

Spring 2017

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The Transition to
Kindergarten

Little Ones with
Big Stories

Daddy
Days



Region VII Head Start Association

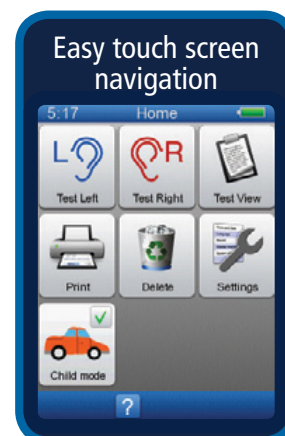
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GREETINGS REGION VII HEAD START FAMILY!

The Spring 2017 issue of the Region VII *Head Start Sand Box™* magazine is finished!

This is our most robust issue to date with 15 stories, and new “Contributors” and “Professional Resources” sections. Thank you to our contributors who help tell the story of the lasting impact your dedication has on the community and families you serve. As you read the inspiring and informative stories in this issue, I encourage you to take a moment to reflect on the importance of what you do each day.

I also want to thank our dedicated business partners who choose to invest their marketing dollars in the production of this publication. They too, believe in what you do, and they want to be a part of it. Their ongoing support of Region VII Head Start makes this powerful publication possible. I encourage you to reach out to these wonderful organizations and learn more about the products and services they provide to Head Start programs.

If you have an idea for a story for the next issue, please call or email me.

Happy Reading!



Inspired by you,

Mike Baugher

Director of Executive Services,
and Publisher of the Region VII
Head Start Sand Box™ magazine



Region VII Head Start Association

R7HSA.com

Spring 2017

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Contact us at:

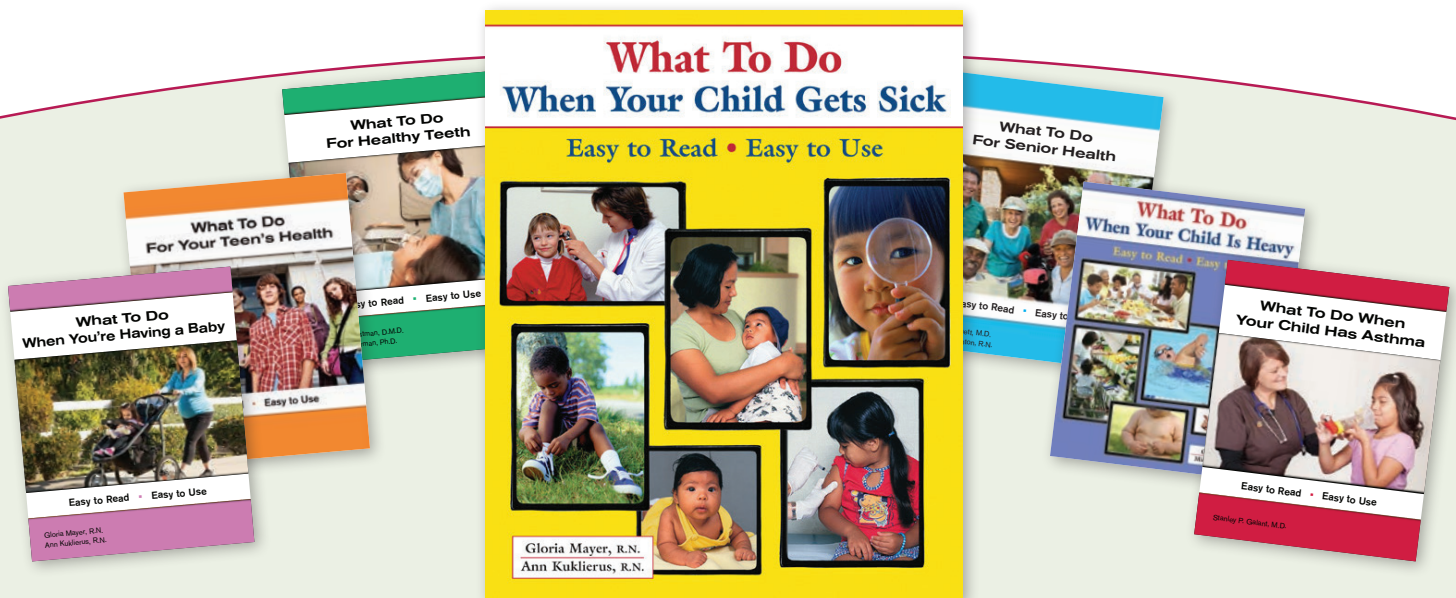
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CONGRATULATIONS

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Award Recipients

Tom Mayer Award of Excellence

STACEY WRIGHT, Director, Missouri Head Start — State Collaboration Office

Iowa State Children's Champion

DIANNE CASTO, North Iowa Community Action Organization (Retired)

Missouri State Children's Champion

DR. PATSY CARTER, Missouri Department of Mental Health (DMH)

Kansas State Children's Champion

ANNIE MCKAY, President and CEO, Kansas Action for Children (KAC)

Nebraska State Children's Champion

STEVE F. ANDERSON, DDS, Grand Island Dentistry

Region VII Head Start Teacher of the Year

MARY BURRIS LOCKWOOD, Southeast Kansas Community Action Program (SEK-CAP)

Region VII Head Start Family Leader of the Year

JENNIFER GARBER, Missouri Valley Community Action Agency Head Start

Region VII Head Start Administrator of the Year

LOLETTA COMBS, Director, Children's Therapy Center

Region VII Head Start Support Staff of the Year

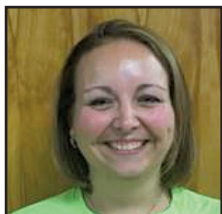
ALAINA RYAN, Heartland Early Education Learning Center

National Head Start Association Head Start Hero

LOIS BUTLER, Head Start and Early Head Start Director
Community Action Partnership of Mid-Nebraska

THANK YOU

TO OUR CONTRIBUTORS!



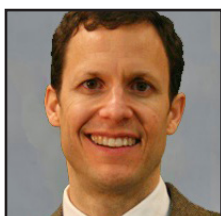
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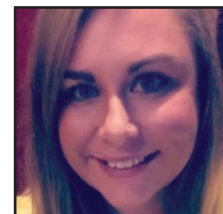
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The National Head Start Association Announces First Head Start Hero Award Recipient

The National Head Start Association annual conference was in Chicago, Illinois, April 7 – 10, 2017. It was a very good conference with quality keynotes, workshops, and award ceremonies. For the first time, NHSA created a Head Start Hero award to honor and acknowledge the incredibly hard work that is demonstrated each and every day for our nation's most vulnerable children.



Yasmina Vinci, NHSA, presents
Lois Butler, Community Action Partnership of Mid-Nebraska,
with the first *Head Start Hero Award*
at the opening session of the 2017 NHSA Leadership Conference.

Lois Butler is the Head Start and Early Head Start Director at Community Action Partnership of Mid-Nebraska.

When Lois began at CAP in 1990, the program served children in three Head Start programs, all in Kearney, Nebraska. Today, Lois' program serves 386 children and their families in fifteen counties in Nebraska and two in Kansas. Not only has Lois been in charge of programs in two states — but also in two time zones.

From 1997-2003, Lois was President of the Nebraska Head Start Association as well as a member of the NHSA Board of Directors. During that time, Lois was also appointed by Governors Nelson, Johanns, Heineman, and Ricketts to the State Child Care Education Coordinating Committee (later named to the Early Childhood Interagency Coordinating Council).

Lois' workload back home is challenging enough, but her motivation to help other Head Start leaders is just as important to her; because when Lois thinks about how her program has been able to expand and help so many more children and families, she remembers the countless others who mentored her along the way. She likes to say that "To go forward, sometimes you need to look backwards. It's important to appreciate and learn from our history."

Lois has been a mentor to countless members of the Head Start community, both in Nebraska and Kansas and across the nation. In 2007, she was chosen along with three others to be a leadership training coach for Head Start parents, alumni, and staff at the Nike Starting Block conference in Portland, Oregon. This past January, Lois went to Starting Block for the 11th consecutive year.

Deb Ross, Executive Director of the Nebraska Head Start Association, says of her colleague and friend, "She is truly dedicated to Head Start and does everything in her power to promote the program, stand up for parents, and make sure the needs of our families are always brought up wherever we go. Supporting Head Start is part of her DNA."

Lois received a standing ovation at the NHSA Conference Opening Session with 3,000 individuals in attendance and was again recognized at the closing session. We thank Lois for her decades of service and congratulate her on her July 31 retirement. NHSA and the Head Start community will be forever grateful for her leadership and passion. She is truly a Head Start Hero.



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Telephone: 703-739-0875 · Toll-free: 866-677-8724

www.nhsa.org





Finding Shelter in the Storm

Deb Ross, Executive Director
Head Start Child & Family Development Program Inc.
123 N. Marian Rd, Hastings, NE 68901

Our program is located in South Central Nebraska, where severe weather and tornados are a constant threat most of the year. Our programs in Hastings, Grand Island, and Superior are all located in buildings without access to a basement or other type of protection. It has been our goal for years to obtain funding to remedy this problem. After doing research on the FEMA website, I came across the criteria to pick a contractor to build FEMA-approved shelters as well as ideas from FEMA for assistance with funding. There is also a National Storm Shelter Association which has an immense amount of information on storm shelter criteria and what to look for in a contractor. With this information, I began the process of interviewing contractors (none of which are located in Nebraska) to build the shelter, as well as contractors who will construct the facility on site.

The funding for the shelter was applied for through FEMA

Hazard Migration Grant Program. It is a two-step process to apply. First, a "Letter of Intent" is submitted. If that is accepted and funding at the Federal to State level is available, then you are asked to proceed to the full application process. I also contacted our local Emergency Managers in each of the Counties as they are responsible for working with FEMA, and in our case NEMA (Nebraska Emergency Management Agency) to oversee and process the local applications. Both of the contacts at these agencies were wonderful to work with, especially since I was a rookie at applying for FEMA funds. They helped guide me through the process and as the grants from NEMA go directly to the counties, they were also the go-between for processing the paperwork, the application, providing funding after our request submission, and just generally being a great support to us during the process.

FEMA funding is federal dollars, and as such, no Head Start funding can be utilized for the match, which is 25% of the project. Our next endeavor after approval of the FEMA funding was to begin the process of raising the 25% match, which is actual dollars and not in-kind. In our area it is very hard to raise funding, but we have tried numerous avenues from local foundations, local businesses, fast food fundraisers, and local nonprofit organizations, etc. I don't think we left a rock unturned. Our last course for funding is the agency nonfederal account, which we have tried very hard not to utilize, but was necessary to use for the period between when contractors and the FEMA/NEMA funds were approved.

We currently have two of the shelters complete and are working with the USDA Rural Development staff at the State of Nebraska, to assist with funding for the Superior site. USDA Rural Development funds can be applied for, if the community is under 20,000 people and the project is approved by the local municipality. This process is very different from the FEMA application, but once again the agency was very helpful in guiding a rookie through the USDA funding process.

My overall take away from these new streams of potential funding is, that the people I have encountered through this entire process have been so cordial, easy to work with, and genuinely concerned with assisting us to ensure that our children and staff are in a safe environment during severe weather.

The actual construction of the shelter, once approved, takes approximately a month after the process begins and a contractor is selected. The companies we chose; Remagen Safe Rooms, Monteagle, Tennessee and Global Storm Shelters, Sydney Iowa, both offered professional service and installation and stand behind their work. The shelters are equipped to withstand 500 mile per hour winds. Ours are above-ground safe rooms and come with port-a-potties (a big deal in Head Start) as well as battery-powered lighting, and are supplied with blankets, first aid supplies, snacks and water, etc. FEMA requires that all storm shelters come with a certificate of installation and a serial number. They also require a post construction inspection and the development of a Safe Room Operation and Maintenance Plan for the facility.

Typical tornado drills can be very traumatizing to children. They are hurried into a room with which they are not always familiar, placed on the floor and asked to get in the "turtle" position. There are many classrooms in the room together, and it can get loud. Staff encourage children to remain in their tucked position as they are trying to look up to see what is going on. With our new shelters however, the children will have monthly drills where they will become more accustomed to the space. They no longer have to sit on the floor in a tucked position; they can sit or stand and do activities with their teacher just like they would do in the classroom. We have music, fine motor activities, books, bean bags, etc. in the shelter to keep them busy and keep their minds off of the tornado drill. We feel this will be a great recruiting tool for parents who will be able to see the shelters and understand how important their children's safety is to us.

We would highly recommend these tornado shelters, and we all feel much safer now that we have these facilities available to us. Due to the construction specifications of the shelter, they will also withstand being shot with a 45 caliber bullet and as such will also be used for a safe room, in case an active shooter incident should ever occur.



Our finished storm shelters provide safety and security for children and staff.



Storm shelter being constructed

If you would like further information, please contact Deb Ross at 402.462.4187 or dross@hshn.org.

Additional information can be found:

- National Storm Contractors Association ~ nscassociation.com
- Federal Emergency Management Association ~ FEMA.gov
- Global Storm Shelters, Sidney, IA ~ globalstormshelters.com
- Remagen Safe Rooms, Monteagle, TN ~ remagensaferooms.com

Be sure the shelter you purchase is from a NSSA certified dealer and installer.



Sheldon kids enjoy school everyday!

Little Ones with Big Stories

Giving a Voice to Every Child Through Trauma Informed Practices

By: Shanna McKenzie & Mallory Keeffe, LSCSW, RPT
Topeka Public Schools

THEIR STORY MATTERS

The overall demographics of the children enrolled in our Head Start program make our families “high risk” for mental health concerns. By the age of four, the majority of students served at Sheldon already have an Adverse Childhood Experiences score of a four or more. As an individual’s ACE increases, the risk for the following health problems increases in a strong and graded fashion: depression, suicide, intravenous drug use, high school dropout, unemployment, alcoholism, teen parents, partner violence, and many others. These experiences are major risk factors for the leading causes of illness and death, as well as being a contributing factor for poor quality of life. Gang-related incidents are also common and leave a lasting impact on every child that they touch.

It is easy to overlook these societal issues. No one wants to talk or even think about the trauma that kids often see, live through, or experience. The thought was that every child had a fair chance in school. The reality is our families are in an entirely different

ballgame when considering the tragic implications of high ACE scores.

As a Head Start program, the abundance of trauma our program encounters on a daily basis is extreme. Further, as a current practice, we hire parents of current or former Head Start children. Therefore, we have a high risk student population being served, in large part, by a high-risk staff. The question then becomes, how do we mitigate the damage that is happening to these families every day? In Topeka Public Schools and specifically at Sheldon Child Development Center Head Start, we had to start recognizing the reality of trauma and acknowledging its effect on learning and safe and healthy homes.

Being a trauma-informed school is not a concept, it’s a change in mindset. It’s providing a holistic wrap-around approach that focuses on the whole family, not just the student. In a Head Start program specifically, it needs to frame every decision we make.

Sheldon is still in the process of changing our culture, of instilling in our staff, students, and families that only by recognizing the bad along with the good are we able to make any true impact. It is up to the adults to give a voice to the children in our program who do not yet have the skills or the self-awareness to advocate for themselves. Their stories are important for they shape the future of each child.

IT'S NOT JUST ABOUT THE GLOVE

As an administrator, I try my best to greet families at the door when they bring their children into school every day. As I was doing this normal task one day, I noticed a mother, who had already called many times through the year with a variety of what I considered minimal complaints, walking swiftly through the door, red in the face and visibly angry. She stopped at me long enough to say, "I'll be talking with Lexi's teacher this morning." My response was a typical one of "let me know if I can help." Within minutes Lexi's mom and the teacher were back down the stairs and in my office. I went in, and Lexi's mom spent at least ten minutes lecturing the teacher about Lexi coming home the night before with only one glove. The teacher, who has had trauma-training, recognized right away that there was more to the story and was compassionate to the mother. The teacher did not get defensive, just recognized and validated the mother's concerns and stated that they would find the glove. As the teacher left the office, the mother just sat there. One question then changed the direction of everything. I asked, "it's not about the glove, is it?" The mother broke down, started sobbing and saying how hard her life is and that she is not supposed to be a single parent. Lexi's dad had been murdered when her mom was pregnant with her. With it being near the holidays and money being tight, Lexi's mom was doing the best she could, now as a single parent, to make sure her daughter was being cared for (having gloves in the winter). This story is a common one. Only by knowing our families and having a trusting relationship can we get to the root of the problem. In this case, the glove was just a surface level cry of a mother who felt overwhelmed and sad by the circumstances life had put her in.

Sheldon staff, in all content areas, strive to practice trauma-informed care in everything we do. It is woven into all structures, program systems, and interactions with students, other staff, and families. At an administrative level, the idea of structuring a program to be trauma aware and sensitive is demonstrated in many ways. In the selection of teachers, it is important that they are selected for their positions based not only on their ability to teach, but on their ability to connect to students, their recognition of needs, their behavior management styles, and their natural care and affection. The selection of Family Service workers is an imper-

ative role of the administration; it is vital that the workers selected can directly empathize with families, and have personalities that lend to trust. The FSWs become a support to families and they must be able to help families recognize their own resiliency. FSWs also need to have a firsthand awareness of the community, of how to navigate and access resources and not be afraid to get involved, while maintaining professional boundaries. Administration is also responsible for ensuring that students are placed in classrooms that will prevent outside conflict from coming within the school. A trauma aware educator also must have the skills of de-escalation, must be aware of family needs and triggers. A trauma informed administrator puts systems in place which lend to equity, trust, and open communication.

At the core of classroom management is the ability for staff to not only form relationships with their students but to form relationships with one another. We are a team. We have to trust one another and be able to reach out and ask for help when it's needed. Open communication is required in order for this to happen. The next step is to form relationships with the students and families in order to ensure that they feel safe enough to open up to our staff. In the classroom, our discipline practices are all centered on trauma informed practices. It's imperative that we take into consideration what the students go home to each night, and how that plays into their behaviors at school. It's critically important to provide a safe and welcoming environment where the students feel safe enough to express what is occurring in their lives outside of school. We do morning check-ins, have safe spaces in each classroom, and allow the students to receive more support when needed (a session with the Social Worker, a sensory break, a walk to see the Principal, etc.). When a child is struggling, we focus on discipline and not punishment. The difference is that discipline teaches the student what to do, instead of punishing them for what they are doing wrong. We have a full-time Licensed Specialized Clinical Social Worker, who is also a registered Play Therapist on staff.

In the area of disabilities, trauma informed practices are also important. As our Head Start program is a Local Education Agency, it is our responsibility to ensure children with disabilities are being served in accordance with the law. Trauma informed practices in this area often look like family friendly language, educating parents on their rights and understanding the education level of the parents. Finally, it is vital that the special education team has a full understanding of parent limitations (cognitive, physical, and emotional) and know how the grief cycle works. The recognition that identifying a child as a student with a disability at the age of three or four is often hard on parents and their personal response to this is vital to the success and support given to the student.

Finally, the area of family services must be most mindful of trauma. Our Family Support Workers are out in homes every day. They are in constant contact with families. It is imperative that judging of lifestyle, choices, or situations is never part of the process. At Sheldon, we have developed a “tag” system. Our FSW’s take sets of “tags” with them on every home visit. These tags are a combination of the Head Start Family Outcomes Framework and values that we recognize are important to members of our community. Parents are encouraged to rank these values in order of importance to them. From there, goal setting is possible, and knowledge of resource assistance is recognized and given. It became clear through our Family Needs Assessment process, that what is important to us (staff member/individual) may not be what is important or even a priority of the family. Therefore, it is vital that our family needs are identified by the family, and only through this will the help we can provide be useful. Sheldon family services also include a computer lab and high school completion program that takes place on-site (through a community partnership), a clothing bank, food pantry, direct assistance with housing acquisition, and the provision of basic needs. Our FSW’s also spend a great deal of time on parent education regarding a variety of needs from how to properly clean a home, to advocating for themselves or their child.

While we can’t prevent our families from experiencing traumatic events, we can mitigate the effects of that trauma by helping our students and families build resilience. Resiliency refers to a person’s ability to cope with changes and challenges and bounce back from those difficult situations. We have developed a Resiliency Plan that our Family Support Workers use with the parents. This plan is strength-based, personal, and highlights what all the parents have been through and overcome. By empowering our parents and making them realize their strengths, they will be able to set this precedence for their children. We are also able to build resilience in our students in a number of different ways such as: increasing their self-esteem, helping them form relationships with others, letting them know its okay to ask for help, mindfulness exercises, feeling recognition and identification, etc.

Concern sheets are our internal way of monitoring the concerns of our families and our responses. It’s a line of communication that keeps every staff member involved with that student informed and on the same page. Our concern sheets look at the areas of behavior, academic, speech, housing, food, clothing, attendance, abuse/neglect, domestic violence, substance abuse, utilities, custody, health concerns, incarcerated parents, parent/ guardian concerns, and other. We have an open door policy with our families and realize the importance of forming those relationships and ensuring

that families feel comfortable coming to talk to us when they’re struggling or need help. We have a Wish You Well board in the front entryway of our school that is a place where families can remember family members who have passed away.



Our “Wish You Well” Board in the lobby show our respects and love for our deceased parents and families going through hard times.



Partnering with communities has enabled us to provide everyday food along with holiday meals to the families that have basic needs assistance.

IT TAKES A VILLAGE

Trauma informed care does not stop at the school level. In order for generational cycles to be broken, the entire community needs to be aware of Adverse Childhood Experiences and how trauma affects every aspect of an individual’s life. Unfortunately, trauma has been a topic that many have pushed aside, and that has to change. With this in mind, we have begun reaching out to community members and organizations about providing trauma informed care presentations at their place of employment. Our goal in these presentations is to give community members a basic understanding of trauma, while also educating them on how resilience can mitigate the effects of that trauma. We’ve had tremendous support from the community, which has allowed our families to get things that they otherwise would not have, and we are extremely grateful for that. Practicing trauma informed care is an on-going process and we will continue to educate ourselves, improve our practices, and strive to provide our students and families with everything that they need in order to live happy, healthy, and successful lives.



Sheldon Child Development Center Head Start serves 221 children targeting those most suspected to be at risk for substantial Adverse Childhood Experiences. This school year alone has seen ten parental deaths, eight as a result of homicide. One in every ten children is homeless at any given point, more than half of the families are single parent households, and half of the parents have less than a high school diploma or GED. 97% of Sheldon families live well below the poverty line, 66% of Sheldon families survive on less than \$15,000 a year.

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-Janet, Guidance Counselor

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-Betsy, Intervention Specialist, Pre-K-4th Grade

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The Power Of Friendship

Chris Zervas, Summit Solution Group
Keynote Presenter — 2016 R7HSA Directors' Caucus

If you are like me, many of you reading don't have a lot of close friends right now. Well, we are not alone.

- *Mother Teresa says, "Loneliness is the leprosy of modern society."*
- *Fox news tells us that 70% of Americans have many acquaintances but few close friends.*
- *Cornell: Americans have 2 confidants. Down from 3 just 25 years ago.*
- *Duke University: 25% of Americans said they have no one to discuss important matters with.*

What contributes to this? Our technology, our schedules, and our drive for "success" have all contributed to our relational shortage. Yet, our shortage is a signal. Our lives need the fuel of relationships to enrich us.

So what do we do? Taking time to reconnect with those in our families and our close friends is an appreciating investment. Dunbar's number is somewhat well known (we can really have only 150 friends), especially in Facebook circles. But Robin Dunbar also states we only have brain space for 5 close friends. Yet, for many of us taking the time to fill those slots has slipped from priority. The busyness of life has stolen the space.

Joel Mamby, SeaWorld SeaEO, wrote *Love Works*. In it, he shares one way he fills his need for deep relationship. He writes that once a month he gets together with his two best friends from college. They share deeply, listen, and challenge each other.

May I challenge you to do the same?

- *Get a threesome together and begin meeting with them this month. (I did it; I am so glad).*
- *Make conscious efforts to connect with your other best friends – your family.*

UCLA professor Matthew Lieberman writes, "Being socially connected is our brain's lifelong passion." Author Brene Brown says it another way: "We are neurobiologically wired for relationship."

In fact, researchers have been studying the health of 268 Harvard students and their offspring since 1938. The work is one of the world's longest, comprehensive studies of adult life. Researchers found that those with close relationships earned \$141,000 more per year (during prime earning years) than those with weaker support structures. They were also three times more likely to be listed in Who's Who.

However, as we all know. That is not what is important. The study's major finding was, however:

Close relationships, more than money or fame, are what keep people happy throughout their lives.

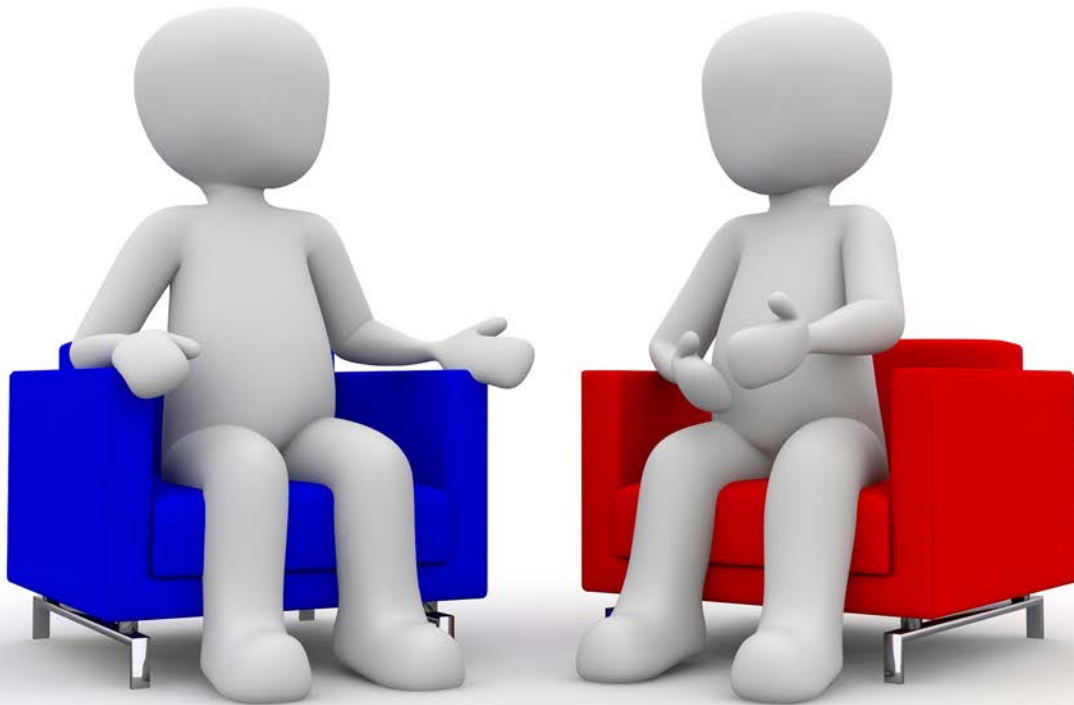
Our loneliness is like a warning light on our lives' dashboard. Let's don't ignore it. By acting on it, you can grow your Head Start community, your personal community, and your well-being.

Chris Zervas has dedicated his career to addressing the challenging issue of balancing productivity with relationships. He is the author of *Bomb Proof Constructive Feedback: Sustaining Healthy Conversations at Work*, a book training leaders to effectively communicate through difficult conversations and conflict.

Chris received his Master's Degree in Communication from Wheaton College after graduating as a student/athlete at the University of Oklahoma. Chris is the founder of Leadership Vision, LLC, and also operates Baby Builders and Summit Solution Group. Summit Solution Group provides corporate training, keynote speaking, strategic planning, and coaching.

The Zervases live in Oklahoma with their five children.





Coaching and Job Satisfaction

By Catherine Swackhamer, Ph.D.

Coaching is all a buzz these days. In the Head Start world, it has been on the radar for a decade with OHS pushing for innovations, models of excellence, and pilot projects. In the previous Head Start Training and Technical Assistance contract 2010-2015, the National Center for Teaching and Learning focused an effort on developing a Practice Based Coaching (PBC) model that rolled out across the nation. Regional TTA providers rolled out PBC, supporting HS programs with implementation. Now the new Head Start Performance Standards speak directly to coaching in 1302.92 (C) (1-5). Why is all this effort, money, and attention being devoted to the practice of coaching?

Much time could be spent going step by step through all the benefits of implementing strong coaching within an HR system. However, for time's sake, here is a short summary of why one should pay attention to it. Coaching is shown to be successful in improving outcomes for the organization, agency, or program.

Through coaching, staff improve skills and/or confidence in using the skills that result in improved outcomes for all. Staff feel better about themselves, their managers, and the organization/agency as a whole. This improved confidence and/or competence can result in more loyalty and longer retention of the employee.

It provides staff with more professional satisfaction. A good coach can help new, as well as seasoned professionals, adjust to a new (or changing) job or position, the structure they work within and culture of the organization. Such satisfaction can empower the individual to become a part of building up the organization/agency or program. It encourages staff to contribute to the vision and goals of the organization because they see themselves in that vision and a part of achieving the organizational goals.

Want to learn more? Early Childhood Learning and Knowledge Center, "ECLKC" has numerous resources available check them out. <https://eclkc.ohs.acf.hhs.gov/hslc>

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Nearly 350 business and community leaders in the Overland Park, KS area, show their support for Growing Futures Early Education Center, by attending their annual fundraising luncheon and silent auction.

A Community that Cares

**By Megan Campbell, MPA, GPC
Development Director**

Growing Futures Early Education Center, Inc., (Growing Futures) a Head Start program in Overland Park, Kansas, has spent the better part of the last decade ramping up its community engagement efforts to maximize local support for children and families in need. From inviting local community leaders and citizens into its center for Crayon Box Tours to joining the business community at local Chamber of Commerce meetings, Growing Futures seeks every avenue to educate and engage people in its mission to nurture children and strengthen families to enrich the community.

Growing Futures has learned over the years that community engagement is multi-faceted and includes equal parts education, invoking compassion, and providing opportunities for people to be involved. Educating people about the importance of early educa-

tion and the community benefit that Head Start programs offer is only part of the effort. Inviting people to interact with the center and the children – like offering regular tours and promoting volunteer opportunities – creates avenues for meaningful investment in the program and the futures of the children they meet.

The Bright Futures Fundraising Luncheon, held annually in April since 2008, is the culmination of Growing Futures' successful community engagement work throughout the year. This year's 9th Annual Bright Futures Luncheon was held at the Ritz Charles in Overland Park, Kansas, on April 13th with over 340 community and business leaders in attendance. It featured a silent auction, lunch, and an hour-long program featuring videos and a parent testimonial highlighting Growing Futures and the Head Start advantage.



Thanks to donations from business and community supporters, the silent auction is always a fun time for all, and a wonderful fundraiser for Growing Futures.



*(left to right):
Growing Futures Executive Director, Terrie VanZandt-Travis,
Parent Speaker, Anna Allen
Family Support Advocate, Charlotte Goebel
Head Start Teacher, Jessica Cisneros
Family Support Advocate, Sally Massa*



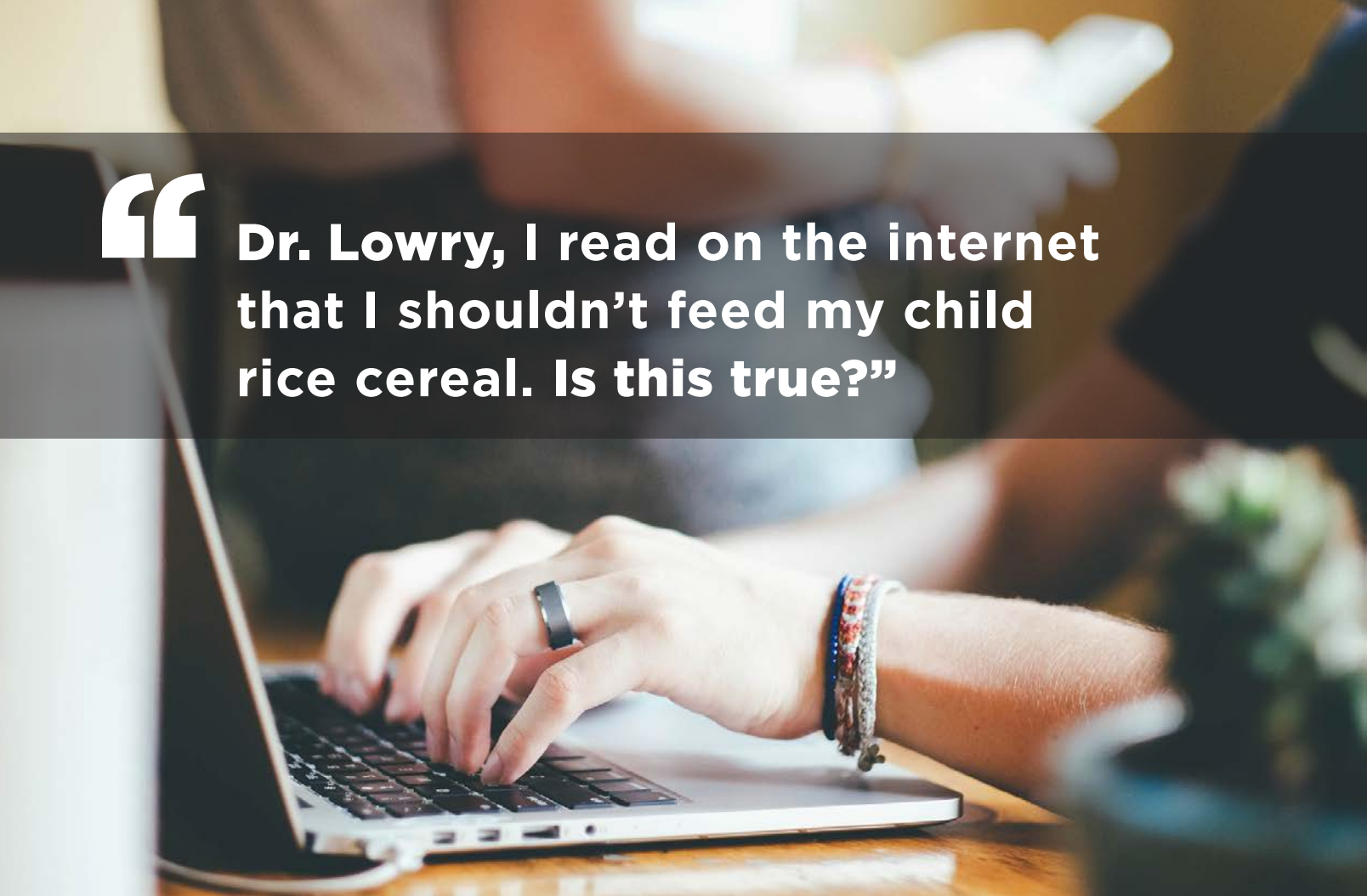
Growing Futures Early Education Center, Inc., formerly called Head Start of Shawnee Mission, began in 1965 as a summer Head Start enrichment program for 17 low-income children. Today, Growing Futures is a not-for-profit organization providing 222 Head Start eligible slots, and 31 additional community slots.

Our mission is to nurture children and strengthen families to enrich the community.

Want ideas about how to host a tour at your own center? Reach out to Growing Futures by email at info@growingfutureseec.org.

8155 Santa Fe Drive, Overland Park, KS 66204
(913) 649-9714, ext. 247

www.growingfutureseec.org



“ Dr. Lowry, I read on the internet that I shouldn’t feed my child rice cereal. Is this true?”

Jennifer A. Lowry, MD | Pediatrician and Toxicologist

Medical Director / Division of Clinical Pharmacology, Toxicology and Therapeutic Innovations

Chief / Section of Toxicology and Environmental Health

Director/ Mid-America Pediatric Environmental Health Specialty Unit, Children’s Mercy Kansas City

Professor of Pediatrics, UMKC School of Medicine

Pediatricians love children. Pediatricians love helping children become the best people that they can be. Pediatricians love doing what is needed to make the world a better place for children to be healthy. What pediatricians don’t love is being caught unaware of the latest blog, internet chat, or media storm regarding environmental health issues. Media and other news outlets often inform parents of possible environmental exposures that can cause harm to children. Unfortunately, not all of the information is true which causes undo concern for parents and confusion to pediatricians who are asked about these effects.

What is a pediatrician or family to do? It is important to realize that we are surrounded by stuff. We, or the people who have come before us, have made choices that puts stuff in our world that are supposed to make things “better” or “easier”. Unfortunately, not all of the stuff that we encounter fits both. Cell phones, plastics,

better beef, lead in paint, and synthetic athletic fields are just a few examples that may make life easier, but might not (or, definitely not, in some cases) make life better. But, today, everywhere you turn, someone is saying that our children’s lives are damaged by the chemicals that we have in the environment. Is this true?

As a toxicologist, I have been taught that “everything is a poison, it is just a matter of the dose”. Paracelsus was a Swiss German Renaissance physician, botanist, alchemist, astrologer, and general occultist. He founded the discipline of toxicology. He rejected the medical conditions of the times (late 1400s), and pioneered the use of chemicals and minerals in medicine. He is credited with the phrase, “the dose makes the poison”, but he is also known to have said, if given in small doses, “what makes a man ill also cures him.” Thus, he realized that medicines can be beneficial at low doses but cause harm at higher doses.

But, what about chemicals and metals (synthetic and natural)? What about plants? Is it true that there is no harm at low levels? Well, it depends. Medications that are used to treat illnesses are rigorously tested for safety and efficacy. Chemicals that are used in the environment are not. Alternative medications (dietary supplements) are not. We know that some medications have benefit at very low doses (microgram) but can cause toxicity at the milligram dosing (1000x the dose). Some medications have no efficacy at the milligram dosing and require much higher doses (grams or 1000x milligram dosing) to have effect.

Why would we expect that plants, supplements, chemicals or metals to be any different? Each chemical is different and has a different profile for efficacy and toxicity. Some chemicals (e.g., botulinum toxin) are toxic at even lower doses. Unfortunately, we are finding out that doses that were presumed safe were really not safe to begin with. Erroneously, “we” thought that because arsenic was “natural” it could be placed in soil as a pesticide. However, arsenic is relatively immobile so anything that grows where it was placed (e.g., rice fields) can incorporate it into the food. Thus, higher levels of arsenic are found in foods that are grown where arsenic was used.

The same is true regarding lead. Pediatricians know that children are not little adults. But, the level that was associated with toxicity in adults was applied to children early in the 1900s. However, it was soon realized that children were more vulnerable and action was required at lower levels. Lead has not become more toxic over time. Our recognition of the toxicity of lead has changed for us to realize that even low levels of blood lead may result in harm.

So, what do we do? Can a 6 month old eat rice cereal? YES. Should they only eat rice cereal? NO. Does it have to be the first cereal that they eat? NO. Can my teenager have a cell phone? YES. Should they be on it all the time? NO. Should they carry it in their pants or in their bra? NO. Should an infant or toddler play with a cell phone or tablet as their entertainment? NO

How do you find this out? You have great resources available to you to help you sort this out.

- Pediatric Environmental Health Specialty Units. Staffed by health care professionals who are experts in pediatric environmental health. They can help health care providers and the public weed through the data to best inform you on how to keep your children safe from environmental toxins. The Region 7 PEHSU is located at Children’s Mercy in collaboration with the University of Kansas Hospital Poison Control Center. You can reach us at 1-800-421-9916 or our website: www.pehsu.net

- American Academy of Pediatrics. Through the Council on Environmental Health, health care professionals can be informed of the latest science on pediatric environmental health and how to incorporate this knowledge into your practice. The public site (www.healthychildren.org) is a great resource for families to find out what experts in children advise.

- Poison Control Centers. Staffed by health care professionals, they are best able to help you with acute exposures. Some PEHSUs collaborate with poison control centers. 1-800-222-1222

Lastly, be smart. Do you really need that stuff? Do you really need to throw it away? Reduce. Reuse. Recycle. It is easy to blame others before us for where we are now. But, who will our children blame with what we leave them?



DR. JENNIFER LOWRY is the Director to the Region 7 Pediatric Environmental Health Specialty Unit which serves Federal Region 7 (Iowa, Kansas, Missouri and Nebraska). She also serves as the Chair to the Council on Environmental Health for the American Academy of Pediatrics. Please look for a follow up survey that will help her and the PEHSU program understand what pediatricians need from the programs in regard to pediatric environmental health.





Casting call at the Leawood US Toy | Constructive Playthings location.

Constructive Playthings and Region VII Head Start: A Partnership in Action

by Sabrina Castro, Sales /Training, Constructive Playthings

I have worked with Constructive Playthings for exactly two months as I write this in my office today. In these past few months, I've had the opportunity to learn more about our relationship with Region VII and how that partnership enables us to provide both local and more far reaching support. Constructive Playthings' corporate office is centrally located within Region VII, which makes our work with the classrooms and centers specialized and personal. We are able to directly see how our materials make a difference to children within the region. The partnership also allows us to interact on a broader scale, reaching out to support children nationwide.

Located in Grandview, Missouri, our corporate office includes office spaces for staff, as well as over 800,000 square feet of warehouse space for all of our fun classroom materials – from construction paper, to cribs, to bookshelves! We endeavor to be mindful of our surrounding community and have volunteered in local classrooms (such as Growing Futures Early Education Center), provide space for professional development, and even host open casting call events at our Leawood store to make sure local children are represented in our catalogs. Community involvement is built into our backbone here at Constructive Playthings, but we also have the pleasure of providing additional support outside of our backyard.

In April, I attended a few events sponsored by Constructive Playthings and saw firsthand how our company supports education on the local and national levels. As the Presenting sponsor at Brew for Books, an annual event put on by The Family Conservancy, Constructive Playthings provided valuable support, helping make the event a success and securing more than 20,000 books for children living in poverty. At the end of April, Constructive Playthings joined the crusade to call for quality child care around the nation as a Bronze level sponsor at the Child Care Aware of America's Annual Policy Summit. We were able to join families and advocates on Capitol Hill and express our support for affordable and safe child care.

These are just two of the events I attended. Others were smaller in scale but just as important and impactful. I am still new, but it seems as if each month might bring at least a few events where early educators and advocates will gather in Region VII and call attention to children. This culmination of passion and perseverance is a siren song to a company that started in the living room of a preschool teacher 64 years ago. It is also a call to keep improving and providing the classrooms and centers we partner with, with high quality, developmentally appropriate materials that will assist them in their effort to care for our most precious assets, our children.



www.constructiveplaythings.com

Sandy Patchen | Sales Manager

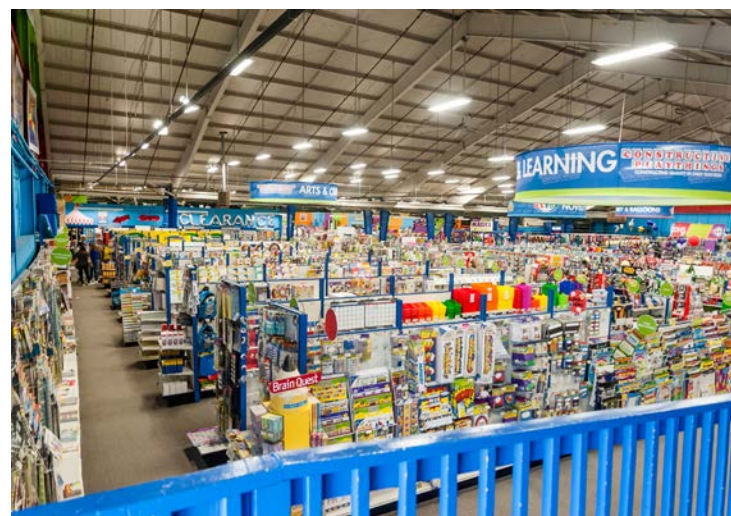
p: 816.965.2302 | 800.448.5543 x 2216

email: spatchen@constructiveplaythings.com

13201 Arrington Road | Grandview, MO 64030



Sandy Patchen, Sales Manager with Constructive Playthings, reading to the children at Growing Futures Early Education Center in Overland Park, KS.



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An Overview of Early Childhood Hearing Screening

Diane Sabo, PhD & Randi Winston-Gerson, AuD,
Hearing Screening Program Managers, Otometrics/Audiology Systems

Why screen for hearing loss?

Hearing loss is the most common condition present at birth (White, 1997). According to the Centers for Disease Control, 1-2 per 1000 births are diagnosed with permanent hearing loss. Although newborn hearing screening is a standard of care in hospitals throughout the U.S., not all babies with hearing loss are identified at birth for a variety of reasons. Some babies who pass their newborn hearing screen may develop hearing loss after birth due to genetics and childhood illness. Hearing loss can occur at any time or may worsen progressively. It is estimated that approx-

imately 6-7 per 1000 children are expected to have hearing loss by the time they enter school. Studies have shown that between 50 and 90% more children will have hearing loss by age nine than were identified at birth (Fortnum, Summerfield, Marshall, Davis & Bamford, 2001; Watkin & Baldwin, 2012). Early identification and early intervention are essential for on-time development and school readiness; therefore, ongoing periodic screening during childhood must occur.

What methods are used to screen for hearing loss?

According to Head Start, a sensory screening tool must be used to identify a child who may have potential hearing problems. A paper-screening tool, such as a survey is not considered a sensory screen and should not be used (OHS-PC-B-025). Screening and assessment requirements are outlined in 45 CFR 1304.20(b) and 1308.6(b) of the Head Start Program Performance Standards. Otoacoustic emissions (OAE) screening is an objective measure because the child does not have to participate. Pure tone screening is a subjective measure because a child's participation is needed. OAE screening is considered the standard of care for young children birth to three or four years of age and for older children with a developmental or physical condition who are unable to participate. Pure tone screening is the gold standard for children ages four years and older.

How are OAEs recorded and what information is provided?

OAEs are sounds measured in the external ear canal that reflect the movement of the outer hair cells (OHCs) in the cochlea. When the OHCs function normally, they create a sound that can be measured in the ear canal. To record OAEs, a soft disposable ear tip is gently inserted into the outer portion of the external ear canal. A miniature speaker within the probe presents sounds into the ear canal. The sounds travel from the ear canal, through the middle ear, and into the inner ear. When the inner ear structures work properly, an otoacoustic emission (also known as an echo), is created, which passes back through the middle ear and into the external ear canal where it is picked up by the miniature microphone within the probe assembly. A passing result means that the structures from the external ear canal to the cochlea are functioning normally. OAEs are not a direct test of hearing but a test of cochlear function.



OAE Screening with the MADSEN Alpha® OAE

How is Pure Tone Screening conducted and what information is provided?

Pure tone screening requires the child attend to sound, follows directions, and gives a response. To conduct the test, the child is taught to play a simple game each time they hear a sound. The game should be very simple, such as putting blocks into a bucket, putting a peg in a pegboard, etc. Modeling the response and providing praise will help the child complete the task. Pure tone screening is a true test of hearing because it is a comprehensive screen of the auditory system from the outer ear to the brain. It is the preferred test once children are old enough to respond reliably to sound.



Pure Tone Screening with the
PATH MEDICAL Sentiero

For questions please email:
nrevane@otometrics.com

855.283.7978
www.audiologysystems.com



REFERENCES:

Centers for Disease Control and Prevention. Annual EHHI data. Available at: https://www.cdc.gov/ncbddd/hearingloss/2014-data/2014_ehdi_hsfh_summary_h.pdf. Accessed May 1, 2017

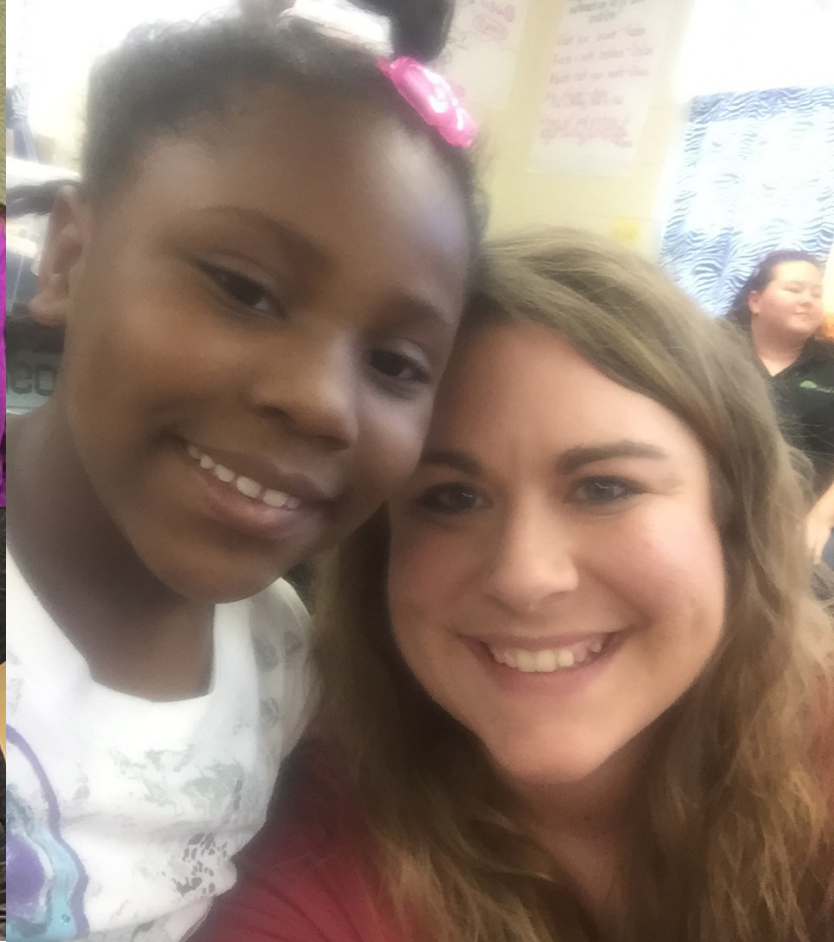
Fortnum, H. M., Summerfield, A. Q., Marshall, D. H., Davis, A. C., & Bamford, J. M. (2001). Prevalence of permanent childhood hearing impairment in the United Kingdom and implications for universal neonatal hearing screening: Questionnaire based ascertainment study. *British Medical Journal*, 323, 536-540.

Watkin, P., & Baldwin, M. (2012). The longitudinal follow up of a universal neonatal hearing screen: The implications for confirming deafness in childhood. *International Journal of Audiology*, 51, 519-528.

White, K. 1997. The scientific basis for newborn hearing screening: Issues and evidence. Invited keynote address to the Early Hearing Detection and Intervention (EHDI) Workshop sponsored by the Centers for Disease Control and Prevention, Atlanta, GA.



Ashlie and her son Traedon and their Kindergarten teacher Keri Pratt at the December family event. The families and their public school teacher enjoyed a game night together.



Keonjahna, a 1st grade student and her Parent Partner Jennifer Klosterman during a school event.

LINKING FAMILIES, SCHOOLS, AND COMMUNITIES

The BRIDGE ... A 2Generational Approach: Serving Head Start Children and Families Beyond Head Start!

by Jennifer Klosterman, BRIDGE Program Manager

All great things start from an idea; these ideas have usually come from experience in the field. That is exactly how the BRIDGE program was developed. The leadership team, at Central Missouri Community Action, have several years of experience with Head Start, and saw a need in our community. When children and families are in Head Start we know the quality of the program and our ability to get kids and their parents ready for school. The idea that our academic progress doesn't stick was eye opening.

When parents and children leave Head Start they leave the two generational approach. There is no condemnation towards public schools in any way, but they are simply not trained nor assigned to focus on parent engagement. Schools weren't designed for parents; parents of at risk kids don't get involved. Crises faced in daily life at home persist, and kids struggle at school as a direct result. Even though the schools offer opportunities for parents to be involved, they are not viewed through the family lens. Oftentimes parents have had negative experiences with the school system

and several other systems. This can lead them to be less engaged. Parents, no matter what social class, usually all have a common goal and that is for their children to be successful. By working with both the parent and the child, they are both more likely to achieve success and also to be proud of their work. Third grade reading scores are a significant predictor of school success and often show that at risk students are already significantly behind their peers. How do we avoid the dreaded “fade out” effect?

The BRIDGE program was developed with all of these things in mind. BRIDGE is an acronym that stands for Building Resilience through Inter-Disciplinary, Developmentally Guided Engagement. The primary objectives to be achieved through the program are to create home environments that are supportive of social-emotional competence, assure relationships between families and schools are collaborative, and establish a community-wide commitment to improving the social and emotional health of students and their caregivers.

When working with both the parent and child collectively, you are not only working on the goals you have set forth, but you are also teaching them basic life lessons in the process. The parents are learning they play an active role despite their educational background, and the child is feeling the love and importance of the family unit at an early age. Children see their parents not only working on being more involved in their education, but also working to build themselves up and the child will remember that. When the parents feel like they have a say and are being listened to, they are more likely to participate in their child's education. Several parents have stated they would not have had the interaction with the teacher they have now if it had not been for the BRIDGE program.

How do we do it? How do we achieve these great success stories of parents and children thriving? We keep the Head Start Model in mind. Every family that is enrolled in the BRIDGE program receives home visits by a Parent Partner. Depending on how many years the family has been in the program will determine how often they have a home visit. The idea is to gradually taper off services and support as they move through the program, instead of cutting it off abruptly like when they leave Head Start. Each family has their own specific goals they develop and make progress toward achieving. When families identify their own goals, they are more likely to achieve them and be successful.

The BRIDGE program is not only about the families, but also about the teachers in the classroom. The Parent Partners are a support to the teachers just as much as the families. The teachers accompany the Parent Partners on two home visits each year.

These home visits occur in the fall and spring and are designed to mirror a parent teacher conference. The great thing about these visits are: the teachers get an inside look into the home of the child, the parents are usually more relaxed because they have the “home field” advantage, and it is longer than your average 15 minute conference they have at the schools. The parents and teachers are able to have a better partnership to enhance the opportunity for the child's success.

One of the most popular ways the families and teachers become engaged in the BRIDGE program is through the parent events/activities. Each month the parents are offered an activity/training about important topics. The parents are able to learn about important resources in the community but also not worry about how to find or afford child care. All children are welcome at the events and go to a separate area where the teachers and Parent Partners have structured and fun activities for the children. Examples of events have been: fire safety, dental hygiene, communication and money management. These events/activities are also another chance for the parents and teachers to engage with each other outside of the school setting, which in turn helps build a stronger partnership.

Another huge part of the BRIDGE program is the Parent Passports to Proficiency. Each parent starts the program year with a Passport. The Parent Passport is a helpful tool to get parents eager to be involved in the program, the school, and the community. Examples of activities achieved through the Passport include: wellness checkups, visits to the library, school events, parent leadership boards, etc. The parents earn incentives based on the number of activities in their Passport.

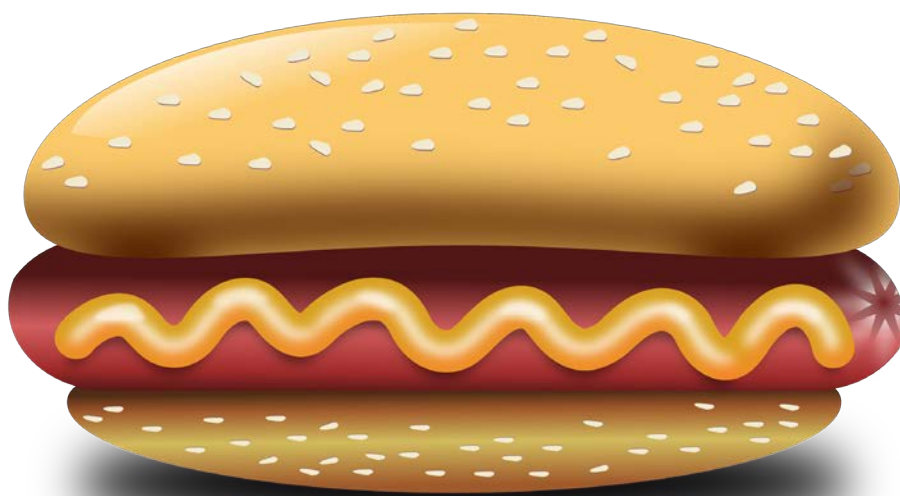
The BRIDGE program has been an asset to the transitioning Head Start families. Families are more engaged, informed, and excited to be a part of their child's education and their community. Teachers are able to have a better understanding of their students and are able to build better connections with the parents. The best part...we are seeing the students sustaining or improving their skills. They are not falling behind their peers, and that is something to be excited about!





All Because of a Hot Dog!

By Amanda Marquart, Program Manager
Lily and Cedar Falls, IA



WORKS CITED

Boyles, S. (2010, February 22). Hot Dogs, Marshmallows, Canding Choking Kids. Retrieved January 24, 2017, from [www.webmd.com:
http://www.webmd.com/children/news/20100222/group-aims-to-reduce-child-choking-deaths#1](http://www.webmd.com/children/news/20100222/group-aims-to-reduce-child-choking-deaths#1)

Choking is a leading cause of injury and death among children. (2010, February 28).
Retrieved January 24, 2017, from Science Daily: <https://www.sciencedaily.com/releases/2010/02/100226212559.htm>

In the United States, a child will die every five days due to choking. Choking is a leading cause of injury and death among children*.

I know many will think, "It'll never happen to me!" In reality, it only takes seconds for a child to be eating something and start choking. It is scary to think that every five days a child will die because they choked on food or even a toy. **This is the story of Kyndal's accident, which made this realization hit close to home.**

*2010 data

I am the Program Manager of one of the Early Head Start sites for Tri County Child and Family, Inc. After a morning meeting on November 28th, I walked around the site to check in with the teachers to see how things were going. When I got to Kyndal's room, I could tell the teacher had been crying. She informed me that Kyndal's mom stopped by and explained why she wasn't at school today. The teacher went on to explain that Kyndal was at the babysitter's Wednesday night while mom was at work. The babysitter had given the children hot dogs for dinner, and Kyndal ended up choking on the hot dog. The babysitter called 911, and they responded, but by the time they arrived, Kyndal had already gone unresponsive. The EMTs were able to remove half of a hot dog that was lodged in Kyndal's throat and got her breathing again. They got her into the ambulance and started their journey to the state's university hospital about an hour away. After about 30 minutes and several rounds of CPR, the ambulance stopped at a hospital in another town to revive Kyndal because she had stopped breathing. Kyndal could have been pronounced dead at that point.

When Kyndal finally reached the university hospital, she was unable to move her arms, legs, or even hold her head up. She was functioning as a newborn infant. She was kept on a breathing machine to help her breathe and strengthen one of her lungs that had collapsed due to CPR. Kyndal was required to stay at the university hospital until she was able to breathe on her own. On December 9th, Kyndal was finally able to breathe on her own and was transferred back to a hospital in her hometown. Kyndal started receiving intensive therapy to work on redeveloping her skills. Before the incident, Kyndal was a "normal" two year old little girl who loved to dance, run, read books, and play with her friends. Since the incident, Kyndal had to relearn how to sit up, pick up toys, hold her head up, walk, feed herself, and use the potty. She is slowly making progress to the old Kyndal that the teachers and I have come to love.

I cannot stress enough that people who are caring for young children get the proper training in CPR and learn about the importance of watching what food little ones are eating. All because of that hot dog, Kyndal now has to relearn how to be a

two year old again. Boyles states that "each year in the U.S., between 66 and 77 children under the age of 10 die after choking on foods..." (Boyles, 2010) 66 to 77 children each year! That seems high to me, when the solution is so simple.

One simple solution would be quarter hot dogs length wise then cut into small chunks for children to eat. Other foods that put children at risk of choking include grapes, peanuts, popcorn, carrots, chewing gum, and round hard candies. These foods should be cut into small chunks or shredded (for example: grapes and carrots) or not be given to children until they reach the age of 3 (for example: peanuts, chewing gum, popcorn, or hard candies). Caregivers of young children should always watch and stay close while young children are eating. I encourage families to ask their caregivers if they are trained in CPR and what other training they have to help reduce the risk of a child choking.

Kyndal ended up spending a total of two-and-a-half months in the hospital and was able to return to school on February 1st! I know her family is excited to have her home, and the teachers are excited to have her back at school. Kyndal still has a long road ahead of her! With the support of her family and Head Start, I know one day she will be running around the playground and showing us her fabulous dance moves again!!

**April 27 update: Kyndal is now able to walk and turn in circles on her own with the help of leg braces. When she walks she is still wobbly and falls from time to time, but gets right back up. Kyndal is now able to feed herself with a spoon and is still working on potty training. Kyndal's communication remains a struggle and will require much more intensive interventions.*



Kyndal lights up the room with her contagious smile!



DADDY DAYS

by David Jones, Fatherhood Specialist, Office of Head Start



Chad and Chad Jr.



Tomaz and Isabella

I sat on Daddy's lap
every chance I could get,
he'd make silly faces
until my face was soaking wet.
Giggling with joy
tears streaming down my face,
I cherished this special time
the kitchen table his favorite place.
He'd lean back in his chair
head slightly touching the wall,
I was always worried
at any second he might fall.
He'd take cherry tobacco
a smell that filled the room,
impact it deep into his pipe
each and every afternoon.

After he was settled
he'd had time to relax,
he drank his favorite coffee
as momma scratched his back.
After she had finished
and he was satisfied,
he'd sit next to the fireplace
and call me to his side.
He'd pull a book from the shelf
sometimes he let me read,
he'd always tell a story
and then he would proceed.
To take me to many places
in faraway lands,
sometimes when I was scared
he'd gently take my hand.

Each night before he finished
and momma would tuck me in,
he'd sneak into the room
and tickle me again.
I hugged his neck so tight
sometimes he couldn't breathe,
a relationship with my father
fulfilled a special need!



Pam LaFrenz, current Executive Director of MVCAA, oversees the agency operations in seven Missouri counties.



Missouri Valley Community Action Agency Executive Director Retiring

by Cathy McCannon, Public Relations
& Marketing Manager
Missouri Valley Community Action Agency

After completing nine years as the Executive Director and nearly 35 years with the Agency, the Missouri Valley Community Action Agency (MVCAA) Board of Directors announces the retirement of Pam LaFrenz effective June 30, 2017. LaFrenz came to the agency in 1982 as Head Start director and served in that capacity until 2008 when she was promoted to executive director.

LaFrenz is currently serving on several State, Regional and National boards including: Missouri Community Action Network Board of Directors; Missouri Head Start Association Board of Directors; Head Start State Collaboration Advisory Council; Region 7 Head Start Association Board of Directors; National Head Start Association Board of Directors; and Community Action Program Legal Services, Inc. She will continue to serve on several of these Boards following her retirement.

MVCAA Board Chair Josh Taylor commended Ms. LaFrenz on her service.

"On behalf of the MVCAA Board, I would like to thank Pam for her many years of service to MVCAA and the many communities it serves. Her leadership has been instrumental in positioning MVCAA to continue to be a leader in the fight against poverty for many years to come," he said. "Although Pam will be missed, due to her leadership we have an experienced leadership team and staff that will continue to pursue MVCAA's mission to end poverty.

Commenting on her retirement, LaFrenz said, ***"It's been an honor and a privilege to work with the staff and board of MVCAA. Although I look forward to my retirement, I will miss the interactions with people that I have had the opportunity to work with as part of my career with the Agency."***

If you have any questions, please contact Cathy McCannon at (660) 886-7476 ext. 843.

Missouri Valley Community Action Agency is a 501(c) (3) nonprofit organization whose mission is to engage communities and focus resources to end poverty. The Agency serves residents in Carroll, Chariton, Johnson, Lafayette, Pettis, Ray and Saline County. MVCAA offers programs for energy assistance, family support and development, early childhood education, home weatherization, and rental assistance.



What's in a Name?

**Betsy Strelinger | Internal Operations Associate Administrator
YWCA St. Louis Head Start/Early Head Start**

Content compiled from *Head Start: The Inside Story of America's Most Successful Educational Experiment* by Edward Zigler and Susan Muenchow

The YWCA St. Louis Head Start and Early Head Start Program recently christened a new location they named in honor of an early Head Start pioneer. It's probably not the one you're thinking of ... nope, not that one either.

In fact, it is very possible that you have never heard the name "Bessie T. Draper." But, I can promise that once you read about her contribution to the Head Start program and design, you won't likely forget it.

Bessie T. Draper joined the national Head Start staff in 1966 as its first parent-program specialist. Draper had what was considered to be an "unorthodox" background for developing parent involvement policy. Her training was not in child and family development, nor social work, nor early childhood education. Her background

was in labor and industrial relations. She had worked for the Urban League and then became Equal Employment Opportunity officer for the Missouri State Employment Service. It was Draper's training and experience in helping adults that allowed her to come up with a workable approach to parent involvement.

At the time that Draper joined the Head Start national staff, parent involvement had not been defined in federal rule or policy. In fact, there was no real guidance for her to use. She had a conversation with Jule Sugarman shortly after she joined the Head Start staff, asking him for direction. "If we knew what parent involvement should be," he said, "we wouldn't need you." She was flying blind.

Welcome to YWCA



Bessie T. Draper EARLY HEAD START



St. Louis County Circuit Court Judge Judy Draper, Chelsea Draper, an assistant attorney general of the State of Missouri, and Missouri Supreme Court Justice, George W. Draper III in front of a wall dedicated to Bessie Draper's history in Head Start. Photos of her family and copies of the original parent manuals printed in 1969 hang in remembrance of her contribution to the Head Start program.

Photo courtesy of ProPhotoSTL.com

Draper referred to the Economic Opportunity Act and found a phrase that she would use to lead her – “maximum feasible participation of the poor.” She interpreted this phrase to mean that parents should be full partners in the design and delivery of services.

When she raised her three children in the 1950's and early 1960's, the attitude of educators was, “Bring us your children and you go away while we educate them.” As a black parent, Draper had problems dealing with the educational establishment, and with two university degrees, she certainly considered herself better equipped to deal with the school than black parents who were undereducated. Nonetheless, she found it a challenge.

She decided that she wanted parent involvement to mean that parents would be “equal partners” with the professional staff. The biggest obstacle to this vision was that parent participation and parent involvement were not initially seen as a separate component of Head Start, but rather as a division of social services.

Draper hired a group of consultants from a broad array of disciplines and ethnic backgrounds to help give some shape to the parent involvement component. These consultants spent their time visiting Head Start programs and evaluating the extent to which parents were participating in the program, and determining what factors seemed to promote or discourage that involvement.

Draper developed a parent involvement section of the Head Start Policy Manual in 1967, which spelled out four basic functions for parents: 1) Participating in the decision-making process of the nature and operation of programs. 2) Participating in the classroom as paid employees, volunteers and observers. 3) Receiving home visits from Head Start staff. 4) Participating in educational activities.

The policy manual gave parents on the Policy Advisory Group the right to participate in the selection of the Head Start Program Director and to help establish the criteria for the selection of



Photo courtesy of ProPhotoSTL.com



Photo courtesy of ProPhotoSTL.com



Photo courtesy of ProPhotoSTL.com

The official ribbon-cutting was performed by the Draper family, Head Start Associates, and members of the Board of Directors. (L-R) Chelsea Draper; the Honorable Judy Draper; the Honorable George W. Draper III; Sharon Norman, Center Manager of the Bessie T. Draper Center; Adrian Bracy, CEO of the YWCA St. Louis; Stacy E. Johnson, Chief Program Officer and Head Start Director of the YWCA St. Louis; Betty Thompson, former Missouri State Representative; Shelly McCormick, Head Start Committee Chair of the YWCA St. Louis Board of Directors.

other staff. The manual also mandated that parents receive preference for employment as non-professionals in the Head Start program.

It was through Draper's work with these consultants that they developed a manual explaining the structures to facilitate parent involvement, including Parent Committees and the Policy Council - fifty percent of the members being parents and the other fifty percent being community representatives. Sections suggesting Head Start jobs that parents could fill and topic ideas for parent meetings also filled the manual.

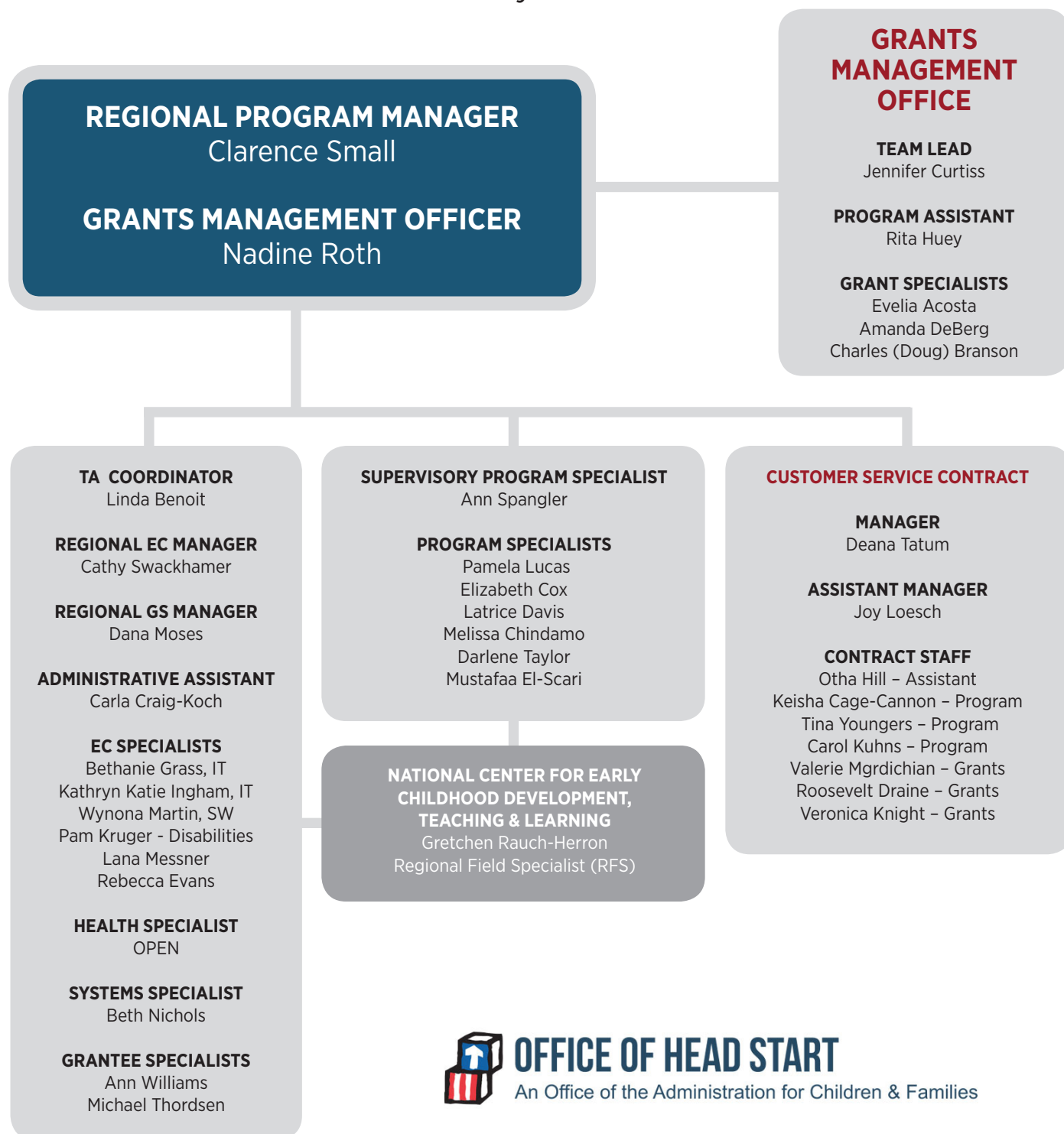
Draper passed away in January of 2012, but her legacy of public service continues through her son, Missouri Supreme Court Justice George W. Draper, III, her daughter-in-law, St. Louis County Circuit Court Judge Judy Draper, and her granddaughter, Chelsea Draper, an Assistant Attorney General of the State of Missouri.

Over the years, changes and revisions have been made to Head Start policies and standards; however, it was through the hard work and dedication of Bessie T. Draper that parent involvement is a fully integrated and vital piece to the success of Head Start and the children we educate.



Region VII Office Head Start Team

May 2017



OFFICE OF HEAD START

An Office of the Administration for Children & Families

U.S. Department of Health and Human Services
601 E. 12th Street Room 349
Kansas City, Missouri 64106
Office: 816.426.2290
Website: www.acf.hhs.gov



DISCOVERING PROCESS CONSULTATION

through On-Site Training & Technical Assistance

From the YWCA Perspective
St. Louis, MO

To illustrate how Process Consultation works in practice, Stacy Johnson, YWCA Chief Program Officer/Head Start Director in St. Louis, MO, graciously agreed to an interview with Wynona Martin and Pam Kruger, EC Specialists from the Region VII TTA System. The interview highlights the YWCA's experience with Process Consultation.

Stacy, how did you come to determine the need for support from the RVII TTA System?

The Special Services Administrator and I attended the Missouri Head Start Association meeting on Sept. 8, 2016 presented by The Missouri Department of Elementary and Secondary Education (DESE) on "Children with Disabilities."

During the presentation, several programs spoke about the struggles with significant behaviors, the children who are not qualifying for special education services, and limited LEA resources. The New Head Start Performance Standards were coming out, and during our drive home from the meeting, we discussed our program difficulties regarding challenging behaviors. I reached out to our point of contact, Wynona, for help. In doing so, I laid out what I wanted for support in engaging my staff on "what we are actually doing instead of what we say we are doing."

We needed everyone at the table to discuss who, what, where, and why in order to map out a plan of action. We weren't looking for someone to come tell us what we were doing wrong, but to facilitate a conversation. It was important that my staff do all of the thinking and processing on their own to identify areas of change, if any. The process would not have worked if I did it as the Director, and besides, I wanted to be a participant in the process along with my team.

How did you develop the agenda?

It began with a conversation I had with the senior team. We discussed the changes with standards and things learned at the MHSA meeting. I then suggested that we bring someone in to help us begin the process to re-evaluate how we are addressing challenging behaviors. We needed to "get in front of it instead of lag behind it." I also spoke with the support team, and they too felt it was a good idea to bring someone in to facilitate our discussion. If the staff had not been on board with the idea of bringing someone in from the outside, we would not have done it that way.

Once I reached out to TTA, it was important for them to understand where we were with addressing behaviors. So, I sent Wynona our policies and procedures to read prior to the site visit, and in turn, Wynona shared the policies and procedures with the TTA Disability Specialist.

Following our conversation over the phone, Pam Kruger, the TTA Disability Specialist provided us with resource information on "The Center of Social and Emotional Foundation for Early Learning" (CSEFEL) Pyramid Model. After reviewing the website I believed all of our problems would be solved. This resource was, surprisingly, a gift that I wasn't expecting, as it is a model other Head Start programs are using which really works. It allows you to begin from a baseline while gradually moving your program through a process of continued success. I shared the information with my staff, policy council, and our Board of Directors. I took it very seriously.

Through the website, I was able to find training that is offered on the Pyramid Model. Jackpot!!! I could not have planned it any better. The Pyramid Model explains how to put first things first, as I believe we were attacking the behavior problems from the side. In doing so, we missed out on building a solid and sustainable process that would work. It was important that we get started with adopting this new model; therefore, we added the pyramid training for staff in our training budget for the next fiscal year.

We have people scheduled to go for a week of training on the model. We do not have to invent the wheel; it is here. We found the piece of the puzzle that was missing which was the pyramid model. We just needed the resource.

From there, conversations began on how many days we needed TTA to come.

What stood out about Process Consulting?

There are two things that stood out that really helped me appreciate the work Wynona and Pam put in to this request: 1) the importance of preparation as Wynona, Pam, and I spoke over the phone several times and emailed one another, we exchanged information, and they provided resources that would begin our thinking in advance of the visit and 2) the mapping out of next steps that will begin moving us in the direction we've all decided we need to go, as well as plans for future follow up regarding our progress.

TTA was encouraging and kept things moving along. It allowed us to think outside the box as they posed questions that we had not thought about. They found the positives even though we were putting them through the ringer and did not take it personally when the staff challenged their questioning. Wynona and Pam remained above the fray and professional.

It was such a positive experience and better than I expected. TTA delivered all of my tangible goals through this process. I articulated the process I wanted, and that is exactly what I received.

I recently read about the new "Process Consultation" approach that TTA is using in the Fall 2016 Sandbox. I had no idea that this process was what I was describing to Wynona, but I'm sure she knew. Surprisingly, this approach was great for us, and the TTA team members executed the process effortlessly. It's not often we as grantees get to celebrate or even acknowledge how important this assistance offered throughout the TTA system really is for us.

Can you describe any challenges or new discoveries as a result of this process?

Not with the approach, just with the time constraints and the size of our program. It was difficult with the logistics as our locations are spread out throughout the community. I worked with the team to determine where we were going and making staff available for interviews without disrupting the daily routine.

To make this visit work I started preparing staff early regarding the anticipated TTA visit and how they were coming to help us figure out how to get better. "How to get this right." They are coming to dialogue about challenging behaviors and learn our process. I have a very large management team; therefore, I had tiers of staff to prepare.

It was great that TTA talked to the Administration team first to hear what should be happening. They then meet with program center managers, teachers, and support staff. As a result, I could see our internal communication differently than I did before. I thought we were communicating effectively, but when we went through the process, we learned what staff believed we were doing but weren't. It became crystal clear that we are not meeting the needs of the staff, as communicating our policies and procedures had not been made clear enough for all to articulate.

As our next project, we plan to have TTA assist us once again in going through the process of building a better internal communication system. We want to make sure everyone knows what is going on and can carry out the policies and procedures as they are developed. I'm not sure we would have come to this conclusion without going through the process consulting.

Without a well thought out plan on how to communicate effectively, we limit the success of staff and the program overall. Now our Policy Council, Governing Board, and all staff know about the plan for the Pyramid Model as we've brought them along very intentionally. We must talk through where we are with internal communication. We think we are being effective but we are not. We had an ah-ha moment.

In closing, is there something you would like to share with other Directors?

I would like to share with other Directors that TTA does not come to fix the process or come in to tell you what the problem is. It supports the grantee with self-discovery. It helped me get a dialogue started with my staff and remained neutral throughout to the process.

We achieved our goals and developed a list of next steps to hold one another accountable. TTA responded quickly when I reached out for support and asked me what my wants and needs were. We were all very appreciative of the process and the ability to include staff at all levels.

The management team met to discuss the questions posed by TTA and responses recorded for all groups interviewed. I asked managers to begin using process consulting with their own teams. We definitely saw the value in it.

A special thanks to Stacy Johnson for agreeing to do this interview and for sharing her journey in experiencing Process Consultation.

Wynona Martin - EC Specialist

Wynona Martin has over 19 years experience working with children and families in Head Start and Early Head Start programs. Her current position is EC Specialist in Region VII working for ICF, who has the TTA contract with the Office of Head Start. She received her B.S. in Social Work from Central Missouri State University and her M.S. in Social Work from the University of Kansas. Her education and experience has supported her in several positions such as, Center Site Manager, Social Service Coordinator, Family Development Coordinator, Family Advocate, and an intern student in Head Start and Early Head Start over the years. For seven years, she served as a consultant for Community Development Institute (CDI) in the areas of ERSEA, Family and Community Partnerships, Health and Program Governance which enriched her experience of working with all Head Start program options in rural and urban settings. Wynona's previous social work experience included working for the Kansas City Public Schools, providing crisis case management, attending truancy court, home visiting, attendance meetings, and monitoring student's attendance. Other experience included providing psychiatric consultations, conducting psychosocial assessment, coordinating discharge plans, providing case management services and implementing crisis intervention. Her home is in Missouri with her husband and family.

Pam Kruger - EC Specialist with Disabilities

Pam Kruger is an EC Specialist with the TA program in Region VII specializing in disabilities. Pam has been in early childhood for over 25 years. Education includes a B.A. in Elementary Education from Mid-America Nazarene University, Early Childhood Special Education from the University of Kansas and Autism Specialist from Pittsburg State University. Pam was with Danya Intl. as an Independent Consultant completing the Comprehensive Services/School Readiness (CSSR) Reviews. She previously served as the Disability/Mental Health Coordinator in the USD # 418 McPherson, KS Head Start program and the Education/Disability Coordinator for the USD #308 Hutchinson, KS Head Start/Early Head Start program. Pam had the opportunity to implement a new At Risk pre-k grant for the Derby, KS community, and was a professor for Hutchinson Community College teaching Early Childhood Classes. She previously served as an Early Childhood Special Education teacher in Wichita, The Children's Center for the Visually Impaired in Kansas City, MO, and Court Appointed Special Advocate (CASA) trainer. Pam is a recipient of the State of Kansas and Region VII Disability Coordinator of the Year award, and is a former team member of USD #259 Wichita, Kansas Early Childhood team that received an award for "Exemplary Program." Pam has participated on numerous boards, committees, and professional organizations.



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Planning for the Transition to Kindergarten

Why it Matters and How to Promote Success



**CHILDREN'S KINDERGARTEN TRANSITION EXPERIENCES
ARE ESSENTIAL TO THEIR SCHOOL SUCCESS.**

Content compiled from a document prepared under Grant #90HC0002 for the
U.S. Department of Health and Human Services, Administration for Children and Families,
Office of Head Start, by the National Center on Quality Teaching and Learning.

The transition to kindergarten is a time that presents changing demands, expectations, and supports for children and their families. When children experience discontinuities between preschool and kindergarten, they may be at greater risk for academic failure and social adjustment problems. Thus, building and implementing a seamless kindergarten transition can make a significant difference for children's early education experience.

USING A COLLABORATIVE APPROACH

Successful kindergarten transitions are a result of supportive relationships that are focused on children's development—the relationships between schools, families, and preschool and kindergarten teachers and their classrooms. ^{ix}

The child, family, school, peer, and community factors are interconnected, and they are all influential in helping a child prepare for and be successful in school. Effective transition practices involve reaching out to families and influential community members, with a strong sense of purpose, prior to the time a child actually moves into a new classroom. ^{xi}

**For more information, call or email:
877-731-0764 or NCQTL@UW.EDU**



THE NATIONAL CENTER ON
Quality Teaching
and Learning



WHY IS A QUALITY TRANSITION IMPORTANT?

Multiple large-scale research studies have found that transition activities for children and families are associated with these gains in kindergarten: ^{i,j,iii,iv,v,vi,vii}

- Reduced stress and higher ratings of social emotional competence at the beginning of the school year
- Improved academic growth and increased family involvement over the year
- Stronger benefits for children living in poverty

WHAT DOES A QUALITY TRANSITION INVOLVE?

Evidence from research and the field suggests these key elements:

- Positive relationships between children, parents, and schools
- A transition team of Head Start and kindergarten administrators and teachers, parents, and community members
- Assessments, standards, and curriculum that align between pre-school and kindergarten
- Joint professional development between preschool and kindergarten personnel
- Information and communication that is shared with parents and the community at large

HOW DO WE IMPROVE CHILDREN'S TRANSITION?

Educators can use these key principles: ^{viii}

- Approach transition collaboratively
- Involve all key stakeholders in the process
- Align children's experiences across systems (i.e., preschool and kindergarten classrooms)

RESEARCH REFERENCES

- i Ahtola, A., Silinskas, G., Poikonen, P., Kontoniemi, M., Niemi, P., & Nurmi, J. (2011). *Transition to formal schooling: Do transition practices matter for academic performance?* *Early Childhood Research Quarterly*, 26, 295-302.
- ii Cooper, C. E., & Crosnoe, R. (2007). *The Engagement in Schooling of Economically Disadvantaged Parents and Children*. *Youth & Society*, 38, 372-291.
- iii Gonzalez-DeHass, A. R., Willems, P. P., & Holbein, M.F.D. (2005). *Examining the Relationship Between Parental involvement and Student Motivation*. *Educational Psychology Review*, 17, 99-123.
- iv Hughes, J., & Kwok, O. (2007). *Influence of Student-Teacher and Parent-Teacher Relationships on Lower Achieving Readers' Engagement and Achievement in the Primary Grades*. *Journal of Educational Psychology*, 99, 39-51.
- v LoCasale-Crouch, J., Mashburn, A. J., Downer, J. T., & Pianta, R. C. (2008). *Pre-Kindergarten Teachers' Use of Transition Practices and Children's Adjustment to Kindergarten*. *Early Childhood Research Quarterly*, 23, 124-139.
- vi Reynolds, A. J., & Temple, J. A. (1998). *Extended Early Childhood Interventions and School Achievement: Age Thirteen Findings from the Chicago Longitudinal Study*. *Child Development*, 69(1), 231-246.
- vii Schulting, A. B., Malone, P. S., & Dodge, K. A. (2005). *The Effect of School-Based Kindergarten Transition Policies and Practices on Child Academic Outcomes*. *Developmental Psychology*, 41(6), 860-871.
- viii LoCasale-Crouch, J., Rudasill, K., Sweeney, B., Chattrabuthi, C., Patton, C., & Pianta, R. (2012). *The Transition to Kindergarten: Fostering Collaborations for Early School Success*. In T. Urdan and S. Karabenick (Eds.) *Advances in Motivation and Achievement*. UK: Emerald Group.
- ix Pianta, R. (1999). *Enhancing Relationships Between Children and Teachers*. Washington, DC: American Psychological Association.
- x Rimm-Kaufman, S. E., & Pianta, R. C. (2000). *An Ecological Perspective on the Transition to Kindergarten: A Theoretical Framework to Guide Empirical Research*. *Journal of Applied Developmental Psychology*, 21(5), 491-511.
- xi *ibid.*
- xii LoCasale-Crouch, J., Mashburn, A. J., Downer, J. T., & Pianta, R. C. (2008). *Pre-Kindergarten Teachers' Use of Transition Practices and Children's Adjustment to Kindergarten*. *Early Childhood Research Quarterly*, 23, 124-139.
- xiii Ahtola, A., Silinskas, G., Poikonen, P., Kontoniemi, M., Niemi, P., & Nurmi, J. (2011). *Transition to Formal Schooling: Do Transition Practices Matter for Academic Performance?* *Early Childhood Research Quarterly*, 26, 295-302.
- xiv Cooper, C. E., & Crosnoe, R. (2007). *The Engagement in Schooling of Economically Disadvantaged Parents and Children*. *Youth & Society*, 38, 372-291.
- xv Hughes, J., & Kwok, O. (2007). *Influence of Student-Teacher and Parent-Teacher Relationships on Lower Achieving Readers' Engagement and Achievement in the Primary Grades*. *Journal of Educational Psychology*, 99, 39-51.
- xvi Simpkins, S. D., Weiss, H. B., McCartney, K., Kreider, H. M., & Dearing, E. (2006). *Mother-Child Relationship as a Moderator of the Relation Between Family Educational Involvement and Child Achievement*. *Parenting: Science and Practice*, 6, 49-57.
- xvii Gonzalez-DeHass, A. R., Willems, P. P., & Holbein, M.F.D. (2005). *Examining the Relationship Between Parental Involvement and Student Motivation*. *Educational Psychology Review*, 17, 99-123.
- xviii Bogard, K., & Takanishi, R. (2005). *Pk-3: An Aligned and Coordinated Approach to Education for Children 3 to 8 Years Old*. SRCD Social Policy Report, 29(3), 3-23.
- xix Reynolds, A. J., & Temple, J. A. (1998). *Extended Early Childhood Interventions and School Achievement: Age Thirteen Findings from the Chicago Longitudinal Study*. *Child Development*, 69(1), 231-246.

DIGGING INTO THE HSPPS

\$1302.71 Transitions from Head Start to kindergarten.

(a) Implementing transition strategies and practices. A program that serves children who will enter kindergarten in the following year must implement transition strategies to support a successful transition to kindergarten.

(b) Family collaborations for transitions.

(1) A program must collaborate with parents of enrolled children to implement strategies and activities that will help parents advocate for and promote successful transitions to kindergarten for their children, including their continued involvement in the education and development of their child.

(2) At a minimum, such strategies and activities must:

(i) Help parents understand their child's progress during Head Start;

(ii) Help parents understand practices they use to effectively provide academic and social support for their children during their transition to kindergarten and foster their continued involvement in the education of their child;

(iii) Prepare parents to exercise their rights and responsibilities concerning the education of their children in the elementary school setting, including services and supports available to children with disabilities and various options for their child to participate in language instruction educational programs; and,

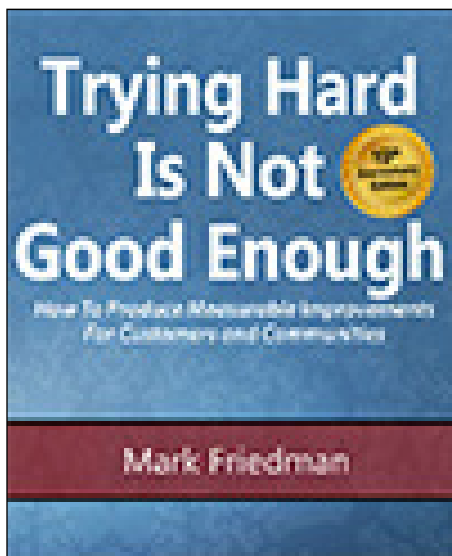
(iv) Assist parents in the ongoing communication with teachers and other school personnel so that parents can participate in decisions related to their children's education.

Region 7 Professional Resources

Administration for Children and Families, Office of Head Start
Department of Health and Human Services

The following books have been the basis for some Regional training events and influenced our work with the National Centers with the Early Childhood Training and Technical Assistance System. Each resource has a short description of the context for how it was used.

This book was first identified for us by the National Center on Program Management and Fiscal Operations at the Regional Conference in 2013. It referenced use of data in determining program impacts and making a difference in communities. This resource introduced the concept of differentiating between effort versus effect of implementation of services. We have seen this applied in practice with resources produced by the National Center on Parent, Family, and Community Engagement.



Trying Hard Is Not Good Enough (10th Anniversary Edition): ***How to Produce Measurable Improvements for Customers and Communities***

by Mark Friedman, September 3, 2015

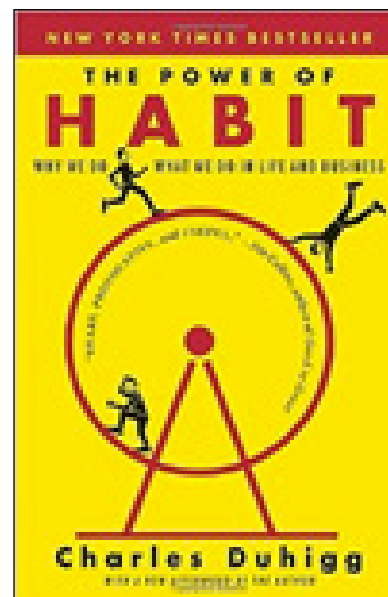
In *Trying Hard Is Not Good Enough*, Mark Friedman presents Results-Based Accountability™: a framework for getting from talk to action quickly and making a difference, not just trying hard and hoping for the best. This is the 10th Anniversary Edition of Mark Friedman's acclaimed book about Results-Based Accountability (RBA). This is a "how to" book for government and nonprofit agencies working at the city, county, state, and national levels to improve community quality of life and the performance of program services. (For those who already have the 2009 edition of *Trying Hard Is Not Good Enough*, please note that there is no change in the basic message and structure of RBA, and the 2009 and 2015 editions can be used concurrently.)

This book was the basis of a Regional Conference in March 2016 on Strengthening Systems. We know Head Start has had a focus on systems which support services for many years. However, what does an agency do when a system breaks down resulting in a crisis? The book provided a basis for identifying organizational habits which may either strengthen or weaken systems. In addition to this book, we also viewed a TED talk titled: How Do We Heal Medicine by Atul Gawande.

The Power of Habit: Why We Do What We Do in Life and Business

by Charles Duhigg, January 7, 2014

In *The Power of Habit*, Pulitzer Prize-winning business reporter Charles Duhigg takes us to the thrilling edge of scientific discoveries that explain why habits exist and how they can be changed. At its core, *The Power of Habit* contains an exhilarating argument: The key to exercising regularly, losing weight, being more productive, and achieving success is understanding how habits work. As Duhigg shows, by harnessing this new science, we can transform our businesses, our communities, and our lives.

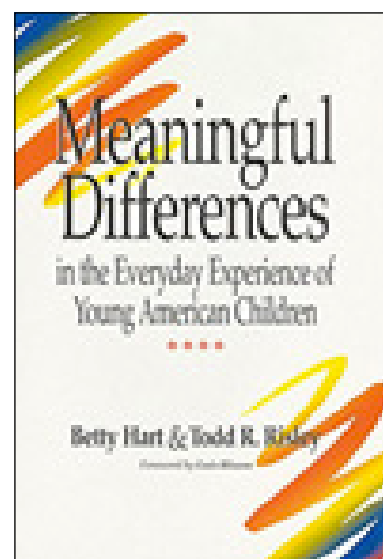


This book is often referenced by many presenters at National Conferences and by National Center staff. This study was conducted in the Kansas City area in the 1980s with the book published in 1995. However, the findings are particularly relevant and compelling to support the importance of the work done by Head Start and Early Head Start programs.

Meaningful Differences in the Everyday Experience of Young American Children

by Betty Hart and Todd Risley

Meaningful Differences in the Everyday Experience of Young American Children is the story of the landmark research study that uncovered the widely cited “word gap” between children from low-income homes and their more economically advantaged peers. This groundbreaking research has spurred hundreds of studies and programs, including the White House’s Bridging the Word Gap campaign and Too Small to Fail, a joint initiative of the Bill, Hillary, and Chelsea Clinton Foundation.



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CALENDAR OF EVENTS

REGIONAL OFFICE TRAINING

Interested grantees should contact their Program Specialist

Practice-Based Coaching (NCECDTL)

November 28 – 30, 2017 • Location TBD

Planned Language Approach (NCECDTL)

March 6 – 8, 2018 • Location TBD

Management Acceleration Program (NCPFCE)

April 16 – 20, 2018 • Location TBD

Fiscal Institute (NCPMFO)

May 8 – 10, 2018 • Regional Office, KCMO

REGIONAL ASSOCIATION EVENTS

2017 Region VII Head Start Leadership Conference

INSPIRING INNOVATIVE LEADERS

June 13 – 16, 2017 • Overland Park Marriott, Overland Park, KS

CLASS Pre-K Observation Training

July 6 – 8, 2017 • Growing Futures Early Education Center, Overland Park, KS

Directors Caucus — Leadership & Reflective Practice

(NCECHW/NCPMFO)

October 23 – 25, 2017 • Stoney Creek Hotel and Event Center, Independence, MO

CALENDAR OF EVENTS

STATE EVENTS

IOWA

IHSA Annual Meeting September 22

Iowa Early Care and Education Fall Institute September 22–23

KANSAS

Pre-Conference: Making a Difference with an Integrated Early Learning Model May 3

Successfully Navigating in Ever-Changing Landscapes May 4 – 5

Parent Health Literacy Training, KCMO May 25

Parent Health Literacy Training — Wichita June 21

KHSA Board of Directors Conference Call July 5

MISSOURI

MHSA Annual Banquet & Awards Ceremony May 11

Health, Mental Health & Disabilities Services Community of Practice May 12


Head Start Trauma Intensive Collaborative Training May 22-23

Family & Community Engagement Community of Practice June 9

Early Head Start & Child Care Partnership Community of Practice July 14

NEBRASKA

NeHSA Strategic Planning Meeting July 19



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