SD HEAD START COLLABORATION OFFICE NEEDS ASSESSMENT SURVEY RESULTS 2022







Learning. Leadership. Service.

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PURPOSE OF THE SD HEAD START COLLABORATION OFFICE

Assist Head Start Grantees in enhancing school readiness including promoting alignment of child outcomes, birth to Kindergarten.

Enable Head Start Grantees to better access Professional Development opportunities in South Dakota. SD Head Start Collaboration Office

Promote better linkages between Head Start Grantees and other child and family agencies. Build partnerships with local and statewide stakeholders to better meet the needs of lowincome children, birth to school entry, and their families.

SD Head Start Grantees Statewide Stakeholders

> Establish collaborative relationships and partnerships with agencies that provide services to children and families of low income in health, mental health, disabilities, child welfare and family services.





Badlands Head Start Prenatal to Five







Region VIII SD Head Start Grantees

- Directors/Assistant
 Directors
- Site Manager
- Education Managers
- Coaches
- Transition Specialists
- Disabilities Managers/Specialists
- Mental Health /Behavioral Health Specialists
- Family Services
 Specialists/Workers
- Health & Safety Specialists
- Nutrition Specialists
- Education Staff: Teachers, Teacher Assistants, Home Visitors









GRANTEE SURVEY DISTRIBUTION

MEET FEDERAL REGULATIONS

Head Start Act

Sec. 642B(a)(4)(A) Head Start Collaboration shall conduct an assessment that address the needs of the Head Start agencies in the State with respect to collaboration, coordination and alignment of services, and school readiness alignment.

MAXIMIZE PARTNERSHIPS

SD Head Start Collaboration Office knows that partnerships and connections are a shared process. Encompassing services for children and their families can have positive affects on school readiness and life success. EFFECTIVELY OVERSEE PROGRESS TOWARD GOALS

- Expand collaboration between grantees and other early childhood agencies.
- Develop longitudinal data reports using the DOE data systems.
- Support access to professional development and highquality workforce.
- Collaborate with agencies utilizing a quality rating improvement system.
- Ensure transition continuity from Head Start to kindergarten.
- Raise awareness about substance misuse in Head Start programs.

WHY CONDUCT A NEEDS ASSESSMENT?

USE DATA FOR CONTINUOUS IMPROVEMENT

Obtain input from grantees and stakeholders to assist in identifying strengths and needs of collaboration efforts. Acquire new connections between grantees and stakeholders to better serve pregnant women and children enrolled in the program and their families.



DESCRIPTION OF SURVEYS

Grantee Survey

- 300 total surveys distributed
- 2 separate surveys: (list on page 5) Program/Management Staff: 13 Q's Education Staff: 11 Q's
- I6I total surveys returned for a 54% return-rate (64 Program, 97 Education)
- Focus on collaboration between grantee and collaboration office *and* grantee and stakeholders
- Focus on meeting the needs of grantee including professional development

Stakeholder Survey

- IOI surveys distributed
- I0 Q's
- 73 surveys returned for a 72% return-rate
- Focus on collaboration between stakeholder and collaboration office and stakeholder *and* grantee
- Focus on services provided including professional development opportunities
- Focus on data sharing

Head Start programs prepare America's most vulnerable young children to succeed in school and in life beyond school. Focusing on the whole child, programs deliver services to pregnant women to children birth to age 5 **AND** their families in education & child development, health, mental health, nutrition, family well-being, family engagement & partnerships, community partnerships, services for children with disabilities, and transition services.

All Grantees follow Head Start Performance Standards that are for each "component area". For example, the Director will work more with policies and program governance, Health & Safety Specialist's duties will focus on health status and care and oral practices, Family Service Specialists focus on family and community partnerships, etc.

Since most program staff will include those who do **not** necessarily work directly with children, they will have connections to other agencies within their community and/or statewide in order to help meet the needs of the child and their families.

Education staff, however, work directly with children either in a classroom setting or during home visits and may not have as much collaboration. Based on this, the survey asked questions about their level of *familiarity* instead of their collaboration levels to local or statewide agencies.

Description of Services

Grantee Survey Results

What position best describes you?

3-5 yr. old Classroom Teacher – 52%
3-5 yr. old Classroom Assistant – 13%
Birth-3 yr. old Classroom Teacher – 9%
Birth-3 yr. old Classroom Assistant – 0%
3-5 yr. old Home Visitor – 9%
Prenatal- 3 yr. old Home Visitor – 13%

Coach (for teaching staff) – 6% Transition – 3% Other (many shared titles) – 2%

Director or Assistant Director – 17% Site Manager – 14% Education Manager – 20% Disabilities Mgr./Spec. – 17% Family Services Spec./Worker – 34% Health & Safety Mgr./Spec. – 14% Nutrition Mgr./Spec. – 5% Mental Health Mgr./Spec. – 8%



Program Staff (Q.3)

High to Moderate Collaboration with Department of Social Services (DSS)



- Childcare Services (24%)
- Child Protection Services (57%)
- Community Action Programs (41%)
- Behavioral Health (38%)
- Online Childcare Listing (22%)
- TANF/SNAP/CHIPS (34%)

Education Staff (Q.4)

Familiarity with Department of Social Services (DSS)



- Community Action Programs (65%)
- Behavioral Health (60%)

Overall, program staff has high to moderate collaboration with DSS. This coincides with the Family Service Worker having the highest response from the survey. FSW, work with families in reaching their goals or getting their needs met. Many services Head Start parents utilize are located within DSS.

In some programs, the teachers and/or home visitors are responsible for working with the families when reaching their goals. Results show that a high percentage are familiar with services at DSS. 9% of education staff stated their program specialists work with the families regarding these needs.

Program Staff (Q.4)

High to Moderate Collaboration with Department of Education (DOE)

Education Staff (Q.4)

Familiarity with Department of Health (DOH) and Department of Education (DOE)



- □ Part C: Birth to Three (37%)
- Part B: Preschool SPED (25%)
- McKinney-Vento (Homeless) (24%)
- Child and Adult Nutrition (30%)

(DOH) WIC, newborn screening, prenatal (74%)

(DOE) Birth to Three, Preschool SPED (73%)

DOE consists of Offices/Divisions that Head Starts can collaborate with. As mentioned on page 8 of this document, program specialists will work closely with agencies related to their area of expertise. Disabilities Specialists and Education Managers will have a higher collaboration with Part C and Part B. Family Service Specialists will have more collaboration around McKinney-Vento and the Nutrition Specialist will be most involved with Child and Adult Nutrition. 39% of program staff felt this collaboration was not applicable to their position. Education staff were asked about Special Education at DOE and WIC, newborn screening and prenatal services at DOH. Although the results show a high percentage of familiarity, when broken down by Early Head Start (prenatal to age 3), 100% responded they were familiar with both DOH and DOE services.

Program Staff (Q.5)

Collaboration Level with Department of Health (DOH) 70 60 50 40 30 20 10 0 Prenatal Services WIC Services **Bright Start** Newborn COVID-19 Immunization Program Hearing Home Tests Program Screening High to Moderate % Low to None % Would like more % ■ N/A to my position %

As evident in the graph, a high percentage of staff responding to the survey believed these services were not applicable to their position. When broken down by position of program staff that work closely with SDWIC, the results are very different. Nutrition Specialists (33% of responses) work with WIC offices to collect data on child's health and family needs. Health and Safety Specialists work with Immunization Programs (86%), WIC (71%), Newborn Screening (43%), and Prenatal Services (14%). In 2021, Head Starts worked with DOH in obtaining COVID-19 home tests for their families. 43% of Health and Safety Specialists had high collaboration. Rankings show the need for more connections with prenatal and newborn services. 50% of program indicated these programs were not applicable to their positions.

Program Staff (Q.6)

Collaboration Level with Department of Labor & Regulation (DLR)



When families want to pursue their education and/or careers, they work with staff such as Family Services Workers (FSW) who connect them to local agencies that can provide these services. This graph displays a high percentage of "Low to No Collaboration" averaging 32% of the responses. The chart also illustrates the high percentage of staff who said it was not applicable to their position. Since FSW are those that will work with families most, when breaking down the data, FSW continued to show a high percentage of "Low to No Collaboration" at an average of 55%. These results show that there is opportunity to build on collaboration between Head Start staff and DLR when working with families and their needs focusing on jobs and education.

Head Start Parent, Family, and Community Engagement Framework (PFCE)

The Head Start PFCE is about building relationships with families that support well-being, strong relationships between parents and their children, and ongoing learning and development for both parents and children.

Question 8 (program) and question 5 (education) were linked to each of the 7 goals of the framework.

- Family Well-being: Parents and families are safe, healthy, and have increased financial security.
- **Positive Parent-child Relationships:** Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development.
- **Families as Lifelong Educators:** Parents and families observe, guide, promote and participate in the everyday learning of their children at home, school, and in their communities.
- **Families as Learners:** Parents and families advance their own learning interests through education, training, and other experiences that support their parenting, careers, and life goals.
- **Family Engagement in Transitions:** Parents and families support and advocate for their child's learning and development as they transition to new learning environments, including EHS to HS, EHS/HS to other early learning environments, and HS to Kindergarten through Elementary School.
- Family Connections to Peers and Community: Parents and families form connections with peers and mentors in formal or informal social networks that are supportive and/or educational and that enhance social well-being and community life.
- **Family as Advocates and Leaders:** Families participate in leadership development, decision-making, program policy development, or community and state organizing activities to improve children's development and learning experiences.

(Q.8) What level of collaboration or connection do you have with the following programs/websites to better serve the children and families in your Head Start/EHS program?

An average of 20 staff did not feel this collaboration was applicable to their position.

Program Staff

High Noteral

Financial Literacy – 25% Disabilities Services – 30% (tied) Incarceration of a Loved One Services – 35% Substance Misuse Prevention/Treatment – 31%

Possible answers

<u>High/Moderate</u>: have contacted as needed, make referrals, or utilize resources

Low/No contact: never heard of this program

I would like to learn more about this program

High Moderate

Not applicable to my position

Mental Health Services – 47% Other Health Programs – 31% Housing Programs – 28% Parenting Education – 41% Helpline 211 – 47% Transitions – 33% Medical & Dental Providers – 46% Nutrition Services – 44% Domestic/Violence Shelters – 36% Child Development – 46% Libraries/Museums – 30% Disabilities – 30% (tied) I know about these local programs but had NO connection

> Know about programs and had SOME connection

> > I do not know about these local programs (5 highest percentages)

Mental Health Services – 45% Substance Prevention/Treatment – 56% Financial Literacy – 40% Helpline 211 – 43% Disabilities Services – 42% Other Health Programs – 38% Housing Programs – 43% Domestic/Violence Shelters – 53% Incarceration of Loved One – 30% Transitions – 36%

Medical and Dental Providers – 58% Nutrition Services – 52% Programs with free items for families – 40% Parenting Education – 46% Libraries or Museums – 52% Child Development – 54%

> Incarceration of Loved One – 51% Transitions – 45% Financial Literacy – 35% Housing Programs – 30% Disabilities Services – 42%

> > Incarceration of a Loved One

Highest request for learning more about "this" local program at 21%

Education Staff

(Q.5) What level of familiarity do you have with your local programs/website s to better serve children and families in your Head Start/EHS program?

Program Staff

(Q.7) What level of collaboration do YOU have with your local school district?

Transitions, Special Education, and Shared Educational Activities

Education Staff

(Q.6) Do you *participate* in the following educational activities?

Kindergarten Transitions	Special Education	Shared Educational Activities
69% High to	56% High to	42% High to
Moderate	Moderate	Moderate
collaboration	collaboration	collaboration
17% Low Level	21% Low Level	31% Low Level
to No	to No	to No
collaboration	collaboration	collaboration
3% would like	3% would like	19% would like
more	more	more
collaboration	collaboration	collaboration
14% not	24% not	l 7% not
applicable to	applicable to	applicable to
my position	my position	my position

Kindergarten Transitions	Attend IFSP or IEP meetings	EHS to Head Start Transitions
70%	83%	64%
When broken down by education staff working with 5-year-olds: 83%	86% - IEP 77% - IFSP	When broken down by education staff working with 3-year- olds aging out of EHS: 73%





Head Start grantees attended several trainings in the past year and as evident by the numbers, *three* of these topics were those that had been addressed in last year's needs assessment. Head Start provides comprehensive services to children and their families. By attending high-quality and intensive trainings in topics related to services Head Start provides, this can improve child and family outcomes and have lifelong effects. Substance Misuse – 27% Utilizing SDELG, SDStepAhead, Crosswalk – 27% Shared PD with districts – 24% Understanding IFSP/IEP – 19% OTHER TRAININGS: Leadership, Child Nutrition, and Family Engagement

62% **Q.** Did you **Professional Development Training Opportunities** participate in any of (SDECE) SD Early Childhood Enrichment: Early childhood development, health and safety, and quality practices. the following PD (SDSFEC) SD Statewide Family Engagement Center: Family Engagement, literacy, child development, special education topics, trauma, opportunities? and more. SD Parent Connection: Special education topics, health, behavior, and more. (ECLKC) Early Childhood Learning Knowledge Center: Prenatal to age 5 early childhood topics related to Head Start. (NAEYC) National Association for the Education of the Young Child: Research-based early childhood content aligned with NAEYC standards. Other: Included national conferences, networking, nutrition, special education and working on a degree.



In 2021, the SD Head Start Collaboration Office created an interactive document that included information and links of Early Childhood Professional Development opportunities in South Dakota. This was shared with Grantees and was designed for Head Start staff to utilize when searching for classes, webinars, trainings, and/or degrees in the Early Childhood field.

- > Online Degrees
- Face-2-Face Options
- SD Early Childhood Education Centers
- SD Professional Development Options
- National Professional Development Options
- Education, Leadership, Working with Children with Disabilities, Family Services, Health and Mental Health Topics





Q. DID YOU UTILIZE THE PROFESSIONAL DEVELOPMENT INTERACTIVE DOCUMENT?





**As a result of the high percentage of staff who stated they did not know what this document was, the SDHSCO sent it to staff requesting a copy. Once a copy was obtained, most staff replied they didn't realize that was the name of the document and they had previously received a copy.



Q.TO MY KNOWLEDGE, THE HEAD START COLLABORATION DIRECTOR HAS HELPED MYSELF OR MY PROGRAM IN: Q.WHAT WOULD YOU LIKE TO SEE THE SD HEAD START COLLABORATION OFFICE DIRECTOR DO MORE OF TO INCREASE YOUR COLLABORATION WITH OTHER AGENCIES?

Education Staff

- Resources for families
- Prioritize
 - communications

Program Staff

BOTH

 Trainings, conferences, networking Continue to seek out agencies
Keep programs updated

Other comments:

- I am not sure who the Collaboration Director is...Unaware of your support...learn more about housing
- I'm just learning...You're doing a great job already...Thank you for your help with working with CANS

Grantee Summary

Each year, the Needs Assessment survey provides results to measure and help guide the work of the SD Collaboration Office in supporting the priorities of the Office of Head Start. Building collaborative relationships between Head Start and local and statewide agencies aids in the achievement of a common outcome – support children in school readiness and helping families meet their needs and reach their goals.

Collaboration Strengths

Although certain staff specialize in different areas of expertise, the over all connection all staff have with State agencies is high.

- DSS: Recruitment of eligible children utilizing TANF lists, childcare services, child protection, community action programs, and behavioral health services.
- > DOE: Part C Birth-3, Part B Preschool, and Child and Adult Nutrition Services
- > DOH:WIC Services and Immunization Records

Head Start grantees continue to have high connections with their local school districts through developmental screenings, kindergarten transitions, special education and participating in shared educational events when possible. They also have relationships with their local medical and dental providers, nutrition services, parenting education, libraries and museums, and statewide child development websites and resources.

Program specialists/managers/directors are linked with more agencies/organizations due to their position with working with families, thus having more connections. Education staff were familiar with most local agencies but not as connected.

- Mental health and related health programs
- > Domestic shelters, housing agencies, and Helpline 211
- > Transition programs/resources and disabilities services

SD Head Start Collaboration (SDHSCO) Connections

From November 2021 to May 2022, the SDHSCO invited statewide agencies to attend Grantee/Stakeholder meetings to present services, information and/resources of their program.

- > Utilizing the SDStepAhead website, Transition to Kindergarten Crosswalk
- > Department of Labor & Regulation: programs available for parents
- > SD Family Connections: program for families of incarcerated loved ones (Sioux Falls)
- > SDSU Extension: Financial Literacy for families (and staff)
- > Behavior Care Specialists, Inc.: Behavior Intervention and Positive Reinforcement for children

Grantee Summary cont.

Collaboration Opportunities

Head Start considers the full range of strengths, interests and needs of each child and family. Connecting families with all available services and resources they need to achieve their goals. Grantees identified a need for increasing collaboration with statewide and local agencies providing similar and/or additional services for children and families. Program and Education staff varied in what agencies they had low collaboration with or who they were not familiar with.

- Program staff would like more information and collaborate more regarding childcare services, particularly SD childcare listings in service areas.
- Education staff would like more information on referring children and families in Behavioral Health, Prevention and Treatment of Substance Misuse, and more information on community action programs.
- > More knowledge and/or collaboration regarding homelessness including McKinney-Vento and the steps and processes grantee staff can take when connecting and enrolling children experiencing homelessness in South Dakota.
- > More information and connection with programs working with incarceration of a loved one.
- > More information and resources on Substance Misuse
- > More shared activities around school districts and Head Starts
- > Access to the Head Start PD Interactive Document

Professional Development

1302.92(b) of the Performance Standards: A program must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate.

In the fall of 2021, the SD Head Start Collaboration Office created and distributed to SD Head Start staff. This document included information and links to professional development opportunities in South Dakota and accredited national sites such as Early Childhood Learning and Knowledge Center (ECLKC) and National Association for the Education of Young Children (NAEYC). Staff also participate in the SD Early Childhood Education Conference held annually in April and the Head Start Region VIII Conference held in October.

Stakeholder Survey Results

What agency or program are you from? (% of responses)

Health

WIC (Community Health Programs) – 15%
 Department of Health – 14%
 Medical or Dental – 3%
 Mental Health – 1%

Community

Domestic Shelters/Centers – 14% Economic Assistance – 6% United Way – 4% State Child Care Services – 4%

Professional Development For providers/professionals – 4% For parents and families – 3% Early Childhood EC Development – 7% Secondary Education – 6% Advocacy – 4% SD State Library – 1%

Working with children and families with disabilities |4%

Q.3.DOES YOUR PROGRAM PROVIDE SERVICES THAT COVER EACH COUNTY IN SD?



56% of respondents stated their program provides services in all 66 counties in South Dakota. The other respondents are represented by color dots in the counties they serve.

	Ongoing or as needed collaboration: info-sharing, referrals, resources, etc.	I have not connected with this Head Start since our program is local only	No collaboration yet, but would like to share information about our services
Inter-Lakes Head Start	46%	27%	27%
Youth & Family Services Head Start	44%	31%	26%
South Central Child Development	37%	31%	34%
Sioux Falls Head Start	36%	34%	29%
Oahe Child Development Center	34%	41%	25%
USD Head Start	32%	36%	32%
Northeast SD Head Start	30%	38%	33%
TREC-Badlands Head Start	26%	38%	36%

Q.4.HOW HAVE YOU CONNECTED WITH THE SD HEAD START PROGRAMS?

Q.5. IF YOU WOULD LIKE TO COLLABORATE WITH A HEAD START PROGRAM, WHICH OPTIONS BEST SUIT YOUR ORGANIZATION/AGENCY?

Q.6. 73% stakeholders stated they were interested in sharing information about their program's services with Head Start programs



Q.7.TOPICS OFFERED BY STAKEHOLDERS FOR PROFESSIONAL DEVELOPMENT



20% of respondents do not provide trainings

By collaborating with statewide or local stakeholders, Head Start programs can increase supports for families and their needs. Respondents specified the following topics for families:

- Effective kindergarten transitions
- Substance misuseprevention/treatment
- Financial Literacy
- Workforce skills
- Parenting Education
- Parenting Skills
- Prevention in domestic violence
- Prevention of suicide
- Economic Assistance
- Nutrition-prenatal to 5 years



The Office of Head Start (OHS) Program Information Report (PIR) provides comprehensive data on the services, staff, children, and families served by Head Start and Early Head Start programs nationwide. All grant recipients and delegates are required to submit this data for Head Start and Early Head Start programs.

- •Eligibility type
- •Transition & turnover
- Childcare subsidy
- •Ethnicity/race
- •Language in the home
- •Transportation
- Program Staff & Qualifications
- •Divided by Head Start & Early Head Start
- •Total # staff
- •Total # volunteers
- •Educational background of staff working with children
- •Ethnicity/race of staff
- •Language of staff
- •Staff turnover

- Health Services (includes both pregnant women & children)
- Health insurance

Services

and

Child

- Accessible health care
- Medical services Family
 - Prenatal services
 - Body mass index of child
 - Immunizations of child
 - Accessible dental care
 - Preschool dental services
 - Infant/toddler preventative dental services
 - Mental health consultation

- Disabilities
- **Services**
- IDEA eligibility determination
- Preschool disabilities services
- Infant/toddler Part C intervention services
- Educational screening tools

• Total # of families

Community

Family and

- Parent/guardian education
- Parent/guardian employment, job training, school
- Federal or other assistance
- Family services (list on page 34)
- Father engagement
- Homelessness services
- Foster care and welfare

Services Disabilities



Q.8.DOES YOUR AGENCY COLLECT DATA IN THE FOLLOWING CATEGORIES?



Q.9.DOES YOUR AGENCY COLLECT THE FOLLOWING REFERRALS, INFORMATION- AND RESOURCE-SHARING, OR FOLLOW-THROUGH SERVICES?



Stakeholder Summary

Through community partnerships, Head Start and Early Head Start programs build collaborative relationships with local and statewide organizations that support positive child and family outcomes.

These agencies/organizations can respond to families' interests and needs. They can connect families to outside resources, encourage engagement in children's learning, and use community strengths and needs assessment data to guide collaboration. Through these connections, programs can also promote successful transitions for children and families from one service setting to another over time, or when multiple services are needed during the same time period.

Over 50% of respondents represent all SD counties. This gives Head Start programs an advantage when connecting with these agencies.

An average of 48% of stakeholders had ongoing collaboration with one or more of the non-tribal Head Start programs. Although about 46% stated they had no collaboration, there were 40% who wanted to have this collaboration.

This collaboration can be done via the SD head Start Collaboration Director. 70% reciprocated they would like to be contacted to begin this collaboration between grantee and stakeholder.

Stakeholders offer a variety of trainings, webinars, classes, or presenting in topics related to helping support children and families enrolled in Head Start. A high number stated they were willing to do virtual or in-person presentations for Head Start staff. With this in mind, and since 70%, as shown above, the SDHSCO will connect with local and statewide agencies to begin that collaboration. Beginning in Septembers of the new program year, grantee staff meet every other month for networking of same-position staff and SDHSCO provides a stakeholder to present on their program/agency. This continues for each program year.

Less than half of stakeholders collect data for their agency. However, those that do collect show similarity in the type of data with Head Start's Program Information Report (PIR). This presents the opportunity to work with other programs when collecting and aligning data.