



**2018 Needs Assessment and
2018–2021 Strategic Plan**

OCTOBER 1, 2018

**Kansas Head Start
Collaboration Office**

Kansas Head Start Collaboration Office

Kimberly Kennedy

Director
Kansas Department for Children
and Families
Kimberly.Kennedy@ks.gov

555 S. Kansas Avenue
Topeka, KS 66603
Phone: (785) 368-6354

Table of Contents

Executive Summary	2
Background	5
Head Start in Kansas	5
Head Start Collaboration Office	5
2017 Annual Needs Assessment	9
2017 Strategic Plan Year in Review	23
2017 – 2021 Strategic Plan	32
Appendix	40
2017 Needs Assessment Survey Responses	40

Executive Summary

Alone we can do so little; together we can do so much.

—Helen Keller



Collaborate

Purpose

As part of the grant awarded to the Kansas Head Start Collaboration Office (HSCO) by the Administration of Children and Families (ACF), HSCO is required to conduct an annual needs assessment to identify the gaps in collaboration among Head Start (HS) and Early Head Start (EHS) agencies, their partners, and other service providers. In 2018, HSCO contracted with WordCraft, LLC to create an assessment instrument and analyze the survey results.

Methodology

Following the trajectory established by the 2016 and 2017 assessments, which were more qualitative in nature than the previous two years, the 2018 assessment featured a number of open-ended questions. Such questions allow respondents the opportunity to craft answers specific to their site/program. To increase the survey's response rate, the 2018 assessment balanced those qualitative options with several quick-answer questions (so that the instrument would not appear onerous to respondents). Thus, the 2018 instrument offers a balance of qualitative and quantitative responses (See Appendix for a full list of survey questions and responses.)

All Head Start grantees in Kansas were invited to participate in the survey, and 19 programs responded, which is up from 16 in 2017. Survey findings from all respondents were aggregated and compiled for this needs assessment summary report. The following is a summary of the major themes that emerged from the data, organized by priority area.

Overall Findings

Responses to the 2018 needs assessment reveal the challenges faced by program directors when collaborating with child care providers, and Local Education Agencies (LEAs), and when providing specialized services to young children and their families. Based on these responses, this report suggests appropriate areas of focus for the KHSCO in the following year, to assist the program directors in addressing these challenges. These areas of focus are as follows:

- Facilitate partnership with HS/EHS programs and child care providers by identifying and sharing resources that increase program capacity. The KHSCO will continue to coordinate with child care providers to exchange information and resources.
- Identify professional development resources for HS/EHS programs directors to use with staff and child care providers. The KHSCO can facilitate partnership with organizations that provide professional development and facilitate joint training or cross training opportunities.

- Coordinate between HS/EHS program directors, child care providers and LEAs to provide examples of strong partnerships between LEAs and HS programs.
- Provide information/resources for Health Care, Dental, and Mental Health.
- Build partnerships between HS/EHS programs and community services providers, specifically those that provide in-kind community services, literacy services, and family engagement.

Background

Head Start in Kansas

Head Start provides comprehensive services to young children and their families. Using a whole child approach, Head Start programs focus on building relationships, improving opportunities for the families of enrolled children, and increasing an enrolled child's readiness for school.

According to the 2017 Program Information Report (PIR), Kansas has 49 programs, including 2 Native American Head Start Programs and 2 Native American Early Head Start Programs. Over all there are 29 that provide Head Start services and 20 that provide Early Head Start services. In the state of Kansas, 6,796 children are served by Head Start and 3,760 children are served by Early Head Start. The entities that provide Head Start and Early Head Start services consist of Community Action agencies, Unified School Districts, and private or public non-profit organizations.

What is the Head Start Collaboration Office?

Established by the 2007 Head Start Act, Head Start Collaboration Offices (KHSCO) exist "to facilitate collaboration among Head Start agencies...and entities that carry out activities designed to benefit low-income children from birth to school entry, and their families."

ACF awards Head Start collaboration grants to support the development of multi-agency and public and private partnerships at the state and national levels.

These partnerships are intended to:

- Assist in building early childhood systems
- Provide access to comprehensive services and support for all low-income children
- 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 low-income families

How does the Collaboration Office accomplish its work?

With the shared commitment to improving the lives of young children and their families through better collaboration between Head Start, state governments and agencies, Head Start Associations, and local communities, the role of the KHSCO is to build relationships to create an integrated early childhood system. To reach that goal, the federal government authorizes the KHSCO to perform certain duties. These include (1) providing support for activities in the KHSCO priority areas and (2) contracting with relevant non-profit organizations.

In Kansas, the KHSCO is located within the Department for Children and Families (DCF) – the state’s child welfare agency. Built upon the fundamental premise that “strong families make a strong Kansas,” DCF supports KHSCO efforts to promote better linkages between Head Start and other child and family agencies that provide health, mental health, family, and special needs services to children and families in Kansas. Given the KHSCO’s knowledge of the unique characteristics of Kansas, the KHSCO coordinates and leads efforts for Head Start, state governments and agencies, Head Start Associations, and local communities to work together through:

- Communication
 - Attending stakeholder groups for information sharing, planning, and partnering
 - Serving as a conduit of information between regional offices, the 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

What are the priorities of the Collaboration Office?

To leverage common interests around young children and their families, Head Start Collaboration

Offices provide a structure and a process for the Office of Head Start (OHS) to work and partner with State agencies and local entities. OHS has established national priorities that guide Head Start Collaboration Office's work. These priority areas include:

- Partnering with state child care systems emphasizing the Early Head Start–Child Care (EHS-CC) Partnership Initiatives
- Working with state efforts to collect data regarding early childhood programs and child outcomes
- Supporting the expansion and access of high quality, workforce and career development opportunities for staff
- Collaborating with State Quality Rating Improvement Systems (QRIS)
- Working with state school systems to ensure continuity between Head Start and Kindergarten Entrance Assessment (KEA)

Other priority areas of focus on regional level may include:

- Services to Children Experiencing Homelessness
- Services to Children with Disabilities
- Health Services
- Child Welfare
- Parent and Family Engagement
- Community Services
- Military Families

2018 Annual Needs Assessment

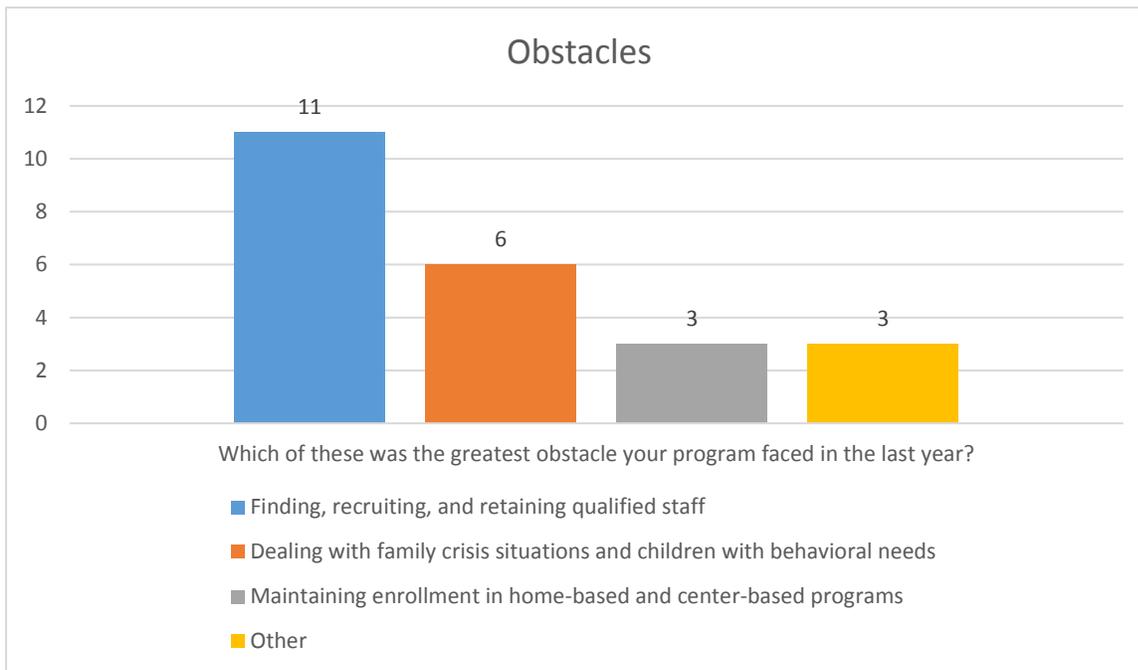
Guided by its five-year strategic plan, the KHSCO works to address the needs identified in each year's needs assessment. This year's report analyzes the findings from the 2018 survey. (See the Appendix for a full list of survey questions and responses.)

2018 Findings

A total of 23 responses were received from 19 programs (out of 27), at least in part, to the 2018 KHSCO Needs Assessment Survey (the Survey). Their responses cover a wide range of both accomplishments and challenges that programs in Kansas face. Those challenges and accomplishments are summarized below.

Challenges

Asking programs to report on the challenges they face in serving children and families can provide important insights into opportunities for improvement or strengthening. Given the following options, programs selected their greatest challenge for 2017-18:



(Responses under “Other” included immigration concerns and challenges with navigating the childcare subsidy system.)

Accomplishments

All 23 respondents were able to provide multiple examples of achievements that had occurred in the last year of which they were proud. The Top 10 Accomplishments for these HS programs were:

1. Expansion to full-day services
2. Tangible data that show student gains
3. Stability in staffing/less key staff turnover
4. Increased parent involvement
5. Full program enrollment
6. Expanded engagement in the community

7. Successful completion of program review
8. Increased collaboration with the school district
9. Increased teacher education
10. Increased family service offerings

Support for Professional Development

No immediate patterns emerged in the current Professional Development offerings used by the respondents. Each program has the latitude to select the Professional Development most useful for their staff and their student population, so a significant number of options were listed.

These programs received mention by more than one respondent:

- Conscious Discipline
- Trauma-Informed training
- Skill Path
- WIPFLI
- HS University
- The Family Conservancy training
- TS Gold
- KCCTO

(Additional information about the Professional Development utilized by survey respondents will be provided in the Appendix.)

Future Professional Development: When asked about Professional Development for

their staff, the needs that emerged fell into three overarching categories: 1) skills for

coping with the

challenges presented by

the Head Start

population, 2) more

training on the

curriculum in use in the

program, and 3) more

training on effective program administration. By far, the greatest number of responses

were for increased training to address the challenges of HS students—social-emotional,

behavioral, and trauma-informed. Programs also asked for more training in the use of

their curriculum, so that teachers could implement with better fidelity. Finally, many

program administration categories were mentioned, to include effective

supervision/coaching, fiscal management, and time management.



Collaboration with State School Systems

All 23 respondents report that they work with their

local school district(s) (LEA). The nature of those

relationships appears to vary from loosely to tightly coupled, based on their responses.

- **Special Education Services:** When asked about positive relationships with their LEA, the most common response centered around special education services. A number of respondents could point to close and positive relationships to ensure that HS children receive the early intervention services they need.

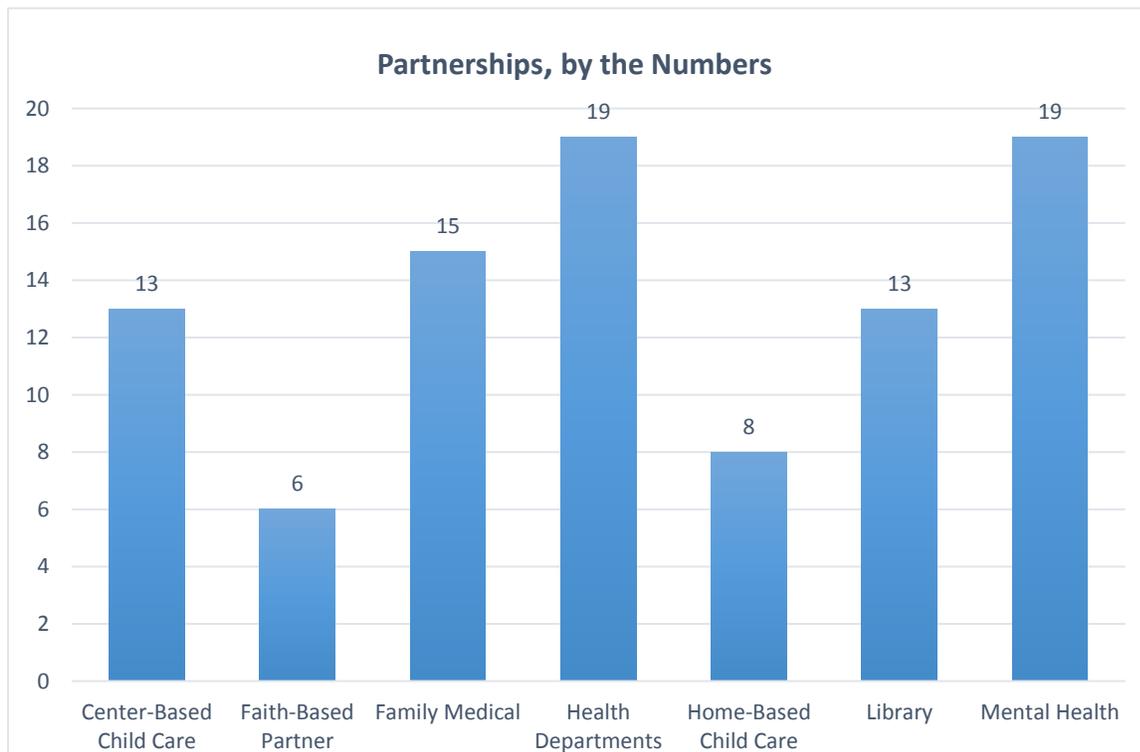
- Space: Other participants noted that they have at least one classroom in the LEA (if not their entire program).
- Grantee: For some participants, the LEA is the grant recipient, so a close working relationship is critical to the success of their programs.
- Other Collaborations: Two programs specifically pointed to coordinated transitioning of children out of HS and into Kindergarten as a successful collaboration. Two others mentioned that their children and families are actively included in LEA activities, much like K-12 students. Part B and Part C services were also mentioned as a successful collaboration.

Programs were also asked to comment on challenges associated with their LEA collaborations. Those challenges fell into four categories:

- Communication—with classroom teachers and with school administrators—can be challenging. Similarly, finding time to meet/communication is a challenge.
- Some programs perceive their LEA partners as not placing enough value on early childhood education.
- Often, there are more children than HS slots, which can create tension between HS and LEAs.
- While some HS programs had noted the transition process to Kindergarten as a positive, others noted that their parents struggled with the transition, particularly in establishing relationships with teachers.

Community Partnerships

Survey respondents stated that they have established a wide variety of community partnerships, to include other child care providers, health care providers, and learning partners. Some centers have also established partnerships with universities, museums, and local/state governmental resources (extension offices, foster care services, the fire department). The number and variety of partnerships created by Kansas HS programs would indicate significant levels of connections to the services available in their community, as well as an earnest effort to connect their families to services that could be of most benefit.



Successes: Respondents were able to list numerous examples of successful partnerships over the past year. In general, community partners are either providing 1) their expertise at no cost to the HS families, 2) supportive/enrichment services to families, and/or 3) expedited access to critical services. These examples highlight the nature of successful partnerships:

- A child needed a mental health referral and was seen by a partner the next day.
- A dental partner provided free screenings and cleanings to every child in the program.
- A church partner provided free care and activities for children so parents could have a night out.
- A school district partner has made the process of requesting and receiving special education services quick and easy.

These types of services—small and large—can make a real difference in providing high-quality services to HS children and their families.

Challenges: Working with community partners does bring with it certain challenges. In 2017-18, those challenges generally fell into 4 overarching categories:

- Lack of time to engage in HS activities/serve on the Advisory Board.
- Lack of understanding regarding the challenges of HS families.
- Lack of understanding regarding the HS regulations and requirements.
- Lack of funding to commit further to the HS program and its families.

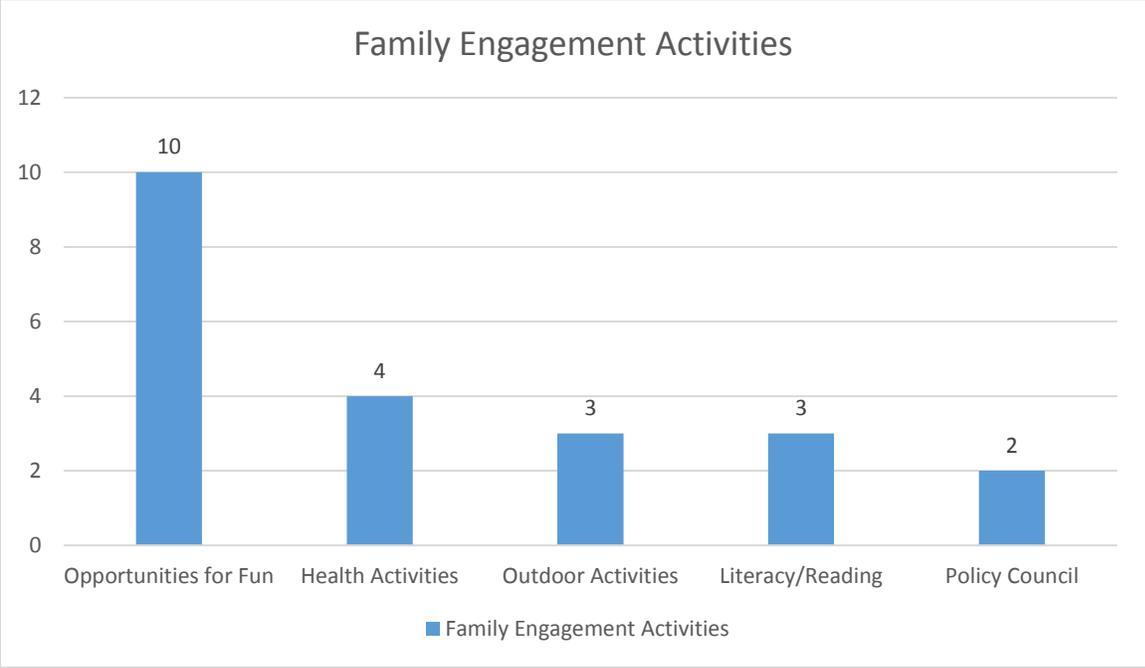
None of these categories are particularly surprising, but they might provide opportunities for training/professional development with community partners in 2018-19. Such training might alleviate any disconnect between program and partner.

Childcare Provider Partners: Of the 23 respondents, 13 state that they partner with one or more center-based childcare providers in their communities, and 7 state that they partner with one or more home-based childcare providers in their communities.

Family Engagement

Respondents shared several activities they do specifically to promote family engagement. Their activities run the gamut of highly organized and learning-based classes to opportunities for families to gather and have fun together. These activities include, but are not limited to:

- Healthy Eating activities
- Family dance
- Take home activities for families
- Family Fun Nights to provide parent education opportunities
- Participation on Policy Councils
- Family Reading/Literacy events
- Home visits to discuss transition to Kindergarten
- Sharing assessment results with parents to encourage connection to the educational process



It should be noted that, while the events categorized as “for fun” were primarily about opportunities for positive family engagement, the majority still had some learning component for both children and families.



Father-Specific Programming:

When asked, 14 of 23 respondents could describe activities they provide that include Fathers. However, only 9 of the 14 responses were about events that were *specifically* designed to

engage fathers. The rest of the activities were for the entire family, or, as one respondent stated, “All our events are inclusive.”

Of the events that were designed to specifically engage fathers, about half were father-only events (e.g., Fatherhood Café), while the other half were father-child events (e.g., Superhero Day). Some of these offerings include:

- Fishing
- End of Year Pow-Wow (fathers do the drumming)
- Big Truck Night
- Farm Field Trip

As a final note, two respondents specifically stated that father-focused activities are an area where they could use to improve (while another eight chose not to respond at all). These factors could indicate that topic of father-focused activities may well be one to monitor in future surveys.

Final Thoughts

Respondents were asked to complete a list of three wishes for their programs. Their responses serve as a fitting conclusion to the 2017-18 Needs Assessment, as they cover a wide range of opportunities to grow and improve HS offerings in Kansas. Topics that rise to the top of the list include: higher teacher salaries, retention and recruitment of qualified staff, and more access to mental health services.



Wish List:

- Funding & Teachers: Predictably, the desire for more funding (and concomitantly, more staff) tops the list of wishes expressed by respondents. Funding to increase staff wages was the funding wish most often expressed, but other responses included a wish for “never-ending funding” and for “expansion money.” The desire to retain quality instructors most likely also has its roots in funding.
- Mental Health: new to the list this year is a desire for improved mental health offerings associate with HS. Some respondents want better mental health professional development for their staff; others want increased access to mental health services in their community.

- Longer service days/years: While many programs mentioned in their list of accomplishments for the year that they had moved to all-day/year-round programs, others are still hoping to provide extended service time to their students.
- Space: A desire for new, improved, and/or larger space arose as a request of the respondents. Some would like to make improvements to their existing facility, while others would prefer a new building with more usable space and the opportunity to consolidate services.
- Staff Training: The desire for more staff training was often tied to the need for increased funds—to pay for the training, to bring in subs, etc.
- More Students: A final category that emerged with three respondents, but is likely inherent in many other themes, is the wish to serve more students. Respondents would like full programs, with students who stay with the program and receive services as long as possible. In such a way, these HS programs could provide the most benefit to the largest number of students and families.

CONCLUSION

Based on the 2018 Needs Assessment data, ongoing areas of needs regarding the federal and regional priority areas were identified, and strategies for addressing those needs are listed:

Coordination between Head Start and Local Education Agencies (LEA)

Kindergarten transition is a federal priority, and will be a focus of KHSCO efforts in the coming years. Successful efforts to improve these services include:

- Development of, and access to resources that assist programs in establishing and implementing comprehensive transition and policies and procedures with LEAs; and
- Facilitation of joint trainings, including transition-related trainings for school and HS staff

Support for Professional Development

The expansion of high-quality career development opportunities is a federal priority. In Kansas, improved partnerships and access to resources are needed. Successful efforts to improve these services include:

- Providing access to Information on roles and resources regarding professional development;
- Partnering to increase access to early childhood degree programs in the community; and

- Facilitating expanded opportunities for staff to participate in professional development

Providing resources to increase program capacity.

Resources to support the increase of program capacity include:

- Facilitate partnership with HS/EHS programs and child care providers by identifying and sharing resources that increase program capacity. The KHSCO will continue to coordinate with child care providers to exchange information and resources.
- Coordinate between HS/EHS program directors, child care providers and LEAs to provide examples of strong partnerships between LEAs and HS programs.
- Provide information/resources for Health Care, Dental, and Mental Health.

2018 STRATEGIC PLAN YEAR IN REVIEW

Since the 2016 Needs Assessment, the KHSCO has been actively engaged in addressing identified areas of need as indicated in the 2016-2021 Strategic Plan. Below is an overview of efforts in 2018 with reference to the strategic plan goals that have been addressed.

Homelessness

Activity Involvement: As part of the Child Care Development Fund (CCDF) State Plan to provide outreach to homeless families, the KHSCO developed an Early Childhood Services Resource Guide. These services include finding child care or a preschool program and how parents can identify a quality program. Information is sent annually in September as an email blast to the food distribution sites, soup kitchens, homeless shelters, and health departments in the state.

Long Range Goal #2; Process Goal 2; Short Term Objective 1; Outcome 1

Activity Involvement: *McKinney-Vento and Head Start – Ensuring Access to Early Education* was a 1-page resource guide developed by the KHSCO. This resource guide was sent electronically to the Head Start and Early Head Start grantees across the state. In addition, it has been posted on the DCF website. This resource guide was designed to provide information on where the McKinney-Vento Programs are located in Kansas and how to contact a local McKinney-Vento liaison. The purpose of this

document is to promote better communication and coordination between Head Start and the local school districts.

Long Range Goal #2; Process Goal 2; Short Term Objective 1; Outcome 1

Child Welfare &
State Child Care Systems

Activity Involvement: The KHSCO participates in quarterly meetings for the state of Kansas funded Early Head Start programs (KEHS). In addition, the KHSCO is part of the CCDF Child Care unit and participates in weekly meetings and is involved in the development of the CCDF State Plan. The KHSCO also provides input into the development of the Temporary Assistance for Needy Families (TANF) State Plan.

Long Range Goal #2; Process Goal 4; Short Term Objective 1; Outcome 2

Activity Involvement: KHSCO, DCF Prevention & Protection Services (PPS) and DCF Economic and Employment Services (EES) have a long-standing agreement with HS/EHS grantees. This agreement allows the KHSCO to provide reports to send quarterly to Head Start programs for recruiting purposes. These reports include lists of families who receive SNAP, TANF or Child Care Subsidy. Head Start programs have indicated that the lists have been helpful in recruiting.

Long Range Goal #2; Process Goals 2 & 4

Activity Involvement: The KHSCO has developed a document titled *Head Start and Early Head Start in Kansas- Supporting healthy development to give every Kansas child a chance to succeed*. The purpose of this document was to provide some brief facts about HS and EHS and where services may be accessed. This document was sent electronically to the HS and EHS directors to help promote HS and EHS services in their communities. This document is also located on the KHSCO page of the DCF website.

Long Range Goal #1; Process Goal 1; Short Term Objective 1; Outcomes 1

Activity Involvement: *Collaboration in Action – Examples of Successful Head Start Partnerships in 2017*, was another document that was developed by the KHSCO. This document was also designed to help promote HS and EHS services by featuring a combination of program highlights from across the state. This document was sent electronically to the HS and EHS programs and is posted on the KHSCO page of the DCF website. The information provided in this document was taken from the 2017 needs assessment and will be up-dated to provide program highlights from the 2018 needs assessment.

Long Range Goal #1; Process Goal 3; Short Term Objective 1; Outcomes 1

Early Head Start/ Child Care Partnerships

Activity Involvement: KHSCO participates in the Region VII monthly EHS-CC Partnership phone calls and quarterly DCF calls with EHS-CC Partnership grantee, The Family Conservancy (TFC). To help further promote the EHS-CC Partnerships the KHSCO developed a document titled *Partnering with Early Head Start – A Primer for Child Care Providers*. This document can be found on the KHSCO page of the DCF website.

Long Range Goal #1; Process Goal 3; Short Term Objective 1; Outcome 2

Professional Development Systems

Activity Involvement: DCF funds through a competitive grant for CCDF Quality Initiatives the following projects: Child Care Consumer Education Resource & Referral, Statewide Infant-Toddler Specialist Network, and the Early Childhood Workforce Development. The KHSCO is part of the CCDF Team and is actively involved in the grant selection process.

Long Range Goal #3; Process Goal 1; Short Term Objective 1; Outcome 1

Activity Involvement: In April of 2018, the State Agencies Early Childhood Leadership team held an Early Childhood Partner and Stakeholder meeting to discuss workforce issues that are impacting early childhood programs across Kansas. In addition to identifying challenges within recruiting and retaining a qualified early childhood workforce the group also shared strategies that have been found to be successful.

Participants were sent a follow-up survey after the meeting to consider what the next steps need to be in the workforce topic of discussion.

Long Range Goal #3; Process Goal 1; Short Term Objective 1; Outcome 3

QRIS Development

Activity Involvement: The DCF CCDF Team of which the KHSCO is a part of has initiated the task of developing a statewide network of resources named the Kansas Quality Network. The Kansas Quality Network (KQN) is a new website offered by the Kansas Department for Children and Families that directs child care providers, families and communities to resources available for the advancement, support and recognition of continuous quality improvement efforts in child care in Kansas. KQN provides information on child care assistance and other services available to children and families, including eligibility requirements for early childhood education programs. KQN supports parents with information about how to choose quality child care for their families that goes beyond health and safety and assists child care providers in enhancing their professional skills by providing professional development and other opportunities that will help provide better early-learning experiences for children. KQN can be found at: <http://ksqualitynetwork.org/>

Long Range Goal #2; Process Goal 1; Short Term Objective 1

Activity Involvement: The DCF CCDF Team has taken the lead of developing a child care Quality Rating Improvement System (QRIS). The KHSCO has been actively

involved in this work. The Kansas QRIS model has been named Links to Quality (L2Q) and is currently being piloted throughout the state. L2Q has been developed to be a system of recognition for early child care providers. This system will recognize, rather than rate, quality. L2Q has defined Quality Indicators in three topic areas: Program Leadership, Family Partnerships and Learning and Development. Each topic area contains benchmarks participants must meet to achieve a Quality Recognition Link. L2Q will use a portfolio to collect evidence to determine if participants have reached the benchmarks in each topic area. The pilot currently includes 30-40 providers across the state who agree to participate. The pilot project will extend over a two-year period to ensure all L2Q materials and procedures operate as planned.

Long Range Goal #3; Process Goals 2 & 4

Activity Involvement: To help further promote access to information regarding quality child care, the KHSCO developed a document titled *Finding Quality Child Care – A Step-by-Step Guide for Kansas Families*. This document was designed specifically for Head Start and Early Head Start programs to share with families who are needing child care. The document briefly highlights what to look for in quality child care and provides reference information to the Child Care Aware of Kansas Resource and Referral Network. This document can be found on the KHSCO page of the DCF website.

Long Range Goal #2; Process Goal 1; Short Term Objective 1; Outcome 1

Coordination with
State Systems

Activity Involvement: In the spring of 2018 Kansas launched Help Me Grow (HMG) in 3 Kansas counties; Montgomery, Geary and Ellis. HMG is a comprehensive, integrated statewide system that has been developed to address the need for early identification of children at risk for developmental and /or behavioral problems. The purpose of HMG is to improve access to existing resources and services for children and families. HMG achieves this by building on existing resources to assist communities in identifying vulnerable children and link families to community-based programs and services through four components: Child Health Care Provider Outreach, Family and Community Outreach, Centralized Access Point, and Ongoing Data Collection and Analysis. In April, the KSHCO become involved in this initiative by participating in quarterly work group meetings for each of the 4 core components of HMG.

Long Range Goal #1; Process Goal 2; Short Term Objective 1; Outcome 1

Long Range Goal #1; Process Goal 2; Short Term Objective 2; Outcome 1

Activity Involvement: DCF, Head Start Collaboration Office (KHSCO) and Kansas Head Start Association (KHSA) have participated on planning calls with KDHE and other state agencies involved in the project. Those Head Start (HS) and Early Head Start (EHS) programs that have a child care license through KDHE will be served through the new state fingerprint and background check system. However; there have been approximately 10 Head Start programs who indicated it would be cost prohibitive to become licensed through child care. These programs are school district grantees with the Head Start classrooms in the school building. The KHSCO initiated discussions

with the Kansas Bureau of Investigation (KBI) to address the needs of the school district grantees. Since KBI has a system in place to provide background checks for the school districts, it was agreed that the school district grantees could establish a Memorandum of Agreement (MOA) with KBI. This MOA would allow the school districts to utilize KBI to provide the background checks specifically for the Head Start staff within their school district.

Long Range Goal #3; Process Goal 2; Short Term Objective 1; Outcome 1

Children with Disabilities

Activity Involvement: The KHSCO regularly attends the State Inter-Agencies Coordinating Council (SICC) as an ex officio member. The council is responsible for advising and assisting the Kansas governor and legislature on matters that impact Kansas families with children, ages birth to five who have or at risk for developmental delays. The SICC bylaws require representation from state agencies, the Kansas Board of Regents, public members, provider members and parents. The work of the council is to discuss pertinent matters pertaining to Kansas's youngest children. This includes legislative updates that may require the councils' attention, new programs that agency members may be assisting and the work of committees and task forces.

Long Range Goal #2; Process Goal 4; Short Term Objective 2; Outcome 1

Health Care

Activity Involvement: The Dental Program Director for Oral Health Kansas invited the KHSCO to participate in Pregnancy, Infant and Toddler Planning Team (referred to as

the PIT Crew). The purpose of the PIT Crew is to determine ways Kansas can improve the oral health of pregnant women and children birth to three. The group has been charged with developing a well-designed action plan to guide further steps in creating a sustainable system for achieving this goal.

Long Range Goal #2; Process Goal 3; Short Term Objective 1; Outcome 1

Activity Involvement: The information document, *Working with Head Start and Early Head Start- A Guide for Healthcare Providers*, was created by the KHSCO to provide information to health care providers about Head Start and Early Head Start. This document was shared electronically with the Head Start programs to share with their local healthcare providers. This document is also available on the KHSCO page of the DCF website.

Long Range Goal #2; Process Goal 3; Short Term Objective 1; Outcome 2

Family Literacy

Activity Involvement: The information document, *Looking to boost literacy in your community? – Libraries can help*, was created by the KHSCO. The purpose of this document was to provide literacy resource information to families and share information with HS programs on developing partnerships with local libraries. The document was shared electronically with the Head Start programs and it is also available on the KHSCO page of the DCF website.

Long Range Goal #4; Process Goal 2; Short Term Objective 1; Outcome 1 & 2

2016 – 2021 Strategic Plan

Using the priority areas, the KHSCO developed the following five-year strategic plan to guide its work from 2016 to 2021.

LONG RANGE GOAL #1

Enhance connections and information sharing among Head Start programs, partners, and state agencies to maximize resources and support for Head Start and low-income children, families, and child care systems.

Federal Priority Area:

Partner with State child care systems emphasizing the EHS-CC Partnership Initiatives

Work with State Efforts to collect data regarding early childhood programs and child outcomes

Regional Priority Area:

Community Services

PROCESS GOAL 1

Promote and support the identification and connection of public and private resources at the State and local level.

Short Term Objective 1: Identify and share resources—in both English and Spanish—to connect consumers and service providers with resources to stimulate state and community-based program/partner development and relationship building.

Outcome 1: Develop a KHSCO page on the DCF website to be utilized as an accessible resource library by programs, partners, and agencies.

Outcome 2: Create a plan for promoting and increasing awareness about the KHSCO website and resources.

Short Term Objective 2: Convene and facilitate information sharing to Kansas Head Start Directors of collaborative efforts encouraging program/partner development and relationship building.

Outcome 1: Coordinate with Head Start programs and partners to facilitate the production of a “Program Profiles” document and resource guide for community partnerships.

PROCESS GOAL 2

Encourage ongoing communication for the exchange and collection of sufficient data/information on children and families jointly served by Head Start and other agencies (health, medical, homelessness, special education, etc.) including data regarding early childhood programs and child outcomes.

Short Term Objective 1: Share information for how to coordinate data sharing and collection that represents a range of options within intake and referral systems to support continuous quality improvement.

Outcome 1: Assess and survey existing systems to identify data currently captured and determine what data is most necessary to collect.

Outcome 2: Identify resources to assist programs in requesting critical information from service providers to ensure clear and concise documentation allowing for easy transition to schools, access to health information, and Part C services.

Short Term Objective 2: Support efforts to integrate early childhood data into the State’s longitudinal data system.

Outcome 1: Continue to work with state education organizations and Head Start programs to make connections where needed with the goal of streamlining data collection efforts.

PROCESS GOAL 3

Effectively communicate and promote awareness on the value of Head Start as an equal opportunity for preschool. Increase availability and access to services that meet families’ needs.

Short Term Objective 1: Maintain and grow successful partnerships by informing communities on the presence of Head Start, Head Start services, and the community impact of Head Start.

Outcome 1: Identify key messaging/marketing materials purposes and place on the KHSCO website for promotional use by programs, partners, and service providers.

Outcome 2: Develop and distribute information to childcare providers about partnering with Head Start.

LONG RANGE GOAL #2

Increase State and local level coordination and capacity of Early Childhood Systems. Maximize resources and expand services and support for Head Start and low-income children and families.

Federal Priority Area:

Collaboration with State QRIS

Work with State school systems

Regional Priority Area:

Community Services

Health Care

Inclusion

Services for Children (and Families) Experiencing Homelessness

Services for Children with Disabilities

PROCESS GOAL 1

Continue to encourage Head Start program involvement with State and Regional level development, planning, and policy initiatives to address childcare issues.

Short Term Objective 1: Participate in policy discussions related to state quality rating improvement systems (QRIS) for childcare providers.

Outcome 1: Promote family consumer education on how to find quality child care.

PROCESS GOAL 2

Build and expand collaborative efforts and relationships between Kansas school districts, LEAs, and Head Start programs to aid and facilitate connections between low-income families and Head Start services.

Short Term Objective 1: Identify local McKinney-Vento homeless liaisons at public schools to coordinate supports for children and families experiencing homelessness.

Outcome 1: Develop and Identify toolkits and resources on homeless family eligibility.

Outcome 2: Identify difficulties that prohibit collaboration with LEAs.

PROCESS GOAL 3

Identify existing and potential networks focused on health care and other related services for children and families. Improve coordination of early care and education providers with health care systems.

Short Term Objective 1: Assess the existing resources and capacity in communities throughout the state.

Outcome 1: Develop a survey that enables communities and programs to identify key partners, resources and areas to coordinate/integrate efforts as they relate to medical, dental, mental health, public health, etc.

Outcome 2: Develop appropriate strategies and materials to educate and inform health care providers on the value of Head Start services and partnerships.

Outcome 3: Provide examples of successful partnerships with health care providers, clinics and health departments. Examples of health care partnership initiatives include “clinic days” or a “healthy start fair.”

PROCESS GOAL 4

Improve the availability, accessibility, and quality of services available to children with disabilities.

Short Term Objective 1: Increase coordination of services for children with disabilities, including professional development for teaching staff to improve their work with children who have disabilities.

Outcome 1: Promote local collaborations among Head Start programs, LEAs, and Special Education cooperatives.

Outcome 2: Disseminate information gained from meetings on the KHSCO website.

Outcome 3: Disseminate information, resources, and materials about web-based learning opportunities and evidence-based instructional strategies.

Short Term Objective 2: Identify service gaps for children with disabilities in Head Start programs and improve the level of partnership between state level Part C and Part B programs to address existing gaps.

Outcome 1: Facilitate communication between HS/EHS and Part B and Part C services by providing shared guidance at the quarterly KEHS meetings and APM meetings.

PROCESS GOAL 5

Optimize existing funding and leverage additional funding resources. Locate funding opportunities for building and sustaining quality Head Start services across Kansas.

Short Term Objective 1: Identify existing webinars, toolkits, and available materials on exemplary collaborative efforts.

Outcome 1: Research other state collaboration office resources and identify successful examples. Collect and share innovative solutions and resources.

Short Term Objective 2: Develop and distribute information on funding opportunities.

Outcome 1: Participate in meetings between state agencies to make connections between the agencies and Head Start programs where needed.

Outcome 2: Facilitate information gathering about outside funding and relay information, resources, and connections to Head Start programs where needed.

LONG RANGE GOAL #3

Promote the availability and accessibility of quality childcare to ensure families have greater access and opportunity to services.

Federal Priority Area:

Support the expansion and access of high quality, workforce and career development opportunities for staff

Partner with State CC Systems emphasizing the EHS-CC Partnership Initiatives

Collaboration with State QRIS

Regional Priority Area:

Community Services

PROCESS GOAL 1

Expand Head Start program capacity through increased education, training, and professional development opportunities to foster an environment of recruitment, hiring, and retention of quality staff.

Short Term Objective 1: Maximize accessible quality professional development opportunities and activities.

Outcome 1: Promote awareness of the KCCTO shared training calendar as a resource for Head Start directors to encourage participation.

Outcome 2: Develop a framework to promote the availability and accessibility of online training opportunities. Disseminate information through the KHSCO website and quarterly meetings.

Outcome 3: Support state efforts to up-date the Kansas Early Childhood Career Lattice to be used as a resource for program staff and encourage degree advancement.

Short Term Objective 2: Promote Child Care Partnership training opportunities for Head Start programs.

Outcome 1: Support outreach to community organizations that provide child care services outside of Head Start to determine capacity and potential for partnership.

Outcome 2: Identify toolkits and resources on child care subsidies, in-kind matching, and non-federal match.

Outcome 3: Develop a resource guide to understanding child care subsidy.

Short Term Objective 3: Enhance initiatives on inclusive and culturally sensitive training to early childhood professionals to support cultural competency and increase awareness and understanding of children and families.

Outcome 1: Identify childhood development tip-sheets and resources that are in non-English languages.

Outcome 2: Identify and disseminate culturally sensitive training materials and resources.

PROCESS GOAL 2

Assist child care providers in improving the quality of their programs.

Short Term Objective 1: Participate in efforts to develop a more streamlined background check process for teachers with KDHE and DCF.

Outcome 1: Seek opportunities to connect with programs about issues concerning provider background checks and child care licensing. Collect and prepare information to be discussed at meetings.

Outcome 2: Dedicate time during meetings to address program concerns on the background check process to coordinate policies and procedures between Head Start and child care.

PROCESS GOAL 3

Identify existing resources and capacity of child care in communities throughout Kansas as they relate to the development and sustainability of child care partnerships.

Short Term Objective 1: Provide support to connect providers with child care quality programs and resources to ensure working relationships with local organizations to provide training based on staff needs.

Outcome 1: Seek opportunities to connect with child care training providers in the state about partnerships and services.

PROCESS GOAL 4

Promote expansion of child care provider skills to meet the needs of the whole family.

Short Term Objective 1: Support and promote training opportunities to child care providers on approaching family needs and connecting families with resources and services.

Outcome 1: Seek opportunities to connect with child care training providers in the state about partnerships and services.

Long Range Goal #4

Provide support and motivation for family involvement and active family engagement. Identify examples of successful and lasting participation in family literacy services and early childhood systems.

Regional Priority Area:

Community Services

Family Literacy

PROCESS GOAL 1

Promote community collaboration with educational organizations and institutions of higher education.

Short Term Objective 1: Support increased opportunities for parent education programs and services through partnerships with educational organizations and higher education programs/services/resources.

Outcome 1: Develop and share information with programs about partnering with Adult Education Centers.

Outcome 2: Support grants that work with English Language Learner families.

PROCESS GOAL 2

Encourage community opportunities that assist families with obtaining and completing required documents and paperwork to make more seamless the connection of resources and services.

Short Term Objective 1: Facilitate public/private support for literacy initiatives.

Outcome 1: Seek out sponsorships that promote literacy resources and opportunities to Head Start families.

Outcome 2: Share information with programs to help Head Start programs develop partnerships with local libraries.

Appendix

2018 Head Start Collaboration Office Needs Assessment Survey Results

Q1 What are the three biggest obstacles your program faced in the last year?

Given multiple choices the following responses were noted:

Finding, recruiting & retaining qualified staff – 10 selected

Maintaining enrollment in both home and center based programs – 3 selected

Dealing with family crisis situations and children with behavioral needs – 6 selected

Other obstacles noted:

Accessing/navigating the child care subsidy system with families

Recruiting qualified bilingual staff

Increasing the number of families on child care subsidy to support layered funding requirement for the EHS-CCP grant

Immigration & crisis: that caused behavioral needs and attention

Q2 What are the three most common obstacles the families you served faced in the last year?

Given multiple choices the following responses were noted:

Meeting basic needs: homelessness, affordable housing, utilities, food and safety – 8 selected

Employment: finding living wage jobs and maintaining employment – 7 selected

Health care: obtaining health insurance, access to dental care and mental health care – 6 selected

Other obstacles noted:

Drug use and abuse

Affordable child care

Tribal child care center – not enough space

Q3 What three accomplishments in the last year are you most proud of?

1. Tiered interventions of students 2. Academic progress 3. Family services

1. Reaching full staffing 2. Master trainer session for Conscious Discipline

1. Positive Peer Review experience 2. Success of school day school year classrooms

1. Meaningful professional development opportunities 2. Family Development Credential process established 3. Practice-Based Coaching process established

1. Growing our program 2. Implementing 3-year-old to full day

1. Converting our program to full day full year 2. 0-3 center based classrooms

1. Increased participating of parents on Policy Council 2. Increased number of I/T teachers achieving CDA 3. Maintaining full funded enrollment

1. CLASS scores are up 2. Blending of all Pre-K programs in the school district 3. Implementing Creative Curriculum with fidelity

1. Family Engagement 2. Full Enrollment 3. Added full day services in one center

1. Family Engagement 2. Potawatomi Language partnership 3. Community support-both tribal and non-tribal

1. Expanding full day for 3 to 5 classrooms 2. Changes in family service in 3 to 5 3. Positive Review

1. Implementing an effective coaching process 2. Effectively incorporating Child/Family Outcomes into our electronic record keeping system. 3. CLASS scores improved a lot in some classrooms from the beginning to the end of the year

1. Continued Family Development Credential training 2. Fully enrolled in Head Start

1. Providing full day option 2. Conscious Discipline 3. Positive outcomes for children and families. We have, solid data to show growth

1. Full day classrooms established 2. Completed the FA 1&2 review 3. Increased parent involvement

1. Stability in our EHS Home Visitor Positions 2. Expansion of Home Visiting services through the ABC P Home Visiting Program 3. Our expanded role and presence in various work groups, partnerships, communities, and other systems trying to impact and influence the field of early education for all children

1. Maintaining full funded enrollment 2. Engaging in Strategic Planning Process 3. Management team positions filled

1. Expansion to full day for 3 to 5 classrooms 2. Changes in family service in 3 to 5 3. Positive Review

1. FEC staff retention 2. FEC Staff Satisfaction 3. FEC Improved Staff understanding of outcomes

1. Staff retention with management level 2. Child outcomes data percentages increased from fall to spring 3. Increased active collaborative work with the school district

1. A family was able to purchase their dream home 2. A parent completed her Master's Degree 3. Our children with disabilities are referred quickly and receive the services they need

Q4 If you had three wishes for the program, what would they be?

1. For all of our children to be safe every night 2. For human trafficking of children to not be real 3. For my staff to make a living wage

1. Ability to give all staff a living wage 2. All positions filled with quality staff

1. Retention of staff 2. More effective mental health services 3. Families making positive changes

1. More money to pay our classified staff

1. More money to expand staff 2. Ability to locate qualified staff 3. Expansion money

1. Easier access for parents to leverage child care subsidy 2. Additional funds to support teachers' salaries 3. Continuity between HS standards and doctors meeting EPSDT regulations

1. A single Early Childhood Center 2. More volunteers 3. A positive Early Childhood behavior program that works

1. Spanish speaking dentists 2. Full day services for all 3. Ability to pay staff higher wages

1. Fewer challenges for accessing multiple funding sources 2. Children and families are emotionally healthy, safe, and secure 3. Better wages/salaries for staff (resulting in high quality dedicated staff)

1. compliance 2 Improved staff education 3. Improved family understanding of requirements

1. A qualified dentist on staff 2. More home-based curriculum resources for prenatal moms that are not first-time parents 3. Never ending funding

1. Ability to recruit and hire qualified staff 2. Secure additional funding to layer increased services provided (example: after duration hours move to child care services) 3. Greater communication and shared resources with Head Start programs from DCF HSCO

1. More time for education 2. Continuity across program -better understanding of procedures and protocols with consistency amongst staff 3. More Mental Health Providers

1. Duration funds to move all classrooms to full day 2. New building to house 0 to 5 programs together 3. Funds for therapeutic preschool for the children that need it

1. More money (ability to provide better salaries, provide longer days, improve center space and playgrounds, etc.) 2. Increase in qualified staff in the job force 3. Increased services (longer days, increased parent involvement)

1. More time to train staff which means more money for substitutes and training cost 2. To be able to serve families at a higher level of poverty like up to 150% or so

1. Higher pay for staff 2. More mental health resources

1. Serve all children who are age eligible 2. Free health care and dental for families 3. Increased employee attendance and positive participation

1. Expanded mental health consultation services and programs like Moving Beyond Depression that have truly helped our families

1. Continued growth and ability to provide services for ore children and families 2. The opportunity to provide other centers with support in providing for children and families 3. Develop partnerships that would continue to support self-sufficiency development of families

1. To be fully enrolled 2. To hire and retain good staff 3. Make in-kind goals

Q5 What type of community partnerships do you have?

Center Based Child Care

Home Based Child Care

Faith Based Partner

Mental Health

Oral Health

Family Medical

Health Department

Library

Infant/Toddler Services (Part B/C)

School District & Special Education Providers

Department for Children and Families

K-State Extension (County Extensions)

United Way

Fire Department – Crisis Training

Community Clubs such as Lions Club and Kiwanis

Local Refugee Services

Dietitian

Art Museum

Universities & Community Colleges

Community Gardens

Q6 What are the biggest challenges you experience with your community partnerships?

Sometimes not always on the same page

Making sure they follow through with the services that they've told families they will provide

More collaboration and fiscal support from major business stakeholders in the community

Their funding is as tight as ours...

Lack of time for people to meet; schedules and workloads are very high

Community partners understanding and assisting families with Head Start Compliance Standards

Our current part C provider is experiencing a high level of staff turnover, this indirectly effects our children and families; continues to have a delay in formal evaluations and direct services

Understanding of health requirements

Funding and time

Staff turn over

Availability of Health Professionals to serve on Head Start Advisory Council

Child Care partners ability to sustain teachers with qualification

Collaborations, being on the same page with agencies in the community

Understanding the importance of birth to 5 education and the Head Start program

Following the Head Start performance standards

Consistent communication due to distance between agencies

Sharing the community with the public schools by having 2 Head Start programs

Q7 Share an example of a successful community partnership.

With our school districts in Cimarron, Garden city & Liberal

Our relationship with Infant Toddler Services (Part B/C). Excellent partnership. We collaborate on home visits monthly with common families, we do some shared professional development when time allows, and we have an infant/toddler services staff person located on site for our center-based EHS children.

Peer buddies were added to the ECSE preschool. More students were served through their IEPS.

Our Mental Health centers work closely with us to insure children are served as quickly as possible.

Life Church and Farmers INS. Support our family activities with meals and volunteers.

Have a church that provides space for one classroom in a community. They also provide resources for families.

We have partnered with Center For Life Experiences (faith-based) for years to provide TGI...Family Night Out. TGI...Family Night Out was developed out of the strengthening families initiative.

We have an active relationship with Sumner Mental Health. The mental health organization provides support to children who receive mental health by having a licensed therapist onsite 4 hours per week. The program is expanding collaboratively early childhood services with the school district.

Mental Health Referral – child seen next day and assigned to CBS the following week. Doing much better.

We are very successful within our ELC partnership- we continue to have a join application and recruitment activities each year.

Riley co. Health Department

Health Fair provided to families with all screenings needed for HS/EHS enrollment

Prairie Star completed dental screenings and cleanings on all children at each center.

Work very well with school districts and special education cooperatives

FCC – supports families with family service needs and assisting them to received medical and dental on timeline

Marion County Task Force

Health Partnership Clinic

Dental Health is provided for our 12 counties by an area clinic. They travel to all classrooms for services

Ongoing support and growth of surrounding school districts providing on site special education services

Q8 What is the biggest challenge you face in working with your LEA?

Communication with the actual Teacher

Validation of early childhood education and the needs associated with servicing children

They evaluate a 3-year-old – especially after their count day and say the child does not qualify for whatever reason...but it is clear the child has a concern...this is not all LEAs.

Competition for pre-k slots in same communities. Don't provide special education information, even though parents have requested

We currently do not have challenges other than supporting efforts to locate qualified staff

I've had staff report that some teachers are not receptive to the level of parent involvement that we promote. This has led to parents being less welcome at Kindergarten visits and school tours for transition, and parents become confused and disenfranchised.

We work with 10 counties – 2 counties have welcomed our programming, we would like to collaborate with all the LEA's within our service area.

As a program in an LEA, finding paras are a challenge

Getting the MOU's signed

Scheduling appointments that meet families work/school schedules

Lack of communication!

Those that don't yet fully understand the importance of early childhood and the services provided.

Time to share information and engage in joint planning

Large number of children that qualify

Q9 Give an example of a positive partnership with your LEA.

Great Partnership and getting things accomplished

Our grantee is the LEA

They work closely with our staff in most communities

We share the cost of a para position that works in the Head Start classrooms

Just developed an updated MOU with a district that will be providing and overseeing both Part C and Part B services; agreement basically says both parties know their regs, provide quality services, and commit to "play well together in the sandbox" so that each child and family received the highest quality services to meet their self-identified needs.

We have a classroom in an LEA where we partner together to service Head Start eligible children and for-pay children

The agency is the LEA birth to five. The agency works in collaboration with outside LEA's having well established and active agreements.

Transition meetings, Kindergarten Visits

We are very successful within our ELC partnership- we continue to have a joint application and recruitment activities each year.

On site Part B services with ECSE teachers, speech pathologists, and school psychologists providing services to children in HS classroom.

We are developing a better range of services for enrolling and serving children

Services to children are integrated.

Blended all special education into inclusion classrooms - Share child find screenings - work very closely together with pre-k

Collaboration on HAC and community assessment

We are fully collaborated so we have more opportunities and more resources.

Kindergarten transition planning

Rainbows, USD 259

School districts allow us to partner in all parts of their school system; i.e. high school students volunteer, students attend all special activities, families are included in school events

Connections made with Kindergarten teachers to strengthen the transition process

Services provided to children and families in our building

Q10 Please provide an example of a successful activity or event you held to promote family engagement.

We provided a variety of outdoor learning activities that provided opportunities for parent/child interaction.

Family, Fun, Food, Fitness activities are always well attended by our families.
Health fair

Super Hero Night included many activities and support for families and children to learn about child development. Three-quarters of 130 families attended the event

The program provided a program call Stay-cation. We showed families what you could do at home such as building forts, fishing, making smores. We showed them how this type of activity could be fun and educational. We had a great turnout and I think many of the adults enjoyed making forts as much as their children did

Back to School Bash; A large family oriented event, is well attended each year. Family Literacy Events: Hosted at the local Library.

End of Year Parent Education and Family Meal event for all of Garden City. We saw families bring extended family members and friends. We had a lot of community support, and local groups contributed great activities to celebrate culture.

We recently held an 'I am moving, I am learning' event within our large counties. All events were held at local parks, our communities and enrolled families were invited. During this event, KCSL offered fun activities for all to enjoy along with providing applications and educational information on the I am moving, I am learning agenda.

Literacy night

"A day in the life of your child"

Annual zoo trip-families took day off from work to attend with their child.

Play Day at the end of the year

Each of child care partners successfully provide parent activities at minimum quarterly and report that participation is increasing

Dr. Seuss Literacy Event

The Family Support Advocates and Family Educators have hosted several events this year. One was the Spring Fling. Parents and children dance to DJ music, took family photos, made a snack, and engaged in craft production. We had 139 participants.

Center based parent meetings, Policy Council

Exploration Place provided 8 stations with hands-on activities to promote proper oral health education.

Just hosted our 3rd annual Big Truck Night. All staff were invited to attend and/or volunteer. The event has grown each year with approximately 800 people in attendance this year. Many community partners made it successful.

Adjusted transition education to a home visit instead of a family night.

Q11 Please provide an example of a successful event of activity you held to promote fatherhood.

This is an area that we need to get better at....

We really don't host any events or activities exclusively for fathers.

Dynamic Dad group. Meets monthly

Race car event; parents made cars and other transportation vehicles with materials from the center and developed various racing events for children and their fathers to enter. Eighty percent of 30 enrolled families throughout the county participated.

The program holds Daddy and Me Day every month where we partner with a someone in the community to offer a fun activity on a Saturday morning as well as some information. We have partnered with fire station, airport, FHSU sports teams, Home Depot, etc.

All events are inclusive. We have 2 active fathers on policy council and groups that attend EHS socialization.

Fatherhood Cafe - We had a father who had been successful in our program lead a great meeting with our Dads.

KCSL is fortunate to have a Parent Leadership conference annually, these events focus on families across Kansas to network together and listen to keynotes.

Fatherhood cafe

Coach DADs (developed by the National Center for Fathering)

End of the year pow wow. Fathers were involved by drumming, singing, dancing, posting colors (American Legion) attending in audience.

Donuts with Dads - Ag Day/Farm Field Trip

Fatherhood event (fishing and inflatables)

All of our events include fathers. The Family Services Team provide individual invitations to fathers through phone calls, text messages and flyers.

Many fatherhood activities at our centers

A local father used local volunteers to talk about superheroes. Children learned about firefighters, police, EMTs as though they were superheroes. Capes and masks were created for each child.

Just hosted our 3rd annual Big Truck Night. All staff were invited to attend and/or volunteer. The event has grown each year with approximately 800 people in attendance this year. Many community partners made it successful.

Q12 What top 3 professional development needs do you see for your staff?

1. Conflict resolution with adults 2. Ongoing growth of Conscious Discipline application 3. Child nutrition

1. Trauma Informed/Secondary Trauma Training 2. Dealing with challenging behaviors 3. Teaching tips for working with dual language learners

1. Behavior management strategies 2. Parent education curriculum 3. Trauma-Informed Care

1. Behavior challenges 2. Special Education information and working with challenging students

Our Staff is very diverse in their job duties so we have a number of needs depending on the job requirements and duties

1. Understanding High Scope curriculum-new to majority of our partners 2. Coaching strategies for new coaches 3. Management/supervision training for directors

1. Positive Behavior Support 2. Creative Curriculum 3. Fiscal Management

1. CLASS training for new staff 2. Active Supervision for new staff 3. Child Plus training

1. CLASS observation-monitoring reviews 2. Mental Health for staff and children 3. Curriculum training

1. Health education 2. Explaining health requirements 3. Recruitment

1. Time management/organization 2. Reflective Supervision 3. Customer Service

1. CDA -teacher assistants 2. PFCE (Parent Family Community Engagement) 3. Curriculum and assessment training

1. Documentation training 2. Child Development/Mental Health 3. Mandated Reporting

1. Assessment (new assessment being utilized next year) 2. Trauma-sensitive training/resiliency 3. Crisis Management

1. Increased Parent Involvement 2. Instructional Support (CLASS) Strategies 3. How to get and keep children and parents engaged

1. Training on how to support behaviorally challenged children 2. Curriculum Training

1. Trauma/Mental health 2. Family relationships 3. Poverty we have lots of newer staff that have not had a formal training

1. Anything related to social-emotional needs of children, particularly related to classroom behaviors
2. Adult emotional/behavioral/mental health needs 3. A deeper understanding of the effects of trauma and poverty on children and families

1. Gaining additional information concerning Trauma Informed Care 2. Building resilience for children, families and staff 3. Supporting child-initiated learning

1. Classroom management 2. Supervision

Q13 What professional development resources do you currently use? Please include name of service provider and how the service is delivered (e.g., online, in person, etc.)

Conscious Discipline- in person & Teaching Strategies Gold- Online

Conscious Discipline (through our mental health consultant with The Family Conservancy)- in person
Data Utilization- through the Educare Learning Network (two staff are trained trainers) Touchpoints-
we have internal trainers Embedded Professional Development- from the Educare Learning Network
(again, internal staff are trained trainers) KCCTO- for general KDHE child care licensing requirement.
Online. Growing Great Kids- our home visiting curriculum. We also recently began using their
socialization curriculum and have found it to be beneficial. I am sure there are others I am forgetting.

we use a variety - online, in person, calls, etc.

Family Conservancy in person; NHSA conferences; KHSA networking and in person training; Child
Care Aware for online CDA courses

We do most of our own in-services. SOS does child abuse training; KCCTO for licensing training; HS
State and Regional Conferences; Region 7 T/TA; WKU T/TAS; FDC training for PFCE focus

The program utilizes multiple types of professional development from in person, online, book studies,
etc. I do not have a specific service provider.

Conferences- Region VII, Wipfli, KCCTO, Agency and State Personnel (TASN), Community
Professionals, CACFP, Mental health professionals.

JJ Keller - Online Conscious Discipline - Online DCF - In person Various other trainings - CDA,
ECLKC, etc.

Skill Path- both online and in person Star 12 Professional dev- on line Shana Schmidt- in person
Growing Great Kids Inc- in person CDA- self-study Childcare Education Institute- on line Federal TA-
in person Child plus Training- on line and in person Various other trainings offered through our
regional office.

SkillPath On line

Highland Community College for CDA and college degrees.

Consultants- in person KCCTO- on-line KITS- on-line

WIPFLI (online and conferences) Creative Curriculum (Creative Curriculum and in-house trainers)
Conscious Discipline - Video Tape Training series Region VII sponsored trainings HS University -
Family Development training Coaching Training - Region VII

TFC CDA online course, Allen College for AA for teachers, ACF T/TA, TFC professional development
department-in person, KCKCC for CDA, providers also use other online training resources

In person -Conscious Discipline TS Gold Online Child Plus Online

The Family Conservancy provides on-line, in-person and one-on-one coaching. Both the program
director and education coordinator have advanced degrees in early childhood education.

Kansas Head Start Association-primarily online National Head Start Association- primarily online
ChildPlus software- online-in person-out of town trainings Region VII leadership conference Pre-
service with many outside trainers

Staff constantly watch webinars or other web-based trainings for current information.

Professional development is typically provided in person.

All Staff Training - provided inhouse KHSA training Region VII conference Region VII Parent Leadership Conscious Discipline - Florida KCCTO for CDA and licensing requirements Staff working towards AA - collaboration with Community colleges

KCCTO, Child Care Aware, KHSA

Q14 In the past year, what professional development training or TA did you find to be the most helpful?

Help with reports and to determine growth with the curriculum and assessment with Beth Grass

We love the training from the Educare Learning Network. We also enjoy using the Conscious Discipline curriculum and have incorporated it into our Family Fun Nights this year so that parents learn some of the same strategies.

trauma-informed care

CLASS coaching through TFC

Skill Path training on First- time Managers was very helpful to our new supervisors. KCSL recently reorganized our infrastructure giving more staff supervisory responsibilities. Skill path was an in-person training that offered introductory skills to these individuals.

Region VII T/TAS for coaching; WKU T/TAS for new PDM regulations/focus

The program attending training from the school district that focused on being trauma-sensitive that was very good.

KSDE, TASN, Wipfli

Conscious Discipline online webinars

SkillPath

Touchpoints-Brazelton Touchpoints Center

Community Assessment Training

WIPFLI Creative Curriculum HS University Region VII sponsored trainings

APM afternoon discussions of topics, CDA online support from TFC employee, High/Scope coaching training provided by TFC professional development department

Creative Curriculum and TS Gold

We were able to have Compassion without Fatigue presented at the center for management team members and will be bringing them back for the entire staff.

Cari Ebert - "The Power of Play" We've had Carrie multiple time and staff want her back again. She is a passionate presenter as well as a speech-language pathologist and a parent with a child with autism. Rebecca Lewis - Trauma-Informed Care She provides a look at poverty that few possess. She leaves you thinking about her presentation for years to come.

1. Conscious Discipline training 2. ACES training 3. Conscious Discipline from Master Trainer

Q15 Do you think other Head Start programs in Kansas would benefit from the same training?

Yes—18

No—0

Other—I think it's specific to each program