Maryland Head Start State Collaboration Office
Needs Assessment Report and Strategic Plan
2012-2013

PROJECT LEADERSHIP:
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INTRODUCTION

The Maryland State Department of Education (MSDE) oversees a wide array of programs focused on improving school readiness for all young children in the state. One important component of MSDE’s commitment to closing the gap in achievement for young children growing up in poverty is its continued collaboration with and support of the Head Start program. Since July 2003, the state’s Head Start Collaboration Office (MDHSSCO) has been housed at MSDE. MSDE has been the administrator of the Head Start collaboration grant and provides technical assistance in aligning Head Start services with those of early learning programs in the public schools.

To meet the requirements of the Improving Head Start for School Readiness Act of 2007, MSDE, through the MDHSSCO and the Maryland Head Start Association (MHSA) undertook the joint project of a needs assessment -- initiated for the first time in 2009-- of the Early Head Start and Head Start programs in Maryland. Using the results of the assessment process, the MHSA and the Collaboration Office also worked together to develop an updated strategic plan for 2012-2013.

HEAD START STATE COLLABORATION GRANTS

Since 1990, the Office of Head Start has funded Head Start State Collaboration grants to support the development of multi-agency and public/private partnerships at the state level. States are to use these grant funds to:

(i) assist Head Start agencies to collaborate with entities involved in State and local planning processes to better meet the needs of low-income children from birth to school entry, and their families;

(ii) assist Head Start agencies to coordinate activities with the State agency responsible for administering the State program carried out under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858 et seq.) and entities providing resource and referral services in the State, to make full-working-day and full calendar year services available to children;

(iii) promote alignment of curricula used in Head Start programs and continuity of services with the Head Start Child Outcomes Framework and, as appropriate, State early learning standards;

(iv) promote better linkages between Head Start agencies and other child and family agencies, including agencies that provide health, mental health, or family services, or other child or family supportive services, such as services provided
under section 619 or part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and

(v) carry out the activities of the State Director of Head Start Collaboration authorized in paragraph (4).

(Sec. 642B. of H.S. Act of 2007)

HEAD START PROGRAMS IN MARYLAND

In Maryland, $80,682,993 (FY2010) in federal grant funds, dispersed through twenty-four (24) unique Head Start or Early Head Start grants, support 19 grantees and 18 delegate agencies that provide services at over 250 program sites. Some agencies operate both Head Start and Early Head Start programs, but for the sake of this description, grantees are counted once regardless of whether they have two separate Head Start or Early Head Start grants. In addition, the Collaboration Office is funded through a federal Head Start grant.

These program numbers reflect several additions and consolidations. One new Early Head Start grantee emerged during recent expansion initiatives – Centro Nia Early Head Start Program. In addition, the summer of 2012 saw the emergence of a new grantee. The YMCA of Frederick County took over administration of Head Start services in Frederick County from the interim administration program CDI; who temporary took over program administration after the relinquishing of the Head Start grant by the Frederick County government.

Furthermore, several delegate agencies in the Baltimore City service area combined to form single entities. Three delegate agencies, St. Vincent de Paul SE, St. Vincent de Paul NE and St. Xavier Head Start combined as the St. Vincent de Paul Head Start Program. The Herring Run Program officially merged with the Dayspring program to become Dayspring Head Start. The children and families from the Baltimore City Child Care Resource Program were absorbed by other programs serving the Baltimore City area.

These thirty-seven (37) agencies provide services through a diverse group of program designs. Direct services are provided through 15 Early Head Start programs, which serve pregnant women and children under three years old; and 28 Head Start programs, which serve child aged three to 5 years old. Four agencies have both Head Start and Early Head Start programs and three grantees do not provide direct services, but have delegate agencies that provide services. Head Start Programs serve children in all 24 counties within the state. However, Early Head Start is only found in 10 counties and Baltimore City.
The list of grantee and delegate organizations makes for a diverse set of operating styles, procedures and locally designed strategies to attain various school readiness goals. Yet all follow the national Head Start Performance Standards for providing quality services to children and families. The grantees and delegate agencies include three (3) public school districts, eight (8) community action agencies, sixteen (16) private non-profits, two (2) YMCA programs, nine (9) programs with faith-based organization affiliations and one (1) program run by a community college.

Annual data from the Program Information Report from 2010-2011 indicates that just over 12,000 low-income children and over 180 pregnant women received services from Head Start and Early Head Start programs in Maryland. Nearly 6,000 children were enrolled in full-day, five-days per week Head Start programs in Maryland; while an additional 3,848 children were in part-day programs. Other children were served in home-based settings and nearly all programs were operating at their full capacity.

Most of the children served were 3 and 4 year olds, and the majority of the families were determined to be eligible based upon their income being below 100% of the federal poverty level. Others were deemed eligible based on their membership in categorically eligible groups. Nearly two-thirds of the families served in Head Start programs in Maryland were African American.

(Source: Annual PIR Reports)
In addition to the based federal grants, Head Start programs are responsible for the attainment of a 25% local contribution or non-federal share, also called in-kind. The collective in-kind goal of Maryland Head Start Programs is over $20 million.

One of the local contributions to Head Start programs comes from supplemental state funds through the Maryland State Department of Education (MSDE). MSDE supplements federal money received for Head Start to expand the number of high quality, comprehensive programs available to children across the state.

In the past, MSDE’s investment of $3 million in State Head Start and Early Head Start Supplemental Funding for program expansion and quality improvement has resulted in full-day, full-year services in many jurisdictions. However, in 2009, budget cuts made by the Maryland General Assembly reduced this amount by 40% and programs were budgeted to receive $1.8 million for the 2009-2010 grant cycle. In 2011-2012, the appropriation for the Head Start and Early Head Start Supplemental was again $1.8 million.

**NEEDS ASSESSMENT UPDATE PROJECT**

The *Improving Head Start for School Readiness Act of 2007*, requires that each year “the State Director of Head Start Collaboration shall conduct an assessment that addresses 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.”

In 2012, the purpose of this Needs Assessment project is to gather information from Head Start and Early Head Start programs to provide a comprehensive review of the collaboration efforts and activities between Head Start and other state entities and revisit the initial assessment conducted in 2009 and updated in subsequent years. This assessment shall also serve as a tool in updating the companion state-wide Strategic Plan that will guide the efforts of the Head Start community and determine priority areas for local collaboration efforts. The results of this assessment will help the Maryland Head Start State Collaboration Office determine how to better assist local Head Start and Early Head Start programs in improving collaboration with local community partners.

**Methodology**

This update assessment process consisted of three components: A Needs Assessment Survey and a day-long focus group of Head Start community representatives and a second validation focus group of Head Start community representatives to comment on the results of the initial survey and focus group.
Survey Methodology

The Maryland State Collaboration Office contracted with the Maryland Head Start Association (MHSA) to administer the Needs Assessment Tool; which was developed by the national consortium of State Collaboration Offices.

The specific focus of the needs assessment tool was determining the levels of cooperation, coordination, and collaboration within eleven key activity/content areas:

1. Health Services;
2. Services for Children Experiencing Homelessness;
3. Welfare/Child Welfare
4. Child Care;
5. Family Literacy;
6. Services for Children with Disabilities;
7. Community Services;
8. Education (School Readiness, Head Start – Pre-K Partnership Development);
9. School Transitions and Alignment with K-12;
10. Professional Development; and
11. Early Childhood Systems Development

The survey includes three parts for each of the content areas indicated above. Part 1 asked agencies to rate the extent of their involvement with various service providers & organizations related to the content area. This part used a 4-point Likert scale with the following definitions:

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<th>No working relationship. You have little or no contact with each other (i.e.; you do not: make/receive referrals, work together on projects/activities, share information, etc.)</th>
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<td>Cooperation. You exchange information. This includes making and receiving referrals, even when you serve the same families.</td>
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<td>Coordination. You work together on projects or activities. Examples: parents from the service providers’ agency are invited to your parent education night; the service provider offers health screenings for the children at your site.</td>
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<td>Collaboration: You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; an MOU on transition, etc.</td>
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Part 2 asked agencies to indicate the level of difficulty their program has had engaging in each of a variety of activities and partnerships. A 4-point scale of difficulty is provided, ranging from “Not At All Difficult” to “Extremely Difficult”.

Part 3 included two open-ended questions at the end of each section of the survey instrument. The first gave agencies an opportunity to document any remaining concerns that were not covered in the survey. The second question gave agencies the opportunity to document what is working well in their program, and to indicate if any of these successful strategies/activities may be helpful to other programs.
The MHSA Executive Director transferred the survey tool to the Survey Monkey™ online survey system and made the survey available to the community of Head Start and Early Head Start Grantees. As early as February 2012, grantee administrators were furnished with electronic copies of the tool to allow them time to assemble information prior to the online entry period.

**Focus Group Methodology**

The Maryland State Collaboration Office worked with the MHSA to facilitate a focus group of Maryland Head Start Program administrators, staff and community partners. On April 5th, ten (10) Head Start and school readiness leaders met at the MSDE Baltimore offices for a day-long focus group.

The Focus Group allowed participants to do a SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats) of the various areas for potential collaboration between Head Start programs in Maryland and other entities. As with the needs assessment survey, it was organized around the eleven Federal priority areas for the HSSCOs.

Using the 2011 Needs Assessment and Strategic Plan as a guide, the facilitator led the discussion in each area with a question directly related to the previous year’s assessment results in an effort to determine levels of improvement. For example, for the Health content area, participants reviewed the Goals and Objectives:

**GOAL:** Improve the availability and access to quality, coordinated health services for Head Start children and families.

**Objective 1:** Improve the access to oral health services for Early Head Start and Head Start children.
**Objective 2:** Improve the access to mental health services for Head Start children
**Objective 3:** Improve parent and staff knowledge on health services

And were then asked the question:

“In the past year, has your access to oral health services or mental health services improved or been more difficult?”

Commentary on each of the content areas was divided into four categories. Participants were asked to identify and discuss (1) **challenges** and (2) **resources** that exist within the state, (3) to make general **observations** and (4) to give suggestions of possible **strategies** the MDHSSCO and MHSA might employ to mitigate the challenges they cited.

There were two opportunities for commentary during the discussion: (1) written and (2) verbal. For each content area, first, participants were asked to identify challenges (weaknesses) and resources (strengths) that exist in the state. These observations were written on adhesive note
paper and assembled on large flip chart pages. The facilitator then verbally reviewed the participants’ collective notes to the group to uncover commonalities and variations in the observations and prompt them in further discussion.

Through the employment of several additional open ended questions throughout the focus group process, the participants were able to convey qualitative data on current levels of collaboration.

**Validation Focus Group**

As a follow-up to the initial focus group and survey, the Assessment Team held a second validation focus group. An additional eight (8) participants met after reviewing the initial draft of the needs assessment report and strategic plan.

Each section of the report was reviewed by content area and participants were asked if they agreed with the results and assessments. They were asked if they knew of any supporting or contradictory information and if they had any additional comments. Likewise, participants were asked to give their further suggestions on possible areas for improvement and strategies for improvement for the strategic plan.

**RESULTS**

The results of the Survey and Focus Groups are presented below. The quantitative results from the survey are depicted in bar graphs and are followed by the responses to the open ended questions that were part of the survey.

There were 8 program respondents to the survey. Unless otherwise noted, survey result statistics are based on 8 respondents. In cases where there were less than eight respondents the number shall be noted parenthetically with the number responding to the specific questions, for example (N-7) in cases where 7 programs responded to a particular question.

Despite this low response rate, the respondents did cover a multitude of counties in the state and Baltimore City, represented both rural and urban areas, and reflected several types of Head Start grantees organizations.

The respondents were: Baltimore City Head Start, the largest non-direct services grantee with 14 delegate agencies in the state’s largest urban area; Emily Price Jones/Y Maryland Head Start, a small delegate in Baltimore City; Garrett Community Action Committee Head Start, a community action agency delivering both Head Start and Early Head start services in that county in western Maryland; Maryland Rural Development (MRDC) Head Start, a community action program providing Head Start services to three counties, two of which are considered rural, the other more suburban; Prince George’s County Public Schools Head Start, one of the largest grantees providing Head Start services through a public school; Reginald Lourie Center for Infants and Toddlers, an Early Head Start grantee in Montgomery County; Southern
Maryland Tri-County Community Action Committee Inc. Head Start, a community action grantee providing services to three counties in southern Maryland; and Y of Central Maryland, a mid-sized program serving children and families in Baltimore County.

Following these data points for the written survey are the qualitative data results of the April and August 2012 Focus Groups.

**Health Services**

Some of the more positive results in this area are in Nutrition Services. 75% of respondents indicated that they had either Coordination or Collaboration between their programs and entities providing additional Nutrition services such as Cooperative Extension Programs and University Projects on Nutrition. Likewise, there appears to be high levels of Cooperation between Head Start programs and WIC offices as well as agencies providing mental health screening.

Unfortunately, there appears to be continued challenges in the working relationships with state agencies that provide mental health prevention and treatment services. 50%
of respondents indicated no working relationships in the category. Furthermore, there were low levels of involvement with Home-Visiting Providers (50% no relationship), and there appears to be room for improvement in the area of Community Health Centers (37.5% non relationship).

There appears to be a significant data point for the level of involvement between Head Start and Tribal agencies providing mental health prevention and treatment (62.5% no relationship); however, this may be more because of low numbers of programs serving Native American/Tribal families.

In evaluating the level of difficulty in creating and maintaining partnerships within the health communities, the positive areas are in linking children to medical homes (62.5% Not at all Difficult) and linking children with dental homes (62.5% Not at all Difficult). Other areas appear to be less successful, but still within the range of “Somewhat Difficult”.

On a less than positive note, 43.9% (N-7) indicated getting full representation and active commitment on their Health Advisory Committee to be “Difficult”. Likewise,
transportation continues to be a challenge, with 42.9% (N=7) indicating assisting families to get transportation to appointments as either “Extremely Difficult” or “Difficult”.

Please describe any other issues you may have regarding health care for the children and families in your program.

- Some providers are not as helpful providing health information
- Finding dental providers who will see young children for both examinations and preventive care as well as the follow through of treatment needed without referring out to a different provider.
- Doctors sometimes charge a fee for completion of forms. They need to understand Medicaid regulations regarding patient cost responsibility.
- Obtaining updated Dental Records
- Biggest issue: Getting the medical information within the 45 day timeline and dental information within the 90 day timeline. Also, finding a doctor to serve on Health Services Advisory Committee

What is working well in your efforts to address the health care needs of the children and families in your program? Which of these efforts do you think may be helpful to other programs?

- Most children have accessed care by the time they enter Head Start.
- Having a list of responsive providers, collaborating with other agencies; input from HSAC
- Our collaboration with dental providers in Caroline County. The program at Choptank Community Based services would benefit many other rural communities who lack local providers serving young children through both medical and dental homes.
- Working relationship with Health Department, MCO's and the universities.
- Training for staff and parents of children with special health care needs (i.e.seizures, asthma, etc.)
- "Building parent buy-in. Education for parents to be advocates for children's health and partnering with Head Start to monitor results"
- Local dentists are now accepting the medical card!

FOCUS GROUP RESULTS – HEALTH SERVICES

Challenges
- Ease of access still a challenge
  - Parents/Families don’t always understand how to get involved
  - Language barriers/Forms in English
- Transportation always an issue
• There still exists a lag in follow-up care. Parents not always taking their children back

• Failure of parents to follow up continues to be a challenge because of long held and erroneous assumptions and beliefs about early childhood oral health:
  o “It’s only their baby teeth”
  o “I didn’t attend the dentist at their age”

Resources
• Mental Health Consultation Services
• SEFEL Training (PBIS Training)
• PG County has field trips
  o Good relationship with Health Department
  o Dr. Hughes is excellent (sliding scale, sometimes free)
• Baltimore City Dept of Health has a good relationship with Head Start
• According to PIR data
  o Hagerstown has new office
  o New Mobile Dental Unit
• New Oral Health curriculum state-wide

Observations
• Parents not always aware of importance => Education is key
• More education needed for providers on gender differences in mental health issues => boys manifest mental health challenges differently
• Preventative services and strategies, education, and case management are still the key and represent both opportunities and threats.
• We are seeing more dental related notes on pediatricians’ reports.

HEALTH CARE SUGGESTED STRATEGIES
1. Continue to train and educate pediatricians on doing preliminary dental exams on small children
2. Increase the availability of Social/Emotional Foundations of Early Learning Training
3. Increase awareness of the Early Childhood Mental Health Consultation Project
4. Increase Parent Education and Public Awareness
5. Assist in the removal of barriers in completing health care forms
Services for Children Experiencing Homelessness

There still appears to be room for improvement in the relationship between Head Start Programs and the local McKinney-Vento homeless liaison in the public schools. 37.5% indicated having no working relationship. However, the same percentage of respondents indicated having full collaboration with the liaison, indicating inconsistency across jurisdictions.
While in general this content area seems to show positive results in the level of difficulty, or lack there of, in creating and maintaining partnerships, the one area that shows a slight need for improvement is in the area of engaging community partners, including the local McKinney-Vento Homeless Liaison, in conducting staff cross training and planning activities. 25% of respondents indicated this as either “Extremely Difficult” or “Difficult”. Based on the additional comments, ones relationship, in general, with the school system seems to be an important variable to success.

**Comments:**
- Being part of a school system helps!
- MOU with BCPS
- The family is extended an enrollment opportunity, but the family never enters the program because contact is lost due to unknown future beyond our control
- We need to improve our collaboration with the BOE in regards to McKinney-Vento Act.
Please describe any other issues you may have regarding services for children and families in your program experiencing homelessness.

- "Determining who is homeless according to McKinney-Vento Act.
- Lack of services/shelters for homeless families."
- Lack of formal partnerships to assist homeless families in obtaining housing, as well as, emergency housing due to an eviction.
- Transportation
- "Ongoing partnership with Baltimore County Homeless Liaison and Baltimore County Schools
- Informal partnerships with Homeless Shelters"
- We don't have enough homeless shelters.

What is working well in your efforts to address the housing needs of the children and families in your program who are experiencing homelessness? Which of these efforts do you think may be helpful to other programs?

- "We find the income based housing list provided by DSS is a useful tool in assisting families find housing. We also find Community Action Agencies to be a great tool for low income families.
- Smooth transition into our Head Start program due to the collaboration between the Homeless shelters and the Department of Social Services and other programs."
- Head Start is part of the LEA
- Coordination with other agencies to find affordable housing
- We are a community action agency that offers both Head Start and homeless assistance. We also collaborate with our local Dove Center that offers assistance to abused or homeless women and children.

FOCUS GROUP RESULTS - SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS

Challenges

- Challenges exist in the alignment of Dept of Social Services and Head Start requirements and regulations.
- Transportation continues to be an issue.
- Everyone truly understanding the definition of homelessness is a challenge. More training for staff and parents needed.

Resources

- Prince Georges County has a homeless liaison person who is having meetings with clients and various entities throughout the county.
- Montgomery County has a person in the schools.
- Potential for staff to become train the trainer to parents.
- Baltimore City worked with Francine Hahn and increased its number of observations of homeless children.
Observations

- Articulation challenges of problems regarding homeless children and Child Find.
- We can’t treat homeless families the same because their needs are very different.
- Past criminal records of some individuals makes them ineligible for some homeless services and housing.

SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS SUGGESTED STRATEGIES

1. Help parents to deal with the mental health issues associated with homelessness
2. Have literacy programs that help the children and the family literacy
3. Transportation would help a lot
4. Training
   a. Understanding the culture of homelessness
   b. Increase training around the definition of homeless
   c. Assessing underlying issues

Welfare/Child Welfare

Using the definitions on page 2, please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each. Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.
The area of Welfare/Child Welfare represents some of the largest challenges in the state for Head Start Programs when it comes to collaboration. Of the seven partner categories in this content area, respondents indicated that five (5) areas presented with large instances – 50% or more -- of “No working Relationship”.

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<th>Partner Category</th>
<th>Percentage of Respondents Indicating “No Relationship”</th>
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<td>Local Temporary Assistance for Needy Families Services (TANF)</td>
<td>62.5%</td>
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<td>Economic and Community Development Councils</td>
<td>75%</td>
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<tr>
<td>Local/County Child Welfare agency (e.g. child protective services)</td>
<td>50%</td>
</tr>
<tr>
<td>State Child Welfare Agency</td>
<td>50%</td>
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<tr>
<td>State Children’s Trust agency</td>
<td>71.4% (N-7)</td>
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While the least problematic category appears to be in the area of implementing policies and procedures – 87.5% indicating “Not at All Difficult”; the most interesting data point in this section was regarding the question, “Facilitating shared training and technical assistance opportunities.” There was the most variability in the responses to this question, with respondents being equality distributed (25%; 2 each) across each of the four difficulty ranges; thus illustrating an extreme variability in Head Start programs ability to actualized shared training with other entities.

Please describe any other issues you may have regarding the welfare/child welfare (family/child assistance) needs of the children and families in your program.

- Difficulty in connecting families to necessary resources in the community, as well as, developing formal partnerships with these organizations.
- Trying to establish a working relationship with the local Departments of Social Services.
- Purchase of Care: Non existing entity. It does not work.
- Rebuild community partnerships

What is working well in your efforts to address the welfare/child welfare (family/child assistance) needs of children and families in your program. Which of these efforts do you think may be helpful to other programs?

- Referrals from DSS, but process still needs to be faster.
• Family Needs Assessment at the beginning of the year, as well as, quarterly follow-up and updates of family. It also helps to develop and build a healthy and productive rapport with families. This enables families to communicate emergent needs as they arise.
• Relationships work. Taking time to build those relationships are important.
• As an agency we provide yearly presentations on our program services and any changes implemented that year to keep everyone abreast of our program process. Another area of strengths is the exchanging of necessary information for the benefit of the families from our partners and other agency resources.
• Ongoing partnership with Department of Health.
• We have a monthly meeting of Mental Health Education Task Force and Judy Center Steering Committee where these important partners meet to share ideas, training, successes and difficulties.

FOCUS GROUP RESULTS - WELFARE/CHILD WELFARE

Challenges
• Purchase of Care – VERY challenging to work with
• The caseload at DSS are very high creating issues of accessibility and accountability
• Not a lot of programs have formal Memorandum of Understandings (MOU) at the county level with the local departments of social services (DSS).
• Systemic issues that deal with confidentiality create barriers to working with DSS for all agencies, not just Head Start.
• Foster Care parents don’t always have information about Head Start.
  o Some county departments are informing some Foster parents, but it is individual by individual and is not happening systematically.
• Budget cuts will impact the number of Social Workers.

Resources
• Karen Lynch from DSS
• Creating some personal relationships is helping in some areas
• Some social workers are helping with training for staff.

Observations
• Should transfer Purchase of Care over to MSDE, that might help
• Some sharing of information → In PG County, they asked the DSS for a list and they gave them a labels list.
• Calvert County works well together (small county, smaller caseloads)
• St Mary’s County had a big meeting with DSS, but they didn’t follow through
WELFARE/CHILD WELFARE SUGGESTED STRATEGIES

1. Get decision makers at the table and them to commit to and incentivize collaboration.
2. Customer service training for DSS Staff.
3. Get an office on-site at DSS Buildings
4. Establishing Standardization to ensure everyone is hearing the same thing at the same
time.
5. Encourage increase DSS training for Head Start Staff
   a. at conferences
   b. cluster trainings
6. Promote cross training opportunities
   a. Include select Head Start Staff in DSS trainings
   b. Include DSS staff in Head Start trainings

Child Care

There is a positive relationship between Head Start Programs and the local Child Care
Resource and Referral agencies. 62.5% indicate a “Cooperative” relationship and other
25% indicate either “Coordination” or “Collaboration”. While 75% of respondents
indicated either “Cooperation” or “Coordination” with High Education programs, there were still 25% of the respondents who indicated “No Working Relationship”.

The exchange of information on roles and resources appears to be the least problematic (62.5% Not at All Difficult) for Head Start Programs. However, actualizing full day, full year services for families does appear to be problematic. 62.5% indicated that Assisting Families in accessing these services was “Difficult” or “Somewhat Difficult”; while 85.8% (N-7) indicated that is was “Difficult” or “Somewhat Difficult” in their capacity to blend or braid HS and child care funds to provide full day, full year services.

Please describe any other issues you may have regarding access to child care services and resources?

- Affordable, licensable space for Head Start centers are difficult to find in Charles County/
MD currently has stopped processing purchase of care applications, there is now a long waiting list.

- The main issues are pricing and affordability. The Department of Social Services, Purchase of Care program has limited funding thus, limiting the accessibility for low income families.
- Difficulty partnering with child care due to purchase of care subsidy freeze
- Parents do not want to pay for care. The freeze on POC has created even more difficulty in having parents utilize child care to extend their day and year.
- Not that many licensed childcare centers and FCC homes in our service area.

What is working well in your efforts to address the child care needs of the children and families in your program? Which of these efforts do you think may be helpful to other programs?

- Providing summer programming through MSDE supplemental funding.
- Working with family child care providers has worked well for us. Establishing clear lines of communication and responsibility has helped to strengthen are partnership with two child care centers.
- Various Steering Committees has assisted however; finding the time to participate is difficult.
- Many Day Care centers provide transportation from their centers to H.S. making the joint collaboration easy for families.
- Extra hours for working families
- Utilizing MSDE Supplemental Funding to provide a 7 week camp opportunity for a portion of our children.
- Collaboration with a Family Child Care program and our Wrap Around Childcare Center.

FOCUS GROUP RESULTS - CHILD CARE

Challenges

- Economic barriers to partnering with child care providers – perceived that Head Start will take business from them.
- Time => need to do evenings and weekend trainings; issues of release time and substitutes for teachers especially an issue for family child care providers.
- There needs to be an increase in the relationship building and collaboration with outside child care centers

Resources

- When MD EXCELS program is fully rolled out is will help increase quality of child care programs.
- A lot of our staff also work part-time at other child care centers, this represents an entry opportunity

Observations

- SMTCCAC has had outreach to Child care partners.
- Need to better articulate benefits of partnering with Head Start
- Provide Core of Knowledge eligible training to their staff
- Talk with the Child Care Providers about being on a list of local providers that HS provides to parents
- Books & Materials ➔ HS might have access to materials that could help with the bottom line as well as enrich their literacy offerings
- Additional training and Education opportunities for children through joint programming
- Need to invite them to have FUN!!!

- Over the years Baltimore City Head Start has increased collaboration with Baltimore City Child Care Association:
- Judy Centers continue to help Head Start programs through its collaborative relationships. They put Head Start and child care together.
  - There is variability in the partner relationships of the various Judy Centers across the state.

**CHILD CARE SUGGESTED STRATEGIES**
1. Make more referrals to local child care
2. Increase relationships with child care organizations
While overall examples of cooperation, coordination are strong in the area of Family Literacy, the capacity for improvement is evident in some areas. Respondents sited Museums (50%), School Libraries (37.5%) and State or Local Family Literacy Programs (37.5%) with elevated levels of “No Working Relationship”.
The vast majority of Head Start Programs indicated it is “Not at All Difficult” to engage in the variety of Family Literacy activities indicated in this section of the survey. The exception being in engaging families in the literacy activities; with 62.5% indicating “Difficult” or “Somewhat Difficult” in the area.

Please describe any other issues you may have regarding family literacy services and resources?
- Getting families interested and involved in literacy.

What is working well in your efforts to address the literacy needs of the families in your program? Which of these efforts do you think may be helpful to other programs?
- One of our centers is located in the same building as a family literacy and GED program.
- Children are becoming more familiar with books and the library; they are asking their parents to take them to the library.
- Ongoing partnership with ESOL, Judy Center, Towson University Nursing Program, Community College of Baltimore County, Baltimore County Libraries.
FOCUS GROUP RESULTS - FAMILY LITERACY SERVICES

Challenges
- Libraries have had budget cuts like everyone else.
- Book mobile events have decreased.
- In PG County, some libraries may be closing
- A lot of literacy services in Community Action have been cut

Resources
- Family Engagement Coalition
  - SEFEL parent modules
  - Training with Libraries
- Latino Providers Network -> meets and shares information about literacy and libraries
- Some churches are starting to do literacy programming
- RTTT -> Family literacy Groups in Title I Schools
- In Montgomery County the Libraries work with the EHS Teen Program, helping participants to learn how to keep kids engaged.
- Montgomery County has book drop boxes in the malls
- Baltimore City Public Library/Enoch Pratt has successful Literacy Parties
- Baltimore City has a literacy person who just does literacy for Baltimore City Programs.
- Barnes and Nobles; Kohl’s; First Books
- Prince Georges County has used First Book as well as a grant from Maryland Arts Council Internet Theater
  - Also works with Judy Center on literacy events

Observations
- Even Start is almost gone, funding is drying up
- Need more projects to give away books
- Programs need to ensure the library in centers are will stocked
- Programming with home visits should include library visits
- In St. Mary’s County families are making use of their local libraries, a little more of a challenge in Calvert County
- ESOL classes are more necessary before literacy classes in some jurisdictions.

FAMILY LITERACY SERVICES SUGGESTED STRATEGIES

1. Have FSW’s provide more train the trainer education for parents on literacy strategies
2. Increase Partnerships
   a. Judy Center
   b. Libraries
3. Increase Partnerships with Businesses in the community
a. PNC Bank has financial literacy materials

4. Increase Partnerships with Book Companies
   a. Barnes & Noble
   b. First Book

**Services for Children with Disabilities**

The majority of respondents appear to have positive relationships with external organizations with regard to the serving of children with disabilities. There exists room for improvement in the area of partnerships with other federally funded programs for families of children with disabilities and University and community college programs/services related to children with disabilities. Fifty percent (50%) and Seventy-five percent (75%) of respondents respectively indicated “No Working Relationship”.

It requires further investigation to determine, if the results citing challenges with Tribal and Indian/ Native American organizations are reflective of actual challenges and/or no working relationships, or if so few programs are serving this population as to diminish the need to partner with these organizations, making these particular questions moot.
Most respondents appear to have low levels of difficulty in obtaining information and coordinating services when it comes to children with disabilities. However, respondents have indicated some difficulty in coordinating services with Part B providers; 66.7% (N=6) indicating it has been “Somewhat Difficult” in the last 12 months. Likewise, 57.1% (N=7) indicated it has been “Somewhat Difficult” to exchange information on roles and resources with other providers/organizations regarding services for children with disabilities and their families.

Please describe any other issues you may have regarding services for children with disabilities and their families.

- Schools providing updated IEP documentation when requested for dual-placed children.
- The new process adopted by Baltimore City Public School System (BCPSS) requires all Head Start children to have their IEP meetings held at their zoned schools. BCPSS IEP Managers are not familiar with the IEP process for children enrolled in Head Start. Often times, clerical errors are made which slow down the process. BITP does not inform Head Start of transition meetings, making it difficult to coordinate services for children with extended IFSP’s entering Head Start. Often, services lapse or are delayed for children.
Agreements with Part C (in process). Being invited to IFSP meetings. The Partnership is now through the BOE.

What is working well in your efforts to address the needs of children with disabilities in your program? Which of these efforts do you think may be helpful to other programs?

- Strong recruitment process; on-the-spot intake and follow-up.
- What is working well in the efforts to address the needs of children with disabilities is keeping in constant communication with Baltimore City Public School System (zoned schools/department of Ed.). Because Head Start frequently visits schools for IEP Meetings, relationships with BCPSS IEP staff are being strengthened. Zone schools often refer children w/IEP's to Head Start because our intent to serve children with disabilities is clear.
- Parents Place of Maryland - Parent Advocacy training for staff and families. Gallager Group (assistive technology). Babette Smith- support group meetings for parents with children that have disabilities.

FOCUS GROUP RESULTS - SERVICES FOR CHILDREN WITH DISABILITIES

Challenges

- Some parents don’t want Head Start to know their child was involved in Infants & Toddlers Program for fear of labeling and the stigma of mental health challenges
- The Disabilities Coordinator in a HS program may wear several hats – time challenges.
- Transportation to get child to services
- There still exists a lag in follow-up care. Parents not always taking their children back
- Pockets of delays exist.

Resources

- FSI has Infants & Toddlers Specialist to help Family Service Workers
- The new waiver option allows for child to remain on Individual Family Service Plan and not transfer to an IEP until kindergarten allows for greater continuity of the plan.
- When possible, having mental health clinicians on site works best. They get to know the parents as well and build relationships.

Observations

- Have heard positive things about the extended IFSP, but they are not clear when it will end.
- Parents sign the document, but they don’t always understand the document.
- Disabilities Coordinators need professional development in systems coordination. Need better processes in place
- There have always been a lot of speech and language disabilities in Head Start, now there seems to be an increase in behavioral challenges.
- Child Find has a reluctance to evaluate and code a child so young
- More staff training is needed.

SERVICES FOR CHILDREN WITH DISABILITIES SUGGESTED STRATEGIES

1. Increase the number of para-educators/paraprofessionals in the classrooms
2. Increase training for staff
3. Increase collaboration with other agencies to further diversify the types of disabilities Head Start Programs are able to accommodate

Community Services

There exists a large need to develop working relationships with provider of services to military families. 75% of respondents have no working relationships with these
organizations. Like the results of interactions with Native American/Tribal organizations, the question is whether the need is there, but the activity if absent, or if there is a lack of applicable children and families and therefore the activity is not necessary.

The only area exhibiting any “Extreme Difficulty” is in the area of establishing linkages/partnership with providers of services of services to military families. Most other indicators in the category fall into the “Somewhat Difficult” range.

Please describe any other issues you may have regarding community services for the families in your program?

- Challenges in developing formal partnerships with agencies that will increase access to Head Start families.
- We serve a low number of military families.

What is working well in your efforts to address the community services needs of the families in your program? Which of these efforts do you think may be helpful to other programs?

- Many services want to work together. Explaining the Head Start mission to partners has helped increase involvement.
• Ongoing strong community partnerships. Actively participation on Boards and attending community meetings/ trainings. Staff and parents volunteering
• The Judy Center!

FOCUS GROUP RESULTS - COMMUNITY SERVICES

Challenges
• The biggest barrier to developing relationships with community organizations is time. Time to do it is a challenges. Can sometimes end up at the bottom of the list of priorities.

Resources
• Sheriff Department recommends the Masons for the ID Program
• Ready at Five tried to form a small business round table and get Head Start at the table too.
• Baltimore City has a volunteer Coordinator
• PNC, Kohl’s, Amerigroup

Observations
• Some programs are aging (Lions Club)
• Making personal relationships, asking for things not money, finding commonalities
• Outreach to organizations needs to be ongoing and incorporate the MHSA in the process.

COMMUNITY SERVICES SUGGESTED STRATEGIES

1. Establish a group that goes to community organizations to speak about & educate the community on Head Start.
2. Have a system online to promote what programs need and perhaps a “Volunteer” link as well.
All respondents indicate having some level of Memorandum of Understanding with their local publicly funded preschool programs. However, not all programs participated in the second question in the content area (N-3) making the results appear flat, yet all indicated some level of partnership.
The least amount of difficulty appears to be in the area of communications and parent outreach for transition to kindergarten. 75% of respondents indicated this was “Not at All Difficult” in the last 12 months.

Please describe any other issues you may have regarding partnership development with Local Educational Agencies in your service areas.

- Having an updated/revised MOU with Charles County Public Schools.
- Head Start is viewed as a 3 year old program by the LEA. The majority of times, four-year old Head Start students are recruited by Baltimore City PreK programs. PreK programs in Head Start catchment areas mostly refer all children they cannot serve, or children with challenging behavior to Head Start.
- We have an MOU with HS since we are a EHS program not a HS program: the question were answer in relationship to the partnership with HS
- Working on MOU
What is working well in your efforts to develop partnerships with Local Education Agencies managing pre-k programs in your service areas? Which of these efforts do you think may be helpful to other programs?

- Dual enrollment in children in both programs including working with parents to schedule appropriate am/pm session
- Joint Staff training with BOE / HS / Community Partners for professional development and reviewing ready at 5 data. BOE is also part of Steering Committee Meeting to discuss upcoming activities and school readiness data.

FOCUS GROUP RESULTS - EDUCATION (SCHOOL READINESS, HEAD START – PRE-K PARTNERSHIP DEVELOPMENT)

Challenges
- “Going though legal” is an obstacle. Getting partnership agreements and MOU’s requires a bureaucracy within many school systems that delays the process and not all schools see it as a priority.

Resources
- Pockets of really good relationships in different counties

Observations
- The relationship is still and always the key. It falls down to who the people are. If they value Head Start and partnerships and collaboration, it gets done. If the don’t, it doesn’t.

EDUCATION (SCHOOL READINESS, HEAD START – PRE-K PARTNERSHIP DEVELOPMENT) SUGGESTED STRATEGIES

1. Transitions for children and their families be improved, including from Early Head Start to Head Start, Head Start to public school, and IDEA Part C to part B for children with special needs.
2. Enhanced agreements between Head Start and local school systems.
School Transitions and Alignment with K-12

Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

- Ongoing communication with LEAs to facilitate...
- Linking LEA and Head Start services relating...
- Aligning LEA and Head Start curricula and...
- Aligning Head Start curricula with state...
- Partnering with LEAs and parents to assist...
- Establish policies and procedures that support...
- Exchanging information with LEAs on roles...
- Aligning curricula and assessment...
- Organizing and participating in joint training...
- Coordinating with LEAs to implement systematic...
As with many service delivery challenges, coordinating transportation—in particular with LEA’s— is noted as “Somewhat Difficult” to “Extremely Difficult” by just over 70% of respondents (N-7).

Please describe any other issues you may have regarding Head Start transition and alignment with K-12 for the children and families in your program?

- There is not a consistent process among the 3 counties with which we work.
- Currently, our program is in the process of revising our transition policies to be more comprehensive, as well as, focusing on parent engagement.
- As a Head Start agency we are required to align our curriculum with the State at this time the State Department of Maryland is going through transition with the "RACE To The Top" grant and is updating the assessment and standards however we cannot wait to ensure that we are meeting the Head Start Early learning framework.

In your efforts to address the education/Head Start transition to school needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

- Early process to make sure transition packets have reached the new school.
- Children with disabilities are transitioned smoothly into kindergarten. Head Start and IEP staff work together to ensure services are in place prior to child entering kindergarten.
- HS and Kindergarten Teachers meet to discuss strengths, concerns and attendance. Kindergarten registration family service and Overlook Judy Center attend Kindergarten registration and assist HS families in completing paperwork. Through the Overlook Judy Center we have transition lunches, assemblies, school tours and summer camps for children entering Kindergarten.

FOCUS GROUP RESULTS - SCHOOL TRANSITIONS AND ALIGNMENT WITH K-12

Challenges

- Identification Problems ➔ “Most children in our jurisdiction are identifies as PreK and many should be Head Start
- Language ➔ in PG County to some to say “PreK” means everything and every type of prior care.
- Transition programming could be better. Attempts are made but not all principals and parents come.
- Transition programming participation is dependent on the relationships that exists with the individual school staff
- Sometimes parents are reluctant to allow Head Start to talk to the public schools for fear of the child being labeled. If there is no parent consent, transition becomes more challenging.
Resources

- MSDE and MHSA are working on an alignment document on the MMSR, Head Start Standards and Healthy Start.
- National Center on Quality Teaching has some resources
- Baltimore City worked with BC LEA’s to align curriculum to ensure children were ready.
- Many programs have transition workshops and programs
- Prince George’s County has a transitions team. Transitions are of course aided by the fact that the school district is the grantee.

Observations

- Educating LEA’s on what Head Start requires in the Head Start grants is important
- Education parents on making sure they identify Head Start as the previous provider can help with accurate identification of prior care.

SCHOOL TRANSITIONS AND ALIGNMENT WITH K-12 SUGGESTED STRATEGIES

1. Reach out the school principals
2. Leadership Academies (RTTT)
   a. Principals, Head Start, Child Care
3. Establish use of an accepted transition form to share information with public schools
4. Increase activities between local education agencies (LEAs) and Head Start Centers prior to the transition time
5. Increase training for staff and parents on transition for children with disabilities
6. Increase training with local elementary schools on successful transitioning
7. Incorporate the use of social media
8. Virtual tour of schools
Fifty percent (50%) of respondents indicated “No Working Relationship” with Institutions of Higher Education (4 year). This is improved for community colleges where there exists a relationship among 87.5% of the respondents.

According to the responses, there is an opportunity for increase awareness and partnership between Head Start programs and all of the National Centers.
Respondents indicated “Extremely Difficult” in only one indicator of this section: accessing scholarship and other financial support for professional development programs/activities. Twenty-five percent indicated it this level of challenge. There also exists varying degrees of difficulty in transferring of credits, actualizing staff release time to attend professional development activities, and accessing online professional development opportunities.

Please describe any other issues you may have regarding professional development activities and resources?

- On-site training needs to be improved. Lack of technology sometimes holds us back from efficient training.
- Trying to get Home Visitor a Home Visitor CDA, there appears to be a lack of knowledge and trainers for this certification in MD.
- It is difficult to find coverage / use of subs to pull teachers and other classroom staff out of the classroom to attend staff development.

What is working well in your efforts to address the professional development needs of your staff? Which of these efforts do you think may be helpful to other programs?
• We are undergoing a change in the use of technology to help improve our level of training.
• Professional development/Staff trainings are tracked in the COPA system for each staff. Staff received numerous training opportunities, including local, MHSA sponsored trainings and National trainings to participate. Teachers receive monthly, group instruction from Education Coordinators. Program has dedicated 1 day each month for staff-planning day.
• Work closely with our Judy Center project, Local Board of Education, Health Department, Dept of Social Services, Community College and other agencies to provide training and staff development.

FOCUS GROUP RESULTS - PROFESSIONAL DEVELOPMENT

Challenges
• There are colleges one can go to but they are not always convenient.
• Motivation of paraprofessionals and non-teacher professionals – no pay increase, no new job opportunities
• Staff who are close to retirement do not wish to participate because the professional development requirements will come to fruition at or after the time of their retirement.

Resources
• Online CDA’s
• Baltimore City has had a successful a city-wide professional development/training program for the grantee’s delegate programs.
• MMSR have certified several Head Start staff members

Observations
• Online will still need an advisor who can support their staff (Same as the FSW’s for the FS Development Certification)
• Time commitment – must remain motivated throughout a long process
• Wish List
  o More money for training is needed
  o More recruitment of newly graduated students
  o Increase in the training opportunities that are lacking for Nutrition, Health and Transportation Staff

PROFESSIONAL DEVELOPMENT SUGGESTED STRATEGIES

1. Focus on a cluster training system.
2. Identify “Hot Topics” among Head Start Programs to determine high need training subjects.
The responses reflect a need for greater involvement of Head Start programs in both the State Advisory Council and the State Quality Rating & Improvement System (QRIS). Thirty-seven point five percent (37.5%) and 71.4% (N-7) respectively indicated “No Working Relationship” for these indicators.
Reflective of the lack of working relationship in the previous indicator, 60.3% (N-5) of respondents indicated participating in the state QRIS was “Somewhat Difficult” in the last 12 months.

Please describe any other issues you may have regarding partnerships with early childhood systems efforts in your state?

- The MMSR data does not account for all children that transitioned to the public school from Head Start.
- None at this time.

What is working well in your efforts to partner with early childhood systems initiatives in your state? Which of these efforts do you think may be helpful to other programs?

- MDHSA is a positive method for working on State issues. Also participate in state level advisory committee for HS/JC.
FOCUS GROUP RESULTS - EARLY CHILDHOOD SYSTEMS DEVELOPMENT

Challenges
- Getting people to understand data drives dollars

Resources
- There are a number of Head Start professionals on the State Advisory Council (SAC)
- MHSA Executive Director co-chairs the Research Advisory Group (RAG) which also includes the Collaboration Director.

Observations
- Right now the QRIS is a pilot system with about 100 programs participating.

EARLY CHILDHOOD SYSTEMS DEVELOPMENT SUGGESTED STRATEGIES

1. Provide training on the MD EXCELS (QRIS) Program at the Fall Institute
2. Increase/build relationship with Ready at Five
3. Provide training on data → collecting, interpreting, and why it is important; privacy rights, etc.
4. Get the Head Start Programs and the LEA’s to share data better.
AREAS FOR IMPROVEMENT

Unless otherwise indicated, references to Head Start are inclusive of Early Head Start

Based on the results of the survey and the focus group, the Maryland Head Start State Collaboration Office has identified 21 continued improvement objectives which will be reflected in the resulting Strategic Plan. They are:

HEALTH CARE
1. Improve the access to oral health services for Early Head Start and Head Start children.
2. Improve the access to mental health services for Head Start children
3. Improve parent and staff knowledge on health services

SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS
4. Promote collaboration and the leveraging of resources between Head Start programs and State and local McKinney-Vento liaisons and identify other possible resources.

WELFARE/CHILD WELFARE
5. Promote collaboration and partnerships between Head Start Programs and local DSS programs, including Foster Care, child welfare, TANF, and child care subsidies.

CHILD CARE
6. Promote increased access to higher education and professional development opportunities for Head Start and early childhood education professionals.
7. Promote improved opportunities for working parents to have access to child care services that meet their needs.
8. Encourage Head Start and child care programs in sharing information regarding roles, resources, and children, including child specific data.

FAMILY LITERACY SERVICES
9. Promote increased access to literacy services for Head Start families, including with libraries, adult literacy programs, museums and other relevant resources.

SERVICES FOR CHILDREN WITH DISABILITIES
10. Promote the level of partnership between Head Start Programs and State and local Infants and Toddlers Programs (Part C) and Preschool Special Education (Part B).
11. Facilitate improved relevant professional development and higher education opportunities for staff working with children with disabilities

COMMUNITY SERVICES
12. Encourage the leveraging and sharing of resources by Head Start Programs and local community partners, including law enforcement agencies.
EDUCATION (SCHOOL READINESS, HEAD START – PRE-K PARTNERSHIP DEVELOPMENT)

13. Facilitate local reviews and renewals of local agreements between Head Start programs and LEAs that are already in place and promote increased collaboration, to include joint staff development, parent involvement, alignment, transitions, and joint planning.

14. Promote opportunities for working parents to have access full-day early care and education services that meet their needs.

15. Promote the use of State preschool standards and accreditation of Head Start Programs.

SCHOOL TRANSITIONS AND ALIGNMENT WITH K-12

16. Partner with LEAs to facilitate seamless and supportive movement for children from Head Start to public schools, including joint outreach to parents and transportation coordination.

PROFESSIONAL DEVELOPMENT

17. Support projects and initiatives that enhance the education and professional development of Head Start staff, including participation in the State Credentialing Program and the Career and Professional Development Fund.

18. Assist in the development and implementation of the state-wide Quality Rating Improvement System (QRIS).

19. Work with 4-year institutions of higher education to develop opportunities to obtain Bachelor’s degree, including evening, weekend, and on-line courses and student teaching that are accepted in community settings.

20. Work with 4-year institutions of higher education and MSDE Teacher Certification Office to approve alternative teacher licensing programs.

EARLY CHILDHOOD SYSTEMS DEVELOPMENT

21. Support Head Start programs in participating in the state QRIS (Maryland EXCELS) program and partnering in local early childcare systems.
APPENDIX A - FOCUS GROUP QUESTIONS
Maryland Head Start State Collaboration Office
2012 Needs Assessment Project
INITIAL FOCUS GROUP QUESTIONS

HEALTH CARE
• In the past year, has your access to oral health services or mental health services improved or been more difficult?

SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS
• Has a relationship been established with the local McKinney-Vento liaisons in local education agencies?

WELFARE/CHILD WELFARE
• Have you established an informal or formal agreement with your local department of social services to streamline the subsidy process?

CHILD CARE
• Have you established any new partnerships with child care providers to meet the needs of working parents?

FAMILY LITERACY SERVICES
• Do public libraries provide family literacy activities that are accessible to Head Start families?

SERVICES FOR CHILDREN WITH DISABILITIES
• Has your program been included in transition planning for Head Start children moving from an Individual Family Service Plan to an Individual Education Plan?

COMMUNITY SERVICES
• Has your program established relationships with community organizations, such as the Rotary Club, the Lion’s Club, etc. that provides funding and services to families and children?

EDUCATION (SCHOOL READINESS, HEAD START – PRE-K PARTNERSHIP DEVELOPMENT)
• Is the current memorandum of understanding with the local education agency working effectively?

SCHOOL TRANSITIONS AND ALIGNMENT WITH K-12
• Does your Memorandum of Understanding include opportunities for Head Start teachers, children and parents to visit public schools?
PROFESSIONAL DEVELOPMENT
  • Are your staff now participating in the Child Care Credentialing Program?

EARLY CHILDHOOD SYSTEMS DEVELOPMENT

NEW PRIORITY AREA
  • Is your program participating in the MD EXCELS (QRIS) Program?
Appendix B – *Head Start Programs in Maryland by Category*
Head Start Programs in Maryland by Category

**CAP Agencies – 8 Agencies**
1. Allegany County Human Resources Development Commission Head Start & EHS Programs - Grantee
2. Anne Arundel County Economic Opportunity Committee Inc. Head Start - Grantee
3. Community Action Council of Howard County Head Start - Grantee
4. Garrett County Community Action Council Head Start - Grantee
5. Maryland Rural Development Corporation Head Start - Grantee
7. SHORE UP! Head Start - Grantee
8. Southern Maryland Tri-County Community Action Committee, Inc - Grantee

**Catholic Charities – 4 Agencies**
1. Associated Catholic Charities – Grantee
2. Associated Catholic Charities Early Head Start of Harford County - Grantee
3. Associated Catholic Charities Head Start of Carroll County - Grantee
4. St. Jerome’s Head Start - Delegate

**Public Schools – 3 Agencies**
1. Caroline County BOE - Early Head Start – Delegate *
2. Montgomery County Public Schools Head Start - Delegate
3. Prince George’s County Public Schools Head Start - Grantee

**Non-Profit Agencies – 17 Agencies**
1. CentroNia Early Head Start - Grantee
2. Dayspring Head Start - Delegate
3. Emily Price Jones - Y of Central Maryland Head Start - Delegate
4. Family Services, Inc. Head Start - Grantee
5. Head Start of Washington County - Grantee
6. Martin Luther King, Jr. / Johns Hopkins Hospital Early Head Start - Delegate
7. Metro Delta Head Start Program - Delegate
8. Morgan State University Head Start - Delegate
9. Reginald S. Lourie Center Early Head Start - Grantee
10. St. Bernardine's Head Start - Delegate
11. St. Paul Community Outreach Center, Inc. - Delegate
12. St. Veronica’s Head Start - Delegate
13. St. Vincent De Paul - Delegate
14. Umoja Head Start Academy – Delegate
15. Union Baptist - Harvey Johnson Head Start - Delegate
16. Y Baltimore County Head Start & EHS Programs - Grantee
17. YMCA of Frederick County Head Start - Grantee

**Maryland Family Network – 6 Agencies (plus 1)**
1. Maryland Family Network, Inc. – Grantee
2. Anne Arundel County Economic Opportunity Committee Inc. Early Head Start – Delegate
3. Cecil Community College Early Head Start - Delegate
4. Dorchester County Early Head Start – Delegate
5. Kennedy Krieger Institute - Southeast Baltimore Early Head Start Program - Delegate
6. Talbot County Family Support Center Early Head Start - Delegate

**TOTAL PROGRAMS/AGENCIES -- 39**

* Caroline Co EHS also under Maryland Family Network
Appendix C – Strategic Plan
Maryland Head Start State Collaboration Office
Strategic Plan 2012-2013

The MDHSSCO Strategic Plan was originally developed based on the Needs Assessment survey and focus groups conducted by the MDHSSCO, the Maryland Head Start Association (MHSA) and the Chesapeake College contractor in spring and summer of 2009. This updated Strategic Plan is based on the results of the 2012 Needs Assessment Process which further examined the resources and challenges that exist for the Maryland Head Start community.

The MDHSSCO subcontracts a portion of the federal collaboration grant funding to the MHSA to assist with collaborative activities as indicated. Likewise, the MDHSSCO and MHSA anticipate continuing to work in partnership with the Head Start Training and Technical Assistance Network (T&TA Network) leadership in implementing those strategies that incorporate training.

This Strategic Plan was developed by the MDHSSCO Director, Linda Zang and the MHSA Acting Executive Director, Nadine Owens Burton.

HEALTH CARE

Goal: Improve the availability and access to quality, coordinated health services for Head Start children and families.

Objectives:

Objective 1: Improve the access to oral health services for Early Head Start and Head Start children.

Objective 2: Improve the access to mental health services for Head Start children

Objective 3: Improve parent and staff knowledge on health services

Strategies:

1. Collaborate with the State Dental Health Director on activities and initiatives, including:
   - Partnering with the Maryland (MD) Association of Pediatric Dentists and their local members;
   - Partnering with Dental Hygienists Association;
   - Interfacing with local health departments;
   - Partnering with the University of Maryland School of Pediatric Dentistry.

2. Continue to actively participate on the Maryland Dental Action Coalition.


4. Increase the availability of Social and Emotional Foundations of Early Learning
5. Increase awareness of the Early Childhood Mental Health Consultation Project for mental health services

**Accountability:** MDHSSCO; MHSA

**Other Resources:** Maryland Dental Association; Maryland Association of Dental Hygienists; the Oral Health Office in the Department of Health and Mental Hygiene, Early Childhood Mental Health Steering Committee

### SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS

**Goal:** Improve the role Head Start Programs play in establishing linkages and coordinating services for homeless children and families.

**Objectives:**

Objective 1: Promote collaboration and the leveraging of resources between Head Start programs and State and local McKinney-Vento liaisons and other state and local programs.

Objective 2: Increase the knowledge base of Head Start Staff on issues of and resources for children and families experiencing homelessness.

**Strategies:**

1. With the State McKinney-Vento Liaison and the Special Education/Early Intervention Division, promote cooperation between local McKinney-Vento liaisons, Title I Directors, public school special education professionals, and the Head Start community and develop strategies for improved access to services

2. Raise issues regarding children and families experiencing homelessness at State policy and local community meetings

3. Increase information to Head Start staff around the definition of homeless and accessing local resources

**Accountability:** MDHSSCO; MHSA

**Other Resources:** Infants and Toddlers Program, local health departments, local education agencies, State and local Homeless Liaisons
### Goal: Improve the access of Head Start children and families to quality and timely social services.

<table>
<thead>
<tr>
<th>Objectives:</th>
<th>Strategies:</th>
</tr>
</thead>
</table>
| Promote collaboration and partnerships between Head Start Programs and local DSS programs, including Foster Care, TANF, and child care subsidies. | 1. Identify those jurisdictions where improvements in cooperation/collaboration with Department of Social Services (DSS) and Head Start programs are needed  
2. Improve communication regarding foster children and parents and Head Start.  
3. Work with local grantees to partner with DSS on streamlining child care subsidy processes and encourage local agreements  
4. Increase DSS training for Head Start Staff at Spring Conference and through cluster trainings and meetings  
5. Increase cross training opportunities: (a) Request Head Start Staff attend DSS trainings (b) Invite DSS staff to Head Start trainings |

**Accountability:** MDHSSCO; MHSA  
**Other Resources:** DSS, Foster and child welfare programs

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### CHILD CARE

**Goal:** Improve the quality of the early care and education system to meet child and family needs.

<table>
<thead>
<tr>
<th>Objectives:</th>
<th>Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1: Head Start professionals and child care providers will have increased access to higher education and professional</td>
<td>1. With the Maryland Head Start Association (MHSA), advocate for more opportunities for staff to obtain Associate and Bachelor</td>
</tr>
</tbody>
</table>

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development opportunities.

Objective 2: Improve the opportunities for working parents to have access to child care services that meet their needs.

Objective 3: Assist Head Start and child care programs in improving the quality of their programs

<table>
<thead>
<tr>
<th>degrees in Early Childhood Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. With the Maryland Head Start Training and Technical Assistance Project, facilitate joint training and networking with local child care providers and other early childhood stakeholders.</td>
</tr>
<tr>
<td>3. Encourage Head Start and child care partnerships through State committees and councils in order to provide more full-day year-round opportunities</td>
</tr>
<tr>
<td>4. Increase relationships with child care organizations</td>
</tr>
<tr>
<td>5. Encourage child care partners to attend MHSA trainings and conferences</td>
</tr>
<tr>
<td>6. Work with child care providers to adopt State standards for early childhood education that are aligned with Head Start Child Outcomes</td>
</tr>
<tr>
<td>7. Work with the Office of Child Care developing the Quality Rating Improvement System (QRIS)</td>
</tr>
<tr>
<td>8. Assist in the implementation of the QRIS with Head Start Programs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accountability: MDHSSCO; MHSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Resources: Montessori, Child Care Resource &amp; Referral Centers, MD Association for the Education of Young Children, Child Care Associations, MSDE licensing, Judy Hoyer Partnerships</td>
</tr>
</tbody>
</table>

FAMILY LITERACY SERVICES

Goal: Expand family involvement in literacy and education activities.

<table>
<thead>
<tr>
<th>Objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start families will have increased access to literacy services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. With state Judy Centers, seek collaboration opportunities with school libraries</td>
</tr>
<tr>
<td>2. Promote partnerships with libraries,</td>
</tr>
</tbody>
</table>
community programs, and organizations that facilitate literacy activities including those for English Language Learners
3. Promote partnerships with Businesses and community organizations regarding book donations

**Accountability:** MDHSSCO; MHSA

**Other Resources:** Judy Centers, Local Libraries, PNC Bank, Barnes & Noble, First Book, Maryland Child Care Resource Network, MSDE, Ready At Five

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**SERVICES FOR CHILDREN WITH DISABILITIES**

**Goal:** Improve the quality of services provided to children with disabilities.

**Objectives:**

Objective 1: Improve the level of partnership between Head Start Programs and State and local Infants and Toddlers Programs (Part C) and Preschool Special Education (Part B).

Objective 2: Improve professional development opportunities for staff working with children with disabilities.

**Strategies:**

1. Promote the seamless transition of children with IFSPs and Individual Education Plans (IEP) into public schools
2. Facilitate the review and revisions of the current statewide agreement to improve quality and increase collaboration between programs serving children with disabilities and encourage local agreements
3. Increase collaboration with other agencies to further diversify the types of disabilities Head Start Programs are able to accommodate
4. Support networking of education coordinators around transitioning

**Accountability:** MDHSSCO; MHSA

**Other Resources:** T&TA System, MSDE (Part C, 619, Part B IDEA), local education agencies, MSDE Special Education and Early Intervention Division
## COMMUNITY SERVICES

**Goal:** Improve community involvement in Head Start’s early childhood education and family support services

<table>
<thead>
<tr>
<th>Objectives:</th>
<th>Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve the leveraging and sharing of resources by Head Start Programs and local community partners</td>
<td>1. Promote and share with public school, libraries, health departments, museums, social service agencies and organizations, local law enforcements agencies, local businesses, and community organizations, information about the benefits of Head Start to families and the community</td>
</tr>
<tr>
<td></td>
<td>2. Work with Head Start programs to increase knowledge of and access to educational services for Head Start children and families</td>
</tr>
<tr>
<td></td>
<td>3. Encourage programs to seek agreements on sharing data and information on children and families</td>
</tr>
</tbody>
</table>

**Accountability:** MDHSSCO; MHSA

**Other Resources:** Maryland Child Care Resource Network, MD Community Action Partnerships, MSDE, Family Support Centers, child Care Resource Centers, MD Non-Profits Association, local departments of social services (DSS)

## EDUCATION (SCHOOL READINESS, HEAD START – PRE-K PARTNERSHIP DEVELOPMENT)

**Goal:** Contribute to the continuation and improvement of coordinated and comprehensive partnerships between Head Start Programs (not including Early Head Start) and Local Education Agencies (LEAs).

<table>
<thead>
<tr>
<th>Objectives:</th>
<th>Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1: Facilitate the review and renewal of local agreements between Head Start programs and LEAs that are already in place and promote increased collaboration.</td>
<td>1. Encourage basing local agreements on the state agreement between the Maryland Head Start Association and MSDE that addresses joint planning, joint staff development, articulation, parent involvement, and on-going</td>
</tr>
<tr>
<td>Objective 2: Improve the opportunities for</td>
<td></td>
</tr>
</tbody>
</table>
Objective 3: To promote participation in Maryland EXCELS by Head Start Programs.

<table>
<thead>
<tr>
<th>Strategies:</th>
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</thead>
<tbody>
<tr>
<td>1. Encourage local agreements that address joint planning, joint staff development, articulation, and parent engagement.</td>
</tr>
<tr>
<td>2. Encourage the inclusion of transition activities in local school readiness agreements, including joint planning, child and family visits to public schools, teacher visits to Head Start programs, and the sharing of child specific information on accepted forms.</td>
</tr>
<tr>
<td>3. Promote coordination between LEAs and Head Start Programs.</td>
</tr>
</tbody>
</table>

**Accountability:** MDHSSCO; MHSA

**Other Resources:** Local educational agencies, MSDE, Head Start Programs, Judy Hoyer Centers

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### SCHOOL TRANSITIONS AND ALIGNMENT WITH K-12

**Goal:** To support family and child transitions from Head Start programs to public schools.

**Objectives:**

<table>
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<tr>
<th>Strategies:</th>
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<tbody>
<tr>
<td>1. Encourage local agreements that address joint planning, joint staff development, articulation, and parent engagement.</td>
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<tr>
<td>3. Promote coordination between LEAs and Head Start Programs.</td>
</tr>
</tbody>
</table>

**Objective 1:** Continue to facilitate the renewal of local agreements between Head Start programs and LEAs that are already in place and promote increased collaboration.

**Objective 2:** To partner with LEAS to facilitate seamless and supportive movement for children from Head Start to public schools.

**Objective 3:** To promote accreditation of Head Start Programs.
Head Start, including Judy Centers when applicable, on joint responsibilities for curriculum alignment and transitions, including for children with disabilities
4. Promote the increase of joint activities between LEA’s and Head Start Centers prior to the transition time, including joint training
5. Promote the increase of training for staff and parents on working with children with many types of disabilities and on transitions for those children

**Accountability:** MDHSSCO; MHSA

**Other Resources:** Local educational agencies, MSDE, Head Start Programs, Judy Hoyer Centers

### PROFESSIONAL DEVELOPMENT

**Goal:** Contribute to the coordination of a state-wide professional development system.

**Objectives:**

Objective 1: Support projects and initiatives that enhance the education and professional development of Head Start staff.

Objective 2: To assist in the development and implementation of the professional development parts of the state-wide quality rating improvement system (Maryland EXCELS).

**Strategies:**

1. Direct the Head Start community to resources that list available professional development opportunities, such as the Statewide Clearinghouse Calendar
2. Work with the Maryland Head Start Training and Technical Assistance Project and the Maryland Head Start Association to create training opportunities
3. Disseminate information on the Maryland Family Network and Maryland Public Television’s development of online course work to meet child care licensing requirements
4. Continue to work with the Consortium of Early Childhood Coordinators in Two and Four-Year Colleges to improve degree opportunities for Head Start staff
5. Disseminate information on MSDE’s Child Care Career and Professional Development Fund and reimbursement for completing Core of Knowledge courses through the credentialing program
6. Promote changes in college and MSDE teacher
<table>
<thead>
<tr>
<th>Certification programs to allow student teaching in alternative settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Identify “Hot Topics” among Head Start Programs to determine high need training subjects</td>
</tr>
<tr>
<td>8. Educate and facilitate the participation of Early Head Start, Head Start, and child care programs in attaining the MD EXCELS professional development requirements</td>
</tr>
</tbody>
</table>

**Accountability:** MDHSSCO; MHSA  

**Other Resources:** MSDE, Head Start Programs, the Maryland Consortium of Early Childhood Faculty, Maryland Public Television, MD T&TA System

### EARLY CHILDHOOD SYSTEMS DEVELOPMENT

**Goal:** Increase the awareness of and participation in the MD EXCELS (state QRIS) Program.

**Objectives:**

1. Support projects and initiatives that educate Head Start and Child Care Community on the MD EXCELS Program.
2. Support the inclusion of processes and procedures that facilitate the inclusion of already established Head Start Performance Standards as aligned and acceptable indicators in MD EXCELS.

**Strategies:**

1. Provide updates on the MD EXCELS Program to Head Start Programs at meetings and conferences.
2. Continue to participate in the MD Research Advisory Group.
3. Participate in MD EXCELS related workgroups.
4. Facilitate meetings to address how Head Start will be included in MD EXCELS

**Accountability:** MDHSSCO; MHSA  

**Other Resources:** MSDE, RAG, Head Start Programs