Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

USDHHS Office of Head Start

11. Catalog of Federal Domestic Assistance Number:

93-600

CFDA Title:

Project Head Start

*** 12. Funding Opportunity Number:**

* Title:

Connecticut Head Start State collaboration Office

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Connecticut Head Start State Collaboration Office

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: All
* b. Program/Project: All

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 02/01/2015
* b. End Date: 01/31/2016

18. Estimated Funding ($):

* a. Federal	125,000.00
* b. Applicant	
* c. State	31,250.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	156,250.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms.
* First Name: Myra
Middle Name:
* Last Name: Jones-Taylor
Suffix: Ph.D

* Title: Commissioner

* Telephone Number: 860-713-6790
Fax Number: 860-713-7018

* Email: myra.jones-taylor@ct.gov

* Signature of Authorized Representative:
* Date Signed: 11/3/14

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Leave Blank	Leave Blank	$	$	$	$	$ 0.00
2. HS Collaboration	93.600			125,000.00	31,250.00	156,250.00
3.						0.00
4.						0.00
5. Totals		$ 0.00	$ 0.00	$ 125,000.00	$ 31,250.00	$ 156,250.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total
	(1) federal	(2) state	(3)	(4)	(5)
a. Personnel	$	$ 31,250.00	$	$	$ 31,250.00
b. Fringe Benefits					0.00
c. Travel	14,500.00				14,500.00
d. Equipment					0.00
e. Supplies	9,500.00				9,500.00
f. Contractual	100,500.00				100,500.00
g. Construction					0.00
h. Other	500.00				500.00
i. Total Direct Charges *(sum of 6a-6h)*	125,000.00	31,250.00	0.00	0.00	156,250.00
j. Indirect Charges					0.00
k. TOTALS *(sum of 6i and 6j)*	$ 125,000.00	$ 31,250.00	$ 0.00	$ 0.00	$ 156,250.00
7. Program Income	$	$	$	$	$ 0.00

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

Previous Edition Usable

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Head Start State Collaboration Office	$	$ 31,250.00	$	$ 31,250.00
9.				0.00
10.				0.00
11.				0.00
12. TOTAL *(sum of lines 8-11)*	$ 0.00	$ 31,250.00	$ 0.00	$ 31,250.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 125,000.00	$ 31,250.00	$ 31,250.00	$ 31,250.00	$ 31,250.00
14. Non-Federal	31,250.00	7,812.50	7,812.50	7,812.50	7,812.50
15. TOTAL *(sum of lines 13 and 14)*	$ 156,250.00	$ 39,062.50	$ 39,062.50	$ 39,062.50	$ 39,062.50

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.Head Start State Collaboration Office	$ 125,000.00	$	$	$
17.				
18.				
19.				
20. TOTAL *(sum of lines 16-19)*	$ 125,000.00	$ 0.00	$ 0.00	$ 0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:

23. Remarks:

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Connecticut Head Start Collaboration Office
Governor's Collaboration for Young Children

Budget Justification
February 1, 2015 – January 31, 2016

Federal Funds	Year 5
A. Personnel Salary and Fringe for Director 100%	Match & In-kind
B. Travel 2 HSSCO national meetings in Washington; 4 New England/ Region I meetings (OHS & NEHSA); participation/presentation at professional meetings as appropriate	$ 14,500.00
C. Supplies Materials, translation, copying, printing, postage for general office use, public relations materials, and reports; meeting related costs; educational kits to support Head Start initiatives	$ 9,500.00
D. Contractual Collaborations with DCF to enhance the participation of young children receiving child welfare services in early childhood programs ($16,500 - includes meeting costs for DCF Partnership events, speakers, family engagement/infant mental health, etc.) Establish partnerships in 5 to 7 communities between Head Start and Part C/619, ECCP, Parents and School Readiness/Child Care to create local Pyramid teams for cross-sector implementation and small grants to support implementation activities and materials. ($25,000 for CT HSA coordination and small grants to Head Start) Collaboration with Child Care, Pre-K, Part C, DCF, McKinney-Vento, Public Health, Region I HS TTA on cross-sector learning, planning and capacity building efforts and sharing, including multidisciplinary consultation and curriculum support for children ages birth to five and system enhancements ($35,000 – includes Infant Toddler capacity building, provider partnership events and activities) Collaboration with CT Head Start Association, other partners, e.g., CCADV, UCONN/ECHO on partnership supports, supplies, events and activities and to disseminate successful partnership models at professional meetings ($24,000)	$100,500.00
E. Other Reimbursements/stipends for parents, providers	$ 500.00
Total	$125,000.00

Matching Funds: Required state match of $31,250.00 will be met through state expenditures on salary of State Director of Head Start Collaboration.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE Commissioner
APPLICANT ORGANIZATION CT Office of Early Childhood	DATE SUBMITTED 11/3/2014

Standard Form 424B (Rev. 7-97) Back

CHILDREN & FAMILIES

CERTIFICATION REGARDING LOBBYING

Listen

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying,'' in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature

Title COMMISSIONER

Organization OEC

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Connecticut Head Start-State Collaboration Office

State of Connecticut
Office of Early Childhood
165 Capitol Avenue, Hartford, CT 06106

Application for Continuation Funding - Head Start-State Collaboration Office
February 1, 2015 – January 31, 2016

Introduction

The State of Connecticut herein submits this application for continued funding for Year 5 of CT's third 5-year project period to operate the Head Start-State Collaboration Office (HSSCO) for the purpose of enhancing the capacity of Head Start and other early childhood programs in the state to improve outcomes and opportunities for young children. More specifically, we wish to continue to enhance Head Start partnerships that:

- Assist in building early childhood systems and access to comprehensive services and supports for all low-income children;
- Promote widespread collaboration and partnerships between Head Start and other appropriate programs, services, and initiatives, including child care and state preschool; and
- Facilitate the involvement of Head Start in the development of State policies, plans, processes and decisions affecting the Head Start population and other low-income families.

The CT HSSCO will address the needs of children and families in the eleven designated priority areas requiring collaboration in the Head Start Act including: health services, child care, education, professional development, homelessness, child welfare, disabilities, welfare, community services, family literacy, and alignment of Head Start curriculum and assessment. Additionally, the CT HSSCO will work on the four required Administration for Children and Families (ACF)/Office of Head Start (OHS) priorities:

- School Transitions
    - To foster seamless transitions and long-term success of Head Start children by promoting continuity of services between the Head Start Child Development and Learning Framework and State early learning standards including pre-k entry assessment and interoperable data systems.
- Professional Development
    - To collaborate with institutions of higher education to promote professional development through education and credentialing programs for early childhood providers in states
- Child Care and Early Childhood Systems
    - To coordinate activities with the State agency responsible for the State CCDBG program and resource and referral, to make full-working-day and full calendar year services available to children. Include Head Start Program Performance Standards in State efforts to rate the quality of programs (Quality Rating and Improvement System, or QRIS) and support Head Start programs in participating in QRIS and partnering with child care and early childhood systems at the local level.

- Regional Office Priorities
    - To support other regional office priorities such as family and community partnerships; health, mental health, and oral health; disabilities; and support to military families. Other special OHS and ACF initiative requests for HSSCO support should be routed through the OHS Regional Offices.

The CT HSSCO will involve the Connecticut Head Start Association, OEC, other state agency and entity partners and representatives of the broader early childhood, family support and professional development communities in planning and implementing collaborative activities and initiatives to address identified needs.

In 2013-2014, Head Start and Early Head Start programs in Connecticut served 7,855 children birth to age five and their families, a decrease of almost 1,000 children compared to 2012-2013. Additionally programs served 52 pregnant women in the 2012-2013 program year, a 50% decline from 2012. CT continues to have a relatively high rate of poverty for a state with such a high median income and to have one of the largest achievement gaps in the nation. Programs continue to struggle to meet community needs with the quality, comprehensive two-generational services that high need families must have to succeed. Sequestration had a significant impact on Head Start families and communities, and federal Head Start enrollment capacity is now 6% less than it was prior to sequestration. The need for collaboration to support families continues to be high and it is essential that Head Start maintains strong partnerships with state agencies and community providers to ensure access to the range of supports needed by vulnerable young children and their families. The CT HSSCO helps to forge and strengthen these partnerships throughout the state.

1.) Strategic Plan for the 2015-2016 grant year describing goals, objectives, activities, timelines, resources and desired results in the HSSCO priority areas specified in the Head Start Act and other areas described by the Office of Head Start and the OHS Regional Office included in the 5-year strategic plan

The Strategic Plan for the CT HSSCO plan represents the annual update to the approved 5-year Strategic Plan for the years 2011-2016. The 2015-2016 Strategic Plan includes information on objectives attained over the past year and activities planned for the coming year in the following areas:

- <u>Eleven HSSCO Priority Areas</u>
    - Priority Area 1 – Health Services
    - Priority Area 2 – Child Care
    - Priority Area 3 – Education
    - Priority Area 4 – Professional Development
    - Priority Area 5 – Homelessness
    - Priority Area 6 – Child Welfare
    - Priority Area 7 – Disabilities
    - Priority Area 8 – Welfare
    - Priority Area 9 – Community Services
    - Priority Area 10 – Family Literacy
    - Priority Area 11 – Alignment of Head Start Curriculum and Assessment

- Five ACF/OHS Priorities
    - ACF/OHS Priority 1 – Collaborations with Institutions of Higher Education
    - ACF/OHS Priority 2 – Transition of Children and Continuity of Services Between Head Start and LEAs
    - ACF/OHS Priority 3 – State Quality Rating and Improvement System (QRIS) Standards
    - ACF/OHS Priority 4 – Interoperability between Head Start Data Systems and State Preschool and p-12 Systems
    - ACF/OHS Priority 5 – Outreach for Children in Military Families

- Four Additional Priority Areas
    - Assisting in Building Early Childhood Systems and Access to Comprehensive Services and Supports for All Low-income Children
    - Involving Head Start in State and Local Planning and in State Policymaking
    - Supporting Head Start
    - Supporting Additional Office of Head Start Priorities

2.) Description of Head Start's involvement in state policies, plans and activities, including participation on the State Advisory Council and systems building activities of the Council

The State Director of Head Start Collaboration and the Chair of the CT Head Start Association are members of the State Advisory Council. In the spring of 2014 there were legislative changes to the SAC which will now be co-chaired by the Commissioner of the Office of Early Childhood. Membership was changed slightly. The HSSCO and HSA remain members. The HSSCO was on the SAC Leadership Team which has been discontinued as were all Subcommittees as the new SAC structure emerges. The final meeting of the former SAC was on April 24th and the first meeting under new legislation was on October 23rd. It is anticipated that the SAC will now meet quarterly.

The Office of Early Childhood established working groups on QIS and Home Visiting. The HSSCO participated on both these groups. The HSSCO sits on the ECCS Advisory Council and its Evaluation Subcommittee. ECCS is funded through the United Way of CT for the OEC. The Head Start Association does not currently sit on any state level early childhood policy or planning group. Head Start directors are invited as participants of the wider early care and education community to participate in a variety of OEC trainings, focus groups and activities, including training on the Early Learning Guidelines, professional development statewide survey, etc.

Key OEC leadership were invited to the annual CT HSAs planning retreat in July and were able to meet with directors and federal staff to discuss ways we might work more closely together. The Office of Early Childhood did work with the HSSCO on convening all those interested in applying for the federal Early Head Start-Child Care Partnership federal grants to encourage local partnerships and learn how OEC might support successful collaborations. As a result OEC requested modifications to child care policy to better align enrollment criteria. About half a dozen applications were submitted from our state. Also, the recent Preschool Development Grant opportunity offered an opportunity for OEC to approach Head Start programs to discuss potential partnerships. While the HSSCO was not involved in these negotiations the HSSCO Director provided a review of the application and, upon request, will provide support during implementation.

Even though it has been a goal over the past several years to engage, to a greater extent, directors and staff in more ongoing state-level planning groups, this has not been attained. Although Head Start Directors were able to engage in an effort to obtain input into the state's licensing system this past year, in recent months opportunities have waned for Head Start to provide input through forums and focus groups convened to elicit constituency input on a particular product. It continues to be a challenge for Connecticut's Head Start community to become involved and informed and to establish intentional communication and strong working relationships between the CTHSA and members of state agency committees and work groups.

Early Head Start and Part C continue to work closely together and Alice Torres, ACES Executive Director, now serves as the Governor's appointed Early Head Start representative on CT's State Interagency Coordinating Council. The CTHSA is actively engaged with the CT Early Childhood Alliance, the leading early childhood advocacy group in the state.

3.) Status report of the statewide collaboration needs assessment update, including timeframe and process for completing the updates. A copy of the most recent needs assessment report is attached.

As required by the Head Start Act, the HSSCO statewide needs assessment was conducted this year and again, at the request of the CT HSA, utilized an abbreviated methodology. Short survey forms were developed and disseminated in the early summer and focus groups were held at the CT HSA Retreat, which included the CT HS TTA staff, and at the summer quarterly Early Head Start Meeting and Sharing, on July 18 and July 15 respectively. All results were summarized, analyzed and shared with Head Start Directors at the CT HSAs meeting on September 22 and with over 30 key state partners via emails dated September 3rd and 10th and used to draft the 2015 HSSCO Work Plan. Key partners in Part B/619, WIC, dental services, and housing and homeless services expressed their desire to continue their partnership activities with Head Start and Early Head Start programs.

Although the national HSSCO national template was not used this year it was evident that trends in strong partnership over the Head Start Act priorities continue. The majority of grantees reported local partnership work to be somewhat challenging but generally not at all difficult. The three Head Start Act priorities that approached difficulty included child care, homeless services and curriculum and assessment alignment, with programs reporting curriculum and assessment alignment as most challenging. ACF/Office of Head Start and Region I Head Start priority areas were again rated as more challenging than those priorities in the Head Start Act. In particular, collaboration on alignment of data systems, quality standards building early childhood systems, joint planning and policy making at the state and local levels were all reported to present partnership challenges and with increased difficulty when compared to 2013 ratings.

Areas highlighted for partnership activities in the needs assessment process that became priorities for the 2015 Work Plan continued to include:

- Promoting access to comprehensive services, adding new efforts with WIC, hearing screening, and connecting with medical/dental homes
- Engaging high-need children and families, especially homeless services
- Aligning Head Start with State education systems
- Aligning Head Start with State early childhood systems
- Promoting access to professional development opportunities

4.) A Description of the consultation and planning process utilized in developing the 2014-2015 refunding application, including participation by the Head Start and early childhood communities, and other significant stakeholders.

The HSSCO 2015-2016 work plan continues the work approved in the 2011-2016 grant award and results from the annual needs assessments continue to refine the work of the CT HSSCO year to year. All results from the 2014 HSSCO Needs Assessment were summarized, analyzed and shared with Head Start Directors and key state level leaders. Head Start and Early Head Start Directors had the opportunity to review and comment through focus groups at the CT HSA Annual Retreat, at the September monthly meeting and at the summer meeting of Early Head Start leaders. Key state partners responding to a request for input included a dental partner, two homeless service providers, WIC and Part B/619. No other responses were received. The results of the 2014 HSSCO Needs Assessment guided the development of the 2015 HSSCO Work Plan which was endorsed by the CT HSA at their September 22nd monthly meeting. Copies of the emails are included as an addendum and contain the names of all those engaged in the development of this year's work plan.

5.) The process for involving the State Head Start Association in the ongoing direction of the State Collaboration grant and other partners' involvement throughout the year.

The agenda of the monthly CT Head Start Association meeting includes a report from the State Director of Head Start Collaboration and a regular oral report is made. Written reports are submitted and circulated periodically which include a greater scope of information and highlight progress and upcoming activities. Regular email and phone contact is maintained with the Association Chairperson, individual program directors and managers, and the CT Head Start Training and Technical Assistance Center. The State Director of Head Start Collaboration meets quarterly with representatives of Early Head Start programs in the state. Additionally, the State Director of Head Start Collaboration participates in a wide variety of state level meetings at which information on Head Start, including data and the work of the HSSCO, are shared and partnerships are strengthened. Shared projects offer opportunities for ongoing working relationships with DPH on WIC grants, with DPH and SDE on SHAPE obesity prevention grant, with Part B 619 and Part C on Pyramid Model, with UConn on ECHO hearing screening, with CT-AIMH on infant mental health training and endorsement, with DCF on DCF-Head Start Partnership, among others. State partners can contact the HSSCO at any time to provide input, to request information, or to offer opportunities for working together.

6.) Budget form and narrative justification, including both Federal and non-federal resources.

The Budget forms and narrative are included. The 20% match for the grant is met using salary and benefits of the State Director of Head Start Collaboration which are paid with state general funds.

ADENDUM:
Head Start State Needs Assessment Survey, Final Report, Fall 2014
Emails to CT HSA and Key State Partners

PRIORITY AREA 1 – HEALTH SERVICES

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
All children in early childhood programs have access to health services and are cared for in healthy and safe early care settings that are connected with and supported by health professionals in the community.	Promote and support physical health, oral health, mental health and nutrition Promote uniform health and safety standards. Promote SCHIP enrollment Increase capacity of health consultation	Multidisciplinary Consultation & Medication administration training Head Start representation on committees and work groups, e.g., home visiting, health form, nutrition/physical activity, etc. Head Start designated for HUSKY presumptive eligibility Connect early care as access points for insurance, physical, oral and mental health and nutrition services. Continue OHS Oral Health Initiative Support capacity of CT-AIMH Participate on MIECHV and ECCS Advisory Committees	Cross-system training/meeting support • Participate as funding partner re: infant mental health Continue expanding WIC Partnership Work with RO, TTA and CTHSA to support OHS Oral Health Initiative and IMIL/LVHC in CT; NEW: partner on SSDE-DPH federal SHAPE grant Support alignment of cross-sector screening efforts, health resources, supports through ECCS grant and NEW: any OEC health efforts Promote partnerships with mental health resources; CSEFEL supports, Devereux/DECA resilience resources NEW: ECHO Hearing screening partnership	Head Start and Early Head Start receive training and resource supports and are embedded into state system. Head Start resources are shared and aligned. Health is strengthened as an essential component of school readiness for all young children. NEW: Screening efforts are aligned to maximize identification of needs and connection to resources in efficient way for families and providers.

PRIORITY AREA 2 – CHILD CARE

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
All Head Start children needing full-day, full-year services will have access to a child care option that meets their needs for quality and consistency. Low-income children will be more likely to receive quality child care linked to comprehensive services.	Promote more full-day, full year Enhance infant toddler care Support family child care collaborations Promote comprehensive services for *all* children Create opportunities for cross-training	Share value of comprehensive services Support Early Learning Guidelines; Infant Toddler Specialists Engage Head Start for input, e.g. CCDF State Plan Support quality of family child care and kith and kin care Co-sponsorship events	Work with State Child Care Administrator to leverage and maximize funding • Participate as funding partner in implementation of best practice infant toddler resources Work with State Child Care Administrator and CTHSA to explore full-day, full-year Head Start supports NEW: Be available to support EHS-CC Partnership implementation	Comprehensive services are extended to low-income children and families through child care Head Start will be able to meet the needs of working parents NOTE: Continues to be a challenge, especially for infants and toddlers. CT has very low voucher partnership rate.

PRIORITY AREA 3 – EDUCATION – State Pre-K and K-12

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
Head Start and preschool and p-12 work collaboratively at both the state and local levels to provide quality early care and education programs, linked with the full array of comprehensive services, that meet the range of needs of low-income children, and evidence horizontal and vertical system alignment and consistent quality.	Head Start programs are valued community partners ACF and OEC and SDE are partners Head Start comprehensive services recognized as essential Educational consultation 0-5 individualized to meet diverse child needs Parents are engaged	Identify opportunities for dialogue Facilitate implementation of MOU Participate in ECE Cabinet/SAC Collaborate on education consultation, mentoring CT HSA and HSSCO invited to and fully integrated in OEC 3-to-3	Work with TTA, SDE, OEC and CTHSA on school readiness goals • Participate as funding partner as needed • NEW: Engage Head Start in Kindergarten assessment discussion Work with RO, SDE, OEC and CTHSA to address the impact of RTI on Head Start NEW: Facilitate Head Start - LEA Pyramid partnerships Work with Head Start to obtain MOU's w/LEAs	Head Start and SDE/OEC expectations are increasingly aligned to support children and families and to strengthen early childhood programs and staff.

PRIORITY 4 - PROFESSIONAL DEVELOPMENT

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
A unified and coordinated professional development system is created that merges resources and works to achieve shared goals for a high quality, educated work force.	Head Start and State efforts are coordinated Head Start is valuable partner in strengthening workforce Head Start has access activities that lead to credentials, career ladder advancement Head Start partners to access emerging best practice	Head Start representation on advisory, planning committees State informed of the needs of Head Start Provide Head Start data Head Start efforts complement state efforts Partner to secure grants Continue working with Region I on consultation and infant toddler quality enhancement initiatives	Staff support to promote including OHS degree requirements in state workforce plan Staff support to include student teaching in Head Start Host higher education through faculty, consultant, trainer institutes and events to align resources, teaching and learning (BSW/MSW) NEW: partner with CCSU on IMH NEW: Continue to make Head Start resources available to state and wider ECE community, as appropriate	Quality of services to children and families is enhanced through use of best practices.

PRIORITY AREA 5 – SERVICES TO CHILDREN WHO ARE HOMELESS

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
Young children who are homeless have access to health, early care and education and any special services they may need.	State agencies, provider community work together to remove barriers to enrollment and attendance Head Start is a child development resource to housing community	Insure shelters and early have up-to-date information on one another Encourage joint planning and open communication Advocate for the inclusion of the needs of young homeless children in community plans Continue to facilitate partnership activities Work to align state licensing with McKinney-Vento and Head Start Acts Continue to engage Head Start-Family Shelter Teams in DCF-HS teams and other early childhood system activities and events	Staff support to convene Head Start, homeless services providers, McKinney-Vento, etc. for cross training and planning. Fund Head Start staff NEW: to continue shelter partnerships through piloting of new federal tool and present their work at national meeting. Facilitate integration of homeless/DV shelters on DCF-Head Start community teams. Serve as NAEHCY (National Association for the Education of Homeless Children and Youth) Treasurer, on Executive Board and Early Childhood Committee and Chair Operations Committee	Children and families experiencing homelessness are enrolled and engaged in Head Start comprehensive services. Best practices are shared with the broader Head Start community.

PRIORITY AREA 6 – CHILD WELFARE

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
Head Start remains a resource for families involved in the child welfare system and provides supports in early childhood services that enhance the capacity of child welfare prevention and intervention services to meet their unique needs.	Support DCF access to Head Start and comprehensive services Facilitate local teambuilding Align policies and practices Connect system supports, funding to address gaps and challenges Provide leadership to prevent, address child abuse and neglect	Facilitate regular meetings Collect data to gauge progress. Merge activities to achieve partnership Implementation of Strengthening Families Support home visiting services and foster collaboration w/Head Start/Early Head Start	Provide staff support, fund meetings and activities to strengthen and expand DCF-Head Start Partnership Fund meetings and activities to strengthen and expand DCF-Head Start partnership and Head Start staff to present at national meeting on their work. Continue partnering with DCF and CT-AIMH to replicate ECCW grant work statewide. Join DCF Early Childhood Community of Practice	Children and families receiving child welfare services are enrolled and engaged in Head Start comprehensive services. Best practices are shared with the broader Head Start community

PRIORITY AREA 7 – SERVICES RELATED TO CHILDREN WITH DISABILITIES

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
A statewide multidisciplinary system of consultation and on-site technical assistance is available to early care and education programs that supports the unique needs of each child, that spans the multiple disciplines required to insure authentic and intentional inclusion of infants, toddlers and preschoolers: education/special education, physical/oral/mental health, social services/family support/family engagement, and literacy, that reflects the lessons learned from Head Start and that includes all Head Start component coordinators	Establish consultant database Establish central point of contact for providers and consultants Partner to support children with special needs Build multidisciplinary consultation capacity	Develop and refine curricula, training and co-sponsor events Support annual multidisciplinary consultation training and connect Head Start managers and child care consultants Review and revise MOU's between Head Start and Parts C and 619 as needed Promote Special Quest (discontinued) Monitor impact of RTI in Head Start	Provide staff support to coordinate update of Early Head Start MOA with Part C. Cross-system training and meeting support costs to strengthen and expand partnerships with 619 and Part C, e.g., DECA resilience approach Help to establish CSEFEL State Team for cross-sector CSEFEL planning, implementation, and supports to local partnerships, including funding – NEW: now called "CT PYRAMID PARTNERSHIP"	Children with disabilities and their families are enrolled and supported in Head Start and Early Head Start programs.

PRIORITY AREA 8 - WELFARE

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
Head Start parents who experience barriers to stable employment will be able to receive services and supports in Head Start that lead to successful employment, through partnerships with the Departments of Social Services.	Head Start recognized as valuable partner Help TANF families access Head Start	Partner with TANF Director utilize Head Start as a partner, e.g., through DSS Human Services Infrastructure (HSI) Share TANF data with Head Start Support DSS to connect TANF families with Head Start NEW: Build partnerships focused on two generational approach and innovative work supports	Staff support to share data and recruit families into Head Start for both quality early childhood services and parent development and support, including employment and training opportunities.	Families on TANF access Head Start services for their children.

PRIORITY AREA 9 – COMMUNITY SERVICES

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
Community Services activities reflect collaboration with the full range of providers necessary to maintain relationships with the comprehensive array of service providers necessary to meet the support needs of Head Start families.	Head Start and Community Action linked through DSS Human Services Infrastructure (HSI) Head Start participates on community councils to connect services to children and families. Staff in Head Start and community programs maintain working relationships	Partner with CSBG Director on data sharing, partnership opportunities Facilitate integration of Head Start and DSS Human Service Infrastructure (HSI) Co-sponsor cross-training, joint planning, and team building events	Cross-system training and meeting supports to strengthen partnerships with community service providers for serving families experiencing domestic violence, mental health and substance abuse issues, etc. Align with community agency work with fathers/male family members Work with community partners to implement Strengthening Families Protective Factors Framework, Trauma Informed System Building, CSEFEL, etc. NEW: Facilitate restoration of OHS Safe Families, Safe Homes training with CCADV, Part C, etc.	Head Start families will have the support of Head Start and community resources to meet their individual needs.

PRIORITY AREA 10 – FAMILY LITERACY

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
Children and families will have a range of resources available to them for the development and improvement of literacy skills and attainment of early childhood education outcomes	Head Start family literacy initiatives are fully implemented SDE and Head Start coordinate literacy training Coordinate activities with new state funded CT Even Start programs in Torrington, Middletown and New London.	Share Head Start literacy initiatives with child care HSSCO, Family Resource Centers, School Readiness, and others partner Promote uniform literacy outcomes Partner with libraries Engage CT Even Start on DCF-Head Start Partnership teams	Staff support to share resources of Head Start with state and state resources with Head Start. .	Head Start families have opportunities to enhance their literacy skills.

PRIORITY 11 - ALIGNMENT OF HEAD START CURRICULUM AND ASSESSMENT

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
Head Start curriculum and assessment s are aligned to provide coordinated continuous supports for individualized development and learning	Promote opportunities to align resources Identify program supports to implement aligned assessment, curriculum systems Align Head Start Performance Standards and State Early Learning Standards	Convene, provide meeting supports for discussions, work groups Coordinate with Head Start TTA Support alignment of state standards activities with Head Start implementation Promote alignment of state curriculum and assessment systems with Head Start and Early Head Start.	Work with TTA, SDE, OEC and CTHSA on school readiness goals • Participate as funding partner as needed • NEW: Engage Head Start in Kindergarten assessment discussion • CT HSA and HSSCO invited to and fully integrated in OEC 3-to-3	Head Start children enter school ready to meet the expectations of kindergarten teachers. Prevent duplication of efforts as CT develops an assessment system to complement the new Early Learning and Development Standards for children birth to age 5 AND K ENTRY

ACF/OHS PRIORITY 1 of 5 - COLLABORATIONS WITH INSTITUTIONS OF HIGHER EDUCATION

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
HSSCO will establish working collaborative relationship with institutions of higher education to ensure degree programs informed by knowledge of Head Start service demands and accessible to staff in Head Start programs.	Higher education informed on Head Start best practices Higher education institutions articulate degree programs Higher education offers student teaching accessible to Head Start staff Scholarship support assists Head Start Higher education provides on-site coursework	Share Head Start higher education needs and challenges Ensure Head Start, Head Start TTA are on work groups and committees Promote Head Start regulatory requirements in state workforce, PD plans Advocate for Head Start staff eligibility for scholarship, stipends Co-sponsor collaborative events Participate on state PD team and expand membership to FCS and infant mental health and promote inter-professional education model of teaching and learning.	Staff support to include student teaching in Head Start Work with higher education and OEC to leverage and maximize funding • Participate as funding partner in implementation of best practice infant toddler resources – infant toddler faculty/consultant/trainer institutes • Promote use of OHS faculty modules to enhance infant toddler course offerings NEW: partner with CCSU on IMH	Quality of services to children and families is enhanced through use of best practices.

ACF/OHS PRIORITY 2 of 5 – TRANSITION OF CHILDREN AND CONTINUITY OF SERVICES BETWEEN HEAD START AND LEA'S

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
Head Start children and families will experience a seamless and supported transition from Head Start preschool into the public schools.	Head Start programs are connected with public schools Public schools work with Head Start meet the needs of Head Start families Head Start parents are oriented to be involved in public schools, school governance.	Shares transition models Connect programs needing assistance with peers Monitor annual needs assessment results to determine if supports are needed Explore connecting Head Start systemically in an intentional and visible way with CT OEC 3 to 3 Initiative	Work with TTA, SDE and CTHSA on school readiness goals • Participate as funding partner as needed Work with SDE and Head Start in obtaining MOU's with LEAs Continue to seek opportunities to replicate TVCCA pilot to facilitate use of OHS *Partnerships for Sustained Learning: A Guide to Creating Head Start-School Partnerships*	Head Start children enter school ready to meet the expectations of kindergarten teachers. Head Start "system" is invited to join and is fully integrated into CT 3-to-3 work.

ACF/OHS PRIORITY 3 of 5 – STATE QUALITY RATING AND IMPROVEMENT SYSTEM'S (QRIS) STANDARDS

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
Head Start will be included as a valued partner in the development of the state QRIS and Head Start Performance Standards are included in standards of quality adopted by CT.	(Head Start is at the table) REVISED: Head Start representatives participate in QRIS planning, development and implementation through SAC QRIS Work Group System developers, policymakers are familiar with Head Start Performance Standards (Head Start is a full partner) REVISED – see above	Support development and implementation of QRIS NOTE: CT does not yet have a QRIS Participate on OEC QRIS Work Group	Support the development and implementation of QRIS with full participation of Head Start. Encourage Head Start input into system development efforts	Head Start is an integral partner in enhancing quality in early childhood services .

ACF/OHS PRIORITY 4 of 5 – INTEROPERERABILITY BETWEEN HEAD START DATA SYSTEM(S) AND STATE PRESCHOOL AND K-12 SYSTEMS

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
Data systems in the state work together to provide a true picture of needs and resources and an accurate guide to progress and challenges regardless of which segment of the early childhood system they originate from.	Privacy, confidentiality protections are in place Data uses are valid, not redundant Data systems complement one another across sectors	Engage Head Start on work group, committees	Support SAC subcommittee on data interoperability and support the participation of Head Start. Support Head Start participation in child identifier and data system when established; encourage Head Start input into system development efforts	Head Start is an integral partner in enhancing capacity to share and learn from data All efforts are made to prevent duplication of effort for Early Head Start/Head Start programs at both the state (ECIS) and local levels (EC Councils)

ACF/OHS PRIORITY 5 of 5 – OUTREACH FOR CHILDREN OF MILITARY FAMILIES

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
Military families will have access to Head Start services and access through Head Start to community services that meet their unique needs.	Identify families and become more visible resource Encourage outreach Remove any barriers to service	Connect with United Way of CT, other potential partners Provide information to Head Start as needed Promote alignment of federal requirements and state licensing to facilitate eligibility for child care reimbursement (NACCRRA)	Staff support to identify needs in the state related to military families Connect military families with Head Start resources as needed	Families serving in the military access Head Start services as needed

ASSISTING IN BUILDING EARLY CHILDHOOD SYSTEMS AND ACCESS TO COMPREHENSIVE SERVICES AND SUPPORTS FOR ALL LOW-INCOME CHIDLREN

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
Low-income children will be more likely to receive quality ECE, in a variety of settings, that is linked to comprehensive services through a statewide multidisciplinary system of consultation and on-site technical assistance available to early care and education programs that supports the unique needs of each child, that spans the multiple disciplines required to insure inclusion: education/special education, physical/oral/mental health, social services/family support/family engagement, and literacy, that reflects the lessons learned from Head Start and that includes all Head Start component coordinators	Encourage comprehensive services model and multidisciplinary consulting to all settings birth to five Head Start comprehensive services, as defined in Head Start Program Performance Standards, recognized essential component of quality	Work with multidisciplinary consultation work groups, ensure Head Start integration, including Healthy Child Care CT and New England and the New /England consultant competencies group. Inform ECE colleagues of the value of comprehensive services Collaborate to develop system of ECE education consultation, including refining infant toddler guidelines and integrating Head Start. Continue to seek opportunities to partner with OEC to explore ways to support comprehensive services for all low income children	Cross-system training and meeting support for interdisciplinary cross-sector learning opportunities Work with higher education and OEC to maximize efforts and support implementation of best practice infant toddler funding resources NEW: Support partnerships to provide comprehensive services in any implementation efforts should the state receive the federal preschool expansion grant.	All children and families, especially those with low incomes, have access to the full range of supports needed to facilitate their healthy development and success

INVOLVING HEAD START IN STATE AND LOCAL PLANNING AND STATE POLICYMAKING

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
Head Start and Early Head Start are seen as valuable partners in planning efforts at the state and community levels, and are valuable partners in state policymaking as effective advocates for the needs of low-income children and their families.	Head Start is at the planning table at the state and local levels Head Start community assessment and planning processes are informed by and inform state and local efforts . Head Start participates on SAC and other policymaking bodies Head Start participates in state level advocacy groups	Head Start/Early Head Start programs, parents linked with planning initiatives Head Start knows how to access state plans being drafted opportunities for public input, etc. State level planning groups have Head Start representation Support Head Start directors and staff to participate on work groups, committees, etc. and attend focus groups, round tables, etc. to help plan emerging ECE state systems	Facilitate and support Head Start involvement in at the state and local level Work with Discovery Communities to increase visibility of high need families by connecting with Head Start through DCF-Head Star Partnership work	The needs of Head Start families and other low-income families are addressed in state and local plans

SUPPORTING HEAD START

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
Head Start, as a system of services in the state, provides high quality effective services and serves as a model comprehensive child development program for children birth to five, pregnant women and their families in Connecticut.	Head Start informed of state resources to strengthen their capacity State partners are informed of the value of Head Start	Share partnership opportunities with Head Start providers. Share information on Head Start with state partners Continue to advocate and work for an authentic voice and an official seat for Head Start on the ECE Cabinet/SAC Work with CTHSA to support new executive director	Cross-system training and meeting support for interdisciplinary cross-sector learning opportunities Ensure Head Start participation on SAC and encourage participation on other councils, work groups	Head Start is a valued partner at the state and community levels The needs of Head Start families and other low-income families are addressed at the state and local levels

SUPPORTING ADDIITONAL OHS PRIORITIES

Goal	Objectives	Activities	2015-2016 Resources	Desired Outcomes
ACF priorities are integrated into the work of Head Start in Connecticut.	Integrate ACF priorities into the state systems to achieve goals Connect ACF priorities with state resources and initiatives	Disseminate information on new initiatives Assemble, coordinate state teams Implement OHS Oral Health Initiative, IMIL, etc. Facilitate partnerships, e.g., homelessness, domestic violence, child welfare, and all priorities of OHS Convene Early Head Start quarterly meetings or partnership building, cross-training and mutual support among grantees, especially new grantees, to build a strong infant toddler provider network in the state. Work with National Centers to support Head Start, early care and family support communities Support CTTTA and CTHSA on implementation of CSEFEL Ensure Head Start voices at planning tables for emerging ECE state systems, including MIECHV	Staff support to implement activities of the national centers in CT and participate as funding partner as appropriate to promote being lessons learned through Head Start in child care, other providers NEW: Participate on OHS National Health Center Advisory Work with RO, TTA and CTHSA to support smoking cessation, obesity/overweight prevention, social emotional wellness (CSEFEL) and mental health, Early Head Start home visiting, partnering on funding as needed As required, staff support to facilitate and strengthen necessary partnerships to achieve OHS RO goals .	All children and families, especially those with low incomes, have access to the full range of supports needed to facilitate their healthy development and success

ASSESSMENT OF PARTNERSHIP NEEDS

Connecticut Head Start State Collaboration Office 2014

Introduction

The Head Start Act (as amended December 12, 2007) requires the Head Start State Collaboration Offices (HSSCOs) to conduct a needs assessment of Head Start grantees in their State (including Early Head Start grantees) in the areas of coordination, collaboration 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 Head Start Act also requires the HSSCOs to use the results of the needs assessment to develop a strategic plan outlining how Head Start grantees will be assisted to meet the requirements of the Head Start Act for coordination, collaboration, transition to elementary school and alignment with K-12 education. HSSCOs must also annually update the needs assessment and strategic plan and make the results of the needs assessment available to the general public within their State. Results are aggregated to fulfill this intent.

The purpose of gathering this information is to identify the needs of Head Start grantees in the specified areas and inform the activities of the annually revised strategic plan for the HSSCO.

Head Start and Early Head Start in Connecticut

Currently, there are 28 Early Head Start and Head Start programs (grantees and delegate agencies) in Connecticut, a number of which provide both Head Start and Early Head Start services. This now includes one Early Head Start program funded through the MIECHV. According to the *2013-2014 Head Start Program Information Report* programs provided services to 52 pregnant women and 7,844 young children birth to age five and their families during the *2013-2014* program year, a decline in capacity of 13% from 2012-2013. Total funded enrollment for 2013-2014 and 2012-2013 declined as well, shown with percent change in Table 1 below.

Table 1. Funded Enrollment for 2013-2014 and 2012-2013 with Percent Change

	2013-2014	2012-2013	Percent Change
ACF funded Head Start and Early Head Start	5,980	6,360	-6.0%
State Head Start Supplement	380	398	-4.5%
MIECHV Early Head Start	36	36	0
Total Funded Enrollment from all sources	6,883	7,281	-5.5%

The decline in overall funded enrollment primarily resulted from program actions taken in response to sequestration and unable to be reversed sufficiently to resume prior capacity.

Connecticut continues to have a sizeable achievement gap and notable rates of poverty. It is a state made up of resource extremes. Head Start and Early Head Start grantees and delegates at the community level continue to forge impressive and productive partnerships to engage the most needy young children and families in their communities and meet the needs of the families they serve. Each year new partnerships emerge and existing partnerships become stronger as reflected in the findings and interpretations of the needs assessment survey again this year.

Methodology

An abbreviated survey questionnaire was developed for the needs assessment conducted in 2013 and this abbreviated format was again used this year. Since a new 5-year application for the HSSCO will be submitted in 2015, it was decided after consultation with the CT Head Start Association that the abbreviated for mat would be used in 2014 and the longer version would be used again in 2015 to inform the 5-year grant application.

The needs assessment survey questionnaire is organized around the national priority areas for the HSSCOs as stated in the Head Start Act, ACF/Office of Head Start priorities for HSSCOs and additional priority areas as designated for HSSCOs. The survey questionnaire was organized to reflect partnership activities in these various priority categories as follows:

Partnership activities focused on the Head Start Act Priorities:

1. Health Services
2. Child Care
3. Education
4. Professional Development
5. Services for Children Experiencing Homelessness
6. Child Welfare
7. Services for Children with Disabilities
8. Welfare
9. Community Services
10. Family Literacy
11. Alignment of Head Start Curriculum and Assessment

Partnership activities focused on ACF/OHS Priorities:

1. Collaborations with Institutions of Higher Education
2. Transition of Children and Continuity of Services between Head Start and LEAs
3. State Quality Rating and Improvement System's (QRIS) Standards
4. Interoperability between Head Start Data System(s) and State Preschool and K-12 Systems
5. Outreach for Children of Military Families

Partnership activities focused on Additional HSSCO Priorities:

1. Assist in Building Early Childhood Systems and Access to Comprehensive Services and Supports for All Low-Income Children
2. Involving Head Start in State and Local Planning and Policy Making
3. Supporting Head Start
4. Supporting Additional Regional Priorities

The survey includes sections for each of the three content areas indicated above and asks respondents to indicate the level of difficulty experienced in engaging in each of a variety of activities and partnerships. A 4-point Likert-type scale of difficulty is provided, ranging from "Not At All Difficult" to "Extremely Difficult," as shown below. The purpose of this part is to help identify challenges to building successful partnerships at the local and state levels to support the delivery of quality education and comprehensive services to children and families.

Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult

One additional item asks respondents to list three (3) areas where the State Head Start Association and the HSSCO might work together to strengthen partnerships.

A total of 18 (64% participation rate) survey questionnaires were competed by program directors at the July 18, 2014 CT Head Start Association Annual Retreat. Responses were aggregated and reported using Survey Monkey technology. Responses to Likert Scale items were calculated into percentages and averages. Responses to the item regarding three areas for strengthening partnership were simply listed verbatim as they appeared on a form used by each focus group. This raw data appears in the Appendix.

An additional format was developed for use with focus groups to further indicate priority activities for partnership supports for the coming year. After completing the needs assessment survey questionnaire, four to five respondents per group discussed and reported out what three partnership activities should be priorities for the coming year. Focus groups were conducted at the July 18, 2014 CT Head Start Association Annual Retreat (four focus groups, 21 participants/16 programs) and at the July 15, 2014 CT Early Head Start Meeting and Sharing (three focus groups, 13 participants/9 programs) and responses were listed verbatim as they appeared on a form used by each focus group. This raw data appears in the Appendix as well.

All responses have been summarized and shared via email with Head Start and Early Head Start directors and presented at the CT HSA [September 22, 2014] meeting for discussion to inform the HSSCO plan for the coming year. The 2014 Needs Assessment Final Report will be appended to the CT HSSCO continuation grant application for the 2015-2016 program year.

Results, Trends and Implications

Overall, programs across Connecticut continue to report positive relationships across the wide range of priority areas included in the Head Start Act and those identified by the Office of Head Start and Regional Office. Over the years challenges to partnering with the many agencies and service systems has diminished as partnership skills have increased at both the state and local levels. This is clearly evidenced by the ratings across the eleven Head Start priority areas for which none of the service areas averaged a rating of 1.0 which would indicate 'Somewhat Difficult' partnership experiences. The three Head Start Act Priorities that approached some difficulty included partnerships with #2 Child Care, #5 Homeless Services, and #11 Curriculum and Assessment Alignment. Notable is that there were more ratings of 'Extremely Difficult' this year with Priority Area #11 receiving the greatest number 'Extremely Difficult' ratings (3). This Priority Area continues to present challenges to programs in particular communities in the state.

ACF/Office of Head Start and Region I Head Start priority areas were all rated as more challenging than those priorities in the Head Start Act. In particular, collaboration on alignment of data systems, quality standards building early childhood systems, joint planning and policy making at the state and local levels where all reported to present partnership challenges. Increasing challenges in the areas of curriculum and assessment, as stated above, and data and quality standards, as shown in Table 1 below, clearly reveal the increasing development of state systems which place added requirements on Head Start programs. Anecdotal reports continue to reveal the duplicate practices Head Start programs must utilize to comply with local, state and federal expectations. Head Start programs are at the same time reporting a continued need for partnership support to gain full access to state and local planning and policy making and opportunities to participate fully in the building of early childhood comprehensive systems. The consequence of their absence at the table is a growing misalignment and an increased tension and burdens for Head Start programs.

Table 2 below summarizes the four priority areas reported as relative challenges.

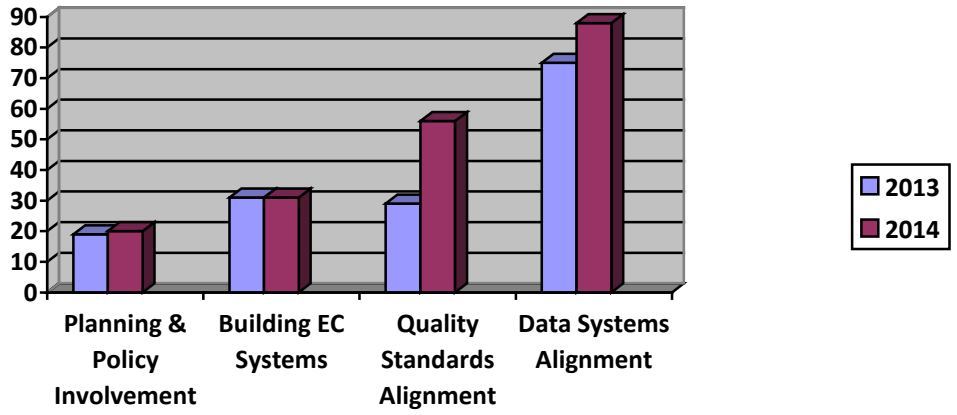
Table 2. - Priority Areas where Relationships can be Enhanced to Support Partnerships for Children, Families and Staff based on Ratings of Difficulty in Accomplishing Partnership Tasks

	% of Responses 'Difficult' or 'Extremely Difficult'	Average Rating for Category on a Scale of 0 to 3*
ACF/OHS #4 - Interoperability between Head Start Data System(S) and State Preschool and K-12 Systems	87.6%	2.07
ACF/OHS Priority #3 - State Quality Rating and Improvement System's (QRIS) Standards	56.2%	1.68
Supporting Additional Regional Priorities **	28.5%	1.29
Assist in Building Early Childhood Systems and Access to Comprehensive Services and Supports for All Low-Income Children	31.3%	1.18
Involving Head Start in State and Local Planning and Policy Making	20.0%	1.13

* Ratings: 0 = 'Not at All Difficult', 1 = 'Somewhat Difficult', 2 = 'Difficult', 3 = 'Extremely Difficult'
** Regional Priorities include such initiatives as CSEFEL, CLASS, Measuring Family Outcomes, Health Services, etc.

Priority areas rated most highly as presenting partnership challenges remained almost exactly the same in 2014 as in 2013 except for two factors. First, Supporting Region I Priorities was included among those priority areas rated as more difficult in 2014 and second, difficulty in the two most challenging priority areas increased noticeably. This is illustrated in Graph #1 below.

Graph 1. Priorities Areas Rated in Greatest Need for Partnership Support in HSSCO Assessment of Partnership Needs in 2013 and 2014



Percent rated 'Difficult' or 'Extremely Difficult' by Priority Area

The average difficulty rating for "ACF/OHS Priority # 4 – Interoperability between Head Start data system(s) and State Preschool and K-12 Systems" increased from 2.00 in 2013 to 2.07 in 2014 with 75% of respondents reporting difficulty or extreme difficulty in 2013 but 87.6% reporting difficulty or extreme difficulty in 2014. The average difficulty rating for "ACF/OHS Priority #3 – State Quality Rating and Improvement System's (QRIS) Standards" increased from 1.36 to 1.69 from 2013 to 2014 with 28.5% pf respondents reporting difficulty or extreme difficulty for this priority in 2013 and 56.2% reporting difficulty or extreme difficulty in 2014. This means that there

is increased misalignment between Head Start systems and state and local systems in both data interoperability and quality standards.

As stated above, Head Start respondents continue to report the need for greater partnership supports to build comprehensive service systems to support the complex needs of low income children and their families and in finding a place at state and local tables when planning and policy making are taking place. The fact that programs report challenges in meeting the expectations of "Head Start Regional Priorities" is notable as this reflects areas in which the Office of Head Start has highlighted the need for additional work on quality standards or comprehensive services that do not receive the same regard by state and local leaders and thus may cause tension for programs in meeting multiple and perhaps conflicting expectations.

Focus groups identified priority areas for continued or enhanced partnership support. The following *Wordle* illustrations convey words recorded most often in the report outs of these focus group discussions.

From the three focus groups at July 18th CT Head Start Association 2014 Retreat:

Again this year, partnership needs identified more by Early Head Start focus group participants included health partnerships, enhancing infant toddler child care capacity, and partnerships with professional development providers and higher education for resources focused on infants and toddlers.

From the two focus groups at July 15th quarterly Early Head Start Meeting and Sharing:

Resources and References

This survey was conducted by the State Collaboration Office at scheduled meetings of the CT Head Start Association and CT Early Head Start. Survey Monkey technology purchased through the State Collaboration federal grant was used to help aggregate responses. Preliminary results were compiled into a draft report shared for review with members of the CT Head Start Association and finalized for submission with the annual HSSCO continuation grant application and for wider distribution. No other resources have been used.

Appendices

The appendix that follows contains the survey form and raw data in its entirety.

2014 CT HSSCO Needs Assessment Survey Questionnaire with Responses

How difficult are partnership activities focused on the Head Start Act Priorities?

	(0) Not At All Difficult	(1) Somewhat Difficult	(2) Difficult	(3) Extremely Difficult	Mean Score
Priority Area #1 - Health Services	33.3% (6)	55.6% (10)	5.6% (1)	5.6% (1)	0.688
Priority Area #2 - Child Care	22.2% (4)	55.6% (10)	16.7% (3)	5.6% (1)	*0.875*
Priority Area #3 - Education	50.0 (9)	38.9% (7)	5.6% (1)	5.6% (1)	0.375
Priority Area #4 - Professional Development	41.2% (7)	29.4% (5)	17.7% (3)	11.8% (2)	0.563
Priority Area #5 - Services to Children Experiencing Homelessness	44.4% (8)	33.3% (6)	22.2% (4)	0.0% (0)	*0.813*
Priority Area #6 - Child Welfare	27.8% (5)	55.6% (10)	16.7% (3)	0.0% (0)	0.688
Priority Area #7 - Services Related to Children with Disabilities	35.2% (6)	47.1% (8)	11.8 (2)	5.9% (1)	0.563
Priority #8 - Welfare	13.3% (2)	53.3% (8)	33.3% (5)	0.0% (0)	0.563
Priority #9 - Community Services	41.1% (7)	52.9% (9)	0.0% (0)	5.9% (1)	0.375
Priority Area #10 - Family Literacy	35.3% (7)	52.9% (9)	5.9% (1)	5.9% (1)	0.750
Priority Area # 11 - Alignment of Head Start Curriculum and Assessment	33.3% (6)	44.4% (8)	5.7% (1)	*16.7% (3)*	*0.875*

How difficult are partnership activities related to ACF/OHS Priorities?

How difficult are partnership activities related to ACF/OHS Priorities?

	(0) Not At All Difficult	(1) Somewhat Difficult	(2) Difficult	(3) Extremely Difficult	Mean Score
ACF/OHS Priority #1 - Collaborations with Institutions of Higher Education	29.4% (5)	52.9% (9)	11.8% (2)	5.9% (1)	0.94
ACF/OHS Priority #2 - Transition of Children and Continuity of Services Between Head Start and LEAs	41.2% (7)	35.3% (6)	11.8% (2)	11.8% (2)	0.94
ACF/OHS Priority #3 - State Quality Rating and Improvement System's (QRIS) Standards	7.7% (1)	46.2% (6)	23.1% (3)	23.1% (3)	1.69
ACF/OHS #4 - Interoperability Between Head Start Data System(S) and State Preschool and K-12 Systems	13.3% (2)	0.0% (0)	53.3% (8)	33.3% (5)	2.07
ACF/OHS #5 - Outreach for Children of Military Families	38.5% (5)	30.1% (4)	23.1% (3)	7.7% (1)	1.00

How difficult are partnership activities in the additional priority areas below?

How difficult are partnership activities in the additional priority areas below?

	(0) Not At All Difficult	(1) Somewhat Difficult	(2) Difficult	(3) Extremely Difficult	Mean Score
Assist in Building Early Childhood Systems and Access to Comprehensive Services and Supports for All Low-Income Children	11.8% (2)	58.8% (10)	29.4% (5)	0.0% (0)	1.18
Involving Head Start in State and Local Planning and Policy Making	12.5% (2)	56.3% (9)	25.0% (8)	6.3% (3)	1.13
Supporting Head Start	40.0% (6)	40.0% (6)	13.3% (2)	6.7% (1)	0.87
Supporting Additional Regional Priorities	7.1% (1)	64.3% (9)	21.4% (3)	7.1% (1)	1.29

What are three (3) areas where the CT HSA and CT HSSCO might work together to strengthen partnerships?

- child care: infant toddler
- education: fragmented
- PD: cost, time
- child welfare: not always known
- family literacy: access
- curriculum alignment: to CT ELDS
- military families: N/A for New Haven
- within health, dental is "difficult"
- OHS priorities - funding
- health services: getting forms when MD charges fee
- child care: little to no quality care in Manchester
- homeless: services conducted at local shelter
- child welfare: great working relationship with DCF
- disabilities: CPA with 5 agencies
- welfare: no one to do training/automated systems
- curriculum/assessment: large number of assessments; long term strategic plans/goals; school readiness goals; PFCE goals; requirements from different funders/partners; inter-rater reliability
- higher education: should be collaborating more-students needing hours doing/meeting child care
- transition: lapse in services from EHS to HS - priority given to 4-year-olds
- military families: no military families in our program - no specific outreach plans/recruitment
- EC systems: marriage and family/healthy relationships counseling

2014 HSSCO Needs Assessment – Focus Group Data

List three (3) priorities for partnership activities in our state.

CT HSA Annual Retreat - July 25, 2014 - 4 focus groups - 21 participants/16 programs

- Welfare: Systems building with DSS (more work like HS/DCF)
- Reciprocity between State & Head Start agenda setting
- Priority ll - Alignment of curriculum and assessment - only one in the state
- Priority for ACF/OHS Priorities - Interoperability between Head Start data systems and state preschool and k-12 systems
- LEA: Our professional experience disregarded, e.g., RTI
- Increase capacity of all ECE/Home Visiting programs in the state to provide the comprehensive, social, health, mental health delivery system (Head Start model)
- Child Care - infant toddler - shift of service models
- Priority II - Alignment of Head Start curriculum and assessment
- Transition gaps (Early Head Start to Head Start)
- Disability services in extreme cases when program lacks resources or is not best placement
- Involving Head Start in state and local planning and state policy making

Early Head Start Quarterly Meeting & Sharing – July 15, 2014 – 3 focus groups – 13 participants/9 programs

- Health Services: systems for complete physical, immunizations, collaborations with local health providers
- ACF/OHS Priority #4 - Interoperability between Head Start date system and state preschool and k-12 systems
- Services related to children with disabilities
- Education: alignment of Early Head Start with state policies; bringing Early Head Start to the table; different funding resources and different requirements
- Child care, mental health and working families - welfare/working poor not eligible for services, SNAP benefits
- Professional development - limited infant/toddler classes available in some communities; lack of infant toddler lab classes in some higher education institutions; limited qualified infant toddler workforce
- Transition from Early Head Start to Head Start where priority age group is 4 year olds - state changes w/ universal pre-k, Smart Start, etc.
- Fair and equal recognition of Head Start in the state QRIS - Programs should not duplicate efforts (HS/NAEYC accreditation)

From: Whitney, Grace
Sent: Tuesday, June 24, 2014 8:54 AM
To: 'David Morgan'; 'bleacher@educationconnection.org'; 'b08jreis@manchesterct.gov'; 'DClement@enfieldschools.org'; 'vgiarratana@bcoct.org'; 'DLucIM@aol.com'; 'atorres@aces.org'; 'edonnellan@hranbct.org'; 'naugheadstart@yahoo.com'; 'magdalenar@lulacheadstart.org'; 'acaucci@bcoct.org'; 'claudia.mcneil@new-haven.k12.ct.us'; 'jessica@allourkin.org'; 'mguertin@tvcca.org'; 'msweeney@familycenters.org'; Aliki Caraganis (acaraganis@windham.k12.ct.us); 'michauds@stafford.k12.ct.us'; 'ccattel@meridenymca.org'; 'Abel Padro'; 'Emilie Montgomery'; Monica Bevilacqua (BevilacquaM@ct-institute.org); 'Wheelerm@trumbullps.org'; 'Karen Pascale'; Rose M. McKenzie (RMcKenzie@NewOppInc.org); 'Monette Ferguson'; Diane Gozemba (DGozemba@eastconn.org); MELINDA GRUNERT (grunert.me@easthartford.org); 'Patricia Mardsen-Kish'; 'Shea, Jennie'
Cc: 'marina.winkler@acf.hhs.gov'; 'SSponheimer@donahue.umassp.edu'; Repko, Melissa (MRepko@donahue.umassp.edu); Frederiksen, Sarah (ACF) (Sarah.Frederiksen@acf.hhs.gov); Brown, Donna (ACF) (donna.brown@acf.hhs.gov); Hoffman, Eva (ACF); 'Shaw, Shannon'
Subject: 2014 HSSCO Annual Assessment of Partnership Needs

Dear Head Start and Early Head Start Colleagues,
In a few weeks on Friday, July 18th we will be meeting for the CT Head Start Association Annual Retreat. As decided at the last CTHSA meeting, the annual HSSCO Needs Assessment will again be done using the short form and we will have focus groups at the retreat to summarize recommendations for partnership activities for the coming year.

In preparation for this focus group discussion and to give you an opportunity to discuss the needs of the children, families, community and staff of your program with your management team and others, I have attached the HSSCO Needs Assessment - Short Form. Please being your identified partnership needs and recommendations to the retreat for wider discussion. If you cannot complete it before the retreat I will have copies at the retreat for you to use. If you cannot attend the retreat please return your competed Needs Assessment to me prior to July 18th. Please don't hesitate to let me know if you have questions.

Thanks for taking the time to reflect on the partnerships that are working, those that are challenging, and those that are yet to be created to better serve our families and communities. Looking forward to gathering your thoughts and, even more, to supporting your work.
Grace

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Early Head Start Meeting and Sharing

Tuesday, July 15, 2014

10:00 AM to 2:00 PM
The Connecticut Women's Consortium, Hamden, CT

AGENDA

10:00 Welcome and Introductions

10:10 CT Birth to Three System – State Level MOU Template and Working Together
Alice Torres, ACES/Middlesex County Early Head Start
Lynn Johnson, CT Birth Three System, Office of Early Childhood

12:00 Lunch, Sharing

12:30 *Hungry for Love* – Supporting Parents, Promoting Healthy Families at Meal Time
Charlie Slaughter, MPH, RD

1:00 Annual CT HSSCO Assessment of Partnership Needs Focus Group

1:30 Following Up with CSEFEL Pyramid Model

1:50 Announcements, More Sharing, Wrap-up

2:00 Adjourn

Future Meeting Dates: October 21, 2014; tentative January 13, 2015

From: Whitney, Grace
Sent: Wednesday, September 10, 2014 9:00 AM
To: Maillard, Marcia; Sullivan, Kari; Knutson, Stephanie
Cc: Frassinelli, John
Subject: FW: CT HSSCO Needs Assessment for 2014

FYI. I did send to Charlene/SDE and Marjorie/DPH but realize that systems are so compartmentalized that they may never even be aware of our work!!! Input welcome and very relevant. Helps substantiate Head Start investments for sure! Grace

From: Whitney, Grace
Sent: Wednesday, September 10, 2014 8:57 AM
To: Lonczak, Marilyn; Cooke, Caroline
Subject: FW: CT HSSCO Needs Assessment for 2014

Sent this to Marjorie but see she is out until Friday. Any input from you is relevant and appreciated. It helps substantiate HSSCO investments for sure! Grace

From: Whitney, Grace
Sent: Wednesday, September 10, 2014 8:55 AM
To: STEVENS, KRISTINA
Subject: FW: CT HSSCO Needs Assessment for 2014

Hi Kristina,
Thought I should share this with you, too. I may give you a bit of insight into how my office fits in the bigger picture. I already sent it to Nancy, Wendy and Kim who have been integral to the partnership work in the past. Looking forward to seeing you tomorrow morning.
Grace

From: Whitney, Grace
Sent: Wednesday, September 10, 2014 8:51 AM
To: Tallarita, Louis; DIMAURO, NANCY DCF; KWALWASSER, WENDY; SOMAROO-RODRIGUEZ, S. KIM; 'Margaret Holmberg'; Resnick, Deb; McMurrer, Eileen; Synodi, Maria; Palermino, Peter J.; 'Meyers,Judith (meyers@uchc.edu)'; Chambers, Marjorie; 'Elizabeth Bicio (ebicio@abhct.com)'; 'Darcy Lowell (darcylowell@childfirst.com)'; Adams, Deborah; Levy, Michelle; 'CValencia-Daye@gwcc.commnet.edu'; 'mdana-conway@ncc.commnet.edu'; Brinnel, Andrea; Rowell, Gerri; Feldlaufer, Harriet; Flis, Deb; 'Gerrie Wild (gwild@ctcadv.org)'; 'Tonya Johnson'; Zavoski, Robert W.; 'joannadouglass@gmail.com'; 'dougkeck@earthlink.net'; Johnson, Lynn S; 'Chase, Wendy (wendy.chase@uconn.edu)'; Russell-Tucker, Charlene; 'Kareena.DuPlessis@ctunitedway.org'; Adams, Deborah; 'ltbates@cceh.org'; 'KGranatek@cceh.org'
Cc: 'David Morgan'; 'marina.winkler@acf.hhs.gov'; Jones-Taylor, Myra; Goodman, Linda; 'cccdarlene@aol.com'
Subject: FW: CT HSSCO Needs Assessment for 2014

Dear Colleagues,
Just a reminder that if you have any input on our planning for 2015-2016 to get it in to me by Friday. Perhaps the most important way to focus is to think about ***"What would our system like to do better with the Head Start system (Head Start, Early Head Start, Head Start Training & Technical Assistance, Region I Office of Head Start, etc.) between February 1, 2015 through January 31, 2016?"*** That's it in a nut shell.

Thanks to those who have already responded and to all for your time. I am available to discuss if preferred.
Grace
From: Whitney, Grace
Sent: Wednesday, September 03, 2014 4:44 PM
To: Tallarita, Louis; DIMAURO, NANCY DCF; KWALWASSER, WENDY; SOMAROO-RODRIGUEZ, S. KIM; 'Margaret Holmberg'; Resnick, Deb; McMurrer, Eileen; Synodi, Maria; Palermino, Peter J.; Meyers,Judith (meyers@uchc.edu); Chambers, Marjorie; Elizabeth Bicio (ebicio@abhct.com); Darcy Lowell (darcylowell@childfirst.com); Adams, Deborah; Levy, Michelle; CValencia-Daye@gwcc.commnet.edu; mdana-conway@ncc.commnet.edu; Brinnel, Andrea; Rowell, Gerri;

Feldlaufer, Harriet; Flis, Deb; Gerrie Wild (gwild@ctcadv.org); 'Tonya Johnson'; Zavoski, Robert W.; joannadouglass@gmail.com; 'dougkeck@earthlink.net'; Johnson, Lynn S; Chase, Wendy (wendy.chase@uconn.edu); Russell-Tucker, Charlene; Kareena.DuPlessis@ctunitedway.org; Adams, Deborah; 'ltbates@cceh.org'; 'KGranatek@cceh.org'
Cc: 'David Morgan'; marina.winkler@acf.hhs.gov; Jones-Taylor, Myra; Goodman, Linda; cccdarlene@aol.com
Subject: CT HSSCO Needs Assessment for 2014

Dear Colleagues,
As you know, every year as the HSSCO work plan is being developed, a survey is circulated to all Head Start and Early Head Start grantee and delegate agencies to determine our state partnership support needs. After consultation with the CT Head Start Association it was decided again this year that to assess current needs an abbreviated survey format would be used and focus groups to discuss individual program needs would again be held at the annual CT Head Start Association Retreat in July and at the summer meeting of Early Head Start grantees. The analysis of their survey responses and summaries of focus group discussions are included in the attached report. This report is being shared for review and comment with you as a key state partner according to the HSSCO priorities in the Head Start Act of 2007.

Please take a moment to review this short report and if there are partnership development or cross-sector alignment activities we might consider working on in the next year or later please let me know. It is interesting to note that over the years grantees have typically felt increasingly more positive about their partnerships with state systems overall but that several declines have been observed this past year. As the early childhood and family support landscape continues to redesign itself and the needs of young children, their families and communities change and as new opportunities emerge, it will continue to be important to create and maximize collaboration and partnership through intentional efforts. This report helps clarify where we might work in the coming year.

Note that this document is still in draft form and awaiting 2014 data from the Head Start Program Information Report for updated data on page 1. This will be added before final submission.

Please share your thoughts and suggestions regarding moving partnerships forward within the coming weeks but no later than Friday, September 12th. I will be working with the CT Head Start Association to finalize the HSSCO plan for 2/1/2015 through 1/31/2016 at their upcoming meetings and then submitting the continuation grant application to the CT Office of Early Childhood for review and signature and finally to the federal Office of Head Start by November 1st. Your input is valuable and your partnership is always welcome.

Thank you for your time. Should you wish to set up a time for discussion just let me know.
Grace

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