National AIAN Head Start Collaboration Needs Assessment 2009

National American Indian/Alaska Native Head Start Collaboration Office

Contents

National AIAN Head Start Collaboration Office
Needs Assessment Report

Introduction

According to the 2000 U.S. Census data, it is estimated that the number of individuals identifying themselves solely as American Indian/Alaska Native (AIAN) in the United States were 2,475,956 (or 0.9 percent of the total population), while the number of those identifying themselves as American Indian/Alaska Native ("alone or in combination with one or more other races") was 4,119,301 (or 1.5 percent of the U.S. population).[1] An estimate of the number of AIAN children under 5 years of age in the year 2000 is listed as approximately 233 thousand.[2] Even taking into account that the sampling methods used to obtain population figures "may undercount the population in Indian Country,"[3] this is still a substantial number of children who need early childhood education services.

American Indian and Alaska Native Population: 2000

(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2000/doc/sf1.pdf)

Race	Number	Percent of total population
Total population	281,412,906	100.0
American Indian and Alaska Native alone or in combination with one or more other races	4,119,301	1.5
American Indian and Alaska Native alone	2,475,956	0.9
American Indian and Alaska Native in combination with one or more other races...	1,643,345	0.6
American Indian and Alaska Native; White	1,082,683	0.4
American Indian and Alaska Native; Black or African American	182,494	0.1
American Indian and Alaska Native; White; Black or African American	112,207	-
American Indian and Alaska Native; Some other race	93,842	-
All other combinations including American Indian and Alaska Native	172,119	0.1
Not American Indian and Alaska Native alone or in combination with one or more other races...............................	277,293,605	98.5

- Percentage rounds to 0.0.

Source: U.S. Census Bureau, Census 2000 Summary File 1.

Individuals identifying as American Indian/Alaska Native live in all fifty states and in Puerto Rico, comprising anywhere between 0.2% – 15.6% of the total population in those locations.[4]

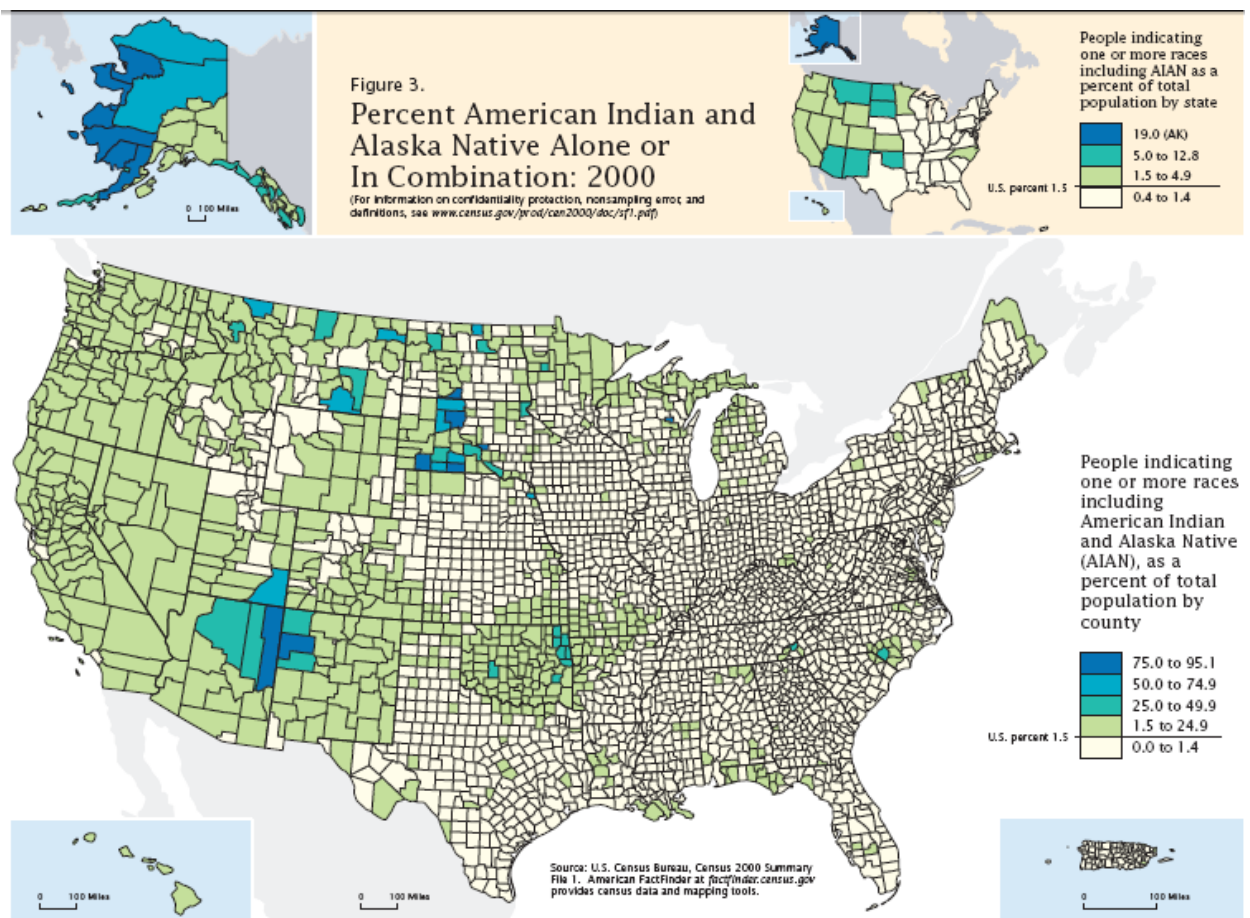[1] U.S. Census Bureau, *The American Indian and Alaska Native Population 2000: Census 2000 Brief.* Source: http://www.census.gov/prod/2002pubs/c2kbr01-15.pdf

[2] U.S. Census Bureau, *Statistical Abstract of the United States: 2004-2005.* Source: http://www.census.gov/statab/www/sa04aian.pdf

[3] U.S. Census Bureau, (Sept. 2003). *On the Road to 2010: American Indian Focus Groups, Final Report.* Source: http://factfinder.census.gov/home/aian/denver_focusgroup_results.pdf

[4] U.S. Census Bureau, *The American Indian and Alaska Native Population 2000: Census 2000 Brief.*

Summary of Head Start Programs in the Region

The Office of Head Start/Region 11 serves nearly 23,000 American Indian/Alaska Native (AIAN) children in 26 States throughout the country: Alaska, Arizona, California, Colorado, Idaho, Kansas, Maine, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Texas, Utah, Washington, Wisconsin and Wyoming. According to the Head Start Program Information Report (PIR) for the 2007-2008 program year, there were 152 AIAN Head Start programs in the region and 42 AIAN Early Head Start programs (many of these being joint HS/EHS programs). OHS/Region 11 supports approximately 154 grantees—each a tribal sovereign nation or consortia of tribal nations—with governing bodies that are independent from the States. Each of the AIAN Head Start/ Early Head Start grantees brings unique history, community traditions and beliefs into the operation of their HS/EHS programs, and provides an integration of language and culture into the delivery of services to children and families. While several American Indian/Alaska Native Head Start/Early Head Start programs are found along the eastern seaboard, the majority of programs are located in those states corresponding to a high percentage of AIAN inhabitants as seen on the 2000 Census map below.[5]

Figure 3.

Percent American Indian and Alaska Native Alone or In Combination: 2000

(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2000/doc/sf1.pdf)

People indicating one or more races including AIAN as a percent of total population by state

- 19.0 (AK)
- 5.0 to 12.8
- 1.5 to 4.9
- 0.4 to 1.4

U.S. percent 1.5

People indicating one or more races including American Indian and Alaska Native (AIAN), as a percent of total population by county

- 75.0 to 95.1
- 50.0 to 74.9
- 25.0 to 49.9
- 1.5 to 24.9
- 0.0 to 1.4

U.S. percent 1.5

Source: U.S. Census Bureau, Census 2000 Summary File 1. American FactFinder at factfinder.census.gov provides census data and mapping tools.

---

[5] U.S. Census Bureau, *The American Indian and Alaska Native Population 2000: Census 2000 Brief.*

Accordingly, in 2009 the American Indian/Alaska Native Head Start and Early Head Start programs could be found in the following states.

**American Indian/Alaska Native Head Start
in 26 States**
as of March 2009

States with program services

No program services

Economic Profile of AIAN Head Start/Early Head Start Families

Head Start was designed to provide assistance to children of those families who are most economically-challenged. American Indian/Alaska Native communities are allowed to enroll up to 49% of families designated as "over-income," allowing AIAN programs some flexibility to set criteria for selecting those who would most benefit from the program (HS Perf. Stds. 1305.4(b)(4)). According to the Program Information Report (PIR) for the 2007-2008 program year, of the 152 AIAN Head Start and 42 AIAN Early Head Start programs who reported as of 11/26/2008, only 20.17% of the 24, 490 children enrolled in Region 11 were from families considered to be "over-income."

Locale	# of AIAN Programs Reporting	Actual Enrollment of AIAN Children in 2007-2008	Over Income
Region 11	194	24,490	20.17%

This indicates that the vast majority of families in Region 11 are those who are most in economic need of Head Start/Early Head Start early childhood education services. A breakdown of this data by individual states with AIAN grantees is as follows:

2007-2008 Region 11 PIR Data (as of 11/26/2008)			
Locale	# of AIAN Programs Reporting	Actual Enrollment of AIAN Children in 2007-2008	Over Income
Alaska	14	1,743	22.51%
Arizona	14	4,874	16.18%
California	13	706	23.73%
Colorado	4	246	37.39%
Idaho	5	389	16.75%
Kansas	3	89	22.47%
Maine	3	64	17.19%
Michigan	6	630	16.95%
Minnesota	11	1,176	22.06%
Mississippi	2	313	38.02%
Montana	10	1,919	10.52%
Nebraska	3	258	13.71%
Nevada	3	387	40.05%
New Mexico	21	1,677	28.33%
New York	2	154	40.26%
North Carolina	2	280	35.59%
North Dakota	6	1,185	13.36%
Oklahoma	19	3,297	22.36%
Oregon	6	383	19.33%
South Carolina	--	--	--
South Dakota	10	1,836	14.93%
Texas	1	37	2.70%
Utah	1	229	37.12%
Washington	20	1,328	21.97%
Wisconsin	12	1,016	23.06%
Wyoming	2	290	16.56%

Description of the Needs Assessment Activity

Needs Assessment Planning Process

The Head Start Collaboration Needs Assessment (CNA) was designed in 2008 by a work group of Head Start State Collaboration Directors (HSSCDs) over the course of several months. Touching on the nine key priority areas pertaining to collaboration as outlined in the *Improving Head Start for School Readiness Act of 2007* legislation (i.e., Child Care; Community Services; Education/Head Start-Pre K Partnership Development; Education/Head Start Transition and Alignment with K-12; Family/Child Assistance; Family Literacy; Health Services; Services for Children Experiencing Homelessness; Services for Children with Disabilities) and also including the area of Professional Development, members of the work group selected topic areas on which they would like to focus, then created questions that, from their experience as HSSCDs, were most significant vis-à-vis pertaining to Head Start's extent of partnering with service providers; and the extent of performing specific collaboration-related tasks. Open-ended questions pertaining to grantee's description of other issues/challenges, and a description of what works well in addressing needs in each specific topic area were also included. Members of the work group then shared their questions with the larger group who reviewed them and suggested modifications, as appropriate.

Description of the Instrument

The first question in each topic area asked respondents to *"Rate the extent of your involvement with various service providers/organizations related to the content area"* by utilizing a four-point Likert scale: no working relationship (little/no contact); cooperation (exchange info/referrals); coordination (work together); or collaboration (share resources/ agreements).

The second question in each topic area asked respondents to "Indicate the level of difficulty your program has had engaging in each of a variety of activities and partnerships," again using a four-point Liker scale: not at all difficult; somewhat difficult; difficult; and extremely difficult.

The last two questions were open-ended qualitative inquiries, asking respondents to share: *"Any remaining concerns that were not covered in the survey"* and to document: *"What is working well in your program."*

Covering the ten topic areas mentioned above in great detail, the collaboration needs instrument consisted of a 23-page questionnaire (see Appendix A).

Rationale for Data Collection

As all Head Start State Collaboration Directors (HSSCDs) were mandated to carry out a needs assessment with their respective grantees (per *Improving Head Start for School Readiness Act of 2007*, Sec. 642B(a)(4)(A)), and the Paperwork Reduction Act of 1980 stipulates not placing an undue burden on respondents, the National AIAN Head Start Collaboration Office worked to share data with the HSSCDs in whose states AIAN grantees reside, so as not to compel grantees to submit the same work twice. This task was facilitated through the use of a single data collection platform (i.e., Survey Monkey) and the use of basically the same instrument (i.e., each Collaboration Director had the option of modifying the data collection instrument to meet the particular needs of that individual State/Region).

Following the elements of informed consent, AIAN grantees were given information regarding the potential risks/benefits of participating in the assessment; who to contact if they had questions regarding the instrument; and the overall purpose of the data collection (i.e., "to identify your needs in the specified areas and, within the annually revised strategic plan for the National American Indian/Alaska Native Head Start Collaboration Office, develop corresponding activities to help support you").

Data Collection Process

The AIAN Head Start Collaboration Needs Assessment was sent to the National Indian Head Start Directors Association (NIHSDA) for critique and comments, modified according to their feedback, then sent out via the NIHSDA listserve on 3/9/2009 with a request to complete the assessment by April 20th. Two consecutive waves of requests to AIAN Head Start Directors were emailed on 3/13/2009 and 4/6/2009, along with requests to the various HSSCOs with AIAN grantees in their states to share the AIAN data they acquired. Grantees were given the option of submitting their data online (via Survey Monkey) or by hard copy which they could mail in. With assistance from HSSCOs in Alaska, California, Idaho, Minnesota, Montana, Nebraska, Nevada, Oklahoma, and Washington State (sharing survey instruments, online data, and hard copy responses), responses from a remarkable 74% of AIAN grantees (n=114/153) were obtained, with 89% of those respondents finishing the assessment to completion.

All responses received via hard copy (n=40) were entered by hand by the National American Indian/Alaska Native Head Start Collaboration Office (NAIANHSCO) into the Survey Monkey database. Survey Monkey automatically summarized the data, providing in each cell of the Likert table the percentage and raw number of grantees who responded to that question using that particular rating. A response count for each Likert-based question was also generated.

Data Analysis Process

An initial analysis of the data was conducted by the NAIANHSCO and members of the AIAN National Collaboration Advisory Council (NCAC). Responses to individual questions were discussed among the group and, where possible, the data was compared to other available data (PIR, IHS, etc.) to determine its validity. The validity of some of the quantitative data was called into question by the NCAC, and this might be attributed in part to respondent fatigue, due to the length of the 23-page needs assessment instrument.

The qualitative data (i.e., responses to open-ended questions) provided an abundance of information, with many of the comments suggesting similar concerns among the grantees.

Responses

The responses of the AIAN grantees to questions regarding the ten collaboration needs assessment categories are listed below. After each quantitative section is a graph which visually illustrates the preceding numeric data. In the qualitative responses, references to specific grantees were removed to maintain the promise of confidentiality and, where responses were repeated, duplicate comments were removed to promote brevity.

Child Care

1. Please rate the extent of your involvement with each of the following service providers/ organizations during the past 12 months. Check one rating for each. (Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)	Response Count
A. State agency for Child Care	**37.5% (39)**	30.8% (32)	18.3% (19)	13.5% (14)	104
B. Child Care Resource & Referral agencies	24.8% (26)	**30.5% (32)**	**30.5% (32)**	14.3% (15)	105
C. Local child care programs for full-year, full- day services	26.0% (27)	20.2% (21)	**29.8% (31)**	24.0% (25)	104
D. State or regional policy/planning committees that address child care issues	**46.2% (48)**	24.0% (25)	20.2% (21)	9.6% (10)	104

E. Higher education programs/services/ resources related to child care (e.g., lab schools, student interns, cross-training)	**30.8% (32)**	23.1% (24)	26.9% (28)	19.2% (20)	104

2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Establishing linkages/partnerships with child care providers	**43.4% (46)**	34.9% (37)	17.0% (18)	4.7% (5)	106
B. Assisting families to access full-day, full year services	**39.6% (42)**	29.2% (31)	19.8% (21)	11.3% (12)	106
C. Aligning policies and practices with other service providers	**43.3% (45)**	31.7% (33)	18.3% (19)	6.7% (7)	104
D. Sharing data/information on children that are jointly served (assessments, outcomes, etc.)	**51.9% (54)**	29.8% (31)	11.5% (12)	6.7% (7)	104
E. Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment	**40.8% (42)**	38.8% (40)	15.5% (16)	4.9% (5)	103
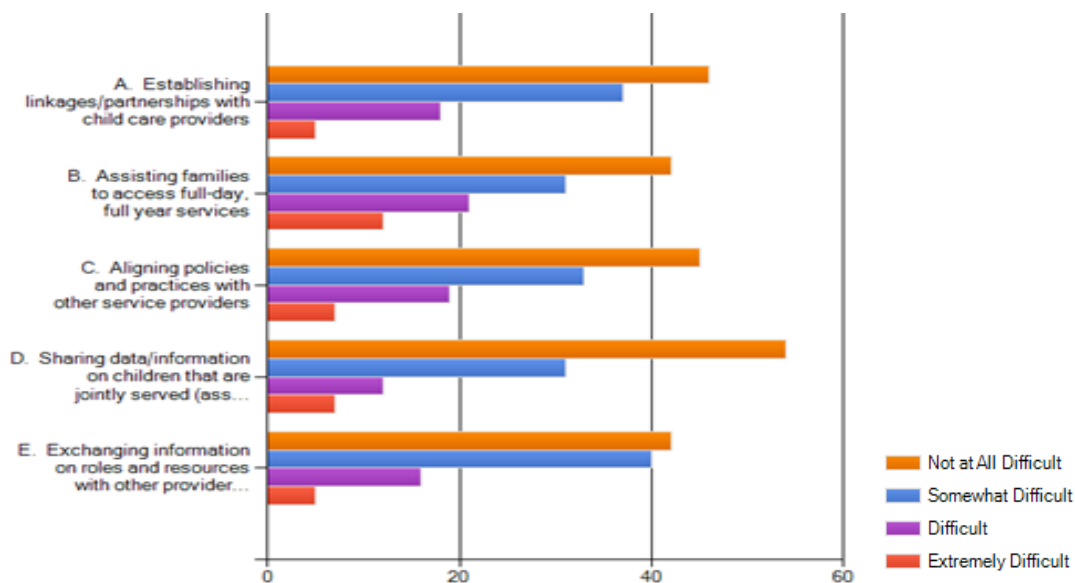
3. Please describe any other issues you may have regarding access to child care services and resources.

- Lack of quality childcare [for] ages 0-5.
- Accessing Child care is very difficult because there is no child care service at this time
- So families rely on each other at this time to baby sit.
- Having enough licensed providers to meet the need.
- Our program is in a rural area, we only have 5 local child care providers.
- Inability to provide full-day, full-year Head Start program. Cost to provide full working-day services is too great. Lack of access to additional funding sources.
- Conflicting regulations, eligibility, and fiscal requirements. Parents lack of transportation options. Parent/program scheduling conflicts.
- We have child care available within our community for our families.
- The information sharing between State agencies. Great working relationship with local Tribal childcare, but lack coordination with agencies outside of the tribe. Building relationships with agencies outside of the tribe.
- Limited number of slots for infant & toddlers. Expansion for services for infants/toddlers expensive. Recruitment of staff knowledgeable in infant & toddler care is limited. Low number of in-home child care providers. Frequent changes in family status/child placement. Non-traditional work schedule (after hour employment). Teen parents.
- Limited funding for child care subsidy.
- Information is needed on roles and resources with other providers/organizations regarding child care services and resources.
- It's the income requirement that is usually the problem
- Often we fight for the same children.
- There is not enough room for children at the Tribal Day Care. Building is too small to allow more children, so they have to be put on a waiting list. The child care is only for children of employed casino and resort workers.
- Child Care feels Head Start is in competition due to free services provided to Head Start families which make collaboration difficult.
- Cost of child care services, initiative to travel to nearest state resource and organization to apply for services (travel time and fuel cost are bearers).
- Reluctance of parents to utilize centers outside of the Community.

- The program is a Head Start wraparound child care service which meets the needs of families in need of full day services. The families would like year round services.
- We have an excellent relationship with the local Child Care programs and work well with sharing information.
- We are currently unable to provide "wrap" services with LEA State preschool due to lack of "slots".
- Lack of local home based or center based providers. Also the childcare standards for Idaho are very low. Background checks are not required by law if a person provided childcare in their home and served less than six children.
- Qualifying for DHS in some cases is impossible because the families are having to pay the majority of child care
- The Child Care Assistant reimbursement rate is very low making it difficult for parent to find quality care.
- The only difficult part to child care is hiring qualified staff to provide the child care in the on-site facility.
- Child Care Council is extremely helpful in locating & connecting families with extended Child Care based on their needs. However this community does not offer For Profit or Child Care co-ops.
- We get information about state committee meetings but again the funding is not available to be involved.
- We don't have a child care program that provides full-day/full year care for Head Start children. HS children are told they have to withdraw from Head Start in order to be in child care full day. No part day - before/after Head Start child care is available. This is a serious problem for many of our families and should be justification for expanding our HS program to full day/full year.
- Seeing parents that can't get assistance for child care due to higher income.

4. What is working well in your efforts to address the child care needs of the children and families in your program? Which of these efforts do you think may be helpful to other programs?
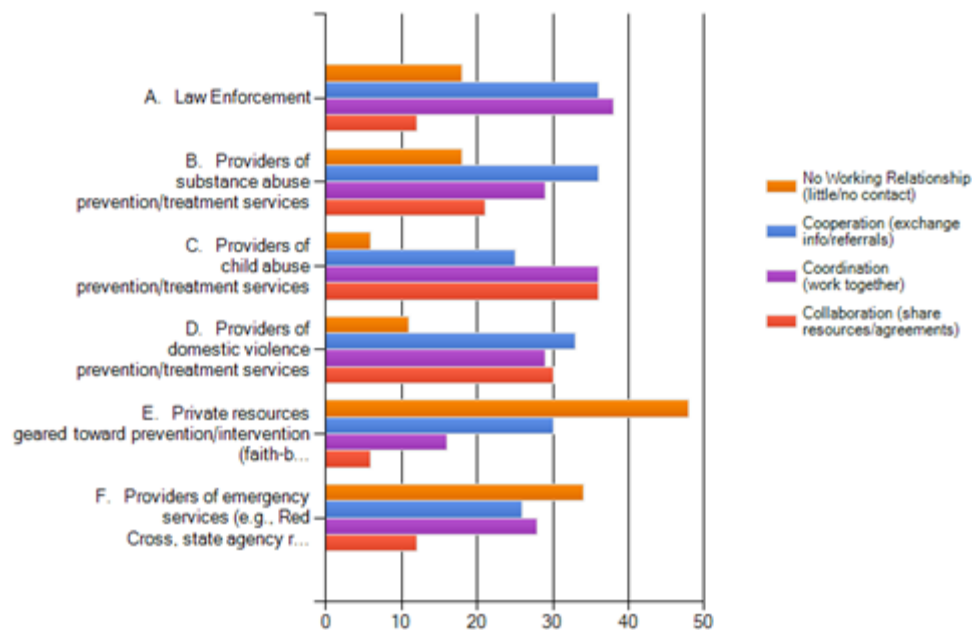- Wrap around services with the Head Start program. Child Care on site; staff are shared between Head Start & Child Care when needed.
- Local Economic Support Agency can certify providers for in-home care.
- Services hours fit and are provided to parents who work.
- We have a program that helps with assisting families find child care. There is child care across the street from our program.
- We invite childcare workers to meetings on individual children, with the parents consent; we involve the local LEA and mental health consultant (team meetings).
- Updating policies/procedures as needed. On-going assessment of slot usage/services provided to meet needs of community.
- An InterAgency Agreement with local TANF and Public Assistance Services also works with mutual clients who need child care. Almost always, child care is provided.
- We have a close working relationship with First Five, the Community College and the Head Start/child care program for child issues and concerns, Independent study for staff and classes, and classroom training.
- Again, continued communication.
- Collaboration with the Early Childhood Program.
- By completing the self assessment surveys and the community assessment surveys, we are able to address the needs of the children and their families appropriately.
- We hold parent meetings and families discuss any issues/concerns they may have.
- Having a childcare director serving on my policy council.
- Now that Head Start Education Specialist has resigned and is now the Tribal Child Care Manager, the two programs will be collaborating to provide both services to children and families.

- What is helpful is the location of the Child Care Center, located near our site. Child care is open to enrolling any child into the center, however, if State Child Care assistance applications are available and onsite monthly intake schedule would assist families. Share some of same services such as food services and outdoor play area.
- Head Start continues to advocate for quality childcare services for families. The CNA identified full day head start as a priority - as well as EHS. This speaks to our reputation as a quality program.
- Good parent resource guide has childcare resources.
- Many families use family members to provide childcare and there in no communication with them.
- We do have a great cooperation from the State. We have asked our Tribal Council to assist the program in establishing better communication with all early child care programs on the reservation.
- Collaborating with Child Care Cost Assistance Program has been working well.
- Providing additional information on describing what a needs assessment is and how it could and/or would work for the community.
- Currently there is a bill in the state legislation to increase the child care standards to address safety for children and increase quality
- For a small community we have several local agencies and service providers, especially through the local Indian Health Clinic. We have excellent cooperation from the Unified School District and County Office of Education.
- The tribe is working on efforts to collaborate and merge the child care program and the Head Start program to provide more comprehensive services to our community.
- We share resources, staff and training. The question of sharing information, such as IEP's with other agencies...although this may be good for the agencies involved, it seems to leave families and children more vulnerable.
- Our recruitment efforts. Managers to assist with the processes (recruitment, partnerships etc.)
- Please note: We are not State licensed. We are governed and licensed by our Tribe. The survey should have taken this into account - and not assume all programs will have state licenses.
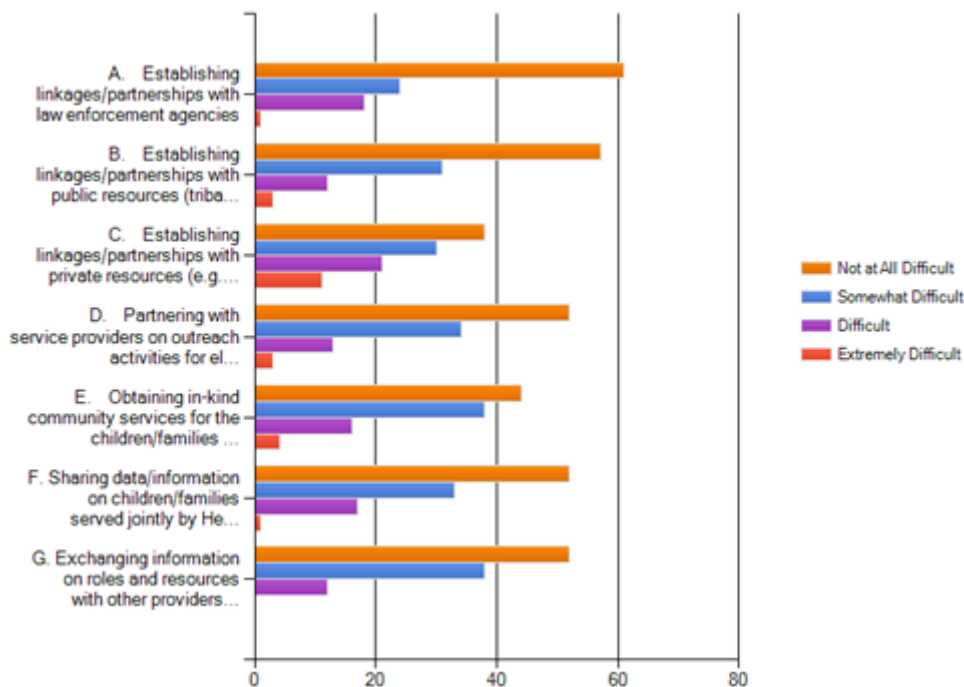
Community Services

1. Please rate the extent of your involvement with each of the following service providers/ organizations during the past 12 months. Check one rating for each. (Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response Count
A. Law Enforcement	17.3% (18)	34.6% (36)	**36.5% (38)**	11.5% (12)	104
B. Providers of substance abuse prevention/treatment services	17.3% (18)	**34.6% (36)**	27.9% (29)	20.2% (21)	104
C. Providers of child abuse prevention/treatment services	5.8% (6)	24.3% (25)	**35.0% (36)**	**35.0% (36)**	103
D. Providers of domestic violence prevention/treatment services	10.7% (11)	**32.0% (33)**	28.2% (29)	29.1% (30)	103
E. Private resources geared toward prevention/intervention (faith-based, business, foundations, shelters, etc.)	**48.0% (48)**	30.0% (30)	16.0% (16)	6.0% (6)	100
F. Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans)	**34.0% (34)**	26.0% (26)	28.0% (28)	12.0% (12)	100

2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Establishing linkages/partnerships with law enforcement agencies	**58.7% (61)**	23.1% (24)	17.3% (18)	1.0% (1)	104
B. Establishing linkages/partnerships with public resources (tribal, county, city, state, etc.) regarding prevention/treatment services	**55.3% (57)**	30.1% (31)	11.7% (12)	2.9% (3)	103
C. Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services	**38.0% (38)**	30.0% (30)	21.0% (21)	11.0% (11)	100
D. Partnering with service providers on outreach activities for eligible families	**51.0% (52)**	33.3% (34)	12.7% (13)	2.9% (3)	102
E. Obtaining in-kind community services for the children/families in your program	**43.1% (44)**	37.3% (38)	15.7% (16)	3.9% (4)	102
F. Sharing data/information on children/families served jointly by Head Start and other agencies re: prevention/treatment services	**50.5% (52)**	32.0% (33)	16.5% (17)	1.0% (1)	103
G. Exchanging information on roles and resources with other providers/ organizations regarding community services	**51.0% (52)**	37.3% (38)	11.8% (12)	0.0% (0)	102

Chart legend:
- Not at All Difficult
- Somewhat Difficult
- Difficult
- Extremely Difficult

Categories:
- A. Establishing linkages/partnerships with law enforcement agencies
- B. Establishing linkages/partnerships with public resources (triba...
- C. Establishing linkages/partnerships with private resources (e.g....
- D. Partnering with service providers on outreach activities for el...
- E. Obtaining in-kind community services for the children/families ...
- F. Sharing data/information on children/families served jointly by He...
- G. Exchanging information on roles and resources with other providers...

3. Please describe any other issues you may have regarding community services for the families in your program.

- Many villages do not have Village Public Safety Officers.
- Families not being received well by the social service agency that's best designed to support their needs. It is hard to get families to trust Community Agencies to help them after they have been turned down.
- Need to have more support for culturally specific needs such as food and gifting. Food is central to gatherings. Gifting with tobacco, cloth, etc. are expected.
- Lack of housing, jobs, and transportation for families.
- We have great working relationship with local Tribal Departments including law enforcement, prevention/intervention, but we are lacking in state, county resources and collaboration. Accessing outside, state, county, city, agency information.
- Releases of information are needed. Sometimes information is needed right now!
- We are so isolated from any larger communities. It's hard when our community isn't offering something specific to our needs.
- Obtaining in-kind has become a challenge due to TANF and Public Assistance Requirements; however, we still manage to obtain our required non-federal share match.
- Collaboration with some programs in the community.
- We must have Tribal Council approval to introduce/facilitate any services in our community.
- The food pantry is not receiving food very often.
- The economic barrier for families is an issue. Families needing community assistance are challenged in receiving assistance by community services providers due to transportation, fuel costs.
- Head Start works mainly with other Tribal programs cooperatively. We are not served by county or state programs which are very scarce. The county programs do not like to provide services within the reservation boundaries.
- Confidentiality of clients; "red tape" stops partnering, tribal sovereignty.

- Adult Basic Education for Tribal members. Native families do not like to go to local Adult Basic Education because they feel their needs are overlooked for the Hispanic population.
- Other programs may not have the funding to provide adequate services such as reading materials or supplies.
- Collaboration with community agencies in the areas has been great, however with large, city-based organizations, [it] has been difficult.
- Some of the services are only offered specific times of the year. The lack of continuity and support remain an issue. Family choice also contributes to the struggle to seek support for their issues.
- Limited services provided by Tribal health clinic; they have limited staff and scheduling is out far.
- The main issue is transitioning our EHS children to the local HS Program. They stay full more often than not.
- Collaboration with social services regarding issues that involve on-tribal children are difficult due to undefined agreements between the two agencies; this often causes confusion or issues in getting a timely response.
- Lack of treatment facilities for those in need of treatment for alcohol and substance abuse, and a lack of mental health services for children and families.
- Just time constraints.
- There is a lack of services and resources geared to families and young children (0-3)
- Knowledge of local emergency services in our community. Notification of community preparedness issues.
- Families are given information of interests as noted on FPA's in regards to community services. Families are also referred to attend or seek out community services related to family needs or requests.
- Outside the tribal community there are turf issues. Programs not wanting to share resources or families and their children.
- Communicating with families.

4. What is working well in your efforts to address the community services needs of the families in your program? Which of these efforts do you think may be helpful to other programs?
- Providing the community resources available to help address their needs.
- Having a local resources directory and having the internet to access resources to provide for our families
- Community Partnerships established. These services are provided by tribal and county agencies.
- Tribally coordinated services team.
- Our annual community and self assessments.
- Having members from service areas on the Social Service Advisory Board come to quarterly meetings to discuss program needs.
- Services to families with full cooperation and participation are only effective when you go down to the level of understanding of your parents. Stay away from lecture type presentation in promoting positive parenting, especially if presenters are from the same community.
- We provide an open door for parents and families in use of our office equipment, phone, fax, computer, if need facility for use of parent meeting, parent or community service meetings.
- Letting parents know about job fairs at the local colleges.
- Having coordination with Law Enforcement doing seat belt presentations and proper usage. Charity foundations contributions are established and are an asset.
- Our Family Services program works hard to address the community needs in our program and community.

- We have an effective Family Partnership Agreement. We have an effective Social Services Advisory committee. We have effective Community Partnership agreements
- Reservation police are very quick to respond to our needs and requests. County Child Protection agency is very taxed -- good programs for keeping families together but just not enough workers.
- We provide Parent Trainings often on substance abuse, child abuse, and Domestic abuse
- Attending the monthly FAN (Family Assistant Network) meetings. FAN is a collaboration of the variety of agencies within the county that meet and share services that are offered to families within this community.

Education — Head Start and Pre-K Partnership Development

1. Please rate the extent of your involvement with the following service provider/ organization during the past 12 months. Check one rating for this provider/organization.

	No Provider in my Service Area	No Working Relationship (little/no contact)	Cooperation (exchange info /referrals)	Coordination (work together)	Collaboration (share resources/ agreements)	Response Count
A. In your Head Start service area, the appropriate local entity responsible for managing publicly funded preschool programs with whom you are to develop a Memorandum of Understanding (MOU) regarding Pre-K services.	**31.0% (31)**	11.0% (11)	11.0% (11)	16.0% (16)	**31.0% (31)**	100
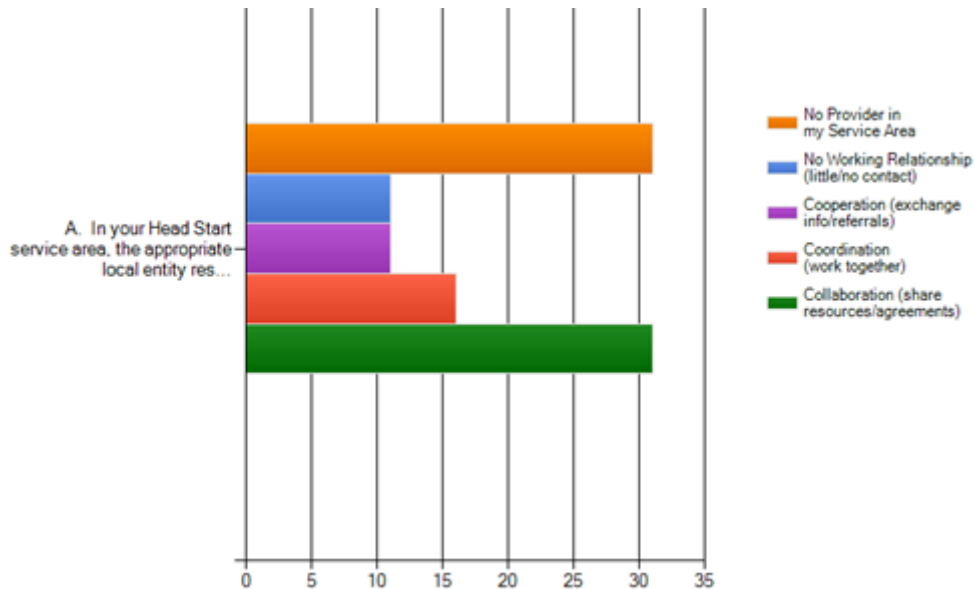
2. Head Start programs are required to have an MOU with publicly-funded Pre-K programs (if there is such a provider in their service area). The MOU must include a review of, and plans to coordinate, as appropriate, 10 areas/activities, as listed below. For each of the following items, please rate the level of difficulty you have had in the past, or expect to have as you coordinate these activities with publicly-funded Pre-K programs. Select one rating for each item.

	N/A (not applicable)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Educational activities, curricular objectives and instruction	26.3% (25)	**31.6% (30)**	21.1% (20)	17.9% (17)	3.2% (3)	95
B. Information, dissemination and access for families contacting Head Start or other preschool program	23.3% (21)	**45.6% (41)**	18.9% (17)	10.0% (9)	2.2% (2)	90
C. Selection priorities for eligible children served	26.9% (25)	**39.8% (37)**	20.4% (19)	9.7% (9)	3.2% (3)	93
D. Service areas	26.6% (25)	**40.4% (38)**	14.9% (14)	12.8% (12)	5.3% (5)	94
E. Staff training, including opportunities for joint staff training	23.1% (21)	**36.3% (33)**	24.2% (22)	13.2% (12)	3.3% (3)	91
F. Program technical assistance	23.9% (22)	**34.8% (32)**	25.0% (23)	10.9% (10)	5.4% (5)	92
G. Provision of services to meet needs of working parents, as applicable	26.4% (24)	**30.8% (28)**	24.2% (22)	14.3% (13)	4.4% (4)	91
H. Communications and parent outreach for transition to kindergarten	25.5% (24)	**47.9% (45)**	18.1% (17)	6.4% (6)	2.1% (2)	94
I. Provision and use of facilities, transportation, etc.	26.6% (25)	**36.2% (34)**	22.3% (21)	10.6% (10)	4.3% (4)	94
J. Other elements mutually agreed to by the parties to the MOU	24.7% (23)	**40.9% (38)**	17.2% (16)	12.9% (12)	4.3% (4)	93
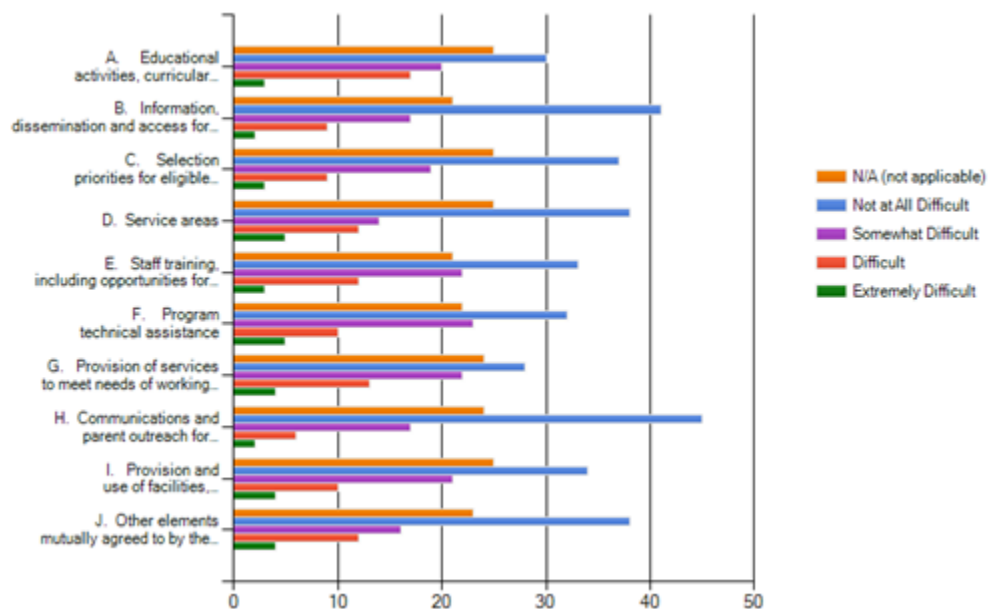
3. Please describe any other issues you may have regarding partnership development with Local Educational Agencies in your service areas.

- On site Para-Professional (Teacher Aide) for Part Day Site; the school district wanted to take it completely out of the MOU.
- Time constraints and coordination of dates. Working with one district in our service area, not flexible.
- Communication, consistency.
- The publicly funded programs offer wrap around care. We are a part year, part day program. Many families need all day care. We often are competing for the same children.
- No publicly-funded Pre-K program in our service area.
- Geographically distant and have different referral processes. The development of MOA's is extremely time-consuming for the Director.
- We are having some difficulty with the alignment of curriculum and assessments, as well as, criteria to enroll the children in most need. Local Pre-K enrolls based on a first come-first serve.
- Transitions to kindergarten could be smoother. I wish there were more services during the summer (provided by us or the school district).
- Many public schools will not collaborate with Head Start due to adherence to the performance standards which includes providing health, mental health, social services, and parent involvement services to the families.
- Our children are at a disadvantage as attendance is 47 days less than other children attending State funded programs or other preschool programs. There are a limited number of slots in our county to support a collaboration with the LEA.
- Some of the areas within the MOU are really not related to us; however we have had a written agreement in place for transportation for some time.
- We work with a number of schools each of them are requesting different information.
- An MOU is developed and signed by the LEA. Our program does not send most of its children to the LEA (public school), thus the LEA is reluctant to include our program in activities listed above.
- Joint staff training.
- We are in the process of updating and setting up meetings [for PreK partnership].

4. What is working well in your efforts to develop partnerships with Local Education Agencies managing Pre-K programs in your service areas ?   Which of these efforts do you think may be helpful to other programs?

- Transition efforts: teaching staff attend meeting in Fall to answer Kindergarten staff's questions. Parent/Teacher conferences: Kindergarten staff set up information booth for parents. LEA's bring readers into the program. LEA's and Program staffs meet to review IEPs for Kindergarten planning.
- Native American School Board representation. Local LEA's have Native American Counselors within the schools.
- Sharing of resources.
- We offer transportation.
- Working on building relationships with local school-principal, etc. Participating on local school Student Improvement Plan (SLIP) that focuses on transition activities.
- Good communication with each other.
- LEA's share the responsibility of providing supplies if not all the consumables.
- Joint opportunities for staff training and shared resources. Mutual relationships and clear expectations and objectives.
- Open communication is the #1 key to a great relationship.
- Transition to Kindergarten.
- Transfer of records from our Centers to the School Systems.

- Teaching staff from local schools come to Head Start to screen children for upcoming school year.
- We also have regular meetings with the preschool staff at the school.
- The Director is meeting with the County Superintendent of Schools to discuss future collaborations and MOU for State Funded dollars to provide a "wrap" for our Head Start four year olds. Our teachers are currently incorporating planned, playful and purposeful teaching strategies in core subjects to support the children.
- Some LEA's do participate in parent meetings concerning the transition process, in selected areas.
- Through the state Minnesota Automated Reporting Student System program referrals are made to coordinate with LEA's and state tracking programs.
- Our program has a solid and functioning transition program with the local Bureau of Indian Education school where the majority of our children transition upon leaving Head Start.
- Head Start teachers and kindergarten teachers working together, i.e., bench marks, behavior issues. Exchanging information.

Education — Head Start Transition and Alignment with K-12

1. Please rate the extent of your involvement with the following service provider/organization during the past 12 months. Check one rating for this provider/organization

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)	Response Count
A. Relationship with Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten.	4.0% (4)	22.0% (22)	26.0% (26)	**51.0% (51)**	100
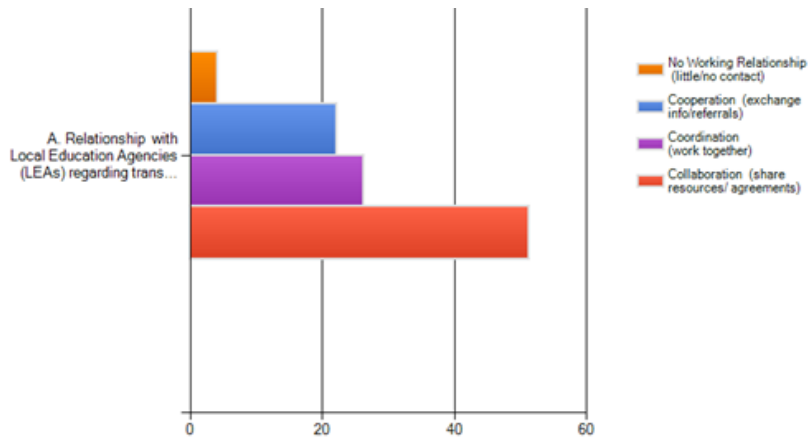
2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Partnering with LEAs to implement systematic procedures for transferring Head Start program records to school	**60.6% (60)**	29.3% (29)	7.1% (7)	3.0% (3)	99
B. Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney-Vento liaisons, etc.)	**48.5% (47)**	33.0% (32)	14.4% (14)	4.1% (4)	97
C. Establishing and implementing comprehensive transition policies and procedures with LEAs	**56.1% (55)**	31.6% (31)	11.2% (11)	1.0% (1)	98
D. Linking LEA and Head Start services relating to language, numeracy and literacy	**54.6% (53)**	29.9% (29)	12.4% (12)	3.1% (3)	97

E. Aligning Head Start curricula and assessments with Head Start Child Outcomes Framework	**53.1% (52)**	24.5% (24)	16.3% (16)	6.1% (6)	98
F. Aligning Head Start curricula with State Early Learning Standards	**52.2% (48)**	30.4% (28)	15.2% (14)	2.2% (2)	92
G. Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records	**57.1% (56)**	27.6% (27)	13.3% (13)	2.0% (2)	98
H. Coordinating transportation with LEAs	**52.1% (50)**	25.0% (24)	14.6% (14)	8.3% (8)	96
I. Coordinating shared use of facilities with LEAs	**55.9% (52)**	22.6% (21)	9.7% (9)	11.8% (11)	93
J. Coordinating with LEAs regarding other support services for children and families	**53.1% (52)**	28.6% (28)	15.3% (15)	3.1% (3)	98
K. Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten	**64.6% (64)**	22.2% (22)	10.1% (10)	3.0% (3)	99
L. Establish policies and procedures that support children transition to school that includes engagement with LEA	**61.6% (61)**	27.3% (27)	10.1% (10)	1.0% (1)	99
M. Helping parents of limited English proficient children understand instructional and other information and services provided by the receiving school.	**59.6% (53)**	20.2% (18)	15.7% (14)	4.5% (4)	89
N. Exchanging information with LEAs on roles, resources and regulations	**56.1% (55)**	26.5% (26)	13.3% (13)	4.1% (4)	98
O. Aligning curricula and assessment practices with LEAs	**47.4% (46)**	34.0% (33)	13.4% (13)	5.2% (5)	97
P. Organizing and participating in joint training, including transition-related training for school staff and Head Start staff	**45.4% (44)**	32.0% (31)	13.4% (13)	9.3% (9)	97
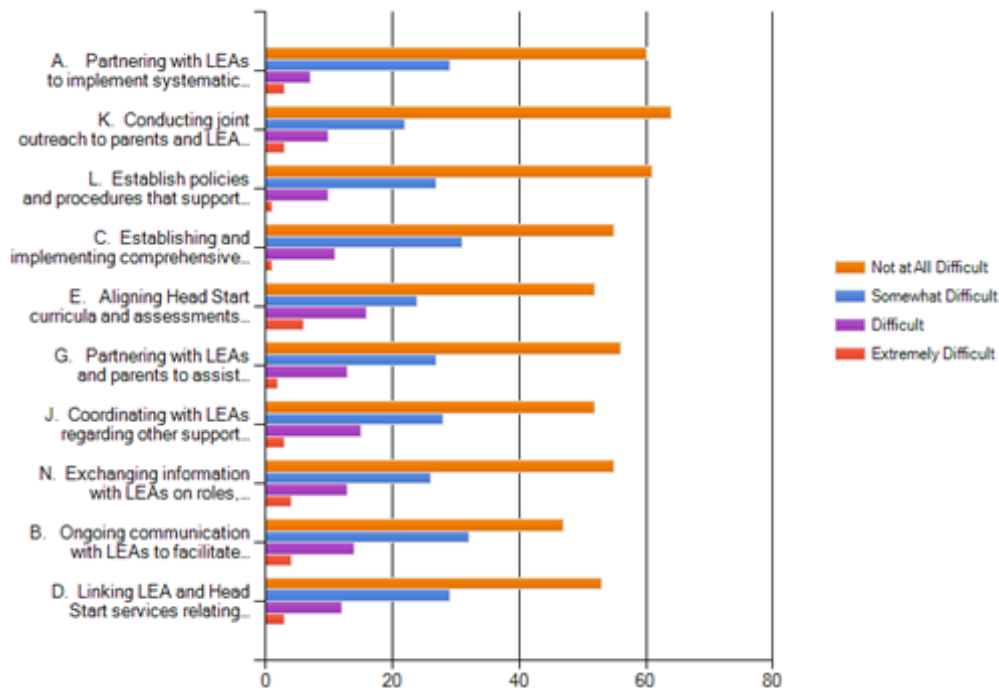
3. Please describe any other issues you may have regarding Head Start transition and alignment with K-12 for the children and families in your program.

- Evaluation and referral process takes a long time.
- Lack of joint/common trainings - topics to share, cost & transportation.
- Spending more time with the Kindergarten program at our local school. Having more time to plan transition with the local school districts.
- Lack of parent involvement. We service children who will be attending numerous elementary schools.
- Public systems (including changing staff) not understanding poverty and/or sovereignty [issues]. Cultural appropriateness of activities, etc.
- Difficulty coordinating comprehensive transition activities with local schools.
- Finding the time when both programs can get together.
- Our program philosophies are very different making it difficult to collaborate fully for many of these items. Especially those related to aligning curricula and outcomes.
- Having some problems with the teacher performing home [visits]
- Local schools are not willing to share information in a timely manner.
- It would be great if there were more Native Teachers in the school districts.
- We need to develop a short form to send to schools to let them know what level the child is at regarding skills, development, Social and emotional.
- We all have varying school calendars; therefore we're not able to provide joint trainings.
- LEA Special Services does not include us into transitioning children on IEP's. We have to ask parents for the information and request parents to invite us to be there at the transition meeting.
- Many public schools are unwilling to provide or volunteer services without being requested to do so.
- Working with families who are Spanish speaking. Coordination of training with local LEA agencies.

4. What is working well in your efforts to address the education/Head Start transition to school needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

- Visiting Kindergarten classrooms, meeting with teachers. Have school representative meet with parents about the transition process.
- LEA's and Tribal Agencies attended "Wisconsin Tribal Gathering" to establish current and relevant Interagency Agreements. Brainstorming with all agencies to provide specific policies and procedures.
- Getting Ready for Kindergarten meetings in Spanish and English.
- Inviting the local elementary school principals and teachers to come and observe the teachers and children at Head Start. Keeping the lines of communication open. Each elementary school also has a Native American interventionist on site.
- Transition plans.
- Great communication with local LEA, maintaining documentation of the children's assessments.
- Having a step-up-day. Parents meet Kindergarten Teachers day -- ask questions. Having the school nurse come here to fill out all paperwork for kindergarten -- rather than parents (nervous, shy, etc.) going there.
- The children visiting the school they will be attending and information packets for the parents to provide support, practice and preparation for the child during the school year and summer and including expectations of kindergarten performance standards.
- We provide each exiting student with a portfolio containing the information that will be needed when they begin the process of transitioning into the public school system.
- Special Education, Mental Health Consultant, etc. to help families understand and feel more comfortable w/ transitions.
- We use Creative Curriculum which helps us align our curricula to the Head Start domains.
- The school district brings a large bus over for the children to ride on. Children visit the Kindergarten class once a week 3 months prior to school ending.
- We have a liaison from the school district that is very involved in getting the children transitioned into the school district as smoothly as possible.
- Relationship with Early On is a strength and has improved much since our attendance at Special Quest. Started relationship with Great Start in September 2007 and it is proving to be a strength as well.

Family/Child Assistance

1. Please rate the extent of your involvement with each of the following service providers/ organizations during the past 12 months. Check one rating for each. (Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)	Response Count
A. TANF (Temporary Assistance for Needy Families) agency	18.1% (19)	**33.3% (35)**	27.6% (29)	21.0% (22)	105
B. Employment & Training and Labor services agencies	19.6% (20)	31.4% (32)	**33.3% (34)**	15.7% (16)	102
C. Economic and Community Development Councils	**43.3% (42)**	28.9% (28)	16.5% (16)	11.3% (11)	97
D. Child Welfare agency	11.0% (11)	30.0% (30)	**32.0% (32)**	27.0% (27)	100
E. Children's Trust agency	**66.3% (63)**	22.1% (21)	9.5% (9)	2.1% (2)	95
F. Services and networks supporting foster and adoptive families	13.0% (13)	32.0% (32)	**34.0% (34)**	21.0% (21)	100

2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Obtaining information and data for community assessment and planning	37.7% (40)	**46.2% (49)**	10.4% (11)	5.7% (6)	106
B. Working together to target recruitment to families receiving TANF, Employment and Training, and related support services	**51.4% (54)**	33.3% (35)	13.3% (14)	1.9% (2)	105
C. Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment	**87.7% (93)**	8.5% (9)	3.8% (4)	0.0% (0)	106
D. Establishing and implementing local interagency partnerships agreements	**53.0% (53)**	35.0% (35)	9.0% (9)	3.0% (3)	100
E. Facilitating shared training and technical assistance opportunities	**41.0% (41)**	40.0% (40)	17.0% (17)	2.0% (2)	100
F. Getting involved in state level planning and policy development	21.4% (21)	**35.7% (35)**	30.6% (30)	12.2% (12)	98
G. Exchanging information on roles & resources with other service providers regarding family/child assistance services	**52.4% (54)**	31.1% (32)	14.6% (15)	1.9% (2)	103

A. Obtaining information and data for community assessment and planning
B. Working together to target recruitment to families receiving TANF,...
C. Implementing policies and procedures to ensure that children in th...
D. Establishing and implementing local interagency partnerships agree...
E. Facilitating shared training and technical assistance opportunities
F. Getting involved in state level planning and policy development
G. Exchanging information on roles & resources with other service pro...

Legend:
- Not at All Difficult (orange)
- Somewhat Difficult (blue)
- Difficult (purple)
- Extremely Difficult (red)

3. Please describe any other issues you may have regarding the welfare/child welfare (family/child assistance) needs of the children and families in your program.

- Some children are not being cared for or seen on a regular basis as required by child welfare, Even though it's a signed agreement between the welfare agency and the family.
- Parents fill out Partnership Agreements to apply for TANF, dental, medical, food stamps.
- Parents meeting the goals established in their care plan to be eligible for the grant.
- Transportation Lack of resources.
- Low resources for child care services.
- Lack connections with the state, city, county. When we receive children in the foster care system from the state, we are not informed about any changes nor offered assistance for needed screenings, referrals, etc.
- Mental wellness support for children in foster care placement.
- Limited Native American professionals serving 0-5 population-mental wellness.
- [There are] illegal families enrolled in our program, family members get deported and we find it hard to provide assistance to the family because the spouse is unwilling to get assistance because they are afraid of the system. Information is needed to help families in the various rural communities.
- The only problem is that turn around for assistance given for children takes long.
- Poverty
- Need for native community foster family homes
- Need more information about resources available to families especially DHS.
- The ability to service all families in need of childcare and Head Start.
- This is another area I will need T/TA on developing a collaboration with.
- Some families are reluctant to seek assistance or make appointments
- Confidentiality between programs; waiting lists in our program difficult for those who lose employment
- Services and the location of families, gas prices and [lack of] transportation, makes it difficult for meeting appointments.
- Better cooperation from Tribal agency, than State.

- We do not get a lot of information from State agencies regarding planning and policy development.
- Because of the extremely low poverty guidelines for Head Start, many families who desperately need Head Start services can't get them.
- Head Start has very limited funds to provide the comprehensive training it would like to provide to the TANF families it serves.
- Difficult to connect and work with other agencies due to time.
- One issue is Tribal TANF vs. County TANF identifying which program will service the family. Especially if services are needed right away there can be a time lapse while the agencies are determining who will service the family.
- TANF is very hard to qualify for in Oklahoma. Paper work for state assistance is challenging and state staff are rude to families and make them feel "low class".
- Having families actually request for assistance, it is sometimes difficult to get them to ask for help. Tribe is in need of their own tribal social services program.
- We are on the opposite end of the state from the state planning and advocacy trainings; meetings; etc and money is an issue to attend.

4. What is working well in your efforts to address the welfare/child welfare (family/child assistance) needs of children and families in your program, Which of these efforts do you think may be helpful to other programs?

- In [our city], we have an interagency community wide agreement. We meet monthly, and then yearly do a systematic evaluation of our community resources and needs.
- Family Assistance Plans.
- Continue to make parents aware of support services available to help them attain self sufficiency.
- Coordinated Services Teams (ECC and tribal designed). Child Protection Teams. Referrals.
- We work with the local daycare program to provide seamless services for families.
- Child and Family services easily attainable since TANF and 477 programs available locally in our community. Keep constant contact with programs.
- A community task force focusing on substance abuse (all forms) that educates and informs.
- Social Service Advisory Board including representatives from these service areas meeting quarterly and sharing information.
- To contract out for Mental Health Services to meet the emotional needs of children.
- Good communication with outside agencies. Continuing to communicate.
- I think it would work better if we check on families monthly to check their needs status, instead of twice a year. If not a home visit a phone call.
- The use of the Family Partnership Agreement to set goals and make referrals for services that would address the welfare of the child and their families.
- Communication, transportation, and collaboration.
- Head Start makes it the responsibility of program staff to advocate for families. The FSS and other program staff are involved with all programs on our reservation, and counties that serve the families.
- Giving enrollment priority to TANF recipients. TANF work/school requirements match our own requirements.
- The use of "211" for resources for just about everything.
- Child Protection Services provide Free Training on child abuse and neglect, Family Services Managers on the Indian Child Welfare Board and Meth Task Force.
- Having service providers available at parent meetings to disseminate information on the services they provide.

- We have an ICWA Indian Child Welfare Act Office and representative on site which allows for excellent collaboration and cooperation.
- We have a good working relationship with local tribes, DHS, Dentists, Optometrist, & our Health Services Advisory Committee.
- Parent education and training program that recruits Head Start parents that are TANF recipients; these parents receive on the job training that will enhance and improve their job skills, which can assist them in getting full time employment in the community.
- Currently the county is running a waiting list for child care assistance. The Reservation does have child care assistance and is very quick to help.
- An MOA with Children Services to provide classroom space for parent visits. Information is exchanged via the e-mail system often.
- One thing we do as often as possible is to attend the monthly meeting of all agencies in the county. Each month a different agency provides training on their services, all agencies attending hand out their calendars for the month and special announcements.
- We work closely with the TANF program and set up monthly meeting to discuss clients and pre-existing plans. We also share attendance reports
- Our program staff willingness to assist in any way they can to ease the frustration of the process.
- Our collaboration with Great Start has resulted in a listserve for early childhood education opportunities in the upper peninsula.
- Receiving the welfare list of eligible children for our program.

Family Literacy

1. Please rate the extent of your involvement with each of the following service providers/ organizations during the past 12 months. Check one rating for each. (Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.)

	No Working Relationship (little/no contact)	Cooperation (exchange info /referrals)	Coordination (work together)	Collaboration (share resources/ agreements)	Response Count
A. Dept. of Education's Family Literacy program (Title I, Part A)	**66.0% (64)**	19.6% (19)	8.2% (8)	6.2% (6)	97
B. Employment and Training programs	20.6% (21)	**43.1% (44)**	23.5% (24)	12.7% (13)	102
C. Adult Education	15.5% (16)	**36.9% (38)**	27.2% (28)	20.4% (21)	103
D. English Language Learner programs & services	**56.3% (54)**	27.1% (26)	12.5% (12)	4.2% (4)	96
E. Services to promote parent/child literacy interactions	18.3% (19)	**28.8% (30)**	**28.8% (30)**	24.0% (25)	104
F. Parent education programs/services	14.6% (15)	**35.9% (37)**	31.1% (32)	18.4% (19)	103
G. Public libraries	10.4% (11)	31.1% (33)	**40.6% (43)**	17.9% (19)	106
H. School libraries	**48.1% (50)**	23.1% (24)	23.1% (24)	5.8% (6)	104
I. Public/private sources that provide book donations or funding for books	25.2% (26)	20.4% (21)	**35.9% (37)**	18.4% (19)	103
J. Museums	**47.1% (49)**	26.0% (27)	24.0% (25)	2.9% (3)	104
K. Reading Readiness programs	**48.3% (43)**	21.3% (19)	15.7% (14)	14.6% (13)	89
L. Higher education programs/services/ resources related to family literacy (e.g., grant projects, student interns, cross-training, etc.)	**37.7% (40)**	21.7% (23)	22.6% (24)	17.9% (19)	106
M. Providers of services for children and families who are English language learners (ELL)	**55.2% (53)**	31.3% (30)	10.4% (10)	3.1% (3)	96

N. Even Start (Family Literacy Program)	**82.7% (81)**	9.2% (9)	5.1% (5)	3.1% (3)	98
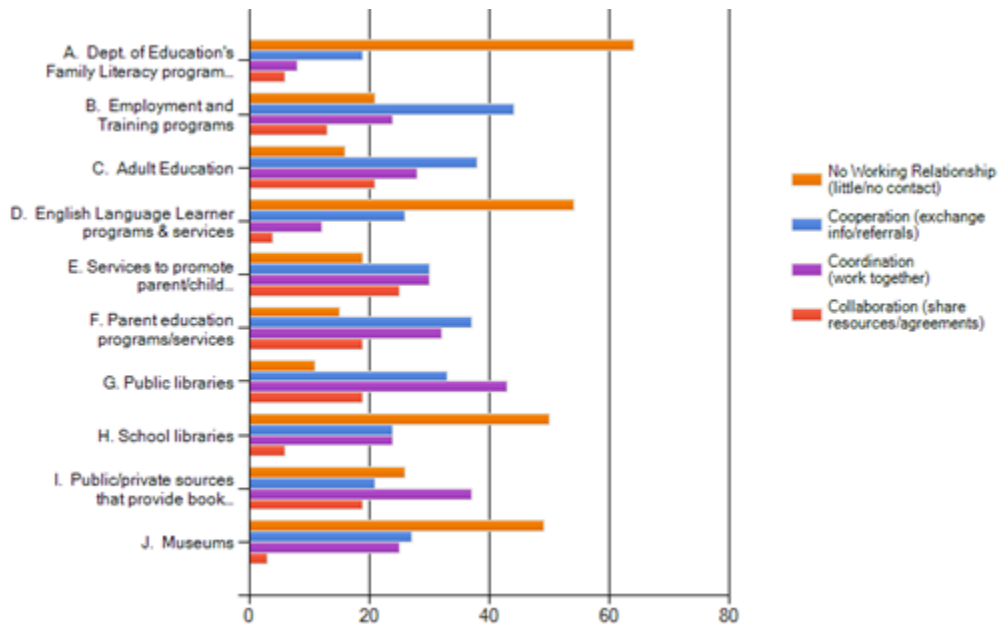
2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Recruiting families to Family Literacy Services	18.4% (19)	**47.6% (49)**	28.2% (29)	5.8% (6)	103
B. Educating others (e.g., parents, the community) about the importance of family literacy	27.6% (29)	**52.4% (55)**	17.1% (18)	2.9% (3)	105
C. Establishing linkages/partnerships with key literacy providers	**39.0% (41)**	33.3% (35)	22.9% (24)	4.8% (5)	105
D. Establishing linkages/partnerships with key local level organizations/programs (other than libraries)	33.3% (33)	**34.3% (34)**	27.3% (27)	5.1% (5)	99
E. Incorporating family literacy into your program policies and practices	**57.7% (60)**	27.9% (29)	13.5% (14)	1.0% (1)	104
F. Exchanging information with other providers/organizations regarding roles and resources related to family literacy	**40.8% (42)**	38.8% (40)	17.5% (18)	2.9% (3)	103
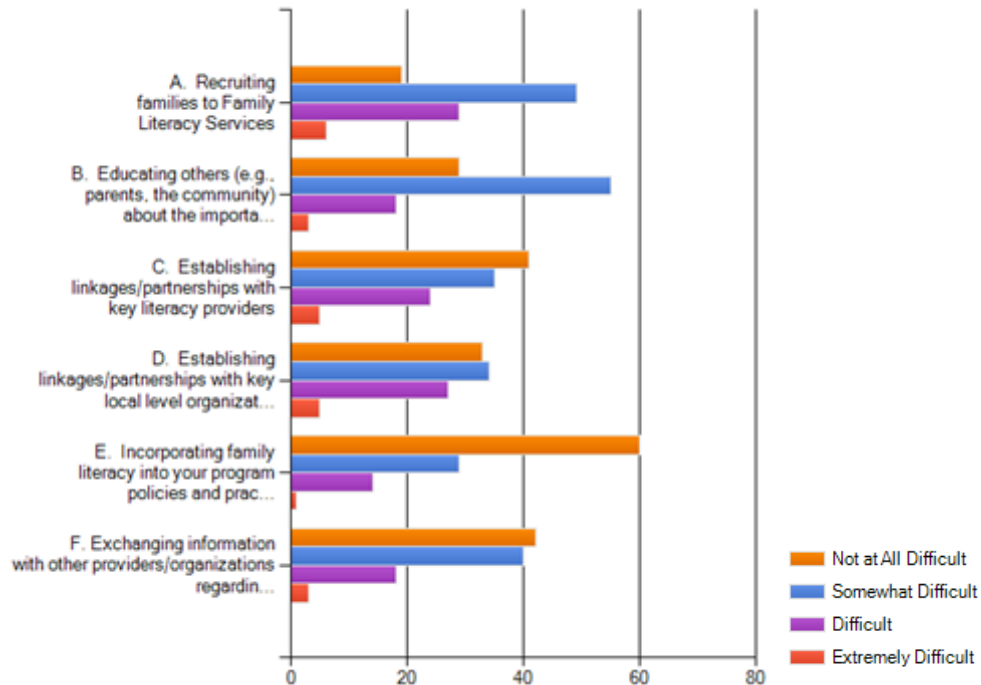
3. Please describe any other issues you may have regarding family literacy services and resources.

- Libraries and museum [are located far away].
- Extreme cold weather prevents families without vehicles from not wanting to come out to read with their children at school and or other literacy functions. Also the school library does not allow parents to check out books to bring home so they can read at home with them at night.
- Difficult to establish a relationship with parents and spark their interest. Availability of staff for flexible hours.
- Reading at home.
- Accessing and staying current on information from agencies outside of the tribe.
- We are fortunate to have a Public Library on our Reservation but due to limited books for young children not too much collaboration or participation is done to enhance family literacy.
- We would like to incorporate more native language and activities into our program.
- Finding resources for promoting literacy in the infant classroom or the home of infant children.
- Early Reading First Grant with the local ESD office. There weren't any literacy coaches that were American Indian.
- There are no programs available for literacy and there are no basic adult education programs.
- Even Start was a huge partner but was not refunded.
- We have limited access to the resources. Agencies that may provide this service do not actively engage the families and availability is not consistent.
- Adult Learners often have working hours that preclude participation in scheduled Adult Literacy opportunities.
- The Mobile Library stopped coming to our program area due to loss of funding.
- Have no non-English speakers.
- Parents are not comfortable going to the public library off the reservation.

- Literacy services that address the needs of the entire family of a child would be more successful than just working with the child.
- We do take the children on field trips to various museums but there is no working relationship with these entities.
- Need more training for staff on the importance of literacy in Head Start
- Educating parents on the importance of literacy in infants and toddlers Infant and toddler resources for literacy (for parents and providers)
- To learn the literacy levels of parents being served to implement activities that parents will be comfortable in doing. Attendance to literacy activities that entailed reading and writing was hindered due to lack of skills.

4. What is working well in your efforts to address the literacy needs of the families in your program? Which of these efforts do you think may be helpful to other programs?

- In the past, we have created literacy packets for the children and parents to check out. The packets contain a child's book and an activity that they can do together at home.
- Tribal Education office provides these services. Community Partnerships.
- Reading Is Fundamental; Department of Ed and lending library; families are encouraged to volunteer reading in the classrooms, home, and socialization in local library.
- Being in constant contact with local library providing literacy activities, and keeping a communication journal with parents.
- We work with the county literacy council, attend the meetings, and share information. Utilize the Tribal higher education programs and the library. We are active in building good relationships with all agencies. This has been one of our main goals for the last year.
- Reading Adventure Nights for whole family. First Book National Book Bank (book distributions) over 15 books sent home with children last year.
- The program is involved in the Americorp Family Literacy.
- We have access to local and school libraries.
- Having local librarians coming in to talk to parents about the importance of reading.
- We have a parent center on the premises as well as minimal equipment and materials to facilitate any literacy functions.
- Puppet shows with library. Community representatives in classrooms; book donations from library and thrift stores
- The Early Reading First Grant in which a literacy coach has been in each center to support literacy services to children.
- Looking forward to starting a working relationship with the National H.S. Family Literacy Center. We need to approach the Even Start Program.
- South Dakota Public Broadcasting sends books three times a year and they are distributed to the children.
- We have sent home reading journals to the families. This has helped increase parent/child interaction and levels of reading for children in the program.
- Family/Child Reading Logs and Reading/Pajama Nights.
- Our community has an aggressive literacy program and is involved with the school several days a week and offers family nights of training and/or other activities.
- [Our] Head Start has a close relationship (including a MOU) with The School District. We are one of the main community partners in their Gates Grant that funds resources and professional development for early childhood education.
- Our teaching staff is well prepared and go to free or reduced fee trainings offered through our Local Planning Council, Child Care Council and CPIN (California Preschool Instructional Network) specific to address the needs of the program and implement new or different strategies to engage families.

- Johnson O'Malley funds assist us in our literacy efforts.
- We also have an on-site library and resource center that the families can utilize.
- FDL Head Start's "Parent Point Game" works very well to entice families to read to their young children. Families get points each month for days present in school "books read." They spend these points in the School Store. Participation is excellent. Our annual reading challenge (Pizza Hut sponsored) in March and April is also very successful. Literacy Efforts are supported by a library collection that offers picture books, board books, books for parenting, etc
- We have services from the Imperial Valley Library and Mobil Book Services (LAMBS)
- New grant to provide a specialist on site.
- We partner with the local school district and visit the school twice a month and do Reading Buddies. We also attend Indian Language classes at the High School twice a week. We have an out of town agency that brings us books to use once a month on a loan program.
- The Tribal Education Department is working in cooperation with Head Start.
- We also are using the Open Court Curriculum which is the same curriculum used through grade 3.

Health Services

1. Please rate the extent of your involvement with each of the following service providers/ organizations during the past 12 months. Check one rating for each. (Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.)

	No Working Relationship (little/no contact)	Cooperation (exchange info/ referrals)	Coordination (work together)	Collaboration (share resources/ agreements)	Response Count
A. Medical home providers	11.2% (12)	27.1% (29)	23.4% (25)	**38.3% (41)**	107
B. Dental home providers for treatment & care	7.5% (8)	21.7% (23)	27.4% (29)	**43.4% (46)**	106
C. State agency(ies) providing mental health prevention and treatment services	**41.3% (43)**	25.0% (26)	13.5% (14)	20.2% (21)	104
D. Local agencies providing mental health prevention and treatment	6.8% (7)	23.3% (24)	22.3% (23)	**47.6% (49)**	103
E. Agencies/programs that conduct mental health screenings	9.5% (10)	22.9% (24)	26.7% (28)	**41.0% (43)**	105
F. WIC (Women, Infants and Children)	13.1% (14)	23.4% (25)	29.9% (32)	**33.6% (36)**	107
G. Other nutrition services (e.g., cooperative extension programs, university projects on nutrition, etc.)	20.8% (22)	22.6% (24)	24.5% (26)	**32.1% (34)**	106
H. Children's health education providers (e.g., Child Care Resource and Referral, community-based training)	11.0% (11)	27.0% (27)	**36.0% (36)**	26.0% (26)	100
I. Parent health education providers	13.2% (14)	35.8% (38)	**37.7% (40)**	13.2% (14)	106
J. Home-visiting providers	**41.8% (41)**	28.6% (28)	17.3% (17)	12.2% (12)	98
K. Community Health Centers	13.6% (14)	25.2% (26)	25.2% (26)	**35.9% (37)**	103
L. Public health services	9.7% (10)	22.3% (23)	**34.0% (35)**	**34.0% (35)**	103
M. Programs/services related to children's physical fitness and obesity prevention	18.9% (20)	22.6% (24)	24.5% (26)	**34.0% (36)**	106
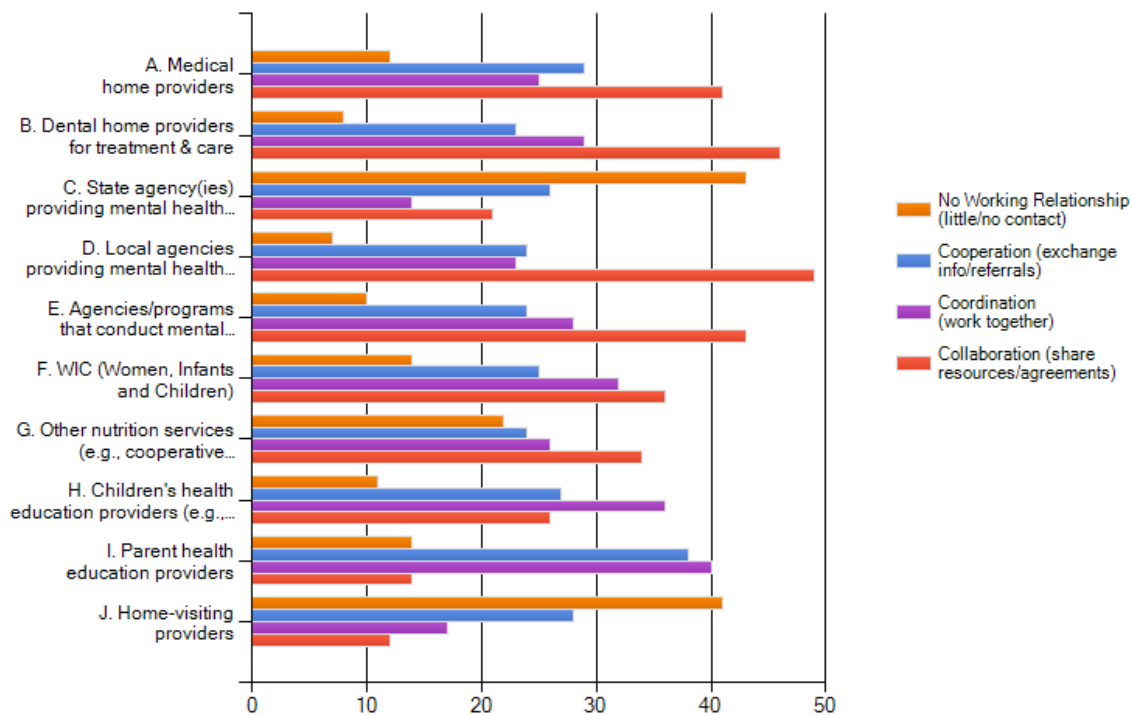
Legend:
- No Working Relationship (little/no contact)
- Cooperation (exchange info/referrals)
- Coordination (work together)
- Collaboration (share resources/agreements)

Categories (A–J):
- A. Medical home providers
- B. Dental home providers for treatment & care
- C. State agency(ies) providing mental health...
- D. Local agencies providing mental health...
- E. Agencies/programs that conduct mental...
- F. WIC (Women, Infants and Children)
- G. Other nutrition services (e.g., cooperative...
- H. Children's health education providers (e.g.,...
- I. Parent health education providers
- J. Home-visiting providers

2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Linking children to medical homes	**61.3% (65)**	31.1% (33)	6.6% (7)	0.9% (1)	106
B. Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene, etc.)	**58.9% (63)**	30.8% (33)	7.5% (8)	2.8% (3)	107
C. Linking children to dental homes that serve young children	**47.2% (50)**	24.5% (26)	14.2% (15)	14.2% (15)	106
D. Partnering with oral health professionals on oral-health related issues (e.g., hygiene, education, etc.)	**57.9% (62)**	31.8% (34)	7.5% (8)	2.8% (3)	107
E. Getting children enrolled in Medicaid or CHIP (Children's Health Insurance Program)	**46.2% (48)**	41.3% (43)	10.6% (11)	1.9% (2)	104
F. Arranging coordinated services for children with special health care needs	**52.4% (55)**	32.4% (34)	13.3% (14)	1.9% (2)	105
G. Assisting parents to communicate effectively with medical/dental providers	21.5% (23)	**51.4% (55)**	20.6% (22)	6.5% (7)	107

H. Assisting families to get transportation to appointments	**49.5% (52)**	28.6% (30)	14.3% (15)	7.6% (8)	105
I. Getting full representation and active commitment on your Health Advisory Committee	**49.5% (53)**	33.6% (36)	11.2% (12)	5.6% (6)	107
J. Sharing data/information on children/families served jointly by Head Start and other agencies re: health care (e.g., lead screening, nutrition reports, home-visit reports, etc.)	42.5% (45)	**43.4% (46)**	7.5% (8)	6.6% (7)	106
K. Exchanging information on roles and resources with medical, dental and other providers/ organizations regarding health care	**51.4% (54)**	35.2% (37)	11.4% (12)	1.9% (2)	105
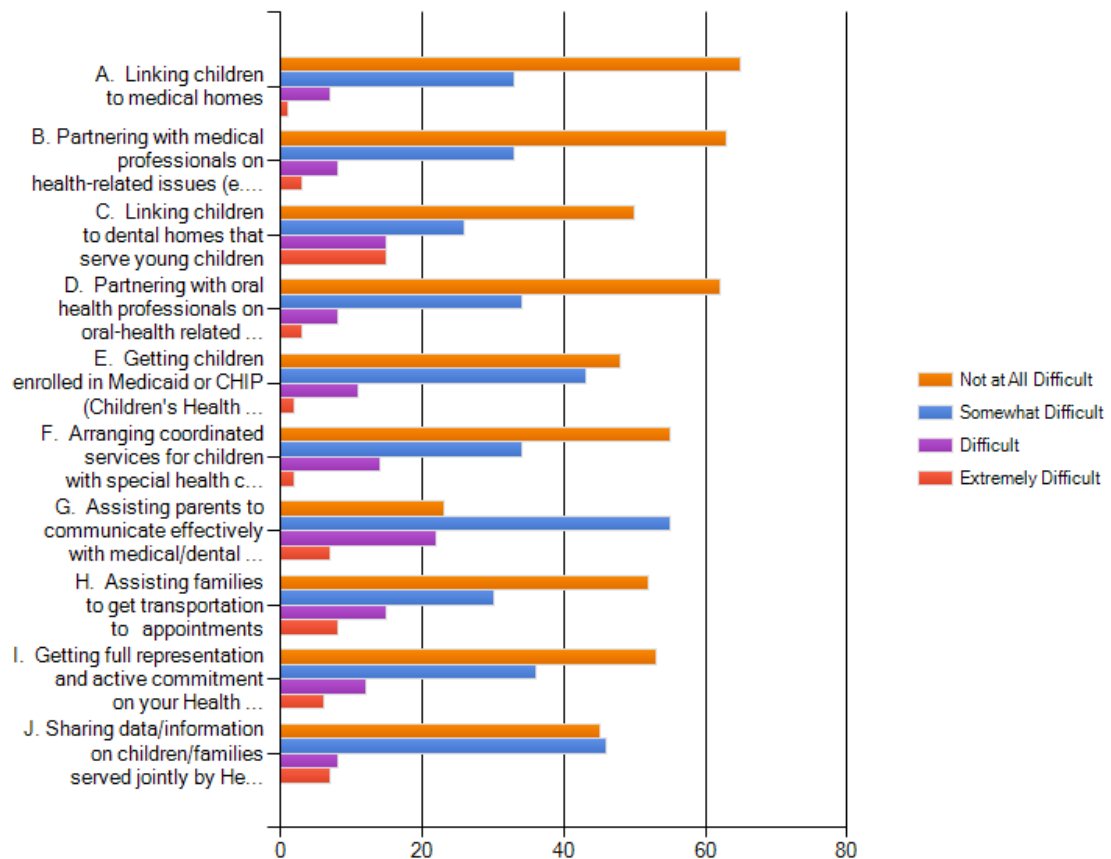
3. Please describe any other issues you may have regarding health care for the children and families in your program.

- Developmentally appropriate follow up care. We have no pediatric audiologist. Children have to fly to Anchorage if they need further testing. We need to work on collaborating with Public Health/dental services agency to address the needs of some of our outlining communities that don't have Health Care Professionals on a daily basis in their community.

- Twelve of thirteen sites do not have access to dental except for one week visits a year.
- I feel that we need a dentist here full time and I understand that is about to happen.
- There are virtually no resources for dental or medical treatment for children who are not eligible for IHS services.
- With the public health nurses no longer providing direct services, it is still unknown what the impact will be in regard to compliance with health services.
- Lead Screening is still so new it is difficult to arrange for services. Payment of services is still a question.
- Part C and ILP are iterant and no local services are available.
- Parent Involvement/compliance/follow through with dental exams & treatment. Some families on medical assistance can't find a dentist who will see them (recently a new dental clinic in [a nearby community] will see them).
- Lack of dentists that'll take Medical Assistance (county/state assistance program). Transportation & distance to pediatric services.
- Parent cooperation, i.e., keeping appointments. Health & Dental care not a high priority for parents.
- Follow up appointments take months to set up with pediatrician
- Parents not making their child's scheduled appointments.
- As a Tribal program, many of our families and children are covered under IHS. IHS often is limited in funds which can delay treatment or referrals to outside agencies. We lack collaboration from agencies outside of the reservation.
- The lack of follow up from the parents, we often do not receive documentation of services performed.
- Encouraging parents who are not legal to apply for medical benefits for their children.
- Paperwork
- The issue in our center is the screenings. We have an annual Child Find, but it's either the parents or the child that is non-cooperative and we have to re-schedule two or three times for one screening.
- Obesity is another serious issue. Adequate child care is needed in our community to strengthen a healthy development by offering nutritious meals, a safe environment, and a secure social setting.
- Getting the providers to fill the health forms out completely.
- Would like more information and partnerships with Indian Health Service.
- Mental Health Professionals are difficult to find due to HS qualifications needing to be redefined.
- Occupational therapy and speech providers.
- Helping Parents understand the role of immunizations and health treatments as a priority in their children lives.
- It would be very helpful to have lead screening kits that the program can use on each child and if it indicates a lead level that is a concern, they can then be referred for further testing at the local Indian Health Services.
- Parents are not willing to apply for health insurance.
- Health Advisory Committee has not been established or maintained this year.
- People have a lot of diabetes, cancer is an issue also.
- We would like to see more physical activities to be presented by health care professionals.
- Parents need to realize that baby teeth are as important as permanent teeth. More public information through various media sources is needed.
- The Medicaid application process is very time consuming and difficult for some parents to understand and follow through on, this prevents them from enrolling in Medicaid.
- Undocumented families have a hard time obtaining health care for children.
- We are currently working with another program to have a big Health Fair with qualified nurses on hand to administer the immunizations and
- If that person is absent or on Medical Leave it sets us back.

- Localized health issues i.e. Head Lice on the Rez.. and how to best address ALL concerns with this issue. Reoccurrences, why.. etc.
- IHS funding is extremely low. On #1G our public health nurse, the diabetes program, and CHP are wonderful to work with and provide a lot of information and are available as a resource for training.
- Many services are performed pro bono because of lack of billable hours codes.
- Often receive incomplete physical forms back from physicians.
- Very few pediatric dentists and even fewer that accept Medicaid.
- Would be helpful to Birth-3 program for screening before Head Start.

4. What is working well in your efforts to address the health care needs of the children and families in your program? Which of these efforts do you think may be helpful to other programs?

- Our collaboration with the dental provider and youth services program for mental health has been successful. We also work meeting monthly with TANF Caseworkers to collaborate on assisting Families with meeting Health care goals, as well as working with [a community services agency]to address community health needs and training staff.
- To be compliant, we work with parents to have child physical and immunization in place as school starts. Oral Health Grant has helped the program to be compliant.
- Teamwork within the programs (Health, Family/Community, Education & Transportation)
- Good communication/relationship with medical providers
- Collaboration with Tribal Health Nurses
- Awesome Health/Nutrition Assistant! Willing to do whatever it takes (home visits, provides transportation even if it's early, early, etc.) & is very respectful of families. Communication between all is key (HS & Providers).
- Let providers know who you are and what you all are trying to accomplish to improve the health of children.
- Tribal Public Health Nurses, WIC, Indian Health Services, Dental staff coming to the program and assisting with education & services. Coordination w/pediatric dentistry when child has appointment & follow up (if made, appt. treatment complete).
- Having signed yearly agreements for services needed from local Health Center. Providing application for families/children to enroll in Medicaid. Health Center also has Native families to apply. These efforts help our non-native and native families.
- Readily accessible services for the disabled.
- Working with our local clinics and setting up specific days for Head Start dental and health screenings.
- We are fortunate to have the majority of our population eligible for Indian Health Service.
- Contract health and outside dental provider meet each month to discuss progress, setbacks and other information. Head Start has a network with local transportation resources and an outside provider which accepts Medicaid. The dental staff and Head Start assist each other with reminding parents with appointments.
- Working well with other agencies especially on the Child Find for child screenings.
- The Head Start Health Advisory Committee is instrumental in planning and organizing our Health Screening and Health Fair opportunities for children.
- The program has in-house staff to do health screenings: Health Coordinator is a phlebotomist to do hemoglobins and do lead testing. Family Service Workers can do hearing tests.
- Our Program works well with our Health/WIC partners. We discuss our needs and basically they partner to meet the needs of our children/families.
- Having a medical center in the community and the community health program.
- The Cooperative Extension Service for nutrition, parent education, gardening. The [Health] Service Unit providing height, weight, blood pressure, dental screenings, lead screenings and cbc's is a plus!

- We have a MOU with both behavioral health and medical health services in the immediate area.
- There are monthly or quarterly, depending on the center, well child screens where health and Head start work together. There is a sharing of information and what everyone is there for, so all needs are met.
- Our program had to reach out and leave the reservation boundaries and travel 180 miles one way to get our children to surgery. We also work with the Ronald McDonald Mobile each summer (since 2007) to get a head start on the children's dental work. We bring in the mobile unit for two weeks each summer and they specifically work on the Head Start children. The staff goes out into the communities to bring in the children and their families. Medical/dental have a facility on the reserve that makes it convenient for our families.
- On site pediatrician, school nurse, nutritionist providing exams assessments and necessary screenings for all enrolled children.
- In the spring, "Kidscreen" conducts health screening in a rural area and families use this service for others not in Head Start.
- Our health specialist comes from an extensive background in community health and this has been a tremendous asset. Our data base has been a really great tool and has made the tracking and follow up so much easier.
- Health and safety trainings/preservice to provide staff with information. Awareness of developmental milestones through early childhood education courses support a base of understanding to suspected delays or referrals to agencies. Staying on top of the required health oriented paperwork is helpful.
- The use of visual pictures, working hands on with children.
- Utilizing our Public Health Nurse staff has greatly impacted the community and minimizes the waiting period between services.
- Collaboration with the tribe's Health and Wellness Department. H&W takes the lead on dealing with health care needs of our children and families.
- Sending home parent contact reports stating documents or follow-up care needed--having parents sign them and return them to school--this indicates that they are aware and understand.
- Our Health Corporation (hospital, medical, dental, vision, mental health, etc) is under the Tribal structure, and services are available to all Members for easy access. We do not use IHS services.
- Prevention. Newspaper articles.

Professional Development

1. Please rate the extent of your involvement with each of the following service providers/ organizations during the past 12 months. Check one rating for each. (Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)	Response Count
A. Institutions of Higher Education (4 year)	**30.0% (30)**	25.0% (25)	20.0% (20)	25.0% (25)	100
B. Institutions of Higher Education (less than 4 year)(e.g., community colleges)	12.9% (13)	19.8% (20)	**35.6% (36)**	31.7% (32)	101
C. On-line courses/programs	**35.4% (35)**	20.2% (20)	30.3% (30)	14.1% (14)	99
D. Child Care Resource & Referral Network	**33.7% (33)**	22.4% (22)	30.6% (30)	13.3% (13)	98
E. Head Start T & TA Network	3.0% (3)	8.1% (8)	**44.4% (44)**	**44.4% (44)**	99
F. Other T & TA networks (regional, state)	22.9% (22)	28.1% (27)	**33.3% (32)**	15.6% (15)	96
G. Service providers/organizations offering relevant training/TA cross-training opportunities	21.4% (21)	**31.6% (31)**	**31.6% (31)**	15.3% (15)	98
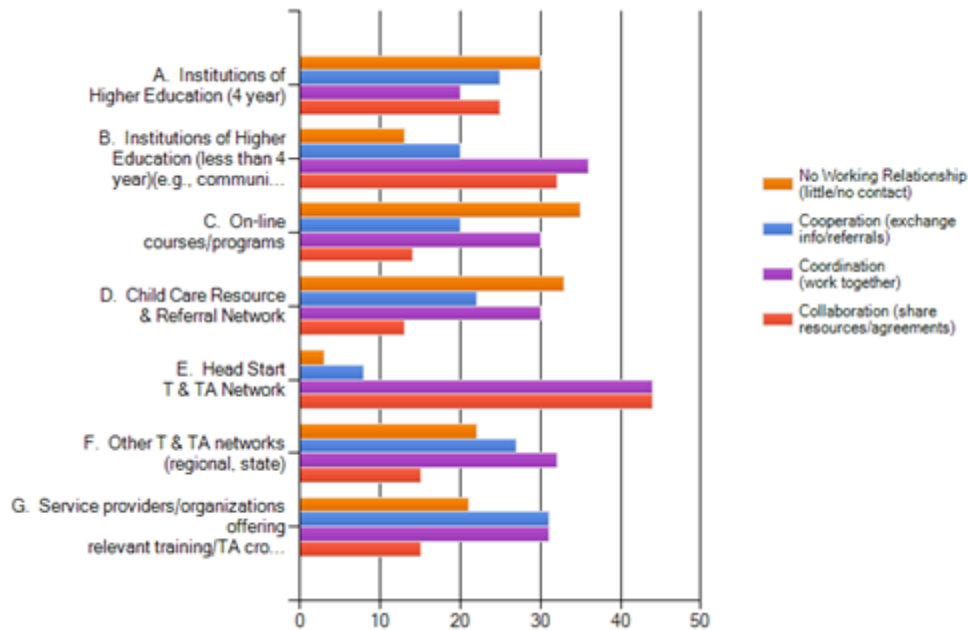
2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Transferring credits between public institutions of learning	**38.4% (38)**	37.4% (37)	19.2% (19)	5.1% (5)	99
B. Accessing early childhood education degree programs in the community	**55.4% (56)**	25.7% (26)	6.9% (7)	11.9% (12)	101
C. Accessing T & TA opportunities in the community (including cross-training)	**44.8% (39)**	37.9% (33)	11.5% (10)	5.7% (5)	87
D. Accessing scholarships and other financial support for professional development programs/activities	30.0% (30)	**43.0% (43)**	17.0% (17)	10.0% (10)	100
E. Staff release time to attend professional development activities	**38.6% (39)**	23.8% (24)	17.8% (18)	19.8% (20)	101
F. Accessing on-line professional development opportunities (e.g., availability of equipment, internet connection, etc.)	**45.1% (46)**	34.3% (35)	9.8% (10)	10.8% (11)	102
G. Exchanging information on roles and resources with other providers/ organizations regarding professional development	**52.0% (53)**	32.4% (33)	11.8% (12)	3.9% (4)	102

44
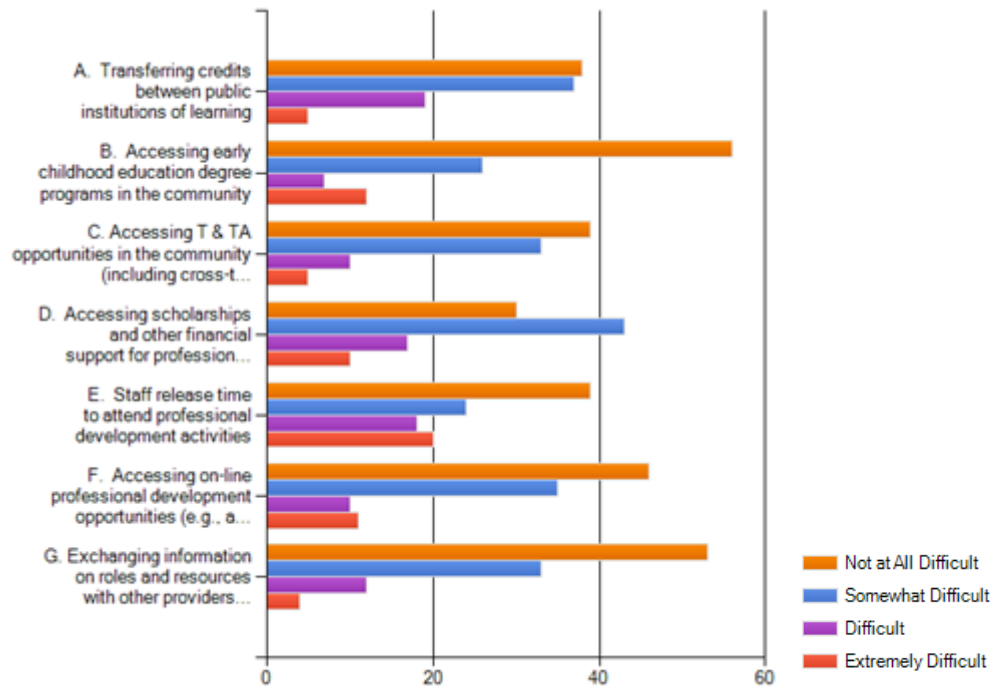
3. Please describe any other issues you may have regarding professional development activities and resources.

- Lack of funds and loss of mentor-coaching for students.
- Distance and location. Transportation. Failure of staff to see importance.
- Lack of funding and staff raising families have limited time to develop professionally.
- Lack of resources in our community. Most trainings are not held locally and the cost for travel and meals is high.
- Staff do not have personal computers to take internet classes; Computers at centers are dial-up and slow or no internet service.
- Not much contact with assigned T&TA staff for our program.   The NIHSDA is of more help in obtaining resources for assistance.
- On-line classes were not as simple as they were made out to be. Several of my staff members had to drop the online, because of technical difficulties on the educational institution access
- Finding dependable substitutes for release time for staff to attend college classes and training
- Not being able to complete a Child Development Program that will allow the student to transfer to a University without having to go back and take additional classes that were not required with the CDT degree.
- I personally need more management guidance. I also need to develop staff development plans for each staff.
- ECE classes have small amount of space limited -- not everyone can participate that wants.
- The attainment of an AA Degree takes longer because of the below 100 level courses that need to be completed by several employees. English and Math skills need assistance.
- At the present time the local college has one instructor to teach all of the Early Childhood classes to our employees and her time is limited;

- There are very few early childhood consultants within our area therefore we have to go out of town to bring these consultants in.
- Staff with past school loans who cannot re-enter school to meet Head Start Teacher requirements until the loans are paid in full.
- Although we offer professional development activities throughout the year we have very little attendance when it comes to parents attending; we would like to see more parents taking advantage of the services being provided.
- With staff turnover we have to staff at different levels.
- Locating qualified staff - CDA time line exceeds the HS requirement in obtaining a CDA
- As always, staff compensation for higher education is a problem.
- For some reason, our teaching staff never receives responses or very untimely responses from TEACH. Our Experience with TEACH has not been positive and this source is not considered anything of value to our staff - due to these difficulties.

4. What is working well in your efforts to address the professional development needs of your staff? Which of these efforts do you think may be helpful to other programs?

- Post Secondary schooling is supported through our grants. Staff incentives and salary increases. Grant opportunities. Cohort groups attending together for support. They then meet out of class for study time and share light meal together.
- Tribal Community College is providing CDA certification, Associate Degree, and BA Degree programs through a Head Start Grant.
- Relationship with technical colleges.
- Online classes are working well for our program.
- We have a strong relationship with another head start agency and we share training dates.
- Minnesota Child Care Resource & Referral scholarships. Tribal members may access tribal scholarship money. Some college classes are offered through the local Tribal College.
- The fact that our Tribal policies allows for five hours of educational leave per week help in professional development. Take advantage of T.E.A.C.H. New Mexico for scholarships.
- The local college offers some classes as needed, and if they can get a teacher. We travel to training and use the College's work study program for those that need catching up.
- Continued communication with the agencies that pay for classes... We are on the mailing list with the other organizations and we have great relationships with all the entities that provide workshops.
- Just calling other Head Start Directors for assistance and most of the time they are willing to help.
- The relationship with the University extension agent and the Resource to Referral Program. Although they do not provide college credit, it is very helpful to have them as a partner.
- On-line employee evaluation, that the tribe adopted, is working well!
- The Tribe has a tribal college which provides staff with many of their basic classes. The program works with a local College which provides Early Childhood classes by providing a teacher to come on-site.
- The support and encouragement of offering the opportunity and some financial assistance for [Teachers and Teacher Aides] to continue their professional development. Cooperation between institutions is also working well. Established partnerships and efforts in keeping those efforts are a helpful.
- We have access to free or reduced fee trainings by ECE professionals through the Local Planning Council, the Child Care Council, CPIN (California Preschool Instructional Network). Staff also indicate what they would like more information on, and I find other trainings to support their needs. The teaching staff recently attended the CAEYC

convention in Sacramento and had access to over 270 workshops addressing a myriad of relevant subjects to meet their interests.

- The Tribal Early Childhood Development Center is an apprenticeship site, students can complete practicum in their work place and the University comes on site to conduct observations of the students.
- We have an excellent Training and Technical Assistance Program, excellent collaboration and cooperation with local two year college, and have recently developed relationships with two on-line universities and a program with the University for post grad work for one of our staff members.
- The program has brought CDA trainer on-site so staff receive necessary credentialing. The tribe's Education Department has taken the lead in providing higher-education coordination for the Head Start staff.
- We have set aside one day a week to provide training to our staff on different topics, so that they can keep up with their required 15 hours a year.
- Working very close with the student advisor who makes monthly visits to each center to work with staff.
- Survey staff annually for status of educational attainments and short-term/long-term goals. ACCESS database of staff development.
- The local early childhood council brings some training to our area that the staff can take for little or no cost.
- Great Start collaboration and resulting listserve for early childhood education opportunities. Collaboration with other Michigan Tribal Programs for training and technical assistance.

Services for Children Experiencing Homelessness

1. Please rate the extent of your involvement with each of the following service providers/ organizations during the past 12 months. Check one rating for each. (Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources /agreements)	Response Count
A. Local McKinney-Vento liaison	91.0% (91)	6.0% (6)	3.0% (3)	0.0% (0)	100
B. Local agencies serving families experiencing homelessness	41.6% (42)	36.6% (37)	15.8% (16)	5.9% (6)	101
C. Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)	44.8% (47)	40.0% (42)	10.5% (11)	4.8% (5)	105
D. Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness *	89.0% (81)	6.6% (6)	2.2% (2)	2.2% (2)	91

2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act	**48.0% (48)**	24.0% (24)	17.0% (17)	11.0% (11)	100
B. Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment	**59.6% (62)**	26.0% (27)	9.6% (10)	4.8% (5)	104
C. Allowing families of children experiencing homelessness to apply to, enroll in and attend Head Start while required documents are obtained within a reasonable time frame	**71.6% (73)**	15.7% (16)	6.9% (7)	5.9% (6)	102
D. Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment	**33.3% (33)**	32.3% (32)	22.2% (22)	12.1% (12)	99
E. Engaging community partners, including the local McKinney-Vento Liaison, in conducting staff cross training and planning activities	23.7% (22)	19.4% (18)	**35.5% (33)**	21.5% (20)	93
F. Entering into an MOU with the appropriate local entity responsible for managing publicly funded preschool that includes a plan to coordinate selection priorities for eligible children, including children experiencing homelessness	**39.6% (38)**	15.6% (15)	25.0% (24)	19.8% (19)	96
G. In coordination with LEA, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness	**26.0% (25)**	**26.0% (25)**	25.0% (24)	22.9% (22)	96
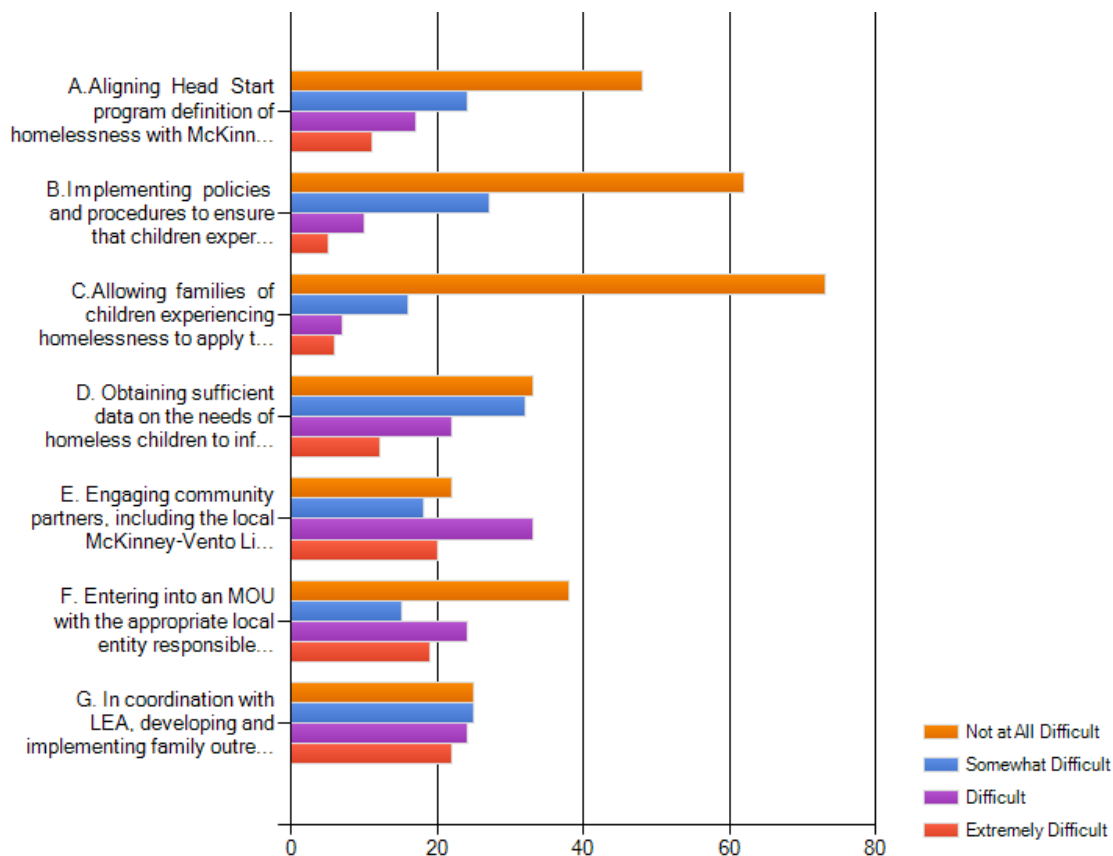
3. Please describe any other issues you may have regarding services for children and families in your program experiencing homelessness.

- We don't know who our local McKinney-Vento Liaison person is. Not enough shelter spaces for homeless families, long wait lists for Low Income Housing & Tlingit and Haida Housing.
- Communication and coordination of services because of no telephone. Homeless programs have been used before attending our program. Families do not follow through with requirements. They are then taken off for 6 months or more.
- Lack of housing, emergency services and transportation.
- There is no emergency housing located in our community. The closest emergency or transitional housing is 50 miles away.
- Lack of resources. Often the resources that are available do not accommodate the family situation.
- Contacting them for enrollment, attendance, or health issues is very difficult.
- Head Start centers are located in rural areas and on Tribal reservations & Colonies. We do not have information for other State Agencies.
- We live in a Pueblo on the reservation where it is common to have several families living in one household with a few becoming displaced due to problems resulting from overcrowdedness and domestic violence.
- Transportation to Head Start or Child Care
- We really haven't had any contacts with the homeless shelter -- this is a professional goal I need to work on.

- There is a big concern with homeless veterans. Lack of adequate family unit homes on our reservation. For the month of April there were 524 applicants on the HUD Housing Authority List for a house.
- Parents are reluctant to share their personal situation(s) regarding homelessness. Therefore it can become somewhat difficult to obtain updated information
- Our LEA's, if they have a McKinney-Vento Liaison, have not been forthcoming on sharing that information with Head Start programs.
- Need more Head Starts in the area. Our EHS children qualify, however, HS in our area are almost always full and our children are wait-listed even though we have partnership agreements with our local HS.
- The housing that is available is in a poor and high risk area.
- The community's cultural practices do not align with the McKinney-Vento definitions of homelessness. There are many extended family units sharing common housing facilities. To define these individuals as "homeless" would be inappropriate and offensive in this cultural setting.
- Most families will camp behind the Safeway supermarket in a field unseen by the general public. These families may also camp at family members' home, living in tents or trailers.
- The information on homelessness is given by the parents applying to the HS. We do not have any influence with our Housing Department. There is a Housing shortage and it's "first come first serve" with a waiting list.
- Most of our difficulties were a result of receiving very little clarification from OHS as to the full intent of the HS Act regulations. Now that we have been clearly informed, the process will not be difficult.
- We have no protocol in place -- just referrals.

4. What is working well in your efforts to address the housing needs of the children and families in your program who are experiencing homelessness? Which of these efforts do you think may be helpful to other programs?

- Referrals to Alaska Housing. Coordinating with Homeless shelters to get Head Start children enrolled.
- The program has just established a working relationship with Title I liaison. At present the LEA and Tribe have positive expectations about the cooperation.
- Head Start staff helps parents in follow through of requirements made of them. The Tribe helps secure temporary housing.
- Community Partnerships with local Economic Support agencies.
- Coordinated Services Teams, new housing developments.
- Some of our Tribal communities have shelters but for families who are Tribal members.
- Extended families work within their units before homelessness becomes an issue.
- The Head Start Program is the main link to families who may be homeless so the Family Service Specialist leads the coordination to involve other agencies.
- Providing a letter of reference helps to move family up on a priority list - assist parents in identifying other resources.
- We will be establishing MOU's with service providers who do assist families, but we must continue to work to establish a contingent plan for homeless families.
- Conducting outreach to learn of additional resources in Idaho that may be able to provide assistance to homeless families.
- We work locally with Project Sanctuary and have worked with parents who have used this program. This program is designed primarily for women with children who have experienced domestic violence and are homeless.
- Working with our Tribal Housing Authority.
- We have a good relationship with our Tribal Housing Authority and the Community Health Clinic in regards to identifying homeless children and families.

- We regularly refer families to the proper authorities, housing and other help agencies. These are all explained in the Social Service Directory that each family receives.
- Good family intakes
- Children who are homeless have extra points on the criteria selection. We do include homelessness on our application. We make sure these children get 1st priority.
- Most of our families are already receiving services through other programs before we get them with a family partnership plan. We just follow-through and assist with the plan. If they become homeless while enrolled we work with the families through a family partnership plan, referrals and follow-ups to assist families with housing.
- Families have extended family members who usually take them in. Families are usually referred to community members who have a vacated home that they may possibly want to rent out.
- What works well is referring homeless families to social services to receive welfare and food stamps. Assisting families with referrals to HUD, social services also will help families for a period of two weeks. This gives them time to make the necessary community service connection.
- It would be helpful to have a resource list for homeless families in each county.

Services for Children with Disabilities

1. Please rate the extent of your involvement with each of the following service providers/ organizations during the past 12 months. Check one rating for each. (Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.)

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)	Response Count
A. State Lead Agency for IDEA Part B/619 (to serve children 3 through 5)	**37.8% (37)**	15.3% (15)	18.4% (18)	28.6% (28)	98
B. Local providers (LEA) for IDEA Part B/619	14.1% (14)	14.1% (14)	19.2% (19)	**52.5% (52)**	99
C. State Education Agency—other programs/services (Section 504, special projects re: children with disabilities, etc.)	**30.1% (28)**	21.5% (20)	28.0% (26)	20.4% (19)	93
D. State Lead Agency for IDEA Part C (to serve children 0-3 with disabilities)	**30.5% (29)**	24.2% (23)	23.2% (22)	22.1% (21)	95
E. Local providers for IDEA Part C	13.7% (14)	15.7% (16)	26.5% (27)	**44.1% (45)**	102
F. Federally funded programs for families of children with disabilities (e.g., Parent Training & Information Center, Family Voices, Maternal and Child Health, Protection & Advocacy agency, Special Medical Services, etc.)	27.7% (28)	**31.7% (32)**	23.8% (24)	16.8% (17)	101
G. State-funded programs for children with disabilities and their families (developmental services agencies)	21.6% (21)	**33.0% (32)**	20.6% (20)	24.7% (24)	97
H. University/community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/others)	**59.4% (60)**	22.8% (23)	12.9% (13)	5.0% (5)	101

I. Non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities (e.g., State /Local Interagency Coordinating Council, preschool special education work/advisory group)	37.6% (38)	23.8% (24)	23.8% (24)	14.9% (15)	101
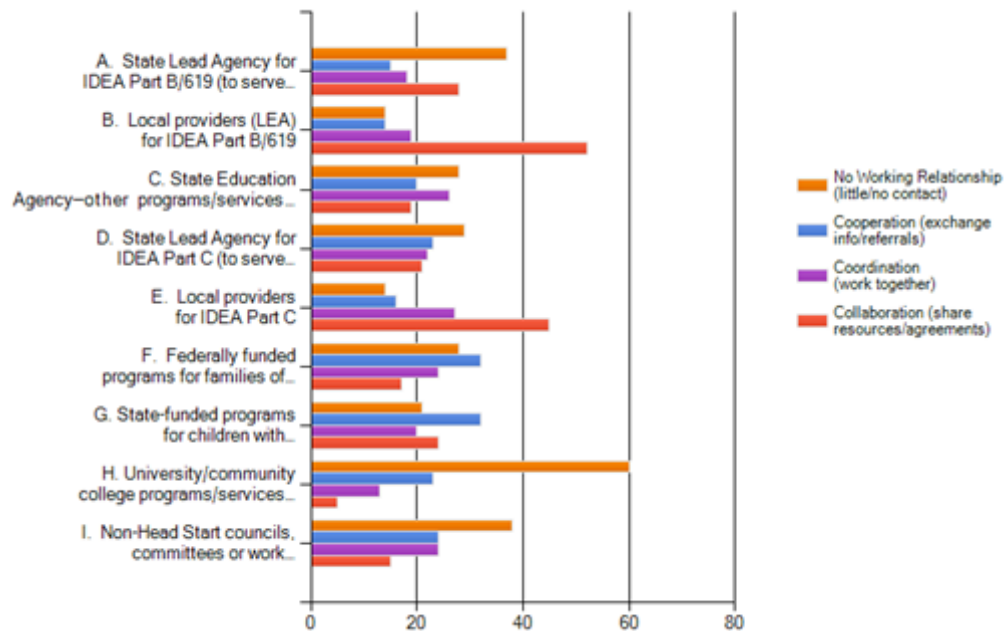
2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Response Count
A. Obtaining timely evaluations of children	**39.8% (41)**	35.0% (36)	19.4% (20)	5.8% (6)	103
B. Having staff attend IEP or IFSP meetings	**76.5% (78)**	18.6% (19)	4.9% (5)	0.0% (0)	102
C. Coordinating services with Part C providers	**52.1% (50)**	34.4% (33)	8.3% (8)	5.2% (5)	96
D. Coordinating services with Part B/619 providers (LEA)	**49.4% (41)**	34.9% (29)	12.0% (10)	3.6% (3)	83
E. Sharing data/information on jointly served children (assessments, outcomes, etc.)	**62.7% (64)**	29.4% (30)	4.9% (5)	2.9% (3)	102

F. Exchanging information on roles and resources with other providers/ organizations regarding services for children with disabilities and their families	**59.6% (59)**	29.3% (29)	9.1% (9)	2.0% (2)	99
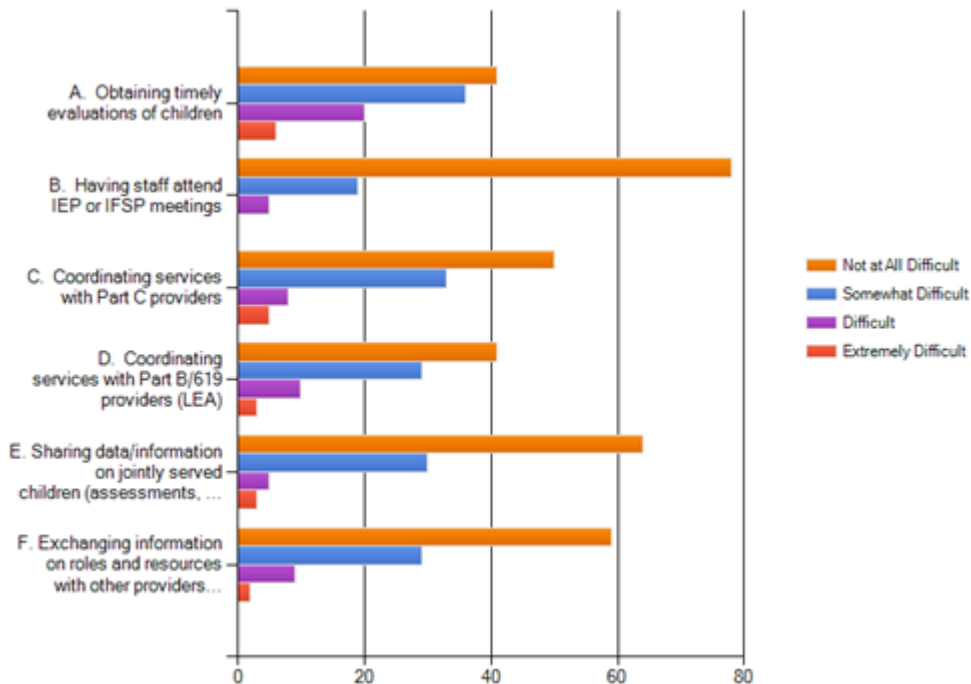
3. Please describe any other issues you may have regarding services for children with disabilities and their families.

- Obtaining timely evaluations very difficult with School District.
- District doesn't invite us all the time to the ISP IEFP meetings!
- There needs to be more collaboration with other agencies to provide better services to the families and communities. Most of the agencies are outside of the village which makes for a more difficult opportunity to collaborate because they are not so eager to deal with the distance and the cold.
- Transition meetings.
- Who evaluates and serves children living in one district and going to school in another and who pays? We have had issues with children needing evaluation and/or services, but school district personnel don't go out of district or there is no funding for district personnel to provide services in outlying areas.
- LEA is not monitoring timelines in getting services started on IEP's for Children in need.
- Need additional financial support to help with one-on-one instructional/child classroom supervision.
- Have someone on our staff who takes care of disabilities. Our current disabilities person lives 50 miles away.
- Lack of resources for children with disabilities. Finding providers that will provide services and follow up to children with abnormal Head Start screening results.
- Support services for families with autistic children. Traveling time to reach all meetings needing to attend in collaborative efforts.

- HIPPA and Data Privacy make sharing information without a release impossible.
- Lack of training for LEA's staff on serving child with delays. School districts funds are very limited and they are not servicing children who have behavioral issues.
- LEA's cooperation to serve the needs of children 0 - 3 years of age.
- The lack of specialized personnel, i.e., Special education teachers in the field of Early Childhood Education, Mental Health workers, and therapists. We have overwhelming caseloads.
- Transportation services for those that do not attend Head Start.
- The time frame in obtaining consent from parents.
- We have quite a few children in our program needing speech and language therapy. Need therapist that can be on site or available more than 2 hours a day. There are children with disabilities with challenging behaviors and need help with on site.
- Our LEA is understaffed, with too many referrals that children are not getting their evaluations and full treatments! The County does NOT leave enough Speech or OT providers for peds.
- Our Disabilities Manager has resigned her position.
- Providing services to children with disabilities during the summer. Transportation is a barrier to services in the summer for children with disabilities.
- We have a blind student. It would be nice if there was more funding for help with this student on a regular basis.
- Not all programs accept Medicaid and it is difficult to get qualified Disabilities Manager into the program to work the children with disabilities.
- Parents may not always show up for IEP meetings.
- Lack of professionals on the reservation forces the program to establish contracts with the Tribe and the process is lengthy.
- L.E.A. scheduling IEP meetings and taking into consideration dates and times. Delivering of IEP notices at least a week in advance.
- LEA's have no standardized procedures addressing how they deal with these sorts of meetings, making it difficult to know what to expect in the referral process.
- The referral process takes an excessive amount of time because the LEA will not allow the Head Start program to collaborate with them on the application process so our Head Start does not know when parents have turned in the application. It usually is not until January before our children that we refer in September get assessed by the LEA.
- There is a need for additional funds in order to provide the one-on-one services that some special needs children require in the classroom.
- Many of the special needs children cannot tolerate a full day and require separate transportation schedules; there are no funds for these additional transportation costs.
- This year has been difficult in that our process for working with "child find" has changed. We were handling "in house" but now we are calling in another agency in on the process. This creates delays for us.
- The LEA service providers should address the age of our children and provide services in the mornings rather than end-of-day. Service providers need to maintain their schedules to meet the children's IEPs.
- Parents don't want to acknowledge and won't give permission for further evaluations.
- Building relationships between Part C therapist and the child they are working with and not the focusing on the process of what they are doing. Bonding with an infant before "working them over"
- A need for a mental/health person. To be able to have a contact person from the State Interagency Coordinating Council.
- LEA will no longer allow children to share a spot in their special education classrooms and in Head Start. Parents who have children with disabilities have to make a decision between the two programs.

4. What is working well in your efforts to address the health care needs of the children and families in your program? Which of these efforts do you think may be helpful to other programs?

- The collaboration between the Head Start and the Juneau School District and Juneau resource agencies.
- We've developed a great working relationship with the LEA's in our area. LEA in immediate area provides services at Head Start site. Room/Space is provided for individual and small group instruction. Classroom teachers are open to having services provided in class; as more than one child benefits.
- Having signed agreements for services with five LEA'S
- Putting into place alternative service plans, while waiting for referral resources or results.
- Local interagency coordinating council provides educational/sharing forums and gets business accomplished.
- They assist us with our developmental screenings as well. Good communication, long ties.
- All paperwork for referrals is hand delivered to school districts. We have weekly conversations about children. Services are provided to children on site with a few children leaving from Head Start to attend their special preschools after their H.S. day.
- Our community has a management system through local IHS where children with special needs are reviewed each month.
- Teachers and program provide take home packets and home visits for children and parent to work on at home, if child is too ill and cannot attend school.
- Disabilities Coordinator, Education Coordinator, and LEA developed a CARE team which is a process to better serve referrals and children in a timely manner.
- Public schools have provided special equipment.
- Part C transitions are well coordinated and information is well shared.
- We have a special education teacher from LEA. We have a well written and defined MOU. In addition, we have on site therapy specialties such as OT and Speech.
- We have a good relationship with our local preschool.
- We have an excellent collaboration with the LEA. We have a bi-monthly student intervention meeting that helps us coordinate with parents, teaching staff and disabilities coordinator with the LEA.
- Child Finds are held at least twice a year so we can get children identified and provide the services needed for children as soon as possible.
- The school district has a developmental preschool and some of our children attend both Head Start and the developmental preschool. The district also does developmental and health screenings for our Head Start kids annually.
- We have an inclusive environment for children with disabilities. Special Quest has helped us form our inclusive program.
- We also have access to certain tribal programs that can help families with some selected needs when Medicaid or LEA's fail to meet those needs.
- We have a great working relationship with our Sooner Start Rep. He is always available & willing to answer any questions we &/or our families have and gives us suggestions to help our children and families succeed.
- A certified Art Therapist is funded through the tribe with Part B funds to service children needing mental health services and/or displaying atypical behaviors. Transition IEPs are held for those children receiving services and moving on to the elementary school.
- We have a good relationship with our LEA, SELPA and Regional Center
- Using an advocacy group called PAI. They provide staff and parent training on a wide spectrum of issues regarding disabilities and they are free to anyone in California.

Trends and Implications

The National Collaboration Advisory Council noted that some quantitative data did not reconcile with other data sources (e.g., IHS, PIR data).   It was theorized that respondent fatigue might have played a part in this while completing the 23-page needs assessment.

The NCAC expressed that the qualitative data seemed to portray a realistic picture of the diverse experiences of the AIAN grantees.

Challenges and strengths are noted in each of the collaboration priority areas, indicating that, despite the isolated nature of many American Indian/Alaska Native Head Start and Early Head Start programs, there may be some lessons we can learn from those grantees who demonstrate best practices in these areas.

Some common challenges include no services available; lack of service personnel; lack of facilities; distance/lack of transportation; lack of parent involvement/follow-up; turf issues; limited funding; and difficulty in working with agencies who are not motivated [or mandated] to work with Head Start, especially when asked to adhere to Head Start Performance Standards.

The NCAC noted that there are some actions that the NAIANHSCO could take to improve certain aspects of collaboration between organizations, particularly at the national level. In brief, the actions best addressed by the NAIANHSCO include:

- Child Care: Providing grantees with sample MOUs and examples of best practices; promoting collaboration between HS and CC on the national level;
- Community Services: Promote the building of relationships and constant communication; help to build collaboration skills; feedback on how to keep partners involved;
- Education—Head Start-Pre K Partnership Development: Organizing forums where grantees could meet with UPK providers in their service areas; sharing the Head Start requirements for collaboration as per the Head Start Act;
- Education—Head Start Transition and Alignment with K-12: Develop a handbook with examples of MOUs and good practices so programs can have a template to follow; promote working relationship between OHS and DOE, include TEDNA in on discussion;
- Family/Child Assistance: Programs need examples of MOUs; give each NAIANHSCO newsletter a different content area focus; encourage collaborations between organizations (e.g., have NICWA present at NIHSDA and vice versa);
- Family Literacy: Help to publicize NHSFLC services; emphasize with programs that literacy includes all four components included in the HS Act;
- Health Services: Help promote the use of the local Health Services Advisory Committee as a way of establishing/strengthening ties with providers; provide examples of MOUs and best practices; promote health literacy;

- Professional Development: Obtain models of MOUs/MOAs that might be a starting point for Head Start program discussion with institutions of higher education; promote tribal colleges collaborating to offer courses nationwide via technology or teleconferencing, and addressing the transferability of courses issue;
- Services for Children Experiencing Homelessness: Work with tribes on McKinney-Vento definition to assure cultural appropriateness; promote collaboration between tribal housing authority and foundations (e.g., Habitat);
- Services for Children with Disabilities: Focus on State MOUs; inter-agency agreements (partnerships with LEAs, as dictated by IDEA); providers on-site.

The NCAC have turned these recommendations into specific objectives and activities contained within the *Strategic Plan 2009-2013* for the NAIANHSCO.

Resources and References

Following this page is the single Appendix: the 23-page *National AIAN Head Start Collaboration Needs Assessment*.

NATIONAL AIAN HEAD START COLLABORATION NEEDS ASSESSMENT

A. Date survey was completed:

_____

B. Name and title of person(s) completing this survey:

Name	Title
1.	
2.	
3.	
4.	
5.	

C. Head Start Agency Information:

Name: _____ Phone: _____

Address: _____

_____

_____

_____

D. Contact information for person responsible for this survey:

Name: _____ Title: _____

Address: _____

_____

_____

Phone: _____ Email: _____

Please complete this survey by **April 20, 2009** and then submit it in one of three ways:
1. Electronically, through SurveyMonkey at;
   http://www.surveymonkey.com/s.aspx?sm=HoTuBbPeMpTIfk5nq32Shw_3d_3d
2. As a Word document (an e-mail attachment to brichmon@aed.org with "Needs Assessment" in the subject line); or
3. As a printed, hard copy via U.S. mail to:
   Brian Richmond, Director, National American Indian/Alaska Native Head Start Collaboration Office, Center for Early Care and Education, Academy for Educational Development, 1875 Connecticut Avenue, NW, Washington, DC 20009-5721

If you have any questions about this Needs Assessment, please contact:
Brian Richmond at: 202-884-8609 or brichmon@aed.org

National AIAN Head Start Collaboration Needs Assessment

Introduction for Head Start Agencies

The National AIAN Head Start Collaboration Office is required by the Head Start Act (as amended in December 2007) to annually assess the needs of Head Start agencies in the areas of coordination and collaboration. This needs assessment instrument has been organized around the eight national priority areas for collaboration offices' work. These areas are: 1) Health Services; 2) Children and Families Experiencing Homelessness; 3) Family/Child Assistance; 4) Child Care; 5) Family Literacy; 6) Children with Disabilities; 7) Community Services; and 8) Education (Publicly-funded Pre-K Partnership Development, and Head Start Transition and Alignment with K-12). An additional area, 9) Professional Development, has also been included.

The purpose of gathering this information is to identify your needs in the specified areas and, within the annually revised strategic plan for the National American Indian/Alaska Native Head Start Collaboration Office, develop corresponding activities to meet your needs.

The survey includes three parts for each of the nine content areas as follows:

Part 1 asks you to rate the extent of your involvement with various service providers/organizations related to the content area. This part uses the following 4-point Likert scale and definitions to reflect your progress in relationship-building at this point in time:

No Working Relationship	Cooperation	Coordination	Collaboration
(little/no contact)	(exchange info/referrals)	(work together)	(share resources/ agreements)

Definitions:

> *No working relationship.* You have **little or no contact with each other** (i.e.; **you do not:** make/receive referrals, work together on projects/activities, share information, etc.)
>
> *Cooperation.* You **exchange information**. This includes making and receiving referrals, even when you serve the same families.
>
> *Coordination.* You **work together on projects or activities**. Examples: parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.
>
> *Collaboration:* You **share resources and/or have formal, written agreements.** Examples: co-funded staff or building costs; joint grant funding for a new initiative; an MOU on transition, etc.

Part 2 asks you to indicate the level of difficulty your program has had engaging in each of a variety of activities and partnerships. A 4-point scale of difficulty is provided, ranging from "Not At All Difficult" to "Extremely Difficult," as shown below. The purpose of this part is to assist you in identifying challenges you may be experiencing in building successful partnerships at the local and state levels to support the delivery of quality education and comprehensive services to your children and families.

Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult

Part 3 includes two open-ended questions at the end of each of the nine sections of the survey instrument. The first will give you the opportunity to document any remaining concerns that were not covered in the survey. The second question gives you the opportunity to document what is working well in your program, and to indicate if any of these successful strategies/activities might be helpful to other programs.

Your National AIAN Head Start Collaboration Office Director will pull together the survey findings from all Head Start agencies in Region 11 and then compile a report that will be made available to you, to the public, and forwarded to your regional office,.

Thank you for taking the time to reflect on the co-ordination and collaboration challenges and accomplishments in your program(s). The cumulative findings from this needs assessment survey will assist your collaboration director to support your program needs in the collaboration and systems development work in Region 11. Our shared goal is to support and promote your success in serving our children and families.

1. HEALTH CARE

1. Using the definitions on page 2, please rate the **extent of your involvement** with each of the following service providers/organizations **during the past 12 months**. Check **one rating** for each.

*Note: If you have different relationships with different providers/organizations in a category, check the option that **best describes** your relationship with **most** of them.*

Category	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
A. Medical home* providers	☐	☐	☐	☐
B. Dental home* providers for treatment & care	☐	☐	☐	☐
C. State agency(ies) providing mental health prevention and treatment services	☐	☐	☐	☐
D. Local agencies providing mental health prevention and treatment	☐	☐	☐	☐
E. Agencies/programs that conduct mental health screenings	☐	☐	☐	☐
F. WIC (Women, Infants Children)	☐	☐	☐	☐
G. Other nutrition services (e.g., cooperative extension programs, university projects on nutrition, etc.)	☐	☐	☐	☐
H. Children's health education providers (e.g., Child Care Resource and Referral, community-based training)	☐	☐	☐	☐
I. Parent health education providers	☐	☐	☐	☐
J. Home-visiting providers	☐	☐	☐	☐
K. Community Health Centers	☐	☐	☐	☐
L. Public health services	☐	☐	☐	☐
M. Programs/services related to children's physical fitness and obesity prevention	☐	☐	☐	☐

* Note: "Medical Home" and "Dental Home" means comprehensive, coordinated care and not just access to a doctor or dentist, particularly for one-time exams.

2. Please indicate the *extent to which each of the following was difficult* during the past 12 months. Select *one rating for each* item.

Area	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Linking children to medical homes	☐	☐	☐	☐
B. Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene, etc.)	☐	☐	☐	☐
C. Linking children to dental homes that serve young children	☐	☐	☐	☐
D. Partnering with oral health professionals on oral-health related issues (e.g., hygiene, education, etc.)	☐	☐	☐	☐
E. Getting children enrolled in Medicaid or CHIP (Child's Health Insurance Program)	☐	☐	☐	☐
F. Arranging coordinated services for children with special health care needs	☐	☐	☐	☐
G. Assisting parents to communicate effectively with medical/dental providers	☐	☐	☐	☐
H. Assisting families to get transportation to appointments	☐	☐	☐	☐
I. Getting full representation and active commitment on your Health Advisory Committee	☐	☐	☐	☐
J. Sharing data/information on children/families served jointly by Head Start and other agencies re: health care (e.g., lead screening, nutrition reports, home-visit reports, etc.)	☐	☐	☐	☐
K. Exchanging information on roles and resources with medical, dental and other providers/ organizations regarding health care	☐	☐	☐	☐

3. What, if any, other issues do you have regarding health care for the children and families in your program? Please describe.

_____

_____

4. In your efforts to address the health care needs of the children and families in your program, what is working well? Which of these efforts do you think might be helpful to other programs?

_____

_____

2. CHILDREN EXPERIENCING HOMELESSNESS *

1. Using the definitions on page 2, please rate the **extent of your involvement** with each of the following service providers/organizations **during the past 12 months**. Check **one rating** for each.

   *Note: If you have different relationships with different providers/organizations in a category, check the option that **best describes** your relationship with **most** of them.*

Category	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
A. Local McKinney-Vento liaison **	☐	☐	☐	☐
B. Local agencies serving families experiencing homelessness	☐	☐	☐	☐
C. Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)	☐	☐	☐	☐
D. Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness ***	☐	☐	☐	☐

* [The McKinney-Vento Act defines "homeless children and youth" as individuals who lack a fixed, regular, and adequate nighttime residence. The term includes –
- Children and youth who are
  - sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as *doubled-up*);
  - living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations;
  - living in emergency or transitional shelters;
  - abandoned in hospitals; or
  - awaiting foster care placement;
- Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Migratory children who qualify as homeless because they are living in circumstances described above.]

** Every LEA – whether or not it receives a McKinney-Vento subgrant – is required to designate a local liaison.

*** Note: Title I funded preschool programs must follow the Head Start Performance Standards

2. Please indicate the **extent to which each of the following was difficult** during the past 12 months. Select *one rating for each* item.

Area	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act	☐	☐	☐	☐
B. Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment	☐	☐	☐	☐
C. Allowing families of children experiencing homelessness to apply to, enroll in and attend Head Start while required documents are obtained within a reasonable time frame	☐	☐	☐	☐
D. Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment	☐	☐	☐	☐
E. Engaging community partners, including the local McKinney-Vento Liaison, in conducting staff cross training and planning activities	☐	☐	☐	☐
F. Entering into an MOU with the appropriate local entity responsible for managing publicly funded preschool that includes a plan to coordinate selection priorities for eligible children, including children experiencing homelessness	☐	☐	☐	☐
G. In coordination with LEA, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness	☐	☐	☐	☐

Comments:

_____

_____

3. What, if any, other issues do you have regarding services for children and families in your program experiencing homelessness? Please describe.

_____

4. In your efforts to address the housing needs of the children and families in your program who are without homes, what is working well? Which of these efforts do you think might be helpful to other programs?

_____

_____

3. FAMILY/CHILD ASSISTANCE

1. Using the definitions on page 2, please rate the **extent of your involvement** with each of the following service providers/organizations **during the past 12 months**. Check **one rating** for each.

    *Note: If you have different relationships with different providers/organizations in a category, check the option that **best describes** your relationship with **most** of them.*

Category	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
A. TANF (Temporary Assistance for Needy Families) agency	☐	☐	☐	☐
B. Employment & Training and Labor services agencies	☐	☐	☐	☐
C. Economic and Community Development Councils	☐	☐	☐	☐
D. Child Welfare agency	☐	☐	☐	☐
E. Children's Trust agency	☐	☐	☐	☐
F. Services and networks supporting foster and adoptive families	☐	☐	☐	☐

2. Please indicate the **extent to which each of the following was difficult** during the past 12 months. Select *one rating for each* item.

Area	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Obtaining family/child assistance information and data for community assessment and planning	☐	☐	☐	☐
B. Working together to target recruitment to families receiving TANF, Employment and Training, and related support services	☐	☐	☐	☐
C. Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment	☐	☐	☐	☐
D. Establishing and implementing local interagency partnerships agreements regarding family/child assistance	☐	☐	☐	☐
E. Facilitating shared training and technical assistance opportunities regarding family/child assistance	☐	☐	☐	☐

Area (continued)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
F. Getting involved in state level planning and policy development regarding family/child assistance	☐	☐	☐	☐
G. Exchanging information on roles & resources with other service providers regarding family/child assistance services	☐	☐	☐	☐

3. What, if any, other issues do you have regarding the family/child assistance needs of the children and families in your program? Please describe.

_____

_____

4. In your efforts to address the family/child assistance needs of children and families in your program, what is working well? Which of these efforts do you think might be helpful to other programs?

_____

_____

_____

4. CHILD CARE

1. Using the definitions on page 2, please rate the *extent of your involvement* with each of the following service providers/organizations *during the past 12 months*. Check *one rating* for each.

   Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.

Category	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
A. State agency for Child Care	☐	☐	☐	☐
B. Child Care Resource & Referral agencies	☐	☐	☐	☐
C. Local child care programs for full-year, full-day services	☐	☐	☐	☐
D. State or regional policy/planning committees that address child care issues	☐	☐	☐	☐
E. Higher education programs/services/ resources related to child care (e.g., lab schools, student interns, cross-training)	☐	☐	☐	☐

2. Please indicate the *extent to which each of the following was difficult* during the past 12 months. Select *one rating* for each item.

Area	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Establishing linkages/partnerships with child care providers	☐	☐	☐	☐
B. Assisting families to access full-day, full year services	☐	☐	☐	☐
C. Aligning policies and practices with other child care service providers	☐	☐	☐	☐
D. Sharing data/information on children that are jointly served (assessments, outcomes, etc.)	☐	☐	☐	☐
E. Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment	☐	☐	☐	☐

3. What, if any, other issues do you have regarding access to child care services and resources? Please describe.

_____

_____

4. In your efforts to address the child care needs of the children and families in your program, what is working well? Which of these efforts do you think might be helpful to other programs?

_____

_____

_____

5. FAMILY LITERACY SERVICES

1. Using the definitions on page 2, please rate the *extent of your involvement* with each of the following service providers/organizations *during the past 12 months*. Check *one rating* for each.

   Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.

Category	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
A. Dept. of Education's Family Literacy program (Title I, Part A)	☐	☐	☐	☐
B. Employment and Training programs	☐	☐	☐	☐
C. Adult Education	☐	☐	☐	☐
D. English Language Learner programs & services	☐	☐	☐	☐
E. Services to promote parent/child literacy interactions	☐	☐	☐	☐
F. Parent education programs/services	☐	☐	☐	☐
G. Public libraries	☐	☐	☐	☐
H. School libraries	☐	☐	☐	☐
I. Public/private sources that provide book donations or funding for books	☐	☐	☐	☐
J. Museums	☐	☐	☐	☐
K. Reading Readiness programs	☐	☐	☐	☐
L. Higher education programs/services/ resources related to family literacy (e.g., grant projects, student interns, cross-training, etc.)	☐	☐	☐	☐
M. Providers of services for children and families (who are English language learners)	☐	☐	☐	☐
N. Even Start (Family Literacy Program)	☐	☐	☐	☐

2. Please indicate the *extent to which each of the following was difficult* during the past 12 months. Select *one rating for each* item.

Area	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Recruiting families to Family Literacy Services	☐	☐	☐	☐
B. Educating others (e.g., parents, the community) about the importance of family literacy	☐	☐	☐	☐
C. Establishing linkages/partnerships with key literacy providers	☐	☐	☐	☐
D. Establishing linkages/partnerships with key, local level organizations/programs (other than libraries)	☐	☐	☐	☐
E. Incorporating family literacy into your program policies and practices	☐	☐	☐	☐
F. Exchanging information with other providers/organizations regarding roles and resources related to family literacy	☐	☐	☐	☐

3. What, if any, other issues do you have regarding family literacy services and resources? Please describe.

_____

_____

4. In your efforts to address the literacy needs of the families in your program, what is working well? Which of these efforts do you think might be helpful to other programs?

_____

_____

_____

6. CHILDREN WITH DISABILITIES AND THEIR FAMILIES

1. Using the definitions on page 2, please rate the *extent of your involvement* with each of the following service providers/organizations *during the past 12 months*. Check *one rating* for each.

   Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.

Category	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
A. State Lead Agency for IDEA Part B/619 (to serve children with disabilities, ages three through five)	☐	☐	☐	☐
B. Local providers (LEA) for IDEA Part B/619	☐	☐	☐	☐
C. State Education Agency—other programs/services (Section 504, special projects re: children with disabilities, etc.)	☐	☐	☐	☐
D. State Lead Agency for IDEA Part C (to serve infants and toddlers with disabilities)	☐	☐	☐	☐
E. Local providers for IDEA Part C	☐	☐	☐	☐
F. Federally funded programs for families of children with disabilities (e.g., Parent Training & Information Center, Family Voices, Maternal and Child Health, Protection & Advocacy agency, Special Medical Services, etc.)	☐	☐	☐	☐
G. State-funded programs for children with disabilities and their families (e.g., developmental services agencies)	☐	☐	☐	☐
H. University/community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/others)	☐	☐	☐	☐
I. Non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities (e.g., State /Local Interagency Coordinating Council, preschool special education work/advisory group)	☐	☐	☐	☐

2. Please indicate the **extent to which each of the following was difficult** during the past 12 months. Select *one rating for each* item.

Area	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Obtaining timely evaluations of children	☐	☐	☐	☐
B. Having staff attend IEP or IFSP meetings	☐	☐	☐	☐
C. Coordinating services with Part C providers	☐	☐	☐	☐
D. Coordinating services with Part B/619 providers (LEA)	☐	☐	☐	☐
E. Sharing data/information on jointly served children (assessments, outcomes, etc.)	☐	☐	☐	☐
F. Exchanging information on roles and resources with other providers/ organizations regarding services for children with disabilities and their families	☐	☐	☐	☐

3. What, if any, other issues do you have regarding services for children with disabilities and their families? Please describe.

_____

_____

4. In your efforts to address needs of children with disabilities and their families in your program, what is working well? Which of these efforts do you think might be helpful to other programs?

_____

_____

_____

7. *COMMUNITY SERVICES*

1. Using the definitions on page 2, please rate the **extent of your involvement** with each of the following service providers/organizations **during the past 12 months**. Check **one rating** for each.

   Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.

Category	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
A. Law Enforcement	☐	☐	☐	☐
B. Providers of substance abuse prevention/treatment services	☐	☐	☐	☐
C. Providers of child abuse prevention/treatment services	☐	☐	☐	☐
D. Providers of domestic violence prevention/treatment services	☐	☐	☐	☐
E. Private resources geared toward prevention/intervention (faith-based, business, foundations, shelters, etc.)	☐	☐	☐	☐
F. Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans)	☐	☐	☐	☐

2. Please indicate the **extent to which each of the following was difficult** during the past 12 months. Select *one rating for each* item.

Area	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Establishing linkages/partnerships with law enforcement agencies	☐	☐	☐	☐
B. Establishing linkages/partnerships with public resources (tribal, county, city, state, etc.) regarding prevention/ treatment services	☐	☐	☐	☐
C. Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services	☐	☐	☐	☐
D. Partnering with service providers on outreach activities for eligible families	☐	☐	☐	☐

Area (continued)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
E. Obtaining in-kind community services for the children/families in your program	☐	☐	☐	☐
F. Sharing data/information on children/families served jointly by Head Start and other agencies re: prevention/treatment services	☐	☐	☐	☐
G. Exchanging information on roles and resources with other providers/ organizations regarding community services	☐	☐	☐	☐

3. What, if any, other issues do you have regarding community services for the families in your program? Please describe.

_____

_____

4. In your efforts to address the community services needs of the families in your program, what is working well? Which of these efforts do you think might be helpful to other programs?

_____

_____

_____

8A. Education: Publicly Funded Pre-K Partnership Development

1. Using the definitions on page 2, please rate the **extent of your involvement** with each of the following service providers/organizations **during the past 12 months**. Check **one rating** for each.

Category	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
A. In your Head Start service area, the appropriate local entity responsible for managing publicly-funded preschool programs with whom you are to develop a Memorandum of Understanding (MOU) regarding Pre-K services.	☐	☐	☐	☐
B. Presently, there is no publicly funded pre-k provider in my Head Start service area. (*Check "no working relationship"*)	☐			

2. Head Start programs are required to have an MOU with publicly-funded Pre-K programs (if there is such a provider in their service area). The MOU must include a review of, and plans to coordinate as appropriate, 10 areas/activities, as listed below. For each of the following items, please rate the level of difficulty *you have had in the past*, *or expect to have,* as you coordinate these activities with publicly-funded Pre-K programs. Select *one rating for each* item.

Area	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Educational activities, curricular objectives and instruction	☐	☐	☐	☐
B. Information, dissemination and access for families contacting Head Start or other preschool program	☐	☐	☐	☐
C. Selection priorities for eligible children served	☐	☐	☐	☐
D. Service areas	☐	☐	☐	☐
E. Staff training, including opportunities for joint staff training	☐	☐	☐	☐
F. Program technical assistance	☐	☐	☐	☐
G. Provision of services to meet needs of working parents, as applicable	☐	☐	☐	☐
H. Communications and parent outreach for transition to kindergarten	☐	☐	☐	☐
I. Provision and use of facilities, transportation, etc.	☐	☐	☐	☐

Area (continued)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
J. Other elements mutually agreed to by the parties to the MOU	☐	☐	☐	☐

3. What, if any, other issues do you have regarding pre-k partnership development for the children and families in your program? Please describe.

_____

_____

4. In your efforts to address the pre-k program needs of the children and families in your program, what is working well? Which of these efforts do you think might be helpful to other programs?

_____

_____

_____

8B. Education: Head Start Transition and Alignment with K-12

1. Using the definitions on page 2, please rate the **extent of your involvement** with local education agencies (LEAs) **during the past 12 months**. Check **one rating**.

   *Note: If you have different relationships with different LEAs, check the option that **best describes** your relationship with **most** of them.*

Category	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
A. Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten	☐	☐	☐	☐

2. Please indicate the **extent to which each of the following was difficult** during the past 12 months. Select *one rating for each* item.

Area	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Partnering with LEAs to implement systematic procedures for transferring Head Start program records to school	☐	☐	☐	☐
B. Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney-Vento liaisons, etc.)	☐	☐	☐	☐
C. Establishing and implementing comprehensive transition policies and procedures with LEAs	☐	☐	☐	☐
D. Linking LEA and Head Start services relating to language, numeracy and literacy	☐	☐	☐	☐
E. Aligning LEA and Head Start curricula and assessments with Head Start Outcomes Framework	☐	☐	☐	☐
F. Aligning Head Start curricula with state Early Learning Standards	☐	☐	☐	☐
G. Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records	☐	☐	☐	☐
H. Coordinating transportation with LEAs	☐	☐	☐	☐

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
I. Coordinating shared use of facilities with LEAs	☐	☐	☐	☐
Area (continued)				
J. Coordinating with LEAs regarding other support services for children and families	☐	☐	☐	☐
K. Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten	☐	☐	☐	☐
L. Establish policies and procedures that support children transition to school that includes engagement with LEA	☐	☐	☐	☐
M. Helping parents of children who are English Language Learners understand instructional and other information and services provided by the receiving school, including section 3302 of the Elementary and Secondary Education Act.	☐	☐	☐	☐
N. Exchanging information with LEAs on roles, resources and regulations	☐	☐	☐	☐
O. Aligning curricula and assessment practices with LEAs	☐	☐	☐	☐
P. Organizing and participating in joint training, including transition-related training for school staff and Head Start staff	☐	☐	☐	☐

3. What, if any, other issues do you have regarding education/Head Start transition and alignment with K-12 for the children and families in your program? Please describe.

_____

_____

4. In your efforts to address the education/Head Start transition to school needs of the children and families in your program, what is working well? Which of these efforts do you think might be helpful to other programs?

_____

_____

_____

9. PROFESSIONAL DEVELOPMENT

1. Using the definitions on page 2, please *rate the extent of your involvement* with each of the following service providers/organizations *during the past 12 months*. Check *one rating* for each.

   *Note: If you have different relationships with different providers/organizations in a category, check the option that **best describes** your relationship with **most** of them.*

Category	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/ agreements)
A. Institutions of Higher Education (4 year)	☐	☐	☐	☐
B. Institutions of Higher Education (less than 4 year)(e.g., community colleges)	☐	☐	☐	☐
C. On-line courses/programs	☐	☐	☐	☐
D. Child Care Resource & Referral Network	☐	☐	☐	☐
E. Head Start's T & TA Network	☐	☐	☐	☐
F. Other T & TA networks (regional, state)	☐	☐	☐	☐
G. Service providers/organizations offering relevant training/TA cross-training opportunities	☐	☐	☐	☐

2. Please indicate the *extent to which each of the following was difficult* during the past 12 months. Select *one rating for each* item.

Area	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Transferring credits between public institutions of learning	☐	☐	☐	☐
B. Accessing early childhood education degree programs in the community	☐	☐	☐	☐
C. Accessing T & TA opportunities in the community (including cross-training)	☐	☐	☐	☐
D. Accessing scholarships and other financial support for professional development programs/activities	☐	☐	☐	☐
E. Staff release time to attend professional development activities	☐	☐	☐	☐

Area (continued)	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
F. Accessing on-line professional development opportunities (e.g., availability of equipment, internet connection, etc.)	☐	☐	☐	☐
G. Exchanging information on roles and resources with other providers/ organizations regarding professional development	☐	☐	☐	☐

3. What, if any, other issues do you have regarding professional development activities and resources? Please describe.

_____

_____

4. In your efforts to address the professional development needs of your staff, what is working well? Which of these efforts do you think might be helpful to other programs?

_____

_____

_____

_____

_____