National Migrant & Seasonal Head Start Collaboration Office

NEEDS ASSESSMENT

2012 Survey Results

ADMINISTRATION FOR CHILDREN & FAMILIES

TABLE OF CONTENTS

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The National Migrant and Seasonal Head Start Collaboration Office (NMSHSCO) Director, Guadalupe Cuesta, would like to thank each and every member of the Advisory Council for his/her hard work and dedication in guiding the Collaboration Office.

November 13th and 14th of 2012 the NMSHSCO Advisory Council analyzed and systemized the data collected through the NMSHSCO needs assessment survey, and through its results provided recommendations for the development of the 2012-2016 NMSHSCO's four-year strategic plan.

Our most sincere appreciation to the members of the NMSHSCO Advisory Council;

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Migrant & Seasonal Head Start

Thank you to all the Migrant and Seasonal Head Start (MSHS) grantees and delegates who participated in this year's needs assessment. Thank you to Karen Heying from the Office of Head Start (OHS), Judith Sikora - Director, HQ Programs, US Education and Workforce Development: CEPP from FHI 360, Kevin Skolnik - Program Officer for both Collaboration Offices – American Indian/Alaska Native (AIAN) and MSHS, Elida Perez-Knap from the National Parent Teacher Association, Cleo Rodríguez from the National MSHS Association for their continued support of the NMSHSCO Advisory Council; and a special "Mil Gracias" to Tadeo Saenz-Thompson from the Washington State Migrant Council for his support of the NMSHSCO Advisory Council parent representatives.

The NMSHSCO Advisory Council's membership is drawn from national, state and local governments, and other migrant and Latino based organizations. Membership is also drawn from the diverse geographic regions of the country where MSHS programs operate and where migrant farmworker families are living and working (i.e., the 3 Migrant Streams). MSHS grantee representation also reflects the diversity of regional locales, as well as organizational structures/sponsorship and Head Start Program options. The diverse membership of the Advisory Council ensures that the voices of migrant farmworkers and low income children and families are represented in all policy making and planning decisions.

INTRODUCTION

The mission of the National Migrant and Seasonal Head Start Collaboration Office (NMSHSCO) is to collaborate, educate, coordinate and align Head Start services at the local, state and national levels to ensure access and utilization of high quality culturally appropriate early childhood education opportunities for the children and families of migrant and seasonal farmworkers. The establishment of the National Migrant and Seasonal Head Start Collaboration Office was mandated in the School Readiness Act of 2007. The award for the NMSHSCO contract is held by FHI 360. FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions.

The NMSHSCO collaborates with the National Migrant and Seasonal Head Start Association (NMSHSA) and works in partnership with the Head Start State Collaboration Offices (HSSCO) in the 38 states where MSHS programs are located to ensure that the voices of migrant farmworkers and low income children and families are represented in all policy making and planning decisions at the local, state and national levels.

Overview: Migrant and Seasonal Head Start (Region XII)

Migrant Head Start programs were established in 1969, and the children of seasonal farmworkers were added in 1998. MSHS provides services to children and families via two program options; center based and family child care. More specifically, MSHS provides services to two types of agricultural working families; 1) migrant farmworker families who are engaged in agricultural labor and who have changed their residence from one geographic location to another in the preceding two-year period, and 2) seasonal farmworker families engaged primarily in seasonal agricultural labor who have not changed their residence in the preceding two years. In 2011, eleven Region XII grantees were given the opportunity to operate and provide services through Early Head Start. Migrant and Seasonal Head Start services are often provided to children and families from mid-spring until the fall. Although these are considered "summer programs," there are a few programs that provide services from September-May (winter programs). It should be noted that summer and winter operating service dates may vary depending on the particular needs of a program's families.

During Head Start Program Year 2011-2012, 32,682 children participated in Migrant and Seasonal Head Start programs throughout the 38 states where locally based MSHS programs operate. Of the 32,682 children served, 16,689 (51.6%) were children between the ages of 0-2. Additionally, 1,405 (8.79%) of the children served were children who had a disability and an Individual Education Plan (IEP), and 917 (5.49%) were children with a disability and an Individual Family Service Plan (IFSP).

Of the 32,682 children served, 96% were of Hispanic or Latino origins, with 84% of the children's primary home language being Spanish. It is important to mention that MSHS programs have been experiencing an increase in enrollment of families who speak languages other than Spanish and English, such as Mixtec, Triqui, Zapoteco and Nahuatl.

A total of 23,131 families were served in Head Start Program Year 2011-2012. Of those families served, 17,020 (73.58%) were two-parent households, and 6,111 (26.42%) were single parent households. Approximately 94% of the MSHS parents are employed.

PURPOSE OF THE ASSESSMENT

The Improving Head Start for School Readiness Act of 2007 (Head Start Act) requires that the NMSHSCO conduct a needs assessment of Migrant and Seasonal Head Start grantees that addresses the needs "with respect to collaboration, coordination and alignment of services, and alignment of curricula and assessments used in Head Start programs with the Head Start Child Outcomes Framework and, as appropriate, State early learning standards." Head Start Act Section 642(B)(4)(A)(2)(i)

The Head Start Act also requires that NMSHSCO use the results of the needs assessment to develop a strategic plan. This plan will outline ways to assist and support Migrant and Seasonal Head Start grantees in meeting the

requirements of the Head Start Act for coordination, collaboration, and transition into and alignment with K-12 education. Also, under the scope of work created by OHS, the NMSHSCO facilitates collaboration among Head Start agencies and state and local entities as charged by OHS in the Regional Office in the following areas of priority:

School Transitions

- To foster seamless transitions and long-term success of Head Start children by promoting continuity of services between the Head Start Child Development and Learning Framework and state early learning standards including pre-k entry assessment and interoperable data systems.

Professional Development

- To collaborate with institutions of higher education to promote professional development through education and credentialing programs for early childhood providers in states.

Child Care and Early Childhood Systems

- To coordinate activities with the state agency responsible for the State Child Care and Development Block Grant (CCDBG) program and resource and referral, to make full-working-day and full-calendar-year services available to children. To include Head Start Program Performance Standards in state efforts to rate the quality of programs (Quality Rating and Improvement System, or QRIS) and support Head Start programs in participating in QRIS and partnering with child care and early childhood systems at the local level.

Regional Office Priorities

- To support other regional office priorities such as family and community partnerships; health, mental health, and oral health; disabilities; and support to military families. Other special OHS and Administration for Children and Families (ACF) initiative requests for HSSCO support should be routed through the OHS Regional Offices.

NMSHSCO is also tasked with the annual update of the needs assessment and strategic plan, and with making the results of the needs assessment available to the general public.

SURVEY INSTRUMENT AND METHODOLOGY

The design and development of the NMSHSCO needs assessment was a collaborative effort between OHS's Region XII Regional Program Manager, Training and Technical Assistance (T/TA) Manager and the NMSHSCO Director. The survey questions were defined based on past NMSHSCO needs assessments, OHS Risk Management meetings, and T/TA data.

The survey included open-ended questions, as well as 'yes', 'no' and 'n/a' questions, and questions with ratings of 'non-existent', 'minimal', 'excellent'; 'no assistance', 'little assistance', 'sufficient assistance', 'superior assistance'; 'not familiar/no knowledge', 'somewhat familiar', 'familiar', 'very familiar/proficient'; and 'no impact', 'little impact', 'some impact', 'large impact'. There were a total 29 questions on the survey (this excludes questions about contact information for the person filling out the survey).

A web-based online survey (Survey Monkey) was used as the primary means of data collection. Data collection was conducted from September 13th to November 2nd, 2012. A total of 24 grantees (and their delegates) representing 30 states participated in the survey. The data presented in this summary is an aggregated report of all grantees and states, and is reported as a region; MSHS Region XII.

SUMMARY OF DATA

Results are based on self-reported survey data. Results are organized by the specified priority areas. The quantitative data is the major source for generating findings of this report, and qualitative data from open-ended questions offer further elaboration on the rated responses.

A review of the responses indicated that several areas are in need of attention:

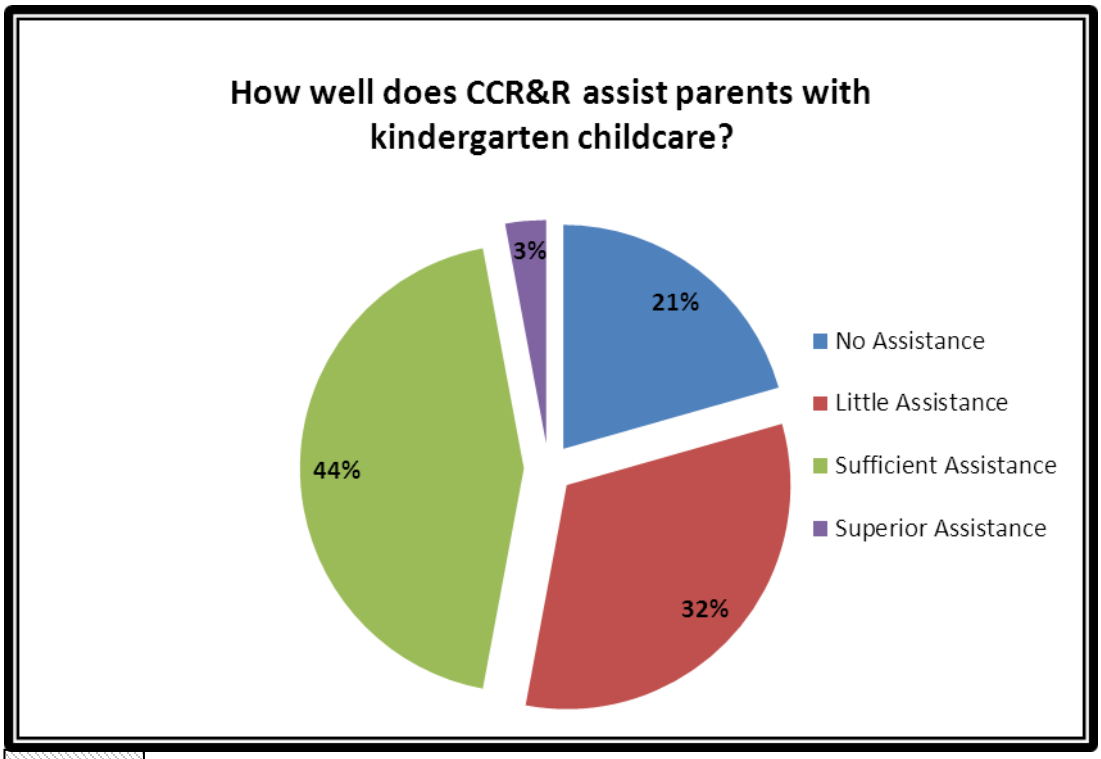
School Transition

The first question on the needs assessment was: "How does your program assist parents in transitioning to the public school system?" The focus of this question was specific to the transition of parents. Grantee responses varied between: providing parents with booklets on transition, field trips to kindergarten class and inviting parents to accompany their child on the visit, encouraging parents to attend family night activities related to transition, explaining what to expect when their child goes to kindergarten, and assisting parents in filling out the kindergarten registration packets.

The responses provided by the grantees did not provide a clear indication as to whether parents were provided a deeper knowledge of the difference between the Head Start program's systemic approach to education and parent engagement to that of the public school system. It was also not clear if programs have an in-depth policy and/or process for full engagement and acclamation of parents to the public school system. This would be an area for further exploration with the grantees. Head Start offers parents many opportunities to learn and practice leadership skills and to be directly involved in their child's education, therefore becoming advocates for their children. Grantees reported that parents sometimes do not feel confident in fully participating in opportunities for parental engagement in the public school system. It is critical that parents continue practicing and applying the knowledge and skills learned through their participation in MSHS during their child's participation in the public school system.

MSHS grantees were also asked: "What strategies and/or resources do parents utilize to take care of their children's childcare when only attending part-day kindergarten school?"

In some states kindergarten is still only a part-day program. Peak season for harvest in MSHS program areas is for the most part during August, September and October; therefore parents are working, at times, for 12 to 14 hours per day. This question attempts to identify how programs are assisting parents in adapting to the difference in hours of operations/services offered by MSHS and the public school system. Of 63 childcare strategies reported by grantees, 19 (30%) specifically cite MSHS parents' dependence on family and friends for assistance in transporting their children to and from kindergarten, and they also depend on them for childcare from the time they are picked up from kindergarten until the parents are able to care for their children themselves. In addition, 8 (13%) strategies reported state-funded programs as a means of childcare for part-day kindergarten participants. This issue lends itself to further exploration for collaborative efforts between state and local child care resource and referral (CCR&R) agencies and MSHS programs.



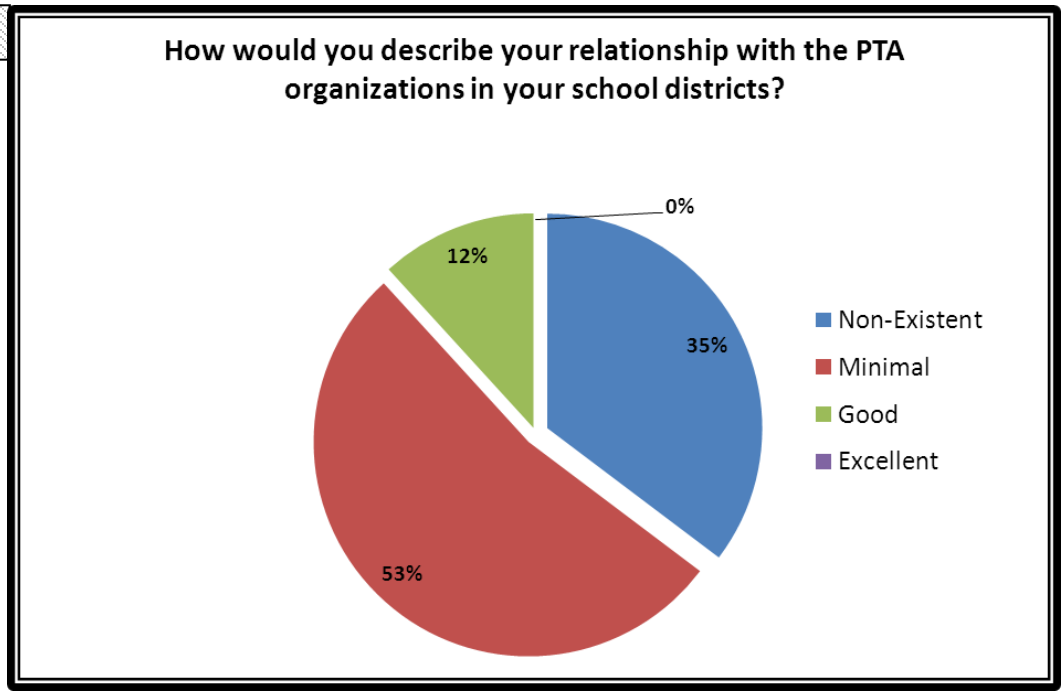
Graph 1

53% of grantee responses indicated that parents are receiving little to no assistance from CCR&R agencies with child care during their child's kindergarten year. The relationship between MSHS and CCR&R agencies is vital to the success of school transition for migrant families.

One of the most under-utilized programs that assists and supports parents in the area of school transition is the Parent Teacher Association (PTA). The National PTA has a similar mission and vision to that of Head Start, in that both entities advocate for the successful transition of families and children into the public school system. PTA has been a champion for children's rights and is the premier volunteer organization for parents and caretakers.

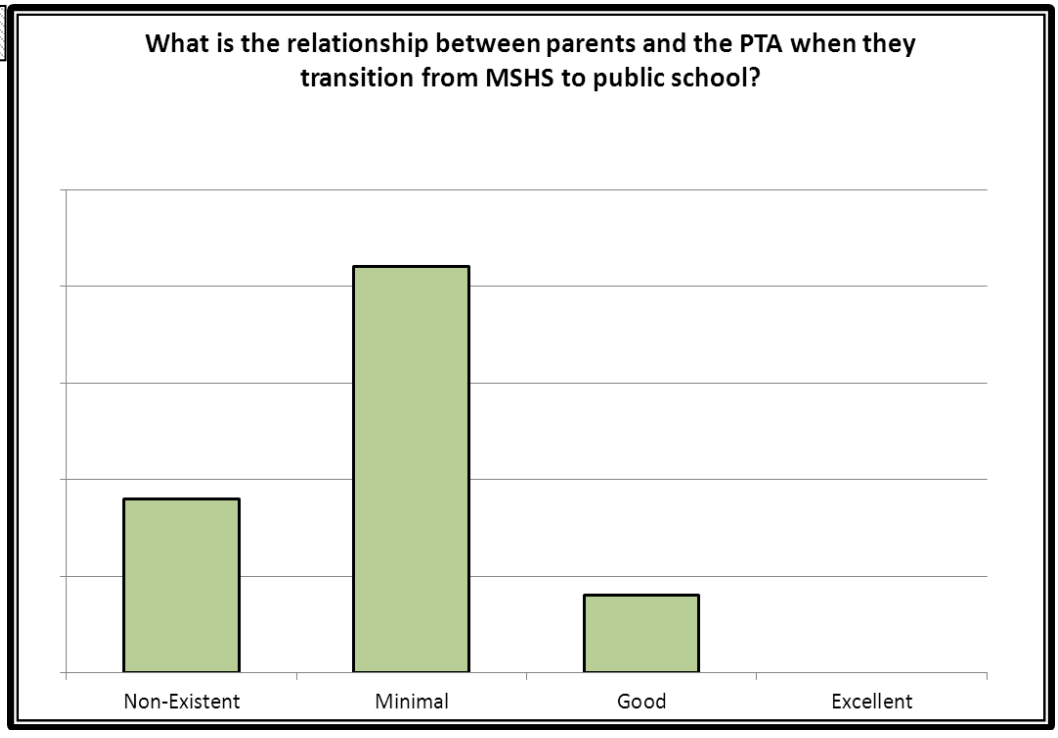
This needs assessment attempts to explore the existing relationships between MSHS and local PTAs.

Graph 2



88% of the grantees report their relationship with PTA as being non-existent and/or minimal. In both graphs 2 and 3, only 12% of respondents indicated they have a good relationship with PTA. None of the MSHS grantees reported having an excellent relationship with PTA.

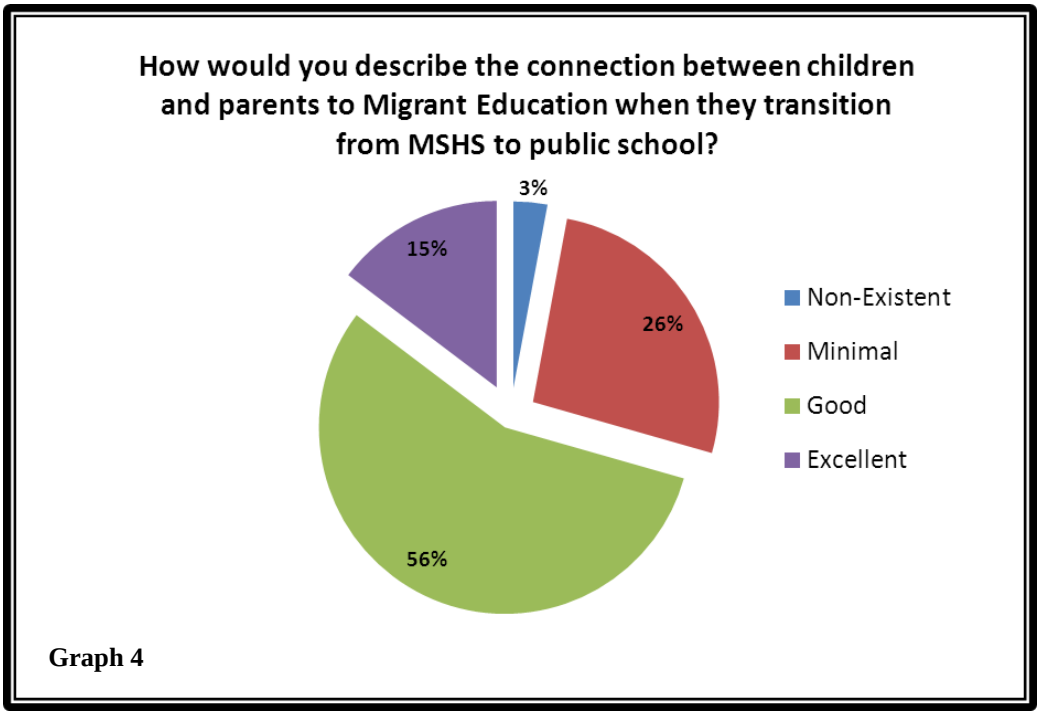
Graph 3



It is evident through the information depicted in graphs 2 and 3 that a partnership between MSHS and PTA can enable parents to continue increasing their knowledge and practice of skills in leadership and advocacy once their child transitions to the public school system.

Another key organization that would be instrumental in the continued success of helping transition MSHS parents to the public school system are the national, regional and local Migrant Education Programs (MEP); due to the fact that parental involvement is an integral part of MEP as it is for MSHS.

MEP believes "migrant parents can play a pivotal role in planning the educational programs and projects in which their children participate. Involving migrant parents in planning the MEP also builds their capacity to assist in their children's learning at home. In addition, parental involvement in the planning of the program enables parents to understand the program and have informed conversations with MEP and school staff regarding their children's education. Through their participation in the planning process, migrant parents are also more likely to become advocates and supporters of the program because they have a personal stake in its success". (2012 Santa Clara County Office of Education (SCCOE) Migrant Education Program, Region I)



Graph 4

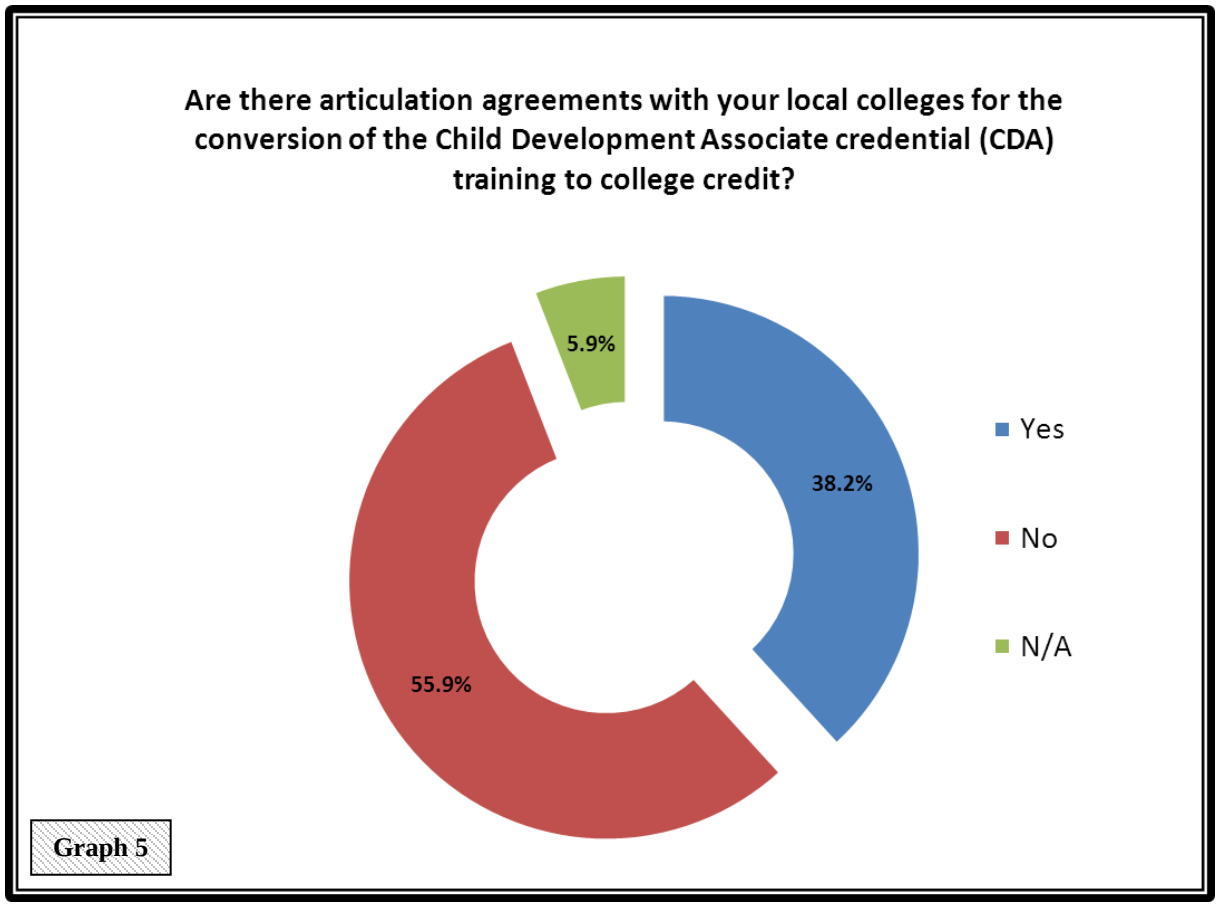
Even though there is a strong similarity in beliefs and philosophy between MSHS and MEP, and both programs may even be providing services to the same families, the data indicates that there is a need to strengthen the relationships between these two (MSHS and MEP) programs; not only at the local level, but also at the state and national levels as well. 29% reported a non-existent or minimal connection between children and parents to MEP when they transition from MSHS to the public school. Based on this data, a partnership with MEP at the national, regional and local levels is recommended.

Professional Development

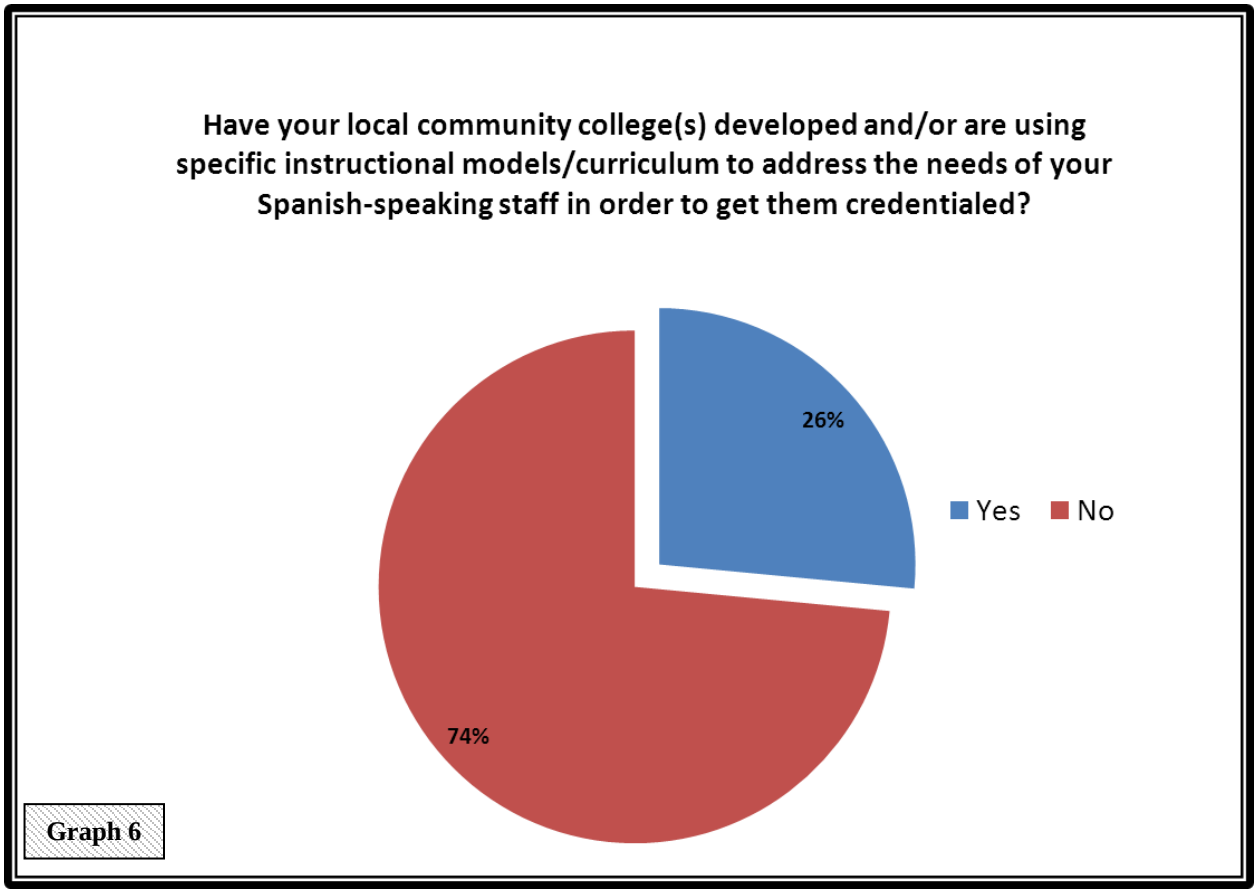
In order to assist MSHS grantees in meeting OHS's mandate in the area of teacher qualifications, we must build and maintain strong relationships and partnerships with local higher education institutes and/or with higher education institutes that offer online credentials. For example, selected data from the 2012 Program Information Report (PIR) indicated that only 16.33% of Center Based Preschool Classroom Teachers held a Child Development Associate (CDA); 41.55% of Preschool Assistant Teachers held a CDA. Also, selected data from the PIR showed that 49.83%

of Infant and Toddler Classroom Teachers held a CDA, and 42.19% of the Infant and Toddler Assistant Teachers held a CDA.

The NMSHSCO Needs Assessment survey results show that 38.2% of the grantees reported they had articulation agreements with local colleges to convert their CDA training into college credit units. Articulation agreements can be of great use in expediting the journey for teachers and assistants from CDA to associate's and bachelor's degrees.



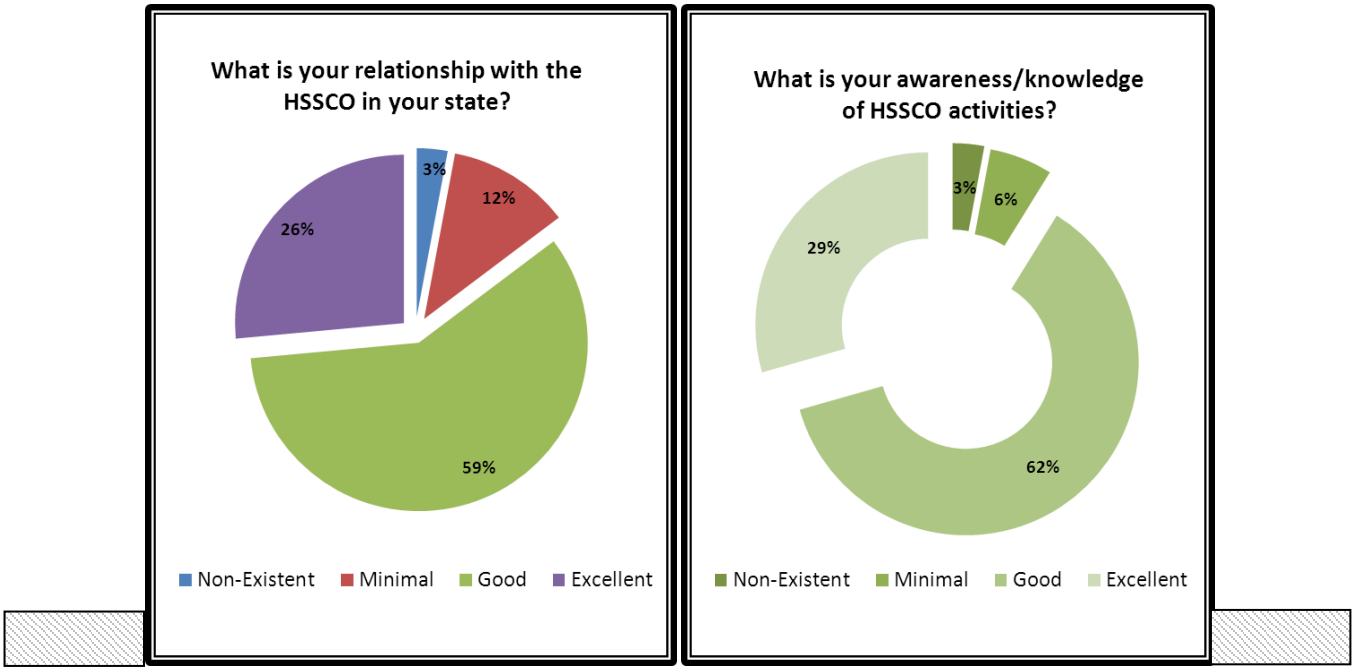
The white paper, 'Improving the Skills and Credentials of Migrant, Seasonal and American Indian/Alaska Native Head Start Teachers: Building from Within" published by Academy for Education Development (AED) in 2010, offers recommendations for migrant, seasonal and AIAN educators to overcome barriers for meeting OHS's mandate in the area of teacher qualifications. It also encourages innovations in curriculum, instruction, course delivery and financial aid. (For a copy of the white paper contact the NMSHSCO)



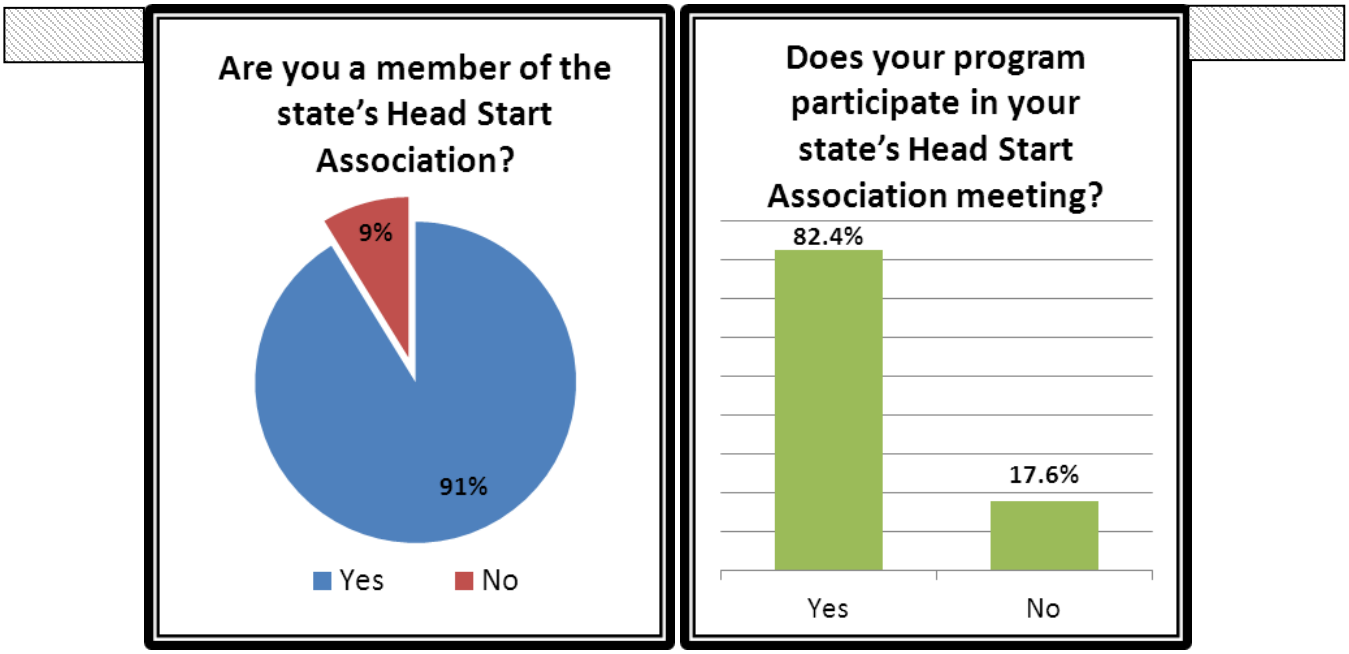
Graph 6

Based on the data displayed in graph 6, much work still has to be done in order to achieve changes in the way institutions of higher education are assisting MSHS staff in attaining higher education degrees. Only 26% of the grantees reported any new and innovative methods implemented by colleges their staffs attend. Programs reported their staffs are taking advantage of online courses offered in Spanish, and some basic skills courses offered in Spanish through their local community college. Staff also, when possible, seek financial assistance utilizing the Free Application for Federal Student Aid (FAFSA) to determine their eligibility for student financial aid (i.e. Pell Grants, federal student loans, etc.). Some staff have applied and qualified for diversity grants and scholarships, Teacher Education Assistance for College and Higher Education (TEACH) Grants and some MSHS grantees offer staff some financial assistance to pay for tuition, books, etc.

Child Care and Early Learning Systems



MSHS grantees responded that they have good to excellent relationships with both the Head Start State Collaboration Offices and Head Start State Associations (HSSA) in their respective states. These two organizations, HSSCO and HSSA, are critical partners to MSHS programs. This relationship allows for the distribution of timely information that is vital to issues concerning low income families and children. In addition, it presents an opportunity to provide input and education into state planning and decision-making that affects MSHS children, families and staff. Grantees reported receiving communication from both HSSCO and HSSA via newsletters, e-mail, association meetings, phone calls, and some grantee leaders' participation on HSSA Boards.



The NMSHSCO, NMSHSA and the HSSCOs are actively encouraging the participation of MSHS grantees in the State Head Start Association's meetings and activities. MSHS grantees play an important role in educating the community at large about the unique needs of migrant and seasonal children and families.

Questions related to MSHS grantee participation on State Early Childhood Systems and Quality Rating and Improvement Systems (QRIS):

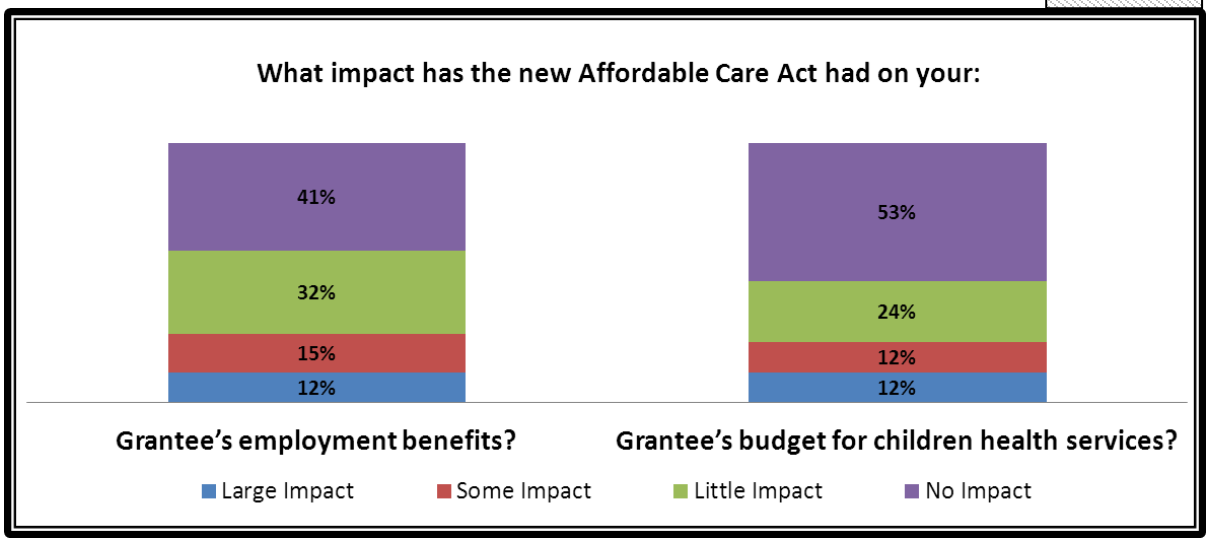
How familiar are you with your state's:	State Early Childhood Advisory Council (SECAC)?	Quality Rating and Improvement Systems (QRIS)?
Not Familiar/No Knowledge	6 (18%)	2 (6%)
Somewhat Familiar	9 (27%)	6 (18%)
Familiar	11 (32%)	20 (58%)
Very Familiar/ Proficient	8 (23%)	6 (18%)

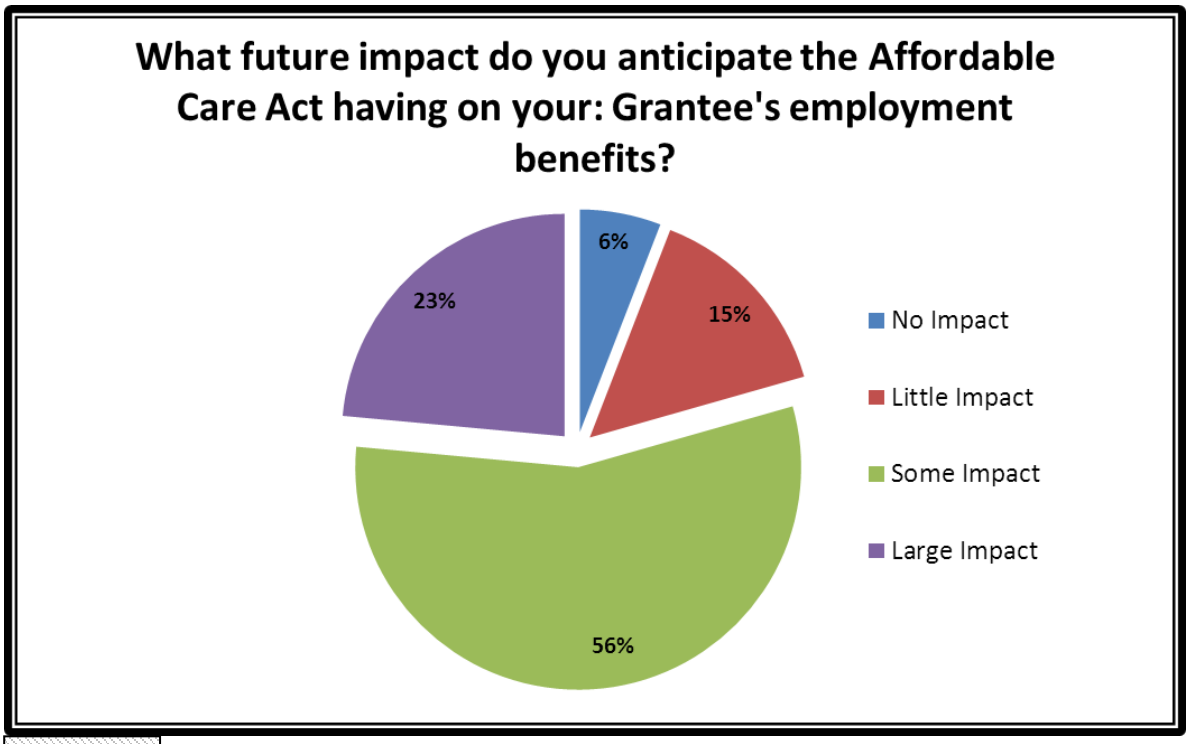
When asked if programs had provided input to and/or participated in the State Early Childhood Advisory Council, 58% of the responding grantees said they had provided input to and/or participated, 41.2% responded they had not, and three respondents did not provide an answer. The same question was asked regarding the QRIS: 23.5% said they had provided input to and/or participated, 76.5% responded they had not, and again, three respondents did not provide an answer. Grantees provided input to and/or participated through surveys and/or questionnaires sent out by the HSSA, via grantee Directors' direct participation on State's Head Start Association boards and/or meetings, and via grantee staff serving as members of committees and/or subcommittees.

Regional Priorities

One of the areas that has been a high priority for MSHS programs in past needs assessments as well as in OHS Risk Management meetings, and also highlighted in PIR results, is the area of health. Specifically, the portability of Medicaid is essential for families as they migrant from state to state. Therefore, a specific question of impact of the Affordable Care Act on MSHS programs was included in the needs assessment.

Graph 11





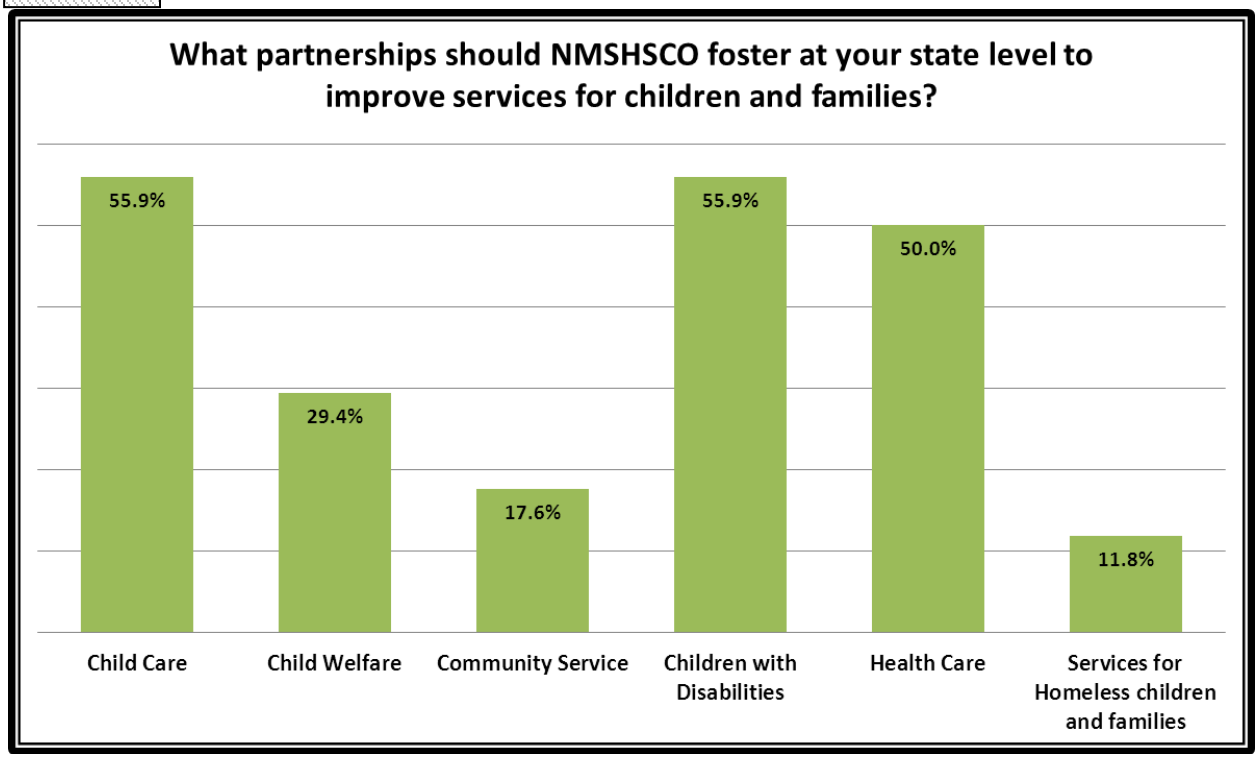
It is still unclear how the Affordable Care Act regulations and their interpretation will impact services to MSHS children, families and grantees. (Specifically: medical, health insurance exchanges, and training for staff and parents). Partnerships with the OHS's National Center on Health, the Health Resources and Services Administration (HRSA) and the Medicaid/SCHIP (State Children's Health Insurance Program) Dental Association will need to be a priority for the NMSHSCO. In the table below at least 87.93% of the MSHS children may be affected by changes in federal and state health care funding due to the Affordable Care Act law.

The 2012 PIR Report on Children's Health Insurance Status

Children with Health Insurance (at Enrollment)	25,861	79.13%
Children with Health Insurance (at End of Enrollment Year)	29,360	89.84%
Medicaid and/or CHIP (at Enrollment)	24,342	74.48%
Medicaid and/or CHIP (at End of Enrollment Year)	27,647	84.59%
State Funded Insurance (at Enrollment)	946	2.89%
State Funded Insurance (at End of Enrollment Year)	1,090	3.34%
Private Health Insurance (at Enrollment)	504	1.54%
Private Health Insurance (at End of Enrollment Year)	527	1.61%
Other Health Insurance (at Enrollment)	69	0.21%
Other Health Insurance (at End of Enrollment Year)	96	0.29%
Children without Health Insurance (at Enrollment)	6,821	20.87%
Children without Health Insurance (at End of Enrollment Year)	**3,322**	**10.16%**

Graph 13 highlights other areas of priority for Region XII. Grantees have reported their prioritized needs within the areas of child care, child welfare, community services, services for children with disabilities, health care, and services for homeless children and families.

Graph 13



Grantees highlighted three areas of priority in which they would need some assistance from the NMSHSCO: child care, children with disabilities (both 55.9%) and health care (50%).

Child Care: The importance of child care for MSHS parents was also highlighted in the questions asked in the School Readiness section of the needs assessment. MSHS parents depend on family and friends for assistance in transporting their children to and from kindergarten, and they also depend on them for childcare from the time they complete their day in kindergarten until the parents are able to care for their child themselves. The NMSHSCO will be seeking a partnership with the Office of Child Care and will recruit a member from that office to sit on the NMSHSCO Advisory Council to help guide collaborations in this area.

Children with Disabilities: The need for summer services is an issue that grantees advocate for the most; summer being the time of year when the majority of MSHS programs provide services to children and families and during which the public school system is traditionally closed for services.

PIR 2012 Statistics on Children with Disabilities

Preschool Disabilities Services		
Children with an IEP	1,405	**8.79%**
Children with an IEP - Determined Eligible for Services Prior to Enrollment Year	979	69.68%
Children with an IEP - Determined Eligible for Services During Enrollment Year	426	30.32%
Children with an IEP - Not Receiving Services	**29**	**2.06%**

Infant and Toddler Part C Early Intervention Services		
Children with an IFSP	917	**5.49%**
Children with an IFSP - Determined Eligible for Services Prior to Enrollment Year	567	61.83%
Children with an IFSP - Determined Eligible Enrollment Year for Services During	353	38.50%
Children with an IFSP - Not Receiving Services	**14**	**1.53%**

The two tables above indicate that 3.59% of the children with an IEP or IFSP did not receive services. One possible explanation for this is that, historically, the correlation between the migration patterns of families, public schools being closed for the summer, and the time it takes to go through the diagnostic process is often a factor in MSHS children not receiving timely services.

Health Care: In this document, only the following health areas for children will be highlighted from the PIR 2012 data: medical and dental homes, medical and dental services.

Medical Home - Children

Children Continuous Accessible Health Care (at Enrollment)	29,548	90.41%
Children Continuous Accessible Health Care (at End of Enrollment Year)	31,577	96.62%
Children Indian Health Service (at Enrollment)	67	0.21%
Children Indian Health Service (at End of Enrollment Year)	70	0.21%
Children Migrant Health Center (at Enrollment)	6,991	21.39%
Children Migrant Health Center (at End of Enrollment Year)	8,422	25.77%

Medical Services - Children

Children Up-to-Date According to Relevant State's EPSDT Schedule (at Enrollment)	24,125	73.82%
Children Up-to-Date According to Relevant State's EPSDT Schedule (at End of Enrollment Year)	30,168	92.31%
Of these, children newly diagnosed with a chronic condition needing medical treatment since last year's PIR was reported (at end of enrollment)	4,413	14.63%
Of these, children who have received or are receiving medical treatment (at End of Enrollment Year)	4,069	92.20%

One of the significant health issues for MSHS grantees is the number of children who were diagnosed as overweight and obese at the time of enrollment. According to the 2000 Center for Disease Control (CDC) Body Mass Index (BMI) BMI-for-age growth chart, 13.77% were overweight and 16.015% were considered obese. At a regional level this is an area of concern.

Dental Home

Children Continuous Accessible Dental Care (at Enrollment)	25,999	79.55%
Children Continuous Accessible Dental Care (at End of Enrollment Year)	29,844	91.32%

Preschool Dental Services

Received Dental Preventive Care	12,416	77.63%
Completed Oral Health Examination	14,167	88.58%
Diagnosed as Needing Dental Treatment	4,149	29.29%
Received or Are Receiving Dental Treatment	3,395	81.83%

Infant and Toddler Preventive Dental Services

EHS and Migrant Dental Exams	14,347	85.97%

Obtaining timely and cost effective dental services is a constant struggle for MSHS grantees. The correlation between the migration patterns of families, the time it takes to receive comprehensive oral examinations and the time it takes for the scheduling and completion of any needed restorative treatment is often a factor in MSHS children not receiving timely services. MSHS programs depend mostly on Federally Qualified Health Centers and Migrant Health Clinics for dental services.

The final question on the needs assessment survey in the regional priorities section asked the respondents: What one action and/or activity could NMSHSCO assist you with to improve collaboration among MSHS and other organizations serving young children in your state?

There were three main requests from grantees:

1. Assist State Collaboration Offices in fully understanding the needs of MSHS children and families, in order to be better represented on SECACs.
2. Increase the visibility of the MSHSCO and its Director in state activities and also with MSHS grantees.
3. Assist with state-level collaborations in improving access to health and disabilities services, including Medicaid portability.

These three requests have been incorporated into the NMSHSCO strategic plan and annual work plan.

NEXT STEPS

Based on the results of this year's needs assessment data, the NMSHSCO Advisory Council developed goals and objectives for the 2012-2016 NMSHSCO strategic plan.

The NMSHSCO Director will develop the annual work plan based on the goals, objectives and implementation activities set forth in the 2012-2016 strategic plan.

The results of each individual needs assessments will be provided to the respective respondent/grantee. Migrant and Seasonal Head Start grantees may use results of their individual needs assessments to reflect upon their areas of strength as well as potential areas for improvement.

This report will be forwarded to the OHS Collaboration Office, MSHS Region XII office, Head Start State Collaboration Offices, MSHS Region XII Training and Technical Assistance Team, National MSHS Association and will be made available to the general public.

For questions regarding this report, or for a copy of the NMSHSCO strategic plan and annual work plan, please contact Guadalupe Cuesta and/or Kevin Skolnik:

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