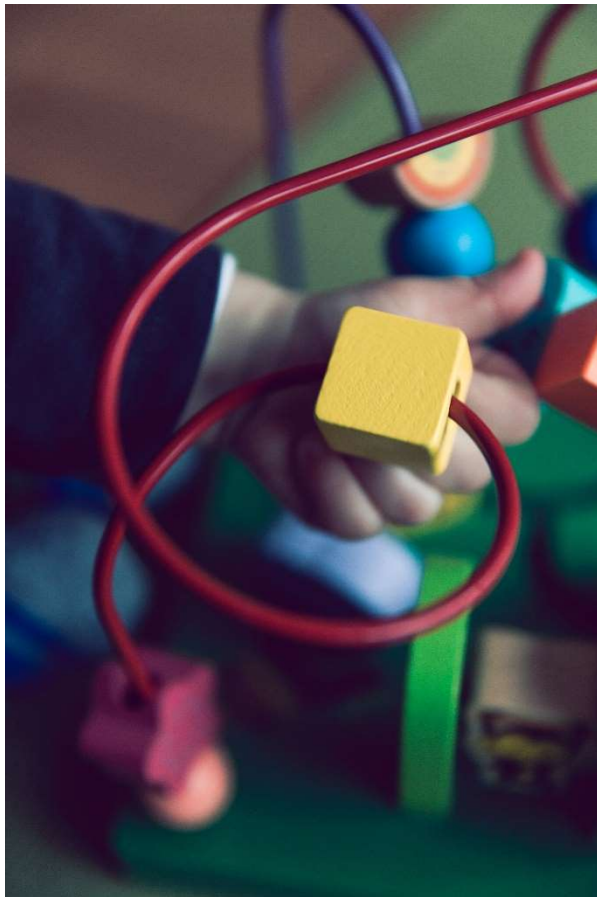


2019 VERMONT HEAD START AND EARLY HEAD START NEEDS ASSESSMENT REPORT

June 2020

Vermont Head Start
Collaboration Office (VHSCO)



Submitted to:
U.S. Department of Health & Human
Services
Administration for Children and
Families
Office of Head Start

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Table of Contents

Executive Summary	4
Acknowledgements	5
Overview of Vermont’s Head Start Collaboration Office	6
Head Start and Early Head Start in Vermont	9
Introduction.....	9
Head Start.....	9
Early Head Start.....	10
Early Head Start Childcare Partnerships.....	10
Vermont Grantees	11
Table 1: Vermont HS/EHS/EHS-CCP Grantees.....	12
Figure 1: Geographic Service Areas for Vermont’s HS/EHS/EHS-CCP Grantees.....	12
Figure 2: FY19 VT HS/EHS/EHS-CCP Program and Partner Locations	13
Oversight, Funding and Enrollment.....	14
Program Options	15
Table 2: Vermont Head Start/Early Head Start Grantee Program Options	16
Needs Assessment Process	17
Timing and Topical Content of the Needs Assessment Survey.....	17
Needs Assessment Findings	19
Partnering with State Childcare Systems.....	19
<i>Child Care Financial Assistance Program</i>	19
<i>Universal Pre-Kindergarten</i>	19
<i>Preschool Development Expansion Grant</i>	21
<i>Children’s Integrated Services</i>	21
<i>Vermont Department of Health</i>	22
<i>Help Me Grow</i>	22
<i>Universal Developmental Screening Registry</i>	23
<i>Evidence-Based Home Visiting</i>	23
<i>Strengthening Families</i>	24
<i>Building Bright Futures</i>	24
<i>Implications</i>	25

Working with State Efforts to Collect Data Regarding Early Childhood Programs and Child Outcomes	26
<i>Implications</i>	27
Support for Expansion and Access to High-Quality Workforce and Career Development Opportunities for Staff	27
<i>The Head Start and Early Head Start Workforce</i>	27
Figure 3: Workforce Composition	28
Figure 4: Workforce Qualifications	28
Figure 5: Qualification Demand	29
Figure 6: Demand for Qualifications by Position	30
Table 3: Turnover	30
<i>T.E.A.C.H. Early Childhood Program</i>	31
<i>Professional Development Needs</i>	31
<i>Implications</i>	32
Collaboration with State Quality Rating and Improvement Systems (QRIS)	33
<i>Implications</i>	34
Working with State School Systems to Ensure Continuity	34
<i>Kindergarten Entrance Assessments</i>	35
<i>Implications</i>	36
Services to Children Experiencing Homelessness.....	36
<i>McKinney-Vento Act</i>	37
<i>Continua of Care</i>	38
<i>Implications</i>	39
Services to Children with Disabilities.....	40
<i>Vermont Guiding Principles: Supporting Each and Every Young Child and Family’s Full and Equitable Participation</i>	41
<i>Implications</i>	42
Promoting Access to Timely Health Care Services, Including Those Around General Health, Oral Health, and Mental Health	42
<i>Mental Health</i>	43
<i>Oral Health</i>	44
<i>Tobacco Prevention & Cessation</i>	45
<i>Implications</i>	45
Family Engagement	46

<i>Implications</i>	47
Conclusion	48
Appendix A	51

Executive Summary

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

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

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

In addition to providing an overview of the VHSCO and describing VT Head Start/Early Head Start programs, this report presents findings from the 2018-2019 VHSCO Needs Assessment Web Survey and data from the 2018 Program Information Report (PIR). These two data sources influence the work of the VHSCO within its federally articulated priority areas:

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

This report identifies the strengths and challenges associated with the ability of Head Start grantees to collaborate, coordinate and align services and programming of State and local entities. The needs assessment results tracked the progress made in addressing collaboration, updated the VHSCO about timely collaboration issues facing Head Start grantees and their partners, and informed the development of the VHSCO's continuation/Year 4 (2020-2021) federal grant application and Strategic Plan 4.0.

Acknowledgements

The 2019 Vermont Head Start and Early Head Start Needs Assessment Report involved several individuals. The Vermont Head Start Collaboration Office thanks members of the Vermont Head Start Association and the Child Development Division, Department for Children and Families, Agency of Human Services, State of Vermont for their commitment to and support of the needs assessment project and for posting the report online. We thank the Head Start program directors and their staff for completing the 2018-2019 web survey, the primary data collection tool. A complete list of Head Start and Early Head Start programs are included in Appendix A.



Overview of Vermont's Head Start Collaboration Office

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

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

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

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

- **Communication** – Convening stakeholder groups for information sharing, planning, and partnering, and serving as a conduit of information between Regional Offices and state and local early childhood systems.
- **Access** – Facilitating Head Start agencies' access to and utilization of appropriate entities so Head Start children and families can secure needed services and critical partnerships are formalized.

- **Systems** – Supporting policy, planning, partnerships, and implementation of cross agency state systems for early childhood, including the State Advisory Council, that include and serve the Head Start community.

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

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

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

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

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

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

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

The VHSCO 2018-2019 needs assessment web-survey considered national/regional OHS priorities, and along with 2018 Program Information Report (PIR) data, informed the development of the annual VHSCO strategic plan revision.



Head Start and Early Head Start in Vermont

Introduction

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

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

Head Start

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

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

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

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

**Vermont Head Start programs provided services to over 1,810 children in FY18.
Over 90% were 3- and 4-year-olds.**

Early Head Start

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

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

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

686 infants and toddlers and 58 pregnant women were served by Vermont Early Head Start programs in FY18.

Early Head Start Childcare Partnerships

Launched nationally in 2015, the Early Head Start-Childcare Partnerships (EHS-CCP) Program is designed to bring together the best of Early Head Start and childcare programs by layering Early Head Start, childcare, and other funding streams to provide comprehensive and continuous services to at-risk infants, toddlers, and their families. The EHS-CCP Program enhances and supports early learning settings to provide full-day, full-year, seamless, and comprehensive services that meet the needs of working families and those in school; increase access to high-quality, full-day childcare (including family childcare); support the

development of infants and toddlers through strong relationship-based experiences; and prepare them for the transition into Head Start and other preschool settings.

93 children received comprehensive Early Head Start services at Childcare Partnership programs in FY18. A total of nine partnership programs are offering EHS-CCP services during the 2019-2020 school year.

Vermont Grantees

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

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

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

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

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

Three of the seven oversee **Early Head Start-Childcare Partnership Programs**:

- Capstone Community Action
- Champlain Valley Office of Economic Opportunity (CVOEO) – Champlain Valley Head Start (CVHS)
- United Children’s Services – Bennington County Head Start

Table 1: Vermont HS/EHS/EHS-CCP Grantees

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

Figure 1: Geographic Service Areas for Vermont's HS/EHS/EHS-CCP Grantees

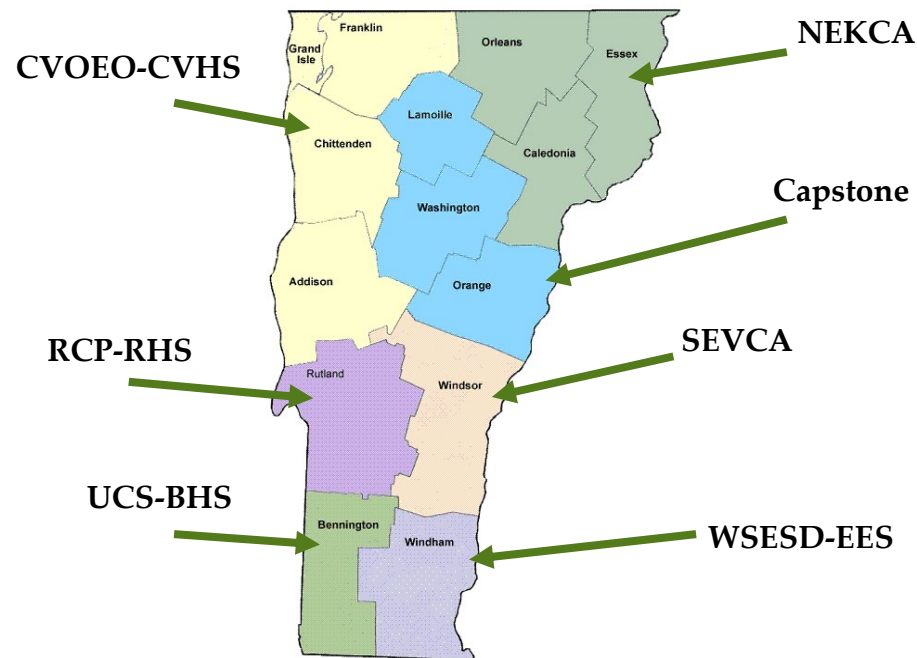
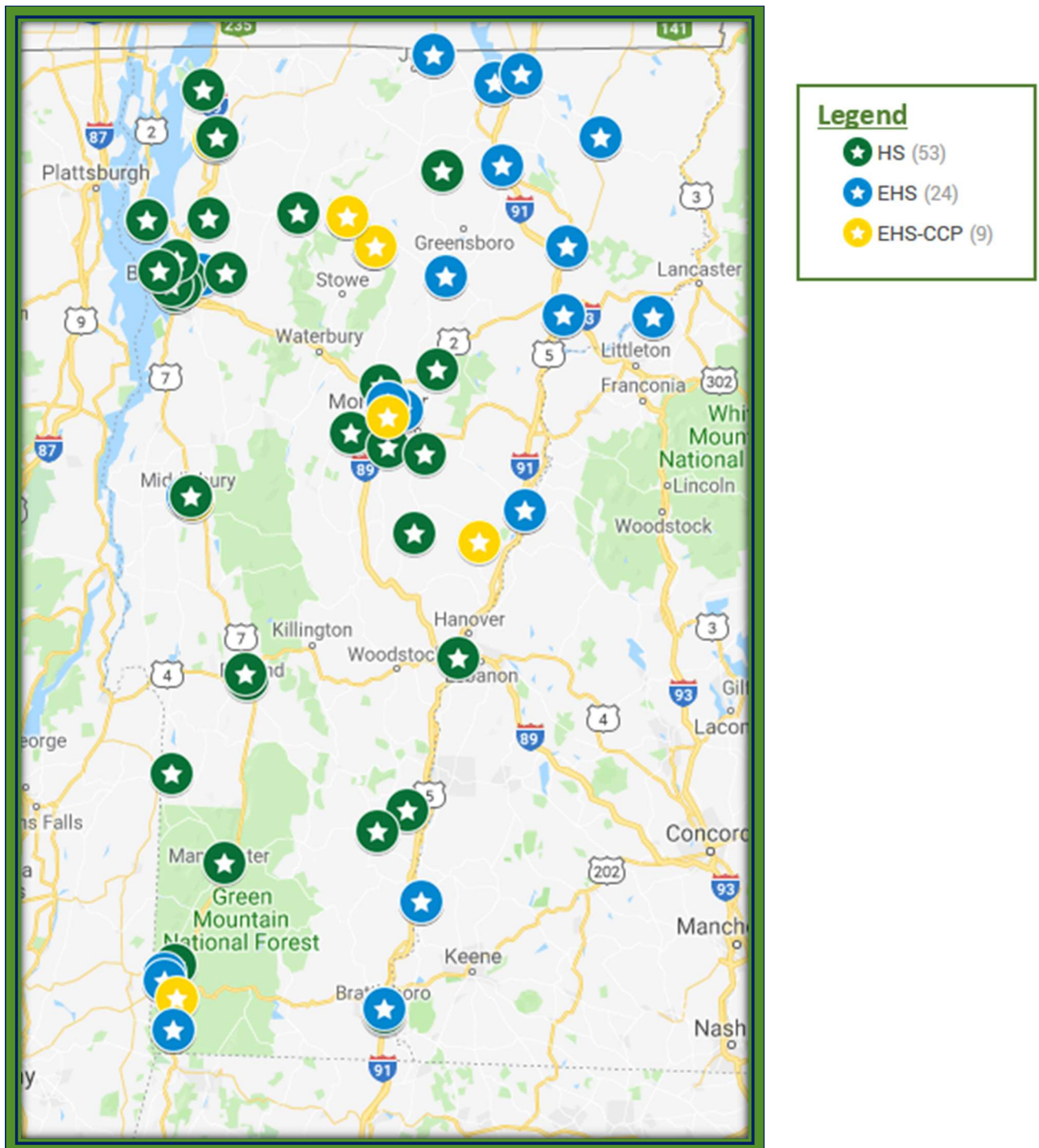


Figure 2: FY19 VT HS/EHS/EHS-CCP Program and Partner Locations



Oversight, Funding and Enrollment

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

ACF Federal Fiscal Year (FFY) 2019 funding for Head Start and Early Head Start programs in Vermont totaled \$20,252,300. Sixty percent of those funds (\$12,245,900) were allocated to Head Start and the remaining forty percent (\$8,006,400) to Early Head Start. Nearly thirty percent of Early Head Start funds (\$2,385,472) were awarded as Early Head Start Childcare Partnership and Expansion grants. The total amount of ACF funding provided Vermont with 965 Head Start slots, 482 Early Head Start slots; and 148 Early Head Start Childcare Partnership/Expansion slots.

Thanks to ACF resources, the infant/toddler capacity of Vermont's mixed-delivery early care and learning system was increased by 116 slots in FY19.

A Head Start, Early Head Start, or Early Head Start-Childcare Partnership program receives a five-year federal grant for 80 percent of its funding from OHS and must raise a 20 percent match from non-federal contributions. The federal government allows programs to use private, local, municipal, and State funding sources as part of their match. In some states, Head Start programs receive additional state funding (e.g. special appropriations) to supplement their federal funds. Vermont does not currently appropriate additional state dollars to Head Start programs, however, all Vermont Head Start Programs are designated as Pre-Qualified Universal Pre-Kindergarten Providers, and are able to layer both UPK tuition dollars, childcare subsidy dollars, and up until this past year, federal Preschool Development Expansion Grant dollars, on top of federal funds in order to provide full-day and/or full-year services.

Program Options

Based upon their respective community needs assessments and available annual funding, Head Start and Early Head Start grantees determine which program structure(s) to offer in order to meet the individual needs of young children and their families. Hence, no two Head Start or Early Head Start programs look the same. Program options include center-based, home-based, family childcare, or an approved locally designed variation. There are currently no locally designed variation program options being offered in Vermont (see Table 2).

- **Center-based options** deliver a full range of education and child development services primarily in classroom settings.
 - Head Start center-based options provide at least 160 days per year of planned class operations when operating for five days per week, or at least 128 days per year if operating four days per week. Classes operate for a minimum of 3.5 hours per day. All seven VT grantees offer a center-based Head Start program option: Capstone; CVOEO-Champlain Valley Head Start; NEKCA; RCP-Rutland Head Start; SEVCA; UCS-Bennington Head Start; and WSES-Early Education Services.
 - Early Head Start center-based options provide 1,380 annual hours of planned class operations for all children. Early Head Start programs may also elect to operate on a school year schedule that aligns with their local education agency requirements, providing regular home-based services during the summer break. Four VT Early Head Start grantees offer a center-based Early Head Start program option: Capstone; CVOEO-Champlain Valley Head Start; UCS-Bennington Head Start; and WSES – Early Education Services.
- **Home-based options** deliver a full range of services through visits with the child’s parents, primarily in the child’s home and through group socialization opportunities.
 - Head Start home-based options are only used to deliver services to a portion of a program’s enrolled children. Families receive one home visit per week that lasts at least an hour and a half, and a minimum of 32 visits per year. A minimum of 16 group socialization activities are provided. Capstone is the only VT grantee offering a home-based Head Start program option.
 - Early Head Start home-based options may be used to deliver services to some or all of a program’s enrolled children. Families receive one home visit per week that lasts at least an hour and a half, and a minimum of 46 visits per year. A minimum of 22 group socialization activities are also provided. Four VT Early Head Start grantees offer a home-based Early Head Start program option: Capstone; CVOEO-Champlain Valley Head Start; NEKCA; and WSES-Early Education Services

- **Family childcare options** deliver a full range of services with education and child development services primarily delivered by family childcare providers, either directly or via contractual arrangements, for a minimum of 1,380 hours. Child Development Specialists are provided to support family childcare providers and ensure the provision of quality services at each family childcare home. Child Development Specialists conduct regular visits to each family childcare home at least once every two weeks; facilitate communication between program staff, family childcare providers, and enrolled families; and provide recommendations for technical assistance to support family childcare providers in developing relationships with other childcare professionals. Three VT grantees offer a family childcare option: Capstone, NEKCA, and UCS-BHS.

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

Grantee Name	Center-Based Head Start	Center-Based Early Head Start	Home-Based Head Start	Home-Based Early Head Start	Family Child Care
Capstone	✓	✓	✓	✓	✓
CVOEO – CVHS	✓	✓		✓	
NEKCA	✓			✓	✓
RCP – RHS	✓				
SEVCA	✓				
UCS - BHS	✓	✓			✓
WSES - EES	✓	✓		✓	

Needs Assessment Process

Two primary data sources were considered in the 2019 needs assessment process and used to inform the annual revision of the VHSCO strategic plan: the 2018-2019 needs assessment web survey, which included 75 additional questions designed to help the VHSCO more accurately measure strategic plan progress; and the 2018 Program Information Report (PIR), which is submitted directly to the Office of Head Start by Head Start and Early Head Start programs and includes comprehensive data on the services, staff, children, and families served. It is important to note that Head Start and Early Head Start grantees submit PIR data annually in August, with information pertaining to the previous program year. Therefore, 2018 PIR data contains participation information for the 2017-2018 program year, while needs assessment data is slightly more current, having been collected in the spring of 2019.

Timing and Topical Content of the Needs Assessment Survey

The 2018-2019 web survey contained 124 questions. Using SurveyMonkey® software, the VHSCO emailed the 2018-2019 needs assessment web survey to all HS/EHS/EHS-CCP grantees. All seven grantees completed the survey by May 2019. The survey consisted of close- and open-ended questions to support the VHSCO in monitoring progress on its 2019 strategic plan revision and inform the development of its 2020 revision. Questions addressed the following priority areas:

National Office of Head Start (OHS) Priorities

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

Regional Priorities

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

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

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

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

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

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

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

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

Needs Assessment Findings

Partnering with State Childcare Systems

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

In 2019, six out of the seven VT Head Start grantees provided full-year services to their communities and all provided full-day services through the layering of various funding streams. All center-based Early Head Start services offered in VT are full-day, full-year.

In addition to ACF funds, VT grantees utilize childcare subsidy dollars, known in Vermont as the Child Care Financial Assistance Program (CCFAP), Act 166 Universal Pre-K tuition dollars, Preschool Development Expansion Grant monies, and/or private funds to provide a full-day duration of services. When asked about the challenges associated with providing full-day and/or full-year services, all seven Vermont grantees cited financial barriers. Additional barriers identified included staff qualifications, recruitment and retention, and facilities.

Child Care Financial Assistance Program

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

Universal Pre-Kindergarten

Vermont began statewide implementation of Act 166, its Universal Pre-Kindergarten education statute, in 2016. The law entitles all three-, four-, and five-year-old children not already enrolled in kindergarten to ten hours per week for 35 weeks of pre-kindergarten education. All VT Head Start programs have pre-qualified pre-kindergarten status and receive state UPK tuition funding. In addition to allowing Head Start programs to extend part-day,

ACF-funded services for at-risk children, Head Start's participation in Vermont's UPK system supports the development of more socioeconomically diverse classrooms through the enrollment of non-Head Start-children, which has been shown to have a positive effect on educational outcomes for all children [Schechter, C. & Bye, R. (2007); Reid, J.L. & Ready, D.D. (2013)].

When asked to rate the overall extent of involvement with Local Education Agencies (LEAs) in the provision of UPK services (including individual schools, supervisory unions, supervisory districts, or school districts), the majority of Head Start grantees report levels of coordination and collaboration. However, one grantee noted that UPK enrollment paperwork is extensive, can be difficult for parents to complete, and is redundant with Head Start enrollment paperwork.

All Head Start grantees report satisfaction with their LEA partnerships as they pertain to the provision of UPK services and participated in a total of 89 formal collaboration and resource sharing agreements with public school pre-kindergarten programs. during the 2018-2019 school year.

These formal collaboration and resource sharing agreements, known as Memoranda of Understanding (MOUs), are central in defining the specifics of partnerships between Head Start grantees and their LEAs. Such MOUs provide for the planning and review of 11 specific activities:

- Educational activities, curricular objectives, and instruction
- Public information dissemination and access to programs for families contacting Head Start or another UPK program
- Selection priorities for eligible children to be served by programs
- Service areas
- Staff training, including opportunities for joint staff training on topics such as academic content standards, instructional methods, curricula, and social and emotional development
- Joint technical assistance (e.g. on mutual needs, or to develop partnership agreements)
- Provision of services to meet the needs of working parents, as applicable
- Communication and parent outreach for smooth transitions to kindergarten
- Provision and use of facilities, transportation, etc.
- Agreeing to shared school readiness goals, and
- Other elements mutually agreed to by the parties of the MOU.

Strengths of coordinating MOU activities as reported by Head Start grantees include low levels of difficulty when disseminating information to families, selection priorities for eligible children, communications/parent outreach for smooth transitions to kindergarten, and agreeing to shared school readiness goals and strategies. Staff training is reported by Head Start grantees to be a more difficult area of coordination.

In the 2019 Needs Assessment Survey one grantee commented that it is “nearly impossible” to achieve the level of coordination outlined in MOUs because of the high number of LEAs in their service area. Another grantee commented on staff training and joint technical assistance, reporting that that they are “difficult because the school district and Head Start each plan their own trainings” despite having the same in-service calendar. The same grantee reports it can be difficult for Head Start staff to participate in trainings offered by their supervisory union.

Preschool Development Expansion Grant

During the 2018-2019 program year, four Head Start grantees participated in the final year of the federal Preschool Development Expansion Grant program, providing both Head Start- and non-Head Start-enrolled children with high quality preschool experiences. Participating Head Start grantees were United Children’s Services – Bennington Head Start, Capstone, Northeast Kingdom Community Action, and Rutland Community Programs – Rutland County Head Start. These grantees provided an additional 94 PDEG-eligible children and their families with high-quality, full school day, full school year preschool programs (Vermont Agency of Education, 2019).

Children’s Integrated Services

Children’s Integrated Services (CIS) offers early intervention, family support, and prevention services that help ensure the healthy development and well-being of children, pre-birth to age 5. CIS services are family-centered, child-focused, and delivered through a network of providers throughout Vermont. Services are provided by local professionals including nurses, early interventionists, and child development specialists. Services are provided in homes and in childcare programs.

Head Start and Early Head Start grantees work in partnership with regional CIS Administrative and Intake teams to ensure that services such as developmental screenings, Part C IDEA services, and EBHV are provided in coordinated ways that best meet the needs of children and families. According to the 2018-2019 web survey, most VT grantees report frequent interaction with their Regional CIS Administrative and Intake teams and no difficulty

engaging. However, one grantee reported never interacting with either of their Regional CIS teams.

When asked about the perceived level of understanding Regional CIS teams possess about Head Start and Early Head Start eligibility criteria, most grantees reported that their Regional CIS teams ‘somewhat’ understand. The same majority responded similarly when asked for their perceptions about the consistency of referral processes between programs.

Vermont Department of Health

The Vermont Department of Health (VDH) is an essential Head Start partner in Vermont’s childcare system. All Head Start and Early Head Start programs are required to provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that support each child’s growth and school readiness. All program must also establish and maintain a Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community. Partnering with regional VDH offices allows Head Start grantees to build on their community strengths and assets to meet these requirements in an efficient and effective way.

The majority of Head Start grantees reported that engaging with their local VDH office was ‘not at all difficult’ and that they ‘sometimes’ interact. Head Start grantees perceived their involvement with their regional VDH office at a level of coordination (sharing resources, communicating frequently, and some shared decision making). All but one grantee reported their satisfaction with the VDH relationship as ‘satisfied’ or ‘very satisfied’. One grantee reported that they will be intentionally increasing their partnership with the WIC staff at their regional VDH office in the coming year. WIC is the USDA Special Supplemental Nutrition Program for Women, Infants and Children.

Help Me Grow

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

Help Me Grow is a relatively new system in Vermont and its newness is reflected in the way Head Start/Early Head Start grantees rated the extent of their involvement. All grantees who responded indicated a level of networking, cooperation, or coordination with Help Me Grow, but no grantees rated their involvement at a level of coalition or collaboration. Most grantee

respondents indicated no difficulty when engaging with Help Me Grow and all respondents also indicated satisfaction with the relationship between their program and Help Me Grow.

Head Start/Early Head Start grantees commented that they interact with Help Me Grow through referrals and sharing of family resources, but they are uncertain about whether Help Me Grow is fully aware of Head Start/Early Head Start services and whether eligible families accessing the Help Me Grow system are consistently referred. One grantee reported that their relationship with the Help Me Grow has been fostered through involvement with their Regional Building Bright Futures Council.

Universal Developmental Screening Registry

One of Help Me Grow's identified priorities is to populate Vermont's Universal Developmental Screening Registry (UDSR) to create an effective communication tool for tracking and sharing developmental screening information. Developmental screening is a public health strategy to improve child health outcomes yet Head Start/Early Head Start grantees report varying levels of interaction with the UDSR. Out of the four grantees who responded to questions on the 2019 Needs Assessment Survey about UDSR, two grantees report their staff have been trained on the UDSR; two report their staff access the UDSR to meet Child Screening and Assessment performance standards, and two report their staff enter data into the UDSR. Most respondents agree that the UDSR improves service coordination for children and families, an expected outcome of the VHSCO Strategic Plan, but only half agree that use of the UDSR has successfully reduced screening duplication to date. One Head Start/Early Head Start grantees indicated that they "hope to do more with entering [developmental screening] results into the registry and believe there is the potential for reducing duplication in screenings". The same grantee noted they also "hope that other people [programs, medical providers] will choose to input their screenings" to contribute to the reduction of screening duplication.

Evidence-Based Home Visiting

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

Four of the seven Head Start/Early Head Start grantees offer home visiting services to families, however, the majority of grantees rate the extent of their program's involvement with other home visiting programs at a level of networking/awareness, and nearly half of grantees report difficulty or extreme difficulty when engaging with other home visiting programs. Head Start/Early Head Start grantees who report stronger engagement with other home visiting programs describe team meetings and shared home visits, in partnership with their regional CIS teams, as methods of coordination. One grantee also cited their organization's designation as a Parent-Child Center as an additional factor in bolstering coordination.

Identified challenges to coordination with other evidence-based home visiting programs include limited resources such as staff time, and a lack of awareness among home visiting providers as to eligibility requirements and the array of services offered.

Strengthening Families

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

Three Head Start/Early Head Start grantees and six partnership programs received Strengthening Families grants in FY2019. Nearly half of all FY2019 Strengthening Families grantees are affiliated with a Head Start/Early Head Start program.

Building Bright Futures

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

Development; Data and Evaluation; Early Learning & Development; Families and Communities; Early Childhood Investment), and Vermont Insights.

The Building Bright Futures State Advisory Council (BBF-SAC) holds specific responsibilities related to establishing a system for planning, coordinating, integrating and developing evidence-informed early childhood interventions, forward-thinking policies, public information and resources at the state and regional levels with the goal of improving quality of services for families and young children.

The majority of Head Start/Early Head Start grantees report satisfaction with their program's level of engagement with the SAC and SAC Committees and no difficulty in exchanging information with them. However, lower levels of collaboration with the SAC and SAC Committees (networking/awareness or cooperation) were simultaneously reported. One grantee commented that they experienced higher levels of engagement in the past when their leadership participated on the Council, and also indicated that staff participation in SAC Committees had resulted in frustration due to a lack of understanding the Committee's historical work.

Implications

Universal Pre-Kindergarten - To further facilitate collaboration between Head Start grantees and Local Education Agencies, the VHSCO could convene Head Start and LEA staff to strengthen interagency relationships, review or revise MOU agreements, share information, and collectively plan strategies and activities, including coordinated staff training, to support successful kindergarten transitions. These convenings could also provide opportunities to highlight regional partnership strengths, target specific challenges to coordination and generate solutions, and support the expansion of promising practices across Vermont.

Children's Integrated Services - While four of the seven grantees report satisfaction with the referral process between Head Start and CIS referral teams, additional messaging efforts to CIS Regional teams about Head Start and Early Head Start services/eligibility could strengthen integration. The VHSCO can offer support in this arena by convening Head Start/CIS groups for information sharing, planning, and partnering, specifically related to eligibility criteria, referral processes, and home visiting. Another program-level strategy that could strengthen integration was identified by one grantee: co-locating Head Start and CIS staff. Although this could be challenging to implement, it suggests that an increased level of proximity and communication between Head Start and CIS staff may be a promising strategy for strengthening integration, which are two factors the VHSCO could influence by serving as convener.

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

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

When asked what type of data Head Start and Early Head Start grantees need to enhance their community needs assessments and strategic planning efforts, the majority of grantees identified elements such as family and child outcomes, housing, substance misuse, and disabilities. One grantee commented that BBF's Vermont Insights is a helpful resource but believes it could be expanded to include more robust elements. The VHSCO could provide additional support in this area by facilitating access to community-level housing and substance misuse data, in partnership with the Office of Economic Opportunity (OEO), the Vermont Department of Health, and BBF's Vermont Insights.

The majority of Head Start/Early Head Start grantees rated the extent of their involvement with the Agency of Education, Child Development Division, and BBF's Vermont Insights at a level of cooperation. Involvement with the Department of Health, in respect to data, was reported to be somewhat higher at a level of coalition. No difficulty was reported by grantees in accessing data from Vermont Insights or VDH. The most difficult organizations to access data from, according to Head Start and Early Head Start grantees, are the Agency of Education and the Child Development Division, respectively.

When asked about the biggest barriers to sharing and using data, the majority of Head Start and Early Head Start grantees cited adequate time for staff to track and enter data and a lack of ability to track and access longitudinal data. Currently, the Vermont Agency of Education is expanding its State Longitudinal Data System (SLDS) to include UPK data. This will eventually allow for Head Start and Early Head Start programs to track the longitudinal outcomes of children who participate in their programming. Although grantees are eager for this opportunity, currently, most grantees report experiencing high levels of difficulty and low levels of involvement with SLDS efforts. The VHSCO worked diligently over the course of the last year to facilitate Head Start and Early Head Start involvement in SLDS development, attempting to increase communication between grantees and AOE and support overall involvement. It is anticipated that such work will continue in the next year as Head Start and

Early Head Start grantees complete their first round of uploading child data into SLDS in Spring of 2020.

Implications

Given that 2020 is the first year Head Start and Early Head Start data is collected by AOE and integrated into the SLDS, the VHSCO will continue to facilitate communication between AOE's Data Team and Head Start/Early Head Start Directors and Data Stewards. This will help grantees feel more knowledgeable and confident in their ability to submit valid, high-quality data to AOE, which will ultimately enhance the ability of Vermont to efficiently and accurately manage, analyze, and use education data.

In addition to supporting grantees with integrating data into the SLDS, the VHSCO will continue working with Building Bright Futures to develop a plan for utilizing Vermont Insights as the platform for Head Start and Early Head Start grantees to access and analyze aggregate data extracted from the SLDS. Given that SLDS data will provide information about Head Start and Early Head Start student participation in other programs (e.g. Part B and Part C of IDEA; Universal Prekindergarten) and eventually allow grantees to track longitudinal outcomes of groups of children who received services, it is essential to identify the mechanism and processes grantees will use to access the information. Ultimately, this will allow Head Start and Early Head Start grantees make data-informed decisions to improve student learning and outcomes and close achievement gaps.

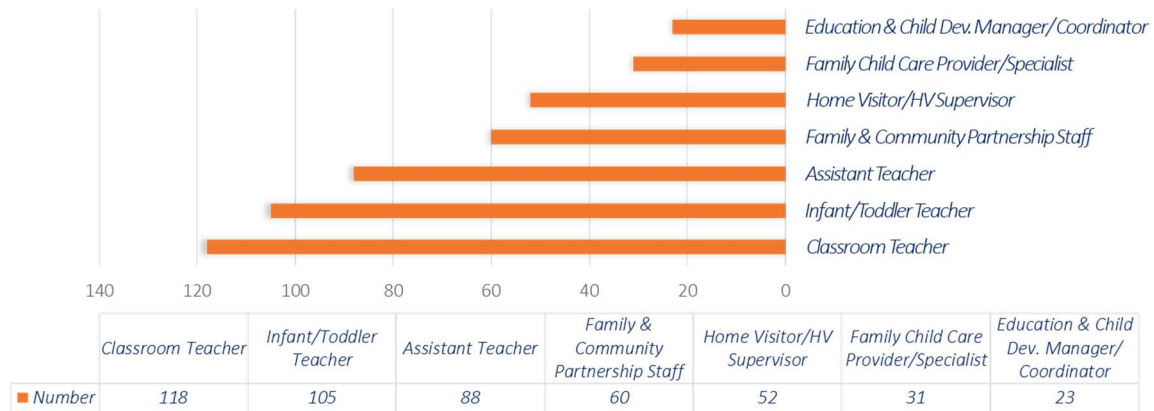
Support for Expansion and Access to High-Quality Workforce and Career Development Opportunities for Staff

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

The Head Start and Early Head Start Workforce

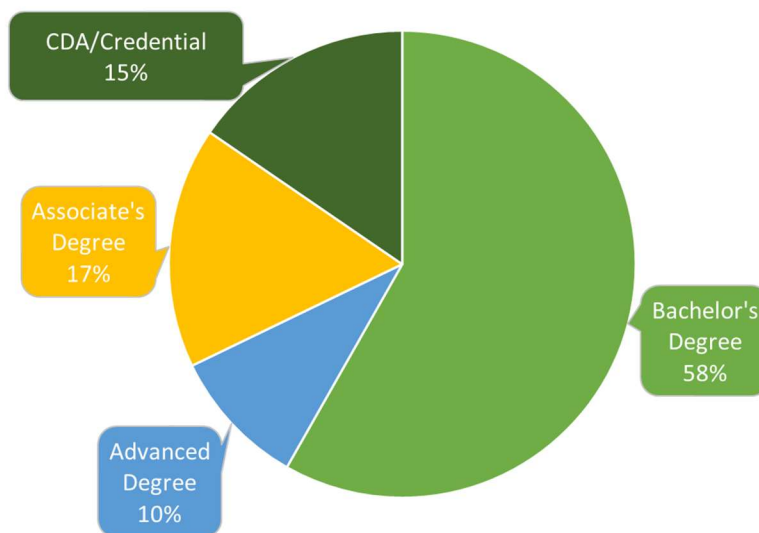
According to the 2018 Program Information Report, Vermont's Head Start and Early Head Start grantees employ a total of 477 individuals. The workforce is primarily composed of classroom teachers (25%), Infant/Toddler Teachers (22%), and Assistant Teachers (18%). Home Visitors and Home Visitor Supervisors account for just over 10% of the Head Start/Early Head Start workforce.

Figure 3: Workforce Composition



In terms of the qualifications of the Head Start and Early Head Start workforce, nearly 60% hold a bachelor's degree; 17% hold an associate degree; 15% hold a CDA; and 10% hold an advanced degree.

Figure 4: Workforce Qualifications

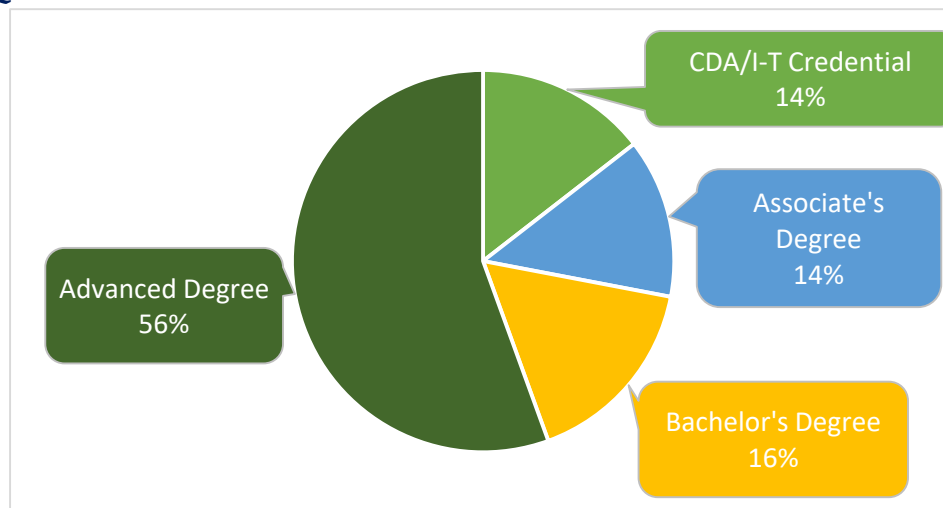


Using current staff qualifications and an assumption of sequential professional growth (e.g. staff progress from CDA to associate's, to bachelor's, to advanced), the VHSCO determined that 14% of the current Head Start and Early Head Start workforce could pursue an associate's degree, 16% could pursue a bachelor's degree, and 56% could pursue an advanced degree. It is important to note that while this percentage of the workforce could pursue additional

qualifications, due to the challenges experienced across the field in relation to low wages, there is little incentive for staff to pursue such paths.

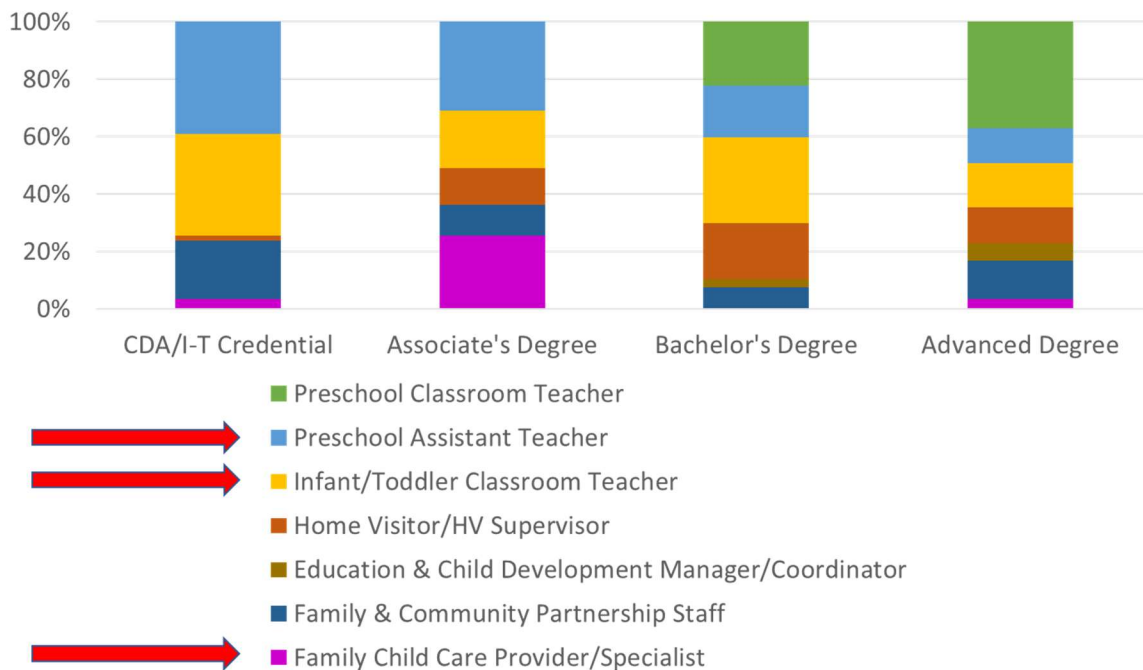
Specific to Early Head Start, grantees report a need for their staff to have qualifications more specific to an infant/toddler setting, with at least 14% of the infant/toddler workforce poised to pursue an Infant/Toddler Credential. The development of this Credential is currently being facilitated by the VHSCO.

Figure 5: Qualification Demand



When demand for varying qualifications is broken out by position, it is evident that certain positions within the Head Start and Early Head Start workforce need certain qualifications more so than others. For example, Head Start Assistant Teachers are more in need of CDA qualifications; Infant/Toddler Teachers are more in need of an Infant/Toddler Credential; and partner Family Childcare providers need associate degrees.

Figure 6: Demand for Qualifications by Position



Head Start and Early Head Start staff turnover was also analyzed by the VHSCO using 2018 PIR data.

Table 3: Turnover

			Reason for Leaving		
			Higher compensation/ benefits in same field	Change in job field	Other
Classroom Teacher	18%	57%	33%	33%	33%
Home Visitor	15%	20%	0%	40%	60%

Nearly one out of every five Head Start Classroom Teachers left their program in 2018 and almost 60% of these positions remained vacant for more than three months. For Head Start/Early Head Start Home Visitors, almost half who left their program reported doing so as a result of a change in job field.

The 2018-2019 Needs Assessment Survey asked Head Start and Early Head Start grantees to indicate which professional development organizations their staff accessed throughout the past year. The most frequently accessed organizations reported included the Office of Head Start's Training/Technical Assistance Network; NL@CCV; the Vermont Association for the Education of Young Children (VTAEYC), and the New England Head Start Association. The least accessed organizations as reported by grantees were institutions of higher education. The

highest level of involvement with entities providing workforce and career development opportunities for staff were the OHS T/TA Network and VTAEYC. Those with the lowest levels of involvement included the Office of Childcare's State Capacity Building Center, the National Center on Early Childhood Quality Assurance, the National Center on Early Head Start-Childcare Partnerships, and the Stern Center for Language and Learning.

Transferring college credits between public institutions of learning and accessing scholarships/other financial support for professional development activities (such as T.E.A.C.H) was reported as somewhat difficult by a majority of grantees. A majority of grantees identified accessing online professional development opportunities as not at all difficult.

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

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

In Vermont, T.E.A.C.H is currently supported by the Child Development Division and targets practitioners who are enrolling in associate degree programs. In the 2018-2019 Needs Assessment Survey, Vermont Head Start and Early Head Start grantees were asked to prioritize which college degrees and credentials they would most likely spend their training and technical assistance dollars on to support their staff, in an effort to determine whether Head Start and Early Head Start grantees experience Associate degree-level scholarships to be most relevant for their staff. Nearly half of grantees reported that they would prioritize training and technical assistance funds for T.E.A.C.H. if the program were able to support professionals in attaining a state infant toddler credential. Being able to use funds to support the attainment of a bachelor's degree in Early Childhood Education or Early Childhood Special Education was also identified.

Professional Development Needs

The VHSCO asked Head Start and Early Head Start grantees to identify their program's top three professional development needs. The two primary areas of need that emerged centered on staff education, degrees, and credentials; and resources and retention. Specifically, within the realm of staff education, degrees, and credentials, grantees identified a need for early

childhood coursework, local early education BA programs, pathways to early childhood professions (including teacher licensure), and an infant/toddler credential. Resource and retention needs cited included funds to compensate highly qualified teachers, and wages comparable to those found in public school settings.

In terms of specific professional development topics, grantees identified the following:

- Behavior management strategies; trauma-informed care, and resiliency
- Family engagement
- Reflective supervision
- Effective leadership
- Data to inform decision-making
- Concrete strategies to improve teacher-child interaction and supporting social-emotional development in children
- Leadership development and professionalism
- Practice-based coaching and management
- Use of curriculum and assessment tools, including CLASS and Classroom Environment Scales (ITERS; ECERS)
- Understanding substance misuse, supporting recovery, and strategies for working effectively with children and families impacted by substance misuse
- Strategies for identifying and effectively supporting children and families experiencing domestic violence
- Child health and safety
- Emergency preparedness, and
- Staff wellness

When asked about the most important areas for the VHSCO to focus on in the next year within this priority area, a majority of Head Start and Early Head Start grantees identified connecting grantee staff with professional development and training opportunities as an important area. Nearly half of grantees requested that the VHSCO engage with training and technical assistance providers to help grantees meet degree requirements for staff. One grantee also requested the VHSCO focus on “retention and recruitment in the field – helping to find ways to ‘professionalize the field’ and provide commensurate salaries to staff, resulting in a more robust early childhood workforce pipeline”. One grantee also requested VHSCO support increasing the number of early childhood courses relevant specifically to infants and toddlers.

Implications

The VTHSCO is in a unique position to support Head Start and Early Head Start grantees to expand and access high-quality workforce and career development opportunities for staff. The

Vermont Head Start Association has identified increasing staff wages as a key priority in furthering work in this area. This will require a baseline understanding of the compensation landscape within Vermont's collective early childhood field, which is not currently well known. For this reason, the VTHSCO will sponsor a VT Early Childhood Workforce Wage and Fringe Benefit Comparability Report, which will inform Head Start and Early Head Start grantees about current wages being paid to early childhood professionals in a variety of roles and support the development of future strategies to raise staff wages and increase workforce quality and compensation.

Increasing the number of early childhood courses relevant to infants and toddlers and supporting the development of a VT Infant and Toddler Credential are two additional strategies the VTHSCO can employ to specifically support the Early Head Start workforce. The VTHSCO has initiated conversations with the OHS Region I T/TA Network and the Office of Child Care Region I T/TA Network regarding work in these areas and anticipates launching a VT Infant and Toddler Credential Taskforce in 2021 to meet this objective.

A final strategy related to this work includes partnering more closely with VTAEYC around the National Association for the Education of Young Children (NAEYC) *Power to the Profession* initiative and the T.E.A.C.H Early Childhood Program to promote Head Start and Early Head Start participation. With regards to T.E.A.C.H, the VTHSCO can work with VTAEYC to collect information about program outcomes and rates of Head Start and Early Head Start participation in order to develop intentional strategies to increase communication about the benefits of the program and support Head Start and Early Head Start staff who are in need of Associate's degrees. The VTHSCO can also work with VTAEYC to support additional program models to specifically address the Head Start and Early Head Start need for Infant and Toddler Credentials and Bachelor's degrees in the early childhood field.

Collaboration with State Quality Rating and Improvement Systems (QRIS)

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

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

Vermont recently completed an evaluation of STARS, surveying families, childcare providers, and community partners to learn more about strengths and challenges of the current STARS system. Using this information and working with the STARS Evolution and Oversight Committees, the Child Development Division proposed two phases of changes to STARS. Phase one changes removed the regulatory history component of the system, meaning that all regulated licensed programs automatically receive a 1-STAR rating and was effective September 1, 2019. Phase two changes will involve changing the STARS structure and requirements. This work is currently happening, and it is anticipated that the new STARS system will go into effect as of January 1, 2022.

Overall, Vermont Head Start and Early Head Start grantees report no difficulty with participating in STARS and satisfaction with the STARS Evolution process.

Implications

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

Working with State School Systems to Ensure Continuity

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

All Head Start grantees report satisfaction with their relationships with LEAs regarding transitions and most grantees rate their extent of involvement with LEAs at a level of

coordination – sharing resources, frequent communication, and some shared decision making. Head Start grantees reported no difficulty when coordinating with LEAs to implement systematic procedures for transferring Head Start program records to a school or in aligning Head Start curricula with Vermont’s Early Learning Standards for Infants through Third Grade. However, a majority of Head Start grantees report some level of difficulty with ongoing communication with LEAs to facilitate the coordination of programming; coordinating with LEAs regarding other support services for children and families; and establishing policies and procedures that support children’s transition to school that includes engagement with LEAs.

One grantee commented specifically about the challenges they face when sharing information with LEAs, stating “some schools are not interested in considering the information we have to share regarding incoming kindergarten students – such as assessment data or behavior management strategies – instead, they prefer to start from the beginning with their own perspective.” Another grantee stated, “the LEAs and our program have different views – for example, in using food as a reward or limiting children’s outdoor time in order to allow for the provision of one-on-one services during that time.”

Kindergarten Entrance Assessments

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

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

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

When asked how their programs use R4K!S data, Head Start grantees reported using it in their community needs assessments, to support continuity between programs and in transitions, and to identify potential professional development needs for staff. One grantee noted concern with R4K!S data, stating that there is an impression that the data is not valid or reliable.

When asked how the VHSCO can best support continuity between Head Start and kindergarten entry, all grantees requested that the VHSCO continue facilitating the longitudinal tracking of Head Start and Early Head Start student outcomes as they enter and progress through school. A majority of grantees also requested that the VHSCO continue working with the Agency of Education and LEAs to foster understanding of the comprehensive services offered by Head Start, Early Head Start, and Early Head Start-Childcare Partnerships in order to help align curricula and assessments and promote partnerships.

Implications

In an effort to support continuity between Head Start and Vermont school systems, the VHSCO plans to model a national Collaboration Demonstration Pilot in Vermont to bring together Head Start grantees and local school districts for a Kindergarten Transition Summit. The goals of the summit would include identifying examples of effective kindergarten readiness practices, including strategies to support smooth transitions to kindergarten; expand and enhance relationships between Head Start and school districts to support kindergarten readiness; and provide tools, supports and information to strengthen kindergarten readiness practices. This work will be supported by the National Center on Development, Teaching and Learning and the National Center on Parent, Family and Community Engagement.

Services to Children Experiencing Homelessness

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

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

During the 2018-2019 school year, HS/EHS grantees provided services to 304 children experiencing homelessness. Nearly half of these families (48.9%) acquired housing during the enrollment year.

McKinney-Vento Act

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

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

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

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

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

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

Most grantees report low-levels of involvement with McKinney-Vento Liaisons overall. One grantee commented specifically about a lack of engagement experienced in their region, saying “LEA’s have a Homeless Liaison, but this person is not present at local agency meetings and does not offer support.”

Although there is variation in the extent and quality of relationships between Head Start/Early Head Start staff and McKinney-Vento Liaisons, a majority of grantees report that developing and implementing family outreach and support efforts in coordination with LEAs under McKinney-Vento is not at all difficult. There was also no difficulty perceived by grantees in relation to engaging community partners, including McKinney-Vento Liaisons, in conducting staff cross training and planning activities. One grantee commented about a particular bright spot in their LEA partnership to support children and families experiencing homelessness, saying “an LEA in our region now accepts the Head Start McKinney-Vento Screener as proof of residence for public school registration.”

Continua of Care

Each region of Vermont has its own Continuum of Care. Ideally, a Continuum is a partnership of the local service providers, local resource providers, nonprofit and for-profit housing managers, housing developers, consumers, and any other key local players in the

homelessness or low-income service or housing system. Together, this collection of partners meets regularly to monitor the needs in their region and works to streamline local services and housing.

Although one grantee did identify as a member of their local Continuum of Care, most grantees report low levels of involvement. Higher levels of involvement were reported with local housing agencies, planning groups, and homeless shelters, including domestic and sexual violence shelters. When asked to comment on what is working well in their efforts to serve children experiencing homelessness, one grantee commented, “we have a particularly strong connection with the Youth Services person at a local shelter.” Other grantees cited their partnerships with the Child Development, Family Services and Economic Services Divisions as a strength, as well as training staff on responsive caregiver relationships.

Challenges identified by grantees when providing services to children experiencing homelessness included transportation and a lack of local shelters. One grantee also commented, “it’s difficult when families are not able to obtain subsidized housing due to programmatic requirements. This usually results in the family couch surfing, which impacts a child’s attendance and overall well-being.”

Implications

To further support access to services for children and families experiencing homelessness, the VHSCO will establish a closer working relationship with Vermont’s State McKinney-Vento Coordinator housed in the VT Agency of Education. In addition to enhancing overall collaboration between the Child Development Division and AOE, fostering this relationship could create opportunities for joint planning of state and regional convenings with a goal of increasing Head Start and Early Head Starts involvement with their local Homeless Liaison. Such forums could be modeled after the HSSCO Learning Community on Homelessness and would also allow for Head Start, Early Head Start, and Homeless Liaisons to share emerging and promising practices, develop strategies and tools, and work towards improving practices and policies that support children and families experiencing homelessness.

Another opportunity to strengthen work in this area would be to establish a relationship between the VHSCO and the VT Coalition to End Homelessness, which encompasses all regional Continua of Care. Currently, Head Start and Early Head Start grantees report low levels of involvement with their COC. If the VHSCO can increase connections with the VT Coalition to End Homelessness, it could help improve relationships between Head Start/Early Head Start grantees and COC on a more systematic level, with any agreed upon policies and/or practices, particularly those related to developing and implementing family outreach

and support efforts or conducting staff cross training, being codified in a statewide MOU between Head Start/Early Head Start grantees and COCs that is held and supported by the VHSCO.

Services to Children with Disabilities

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

During the 2018-2019 program year, 24.6% of preschool-age children served by Head Start (n=276) and 15.7% of infants and toddlers served by Early Head Start programs (n=108) were determined eligible to receive special education services. This is a 1% increase from the previous year for preschool-age children and a 3.7% decrease for infants and toddlers.

Developmental delays were the most common diagnosed primary disability among preschool-age children (86%) followed by speech or language impairments (6.2%) and autism (5.1%).

Most of the grantees report involvement with their regional and state CIS teams at a level of coordination with no difficulty coordinating services for children. Lower levels of involvement were reported with the Agency of Education and LEAs, however, most grantees indicated that coordinating services with LEAs under Part B of IDEA was not at all difficult. Obtaining timely early childhood special education evaluations in accordance with both Part B and Part C was identified by most grantees as being somewhat difficult.

When asked what is working well in addressing the needs of young children with disabilities, grantees emphasized the importance of strong relationships between their staff and those working in early intervention and LEAs. Regular communication was cited as a primary mechanism for strengthening these relationships, with a focus on shared professional development and establishing clear procedures for collaboration. One grantee reported that creating a designated position (Special Needs Manager) has helped in their ability to support children with disabilities.

When asked to describe the challenges encountered related to the provision of services for young children with disabilities, grantees cited reductions in special education resources, high turnover rates and staff shortages within special education services, and timeliness of assessments and survey delivery. One grantee commented, “staff turnover and staff shortages in CIS EI programs mean children may not receive the services they are entitled to, and program collaboration is impacted by turnover.” Another grantee commented, “local school systems are reducing the allocation of paraeducators outside of their facilities,” which suggests there may be a need to ensure that the delivery of special education services within Vermont’s mixed-delivery system is equitable across environments.

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

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

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

When asked how their programs use Vermont’s Guiding Principles, grantees reported that they are embraced in their everyday systems and use them to ensure that services are strengths-based. One grantee reported that their Special Needs Manager uses the Guiding Principles to support teachers in identifying strategies to increase child and family engagement. Another grantee reported that they review the Guiding Principles at the beginning of trainings and meetings to ground staff in the work, and another grantee reported that they share the Guiding Principles with families to ensure a shared, strengths-based understanding of how programs and families.

Implications

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

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

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

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

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

In the 2018-2019 program year, 98% of children enrolled in Head Start and Early Head Start had health insurance as well as a medical home that provided an ongoing source of continuous, accessible health care.

Most Head Start and Early Head Start grantees reported linking children to medical homes, partnering with medical professionals on health-related issues, and assisting parents to communicate effectively with medical providers as somewhat difficult or not at all difficult. One grantee reported, ‘our program has a positive collaboration with the largest pediatric provider for our community’, however overall, most grantees reported lower levels of involvement with medical home providers and community health centers. This suggests that partnerships with families are the main conduit Head Start and Early Head Start grantees use to link families to medical services.

Mental Health

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

To support a program-wide culture that promotes children’s mental health, social and emotional well-being, and overall health, Head Start and Early Head Start programs are required to provide supports for effective classroom management and positive learning environments, supportive teacher practices, and strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns. Programs must also secure mental health consultation services on a schedule of sufficient and consistent frequency to partner with staff and families in a timely and effective manner. Mental Health Consultants assist by:

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

In the 2018-2019 program year, mental health professionals provided consultation to program staff about the behavior and/or mental health of 308 children. Additionally, 15% of enrolled families received mental health consultation and support related to the behavior and/or mental health of their child(ren) and 34% of those families were referred for additional mental health services.

Mental health challenges related to substance misuse and other co-occurring disorders was reported as one of the most pressing health and safety needs of children and families being served. Overall, Vermont Head Start and Early Head Start grantees report high levels of involvement with mental health providers in their community, but less involvement with the Vermont Department of Mental Health and their local designated agency. A desire to strengthen these partnerships was identified by grantees, as well as increased opportunities to enhance understanding of how Head Start and Early Head Start programs can support children and families around issues related to early childhood trauma, toxic stress, and adverse childhood experiences.

Oral Health

When asked about the provision of dental services to children and families, a majority of Head Start and Early Head Start grantees reported that linking children with dental homes that serve young children, partnering with oral health professionals on oral health-related issues, and assisting parents to communicate effectively with dental providers was somewhat difficult or not at all difficult. Grantees did report lower levels of involvement with dental home providers but high levels of involvement with Tooth Tutors. Through a partnership with Northeast Delta Dental Foundation, Tooth Tutors, or dental hygienists, are placed in every Head Start and Early Head Start program. Tooth Tutors help families find a dental home for their child and provides education to children and families about healthy oral habits. More information about Vermont Head Start's Tooth Tutor program can be found [here](#).

The Tooth Tutor program was cited by two programs as one of their greatest strengths in addressing the health care needs of children and families: "Our Tooth Tutor program puts registered dental hygienists into the field, working with children, families, and dental providers to reduce barriers and connect families to a dental home to receive needed treatment."

In the 2018-2019 program year, 73% of children enrolled in Head Start and Early Head Start had a dental home.

When asked to identify the most pressing health and safety needs of children and families served by their programs, most Head Start and Early Head Start grantees identified needs related to oral health. Difficulty in accessing dental providers that accept Medicaid and serve 0-4-year-olds was a challenge cited by multiple grantees. One grantee commented, “When families have private health insurance not all insurance plans cover preventative dental care. Children’s dental care suffers because of this lack of coverage.” Additionally, one grantee reported that in their program, more than 30% of children are diagnosed with tooth decay and experienced difficulty in educating and supporting parents about the importance of following-through on follow-up dental appointments for their children after decay has been identified.

Tobacco Prevention & Cessation

Children exposed to secondhand smoke are at high risk for serious health consequences. Secondhand smoke is a known cause of low birth weight, Sudden Infant Death Syndrome (SIDS), asthma, bronchitis, pneumonia, and middle ear infections. In a 2007 national survey of children’s health, asthma was the most common chronic health problem reported in children.

Vermont’s Head Start and Early Head Start Programs have a well-established partnership with the Vermont Department of Health and the Legacy Foundation in support of tobacco prevention & cessation. Staff are trained on how to engage family members in discussions about tobacco use, secondhand smoke exposure risks, and cessation, and to make appropriate referrals to cessation supports that already exist in their communities.

According to a 2016 survey administered by Vermont Head Start and Early Head Start programs, 34% of families reported they smoked cigarettes every day, yet 87% of families reported they did not allow smoking in the home.

More information about this initiative can be found in the Legacy Foundation’s report titled [Head Start Tobacco Cessation: Partnering for Healthier Children and Families](#), or by watching [this video](#).

Implications

Given that Head Start and Early Head Start grantees report mental health challenges related to substance misuse as one of the most pressing health and safety needs of the children and families they serve, the VHSCO will continue to convene grantee- and state-level action team members who participated in the 2019 OHS Opioid/Substance Misuse Summit in order to support the successful achievement of goals identified in grantee- and state-level action plans. More information about these action plans can be found [here](#).

Family Engagement

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

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

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

When asked what is working well in efforts to build relationships with families and engage parents, one grantee identified Touchpoints training and involvement with Strengthening Families as supportive to their work. Another grantee reported that training received by staff earning a Family Service Credential supports staff in engaging with families and building strengths-based relationships. Use of Parent Solutions curriculum was also reported by one

grantee as being well-received by parents and increasing involvement in activities related to child development and healthy practices.

Head Start and Early Head Start grantees also shared examples of how their programs support family well-being. In addition to connecting families to critical community resources and implementing a family wellness plan as part of a family partnership assessment, one grantee shared, “bi-monthly Cafés have been successful for us. The idea started as a way to build families’ social connections to peers, but it has grown into serving a hands-on educational opportunity that supports the building of relationships and family learning, development, and well-being.”

When asked how their programs support strong relationships between parents and their children, Head Start and Early Head Start grantees identified a number of family activities and parent education opportunities that are offered to meet this end, including a Cooking Club, Explorer’s Club, and other parent-child events that focus on the social-emotional development of children.

Head Start and Early Head Start grantees did identify one common challenge encountered when trying to engage families. As summarized by one grantee, “it’s become increasingly challenging to partner with families due to their complicated lives and unavailability. Building relationships has become more intensive work for us.”

Implications

Given Head Start/Early Head Start’s strong and well-established commitment to family engagement, the VHSCO will continue its work to integrate Head Start and Early Head Start family engagement strategies, including principles of the Parent, Family and Community Engagement Framework, into Vermont’s early care and education system. One of the primary areas to focus this integration on is the Building Bright Futures Families and Communities Committee. This Committee works to develop a statewide approach that enriches and expands family leadership at the provider, agency, and community level by convening a statewide Family Leadership Team to provide thought leadership for family leadership best practices. The VHSCO Director served as Co-Chair of the Committee from 2018-2020 and remains actively engaged in its work.

Conclusion

The VHSCO is well-positioned to collectively support the work of Vermont's Head Start and Early Head Start grantees while at the same time, advancing work in the five federally articulated HSSCO priorities and the additional four regional priorities. Based on responses gathered in the 2018-2019 VHSCO Needs Assessment Web Survey and 2018 PIR data, the VHSCO will focus its next year on the following efforts:

1. Partnering with state childcare systems, emphasizing Early Head Start-Childcare Partnerships (EHS-CCP)
 - a. Convene Head Start and LEA staff to strengthen interagency relationships, review or revise MOU agreements, share information, and collectively plan strategies and activities, including coordinated staff training, to support successful kindergarten transitions. Provide opportunities to highlight regional partnership strengths, target specific challenges to coordination and generate solutions, and support the expansion of promising practices across Vermont.
 - b. Convene Head Start/CIS groups for information sharing, planning, and partnering, specifically related to eligibility criteria, referral processes, and home visiting.
2. Work with state efforts to collect data regarding early childhood programs and child outcomes
 - a. Continue to facilitate communication between AOE's Data Team and Head Start/Early Head Start Directors and Data Stewards.
 - b. Continue working with Building Bright Futures to develop a plan for utilizing Vermont Insights as the platform for Head Start and Early Head Start grantees to access and analyze aggregate data extracted from the SLDS.
3. Support for the expansion and access of high-quality workforce and career development opportunities for staff
 - a. Sponsor a VT Early Childhood Workforce Wage and Fringe Benefit Comparability Report.
 - b. Work in collaboration with the VT Early Childhood Higher Education Consortium to increasing the number of infant- and toddler-specific courses.
 - c. Lead the development of a VT Infant and Toddler Credential.
 - d. Partnering with VTAEYC around the National Association for the Education of Young Children (NAEYC) *Power to the Profession* initiative and the T.E.A.C.H Early Childhood Program to promote Head Start and Early Head Start

participation.

4. Collaboration with Quality Rating and Improvement Systems (QRIS)
 - a. The VHSCO will continue to participate in the STARS Oversight and STARS Evolution committees to monitor and support Head Start and Early Head Start grantee participation in Vermont's current QRIS while also ensuring that the revised QRIS aligns with Head Start Program Performance Standards and promotes a stronger, high-quality early childhood system overall.
5. Work with state school systems to ensure continuity between HS and Kindergarten Entry Assessment (KEA)
 - a. Convene a Kindergarten Transition Summit modeled after a national Collaboration Demonstration Pilot to identify examples of effective kindergarten readiness practices; expand and enhance relationships between Head Start and school districts to support kindergarten readiness; and provide tools, supports and information to strengthen kindergarten readiness practices.
6. Serving children experiencing homelessness
 - a. Establish a relationship with Vermont's State McKinney-Vento Coordinator.
 - b. Work in collaboration with the State McKinney-Vento Coordinator to offer state and regional convenings modeled after the HSSCO Learning Community on Homelessness that allow Head Start, Early Head Start, and Homeless Liaisons to share emerging and promising practices, develop strategies and tools, and work towards improving practices and policies that support children and families experiencing homelessness.
 - c. Establish a relationship with the VT Coalition to End Homelessness to facilitate Head Start/Early Head Start access to local COCs.
7. Serving children with disabilities
 - a. Continue to convene and work in partnership with Head Start/Early Head Start grantees, Children's Integrated Services (Part C of IDEA), and AOE (Part B of IDEA) to support a revision of the Interagency Agreement titled *Supporting Children with Disabilities and Their Families: An Interagency Agreement Among Early Care, Health and Education Programs and Agencies in Vermont*.

8. Promoting access to timely health care services, including those related to general, oral, and mental health
 - a. Continue to convene grantee- and state-level action team members who participated in the 2019 OHS Opioid/Substance Misuse Summit in order to support the successful achievement of goals identified in grantee- and state-level action plans.
9. Parent and family engagement
 - a. Continue to integrate Head Start and Early Head Start family engagement strategies, including principles of the Parent, Family and Community Engagement Framework, into Vermont's early care and education system. Specifically, the Building Bright Futures Families and Communities Committee.

Appendix A

Brattleboro Town School District - Early Education Services (EES) Head Start and Early Head Start

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

Capstone Community Action Head Start and Early Head Start

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

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

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

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

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

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

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

Southeastern Vermont Community Action (SEVCA) Head Start

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

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

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