

# **2021 Needs Assessment**

*Kansas Head Start Collaboration Office*

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# **Kansas Head Start Collaboration Office**

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## **Executive Summary**

### **Purpose**

The Kansas Head Start Collaboration Office (HSCO), funded through a grant from the Department for Health and Human Services/Administration of Children and Families (DHHS/ACF), conducts a required annual needs assessment to identify gaps in collaboration amongst Kansas Head Start (HS) and Early Head Start (EHS) grantees, their partners, and other service providers. The Kansas HSCO conducted the 2021 Needs Assessment through a contract with the University of Kansas Center for Public Partnerships and Research (KU-CPPR).

### **Methodology**

The Kansas Head Start Collaboration Office (HSCO) utilized two methods for gathering information from Kansas Head Start (HS) and Early Head Start (EHS) grantees during the 2021 Needs Assessment process: virtual focus group sessions and an electronic survey. The Kansas HSCO invited all Kansas HS/EHS grantees to participate in the needs assessment through one or both methods. Prior to 2019, the Kansas Head Start Collaboration Office (HSCO) collected data for the annual needs assessment primarily through online surveys with a range of open-ended questions. In 2019, the Kansas HSCO invited program directors to participate in a series of virtual focus groups. Due to the success of both methods of data collection, and the desire to gather information from as many Kansas HS/EHS grantees as possible, the Kansas HSCO utilized both the online survey and virtual focus groups, via Zoom, in 2020 and again this year in 2021.

The online survey and two focus group sessions for the 2021 Needs Assessment occurred in September 2021. The discussion questions for each focus group were the same. Twenty-nine (29) participants in one or both activities represented 21 Kansas HS/EHS grantees. The Kansas HSCO Needs Assessment team analyzed the online survey results and the focus group discussion transcripts to identify and compile key themes and trends for this 2021 Needs Assessment report.

## **Findings**

The Kansas HSCO recognizes the impact of the COVID-19 pandemic on Kansas HS/EHS grantees, staff, families, children, and communities. While most HS/EHS programs across Kansas have returned to pre-pandemic service levels, they continue to balance and address traditional HS/EHS programming and partnership challenges with emerging and exacerbated challenges resulting from the pandemic. Two prevalent findings emerged during the 2021 Needs Assessment:

- **Child care access** is a significant challenge for Head Start and Early Head Start families.
- **Head Start and Early Head Start programs** are experiencing heightened workforce and staffing challenges.

Additionally, Kansas HS/EHS grantees described the following common experiences:

- A range of pandemic related impacts for both HS/EHS families and staff members contribute to the current child care access and workforce challenges. The challenges are interconnected.

- Community partners have provided critical supports for HS/EHS children and families during the past year, but the reality of operating HS/EHS programs during the COVID-19 pandemic has impacted many of these partnerships in a variety of ways.
- Communication and purposeful information sharing are critical to all community partnerships, but HS/EHS grantees find these strategies particularly critical to strengthening collaboration and coordination with school districts.
- Kansas HS/EHS programs have responded with creativity and flexibility in providing services to children and families during the past year.

As part of the 2021 Needs Assessment process, Kansas HS/EHS programs shared their accomplishments and expressed their desire for their communities to know and understand the impact of HS/EHS for children, families, and communities.

Based on the 2021 Needs Assessment findings, the Kansas HSCO will focus on continuing its engagement in efforts to strengthen the Kansas early childhood workforce; representing and responding to child care access concerns and challenges in coordination with child care licensing; facilitating and strengthening partnership across sectors; and providing coordination support and resources with Local Education Agencies to support seamless kindergarten transitions.

## **Background**

### **Head Start in Kansas**

Head Start (HS) and Early Head Start (EHS) programs in Kansas, including Early Head Start-Child Care Partnerships (EHS-CCPs), provide comprehensive early education and family engagement services to young children and their families. Using a whole child approach, HS/EHS programs focus on building relationships, improving opportunities for families of enrolled children, and increasing school readiness. According to the 2021 Program Information Report (PIR), a federal report completed annually by all HS/EHS grantees, Kansas HS/EHS/EHS-CCP children receive services from 47 grantees, including 4 American Indian and Alaska Native (AIAN) Native American grantees. The breakdown by organization type is 17% Community Action agencies, 36% Unified School Districts, and 38% private or public non-profit organizations. Of these 47 grantees, 27 provide Head Start services and 20 provide Early Head Start or EHS-CCP services. During the reporting period, the 47 grantees served 4,693 children in HS programming and 2,946 children in EHS/EHS-CCP programming. Enrollment numbers were impacted during the reporting period by COVID-19.

### **Kansas Head Start Collaboration Office**

Established by the 2007 Head Start Act, Head Start Collaboration Offices (HSCO) 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." The Administration for Children and Families (ACF), under the federal Department of Health and Human Services (DHHS), 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 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.

### **Role of the Kansas Head Start Collaboration Office**

The role of the Kansas Head Start Collaboration Office (HSCO) is to build relationships as part of an integrated early childhood system, reflecting a shared commitment to improving the lives of young children and their families through better collaboration between Head Start/Early Head Start (HS/EHS) grantees, state governments and agencies, Head Start Associations, and local communities. To fulfill that role, the federal government authorizes the Kansas HSCO to perform certain duties, including: (1) providing support for activities in the Kansas HSCO priority areas, and (2) contracting with relevant non-profit organizations.

In Kansas, the HSCO is located within the Kansas Department for Children and Families (DCF). DCF supports the Kansas HSCO's efforts to promote improved linkages between Head Start and other child and family agencies providing health, mental health, family, and special needs services to children and families in Kansas. With a knowledge of the unique characteristics of the state, the Kansas HSCO coordinates and leads efforts for HS/EHS grantees, state governments and agencies, the Kansas Head Start Association, 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 and 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 designated State Advisory Council on Early Childhood Education and Care and Kansas Early Childhood Governance Structure, that include and serve the Head Start community.

## **Priorities of the Kansas Head Start Collaboration Office**

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

Offices (HSCO) provide a structure and a process for the federal Office of Head Start (OHS), under the Department for Health and Human Services/Administration for Children and Families (DHHS/ACF) to work and partner with state agencies and local entities. OHS has established national priorities to guide the work of each state's Head Start Collaboration Office:

- Partnering with state child care systems emphasizing the Early Head Start–Child Care Partnership (EHS-CCP) model to help support access to quality early care and education programs for all families of low income
- 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).

Additional HSCO priority areas on a regional level may include services to children experiencing homelessness, services to children with disabilities, health services, child welfare, parent and family engagement, community services, and services to military families.

## 2021 Needs Assessment

### 2021 Findings

The Kansas Head Start Collaboration Office (HSCO) invited all Head Start (HS) and Early Head Start (EHS) grantees to participate in the annual needs assessment process. A total of twenty-one Kansas HS/EHS grantees participated in the 2021 Needs Assessment through a virtual focus group discussion, the online survey, or both.

Questions for both the focus group discussions and the survey provided grantees an opportunity to share ongoing, new, and emerging challenges and resource needs as well as successes.

Participants in the needs assessment process shared a range of experiences and circumstances, many of those reflecting variations due to agency and organizational structure, HS/EHS program size and model, and the local community. Some of the challenges and struggles shared by grantees echoed staffing, programming, and workforce challenges shared in past years during the Kansas HSCO Needs Assessment process. Many of the challenges and struggles shared by grantees reflected the impact of the COVID-19 pandemic on programs, children, and families, which has further exacerbated existing challenges and prompted new challenges as programs have returned to pre-pandemic service levels.

From both the focus group discussion and the online survey results, two prevalent findings emerged:

- **Child care access** is a significant challenge for Head Start and Early Head Start families.

- **Kansas Head Start and Early Head Start programs** are experiencing heightened workforce and staffing challenges.

Additionally, Kansas HS/EHS grantees described the following common experiences:

- A range of pandemic related impacts for both HS/EHS families and staff members contribute to the current child care access and workforce challenges. The challenges are interconnected.
- Community partners have provided critical supports for HS/EHS children and families during the past year, but the reality of operating HS/EHS programs during the COVID-19 pandemic has impacted many of these partnerships in a variety of ways.
- Communication and purposeful information sharing are critical to all community partnerships, but HS/EHS grantees find these strategies particularly critical to strengthening collaboration and coordination with school districts.
- Kansas HS/EHS programs have responded with creativity and flexibility in providing services to children and families during the past year; they are proud to share these accomplishments with their communities and their partners.

Through the Kansas early childhood systems building effort, *All In For Kansas Kids*, the Kansas Children’s Cabinet and Trust Fund and state agency leaders conducted a comprehensive needs assessment of the state’s cross-sector early childhood care and education system in 2019, followed by a 2020 update. The findings of the Kansas HSCO 2021 Needs Assessment align with and echo key findings from that effort,

providing an opportunity for the Kansas HSCO to support and build partnerships and collaborations for Kansas HS/EHS programs within the context of the state's early childhood system.

### **Focus Groups**

The Kansas Head Start Collaboration Office (HSCO) invited Kansas Head Start (HS) and Early Head Start (EHS) grantees to participate in one of two focus group sessions via Zoom. The first focus group occurred on September 16, 2021, and the second occurred on September 20, 2021. A total of 19 HS/EHS program directors and management staff, representing 13 grantees, participated in a focus group. Additional attendees included Region VII Head Start Training and Technical Assistance staff and the Kansas HSCO Needs Assessment team. Discussion questions focused on challenges, successful strategies, and needs related to family engagement, community partnerships, child care access, kindergarten transitions, and serving children with disabilities. For each of the discussion questions, some commonalities in experiences and needs emerged, but participants also shared a range of responses to each question, providing the opportunity for programs to learn from each other while providing valuable information for the needs assessment process. A summary of the discussion for each question is included below, each followed by a sampling of responses from focus group transcripts, edited for clarity.

**Family Engagement: What has been the most common obstacle faced by the families that you serve in the past year?**

Focus group participants most frequently mentioned child care access as a challenge or obstacle for a variety of reasons including facility and classroom closures, impacts to care schedules, and staffing shortages. Additionally, participants mentioned several COVID-19 pandemic related challenges and concerns, including increases in crisis or emergent needs experienced by HS/EHS families and logistical challenges associated with balancing remote learning needs of different aged children in families, accessing technology/internet services for remote or virtual learning, and quarantine impacts and practicalities. Participants also noted the many similarities in challenges and obstacles faced by both HS/EHS families and staff members. While outside the realm of the question, participants mentioned the challenges faced by their HS/EHS programs when pivoting to and sustaining virtual service options for center-based and home visiting services, as well as current staffing challenges.

*I think in our area daycare during remote learning was a big issue, as well as access to internet.*

*In our community there's been several child care centers that have closed during this time...So now everybody's looking at child care...I think some of the child care that we see is not the quality that we would expect for the community.*

*We've struggled with our families trying to decide, if they have multiple kids, whose needs come first, and, especially, when we were remote,*

*and if you had five kids, they were making sure that their older kids got on and did what they needed to do. We're starting to see that again with some of our kiddos and quarantine, or whole families in quarantine. I think one of the things that we have found, as last year kind of wrapped up, was that our virtual learning needed to be strengthened. Since we are able to go virtual through the end of December of this year, we are having parents ask for it, and so we will offer it again until December, but it's just not as strong as or as good of a delivery of services as we think we want it to be. So that's something that we are currently working on for our families. Our families haven't complained, but we have just felt that it wasn't as quality as we wanted it to be.*

*I think our challenges came in two waves really. The first was logistical as we tried to set up remote learning and provide the technology to all of our families, and, I think others have already mentioned, the second challenge was maintenance, because even though you got the system up and running, sometimes staff wasn't comfortable with whatever platform we were using. It took time to train them, and then parents had a wide range of commitment to it, and then the disconnection that we had in our zero to three home visitation. All those things really stand out to me as being the biggest challenges we faced, and, this year, it has been childcare. It's always been child care, but this year we had a major child care facility close.*

*Health and dental services. I think families maybe didn't maintain some of their regular services that they would have in a regular situation. A lot of the things that we've talked about just exacerbated some needs or created more crisis issues and emergent needs than would maybe typically be present.*

*I would echo everything everybody has said. The one thing that we struggled with in the home visiting world was just consistency. It felt like we'd have a visit and then people would be fearful...We might go two weeks without, and then we have another one, and it felt like it made it harder to develop relationships. We did it virtually for a pocket of time and that kind of worked. It's not the same for sure...Somebody should have done a research project during that time, because we could have figured out that consistency really does matter a lot.*

*Well, COVID, that's probably the number one answer I would think....Dealing with the quarantines, with staffing, with trying to figure out remote learning, what did and didn't work, hours were changing, families were moving out of our area, in some instances to move in with other family members because of loss of job, so it was, it was just a big old mess last year. We have a food support program, and we served more families in food support. We actually added that. We also serve some of the family of some of our staff who had to quarantine and, of course, the staff that are lowest paid, our teacher's assistants - they needed some help in some situations.*

*We were able to support families as they were going to work, but I think overall COVID took a real hit on a lot of families' mental health. We're really seeing that now. We've had several parents try to commit suicide. We have a significant number that seem to be more involved in drug use now. I think that COVID took a bigger hit on mental health than a lot of people realize. Even the staff mental health...it was just a long year. I was hoping we wouldn't have it this year, but that does not seem to be the case, and so to me mental health is the biggest issue.*

*I agree mental health is just an all-time high for us-not only just our parents, but our staff. Just the fact that we're having trouble staffing, and we have so many of our own staff that are having issues with their own families, it's hard for them to focus with families. I feel like our families are kind of being cheated that our staff have other greater issues going on, too, so I think that is the long-term effect of COVID. We barely can staff classrooms and some of my strongest staff are not so strong right now, so it's trying to figure out different ways to support them so that they can support the families. Some of our families have a lot going on. We've got terrible homelessness, we've got several that are in foster care again, and I'm not sure how to wrap all the supports around that we need.*

*One of the things that we've seen is the behavior. Obviously, in classrooms, but also even before kids came back to our classrooms.*

*Parents expressing the dire needs regarding children's behavior at their home, and along with that, just a lot of families who would love to be able to return to work, but the child care isn't there. Our site, I'm sure just like many others, is extremely understaffed and, for the first time ever, we have classrooms that we can't open because of being understaffed. I'm sure it's not just Head Start. Many places that other people were taking their children to have either classrooms closed down or they've closed down an entire center because they just couldn't stay afloat. And so, for a lot of those families, because of the child care issue, that is impacting their ability to maintain their income, and so then, of course, when you have a family that is stressed at home with their child all day long, finding those new parenting skills that they need in that situation has been very difficult. With classrooms closing, even if you can find childcare or have your kid in the school, if they're constantly coming out, for most of the families that we serve, they don't have the kind of jobs where you can simply say, "well I've got some leave, I can take off to cover those hours".*

*Special Education. Many of our families were not able to get the services that they needed to adequately address their concerns. They may have had some virtual services, but we're seeing a lot of kids that normally would not have been so far behind really get behind because they didn't have that, and, also, our ability to refer children to get those*

*evaluations was really hampered, so many kids are behind on getting the special ed services that they needed and deserved.*

*I think you'll see that [special education] probably varies from around the state from those that were not able to provide in person services to those that did. Because I would say our students still receive, I mean they continue to receive, the special services. I think that piece varies across the state. I think you're going to see that in a lot of things just because some places were very different than others.*

*Just meeting with them in person. We've been trying to meet with them one on one or in very, very small groups, but that camaraderie, where normally they'd all get together and share and have a meal together or whatever, has been a challenge. When we have parent activities and parenting cafes and all those things, even if it's a muffin and a coffee, sometimes that's a way to open the door with some of our families and some of the crucial and critical conversations that we have with them.*

**Family Engagement: When you think about the challenges that families are currently facing, or your program, what additional partnerships or resources would better support the children and families in your program?**

Focus group participants shared a wide variety of partnerships and resources that would benefit HS/EHS families, depending on local organization/agency structure and geography. After a participant initially mentioned some challenges, others echoed them, such as appropriate car seat use, as staff are observing car seat use more frequently due to the need for curbside drop-offs, and difficulties pertaining to communication with the foster care system. Participants shared an array of additional partnerships and resources needed in their local communities to address challenges such as dental and mental health services and full-day/full-year child care. Additionally, participants shared that increased flexibility with child care licensing regulations and addressing issues related to timeliness of background checks would allow programs to better address some of the existing challenges.

*We could use more dental partnerships for sure. We have partnerships with county health and all 12 counties, but they all do their work differently and so some do a complete physical. There's just different little snags in every situation so we're trying to develop partnerships where we help provide them with the kids as well as maybe some equipment that they wouldn't have otherwise, so they'll do our kids for free if they show up. But then, just today for example, we wanted to use the school nurse, and she said that she didn't think she should screen our kids because we have our own nurse. We're trying to get families to*

*use their local resources so then when we're out of their lives, they have things set up, and if they use our nurse, then that just goes away. I get it from both sides, but those partnerships are really important. And, not to bring up the topic that none of us want to talk about, but this vaccination problem isn't going to help it. We're going to have to really work hard on partnerships so we can maintain what we've already built for decades. Hopefully we don't lose anybody along the way.*

*I'm going to echo that in terms of mental health. And we faced the same sort of dilemma only, when we were tested as an agency, our local mental health facility was basically overwhelmed, and so those connections that we previously had that were informal to help our kids, they got pushed to the back burner. Plus our access to our kids made it difficult to predict those problems and that doesn't even consider the issues with our staff and parents. We have one central mental health provider and they have far less capacity than the schools and us to handle the problems, and they're still trying to recover from working with so many people struggling.*

*This isn't necessarily a bad thing, and we've got great partnerships and community resources available, but car seats, I've noticed, is always a thing. We have resources in place, and we have people that we reach out to, but there's not always a stock of them or it's not always timely. So, we have a lot of families that struggle with that. And I think, for us it*

*was kind of new. We've always helped families with this, but last year because of COVID we started a car line for our arrival and dismissal, so we're actually seeing the children in the vehicles and realizing how many of them are not properly restrained or not restrained at all.*

*Foster care. We are seeing more children than normal being put into the system and we just don't have foster care here in our county, so we're losing a lot of our Early Head Start and Head Start kids because they're needing to go to another county and they sometimes come back, sometimes they don't, but we'd really like to increase our communication with that system so that we can better serve those families if they are going to return.*

*We have that same issue, where if a child is put into the foster care system they usually get sent to another city and so that's hard, because we have lost children out of our child care to that issue.*

*We have identified through a self-assessment and through the planning process that we know that our families need full day, full year services while they're working or going to school. It's difficult to find steady, stable quality, affordable childcare and, especially with COVID, that's put a whole new twist on it too. And it also would alleviate some transportation issues that we sometimes have because they sometimes can get their children to our classrooms but then they can't get them to childcare before and after classroom time. We have*

*two classrooms that do go from before 7:30 in the morning until almost six every evening, and both of those classrooms are full and have a waiting list because there's a huge need for that.*

*I'm just thinking of the childcare issue because we're running short staffed as well. It will be helpful, I think, easing some of the licensing requirements for the staff, especially around having the 18 hours of training before you have someone come in, helping you for a couple hours every once in a while. I have leadership team who have had to step over and help, but before they do that, you have to do 18 hours of training, even though they have master's degrees. Isn't there any leeway that could happen when there's such a shortage of childcare, that if they have, some type of education or position, and not just right off the street, that they would not have to do the whole 18 hours of classes, just to be in there, a little bit. Does that make sense?*

*I know some people aren't, but we're having a ton of trouble with the licensing for criminal background checks and it's going to get worse October 1st. When I'm waiting two to four weeks, just to get an OCA number, having to wait another six months on background checks, when I can't hire somebody, is going to be detrimental. We currently have two rooms closed and I just opened one backup that I think I'm going to have to close. The quality of workers is not out there also, so I don't know if there's any way we could get some help with work enforcement or work study. I mean our field is hard to*

*recruit. Even right now I've had to email licensing to say the information has been in for two, three weeks and I don't have an OCA number, and then the next day I get an OCA number. So, I think that we need them to be a little quicker on their jobs. Even working through the unemployment office or some sort of workforce would be awesome to help with trainees or somebody to train to help us get staff. I mean, and we want good quality staff, of course, but that seems to be a rarity right now. I don't know about everybody else.*

**Community Partnerships: What community partnerships have you strengthened during the past year?**

In general, focus group participants reported disruptions to partnerships during the pandemic. As a result, HS/EHS programs are focused on reconnecting with existing partners and maintaining both existing and new partnerships. Participants shared examples of partnerships they strengthened or enhanced in creative ways in the past year to meet the emergent needs of families, including partnerships with local churches, farmer's markets, WIC offices, and the local Salvation Army. Participants also noted that some partnerships have been strengthened by necessity due to COVID-19 impacts, such as partnerships with local Part C (Infant Toddler Service) providers, school districts, mental health agencies, and local health departments.

*On the very front end of COVID, before the pandemic hit, we used our quality improvement funds to partner with K-State. They've got a family*

*center to increase access to mental health support for staff and students. In general, we strengthened some relationships district wide with our local health department, because they were necessary for being able to function all of last year.*

*We had begun work with a community group on childcare and partnerships with the city and local businesses and other agencies, but as soon as COVID hit so many other things that we were working on fell apart, but that did not. We continue to meet, plan, make progress. That was something that definitely was strengthened, and I think it got a broader view across the community the longer we went.*

*We are in 10 different school districts, so I would say we've always had great relationships with our school districts, but it's different when you're going through something that nobody's ever gone through before. I think that we leaned hard on each other, and they valued the information that we had coming from the Office of Head Start and conversations we'd have with all the directors around the state, and we value their information. It just really was a nice little time that we've just leaned hard on each other, and I feel like now, as a result of that, we're still quarantining here and there, and so the schools know to call us right away, and they know that we're going to go with whatever their guidance is because we're guests in their school buildings. They'll tell us we want you in school or nope you're not going to be in school*

*because we don't want anybody sick in our school, and they all have a little bit of a different take on it.*

*We're going to probably lose a lot of staff out in rural America. There's a lot of unvaccinated people, so if we have to close down classrooms as a result of that, we will lose relationships, and I think that's going to be really, really hard. Some of them will work hard to make that not happen, but some won't, and so they'll continue on without us, which will be great. I just don't know that we'll get back in the door later.*

*On the flip side I've had building principals willing to make those changes, thinking ahead to who's vaccinated and who's not and willing to trade out staff to make sure that our rooms have staff that are vaccinated. I agree as far as partnerships with the local school districts, and that's been a huge benefit to some of this.*

*We have a very good partnership with our Part C, and they were up against the same things that we were with Early Head Start home visitation. We were trying to do things remotely, trying to be able to take care of these children and these families. We were able to combine and do some combined virtual home visits with families, and we were able to bring them information that they needed to know for their child and vice versa, and that has strengthened.*

*Not necessarily a new partnership for us, but it took a different twist, with our Extension Office. We did several virtual family nights last year*

*and at the end of the year we were able to collaborate with them to do one around cooking and incorporated in our local farmer's market. They were able to get some other donations, and we did some porch drop offs, and we were able to do a cooking event with our families, but then they also, for participating in that, got some additional farmer's market books and, through the county extension office, to be able to go and purchase things and then take it home and make something with it. I think there was also part of that if they received Snap benefits, they were able to double their books.*

*I think the experience of the last year and a half or so kind of reinforces the importance of having clear plans, protocols, systems in place so that in the midst of a crisis type of situation you can lean on your structure and your known strategies and things that you're doing on a daily basis. It's a lot easier to make those adjustments when you're confident in what you're doing. You're trying to develop all of these things for a completely new and unknown sort of thing, that it's harder to do at that point.*

*We have a mental health consultant that we contract with who then also provide some services on a regular basis in a classroom. We also partner with our community mental health, and they do all their social skills groups here and they meet with the parents here to sign them up for services so then they can take the time to follow the children into the classroom to transition the skills that they're working on. It's worked out*

*very well for them and for us because they are seeing their families more consistently and the children are, of course, showing up more consistently for their groups when they're here, so that has been a nice partnership. We've also made a nice partnership with the church next to us because we needed more space to spread out when we were having meetings. And they have taken us under their wings...they came in our yard and cleaned up the bushes, cleaned up any trash, and re-painted some lines. Some nice things that come out of that.*

*Some of the partnerships that we've enhanced or changed a little in the last year is our connection with WIC...I think our connections with DCF have increased, as that whole piece with families trying to apply online and not fully understanding how to do that. While they were working remotely, our staff stepping in more to be middleman and to be helpful and to stay in contact and build those relationships with people. We also have been working with attachment therapy at one of our mental health providers and getting their therapist to be approved by the insurance pieces that are used throughout our area so that our children can be seen on site for mental health therapy and play therapy. That's been a long time in getting that all worked out. Right now, our parents are going to be able to come in to have those sessions with their children in that designated space with a therapist. Hopefully having attachment therapy sessions closer to them will be a big help.*

*We did a little restructuring a couple of years ago when we hired another supervisor and one of her strengths is relationship building and working with our partners. She has really made it a point, and we're really starting to see the benefits of that. She goes out and meets with our different partners and as a result we've got some new partnerships as well.*

*We have definitely become much closer with the health department.*

*We kind of let go of some of the contacts over COVID...one of the homeless agencies that serve homeless that we worked with, and we just really built up a great contact with them right before COVID started...then they were really kind of lost...because they were in emergency mode as much as we were. I think we've built that back up, but I think making sure that we have a list of at least who do we want to continue to reach out to and make contact with when something like this happens. How do we not lose that contact? That would be something I think that we have learned from this time- that we're really having to work extra hard at re-establishing contacts at this point.*

*We've found that there's just been staff turnover during that time so it's not really that we've lost the partnership with the agency. We used to do these trainings every couple months, where agencies could send new staff and you had like 10 minutes to share about your agency and*

*your contact information, and I think we're going to go back to that because there's been such a change in just the staffing.*

**Child Care Access: What support or resources would better meet and would better support families in meeting their child care needs?**

Focus Group participants described their local child care workforce shortages as an urgent issue impacting the availability of child care slots. Participants also shared concerns about potential workforce challenges due to federal vaccination mandates for HS/EHS staff. The workforce shortage is further impacted by teacher stress and emerging mental health concerns. These workforce shortages are aligning with changes in child care demand to create access challenges. For some families, when older children were in remote learning, child care did not make sense for their younger children. Now, however, families need child care and it is not available. Child care closures in the past year (both centers and classrooms) make it difficult for families to consistently access the care they need.

*We had a church child care center that closed down, and they were licensed for 80 students in their program and, at the time they closed, they had a lot of teacher's children. So, we went to our district and said, you know we have these rooms, what do you think if we did some private pay partner with the school district and did private pay for our district employees. And that worked out very well. We've been able to*

*absorb quite a few of those spots for those children between us and another center. I think we've taken all of their kids.*

*I think, ultimately, the problem is workforce. There just isn't a quality staff...I know even with our own staff and finding enough for Head Start the workforce has been difficult.*

*When we were remote, it was a concern with families. If I'm going to enroll my kiddo in school, I've got to give up my child care, I can't afford to continue to pay for care... it was really just that we didn't know what to expect. Do we keep it, do we not, but that hasn't been an issue this year as we've been in person.*

*We connect with other child care agencies in the area...everybody's struggling so it's not a perfect fix. But it does allow us to have faster referrals out to other agencies and give more information to parents that are needing it.*

*I think there's the issue of vaccinations and then we have families that get very frustrated when they have to quarantine, but if they were vaccinated, they wouldn't have to. It's just a battle...and this has become such a political thing that people are dug in. If they're not going to be vaccinated, they're not going to be vaccinated but the choices they make, there's consequences for those choices, and so, if because their child was exposed...it just is what it is right now.*

*I'm very concerned when it goes into effect that 100% of Head Start staff have to be vaccinated, because I'll be shutting down a bunch of sites, because I have staff that will not be vaccinated. Compound that with you have to be fully enrolled, and it's just a little nightmare waiting to happen. One of the other things that we're competing with is for employees, is that you know everybody's looking for employees, and so the incentives that people are giving are just more than what we do, and I think that makes it harder to find some of the staff.*

*Trying to find somebody who really finds it in their mission to support staff and to really think about the mental health of our children and our staff that we currently have here, because we know the studies are showing that this trauma that they've experienced is definitely going to play out and they're not going to stay with us because they're tired. It's a lot of stress in some of our classrooms.*

*One of the things that we have done is that we have had a huge restructuring of our Head Start program and Early Head Start. One of the things that came along with that was relocation of our what we call our central office. Our mental health and disability specialists used to be housed at our central office and would go out to sites and now each of them is assigned to a site, and their ability to actually be out and in the classrooms and providing some support for those behaviors for the children who have those and the teachers is higher, now that they're actually out there, along with our coaches. One of our school readiness*

*coaches used to be based out of our central office...they are also now located at our sites, and they're providing some extra support there. And on the other side of that is that we've been building up contacts with our mental health care center and really getting them more involved, again, as we kind of lost contact with them over COVID to an extent, and now we're really building those contacts back up. I would say that we can't see the results of that just yet, but we can see the wheels turning.*

**Kindergarten Transitions: What strategies or supports do you have in place for successful kindergarten transitions with the school districts that you work with in your service area?**

Focus group participants primarily shared strategies for sharing information between HS teachers/programs and kindergarten teachers and providing kindergarten transition information to parents. The specific strategies vary greatly depending on geography of the HS program, the local school districts, and the number of districts to which a HS program transitions children. Additional strategies mentioned by participants included a kindergarten task force and visiting transitioning HS children in their kindergarten rooms on the first or second day of school.

*One thing that we do that needs a little tweaking, after some feedback we received this year, is on the first or second day of kindergarten, all of our staff, since we don't have kids yet as we're doing home visits, they go and actually support their students and their kindergarten classrooms. Next year I'd like to look at that being the first day. Maybe*

*the second day...If the staff could be there for arrival and help those kids transition into the classroom and get their day started, I think that might be a little less disruptive than just having it be all throughout the day. We also do a Google form that every early childhood teacher fills out that has information about each individual student and that gets them directly to the kindergarten teacher, so they have got all of our information.*

*We don't have it figured out yet, but we currently have a kindergarten transition Task Force, and that was something that had been part of a strategic plan for a while. It's strengthening that system. Begin part of a school district where a lot of the folks in the special ed department are peers, but we've also expanded that task force to include some community partners, as well as child care providers so that the strategies can be inclusive of all children that are making transitions to kindergarten, not just those that are within our school district preschools.*

*We have a pretty comprehensive transfer of documentation to our kindergarten. That has been streamlined over the past three years - used to be all paper, but now it's digital. It's much more easy to share. And it's much more easy for us to track, so that's been an improvement in terms of the transfer of information. Probably the neatest idea that we had during the first year of shut down was we tried to do online classroom presentations for every kindergarten teacher, so*

*that a parent that might not have access to walk in the building could go online and find out all about the teacher, see the setup of the classroom, see what would be needed the first day of school. We had several of those schools that did a great job of creating that for us. This year we let that slide, so I think we've discussed we're going to go back to that because, regardless of whether you have access or not to the classroom, during open house you don't get the information you can get from that type of platform, so we're going to go back to that and hopefully that will help. We still do visitation - we did visitation last year. And that was well received by the teachers, they were glad. I think there's still a loss of—there's so many kids that moved to transition to kindergarten, and we go to so many different centers, I think eight total, there's still a loss sometimes of what's going...still miss a few every year, so we have to tighten that up.*

*We have centers that go [all over], and we do have a transition plan. We look to our staff to work with the local education programs as to how they want to take on that transfer of documents. And I will be looking into that digital because that's a fabulous idea. But that can look different in different centers.*

*I can share one of the things that we did last year. We updated our website significantly and we have a transition preschool section which we have on there - all the schools that they could transition to. We have pictures of all the teachers, the playground, lunch room, all of those*

*things that someone might want to see or to help that transition, as well as the links to the state resources, links to all the kindergarten round up when it's time, a link there we did a video section with our mental health consultant about transition to kindergarten. We have all the links to books to read about going to kindergarten. That's one of the things that we took this time to enhance when we couldn't get into the schools.*

*One of the things that has worked well for us is that one of our parent committee events is kindergarten transition. We have members from the superintendent's office-the assistant superintendent for early learning comes out and brings staff members to talk with parents at that event and talk about what the expectations are as well as being able to connect them to the schools that they'll be going to and what summer programming is. We usually have it the first Thursday in March, which really gets them in line....we know that the information they're getting really fills their need. And then we have that presentation to share with families that weren't able to attend.*

*This year we had several of our teachers that met with the kindergarten teachers to talk specifically about the children and families that had given permission. We got feedback from the kindergarten teachers, and they shared things. It's kind of like that initial home visit that we do with families, and we find out what children react positively to, and what the best way is for them to learn. Maybe some behavior tricks that they've used with them. We got some feedback from kindergarten teachers that*

*they hope we never quit doing that because that was very helpful for them, so, in addition to all of the other things all of us have done for years, that's been one of the things we have gotten some positive feedback on this year.*

**Serving Children with Disabilities: What do you have in place right now for transitioning children with IEPs (Individual Education Plans) and transitioning your Early Head Start children that have IFSPs (Individual Family Service Plans)?**

Focus group participants primarily shared strategies for pro-active communication between HS/EHS staff, Part B (Special Education) or Part C (Infant Toddler Services) staff, and parents. Participants also shared strategies for strengthening collaborative relationships between staff members from both agencies. Strategies vary across programs that are located within a school district and those that are not. Participants discussed an emerging concern regarding speech delays for children resulting from increased time in settings with caregivers wearing masks as a COVID-19 mitigation effort.

*We've just been working more closely with our Part C and Part B providers to communicate as transition meetings are happening about what the options are for placement. Increasing that level of communication. That in and of itself has been helpful.*

*Whether or not a student might be more or less successful in a part day in or a full day situation...For some families their child might be more successful in a part day classroom because of the intensive services*

*that can be provided there but pending on the needs they might have, that doesn't always mesh well with childcare.*

*We're really blessed that we have members of the school districts early special education team that work with our children on our site. All of the IFSP or the IEPs go through them, so they're already ready to help with that transition process to kindergarten. Our children that are under three, their IFSPs are with Infant-Toddler services, because [the school district] is on site, it's much easier for us to make those arrangements for those meetings...we know what needs to happen as they move from one section of our programming to another.*

*Well, I would agree with most that with us being in the school district, we have our joint meetings. It's not unusual for the assistant Special Ed director to know what kids we are transitioning into which classrooms, so it's just kind of a different setting.*

## Surveys

In addition to providing an opportunity to participate in one of the two focus groups, the Kansas Head Start Collaboration Office (HSCO) invited Kansas Head Start (HS) and Early Head Start (EHS) grantees to contribute to the 2021 Needs Assessment through an online survey between the dates of September 7 and September 30, 2021.

Seventeen (17) participants representing 16 programs participated. Survey questions focused on three topic areas: parent, family, and community engagement; collaborating with state school systems; and early childhood systems. Programs had an opportunity to share strategies and priorities for success in each of these areas. The survey structure provided participants the option to respond only to applicable questions for their program. As with the focus groups, while some key trends emerged in the responses, the range of responses reflected the uniqueness of HS/EHS programs across the state and the children, families, and communities they serve. A summary for each question is included below, along with a sampling of responses.

**Parent, Family & Community Engagement (Family Engagement): Please provide an example of a successful activity or event you held in the past six months to promote family engagement. What was the outcome or participation for this activity?**

Respondents shared a variety of successful events or activities primarily under one of four types: social/fun opportunities, "take and go" type events, back-to-school focused activities, and virtual events. For many programs, community partners offered enhancements or additional supports for these events.

*Due to COVID, Family Engagements and Socializations have had to look a bit different. However, our program was able to reach every family throughout the pandemic. EHS and HS offered "knock and drop" activities and meal kits for each event. Our staff posted videos and/or Facebook Live events. This happens to be an area that excelled over the last 18 months.*

*We hosted an end of the school year event in which families learned about transitioning to kindergarten and activities they could do with their children through the summer. We had 150 people attend the event. This was one of the largest events we have held since before COVID restrictions.*

*Several of our Head Start classrooms and Early Head Start parents partnered to sponsor petting zoos for families this spring. These are connections with community partners that enable children and families to see live animals that children learn about in our programs. This activity is one of the most well-attended family engagement meetings that we host throughout the year.*

*We hosted virtual family nights (reading with hot chocolate, making gingerbread houses, cooking as a family, and bingo). Materials were dropped off to families and our attendance was high.*

**Parent, Family & Community Engagement (Community Partnerships): Please share a few strategies you have found successful in the past year for engaging community partners. What are your priorities for community engagement moving forward?**

Respondents mentioned a range of successful strategies for engaging community partners, including collaborative or joint efforts, reciprocal efforts to connect families to resources and to HS/EHS programming, building relationships between organization staff, and joint problem-solving. Programs reported adapting many of their partnership strategies in the past year due to the virtual nature of working and meeting together during a pandemic. Moving forward, the primary focus and priorities for partnerships and community engagement center on building relationships and awareness and connecting families to resources.

*Successful partnership strategies*

*Staff were on the ground assisting community partners. There were several community partners that boosted their services during this time.*

*The staff were participating in distributions of the funds and/or goods.*

*The staff also picked up items and delivered to families that could not be at the community event(s).*

*We have set up personal meetings with community partners. We have also participated in community health fairs and spent time talking to the other agencies there about ways we could partner together. On August 28th, the Manager at [a local business] held a meet and greet style*

*event with a raffle. This gave us an opportunity to speak with people in the community about our services.*

*A few strategies that we utilize and have found successful in the past year for engaging community partners are to hand write and hand deliver notes to community partners thanking them for the collaboration with us. We engage community partners by supporting businesses with our parents by hosting events that promote that business. Another way we engaged our community partners this past year has been to ask if they will promote our programs by putting an Early Head Start sticker on a pizza box or a take-out sack. Finally, we interact with community partners as professional options for referrals to our Early Head Start and Head Start programs. These professional agencies provide us with lists to seek out potential families.*

*Individually connecting with staff from other partners. Learning about what each agency does/offers to the community and then providing opportunities for our staff to volunteer or support the other agency. For example, our staff were able to go to the [local agency] to tour and learn about their programs. Staff could sign up for a time to assist with the project and to prepare boxes for participating children/families. Our staff time and support had a huge impact for the [local agency] team and also allowed staff to build relationships with team members as they worked together to complete the project.*

*Ensuring that engagement is around shared issues, and not just meeting to complete a requirement.*

*Partnership priorities*

*Each county in our service area will be monitored a bit closer in regards for community engagement. We believe that this is at the heart of our program. Community engagement not only promotes the program, it boosts referrals, resources and overall wellbeing for children, families, and staff! Our goal is to continue to build, but also reflect and direct a little more attention to what we already have going.*

*We want our communities to know that we are here and want to partner with them in any way we can. This includes setting up meetings and going to community meetings and speaking to people about what we do. Forming relationships is incredibly important.*

*Our priorities for community engagement moving forward are to continue to build relationships so that our partners think of Head Start and Early Head Start when they think about children 0-5. Also, we want to make sure that our community partners are always aware of how much we need them on a consistent basis.*

*We just re-started and are working on building up a partnership with [local agency] that serves families that are homeless. We send our ERSEA specialist out to their site/day house and help families complete the application for our program to receive additional support and*

*services. Working on having a partnership to expedite the referral process for services for children who need additional support. Continuing to collaborate with other community agencies to provide resources for our families who are in need.*

**Parent, Family & Community Engagement (Early Head Start-Child Care Partnership): Do you have an Early Head Start-Child Care Partnership (EHS-CCP)? What strategies or supports have you found to be helpful in establishing successful EHS-CCP? What are your priorities for your EHS-CCP? What resources would be helpful to build or strengthen a child care partnership?**

Of the 17 individuals responding to the survey, six currently have an EHS-CCP. For those programs, communication is the most successful strategy for establishing successful partnerships. Respondents also indicated that a shared vision is key to successful EHS-CCPs. Priorities for the EHS-CCPs vary by community. Of those programs without existing EHS-CCPs, three are interested in establishing one. Those participants indicated that funding and support for forming the relationships would be the most beneficial support to establishing new child care partnerships.

*Successful EHS-CCP strategies*

*Partnerships require a shared vision and open communication. It is becoming harder and harder to achieve a shared vision.*

*Our most successful partners have had previous ties to the program - previous staff member or parent.*

*Communication, communication, communication. We share expectations and involve site administrators into our decision-making process to foster buy-in.*

*EHS-CCP priorities*

*We want to get as much training as possible so we can speak to potential partners in an educated way. We want to secure the partnerships with the two entities we are currently speaking to.*

*Recruit additional partners in all counties.*

*Resources to support establishing an EHS-CCP.*

*Community workshop to help facilitate this process of expanded services.*

*Reduction in the number of report and paperwork requirements for participation in the partnership. KEHS requirements are time consuming and frustrating for staff and enrolled families.*

**Parent, Family & Community Engagement (Home Visiting): Do you offer Early Head Start home visiting services? What strategies or supports have you found to be helpful in delivering home visiting services in the past year? What are your priorities for your home visiting services? What resources would be helpful to strengthen your home visiting services?**

Twelve of the programs participating in the survey offer EHS home visiting services.

Programs shared a range of strategies, priorities, and resource needs for successful

home visiting. Consistency and continuity are important to delivering effective home visiting. None of the survey participants indicated interest in establishing EHS home visiting services.

*Home visiting strategies and supports*

*Technology!!!! Home visiting services will never be replaced by technology, but without it, we couldn't have kept in touch with families.*

*Prioritizing "knock and drops" creates a bit more engagement as well.*

*The best supports we have found to be successful is having the right people in place to do the work. This includes having consistent staff, Assistant Director and Director in place for sustainable services.*

*Consistency of visits is a strategy that is helpful in delivering home visits. The research shows that if a home visit can take place the same day and time weekly the more likely Early Head Start is to have a visit. Building a relationship of trust and connection is an essential strategy in delivering a home visit. The families must believe that we are there to be helpful to their family and not to judge their family. Working with families where they are is vital as well. In our Early Head Start home-based services families are listened to and connected to resources that will help their family with needs, concerns, and challenges. Finally, helping families to understand that rescheduling a home visit is a must if a home visit is missed. This strategy helps families to see the*

*importance of consistent visits. Even with COVID, Early Head Start has been doing home-based home visits for this past year.*

*We utilized porch drop offs to deliver supplies and activities to families. Increase in telephone contact and other technology such as: texts, calls, and Facebook. Being a part of a community group of other agencies that offer home based services has helped us to collaborate and develop new ideas to utilize without families.*

### *Home visiting priorities*

*Engagement! The pandemic has put a strain on staff and family engagement. This is a priority and a need to shift back to where we were 18+ months ago. Enrollment! Enrollment has also suffered. We are looking at hiring our final home visitor opening. Once we are fully staffed, we will hopefully enrollment will come along.*

*Keep all Home Visitor's safe and healthy. Make sure all of the home visitors feel confident with their knowledge base. Ensure all home visitors are trained in areas that will help them feel confident and enable them to teach the parents.*

*Our priorities for our home visiting services are consistency of visits, a research- based curriculum, keeping our Early Head Start children up-to-date in their health, and helping to support families in their goals. We continue to pursue the Head Start Performance Standard of 46 home visits in a year for each family. We would like to advance our progress*

*in our community partnerships by being creative and inventive. Finally, we would like to help families move forward in their dreams and objectives for their own families.*

*Moving back into being on site and in/around the home for the full length of time. We are remaining flexible with virtual and in person services based on the need and covid protocols. Safety is the number one priority for us. Another priority is acclimating new families to our program and why our services function in the capacity that they do. We also make sure our current families are reminded of what to expect from our services especially as the processes fluctuate during covid-19. Making sure that our Performance Standards are followed as guided by our National Office of Head Start with the length of the visit being an hour and a half.*

#### *Resources to strengthen home visiting services*

*Partnerships at the state level, as well as community partnerships to boost enrollment. We need support from the top, down.*

*More mental health, audiological and dental resources would be incredibly helpful to strengthen our home visiting services.*

*Continued offering of virtual trainings to support a better work/life balance for staff. We have had substantial turnover within our home visit and family service staff over the last year and a half. Training and orientation for new staff has been an emphasis and many of our new staff are not coming from an early childhood background. Trainings or*

*partnerships with a focus on early childhood development would be beneficial.*

*Being fully staffed would allow us to provide services to more children and families. Having support and encouragement from other agencies who are also struggling. Additional guidelines on what is going to be accepted in the next few months since there is a lot of uncertainty.*

*Additional technology resources such as internet and mobile services for in the field use to make the process easier to manage. Helping provide families with internet resources to utilize for virtual activities as needed.*

**Collaborating with State School Systems (Kindergarten Transitions & Serving Children with Disabilities): What have been your successful strategies for creating and maintaining an MOU with your local school district(s)? What other partnership or resources would support better coordination with school districts and assist families with transitions?**

Respondents mentioned communication and clear Memorandums of Understanding (MOUs) as important to successful partnerships between HS/EHS programs and local school district(s). Resource needs to support coordination vary by community.

*Strategies for successful collaboration with school districts*

*Connections at the local levels. However, that only goes as far as turnover. Creating Kindergarten Family Engagements, visiting the*

*school on a field trip (if allowed), sending paperwork, etc. This is an area the state needs to improve on.*

*We try to keep in contact with our schools on a regular basis. This helps let them know we are invested and interested in our partnerships. We have classrooms in 4 of the 10 counties that we serve.*

*We have MOUs with each school district where we have classrooms in their town. These MOUs are a source used to outline what Head Start provides and what the school district provides. This process includes how to effectively transition children into kindergarten.*

*Our school district IS our grant recipient. We have established a Kindergarten Transition Task Force to strengthen early learning transitions.*

#### *Resources to support better coordination*

*We are working on this now. It would be helpful to have a sample MOU for these relationships.*

*Creating partnership from the state office, all the way down. Possibly creating a person in charge of transitions at the public school level.*

*Head Start knows and understands the importance, getting the receiving end to understand and make time is a struggle.*

*It would be beneficial to have professional training provided to the districts on the importance of Head Start. Some school districts are*

*easier to work with than others. There are difficulties getting them to understand why we have the requirements we have in our programs.*

**Early Childhood Systems: What other areas of challenge and what would help your program make progress around this challenge? What accomplishment are you most proud of in the past year? What would you like your community to know about your program?**

The most frequently mentioned challenges by survey respondents related to COVID-19, staffing, and workforce issues, but other challenges were mentioned, such as enrollment eligibility and mental health services. HS/EHS programs across the state are proud of a variety of accomplishments, especially pivoting quickly during the pandemic to continue to provide HS/EHS services to children and families. Respondents provided a range of answers regarding what they would like their local communities to know about their HS/EHS programs, but the most common response reflected the impact(s) the program has with children and families in the community.

### Challenges

*Staffing at this time has been challenging. Wish we could get more subs. We had to lose a school bus due to not having enough drivers, which has been challenging.*

*The biggest challenge right now is COVID. The only way that is going to change is if it goes away. The other challenge we have is being able to provide services for the families that need it, but don't necessarily qualify for being income eligible. We have had a number of families that*

*are unable to qualify for the program because they have a better paying job and their income has gone up. The federal poverty level is so low that it eliminated many families that need and want the services. For some it seems like they are being penalized because they are doing better.*

*We need more mental health providers who can see individual children and their families. Not just assist in classrooms.*

*Staffing and sub issues - The district has been holding fairs, placing position recruitment on social media, etc.*

*COVID-19, staffing, and the overall workforce issue that the entire country is facing.*

*Streamline background checks through a federal system. Early childhood workforce issues will be reduced when early learning is valued in the way that public K-12 systems are.*

### *Accomplishments*

*Keeping positive and supporting parents. Our staff are moving forward in getting CDA's and Professional Development opportunities.*

*We are almost fully staffed!!!! Restructured our management level to better support staff and increase retention rates.*

*That we were able to provide remote services to students that were not able to attend in person.*

*Through COVID, we only had to close for a short period of time. By mid-January, all of our staff were working back in the office and our classrooms were doing in person learning.*

*Continued to provide high quality education, improved communication with families as well as offering alternative ways for families to connect.*

*The strength of our system has been evident as we have navigated operations throughout a pandemic. We have invested a significant amount of time and energy in building a unified early learning system in our district.*

*What programs would like the community to know*

*Our children are being served and progressing in Kindergarten Readiness skills. We are committed to face-to-face services and take safety very serious.*

*What we have to offer! The positive things that come out of our program. How families can qualify- NOT just income based.*

*We are an amazing program who works hard to give our students and families the best experience possible. All families are assigned a family advocate, which work closely with the families.*

*We have been in our communities for over 40 years. We are dedicated to helping families their goals and provide resources for healthy and*

*happy families with education at the center of everything so their children are ready for school by the time they go to Kindergarten.*

*We would like them to better understand the effects of trauma to young children so that they "get" the importance of quality early childhood.*

*Communities need to understand the entire picture --- effects of poverty, brain development, experiences at young ages impact individuals forever, etc.*

*We work with not only the child, but the family to offer support and identify resources. For parents who work for our program, we also learn tools to help our own children. This program has a huge heart and we are working hard to strengthen our program and provide the best services that we can for our community. We work hand in hand with a lot of community agencies and make connections and build bridges to support our families.*

## **Alignment with 2021-2026 Strategic Plan**

### **Strategic Plan Goals**

In 2020, the Kansas Head Start Collaboration Office (HSCO) utilized the data collected for the 2020 Needs Assessment to create its 2021-2026 Strategic plan in alignment with the HSCO priority areas set forth by the Federal Office of Head Start and the Region VII Office of Head Start. A variety of stakeholders provided input into the 2021-2026 Strategic Plan, including the Kansas Head Start Association (KHSA), Kansas Head Start (HS) and Early Head Start (EHS) program directors, state partners, and other early childhood stakeholders.

The 2021-2026 Strategic Plan includes six long range goals with short term objectives and process goals for each. These long-range goals respond to areas of interest and/or concerns identified by Kansas Head Start (HS) and Early Head Start (EHS) program directors during the 2020 Needs Assessment process.

- Long Range Goal #1: Ensure that Head Start is involved in the development of state policies, plans, processes, and decisions impacting Head Start.
- Long Range Goal #2: Enhance information sharing through data systems 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.
- Long Range Goal #3: Head Start is actively involved in the review of the KS L2Q program/initiative to ensure that it meets the quality improvement needs of HS programs in Kansas.

- Long Range Goal #4: Promote the recruitment and retention of a high-quality early childhood workforce.
- Long Range Goal #5: 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.
- Long Range Goal #6: Increase Head Start and School District coordination by maximizing resources for Head Start and low-income children and families.

### **Alignment with 2021 Needs Assessment**

The 2021-2026 Strategic Plan of the Kansas Head Start Collaboration Office (HSCO) is intended to guide and further efforts and strategies in response to the needs of Kansas Head Start (HS) and Early Head Start (EHS) programs and in alignment with the priorities of the HSCO as determined and stated by the Office of Head Start. Each long-range goal aligns with a federal and regional priority area and includes short-term objectives and progress goals to support continued advancement of the long-range goals. As part of the 2021 Needs Assessment process, the Kansas HSCO has reviewed the alignment between the needs assessment findings and the long-range goals of the 2021-2026 strategic plan and found that the identified needs/challenges and potential focus areas align with and reflect the goals and objectives of the strategic plan.