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# SD Head Start Collaboration Office Needs Assessment 2025

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# Purpose of Head Start Collaboration Office

## EMPOWERING PARTNERSHIPS FOR EARLY CHILDHOOD SUCCESS

The South Dakota Head Start Collaboration Office (SDHSCO) supports Head Start programs by fostering partnerships, improving access to resources, aligning services with state initiatives, and enhancing school readiness, family support, and professional development opportunities.

**SD Head Start  
Collaboration  
Office**



The South Dakota Head Start Collaboration Office (SDHSCO) works with local and statewide stakeholders by building partnerships, coordinating services, and aligning policies to support Head Start programs. This includes facilitating collaboration with agencies, sharing resources, promoting professional development, and addressing the needs of children and families through integrated efforts.

**SD Head Start  
Recipients**

**SD Local and  
Statewide  
Stakeholders**

Head Start programs work with local and statewide stakeholders by building partnerships to coordinate services, share resources, and align goals. This collaboration can support children and families through access to health, education, and social services, enhanced professional development, and strengthened community networks that promote school readiness and family well-being.

## SOUTH DAKOTA NON-TRIBAL HEAD START PROGRAMS



**Badlands Head Start**  
Prenatal to Five

There are eight non-tribal Head Start programs in South Dakota providing comprehensive services in 59 counties. All 8 programs serve children ages 3-4 years, while 5 programs also provide services prenatally up to children aged 3 (Early Head Start).



NORTHEAST SOUTH DAKOTA  
**HEADSTART**



**Youth & Family  
Services™**

During the 2023-2024 program year, there was a total of 2,860 (cumulative) children enrolled and 46 (cumulative) pregnant women.



**South Central  
Child Development Inc.**  
Head Start Preschool & Family Services

The non-tribal Head Starts operated 154 center-based classrooms with 1,830 children while 602 children were enrolled in the home-based program (both 3-5 Head Start and prenatal – 3, Early Head Start).



UNIVERSITY OF  
**SOUTH DAKOTA**



Head Start Management contributing to  
2025 Needs Assessment

Directors	Family Services
Site Area Managers	Nutrition
Education	Mental/Behavioral Health
Health & Safety	Disabilities
Coaches (not Mgmt., but work with teachers/home visitors)	



# Description of Recipient Survey

- **102 surveys** distributed to Head Start program management and coaches.
- Survey contained **19 questions**, with **11 open-ended** responses.
- **52 surveys returned**, resulting in a **51% return rate**.
- Questions focused on:
  - Collaboration with local and statewide agencies
  - Partnerships with local school systems, including transitions, disabilities, and McKinney-Vento Liaisons
  - Professional development opportunities
  - Collaboration with the SDHSCO
- Included a section on the **vision for the next 5 years**.



\* The Head Start Collaboration Office conducts needs assessment with recipients annually and with local and statewide stakeholders for the 5-year grant.

## **Below 20%**

TREC Badlands Head Start

## **Between 40% and 49%**

Northeast Head Start

USD Head Start

Since some Head Start programs are larger and have more program management staff, percentages were calculated by dividing the number of returned surveys by the total amount of surveys distributed to each program management team.

## **From 50% to 56%**

Inter-Lakes Head Start

Youth & Family Services Head Start

South Central Child Development

## **From 60% to 78%**

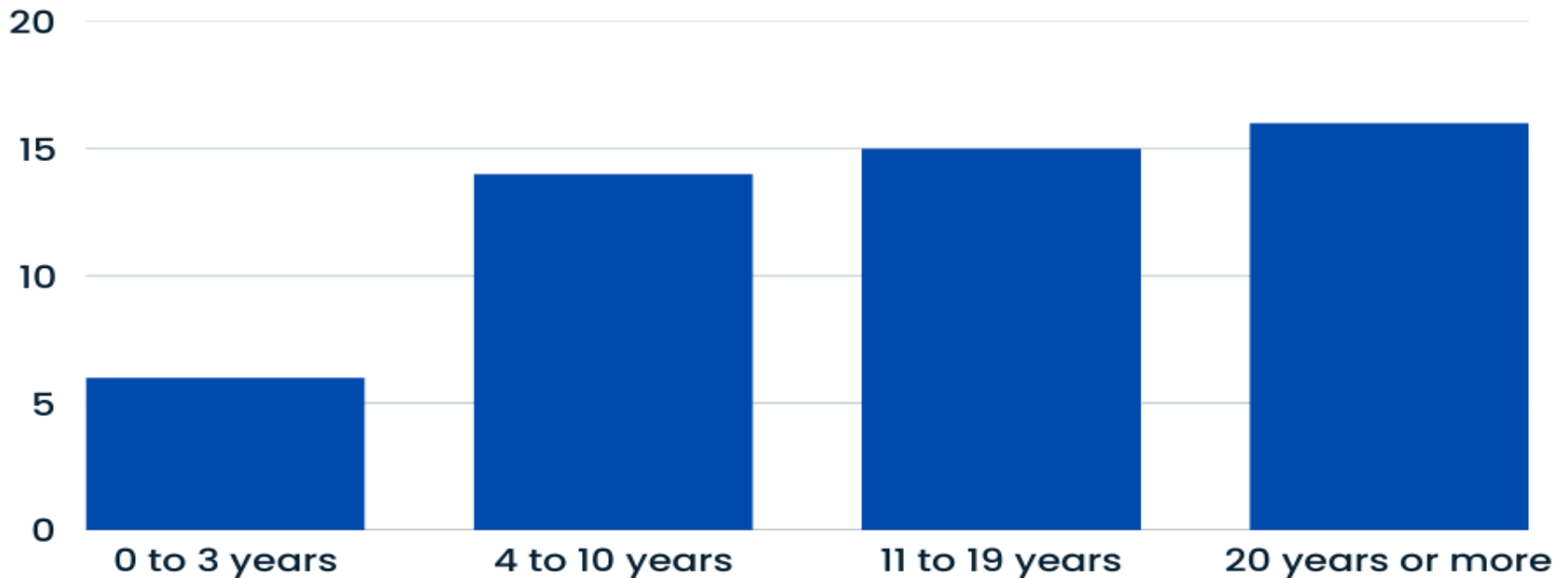
Sioux Falls Head Start

Oahe Child Development Center

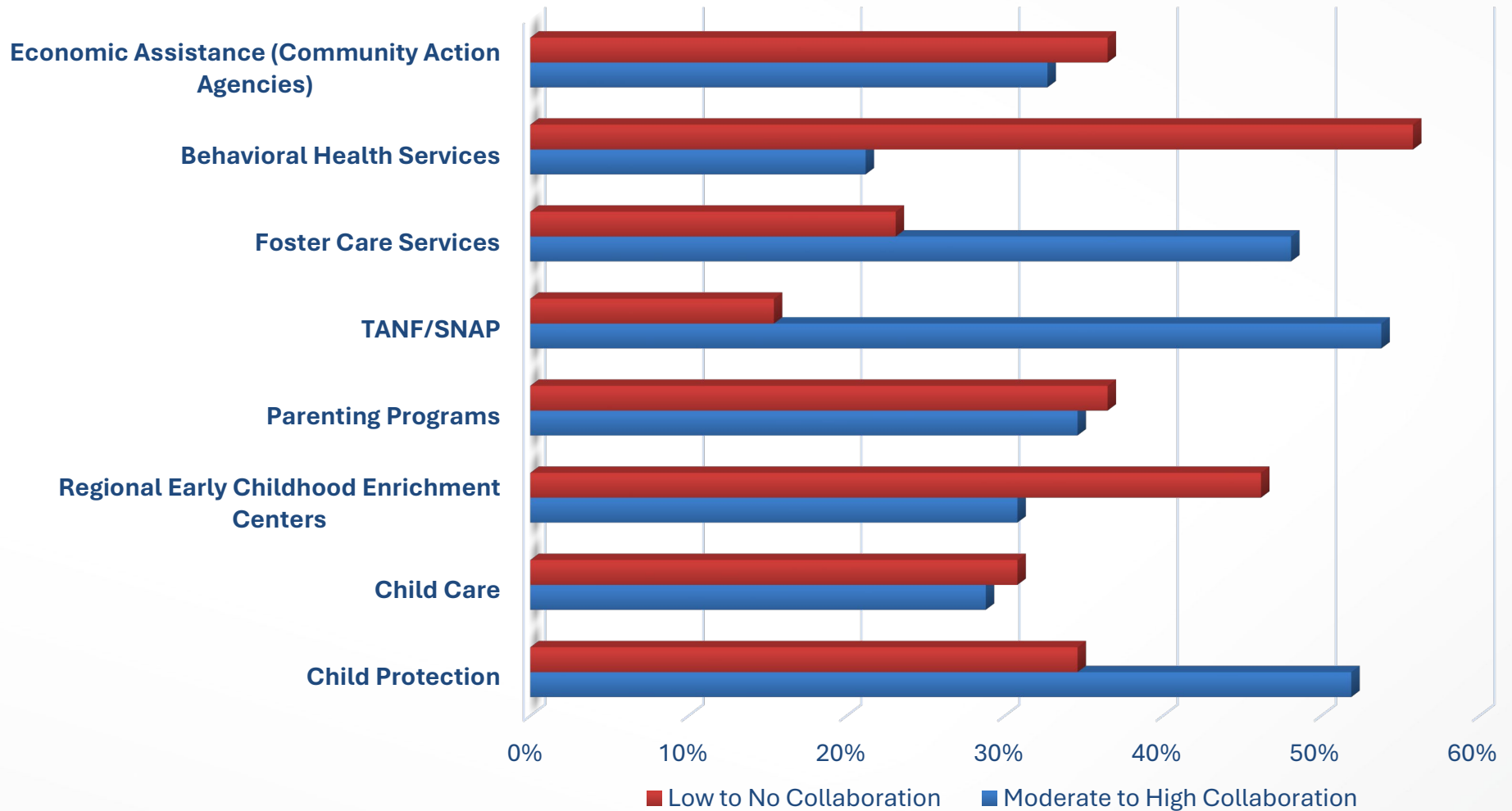


## YEARS WORKING FOR HEAD START

Recipients were asked how long they have been working for Head Start.



## With the Department of Social Services





# Collaboration Results Summary (DSS)

The graph titled "**Department of Social Services**" illustrates the level of collaboration between Head Start programs and various services within the department, categorized into two groups: **Low to No Collaboration** (red bars) and **Moderate to High Collaboration** (blue bars).

## Key Findings:

### • **Strong Collaboration Areas:**

Head Start programs report *moderate to high collaboration* with **TANF/SNAP**, **Foster Care Services**, **Regional Early Childhood Enrichment Centers**, and **Child Protection Services**. In these areas, the blue bars extend further than the red, indicating more programs are engaged in partnerships to support children and families.

### • **Limited Collaboration Areas:**

Conversely, **Behavioral Health Services**, **Parenting Programs**, and **Child Care** exhibit *higher levels of low to no collaboration*. The red bars for these services surpass the blue, suggesting that while some connections exist, there may be gaps in partnerships or accessibility challenges.

### • **Balanced Collaboration:**

**Economic Assistance (Community Action Agencies)** shows a nearly **equal distribution** of low/no collaboration and moderate/high collaboration, indicating a mix of experiences among programs.

## Approaches for SDHSCO:

### • **Opportunities for Improvement:**

The *lower collaboration levels* with **Behavioral Health Services** and **Parenting Programs** suggest potential areas for increased engagement. Strengthening these partnerships could enhance mental health support and family resources for Head Start recipients.

### • **Sustaining Strong Connections:**

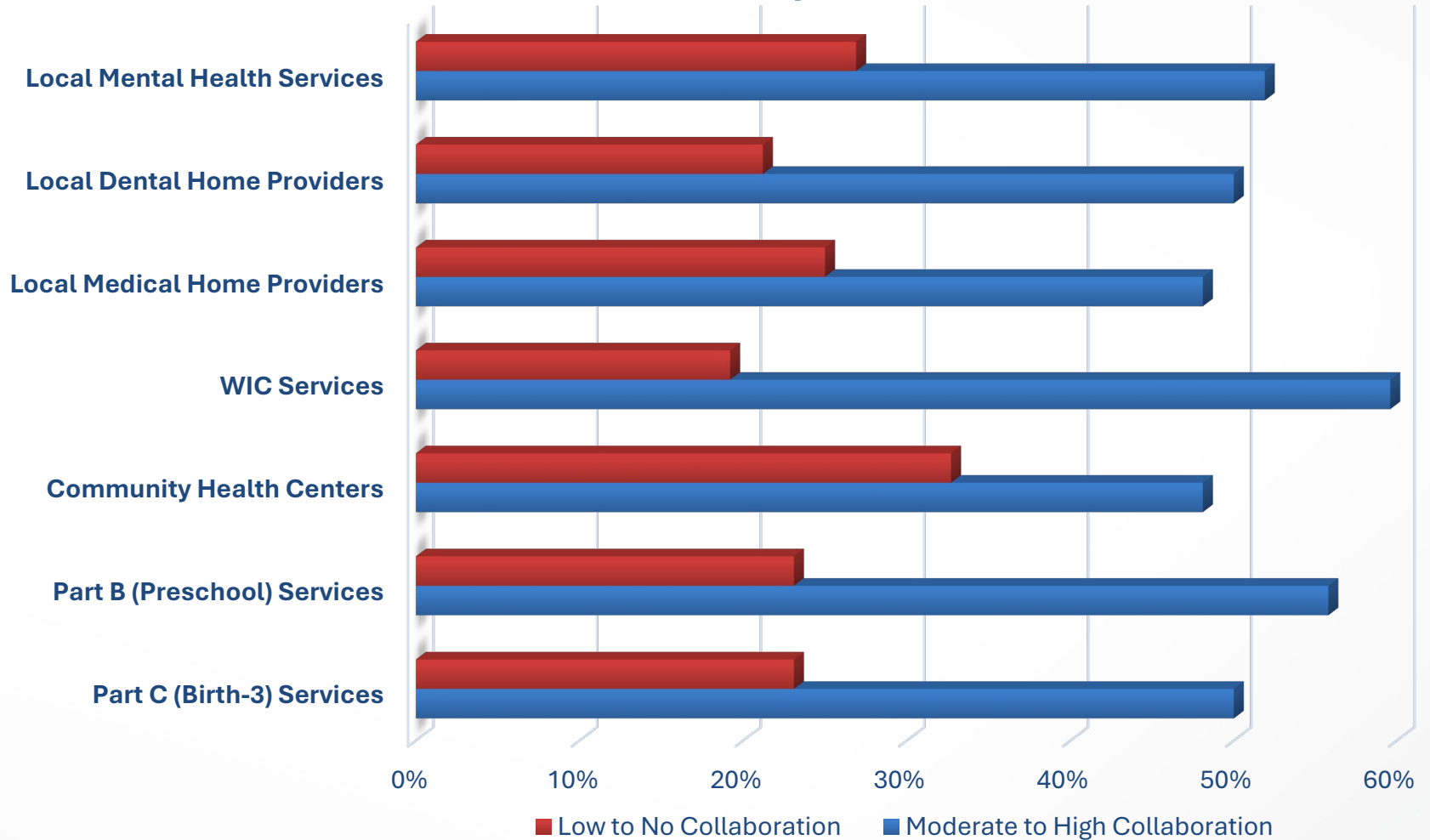
Given the significant collaboration with **TANF/SNAP** and **Child Protection Services**, ongoing efforts should be made to maintain and build upon these relationships.

### • **Addressing Barriers:**

Programs that experience *low collaboration* with **Child Care** and **Behavioral Health Services** may benefit from targeted outreach or policy discussions to enhance service integration.

Moving forward, the **SDHSCO** will focus on bridging gaps where collaboration is limited while reinforcing successful existing partnerships.

## With the Department of Education, Department of Health and other Health Systems



# Collaboration Results Summary (DOE, DOH, Other Health)

The graph titled "**Department of Education, Department of Health, and Other Health Systems**" presents the levels of collaboration between Head Start programs and various educational and health-related services. The data is categorized into **Low to No Collaboration** (red bars) and **Moderate to High Collaboration** (blue bars), highlighting the extent of partnerships across different services.

## Key Findings:

### • **Strong Areas of Collaboration:**

The highest levels of *moderate to high collaboration* are seen with **WIC Services, Community Health Centers, Part B (Preschool) Services, and Part C (Birth-3) Services**. The blue bars for these services are significantly longer than the red bars, indicating well-established partnerships that support child health and early childhood education.

### • **Moderate Collaboration:**

Collaboration with **Local Medical Home Providers, Local Mental Health Services, and Local Dental Home Providers** is generally strong, but there remains a noticeable portion of *low to no collaboration*. While many Head Start programs have built relationships with these providers, others may face barriers in accessing these essential health services.

### • **Areas for Improvement:**

**Community Health Centers** show a notable portion of *low to no collaboration*, suggesting that some programs may struggle to connect families with healthcare resources. Additionally, **Local Dental Home Providers** also have a significant percentage of *low to no collaboration*, highlighting a potential gap in ensuring children have access to consistent dental care.

## Approaches for SDHSCO:

### • **Expanding Healthcare Access:**

Strengthening ties with **Local Medical** and **Dental Home Providers** could enhance health outcomes for Head Start children by ensuring access to routine and preventive care.

### • **Enhancing Mental Health Support:**

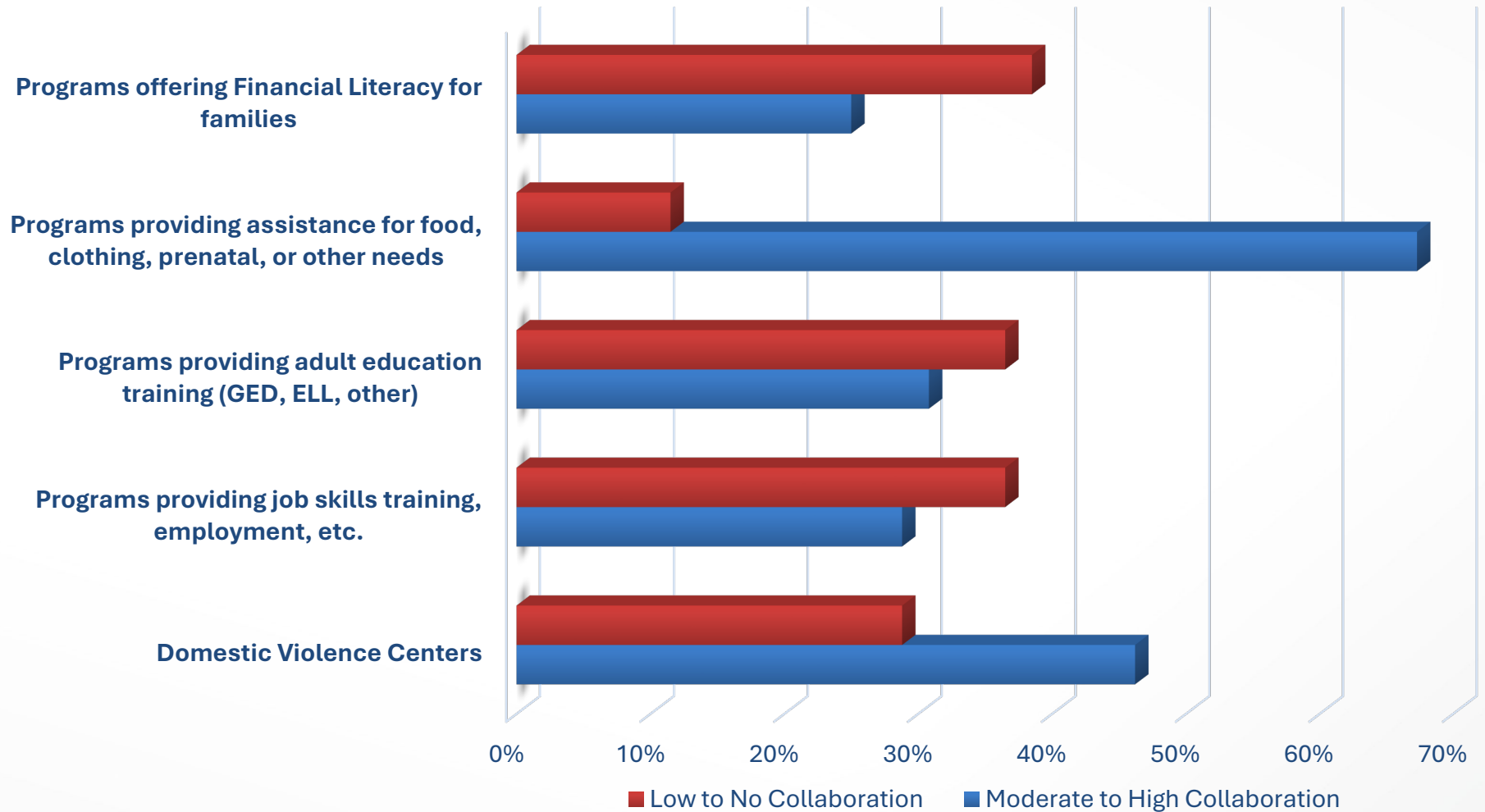
While there is already some engagement with **Local Mental Health Services**, increasing collaboration in this area could help address growing needs for mental health resources among children and families.

### • **Sustaining Success:**

The strong collaboration with **WIC Services, Early Intervention (Part C), and Preschool Special Education (Part B)** should be maintained and leveraged as models for expanding engagement with other service providers.

Moving forward, the **SDHSCO** will encourage continued collaboration between Head Start programs and health and education agencies to ensure comprehensive support for children and families

## With Local Programs Providing Various Services



# Collaboration Results Summary

## (local programs providing various services)

The graph titled "**Local Programs Providing Various Services**" illustrates the level of collaboration between Head Start programs and different community service providers. The data is divided into **Low to No Collaboration** (red bars) and **Moderate to High Collaboration** (blue bars), highlighting the extent to which Head Start programs engage with these local resources.

### Key Findings:

#### • **Strong Areas of Collaboration:**

Head Start programs report the *highest level of collaboration* with **programs providing assistance for food, clothing, prenatal, or other needs**. The blue bar for this category significantly surpasses the red, indicating that most programs actively work with these service providers to support families in need.

Similarly, **Domestic Violence Centers** and **adult education training programs (GED, ELL, etc.)** have notable levels of *moderate to high collaboration*, suggesting that Head Start programs recognize the importance of these services in supporting families.

#### • **Limited Collaboration Areas:**

**Financial literacy programs for families** and **job skills training/employment services** exhibit a higher proportion of *low to no collaboration* compared to other categories. This suggests that while some partnerships exist, there may be gaps in connecting families to financial education and workforce development opportunities.

#### • **Balanced Collaboration:**

Collaboration with **adult education training (GED, ELL, etc.)** and **job skills training/employment programs** shows a more even distribution between *low to no collaboration* and *moderate to high collaboration*. While some Head Start programs have established strong connections with these services, others may not yet be leveraging these resources effectively.

# Collaboration Results Summary

## (local programs providing various services)

The graph titled "**Local Programs Providing Various Services**" illustrates the level of collaboration between Head Start programs and different community service providers. The data is divided into **Low to No Collaboration** (red bars) and **Moderate to High Collaboration** (blue bars), highlighting the extent to which Head Start programs engage with these local resources.

### Approaches for SDHSCO:

- ***Expanding Economic and Workforce Support:***

Given the lower levels of collaboration with **financial literacy** and **job training programs**, there is an opportunity to strengthen partnerships in these areas. Enhancing access to financial education and employment resources could help families achieve greater self-sufficiency.

- ***Sustaining Successful Collaborations:***

The strong engagement with **food/clothing assistance programs** should be maintained, as these services play a critical role in supporting family well-being.

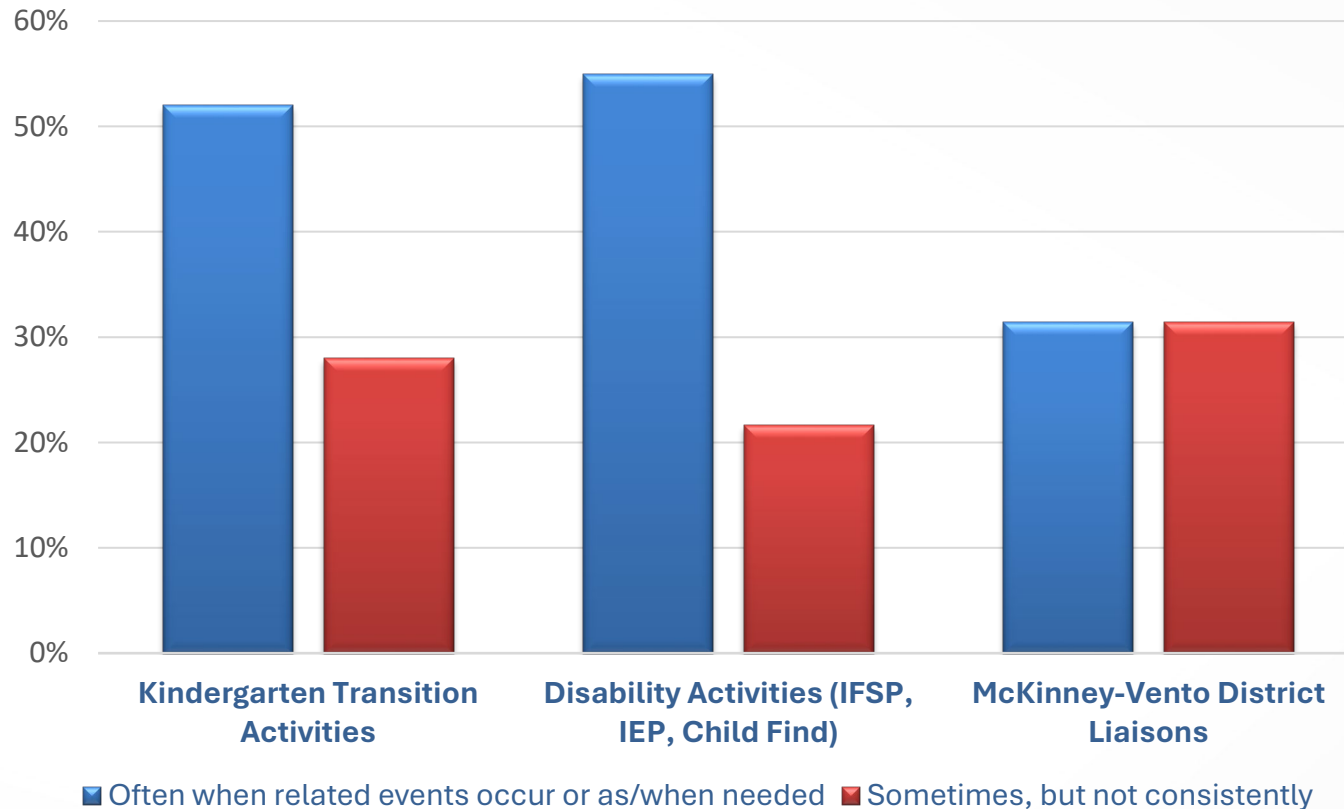
- ***Strengthening Connections with Domestic Violence Services:***

While many programs report collaboration with **Domestic Violence Centers**, ensuring that all Head Start families have access to these resources could be a priority, particularly for those facing crisis situations.

Moving forward, the **SDHSCO** will facilitate partnerships with Financial Literacy collaborations, encourage Head Start programs to partner with local Department of Labor agencies, support existing collaborations for food, clothing, and basic needs, and help strengthen partnerships with domestic violence partners.



## Collaboration with Local School Districts



Fifty-two participants responded to the survey, rating their level of collaboration with school districts in their services areas. The survey included an additional option, “NA to my position.” Collaboration ratings will be included on the following 3 pages per open-ended question.



# Collaboration Results Summary (School Districts)

The graph titled “**Local School Districts**” illustrates the frequency of collaboration between Head Start programs and local school districts in three key areas: **Kindergarten Transition Activities**, **Disability Activities (IFSP, IEP, Child Find)**, and **McKinney-Vento District Liaisons**. Responses are categorized into “**Often when related events occur or as/when needed**” (blue) and “**Sometimes, but not consistently**” (red).

## Key Findings:

### • **Strong Areas of Collaboration:**

**Kindergarten Transition Activities** and **Disability Activities (IFSP, IEP, Child Find)** show the highest levels of *consistent collaboration*, with over 50% of respondents indicating that coordination occurs as needed or during related events. This suggests that **school districts** and **Head Start programs** work well together in supporting children with disabilities and helping families navigate the transition to kindergarten.

### • **Inconsistent Engagement with McKinney-Vento District Liaisons:**

Collaboration with **McKinney-Vento District Liaisons**—who support children experiencing homelessness—is *less frequent and less consistent* compared to the other categories.

Responses indicate an **even split** between *consistent engagement and sporadic interactions*, suggesting that while some programs have strong partnerships with liaisons, others may face barriers in collaboration.

### • **Opportunities for Improvement:**

While collaboration on **Kindergarten Transitions** and **Disability Services** is strong, there is room for more proactive engagement with **McKinney-Vento Liaisons** to ensure **homeless families receive consistent support and resources**. Encouraging **structured, ongoing partnerships rather than event-based engagement** could further enhance collaboration in all three areas.

# Collaboration Results Summary (School Districts)

The graph titled “**Local School Districts**” illustrates the frequency of collaboration between Head Start programs and local school districts in three key areas: **Kindergarten Transition Activities, Disability Activities (IFSP, IEP, Child Find), and McKinney-Vento District Liaisons**. Responses are categorized into “**Often when related events occur or as/when needed**” (blue) and “**Sometimes, but not consistently**” (red).

## Approaches for SDHSCO:

- ***Sustaining Effective Partnerships:***

Continue strengthening relationships between **Head Start** and **school districts** for Kindergarten **transitions** and **disability services**.

- ***Enhancing Support for Homeless Children:***

Increase awareness and coordination with **McKinney-Vento Liaisons** to ensure families experiencing homelessness receive timely support.

- ***Moving Beyond Event-Based Collaborations:***

Foster more continuous engagement with **school districts** rather than limiting collaboration to specific events or needs.

Moving forward, the **SDHSCO** will strengthen partnerships with local school districts by including school personnel in future planned Head Start kindergarten transition strategies, disability services, and McKinney-Vento supports to ensure children and families receive seamless support as they transition to school environments.

## What is your role in supporting transitions; Early Head Start to Head Start OR Head Start to school? (open-ended question)

Transition Activity and Description	# of Mentions
<b>Collaboration with schools:</b> meeting between education staff and school staff, sharing relevant information about child (ren), participate in shared transition meetings	11
<b>Family engagement:</b> working with families, sharing resources, supporting families, helping with enrollments	10
<b>Specific transition activities:</b> participate in Kindergarten visits, participate in program transition meetings or parent nights, support education staff with transition activities within classrooms or home visits, provide “transition” lunch experience	9
<b>Supporting education staff:</b> provide transition resources and information, supervision/monitoring of lesson plans during transition activities, scheduling of activities that involve education staff, tracking of transition activities	9
<b>Health-related activities:</b> provide pertinent information about health and mental health to next “teacher”, offer behavioral strategies, help families regarding immunizations, other health records and mental health paperwork	7
<b>Individual Child Support:</b> support or provide special accommodations for children who have a disability, assist parents on transitions with children on IEPs	4

Twenty percent of recipients stated this question was non-applicable to their positions at Head Start. These consisted of positions in health, nutrition, coaching, family services and director.

## What is your role in the development and implementation of IFSPs and IEPs? (open-ended question)

Disability-Related Activity and Description	# of Mentions
<b>Staff support and education:</b> trainings for staff on IDEA, inclusion strategies, best practices such as accommodations, etc.	16
<b>Collaboration with early intervention and special education teams:</b> coordinating with school districts on scheduling, referrals, discussions, and collaborating with parents	7
<b>IFSP or IEP meetings:</b> attend meetings with parental permission, advocate, share information or updates on child progress	6
<b>Child Find and developmental screenings:</b> identify children through developmental screenings, complete health screenings such as vision and hearing or other appropriate screenings needed	5
<b>Data and documentation:</b> tracking, monitoring, sharing progress reports, and transferring child records	4

Twenty-three percent of recipients stated this question was non-applicable to their positions at Head Start. These included health, nutrition, family services and director.

# Supporting Families Experiencing Homelessness

## How do you support children and families experiencing homelessness? (open-ended question)

Homelessness Support Activity and Description	# of Mentions
<b>Assist families:</b> refer families to local agencies such as shelters, Section 8, motels, income-based housing, agencies that provide food, clothing, baby supplies, etc., connections to medical, dental, insurance, assist with application processes	24
<b>Sharing resources:</b> connect, find and share resources around housing (rentals), food insecurities, employment, child welfare services, child care, etc.	11
<b>Support for staff working with children and families experiencing homelessness:</b> training or support on child behaviors, stability, routines, special education, resources available for families, summer lunches, supervising and monitoring	6
<b>Collaboration with local McKinney-Vento Liaisons:</b> communicate, collaborate, attend meetings, sharing information	5

Thirty-seven percent of recipients specified this question was non-applicable to their positions at Head Start. These consisted of positions in mental health, health, nutrition, coaching, education coordinator, disabilities, and directors.

## CHALLENGES IN COLLABORATING WITH AGENCIES

**\*\*Agencies having an understanding what Head Start is and WHY to collaborate.**

**\*\*Lack of responses after reaching out to other organizations providing services**

**\*\*Staff turnover and building new relationships.**

Lack of services needed or a consistency of services in rural areas.

Eligibility restraints for families.

Attitudes toward poverty and/or low-income status.

Lack of information or resources in other languages.

Funding unavailable for certain needs of families such as housing.

Communication between Head Start and other agencies.

**\*\*Time constraints.**

**\*\*Wait time for families to receive services.**

**\*\* Denotes more than one recipient responded with similar comment.**

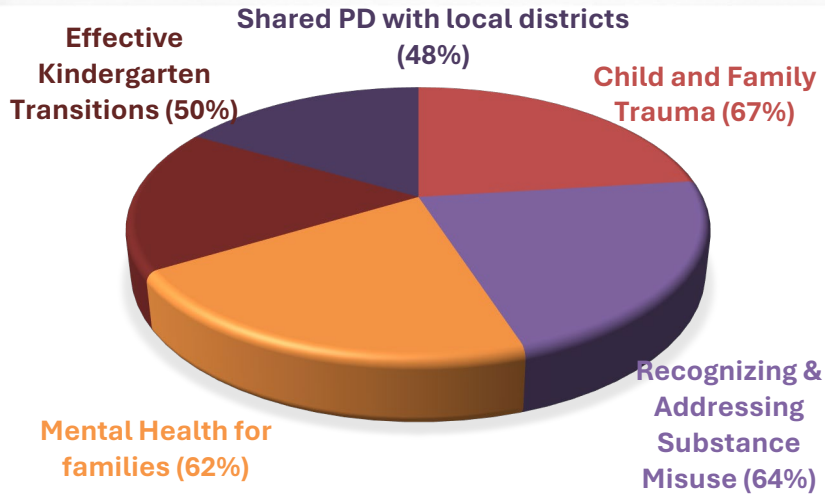
Language barriers.

Transportation when families need it.

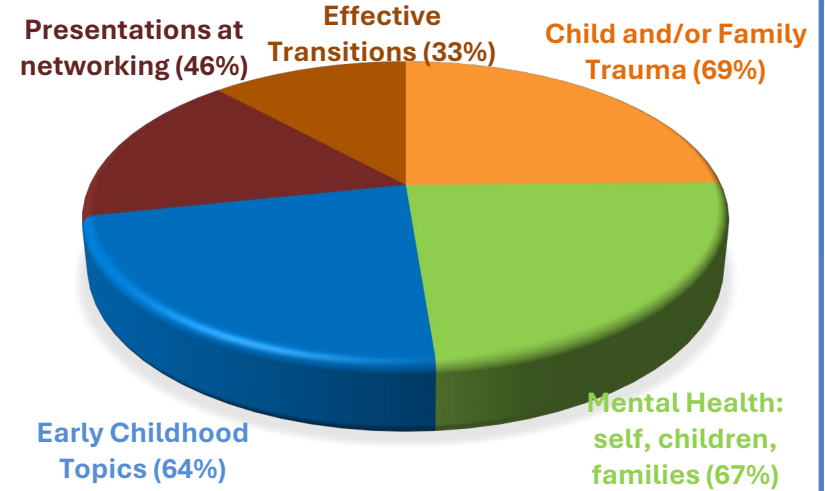


# Recipient Professional Development 2020 - 2023

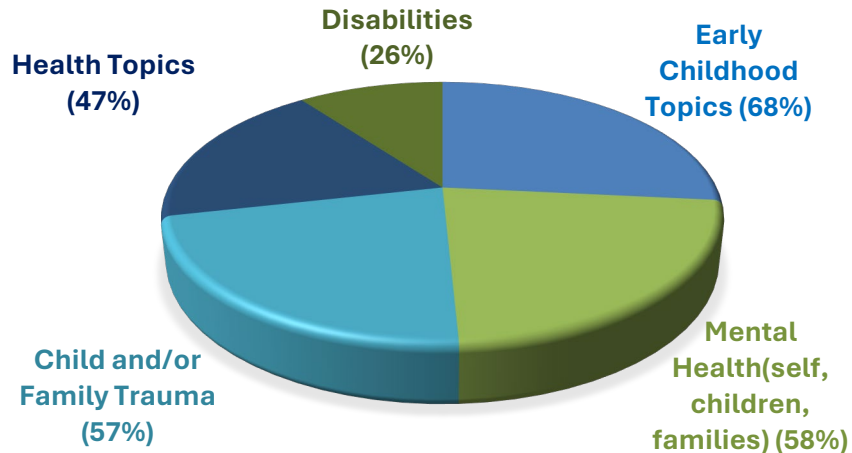
## TRAININGS ATTENDED IN 2020



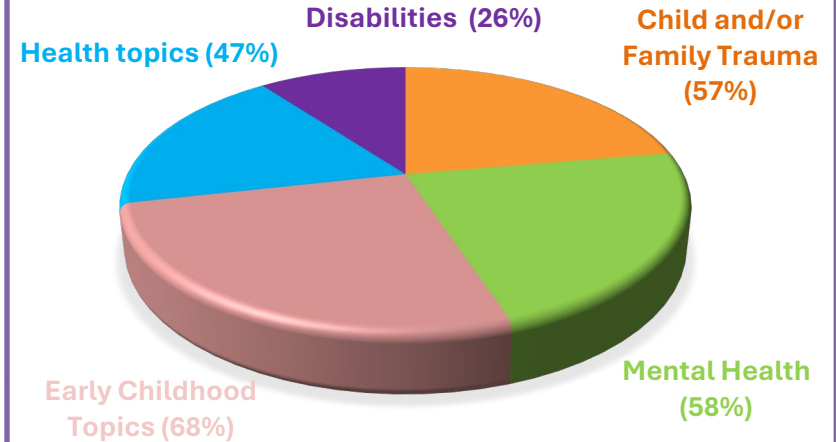
## TRAININGS ATTENDED IN 2021



## TRAININGS ATTENDED IN 2022

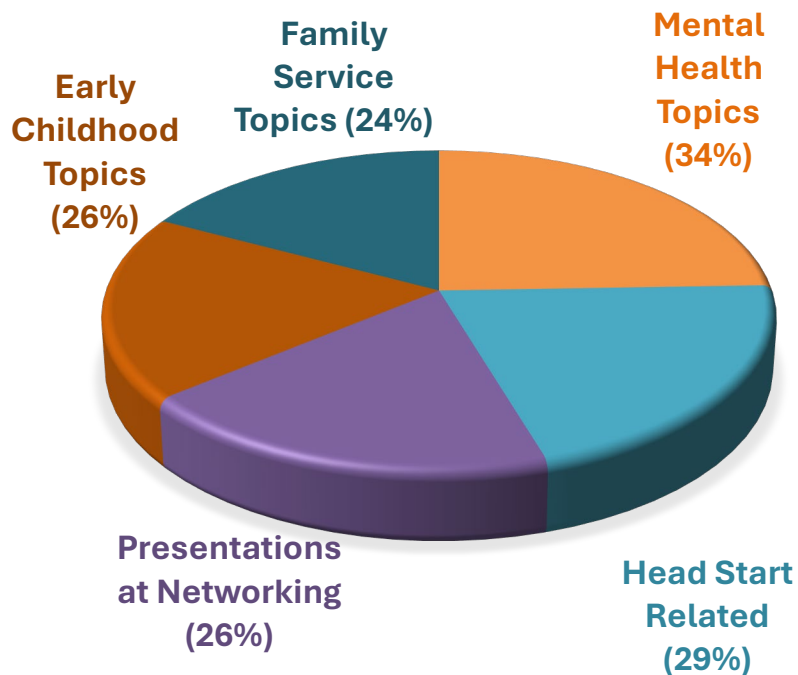


## TRAININGS ATTENDED IN 2023





## TRAININGS ATTENDED IN 2024



Over the past four years, recipients have increasingly recognized the significance of **Mental Health, Child/Family Trauma, and Early Childhood topics**, as reflected in the annual survey responses. These areas consistently received the highest percentage of interest in the pie charts, highlighting a growing awareness of their impact on children and families. In 2024, **Mental Health and Early Childhood topics** remained key areas of focus, reflecting ongoing recognition of their importance. However, a new trend has emerged, with increased emphasis on attending **Head Start-related** trainings and the value of **stakeholder presentations**. This shift suggests a growing interest in professional development and collaborative learning opportunities, emphasizing the need for continued engagement with stakeholders and training initiatives to support Head Start programs effectively.

What type of PD opportunities would you like to attend or participate in over the next 5 years?

- Health topics including nutrition
- Leadership trainings
- Head Start-related topics: Performance Standards, CLASS, updates
- Special Education
- Early Childhood topics including supporting education staff
- Anything to help families in need
- Mental Health topics
- Children behaviors

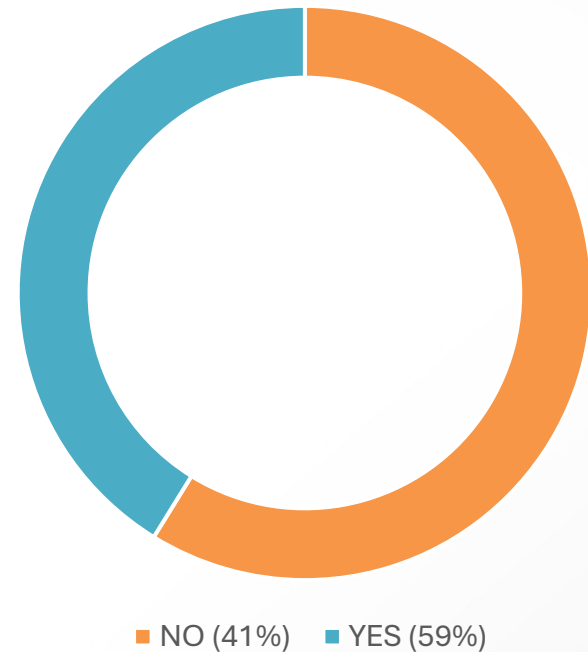
\* Recipient results narrative on page 36-37 combined with Stakeholder results.

### HOW FAMILIAR ARE HEAD START PROGRAMS WITH SDHSCO?

As the South Dakota Head Start Collaboration Office (SDHSCO) Director, maintaining face-to-face connections with Head Start recipients is a priority. Every other month, during Grantee/Stakeholder meetings, opportunities arise to engage with program directors and various management staff. These meetings serve as a platform for the SDHSCO to provide meaningful support, whether by scheduling stakeholder presentations, addressing questions, sharing Office of Head Start (OHS) updates, or simply reinforcing relationships by putting a face to a name.

Although these interactions are often brief, they foster a sense of connection between the Collaboration Office and program staff. However, it is important to recognize that not all program management staff attend these meetings. As a result, there may be limited familiarity with the SDHSCO among all management teams, highlighting the need for continued outreach and engagement beyond these scheduled gatherings.

Have you had any connection with the  
SD Head Start Collaboration Office  
Director?



### HOW WOULD YOU DESCRIBE YOUR INTERACTIONS WITH THE SDHSCO?

Fifty-two percent of recipients responded to question about interaction with the SD Head Start Collaboration Office Director. Below are summarized quotes.

“The South Dakota Head Start Collaboration Office (SDHSCO) serves as a valuable resource, providing essential information, professional development opportunities, updates, support, and guidance related to my role.”

“Whenever I have questions, I can confidently reach out, knowing that I will receive a thoughtful and timely response.”

“The SDHSCO Director is knowledgeable about Head Start, and I feel that my input is genuinely valued.”

“Through the Grantee/Stakeholder networking meetings, she facilitates informative presentations that enhance collaboration and keep us informed.”

“These meetings provide opportunities to connect with her directly, and I also engage with her during Early Childhood conferences I attend.”

“Additionally, we maintain connections with her for requesting TANF/SNAP lists, which play a crucial role in Head Start and Early Head Start recruitment efforts.”

“Her ongoing support strengthens our ability to serve children and families effectively.”

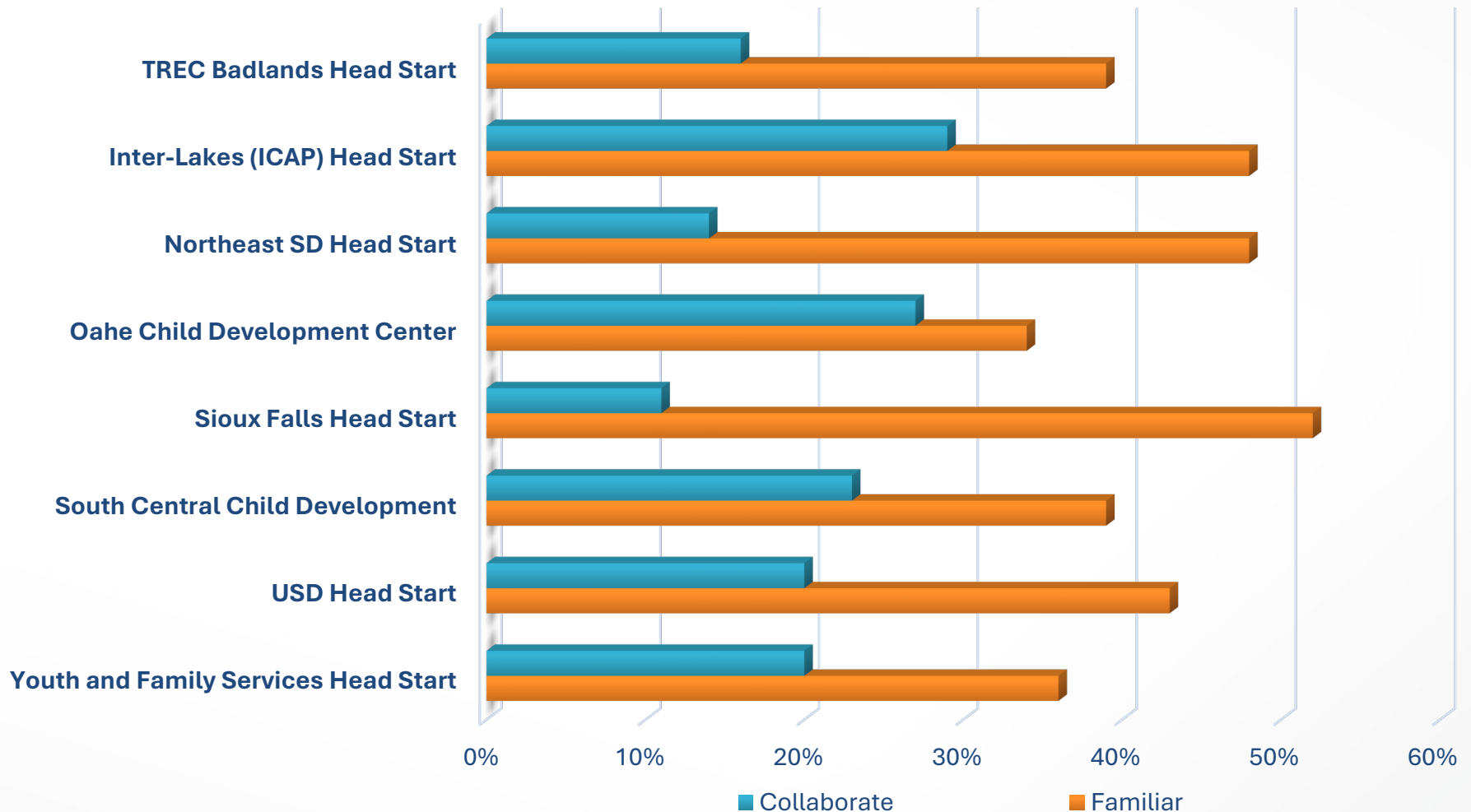
Moving forward, the **SDHSCO** can build on this strong foundation by expanding its outreach, enhancing collaboration through more interactive stakeholder meetings, and ensuring continued accessibility for Head Start programs seeking guidance. Strengthening partnerships and having ongoing engagement in early childhood events will reinforce SDHSCO’s role as a trusted leader in the Head Start community.

# Description of Stakeholder Survey

- **109 surveys** distributed to local and statewide stakeholders.
  - Health systems (mental health, medical, dental, nutrition, & prenatal)
  - Disabilities systems
  - Child Care, child protection including foster and parenting, & economic systems
  - Domestic violence, homelessness, and child welfare systems
  - Home visiting, school district, and quality improvement systems
  - Family comprehensive service systems (financial literacy, job/employment, adult education)
  - Higher Education and workforce
  - State Departments: DSS, DOH, DOE, DLR, DHS
  - Programs focusing on child development and school readiness
  - Programs focusing on family and community (SDSFEC, United Ways, etc.)
- Survey contained **31 questions**, with **15 open-ended** responses plus **1 bonus open-ended** question around culture of safety and child well-being and homelessness.
- Questions focused on:
  - Collaboration with non-tribal Head Start programs
  - Professional development opportunities for Head Start staff
  - Collaboration with the SDHSCO
  - Data
- Included a section on the **vision for the next 5 years**.
- **46 surveys returned**, resulting in a **42% return rate**.



## FAMILIARITY VERSUS COLLABORATION WITH NON-TRIBAL HEAD STARTS



## AWARENESS AND ENGAGEMENT WITH SOUTH DAKOTA'S NON-TRIBAL HEAD START PROGRAMS

### Key Findings:

#### • **High Familiarity but Lower Collaboration:**

Across all programs listed, familiarity rates (orange bars) are *consistently higher than collaboration rates* (blue bars). This suggests that while many stakeholders are aware of these Head Start programs, fewer engage in direct partnerships or joint initiatives.

#### • **Most Recognized Program:**

~ **Sioux Falls Head Start** has the *highest familiarity* among respondents, nearing 60%. However, *collaboration* with this program is *significantly lower*, indicating a gap between awareness and active engagement.

#### • **Programs with Notable Collaboration:**

~ **Oahe Child Development Center** and **Youth and Family Services Head Start** show *relatively stronger collaboration* compared to others, suggesting existing partnerships or initiatives.

~ **South Central Child Development** and **Inter-Lakes (ICAP) Head Start** also exhibit *moderate collaboration* levels.

~ **TREC Badlands Head Start** has a *strong familiarity* rate and a *relatively decent collaboration* percentage compared to others.

#### • **Programs with Limited Collaboration:**

~ **Northeast SD Head Start** and **USD Head Start** have *relatively lower collaboration* percentages compared to their familiarity rates, indicating fewer joint efforts despite awareness.

~ **Sioux Falls Head Start** shows a stark contrast between *familiarity and collaboration*, implying potential barriers to engagement.



## AWARENESS AND ENGAGEMENT WITH SOUTH DAKOTA'S NON-TRIBAL HEAD START PROGRAMS

### Approaches for SDHSCO:

- **Opportunities for Strengthening Collaboration:**

Since *familiarity* with most programs is *relatively high*, stakeholders may benefit from structured efforts to convert awareness into active collaboration. This could involve targeted outreach, joint training sessions, or shared initiatives that encourage engagement.

- **Identifying Barriers to Engagement:**

Programs with *high familiarity but low collaboration* (e.g., **Sioux Falls Head Start**) may need to assess what factors prevent deeper partnerships, such as resource limitations, geographic challenges, or lack of communication.

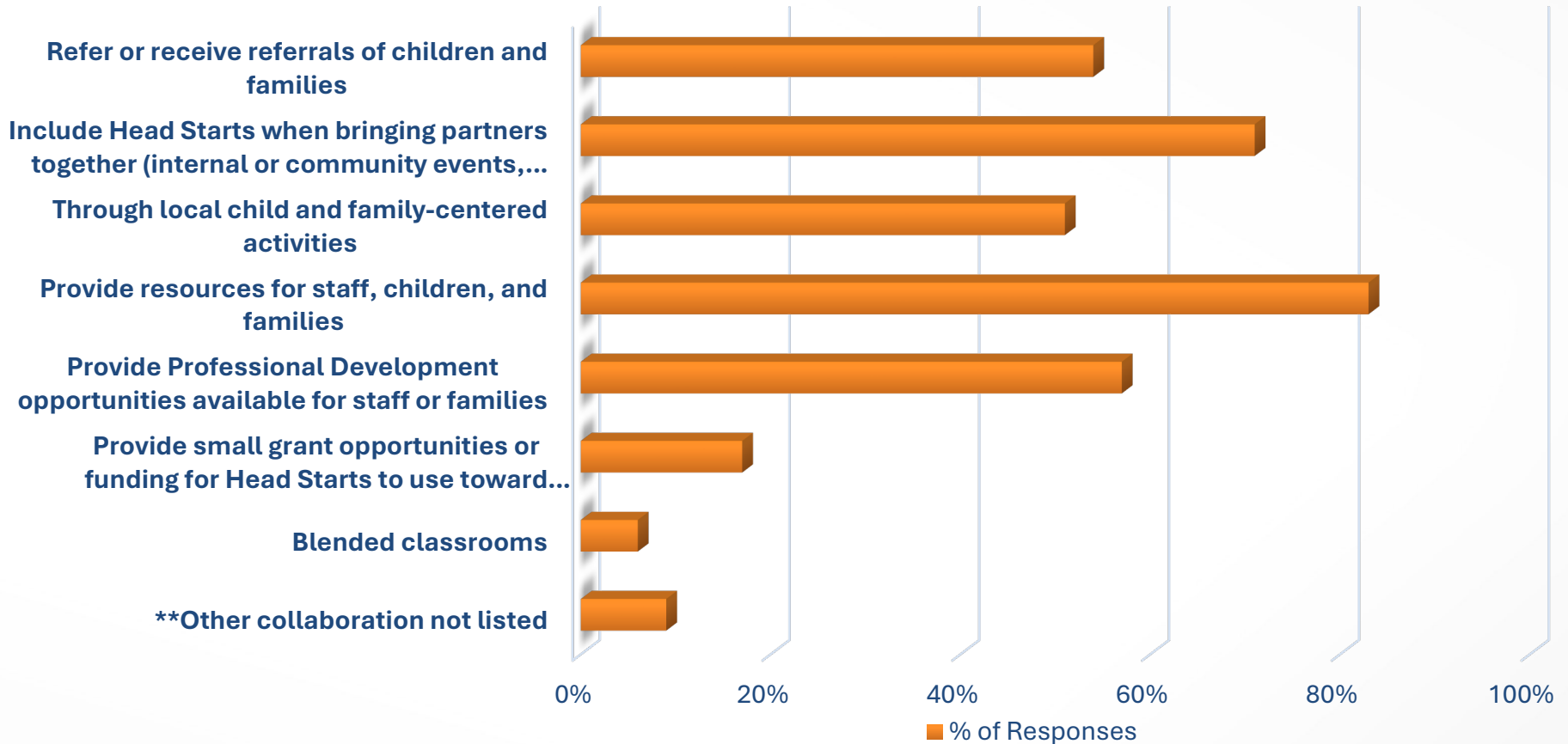
- **Leverage Stronger Relationships:**

Programs like **Oahe Child Development Center** and **Youth and Family Services Head Start**, which already have *notable collaboration*, could serve as models for best practices in fostering partnerships.

Moving forward, the **SDHSCO** can strengthen collaboration by transforming high familiarity into active engagement through networking opportunities and shared initiatives to create a more integrated support system for children and families.



## HOW DO YOU COLLABORATE WITH THE HEAD START PROGRAMS?



\*\*Other included: Food Insecurity Initiative, member of Health Advisory Board, Student Practicum placements, Special Education (preschool), Transportation, MOU agreement, present at conferences, use of Foster Friendly App for families.

# Stakeholder - Program Collaboration Results Summary

## STRENGTHENING HEAD START COLLABORATION IN SOUTH DAKOTA

### Key Findings:

The data reveals that stakeholders frequently **refer or receive referrals of children and families** and **include Head Start programs in broader partner engagements**. Additionally, a *high percentage* of respondents collaborate through **local child- and family-centered activities** and **provide resources for staff, children, and families**. However, fewer stakeholders support **professional development, small grant funding, or blended classrooms**, indicating areas where engagement could be strengthened.

Moving forward, the **SDHSCO** can foster a more connected and effective early childhood education network, ensuring comprehensive support for South Dakota's children and families.

### Approaches for SDHSCO:

#### • **Strengthening Resource Networks:**

Given the *strong collaboration* in referrals and resource-sharing, **SDHSCO** can enhance existing partnerships by ensuring a consistent pipeline of support for families.

#### • **Expanding Professional Development:**

The *lower percentage* of stakeholders providing **professional development** and **small grant opportunities** suggests a gap in capacity-building efforts. **SDHSCO** can encourage knowledge-sharing initiatives, training programs, and funding opportunities to better equip Head Start programs.

#### • **Maximizing Partner Engagement and Community Events:**

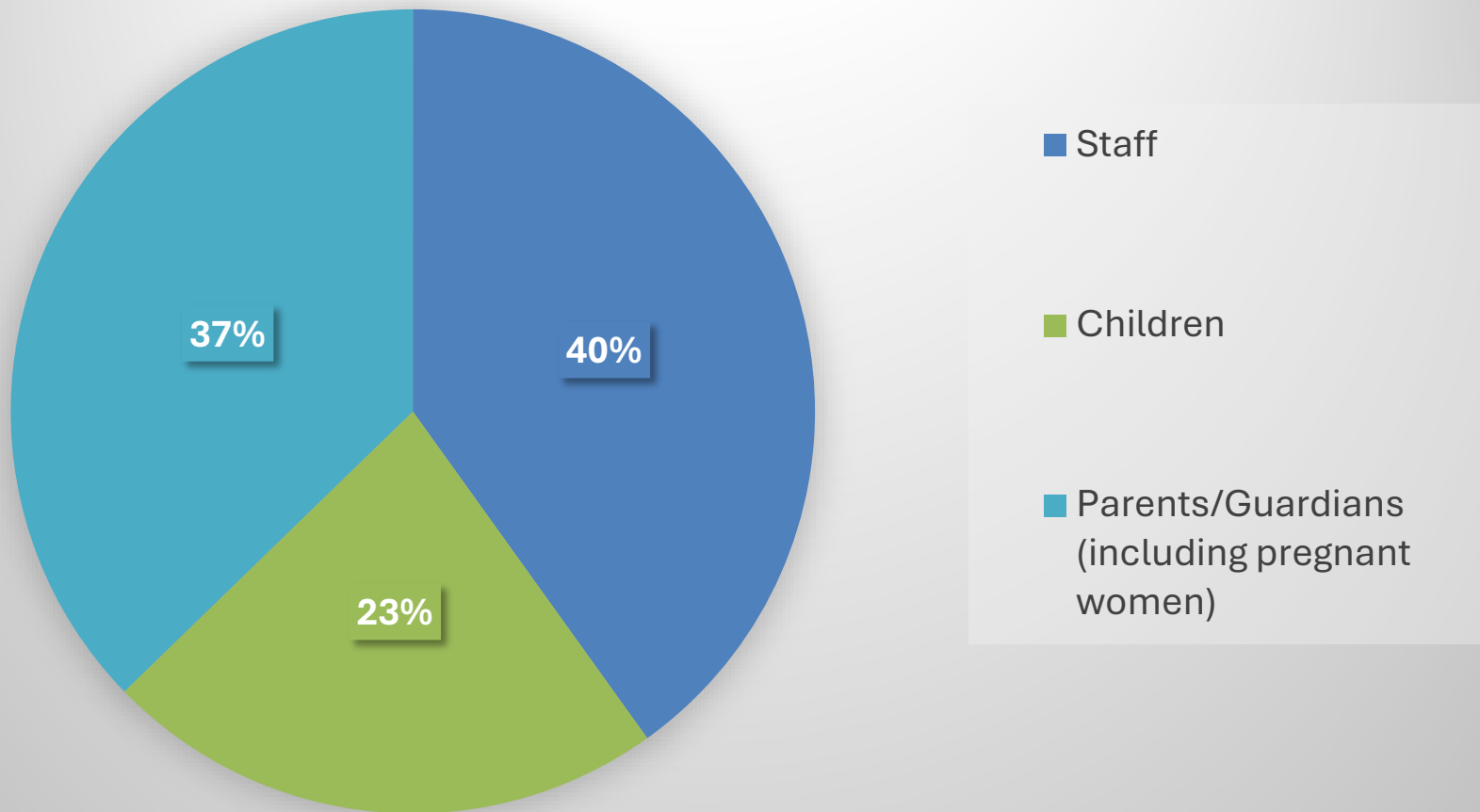
The *high rate of collaboration* through **local events** and **partner engagements** presents an opportunity to solidify **SDHSCO's** role in connecting stakeholders and promoting Head Start involvement in statewide initiatives.

#### • **Exploring Blended Learning Approaches:**

The *minimal engagement* in **blended classrooms** highlights a potential area for **SDHSCO** to explore, possibly by facilitating discussions on integrating early learning models.

## TARGETING SUPPORT

### Percentage responses of who receives resources



# Stakeholder's Challenges of Collaboration

## COLLABORATION CHALLENGES

Knowing who to contact when wanting to connect (2 responses).

**\*\*Staff turnover.**

**\*\*Time constraints.**

Whether to charge for my services.

**\*\*Transportation when families need it.**

**\*\*Eligibility restraints for families.**

**\*\*Consistency of services in rural areas.**

Limitations of my position.

**\*\*Communication between Head Start and other agencies.**

Head Start requirements and paperwork needed (2 responses).

No challenges (10 responses).  
Left this question blank (23).

**\*\* Denotes same challenge as recipients on page 16 of this document.**

## SUGGESTIONS FOR IMPROVEMENT

Enhance mutual awareness including awareness of materials and resources (3 responses).

Collaborate on funding opportunities to support initiatives that benefit children and families.

Have more one-on-one connections with individual programs.

Update MOUs with Head Starts.

Establish a coordinated intake system for similar agencies with common referring processes.

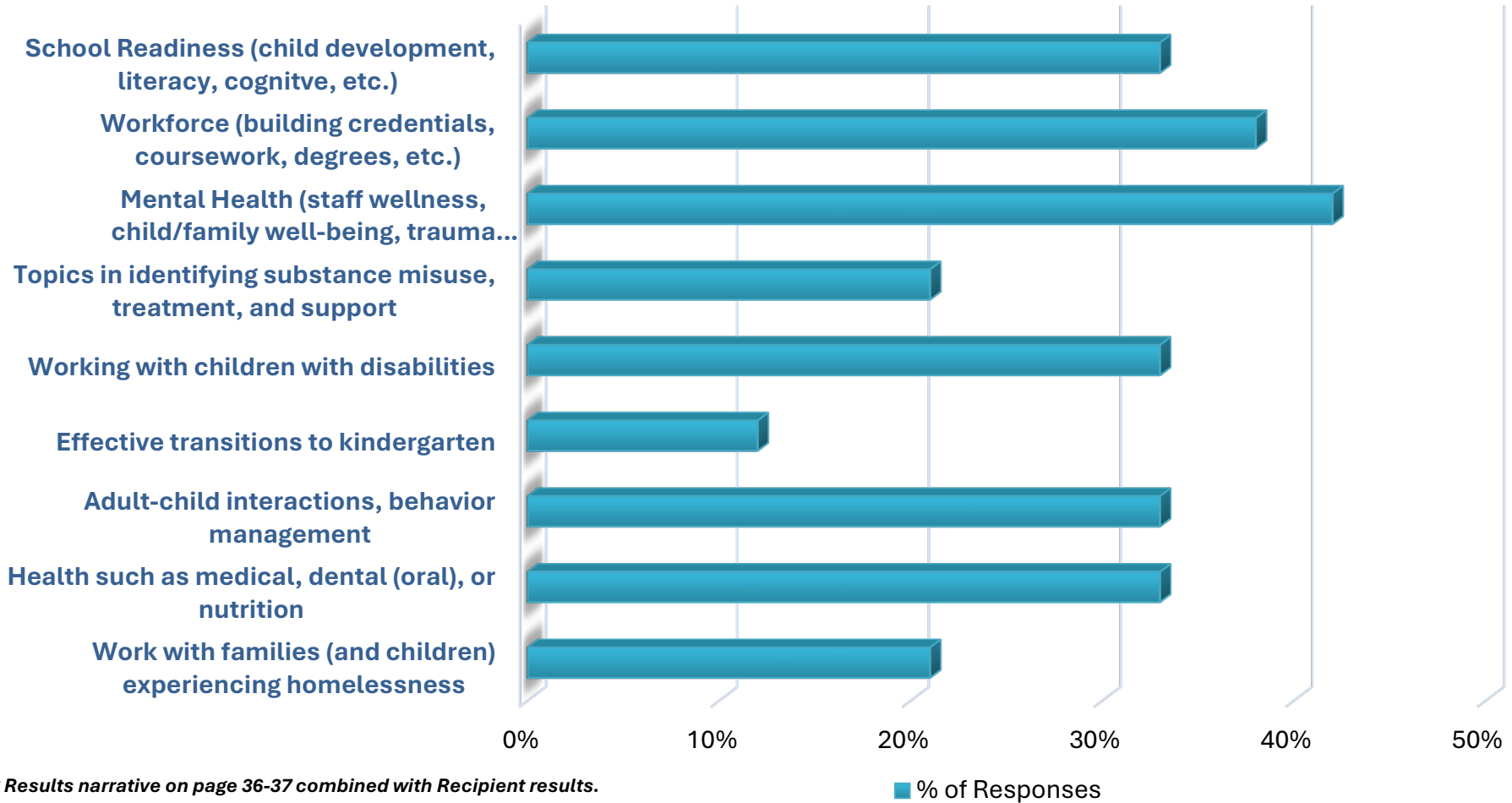
Have consistent and ongoing communication.

I feel the Head Start team communicates well when referrals are needed.

No suggestions, just keep inviting me for opportunities to collaborate.

Unsure or N/A (2 responses).  
Left this question blank (35).

## PROFESSIONAL DEVELOPMENT TOPICS OFFERED BY STAKEHOLDERS



Other PD opportunities not listed include Early Childhood screenings, handling disclosures, recognizing and responding to child abuse, Poverty Escape Room, Early Intervention, and Child Care provider trainings.

## EXPANDING COLLABORATIVE PROFESSIONAL DEVELOPMENT: OPPORTUNITIES FOR SHARED TRAINING WITH HEAD START

There are many ways to leverage shared training opportunities, enhance professional development, strengthen partnerships, and improve services for children and families.

- Inviting Head Start staff to existing training sessions on early childhood topics hosted by organizations.
- Offering Head Start staff access to online training platforms, webinars, or recorded sessions.
- Coordinating speakers or presentations with both Head Start professionals and stakeholders.

Stakeholders were asked if there would be an opportunity to have “shared” professional development events with Head Start programs. Of the 23 stakeholders who responded, 70% indicated they offer opportunities to share training events they host, while the remaining stakeholders expressed willingness to partner or collaborate on events organized by others, such as Early Childhood conferences. However, a few stakeholders specified that their ability to offer shared professional development is limited to the local level. *Below are specific topics mentioned in open-ended question from survey.*

Training Topic	Description
Hearing Screenings	How to work with children with hearing loss
Nutrition and Culinary Competency	Promoting healthy eating habits in early childhood
Trauma-Informed Care	Supporting children experiencing trauma
Pre-Literacy Milestones	Understanding literacy development in young children
Developmentally Appropriate Redirection Strategies	Positive behavior management techniques
Emergency Plan Training	Preparing for safety and emergency situations
Positive Indian Parenting & Common Sense Parenting	Culturally responsive parenting approaches
Preschool Special Education	Supporting children with disabilities in early learning
Oral Health	Promoting dental hygiene and oral health education

## ALIGNING HEAD START PD NEEDS WITH STAKEHOLDER OFFERINGS

### Key Findings

#### Areas of Strong Alignment

Some PD topics requested by Head Start staff align well with what stakeholders can offer:

- **Mental Health** – Both groups prioritize training on mental health, including staff wellness, child/family well-being, and trauma-informed practices.
- **Health & Nutrition** – Head Start recipients request training on health and nutrition, which aligns with stakeholder offerings in medical, dental, and nutrition topics.
- **Working with Children with Disabilities** – Both lists include a focus on special education and supporting children with disabilities, suggesting a shared commitment to inclusive education. This can include early childhood screenings and early intervention.

#### Gaps in Offerings vs. Needs

There are areas where Head Start recipients seek training that does not strongly appear in stakeholder offerings:

- **Leadership Training** – While Head Start staff express interest in leadership development, this does not explicitly appear in stakeholder-provided PD.
- **Head Start-Specific Training (Performance Standards, CLASS, etc.)** – These regulatory and program-specific topics are missing from the stakeholder list, indicating a potential gap.

#### Stakeholder Offerings That Could Expand Head Start's Focus

There are areas stakeholders offer PD that were not explicitly requested by Head Start respondents but could still be valuable:

- **Workforce Development (Building Credentials, Degrees, Coursework)** – Stakeholders offer PD focused on career growth and credential-building, which may support Head Start staff in professional advancement.
- **Substance Misuse, Treatment, and Support** – While Head Start staff prioritize helping families in need, PD related to substance misuse could be an opportunity for additional training.
- **Transitions to Kindergarten & Behavior Management** – Stakeholders highlight kindergarten readiness and behavior management, which complement Head Start goals but were not specifically mentioned in the staff requests.



## ALIGNING HEAD START PD NEEDS WITH STAKEHOLDER OFFERINGS

### Key Findings (cont.)

- **Handling Disclosures, Recognizing and Responding to Child Abuse** – This could fall under Mental Health topics since handling trauma and supporting vulnerable children is a key concern.
- **Child Care Provider Training** – This connects with recipient requests for leadership training and supporting education staff, especially if Head Start professionals are also overseeing or working with child care providers in their community.
- **Poverty Escape Room** – This could be an innovative way to engage staff on economic hardship and family support strategies.

### Approaches for SDHSCO

#### Recommendations for SDHSCO:

- **Enhance Leadership Development:**

Work with stakeholders to offer **leadership training** tailored to Head Start professionals.

- **Facilitate Head Start-Specific PD:**

Ensure that trainings on **CLASS, Performance Standards, and program updates** are included in stakeholder offerings.

- **Promote Workforce Development & Transitions:**

Encourage Head Start staff to engage in *career-building* opportunities and trainings that support **kindergarten transitions** and **behavior management**.

- **Expand Family Support Training:**

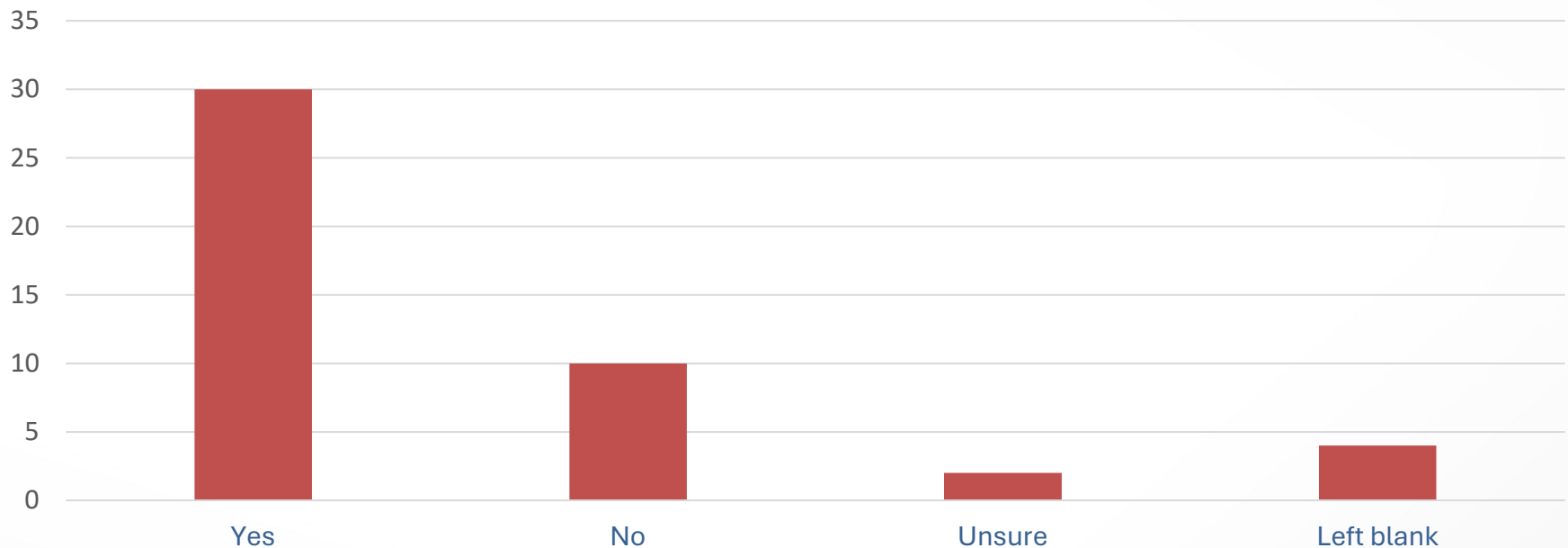
Explore additional training in **substance misuse awareness** and **trauma-informed family interventions** to meet the broader needs of families served.

- **Potential to Integrate Innovative Training:**

The **Poverty Escape Room** is a unique offering, and SDHSCO could explore whether recipients see value in this type of *experiential learning*.

### BUILDING STRONGER RELATIONSHIPS FOR MEANINGFUL COLLABORATION

Are you familiar with or have you collaborated with the SD Head Start Collaboration Office located in the Department of Education, Office of Early Childhood Services?



Although five of the twelve respondents who answered 'no' or 'unsure' have participated in shared virtual meetings with the SDHSCO, this indicates a need for greater introductions and awareness in future meetings to strengthen recognition and engagement.



# **Strengthening Connections: A Collaborative Vision for the Next Five Years**

## IDENTIFYING KEY NEEDS FOR GREATER IMPACT

### Mental Health

- Substance misuse: prevention, intervention, treatment
- Mental health services for children, families, and staff
- Mental health recourse
- Strategies for identifying and connecting with families experiencing homelessness

### Families

- Family Engagement
- Family Support
- Resources for families
- Affordable housing

### Health

- Partners with medical facilities and Community Health Workers
- Nutrition resources for families
- Testing for toxins in the home such as Radon and Lead

### Children

- Child Care shortages
- Child Care partnerships
- Continued child development during summers

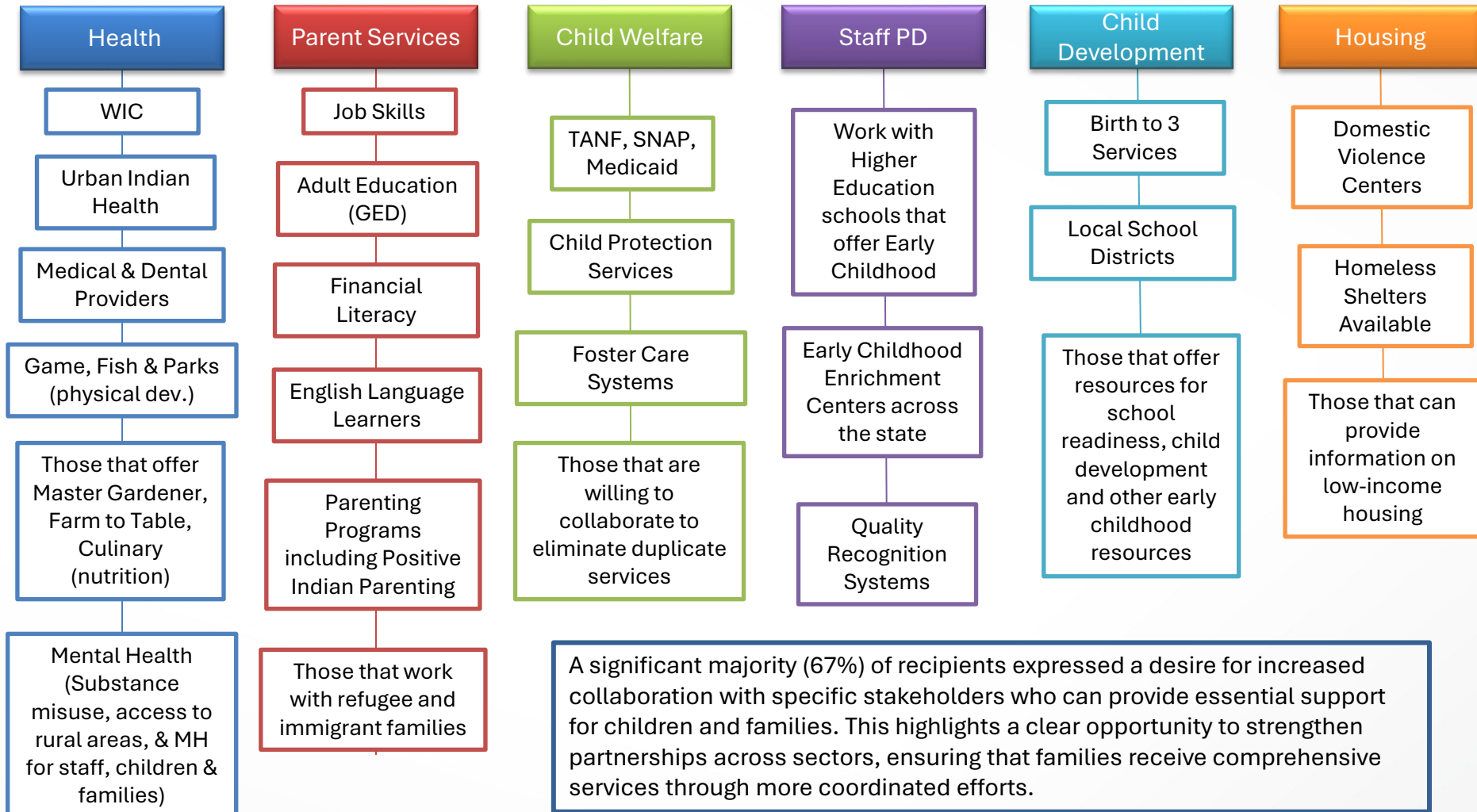
### Other

- Networking on program data tracking
- Child Protection Services partnerships
- Child Development Associate (CDA) processes

Nearly half (48%) of recipients provided insights on the specific **resources, partnerships, and initiatives** that would be most helpful in supporting children and families. Their responses highlight key areas where additional collaboration, funding, and service integration could enhance the effectiveness of early childhood programs.

# Recipient - Stakeholder Future Opportunities

## ADVANCING COLLABORATION FOR SUPPORTING FAMILIES AND PROGRAMS



## STAKEHOLDERS VISION FOR FUTURE COLLABORATION WITH HEAD START

### Head Start provide opportunities for future students studying early childhood development

- Students utilize Head Start program classrooms for their education requirements
- Head Starts connect with high school staff working with students in early childhood development studies

### Head Start participation in:

- Be a member of a stakeholder committee to share Head Start awareness and information
- Distribute stakeholder resources to Head Start families
- Partner with Early Learner SD in the Communities
- Quality Improvement efforts: SD Early Childhood Core Knowledge and Competencies

### Stakeholder share information, resources, and other supports

- Dual sensory loss
- School readiness and child development
- Oral health
- Materials in other languages
- Toy Lending Library in more communities
- Transportation opportunities for children in specific service areas
- Workforce for parents: job skills, employment, etc.

### Upcoming Initiatives for collaboration with Head Starts

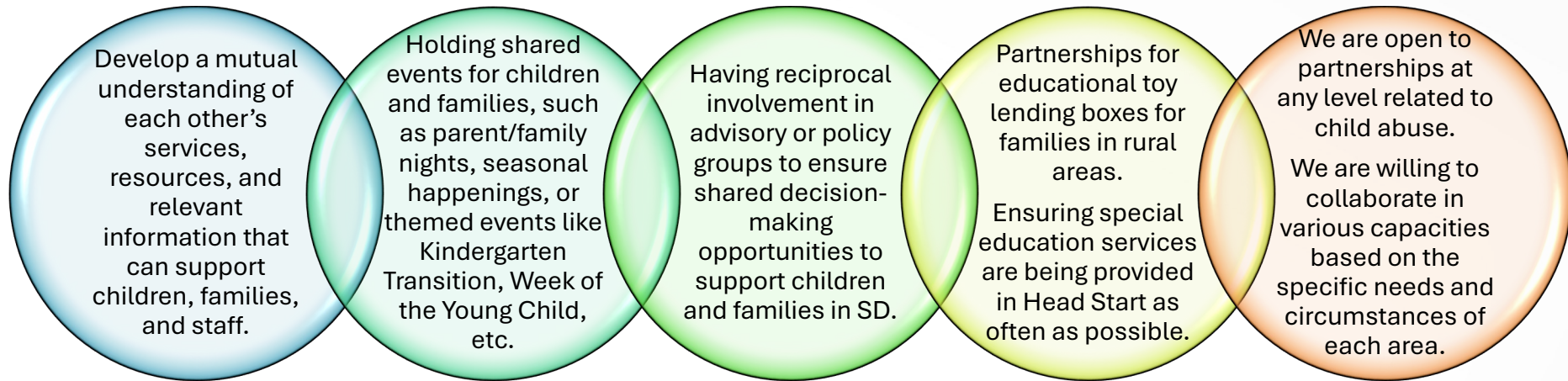
- Food Insecurity Initiative across the state
- Participating in a coordinating intake process with Department of Health
- Development of a common (shared) eligibility criteria for families
- Part of future Family First Prevention Services Act
- Part of Early Childhood Comprehensive Services activities

Among stakeholders, 37% expressed interest in learning more about Head Start programs, indicating a need for greater awareness and understanding of their role in early childhood development.

Additionally, another 37% provided specific collaboration ideas and topics for connecting with Head Start programs. This highlights both an opportunity for increased education about Head Start's mission and a strong foundation for building meaningful partnerships that align with shared goals.



## STAKEHOLDERS VISION FOR FUTURE COLLABORATION WITH HEAD START (cont.)



Other responses included the continuation of the current collaboration they have with Head Start programs such as referring children to Head Start, strengthening the referral system, participating in shared activities, helping in any way possible or anything that comes up, and sharing of resources.

When asked about specific collaborations included in the survey, the results were as follows:

- 67% - Work with Head Start programs in the delivery of community events for young children.
- 65% - Provide professional development opportunities.
- 60% - Provide resources for children and families.
- 50% - Utilize Head Start awareness materials at your organization such as brochures with information for pregnant women and children birth to age 5.
- 32% - Shared disabilities services.
- 20% - Shared partnerships with McKinney-Vento (homelessness).

# Head Start's Vision for Future Collaboration with Stakeholders

## STRENGTHENING PARTNERSHIPS FOR A STRONGER FUTURE

### Key Findings

- **Stronger Mental Health & Family Support** – Head Start programs envision increased support in **mental health services**, including **substance misuse treatment, trauma-informed care**, and **mental health support for staff and families**.

Addressing **family engagement, family support**, and **affordable housing** is a high priority.

- **Strengthening Health & Child Care Partnerships** – Programs see value in forming **stronger partnerships with medical facilities** and **Community Health Workers** to improve **health access, nutrition, and environmental safety** (Radon/Lead testing).

Addressing **child care shortages** and forming **child care partnerships** are crucial for improving family access to early learning opportunities.

- **Better Data Integration & Program Networking** – Recipients want to **expand networking** opportunities to improve **data tracking** and **service integration** with **Child Protection Services, McKinney-Vento** (homelessness support), and other cross-sector agencies.

### Approaches for SDHSCO

- **Expand Mental Health & Family Support** - Strengthen SDHSCO's role in connecting **mental health providers with Head Start programs** to address trauma-informed care and behavioral health needs.

Partner with **housing agencies** and **family support organizations** to improve access to affordable housing and financial literacy.

- **Improve Health & Child Care Access** – Facilitate partnerships with **medical providers, WIC, nutrition programs**, and **environmental health agencies** to integrate services into Head Start programs. Advocate for **child care partnerships** and possible **summer programming** to ensure **continuation** of child development opportunities.

- **Enhance Data Sharing & Program Networking** – Work with stakeholders to **align referral systems** between **Head Start, CPS, McKinney-Vento, and other early childhood support services**.

Support a **centralized platform** or **meetings** for **data-sharing** on family needs and service access.

# Stakeholder's Vision for Future Collaboration with Head Start

## STRENGTHENING PARTNERSHIPS FOR A STRONGER FUTURE

### Key Findings

- ***Strengthen Early Childhood Workforce Pipelines*** – Stakeholders see an opportunity for **Head Start** programs to **support future early childhood educators** by connecting with **high school students** and providing learning experiences in classrooms.
- ***Collaboration on Shared Resources & Quality Improvement*** – Many stakeholders want to expand **shared training opportunities, resources, and quality improvement efforts**, including **oral health, bilingual materials, and toy lending libraries** for early learning. They also highlight the need for better **transportation options** for children in **rural communities** and workforce development for parents.
- ***More Formalized Collaboration Efforts*** – Stakeholders are open to **Head Start participation** in policy **advisory groups** and **committee work** to ensure alignment between early childhood initiatives and broader community needs. Upcoming initiatives such as **Food Security Programs, Coordinated Intake with the Dept. of Health, and Family First Prevention Services Act** provide avenues for deeper collaboration.

### Approaches for SDHSCO

- ***Develop Early Childhood Workforce Pipelines*** – Create opportunities for **Head Start programs** to serve as **training sites for future early childhood educators**, working with **high schools** and **higher education institutions**.  
Work with higher ed institutions to ensure **CDA programs** and **job skill training** are accessible for Head Start staff and parents.
- ***Increase Shared Resources & Policy Engagement*** – Advocate for Head Start involvement in **stakeholder advisory committees** to ensure alignment with statewide **early childhood quality improvement** efforts. Strengthen SDHSCO's role in connecting Head Start with **transportation solutions, bilingual resources, and workforce development** for families.
- ***Align with Upcoming Statewide Initiatives*** – Ensure Head Start is actively involved in new initiatives such as **Food Security, Family First Prevention Services, and Coordinated Intake with the Dept. of Health**. Foster relationships with agencies supporting **domestic violence** survivors and **homeless families** to create a stronger wraparound service model.

## IDENTIFYING KEY AREAS FOR SDHSCO TO EXPLORE AND ENHANCE

Access to mental health resources for children and families  
(84%)

Children and families impacted by  
substance misuse  
(51%)

Family  
engagement and  
support services  
(49%)

Children and  
Families  
experiencing  
homelessness  
(45%)

Access to health  
and nutrition  
services  
(31%)

Child Care  
partners in  
program service  
areas  
(29%)

## BETTER SUPPORT FOR FUTURE COLLABORATION WITH HEAD START

With 84% of respondents identifying **access to mental health resources** as a top priority, expanding mental health services for children, families, and staff is essential. **SDHSCO** can support this by facilitating partnerships with behavioral health providers, increasing trauma-informed training, and advocating for integrated mental health services within Head Start programs.

Additionally, 51% of respondents emphasized the need for support for children and families impacted by **substance misuse**, reinforcing the urgency for preventative education, intervention programs, and access to treatment and recovery resources. Strengthening collaborations with substance abuse prevention agencies, community health organizations, and family support networks will be crucial in addressing this challenge.

**Family engagement and support services** (49%) also emerged as a key focus area. **SDHSCO** can work to enhance family resource accessibility by connecting Head Start programs with workforce development services, financial literacy programs, and community-based family engagement initiatives.

The survey also highlights concerns surrounding **children and families experiencing homelessness** (45%), further reinforcing the need for stronger connections between Head Start and housing assistance programs, shelters, and McKinney-Vento services. Increasing awareness of early childhood education options for homeless families and streamlining the referral process for housing and support services will be essential steps forward.

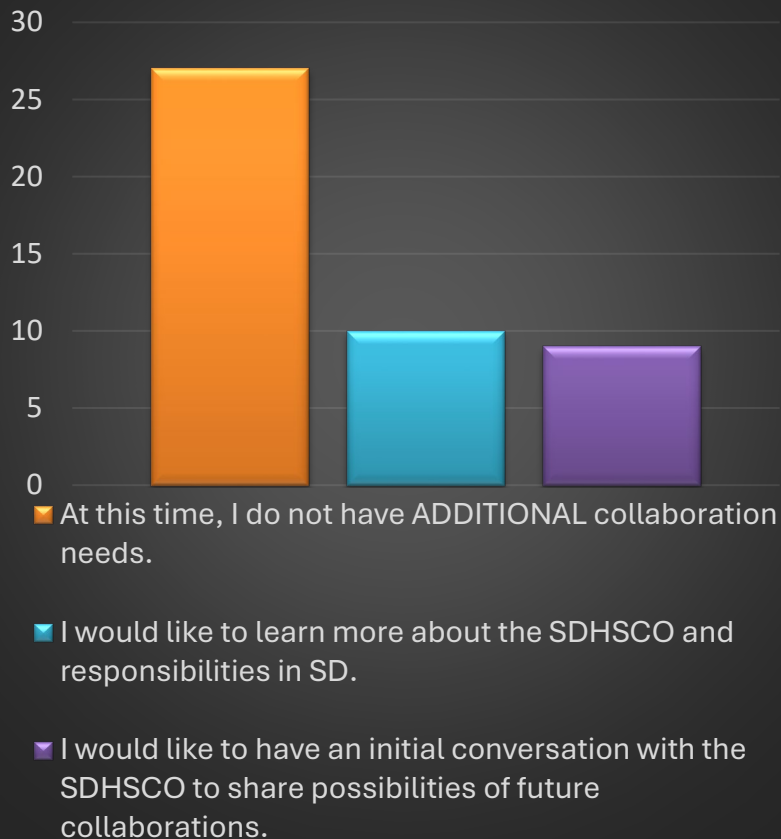
Furthermore, access to **health and nutrition services** (31%) remains a significant priority. **SDHSCO** can strengthen partnerships with WIC, community health clinics, and nutrition-focused initiatives to ensure that children and families receive proper medical care, dental services, and nutritional support.

Lastly, **child care partnerships** within program service areas (29%) indicate a need to expand collaboration with local child care providers, explore solutions to child care shortages, and develop shared service models that benefit both Head Start and the broader early childhood community.

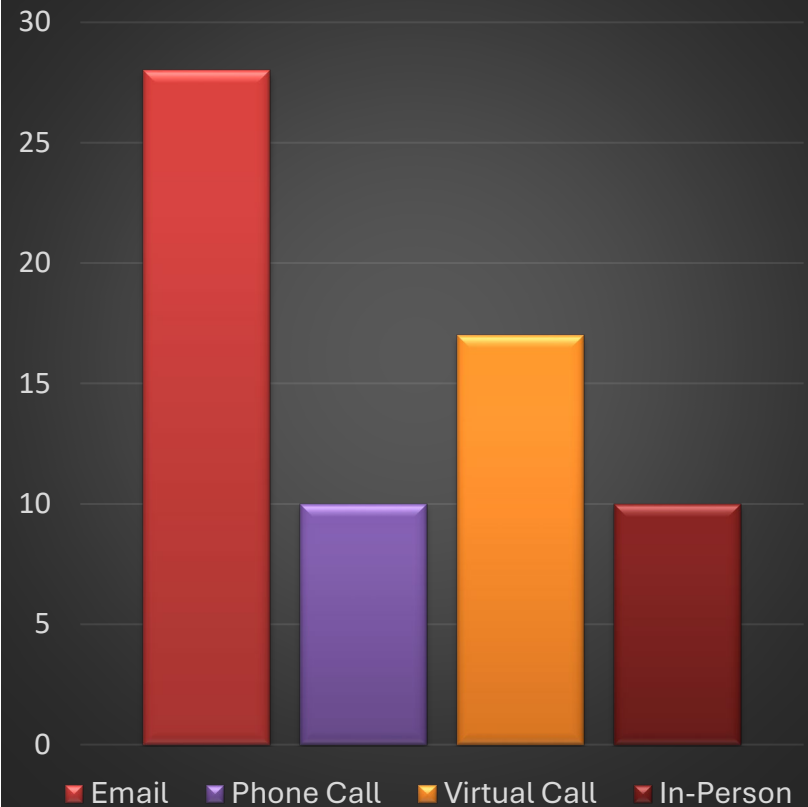


## Future Connections with SD Head Start Collaboration Office

### Number of stakeholder responses



### Preferred connection (# stakeholder responses)





# Stakeholder - SDHSCO

## Future Topic Interest Opportunities

### COLLABORATION TOPIC PRIORITIES AND OPPORTUNITES

Topic of interest	% responses
School readiness initiatives (transition to kindergarten, early childhood development, literacy, etc.).	62%
Services and supports for children with disabilities.	48%
Mental Health & Social & Emotional Well-Being (trauma, sensory therapy, domestic violence, substance misuse, incarcerated and/or reentry of a loved one, etc.).	45%
Early Head Start-Child Care Partnerships.	34%
Comprehensive service delivery (financial literacy for parents, job and career, schooling, parenting, economic assistance, sufficient food, housing, etc.).	31%
Child Care.	31%
Services and supports for children experiencing homelessness.	28%
Health (medical, dental, nutrition, health screenings, lead screenings, etc.).	24%
Services and supports for children in foster care.	24%
Home Visiting.	24%
Early Childhood Comprehensive Systems Health Integration Prenatal to 3.	24%
Program Quality Improvements.	21%
Services and supports for children who are dual language learners.	14%
Child Welfare (TANF/SNAP/CHIP, Child Protection, Medicaid, etc.).	10%

# Stakeholder - SDHSCO

## Topic Interest Results

### COLLABORATION KEY AREAS OF INTEREST

The highest priority areas include **school readiness initiatives** (62%), **services for children with disabilities** (48%), and **mental health & social-emotional well-being** (45%), indicating a strong demand for expanded early childhood development, inclusion efforts, and mental health support. **SDHSCO** can expand partnerships with **early learning programs, literacy organizations, and school districts** to enhance transition support for children entering kindergarten. Additionally, **SDHSCO** can support professional development for staff, resource-sharing, and advocacy efforts to ensure inclusive early childhood education. **SDHSCO** can work to connect Head Start programs with **trauma-informed care training, mental health providers, and behavioral support systems**. Expanding **access to substance misuse recovery support** and **domestic violence services** will also ensure families receive holistic care.

The **31% focus on comprehensive service delivery** (including financial literacy, job training, housing, and food security) demonstrates the need for **increased partnerships with family service organizations, housing agencies, and workforce programs**. Similarly, **addressing the needs of children in foster care (24%) and homelessness (28%)** reinforces the opportunity for **SDHSCO** to deepen collaborations with **child welfare agencies** and **McKinney-Vento programs** to provide coordinated family supports.

With 21% of respondents prioritizing **program quality improvements**, **SDHSCO** can work with programs to facilitate **data-sharing agreements, align professional development opportunities**, and advocate for **policy initiatives** that strengthen early childhood service delivery across South Dakota.

While some topics received lower response rates, this may reflect the number of stakeholders working within these specific areas rather than a lack of importance. Areas such as **Home Visiting** (24%), **Dual Language Learners** (14%), **Child Welfare** (10%), **Health** (24%), and **Early Childhood Comprehensive Systems** (24%) still represent critical components of South Dakota's early childhood landscape. Future efforts can explore these areas further to ensure they are integrated into **SDHSCO's** collaborative initiatives. Additionally, topics not widely addressed in responses may still play a crucial role in supporting children and families, providing opportunities for **SDHSCO** to engage with emerging partners and expand service delivery models.

# Stakeholder - SDHSCO

## Future Collaborative Opportunities

### COLLABORATION POSSIBILITIES

- ♥ Engage, educate, and train health professionals and service providers in SD such as; 1-3-6 guidelines on hearing screenings for children up to 3 years, benefits of family-centered and communicating accurately, comprehensive, up-to-date, evidence-based information to facilitate decision-making processes for families to enroll their child in early intervention services.
- ♥ We have evidence-based programs that support staff in responding to children's behaviors, such as Child Teacher Relationship Training (CTRT). Can offer on-site play therapy to children during the school day (we can work with insurance for finding and providers credentialed with Medicaid) and can offer evidence-based parenting programs as well, (Child Parent Relationship Training (CPRT) and others.
- ♥ Title V Child and Adolescent Action Plan that relates to children in Head Starts, prenatal to 5.
- ♥ We want to try and start a CTE program.
- ♥ Professional development around *Carl the Collector* and supporting neurodiversity and children with disabilities. Provide free resources to parents, teachers, and caregivers. Goal to reach all South Dakotans and impact their lives in a positive way.
- ♥ Quality Recognition and Information System (QRIS) to support quality enhancements for licensed and registered child care and school age programs.
- ♥ Resources for teachers that are teaching Human Development 1 and 2 so they can feel confident with the CDA Initiative. Maybe a grant to help pay teachers for creating some type of curriculum related to this.
- ♥ SD Family First Prevention Service Act (FFPSA).

Survey responses highlighted several opportunities where **SDHSCO** and stakeholders can collaborate to strengthen early childhood services in South Dakota. Many stakeholders expressed interest in joint initiatives related to Early Intervention, Behavioral Health, Health, Child Welfare, Quality Recognition, and Professional Development. While some of these align with ongoing SDHSCO efforts, others represent areas for potential future collaboration. **SDHSCO** will continue engaging with stakeholders to explore these opportunities and determine the best ways to align resources and support children and families across the state.

# Stakeholder - SDHSCO

## Future Connection Opportunities

### STAKEHOLDER INTEREST IN COLLABORATIVE ENGAGEMENT WITH SDHSCO

59%

My program would like to present information (how our program can help children and families) to Head Start recipients at meetings held for staff (in-person or virtual).

78%

I would like to connect on statewide initiatives being led by the SDHSCO to receive information or updates.

67%

I would like to work collaboratively with the SDHSCO on statewide initiatives (shared service delivery models).

48%

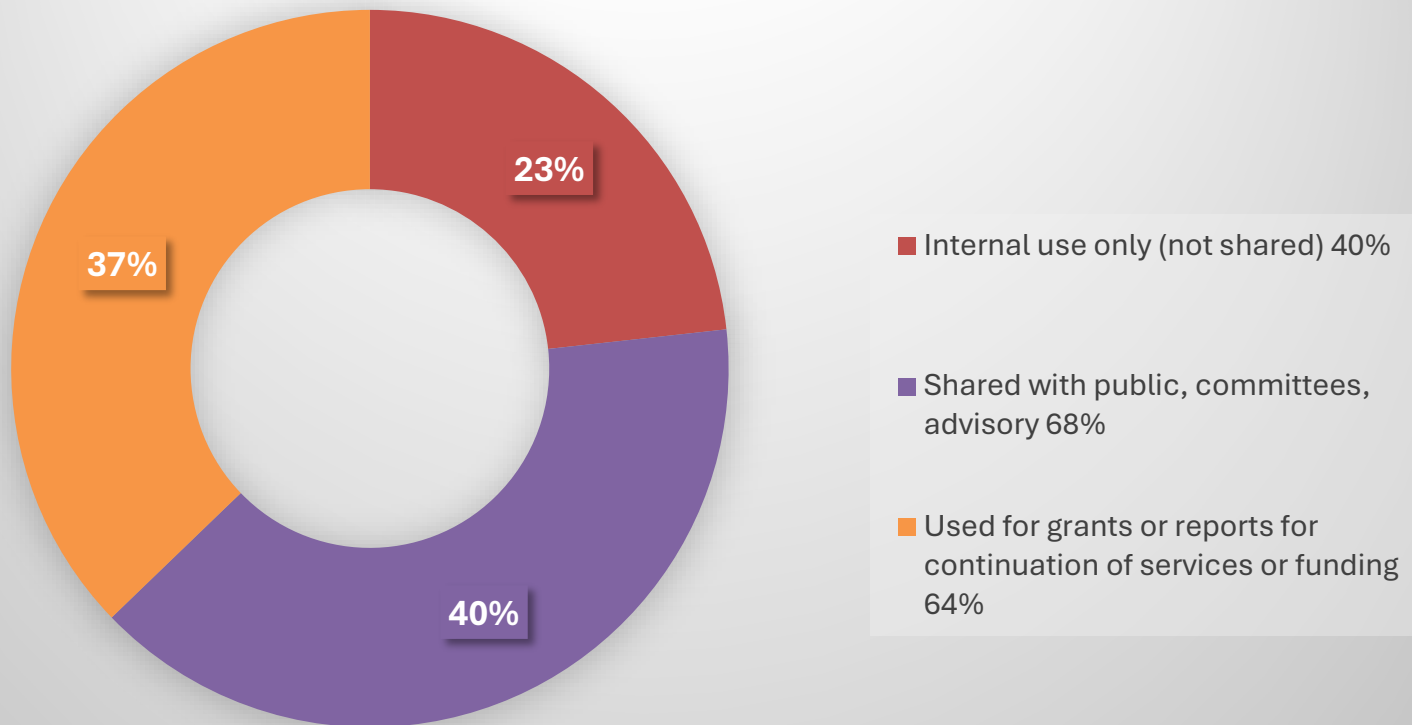
I would like the SDHSCO to be a part of statewide initiatives being led by my program to consult, provide resources and/or information.

The survey results indicate strong interest from stakeholders in engaging with the SD Head Start Collaboration Office through various avenues of collaboration, information sharing, and joint initiatives. The higher responses highlight the need for consistent communication, updates, and involvement in broader program efforts. It also emphasizes opportunities for streamlined resources, coordinated efforts, and cross-sector partnerships.

Stakeholders expressed interest in presenting information about their programs to Head Start recipients and involving the SDHSCO in their own statewide initiatives. These also present valuable opportunities for enhancing awareness, strengthening stakeholder-recipient connections, and expanding **SDHSCO's** role in supporting broader early childhood initiatives.

### DATA SHARING FOR BETTER OUTCOMES

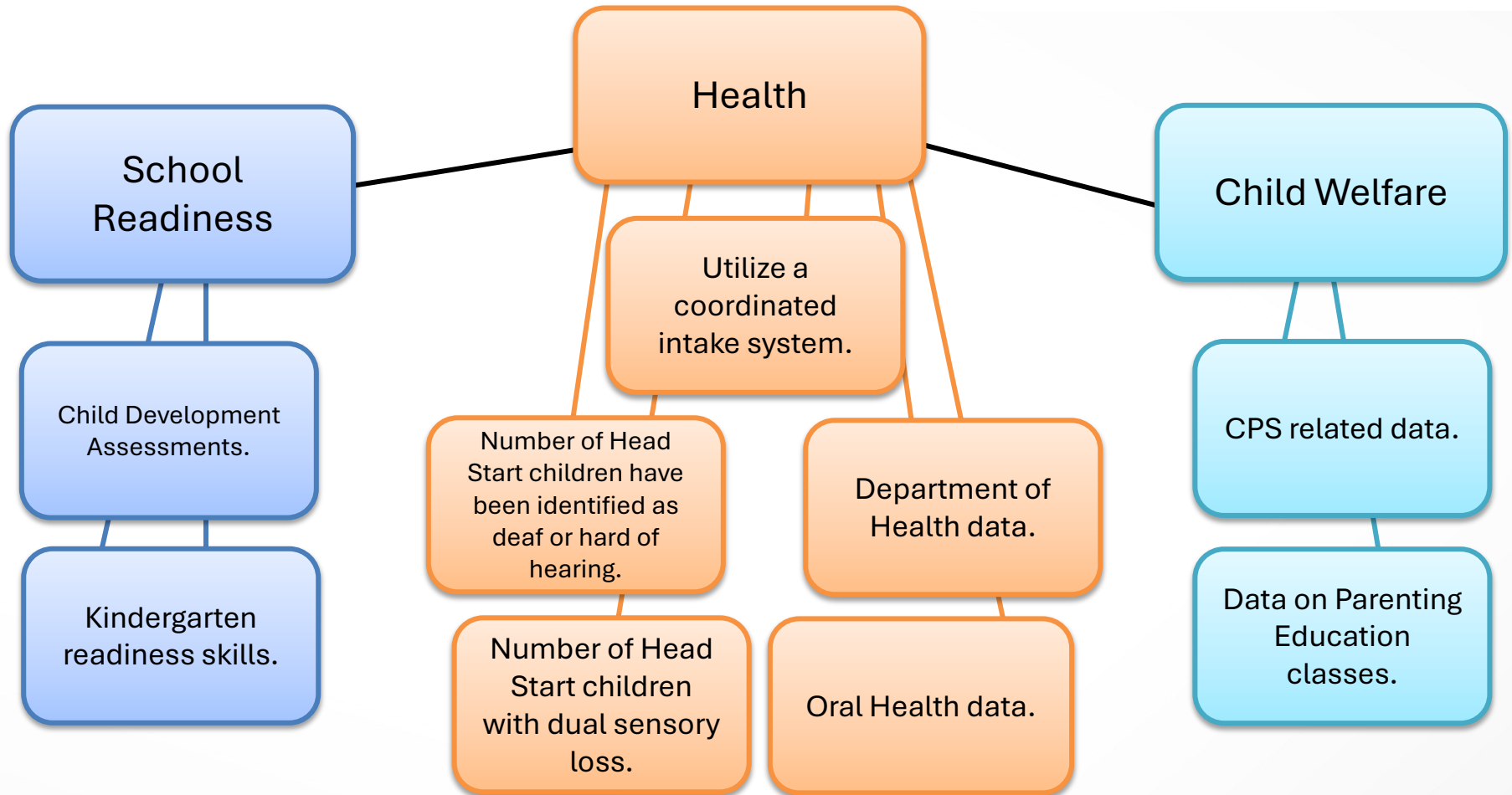
#### Data access response



# Stakeholder - SDHSCO

## Future Data Opportunities

### SDHSCO AND STAKEHOLDERS WORKING TOGETHER THROUGH DATA



Of the 19 responses received, **nine stakeholders identified specific data points** they are interested in **collaborating on or sharing**, highlighting opportunities for enhanced data-driven partnerships.



## ENHANCING EARLY CHILDHOOD SERVICES THROUGH DATA SHARING

The survey results highlight diverse approaches to **data usage** and **sharing among stakeholders**. 40% of respondents indicated that they use data strictly for **internal purposes**, suggesting a focus on program evaluation, tracking progress, and internal decision-making.

However, 68% reported sharing their data with the **public, committees, and advisory groups**, demonstrating a strong commitment to transparency and collaboration in shaping early childhood policies and initiatives.

Additionally, 64% use data for **grants and reporting** to either sustain existing services or justify the need for additional funding, emphasizing the critical role of data in securing resources and supporting program growth. These findings highlight the importance of **data-driven decision-making** and the potential for **enhanced collaboration** through shared data practices.

Moving forward, the **SDHSCO** can **explore opportunities to facilitate data collaboration** by bringing stakeholders together to discuss best practices for using and sharing data effectively.

While many agencies already share data, **SDHSCO** can **support conversations around increasing transparency and ensuring data is accessible for decision-making**.

Additionally, **SDHSCO** can **help programs connect with relevant partners or resources** to strengthen how data is used for grant applications and funding justification.

Recognizing the importance of aligning data efforts across early childhood services, **SDHSCO** can **continue to engage with policymakers, advisory groups, and agencies** to identify ways that data can inform broader statewide initiatives, ensuring children and families receive the support they need.

## STRENGTHENING PARTNERSHIPS FOR THE FUTURE

Key Area	Current State	Opportunities Moving Forward
Collaboration	All groups recognize the value of working together but may face challenges in communication, alignment of efforts, or resource-sharing. Stakeholders want to engage more with SDHSCO and Head Start programs.	SDHSCO can facilitate stronger cross-sector partnerships, create structured spaces for joint planning, and improve communication channels between Head Start programs and stakeholders.
Professional Development	Both Head Start recipients and stakeholders recognize the need for targeted training, particularly in mental health, trauma-informed care, and early childhood workforce development. Opportunities exist to align training efforts across agencies.	SDHSCO can strengthen connections between training providers, higher education institutions, and Head Start programs to ensure professional development opportunities are accessible, relevant, and sustainable.
Vision for the Future	The shared vision across all groups includes improving mental health services, strengthening inclusion efforts for children with disabilities, enhancing family support services, and leveraging data for informed decision-making.	SDHSCO can serve as a bridge to align efforts, advocate for systemic changes, and support the integration of data-driven decision-making to improve services for children and families.

Moving forward, collaboration between **SDHSCO, Head Start programs, and stakeholders** will be essential to addressing shared priorities and ensuring sustainable improvements in early childhood services. By strengthening **communication, training opportunities, and long-term planning**, we can work together to create a more effective, responsive, and well-connected support system for **South Dakota's children and families**.