



## **NEEDS ASSESSMENT DATA REPORTS**

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# **2020 NEEDS ASSESSMENT**

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As a grantee, the Collaboration Office creates and submits to the OHS Region 9 a final report including a needs assessment of the state work as do Head Start grantees that provide services to children and families. The Collaboration Office partners with the California Head Start Association to conduct the needs assessment including design the needs assessment, collecting information from the Head Start programs, analyzing results and drafting the reports. For the 2019-20 year, the needs assessment was divided into three micro-surveys, with no survey containing more than 15 questions. Advance emails to market the needs assessment were sent to all directors. Each survey was targeted to the agency staff person who would be most likely to have access to the data.

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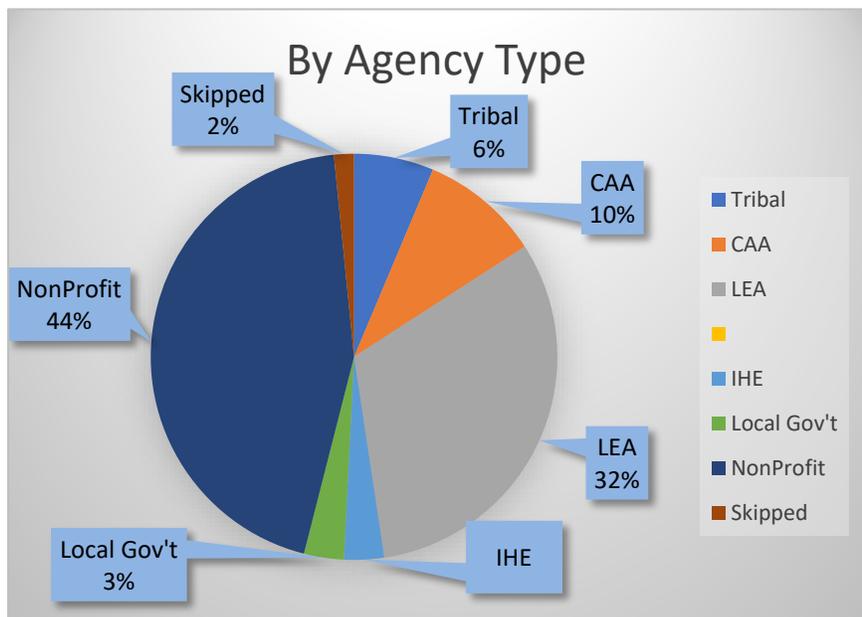
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# Results: Professional Development Needs Assessment

The professional development needs assessment was conducted by the California Head Start State Collaboration Office (CHSSCO) with support from Head Start California (HSC) between June 19 and June 30, 2020. A total of sixty-three (63) agencies completed the survey representing 42% of all California Head Start programs, with a 100% completion rate and an average response time of less than seven (7) minutes. The survey is reasonably representative of the field. By agency type, a majority of respondents represented:

- **Non-Profits 28**  
Make up 47% of Head Start agencies, and 44% of responses.
- **LEAs 20** Make up 36% of Head Start agencies, and 32% of responses.
  - COE 7
  - SD 13
- Tribal 4
- CAA 6
- IHE 2
- Local Gov't 2
- Skipped 1



## Executive Summary

This survey was conducted in June 2020, after Head Start programs had been operating under COVID19 conditions for more three months. The survey results reflect that, and the themes that emerge for their responses can be organized into # major challenges.

**Helping staff work effectively from home:** these include time management, work/life balance, and engagement. The loss of community and relationship-building and among staff due to required quarantine is a concern. This also includes the challenge managers face in supporting and monitoring their staff virtually, and creating and sustaining a positive work culture - the 2<sup>nd</sup> highest response for training priorities in the short term (see Item 4).

**Technology capacity:** Staff have disparate access to the internet and equipment and have a wide range of skills necessary for working remotely.

**High priority on health:** Head Start staff need training in the evolving COVID19 protocols; support for their own physical and mental health and well-being, and training to support families in crisis who also are challenged by the stay at home orders and struggle with work, feeding their families and isolation.

**Service delivery:** What families need has changed and / or intensified. Programs have to re-think the *content* of their work as well as the *venue* for providing it at the same time Working remotely with families is difficult and there is little to no guidance for this new reality. Staff need training on effective strategies for teaching and engaging children and supporting parents virtually.

**Uncertainty:** The most popular priority for Governance training was: Data: collecting, analyzing and planning. While this is consistent with prior surveys, combined with the other responses, it suggests that programs are uncertain for how to plan. They need support for forecasting, planning and developing contingencies. Comments in several section suggest that program leaders assume that virtual work will be the norm for some time.

## Needs Assessment Results

### 1. What are the three biggest professional development challenges in your agency right now?

**Technology - 27 Comments.** These comments focused on three areas:

- *Technology skills (9).* A lack of, or a disparity, of technology skills among staff
- *Equipment (7).* Agencies lack enough devices for all staff.
- *Internet Access at home. (6).*

**Staff Capacity - 26 Comments.**

- Community (8). Loss of connections and relationship-building due to quarantine
- Staff health (6). Balancing work/life, burnout, well-being, physical and emotional health, determining which staff can return to work, and helping them feel safe to return
- Staff shortages (4). Turnover, unfilled positions
- Dealing with Change (3)
- EHS Teachers with qualifications/expertise (2)

**Virtual Training - 22 Comments.** Learning online is creating major challenges for programs.

- *Learning design (7)*. Shifting to a virtual PD process requires managers to select and learn virtual platforms and re-design PD content [including onboarding of new staff (2), and pre-service planning for all staff].
- *Monitoring (5)*. Online learning makes it difficult for administrators to monitor staff development progress.
- *No Face to Face (5)*. The ability to gather for in-person training requires different strategies for teaching ideas and skills and how teachers monitor learner progress.
- *Engagement (3)*. Keeping staff engaged in the learning process in virtual PD.

**Time - 21 Comments.** The ability of staff to participate in PD/training is constrained by: staff scheduling conflicts (8x) as well as limited number of days available for training, and no paid time for staff to participate.

**Training Content - 21 Comments.** Independent of the virtual aspect of training, there were several comments that focused on the *content* of training.

- Relevant content / prioritized by staff (6)
- Coaching model training and support (4)
- Spanish or bilingual training (4)
- Lack of available trainers (3)
- Other (4)

**COVID19 - 13 Comments.** These covered a variety of training-related concerns, including: health training for all staff regarding COVID19 (11), and training on facility, group size/ ratio for center-based programs (3).

**Continuing Education - 10 Comments.** Staff are unable to pursue them because colleges are either closed, not offering enough child development courses, a lack of courses in Spanish, a lack of 'road maps' to assist Head Start teachers to successfully obtain the degrees and a lack of money to support their education.

**Service Delivery - 10 Comments.**

- Training for a virtual service delivery model (6)
- Training necessary for EHS-CCP providers (2)
- ERSEA
- Moving from structure curriculum to child centered

**Funding/Cost - 8 Comments**

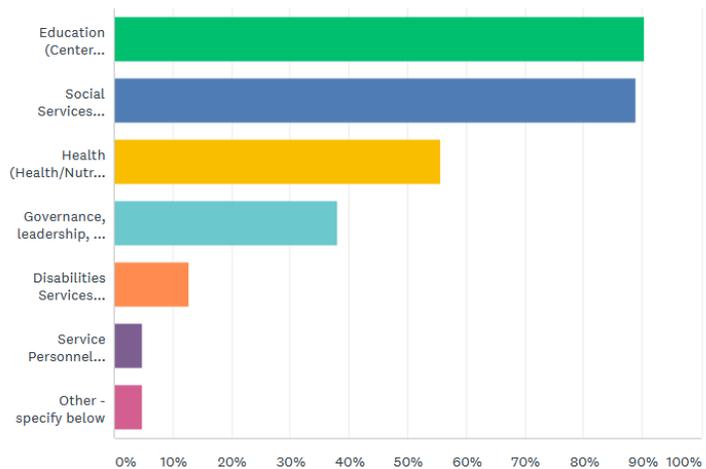
- Cost of training (4)
- State and federal budgets/funding for training or T/TA (4)

**Miscellaneous - 4 Comments**

- Racial and ethnic injustices and disparities; ensuring services and programs take an anti-racist stance
- Creativity in the classrooms
- CLASS
- Locations for all staff

**2. Indicate the 3 training areas in which you will invest most of your training and technical assistance dollars in the short term? [Select up to 3.]**

- Over 85% of respondents selected Education and Social Services.
- More than 50% also selected Health.
- More than 35% selected Governance.



**3. Governance & leadership: What training is most important for in the short term? [Select up to 3 areas.]**

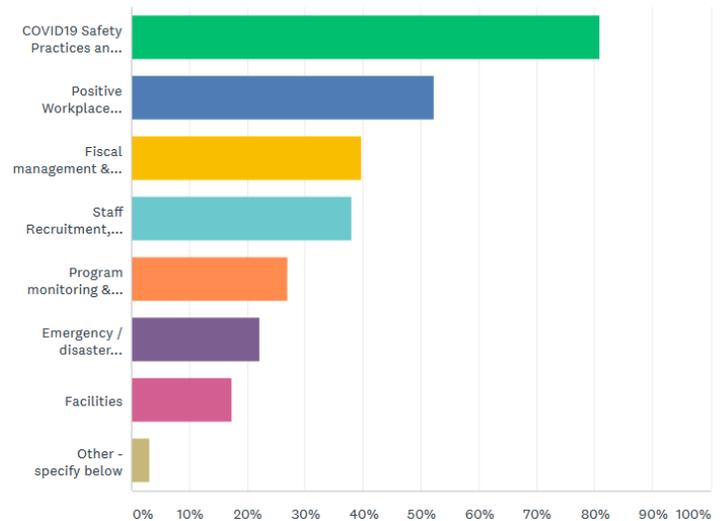
The top three responses were:

	N	%
• Data: collecting, analyzing and planning	42	67%
• Cultural Sensitivity & Unconscious Bias	28	44%
• Program monitoring & Evaluation / CQI	24	38%

#### 4. Operations: What training is most important in the short term? [Select up to 3 areas.]

The four most common responses were:

- COVID19 Safety Practices and Procedures
- Positive Workplace Culture
- Fiscal management & budgeting
- Staff Recruitment, Compensation & Retention 38%

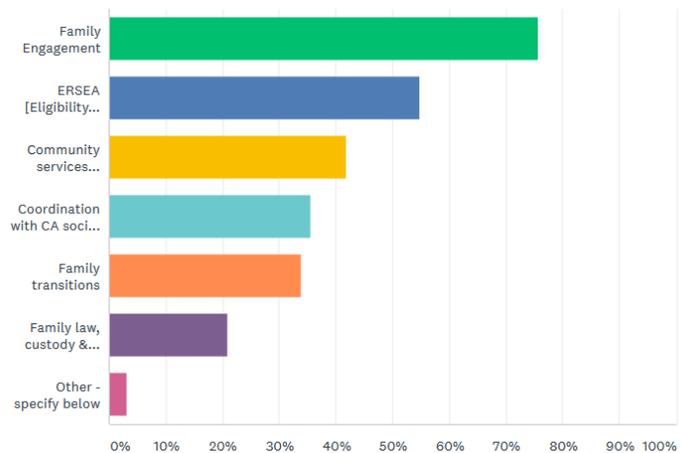


**5. Teaching & learning: What training is most important in the short term? [Select up to 4]**

	N	%
• Teaching remotely	54	86%
• Challenging behaviors	35	56%
• Assessment [e.g. CLASS, DRDP, ECKERS HOVRS]	25	40%
• School readiness goals & transition	24	38%
• Teaching practices	22	35%

**6. Social Services: What training is most important in the short term? [Select up to 3.]**

- Family engagement (75%) was most important to a large majority of respondents.
- ERSEA (55%) and Community Services ((42%) were also a training need



**7. Health: What training is most important for the next 2 years? [Select up to 4.]**

Between 67% and 75 % of all respondents identified four of nine areas as *most* important:

	N	%
• ACES, Trauma and Healing	47	75%
• Staff Wellness	45	71%
• Family Wellness	44	70%
• Social Emotional learning	42	67%

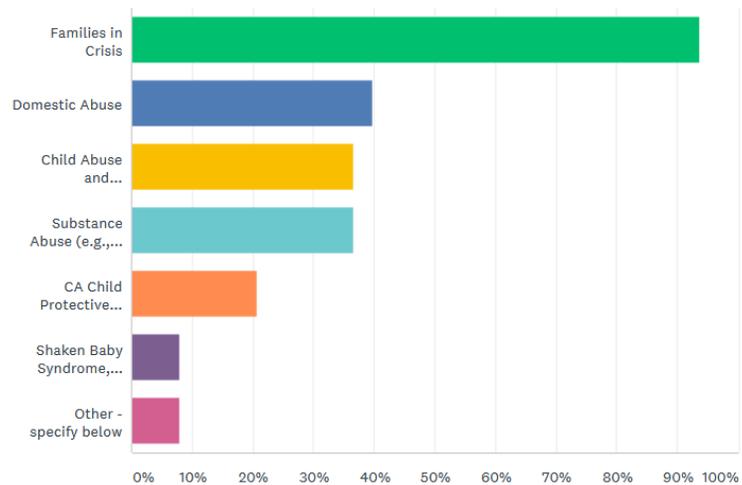
The other five response options were selected by eleven or fewer respondents:

- Nutrition / physical health
- Immunizations & Exemptions
- First Aid & CPR
- Oral Health

- Hearing & vision screening

**8. Safety: What training is most important in the short term?**  
**[Select up to 3.]**

After **Families in Crisis (94%)**, responders prioritized training on issues of abuse: domestic child and substance, 40% 37%, and 37%, respectively.



**9. Please provide any additional information that you think would help us better understand your professional development need**

**Training challenges**

- **Technology skills** are needed as our future in training will be dependent on a **virtual approach**.
- Unfortunately, some senior education **employees do not know or are intimidated in using Zoom**, etc., therefore, they **do not participate in any of the educational webinars**, etc. What can we do with this group while maintaining social distancing due to the COVID-19 pandemic, yet I do not want them to fall behind. Some of these senior employees are much more comfortable in obtaining info in **Spanish**.
- Trainings in **Spanish**
- It is important for distance learning to implement a model for those with no **access** to devices or the internet.
- It appears most training will have to be done virtually - **taking different skills on the part of presenters as well as participants**.
- As an agency, we want to deliver **consistent training** while staff are dealing with ongoing changes and challenges and ensuring that they are engaging in their trainings as we make every effort to adapt the training to their current needs.
- Helpful to have trainings that are accessible virtually for staff. We have high turnover so it's important for us to be able to access it for any new staff.

- Need more resources to **expand coaching** since it is the most effective method of learning. People retain more when they learn through hands on experience combined with ongoing reflective supervision, coaching, and/or peer mentoring. I'd like to be able to have a comprehensive coaching structure to individualize coaching focus, method, and dosage for ALL staff in our program.
- In the short- and long-term staff, will need access to a full array of training topics that can be complete online and self-paced.
- **Professional Development needs have changed** due to COVID-19 as staff now have additional time for training but have limited resources such as **not enough laptops for HV's and Teachers** to do at home and due to **limited internet access** in our area is another challenge plus staff would benefit from professional development **pertaining to the pandemic**.
- As a program we want to provide learning opportunities that have depth and are meaningful to families. We want to provide consistent learning opportunities across all of our sites and with all children. Our challenge is to develop something that is standardized, so that we know that all students have access to the same opportunities.

## Training Content

### *Health*

- **COVID-19 training** in all aspects of the program from policies to direct service support.
- **Health and safety remain our top priority**- which requires a lot of time and effort into thoughtfully planning and engaging our staff in the most necessary trainings while remote. We have learned that many of us are prone to "video conferencing fatigue" in which long hours spent online leads to more disengagement. So any trainings must be well executed, to the point, and engaging over a video conferencing platform.
- Due to COVID-19, our priority is the health and safety of staff, children and families. Our focus will be **staff wellness, families in crisis, trauma in young children**.
- We need to offer training in Mental Health for staff as well as for the families

### *Working with Families*

- There continues to be a need for cost effective **CLASS training** (including practice sessions) and **teaching strategies that enhance the frequency, duration, and depth of quality teacher child interactions** (whether they occur remotely/online or in person).
- **Challenging behavior** is a huge need - we have gone through the **Pyramid** training and it has been a great success (just a very long-term project). **Family engagement** and **recruitment** are huge needs too.
- Training specific to **working with families in the foster care system**.
- Training in **trauma-informed care**

- Supporting staff in developing their skills for **remote teaching and learning**.
- More focus on **Home Based Programs**. Center base typically gets a lot of attention/focus and HB is left out or skimmed over, particularly during the COVID re-entry discussions to date.

### **Guidance & Regulation**

- Different messaging from State, Licensing and EHS sometimes leads to conflicting guidance, which leads to confusion and complicates professional development delivery.

### **Other**

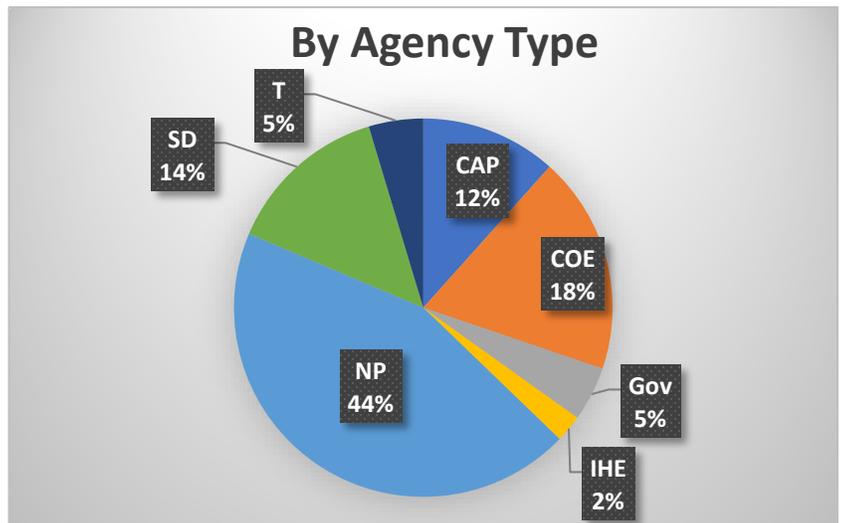
- Sending staff to training has proved difficult in the last two years, due to the challenges of having enough qualified staff in the classroom. Also, with budgets becoming more stretched as we work to implement new minimum wage requirements, training has to be of high quality to make it worthwhile to staff that are sent to attend.
- The staff needs to be trained in the importance of following through with professional development plans.
- We are a remote program and need help, (we) access other agencies for resources.
- Please keep us informed of any free quality professional development resources!

# Results: Early Head Start Child Care Partnership

The EHS-CCP needs assessment was conducted by the California Head Start State Collaboration Office (CHSSCO) with support from Head Start California (HSC) between June 19 and June 30, 2020. A total of forty-three (43) agencies completed the survey representing approximately 33% of all California Head Start programs, with an 87% completion rate and an average response time of just over three (3) minutes. By agency type, respondents represented:

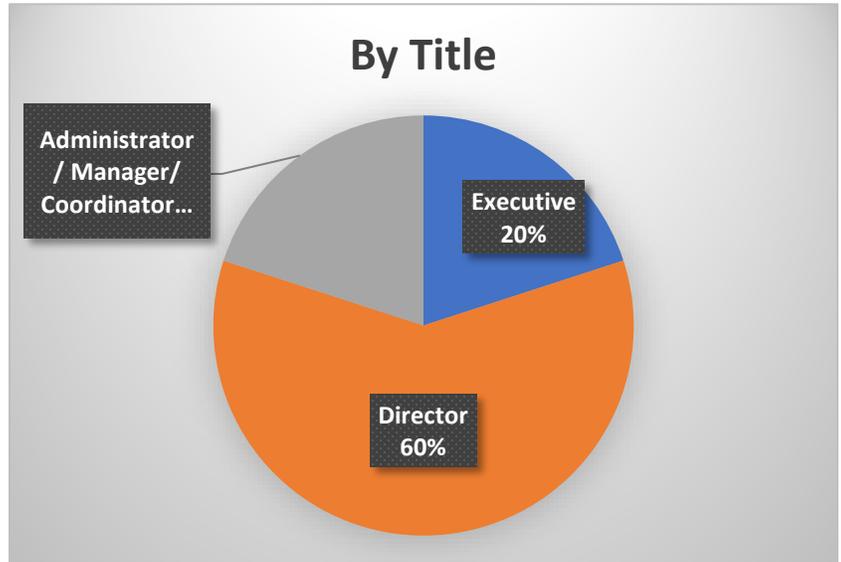
## By Agency Type

- 19 Non-Profit
- 14 Local Educational Agencies (LEA)
  - 8 County Offices of Education (COE)
  - 6 School Districts (SD)
- 2 Tribal (T)
- 5 Community Action Programs (CAP)
- 1 Institution of Higher Education (IHE)
- 2 Local Government (Gov)



## By Title of Respondent

- 6 Executive
  - 3 Executive Director
  - 3 Vice President
- 18 Director
  - 10 Director
  - 6 Program Director
  - 2 Assistant / Interim Director
- 6 Administrator / Manager / Coordinator



## Executive Summary

- 42% of EHS-CCP partner with both childcare center partners and family childcare partners.
- 45% (9 of 20) identified “reaching out to childhood providers with whom we already had relationships” as the most effective strategy
- 52% participate in a quality rating system.

Majority report they:

- Hold regular meetings with partner agency lead staff (95%)
- Review the partnership agreement (84%,); and
- Participate in discussions with frontline partner agency staff (74%).

Majority report that partners participate in workshops (100%), coaching (94%) and online training (79%).

### Education

<i>Partner agency staff</i>	<i>HS diploma</i>	<i>AA</i>	<i>CDA</i>	<i>BA/BS</i>
50% of partner agency staff had:	83%	36%	44%	
Agency provides partner agency staff opportunities to obtain	NA	68%	94%	50%

**50% report they have terminated partnership agreement and cite three top reasons:**

- Difficulty complying with Head Start Program Performance Standards
- Differences in program philosophy/mission
- Difficulty meeting staff child ratio and group size requirements

Only 1 respondent (5%) is currently considering terminating a current agreement.

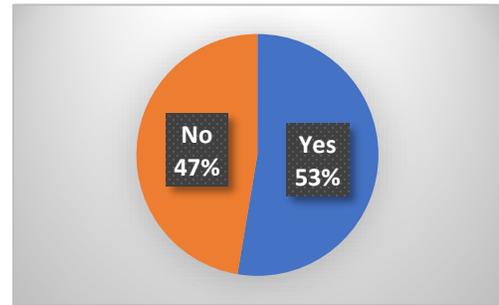
42% respondents have partnership agreements with other family childcare providers to serve Head Start eligible families?

# Full Report

## 1. Do you have an Early Head Start - Child Care Partnership grant?

20 Yes (43.5%)

26 No (56.5%)



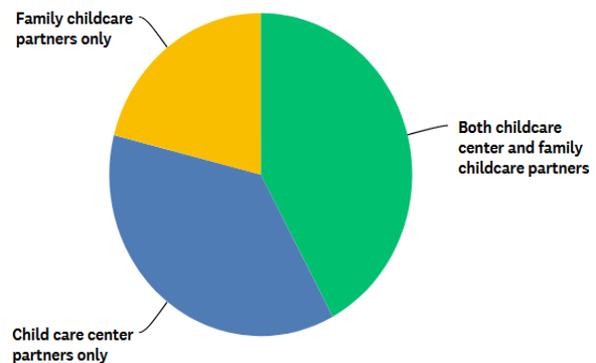
\* Note: Questions 2-13 are based on the 20 “Yes” responses to the first question.

## 2. When you initiated the Early Head Start-Child Care Partnership (EHS-CCP), with whom did you partner?

7 - Child care center partners only (37%)

4 - Family childcare partners only (21%)

8 - Both (42%)



## 3. Which of the following strategies did you find most effective for identifying childcare partner(s)?

9 - Reached out to childhood providers with whom we already had relationships

3 - Conducted in person interviews with childcare providers

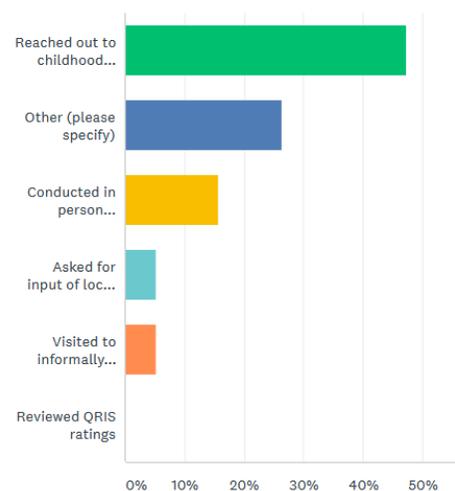
1 - Asked for input of local licensing agencies

1 - Visited to informally observe the program

0 - Reviewed QRIS ratings

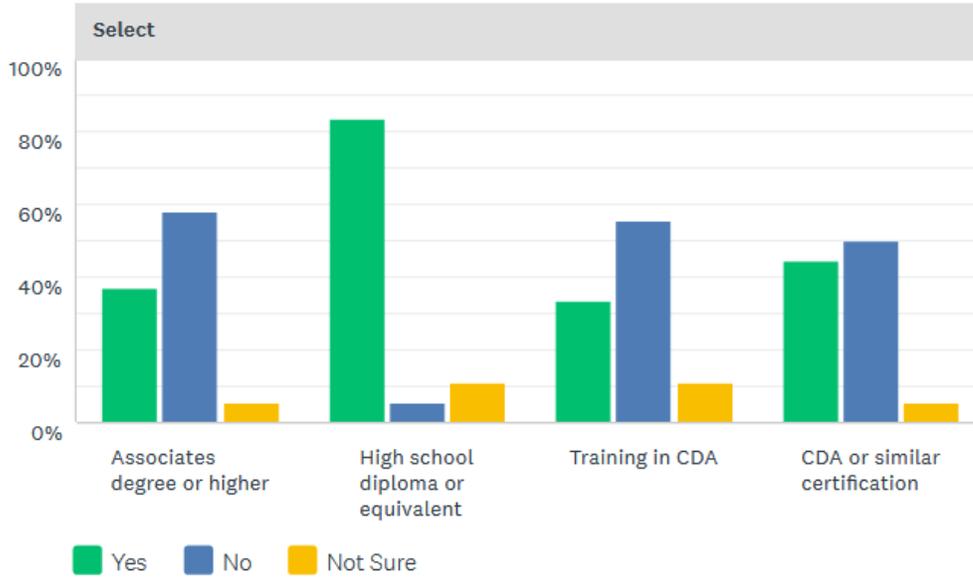
5 - Other responses:

- Partnered with R&R agencies to recruit and screen providers
- Partnered with our state contract - Blended funding
- LPC conducted community meetings to bring interested providers together
- Was already in partnership with HS program

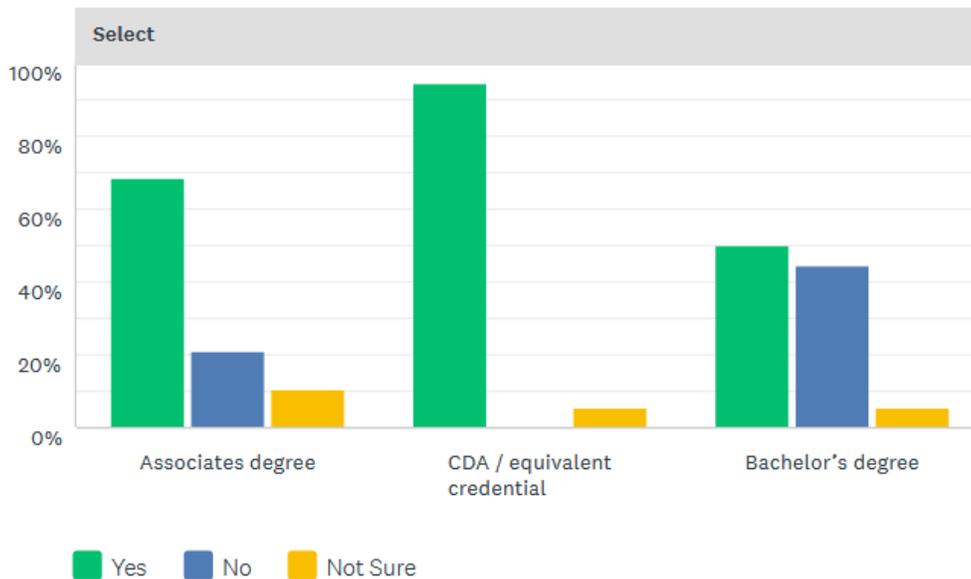


- We partner our own EHS with our own CCTR

**4. Did more than 50% of the childcare partner staff have a/an:**



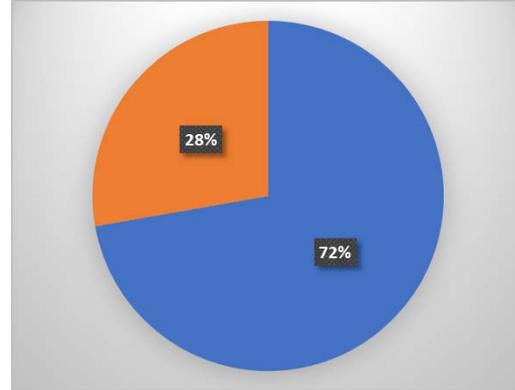
**5. Do childcare partner staff have opportunities through the grantee to obtain the following:**



**7. Did the childcare provider already participate in a quality rating system?**

13 Yes (2%)

5 No (23%)



**8. What, if any, training or professional opportunities offered by the grantee did childcare partner staff participate in?**



**9. To support the partnership, which of the following activities did you engage in? (Check all that apply)**

Hold regular meetings with lead staff	18	94.74%
Participate in discussions with frontline staff	14	73.68%
Review the partnership agreement	16	84.21%
Conduct staff surveys	10	52.63%

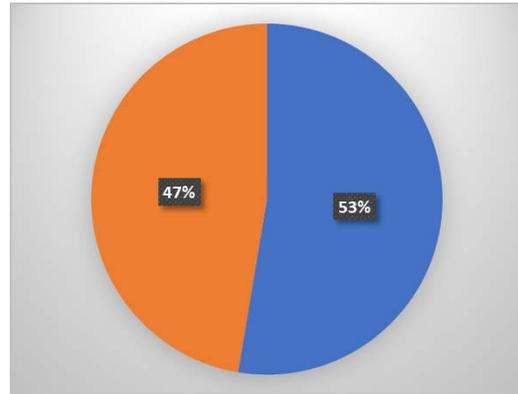
**10. What support would be helpful?**

- Continued training opportunities; support with bringing programs together (in person or virtually) to share resources, ideas, funding opportunities, etc.
- How to have clearer messaging between Head Start and local licensing entities. For example, licensing's ratio and group size requirements are very confusing and seem to be in conflict with FCC group sizes and ratios for Head Start. We understand that whichever is more stringent should apply, however, does OHS have any guidance on this?
- Additional funding to reimburse personnel for tuition reimbursement
- It would be help to provide support on legislation and the direction of the Early Childhood field as a whole.
- Starting partnerships with family childcare providers.
- Guidance on changes or modifications of the Policy and Procedures as a direct result of COVID-19.
- Meet with site supervisors and their Directors to ensure frequent and effective communication as it relates to meeting the operational guidelines and HS regulations.
- Crosswalks of state/federal requirements

**11. Have you terminated a partnership agreement?**

10 Yes (53%)

9 No (47%)

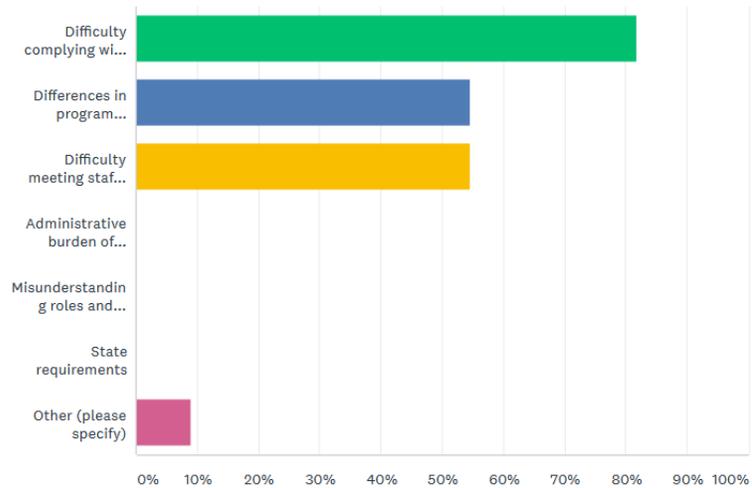


**12. What are the top two reasons you terminated the partnership?**

9 Difficulty complying with Head Start Program Performance Standards

6 Differences in program philosophy/mission

6 Difficulty meeting staff child ratio and group size requirements



Other:

Costs to the program (e.g. participation in CACFP, etc)

**13. Are you considering terminating a current partnership agreement?**

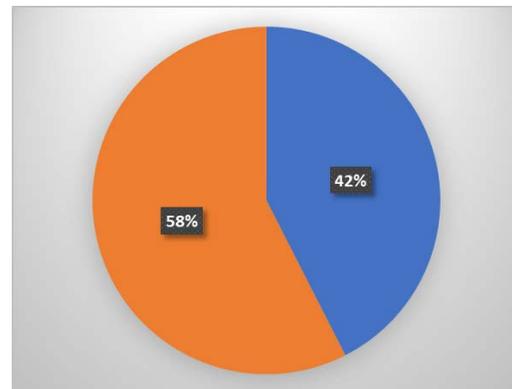
1 Yes

17 No (94%)

**14. Do you have partnership agreements with other family childcare providers to serve Head Start eligible families?**

17 Yes

23 No

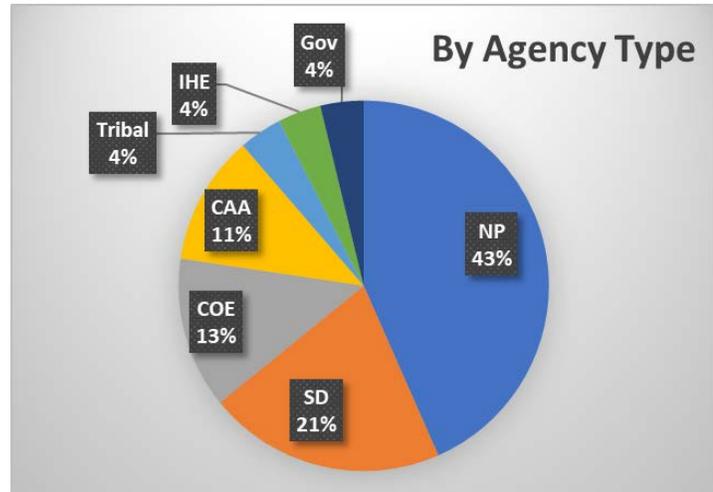


# Results: Home Visiting

The Home Visiting Needs Assessment was conducted by the California Head Start State Collaboration Office (CHSSCO) with support from Head Start California (HSC) between June 19 and June 30, 2020. A total of fifty-six (56) agencies completed the survey representing approximately 38% of all California Head Start programs, with an 98% completion rate and an average response time of just under two (2) minutes. By agency type, respondents represented:

## By Agency Type

- 23 Non-Profit
- 18 Local Educational Agencies (LEA)
- 11 School Districts (SD)
- 7 County Offices of Education (COE)
- 6 Community Action Agency (CAA)
- 2 Tribal (T)
- 2 Institution of Higher Education (IHE)
- 2 Local Government (Gov)



## By Title of Respondent

- 5 Executive
- 25 Director (Dir / Program Dir / Head Start Dir / Assist. Dir / Interim Dir)
- 13 Supervisors / Administrator / Manager
- 7 Coordinator
- \* 6 Skipped



## Executive Summary

The largest key finding is that 47 of 56 agencies (84%) did not apply for CalWORKs Home Visiting Funding ( SB 440, 2019). [It may be that these 47 respondents assumed the remaining questions applied only to agencies who received CalWORKS home visiting funding, because none responded to the remaining questions. This may be the result of placing the funding question first.]

### **Although responses are limited, program did identify...**

*What works: Curriculum, Parent engagement, partnerships*

- professional and trusting relationships built between staff and families has shown to be impactful
- evidence-based curriculum promotes resilient, strong families that nurture healthy development
- Identifying clients through the partnership

*Challenges:*

- limited flexibility in contracts to effectively maximize funding and resources
- internal and external overlaps in what home visitation programs have to offer and the referral process and model
- Enrollment and turn over

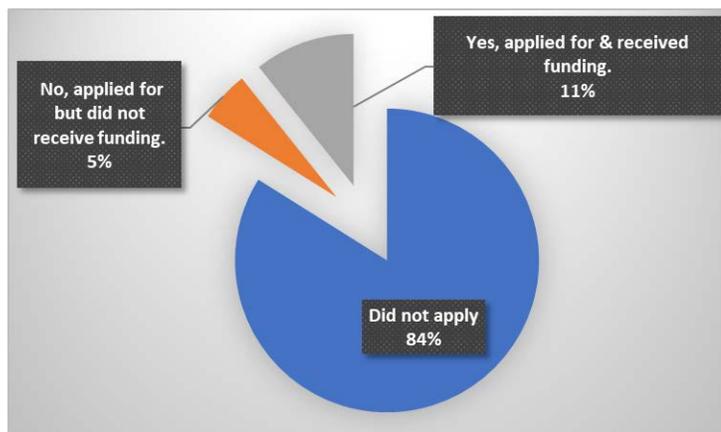
## Needs Assessment Results

1. In 2018-19, SB 840 provided for the CalWORKs Home Visiting funding through County Welfare or County Home Visiting Programs. If you applied for the funding, did you receive funding?

6 Yes, applied for and received funding.

3 No, applied for but did not receive funding.

47 Did not apply.



## 2. Overall, in working with your county in home visiting, what's working?

- The Home Visitation Consortium in LA County has been able to pull together resources and advocacy efforts. Home Visitation is valued by the Board of Supervisors. Home Visitation remains a valued program option for the communities we serve, which have (according to our community assessment) stay-at-home parents and caregivers who desire this model.
- Families served are provided resources needed to become self-sufficient, as well as promote health and safety of all in the home. Additionally, evidence-based curriculum promotes resilient, strong families that nurture healthy development. The professional and trusting relationships built between staff and families has shown to be impactful among many families who have continued services. Socializations provide an atmosphere for both parents and children to participate in group activities and interact with peers.
- Identifying clients through the partnership with the Kern County Department of Human Services and providing services to clients.
- Making home visiting more available to families.
- Curriculum, Parent engagement, partnerships
- Having the opportunity to bring services to the home environment. Building relationships with other family member in the home, male engagement. Services to pregnant women. Direct connections to community resources for the families served. Connection to special services, mental health

## 3. Overall, in working with your county in home visiting, what challenges exist?

- Early Head Start representation at the Consortium is low. Agencies like ours, who run both EHS Home-Based and CalWORKs-funded home visitation models, do not have flexibilities in our contracts to effectively maximize funding and resources. Often there is internal and external overlaps in what home visitation programs have to offer.
- Engaging families with limited materials and supplies has been somewhat of a challenge, as well as sustaining interest and commitment during visits.
- Initially the sharing of the material goods amount each family was going to receive was not clear to clients. Clients were expecting a cash payment for participating. Due to the COVID-19 Pandemic we have had some challenges communicating

with the families. Many families do not have a stable home and reaching out has been challenging.

- The referral process and model are the challenges we experience.
- Enrollment and turn over
- In the central valley, we have families that work for the dairy industry but because they work long hours and double shifts. They get paid more which then have to work more making their salary higher. This over worked families get paid over the income qualification for Head Start requirements but still have that need for services for their families as they live in rural areas isolated from county services and resources.

4. If no, please share the process and why you didn't receive funding.

- We are a Delegate Agency. Our Grantee does not allow us to apply.
- Federal Native Program