

SEVCA Windsor County Head Start
Annual Report 2015-2016



Table of Contents:

- I. Public & Private Funds
- II. Budget Expenditures
- III. Proposed Budget for 2016-2017
- IV. Financial Audit Results
- V. Total Enrollment, Average Monthly Enrollment, Percent of Eligible Children Served
- VI. Dental & Medical Exam Results
- VII. Parent Involvement Activities
- VIII. Efforts for Preparing Children for Kindergarten

**Southeastern Vermont Community Action (SEVCA)
Head Start Annual Report
June 2016**

GENERAL PROGRAM OVERVIEW

Southeastern Vermont Community Action (SEVCA) Head Start is funded to serve 87 children. Any child living in Windsor County that turns 3 years old by September 1st may be eligible for the program if they meet other program requirements, notably income eligibility. Windsor County consists of the following towns: Andover, Baltimore, Barnard, Bethel, Bridgewater, Cavendish, Chester, Hartford (incl. White River Junction), Hartland, Ludlow, Norwich, Plymouth, Pomfret, Reading, Rochester, Royalton, Sharon, Springfield, Stockbridge, Weathersfield, Weston, Windsor, West Windsor, and Woodstock.

There are currently 7 classrooms at 4 different sites:

Chester ~ Chester Community Preschool has two collaborative Head Start classrooms in partnership with the Windsor Southwest Supervisory Union, serving 37 children, of which at least 22 are Head Start eligible.

Springfield ~ Pine Street Preschool has three Head Start classrooms with ten spaces available for child care, serving 45 children..

White River Junction ~ Northwoods Head Start Center has one Head Start classroom serving 15 children.

Windsor ~ The Children’s Place Preschool has one Head Start classroom and serves 15 children. (This center was not open this program year as we are still trying to locate a new building, so home-based services were offered to these families.)

FUNDING AND BUDGET

Public & Private Funds ~ In 2016-2017, SEVCA Head Start received a federal grant of \$739,939. A matching non-federal share of \$188,347, in cash and in-kind donations was also generated, in addition to \$13,451 in training and technical assistance funds for a total of \$941,737 in program resources.

Summary

Personnel:	\$446,308
Fringe Benefits:	\$138,722
Travel:	\$ 9,100
Supplies:	\$ 56,100
Other:	\$ 89,706
Total Operations Budget:	\$739,936
Training & Technical Assistance:	\$ 13,451
Non-Federal Share / In-Kind:	\$188,347
Total Grant Budget:	\$941,734

Budget Narrative

Personnel: \$446,308 – staff salaries and wages (See attached spreadsheet)

Fringe Benefits: \$138,722 – required payroll costs and employee benefits (See attached spreadsheet)

Travel: \$9,100 – out-of-town staff travel for attending a training / conference, etc. not offered locally.

Supplies: \$56,100

Office Supplies: \$20,000 – paper, pens, copier rental, printing needs, etc. for operating the program.

Child & Family Services Supplies: \$35,100 – includes monthly budgets for curriculum enhancement (3,000), classroom materials (25,600), replacement of classroom manipulatives (1,500), pull-ups, wipes, sunscreen (1,000), and paper supply products (4,000)

Food Service Supplies: \$1,000 – cost of monthly nutrition projects for each classroom and other needed kitchen supplies

Other: \$89,706

Rent: \$26,232 – rent and/or utilities for one classroom and administrative office space

Depreciation: \$2,275 – depreciation for the Pine Street Preschool building.

Telephone / Utilities: \$12,000 – telephone, fuel oil, electricity, & internet service for classroom sites and administrative office

Liability Insurance: \$5,000 – required coverage to be licensed and protect against liability

Building Maintenance: \$8,500 – anticipated building maintenance needs

Local Travel: \$12,395 – reimbursement for an estimated 25,760 miles of local work-related travel at .52 cents per mile

Child Services Consultants: \$7,500 – cost of contracts with Mental Health Consultant – to observe the classrooms, support staff and see families as needed (6,000); and Nutrition Consultant – to meet with families and review menus as needed (1,500)

Volunteers: \$1,000 – volunteer-related expenses, including Volunteer Appreciation Dinner, volunteer packets, training, etc.

Substitutes: \$6,000 – coverage when classroom / kitchen staff are absent due to illness or other reason

Parent Services: \$3,037 – fatherhood initiatives and other parent group activities (e.g., train rides, field trips, picnics, \$900 for parents to attend conferences, etc.); travel & child care reimbursements for policy council meetings, etc.

Accountant & Legal Services: \$4,750 – Head Start’s share of annual audit cost and other accounting and legal costs incurred by Head Start

Advertising: \$1,017 – for classified ads to fill open positions within the Head Start program

Training & Technical Assistance (T&TA): \$13,451 – staff training and development costs (See T&TA Plan & Budget Narrative)

ANNUAL FINANCIAL AUDIT RESULTS

SOUTHEASTERN VERMONT COMMUNITY ACTION, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED SEPTEMBER 30, 2015

SUMMARY OF AUDITORS' RESULTS

1. The auditors' report expresses an unmodified opinion on the financial statements of Southeastern Vermont Community Action, Inc.
2. No significant deficiencies disclosed during the audit of the financial statements are reported in the *Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards*. No material weaknesses are reported.
3. No instances of noncompliance material to the financial statements of Southeastern Vermont Community Action, Inc., which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. No significant deficiencies in internal control over major federal award programs are reported in the *Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by OMB Circular A-133*. No material weaknesses are reported.
5. The auditors' report on compliance for the major federal award programs for Southeastern Vermont Community Action, Inc. expresses an unmodified opinion on all major federal programs.
6. There were no audit findings which the auditor would be required to report under section 510(a) of OMB Circular A-133.
7. The programs tested as major were:

81.042	Weatherization
93.600	Head Start
8. The threshold for distinguishing Type A and B programs was \$300,000.
9. Southeastern Vermont Community Action, Inc. was determined to be a low risk auditee.

FINDINGS - FINANCIAL STATEMENTS AUDIT

None

FINDINGS AND QUESTIONED COSTS - MAJOR FEDERAL AWARD PROGRAMS AUDIT

None

ENROLLMENT & PERCENT OF ELIGIBLE CHILDREN SERVED

Total Number of Children and Families Served:

This program year we served 85 families and 94 children. Of these, 49 were three-year-olds, 42 were four-year-olds (of these 2 turned five in September, so they missed the Kindergarten cut-off date of September 1st) and 3 were 5 years old at enrollment. 30 children were enrolled for their second year in Head Start and 0 children were enrolled for their third year. There were 9 children that left the program throughout the year, 1 of whom left before the first 45 days of the program. There were 9 children that were enrolled, but never actually started the program. Of the 85 families served, 44 were two-parent families, 40 were single-parent and of these 1 child were living with their grandparents in foster care.

Average Monthly Enrollment / Percent of Eligible Children Served:

Children were eligible according to the following categories during the September 2015 to May 2016 Program Year:

Center	100% of Federal Poverty Level	130% of Federal Poverty Level	Over Income	Homeless	Other (TANF, Foster care, SSI, CC Subsidy, Declaration of No Income)	Total
Chester	8	7	4	0	4	23
Springfield	10	6	3	2	27	48
White River Junction	5	2	2	0	5	14
Windsor	1	1	0	0	7	9
Total	24	16	9	2	43	94

HEALTH OUTCOMES

Medical & Dental Care:

At Parent Orientation, parents received information regarding medical and dental exams. They also received information about our medical screenings (height, weight, hearing and vision).

Of the 94 children that we served, all but 2 of them either came into the program or left the program with a medical home. All but 14 of these children are up to date with their annual physical during the program year.

All but 2 of these children are up-to-date on their immunizations, as required by Vermont State EPSDT. 1 of these families has filled out a Philosophical Exemption form for personal reasons. The other child's family is working on getting the immunizations up-to-date.

Our program contracts a "Tooth-Tutor". Her name is Eileen Holmes. She is a dental hygienist. Eileen visited all the centers in the fall on our "screening day" and conducted dental screenings on children. She spoke with families regarding their child's dental health, answered questions and discussed dental options and homes with them. She was able to provide each child who came to the screening a new toothbrush as well as a mirror. During the program year, she contacted families, upon the request of the Health and Nutrition Manager, who had no dental home or were missing appointments to offer support and information on local dentists. The Health and Nutrition Manager continued to track the outcomes of children's appointments and when their check-ups were due and asked the Family Partners and the Tooth Tutor to help in contacting parents for needed information. Of the 94 children that were enrolled in the program, 80 children had continuous accessible dental

care provided to them by a dentist. When the program ended, 80 children had received dental exams and preventative care. 26 children needed dental care throughout the program year and of those 18 have received the treatment needed and 1 child in the process of receiving it. Of the 14 children still needing an established dental home, 9 were children who were new this year. 1 has withdrawn from the program, 3 were children who returned from last year.

Percentage of Children Who Received Medical & Dental Exams

Center	Total Children	Medical Exams	% per Center	Dental Exams/ Preventative Care	% per Center	Children who needed treatment	Children who received treatment	% per Center who received needed treatment
Chester	23	20	87%	18	78%	6	5	83%
Springfield	48	41	85%	38	79%	14	8	57%
White River Junction	14	13	93%	10	71%	5	4	80%
Windsor	9	6	67%	6	67%	1	1	100%
Total	94	80	85%	72	77%	26	18	69%

The 2 of the children who are missing a medical exam from Chester have recently moved here from Texas and are having a hard time getting their records sent, they have chosen a doctor and have seen the practice for illness, but not for a physical as of yet. The other child is overdue, mom is aware and says she will make an appointment, but has not.

In Springfield, 7 children are overdue and do not have scheduled appointments. Of these 7, 1 child has withdrawn from our program, 2 are not happy with their practice any longer as their doctor has left the practice, therefore, they are looking for a new doctor. 1 family has been having a hard time getting insurance and therefore have not been to the doctor. 3 children are just overdue and parents are aware, but appointments have not been made.

In WRJ, 1 child is overdue, his parent is aware of it and has not made an appointment for him yet, his brother has been recently to the doctor.

There are 3 children without medical exams in Windsor, 2 of these children have recently moved from different states and again, are having trouble getting their records sent to a new practice, and 1 of the children was due in March.

This year Chester had 5 children who did not receive dental care. 1 child has just moved here and needs to find a dental home, 1 child needed to find a dental home, but has withdrawn from the program, 2 children have a dental home but are overdue for their recall and 1 child was a returning child and still needs a dental home. Families who need dental homes are sent several letters with information with local dentists on them, the Family Partners have offered support in finding a dental home and the Tooth Tutor has contacted many of the families to discuss dental homes with them.

In Springfield, there were 10 families who were not up to date on dental exams and preventative care. 3 children are overdue and do not have appointments scheduled, 1 child needs dental surgery and couldn't afford the deposit the dentist required, Head Start offered to help them in this, but the parent never followed through. Another child has missed an appointment and the family was charged a fee for a broken appointment and they are not able to pay the fee so the child has not returned to that dentist. 2 children need to find a dental home, 1

of these children was a returning child with some limitations and the other child was a new child to our program.

White River Junction, had 4 children who were not up to date with their dental and preventative care. 2 of these children were brothers who had missed an appointment and been charged a broken appointment fee and therefore, dad has not taken them back as he cannot afford the fee for both the children. The other 2 children are new to our program and need to find a dental home. Again, these families have been sent numerous letters with local dentists on it, Family Partners have offered support and the Tooth Tutor has spoken to the families about dentists in their area.

There were 3 children in Windsor that were not considered up to date on their dental and preventative care. Of these 3 children, 2 are new to the area and need to find a dental home, they too have received support from the Health and Nutrition Manager, the Family Partner and the Tooth Tutor. The 3rd child too needed a dental home and has withdrawn from our program.

PARENT INVOLVEMENT ACTIVITIES

Family Well-being Report *by Barbara Vandenburg, Family/Community/Mental Health Services Manager*

Spring of 2015/2016

During the 2015/2016 program year, the seven (7) Head Starts in Vermont agreed to create a report regarding the well-being of families that were served. We are defining well-being to mean that families have the basic necessities for survival.

Our definition of “WELL-BEING” is defined by combining the following six (6) categories: **Housing, Safety, Health, Mental Health/Substance Abuse, Transportation and Financial Security**. Each category is scored as follows: *Strength=3, Adequate=2, Need =1*.

Example: If a family scores a 3 in all 6 categories, then they will have a final score of 18, which means the family has 100% strength in well-being. If they score 3 in 4 categories, a 2 in 1 category and a 1 in another category then they will have a score of 15, which means they have 83.33 % well-being. Below describes what we are calling Strength, Adequate and Need.

STRENGTH

(Family has basic necessities in this area)

Housing-Families have adequate, permanent housing

Safety-Families are not in immediate danger and they report their environments are safe

Health-Families have nutritional needs met and they medical and dental homes

Mental Health/Substance abuse-Family is stable and has adequate coping skills (family/community support, exercise, counseling, stress management strategies, etc.).

Transportation-Families have adequate transportation, or knowledge on how to access public transportation.

Financial Security-Families are financially stable (has career employment, can pay bills).

ADEQUATE

(Family has some security in these areas, or they are working towards getting security)

Housing-Families have temporary living arrangements

Safety-Families have some concern for safety

Health-Family is receiving services or a referral is in progress

Mental Health/Substance abuse-Family is receiving services or a referral is in progress

Transportation-Families have limited transportation

Financial Security-Family is considered the working poor

NEED

(Family is not able to meet their basic needs)

Housing-Family is homeless (transient, shelter, living in a car)

Safety-Family is in imminent danger

Health-Family is in immediate need of medical, dental or nutritional services

Mental Health/Substance abuse-Family has suspected, or untreated mental illness and/ or reports issues of substance abuse

Transportation-Families have no transportation or access to public transportation

Financial Security-Families have limited financial resources (facing eviction, loss of utilities, has no income)

When you are reviewing the numbers, keep in mind that the number of surveys **do not** add up to the number of needs, or concerns, that are listed because each family has six categories to choose from and not all families have a need or concern, and some families may have more than one need or concern.

In summary, some families are reporting their well-being as only adequate, or a need, in all 6 categories. Please review the definitions of adequate and need to understand how they are measuring their situations. Financial Security is the biggest worry for families to maintain a well-being status.

RESULTS FOR ENTIRE PROGRAM

Towns Served	Strength	Adequate	Need
Chester, Springfield, Windsor, WRJ	91.73%	7.97%	.30%
Notes:	78 Surveys were completed. 3 families have temporary Housing 2 families have concerns around Safety 2 families have no access to Transportation		

- 7 families have limited **Transportation**
- 1 family has immediate **Medical, Dental or Nutritional** needs
- 8 families are working on **Medical, Dental or Nutritional** referrals
- 8 families are working on **Mental Health or Substance Abuse concerns**
- 2 families have limited income (e.g. facing eviction, loss of utilities, has no income)
- 26 families consider themselves the working poor, in the topic of **Financial Security**

**The results were tallied at the end of our program year. Several areas were strengthened for families, with staff support, throughout the program year. I hope to present this survey to families in the fall and again in the spring, next program year.

RESULTS BY TOWN

Town Served	Strength	Adequate	Need
WRJ	86%	14%	0%
Notes: 11 Surveys were completed. <ul style="list-style-type: none"> 1 family has some type of Health referral happening 1 family is receiving Mental Health /Substance Abuse services 2 families have limited Transportation 6 families consider themselves the working poor (TANF, SSI, Food Stamps) in the topic Of Financial Security 			
Town Served	Strength	Adequate	Need
Windsor	94.44%	3.34%	2.23%
Notes: 5 Surveys were completed <ul style="list-style-type: none"> 5 families say Housing, Safety, Health and Mental Health are strengths 1 family has limited Transportation 2 families consider themselves the working poor (TANF, SSI, Food Stamps) in the topic of Financial Security 1 family has limited income (e.g. facing eviction, loss of utilities, has no income). 			
Town Served	Strength	Adequate	Need
Springfield	91%	8.2%	.08%
Notes: 42 Surveys were completed <ul style="list-style-type: none"> 1 family has temporary Housing 2 families have some concerns around Safety 5 families are working on Health related referrals 1 family is immediate need of Medical, Dental or Nutritional health services 4 families are receiving Mental Health or Substance Abuse assistance 5 families have limited access to Transportation 1 family has no access to Transportation 14 families consider themselves the working poor, in the topic of Financial Security. 			
Town Served	Strength	Adequate	Need
Chester	94.79%	4.86%	.35%
Notes: 20 Surveys were completed <ul style="list-style-type: none"> 1 families have temporary living Housing 2 families are working on Health related referrals 3 families are receiving Mental Health or Substance Abuse assistance 1 family has limited Transportation 1 family has no access to Transportation 1 family has limited income 4 families consider themselves the working poor, in the topic of Financial Security. 			

TOBACCO CESSATION SURVEY RESULTS

66 Families completed Tobacco Cessation Survey's

- 26 Families say they use tobacco every day**
- 2 Families say they use tobacco some days**
- 36 Families say they do not use tobacco**
- 2 Families did not answer**

Of the 26, 4 day smoking is allowed in their houses

1 Family sometimes smokes in their cars

64 of the 66 families know that Vermont has a law that prohibits smoking in a car when a child is in a car seat or booster seat (seats required for children ages 8 and under).

6 Families say they quit during this program year.

Family Engagement Activities

The 2015-2016 program-year continued to provide a variety of opportunities for parents to become involved in the program and their child's development. The addition of Family Partners to our staffing, proved to be very beneficial in regards to increased family involvement this program year. Head Start continued to offer families opportunities to be involved at the centers by assisting in the classroom, going on field trips or bringing projects home to prepare for the children. We held open houses, art exhibits, Grandparents day, buddy breakfast and ladies luncheons.

Parent meeting's consisted of Family Fun nights, Stress Reduction Tips, Nutrition Information and Immunization importance. We also invited our partners at SEVCA to share information about: Weatherization, Economic Development, 3-Squares and Tax Preparation.

A final spring event, Wunderlee Big Top Adventures, offered families an awesome afternoon of Parent/Child Interactions in fine and gross motor skills! Staff had a blast, too!

Below is a chart with various activities/services, and the number of participants:

	<i>Participants/Amounts</i>
Parent Orientation	46
Buddy Breakfasts/Ladies Luncheons (8 of each) Monthly average	14
Wunderle's Interactive Parent/Child Workshop	70 (adults only!)
Year End Breakfast celebration	155
Parent Teacher Conferences/Home Visits	617
Resources and referrals provided	252
Total Parent volunteer hours	1260.08
Total Community Volunteer hours	1112.14

EFFORTS FOR PREPARING CHILDREN FOR KINDERGARTEN

Child Outcomes Analysis for Children Transitioning to Kindergarten-Spring 2015

[F=Fall Assessment Period W=Winter Assessment Period S=Spring Assessment Period]

Teaching Strategies GOLD Developmental Areas	Below Expectations	Meets Expectations	Exceeds Expectations	Comments
Social/Emotional Development		F W S		Area of strength for the program, with 22 of 83 children exceeding expectations, 53 children meeting expectations, and 8 children below expectations
Physical Development-Gross Motor		F W S		Area to focus on, with 13 of 83 children below expectations, 66 children are meeting expectations, and 4 children exceeding expectations
Physical Development-Fine Motor		F W S		Shows progress from winter to spring, with children exceeding expectations increasing from 4 to 8, and children below expectations decreasing from 7 to 5
Language Development		F W S		Shows progress from winter to spring, with children exceeding expectations increasing from 7 to 13 and children below expectations decreasing from 13 to 8
Cognitive Development		F W S		Area of strength for the program, with 15 of 83 children exceeding expectations, 62 children meeting expectations, and 6 children below expectations
Literacy Development		F W S		Shows progress from winter to spring, with children exceeding expectations increasing from 8 to 15 and children below expectations decreasing from 17 to 14
Mathematics Development	F	W S		Area to focus on, with 17 of 81 children below expectations, 52 children are meeting expectations, and 12 children exceeding expectations

Teaching Strategies GOLD Developmental Areas (Not on progression level)	Not Yet Observed	Emerging	Meeting Expectations	Comments
Science and Technology		F W	S	Shows progress from winter to spring, with children meeting expectations increasing from 20 to 33, and children not yet demonstrating skills decreasing from 3 to 1
Social Studies		F W	S	Shows progress from winter to spring, with children meeting expectations increasing from 20 to 33, and children not yet demonstrating skills decreasing from 2 to 0
The Arts		F W	S	Shows progress from fall to winter, with children meeting expectations increasing from 22 to 37

SEVCA Windsor County Head Start Child Outcomes Analysis Spring 2016

Overview of Classroom and Program Outcomes Report:

The Outcomes Report is based on the use of the Teaching Strategies GOLD Assessment System for all classrooms within the program. Teachers observe and document children's daily activities and keep a running record of these observations. The assessment is completed three times per year-November (fall), January (winter) and April (spring). Teachers use observations and documentation recorded to complete the Child Portfolio. This portfolio focuses on nine developmental areas-Social/Emotional Development, Cognitive Development, Physical Development, Literacy Development, Mathematics, The Arts, Social Studies, Science, and Language Development. Within these developmental areas are 36 objectives that teachers must observe and document for each child. The teacher must then rate the child on these objectives using a development progression of nine total levels.

Once the teacher has entered this data into Teaching Strategies GOLD Online, the program generates a report showing the progress of the classroom as a whole. This report shows progress of each developmental area in Teaching Strategies GOLD, which align with the Head Start Early Learning Framework and the Vermont Early Learning Standards.

The Education and Disabilities Services Manager then takes the reports and creates an Outcomes Review for each classroom. Areas of strength, as well as areas to focus on are discussed with teachers, and an action plan is generated to improve these areas within the classroom. Data from all classrooms is combined together to create the Program Outcomes Report to show the progress of the Head Start Program as a whole.

This report includes on children enrolled in the Head Start program. We have 85 Head Start children enrolled. This report only includes 83 children, as 2 children enrolled after the spring assessment period ended.

We have 45 children transitioning to Kindergarten in the fall. Of the 43 children included in this report that will be transitioning to Kindergarten, 29 of them are returning children experiencing their second year of Head Start. This leaves 14 children who may be experiencing their first preschool experience. 40 children are in their first year of Head Start, and will be returning to the program next year.

It is also important to note that 21 of the 85 enrolled children have been diagnosed with a disability, whether is be a developmental delay or a speech and language delay.

47% of enrolled children are female and 53% are male. 86% are white, 1% are Black, 5% are American Indian or Alaska Native, and 6% are Biracial, and 2% are all other combinations. 81% of the enrolled children have a primary language of English, and 19% are Unknown.

Areas of Strength for the Program:

Particular areas of strength include Cognitive Development, with 15 of 83 children Exceeding Widely Held Expectations and 62 children meeting expectations, and Social/Emotional Development, with 22 of 83 children Exceeding Widely Held Expectations and 53 children meeting expectations.

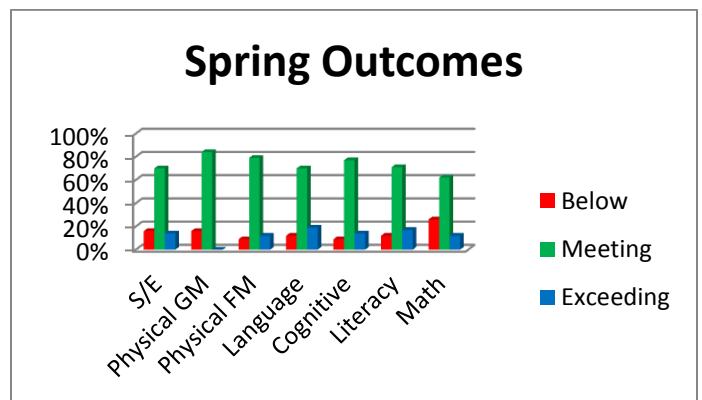
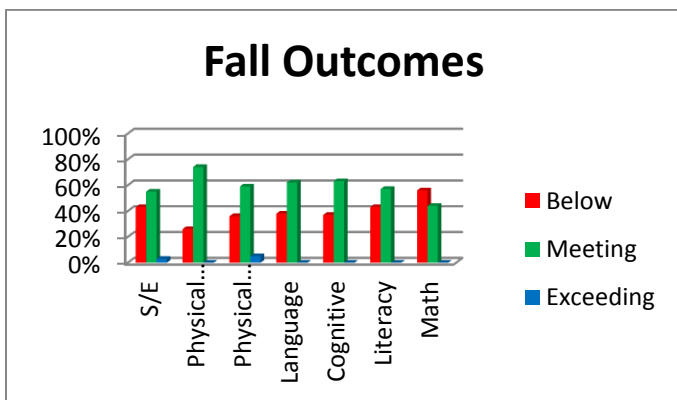
Areas to Focus on for the Program:

Particular areas to focus on include Mathematics, with 17 of 81 children below widely held expectations and 52 children meeting expectations, and Physical Gross Motor Development, with 13 of 83 children below widely held expectations and 66 children meeting expectations.

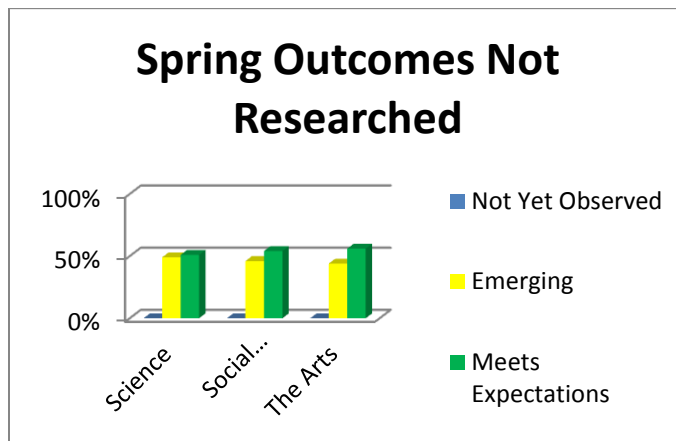
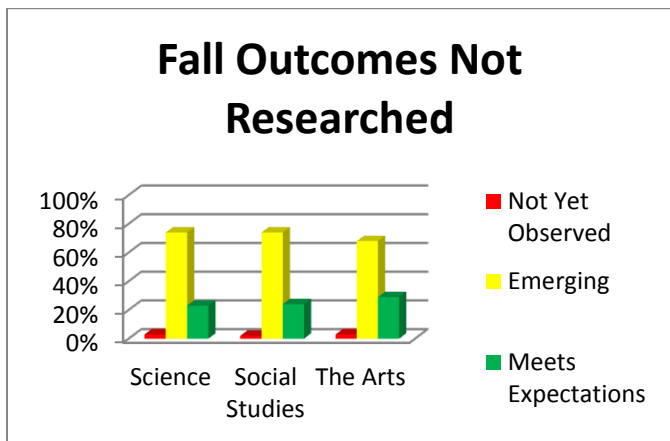
Action Plan for the Program:

The Education and Disabilities Services Manager will look at trends in outcomes from the previous years, and plan trainings accordingly. Teachers will be encouraged to look for materials to be purchased with their monthly education budget to help support these areas of focus. These areas will be considered high priority when scheduling Education Services Meetings and In-Service Trainings for the coming school year.

**SEVCA Windsor County Head Start
2015-2016 Child Outcomes-Children Transitioning to Kindergarten
43 Children**



SEVCA Windsor County Head Start 2015-2016 Child Outcomes-Children Transitioning to Kindergarten 43 Children



TRANSITION PLAN

Transition is an important part of the Head Start program. Transitioning families and children to and from the program is an ongoing process with specific events and activities planned throughout the year to help families feel comfortable.

Transition plans may be as simple as making two or three visits to the next setting or as a complex as any individual child may need. It is important to be guided by the needs and comfort level of the child.

Transition Goals:

The transition process shall consider the following goals:

- Continuity of services and care
- Minimal disruption of the family system
- Enhanced child development from one environment to the next
- Planning, preparation, implementation and evaluation within and between programs and with the family

Tips for transition:

- Prepare children for new experiences by talking about it before it happens.
- Read books about making changes.
- Involving parents in the transition process.

Transitioning into Head Start:

When families enroll their child into Head Start, they are given the opportunity to bring their child to the center to become familiar with the environment and teachers. If children are transitioning from another preschool program into Head Start, we often times get permission to

speak with the sending preschool for academic record and any screenings that may have been done. All children entering Head Start receive a home visit from the teachers before they start in the classroom, so that children have the opportunity to meet the teachers and begin to form a secure relationship with them in their own home environment. Teachers take pictures of children and their families to have in the classroom for comfort. Children's pictures are displayed in the classroom so that the child feels welcome, and there is a family board with pictures of the child's family that the child can look at to help comfort them and feel secure in the classroom environment. Teachers form relationships with the families by communicating on a daily basis either at pickup, or through communication logs and activity sheets. By creating these relationships with families, children receive a consistent message between home and school from parents and teachers.

TRANSITION ACTIVITIES/EVENTS

Ongoing activities:

- **Enrollment**: All children who are three years old by September 1, and meet other necessary Head Start guidelines are enrolled in the program throughout the year.
- **Transition Books**: Each classroom has books available about public school in the area, discussing what kindergarten will be like in the fall.
- **Reading Books**: About growing older, Kindergarten experiences, and the feelings around transition from one place to another.
- **Daily Discussion**: Teachers encourage children to talk about going to the "Big School", becoming familiar with what the experience will be like, and with whom they will be spending their day.
- **School Visits**: Teachers will make arrangements with the area elementary schools for children to visit.
- **Visitors**: Throughout the year visitors from the elementary school will visit the classroom to meet the children and spend time with them. These include the principal, Kindergarten teacher, school nurse, librarian, etc.

August:

- Enrollment of children into the program
- Teaching Team send letter to Kindergarten students.
- New families that are interested in the program are encouraged to come and visit the classroom.
- Transition Plan is discussed with families during the first home visit.

September:

- Courtesy call made by Head Start teachers to Kindergarten teachers to about how former Head Start children are doing. (If new teacher, former teacher can make the call and introduce new teacher.)
- Open House/Community Event held at each center inviting all school personnel, former and present Head Start families and children, and community volunteers.

October:

- Parent Meeting: Staff and Parents can invite former Head Start parents to their meeting to discuss their experience with the transition process, possibly becoming, "Parent Mentors."
- Lead Teachers will observe Kindergarten classrooms within their community

November:

- Invite the school nurse to come and visit the classroom(s) and possibly read a story.

January:

- Contact local PTA groups and invite them to come to a Head Start Parent Meeting, so that transiting parents can get to know how they can be involved in public school PTA
- Invite school principal to visit the classroom

February:

- Invite Kindergarten teachers to share a meal at Head Start
- Registration for Kindergarten usually announced for all towns
- Call Kindergarten teachers to set up Kindergarten Pen pals to begin in March

March:

- Head Start teachers will contact Kindergarten teachers about scheduling times to visit the classroom, and discuss dates for the Head Start~ Kindergarten Connection Meeting
- List of each child eligible for Kindergarten will be returned to the corresponding Kindergarten teacher with registration forms sent to all centers by participating schools.
- Provide interaction between children that are attending the same public school, but are not in the same classroom
- Begin Kindergarten Pen pals

April:

- Head Start children will start making visits to the Kindergarten classrooms and tour the school.
- Head Start/Kindergarten Connection Meeting/Recruitment and Open House will be held at each center and or participating school.
- Teaching Teams will complete the Teacher Observation Form for Transition on children moving on to Kindergarten and send to the corresponding schools.
- Transition meetings will be scheduled in collaboration with EEE and school districts for children with IEPs.
- Schedule a visit from the school bus driver for children so explore a school bus.

May:

- Head Start children will finish making visits to the Kindergarten classrooms and a tour of the school.
- Food Service Providers will work with teaching teams to provide "cafeteria style" meals to children for the last two weeks of school.
- Teaching Teams will provide activities to families to do at home over the summer.

The Vermont Head Start Association created statewide School Readiness Goals to be used and measured by each Head Start program in the state. These goals include:

- Social Emotional Development
- Approaches to Learning
- Literacy/Language Development
- Physical Health and Development
- Cognitive Development

See attached sheet which explains these school readiness goals in detail.