the individuals on the front line... We need Collab Office help in persuading state agencies to collaborate with Head Start to “work together to target recruitment to families receiving TANF, Employment and Training, and related support services.”*
- *“It’s great when our staff are invited to Coordinated Service Plan meetings or any sort of case conferencing around specific families that we and the state both serve. Our staff generally comes away feeling more supported and part of a team that is coordinating our efforts to serve particular families. It is disappointing when we are not invited or cannot attend these meetings because they are a great opportunity to collaborate to better serve families.”*

Survey respondents

**Table 12** shows involvement between Head Start and state and local entities responsible for welfare and child welfare policies and services. Many of the survey items fall in the cooperation—coordination range, with the exception of economic and community development councils where three of seven grantees report no working relationship. Higher mean scores indicate greater levels of involvement than lower mean scores.

**Table 12. Extent of involvement with welfare/child welfare providers and organizations\***

	No working relationship	Cooperation (exchange referrals)	Coordination (work together)	Collaboration (share resources/agreements)	N	Mean
TANF agency	0	71.4	28.6	0	7	2.3
Employment and training, and labor services such as Reach-Up	0	42.9	14.3	0	7	2.7
Economic and community development councils	42.9	14.3	42.9	0	7	2.0

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

Department for Children and Families (DCF)	0	28.6	57.1	14.3	7	2.9
Services and networks supporting foster/adoptive families	14.3	28.6	57.1	0	7	2.4

Possible responses: 4 = collaboration; 3 = coordination; 2 = cooperation; 1 = no working relationship

**Table 13** depicts the level of difficulty with welfare/child welfare-related activities. No participants had difficulty implementing policies and procedures to ensure enrollment priority for children in the child welfare system. Targeting recruitment, establishing interagency agreements, and getting involved in state level planning and policy development were the most difficult activities. Activities with higher mean scores indicate more difficulty than those with lower mean scores.

**Table 13. Degree of difficulty for each welfare/child welfare-related activity.**

Activity	Extremely difficult	Difficult	Somewhat difficult	Not at all difficult	N	Mean
Obtaining information and data for community assessment/planning	0	14.3	28.6	57.1	7	1.6
Working together to target recruitment to families	14.3	0	28.6	57.1	7	1.7
Implementing policies and procedures to ensure enrollment priority for children in the child welfare system	0	0	0	100	7	1
Establishing and implementing local interagency partnerships	0	16.7	33.3	50	6	1.7
Shared training and TA opportunities	0	16.7	16.7	66.7	7	1.5
Getting involved in state level planning and policy development	0	28.6	28.6	42.9	7	1.9
Exchanging information on roles and resources with other family/child assistance services	0	0	42.9	57.1	7	1.4

Possible responses: 4 = extremely difficult; 3 = difficult; 2 = somewhat difficult; 1 = not at all difficult

**CHILD CARE**

- *“(We’ve been) collaborating with more full-day, full-year child care providers to meet the needs of families. Increasing our visibility in the community has made the task of initiating and building collaborative partnerships easier.”*
- *“We are providing skilled, licensed teachers and early care advocates in our collaborative classrooms and child care centers. We are ensuring safe and healthy environments through daily, weekly, and monthly classroom and playground observations. Collaborative partners are invited to CVHS sponsored training events.”*

*Survey respondents*

**Table 14** shows Head Start grantees’ involvement with child care at the state and local level. Child care is the priority area Head Start is most involved with, and it has the greatest amount of high-level involvement (collaboration) in the survey. However, within this priority area, grantees had the lowest level of involvement with higher education programs and resources, and the most involvement with state or regional planning and policy entities that address child care (e.g., Building Bright Futures state and regional councils, Child Care Advisory Board). Higher mean scores indicate higher levels of involvement with the providers and organizations related to child care.

**Table 14. Extent of involvement with child care providers/organizations\***

	No working relationship	Cooperation (exchange referrals)	Coordination (work together)	Collaboration (share resources/agreements)	N	Mean
Child Development Division	14.3	14.3	14.3	57.1	7	3.1
Child care resource and referral organizations	0	42.9	14.3	42.9	7	3.0
Local child care programs for full-day, full-year services	0	14.3	57.1	28.6	7	3.1
State or regional policy/planning entity that addresses child care issues	0	0	57.1	42.9	7	3.4
Higher ed. programs/resources related to child care	14.3	14.3	57.1	14.3	7	2.7

*Possible responses: 4 = collaboration; 3 = coordination; 2 = cooperation; 1 = no working relationship*

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

**Table 15** shows the degree of difficulty Head Start grantees have with child care-related activities. Nothing in this priority area was described as “extremely difficult”, and most of the responses were rated as “somewhat difficult”. All grantees reported difficulty with aligning policies and practices with child care partners. Almost three-quarters of the respondents had difficulty establishing partnerships with child care providers, and exchanging information with community partners regarding need for child care to complete annual community assessments. One grantee commented, *“Partnerships with local child care providers is always difficult. Head Start requirements can be burdensome and high quality standards are not always met, which has been problematic. Low pay in the field is also a problem.”*

Over half of the grantees reported having no difficulty assisting families to access full-day, full-year services; one grantee commented, *“I think it is vital that programs consider serving families full day / full year.”*

**Table 15. Degree of difficulty with child care-related activities\***

Activity	Extremely difficult	Difficult	Somewhat difficult	Not at all difficult	N	Mean
Establishing linkages/partnerships with child care providers	0	14.3	57.1	28.6	7	1.8
Assisting families to access full-day, full-year services	0	0	42.9	57.1	7	1.4
Aligning policies and practices with child care and other service providers	0	14.3	85.7	0	7	2.1
Sharing data/information on children that are served jointly (assessments, outcomes, etc.)	0	0	42.9	57.1	7	1.4
Exchanging information on roles/resources with other providers/networks/councils regarding child care and community needs assessment	0	14.3	57.1	28.6	7	1.9

Possible responses: 4 = extremely difficult; 3= difficult; 2 = somewhat difficult; 1=not at all difficult

### **FAMILY LITERACY SERVICES**

*“A key challenge is lack of resources for English Language Learner families. The Even Start grant in our area has been cut. This has left a hole in some aspects of our family literacy services as we used to coordinate services with several other organizations via Even Start. We still do some information exchange but not nearly the level of coordination and services.”*

*Survey respondent*

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

**Table 16** shows level of involvement with Family Literacy Service providers/organizations. This priority area has the most number of “no working relationship” responses— at least three grantees report no relationship with six different provider/organizations of family literacy services: Title 1 Family Literacy director, Even Start, English Language Learner services, reading readiness programs, and higher education programs related to family literacy. The highest level of involvement was with sources of funding and donations of books, museums, and parent-child literacy interactions. Higher mean scores indicated more involvement between grantees and providers/organizations of family literacy services.

**Table 16. Extent of involvement with family literacy providers/organizations\***

	No working relationship	Cooperation (exchange referrals)	Coordination (work together)	Collaboration (share resources/agreements)	N	Mean
DOE Title 1 Family Literacy Director	71.4	0	14.3	14.3	7	1.7
Even Start	57.1	14.3	0	14.3	6	1.7
Employment and Training programs	0	57.1	42.9	0	7	2.4
Adult Education	0	57.1	28.6	14.3	7	2.6
English Language Learner programs	42.9	42.9	14.3	0	7	1.7
Parent-child literacy interaction services	0	57.1	28.6	14.3	7	2.6
Parent education services	14.3	42.9	28.6	14.3	7	2.4
Public libraries	0	28.6	42.9	0	5	2.6
School libraries	14.3	42.9	0	14.3	6	2.1
Sources of funding for books	0	28.6	42.9	28.6	7	3.0
Museums	14.3	28.6	0	42.9	6	2.8
Reading readiness programs	42.9	14.3	0	14.3	5	1.7
Higher ed programs related to family literacy	42.9	0	14.3	14.3	5	2.0

Possible responses: 4 = collaboration; 3 = coordination; 2 = cooperation; 1 = no working relationship

**Table 17** shows the degree of difficulty in 7 activities related to Family Literacy services. Most activities were either somewhat or not at all difficult, despite the fact that many grantees have low levels of involvement with family literacy providers/organizations. In this area the most difficult activity was advocating for the needs of individuals with limited literacy skills in the social service system. Incorporating family literacy into Head Start program policies and

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

practices was not at all difficult for six of the seven Vermont grantees. Lower mean scores indicate less difficulty than do higher mean scores.

**Table 17. Ratings on the *degree of difficulty* for family literacy-related services**

Activity	Extremely Difficult	Difficult	Somewhat Difficult	Not at all difficult	N	Mean
Recruiting families to family literacy services	0	0	71.4	28.6	7	1.7
Educating others about the importance of family literacy	0	0	42.9	57.1	7	1.4
Establishing partnerships with key literacy providers and organizations	0	0	42.9	57.1	7	1.4
Incorporating family literacy into program policies and practices	0	0	14.3	85.7	7	1.1
Exchanging information with other providers/organizations regarding roles and resources related to family literacy	0	0	28.6	71.4	7	1.3
Advocating for the needs of individuals with limited literacy skills within the social service system	0	16.7	50	33.3	6	1.8

Possible responses: 4 = extremely difficult; 3= difficult; 2 = somewhat difficult; 1=not at all difficult

### SERVICES FOR CHILDREN WITH DISABILITIES

*“Staff turnover and shortages, philosophical differences, qualifications of staff in some areas, getting timely evaluations, LEAs that don't serve 3 year olds are ongoing difficulties. Sometimes plans are written without consulting all partners, and some expectations may be added without the other agency's knowledge.”*

*Survey respondent*

**Table 18** shows the level of involvement of Head Start with services for children with disabilities at the state and local levels. The highest level of involvement was with local Part B (Essential Early Education) providers; the lowest with higher education programs and services related to children with disabilities. These results demonstrate wide variation among the Head Start grantees regarding involvement with disabilities partners. Because these partners are based in local non-profit agencies, state agencies and departments, and individual Local Education Agencies, each grantee has multiple and complex partnerships to establish and maintain. One program commented, *“Services vary from district to district. (We) serve 16 supervisory unions, and we have signed agreements with Part C in each county”*.

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

**Table 18. Ratings on extent of involvement with services for children with disabilities\***

	No working relationship	Cooperation (exchange referrals)	Coordination (work together)	Collaboration (share resources/agreements)	N	Mean
VT DOE for Part B	14.3	14.3	28.6	42.9	7	3.0
Local Part B (EEE)	0	0	28.6	71.4	7	3.7
VT DOE for other disabilities services	28.6	42.9	14.3	14.3	7	2.1
State agency for Part C: CDD/FITP	42.9	14.3	14.3	28.6	7	2.3
Local Part C providers: FITP	14.3	42.9	14.3	28.6	7	2.6
Federally funded programs for families of children with disabilities	0	71.4	28.6	0	7	2.3
State funded programs for children with disabilities and their families	0	57.1	28.6	14.3	7	2.6
Higher ed programs related to children with disabilities	42.9	42.9	14.3	0	7	1.7
Non-Head Start councils/committees that address policy/program issues regarding children with disabilities	28.6	14.3	42.9	14.3	7	2.4

Possible responses: 4 = collaboration; 3 = coordination; 2 = cooperation; 1 = no working relationship

**Table 19** shows the degree of difficulty with activities related to children with disabilities. All seven grantees had difficulty with obtaining timely evaluations of children. The least difficult activity was exchanging information on roles and resources with other service providers. Activities with higher mean scores were more difficult than those with lower mean scores.

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

**Table 19. Degree of difficulty with activities related to serving children with disabilities\***

Activity	Extremely Difficult	Difficult	Somewhat Difficult	Not at all difficult	N	Mean
Obtaining timely evaluations of children	14.3	28.6	57.1	0	7	2.6
Having staff present at IEP or IFSP meetings	0	14.3	42.9	42.9	7	1.7
Coordinating services with Part C	0	14.3	71.4	14.3	7	2.0
Coordinating services with Part B	0	20	60	20	5	2.0
Sharing data/information on children served jointly (assessments, outcomes)	0	0	83.3	16.7	6	1.8
Exchanging information on roles/resources with other providers regarding services to children with disabilities	0	16.7	16.7	66.7	6	1.5

Possible responses: 4 = extremely difficult; 3= difficult; 2 = somewhat difficult; 1=not at all difficult

### COMMUNITY SERVICES

*“What works well is when our staff engages their local community for resources, such as inviting the local firefighter or police officer to come into the classroom, or going to their local library and working with their librarian on literacy activities.”*

*Survey respondent*

**Table 20** shows the extent of involvement between Head Start and a variety of community service providers and organizations. The highest level of involvement was with community providers of domestic violence treatment and prevention services; the lowest was with law enforcement. Some grantees reported no working relationship with organizations or providers of law enforcement, substance abuse treatment/prevention, private treatment/prevention resources, and emergency services.

**Table 20. Ratings on extent of involvement with community services\***

	No working relationship	Cooperation (exchange referrals)	Coordination (work together)	Collaboration (share resources/agreements)	N	Mean
Law enforcement	57.1	14.3	28.6	0	7	1.7
Providers of substance abuse treatment and/or prevention	28.6	28.6	42.9	0	7	2.1
Providers of child abuse treatment and/or prevention	0	28.6	71.4	0	7	2.7

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

Providers of domestic violence treatment and/or prevention	0	28.6	57.1	14.3	7	2.9
Private resources geared toward prevention/treatment (faith-based; business, foundations, etc.)	42.9	28.6	28.6	0	7	1.9
Emergency services	28.6	28.6	28.6	0	6	2.0

Possible responses: 4 = collaboration; 3 = coordination; 2 = cooperation; 1 = no working relationship

**Table 21** shows the degree of difficulty grantees have with community services-related activities. All seven activities ranged between somewhat difficult or not at all difficult, and there were no activities rated as extremely difficult by any Head Start program. The three least difficult activities were partnering on outreach to families, obtaining in-kind services for children and families, and exchanging information.

**Table 21. Ratings on the degree of difficulty with community service-related activities\***

Activity	Extremely Difficult	Difficult	Somewhat Difficult	Not at all difficult	N	Mean
Establishing linkages with law enforcement agencies	0	28.6	28.6	42.9	7	1.9
Establishing linkages with public resources for treatment/prevention	0	0	42.9	57.1	7	1.4
Establishing linkages with private resources for treatment/prevention	0	0	83.3	16.7	6	1.9
Partnering with providers on outreach to eligible families	0	0	42.9	57.1	7	1.4
Obtaining in-kind services for children and families	0	0	42.9	57.1	7	1.4
Sharing data/information on children served jointly by Head Start and treatment/prevention agencies	0	0	57.1	42.9	7	1.6
Exchanging information on roles/resources regarding community services	0	0	42.9	57.1	7	1.4

Possible responses: 4 = extremely difficult; 3= difficult; 2 = somewhat difficult; 1=not at all difficult

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

**EDUCATION: A) PARTNERSHIPS WITH LOCAL EDUCATION AGENCIES: PRE-K**

*“Some LEA’s are a challenge to work with in that they do not offer the minimum required number of HS hours for classroom operation.”*

*“(There is some) general lack of awareness by LEA’s about early childhood education and the importance of early services, seriously.”*

*Survey respondents*

**Table 22** shows the extent of involvement between Head Start and local education agencies responsible for managing publicly funded preschool programs, demonstrated by a memorandum of understanding (MOU). The Head Start Act of 2007 requires grantees to have MOUs with all LEAs that offer publicly funded preschool. Higher mean scores indicate greater involvement than do lower mean scores.

**Table 22. Ratings on extent of involvement with LEAs for publicly funded pre-k\***

	No working relationship	Cooperation (exchange referrals)	Coordination (work together)	Collaboration (share resources/agreements)	N	Mean
Memorandum of understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area; includes plans to coordinate activities as described in section 642(e) (5) of the Head Start Act.	0	28.6	28.6	42.9	7	3.1

*Possible responses: 4 = collaboration; 3 = coordination; 2 = cooperation; 1 = no working relationship*

**Table 23** shows the degree of difficulty Head Start grantees have with each of ten required elements of the MOU with publicly-funded pre-k entities/LEAs. Service areas and use of facilities and transportation were rated as extremely difficult by one grantee; overall, the two most difficult activities were meeting the needs of working families, and use of facilities and transportation. The least difficult activity was information dissemination and access for families contacting Head Start or other preschool programs. One grantee has no publicly funded pre-k in its service area, hence for this question the n = 6 instead of 7.

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

**Table 23. Ratings on the degree of difficulty with elements of MOUs with entities providing publicly funded pre-k\***

Activity	Extremely Difficult	Difficult	Somewhat Difficult	Not at all difficult	N	Mean
Educational activities, curricular objectives, and instruction	0	0	50	50	6	1.5
Information dissemination and access for families contacting Head Start and pre-k	0	0	33.3	66.7	6	1.3
Selection priorities for eligible children	0	0	66.7	33.3	6	1.7
Service areas	16.7	0	16.7	66.7	6	1.7
Staff training, including opportunities for joint training	0	0	50	50	6	1.5
Program technical assistance	0	0	50	50	6	1.5
Provision of services to meet the needs of working families	0	33.3	66.7	0	6	2.3
Communication and parent outreach for transition to kindergarten	0	16.7	33.3	50	6	1.7
Provision and use of facilities, transportation, etc.	16.7	16.7	50	16.7	6	2.3
Other elements mutually agreed upon	0	0	80	20	6	1.8

Possible responses: 4 = extremely difficult; 3= difficult; 2 = somewhat difficult; 1=not at all difficult

### EDUCATION: B) TRANSITION AND ALIGNMENT WITH K-12

- *“We have a transition plan for HS- although the school district doesn't always want to be part of it. While we share our trainings, they do not always return the favor. Educating some public school personnel about the importance of transitioning children from HS to kindergarten has been a slow process in some areas.”*
- *“Due to larger class sizes in the public schools, not all Head Start children and families are successful when they transition to the public school system.”*
- *“Early Learning Standards have been remarkably helpful in this area-especially by providing a level of integrity on par with (K-12) Vermont Learning Standards-a document recognized by LEA staff.”*
- *“(They are) very strong where HS has collaborative classroom in the LEA. A consistent transition system is needed to support FITP to EEE transitions and HS to PreK or K transitions. An umbrella agreement as a model for both LEAs, HS and FITP?”*

*Survey respondents*

**Table 24** shows extent of involvement between Head Start grantees and LEAs pertaining to transition and alignment with the K-12 system. No grantees reported no working relationship; all fell somewhere between cooperation and collaboration.

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

**Table 24. Ratings on extent of involvement with LEAs on transition to kindergarten\***

	No working relationship	Cooperation (exchange referrals)	Coordination (work together)	Collaboration (share resources/agreements)	N	Mean
Relationship with LEAs re: transition from Head Start to kindergarten	0	42.9	28.6	28.6	7	2.9

Possible responses: 4 = collaboration; 3 = coordination; 2 = cooperation; 1 = no working relationship

**Table 25** shows the degree of difficulty grantees have with each of 16 transition- and alignment-related activities. Consistent with the question about MOUs, the most difficult activity for grantees involved coordinating transportation with LEAs. The least difficult activity was aligning Head Start curricula with state early learning standards, and coordinating the transfer of Head Start records to the child’s school placement. Aligning curricula and assessment practices received ratings in all categories from extremely difficult to not at all difficult. Because Vermont’s pre-k rules require collecting data on child progress via one of two approved assessment tools, some grantees have had difficulty reaching agreement with their LEA on which of the two tools they will use. The following comment illustrates this difficulty. *“The Act 62 / ADM rules regarding use of Work Sampling OR Creative Curriculum is quickly proving to be a nightmare. We need the state to select 1 (one) assessment tool (NOT 2) so that all parties are using the same system and we can have meaningful data and avoid duplication and massive waste of effort.”*

**Table 25. Ratings on the degree of difficulty with transition- and alignment-related activities\***

Activity	Extremely Difficult	Difficult	Somewhat Difficult	Not at all difficult	N	Mean
Coordinating with LEAs to implement systematic procedures to transfer Head Start records to school	0	0	42.9	57.1	7	1.4
Ongoing communication with LEAs to facilitate coordination of programs (teachers, social workers, McKinney-Vento liaisons, etc.)	0	14.3	42.9	42.9	7	1.7
Establishing and implementing comprehensive transition policies and procedures with LEAs	28.6	14.3	14.3	42.9	7	2.3
Linking LEA and Head Start services related to language, literacy, and numeracy	14.3	0	28.6	57.1	7	1.7
Aligning LEA and Head Start curricula and assessments with HS Child Outcomes Framework	14.3	14.3	42.9	28.6	7	2.1

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

Aligning Head Start curricula with state early learning standards	0	0	0	100	7	1.0
Partnering with LEAs and families to assist individual children/families to transition to school, including records	0	28.6	28.6	42.9	7	1.9
Coordination of transportation	50	33.3	16.7	0	6	3.3
Coordinating shared use of facilities	0	28.6	28.6	42.9	7	2.4
Coordinating other support services for children and families	14.3	14.3	57.1	14.3	7	2.3
Conducting joint outreach to parents and LEAs to discuss needs of children entering kindergarten	0	28.6	42.9	28.6	7	2.0
Engaging with LEAs to establish policies and procedures that support transition to school	14.3	0	42.9	42.9	7	1.9
Helping parents with limited English-proficient children understand instructional and other school information and services	0	28.6	71.4	0	7	2.3
Exchanging information on roles, resources, and regulations	0	28.6	14.3	57.1	7	1.7
Aligning curricula and assessment practices with LEAs	14.3	28.6	28.6	28.6	7	2.3
Organizing and participating in joint training, including transition-related training for school and Head Start staff	0	28.6	42.9	28.6	7	2.0

Possible responses: 4 = extremely difficult; 3= difficult; 2 = somewhat difficult; 1=not at all difficult

## PROFESSIONAL DEVELOPMENT

- *“No state school in our region offers a bachelor's degree in early childhood education. This is a MAJOR PROBLEM. We desperately need Johnson State College to offer a bachelor's degree in early childhood education.”*
- *“These are working well: creating professional development plans, offering a variety of trainings and workshops, and providing information to staff about info and access to outside trainings on a regular basis.”*

*Survey respondents*

**Table 26** shows the extent of involvement with providers and organizations of state and local professional development. Highest level of involvement was with the Head Start Training and Technical Assistance (T/TA) network (mean=3.3), and the lowest was with on-line courses and programs (mean=1.7). Most of the responses in this priority area indicated cooperation was the level of involvement between Head Start and providers of staff professional development. One

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

grantee reported no relationship with Northern Lights Career Development Center, a close Vermont HSSCO partner.

**Table 26. Ratings on extent of involvement with professional development\***

	No working relationship	Cooperation (exchange referrals)	Coordination (work together)	Collaboration (share resources/agreements)	N	Mean
Institutions of higher education—4-year	0	71.4	14.3	14.3	7	2.4
Institutions of higher education—2-year	0	71.4	28.6	0	7	2.3
On-line courses and programs	42.9	28.6	14.3	0	6	1.7
Child care resource development specialists	0	57.1	42.9	0	7	2.4
Head Start T/TA network	0	0	71.4	28.6	7	3.3
Other T/TA networks	0	42.9	42.9	14.3	7	2.7
Service providers that offer professional development and technical assistance	0	71.4	28.6	0	7	2.3
Northern Lights Career Development Center	14.3	42.9	42.9	0	7	2.3

*Possible responses: 4 = collaboration; 3 = coordination; 2 = cooperation; 1 = no working relationship*

**Table 27** shows the degree of difficulty Head Start has with professional development-related activities. The most difficult activity was accessing early childhood degree programs within the community; the least difficult activities were accessing T/TA opportunities in the community, having equipment and internet connections to access on-line professional development, and exchanging information on roles and resources. Access to on-line learning opportunities was something Head Start reported low involvement, but having the connections and equipment isn't a problem for all but one grantee. Because of vast differences in technology capacity in this rural state, many communities still rely on dial-up for their internet access.

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

**Table 27. Ratings on degree of difficulty with professional development-related activities\***

<b>Activity</b>	<b>Extremely Difficult</b>	<b>Difficult</b>	<b>Somewhat Difficult</b>	<b>Not at all difficult</b>	<b>N</b>	<b>Mean</b>
Transferring credits between institutions of higher education	0	33.3	66.7	0	6	2.3
Accessing early childhood education degree programs in the community	42.9	0	57.1	0	7	2.9
Accessing teacher licensure programs in the community	28.6	14.3	14.3	42.9	7	2.3
Accessing T/TA opportunities in the community	0	0	42.9	57.1	7	1.4
Accessing scholarships and other financial support for professional development programs/activities	0	28.6	42.9	28.6	7	2.0
Staff release time to attend professional development activities	0	28.6	14.3	57.1	7	1.7
Accessing on-line professional development opportunities (equipment, Internet connection)	0	14.3	14.3	71.4	7	1.4
Exchanging information on role/resources with other providers and organizations regarding professional development	0	14.3	14.3	71.4	7	1.4

*Possible responses: 4 = extremely difficult; 3= difficult; 2 = somewhat difficult; 1=not at all difficult*

\* Higher mean scores indicate higher levels of involvement or more difficulty than do lower mean scores

## IV. Summary and Implications

The results of this needs assessment inform the future direction and strategic planning of the Vermont Head Start State Collaboration Office “to facilitate collaboration among Head Start agencies (including Early Head Start agencies) and entities that carry out activities designed to benefit low-income children from birth to school entry, and their families” (Head Start Act of 2007).

No survey is perfect. Data can tell many stories, and depends on a thoughtful analysis and interpretation to understand which story is being told. This first needs assessment of Head Start collaboration and coordination in Vermont tells a story about strong and less-strong partnerships, difficult and less-difficult activities, and potential areas in which to focus efforts on assisting Head Start grantees to fulfill the mission of Head Start:

*...to promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families.*

When the Head Start grantees reported little difficulty with persistent and tough challenges, it appeared to be due to the effectiveness of internal policies, procedures, and practices. While the data showed a relatively low level of involvement with services to children experiencing homelessness, and family literacy services overall, the level of difficulty for Head Start in these areas was also fairly low. This could be explained by the fact that many of the activities were ones that rely on internal policies rather than community partnerships or alignment of policies with other organizations and providers.

The needs assessment highlights that the areas for improvement are the ones Head Start is less involved in and at the same time, are most difficult. Some areas with low involvement are not difficult; for now that is not a target for attention. Some areas are difficult and have high involvement; strategies for making more effective use of partnerships and collaboration may alleviate difficulties. This report highlights the areas that could benefit from increased involvement with the assumption that more collaboration will lessen the difficulties with services and activities. The following paragraphs illustrate the areas of least involvement, greatest difficulty, and recommendations for future planning.

### **Involvement**

The data show that Head Start has low levels of involvement with the following aspects of key priority areas (see Table 4 for the complete list):

- McKinney-Vento liaisons in schools
- Title 1 Directors
- Other nutrition services (not WIC)
- Community health centers

- English language learner programs
- Law enforcement
- On-line courses and programs for professional development
- Children's fitness and obesity prevention programs
- Emergency services

### **Difficulty**

The data show that Head Start has the most difficulty with the following aspects of key priority areas (see Table 7 for the complete list):

- Coordinating transportation with LEAs
- Sharing data/information with health-related services on children enrolled in Head Start
- Obtaining timely evaluations of children suspected of having delays or disabilities
- Engaging with community partners providing services to children experiencing homelessness for cross-training and planning purposes
- MOUs with pre-k partners that prioritize enrollment for children experiencing homelessness
- Helping families get transportation to medical appointments

Because of overall public safety and public health concerns, Head Start's relatively low level of involvement with law enforcement, and emergency services like Red Cross, or the state/local emergency management agencies is something to pay attention to. This fell under the category of community services, but is just as relevant in the area of public health.

### **Highest involvement category requiring continued effort**

The provider/organization with the highest involvement rating was parent health education providers. The survey question included the prompt, "*i.e., Tooth Tutors...*" and received a mean score of 3.9. Similarly, the activities related to oral health in the health care priority area received relatively low ratings (low ratings indicate less difficulty). The success of the Tooth Tutor initiative, a cornerstone of the Vermont Head Start Oral Health Grant activities, may explain these ratings. With the funding for this initiative nearing an end, Head Start will have to look to other ways to support oral health activities and parent health education, or find funds to sustain the initiative.

### **Areas where strengthening relationships hold the most promise for promoting child and family development**

- Increased involvement with key individuals in LEAs, the Vermont Department of Education, and area homeless agencies in assuring that young children's learning and development needs are met
- Increased identification and involvement with nutrition and food security, obesity prevention, and children's fitness programs
- Increased knowledge of and partnership with professional development resources, such as Northern Lights Career Development Center, higher education institutions, local child care and LEA-based training and staff development, and cross-training with social service providers and organizations

- Developing MOUs with each LEA providing publicly-funded pre-k services
- Emergency services
- Law enforcement

**Areas where difficulties in accessing activities need to be addressed through involvement at the state or local level**

- Timely evaluations of children suspected of having delays or disabilities
- Transportation to schools and medical appointments
- Assisting parents with limited English ability to communicate with LEAs for smooth transitions to kindergarten
- Working together with LEAs and community pre-k providers to prioritize children experiencing homelessness for enrollment
- Working with welfare systems to encourage joint outreach and enrollment
- Aligning curricula and assessment practices with LEAs

## **Attachments**

Attachment A: Vermont Head Start Needs Assessment 2008/2009 Survey

Attachment B: November 2008 VHSA minutes of needs assessment preliminary results