

***United Children’s Services of Bennington County  
Bennington County Head Start  
Bennington County Early Head Start  
Self-Assessment Report 2022-2023***

<b>I. Introduction</b>
a. Briefly describe your program (745 characters)
<p>United Children's Services of Bennington County is recognized as a 5STAR program at all locations for high quality early childhood education by the Vermont Agency of Human Services and in addition to federal regulations. The program is funded to enroll 121 preschool slots with its Head Start Grant and 48 infant and toddler slots with its Early Head Start- Child Care Partnership Grant annually, at licensed centers and partners in Pownal, Bennington, North Bennington, and Manchester, under one consolidated grant. The program operates with three licensed centers of its own, and four active partnerships in total, down from six partnerships, and employs on average 60 staff, in the catchment area of Bennington County.</p>
b. Provide a context for your Self-Assessment process (870 characters)
<p>The Head Start/ Early Head Start management team comprises the Self-Assessment Team along with parents, Policy Council, UCH Board, Staff, and community partners’ input. Data sources are reviewed in each content area. Each coordinator or manager writes their own strengths, areas of improvement, and determines progress toward the Five-Year Goals in the grants. Staff provide input to the Self-Assessment at the SOAR analysis of the program and the Appreciative Inquiry session held this year in June, where each content area manager and three coordinators presented data then organizing questions for staff review, analyzation, and input.</p> <p>Further, a team of five staff completed the Center for the Study of Social Policy Strengthening Families Self-Assessment booklets, covering the Five Protective Factors areas, as a complement and to look deeper at systems and supports.</p> <p>Three Self-Assessment meetings were held in the summer May to July (beginning, midpoint, and end) for analyzing data, reporting out to other content areas, and in writing the report.</p>
<b>II. Methodology</b>
a. Describe the design of your Self-Assessment and identify the members (1,500 characters)
<p>BCHS Annual Self-Assessment Team; May to July 2023:</p> <p>Betsy Rathbun-Gunn, Director  Rebecca Bishop Ware, Associate Director  Beth Wallace, Assistant Director  Kim Lawlor-Batty, Early Head Start Manager  Tonya Havens, Head Start Education Manager  Grace Winslow, Head Start Health Manager  Joselyn Boyd, Disabilities- Mental Health Coordinator  Cindy Randall, Operations Coordinator  Lisa Biddle, Transportation Supervisor  Allyson Gerrity, Early Head Start Health Case Manager  Stephanie Eames, Partnership Coordinator- FSW</p>
b. Provide the Self-Assessment time frame (1,465 characters)

Ongoing monitoring and continuous Quality Improvement cycled through the school year. The initial Self-Assessment Team meeting was held in May. The midpoint team meeting, where findings to date and other data to review was held in June. The final team meeting was held in July 2023, where each member discussed their findings and recommendations to the improvement plan. Community Partner and Policy Council recommendations were further discussed. The Policy Council and Governing Board were advised of the process, included in surveys, discussion about findings and their input, and recommendations for goals and program improvements monthly over the summer meetings, and final reports and results discussed and approved at their respective meetings in August and September 2023. Community Partners were surveyed in May and June 2023. Staff provided input in June. Five direct service staff interviewed a wide variety of staff from every content area, including management and other direct service staff in May and June 2023, led by the Operations Coordinator, and completed the CSSP Self- Assessment booklets for more information.

c. List the data collection tools used (730 characters)
<ul style="list-style-type: none"> <li>• School Readiness goals and child outcomes TSG data for all children: Fall 2022, Winter 2023, Spring 2022 &amp; 2023; for EHS children also Summer 2023</li> <li>• PIR Report 2022</li> <li>• PIR data collection 2023</li> <li>• Child Plus data reports 2022-2023</li> <li>• UCH Annual Report 2022 &amp; report data collection 2023</li> <li>• Family Services Outcomes based on Florida Family Assessment Tool</li> <li>• Staff IPDPs in BFIS 2022-2023</li> <li>• Community Partner survey, Microsoft Survey 2023</li> <li>• BCHS-EHS Family Feedback survey, Microsoft Survey, Spring-Summer 2023</li> <li>• Kindergarten Readiness Survey 2022</li> <li>• CLASS national scores, OHS 2022</li> <li>• BCHS-EHS Community Assessment 2019, and annual updates 2020-2023</li> <li>• UCS Employee Satisfaction Survey 2021</li> <li>• Disabilities and screening data 2022-2023</li> <li>• Policy Council Interviews and feedback/ updates: June, July, August 2023</li> </ul>
d. List any additional information used during Self-Assessment (965 characters)
<p>Results of the three meetings for Self-Assessment  Strengthening Families program Self-Assessment booklets (CSSP)  ECLKC Self-Assessment modules and templates for training</p>
<b>III. Key Insights</b>
a. Describe the strengths of the program (965 characters)
<p><b>Facilities and Program Supports to Staff, families, and children after the fire at West</b>  Due to a fire at the West location in December of 2022, the building was closed for the remainder of the school year and for the summer program. The program was able to provide families and staff with needed clothing and winter gear that families were unable to retrieve from the building. Students were relocated to other classrooms (Pownal, PKA, and PKB) and two classrooms were moved to different buildings. PK3 was moved to the Spring Center, and PK2 was moved to Park. The moving of children and classrooms in a short time eliminated time children would have been unable to attend the program. Dr. Bob Hemmer worked with staff and children to cope with the fire.</p> <p><b>Staffing/Filling Openings</b>  The two-year opening for the Bus Driver position was filled and the staff member received their CDL with school bus and passenger endorsement. Due to the hiring of a second bus driver, there are now two bus runs, and more children are able to be served transportation services. More positions filled are Mental Health and Disabilities Coordinator, Behavioral Interventionist, Co Teacher, Floater Teacher Assistants, Cook, Administrative Associate, and Summer and Afterschool Assistant. The Administrative Associate role was created and filled to support Child Plus system monitoring.</p> <p><b>Professional Development</b>  Professional Development of all staff continues to be a strength for the program. Trainings covered over the past year include Cerebral Palsy Training, Power of Observation, Health and Nutrition, Nurturing Healthy Sexual Development, SOAR, Zones of Regulation, NAP-SACC, Nutrition Goal Setting, ASQ, HCRS, two MTSS trainings, Zone Supervision, TSGold Overview, Motivational Interviewing, DECA, CSEFEL, Family Style Meals, Home visiting Safety and Logistics, Bus Monitor, Darkness to Light, Theory of Enchantment, and Mental Health First Aid. Professional development for the upcoming year includes Health and Nutrition, Power of Observation, Sharing Observations, Pedestrian Safety, TSGold,</p>

DECA for Adults, Four Winds Nature, ELOF for HS and EHS, CLASS Overview, Safe Sleep, Language and Literacy, and more.

**Less turnover and Astron** Education and promotion of staff from within is embraced. One staff earned an associate degree in early childhood education from CCV, two staff earned a master's degree in education from Champlain College. Five staff continue their enrollment at CCV taking courses or enrolled in the associate in early childhood degree program. One manager is completing Early Childhood coursework toward the VT Director Credential Step 2 at this time. Practice Based Coaching continued to support staff this year with a variety of onsite and virtual support to improve the delivery of services. Due to COVID19, while partner education staff completed the Needs Assessment for Coaching, partner program directors did not allow their staff to engage in Coaching, both due to crossover of center staff to help reduce the spread, as well as, and chiefly due to a lack of coverage at the partner sites in all classrooms. Through the Astron market rate adjustments, most staff received salary increases this year as well as a 3% COLA increase. Since the Astron market rate adjustments, staff turnover has decreased.

**Education and Transition Services** Child Outcomes and School Readiness Goals showed low data points at fall checkpoints again this year and compared to other years pre-pandemic except for the physical domain area, which data showed closer to pre-pandemic levels. Once again, despite lower beginnings, children continued to make large amounts of progress in each domain area of learning over the year as evidenced in the midpoint and final checkpoint data reports. We continue to work with families and staff to provide training opportunities, knowledge, and supplies to increase children's readiness for school. Research is being conducted on a worldwide level and we still will not know the effects and the amount of time it will take for these children to close the gap of this lost learning time. Much work has been completed studying effective transitions into programs, between program placements and EHS to HS age groups, and to other programs and kindergarten this year, and based in the Associate and Assistant Director's graduate programs quantitative research studies, which informed a program staff transition committee and led by the Head Start Education Manager over a four-month time period. As a result, transitions have been based more in evidence, lengthened over extended time, more inclusive of family communication, more training for staff added, and further include staff needs in addition to children, families, and receiving classrooms/ sites/ schools.

#### **Internal transition procedures**

A transition procedure was written for internal transfer from EHS to HS and transition to kindergarten. More notice for transitions is needed in order to complete the transition procedures to fidelity. We were able to introduce parents to Creative Curriculum and send home center sheets, but this stopped after the fire at West. The implementation of Creative Curriculum was both a strength and a challenge, the challenge being the teachers' understanding of the curriculum. The transition procedures will be streamlined and strengthened in the upcoming school year. Staff are trained in and will continue professional development on TSGold, CSFEL, Conscious Discipline, and EMTSS. The Head Start classrooms from North Bennington and Spring took field trips to the library and VAE, and Pownal will go in the upcoming school year. In the upcoming school year, we are looking into the two-year-old classrooms participating in swimming at the Rec Center and will need to follow licensing swim plans and ratios.

**Disability supports** increased to children, families, partners, and staff this year. Our Mental- Health Disabilities Coordinator is very well-connected to Children's Integrated Services – Early Intervention (CIS-EI) as well as the Early Education Program (EEP) providing IEP services at the LEA. Disability rates continued to grow this year to about 27% of Head Start preschoolers and 62% of Early Head Start Infants and Toddlers over the year. The Disabilities Coordinator has further documented the complexity

of the needs of children increasing. One example of this is medical diagnosis of children, with adaptive equipment needs. In addition to working with partner providers and securing equipment for the classroom, helping to secure equipment for the home, as well as coordinating training for both the family and the staff together to help support the needs of the child. UCH acquired a Vermont Child Development Division Special Accommodations Grant for a child with special needs to have one-on-one support for 25 hours per week. Staffing the one-on-one was difficult with UCH being understaffed and at times having a one-on-one staff member in the room was not possible. UCH acquired a high-low activity chair for mobility, feeding and activity for a child to accommodate their disability. Partnerships with SVSU and EI for educational support team meetings, referrals, and IEP meetings are strong. Referrals from EI to LEARN (ABA services) have increased support for 5 children with more children on the list. Family support workers and Mental Health and Disabilities Coordinator meet monthly to continue to help strengthen parent advocacy for children with disabilities on their caseload. Staff provide classroom accommodation and modify curriculum to adapt for children with disabilities. There has been 100 % attendance from all families at IEP kindergarten transition meetings. IFSP to IEP transition meetings have been well attended by families. There is an increased rate of children that transition from Early Intervention onto an IEP. The program continues to improve staff knowledge through professional development for more complex needs of children particularly with autism.

**Transportation**

Family Support and Health staff offer some limited transportation to medical and dental appointments if families are struggling to make other modes of transport work for them. Bus and pedestrian safety is done at registration with all parents regardless of if their child will ride the bus. All information is entered into Child Plus accordingly. Classrooms also utilize curriculum throughout the year to reinforce the importance of pedestrian safety in all settings, as well as in and around school buses. One EHS child was transported by bus this summer.

**Health:** There were more hearing and screening passes due to children staying home when not feeling well, therefore it was seen that children are hearing better in the data. The numbers of IHPs and meal modifications have not changed, but inhalers are up from a few years ago-there are fewer sick children and a need for inhalers. All children were screened within the first 45 days of the start of the year. EHS continues to have a strong collaboration with Early Intervention for screenings and exchanging of information and communication is strong.

b. Describe systemic issues (1,085 characters)

**Staff Qualifications** is one of the greatest challenges of the last three years. Due to staff turnover, there has been a challenge of filling our available openings with qualified applicants. When a position turns over, we are no longer able to enjoy interviewing multiple qualified applicants and finding the best fit for the program. We now wait and see if there will be any applicants, and which ones might be viable due to on-the-job training and program support with higher education opportunities as they seem to have positive professional dispositions to support their learning the job. There are staff vacancies to be filled for the following positions: Family Support Worker, School Age Program Coordinator, Head Start Teacher, Head Start Teacher Assistant, Floater Teacher Assistant and Substitute Teacher Assistant. In Head Start, four teacher assistants currently have a CDA, two are enrolled in coursework for their CDA, three assistants have bachelor's degrees, and two are working towards their associate's degree. There are three Head Start licensed teachers. Four EHS Co Teachers have a bachelor's degree, three are taking coursework to complete their associate degree, two have a CDA, and four are taking the CDA course currently. Turnover for the kitchen staff resulted in one new cook being hired that needs more training due to lack of experience. A dietician was hired to review our menus. There are currently 8 Head Start parents on staff and 10 former parents.

**Engagement**

The Welcome Week at the beginning of the school year gave families an opportunity to engage with staff and each other. A Welcome Week is planned for this upcoming school year in September.

A parent committee has been established with varying attendance by site. Spring has 4 attendees, 1 at Park/West, and 3 at Pownal. Partners will be included in the parent committee this upcoming year. Playground meetups will include the entire community this year and not just families with children transitioning from Head Start to kindergarten. There have been several family events planned at pickup time, with this time showing an increase in participation. The events have included herb planting, pumpkin painting, cooking club, explorers club. The bus and vans have taken home activities that are paired with education such as the Harvest of the Month and gross motor activities. These activities are connected to School Readiness goals. The past year has had a good jump in increasing engagement following the pandemic and we will look for more opportunities to increase engagement this year. The caseloads of the FSWs are lower but the needs of the families are more than resources and referrals. FSWs are utilized for registrations, classroom coverage, pre-k needs, and CCFAP.

**Enrollment and Partnerships**

MEMS has returned to onsite services from the management team. Enrollment is limited at MEMS as they limit their class size to 10 children and have two classes. There has been no targeted recruitment of HS families, but we will reach out to see if any of the children at MEMS qualify for Head Start. We supplied family bags to bring curriculum into the home. We had two partnerships last year and anticipate three in the upcoming year. A long-standing partnership is being evaluated. The model the partnerships will be following for next year is two meetings per month. Our Oak Hill partner is experiencing unqualified staff and high turnover. It is difficult to have Oak Hill attend our professional development due to coverage at their site and not closing. Our contracts with partners have changed with required documents to ensure regulations are fulfilled. There has been under enrollment of the 8 slots, and we filled two of the slots from our own program for 6 months. Targeted enrollment recruitment will include community events and community locations that our families shop at. Our attendance was highest in September, May, and June. January is our lowest month for attendance. Staff at SOAR strategized how to improve January attendance and we will host a health-related family event in January to increase engagement and attendance. The new attendance tracking for PreK will extend into EHS. Attendance was affected by exclusion criteria for children that has lightened since the pandemic, and the loosening of the exclusion criteria should help to increase attendance.

**Mental Health Services, and transition** is a need this year due to the high number of children and families with Mental Health needs this year, combined with our staff vacancy of the Behavioral Interventionist. Previously we combined the use of the developmental screener ASQ online with the ASQ-SE instead of the DECA, but this year we returned to the use of the DECA. We returned to using the DECA after education staff report children's screen and follow-up needs both in the classroom and in working with families better served by the DECA. We worked with community partners, BBF, and program staff to resume use of the DECA tool last school year, which included staff administrative and training needs, both in the content of the screening and the tools themselves, as well as supporting children, families, and staff in follow-up and an added layer of sharing results with our Mental Health provider and including for resource and referral and training supports. DECA shows progression/depression over the course of the year and captures a more accurate picture of development. Other ways that mental health services can be improved include communication with classrooms and mental health services provider, and more support services beyond the mental health clinician observation to partnerships, both in the northern and southern areas of our county, which has further suffered due to staffing vacancies. Improvements might be found in alternative ways to provide mental health services, our new Behavior Interventionist positions, Camp Be a Kid referral at UCS, our grantee agency, next summer, where is there an opportunity with CYFS as well as equine therapy at UCS. This will require strong follow-up with another division within the grantee agency and communication. Another area to potentially improve services includes the

Mental Health Clinician classroom observations tools, and using the Head Start resources and checklist, working toward an increased contract, exploring the DECA-C, clinical tool and determining if a fit for our program. To help increase staff mental health support we will continue to use Invest EAP, and we engaged with a Head Start Resource with the Harvard Wellness study last school year. Staff have struggled with challenging behaviors. We have put an emphasis on staff, staff preparedness, and changing their mindsets for the upcoming school year to a more positive mind set. We are looking for opportunities in the upcoming year to provide opportunities to discuss social and emotional issues in a racial and cultural context with our families. The DLLPA group is still meeting, and literacy audits have been completed. We have used interpreter services and translated materials in the classroom and materials that go home to families. Interpreter and translation services have been a challenge as well because the classroom staff are unsure when they need to be used. We have planned a training in the upcoming year to help the classroom staff navigate interpreter and translation services.

STAMPP (Vermont Department of Health) grant was awarded, and we started a new program Mothers and Babies focusing on Maternal Mental Health. All FSW's have been trained in this program. The program provides stress reduction strategies and opportunities to provide each other support, weekly meeting over the summer. The program is provided to our partners as well.

All HS staff received Early MTSS training this past school year and EHS will receive MTSS training in the upcoming school year. Family support workers and the Mental Health and Disabilities Coordinator meet monthly to discuss mental health needs for families, if support is needed, and resources when needed. Dr. Bob Hemmer's caseload is full, and he is providing services at Park and Spring. We are collaborating with Children Youth and Family Services to bring in a behavior interventionist.

### **Building and Safety needs**

The Park and West centers need accessibility ramps. Building inspections of the interior and exterior of Park include chronic issues with the siding, windows, mold, and elevators.

The Pownal site must become a priority in the coming school year and is supported by both the Policy Council and the Governing Board. The program is currently housed in a modular building on the public-school grounds, over twenty-five years old, and with a twenty-year-old lifespan. There are many maintenances and repair needs now, necessitating the cost of replacement over the extent of the repairs needed, and due to the priority of a health and safe environment for children, families, and staff. We have been and continue to work with our Region 1 staff on the replacement of this facility and a 1303.44 application.

Playground and safety checks have shown environmental concerns at the Spring site.

Lock down and lock out drills have been conducted with evacuation as a first choice in drills using ALICE. Data has been used to inform decision making in drills. After expanding emergency training to include ALICE skills this year, all buildings have needs for safety and security based on individual assessment, and including items such as reunification kits, go bags, and increased first aid kits. Other items needed include general repair and maintenance including roofing and painting. To enhance our green sustainability, there are sites in need of LED lights replacing old fluorescents, and when a bus is needed again, this program has been researching electric options, as well as electric vehicle charging stations.

**Dental Services:** Dr Brady increased appointments.

A dental hygienist applied SDF/Fluoride Treatment to over 90 EHS /HS children in February 2023. We have contracted with a new dental hygienist to start doing screenings and the application of Fluoride and SDF.

VDH acceptable lead level went down almost a year ago, and pediatric offices are catching up now. The FTS committee is not meeting and will determine the schedule in the future. The ENT in East Dorset is now referring to Rutland or Dartmouth. Advanced Eyecare has one afternoon per month for kids' appointments only. See our vision screening follow up.

**COVID-19 impacts to health services** in our community.

Family style meals have returned to the classrooms. The subjective exclusionary guidelines still impact teachers and families.

Health staff and FSW connection for family follow-up has increased.

Toothbrushing is reinstated as it was pre-pandemic. We have a dental hygienist with a new contract.

VDH will train nursing staff to apply fluoride and will be able to regularly apply.

c. Discuss the progress of the program in meeting its goals and objectives (1,085 characters)

**Goal 1: By 2026, UCH will develop and implement an approach to individualization and transition that addresses implicit bias and recognizes the uniqueness of every child and family served by UCH.**

The ASQ has been utilized for goals. Child placement and accommodation are done with complex needs in mind. Staff attended a milestone disability training and an ASQ training. A parent series is planned with the EHS Manager and Mental Health and Disabilities Coordinator for the upcoming year. The Benning Community Kindergarten Transition summit will be attended by the Head Start Education Manager.

**Goal 2: By 2026, UCH will create, maintain, and strengthen partnerships with community agencies and with the families we serve, in order to best support our clients and ensure the sustainability of the Head Start/EHS program.**

UCH involves parents and community members in being an active part of the Policy Council. UCH staff actively participated in Strengths Opportunities Aspirations Results (SOAR) training where Family Engagement opportunities were brainstormed to involve family members throughout the school year and beyond. Members of the UCH management team regularly meet with current partners to foster the relationship. UCH partners with dental and health care providers and that relationship is fostered by our Health Case Manager. A new partnership is beginning with MPCC. UCH has developed a partner handbook. UCH continues to discuss partnership with Fisher Elementary School. Contracts with partners have changed to include bimonthly meetings in person and virtual, with quarterly cross cover.

**Goal 3: By 2026, UCH will have established an organizational culture that elevates staff knowledge and expertise in service to children and families.**

UCH has increased the minimum pay to recruit and retain knowledgeable staff. UCH staff regularly engage in ongoing professional development training to further their knowledge and expertise within the early childhood field. Astron market rate adjustments provided salary increases for most staff. UCH has supported staff in continuing their education by funding college courses and textbooks. Selected UCH staff participated in coaching from an approved, research based coaching model, over the course of the year to strengthen their knowledge and skills.

#### **IV. Recommendations**

a. Recommend areas for program improvement (735 characters)

A separate document is attached: Program Improvement Plan 2023-2024



