

2025 - 2030



**Northern
Panhandle**
Head Start, Inc.

STRATEGIC PLAN

REPORT



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“Strategy is a fancy word for coming up with a long-term plan and putting it into action.” – Ellie Pidot

INTRODUCTION

Northern Panhandle Head Start, Inc. engaged Kingery & Company, LLC, to facilitate the development of the 2025-2027 Strategic Plan for the organization. A strategic planning retreat took place on December 2-3, 2025, with the Strategic Planning Committee comprised of staff, the Executive Director, and Kingery and Company.

Staff Participants included:

Jackie Bell – Executive Director
Anna Sibert – Fiscal Manager
Beth Ott – Early Head Start Manager
Gina Wendel – Head Start Manager
Amber Boring – Education/Training Manager
Cheryl Santimarino – Family & Community Partnership Manager
Cher McKeever – ERSEA Coordinator
Amanda Ames – Child Development/Disabilities Coordinator
Denise Musolino – Health & Nutrition Coordinator
Tammy Pickens – Transportation Coordinator

Facilitators:

Tricia Kingery
Kasidi Legg

“The secret of change is to focus all of your energy, not on fighting the old, but on building the new.” – Socrates

Facilitators Tricia Kingery, M.A. MBA, and Kasidi Legg introduced Kingery and Company's strategic planning process. They explained successful strategic planning as the following:

Successful Strategic Planning:

- Leads to **action**
- Builds a **shared vision** that is values-based
- Is an inclusive, **participatory process** in which board and staff take on a shared input and ownership
- Accepts **accountability** to the community
- Is **externally focused** and sensitive to the organization's environment
- Is based on **quality data**
- Requires an **openness** to questioning the status quo
- Is a key part of **effective management**

To make the most of our time together, expectations and ground rules were identified.

Great Expectations!

- Provide opportunities for all to have input
- Encourage open communication
- Encourage ownership
- Respond intentionally to the current and future environments
- Gather new information to make decisions
- Set priorities about direction, desired results, and focus of the organization
- Engage appropriate stakeholders
- Determine which activities will have priority for resource allocation
- Be open to questioning the status quo
- Create goals, objectives and action plans that keep the strategic plan alive!

The following captures the process and decisions made in three Strategic Planning phases:

Phase One: Scanning the Environment

Phase Two: Strategic Analysis

Phase Three: Setting Goals, Objectives, and Developing Action Plans

PHASE ONE: SCANNING THE ENVIRONMENT

Scanning included a review of key history and present situation information, data and reports.

History and Present Situation Topics:

- Mission, Vision Review
- History and Present Situation
- Organization Regulations & Standards
- Program/Services Review
- Previous Strategic Plan Review
- Community Needs Assessment Review

Vision and Mission Review

Vision and mission statements are fundamental to strategic planning and good management. A review and confirmation of the following mission and vision statements took place.

Vision Statement:

Building foundations for life-long growth and development.

Mission Statement:

Provide a high-quality, family-focused program uniquely designed to prepare children for learning and life.

Core Values:

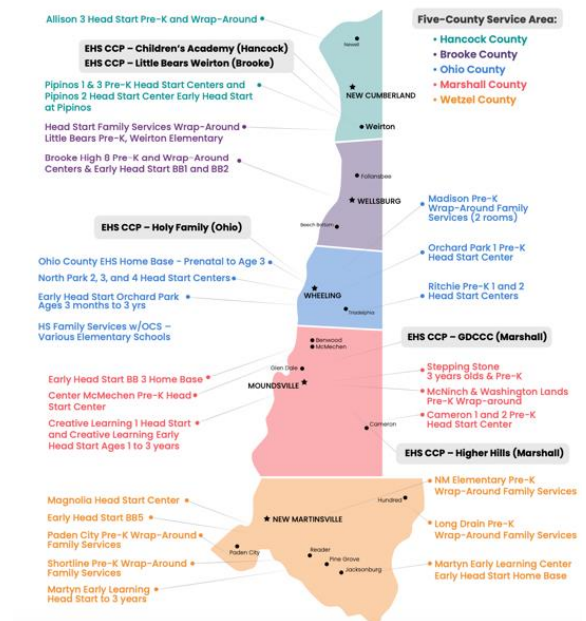
- Services
- Partnerships
- Family
- Personnel
- Grant Management
- Leadership

Northern Panhandle Head Start Service Area:

Northern Panhandle Head Start serves children and families women from Brooke, Hancock, Marshall, Ohio, and Wetzel Counties. Currently, NPHS operates ten standalone centers, and 18 collaborative sites. With this, many locations are spread throughout the five counties served.

History and Present Situation

Northern Panhandle Head Start Incorporated began services in 1967 and the grantee was a Community Action Agency. This grantee ceased to exist, and the program was picked up by the state of West Virginia. Finally, on January 24, 1979, a single purpose Board of Director's was formed and the corporation of Northern Panhandle Head Start, Inc. began to receive the Head Start grants from the Department of Health, Education and Welfare, Administration for Children, Youth and Families, and Region III.



Since 1985, Northern Panhandle Head Start Inc. has grown from serving 161 children to 561 from Hancock, Brooke, Ohio, Marshall and Wetzel Counties of West Virginia ages birth to 5 and pregnant women. Our budget for the FY2007 exceeded \$4 million dollars. NPHS Inc. has managed an Early Head Start program since 1999 in the counties of Brooke, Marshall and Wetzel. This partnership began in collaboration with Easter Seals Rehabilitation Center and now functions as part of the overall Head Start programming with the aide of infant/toddler mental health specialists and other service organizations in the area who provide specific services to pregnant mothers and infants/toddlers.

Also in 1999, NPHS Inc. became the direct service provide for the MIHOW (Maternal Infant Health Outreach Worker) grant serving families in Ohio County. This strength-based approach of service delivery provides home visitors with the opportunity to work with pregnant women and families with children under 3 years old. In the late fall of 2009 NPHS was awarded an Early Head Start Expansion Grant through the ARRA (American Recovery Reinvestment Act). The grant added 48 EHS children and families to the roll through center-based services, childcare collaborations, home base services, assisting incarcerated families as well as those in family violence prevention programs.

Organization Regulations & Standards

Head Start programs are guided by a set of Performance Standards and other policies that have emerged over its 43-year history. These standards and policies specify that Head Start programs must deliver a wide range of services to ensure comprehensive care including health, education, parent involvement, social services, and disability services. The latest governing regulations are found as part of the Improving Head Start for School Readiness Act of 2007 (12-12-2007).

The Office of Head Start has released the first comprehensive revision of the Head Start Program Performance Standards (HSPPS) since 1975. The new standards were effective November 7, 2016. The comprehensive components of the revised standards include Governance, ERSEA, Program Structure, Education, Health, Family and Community Engagement, HR and Professional Development, Program Management, and Admin & Fiscal Requirements.

Program Review

HEAD START AGES 3-5

<u>HANCOCK COUNTY</u>	<u>Children</u>
Allison 3 Pre-K	11
Pipinos 1 Pre-K	14
Pipinos 3 Pre-K	17
Weirton Elementary School 1	1
Weirton Elementary School 2	1
Weirton Elementary School 3	1
	45

<u>BROOKE COUNTY</u>	
Brooke 3	9
Brooke High School Pre-K 4	1
Brooke High School Pre-K 7	1
Brooke High School Pre-K 8	7
Little Bear Follansbee Pre-K	1
	19

<u>OHIO COUNTY</u>	
North Park 1 Center	14
North Park 2 Center	14
North Park 3 Center	13
North Park 4 Center	14
Ritchie 1 Pre-K	5
Ritchie 2 Pre-K	6
Orchard Park 1	14
Madison 1 Pre-K	6
Madison 2 Pre-K	7
Elm Grove Elementary Pre-K	4
Holy Family Pre-K	2
Middle Creek 1 Pre-K	2
OVCLC Pre-K	1
Woodsdale 1	1
	103

<u>MARSHALL COUNTY</u>	
Center McMechen 1 Pre-K	1
Cameron 1 Pre-K	3
Cameron 2 Pre-K	9
Washington Lands Pre-K	1
McNinch Pre-K	1
Glen Dale Pre-K	1
Sand Hill Pre-K	1
Stepping Stones 1	14
Stepping Stones 2	13
Stepping Stones 3 Pre-K	20
	64

<u>WETZEL COUNTY</u>	
Magnolia	14
MELC at Shortline	12
Long Drain	12
Paden City 1	2
Shortline Pre-K 1	8
Shortline Pre-K 2	3
Long Drain 1 Pre-K	2
Long Drain 2 Pre-K	3
New Martinsville 1 Pre-K	7
New Martinsville 2 Pre-K	6
New Martinsville 3 Pre-K	1
New Martinsville 4 Pre-K	6
New Martinsville 6 Pre-K	5
	81

Center-Based and Wrap-Around Grand Total: 312
Total Head Start Centers: 48

MIHOW

(Maternal Infant Health Outreach Worker)

Serving Ohio County

50 enrolled – regardless of income, pregnant women, and families with children birth to 3

EARLY HEAD START PREGNANT WOMEN AND FAMILIES WITH CHILDREN BIRTH TO 3

<u>BROOKE COUNTY</u>	
Building Blocks 2	8
	8
<u>OHIO COUNTY</u>	
Orchard Park B	8
Orchard Park C	8
Orchard Park D	8
Ohio County Home Base	4
	28

<u>MARSHALL COUNTY</u>	
Building Blocks 3	11
CLC-A	6
CLC-B	8
	25

<u>WETZEL COUNTY</u>	
Building Blocks 5	8
Martyn ELC 1	11
Martyn ELC 2	9
	28

Center & Home-Based Totals: 89

Total EHS Centers: 5

Total EHS Home Base: 6

EARLY HEAD START CHILD CARE PARTNERSHIP

<u>HANCOCK COUNTY</u>	<u>Children</u>
The Children's Academy	7
	7

<u>BROOKE COUNTY</u>	
Little Bear Day Care	30
	30

<u>BROOKE COUNTY</u>	
Little Bear Millsop	5
	5

<u>OHIO COUNTY</u>	
Holy Family	12
	12

<u>MARSHALL COUNTY</u>	
Glen Dale Child Develop Center	9
Higher Hills Children's Center	9
	18

Child Care Partnership Totals: 72

Total CCP Centers: 6

Previous Strategic Plan Goal and Objectives Review

An important part of the strategic planning process includes a review of the previous strategic plan goals and objectives for two reasons. One, to celebrate successes; and two, to identify potential carry-overs.

Staff Retention & Recruitment Goal: Recruit and retain high quality experienced personnel.

Objective #1 Follow through with retention plan: Re-evaluate current retention and mentoring plans for effectiveness.

Objective #2 Evaluate Pay Structure: Assess the feasibility of salary increases.

Objective #3 Maintain parent trainee program: Increase training in job preparedness to help parents further their employment opportunities.

Objective #4 Continue to build community university/college partnerships: Contract with individual programs to ensure that curriculum fulfills position requirements.

Objective #5 Revise and update the coverage plan monthly. Ensure all job duties are distributed and covered.

Enrollment/Pre-k/CCP Goal: NPHS will maintain full enrollment levels and/or convert enrollment slots to meet the needs of the community.

Objective #1 Participation: Increase participation in local and statewide early childhood committees.

Objective #2 Contracts: Ensure that all parties involved are knowledgeable about the Pre-k and CCP contracts.

Objective #3 Transportation: Evaluate transportation needs of families.

Parent Involvement Goal: NP Head Start will increase all parent involvement.

Objective #1 Parent Satisfaction: Survey outcomes from parents should report greater than 85% or higher level of satisfaction.

Objective #2 Implement the Parent Mentor program.

Objective #3 Increase Father Involvement.

Board of Directors Goal: NP Head Start will build our board membership.

Objective #1 Seek additional Board Members who live or work in our five-county service area.

Objective #2 Increase the participation of our current Board Members.

COMMUNITY-WIDE STRATEGIC PLANNING NEEDS ASSESSMENT

UPDATE for 2024-2025 Grant:

The current population In April of 2020 the United States conducted its census. The census revealed that West Virginia saw a 3.2% decline in its population in the past decade which was the largest decline in population out of all the states. The census revealed that 47 of the 55 counties in WV saw a decline in the population over the past decade which included all 5 of the counties in our service area. The 2022 census reports that the estimated population in **Hancock County** is 28,172 which is 1.6% decline with a population of 28,656 being reported in 2021. The census website estimates 50.9% of the population being female and 4.2% being under the age of five; 94.4% report their race as White alone; 2.7% Black or African American; .3% American Indian & Alaskan Native; .5% Asian; 2.18% two or more races; 1.8% Hispanic or Latino. 1.2% report that a language other than English is spoken at home. 11.9% of the population under 65 reports having a disability. 90.5% have graduated High school with 19.1% having at least a bachelor's degree. The 2022 census reports that the estimated population in **Brooke County** is 21,733 which is 1.8% decline with a population of 22,140 being reported in 2021. The census website estimates

50.4% of the population being female and 4.1% being under the age of five. 96% report their race as White alone; 1.6% Black or African American; .2% American Indian & Alaskan Native; .5% Asian; 1.7% two or more races; 1.2% Hispanic or Latino. 2.5% report that a language other than English is spoken at home. 13% of the population under 65 reports having a disability. 95.5% have graduated High school with 21.9% having at least a bachelor's degree. The 2022 census reports that the estimated population in **Ohio County** is 41,447 which is .7% decline with a population of 41,776 being reported in 2021. The census website estimates 51.3% of the population being female and 4.9% being under the age of five. 92.9% report their race as White alone; 3.7% Black or African American; .2% American Indian & Alaskan Native; .9% Asian; 2.6% two or more races; 1.4% Hispanic or Latino. 2.9% report that a language other than English is spoken at home. 9.9% of the population under 65 reports having a disability. 93% have graduated High school with 33.2% having at least a bachelor's degree. The 2022 census reports that the estimated population in **Marshall County** is 29,752 which is a 1.2% decline with a population of 30,115 being reported in 2021. The census website estimates 49.3% of the population being female and 4.5% being under the age of five. 96.8% report their race as White alone; 1.0% Black or African American; .3% American Indian & Alaskan Native; .6% Asian; 1.3% two or more races; 1.1% Hispanic or Latino. 1.8% report that a language other than English is spoken at home. 13.7% of the population under 65 reports having a disability. 92.4% have graduated High school with 19% having at least a bachelor's degree. The 2022 census reports that the estimated population in **Wetzel County** is 14,025 which is a 1.0% decline with a population of 14,170 being reported in 2021. The census website estimates 49.9% of the population being female and 5.3% being under the age of five. 97.6% report their race as White alone; .6% Black or African American; .2% American Indian & Alaskan Native; .4% Asian; 1.2% two or more races; 1.2% Hispanic or Latino. .5% report that a language other than English is spoken at home. 14.5% of the population under 65 reports having a disability. 90.0% have graduated High school with 13.4% having at least a bachelor's degree.

Foster Care WVDHHR created a Child Welfare Dashboard that is updated monthly to report how many children are currently in the Foster Care system in West Virginia. This dashboard reports as of December 2023 there are currently 6,087 children in the foster care system throughout the state of WV. Hancock/Brooke Counties: report 109 children currently in the foster care system with 62% of those children being in Kinship/Relative care and 28% being in Therapeutic Foster Care. Ohio County: reports 170 children currently in the foster care system with 51% of those children being in Kinship/Relative care and 36% being in Therapeutic Foster Care. Marshall County: reports 88 children currently in the foster care system with 59% of those children being in Kinship/Relative care and 30% being in Therapeutic Foster Care. Wetzel County: reports 125 children currently in the foster care system with 63% of those children being in Kinship/Relative care and 33% in Therapeutic Foster Care. **Head Start** currently has 8 children enrolled that are in foster care which is 2.66% in 2024 compared to the 21 children or 6.37% enrolled in 2023. **Early Head Start** currently has 16 children enrolled that are in foster care which is 17.02% in 2024 compared to the 6 children or 5.61% in 2023. **The Child Care Partnership** currently has 9 children enrolled that are in foster care which is 12.68% in 2024 compared to the 4 children or 5.56% in 2023. The counties ranked from highest to lowest in the number of children considered foster are (**Wetzel: 13, Ohio: 10, Marshall: 5, Brooke: 4, Hancock: 1**).

Child Abuse and Neglect Reports looking at Child Abuse and Neglect Reports comparing 2021-2022 to the 2022-2023 program year the agency has seen an increase in the number of Child Abuse and Neglect referrals with 23 in 2022-2023 compared to 20 in 2021-2022. **Hancock County:** Head Start 5; Early Head Start 0; and CCP 0 for a total of 5 in 2022-2023 compared to Head Start 6; Early Head Start 0; and CCP 0 for a total of 6 in 2021-2022. **Brooke County:** Head Start 0; Early Head Start 0; and CCP 0 for a total of 0 in 2022-2023 compared to Head Start 2; Early Head Start 1; and CCP 0 for a total of 3 in 2021-2022. **Ohio County:** Head Start 2; Early Head Start 5; and CCP 0 for a total of 7 in 2022-2023 compared to Head Start 4; Early Head Start 2; and CCP 0 for a total of 6 in 2021-2022. **Marshall County:** Head Start 4; Early Head Start 5; and CCP 0 for a total of 9 in 2022-2023 compared to Head Start 0; Early Head Start 2; and CCP 0 for a total of 2 in 2021-2022. **Wetzel County:** Head Start 2; Early Head Start 0 for a total of 2 in 2022-2023 compared to Head Start 3; Early Head Start 0 for a total of 3 in 2021-2022. The counties ranked from highest to lowest in number of referrals for 2022-2023 (**Marshall: 9, Ohio: 7, Hancock: 5, Wetzel: 2, Brooke: 0**) compared to 2021-2022 (**Hancock: 6, Ohio: 6, Wetzel: 3, Brooke: 3, Marshall: 2**).

More drug raids have occurred in the areas in which our target population resides, and the number of drug-related overdoses and deaths have continued to rise. These deaths include overdoses related to all drugs but were primarily driven by an increase of overdoses involving fentanyl. West Virginia continues to have the highest drug overdose death rate in the nation with 90.90 deaths per 100,000 people. Three out of the five states that border WV are right

behind WV with some of the highest drug overdose rates in the nation. Kentucky ranked 4th, Ohio ranked 7th, and Pennsylvania ranked 9th. Four of the five counties in the agencies service area are considered high intensity drug trafficking areas except for Wetzel County. With information collected for 2015 – 2021 the Northern Panhandle rankings by county for fatal drug overdoses from highest to lowest are (Ohio ranked 11th, Brooke ranked 22nd, Hancock ranked 24th, Marshall ranked 28th and Wetzel ranked 34th. (1st being highest and 55th the lowest). Within the same time frame West Virginia reported 7,279 drug overdose deaths throughout the entire state. These deaths are related to all types of drugs. Wheeling Hospital has *established support systems* for prenatal women who are abusing substances as well as the infants born to these women. In West Virginia 1 in 8 babies born between 2020 – 2022 had in utero exposure to opioids, stimulants and/or cannabis. West Virginia's rates of prenatal exposure to opioids and stimulations were 10 times higher than the national rates. In 2020 the West Virginia Kids Count started to track how many babies were born exposed to drugs throughout WV. The Northern Panhandle continues to have some of the highest rates in WV. **Hancock County:** has seen an increase in the number of babies being born exposed to drugs with 27.5% in 2022 compared to 26.7% in 2021. **Brooke County:** has seen an increase in the number of babies being born exposed to drugs with 27.2% in 2022 compared to 21.9% in 2021. **Ohio County:** has seen an increase in the number of babies being born exposed to drugs with 21.5% in 2022 compared to 20.6% in 2021. **Marshall County:** has seen an increase in the number of babies being born exposed to drugs with 18.9% in 2022 compared to 14.2% in 2021. **Wetzel County:** has seen an increase in the number of babies born exposed to drugs with 11.8% in 2022 compared to 11% in 2021. The counties ranked from highest to lowest in the number of babies born exposed to drugs are (**Hancock:** 27.5%, **Brooke:** 27.2%, **Ohio:** 21.5%, **Marshall:** 18.9%, **Wetzel:** 11.8%). Local, State and Federal representatives have acknowledged the issues that West Virginia, especially the Northern Panhandle, is facing due to the current opioid crisis. Local law enforcement agencies now carry the overdose reversal medication Naloxone. In December 2022 the Wheeling (Ohio County) policy department announced they would be partnering with Northwood Health Systems to provide crisis intervention and overdose response programs. This program will target five areas: overdose response, mental health response, the utilization of Wheeling PD's crisis intervention team on calls, provide more training for the crisis intervention team, and a diversion program that will encourage individuals to get help opposed to jail time. At this time this program will only be provided for those in Ohio County. Northwood's goal is to eventually be able to expand services to Hancock, Brooke, Marshall, and Wetzel counties.

Estimated Number of Children Eligible for Head Start and Early Head Start Services – Hancock County:

The number of children ages 3-4 that should be eligible for Head Start is 76 while it is estimated that 114 children should reasonably be eligible for Early Head Start compared to the 96 children eligible for Head Start and 144 children eligible for Early Head Start in 2023. **Brooke County:** The number of children ages 3-4 that should be eligible for Head Start is 56 while it is estimated that 84 children should reasonably be eligible for Early Head Start compared to the 60 children eligible for Head Start and 90 children eligible for Early Head Start in 2023. **Ohio County:** The number of children ages 3-4 that should be eligible for Head Start is 96 while it is estimated that 144 children should reasonably be eligible for Early Head Start compared to the 116 children eligible for Head Start and 174 children eligible for Early Head Start in 2023. **Marshall County:** The number of children ages 3-4 that should be eligible for Head Start is 116 while it is estimated that 174 children should reasonably be eligible for Early Head Start compared to the 136 children eligible for Head Start and 204 children eligible for Early Head Start in 2023. **Wetzel County:** The number of children ages 3-4 that should be eligible for Head Start is 68 while it is estimated that 102 children should reasonably be eligible for Early Head Start compared to the 84 children eligible for Head Start and 126 children eligible for Early Head Start in 2023.

The **number of births** has dropped in 3 of the 5 counties. (**Hancock** -51; **Brooke** -25; **Ohio** -39; **Marshall** +5; **Wetzel** 0).

The **local WIC office** provides the report of children under age five and women participating in the program as of September 2023 as follows: **Hancock County:** pregnant women-37, fully breastfeeding women-22, postpartum women-36, and 474 children under age 5. **Brooke County:** pregnant women-29, fully breastfeeding women-14, postpartum women-26, and 250 children under age 5. **Ohio County:** pregnant women-63, fully breastfeeding women-32, postpartum women-60, and 518 children under age 5. **Marshall County:** pregnant women-56, fully breastfeeding women-28, postpartum women-45, and 413 children under age 5. **Wetzel/Tyler County:** pregnant women-45, fully breastfeeding women-15, postpartum women-57, and 426 children under age 5.

The percentage of children in poverty has decreased in 4 of the 5 counties. Hancock County has seen a 13% decrease with 17.3% in 2023 compared to 19.9% in 2022; Brooke County has seen a 1.7% increase with 17.2% in 2023 compared to 16.9% in 2021; Ohio County has seen a 10.2% decrease with 13.2% in 2023 compared to 14.7% in 2022; Marshall County has seen a 12.3% decrease with 20.6% in 2023 compared to 23.5% in 2022; Wetzel County has seen an 20.1% decrease with 21.8% in 2023 compared to 27.3% in 2022. The counties ranked from highest to lowest % of poverty are (Wetzel with 21.8%, Marshall with 20.6%, Hancock with 17.3%, Brooke with 17.2% and Ohio with 13.2%). Wetzel County continues to have the highest poverty rate out of the five counties. Marshall County is the only county in the service area to report an increase in children in poverty. West Virginia is currently ranked 42nd in child well-being among the other states.

WVDHHR provides the following information regarding TANF, food stamps and/or state medical coverage recipients as of July 2023. **Hancock County/Brooke County:** 0 pregnant women receive the medical card, 39 children receive TANF benefits, 1084 children aged 4 and under receive a combination of TANF, food stamps and/or Medicaid coverage. **Ohio County:** 0 pregnant women receive the medical card, 22 children receive TANF benefits, and 912 children aged 4 and under receive a combination of TANF, food stamps and/or Medicaid coverage. **Marshall County:** 0 pregnant women receive the medical card, 43 children receive TANF benefits, and 699 children aged 4 and under receive a combination of TANF, food stamps and/or Medicaid coverage. **Wetzel County:** 0 pregnant women receive the medical card, 24 children receive TANF benefits, and 536 children under age 4 receive a combination of TANF, food stamps and/or Medicaid coverage.

The Child Care Resource Center reports the following licensed childcare facilities and in-home providers as of January 2024. **Hancock County:** 5 licensed centers and 1 in-home provider serving 147 children as compared to 5 licensed centers and 2 in-home providers serving 129 children in January 2023. **Brooke County:** 4 licensed centers and 3 in-home providers serving 119 children as compared to 4 licensed centers and 3 in-home providers serving 108 children in January 2023. **Ohio County:** 9 licensed centers and 19 in-home providers serving 355 children as compared to 9 licensed centers and 22 in-home providers serving 357 children in January 2023. Newbridge Church is projected to open a new daycare center in downtown Wheeling in July-August 2024. This program is projected to have 236 spots for various childcare programs for children ages birth to age 12. **Marshall County:** 4 licensed centers and 2 in-home providers serving 137 children as compared to 4 licensed centers and 2 in-home providers serving 155 children in January 2023. **Wetzel County:** 0 licensed centers are available and 9 in-home providers serving 58 children as compared to 0 licensed centers are available and 9 in-home providers serving 53 children January 2023. There are a total of 816 children between ages birth through 12 years old that receive subsidized care vouchers to support payments for child care throughout the service area in 2024 compared to 802 children in 2023.

Child Care Partnership – NPBS has partnered with five local Day Care agencies. **Hancock County:** NPBS is partnered with one child care and provides wrap around services for 7 children. **Brooke County:** NPBS is partnered with two child cares and provides wrap around services for 35 children. **Ohio County:** NPBS is partnered with one child care and provides wrap around services for 9 children. **Marshall County:** NPBS is partnered with two child cares and provides wrap around services for 20 children. NPBS is not partnered with anyone in **Wetzel County** due to the fact that there are no licensed child cares in the county. This partnership does help those working families who need additional hours of care.

Pre-K Programs The West Virginia Early Learning Reporting System shows. **Hancock County:** currently reports 10 county Pre- K classrooms that serve 160 children. 5 of those classrooms are collaborations with NPBS in which NPBS provides wrap around services. The 5 classrooms provide services to 46 children. **Brooke County:** currently reports 9 county Pre- K classrooms that serve 108 children. 3 of those classrooms are considered collaboration with NPBS in which NPBS provides wrap around services. The 3 classrooms provide services to 23 children. **Ohio County:** currently reports 15 county Pre- K classrooms that serve 232 children. 12 of those classrooms are collaborations with NPBS in which NPBS provides wrap around services. NPBS currently has 3 standalone classrooms that serve 48 children. The 12 classrooms provide services to 54 children. **Marshall County:** currently reports 13 county Pre- K classrooms that serve 188 children. 6 of those classrooms are collaborations with NPBS in which NPBS provides wrap around services. NPBS currently has 2 standalone classrooms that serve 34 children. The 6 classrooms provide services for 29 children. **Wetzel County:** currently reports 11 county Pre- K classrooms that serve 160 children. 10 of those classrooms are collaborations with NPBS in which NPBS provides wrap around services. NPBS currently has 2 standalone classrooms that serve 32 children. The 10 classrooms provide services for 35 children.

Home visiting services Hancock and Brooke Counties: have the Parents as Teachers program which serves women and families with children up to ages 3-5. The Birth to Three program which serves families with children under the age of 3 who have a delay in their development or at risk of having a delay as well as the Right from the Start program which serves pregnant women on Medicaid or RFTS Maternity Services and Medicaid – eligible infants up to age 1 year, as well as 2 NPHS EHS programs. **Ohio County:** has the Maternal Infant Health Outreach Worker program that provides in home visiting. The Birth to Three program which serves families with children under the age of 3 who have a delay in their development or at risk of having a delay as well as the Right from the Start program which serves pregnant women on Medicaid or RFTS Maternity Services and Medicaid – eligible infants up to age 1 year as well as 5 NPHS EHS programs which includes 4 center-based programs and 1 home base program. **Marshall County:** has the Parents as Teachers program which serves women and families with children up to ages 3-5. The Birth to Three program which serves families with children under the age of 3 who have a delay in their development or at risk of having a delay as well as the Right from the Start program which serves pregnant women on Medicaid or RFTS Maternity Services and Medicaid – eligible infants up to age 1 year, as well as 4 NPHS EHS programs which includes 2 center-based programs and 2 home base programs. **Wetzel County:** has the Parents as Teachers program which serves women and families with children up to ages 3-5. The Birth to Three program which serves families with children under the age of 3 who have a delay in their development or at risk of having a delay as well as the Right from the Start program which serves pregnant women on Medicaid or RFTS Maternity Services and Medicaid – eligible infants up to age 1 year, as well as 3 NPHS EHS programs.

Employment growth was realized in the service industry by the addition of retail and restaurant establishments as well as an increase of newly established hotel chains mostly in the Ohio County area.

Unemployment Rates are worse in comparison for all five of the counties and the statewide rate has seen an increase in unemployment from (4.1%) in December 2022 to (4.3%) in December 2023. The rankings from highest to lowest in December 2023 are Wetzel (6.6%), Hancock (5.3%), Marshall (5.1%), Brooke (5.1%), and Ohio (3.9%) as compared to December 2022 Wetzel (5.3%), Hancock (4.7%), Marshall (4.4%), Brooke (3.8%), and Ohio (3.3%). Four of the five counties are above the statewide average of 4.3%.

Homelessness The National Alliance to End Homelessness reported that in 2022 on any given night that there are 1,375 people in the state of WV that are considered homeless. They also reported that in 2022 on any given night in the Northern Panhandle there are 122 people the are considered homeless. The number of enrollments of homeless in **Head Start** in 2024 is currently 18 children or 5.98% compared to the 18 children or 5.71% enrolled in 2023. **Early Head Start** in 2024 currently has 9 children or 9.57% compared to the 13 children or 12.15% enrolled in 2023. **Child Care Partnership** in 2024 currently has 8 children enrolled or 11.26% compared to the 8 children or 11.11% in 2023. The counties ranked from highest to lowest in the number of children considered homeless are (**Wetzel: 11, Brooke: 7, Ohio: 7, Marshall: 5, Hancock: 5**).

WV Birth to Three reports an increase in program eligibility in 4 of the 5 counties. **Hancock County** has seen a 27% increase with (77 in 2022 and 98 in 2023). **Brooke County** has seen a 26% increase with (54 in 2022 to 68 in 2023). **Ohio County** has seen a decrease of 14% (186 in 2022 to 160 in 2023). **Marshall County** has seen an increase of 7.5% with (106 in 2022 to 114 in 2023). **Wetzel County** has seen an increase of 15.5% with (58 in 2022 to 67 in 2023). The current Early Head Start program records 23 children or 24.4% of children enrolled with an IFSP (IFSP Concentrations – Developmental Delay – 100%). The current Child Care Partnership program records 14 or 21.1% of children enrolled with an IFSP (IFSP Concentrations – Developmental Delay – 100%).

The Early Learning Reporting System (ELRS) currently reports the following: **Hancock County** currently serves 49 children with disabilities defined as autism, hard of hearing, developmental delay and speech/language impairment served through special needs preschool settings and speech and language therapy. **Brooke County** currently serves 57 children with disabilities defined as autism, hard of hearing, developmental delay and speech/language impairment served through special needs preschool settings and speech and language therapy. **Ohio County** currently serves 67 children with disabilities defined as autism, speech, hearing impaired and preschool special needs served through preschool special needs settings and speech and language therapy. **Marshall County** currently serves 45 children with disabilities defined as autism, speech, hearing impaired, preschool special needs and vision impaired served through preschool special needs settings and speech and language therapy. **Wetzel County** currently serves 44 children with disabilities defined as autism, hard of hearing, developmental delay and

speech/language impairment served through special needs preschool settings and speech and language therapy. Head Start currently reports, 36 or 12% of children enrolled in Head Start have an IEP (IEP Concentrations - Speech/Language Impairment – 64%; Non Categorical – Developmental Delay – 33%; Hearing Impairment – 3%).

The County Percent of Needy Data from WV Zoom 2023-2024 and the Zoom WV Enrollment Summaries for 2023-2024 report: **Hancock County** reports a -121 student decrease in the student population. The highest % of NS in this county is Weirton Elementary School with 55% of students eligible. One of the seven schools' records % of NS above 50%. **Brooke County** reports a -140 student decrease in the student population. The highest % of NS in this county is Brooke Primary School South with 57% of students eligible. Four of the six schools record % of NS above 50%. **Ohio County** reports a -102 student decrease in the student population. The highest % of NS in this county is Ritchie Elementary with 80% of students eligible. Five of the thirteen schools record % of NS above 50%. **Marshall County** reports a -110 student decrease in the student population. The highest % of NS in this county is Central Elementary School with 66% of students eligible. Five of the thirteen schools record % of NS above 50%. **Wetzel County** reports a -38 student decrease in the student population. The highest % of NS in this county is Long Drain Elementary School with 65% of students eligible. Seven of the eight schools record % of NS above 50%.

Health and Wellness - The State of Obesity Better Policies for a Healthier America released in January 2024 reports WV as having the highest obesity rate in the nation at 41.6%. WV is ranked the highest on record for Hypertension at 43.8% and has the highest rate of diabetes at 15.7%. The agency encourages families to get their children tested for over exposure to lead. Ohio County has the highest percentage of homes that were built before 1980 with 88.04%. This increases the chances of children and families being exposed to lead. The other counties range from 74.77% (Wetzel) to 86.78% (Hancock) of homes built before 1980. Those children birth to age 18 enrolled in the WV Medicaid and CHIP programs are most significant in Hancock County. Of the 5,604 children birth to 18 years old, 4,467 are enrolled in Medicaid/CHIP or 79.7%. The other four counties range from 0.0% to 66.3%. In September of 2019 two local Hospitals (Ohio Valley Medical Center in Wheeling, WV (Ohio County) and East Ohio Regional Hospital in Martins Ferry, OH) were closed putting nearly 1,200 employees out of work and thousands of patients without medical care providers. Included in this closure was Hillcrest, the only in-patient psychiatric unit "crisis stabilization unit" within a 75 miles radius. The facility served nearly 1,600 patients on an outpatient basis and offered 30 beds for inpatient services. It was the areas only child and adolescent psychiatric facility. This void of services left public schools and families without help for children with severe behavioral disorders. In October of 2022 it was announced that the former OVMC building would be demolished to make way for a new, comprehensive, regional cancer center that WVU Health Systems and the WV Cancer Institute plans to build in partnership with the City of Wheeling and the Ohio County Commission. WV currently has the second highest cancer mortality rate in the nation. This project is estimated to take up to five years to complete and is subject to certain government approvals. In September of 2023 Orchard Park Hospital opened its doors and now houses a 30-bed inpatient mental health program for children ages 5-17. The facility also provides outpatient psychiatrist and clinical therapy. In August of 2021 Northwood Health Systems announced the opening of a new state of the art 28,000 square foot, behavioral health clinic. When Hillcrest closed Northwood decided to invest in a space to provide the services that were halted with OVMC's closure. The clinic provides psychiatric evaluations, medication management, individual and group counseling and medication assisted treatment for substance use disorders as well as community treatment and mental health urgent care. The new campus has a 16-bed crisis stabilization unit that provides detoxification and mental health crisis services 24 hours a day, 7 days a week. In January 2020 WVU Medicine Reynolds Memorial Hospital in Glen Dale, WV (Marshall County) opened outpatient psychiatric services to help close the gap created by the closure of OVMC. Reynolds opened a 22-bed inpatient facility in July of 2020. The facility currently provides services to children ages 5 and older and adults. It was announced in May of 2020 that East Ohio Regional Hospital was purchased and would reopen as a hospital. It was announced in February 2021 that they would officially be reopening to the public. In December 2022 East Ohio unveiled its new Access Ohio 30-Day Residential Program for substance abuse and recovery which now accompanies its Medical Detox program. Mental Health and substance abuse disorder services are needed in the Northern Panhandle and local hospitals and agencies have really invested in these services. This has brought those much-needed services back to the children and families of the Northern Panhandle.

PHASE TWO: STRATEGIC ANALYSIS

Strategic Analysis included an examination of history, present situation and potential future issues or challenges by conducting a SWOT Analysis (strengths, weaknesses, opportunities, and threats) and identifying critical issues for the future.

SWOT Analysis

To complete the Situational Analysis, the group identified strengths and weaknesses opportunities and threats for their organization, the community, and individuals. The SWOT can be found on the following pages.

Northern Panhandle Head Start SWOT Analysis

Families	
<u>Strengths:</u> <ul style="list-style-type: none">• Transportation for families (FA, PE, SSS, etc.)• Homelessness & fostered youth are top priority• Family focused• Educated support systems• ‘Team Family’ mantra• Offerings of Homebase/Centerbase in EHS	<u>Weaknesses:</u> <ul style="list-style-type: none">• Bus transportation to and from school• Families working and unable to participate in meeting or in the classroom(s)• A lot of program parent requirements• FRA staffing when in multiple programs (too many people)• Bus routes vs. class time(s)• Parents wants center-based service• Staff accountability for families
<u>Opportunities:</u> <ul style="list-style-type: none">• Connect with FRN’s or other community resources• Showcase program options• Parent involvement• Becoming more flexible with parent meetings and home visits• FRA’s servicing one family (when EHS/HS are involved)	<u>Threats:</u> <ul style="list-style-type: none">• Losing homeless/foster open spots/may not help in new location• Poverty guidelines are too low for families with already low income• No parent self transportation• Community not knowing how we can help families• Pre-K collaboration• Parents expecting wrap around services

Agency	
<u>Strengths:</u> <ul style="list-style-type: none"> • Active board • New management team (dynamic) • Policies/procedures • Filling open positions faster • Fabulous benefits • Internal health screenings & services • Long-term employees • Getting feedback from staff 	<u>Weaknesses:</u> <ul style="list-style-type: none"> • Stigma • Culture stays with us • Burnout • Policies and procedures may need updated • May not understand original intent of policies and procedures • Staff retention • EHS classroom hours • Lack of diversity • Getting feedback from staff and acting on it more quickly
<u>Opportunities:</u> <ul style="list-style-type: none"> • Heal old wounds • Extending into colleges (more) • Extending into high schools • Getting involved in local/state initiative and councils • Building relationships with community representatives • Housing calculator 	<u>Threats:</u> <ul style="list-style-type: none"> • Political uncertainty • Private Pre-K/County Pre-K • Performance standards • Cost of living is a minimum of \$17.00 • Not a large pool of qualified applicants • Low poverty line

Community	
<u>Strengths:</u> <ul style="list-style-type: none"> • Family values as an agency • Positive Relationships with local community agencies we partner with • Attend community outreach events • Relationship driven 	<u>Weaknesses:</u> <ul style="list-style-type: none"> • Partner-relationships burned • Lack of transportation (public) in all counties • Population decline • Weekend staff support for outreach
<u>Opportunities:</u> <ul style="list-style-type: none"> • Build new relationships • Outreach opportunities • Networking • Educate on the value Head Start brings • More involved at the state level • Strategically identify referral partners 	<u>Threats:</u> <ul style="list-style-type: none"> • Available children • Preconceived notions from past employers • Lack of community participation • Less families eligible • Lack of facilities • Lack of understanding of services offered

Critical Issues for the Future

Northern Panhandle Head Start strategic planning participants were asked to review the information presented in the History and Present Situation Reports (mission, department/service reports, current community needs assessment, previous strategic plan carryovers, and issues on the horizon) along with the SWOT analysis. Individually, without discussion, participants were given time to reflect on the reports to determine the most critical issues facing the **families**, **agency**, and **community** over the next three years. Then, individual perspectives were discussed during the strategic planning retreat.

Through consensus, the group identified the most critical issues for the **Families**, **Agency**, and **Community** and possible strategies that could make a positive impact on them.

Most Critical Issue for Families:

- Positive Parent/Family Connections
- Transportation
- Focus on the Whole Family

Most Critical Issue for Agency:

- Champion Positive Culture Change
- Update Policies and Procedures
- Grow Early Childhood as a Profession

Most Critical Issue for our Community:

- Community Leadership
- Referral Partners
- “Team Family”

“The key is not to prioritize what is on your schedule, but to schedule your priorities.” – Stephen R. Covey

Phase Three: Setting Goals, Determining Objectives and Developing Action Plans

The third phase in the Strategic Planning process is to set goals by establishing and agreeing on the results to be achieved, determine specific outcome measures, and develop action plans by deciding on the means to achieve the results. To advance strategic initiatives, the participants developed the following goals and objective statements.

FAMILIES GOAL:

Northern Panhandle Head Start will support and nurture each family through integrated support services and relationships.

1. **Encourage positive parent/family connections:** Northern Panhandle Head Start will build positive relationships with families by seeing an increase in family involvement.
2. **Address school transportation needs:** Northern Panhandle Head Start will review and adjust transportation service based on the needs of the individual families and available resources to improve participation.
3. **Focus on the whole family:** Northern Panhandle Head Start will evaluate the distribution of families between EHS and HS to establish a seamless family service plan.

AGENCY GOAL:

Northern Panhandle Head Start will champion a culture of positive change.

1. **Champion positive culture change:** Northern Panhandle Head Start will take steps to build staff morale which will be measured through staff retention rates, exit interviews, and stay surveys.
2. **Update policies and procedures:** Northern Panhandle Head Start will review policies and procedures, and update as needed, reviewing at least one policy and/or procedure monthly.
3. **Grow early childhood as a profession:** Northern Panhandle Head Start will provide leaders in our agency with the tools to effectively connect with and empower staff; effectiveness will be measured through self-reflection and staff survey.

COMMUNITY GOAL:

Northern Panhandle Head Start will cultivate community relationships that support an environment where children and families thrive.

1. **Community Leadership:** Northern Panhandle Head Start will serve in local and state community leadership roles by advocating for preschool readiness.
2. **Referral Partners:** Northern Panhandle Head Start will establish referral partnerships by networking with organizations that service prenatal-five within a 20-mile radius of our centers.
3. **TEAM FAMILY Campaign:** Northern Panhandle Head Start will launch a 5-year campaign to educate the community about the head start impact on early learning and development for the whole family.

FAMILIES
Strategic Plan in Action

Families Goal: Northern Panhandle Head Start will support and nurture each family through integrated support services and relationships.

Objectives/Outcome Measures:

- 1. Encourage positive parent/family connections:** Northern Panhandle Head Start will build positive relationships with families by seeing an increase in family involvement.
- 2. Address school transportation needs:** Northern Panhandle Head Start will review and adjust transportation service based on the needs of the individual families and available resources to improve participation.
- 3. Focus on the whole family:** Northern Panhandle Head Start will evaluate the distribution of families between EHS and HS to establish a seamless family service plan.

Action Items	By When	Responsible Unit/Persons	Progress
Encourage Positive Parent/Family Connections:			
A. Create a flier for family events and follow it up with the REMIND app.	July 2025/annually	*FCPM, HSPM	
B. Create a monthly calendar that will incorporate NPHS events.	July 2025/annually	*ETM, HSPM	
C. Arrange virtual options for parent meetings to increase family participation.	July 2025/annually	*FCPM, ERSEA	
D. Complete the parent meeting survey with the enrollment packet.	January 31, 2025/ annually	FCPM	
E. Create a flier that explains parent meetings, FAN, and other NPHS family activities.	July 2025/annually	*FCPM, HSPM	

Address School Transportation Needs: A. Look into purchasing a router program. B. Create a transportation questionnaire to be completed at enrollment. C. Purchase additional buses. D. Identify and hire part-time bus drivers.	March 2026 January 31, 2026/ annually March 2029 March 2029	*ED, Fiscal Manager, TMC *TMC *ED, Fiscal Manager, TMC *ED, HRM, Fiscal Manager	
Focus on the Whole Family: A. Seamless Family Service Plan B. Review and distribute caseloads according to performance standards. (FRA's / SSS's) C. Rewrite EHS/HS FRA to state role as "Family Resource Advocate".	July 2027 / annually July 2027 / annually July 2027 / annually	*FCPM, ED, EHSM, HSPM *FCPM, ED, EHSM *FCPM, ED, EHSM	

AGENCY
Strategic Plan in Action

AGENCY Goal: Northern Panhandle Head Start will champion a culture of positive change.

Objectives/Outcome Measures:

- 1. Champion positive culture change:** NPHS will take steps to build staff morale which will be measured through staff retention rates, exit interviews, and stay surveys.
- 2. Update policies and procedures:** NPHS will review policies and procedures, and update as needed, reviewing at least one policy and/or procedure monthly.
- 3. Grow early childhood as a profession:** NPHS will provide leaders in our agency with the tools to effectively connect with and empower staff; effectiveness will be measured through self-reflection and staff survey.

Action Items	By When	Responsible Unit/Persons	Progress
Champion Positive Culture Change:			
A. Find and provide trainings to all staff to cultivate a school family environment.	Annually	Management Team HR Manager**	
B. Use positive reinforcement strategies to encourage staff, including recognition of staff for positive contributions.	Ongoing		
C. Incorporate positive staff activities throughout the year.	Ongoing		
D. Develop questions for exit interviews and stay surveys that will allow for collection of appropriate data to measure staff morale.	July 2025		
E. Provide trainings to all staff about staff wellness topics.	Ongoing		

F. Develop messaging around the “Team Family” internal campaign and incorporate this messaging through all activities; connect to the external campaign.	July 2026		
Update Policies and Procedures			
A. The management team will review at least one policy from the Employee Handbook and/or procedure from the Program Operation Manual at the last manager meeting of every month.	Ongoing	Management Team HR Manager****	
B. CAEs will bring revisions to their policies and/or procedures to the management team for review as needed.	Ongoing		
Grow Early Childhood as a Profession			
A. Find and provide trainings to foster connection.	Ongoing	Management Team HR Manager****	
B. Find and provide trainings to facilitate reflective supervision.	Ongoing		
C. Update our performance evaluation process to ensure that appropriate feedback is provided to staff.	July 2025		
D. Review and update the supervisor manual, including information about empowering and connecting with staff.	July 2025		
E. Develop a self-reflection tool and staff survey to measure the outcomes of action steps.	July 2025		

COMMUNITY
Strategic Plan in Action

Community Goal: Northern Panhandle Head Start will cultivate community relationships that support an environment where children and families thrive.

Objectives/Outcome Measures:

- 1. Community Leadership:** NPHS will serve in local and state community leadership roles by advocating for preschool readiness.
- 2. Referral Partners:** NPHS will establish referral partnerships by networking with organizations that service prenatal-five within a 20-mile radius of our centers.
- 3. TEAM FAMILY Campaign:** NPHS will launch a 5-year campaign to educate the community about the head start impact on early learning and development for the whole family.

Action Items	By When	Responsible Unit/Persons	Progress
Community Leadership:			
A. Establish available state and local committees list that supports children and families prenatal-five that we could participate in.	July 2025	Executive Director	
B. Assign staff to attend/ participate in the state or local committees/ events.	December 2025	Executive Director	
C. Establish a way to share the results of attending the meetings/ committees. (stand up meeting) – This is to help with building more connections within the community and our agency.	July 2026	Executive Director	

Referral Partners: A. Research and establish a list of agencies serving prenatal-age five within a 20-mile radius to our centers. Obtain FRN community resource guides for each county. B. Provide resource materials about our program to these agencies. C. Establish an inter-agency agreement or MOU with agencies to support families getting services.	July 2025	FCPM	
	June 2026	*FCPM, ERSEA/ITC, CDDC, MC, ETM, HNC, MCA	
	June 2027	ED	
TEAM FAMILY Campaign: A. Form a team to head the campaign. B. Develop internal and external campaign message. C. Determine the most valuable platform to use (social media, mail, commercial, etc.) D. Assess budget needs for campaign (Campaign coordinator, materials, etc.) E. Establish plan (target audience, message, places, and materials) for campaign. F. Launch campaign by educating NPHS staff about what the campaign is and how to achieve it.	July 2025	ERSEA/ITC	
	December 2025	Campaign Team (ERSEA/ITC, CDDC, ETM)	
	December 2025	Campaign Team	
	June 2026	FM	
	July 2026	Campaign Team	
	August 2026	Campaign Team	

Keeping the Plan Alive

1. **Used as Management Tool:** To reasonably fulfill the goals and objectives outlined in the Strategic Plan, the plan should be actively used as a management tool. Using the plan as part of regular management team and/or board meetings will aid in providing long-term strategic direction and real-time decision-making.
2. **Incorporate the Plan in Everyday Management:** Formalize the use of the plan into the day-to-day activities. For example, you can read the mission statement at the opening of every meeting to remind everyone of the organization's focus and purpose. In addition, all ideas for program changes or expansion should directly address how the changes support the organization's mission.
3. **Organize Work in the Context of the Plan:** Develop program level work plans that tie directly to the Strategic Plan. For example, include goals and objectives in individual and program evaluations or have program directors refer to the plan to provide guidance in decision-making.
4. **System for Controlling the Process:** Ensure that there are mechanisms (evaluation meetings, regular reports against plan) to inform management/board members on the progress of the plan.

By employing the strategies listed above, Northern Panhandle Head Start, can be sure that the effort put into the planning process results in using the action plan documents as a tool for management and oversight by board and staff. Regular updates can be made electronically by updating the action plan progress column.

For more information about this report or the strategic planning process, please contact us.

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