

INDIANA HEAD START



Needs Based Assessment

2015



Prepared for

The Indiana Head Start State Collaboration Office

Prepared by

Cheryl Miller, Executive Director
Indiana Head Start Association
and
Beckie Minglin, Director
Indiana Head Start State Collaboration Office

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For more information, please contact Beckie Minglin, Director, Indiana Head Start State Collaboration Office at beckie.minglin@fssa.in.gov, 317-234-2782.

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FORWARD

Head Start began as an eight-week summer program in 1965. Since its inception, Head Start has evolved into the largest early childhood and family education program in the country, providing comprehensive child development services to economically disadvantaged children and families. While special emphasis is placed on helping preschoolers develop the early reading and math skills they need to be successful in school, Head Start programs promote school readiness by enhancing the social and cognitive development of children through educational, health, nutritional, social and other services to children and their families.

Head Start engages parents in their children's learning and helps them in making progress toward their educational, literacy and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs.

In response to mounting evidence that the earliest years matter a great deal to children's growth and development, the Early Head Start program was established in 1995 to serve children from birth to three years of age.

Collaboration on behalf of children and families is one of Head Start's highest priorities. Since 1990 Head Start State Collaboration Offices have supported the development of multi-agency and public/private partnerships at the state level. These partnerships are intended to:

- Assist in building early childhood systems and access to comprehensive services and support for all low-income children;
- Encourage widespread collaboration between Head Start and other appropriate programs, services, and initiatives on behalf of children and families; and
- Facilitate the involvement of Head Start in State policies, plans, processes, and decisions affecting the Head Start target population and other low-income families.

State Directors of Head Start Collaboration Offices assist Head Start grantees to collaborate with State and local planning entities and coordinate Head Start services with State and local services.

The Improving Head Start for School Readiness Act of 2007 requires Head Start State Collaboration Offices (HSSCO) across the country to assess the needs of Head Start grantees annually. The survey enables the HSSCO to better understand the needs of grantee agencies and is the driving force behind the HSSCO strategic planning goals and objectives.

The survey poses questions regarding the Head Start and Early Head Start program's experience engaging partnerships that are necessary to their success. The questions revolve around the scope of work components of the HSSCO framework which includes regional priority areas.

Priority Areas:

Child Care; Community Services; Disabilities; Education/School Readiness; Education/Transition; Family Literacy; Health Care; Homelessness; Professional Development and Welfare/Child Welfare.

HSSCO Framework, Scope of Work Components:

School Transitions; Professional Development; Child Care; and Early Childhood Systems.

The Indiana Head Start State Collaboration Office is pleased to present findings our findings. The survey allows both grantee staff and leadership to share their thoughts, ideas, and concerns so they can be better understood by state and federal policy makers, technical assistance staff and the early childhood care and education community at large. The following report presents results for the 2014 program year.

The report is organized into three (3) sections. The first section provides a brief summary on Head Start/Early Head Start (HS/EHS) as a federal program. It provides a framework for how HS/EHS operates in Indiana, details their participants served, constituency and grantee agencies.

The second section of the report speaks to the national and regional priority areas for Indiana's work. Through responses provided by 37 agencies, the survey offers unique and valuable insight into the practices of Indiana's HS/EHS programs.

The last section is the HSSCO response to the completed survey questions and comments provided by Indiana's programs and detail how this information will influence the work of the HSSCO in the coming year.

The IHSSCO recognizes the importance of sharing this report with those whose understanding is most critical to the well being of Indiana's low-income children, families and communities at large. This report will be submitted to Indiana's Head Start Regional Office in Chicago as well as to the national office in Washington D.C. It will be made available to grantees across the State, Multi-Agency Advisory Council members and the general public. It is designed to inform policy makers, program directors, leadership, and the families whose children we serve. It is our hope that the information contained herein provides compelling, thoughtful reflection and analysis on the coordination and collaboration challenges and accomplishments of Indiana's HS/EHS programming.

INTRODUCTION

About Head Start

What We Do

Head Start is a federal program that promotes the school readiness of children ages birth to five from low-income families by enhancing their cognitive, social, and emotional development.

Head Start programs provide a learning environment that supports children's growth in the following domains:

- language and literacy;
- cognition and general knowledge;
- physical development and health;
- social and emotional development; and
- approaches to learning.

Head Start programs provide comprehensive services to enrolled children and their families, which include health, nutrition, social, and other services determined to be necessary by family needs assessments, in addition to education and cognitive development services. Head Start services are designed to be responsive to each child and family's ethnic, cultural, and linguistic heritage.

Head Start emphasizes the role of parents as their child's first and most important teacher. Head Start programs build relationships with families that support:

- family well-being and positive parent-child relationships;
- families as learners and lifelong educators;
- family engagement in transitions;
- family connections to peers and community; and
- families as advocates and leaders.

Head Start Services

Head Start serves preschool-age children and their families. Many Head Start programs also provide Early Head Start, which serves infants, toddlers, pregnant women and their families who have incomes below the federal poverty level.

Head Start programs offer a variety of service models, depending on the needs of the local community. Programs may be based in:

- centers or schools that children attend for part-day or full-day services;
- family child care homes; and/or
- children's own homes, where a staff person visits once a week to provide services to the child and family. Children and families who receive home-based services gather periodically with other enrolled families for a group learning experience facilitated by Head Start staff.

Over a million children are served by Head Start programs every year, including children in every U.S. state and territory and in American Indian and Alaska Native communities. Since 1965, more than 30 million low-income children and their families have received these comprehensive services

to increase their school readiness.

About Early Head Start

The reauthorization of the Head Start Act in 1994 made it possible to establish Early Head Start as a program to serve infants and toddlers under the age of 3, and pregnant women.

Early Head Start provides early, continuous, intensive, and comprehensive child development and family support services to low-income infants and toddlers and their families, and pregnant women and their families.

The Goals of Early Head Start

- To provide safe and developmentally enriching care-giving which promotes the physical, cognitive, social and emotional development of infants and toddlers, and prepares them for future growth and development;
- To support parents, both mothers and fathers, in their role as primary caregivers and teachers of their children, and families in meeting personal goals and achieving self sufficiency across a wide variety of domains;
- To mobilize communities to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for families;
- To ensure the provision of high quality responsive services to family through the development of trained, and caring staff.

The Principles of Early Head Start

These principles are designed to nurture healthy attachments between parent and child (and child and caregiver), emphasize a strengths-based, relationship-centered approach to services, and encompass the full range of a family's needs from pregnancy through a child's third birthday.

They include:

- **An Emphasis on High Quality** which recognizes the critical opportunity of EHS programs to positively impact children and families in the early years and beyond.
- **Prevention and Promotion Activities** that both promote healthy development and recognize and address atypical development at the earliest stage possible.
- **Positive Relationships and Continuity** which honor the critical importance of early attachments on healthy development in early childhood and beyond. The parents are viewed as a child's first, and most important, relationship.
- **Parent Involvement** activities that offer parents a meaningful and strategic role in the program's vision, services, and governance.
- **Inclusion** strategies that respect the unique developmental trajectories of young children in the context of a typical setting, including children with disabilities.
- **Cultural competence** which acknowledges the profound role that culture plays in early development. Programs also recognize the influence of cultural values and beliefs on both staff and families' approaches to child development. Programs work within the context of home

languages for all children and families.

- **Comprehensiveness, Flexibility and Responsiveness** of services which allow children and families to move across various program options over time, as their life situation demands.
- **Transition planning** respects families' need for thought and attention paid to movements across program options and into—and out of—Early Head Start programs.
- **Collaboration** is, simply put, central to an Early Head Start program's ability to meet the comprehensive needs of families. Strong partnerships allow programs to expand their services to families with infants and toddlers beyond the door of the program and into the larger community.

Program Options

All Early Head Start programs serve families through a full day, full year program option that best meets the needs of their families. Program options provide options, determined through the data collected from their community needs assessment and conversations with families, provide them with the ability to comprehensively and flexibly meet the needs of families. As infants and toddlers grow and change, and as family needs evolve, diverse program options can support them over time. This ensures that families can grow within a consistent, supportive setting, buttressed by strong relationships and developmentally-appropriate care and services. Program options for EHS include the following:

- **Center-Based services** provide early learning, care and enrichment experiences to children in an early care and education setting. Staff members also visit family homes at least twice per year.
- **Home-Based services** are provided through weekly home visits to each enrolled child and family. The home visitor provides child-focused visits that promote the parents' ability to support the child's development. Twice per month, the program offers opportunities for parents and children to come together as a group for learning, discussion, and social activity
- **Family Child Care services** provide care and education to children in a private home or family-like setting.
- **Combination services** combine both home- and center-based services.

Eligibility

Children from birth to age five who are from families with incomes below the poverty guidelines are eligible for Head Start and Early Head Start services. Children from homeless families and families receiving public assistance such as TANF or SSI are also eligible. Foster children are eligible regardless of their foster family's income. Program staff members may refer to Section 645 of the Head Start Act to further understand eligibility for Head Start and Early Head Start.

The poverty guidelines are adjusted for families of different sizes and may be used to determine financial eligibility for certain federal programs such as Head Start and Early Head Start services. The guidelines are issued each year in the Federal Register by the Department of Health and Human Services. A single set of guidelines applies to the 48 contiguous states and the District of Columbia. There are separate

sets of poverty guidelines for Alaska and Hawaii. These guidelines may be used when determining a family's eligibility for Head Start and Early Head Start services.

2015 HHS Poverty Guidelines

Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	11,770	14,720	13,550
2	15,930	19,920	18,330
3	20,090	25,120	23,110
4	24,250	30,320	27,890
For each additional person, add:	4,160	5,200	4,780

About Head Start in Indiana

Although Head Start has a federal-to-local program structure, since 1990 the office of Head Start has funded Head Start State Collaboration Offices for the development and expansion of a range of multi-agency partnerships at the state level. The Indiana Head Start State Collaboration Office (IHSSCO) was established with these funds in 1996. Indiana's HSSCO ensures the coordination of services as mandated in the HSSCO Framework:

School Transitions

- To foster seamless transitions and long-term success of Head Start children by promoting continuity of services between the Head Start Child Development and Learning Framework and State early learning standards including pre-k entry assessment and interoperable data systems.

Professional Development

- To collaborate with institutions of higher education to promote professional development through education and credentialing programs for early childhood providers in states.

Child Care and Early Childhood Systems

- To coordinate activities with the State agency responsible for the State CCDBG program and resource and referral, to make full-working-day and full calendar year services available to children. Include Head Start Program Performance Standards in State efforts to rate the quality of programs (Quality Rating and Improvement System, or QRIS) and support Head Start programs in participating in QRIS and partnering with child care and early childhood systems at the local level.

Regional Office Priorities

- to support other regional office priorities such as family and community partnerships; health (including mental and oral health and childhood obesity), disabilities; homelessness, family literacy, welfare, child welfare, and support to military families.

Methods used by the IHSSCO to coordinate and lead efforts for diverse entities to work together include:

Communication

- Convene stakeholder groups for information sharing and planning.

- Act as a conduit of information between the regional office and the State and local early childhood systems.

Access

- Facilitate Head Start agencies' access to and utilization of, appropriate entities so Head Start children and families can secure needed services and critical partnerships are formalized.

Systems

- Support policy, planning and implementation of cross agency State systems for early childhood that include and serve the Head Start community.

Parent, family and community engagement are the bedrock of Indiana's Head Start programs. Through family and community assessments, Head Start offices identify service needs and develop appropriate programs to best serve their communities. To ensure that the needs of diverse constituencies are met, local agencies design services that are free of charge to all participants, and that are relevant to, and reflective of, the community needs and cultural and ethnic backgrounds of families. Children are served in a variety of program settings including home-based, center-based classrooms, or a combination option.

Profile of Indiana Head Start Programs

In fiscal year 2014, Indiana was funded for 14,693 children and pregnant women in Head Start or Early Head Start. The actual number of children served was 18,160 and pregnant women served totaled 295. There were 60 grantees, 25 Early Head Start, 37 Head Start, and 2 delegates that provided services in all 92 Indiana counties.

Participants Served by Programs*

Funded enrollment by program option

Center-based Option Full Day (5 days per week)	998
Center-based Option Full Day (5 days per week, full-working-day)	548
Center-based Option Full Day (5 days per week, full-working-day, full-year)	424
Center-based Option Part Day (5 days per week)	1,673
Center-based Option Part Day (5 days per week, double session)	1,111
Center-based Option Full Day (4 days per week)	1,472
Center-based Option Part Day (4 days per week)	8,905
Center based Option Part Day (4 days per week, double session)	4,673
Home-based Option	1,459
Combination Option	111
Locally Designed Options	0
Pregnant Women	98

*Data reported is from 2014 school year. 2015 Data will be released in late summer.

Cumulative Enrollment***Children by Age and Pregnant Women**

Less than 1 Year Old	994
1 Year Old	932
2 Years Old	1,200
3 Years Old	5,861
4 Years Old	8,559
5 Years and Older	620
Pregnant Women	295

Enrollment by Ethnicity and Race

Hispanic or Latino Origin	3,144
American Indian or Alaska Native	124
Asian	215
Black or African American	4,062
Native Hawaiian or other Pacific Islander	7
White	10,896
Biracial or Multi-Racial	1,811
Other Race	1,025
Unspecified Race	321

Primary Language of Family at Home

English	15,984
Spanish	1,962
Central/South American and Mexican	16
Caribbean Languages	0
Middle Eastern/South Asian Languages	97
East Asian Languages	144
Native North American/Alaska Native Languages	0
Pacific Island Languages	0
European and Slavic Languages	11
African Languages	29
Other Languages	48
Unspecified Languages	200

Grantee Agencies***Types of Grantee Agencies**

Community Action Agency (CAA)	29
Public/Private (non-profit) e.g. church or non-profit Hospital	22
School System	10
Government (non-CAA)	1

Grantee Services¹

Head Start Only	15
Head Start Delegates Only	2
Early Head Start Only	5
Head Start and Early Head Start	20

*Data reported is from 2014 school year. 2015 Data will be released in late summer.

OVERVIEW

The Needs Based Assessment Planning Process

As part of the Improving Head Start for School Readiness Act of 2007, Directors of the Head Start State Collaboration Offices are directed to “conduct an assessment that addresses the needs of Head Start agencies in the State with respect to collaboration, coordination and alignment.” Assessment results will assist in the update of our five-year strategic plan as needed.

The Indiana Head Start State Collaboration Office (IHSSCO) partners with the Indiana Head Start Association (IHSA) and STG, International, Indiana’s state based T&TA to develop our strategic plan based on the results of the assessment. We contract with the IHSA to conduct the statewide needs assessment and report the results. For 2015 we chose to focus on the areas programs reported as problematic in 2014 and included questions from our state partners. Additional questions were added based upon the HSSCO Framework and the focus areas of the programs. The completed survey was posted on Survey Monkey and links were sent to all Head Start and Early Head Start programs in Indiana. The survey focused on the following areas:

- Child Care
- Community Services
- Data
- Disabilities
- Early Childhood Systems
- Education / School Readiness
- Education / Transition
- Enrollment
- Family Literacy
- Health Care
- Homelessness
- Professional Development
- Welfare / Child Welfare

Programs were given three weeks to complete the survey. Thirty eight of 41 programs completed the survey.

Rationale for the Information Collection

The needs assessment was completed in order to determine the needs of programs in those areas in respect to collaboration, coordination and alignment of services. Programs were also asked about data, wrap around services, blending funding, and open ended questions on how they envisioned the IHSSCO assisting them with their needs. The information that was gathered will be used not only to update our five year strategic plan, but to write a more detailed work-plan for FY 2016. As required by the Improving Head Start for School Readiness Act, the report is made available to the general public in Indiana.

Information Analysis Process

The Indiana Head Start State Collaboration Office has contracted with the Indiana Head Start Association for review and analysis of the information collected in the needs assessment. When the analysis is complete, the IHSSCO Director will develop a strategic plan that will be presented to the entire body of the Multi-Agency Advisory Council for input and suggestions toward development of the work plan that will implement the strategic plan.

Results of the Needs Based Assessment

Results of the IHSSCO state-wide needs assessment will be reported by the areas mentioned above in the Planning Process section.

RESULTS OF THE NEEDS BASED ASSESSMENT

Child Care

For many years, Head Start (HS) and Early Head Start (EHS) have been encouraged to work with child care providers in order to support the families who may need full-day, full-year services or both. In fact, last year programs were offered the opportunity to apply for additional funding in the form of Early Head Start-Child Care Partnership (EHS-CCP) grants. Informational meetings were held and several programs in Indiana applied. Currently four programs have received notification that they will be funded. Three are current grantees and one is a program that is new to EHS.

In the needs assessment this year, programs were asked if they provide wrap around services for families needing longer hours of care than what they provide. Seventy-six percent stated that they do not and twenty-four percent stated that they do. These numbers are very close to what was reported last year. The programs that reported that they provide wrap around were asked if they accept CCDF funds. Nine of ten programs stated yes. Programs that do not offer wrap around services were asked if they provide families with referrals to child care providers. Seventy-nine percent stated that they do. They were then asked to explain how they determine what providers they will refer to. Many programs reported that they refer families to the Child Care Resource & Referral network. A few programs give families a list of providers. One program stated that the provider must be licensed and another stated that the provider must be a Level 3 or 4 in Indiana's Quality Rating Improvement System, Paths to Quality.

Programs were asked if they have an MOU with a child care provider. Almost ninety percent state that they do not.

When asked if they would be interested in attending a webinar on braiding, blending and layering, only 3% stated they would not. As a matter of fact, the director for the State's child care agency has already attended a IHSA directors' meeting and discussed the topic. A writing group will soon be meeting to begin to develop policies in this area.

Programs were also asked to report the number of grandparents raising the child in Head Start or Early Head Start. As expected, the numbers varied, but even the lowest number reported at least five. Some programs reported as many as 20 – 25. One program reported 40 and another program reported 63.

Lastly, programs were asked if they were receiving requests for assistance with child support numbers. Just about evenly split, fifty-three percent reported yes and forty-seven percent reported no. For the most part, families are asking for information – how to receive assistance, parental rights, what to do when a specific problem occurs.

Community Services

In past needs assessments, programs have been asked to report on various aspects on the community services component. This year, they were asked to report about their community partners and share some of the outcomes of the partnerships. One program probably comes close to stating the reality –

“Too many to describe.” Programs mentioned LEAs, health providers, WIC, First Steps, local colleges and universities, Early Intervention services, school corporations, food pantries, homeless shelters, Department of Child Services (DCS), local tobacco coalitions, YMCA, public libraries, churches and other faith-based organizations, community centers, hospitals, mental health providers, Community Action Programs, Healthy Families, United Way, and various others. They described supports that included screenings, referrals, various types of services, resources for children and parents, training, volunteers, certain therapies, nutrition supports, advisory services, donations, scholarships to camp, Literacy Night, consultations, library visits, energy assistance, and so forth. The list went on and on. It is clear to see that others in the communities where there is Head Start and/or Early Head Start have committed to being good partners and working hard to ensure that the needs of the children and families are met.

Data

In the section that looks at School Readiness, it is evident that Head Start and Early Head Start prioritize the sharing of information with families. It is important that families receive data about their individual child. But another aspect of data that is critically important is how the data is shared on a larger scale. Communities must know how their local programs are doing. States must be informed as to how Head Start and Early Head Start are performing in the state as a whole.

Head Start and Early Head Start programs are required to share their data and they were asked in the needs assessment if they have an independent annual report or if their report is included in the report of a parent organization. Sixty-seven percent of programs are now putting out an independent annual report. They were then asked to describe what data is included in their annual report, excluding what is federally mandated. Thirty-one programs responded to the question. There was a large variety of answers to the question. Four programs stated that they don't include anything beyond what is required. Other programs reported that they include some of the following – child outcomes, health outcomes, statistics about school readiness, family outcomes, client demographics, staff demographics, parent activities, members of Policy Council, success stories and photos. Some programs stated that they report CLASS scores, fiscal information, the history of the program, members of the Board of Directors, and/or a summary of services from their community partners.

In this age of accountability, it is important that programs share their success as to efforts to prepare children for kindergarten. Programs were asked how they share that information. Thirty-five programs responded. Eighteen programs report that they include the information in their annual report. Thirteen programs stated that they meet with the public schools to share the data. Twelve programs report the information to the Policy Council and the Board of Directors. Nine programs share the data with parents and families. Seven programs report they hold meetings in the community. Six programs share the information through the media. Various other ways were reported, including staff meetings, home visits, parent/teacher conferences, parent newsletters and handbooks, transition packets, etc. Four programs reported that they have School Readiness committees.

Programs were also asked how they demonstrate the success of their program. Thirty-four programs responded. About one-third of the programs stated that they share the information with the community and their community partners. One-third of programs stated that they report their Child Outcomes.

Eight programs reported that they include the information in their annual report. Eight programs report that they use media – Facebook, newspapers, newsletters, etc. Eight programs formally report on School Readiness. There were some other responses – CLASS scores, PIR, family successes, health statistics, etc.

Head Start and Early Head Start programs continue to be strongly encouraged to share information that demonstrates their success, by the IHSSCO and the Head Start Association.

Disabilities, Services to Children with

Head Start and Early Head Start have long been known for serving children with disabilities. Once again, last year's assessment reflected continuous improvement in the relationships between Head Start and Early Head Start and other programs that serve children with disabilities. In fact, 81% stated they could not suggest any support they needed in this area from IHSSCO.

This year, the question posed to Head Start and Early Head Start programs was very specific – “Is there First Steps information or data you would like to receive on an annual basis that would assist you in planning?” The responses were fairly well split – fifty-six percent stated yes and forty-four percent stated no. Programs that responded yes were then asked to describe what they would like to receive. There were a variety of suggestions. About a quarter of the programs asked that they receive information about the number and types of specific disabilities that children had in a specific county. An additional fourth of the programs stated they would just like to know how many referrals were made and how many were served, county by county. A few other suggestions were made, and for the most part, they too showed that HS/EHS would like to be made aware of children and families they might be able to serve at some point. It should also be noted that a few programs reported that they have a good relationship with First Steps. This seems to have been the case for quite a few years.

Early Childhood Systems

Indiana has now developed the Early Learning Advisory Committee (ELAC) and members have been appointed. Workgroups are currently meeting to develop work plans specific areas. Individuals with Head Start and Early Head Start are participating in the workgroups. The Director of the IN Head Start State Collaboration Office is one of six ELAC members. When asked if they were interested in attending the public ELAC meetings, 77% of programs reported that they would be interested. They were also able to request that the minutes be sent to them.

Even though there are various and varied regulations as to licensing in the state, many Head Start and Early Head Start programs in Indiana are licensed. Forty-nine percent reported all their sites are licensed. Many of the programs that have unlicensed sites responded to the question as to why they are not licensed. Programs reported that they fit into the categories in the state that do not require licensing. Nine programs reported that they are located with school corporations and are exempt. A couple of programs stated that they are looking into the process and may become licensed.

When asked if IHSSCO could do anything at the state level that could help with any barriers to licensing they may have encountered, 12% responded with suggestions. 88% stated no. One program suggested

that HS/EHS programs with no issues on the tri-annual review be allowed to “enter automatically.” Another asked for support in increasing ease of licensing classrooms in public school buildings.

Programs were also asked about their participation in Paths to Quality (PTQ), Indiana’s Quality Rating Improvement System (QRIS.) Eighty-two percent of programs’ licensed sites are in PTQ. Of those sites, almost 90% hold one of the top two levels, depending on whether or not they are accredited – Level 4 for accredited and licensed sites, Level 3 if only licensed. When asked why not, one program responded that time, and reduction in program staff were factors, but they were actually considering PTQ.

Focusing on “Moving Ahead”, IHSSCO asked what the Collaboration Office could do to assist programs. Some of the responses were requests for advocacy, and to “help us be seen as the quality early childhood education program that we are.” One program requested good support from CCRR and NAEYC. Another program suggested any technology systems that could enhance data acquisition. A program focused on PTQ issues, fingerprinting and accreditation.

IHSSCO and IHSA continue to participate with various state organizations, both in and out of government, to support and represent Head Start and Early Head Start.

Education – School Readiness

Because of the high expectations for quality in Head Start and Early Head Start, programs have, for many years, been mandated to use research-based curricula and assessments. Seventeen programs indicated they are using Teaching Strategies Gold as their primary assessment, seven are using the Brigance, six are using Galileo and four mentioned DECA. A few others were mentioned, including one program that is now using the assessment that was designed by the state (ISTAR-KR).

Programs were then asked to report who is conducting the assessment. Twenty-eight of the thirty-three programs stated that the teachers are conducting the assessment, and nine reported assistant teachers, also, but this is always mentioned with the teacher. Six programs have Education Coordinators also conducting assessments. There were a few mentions of other staff, but it is very obvious that programs are ensuring that the child’s assessment is being done by someone he/she is comfortable with.

When asked how assessment results are being shared with parents, it is very clear that this is a high priority for programs. Twenty-eight of the thirty-three programs share the information during parent-teacher conferences. Fifteen programs stated it was shared during a home visit. Four programs share the data at parent meetings and four programs reported that they create “paper reports.” It is obvious that programs think it is important to share the information face-to-face. One program reports that they review what the child has learned and is ready to learn with the parents. Then they offer suggestions so parents can work on still-needed skills.

When asked, fifty-seven percent of programs reported that they are practicing Conscious Discipline. Of those programs, sixty-seven percent reported seeing an effect of behavior, and thirty-three percent reported yes, for some children. Of those programs, thirty-six percent stated they had seen an effect on expulsion and twenty-one percent reported for some children. Forty-three percent stated they had not

seen an effect on expulsion, but this may be because most Head Start programs do not expel children.

Programs stated that the practice of Conscious Discipline has resulted in the following – no expulsions, a decrease in behavior issues, a positive effect on staff and how they react and being able to work better with parents. One program mentioned a “caring atmosphere.” Once again, many programs stated that they don’t expel children for any reason.

Education - Transition

In the needs assessment, Head Start programs were asked to report the names of the school systems that their children and families transition into. Thirty-four programs responded. As could be imagined, hundreds of schools systems were listed. About six of those programs only reported one school system. Many of the programs reported that they transition into ten to twenty school districts.

When asked if the LEAs hold transition conferences, thirty-three programs responded. Only sixteen percent stated that the LEAS hold transition conferences with individual families. Fifty-four percent reported that LEAs hold transition conferences with groups of families.

Programs were asked, if they have an MOU with an LEA, does it encourage LEAs to invite Head Start teachers to the transition conferences? Sixty-nine percent reported that the MOU does.

In Indiana, Head Start and Early Head Start programs work hard to develop strong relationships with schools. Sometimes the efforts are successful, and sometimes they are not. Although HS/EHS is mandated to develop the relationships, those mandates do not apply to the schools. Last year, after the statewide needs assessment was completed, HS/EHS programs were informed that a one-day symposium will be provided sometime in the fall by IHSSCO, the Bureau of Child Care and IDOE. Topics will include partnerships and transition. But, in order to make the meetings more accessible, seven Transition Listening Posts were held all across the state, hosted by the IN Head Start State Collaboration Office. Head Start programs, school corporations and various other partners were invited. The information that was gathered during the Listening Posts will be used to continue to support efforts toward more successful transitions in the state.

Enrollment

As there are more program options for families to enroll their children in, it is important that we remain focused on enrollment. Programs were asked if they are having any trouble filling slots. Twenty-three percent of Head Start programs reported yes. Twenty-five percent of Early Head Start programs reported yes. The Migrant and Seasonal Head Start program reported that they are having some difficulty.

Programs were then asked to report what they feel is their greatest challenge to full enrollment. Thirty-one programs responded. One-third of programs responded that they believe other Pre-K programs are the greatest challenge. Five programs reported transportation effects enrollment. Four programs sited transient families as a challenge to enrollment. Three programs said families don’t follow through on registration. A couple mentioned families will drop so they can enroll in full-day programs. A couple

sited a decrease in the area population.

Programs were then asked if the guideline of 10% is a comfortable length for their wait list. Sixty-five percent responded yes. When asked what percentage of their wait lists will eventually receive services, the responses were varied, from 2% - 5% all the way to almost 100%. Four programs reported that it depends on the location.

When programs were asked if there was other information about enrollment they wanted to share, several responded. Transient families, transportation, competition, follow through by families – these were some of the comments made. Two programs stated that their waiting lists are diminishing.

Family Literacy

Because Head Start and Early Head Start are two-generational programs, they continue to provide strong family literacy and have many good partnerships that support children and families.

This year, they were asked if they have an active adult education program. The programs who said they do were asked to tell about what they do. Many of them work with the local Adult Basic Education programs or the local GED programs. Some share information about those programs with their parents and make referrals. A few hold enrollment nights for parents or pay for the fee to take the GED test. A few offer the GED classes at their location(s).

Health Care

Health continues to be a very strong aspect of Head Start and Early Head Start. As in other years in the past, last year's needs assessment reflected that there are some areas that could be improved. Mental health is one such area.

This year programs were asked to focus on seven specific child behaviors and asked to reflect on their level of concern for each.

Ninety-one percent of programs reported concerns with behavior problems and eighty-eight percent stated they have concerns that focus on developmental delays. Seventy-eight percent stated they have concerns that center on relationships. Seventy-two percent stated that the autism spectrum is a cause for concern. Three other child behaviors – anxiety (69%), trauma (63%) and depression (60%) – while not as high percentages, still reflect that many programs have strong concerns about them.

On the positive side, programs were asked if they believed they were able to respond and support children with any of the seven specific child behaviors. Ninety-seven percent said yes to areas of developmental delays, and eighty-eight percent said yes to behavior problems. When children reflect behaviors in the area of relationships, seventy-nine percent of programs stated that they can respond and support the children. Seventy-three percent of programs feel that they can respond and support children within the autism spectrum and those who display anxiety issues. A somewhat lower percentage – sixty-five percent to trauma and fifty-nine percent to depression – demonstrate that they have some concerns when it comes to their ability to handle concerns in these specific areas.

When asked if they would like to receive training to better understand and support children in the seven specific child behaviors, many programs responded that they would. More programs (66%) asked for training focused on anxiety, but behavior problems was a close second (63%). Fifty-three percent of the programs stated that they would like training in trauma, depression and the autism spectrum. Thirty-five percent stated training in developmental delays and thirty-two percent said relationships. Ten percent stated they did not want training about any of these behaviors.

Screening of children for concerns in these seven specific child behaviors is important. Programs were asked if they are able to perform those screenings. Almost ninety percent screen for developmental delays. Then the number of programs reporting that they screen children in these areas drops – seventy-one percent state that they screen for behavior problems, and forty-four percent said they are able to screen for problems in the area of relationships. But only thirty-five percent screen for the autism spectrum and less than thirty percent screen for either anxiety or depression. Twenty percent state they screen in the area of trauma.

Homelessness, Services for Children and Families Experiencing

There is a group of state-level stakeholders who have been focused on this issue for several years. “Building Brighter Futures,” an initiative that has brought various entities together, has held conferences over the past several years. A summit on school readiness for homeless children was sponsored this past year. Attendees come from Head Start and Early Head Start, homeless shelters, school corporations, churches and various other groups. Fifteen percent of HS/EHS programs reported that they were attending the event, held May 2, 2014. One of the outcomes of the event is that teams will be developed in local areas to work to identify the needs of homeless children and families there. Results of the work that is done will be shared and continued at a statewide conference that will be held in the fall of 2015. When asked if their program is interested in having someone participate in one of the teams, fifty-five percent of programs responded yes.

When asked what IHSSCO could assist with in this area, a couple of programs requested training and resources. One program asked for suggestions on how to serve this population while still meeting the HS Federal Performance Standards.

Professional Development

In Indiana, as in many states, professional development is a priority. The Indiana Head Start State Collaboration Office has partnered with many entities and agencies over the years to support this area. HS/EHS programs can take advantage of events such as Leadership Institutes, training conferences, workshop sessions as well as continuing to further their formal education by accessing higher education. IHSSCO, IHSA and INSBTTAO have worked together with the National Centers to bring high quality training to the state.

This year, programs were asked to rate the National Centers as to their importance to the programs. The ranking was as follows:

1. The National Center on Quality Teaching and Learning
2. The National Center for Parent, Family and Community Engagement
3. The National Center for Program Management and Fiscal Operations
4. The National Center on Health
5. The Early Head Start National Resource Center and
6. The National Center for Cultural and Linguistic Responsiveness

When asked what IHSSCO could do to assist programs in the area of professional development, several programs responded. They want training that is current. They want training for all staff, not just education staff. They would like strategies to increase productivity and quality of work, as well as leadership training. They asked for Head Start 101, EHS-specific topics and training on management and supervision. The Infant-Toddler endorsement was mentioned, as was data management.

Welfare, Child Welfare

Last year, seventy-four percent of programs reported having no relationship with the State Children's Trust and Prevention Fund (also known as Kids First Trust Fund.) When asked if this is an agency they would like to hear more about, seventy-two percent stated that they would.

When asked, "Moving Ahead," what IHSSCO could assist them with in this area, only four programs responded. Updates, resources and demographic information were asked for. One program mentioned the need for support because they have difficulty serving foster children consistently. Another mentioned helping parents keep appointments.

RESPONSE TO THE NEEDS BASED ASSESSMENT MOVING AHEAD

Child care

With the addition of the Early Head Start – Child Care Partnership grant opportunity, Indiana will be serving an additional 530 infants and toddlers – 112 in expanded Early Head Start programs and 418 in quality child care programs that will be required to follow the Head Start Performance Standards. This initiative is a high priority for the Office of Head Start and will be for the IHSSCO as well. We will be participating in a partners meeting in Chicago in May and will then have a better idea how we will be working together to serve this new group. The IHSSCO has continued the Head Start/Child Care Liaison position through a contract with IACCR&R and this liaison will also be working closely with the new child care partners.

The IHSSCO will be participating in the April 23rd meeting with members from the Indiana Head Start Association and the Office of Early Childhood and Out of School Learning as they begin to develop policies around blending, braiding and layering funding. When the project is finished, our HS/CC Liaison will be producing a webinar for Head Start programs. It will also be made available through the IACCR&R archive.

With more than 50,000 children in Indiana being raised by Grandparents, Great-Grandparents and other family members, it is natural that this population would be visible within Head Start. The IHSSCO will continue to partner with The Villages on their Kinship Care project and seek new ways we can support programs as they strive to serve these families.

It has been some time since the MOU with Indiana Child Support Bureau, Department of Child Services was written. The IHSSCO will seek to develop a new Collaboration Agreement with ICSB, DCS and the Indiana Head Start Association.

Community services

Information collected in the Community Services section of the assessment will be reviewed to see how we might partner at the State level to support partnerships that are in place in some programs and that might be beneficial to others. Since the USDA made collaboration with WIC nearly impossible two years ago, we have been unable to enter into a collaboration agreement that will allow our programs to receive referrals from WIC. That said, the CANI Head Start/Early Head Start has been able to negotiate an MOU with WIC that gives us hope we will be able to enter into an agreement soon.

Data

Over the past few years it has become more important than ever that Head Start be able to demonstrate the successful outcomes we are so proud of. While programs share information with the public in various ways, we need to have data that supports the success stories Head Start is known for. As Data is being added to the priorities of the Head Start State Collaboration Offices, the IHSSCO and IHSA will

partner to collect data from the companies most frequently used and from the programs for those less common assessments. From the 2014 Program Information Report we know that 26 Head Start programs use Teaching Strategies Gold, 6 use Galileo and the remaining 6 use 5 less common assessments. Four programs report using more than one assessment. Of the 25 programs that offer Early Head Start services, 11 reported using Teaching Strategies Gold, 4 use ISTAR-KR, 3 use Hawaii Early Learning Profile, 2 use Ages & Stages 3, 2 use Galileo, 2 use High Scope and 1 uses the Early Learning Accomplishment Profile. With this data in hand, we can then begin to look for University assistance through the RFP process to collate the data into one report for each Head Start and Early Head Start.

It will be the recommendation of IHSSCO that the IHSA Board convene a group to write recommended procedures for sharing data.

Disabilities, Services to Children with

While 81% of the responding programs could not suggest any support needed from the IHSSCO in the area of disabilities, we shared a question from our partner at First Steps that did reflect the desire to have more information about the children and families they might soon serve. Some information requested would be prohibited by HIPAA law, but there were some suggestions that were more generic that might prove useful to programs as they plan. The IHSSCO will work in partnership with the IHSA to develop a Collaboration Agreement with First Steps that will provide tools that could benefit both Head Start and First Steps.

Early Childhood Systems

Issues around licensure always come up when we look at Early Childhood Systems and 12% of respondents that reported barriers they would like help with. These programs will be identified to our Head Start/Child Care Liaison for contact and assistance, however it is believed that for the some of the barriers mentioned to change would require a new pathway to becoming licensed.

One program identified advocacy to “help us be seen as the quality early childhood education program we are”. The IHSSCO move toward data collection and sharing as mentioned earlier applies here as well.

Education – School Readiness

The need for tools to use with children with chronic behavior problems caused by drug use in the home continues. The IHSSCO, in partnership with the IHSA and our State Based T&TA provider, will be hosting a training later this year with Marjorie Withers. Mrs. Withers is an expert on the science behind the behavior as well as the development of skills to use when working with these children.

The IHSSCO would like to congratulate the 57% of programs that are now practicing Conscious Discipline. As we move forward the IHSSCO and its partners will look into bringing this valuable training to additional programs.

The topic of data also came up under this heading but it has been addressed in the Data section.

Education – Transition

Over the past year the IHSSCO, IHSA and State Based T& TA have partnered to take the most current transition training to Head Start programs in conjunction with listening posts on issues around transition. Programs were encouraged to invite their school partners to attend, and some did. Participating schools had a new found appreciation for all that Head Start does in this area. With one make-up training and listening post remaining, we will be ready to move forward in our partnership with IDOE to build a transition team that moves us forward. In addition, the names of schools Head Start transitions children to will be shared with IDOE. It is our hope to develop a common Collaboration Agreement that provides all programs with a tool that will be entered into with schools at the local level. As mentioned in the Results section, Head Start programs are required to partner with the LEAs, however the schools are not required to partner with Head Start.

Enrollment

With new resources for parents and children with On My Way Pre-K and the Early Education Matching Grant program, many Head Start programs are working harder than ever to maintain full enrollment and the required 10% waiting list. The IHSSCO has proposed a letter be sent about Head Start to families currently on the CCDF waiting list suggesting they also register for Head Start services. While many would still be wait listed, their chance of getting into Head Start may be greater than receiving CCDF funding. Because this is a labor intensive project, the IHSSCO sought and has received permission from the IHSA Board President to have a “work day” with programs requesting the zip codes they serve be identified for the mailing. The work day would consist of folding and stuffing letters into blank envelopes which would then be returned to the State for labeling with the names and addresses of the appropriate families.

Family Literacy

Having been a priority recently, there was no needs identified as needing assistance from the IHSSCO. We will continue to stay informed of materials and webinars offered by the National Centers and forward that information as it is received.

Health Care

In this needs assessment we included questions from partners, including the Indiana Association for Infant and Toddler Mental Health. While many screenings are well covered by the programs, the areas of relationships, anxiety, depression and trauma stand out as needing support. This information will be shared with IAITMH and we will partner to see how we might be of greatest support to the programs.

Behavior was also identified and was addressed in the Education – School Readiness section. HANDS in Autism regularly provide intensive trainings. This information is shared with programs on a regular basis.

Homelessness, Services to Children and Families Experiencing

Homelessness has long been a cause championed by the IHSSCO and partners through Building Brighter Futures. In 2014 we held a summit on school readiness for homeless children. That topic will be included in this year's conference, along with supports for Head Start, shelters, school teachers and social workers. In addition, the IHSSCO Director and Head Start/Child Care Liaison will be visiting the Regional Planning Councils developed by the Indiana Housing and Community Development Authority to share information and promote coalition building around the subject of kindergarten readiness for young children. In March of 2015 the IHSSCO offered a full day of training on coalition building by Jack Hess, Executive Director of the Institute for Coalition Building. The event was well attended and well received.

Professional Development

As in Indiana, Professional Development continues as a priority focus for the Head Start Collaboration Office and it has been sprinkled through this response to the assessment. Over past years the IHSSCO has partnered with the IHSA and State Based T & TA to bring high quality trainings to Head Start programs. Two years ago we expanded to include CCR&R and coaches when appropriate. This April we are offering the play safe! be safe!® training to all Head Start programs, child care homes, centers and ministries, coaches, pre-k school programs, shelters and Healthy Families staff. All participants will receive materials for use in their classroom. Trainers will be eligible to receive the materials as well as the training slides, notes and resource list. This event is the result of a successful grant application submitted in 2014.

A number of topics were submitted by programs during the assessment, some tried and true trainings such as Head Start 101 were requested again. Requests for trainings on leadership, management, supervision, and data management were new this year. The IHSSCO will be sharing this information with State partners to determine what is available and how we might best serve our programs.

Welfare/Child Welfare

There were very few requests for assistance in this area but those that were – updates, resources and demographic information will be raised at our next Multi-Agency Advisory Committee meetings. A Doodle poll will be taken to determine what date will work best for the majority of our members. The request for assistance serving foster children consistently will require further conversation with programs to determine exactly what this means and how we might best serve them.

