

Report to Congress on Head Start State-based Training and Technical Assistance Contracts

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**Office of Head Start
Administration for Children and Families
U.S. Department of Health and Human Services**

Report to Congress Head Start Training and Technical Assistance (T/TA) System

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I. INTRODUCTION

Sections 640 and 648 of the Improving Head Start Readiness Act, Public law 110-134, require the Department of Health and Human Services (HHS) to set aside monies from the total appropriations to establish state-based training and technical assistance (T/TA) to help Head Start grantees deliver quality services. In accordance with these requirements, HHS redesigned its T/TA system to include state-based T/TA that serves local grantees and collaboratives of grantees within states in geographical regions.

HHS is required to summarize for the U.S. House Committee on Education and the Workforce and for the U.S. Senate Committee on Health, Education, Labor, and Pensions how much it spent on state-based T/TA contracts and the activities carried out under those contracts.

This report includes information from fiscal year 2012, which is the most recent year for which HHS has complete information. The report describes the redesigned T/TA system, summarizes what HHS spent on state-based T/TA contracts and details the services T/TA contractors provided to Head Start grantees.

II. REDESIGNED T/TA SYSTEM

T/TA is an important component to program quality. Regular, on-going training and professional development are essential to program success and the T/TA system is an important part of the process.

The redesigned T/TA is composed of three levels: (a) grantee; (b) national centers; and (c) state-based. While each level has distinct and unique functions, they are designed to complement each other as described below:

(a) Grantee

The Act requires HHS to award at least 50 percent of all T/TA dollars directly to grantees. Grantees can use this money, in accordance with section 648(d) of the Act, to establish T/TA opportunities or to purchase services and materials otherwise not available through state-based T/TA and the national centers.

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(b) National centers

OHS contracts with six national centers. Each center has a focus area and experts that identify, review and disseminate research-based resources, and share best practices with grantees.

The centers are:

- (i) *The Early Head Start National Resource Center (EHS NRC)*. *EHS NRC* focuses on infants and toddlers' health and development. It shares resources and provides professional development opportunities relevant to comprehensive early childhood programs.
- (ii) *The National Center on Quality Teaching and Learning (NCQTL)*. *NCQTL* identifies, develops, and promotes evidence-based teaching and learning practices to help Head Start grantees achieve the best possible outcomes for young children. It works closely with T/TA providers to ensure effective educational practices become everyday practice.
- (iii) *The National Center on Parent, Family and Community Engagement (NCPFCE)*. *NCPFCE* identifies, develops and disseminates evidence-based best practices on young child development and family and community strengthening. It creates culturally and linguistically relevant training and tools for comprehensive, systemic, and integrated approaches to parent, family, and community engagement.
- (iv) *The National Center on Cultural and Linguistic Responsiveness (NCCLR)*. *NCCLR* provides the Head Start community with research-based information, practices, and strategies to ensure optimal academic and social progress for linguistically and culturally diverse children and their families. It provides culturally responsive, user-friendly materials and training for staff and families to use that promote strong language and literacy skills in children's home language and in English.

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- (v) *The National Center on Program Management and Fiscal Operations (NCPMFO)*. NCPMFO focuses on risk management, internal controls, human resources management, budgeting and cost allocation, and property acquisition and facilities management. Center experts identify best practices, practical solutions, and realistic approaches to strengthen program management and financial systems.
- (vi) *The National Center on Health (NCH)* helps grantees implement effective approaches to medical and dental care access, health awareness, obesity, emergency preparedness, and environmental safety.

(c) **State-based**

State-based T/TA offers a team of easily accessible qualified professionals to help grantees improve their services. The team primarily consists of Early Childhood Education (ECE) specialists and grantee specialists that work directly with grantees.

ECE specialists provide early childhood education and development expertise and consult with Head Start grantees on training, developing policy and procedures, and on collaborating with state agencies. Grantee specialists help grantees identify strategies for improving their internal fiscal systems.

ECE specialists have at least a bachelor of arts degree in early childhood education or development and at least five years of experience working with young children. At least one specialist per state has a degree that includes coursework specific to infant and toddler development and experience working with that population. Each state has at least one ECE specialist. Each specialist works with no more than 15 grantees.

Unlike ECE specialists that are assigned by state, grantee specialists are assigned by region. The regional office deploys them to help grantees correct deficiencies identified through monitoring.

Grantee specialists have at least a bachelor of arts or a bachelor of science degree in a field related to program design and management. They also have at least five years of experience consulting and providing training and technical assistance. Each grantee specialist works with 30 grantees.

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III. STATE-BASED T/TA CONTRACT EXPENDITURES

The Act requires HHS to report its expenditures for state-based T/TA contracts. The most recent data on contract expenditures is for fiscal year 2012. In FY2012, HHS spent \$40,776,138.90 on state-based T/TA contracts.

IV. STATE-BASED T/TA CONTRACT ACTIVITIES

The Act requires HHS to describe the activities contractors carried out under state-based T/TA contracts. The state-based T/TA team primarily consists of ECE specialists and grantee specialists.

- (a) **ECE specialists** provided state-based T/TA on: (i) career development; (ii) parent and family engagement; and (iii) school readiness.
- (i) Career development focuses on helping Head Start staffs develop professionally to ensure they can provide high quality services to children and families.

ECE specialists worked with grantees to develop professional plans to help grantee staffs meet statutory credentialing requirements. The Act states that by September 2013, at least 50 percent of Head Start teachers and education coordinators will have a baccalaureate or advanced degree in childhood education and all teaching assistants will have an associate's degree. The Act further requires other staffs that provide direct services to children between the ages of 0 and 3 years and their families to have at least a child development associate credential.

ECE specialists worked with state early childhood educators to identify online education programs. They also shared with grantees information about degree and certificate programs, financial assistance, and professional opportunities.

- (ii) Parent and family engagement is critical in preparing families and children for school. Staffs and families must develop an on-going partnership that supports family well-being and children's school readiness.

ECE specialists trained grantees how to use the *Parent, Family and Community Engagement Framework (PFCE)* and related implementation tools. The *PFCE Framework* is a research informed organizational road map that supports family outcomes and children's learning and development. It shows grantees how to

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work across systems and service areas to promote parent and family engagement.

ECE specialists helped grantees use the *Relationship-Based Competencies for Staff and Supervisors who Work with Families (RBC)* to enhance staff professional development. The *RBC* is a resource grantees can use to plan professional development activities, to assess their current policies, practices, management systems, and to assess how they use resources to support quality family and community engagement. ECE specialists also helped grantees become more data driven to achieve more effective family engagement outcomes.

- (iii) School readiness focuses on getting children prepared for school and on helping families support their children's learning.

ECE specialists helped grantees develop school readiness goals. They worked with grantees to identify and implement developmentally, culturally, and linguistically appropriate child assessment processes that align with the *Head Start Child Development and Early Learning Framework*. Grantees can use the *Head Start Child Development and Early Learning Framework* to plan and assess teaching and learning experiences as well as to assess whether children are progressing towards school readiness goals.

ECE specialists worked with grantees to improve teacher-child interactions. They helped grantees develop and implement teacher mentoring and coaching strategies. ECE specialists helped grantees identify teacher-child interactions that were working well and those that were not. They also helped grantees transition from being able to identify and understand quality interactions, to being able to ensure that teachers engage effective behaviors consistently. To do this, ECE specialists relied on the *Classroom Assessment Scoring System (CLASS™)*, which specifically looks at: the emotional climate of the classroom, how teachers organize children's time and attention, how in tune a teacher is to children's needs, how children are stimulated cognitively through activities, intellectual discussions, and social conversations.

ECE specialists worked with grantees to promote *I am Moving I am Learning (IMIL)*, a proactive approach for preventing and addressing childhood obesity in young children. *IMIL* is designed to increase daily moderate to vigorous physical activity, improve the quality of movement activities intentionally planned and facilitated by adults, and promote healthy food choices every day.

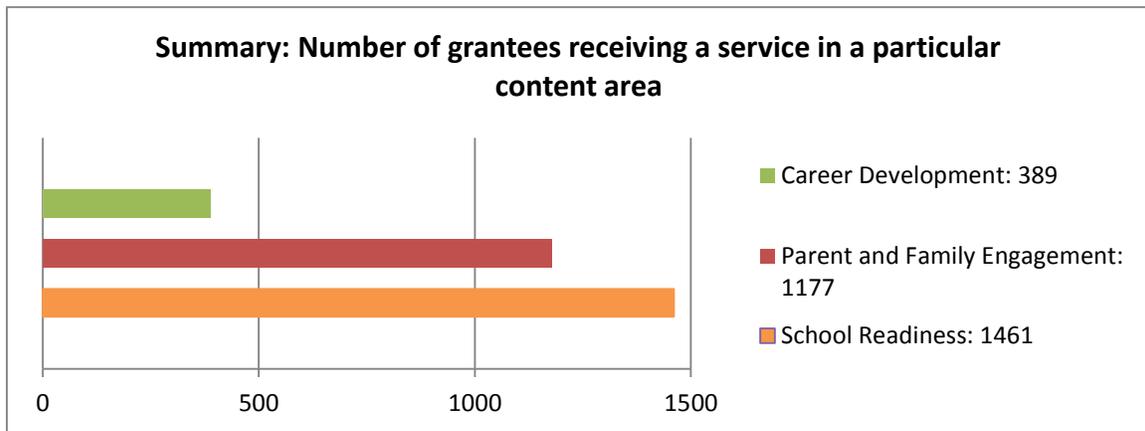
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ECE specialists used materials from the *Center on Social and Emotional Foundations for Early Learning* to promote evidence-based practices on children’s social and emotional development and preventing challenging behaviors.

ECE specialists helped grantees develop strategies to improve children’s language, literacy, math, and science skills. They also helped grantees develop strategies for working with dual language learners.

Chart 1: In fiscal year 2012, HHS funded approximately 1,600 grantees. Out of 1,600 grantees, ECE specialists provided some form of T/TA to 1,184 grantees. The chart below shows the number of grantees that received T/TA by content area.



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(b) **Grantee specialists** worked with grantees to prevent and reduce workplace risks. They helped grantees correct program deficiencies and satisfy concerns identified from Program Information Report (PIR) data. The PIR provides comprehensive data on grantees' services, staff, and the children and families. Grantee specialists also worked with grantees to correct areas of noncompliance and audit findings.

Chart 2: The chart below displays grantee specialists' T/TA services by the reason for service in fiscal year 2012.

