

Connecticut Head Start Needs Assessment

September 2023



Connecticut Office
of Early Childhood



Connecting people and data for good.





This report was prepared for the Connecticut Head Start Collaboration Office (HSCO) in the Connecticut Office of Early Childhood. Karen Pascale, Director of the CT HSCO, supervised survey development, approved all survey questions, and disseminated the survey to CT Head Start and Early Head Start grant recipients.



Survey development, data analysis, and report writing were conducted by Cynthia Willner of the Connecticut Data Collaborative.

This work was funded by The Connecticut Office of Early Childhood through a Health and Human Services Head Start Grant.

This publication does not express the views of the Office of Early Childhood or the State of Connecticut. Any views and opinions expressed are those of the author and of survey respondents.

Table of Contents

Background.....	1
Survey Sample.....	2
Results.....	3
Additional Funding Sources.....	3
1. Agency-Wide Funding Sources.....	3
2. Funding Sources for Early Head Start Classrooms or Family Child Care Programs.....	4
3. Funding Sources for Head Start Classrooms.....	5
4. Funding Sources for Home-Based Programs	6
Priority Areas for Connecticut’s HSCO	7
Partnerships.....	9
1. Level of Coordination with Program Partners.....	9
2. Engagement with Local Early Childhood Councils / Collaboratives.....	11
3. Other Partners	12
4. Partnership Challenges.....	13
Operational Challenges	13
Vacant Slots	15
1. Number of Vacant Slots.....	15
2. Reasons for Vacant Slots.....	16
Wait-Lists.....	18
Staffing	18
1. Vacant Staff Positions.....	18
2. Hiring Challenges.....	19
Social-Emotional Supports for Children.....	21
1. Curricula or Models.....	21
2. Mental and Behavioral Health Consultants.....	22
3. In-Classroom or Floating Staff for Behavioral Management.....	22

4. ECCP Services.....	22
5. Additional Resources and Supports Needed.....	23
Child Screening Practices.....	24
1. Ages & Stages Questionnaire.....	24
2. Screening Data Sharing.....	24
3. Sparkler.....	24
Serving Children with IFSPs and IEPs.....	25
Family Services.....	26
1. Need for Additional Resources or Supports to Meet Families' Needs.....	26
2. Challenges in Implementing Family Engagement Activities.....	26
3. Additional Family Engagement Activities Programs Would Like to Provide.....	28
4. Referrals from Homeless Liaisons.....	29
5. Successes with Serving Children and Families Experiencing Homelessness.....	29
6. Challenges with Serving Children and Families Experiencing Homelessness...	30
7. Need for Additional Supports to Better Serve Children and Families Experiencing Homelessness.....	31
8. Transition to Kindergarten.....	33
Professional Development.....	34
1. Professional Development Needs.....	34
2. Most Useful Recent Professional Development.....	36
3. Barriers to Staff Participation in Professional Development.....	39
4. Utilization of the OEC Scholarship Assistance Program.....	39
5. Coordination with Institutes of Higher Education.....	40
Participation in Elevate.....	41
Using Data.....	42
1. Using Data for Continuous Learning and Quality Improvement.....	42
2. Staffing or Subcontracting for Conducting Community Needs Assessments.....	43
3. Data Sources that are Difficult to Access.....	44

4. Other Data Challenges.....	45
Marketing and Outreach to Families.....	46
1. Strategies for Marketing and Outreach to Families.....	46
2. Additional Supports Needed to Improve Marketing and Outreach to Families	
47	
Final Comments.....	48

Background

In consultation with Karen Pascale, Director of the CT Head Start Collaboration Office (HSCO) within Connecticut's Office of Early Childhood (OEC), the Connecticut Data Collaborative (CTData) developed and distributed an online needs assessment survey to the directors of all of Connecticut's Head Start and Early Head Start (HS/EHS) grant recipients in August of 2023. The purpose of this needs assessment is to guide the HSCO's strategic plan outlining how the HSCO will support HS/EHS grant recipients and delegates in serving Connecticut's children and families in alignment with the Head Start Act of 2007. According to the Head Start Act (§642b), this survey must address the needs of Head Start agencies in the State with respect to collaboration, coordination and alignment of services, and alignment of curricula and assessments used in Head Start programs with the Head Start Child Outcomes Framework and, as appropriate, State early learning standards.

The 2023 CT Head Start Needs Assessment Survey included questions in the following areas:

- Additional funding sources
- Priority areas for the HSCO
- Partnerships
- Operational challenges
- Vacant slots
- Wait-Lists
- Staffing
- Social-emotional supports for children
- Child screening practices
- Serving children with IFSPs/IEPs
- Family services
- Professional development
- Participation in Elevate, the state's quality improvement system
- Using data
- Marketing and outreach to families

Survey Sample

Twenty-two of the state's 23 HS/EHS grant recipients (96%) completed the needs assessment in August of 2023. All survey respondents were program directors, with the exception of one respondent who was an interim director.

Eleven of the 22 responding agencies (50%) had both a Head Start and Early Head Start grant, eight (36%) had only a Head Start grant, and three (14%) had only an Early Head Start grant. Thus, the survey sample included 19 agencies that run Head Start programs and 14 agencies that run Early Head Start programs.

The types of HS/EHS programs run by responding agencies are reported in Table 1 (percentages do not sum to 100% because six agencies run more than one type of program).

Table 1. Types of HS and EHS programs run by responding agencies

HS/EHS Program Type	n	(%)
Community-based child care centers	15	(68%)
Public school preschools	8	(36%)
Family child care homes	2	(9%)
Home-based	6	(27%)
Total Agencies	22	

Results

Additional Funding Sources

1. Agency-Wide Funding Sources

Table 2 reports the funding sources that HS/EHS agency directors reported utilizing in addition to their federal HS/EHS grant. The most commonly used funding source is the State Head Start Supplement (77%), followed by Care 4 Kids (64%). Only two agencies use no additional funding sources to support their programs. Write-in responses for “other” funding sources included municipal funding, public school funding, DCF, private funders, and the Magnet Schools Assistance Program.

Table 2. Additional Funding Sources for Agencies

Funding	n	(%)
State Head Start Supplement	17	(77%)
Care 4 Kids	14	(64%)
School Readiness	13	(59%)
Child Day Care Contract (CDC)	8	(36%)
Other	5	(23%)
Early Head Start Child Care Partnership	3	(14%)
Smart Start	2	(9%)
MIECHV	2	(9%)
None	2	(9%)
Total Agencies	22	

2. Funding Sources for Early Head Start Classrooms and Family Child Care Programs

Table 3 reports the funding sources used by the ten agencies that run Early Head Start classrooms or family child care programs specifically to support these programs. By far, the most common funding source for these programs was Care 4 Kids (80%).

There was only one program director who stated that they do not utilize any other funding sources for their EHS classrooms or family child care programs. When asked why, they selected “We need additional support and resources on how to blend, braid, and/or layer funding.”

The two EHS programs that do not accept Care 4 Kids funding said this was because their grant already covers 100% of the parent fees.

Write-in responses for “other” funding sources included municipal funding and United Way.

Table 3. Additional Funding Sources for Early Head Start Classrooms and/or Family Child Care Programs

Funding	n	(%)
Care 4 Kids	8	(80%)
Child Day Care Contract (CDC)	4	(40%)
Early Head Start Child Care Partnership	3	(30%)
State Head Start Supplement	3	(30%)
Other	2	(20%)
School Readiness	1	(10%)
None	1	(10%)
Total Agencies	10	

3. Funding Sources for Head Start Classrooms

Table 4 reports the additional funding sources used by the nineteen agencies that run Head Start classrooms to support these programs. All Head Start programs receive funding from at least one source in addition to their federal Head Start grant. The most common source of additional funding is the State Head Start Supplement (95%).

Five of the nine programs that do not receive Care 4 Kids funding said this was because their grants already cover 100% of the parent fees (in a couple cases, they said they believed they weren't allowed to accept Care 4 Kids funds because they were receiving both state and federal funding). Another respondent said they don't receive Care 4 Kids funds because their family fee is "minimal." Two admitted they don't know why they don't receive Care 4 Kids funds, and one responded that they don't receive Care 4 Kids funds because "they are not wrapped classrooms."

Write-in responses for "other" funding sources included municipal funding, public schools funding, Child Day Care Contracts (n=2), and DCF.

Table 4. Additional Funding Sources for Head Start Classrooms

Funding	n	(%)
State Head Start Supplement	18	(95%)
Care 4 Kids	10	(53%)
School Readiness	10	(53%)
Other	7	(37%)
Smart Start	1	(5%)
Total Agencies	19	

4. Funding Sources for Home-Based Programs

Table 5 reports the additional funding sources used by the six agencies that run home-based programs to support these programs.

Table 5. Additional Funding Sources for Home-Based Programs

Funding	n (%)
MIECHV	1 (17%)
None	5 (83%)
Total Agencies	6

Only one agency reported using an additional funding source to support their home-based programs, and five agencies reported not using any additional funding sources to support these programs.

One respondent indicated that their agency receives MIECHV funds but they did *not* report that they use these funds to support their EHS home-based programs.

When asked *why* they do not receive additional funding to support their home-based programs, two agencies selected “We need additional support and resources on how to blend, braid, and/or layer funding.” Two wrote in that they do not receive additional funding because their program is already fully supported by the Early Head Start grant, and one stated that there are too many other home visiting programs in the area and they have submitted for a reduction in their home-based program because they cannot fill their slots.

Priority Areas for Connecticut's HSCO

We asked respondents to rate how they would prioritize specific areas for the HSCO to focus on in the coming years, on a four-point scale ("low priority," "medium priority," "high priority," or "very high priority"). The percentages saying that each area is a "high" or "very high" priority are provided in the table below, ordered from highest to lowest. The area rated as the highest priority was the mental health and well-being of children and families (100% "high or very high"), followed by staff mental health and well-being and workforce development (86% "high or very high").

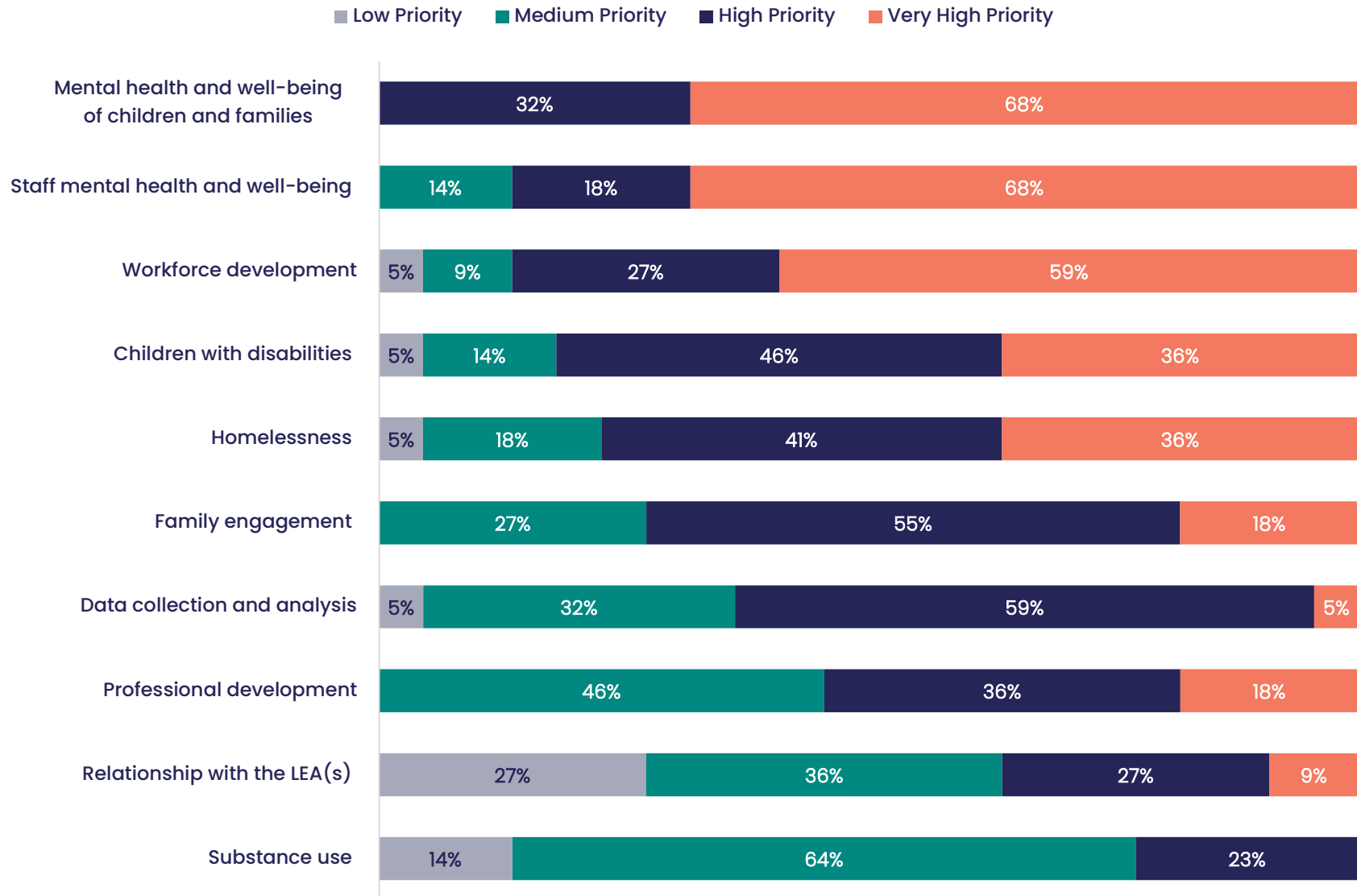
Table 6. Percent Saying Each Area is a "High" or "Very High" Priority

Area of Focus	%
Mental health and well-being of children and families	100%
Staff mental health and well-being	86%
Workforce development	86%
Children with disabilities	82%
Homelessness	77%
Family engagement	73%
Data collection and analysis	64%
Professional development	55%
Relationship with the LEA(s)	36%
Substance use	23%

Note. Percentages are out of the 22 HS/EHS directors who completed the survey.

The complete ranges of responses to each area on the four-point priority scale are displayed in Figure 1, below.

Figure 1. Prioritization of Areas for the HSCO



Other write-in priority areas include:

- challenging behaviors (n=3)
- staffing/hiring supports including raising staff salaries (n=3)
- trauma responses (n=1)
- communication and conflict resolution (n=1)
- developmentally appropriate curriculum and assessment (n=1)
- connecting with other home-based programs (n=1)
- professional development in management and governance (n=1)
- support with CLASS trainings (n=1)

Partnerships

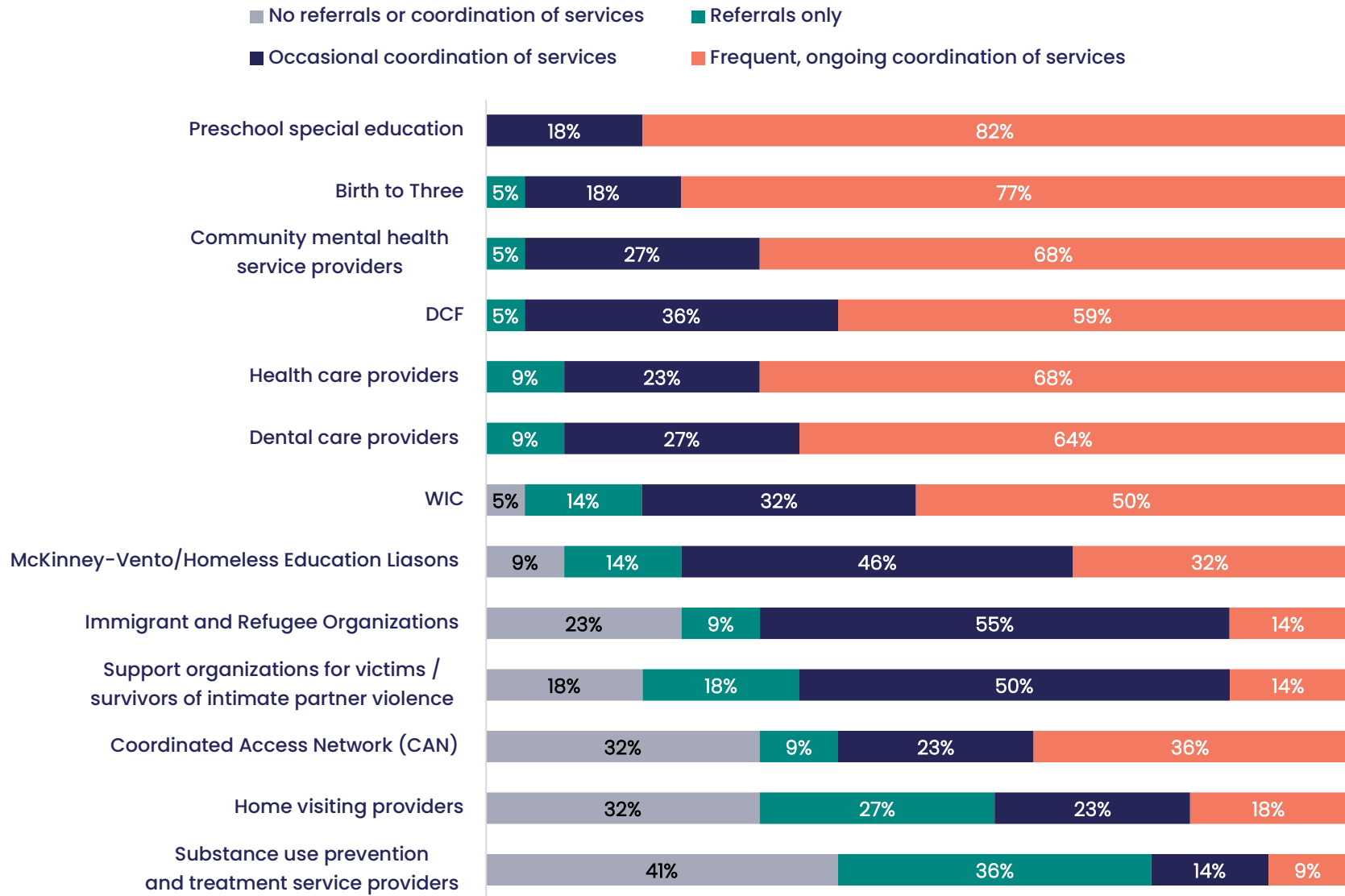
1. Level of Coordination with Program Partners

All 22 responding program directors rated their level of coordination with a list of thirteen program partners. Four response options were provided, ordered from lowest to highest level of coordination: “No referrals or coordination of services,” “Referrals only,” “Occasional coordination of services,” and “Frequent, ongoing coordination of services.”

The program partners with the highest level of coordination of services were preschool special education (82% “frequent, ongoing coordination” and 18% “occasional coordination”), followed by Birth to Three (77% “frequent, ongoing coordination” and 18% “occasional coordination”), community mental health service providers (68% “frequent, ongoing coordination” and 27% “occasional coordination”), and DCF (59% “frequent, ongoing coordination” and 36% “occasional coordination”).

The full ranges of responses for each program partner are provided in Figure 2. In this figure, partners are listed in descending order according to the percentage of respondents that said they coordinated services with them either occasionally or on a frequent, ongoing basis.

Figure 2. Level of Coordination with Program Partners



2. Engagement with Local Early Childhood Councils / Collaboratives

We asked respondents about the ways in which they engage with their Local Early Childhood Council or Collaborative (ECC). Responses are shown in Table 7. All respondents were involved with their local ECC in some way, with the most common way being membership in the local ECC (73%). Six respondents (27%) also reported serving on a committee for their local ECC.

Table 7. Engagement with the Local Early Childhood Council / Collaborative (ECC)

Type of Engagement	n (%)
I am a member of my Local ECC	16 (73%)
I serve on a committee for my Local ECC	6 (27%)
Other	6 (27%)
I hold joint events in collaboration with my Local ECC	4 (18%)
I do not engage with my Local ECC	0 (0%)
Total Agencies	22

Note. Percentages do not sum to 100% because respondents could select all responses that apply.

Other ways of being involved with the local ECC include:

- being an ECC committee chair
- their agency's CEO being a member of the ECC
- the ECC liaison being a member of their Community and Self-Assessment Committees
- the ECC being their "strongest partner"
- being notified of ECC activities by email and sharing information with families

3. Other Partners

Respondents list the following other partners with whom they coordinate services:

- Family Resource Center
- Public Schools
- Public library
- School Readiness Council
- Local Health Department
- Home Visiting Coalition
- Maternal Health Coalition
- Safe Kids Coalition
- CT Dental Health Partnership
- Friendship Service Center, Inc.
- Children's Learning Centers of Fairfield County (Stamford)
- Churches/parishes
- Educational enrichment partners
- Local social services
- Lions club
- Public transportation companies
- Special needs agencies
- ECCP
- Weekend food provider (Filling in the Blanks)
- Housing

4. Partnership Challenges

We asked respondents what challenges or barriers they have experienced in their partnerships. The most commonly mentioned challenges or barriers were:

- Staffing shortages and turnover
- Time
- Communication challenges
- COVID-related challenges (disruptions to partnerships, virtual vs. in-person meetings, agencies not being back in the office)

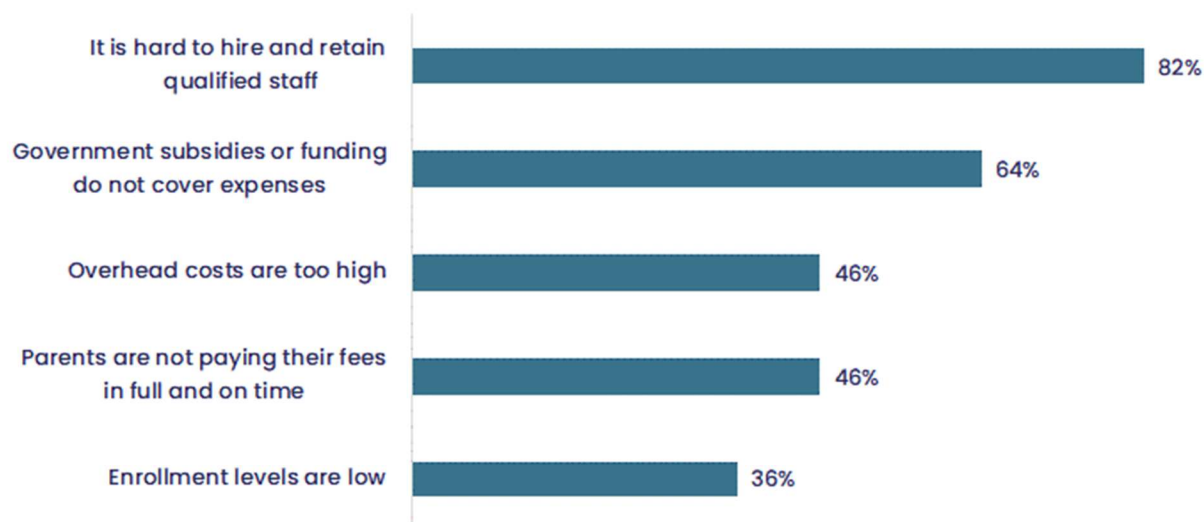
Operational Challenges

We asked respondents to rate their level of agreement on a four-point scale, from “Strongly Agree” to “Strongly Disagree,” with statements about operational challenges they may be facing. Respondents also had the option of selecting “Not Applicable” or “I Don’t Know” for each statement.

Figure 3 shows the percentage responding that they either “agree” or “strongly agree” with each statement, out of the 22 directors who completed the survey. Eighty-two percent of respondents agreed that it is challenging to run their program because it is hard to hire and retain qualified staff, and 64% agreed that government subsidies or funding do not cover their expenses. Only 36% cited low enrollment levels as a challenge for running their program.

Regarding parents not paying their fees in full and on time, 46% of respondents agreed that this is a challenge and another 46% responded that this statement is “not applicable,” presumably because parents are not charged fees. Of the twelve respondents that found this statement applicable, ten (83%) agreed that parents not paying their fees in full and on time is a challenge.

Figure 3. Percent agreeing that it is challenging to run their program because...



Note. Percentages are out of the 22 HS/EHS directors who completed the survey. Respondents who selected "I don't know" or "not applicable" are included in the denominator ($n = 2$ for all statements except "Parents are not paying their fees in full and on time," for which 10 respondents selected "not applicable.")

Respondents mentioned the following other reasons it is challenging to run their program:

- Staffing shortages and challenges with hiring qualified staff
- Offering high enough salaries and benefits to attract and retain skilled staff
- High rates of challenging behaviors
- Staff mental wellbeing, feeling overwhelmed and exhausted
- Redundant reporting across funding sources

Vacant Slots

1. Number of Vacant Slots

We asked directors how many vacant Head Start and Early Head Start slots they currently have (Table 8). Importantly, several respondents noted that the timing of the survey influenced the number of vacancies they were reporting. Since the survey was completed in August, programs that operate on a school-year calendar were already closed for the summer and were enrolling for the fall. Consequently, the number of vacancies reported is likely higher than the number of vacancies that programs had as of the end of the school year.

Across all programs, respondents reported 1,126 vacant Head Start slots (an average of 59.3 per agency) and 205 vacant Early Head Start slots (an average of 14.6 per agency).

Table 8. Number of Vacant Head Start and Early Head Start Slots

Type of Program	Number of Agencies	Number of Vacant Slots				
		Mean	Median	Min	Max	Total
Head Start	19	59.3	18	0	335	1,126
Early Head Start	14	14.6	1.5	0	60	205

2. Reasons for Vacant Slots

Fourteen respondents reported that they had any Head Start slot vacancies (74% of the 19 responding Head Start agencies), and seven reported that they had any Early Head Start slot vacancies (50% of the 14 responding Early Head Start agencies). We asked these respondents to rate the degree to which certain issues contributed to the number of vacancies they have, on a four-point scale (“Not at all,” “A little,” “Moderately,” or “A lot”).

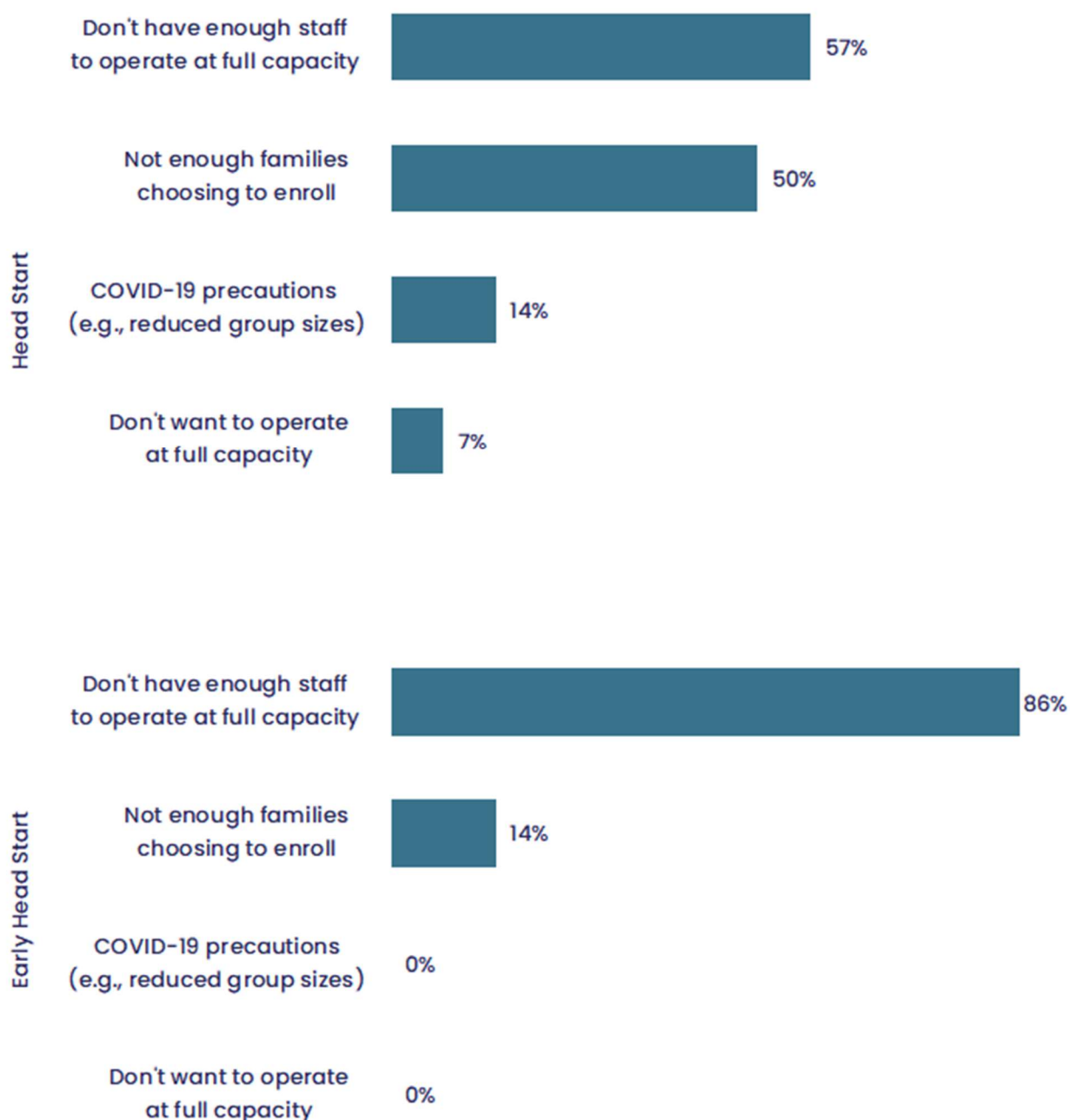
Figure 4 shows the percentage that rated each issue as contributing either “moderately” or “a lot” to the number of vacancies they have now. Not having enough staff to operate at full capacity and not enough families choosing to enroll were both commonly cited contributors to slot vacancies in Head Start programs. In contrast, for Early Head Start program slot vacancies, staffing shortages were cited as a major contributing factor by 86% of respondents, and only one agency reported that not enough families choosing to enroll contributed more than “a little” to their slot vacancies.

Respondents additionally wrote in the following reasons for Head Start slot vacancies:

- Workforce/staffing issues
- Competition with other subsidized or free preschool programs (e.g., School Readiness, magnet schools, public schools)
- Parents wanting full-day care
- Eligibility criteria being too narrow (i.e., poverty scale should be adjusted for regional cost of living)

Regarding Early Head Start slot vacancies, several respondents wrote in comments emphasizing that staffing issues are the primary contributor, and one noted that parents in their community want center-based care rather than home-based services.

Figure 4. Percent saying that an issue contributes "Moderately" or "A lot" to the number of vacant slots they have



Note. Percentages for Head Start programs are out of the 14 agencies with any vacant Head Start slots. Percentages for Early Head Start programs are out of the 7 agencies with any vacant Early Head Start slots.

Wait-Lists

Fifteen of the 19 agencies running Head Start programs (79%) reported that they had a wait-list, and all 14 agencies running Early Head Start programs (100%) reported that they had a wait-list. Table 9 reports the number of children on wait-lists for Head Start and Early Head Start programs. In total, respondents reported 548 children are on wait-lists for Head Start programs (a mean of 37 children per agency) and 701 children are on wait-lists for Early Head Start programs (a mean of 50 children per agency). While 50% of agencies running Head Start programs have a wait-list of 16 children or fewer, 50% of agencies running Early Head Start programs have at least 39 children on their wait-list.

Table 9. Number of Children on Wait-Lists for Head Start and Early Head Start Slots

Type of Program	Number of Agencies with Wait-Lists	Number of Children on Wait-Lists				
		Mean	Median	Min	Max	Total
Head Start	15	36.5	16	3	175	548
Early Head Start	14	50.1	39	4	152	701

Staffing

1. Vacant Staff Positions

Seventeen of the 22 respondents (77%) reported that they currently have staff vacancies in their Head Start or Early Head Start programs that they would like to fill. In total, respondents reported 113 classroom teacher vacancies (a mean of about 7 teachers for each agency with any staff vacancies). Agencies also reported 47 “other” vacant staff positions, the majority of which were teacher assistants, teacher’s aides, and paraprofessionals. Other types of vacant staff positions also included finance, mental health specialists, a receptionist, a program assistant, and one EHS director.

Table 10. Number of Staff Vacancies by Type of Position

Type of Position	Number of Agencies	Number of Vacancies				
		Mean	Median	Min	Max	Total
Classroom teachers	17	6.6	4	0	36	113
Family child care providers	2	0.0	0	0	0	0
Home visitors	17	0.2	0	0	2	4
Direct family services staff	17	0.5	0	0	3	9
Content area managers	17	0.5	0	0	3	8
Health staff	17	0.4	0	0	4	6
Other	17	2.8	1	0	21	47

Note. Responses are limited to agencies that reported having any vacant staff positions they would like to fill. For family child care providers, responses are limited to agencies that support HS/EHS family child care homes.

2. Hiring Challenges

Twenty-one of the 22 responding agencies (96%) reported that they had tried to hire new staff for their HS/EHS programs since July 1st, 2022. The one agency that had not tried to hire new staff reported that they did not have any vacant staff positions to fill.

Of the 21 agencies that had tried to hire new staff, 16 (76%) reported that hiring new staff has been “somewhat” or “very” challenging (52% said specifically that it was “very challenging”).

We asked the 16 respondents who said that hiring has been “somewhat” or “very” challenging to provide their agreement (“yes,” “no,” or “I don’t know”) with a list of statements about why it has been challenging (Figure 5). The top three reasons with the highest level of agreement were that applicants did not have the required training or credentials (100%), applicants did not have enough relevant experience (94%), and few people applied to the job (88%).

Figure 5. Percent agreeing that it has been challenging to hire new staff because...



Note. Percentages are out of the 16 HS/EHS agencies that reported that hiring new staff since July 1st, 2022, has been "somewhat" or "very" challenging.

Write-in "other" reasons why hiring has been challenging include:

- Educational requirements for ECE staff have increased but salaries have not, contributing to declining interest in the field.
- Being part of a school district, candidates must also meet BOE requirements.
- Required education related to infant and toddlers is no longer being offered at local colleges.
- People apply but do not show up for interviews.
- Staff not being committed to the work, poor work ethic

- Staff wanting summers off
- Difficult to find innovative ways to market their positions and attract more applicants
- Need to promote the ECE field more in high schools and colleges to make the field more attractive to young people

Social-Emotional Supports for Children

1. Curricula or Models

All respondents reported using at least one formal curriculum or model to support children’s social-emotional competence and/or to prevent challenging behaviors (Table 11). Eighteen of the 22 agencies (82%) reported using a comprehensive curriculum that includes social-emotional development (mostly Creative Curriculum, with a couple using Parents as Teachers). Seventeen (77%) reported using a social-emotional learning curriculum (e.g., Second Step), often in addition to a comprehensive curriculum. Half of respondents reported using the Pyramid Model and 41% use Circle of Security. Write-in “other” responses included Second Step, DECA strategies, Al’s Pals, and “Restorative Practices” and “Positive School Environment.”

Table 11. Curricula or Models Used to Build Children’s Social-Emotional Competence and/or Prevent Challenging Behaviors

Curriculum or Model	n	(%)
A comprehensive curriculum that includes social-emotional development	18	(82%)
A social-emotional learning curriculum	17	(77%)
Pyramid Model	11	(50%)
Circle of Security	9	(41%)
Conscious Discipline	7	(32%)
Positive Behavior Supports (PBS / PBIS)	4	(18%)
RULER Approach	3	(14%)
Other	4	(18%)
Total Agencies	22	

Note. Percentages do not sum to 100% because respondents could select all responses that apply.

2. Mental and Behavioral Health Consultants

All 22 responding agencies (100%) reported having someone who provides on-site mental and behavioral health consultations at their program. Seventeen agencies (77%) reported having a contractor or consultant who provides these services and 13 (59%) reported having a staff member who provides these services. Ten agencies (46%) reported using ECCP and eight agencies (36%) reported using another type of provider. “Other” responses included Child First, EASTCONN Leading and Learning, ABA staff, municipal social workers, and the public school special education team.

3. In-Classroom or Floating Staff for Behavioral Management

Thirteen agencies reported that they have dedicated in-classroom or floating support staff who can help with behavioral management, and seven responded that they do not (two responded that this question was “not applicable”). Thus, of those for whom the question was applicable, 65% have in-classroom or floating support staff who can help with behavioral management.

4. ECCP Services

Nine respondents (41%) reported having requested any ECCP services in the past year. Of these, eight (89%) used classroom services, seven (78%) used child-specific services, and six (67%) used training from ECCP (Table 12). ECCP phone consultations and mental health consultation groups were less commonly used, and no agencies used intensive site services from ECCP. One respondent commented that there is a long wait-list for these services.

Table 12. Types of ECCP Services Used in the Past Year

Type of Service	n	(%)
Classroom services	8	(89%)
Child-specific services	7	(78%)
Training	6	(67%)
Phone consultation	2	(22%)
Mental health consultation group	2	(22%)
Intensive site services	0	(0%)
Total Agencies	9	

Note. Percentages are out of the nine agencies that requested ECCP services in the past year. Percentages do not sum to 100% because respondents could select all responses that apply.

We asked the nine respondents whose programs had requested ECCP services in the past year to rate how helpful these services were (“not at all helpful,” “somewhat helpful,” “moderately helpful,” or “very helpful”). Three agencies (33%) responded that the services had been “very helpful,” another three (33%) rated them as “moderately helpful,” two (22%) rated them as “somewhat helpful,” and one (11%) rated them as “not at all helpful.”

5. Additional Resources and Supports Needed

Respondents reported that the following additional resources or supports would help them address the mental and behavioral health needs of the children and families in their program:

- Supports or trainings for challenging behaviors in the classroom
- Additional funds to have full-time staff to assist with behaviors and mental health services / having a dedicated in-classroom support person to meet children’s behavioral health needs
- Increased availability of mental and behavioral health services in the community (community providers have long wait-lists)
- More partnerships for ongoing and accessible clinical supports for families in need
- Individual consultation through mental health consultants available for all children, families, and staff
- More resources for families dealing with behavioral issues
- More IDEA services for children
- Board Certified Behavior Analyst support
- Better coordination with the district/BOE
- Wellness Committee
- Support with implementing the Pyramid Model (e.g., funding for Pyramid Model conference attendance)
- Calm app

Child Screening Practices

1. Ages & Stages Questionnaire

Seventeen respondents (77%) reported using the Ages & Stages Questionnaire (ASQ and/or ASQ:SE) to screen children. Of these, 13 (77%) said that program staff complete the ASQ on paper, six (35%) said that program staff use the ASQ on-line system, and four (24%) said that program staff complete the ASQ via the Sparkler app.

Nine of the 17 respondents that use the ASQ (53%) reported that program staff *only* complete the ASQ on paper. Of these, five reported that they enter children's ASQ scores into their own electronic data systems (e.g., Child Plus) and four did not report entering children's ASQ scores into any electronic data systems. Two of these noted that they do not enter children's ASQ scores into an electronic data system because they use the ESI, not the ASQ, as their primary screener.

2. Screening Data Sharing

We asked all respondents whether they offer to share screening results (from the ASQ and/or other screeners) with other agencies serving the child (e.g., Birth to Three or DCF), with parental permission. Eleven respondents (50%) reported that they "always" offer to share screening results with other agencies serving the child, six (27%) responded that they "sometimes" do this, three (14%) responded "usually not," and two (9%) responded that they "never" do this.

3. Sparkler

Only six respondents (27%) reported that they were a Sparkler program partner. Fifteen reported that they were not a Sparkler program partner and one reported that they did not know.

When asked what statement best describes their communications with parents about the Sparkler app, ten respondents (46%) selected "we do not currently encourage parents to use the Sparkler app," three (14%) selected "we encourage *some* parents to use the Sparkler app," and nine (41%) selected "we encourage *all* parents to use the Sparkler app."

Write-in reasons why programs do *not* encourage all parents to use the Sparkler app included:

- They are already using a different parent engagement app (e.g., Teaching Strategies' ReadyRosie).
- Parents are already struggling with other apps they are expected to use and they don't want to add a new one.
- They use Sparkler with some programs but not others (e.g., family child care homes but not centers, home-based programs only, or Early Head Start but not Head Start).
- They already use other screeners and child outcome assessments.

Serving Children with IFSPs and IEPs

Sixteen respondents (73%) reported that the number of children with an IFSP or IEP that their program is serving has increased this year relative to last year. Five (23%) reported no change and one (5%) reported a decrease from last year.

Fourteen respondents (64%) reported that they are experiencing challenges related to the number of children they are serving who have an IFSP or IEP.

Challenges include:

- Children who need self-contained classrooms are being placed in full inclusion classrooms needing many more supports.
- Increases in both the number of children identified as needing an IEP and the number of children entering the program with significant needs *not* covered under an IEP
- Many children have challenging behaviors which do not usually receive services.
- Increase in severity of disabilities and the number of children with multiple disabilities
- Staff do not have the training and experience needed to manage so many children with special needs (they are not special education teachers).

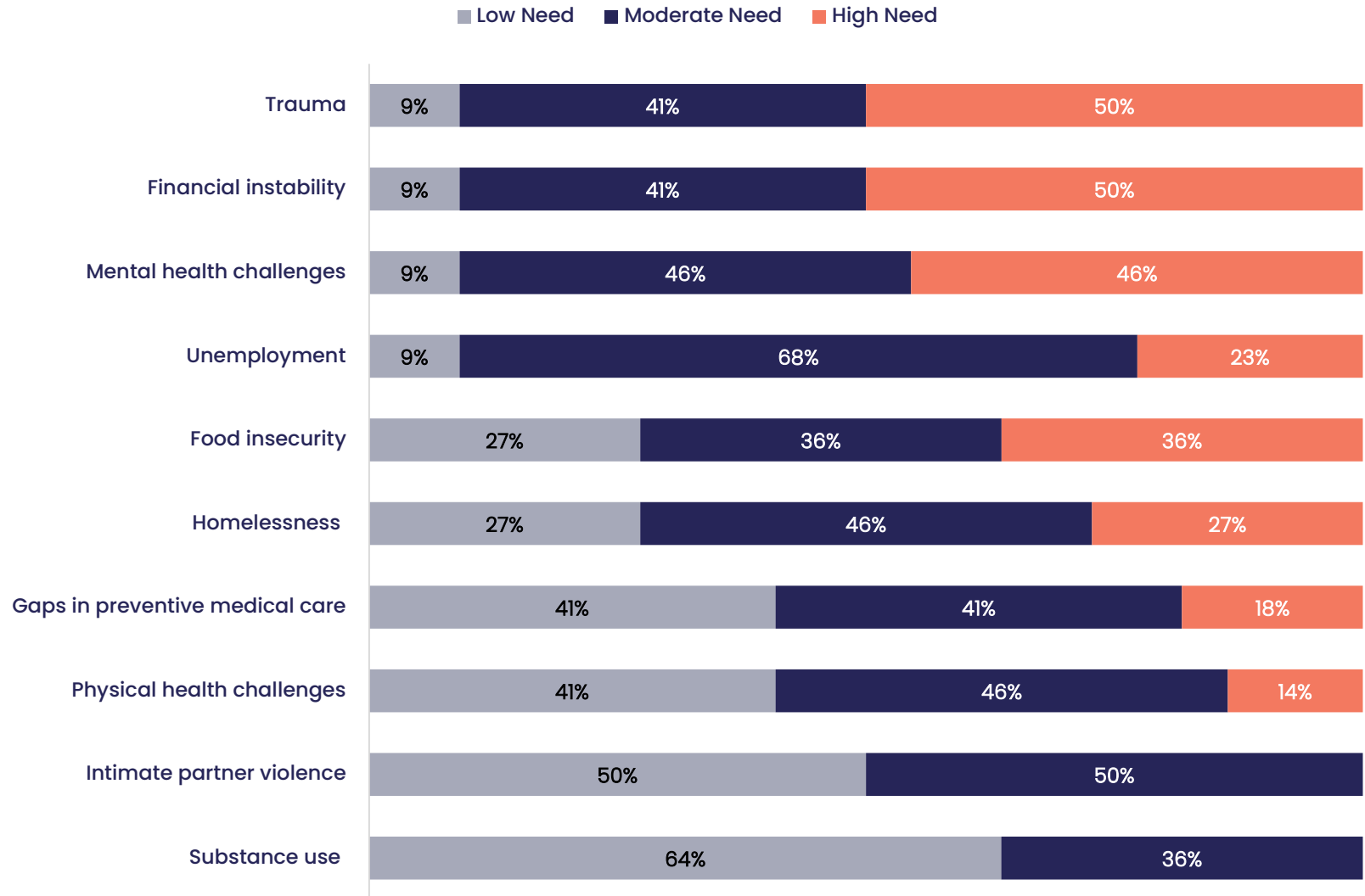
- It is challenging to meet everyone's needs while providing the necessary one-on-one care for children with special needs.
- The teacher shortage in combination with more children with special needs means less opportunity for individualization/one-on-one time with the children.
- Not enough classroom supports or additional staff in place for children with an IFSP/IEP
- Children need more services than they are getting from Birth to Three or BOE.
- Children are not being identified or are delayed in being identified for services due to not having enough special education teachers and Birth to Three service providers.
- Dysregulation of teachers and children

Family Services

1. Need for Additional Resources or Supports to Meet Families' Needs

The 22 responding program directors rated their program's level of need ("low need," "moderate need," or "high need") for additional resources or supports to help them address families' needs in specific areas (Figure 6). The areas with the highest ratings were trauma (50% "high need" and 41% "moderate need"), financial instability (50% "high need" and 41% "moderate need"), and mental health challenges (46% "high need" and 46% "moderate need"). In addition, many programs expressed at least moderate need for more resources to help families struggling with unemployment (23% "high need" and 68% "moderate need"), food insecurity (36% "high need" and 36% "moderate need"), and homelessness (27% "high need" and 46% "moderate need").

Figure 6. Programs' Need for Additional Resources/Supports to Address Families' Needs, by Area of Need



2. Challenges in Implementing Family Engagement Activities

Challenges or barriers that agencies have experienced in implementing family engagement activities and supports include:

- Low parental attendance at events / lack of interest or buy-in
- Parents are reluctant to participate in in-person events due to the pandemic
- Parents signing up but not showing up at events
- Lack of transportation
- Finding a time of day that works for most parents
- Language barriers
- Logistics of providing on-site care for siblings (space, staffing issues)
- Being able to offer events that are sensitive to students with special needs
- Family services staff vacancies

3. Additional Family Engagement Activities Programs Would Like to Provide

We asked respondents whether there are any family engagement activities or supports they would like to provide but currently are not able to, and what additional resources or supports they would need to be able to offer them. There were eight write-in responses to this question, excluding responses such as “none:”

- “We would like to do a back to school kick-off celebration for families – games, food, etc.”
- “Literacy workshops and events. We have not been able to fill the position that facilitated these events. We have modified what we offer.”
- “It is helpful if we are able to provide incentives for families to join our activities – like providing dinner, raffles or other take-aways. Funding these activities can sometimes be challenging.”
- “Childcare for [parents] to attend in the evenings”

- “Increased trainings related to mental health supports and information about challenging behaviors. We need to be more intentional about making sure families know they can attend our professional development trainings.”
- “Trauma informed responses, self-regulation and co-regulation”
- “We used to have more engagement activities but parents don't want to stay longer or be in groups of people. Parents can't commit to activities due to working or outside difficulties.”
- “We would like to offer Parenting Journey to our families. We would need to train more staff to run this program, and may need to provide childcare and food if we offer the program in the evenings.”

4. Referrals from Homeless Liaisons

The 22 program directors who completed the survey reported that a total of about 117 children had been referred to their HS/EHS programs by homeless liaisons in the past year. This equals a mean of about 5 referrals per agency, though there was wide variability around this mean. Seven agencies (32%) had not received any referrals in the past year, ten agencies (45%) had received between one and nine referrals, and five agencies (23%) had received 10 or more referrals. The highest number of referrals received by a single agency was 40.

5. Successes with Serving Children and Families Experiencing Homelessness

Successes that programs are experiencing in serving/supporting children and families experiencing homelessness include:

- Successfully helping families who were experiencing homelessness to obtain stable housing
 - Housing families through the Head Start on Housing program
 - Housing families using funding from an ECHO grant
 - Family Advocates helping families with housing applications
 - Connecting families with resources in the community to secure housing
 - Helping families access security deposit funds via internal agency private funding

- Providing employment support for families experiencing homelessness
 - Connecting families with temporary placements working towards self-sufficiency through a SecureJobs program
 - Directly employing a mother who was able to get housing with their support and who has almost completed her CDA
- Strong partnerships with local shelters and the McKinney-Vento liaison
- Shelter Coordinator position, funded through State Head Start funds, who works closely with local shelters and with the McKinney-Vento liaisons
- Success with enrolling children who are from families experiencing homelessness
- Offering supports through CAN
- Helping families that have experienced homelessness obtain clothing, food, personal and household items, furniture, etc.
- Offering bus transportation for children in Head Start which improves access for families

6. Challenges with Serving Children and Families Experiencing Homelessness

Challenges that programs are experiencing in serving/supporting children and families experiencing homelessness include:

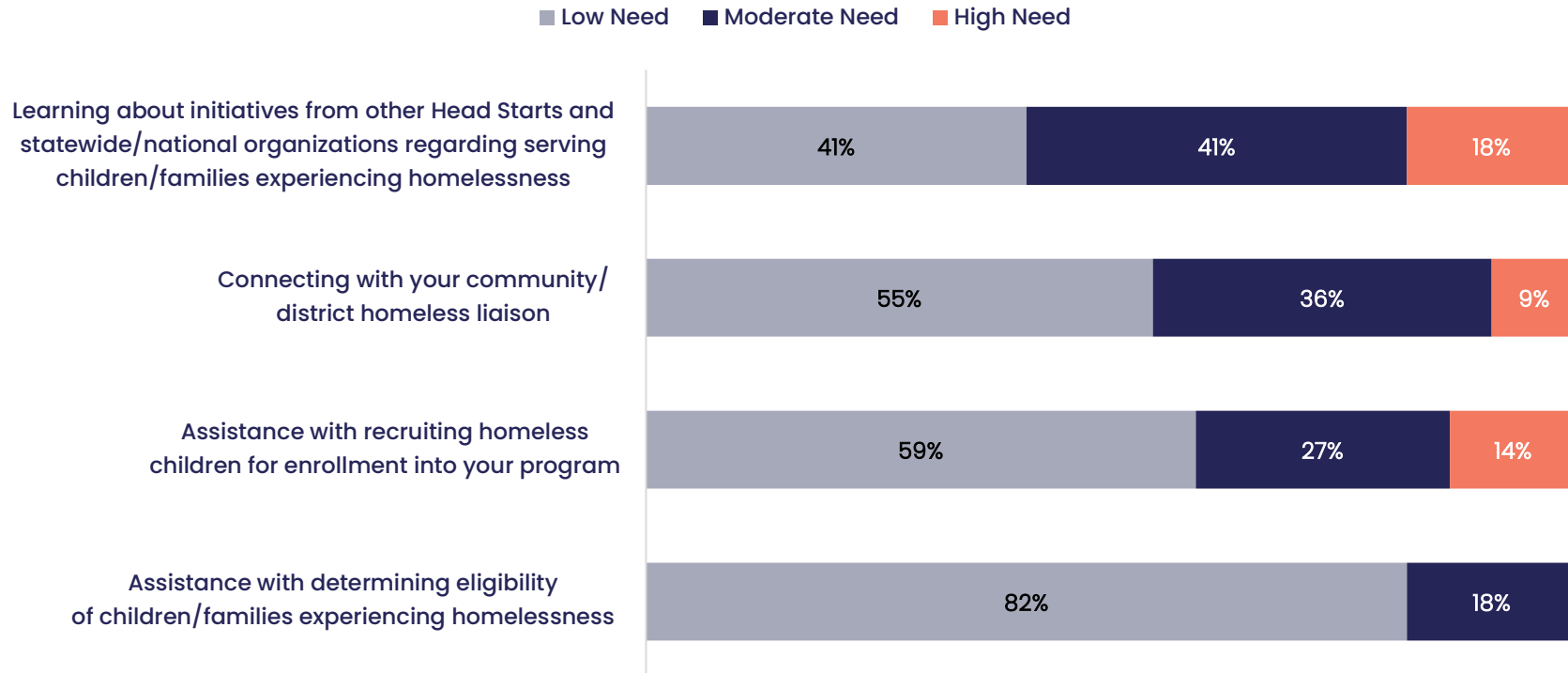
- Affordable housing is scarce and rents are too high
- Lack of housing vouchers
- Waitlists
- The process can be slow
- Landlords asking for security deposits that families can't afford
- Landlords asking for credit reports, which many families don't have
- Transportation challenges
- Increase in number of families experiencing homelessness

- CAN system can divide families into single person shelters
- Local shelters closing
- Helping families obtain documentation and find housing after they have been awarded vouchers
- Families that are living with relatives are concerned they won't be able to make enough money to support their basic needs if they live on their own and do not engage with staff efforts to help them move towards self-sufficiency.
- Impact of homelessness on children's social-emotional development, which is evident in the classroom

7. Need for Additional Supports to Better Serve Children and Families Experiencing Homelessness

All 22 responding program directors rated their program's level of need ("low need," "moderate need," or "high need") for additional supports in specific areas to better serve children and families impacted by homelessness (Figure 7). The highest-rated area of need was learning about initiatives from other Head Starts and statewide/national organizations (18% "high need" and 41% "moderate need"). Additionally, 45% of respondents expressed at least moderate need for help connecting with their community/district homeless liaison, and 41% of respondents expressed at least moderate need for assistance with recruiting homeless children for enrollment into their program.

Figure 7. Programs' Need for Additional Supports to Better Serve Children & Families Impacted by Homelessness



8. Transition to Kindergarten

We asked directors of Head Start programs about the strategies they have in place to support children and families in the transition to kindergarten (Table 13). The most commonly reported strategies were sharing of information about individual children with the school district (95%), coordinating with families and receiving schools for children with IEPs (90%), participating in community transition to kindergarten activities (90%), and informational sessions regarding kindergarten registration (84%). Five respondents wrote in other strategies, including:

- Kindergarten classroom visits
- Assistance with the on-line registration process
- On-site kindergarten registration (at one site)
- Assistance with filling out paperwork for the public schools as needed
- Informing parents of kindergarten orientations and registrations at the public schools
- Sharing information with receiving kindergarten teachers
- Including the school district's Chief of Family Partnership and Student Engagement as a member of their Policy Council

One director noted that they offer support but most families don't take advantage.

Table 13. Strategies to Support the Transition to Kindergarten

Strategy	n	(%)
Sharing of information about individual children (with family permission) with the school district	18	(95%)
Coordination with families and receiving schools for children with IEPs	17	(90%)
Participation in community transition to kindergarten activities	17	(90%)
Informational sessions regarding kindergarten registration	16	(84%)
Alignment of curriculum/practices across PreK-K continuum	12	(63%)
Other	6	(32%)
Total Agencies	19	

Note. Percentages are out of the 19 agencies that run Head Start programs. Percentages do not sum to 100% because respondents could select all responses that apply.

Professional Development

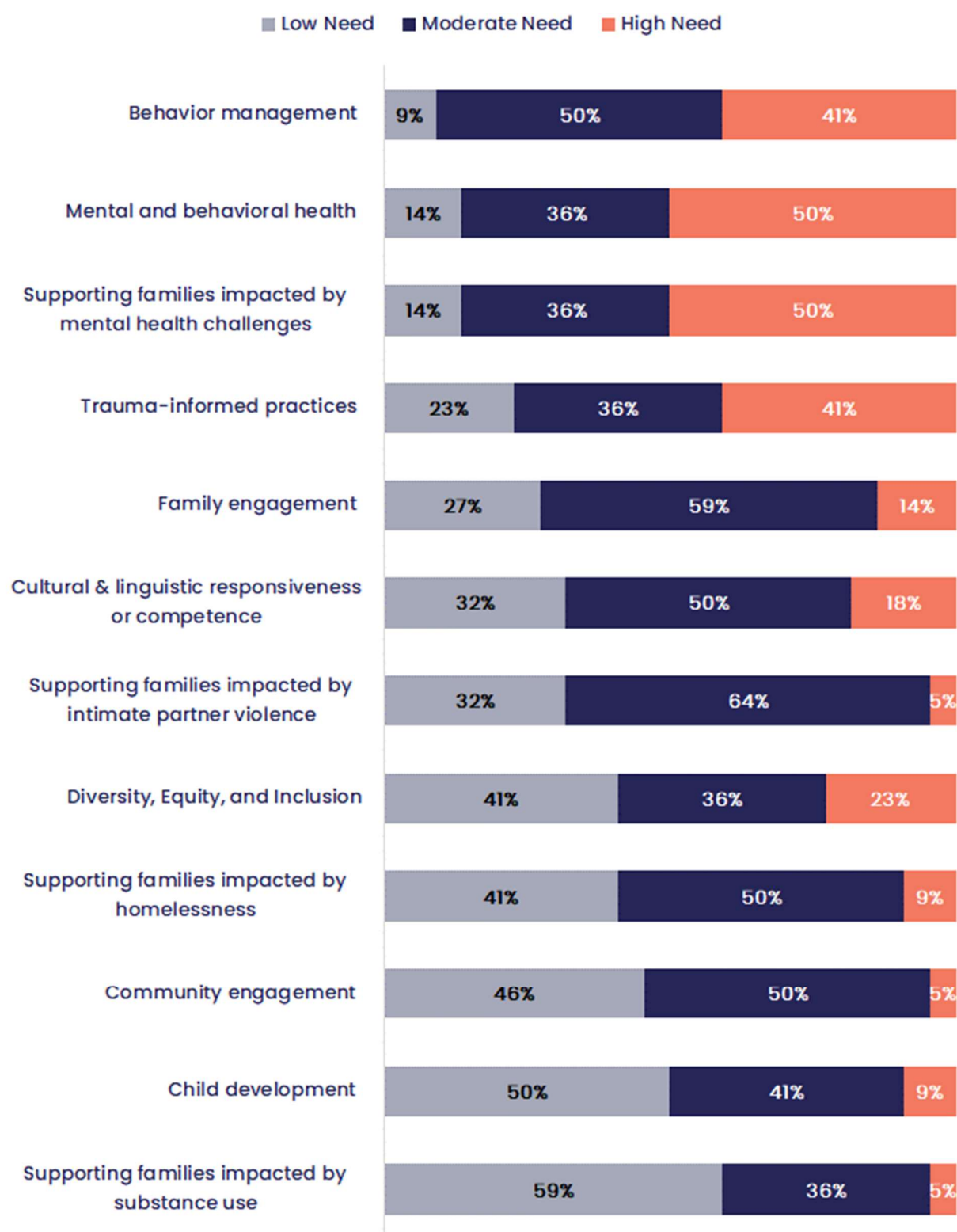
1. Professional Development Needs

All 22 responding program directors rated their programs' level of need ("low need," "moderate need," or "high need") for professional development in specific topic areas (Figure 8). The highest-rated topic areas were behavior management (41% "high need" and 50% "moderate need"), mental and behavioral health (50% "high need" and 36% "moderate need"), supporting families impacted by mental health challenges (50% "high need" and 36% "moderate need"), and trauma-informed practices (41% "high need" and 36% "moderate need").

We also asked what other professional development opportunities would be most helpful. Responses included:

- Active supervision
- Science of reading
- Implementing data informed practices
- Motivational interviewing
- Autism spectrum disorder
- De-escalation of challenging interactions
- Delivering difficult messages to parents / communication skills
- Dealing with challenging parents
- Ways to increase child attendance rates
- Encouraging male involvement in children's education
- Assistance in developing family goals
- Supporting staff mental health and wellness
- Continuing education opportunities
- Multi-session trainings with opportunities for implementation/reflection which may have more of an impact than single-session trainings
- Opportunities to work with consultants on some of these professional development areas

Figure 8. Programs' Need for Professional Development, by Topic Area



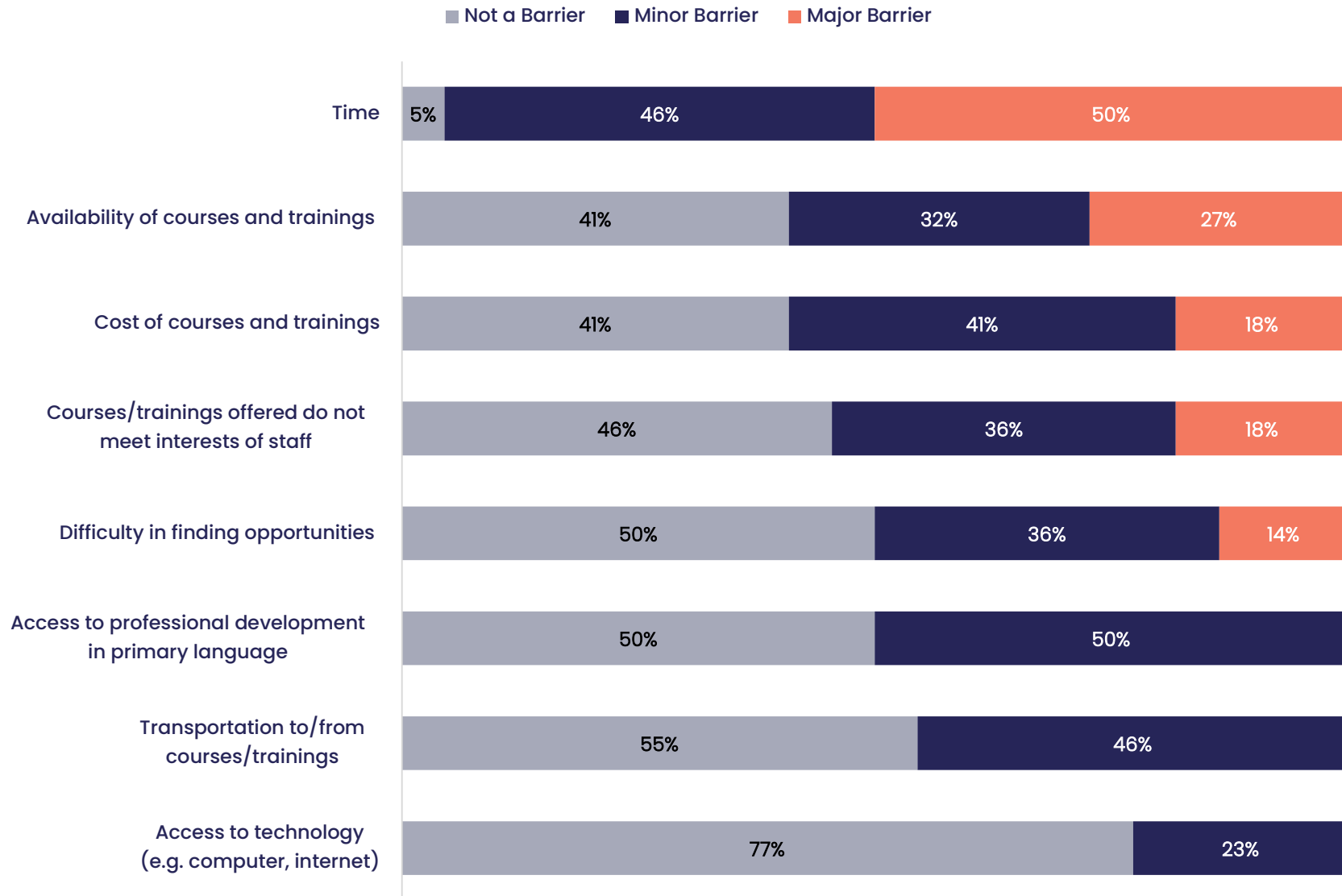
2. Most Useful Recent Professional Development

Respondents listed the following professional development opportunities as having been the most helpful in the past two years:

- Behavior management / managing challenging behaviors
- Trauma informed care / trauma supports
- Self-care / staff wellness & mental health
- Creative Curriculum, and other curriculum-based trainings
- ERSEA trainings
- Culture of Safety / Safety and security
- CLASS, QCIT
- Restorative Practices and Positive School Climate
- Race and equity – personal biases, lived experiences, socialization, systemic racism
- Implicit Bias
- Book Study NAEYC Antibias for Young Children and Ourselves, CREC Resource Group
- Play-based learning
- Resilience Boosting Practices, Gessel Program in Early Childhood
- Circle of Security training for staff (not to be trainers, but to learn the model)
- Introduction to Inquiry, CT Science Center
- motivational speakers
- SEL
- National Pyramid Annual Conference
- Unconditional Positive Regard
- Birth to Three
- Family Engagement, relationship building, interactions with children

- Multi-session/on-going trainings which allow time for self and peer reflection
- TTA Network and individual trainings
- Supporting children with special needs
- Cultural competence
- Math & STEM
- dual language learners
- OEC Registry

Figure 9. Barriers to Staff Participation in Professional Development



3. Barriers to Staff Participation in Professional Development

All respondents rated the importance of a list of barriers to program staff participating in professional development (“not a barrier,” “minor barrier,” or “major barrier,” Figure 9). The most important barrier was time (50% “major barrier” and 46% “minor barrier”), followed by availability of courses and trainings (27% “major barrier” and 32% “minor barrier”), cost of courses and trainings (18% “major barrier” and 41% “minor barrier”), courses/trainings offered not meeting the interests of staff (18% “major barrier” and 36% “minor barrier”) and difficulty in finding opportunities (14% “major barrier” and 36% “minor barrier”).

4. Utilization of the OEC Scholarship Assistance Program

Twelve respondents (55%) said that their staff utilize the OEC Scholarship Assistance Program through the OEC's Early Childhood Professional Registry. The ten respondents whose staff do not utilize the program gave the following reasons:

- Unsure / don't know why (4 respondents)
- Staff are not aware of the opportunity
- Many have degrees
- There hasn't been a need
- Much of their PD is provided in-house and/or through the district
- Professional registry user issues
- Sometimes when they go on [the registry], [staff] say there is no funding
- Do not qualify or choose another path
- Difficult to find time to attend with other challenges in their lives

5. Coordination with Institutes of Higher Education

We asked respondents about ways in which they coordinate with institutes of higher education (Table 14). Many respondents (82%) reported coordinating with institutes of higher education for workforce recruitment, and half (50%) reported that college or university representatives serve on a HS/EHS council or committee. Only one respondent reported not coordinating in any way with institutes of higher education.

Five respondents wrote in other ways of coordinating with institutes of higher education, including:

- Hosting student teachers
- College groups volunteering in the program/agency
- College representative serving on the agency's Board of Directors
- Colleges attending program "Socializations"
- Collaboration on billboard design for enrollment recruitment

Table 14. Coordination with Institutes of Higher Education

Type of Coordination	n (%)
Workforce recruitment	18 (82%)
College or university representatives serving on HS / EHS councils or committees (e.g., policy council, education advisory council, health services advisory council)	11 (50%)
Offering on-site CDA / college courses for staff	7 (32%)
HS / EHS representatives serving on college or university advisory councils or committees	5 (23%)
Other	5 (23%)
We do not coordinate with institutes of higher education	1 (5%)
Total Agencies	22

Note. Percentages do not sum to 100% because respondents could select all responses that apply.

Participation in Elevate

Elevate is the Office of Early Childhood's (OEC) quality improvement system for child care programs in family, group, and center-based settings. We asked respondents from the 20 agencies that run HS/EHS child care centers, public school preschools, or family child care homes to report the ways in which they have engaged with Elevate. Most respondents reported either that their program has not engaged with Elevate (50%) or that they don't know (30%). Only three respondents reported having accessed resources or tools on the OEC's Elevate website and two reported having accessed Service Navigators to connect with OEC resources. None had created an Elevate Program Plan.

Table 15. Engagement with Elevate

Type of Engagement	n	(%)
My program has not engaged with Elevate	10	(50%)
I don't know	6	(30%)
My program has accessed resources and tools that we found on the OEC's Elevate website	3	(15%)
My program has accessed Service Navigators to connect to OEC resources	2	(10%)
My program has created an Elevate Program Plan	0	(0%)
My program has engaged in quality improvement efforts guided by our Elevate Program Plan	0	(0%)
My program has received increased payments through Care 4 Kids as a "Member Accredited" in Elevate	0	(0%)
Total Agencies	20	

Note. Percentages are out of the 20 agencies that run child care centers, public school preschools, or family child care homes. Percentages do not sum to 100% because respondents could select all responses that apply.

Using Data

1. Using Data for Continuous Learning and Quality Improvement

We asked about the types of data that programs currently use for Continuous Learning and Quality Improvement. All respondents said they use child assessments, and nearly all (96%) use family goals although only 86% consider families' progress toward their goals. Twenty respondents (91%) reported using child attendance; children receiving preventive health and dental care; child health outcomes; and family surveys, interviews, or focus groups. Classroom and home observations were the least frequently used data sources (68% and 50%, respectively).

Table 16. Data Used for Continuous Learning and Quality Improvement

Type of Data	n	(%)
Child assessments	22	(100%)
Family goals	21	(96%)
Child attendance	20	(91%)
Children receiving preventive health care	20	(91%)
Children receiving preventive dental care	20	(91%)
Child health outcomes	20	(91%)
Family surveys, interviews or focus groups	20	(91%)
Family progress toward goals	19	(86%)
Classroom or Family Child Care Home observations	15	(68%)
Home visit observations	11	(50%)
Other	6	(27%)
Total Agencies	22	

Note. Percentages do not sum to 100% because respondents could select all responses that apply.

Other sources of data used for Continuous Learning and Quality Improvement include:

- Child outcomes / child development
- Staff surveys
- Self-Assessment
- CLASS, TSG
- Family Needs Assessments
- Child Health Demographics
- Ongoing Monitoring

2. Staffing or Subcontracting for Conducting Community Needs Assessments

We asked respondents about whether their Community Needs Assessment (CNA) is conducted by a staff member(s) and/or a subcontractor or consultant. Twelve respondents (55%) said that their CNA is conducted by a staff member only, six (27%) said it is conducted by a subcontractor or consultant only, three (13%) said it is conducted by both a staff member and a subcontractor or consultant, and one (5%) said they have not conducted a CNA.

The job title of the staff member(s) responsible for conducting the CNA varied widely across agencies, including:

- Director / Executive Director / Coordinator positions:
 - Executive Director / Director
 - Director of Operations & Planning
 - Director of Program and Planning
 - Senior Director of Marketing and Development
 - Deputy Director of Planning and Communications
 - Head Start Coordinator
 - "Leadership team"

- Data / program specialist positions:
 - Data/Monitoring Specialist
 - Data, Compliance & Quality Assurance Manager
 - Data and Fiscal Specialist
 - Program Specialist
- Family services supervision positions:
 - Family Engagement Manager
 - Family Services Coordinator
 - Family Community Partnership Manager

3. Data Sources that are Difficult to Access

We asked respondents about whether there are any data sources they would like to use for Continuous Learning and Quality Improvement or for their Community Needs Assessments, but that are currently too difficult to access (for example, data from the OEC, DCF, or the U.S. Census Bureau). Five respondents (23%) said that this was true, and four of these described their data needs:

- “More accurate/current data on the number of age eligible children within a community”
- “Not so much additional data sources, but having increased CURRENT data to pull on.”
- “Census Bureau [and] it would be great to be able to access more OEC and DCF Data.”
- “Yes, data from OEC, DCF, and the Census Bureau.”

4. Other Data Challenges

Respondents mentioned the following other challenges with using data for Continuous Learning and Quality Improvement or for their Community Needs Assessment:

- Time
- Not having access to the specific data they need (e.g., public data for a specific age group, at the town vs. county level, or for their specific service area)
- Data are old / out of date
- OEC not providing data in a timely manner
- Information isn't always easy to access or find
- Getting survey completion from families and potential families
- Gathering specific needs
- Inconsistent staffing
- Inconsistent ratings / lack of reliability

Marketing and Outreach to Families

1. Strategies for Marketing and Outreach to Families

We asked respondents to select which strategies they use to conduct marketing and outreach to families, from a list of potential strategies (Table 17). All respondents reported that they post flyers in the community and share brochures with community partners, and nearly all (96%) ensure that recruitment and outreach materials are available in multiple languages. Most also post on social media platforms (86%) and table at community events (82%).

Table 17. Strategies for Marketing and Outreach to Families

Strategy	n	(%)
Posting flyers in the community	22	(100%)
Sharing brochures with community partners	22	(100%)
Ensuring recruitment and outreach materials are available in multiple languages	21	(96%)
Posting on social media platforms	19	(86%)
Tabling (at community events or at local community partners)	18	(82%)
Purchasing ads (social media, newspapers, television, radio, billboards, etc.)	13	(59%)
Canvassing neighborhoods	12	(55%)
Sending mailings	11	(50%)
Offering enrollment incentives to staff and/or families	7	(32%)
Other	4	(18%)
Total Agencies	22	

Note. Percentages do not sum to 100% because respondents could select all responses that apply.

Other marketing and outreach strategies include:

- specifically assigned workers at agencies such as DCF, NOW and WIC
- hosting their own events
- large banners at community festivals
- recruiting at community events
- lawn signs

2. Additional Supports Needed to Improve Marketing and Outreach to Families

Respondents said they would benefit from the following additional supports to improve their ability to market to and reach families:

- more funding
- more staff / more time
- ability to incentivize staff
- incentivized "open house" approach to further engage with prospective enrollments
- "Being able to advertise on local busses or at bus stops would be helpful, and perhaps also advertising on a billboard in English and Spanish."
- "Obtaining better connections with the colleges would help; if you have a direct line to the colleges that you could share, we would appreciate it."

Final Comments

Finally, we asked respondents if there anything else they would like to tell the HSCO about their needs and how the HSCO can help. They responded:

"More involvement at a program level would be helpful. This survey asked many good questions, but an in person visit and chance to talk about challenges would be more beneficial. The HSCO should know about the programs in detail and be available to support, as needed."

"Workforce development and compensation, funding for additional supports for classroom staff to manage challenging behaviors are the major priorities."

"Appreciate the program support"

"Although already mentioned, I would like to reiterate how much we are adversely impacted by 1) needing to follow national poverty guidelines vs. having a regional one that adjusts for cost of living, and 2) the inability to offer salaries that are on par with the public schools.

You could help by working to change rules that would allow for adjusted poverty guidelines as well as work at the state level to provide permanent financial support for teachers in Head Start/ECE in CT.

We greatly appreciate your assistance in these areas!"