Delaware Head Start Collaboration Office and Early Head Start-Child Care Partnerships Needs Assessment

October 2021

Prepared by

Kelly L. Sherretz, Policy Scientist
Christopher G. Kelly, Associate Policy Scientist
Haley Qaissaunee, Policy Specialist II
Michael Beebe, Public Administration Fellow

Institute for Public Administration
Biden School of Public Policy & Administration
University of Delaware

In coordination with

Delaware Head Start Collaboration Office and
First Start Delaware Early Head Start-Child Care Partnerships

UNIVERSITY OF DELAWARE
BIDEN SCHOOL OF PUBLIC POLICY & ADMINISTRATION

Delaware Head Start Collaboration Office and Early Head Start-Child Care Partnerships Needs Assessment

October 2021

Prepared by

Kelly L. Sherretz, Policy Scientist

Christopher G. Kelly, Associate Policy Scientist

Haley Qaissaunee, Policy Specialist II

Michael Beebe, Public Administration Fellow

Institute for Public Administration
Joseph R. Biden, Jr. School of Public Policy & Administration
University of Delaware

In coordination with

Delaware Head Start Collaboration Office and
First Start Delaware Early Head Start-Child Care Partnerships

Preface

As the director of the Institute for Public Administration (IPA) at the University of Delaware, I am pleased to provide the Delaware Head Start and Early Head Start Needs Assessment.

This project was funded by the Delaware Head Start Collaboration Office and First Start Delaware Early Head Start-Child Care Partnerships. The purpose of this needs assessment is to help these organizations meet federal Head Start reporting requirements and determine strategies to better serve Delaware children and families. To complete this project, IPA staff conducted a landscape analysis of Head Start and Early Head Start programs in Delaware, analyzed results from a survey distributed to all Head Start and Early Head Start center and program directors in the state, and conducted follow-up interviews with several directors.

IPA is committed to working with organizations that engage with, teach, and support our earliest learners and their families. It is my hope that this report will help to structure the path forward for Head Start and Early Head Start practitioners in the state.

I would like to acknowledge IPA Policy Scientist Kelly Sherretz for serving as Principal Investigator for this work. IPA staff members Christopher G. Kelly and Haley Qaissaunee are also recognized for their important contributions with stakeholder outreach, survey development and analysis, writing, and facilitation. Undergraduate researcher, Michael Beebe also contributed extensively to the data collection, analysis, writing and stakeholder engagement—he was integral to the completion of the report. Kudos also go to Assistant Policy Scientist Sarah Pragg for editing and formatting the document.

Jerome R. Lewis, Ph.D.

Director, Institute for Public Administration

Acknowledgements

The authors of this report would like to thank, first and foremost, the Delaware Head Start Collaboration Office and First Start Delaware Early Head Start-Child Care Partnerships. Specifically, we would like to acknowledge Debbie Taylor and John Fisher-Klein for working with the Institute for Public Administration (IPA) team to conceptualize this work and provide ongoing support.

We also thank the Head Start and Early Head Start program directors and center directors who took the time to complete the needs assessment survey and share their feedback. Your input was invaluable and will inform critical work moving forward in the field of early childhood education.

We also thank Sarah Pragg for her editing and graphic design work. This report was the result of the efforts and contributions from many talented and committed individuals.

Contents

List of Tables

List of Terms

Center-Based Programs: Services are primarily delivered in classrooms located within a Head Start or Early Head Start center. The facilities used are required to meet state and local licensing requirements and Head Start requirements. In addition to the services provided in the classroom, staff members are also required to visit the homes of all enrollees at least twice during the program year (Early Head Start Program Options, 2018).

Culturally Responsive Teaching: An approach to teaching that is based on respect for the role of a child's culture in their learning. Staff members are instructed to build relationships with children and families from diverse backgrounds, learn about their culture, and integrate this knowledge into their teaching (Cultural Responsiveness, n.d.).

Early Childhood Assistance Programs (ECAP): A state-funded program that provides early childhood care and education through public and private centers. Although the eligibility criteria are the same and these programs must also adhere to the Head Start Program Performance Standards, ECAP is separate from Head Start (Childcare Options for Eligible Families, n.d.).

Family Childcare Programs: Education and childcare services are provided typically within the home of the enrollee or in another private location. Providers must meet the same hour requirements as center-based care and must be licensed by the state or local government (Early Head Start Program Options, 2018).

First Start Delaware Early Head Start Child Care Partnerships (EHS-CCP): The partnerships support collaboration between Early Head Start programs and childcare providers who agree to meet the Head Start Program Performance Standards. EHS-CCP is a part of the federal Head Start program and serves approximately 200 children (Childcare Options for Eligible Families, n.d.).

Homelessness: Head Start uses the definition outlined in the McKinney Vento Homeless Assistance Act. Homeless children are those that "lack a fixed, regular, and adequate nighttime residence." This includes children who are sharing housing due to economic hardship or living in motels, hotels, trailer parks, temporary housing, public places, etc. (Supporting Children and Families Experiencing Homelessness, 2021).

Home-Based Programs: A program staff member visits the home of all enrollees on a weekly basis. These visits typically last 90 minutes and are focused on fostering the development of the child and fostering the development of parents. To ensure the social development of the child,

programs typically offer opportunities for parents and children to meet as a group twice per month (Early Head Start Program Options, 2018).

In-Kind Donations: The Head Start Act stipulates that the federal share of a grantee's total costs cannot exceed 80 percent. In-kind donations are one way that programs can make up the remaining 20 percent. In-kind donations are defined as property, services, or money that benefit a grantee and are provided by a non-federal entity free of charge (Non-Federal Match Narrative, 2020).

Locally Designed Services: Locally designed services can include a combination of different programs (i.e., a mix of center-based and home-based) to better meet the needs of the community. Programs seeking to provide locally designed services must obtain a waiver from the Office of Head Start and must deliver the full range of services offered by the other program options (Head Start Performance Standards).

Low-Income: For the purposes of determining Head Start eligibility, low-income is defined as earning an income below 100 percent of the Federal Poverty Guidelines. For a one-person household, this is $12,880. It increases by $4,540 for each subsequent person (HHS Poverty Guidelines for 2021, 2021).

Migrant Families: As defined by the Head Start Act, "for purposes of Head Start eligibility, a family with children under the age of compulsory school attendance who changed their residence by moving from one geographic location to another, either intrastate or interstate, within the preceding two years for the purpose of engaging in agricultural work and whose family income comes primarily from this activity (Head Start Program Performance Standards).

Respite Care: Provides short-term childcare relief for families in order to improve family stability and reduce the risk of abuse or neglect. Respite care can be planned or used in emergency situations (Respite Care Programs, n.d.).

Social Emotional Learning (SEL): The process through which individuals learn to manage their emotions, establish relationships, and develop their identity. SEL is a vital part of the child development process (Fundamentals of SEL, n.d.).

Trauma-Informed Care: Designed to help individuals understand and cope with trauma. Trauma-informed approaches seek to develop accepting and supportive environments that reduce the effects of trauma and prevent re-traumatization (Trauma Informed Care, n.d.).

Wraparound Care: Due to family work schedules or other conflicts, Head Start staff and other childcare professionals must be able to provide comprehensive full-day services. With wraparound care, services are provided both before and after the Head Start day and when the program is not in session. This is often done through one center that offers both Head Start and non-Head Start childcare programs (Bancroft, 2018).

Executive Summary

The Institute for Public Administration (IPA) at the University of Delaware conducted a needs assessment for the Delaware Head Start Collaboration Office and the First Start Delaware Early Head Start-Child Care Partnerships (EHS-CCP). The purpose of this needs assessment was to help these organizations meet federal Head Start reporting requirements and determine strategies to better serve Delaware children and families.

This needs assessment provides a landscape analysis of HS and EHS programs in Delaware, analyzes results from a survey distributed to all Head Start and Early Head Start center and program directors in the state, and provides supplemental information from follow-up interviews.

WHAT IS HEAD START?

Head Start (HS) is a federal program that promotes school readiness. Programs are offered at no cost to children ages birth to five from low-income families.

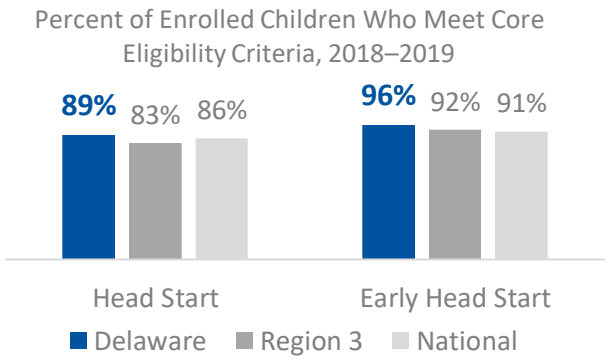
Many HS programs also provide **Early Head Start** (EHS), which serves infants, toddlers, and pregnant women and their families.

Landscape Analysis Overview

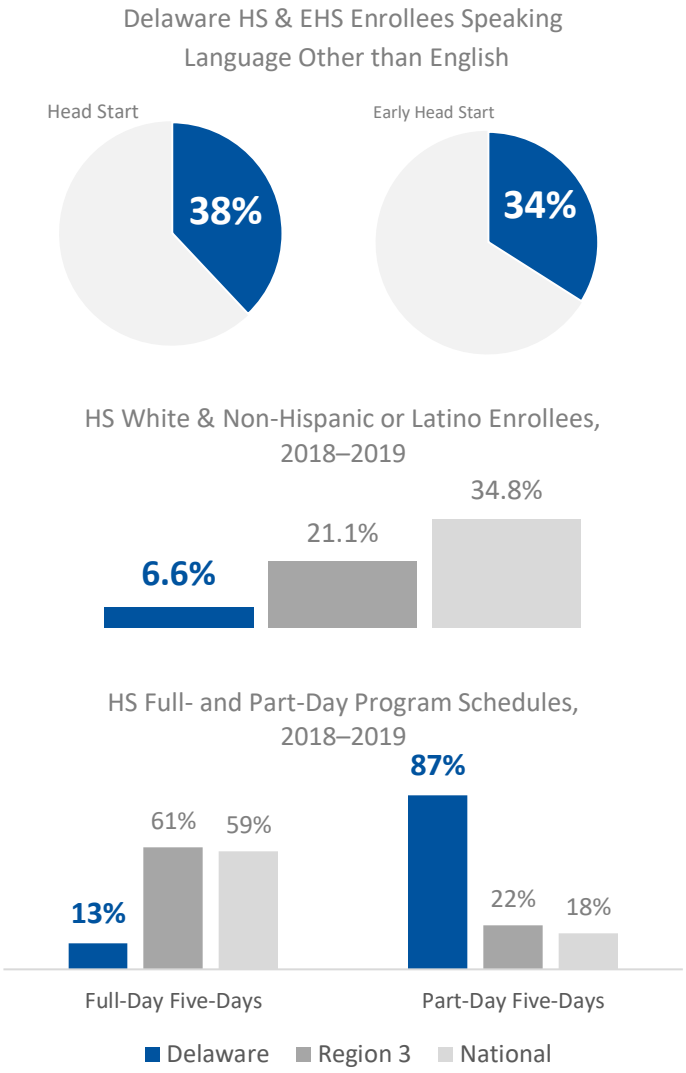
The landscape analysis includes information on HS and EHS enrollment, eligibility, schedule for center-based programs, and data on the age, primary language, and racial makeup of enrollees in HS and EHS programs. These data are from the 2018–2019 Program Information Reports.

Key Findings from Landscape Analysis

- Delaware programs enrolled **more children who meet the core eligibility criteria** compared to national averages.
- Delaware's **EHS enrollees were younger** than the national and regional averages.



- Approximately **38 percent** of the state's HS enrollees and **34 percent** of its EHS enrollees had **a primary language other than English.** Both exceeded the national average by approximately 10 percentage points and the regional average by upwards of 15 percentage points.
- Delaware had a **more racially and ethnically diverse** HS and EHS population than the national and regional averages.
- Delaware offered significantly **more HS programs that are part-day, five-days-per-week** programs and significantly **less full-day, five-days-per-week** programs than the national and regional averages.



Needs Assessment Survey Overview

The survey, administered by IPA, focused on the priority areas listed below, as outlined by the Delaware Head Start Collaboration Office. The purpose of the survey was to help these organizations better understand the barriers HS and EHS programs face related to program operations and ability to effectively serve children and families. The survey specifically looked at the following priority areas:

- Alignment of curricula and services
- Barriers to service delivery for grantees and families
- Full-day, full-year services
- Professional development and higher education opportunities
- Partnerships
- Receipt of in-kind donations
- Home visits
- Impacts of the COVID-19 pandemic

Key Findings from Survey

The following key findings are based on the priority areas.

Meeting Children's Needs

- Most respondents are **integrating social emotional learning, culturally responsive teaching, and trauma-informed** care into their practice.

Barriers to Engagement

- Respondents most frequently cited the **lack of staff knowledge or skills** and a **workforce shortage** as the barriers to preventing their programs from effectively engaging with families.
- Respondents cited **parent or guardian work schedules** as the most common barrier that prevents families from engaging with HS or EHS staff in their child's education.

Transportation

- Several respondents stated they **provide bus passes** to support access to transportation.

Barriers to Recruitment and Enrollment

- A major barrier to recruitment and enrollment is that **families lack awareness that HS and EHS programs are free.**
    - Other significant barriers are the need for wraparound care, the lack of knowledge about how to apply to HS and EHS programs, and limited access to transportation.

Barriers to Healthcare

- The most significant barrier to families and children accessing healthcare is that the family does not **understand the importance of that service**—this was especially true for mental health services.

Service Delivery

- Respondents do see a need for full-day services; however, they largely **do not see the need for full-year services.**

Partnerships

- Program and center directors are largely **satisfied with their current level of community partnerships**.

Key Findings from Survey

Barriers to Home Visits

- The major barriers preventing programs from providing more frequent home visits were the COVID-19 pandemic, families' **reluctance to have visitors** independent of the pandemic, **and time constraints**.

Impacts of COVID-19

- The main effects of the COVID-19 pandemic were a decrease in enrollment for a majority of Delaware's HS and EHS programs and a **struggle with staff retention and staff morale**.

Future Considerations

This needs assessment highlights the major barriers facing HS and EHS programs and the children and families they serve. It also showcases the resilience and commitment of the HS and EHS staff to continue to provide the same level of comprehensive services for children and families during a pandemic.

Ultimately, this report can provide for our HS, EHS, DHSCO, and community partners a foundation for addressing the needs of our children and families. By working together, we can build a stronger community in which all children and families thrive.

Introduction

At the request of the Office of Early Learning (OEL) at the Delaware Department of Education (DDOE), the Institute for Public Administration (IPA) at the University of Delaware conducted a needs assessment for the Delaware Head Start Collaboration Office (DHSCO) and the First Start Delaware Early Head Start-Child Care Partnerships (EHS-CCP). This needs assessment is conducted to comply with the Improving Head Start for School Readiness Act of 2007 (Head Start Act). The Head Start Act requires Head Start State Collaboration Offices (HSSCOs) to provide an annual needs assessment of the Head Start grantees in their state. The results of this needs assessment will be used to inform annual updates to DHSCO's strategic plans, goals, and objectives.

Head Start (HS) is a federal program that promotes school readiness for children ages birth to five from low-income families. HS programs work to enhance the cognitive, social, and emotional development of children and provide a learning environment that supports a child's growth in areas like language, literacy, and social and emotional development. Additionally, HS emphasizes the critical role that parents play in their child's development and focuses on building relationships and supporting family well-being. Many HS programs also provide Early Head Start (EHS), which serves infants, toddlers, and pregnant women and their families who have incomes below the federal poverty level.

Each year, HS programs serve over one million children and their families located in urban, suburban, and rural areas in all 50 states, the District of Columbia, Puerto Rico, and U.S. territories, including American Indian and Alaska Native (AIAN), migrant, and seasonal communities.

The Federal Office of Head Start provides grants to various public and private entities who then use those funds to recruit, enroll, and provide HS and EHS services to children that meet the eligibility criteria. Grantees are required to adhere to the Head Start

NO COST PROGRAMS

Head Start and Early Head Start programs are **available at no cost** to children ages birth to five including:

- Children from families with incomes below 100 percent of the poverty guidelines
- Children from families experiencing homelessness
- Children in foster care
- Children from families receiving public assistance

Performance Standards and the Head Start Act of 2007 in their practice. At the state level, the HSSCO supports policy, planning, partnerships and implementation of cross-agency systems for early learning that serve the Head Start community. The HSSCO also ensures that communication flows between the federal, regional, and state HS offices. In some cases, local governments or states provide additional funding to support services for more children within their jurisdiction through childcare partnerships (CCP), Early Childhood Assistance Programs (ECAP), or similar programs.

The following report begins with a landscape of HS and EHS programs in Delaware that utilizes 2018–2019 Program Information Reports (PIRs) data to describe programs and their participants. Additionally, operational details of the HS and EHS centers, along with barriers that impact their service delivery are described using a combination of survey results and PIRs data. The report then includes a summary of data collected through the survey distributed to all HS and EHS center and program directors in the state. Supplemental follow-up interviews were conducted with selected respondents to deepen the understanding of the survey data. Information obtained through those follow-up interviews is used throughout the report to elaborate on the data provided. The report then concludes with a summary of key takeaways and path forward.

Profile of Delaware's Head Start Programs

Introduction

This section provides an overview of the Delaware head start programs. It includes information on enrollment, eligibility, and schedule for center-based programs, and data on the age, primary language, and racial makeup of enrollees.

DELAWARE BY THE NUMBERS

5	19	22	3
GRANTEES	HEAD START PROGRAMS	EARLY HEAD START PROGRAMS	BOTH HEAD START & EARLY HEAD START PROGRAMS

Source: Head Start Program Locator, 2021

In Delaware, there are a total of five grantees that are funded through HS/EHS grants and through these providers, there are 19 programs that exclusively provide Head Start services, 22 that exclusively provide Early Head Start services, and three that provide both (Head Start Program Locator, 2021). The five grantees are New Castle County Head Start, Wilmington Head Start, New Directions Early Head Start, and Children and Families First.[1] The Delaware Department of Education also serves as a grantee through the First Start Delaware Early Head Start-Child Care Partnership (EHS-CCP), which was designed to supplement the state's other EHS programs and provide additional funding in order to increase the availability of early childhood education to children under three years old. While a part of the federal Head Start program, EHS-CCP programs receive additional resources from the Delaware Department of Education (Childcare Options for Eligible Families, n.d.).

[1] In 2020, the grantee switched from Telamon to Children and Families First. Since the PIR data are taken from 2018–2019, statewide data include data from Telamon.

As shown in Table 1, Delaware's programs had a total cumulative enrollment[2] of 2,672 and a funded enrollment[3] of 2,147 in 2018–2019. Of the 54,719 total children statewide that were between birth and age four, 2,672 of them received either HS or EHS services during the program year.[4]

Table 1: Population Enrolled in HS/EHS (2018–2019)

	Delaware	National
Total Population (Birth to Four)[5]	54,264	19,576,683
Cumulative Enrollment (HS+EHS)	2,672	1,014,751
Funded Enrollment (HS+EHS)	2,147	842,427

Source: Office of Head Start, Program Information Report Services Snapshot, State of Delaware, 2018–2019; Office of Head Start, Program Information Report Services Snapshots, National 2018–2019; Kids Count, Population by Age Group (2019)

According to the 2018–2019 PIR data, all of Delaware's Head Start funded enrollment was for center-based programs. Nationally and regionally, there were some programs that offer home-based, family childcare, or locally designed programs; however, all these program types together represent under two percent of the total funded enrollment. Therefore, Delaware was not significantly different for providing only center-based care for ages three to five when compared to other states.

For Early Head Start, the landscape is quite different with 52 percent of Delaware's funded enrollment having been for center-based care and 45 percent for home based and 3% for other designations. Nationally, 56 percent was center based with 34 percent home based. Regionally, the split was 35 percent center based and 45 percent home based.

FUNDED ENROLLMENT BY LOCATION

100% of Delaware's **Head Start** funded enrollment was for **center-based programs**

52% of Delaware's **Early Head Start** funded enrollment was for **center-based programs** while **45%** was for **home-based programs**

[2] Cumulative enrollment refers to the total number of children and pregnant women served during the program year–including those that left before the end of the year and those that filled the vacated spots.
[3] Funded enrollment refers to the number of children that are supported by *federal* funds at any one time.
[4] Note that HS grantees serve children that fit the eligibility criteria, and they are restricted by their funded enrollment. The table is not necessarily depicting that HS is underserving the state but rather providing an observational look at the percentage served.
[5] Note that HS does serve children that are 5 years old. However, as shown by Table 4, this represents a very small percentage of HS enrollment.

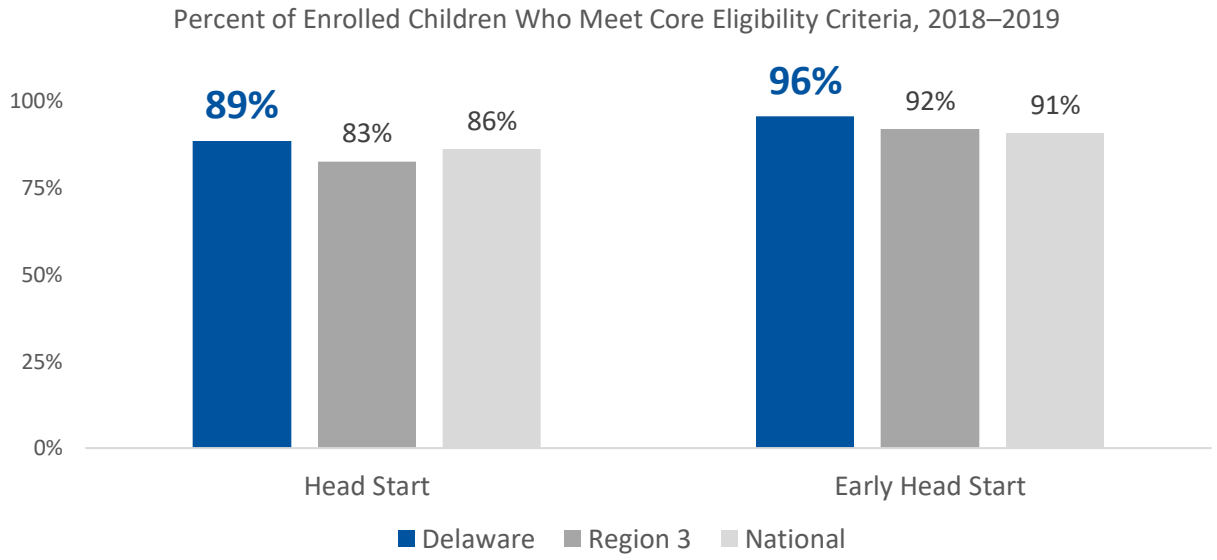
Eligibility

Head Start programs are available at no cost to families with incomes below 100 percent of the poverty guidelines, children from families experiencing homeless, children from families receiving public assistance (including, but not limited to, TANF[6] and SSI[7]), and children currently in foster care. To qualify for HS, a child must be between the ages of three and five while EHS covers pregnant women and children from birth through age three. Additionally, HS services are available to AIAN, migrant, and seasonal communities.

Programs are allowed to enroll some children that do not meet the above requirements; however, this number cannot exceed 10 percent. An additional 35 percent of individuals who are not eligible under the specified criteria, but who have incomes below 130 percent of the Federal Poverty Line may also be enrolled. These children may be enrolled if the program implements outreach and enrollment policies that ensure it is diligently trying to identify and enroll children who fall under HS's core criteria or who have a disability (Head Start Act of 2007). Ultimately, programs do have some discretion in who they enroll, but their primary goal must be to enroll children who fall into the core categories listed above.

During the 2018–2019 program year, about 88 percent of HS and over 95 percent of the state's EHS enrollees qualified for HS and EHS because they fell into one of the four eligibility criteria, see Tables 2 and 3.

During the 2018–2019 program year, Delaware programs enrolled more children who meet the core eligibility criteria compared to regional and national averages.



[6] Temporary Assistance for Needy Families
[7] Supplemental Security Income

Table 2: Eligibility by Type – Head Start (2018–2019)

	Delaware	Region 3[8]	National
Income Below 100% of Federal Poverty Line	76.8%	60.1%	69.6%
Receipt of Public Assistance (TANF, SSI)	9.9%	15.4%	9.8%
Status as a Foster Child	0.6%	2.4%	2.4%
Status as Homeless	1.2%	4.7%	4.4%
Total Over Income Enrollment[9]	11.5%	17.4%	13.8%

Source: Office of Head Start, Program Information Report Head Start Enrollment Statistics Report, State of Delaware, 2018–2019; Office of Head Start, Program Information Report Head Start Enrollment Statistics Report, National 2018–2019; Office of Head Start, Program Information Report Head Start Enrollment Statistics Report, Region 3 2018–2019

Table 3: Eligibility by Type – Early Head Start (2018–2019)

	Delaware	Region 3	National
Income Below 100% of Federal Poverty Line	80.4%	67.0%	69.1%
Receipt of Public Assistance (TANF, SSI)	10.3%	14.3%	10.5%
Status as a Foster Child	2.3%	2.8%	3.7%
Status as Homeless	2.6%	7.9%	7.5%
Total Over Income Enrollment[8]	4.5%	8.0%	9.1%

Source: Office of Head Start, Program Information Report Early Head Start Enrollment Statistics Report, State of Delaware, 2018–2019; Office of Head Start, Program Information Report Early Head Start Enrollment Statistics Report, National 2018–2019; Office of Head Start, Program Information Report Early Head Start Enrollment Statistics Report, Region 3 2018–2019

Primary Language of Enrollees

A comparison of the primary language of Head Start enrollees at the state, regional, and national level shows that Delaware's enrollees were significantly more linguistically diverse than the enrollees of neighboring states and the country. According to the 2018–2019 PIR data, approximately 38 percent of the state's HS enrollees and 34 percent of its EHS enrollees had a primary language other than English. Both exceed the national average by approximately 10 percentage points and the regional average by upwards of 15 percentage points. Spanish made up the largest proportion of the non-English languages at all levels. In addition to many Spanish

[8] Region 3 includes Delaware, Pennsylvania, Maryland, Washington, D.C., Virginia, and West Virginia
[9] Total over income enrollment combines both "over income" and "enrollees exceeding the allowed over income enrollment with family incomes between 100% and 130% of the federal poverty line" from the Program Information Reports

speakers, the state's EHS programs also had a large percentage of enrollees speaking Caribbean languages (5%).

Age Breakdown

As previously noted, HS programs serve children ages three to five while EHS programs serve children from birth through age three and pregnant women. The following section compares the age breakdown for Delaware's HS and EHS programs to the national and regional average.

Tables 4 and 5 show that Delaware's HS enrollees were slightly older than the national and regional average as the state had a higher proportion of children ages four and five. **Meanwhile, Delaware's EHS enrollees were younger than the federal and regional averages as shown by the higher proportion of those one-year-old and younger**. Another slight difference is that the state enrolled a smaller percentage of pregnant women.

Table 4: Age Breakdown – Head Start (2018–2019)

	Delaware	Region 3	National
Two Years Old	2.3%	2.5%	3.9%
Three Years Old	40.4%	43.1%	45.1%
Four Years Old	52.6%	53.7%	49.9%
Five Years Old	4.6%	0.7%	1.1%

Source: Office of Head Start, Program Information Report Services Snapshot, State of Delaware, 2018–2019; Office of Head Start, Program Information Report Services Snapshots, National 2018–2019; Office of Head Start, Program Information Report Services Snapshot, Region 3, 2018–2019

Table 5: Age Breakdown – Early Head Start (2018–2019)

	Delaware	Region 3	National
Less than One Year Old	34.9%	27.2%	25.5%
One Year Old	32.6%	28.0%	30.6%
Two Years Old	25.2%	32.4%	34.3%
Three Years Old	2.0%	4.9%	3.3%
Pregnant Women	5.4%	7.5%	6.2%

Source: Office of Head Start, Program Information Report Services Snapshot, State of Delaware, 2018–2019; Office of Head Start, Program Information Report Services Snapshots, National 2018–2019; Office of Head Start, Program Information Report Services Snapshot, Region 3, 2018–2019

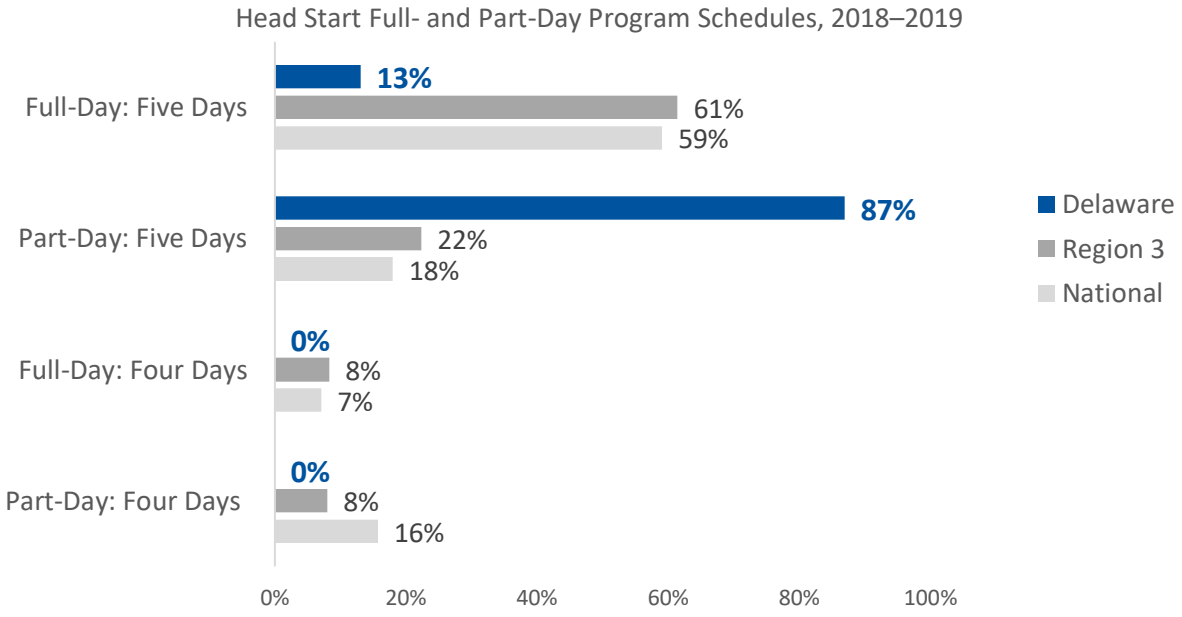
Ethnicity/Race of Enrollees

Data from the 2018–2019 PIRs show that **the state of Delaware had a more racially and ethnically diverse HS and EHS population than the national and regional averages**. Only 6.6 percent of the state's HS enrollees were white and non-Hispanic or Latino—this is significantly less than the 24.1 percent nationally and the 34.8 percent regionally. The same was seen with EHS—although to a slightly lesser extent with 15.7 percent of Delaware's enrollees being white and non-Hispanic or Latino. Within Delaware, 39.9 percent of HS and 42.3 percent of EHS enrollees were Hispanic or Latino—both of which significantly outpace the national and regional averages.

Program Schedule Breakdown

HS and EHS programs that are center-based offer either part-day or full-day services. The Office of Head Start defines a full-day program as one where children are present for over six hours per day while a part-day program lasts under six hours.

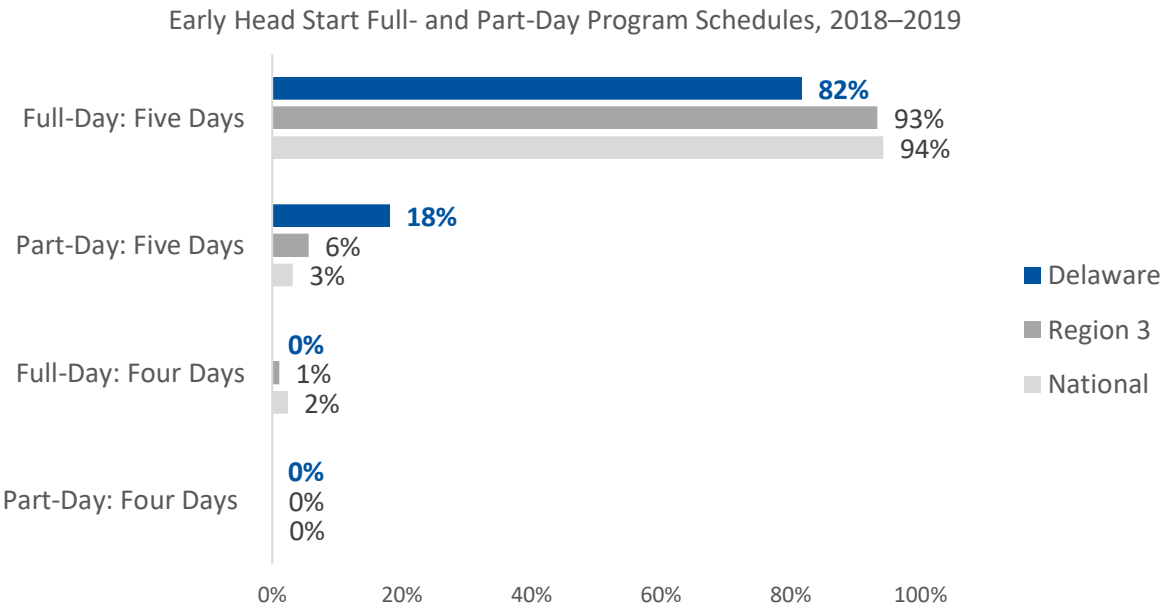
The exact configuration of program schedules is a decision made at the local level, creating a system where there are large differences that exist from state to state. These differences are shown by comparing the state to the national and regional averages. As show in the figure below, **Delaware offered significantly more HS programs that are part-day, five-days-per-week programs and significantly fewer full-day, five-days-per-week programs than the national and regional averages during 2018–2019.**



Source: Office of Head Start, Program Information Report Services Snapshot, State of Delaware, 2018–2019; Office of Head Start, Program Information Report Services Snapshots, National 2018–2019; Office of Head Start, Program Information Report Services Snapshot, Region 3, 2018–2019

In Delaware, all HS programs offered services five days per week but only 13 percent of the total funded enrollment was for full-day programs. This is significantly different from programs nationally where 59 percent of the funded enrollment was for five-day, full day and regionally where it was 61 percent.

While the state's EHS programs provided a higher percentage of full-day, five-day opportunities than the state's HS, this amount still lagged behind the national and regional averages for EHS—82 percent of Delaware EHS programs provided five-day, full-day services compared to 94 percent nationally and 93 percent regionally.



Source: Office of Head Start, Program Information Report Services Snapshot, State of Delaware, 2018–2019; Office of Head Start, Program Information Report Services Snapshots, National 2018–2019; Office of Head Start, Program Information Report Services Snapshot, Region 3, 2018–2019

Delaware Head Start Collaboration Office Priority Areas

As part of the needs assessment, IPA conducted a survey to analyze the following priority areas established by the DHSCO to better understand the needs of the programs in the state:

- Alignment of curricula and services
- Barriers to service delivery for grantees and families
- Full-day, full-year services
- Professional development and higher education opportunities
- Partnerships
- Receipt of in-kind donations
- Home visits
- Impacts of the COVID-19 pandemic

This section begins with an overview of the survey collection methodology before providing an analysis of each of the stated priority areas.

Survey Methodology

With guidance from DHSCO and EHS-CCP, IPA created, and distributed through email, an online survey to all HS and EHS program and grantee directors using Qualtrics.[10] In total, IPA received 17 responses between August and September that are reflective of 29 programs.[11] A copy of the survey can be found in the appendix.

Many of the questions in the survey asked respondents to select all that apply. Therefore, adding the number of responses in a column may not always equal 17. Similarly, because respondents were permitted to select multiple answers, adding all the percentages will not equal 100 percent for many of the tables presented in this report.

Follow-up interviews were conducted to gain more knowledge about specific survey answers and provide more robust information about HS and EHS programs. The IPA team interviewed four

[10] Program directors oversee one specific program while grantee directors oversee all the programs that fall under the grantee.
[11] Grantee directors were permitted to answer for all the programs that they oversee.

individuals. Two of the interviews were conducted with program directors and two were conducted with center directors. Each interviewee was asked the following four core questions:[12]

- What are the barriers or challenges your program(s) faces in general?
- Do you think there are still a significant number of children who would benefit from pre-K services but are not receiving them? If so, why?
- What support or resources from the state do you need to better serve children and families in your program?
- Is there anything else you would like to note about the challenges or needed resources for your program(s)?

These questions were focus areas because they each addressed the general theme of this report—how can Delaware's HS and EHS programs provide better service to more children. The interviews provided keen insight and enhanced the information captured in the survey and PIRs.

Alignment of Curricula and Services

One of the core priorities of DHSCO and EHS-CCP was to assess the needs of HS and EHS agencies in the state with respect to collaboration, coordination, and alignment of services. Additionally, the survey evaluated the alignment of curricula and assessments used in Head Start programs with the Head Start Child Outcomes Framework and, as appropriate, state early learning standards.

The survey specifically asked if programs were integrating social emotional learning (SEL), culturally responsive teaching, and trauma-informed care into their practice. If programs indicated that the services were not being integrated, they were asked about the barriers that were preventing their implementation. If programs indicated they were integrating such services, respondents were asked to state how they were integrating the service.

ADDRESSING SOCIAL AND EMOTIONAL NEEDS

94% of survey respondents are integrating **social emotional learning**

71% of survey respondents are integrating **culturally responsive teaching** and **trauma-informed care**

[12] Interviewees were asked questions specifically related to their individual survey responses and related follow up questions.

Nearly all respondents (94%)[13] are integrating SEL into their practice. Similarly, most respondents are integrating culturally responsive teaching (71%)[14] and trauma-informed care (71%).[15]

As for how these services are being implemented, Table 6 shows that many programs utilize resources from the Early Childhood Learning and Knowledge Center (ECLKC) and the Delaware Institute for Excellence in Early Childhood (DIEEC). However, many respondents are also integrating the three services because it is included in the curriculum that they use. Respondents that selected this choice were asked to write the name of their curriculum. The most common responses were:

- Promoting Alternative Thinking Strategies (PATHS);
- The Creative Curriculum for Infants, Toddlers, and Twos;
- Parents As Teachers; and
- Promoting First Relationships.

Table 6: Integration of SEL, Culturally Responsive Teaching, and Trauma-Informed Care

	Included in the Curriculum	Resources from ECLKC	Resources from DIEEC	Other
Social Emotional Learning	15	8	9	4 [16]
Culturally Responsive Teaching	7	6	0	2 [17]
Trauma-Informed Care	3	3	5	5 [18]

The survey also captured how programs work with children who have challenging behaviors. There is not a consistent approach used statewide, but rather a relatively even distribution among a variety of strategies as shown in Table 7.

[13] Out of 17 responses, 14 answered "yes", 0 answered "no", and 1 answered "not sure."
[14] Out of 17 responses, 12 answered "yes", 2 answered "no", and 3 answered "not sure."
[15] Out of 17 responses, 12 answered "yes", 2 answered "no", and 3 answered "not sure."
[16] Includes conscious discipline (1) and resources provided by the Delaware Department of Education SEL Collaborative (3)
[17] Includes PBS (1) and the provision of services in home language with staff of same culture (1)
[18] Includes outside agencies (2), training by Child Abuse Delaware (1), training by UCLA Johnson & Johnson Health (1), trainings through Children and Families First Head Start (1), the Center for Child Development (1), and the program environment (1)

Table 7: Methods for Working with Children who have Challenging Behaviors

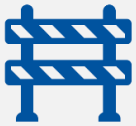
	Response Count	Percentage of Respondents Who Selected
Positive Behavior Interventions and Supports (PBIS)	12	70.6%
Parent-Child Interaction Therapy	10	58.8%
Conscious Discipline	9	52.9%
Strengthening Families Approach	9	52.9%

Barriers to Service Delivery for Grantees and Families

The following section explores the barriers that grantees and families currently face related to increasing their level of family engagement, ability to transport children, enrollment of children in certain categories, and access to healthcare services for enrollees. Understanding these barriers will allow programs to more effectively provide services to children and help families access the resources they want and need.

Family Engagement

Engaging with families is a core responsibility of HS and EHS grantees. The Head Start Parent, Family, and Community Engagement (PFCE) Framework serves as a guide to implementing effective family engagement; however, there are barriers that prevent this engagement from happening. These barriers apply to both the programs struggling to engage families and the families who may lack the time or ability to fully engage. As shown on the next page, **respondents most frequently cited the lack of staff knowledge or skills and a workforce shortage as the barriers to preventing their programs from effectively engaging with families.**



BARRIERS TO ENGAGEMENT

Survey respondents said…

- **lack of staff knowledge or skills and a workforce shortage** prevented their programs from effectively engaging with families
- **parent or guardian's work schedules** prevent families from engaging with HS or EHS staff in their child's education

Table 8: Barriers to Family Engagement for Grantees

	Response Count	Percentage of Respondents Who Selected
Workforce Shortage	13	76.5%
Lack of Staff Knowledge or Skills	10	58.8%
Limited Funding	5	29.4%
Inadequate Partnerships	3	17.6%

According to the survey respondents, the most common barriers for families that prevent them from engaging with HS or EHS staff in their child's education is the parent or guardian's work schedule. Additionally, limited access to transportation, language barriers between the family and HS or EHS staff, and substance use disorders among the family were the most selected barriers.

Table 9: Barriers to Families from Engaging with Grantees

Barrier for families	Response Count	Percentage of Respondents Who Selected
Parent/guardian Work Schedules	15	88.2%
Language Barriers	7	41.2%
Limited Access to Transportation	6	35.3%
Substance Use Disorders	5	29.4%
Homelessness	3	17.6%
Domestic Violence	2	11.8%
Immigration Status	2	11.8%
Other [19]	3	17.6%

[19] Includes family mental health issues (1), families being exhausted (1), and families not understanding the importance of being an active participant (1).

Transportation

Per regulations, HS and EHS programs are not required to provide transportation; however, those programs that do choose to provide it must comply with HS transportation regulations in addition to any local or state regulations (Requirements for Program Transportation Services, 2021). It is evident that Delaware HS and EHS programs try to provide transportation when possible.

The survey found that transportation provided by parents/guardians is the most common way in which children are transported to HS and EHS programs in Delaware–nearly all respondents (93%) selected this choice. However, some respondents indicated that their programs do provide transportation either directly through program owned transportation (13%) or indirectly through bus company contractors (13%). From the survey results, it does not appear that any HS or EHS programs are providing transportation through partnerships with school districts.

The survey results indicate that most Delaware HS children are not transported by the program directly. This is affirmed by looking at a comparison of state, national, and regional transportation data. The PIR data show that Delaware's HS programs provided transportation to approximately 28.8 percent of their enrollees in 2018–2019—this percentage is greater than the national average of 21.6 percent but less than the regional average of 33.6 percent.

To assess whether program and center directors believe that improving transportation access would improve their recruitment and enrollment success, they were asked to state their level of agreement with the statement, "Inadequate access to transportation has a negative impact on recruitment and enrollment for my program." There was not a consensus among respondents with a roughly equal proportion agreeing and disagreeing and with a plurality selecting "neutral." However, among those that agree, a wide majority strongly agree, suggesting that there are programs for which increasing transportation access would improve their recruitment and enrollment of additional children.

Table 10: Impact of Inadequate Transportation

	Response Count	Percentage of Respondents Who Selected
Strongly Agree	4	23.5%
Somewhat Agree	2	11.8%
Neutral	6	35.3%
Somewhat Disagree	4	23.5%
Strongly Disagree	1	5.9%

It is important to understand the barriers that are preventing the state's programs from offering a comparable level of transportation access. **The most frequently cited barrier was insufficient funding followed by the inability to find a contractor and insufficient demand.**

Table 11: Barriers to Contracting with Transportation Providers

	Response Count	Percentage of Respondents Who Selected
Insufficient Funding	6	35.3%
Unable to Find a Contractor	4	23.5%
Insufficient Demand	3	17.6%
Unable to Find a Contractor that Can Provide at Times Needed	2	11.8%
Unable to Find a Contractor that Meets HS/EHS Requirements	1	5.9%
Other [20]	5	29.4%

DHSCO wanted to assess whether programs were utilizing any transportation methods outside of contracting with providers. The most common method was through partnerships with public transportation providers—several respondents stated that they provide bus passes to support access. Others used their own buses and bus drivers while additional programs utilized car services.

Table 12: Alternative Transportation Methods

	Response Count	Percentage of Respondents Who Selected
Public Transportation Providers	7	41.2%
Uber, Lyft, or Other Car Services	2	11.8%
Program-Owned Buses	1	5.9%

Recruitment and Enrollment of Families

HS and EHS programs serve a diverse range of children; however, there are a variety of barriers that prevent programs from recruiting and enrolling all children who meet the eligibility requirements.

[20] Includes respondent does not see any barriers (2), respondent believes children are too young (1), respondent is not interested (1), and respondent is not sure if the program is able to contract transportation services (1)

These barriers differ depending on the child. For example, the barriers to recruiting and enrolling a child from a family experiencing homelessness are likely different than the barriers for dual-language learners. These barriers also exist at the program level. Organizational-specific factors prevent providers from effectively serving all children. The survey sought to develop a comprehensive understanding of the barriers to recruiting, enrolling, and effectively serving children in the following groups:[21]

- Children of families experiencing homelessness
- Children in foster care
- Children from migrant families
- Children with disabilities and other special needs
- Children that are dual-language learners
- Children from families experiencing substance use disorders

KEY FINDING

The survey results highlighted a significant issue: **the lack of awareness that programs are free**.

At its core, Head Start is a program that provides early childhood education at no cost to families. If families are unaware of this, then it presents a major barrier to the recruitment and enrollment of additional children.

According to the survey results, additional barriers include the need for wraparound care, the lack of knowledge about how to apply, and limited access to transportation. For migrant families and dual-language learners, language/literacy presents a hindrance to the recruitment and enrollment of children and the delivery of service.

[21] Several of these categories (i.e., dual language learners and children from families experiencing substance use disorders) are not federally mandated eligibility criteria, but are priority areas for the Delaware Head Start Collaboration Office.

Barriers for Families to the Recruitment and Enrollment of Certain Categories

Respondents were provided a list, developed in consultation with DHSCO, of potential barriers families face during the recruitment and enrollment process. They were asked to select as many barriers as they saw fit based on their experiences. Below is a summary of the most common survey responses for each group listed above.

Children Experiencing Homelessness

- Limited access to transportation (9)
- Difficulty with attendance due to mobility (8)
- Lack of awareness that programs are available at no cost to families (7)

Children in Foster Care

- Lack of awareness that their foster child is eligible (9)
- Lack of awareness that programs are available at no cost to families (7)
- Need for wraparound care (3)
- Lack of awareness that programs have no waiting list (3)
- Lack of knowledge about how to apply/complete the application (3)

Children from Migrant Families

- Lack of awareness that programs are available at no cost to families (6)
- Language/Literacy barriers (6)
- Difficulties providing documentation (6)

Children with Disabilities and other Special Needs

- Lack of awareness that programs are available at no cost to families (10)
- Need for wraparound care (5)
- Limited access to transportation (4)

Children that are Dual-Language Learners

- Language/Literacy barriers (12)
- Lack of knowledge about how to apply/complete the application (7)
- Lack of awareness that programs are available at no cost to families (6)

Children from Families Experiencing Substance Use Disorders

- Family privacy concerns (15)
- Lack of awareness that programs are available at no cost to families (5)
- Lack of knowledge about how to apply/complete the application (3)

Barriers for Providers to the Recruitment and Enrollment of Certain Categories

Respondents were asked to do the same for the barriers that exist on the program side that prevent programs from effectively recruiting and enrolling children. Below is a summary of the most common survey responses for each group (i.e., children experiencing homelessness).

Children Experiencing Homelessness

- Difficulty identifying and maintaining contact with children of families experiencing homelessness due to their mobility (8)
- Lack of expertise to utilize resources for families experiencing homelessness (5)
- Lack of staff capacity to target recruitment efforts on families who are experiencing homelessness (5)

Children in Foster Care

- Lack of staff capacity to target recruitment efforts on foster families (6)
- Lack of collaboration with community partners to provide services to foster families (6)
- Lack of expertise to utilize resources for children in foster care (5)

Children from Migrant Families

- Language/literacy barriers (5)
- Lack of collaboration with community partners to provide services to migrant families (4)
- Lack of staff capacity to target recruitment efforts toward migrant families (4)

Children with Disabilities and other Special Needs

- Lack of collaboration with community partners to provide services to children with disabilities and other special needs (8)
- Insufficient demand because other programs are serving children with disabilities and other special needs (8)
- Lack of resources for families with children with disabilities and other special needs (6)

Children that are Dual-Language Learners

- Lack of staff trained as English as a second language educators (11)
- Rapid increase in the number of dual and English language learners (6)
- Lack of expertise to utilize dual and English language learner resources (5)

Children from Families Experiencing Substance Use Disorders

- Lack of staff training on topics related to substance misuse (11)
- Difficulty identifying and engaging children impacted by substance misuse (11)
- Lack of resources for families experiencing substance misuse (6)

Access to Services

The Head Start Act requires programs to work with families to ensure that enrollees have a reliable source of healthcare and health insurance (Head Start Program Performance Standards). According to PIR data, at the beginning of the 2018–2019 program year, 91.1 percent of Delaware's enrollees had health insurance, 93.5 percent had a medical home, 91.2 percent had up-to-date immunizations, and 78.9 percent had a dental home. By the end of the program year, 96.9 percent had health insurance, 96.9 percent had a medical home, 93.9 percent had up-to-date immunizations, and 92.3 percent had a dental home.[22]

However, barriers exist that prevent programs from effectively providing this service. Table 13 shows that the most significant barrier to accessing healthcare of all types was that the family does not understand the importance of that service—this was especially true for mental health services. In addition, financial constraints and a limited number of providers appear to have a negative effect on access. Financial constraints had the greatest impact on dental services while the limited number of providers had the greatest impact on mental health services.

Table 13: Barriers to Accessing Healthcare for Enrollees

	Dental Services	Vision Services	Medical Home	Mental Health Services
Family Has Limited Access to Transportation	6	4	2	2
Family Does Not Understand the Importance of Service	9	8	9	10
Family Has Financial Constraints	8	6	6	5
Limited Number of Providers	7	5	5	8
Staff Lacks Training to Direct Family to Appropriate Resources	0	1	0	3

[22] Note that all end of program year percentages for the state closely approximate the percentages nationally and regionally. The approximately 13 percentage-point increase in access to a dental home is significantly higher than nationally (7 percentage points) and regionally (9 percentage points).

Full-Day, Full-Year Services

As was shown previously on pages 10 and 11, Delaware has a lower percentage of full-day services compared to the national and regional averages for both HS and EHS. To increase access through the provision of full working-day, full calendar year services, it is pivotal to understand the barriers that prevent the expansion of services and whether the state's programs have the demand to justify such a change.

NEED FOR FULL-DAY SERVICES

Program and center directors see a need for full-day services according to survey results.

The results of the survey showed that program and center directors do in fact see a need for full-day services; however, they largely do not see the need for full year. Only one respondent stated that they do not see a need for either full-day or full-year services.

Regarding barriers, the most frequent response was a lack of federal funding followed by a lack of state funding—providing strong evidence that programs are unable to offer more full-day and full-year programs because they do not have adequate funding to do so. The inability to find qualified staff and the inability to provide transportation are also barriers preventing expansion.

Table 14: Barriers to Providing Full-Day, Full-Year Programs[23]

Barriers	Response Count	Percentage of Respondents Who Selected
Lack of Federal Funding	5	29.4%
Lack of State Funding	3	17.6%
Difficulty Finding Qualified Staff	2	11.8%
Unable to Provide Transportation	2	11.8%
Lack of Demand	2	11.8%
Cannot Afford Additional Staff	1	5.9%
Lack of Suitable Affordable Space	1	5.9%

Lastly, survey respondents were asked if their program had the need for respite care—20 percent stated their program had need for this service while 80 percent stated their program did not.

[23] The survey options "Insufficient community partnerships" and "Unable to provide additional meals" had 0 responses.

Professional Development and Higher Education Opportunities

A priority of DHSCO is to enable HS agencies to better access professional development opportunities for their staff, such as by working with them to enable the grantees to meet the degree requirements described in section 648A(a)(2)(A) of the Head Start Act.

As shown in the tables below, a lower percentage of Delaware's HS and EHS teachers met the degree/credential requirements compared to the national and regional average in 2018–2019. Therefore, it is important to understand the barriers that have prevented the state's HS and EHS teachers from obtaining the required degrees and/or credentials.

Table 15: Head Start and Early Head Start Teacher Qualifications (2018–2019)

	Delaware	Region 3	National
Total Center-Based Lead Teachers (HS)	97	3,962	41,102
Percentage that Meets Degree/Credential Requirements	71.1%	81.6%	71.8%
Total Center-Based Assistant Teachers (HS)	113	4,068	42,917
Percentage that Meets Degree/Credential Requirements	72.6%	90.1%	88.1%
Total Center-Based Teachers (EHS)	111	2,107	29,435
Percentage that Meets Degree/Credential Requirements	72.1%	85.2%	85.1%

Office of Head Start, Program Information Report Staff Qualifications Report, State of Delaware, 2018–2019; Office of Head Start, Program Information Report Staff Qualifications Report, National 2018–2019; Office of Head Start, Program Information Report Staff Qualifications Report, Region 3, 2018–2019.

Table 16: Barriers to Obtaining Required Degrees and Credentials

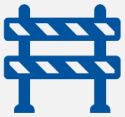
Barriers	CDA	AA or BA
Staff Shortages While Staff Completes the Coursework	9	8
Limited Funding	6	6
Lack of Access to Technology	5	3
Staff Unwilling to Complete the Coursework	3	8
Language Barriers	1	1
Other[24]	6	5

[24] Barriers to CDA - lack of ability to use technology (1) and either "N/A" or "none" (5); Barriers to AA/BA - Includes lack of evening childcare for single parents and either "N/A" or "none" (4)

The survey results showed the most common barrier to obtaining a Child Development Associate (CDA), Associate of Arts degree (AA), or a Bachelor of Arts degree (BA) is from the staff shortage created while a staff member completes the coursework.[25] Staff members' unwillingness to complete the coursework is also a significant barrier—more so for obtaining the AA or BA degree than a CDA. Limited funding, a lack of access to technology, and to a lesser extent, language barriers, play roles in preventing HS and EHS staff from taking advantage of higher education opportunities.

In terms of how HS and EHS staff are accessing the CDA coursework, all respondents indicated that their staff are doing so through Training in Early Care and Education (TECE 1 and 2). More specifically, 71 percent of respondents stated that their staff are completing the coursework online while 29 percent are doing so in person.

HS and EHS programs additionally partner with higher education institutions in various ways including the provision of internships or participating on advisory committees.



BARRIERS TO STAFF EDUCATION

The most common barrier for staff to obtain additional degrees or credentials is **the staff shortage created while a staff member completes the coursework.**

Partnerships

HS and EHS programs utilize a variety of partnerships to provide the highest level of service to children and families. DHSCO is seeking to promote partnerships between HS grantees, state and local governments, and the private sector to help ensure that children from low-income families, who are in HS programs or are preschool age, are receiving comprehensive services to prepare the children for elementary school. The survey identified how satisfied programs are with their current community partnerships and what new partnerships are needed.

SUCCESSFUL PARTNERSHIPS

Program and center directors are **largely satisfied with their current level of community partnerships.**

As shown by Table 17, program and center directors are largely satisfied with their current level of community partnerships.

[25] While a staff member is completing their coursework, they likely have less time to devote to their job. This can create staffing shortages for programs—many of which are already short-staffed.

Table 17: Level of Satisfaction with Current Partnerships

Satisfaction Level	Response Count	Percentage of Respondents Who Selected
Satisfied	12	70.5%
Neither Satisfied nor Dissatisfied	5	29.4%

There are still additional partnerships that programs are seeking; however, there is not a strong consensus among programs regarding what new partnerships are needed. **The most common responses from the surveyed program and center directors include vision providers, foster care agencies, and dental providers.**

Table 18: New Partnerships Needed[26]

Partnership Type	Response Count	Percentage of Respondents Who Selected
Vision Providers	8	47.1%
Foster Care Agencies	7	41.2%
Homeless Shelters	7	41.2%
Dental Providers	4	23.5%
Mental Health Providers	4	23.5%
Primary Care Physicians	4	23.5%
Other[27]	3	17.6%

In addition to the partnerships with the entities above, HS and EHS agencies also utilize a multitude of resources from Delaware 211. The most common 211 services used by programs to assist families are shown in Table 19.

[26] Answer choices with under 4 responses: K-12 School Districts (3), Food Banks (2), Private Childcare Providers (2), Professional Organizations (2), State Agencies (2), Faith-Based Organizations (1)
[27] Includes area colleges and universities (1) and N/A (1)

Table 19: Utilizing Delaware 211 Services

211 Services	Response Count	Percentage of Respondents Who Selected
Health/Mental Health	12	70.6%
Housing	12	70.6%
Food	10	58.8%
Employment for Families	6	35.3%
Developmental Screenings	5	29.4%
Other[28]	3	17.6%

Lastly, respondents were asked to identify what barriers exist that prevent collaboration with the following entities:

- Other HS programs
- Other EHS programs
- ECAP programs
- Private childcare programs
- School district provided pre-K programs
- EHS-CCP

When asked about the barriers that prevent the respondents' programs from collaborating with other HS and EHS programs (including EHS-CCP), a majority indicated that no such barriers exist or that they were not aware of any. Among those that do believe that barriers exist, the most common responses were a lack of time and a lack of communication.

Receipt of In-Kind Donations

In-kind opportunities and donations are a core part of the success of HS and EHS programs. The Head Start Act of 2007 states that the federal share of the total costs for a HS or EHS grantee cannot exceed 80 percent—therefore, grantees must be able to identify and secure other types of funding to sustain operations. The survey asked respondents how they identify in-kind opportunities and what are the barriers to securing in-kind donations.

[28] Includes either "N/A" or "none" (4)

As shown by the table below, the most common way in which programs identify in-kind opportunities is through relationships with community partners. A similar number of programs obtain such opportunities from families and from staff through their relationships with faith-based organizations, private businesses, and other entities.

Table 20: Ways Grantees Identify In-Kind Opportunities

Methods	Response Count	Percentage of Respondents Who Selected
Relationships with Community Partners	14	82.3%
Time	9	52.9%
Staff Capacity	7	41.2%
Other[29]	4	23.5%

The most common barrier to securing in-kind donations is the inability to find new in-kind opportunities—without the connections to potential donors, HS and EHS agencies can struggle to obtain the donations necessary to supplement the gap between their total costs and the federal share of the total cost. Additionally, in some programs, time is a barrier preventing the program from obtaining donations.

Table 21: Barriers to Securing In-Kind Donations

Barriers	Response Count	Percentage of Respondents Who Selected
Finding New In-Kind Opportunities	11	64.7%
Time	5	29.4%
Staff Capacity	2	11.7%

Home Visits

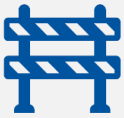
Home visits are an essential part of HS and EHS operations. DHSCO wanted to gain a deeper understanding of how often program staff conduct home visits, the barriers to providing home visits, and additional information regarding collaboration with other home visiting programs.

[29] Includes volunteers (3), reduced costs for services (1), and N/A (1)

In terms of the frequency of home visits provided by programs, survey results show that biannual home visits are the most common.

- Twice per year (7)
- Weekly (3)
- Quarterly (1)

There are a variety of barriers that prevent programs from providing more frequent home visits. Table 22 shows the most common barriers as selected by program and center directors in the survey. **Health and safety concerns related to the COVID-19 pandemic is the most significant current barrier; however, families also appear to be reluctant to have visitors independent of the pandemic. Time constraints, both for the staff and for the families, play a role as well.**



BARRIERS TO HOME VISITS

Barriers to home visits include…

- Health and safety concerns related to the COVID-19 pandemic
- Reluctance to have visitors independent of the pandemic
- Time constraints for both staff and families

Table 22: Barriers to Providing Home-Visiting to Families

Barriers	Response Count	Percentage of Respondents Who Selected
Health and Safety Concerns Related to COVID-19	14	82.3%
Families are Reluctant to Have Visitors (for Reasons Other than COVID-19)	10	58.8%
Time Constrains for Families	9	52.9%
Time Constrains for Staff	4	23.5%

Collaboration with other home visiting programs plays a role in the delivery of service. Parents as Teachers is the most common home visiting program with which HS and EHS collaborate—others work with Nurse Family Partnerships and Healthy Families Delaware. The most common ways in which HS and EHS programs collaborate is by attending committee meetings or trainings together. In terms of frequency, those programs that do collaborate mostly do so quarterly.

Impact of the COVID-19 Pandemic

The COVID-19 Pandemic has created a wide array of new challenges and fundamentally changed the way in which programs operate. The survey was used to determine how the pandemic has affected the following areas:

- Enrollment
- Staffing
- Family Engagement
- Student Attendance
- Home-Visiting Programs
- Staff Wellness and Morale

The results of the survey show that the COVID-19 Pandemic has led to a decrease in enrollment for a majority of Delaware's HS and EHS programs. Similarly, the pandemic has had negative effects on the number of staff (some programs struggle to retain staff and find replacements) and family engagement (health and safety concerns are limiting the interactions between staff and families). Several programs stated that student attendance has stayed the same.

PANDEMIC IMPACTS

– Negatives

- Decline in staff morale
- Increase in stress associated with safety and health concerns, compounded by staff shortages

\+ Positives

- Increase in staff knowledge of technology
- Increase in family participation through virtual offerings

Table 23: Impacts of the COVID-19 Pandemic on Programs

	Increased	Decreased	Stayed the Same	Other
Enrollment	0	10	7	0
Number of Staff	2	8	5	2
Family Engagement	3	10	3	1
Student Attendance	2	7	7	1

When asked about the effect of the pandemic on home visiting programs, all respondents stated that they have either stopped doing home visits or have conducted them entirely through virtual methods (phone, Zoom, or other similar platform).

Many program and center directors also noted the impact that COVID-19 has had on staff morale. Respondents frequently mentioned the added stress associated with safety and health concerns—this stress has been compounded by staff shortages. These staff shortages are due to both callouts and the inability to fill vacant positions and retain current staff. Several directors stated that they have had an increase in callouts, which puts added pressure and responsibility on a short-staffed workforce.

The survey asked respondents to share any additional impacts that COVID-19 has had on their programs in an open-ended form. **On the positive side, it was noted that the pandemic has led to an increase in staff knowledge of technology–staff can now provide support both in person and online which allows families to attend more events.** However, the responses were mostly negative with one respondent stating that the situation is "worse than people realize." Others noted the additional cleaning costs they must now incur, and others stated their current staffing levels are at an all-time low with numerous vacancies that they have been unable to fill.

Conclusion

Throughout an extraordinarily difficult period, HS and EHS staff remained committed to providing the highest possible level of service. Whether it was by transitioning services to a virtual format or overcoming staffing shortages, grantees adapted to meet the needs of children and families.

Additionally, the provision of high-quality services would not be possible without the various relationships and community partnerships that supplement HS and EHS programs. All survey respondents noted they were satisfied with their level of community partnerships. The current ability of HS and EHS programs to collaborate with other organizations is one of the highlights that emerged from this research. Another positive is the fact that a wide majority of programs appear to be utilizing social and emotional learning, culturally responsive teaching, and trauma-informed care.

This needs assessment also pointed out areas that remain challenges. The survey showed that COVID-19 has had a negative impact on enrollment, staffing levels, family engagement, and student attendance. Therefore, one of the most pressing issues moving forward will be grantees' ability to continue to adapt and ultimately overcome these impacts. Meanwhile, the PIR data showed that Delaware programs offered significantly less full-day, five-day opportunities for families than the national and regional averages.

This needs assessment highlights the major barriers facing HS and EHS programs and the children and families they serve. It also showcases the resilience and commitment of the HS and EHS staff to continue to provide the same level of comprehensive services for children and families during a pandemic.

Ultimately, this report can provide for our HS, EHS, DHSCO, and community partners a foundation for addressing the needs of our children and families. By working together, we can build a stronger community in which all children and families thrive.

References

Bancroft, J. (2018, March 12). *Strengths for Head Start-Child Care Partnerships*. Retrieved from Early Childhood Learning and Knowledge Center: https://eclkc.ohs.acf.hhs.gov/program-planning/article/strategies-head-start-childcare-partnerships

Childcare Options for Eligible Families. (n.d.). Retrieved from Delaware Department of Education: https://education.delaware.gov/families/office_of_early_learning/child_care_options/

Cultural Responsiveness. (n.d.). Retrieved from Early Childhood Learning and Knowledge Center: https://eclkc.ohs.acf.hhs.gov/curriculum/consumer-report/criteria/cultural-responsiveness-1

Early Head Start Program Options. (2018, July 12). Retrieved from Early Childhood Learning and Knowledge Center: https://eclkc.ohs.acf.hhs.gov/programs/article/early-head-start-program-options

Fundamentals of SEL. (n.d.). Retrieved from CASEL: https://casel.org/fundamentals-of-sel/

Head Start Policy & Regulations - Part 1302.31: Teaching and the learning environment. (n.d.). Retrieved from Early Childhood Learning and Knowledge Center: https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-31-teaching-learning-environment

Head Start Program Locator. (2021). Retrieved from Early Childhood Learning and Knowledge Center: https://eclkc.ohs.acf.hhs.gov/center-locator?latitude=38.911&longitude=-75.528&state=DE

HHS Poverty Guidelines for 2021 (2021). Retrieved from U.S. Department of Health and Human Services: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

Kids Count Data Center. (2020). *Population by Age Group*

Non-Federal Match Narrative. (2020, March 17). Retrieved from Early Childhood Knowledge and Learning Center: https://eclkc.ohs.acf.hhs.gov/fiscal-management/article/non-federal-match-narrative

Office of Head Start. (2019). *Program Information Report Early Head Start Services Snapshot, Delaware*

Office of Head Start. (2019). *Program Information Report Early Head Start Services Snapshot, Region 3*

Office of Head Start. (2019). *Program Information Report Early Head Start Services Snapshot, National*

Office of Head Start. (2019). *Program Information Report Early Head Start Enrollment Statistics, Delaware*

Office of Head Start. (2019). *Program Information Report Early Head Start Enrollment Statistics, Region 3*

Office of Head Start. (2019). *Program Information Report Early Head Start Enrollment Statistics, National*

Office of Head Start. (2019). *Program Information Report Head Start Services Snapshot, Delaware*

Office of Head Start. (2019). *Program Information Report Head Start Services Snapshot, Region 3*

Office of Head Start. (2019). *Program Information Report Head Start Services Snapshot, National*

Office of Head Start. (2019). *Program Information Report Head Start Enrollment Statistics, Delaware*

Office of Head Start. (2019). *Program Information Report Head Start Enrollment Statistics, Region 3*

Office of Head Start. (2019). *Program Information Report Head Start Enrollment Statistics, National*

Office of Head Start. (2019). *Program Information Report Staff Qualifications, Delaware*

Office of Head Start. (2019). *Program Information Report Staff Qualifications, National*

Office of Head Start. (2019). *Program Information Report Staff Qualifications, Region 3*

Requirements for Program Transportation Services. (2021, June 23). Retrieved from Early Childhood Learning and Knowledge Center: https://eclkc.ohs.acf.hhs.gov/transportation/article/requirements-program-transportation-services

Respite Care Programs. (n.d.). Retrieved from Child Welfare Information Gateway: https://www.childwelfare.gov/topics/preventing/prevention-programs/respite/

Supporting Children and Families Experiencing Homelessness (2021, July 15). Retrieved from Early Childhood Learning and Knowledge Center: https://eclkc.ohs.acf.hhs.gov/family-s upport-well-being/article/supporting-children-families-experiencing-homelessness

Trauma Informed Care. (n.d.). Retrieved from Trauma Matters Delaware: https://traumamattersdelaware.org/what-is-trauma-informed-care/

Appendix

Delaware Head Start Collaboration Office and First Start Delaware Early Head Start-Child Care Partnership Survey

Introduction
Thank you for taking the time to fill out the Head Start Collaboration Office and First Start Delaware Early Head Start-Child Care Partnership needs assessment survey. This survey will help these organizations better understand the experiences of Head Start and Early Head Start providers in Delaware. Please note that it will take approximately 30 minutes to complete. The results of the questionnaire will help inform future policy decisions and increase awareness of your program's needs. All responses will be reported anonymously. There are no risks related to your participation.

Contact Information
Your Name:
Your Title/Position:
Your Email:
Name of the organization:
Name of the site where the program is offered:
Address if program:
Type of program:

- Early Head Start
- Head Start
- Private Center Based Care

Capacity
Total number of Head Start funded enrollment (federal):
Total number of Early Head Start funded enrollment (federal):
Total cumulative children enrolled:
Capacity of program (as authorized by the Office of Child Care Licensing):

Children who attend my program have their care paid for by (select all that apply)÷

- Subsidy (Purchase of Care)
- Their parent/guardian (Private Pay)
- An Early Head Start grant from the federal government
- A Head Start grant from the federal government
- An Early Head Start/Child Care Partnership contract with the Delaware Department of Education
- Other funding (private foundations, etc.)

Alignment of Curricula and Services Among Early Head Start and Head Start Programs
Please provide information about social emotional learning, culturally responsive teaching, and trauma informed care in your practice.

Do you integrate social emotional learning (SEL) into your practice?
For reference: According to the Early Childhood Learning and Knowledge Center (ECLKC), SEL teaching practices are those that "emphasize nurturing and responsive practices, interactions, and environments that foster trust and emotional security; promote social, emotional, behavioral, and language development; provide supportive feedback for learning; [and] motivate continued effort..."

- Yes
- No
- Not sure if SEL is being integrated into the program's practice

If yes, how do you integrate SEL into your practice?

- By using resources provided by ECLKC
- By using resources provided by the Delaware Institute for Excellence in Early Childhood (DIEEC)
- By using resources provided by the Delaware Department of Education SEL Collaborative
- The curriculum I use provides SEL resources
    - If checked, what is the name of the curriculum?
- Other (please specify)

If not, why do you not integrate SEL into your practice?

- Lack of access to SEL resources
- Lack of knowledge or skills on how to integrate SEL into my classroom practices
- Other (please specify)

Do you integrate culturally responsive teaching into your practice?
For Reference: According to ECLKC, "a culturally responsive curriculum prompts providers and educators to learn about each child's strengths, abilities, experiences, and interests as developed within the child's family and culture. "

- Yes
- No
- Not sure if culturally responsive teaching is being integrated into the program's practice

If yes, how do you integrate culturally responsive teaching into your practice?

- By using resources provided by the ECLKC
- By using resources provided by the Delaware Institute for Excellence in Early Childhood (DIEEC)
- The curriculum I use provides culturally responsive resources
    - If checked, what is the name of the curriculum?
- Other (please specify)

If not, why do you not integrate culturally responsive teaching into your practice?

- Lack of access to culturally responsive resources
- Lack of knowledge or skills on how to integrate culturally responsive teaching into my classroom practices
- Other (please specify)

Do you integrate trauma informed care into your practice?

For Reference: Trauma informed care acknowledges that organizations need to have a complete understanding of the individual's situation—past and present—in order to offer the best services.

- Yes
- No
- Not sure if trauma informed care is being integrated into the program's practice

If yes, how do you integrate trauma informed care into your practice?

- By using resources provided by the ECLKC
- By using the resources provided by the Delaware Institute for Excellence in Early Childhood (DIEEC)
- The curriculum I use provides trauma informed care resources
    - If checked, what is the name of the curriculum?
- Other (please specify)

If not, why do you not integrate trauma informed care into your practice?

- Lack of access to trauma informed care resources
- Lack of knowledge or skills on how to integrate trauma informed care into my classroom practices
- Other (please specify)

How do you address children with challenging behaviors?

- Positive Behavior Interventions and Supports (PBIS)
- Conscious discipline
- Parent-Child Interaction Therapy
- Strengthening Families approach
- Other (please specify)

Barriers for Providers

The following section addresses different barriers that Early Head Start and Head Start Programs may encounter.

Family Engagement

What are the barriers to providing comprehensive services to children and families in your programs?

- Lack of staff knowledge or skills
- Workforce shortage
- Limited funding
- Inadequate assistance from partner organizations
- Other (please specify)

What are the barriers to actively engaging families in your programs?

- Parent/guardian work schedules
- Family has limited access to transportation
- Language barriers between the family and program
- Immigration status of parents/guardians or children

- Substance misuse issues of the parent/family member
- Family experiences domestic violence
- Family currently experiencing homelessness
- Other (please specify)

Transportation

How are children transported to your program?

- Transportation provided by parent/guardian
- Transportation provided by contractor/bus company
- Transportation provided by program
- Transportation provided by school district partner
- Other (please specify)

Inadequate access to transportation has a negative impact on recruitment and enrollment for my program.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

What barriers prevent your program from contracting with transportation providers?

- Insufficient funding
- Unable to find a contractor to provide service
- Unable to find a contractor that meets Head Start requirements for safely transporting children (i.e., vehicle specifications, driver certifications, etc.)
- Unable to find a contractor that can provide transportation at times needed
- Insufficient demand (not enough families would use it)
- Other (please specify)

How have you tried to address transportation issues?

- Used your own buses and bus drivers
- Used Uber, Lyft, or other car services
- Partnership with public transportation providers
- Other (please specify)

Recruitment & Enrollment of Families

For families experiencing homelessness, what are the barriers to accessing Head Start and Early Head Start programs?

- Need for wraparound care (care before/after the program)
- Lack of awareness that programs are available at no cost to families
- Lack of awareness that programs have no waiting list
- Lack of knowledge about how to apply/complete the application
- Limited access to transportation
- Other (please specify)

For providers, what are the barriers to effectively serving children of families who are experiencing homelessness?

- Lack of resources for families experiencing homelessness
- Lack of expertise to utilize ~~these~~ resources for families experiencing homelessness
- Lack of knowledge on how to identify if a family is experiencing homelessness during recruitment/intake
- Lack of staff capacity to target recruitment efforts on families who are experiencing homelessness
- Lack of collaboration with community partners (including homeless shelters and other organizations)
- Difficulty identifying and maintaining contact with children of families experiencing homelessness due to their mobility
- Lack of staff awareness that recruiting/enrolling children whose families are experiencing homelessness is an Office of Head Start priority
- Other (please specify)

For foster families, what are the barriers to accessing Head Start and Early Head Start programs?

- Need for wraparound care (care before/after the program)
- Lack of awareness that programs are available at no cost to families
- Lack of awareness that programs have no waiting list
- Lack of knowledge about how to apply/complete the application
- Limited access to transportation
- Lack of awareness ~~that~~ their foster child is eligible
- Other (please specify)

For providers, what are the barriers to effectively serving children who are in foster care?

- Lack of resources for foster families
- Lack of expertise to utilize ~~these~~ resources for children in foster care
- Lack of knowledge on how to identify foster families during recruitment/intake
- Lack of staff capacity to target recruitment efforts on foster families
- Lack of collaboration with community partners to provide services to foster families
- Lack of staff awareness that recruiting/enrolling children who are in foster care is an Office of Head Start priority
- Other (please specify)

For migrant families, what are the barriers to accessing Head Start and Early Head Start programs?

- Need for wraparound care (care before/after the program)
- Lack of awareness that programs are available at no cost to families
- Lack of awareness that programs have no waiting list
- Lack of knowledge about how to apply/complete the application
- Limited access to transportation
- Language/literacy barriers
- Difficulties providing documentation
- Lack of trust in government provided programs
- Other (please specify)

For providers, what are the barriers to effectively serving children of migrant families?

- Lack of resources for migrant families
- Lack of expertise to utilize ~~these~~ resources for children of migrant families
- Lack of knowledge on how to identify migrant families during recruitment/intake
- Lack of staff capacity to ~~do~~ target~~ed~~ recruitment efforts on migrant families
- Lack of collaboration with community partners to provide services to migrant families
- Language/literacy barriers
- Lack of staff awareness that recruiting/enrolling children of migrant families is an Office of Head Start priority
- Other (please specify)

For families of children with disabilities and other special needs, what are the barriers to accessing Head Start and Early Head Start programs?

- Need for wraparound care (care before/after the program)
- Lack of awareness that programs are available at no cost to families
- Lack of awareness that programs have no waiting list
- Lack of knowledge about how to apply/complete the application
- Limited access to transportation
- Other (please specify)

For providers, what are the barriers to effectively serving children with disabilities and other special needs?

- Lack of resources for these families with children with disabilities and other special needs
- Lack of expertise to utilize these resources
- Lack of staff capacity to do targeted recruitment efforts on children with disabilities and other special needs
- Lack of collaboration with community partners to provide services to children with disabilities and other special needs
- Providing special education services within the Head Start program year (time between identification and receiving services)
- Insufficient demand because other programs are serving children with disabilities and other special needs
- Lack of staff awareness that recruiting/enrolling children with disabilities and other special needs is an Office of Head Start priority
- Other (please specify)

For families with dual language learners, what are the barriers to accessing Head Start and Early Head Start programs?

- Need for wraparound care (care before/after the program)
- Lack of awareness that programs are available at no cost to families
- Lack of awareness that programs have no waiting list
- Lack of knowledge about how to apply/complete the application
- Limited access to transportation
- Language/literacy barriers
- Other (please specify)

For providers, what are the barriers to effectively serving dual language learners?

- Lack of resources for families with children who are dual language learners
- Lack of expertise to utilize ~~these~~ resources
- Lack of staff capacity to ~~do~~ target~~ed~~ recruitment efforts on dual language learners
- Lack of staff trained as English as a second language educators
- Rapid increase in the number of dual language learners
- Lack of familiarity with how to interact with and understand specific cultures
- Lack of staff awareness that recruiting/enrolling dual language learners is an Office of Head Start priority
- Other (please specify)

For families that experience substance misuse, what are the barriers to accessing Head Start and Early Head Start programs?

- Need for wraparound care (care before/after the program)
- Lack of awareness that programs are available at no cost to families
- Lack of awareness that programs have no waiting list
- Lack of knowledge about how to apply/complete the application
- Limited access to transportation
- Family privacy concerns
- Other (please specify)

For providers, what are the barriers to effectively serving children with families that experience substance misuse?

- Lack of resources for families experiencing substance misuse
- Lack of expertise to utilize resources
- Lack of collaboration with community partners to provide services to families experiencing substance misuse
- Lack of staff training on topics related to substance misuse
- Difficulty identifying and engaging children impacted by substance misuse
- Lack of staff awareness that recruiting/enrolling children with families that experience substance misuse is an Office of Head Start priority
- Other (please specify)

Access to Services

What are the barriers to assisting families in finding and accessing dental services for children and families?

- Family has limited access to transportation
- Family lacks health literacy
- Family has financial constraints
- Limited number of healthcare providers
- Staff lacks training to identify and direct children and families to appropriate resources
- Other (please specify)

What are the barriers to assisting families in finding and accessing vision services for children and families?

- Family has limited access to transportation

- Family lacks health literacy
- Family has financial constraints
- Limited number of healthcare providers
- Staff lacks training to identify and direct children and families to appropriate resources
- Other (please specify)

What are the barriers to assisting families in finding and accessing a medical home?

- Family has limited access to transportation
- Family lacks health literacy
- Family has financial constraints
- Limited number of healthcare providers
- Staff lacks training to identify and direct children and families to appropriate resources
- Other (please specify)

What are the barriers to assisting families in finding and accessing mental health services?

- Family has limited access to transportation
- Family lacks health literacy
- Family has financial constraints
- Limited number of healthcare providers
- Staff lacks training to identify and direct children and families to appropriate resources
- Other (please specify)

Who do you partner with to reduce high-risk behaviors that compromise healthy development?

- Child Inc.
- Early Childhood Mental Health Consultants
- Center for Child Development
- Other-(please specify)

Full-Day, Full-Year Services

Please provide information about expanding your program to a full day or full year program.
Does your program have a demand for the following?

- Full-Day
- Full-Year
- Both
- None of the above
- My program is an EHS-CCP program and already provides full-day, full-year services

Do you have data that informs the need for full-day/full-year Early Head Start or Head Start programs in your community?

- Yes
- No

If yes, what data do you have that informs the need for full-day/full-year Early Head Start or Head Start programs in your community?

- Mandated community needs assessment
- Conversations with families in your program

- Survey of your community
- Staff knowledge and expertise
- Other (please specify)

What are the barriers to increasing the number of full-day/full-year programs?

- Lack of federal funding
- Lack of state funding
- Cannot afford to hire additional staff
- Difficulty finding qualified staff
- Insufficient community partnerships
- Lack of suitable and affordable space to accommodate expansion
- Unable to provide transportation
- Unable to provide additional meals
- Other (please specify)

Professional Development and Higher Education Opportunities

Please provide information about barriers and opportunities for your employees to pursue professional development and higher education opportunities.

What are the barriers to your teachers obtaining a CDA?

- Language barriers for dual language learner staff who may not speak English
- Lack of access to technology
- Staff shortages while staff completes coursework
- Staff unwilling to complete coursework
- Limited funding
- Other (please specify)

What are the barriers to your teachers completing an Associate of Arts or Bachelor of Arts degree?

- Language barriers for dual language learner staff who may not speak English
- Lack of access to technology
- Staff shortages while staff completes coursework
- Staff unwilling to complete ~~the~~ coursework
- Limited funding
- Other (please specify)

How do your teachers access the CDA coursework?

- TECE 1 and TECE 2 (online)
- TECE 1 and TECE 2 (in person)
- Other (please specify)

How do you partner with higher education institutions?

- Provide internships
- Participate on advisory committees
- Partner to provide on-site college courses for staff
- Other (please specify)

Partnerships
Please provide information about how you partner with other agencies/organizations.

How satisfied are you with your current community partnerships (excluding other childcare providers?)

- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Do not work with community partners
- Other (please specify)

What new partnerships do you need?

- K-12 School Districts
- Homeless Shelters
- Foster Care Agencies
- Professional Organizations (i.e., National Head Start Association, Delaware Head Start Association, NAEYC)
- State Agencies (i.e., DDOE, DHSS, Department of Labor)
- Faith Based Organizations
- Private Childcare Providers
- Food Banks
- Mental Health Providers
- Primary Care Physicians
- Dental Providers
- Vision Providers
- Other (please specify)

Open-ended responses:

- How have publicly funded pre-K programs, such as school district pre-K and ECAP pre-K, impacted your programs?
- What barriers exist in collaborating with other Head Start programs?
- What barriers exist in collaborating with other Early Head Start programs?
- What barriers exist in collaborating with other ECAP programs?
- What barriers exist in collaborating with private childcare programs?
- What barriers exist in collaborating with school district provided pre-K programs?
- What barriers exist in collaborating with Early Head Start Childcare partnerships?

Provision of In-Kind and Other Services to Early Head Start/Head Start Agencies
Please provide information about the types of services used/provided to you.
How do you identify in-kind opportunities?

- Relationships with community partners
- Contributions from families
- Contributions from staff (i.e., staff relationships with faith-based communities, businesses, etc.)
- Other (please specify)

What are the barriers to securing in-kind donations?

- Time
- Staff capacity
- Finding new in-kind opportunities
- Other

What services do you access through Delaware 211 to assist children and families?

- Health/Mental Health
- Housing
- Food
- Employment for families
- Developmental screenings
- Other

Is there a need for weekend respite care for Early Head Start/Head Start families?

- Yes
- No

Home-Visiting

Please provide information about your home visiting programs.

How often does your staff provide home visits to families?

- Weekly
- Monthly
- Other (please specify)

What are the barriers to providing home visiting to families?

- Health and safety concerns related to COVID-19
- Families are reluctant to have visitors (for reasons other than COVID-19)
- Time constraints for staff
- Time constraints for families
- Other (please specify)

Do you collaborate with the following home visiting programs?

- Parents as Teachers
- Nurse Family Partnerships
- Healthy Families Delaware
- Other (please specify)

How do you collaborate with other home visiting programs?

- Attend committee meetings together
- Jointly reporting data (i.e., grants)
- Attend trainings together
- Other (please specify)

How frequently do you collaborate with other home visiting programs?

- Weekly

- Monthly
- Quarterly
- Other (please specify)

Why do you collaborate with other home visiting programs?

- Streamline service delivery for families
- Assist families in navigating home visiting services
- Home visiting program provides direct services to families
- Other (please specify)

Impacts of the COVID-19 Pandemic

How has your enrollment been impacted by the COVID-19 pandemic?

- Enrollment has increased
- Enrollment has decreased
- Enrollment has remained the same
- Other (please specify)

How has the size of your workforce been impacted by the COVID-19 pandemic?

- Number of employees has increased
- Number of employees has decreased
- Number of employees has remained the same
- Other (please specify)

How has family engagement been impacted by the COVID-19 pandemic?

- Family engagement has increased
- Family engagement has decreased
- Family engagement has remained the same
- Other (please specify)

How has student attendance been impacted by the COVID-19 pandemic?

- Attendance has increased
- Attendance has decreased
- Attendance has remained the same
- Other (please specify)

How have your home visiting services been impacted by COVID-19 (open-ended)

How has the COVID-19 pandemic impacted staff wellness? (open-ended)

Please share any other significant impacts the COVID-19 pandemic had on your program. (open-ended)

Conclusion

Is there anything else that you would like to share with the research team for the purposes of this study? (open-ended)

Institute for Public Administration

Biden School of Public Policy & Administration
University of Delaware

180 Graham Hall University of Delaware Newark, DE 19716-7380
phone: 302-831-8971 *email:* ipa@udel.edu *fax:* 302-831-3488

www.ipa.udel.edu

The University of Delaware's Institute for Public Administration (IPA) addresses the policy, planning, and management needs of its partners through the integration of applied research, professional development, and the education of tomorrow's leaders.