

2022 Needs Assessment

Kansas Head Start Collaboration Office

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Kansas Head Start Collaboration Office

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Table of Contents

Executive Summary	2
Purpose	2
Methodology	2
Findings	3
Background	5
Head Start in Kansas	5
Kansas Head Start Collaboration Office	6
Role of the Kansas Head Start Collaboration Office	7
Kansas Head Start Collaboration Office Priorities	8
2022 Needs Assessment	9
2022 Findings	9
Focus Groups	11
Survey of Programs	30
Alignment with 2021-2026 Annual Strategic Plan	40
Strategic Plan Goals	40
Alignment with 2022 Needs Assessment	42
2021-2026 Strategic Plan	42

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 needs assessment annually 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 2022 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 2022 Needs Assessment process: virtual focus group sessions and an electronic survey. All Kansas HS/EHS grantees had the opportunity to participate in the needs assessment through one or both methods. Before 2019, the Kansas Head Start Collaboration Office (HSCO) collected data for the annual needs assessment primarily through online surveys with various 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 has utilized both the online survey and virtual focus groups every year since.

The online survey and two focus group sessions for this 2022 Needs Assessment occurred in September 2022. The discussion questions for each focus group were the same. Sixteen (16) individuals, representing fifteen (15) grantees, participated in one or both activities. The participation rate was 61% of all Kansas HS and 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 2022 Needs Assessment report.

Findings

Since March 2020, Kansas Head Start (HS) and Early Head Start (EHS) grantees, staff, families, children, and communities have experienced ever-changing circumstances and impacts of the COVID-19 pandemic. During the 2020 and 2021 Needs Assessment processes, HS/EHS grantees shared a mix of traditional challenges faced by HS/EHS programs as well as additional challenges brought about by the reality of serving HS and EHS children and families during a pandemic, including closures and re-openings while aiming to provide safe services and focusing on school readiness and family engagement. Access to child care for families and heightened workforce and staffing shortages emerged as prevalent needs.

This 2022 Needs Assessment highlights the continued efforts Kansas HS and EHS grantees are making to problem-solve challenges further exacerbated by the COVID-19 pandemic, including staffing shortages and, in some cases, continued classroom closures, but it also highlights the desire to look ahead and focus on offering high-quality services that benefit children and families in their communities. Three prevalent findings emerged:

- Grantees work closely with community partners to meet a range of critical and urgent needs facing Kansas HS and EHS families and children, especially health and mental health needs.
- Grantees engage families with ongoing communication and consistent, creative, and flexible programming components, incorporating strategies that worked well both prior to and since the beginning of the COVID-19 pandemic.
- Grantees balance significant workforce recruitment needs and challenges with ongoing strategies for retaining and supporting HS and EHS staff members possessing a wide range of qualifications and experiences.

The challenges and needs shared by Kansas HS/EHS grantees continue to echo and reflect the challenges and needs facing much of the Kansas early childhood system, as identified in the *All In For Kansas Kids 2021 Needs Assessment Update*, conducted for the state's early childhood systems building effort. The Kansas HSCO can continue to grow its partnerships with professionals across the early childhood system in a shared effort to address these needs. Based on these 2022 Needs Assessment findings, the Kansas HSCO identifies the following opportunities and strategies for sharing the

successes of Kansas HS/EHS grantees while supporting them in addressing current needs and challenges.

- Facilitate and strengthen coordination and partnerships across sectors, especially with the mental health delivery system.
- Continue engagement in efforts to strengthen the Kansas early childhood workforce, including ongoing participation in the Early Childhood Workforce Advisory Group. Leverage state-wide early childhood workforce efforts to meet the unique needs of HS/EHS grantees across communities.
- Provide coordination support and resources between HS/EHS program directors, child care providers, and Local Education Agencies (LEAs), especially related to seamless transitions from HS to Kindergarten.

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 2022 Program Information Report (PIR), a federal report completed annually by all HS/EHS grantees, 26 HS/EHS/EHS-CCP grantees provide services to children and families in Kansas, including three (3) American Indian and Alaska Native (AIAN) Native American

grantees. Of these 26 grantees, 17% are Community Action agencies, 37% are Unified School Districts, and 39% are private or public non-profit organizations. Twenty-six provide Head Start services and 20 provide Early Head Start or EHS-CCP services. During the reporting period, these 26 grantees served 265,068 children in HS programming and 2,760 children in EHS/EHS-CCP programming.

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 of 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:

- 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 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 Kansas Head Start Collaboration Office (HSCO) builds 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), the state's child welfare agency. Built upon the fundamental premise that "strong families make a strong Kansas", 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 early childhood partner groups for information sharing, planning, and coordination.

- 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 State Advisory Council, that include and serve the Head Start community.

Kansas Head Start Collaboration Office Priorities

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.
- 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.

2022 Needs Assessment

Findings

The Kansas Head Start Collaboration Office (HSCO) invited all Kansas Head Start (HS) and Early Head Start (EHS) grantees to participate in the annual needs assessment process. Fifteen (15) Kansas HS/EHS grantees, represented by sixteen (16) individuals participated in the 2022 Needs Assessment: ten (10) in a virtual focus group discussion, eight (8) in the online survey, and three (3) in both a focus group and the survey (3).

Sixty-one percent of the 26 Kansas grantees participated in 2022. Focus group discussion questions and survey questions provided grantees an opportunity to share successful strategies for engaging and supporting families, partnering with community organizations and agencies to connect children and families with resources, creating smooth transitions between HS/EHS and other programs, and recruiting and retaining

staff. Grantees also had the opportunity to share current challenges and struggles along with areas for potential or additional support from the Kansas HSCO.

Kansas HS and EHS grantees vary by agency and organizational structure, program size and model, and community demographics, which is reflected in the responses from participants in the 2022 Needs Assessment process. Despite these differences, though, participants shared some common and similar successes, strategies, and struggles over the past year. Many of these echoed programming, partnership, and workforce challenges shared during past Kansas HSCO Needs Assessments. However, while Kansas HS and EHS grantees were forthright about their continued efforts to problem-solve challenges exacerbated by the COVID-19 pandemic, including staffing shortages and, in some cases, continued classroom closures, they also conveyed their commitment to look ahead and focus on continuing to offer high-quality services that benefit children and families in their communities.

Three prevalent findings emerged across the responses to focus group and survey questions:

- Grantees work closely with community partners to meet a range of critical and urgent needs facing Kansas HS and EHS families and children, especially health and mental health needs.
- Grantees engage families with ongoing communication and consistent, creative, and flexible programming components, incorporating strategies that worked well both prior to and since the beginning of the COVID-19 pandemic.

- Grantees balance significant workforce recruitment needs and challenges with ongoing strategies for retaining and supporting HS and EHS staff members possessing a wide range of qualifications and experiences.

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 2020 and 2021 updates. As in years past, the findings of the Kansas HSCO 2022 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 during September 2022. Ten (10) HS/EHS program directors and management staff, representing 10 grantees, participated in a focus group.

- Focus Group 1, 9/8/22: six (6) participants, primarily Community Action or other non-profit grantees.
- Focus Group 2, 9/14/22: four (4) participants, primarily from school district grantees.

Additional attendees for each focus group included representatives from the Region VII Head Start Training and Technical Assistance system, the Kansas Department for Children and Families (Kansas Early Head Start), the Kansas Head Start Association, and the Kansas HSCO Needs Assessment team.

Focus group participants responded to discussion questions organized under five topics: Family Engagement, Community Partnerships, School District Collaboration, Early Childhood Workforce, and Staff Training. The COVID-19 pandemic has resulted in ever-changing circumstances since March 2020 for grantees; therefore, some questions included specific timeframes (i.e., within the past six months) to identify ongoing concerns along with current and emerging needs and strategies. Responses across all questions reflected the individual approaches and available opportunities grantees have, depending on their community and organizational structure, to meet the needs of children and families and partner with community organizations. Responses also highlighted common strategies and difficulties across Kansas HS/EHS grantees, including the many needs faced by HS/EHS children and families, the importance of partnerships and creativity for meeting needs, and the ongoing workforce shortages.

Below is a summary of the discussion for each topic area, including a sampling of responses from focus group transcripts (edited for clarity).

Family Engagement:

- **Based on prior survey information the top needs of families served in HS & EHS programs in Kansas are affordable housing, access to food, workforce/career options, access to mental health resources, access to drug and alcohol prevention services, childcare, access to supplies to meet family needs (i.e. diapers, cleaning supplies, toilet paper, and hygiene products), and transportation and fuel. Are there other emerging family needs your program is seeing that are not on this list?**
- **Please share a few strategies you have found successful in the past year for connecting families with community resources.**
- **Please provide ONE example of a successful activity or event you held in the past six months to promote family engagement or to link families to resources needed. What was the outcome or participation for this activity? (EXAMPLE: drive thru pizza nights, outdoor picnics or similar events, family fun nights).**

Focus group participants agreed with the list of family needs, indicating it was comprehensive. Other family needs include medical care; services for non-English speaking families; addressing social isolation; and accessing the WIC program (Special Supplemental Nutrition Program for Women, Infants, and Children). Additionally, participants identified needs resulting from closed or difficult to obtain services during the COVID-19 pandemic, such as timely prenatal care or applying for and receiving children's birth certificates. One indicated a greater number of children beginning Head

Start services without completed toilet training. Participants reported that the need for internet access, which was critical at this time last year, is not an urgent need currently.

Focus group participants shared a variety of successful strategies for connecting families to resources. These ranged from increased focus on the Family Partnership Agreement process (a goal-setting process for all HS/EHS families) to regular communication through program newsletters. A few indicated they have incorporated education for parents related to using technology apps to apply for various services

Several participants shared that strong relationships between their organizations and community organizations make it easier to connect families with available resources. One strategy for strengthening these relationships includes taking staff on field trips to other agencies to increase familiarity with services. Others focus on communication and regular interactions between leadership and management staff.

Kansas HS/EHS programs have offered creative and flexible activities and events, often in partnership with community agencies, to meet the diverse needs of families across communities. More than one participant reported they are balancing a combination of virtual and in-person activities, building upon the success they had with virtual programming in the past two years while trying to meet the needs and preferences of families. Examples include a large “Touch a Truck” event, a family field trip to the local fire department, health fairs, and hosting remote cooking lessons based around

ingredients families can purchase with WIC vouchers. In each of these activities or events, grantees combine “fun” with learning practical skills.

Sampling of participant responses:

I think for us, all those things listed were spot on. Those are all things we're hearing....the only other thing would have been the Internet service, and that has kind of remedied itself a little bit within the state and community.

We have seen a little bit of a decline in the prenatal moms seeking the prenatal care, or coming to our program late, and so they haven't had prenatal care throughout the first two trimesters potentially.

I would agree with that, as far as helping families access medical both for parents and for kids...We've been really trying to work hard to connect our families that are not English-speaking with resources in our community.

It's a pretty comprehensive list. If we could solve those things, we would solve a lot of issues for folks.

The only other thing that I would add, and it hasn't been a chronic problem, but we've had multiple families have this issue, and I think it had to do with Covid, and that's birth certificates for their children, not knowing how to access those, because the offices

were closed when their kiddos were born. And now they're starting school, and they don't know what to do. So that's been something we've helped with many times lately.

It's hard to keep a consistent partnership unless we do it up higher. So, that's really what we have concentrated very heavily on over the past year.

We've incorporated field trips for our social services team. About monthly they try to take a field trip to a community resource to connect with that resource, learn more about it, and then that agency also learns about us. So, we've done either field trips to that place so that we can actually tour it, or we've had them come as a guest speaker in our social services meetings.

Our Early Head Start site did virtual cooking lessons as some of their socials. We made sure that we incorporated the WIC coupons that they can get from WIC for the fresh produce at our farmer's market. It was a family event where you wanted the kids to be participating, to make the pizzas, and that kind of stuff. We did like a couple before, and it was really well attended...so we continued it because we were able to get the supplies, like the throwaway dishes, and that kind of stuff to cook the pizzas in. We still went ahead and did it virtually um because we had the request from the parents to be able to do something like that. Plus, you know, we wouldn't have a space big enough for thirty families to come and cook 30 pizzas. They need to learn how to do it at home. So, they did it at home.

For one of our socializations a few months ago we partnered with the fire department here in town, and we did a brief CPR and first aid for families. And it was amazing the amount of siblings that came with the parents and the ones that got down and practiced the actual CPR. They had a ball, and they learned a lot. The teacher that was there was very, very calm, very cautious in how she explained to them what they should do, and if there's an incident, how they call 911.

The United Way developed an app of all the community resources. So that's been really nice that we've been able to teach families how to utilize that and get on that to find resources.

We had just a couple of conversations with the health department, and this came out of the community partnership work that we were doing with another grant, but just to have some conversations with them about what we do. We found that, you know, we know a lot about what they do, but they weren't as clear on what we do. And so that was helpful to build some relationships with our Health Department specifically related to our physicals and things like that. Like, why we need them and what we're doing with them...just having those conversations was great.

I would say that helping our families with apps that allow them access, and the utilization of those apps to help them with the resources in their community has been something that has been very new to us, but very helpful to families.

The family partnership process, or the way that our families get connected with our home visitors, or we call them family education partners: identifying what strengths are, needs, things of that nature, that help identify those specific things that are really are the barriers or concerns for families, and being able to provide more targeted support for them.

On a broader level, better systemic support relationships among organizations, so there's this shared interest...

Go Truck Go, which we've done for years. It's really grown, and we open up the community...But during this time we have streets and parking lots blocked off, and we have the coolest vehicles out here that kids can climb on...in the parking lot area we do vision screenings during that time, hearing screenings during that time. The community partners all bring their information, set up a table...it's a great time that not only do we connect our families to resources, but even the community can see all the different resources available.

We kind of try to structure our family engagement things to provide a variety of options and not a one size fits all kind of thing.

We've done this for actually a couple of years...we partner with our community mental health, and we have a therapist that comes on site to do their groups right here when the children are with us, and what's nice is that typically the families are more likely to

meet and follow through if we just meet them here, and then we're able to get them in services a little bit quicker.

I think it's just a matter of them knowing that you're there and having ideas on how they can help support you.

I got to thinking at the start of this year that I feel like a lot of what we do for our families is band aids, and it's helpful in that moment for providing food and clothing and referrals and whatnot but, are we really changing the trajectory and giving them opportunities to make big life changes? So, we are going big over the next three to five, and thinking, how can we do that by partnering with [local employer], and having them not just be mentors to our students, but mentors to our grown-ups...to help truly break that cycle of poverty. If somebody goes through this adult-to-adult mentoring program with them there could be entry level jobs available.

Community Partnerships:

- **Please share a few strategies you have found successful in the past year for working with community partners to help meet the needs of families.**
- **What community partnerships have been the most helpful?**

Through their responses to the family engagement questions, focus group participants touched on how closely linked strong community partnerships are to effective family engagement in HS/EHS programs. Strategies for working with community partners include regular conversations between the staff of each organization, shared ownership

in efforts and activities, and a willingness to work with “unexpected” partners, such as trucking companies, Kiwanis clubs, and local employers. One participant indicated the importance of being prepared with needs and wish lists to not miss emerging opportunities to partner when they arise.

Focus group participants indicated mental health, medical, and dental partnerships are critical, especially partnerships with mental health providers. Other beneficial partners include libraries, health departments, and local extension offices. Several participants described their current partnerships with institutions of higher education, including marriage and family therapy and workforce preparation.

Sampling of participant responses:

For me at this point, I think I would say our medical or our dental provider partnerships. We know that all those things are required. When we can find a partner that's willing to support that process, it's very, very helpful for families and for staff.

It's probably our Health Department or local pediatrics office.

I think our most needed...would be mental health and trying to find a provider partner to assist us with that. But we haven't been too successful. We're working on it but haven't been successful.

For us, our Community College has been a great partner. They've really worked hard with our staff to help them figure out their course work, and where they're headed, plus hook them up with scholarships which has been really awesome.

I would say again mental health, but not just a Community Mental health provider. We work with a Board Certified Behavior Analyst. That's who we contract with, and her RBT Services have been very helpful to us. And then some of the other clinicians in the community, have done some trainings and things for us, so that has been really great.

School District Collaboration, Kindergarten Transitions, and Serving Children with Disabilities:

- **What strategies do you have in place to support children and families with successful transitions from Early Head Start to Head Start and from Head Start to Kindergarten?**
- **What else would you like to share about your program's transition practices?**
- **What partnerships or resources would strengthen coordination with school districts and improve transition experiences with families?**

Focus group participants described successful transitions strategies that work well for their organizations, which vary depending upon community needs, organizational structure (school district vs. non-school district), and program size. Many of these strategies center around frequent and purposeful communication and data-sharing. Examples include teacher visits and meetings, parent informational meetings, formal

transition protocols, and customized transition reports. One participant shared that they are including more practice for children with practical, daily skills used in kindergarten, such as carrying lunch on a tray or opening a milk carton.

Across these strategies, participants focus on smooth and positive transitions from HS to EHS programming or from HS classrooms to kindergarten classrooms for both parents and children. School district grantees, especially, have worked to sync processes and align transition protocols with their K-12 counterparts. Another shared they are utilizing available resources like the Kansas State Department of Education Kindergarten Readiness Rubric (Kansans Can Star Recognition). Grantees would benefit from continued support with facilitating school district partnerships as it can be difficult and time-consuming for each individual grantee, especially if they work with multiple districts.

Sampling of participant responses:

We send on transition reports for all of our kiddos that are going on to kindergarten. That includes strategies that helped make children successful or where they are when they leave our program. I think what's been most helpful this year is that within those packets that we deliver to each one of the schools, cause we're able to figure out where the kids go, since we're with the school district, we actually deliver it to the school that they end up at in the fall. We put our phone number in there, and we've had several kindergarten teachers or a counselor or a school psych call us this year to ask us about kids, and to ask us what we did to support them.

I will say, we have some schools in our community that are very slow and reluctant to have a good partnership with us. They're still kind of in the same mindset as we're competing against each other, so just trying to really work with that administration to educate what Head Start really is, and what we can provide, and how we can complement each other.

Something that we just started in April timeframe, after spring break, we also work with the kids. We start buying the cartons of milk that they will be getting at the school district...giving them the trays that they will receive. They might be minor little things, like just having the dexterity to open the milk, but that is a skill that will help that Kindergartner succeed to where he or she feels confident that he can succeed in other things.

Being in a school district, it's a little bit different, because I'm involved in all those meetings with the principals....we can follow up and make sure that they have everything done they need for kindergarten, that they know when the meetings are, and all of that type of information.

Part of that is sharing with families what school that they are zoned to go to, and one less thing to figure out like, "Well, you go to this school, so you got to go on this day."

I think any support with school districts, with school districts or superintendents, would be very helpful in advocating about what Head Start's about and how we operate our programs and how we can partner at that level.

It's not easy dealing with that many school districts, and then trying to develop a solid partnership with turnover and everything at the local level is difficult.

Early Childhood Workforce, Retention, and Recruitment:

- **In the past six months, what has been your most successful strategy for recruiting new staff and/or retaining staff?**
- **In the past six months, has your program offered any bonus incentives and, if so, has it made a difference in retaining staff?**

Focus group participants shared several recruitment strategies, indicating they are persistent and trying many new approaches because staffing needs are so great.

Overall, they reported that traditional methods, such as newspaper ads, no longer work. Most are using both social media and word of mouth. Other strategies for recruitment include community events, hiring incentives, flexibility in FTE for positions, realistic job titles, communicating clear expectations about responsibilities to candidates, and recruiting from HS/EHS parents.

Strategies for retention include pay raises and strengthened onboarding processes.

One grantee emphasized they are trying new strategies but staying very selective about who they hire. Most grantees have offered bonuses at some point, but some indicated

they have not offered any or have not recently. One indicated their district increased base rates instead. Participants had mixed feelings about the impact of bonuses, ranging from yes, they have helped with retention and morale, to no, they have had a negative impact because it is not a permanent increase.

Sampling of participant responses:

One of our best recruitment practices for staff is the parents that are part of the program. We have come to a relationship with them, and they are ready, some of them are ready, to do something different with their lives, either because a child is getting ready to go to school....

We've hired a new principal, and, during that process we've put together a short one-pager that really defines a lot of who we are as a program, what our culture is, and what our goals and supports are, to really say upfront, this is what we're about...

We're still being very selective on who we hire. We're just not taking a body. We want quality and I think that helps with retention, because then we're not getting that turnover of people that are job hopping all the time. [We] try to work really hard to create a sense of family. I think that's what makes them stay, because they could definitely get paid more money, multiple places.

Word of mouth from either other employees, parents. In all my letters that I've been writing to the families for our newsletters and that, I always add in there, "If you or

someone you know, has a passion for working with children, and would like more information..."

Indeed, for rural Kansas, does not work.

We don't officially change the job titles, but in terms of advertising, we change the job titles to make it more "you read the title and you know what you're going to do" type of title.

We have also been advertising both full-time and part-time positions. So, if you look at our website, it looks like we have a ton of openings. Maybe they can only work three or four days a week rather than five, which has been successful in a few of our counties.

We increased the pay for our teacher assistants and trying to retain people. The district moved some pay up for some of their para positions, and we matched that to fifteen dollars an hour, and that's been helpful, really helpful, that our TAs are making a little bit more money.

...not that I don't want to pay them a fair living wage, and if I could just increase their hourly rate, I would. But I'm worried the stipends are going to negatively impact us for a long time, because it's an expectation now that we have money we're not giving them. But it's money that's going to run out...

I don't know that it has helped with retention necessarily. I think it's helped some with staff morale.

Bonuses for us didn't really make a difference. And so we chose not to do them again this school year.

I agree that all people like a little bit of extra money. I think that sometimes there's not much publicity around why they're getting it, and the reason for that, even though it may say retention bonus on their paycheck stub.

Staff Training:

- **In the past year, what training has been the most beneficial to your staff?**
- **In the coming year, are there additional training topics that would benefit your staff that you may need additional resources to provide?**

Several participants indicated that *Conscious Discipline* training has been extremely beneficial. Overall, though, grantees have offered a variety of trainings to meet the needs of both new and seasoned HS/EHS staff. Examples include curriculum specific training, trauma informed care, organizational culture initiatives, implicit bias, and classroom behaviors.

For upcoming training needs, focus group participants identified several, including executive function and curriculum specific trainings. Participants in one focus group indicated they needed additional, quality training resources for Policy Council members,

such as a video. Participants in the other focus group indicated they are “burnt out” on webinars and the influx of training opportunities.

Sampling of participant responses:

I think our Conscious Discipline training has been the most beneficial. As we've moved forward, I was able to send myself and our leadership team at the beginning of this year to the leadership Conscious Discipline training...it really sparked our folks, and I think our focus this year is to try to get the adults to be able to stay out of the weeds and stay positive.

I would agree with Conscious Discipline. We've been doing that for a couple of years now. But one of the things we did different this year is...we actually applied for a kindergarten sub-grant so that we could bring our aides in to do those trainings with us...And it was just so powerful, and they were so excited to be there, and many of them made the comment, "Wow! Now I know why the teachers wanted me to do it this way." You know, you get so busy during the day just surviving, and when do you have time for those adults to communicate like they did? We did a lot of giving them information. But then we also gave them time to collaborate and work as a team and figure out what that meant for their classroom, and how that would look in their classroom.

I don't have a specific training request, but in terms of additional resources, time is such a limited resource and commodity that it would be great to have weekly or monthly

types of time set aside for professional development and training. But the realities and logistics of that are just such a challenge.

I have to say, I don't know if everybody else is feeling this way, but I'm a little burnt out on webinars...I guess I'm ready for some in-person or some different modes, because I'm kind of Webinar overload.

A couple months ago forty-three percent of our staff were new since the Covid shutdown in March of 2020.

We're higher than that now, it's over 50%, so that it just tells me that we do need to go back to the basics. And so I'm looking for those resources to give some of that institutional knowledge that is no longer here...I'm trying to find engaging resources that would be useful for...giving them those basics.

One of the resources that I've been looking for... is a generic video or something that we could use with our Policy Councils in teaching them "What is Policy Council, what is shared governance?"....it's like, Oh, gosh! I should just make that video myself, but I don't have time to do that. Nor is that like my wheel house to get out there and produce this film that looks professional and nice. I just want somebody to do it and say, here it is.

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 2022 Needs Assessment through an online survey between the dates of September 16 and September 26, 2022. Eight (8) participants representing eight (8) individual grantees responded. Three (3) of these grantees were also represented in a focus group. Survey respondents who had not participated in a focus group discussion had the opportunity to answer the focus group questions. All participants were invited to provide information about additional program accomplishments and needs.

While some common approaches and struggles emerged in the survey responses, echoing common themes from the focus group discussions, the variety of responses reflected the uniqueness of HS/EHS programs across the state and the children, families, and communities they serve. Below is a summary of responses. Survey questions matching the focus group questions are provided first followed by those questions unique to the survey.

Questions matching focus group questions:

Family Engagement:

Echoing the focus group participants, survey respondents indicated a need for dental and mental health services as well as translation services, marriage and family counseling, and child care. Successful strategies for connecting families with resources

include good communication and relationships between staff. Respondents have also offered a variety of family activities or events, providing both virtual and in-person offerings and often including partners. Examples include carnival night, virtual fatherhood nights, and home-to-school activities.

Sampling of participant responses:

Family services staff are identifying resources individually and sharing those with others to pass along to their families; inviting speakers from community resources to come speak at parent events or staff meetings; building personal relationships with staff who work at community partners.

Family service staff have visited community agencies which has brought about better ways to partner. One of our Family Community Supervisors focuses heavily on community partnerships.

We held a back-to-school carnival. The topic was about creating educational environments in your home. Each carnival game was something parents could use at home to set up games for their family...It really helped to include parents in the planning process so the event was something they were interested in learning more about. It was a fun event that parents and children could enjoy together.

Back-to-school night had 85% attendance of families. Families had access, on site, to community resources, meet the teacher, student activities, giveaways.

Community Partnerships:

Respondents mentioned several strategies for developing and maintaining community partnerships including regular communication and meetings. Beneficial partnerships include traditional partners (medical, dental, mental health, community service organizations, child care providers, etc.) along with less traditional partners (such as the local Rotary).

Sampling of participant responses:

We meet one on one with staff from the partner agency. Discuss what each partner needs to get out of the partnership. In person meetings really help strengthen the partnership. It also helps to look at the barriers that have caused issues for the partnership in the past so the barriers can be addressed.

School District Collaboration, Kindergarten Transitions, and Serving Children with Disabilities:

As with the focus group participants, respondents indicated good communication is key to supporting transitions. Specific strategies include classroom transition activities, field trips to kindergarten classrooms, data sharing, and transition team meetings. Grantees need additional support with facilitating district partnerships, including with special education.

Sampling of participant responses:

EHS - HS transitions consist of internal passing of a cumulative file. Field trips to kindergarten classrooms in April/May; we have a five-week social/emotional curriculum for the last weeks of school that focuses on more independent activities, we simulate a lunch room setting and they learn how to carry lunch trays and open up the "spork" package. We are starting to meet with district leaders and kindergarten teachers to improve transitions.

We surveyed kindergarten teachers about our transition practices in order to improve the process

In each home visit with our family services staff, staff discuss timely steps families can take to transition to kindergarten. Teachers plan classroom activities to help prepare children for transitions. All assessment and screening information is sent to the receiving school for each child.

Some schools are not open to coordinate even when they indicate they are while others are the very best. Special education services have declined greatly.

Early Childhood Workforce, Retention, and Recruitment:

Successful recruitment and retention strategies include grow-your-own approaches, a focus on staff wellness, and, for some, bonuses and wage increases. Some survey respondents have offered bonuses, and some have not. As with focus group

participants, thoughts about the impact of bonus incentives on retention varied by respondents. Overall, respondents are trying many strategies to effectively hire and retain well-prepared, well supported staff.

Sampling of participant responses:

Wage increases have helped, but more are needed; "grow your own" model is somewhat successful (help current staff get CDAs and degrees)

We have [given bonuses], but some staff leave immediately after the bonus is paid out. It has helped retain some staff, but not to the extent we hoped it would.

This has been such a difficult challenge. We have tried a host of supports, staff wellness practices, trauma informed care committees, mental health days, increase in PD, food, snack and drink options throughout each day, CARE call procedures, lounge for breaks, bonuses, increased pay, flexibility, great PTO packages, referral bonus, retention bonus, team building activities, coaching opportunities, mentoring opportunities, suggestion boxes, a hospitality committee, teacher appreciation week activities. The list goes on and on!

Staff Training:

Survey respondents primarily mentioned *Conscious Discipline* training as beneficial.

Upcoming training needs include managing difficult classroom behaviors, compassion

fatigue, and mental health. One respondent noted it is difficult to fit in all required training and meet needs.

Sampling of participant responses:

Our staff continually requests practical ideas to help manage difficult classroom behaviors.

Training topics are not our greatest area of concern. We have many topics we can cover but due to KS requiring 230 services days we have VERY few PD days to offer our staff.

Survey only questions:

Home Visiting:

- **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?**

If a participant's grantee offers home visiting EHS services, they had the opportunity to provide information about strategies and challenges for home visiting programming.

Successful strategies for delivering home visiting services include bi-lingual home visitors, mental health support, flexibility, and relationship-building. Priorities for home

visiting services focus on supporting children and families in reaching goals, accessing community services, and preparing for school. Additional resource needs include supporting home visiting staff, mental health support, and partnership-building.

Sampling of participant responses:

Making sure families have a clear understanding of the home-based program - explaining the purpose of the home visit and developing relationships with families; staying flexible is key - we learned how to do this really well during the COVID pandemic.

It would have been nice for them [home visitors] to also be eligible for the child care bonus as they continued to provide services during COVID and they do the educational portion as well.

Challenges:

- **What other challenges, other than those already shared, exist and what would help your program make progress around this challenge?**

Survey respondents mentioned a variety of challenges that impact their ability to offer high-quality HS/EHS services to the children and families in their communities. These include workforce recruitment and retention, funding gaps, mental health needs, and meeting funding and administrative requirements, such as background checks before hire.

Sampling of participant responses:

Still takes a long time to get the background checks returned.

There are fewer higher ed institutions who offer ECE programming; programs that do offer ECE degrees are mostly virtual, and these teachers are not prepared because they lack practicum experiences; children are coming in with more needs and teachers are coming with less to give; there is not enough time to front load in order to grow and better develop staff.

The hiring process has gotten more complex with the fingerprinting requirements, but we are working through it.

Our program goes above and beyond in all areas. We exceed all standards and are a model of best practice. However, staff mental health, recruitment and retention is our greatest challenge. In this we have found that Professional development, collaboration and training is imperative for staff to feel supported. With 230 service day requirements we struggle to get in all the training we need just to meet KDHE requirements, not to mention staff requests or agency trainings that are needed!

More funding, or the KS funding provided to the school district be used for our Head Start service fiscal gaps. It goes into the general fund, we do not benefit from the funding.

Accomplishments:

- **What accomplishments are you most proud of in the past year?**
- **What would you like your community to know about your program?**

Survey respondents shared they are especially proud of their partnerships and their positive impact on children and families. Additionally, they are proud of their flexibility and creativity throughout the COVID-19 pandemic to meet the needs of children, families, and staff. They would like their community to know the level of quality they offer in their HS/EHS programs and the impact they have on families and the local community.

Sampling of participant responses:

We have provided 7000 weekend food bags to identified children over the past four years; planned for staggered starts for children bringing them in slowly, were able to be more intentional about starting the year out right. We listened to staff and figured out how to meet duration requirements...

Our program has seen a consistent and constant waitlist. We have created new partnerships and restored old ones. We have been in the public eye for many accomplishments such as achieving accreditation status. We have kept many rooms open and activities being held and have engaged a higher percentage of parents than ever before.

Our inclusive model continues to prove successful, even in the midst of a pandemic.

We have highly dedicated staff who provide high-quality services for children and families. We need more staff to help us serve more families.

We continue to learn and implement strategies that result in high quality services to children and families.

High quality, comprehensive early childhood programming is available and making a difference in our community!

Staffing:

- **Based on National Head Start Association's Summer Tour Survey, 23% of classrooms were closed due to lack of staffing. How many of your classrooms closed, and how many have opened back up?**
- **Was your program able to start the year fully staffed and if not, how many positions are still vacant?**
- **What percentage of your staff are new this year?**

Survey respondents indicated that staffing and workforce challenges are ongoing, impacting each grantee differently but affecting their ability to offer HS/EHS services.

Some programs report they no longer have classroom closures, while others report they still have classrooms closed due to staffing shortages. Most grantees represented in the

survey are experiencing ongoing staff vacancies, especially teachers, ranging from a few to nearly 50. Additionally, most report some percentage of new staff in the past year, ranging from one in every ten to as high as one in every two staff members.

Sampling of participant responses:

We currently have three HS classrooms that are closed and two HS classrooms functioning with less staff. We have 23 open positions (majority are classroom positions).

We had two closed at the end of last program year and opened this year with one closed, but we're forced to close another recently, due to staffing issues.

This year we have about 20% new staff for the year, with another 50% of staff being new within the last year.

Alignment with 2021-2026 Strategic Plan

Strategic Plan Goals

In 2020, the Kansas Head Start Collaboration Office (HSCO) utilized the data collected for that year's 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 early childhood partners 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 partners.

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 2022 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 the continued advancement of the long-range goals. As part of the 2022 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, especially with long range goals 4, 5, and 6, which focus on workforce recruitment and retention, family and child needs, and partnerships with school districts.

2021-2026 Strategic Plan

The data collected from the 2020 Needs Assessment led to the creation of the KHSCO Strategic Plan. Using the priority areas set forth by the Federal Office of Head Start (OHS) and the Region VII Office of Head Start (RVII OHS), the KHSCO developed the following five-year strategic plan to guide the work from 2021 to 2026. The strategic plan is divided into six long range goals that include short term objectives and process goals. The long-range goals are based on areas of interest and/or concern identified by the Head Start and Early Head Start program directors surveyed. After the long-range

goals were determined, the process goals were identified as the steps necessary in achieving the overall targeted goals.

Input for the KHSCO 2021-26 Strategic Plan was garnered from various early childhood partners. The strategic planning process included the Kansas Head Start Association (KHSA), Head Start and Early Head Start program directors, state partners and other early childhood partners.

Partners identified to collaborate in the implementation of the 2021-2026 Strategic Plan include, but are not limited to: Kansas Head Start Association, Kansas Department of Education, Kansas Department of Health and Environment, Kansas Department for Children and Families, Kansas Children's Cabinet and Trust Fund, Kansas Child Care Training Opportunities, Child Care Aware of Kansas, State Interagency Coordinating Council, Kansas Early Childhood Recommendations Panel, Early Childhood Workforce Advisory Committee, Maternal and Child Health Home Visitation, Kansas state funded Early Head Start, Early Childhood Integrated Data Systems Team, and Kansas Links to Quality.

LONG RANGE GOAL #1

Ensure that Head Start is involved in the development of state policies, plans, processes, and decisions impacting Head Start.

Federal Priority Area

- Partnering with state child care (and early education) systems

Regional Priority Area

- Community Services and Collaborations

Short Term Objective A: Head Start will be represented through active participation in state early childhood system building efforts.

Process Goals

A1. Identify committees and workgroups focused on issues impacting Head Start and early childhood.

A2. Ensure that a Head Start representative is a member of each identified group.

Groups may include but are not limited to: Early Childhood Recommendations Panel, Early Childhood Partners Group, Early Childhood Workforce Advisory Committee, Links to Quality, State Interagency Coordinating Council and the State Home Visitation Workgroup

Outcomes

1. Increased awareness of the role of Head Start in the Kansas early childhood system.
2. Increased Head Start representation in decisions impacting the Kansas early childhood system.

Short Term Objective B: Promote the expansion of information disseminated related to early childhood initiatives in the state.

Process Goals

B1. Ensure information from committee, workgroup, or early childhood partner meetings is shared with Head Start.

B2. Disseminate information regarding the HSCO Annual Needs Assessment report and the 5 Year Strategic Plan.

Outcome

1. Increased community awareness of Head Start and early childhood initiatives in the state.

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

Process Goal

C1. Effectively communicate and promote awareness on the value of Head Start and an equal opportunity for preschool. Increase availability and access to services that meet families' needs.

Outcomes

1. Key messaging/marketing materials are placed on the KHSCO website for promotional use by programs, partners, and service providers.
2. Information is distributed to childcare providers about partnering with Head Start
3. Production of a “Program Profiles” document and resource guide for community partnerships.

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.

Federal Priority Areas

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

Regional Priority Areas

- Services to Children with Disabilities

- Health Services
- Child Welfare
- Services to Children Experiencing Homelessness

Short-Term Objective A: 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

Short-Term Objective B: Support efforts to integrate early childhood data into the State's longitudinal data system.

Process Goals

A/B1. 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 Outcome.

Outcomes

1. An environmental scan of existing systems identifies data currently captured and determines other data collection needs.
2. Identification of resources that assist programs in obtaining critical information for easy transition to schools, access to health information, and Part C services.
3. Strengthened connections between state education organizations and Head Start programs to aid in streamlining data collection efforts.

Short-Term Objective C: Head Start is actively involved in efforts to share data and increase data-based decision making.

Process Goal

C1. Promote Head Start representation on working groups and committees, understand relevant, ongoing work of data sharing initiatives.

Outcome

1. Greater awareness of Head Start data and increased usage of data informed decision making.

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.

Federal Priority Area

- Collaboration with State QRIS,

Regional Priority Areas

- Child Welfare
- Parent and Family Engagement

Short-Term Objective A: Participate in policy discussions related to state Links to Quality (L2Q) recognition system for childcare providers.

Process Goals

A1. Ensure a Head Start representative is a member of the L2Q Advisory committee.

A2. Share information about L2Q participation with the Head start grantees.

Outcomes

1. Provides feedback and resource information on best practices for portfolio assessment process.

2. Increased participation in the KS L2Q program.

Short-Term Objective B: Share information from the Kansas Quality Network (KQN) website to assist in connecting families and child care providers with resources.

Process Goals

B1. Provide information to families on how to make an informed decision in looking for quality child care.

B2. Share training and resource information with Head Start and child care providers.

Outcome

1. Increased consumer awareness of the KQN website.

LONG RANGE GOAL #4

Promote the recruitment and retention of a high quality early childhood workforce.

Federal Priority Areas

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

Regional Priority Areas

- Services to Children with Disabilities
- Health Services
- Child Welfare
- Services to Children Experiencing Homelessness
- Parent & Family Engagement

Short-Term Objective

A. Coordinate with state efforts to maximize accessible quality professional development opportunities and activities.

Process Goal

A1. 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.

Outcomes

1. Development of an EC Workforce registry system via participation in the EC Workforce Advisory Group.
2. Participate in state efforts to up-date the KS EC Career Lattice to be used as a resource for program staff and encourage degree advancement

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

Process Goal

B1. 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

Outcomes

1. Training on substance misuse identification is widely offered.
2. Head Start communities successfully identify recovery center options in their area.

3. Mental Health First Aid training made available for all Head Start staff, to address mental health issues for families and staff.

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

Process Goal

C1. Optimize existing early learning childhood training opportunities and resources.

Outcome

1. Stronger connections between state agencies and Head Start programs where needed.

Short-Term Objective D: Enhance initiatives on inclusive and culturally responsive teaching practices to early childhood professionals to support cultural competency and increase awareness and understanding of children and families.

Process Goal

D1. Expand Head Start program capacity through increased education, training and professional development opportunities to foster an environment of recruitment, hiring, and retention of highly qualified staff.

Outcomes

1. Childhood development tip-sheets and resources in non-English languages are readily available in HS centers.
2. Culturally responsive teaching practice materials and resources are readily available to HS staff.

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.

Federal Priority Area

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

Regional Priority Areas

- Community Services
- Child Welfare

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

Process Goal

A1. 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.

Outcomes

1. Identify community organizations that provide child care services outside of Head Start that are willing to partner.
2. Toolkits and resources on child care subsidies, in-kind matching, and non-federal match are available to all HS centers.
3. Development of a resource guide to understanding child care subsidy.

Short-Term Objective B: Actively participate in Early Head Start and Child Care Partnership initiatives.

Process Goals

B1. Participate in the Department for Children and Families writing the child care Development Fund State Plan.

B2. Convene a discussion group to better understand challenges and opportunities for community collaboration between Early Head Start and Child Care.

Outcome

1. Increase awareness about collaboration opportunities between Early Head Start and child care.

LONG RANGE GOAL #6

Increase Head Start and School District coordination by maximizing resources for Head Start and low-income children and families.

Federal Priority Area

- Work with State school systems to ensure continuity between Head Start and Kindergarten Entrance Assessment (KEA)

Regional Priority Areas

- Services to Children with Disabilities
- Services to Children Experiencing Homelessness

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

Process Goal

A1. 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.

Outcomes

1. Toolkits and resources on homeless family eligibility available in all HS centers.
2. Identification of hurdles that prohibit program collaboration with LEAs.

Short-Term Objective B: 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

Process Goal

B1. Improve the availability, accessibility, and quality of services available to children with disabilities.

Outcomes

1. Increased local collaboration among Head Start programs, LEAs, and Special Education cooperatives.
2. Quarterly KEHS and APM meetings facilitate communication between HS/EHS and Part B and Part C services.
3. Meetings between state agencies strengthen connections between the agencies and Head Start programs.

Short-Term Objective C: Increase coordination of early childhood services, including professional development for teaching staff, to improve their work with all children.

Process Goal

C1. Optimize existing early learning childhood training opportunities and resources.

Outcome

1. Collaboration with KSDE for shared Early Childhood training (including web-based learning opportunities).

Short-Term Objective D: Increase coordination of services between public schools and Head Start Programs regarding transition to Kindergarten.

Process Goal

D1. Promote a coordinated Kindergarten transition process for children, families, and educators.

Outcomes

1. Development of a MOU template for transition between Head Start and LEAs.
Template is distributed for use to all HS programs.
2. Kindergarten Readiness partnerships between Head Start and LEAs strengthened through shared Kindergarten Transition activities.