North Dakota Head Start State Collaboration Office Needs Assessment

2009-2010 Survey Results

north dakota
department of
human services

The goal of Head Start is to increase the social competence of children in low-income families and children with disabilities, and to improve their chances for school success.

FOREWORD AND ACKNOWLEDGMENTS

This report, entitled *North Dakota Head Start State Collaboration Office Needs Assessment, 2009-2010 Survey Results*, presents findings from a survey of staff and directors representing 11 Head Start programs serving North Dakota children and families for the school year 2009-2010. The purpose of the survey was to gather information for a site-based assessment of Head Start programs with specific focus on cooperation, coordination, and collaboration within nine key activity areas: 1) health care, 2) children experiencing homelessness, 3) family/child assistance, 4) child care, 5) family literacy services, 6) children with disabilities and their families, 7) community services, 8) education, divided into 8A) publicly funded Pre-K partnership development and 8B) Head Start transition and alignment with K-12, and 9) professional development. This report presents the results of the 2009-2010 needs assessment and is a follow-up to the first study conducted in 2008-2009. Both reports are available on the North Dakota State Data Center website at http://www.ndsu.edu/sdc/publications/research.htm.

This report was prepared by the North Dakota State Data Center and is funded by the North Dakota Head Start – State Collaboration Office, North Dakota Department of Human Services – Division of Children and Family Services, through a grant from the U.S. Department of Health and Human Services, Administration for Children and Families.

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TABLE OF CONTENTS

Foreword and Acknowledgments **3**

Introduction **6-8**
Overview of Head Start Program 6
Summary of North Dakota Head Start Programs 6
Map 1. North Dakota Head Start Programs 7
Map 2. North Dakota Early Head Start Programs 8
Map 3. North Dakota Migrant and Seasonal Head Start and Early Head Start Programs 8

Study Design **9-11**
Study Objectives 9
Survey Instruments 9
Methodology 9
Table 1. Survey Responses by North Dakota Head Start Program 10
Table 2. Survey Responses by Key Activity Area 10
Presentation of Findings 11

Survey Results **12-54**

Key Activity Area (KAA) 1: Health Care (Tables 3-8) *13-18*
Involvement with health care 13
Level of difficulty with areas/tasks involving health care 17
Other issues with health care 17
Efforts to address health care needs that are working well 18

Key Activity Area 2: Children Experiencing Homelessness (Tables 9-14) *19-22*
Involvement with children experiencing homelessness 19
Level of difficulty with areas/tasks involving children experiencing homelessness 21
Other issues with children experiencing homelessness 22
Efforts to address homelessness needs that are working well 22

Key Activity Area 3: Family/Child Assistance (Tables 15-20) *23-26*
Involvement with family/child assistance 23
Level of difficulty with areas/tasks involving family/child assistance 25
Other issues with family/child assistance 25
Efforts to address family/child assistance needs that are working well 26

Key Activity Area 4: Child Care (Tables 21-26) *27-30*
Involvement with child care 27
Level of difficulty with areas/tasks involving child care 29
Other issues with child care 29
Efforts to address child care needs that are working well 30

Key Activity Area 5: Family Literacy Services (Tables 27-32) *31-34*
Involvement with family literacy services 31
Level of difficulty with areas/tasks involving family literacy services 34
Other issues with family literacy services 34
Efforts to address family literacy services needs that are working well 34

Key Activity Area 6: Children with Disabilities and Their Families (Tables 33-38) *35-39*
Involvement with children with disabilities and their families 35
Level of difficulty with areas/tasks involving children with disabilities and their families 38
Other issues with children with disabilities and their families 39
Efforts to address the needs of children with disabilities and their families that are working well 39

Key Activity Area 7: Community Services (Tables 39-44) *40-43*
Involvement with community services 40
Level of difficulty with areas/tasks involving community services 43
Other issues with community services 43
Efforts to address community services needs that are working well 43

Key Activity Area 8A: Education – Publicly Funded Pre-K Partnership Development (Tables 45-50) *44-46*
Involvement with education – publicly funded Pre-K partnership development 44
Level of difficulty with areas/tasks involving education – publicly funded Pre-K partnership development 46
Other issues with education – publicly funded Pre-K partnership development 46
Efforts to address education – publicly funded Pre-K partnership development needs that are working well 46

Key Activity Area 8B: Education – Head Start Transition and Alignment with K-12 (Tables 51-56) *47-49*
Involvement with education – Head Start transition and alignment with K-12 47
Level of difficulty with areas/tasks involving education – Head Start transition and alignment with K-12 48
Other issues with education – Head Start transition and alignment with K-12 49
Efforts to address education – Head Start transition and alignment with K-12 needs that are working well 49

Key Activity Area 9: Professional Development (Tables 57-62) *50-54*
Involvement with professional development 50
Level of difficulty with areas/tasks involving professional development 53
Other issues with professional development 53
Efforts to address professional development needs that are working well 54

Trends and Recommendations 55-63
Trends regarding level of involvement Head Start agencies have with providers/organizations 55
Table 63. Providers/organizations (among all the key activity areas) with which at least one-third of respondents indicated that their Head Start agencies have *no working relationship* 56
Table 64. Providers/organizations (among all the key activity areas) with which at least one-third of respondents indicated that their Head Start agencies have a *collaborative relationship* 57
Table 65. Providers/organizations (among all the key activity areas) with which more than half of respondents indicated that their Head Start agencies *would like more involvement* 57
Trends regarding level of difficulty with areas/tasks involving the key activity areas 59
Table 66. Areas/tasks (among all the key activity areas) that at least one-fifth of respondents indicated are difficult or extremely difficult 59
Trends within the key activity areas 60
Trends regarding other issues with the key activity areas 62
Trends regarding efforts to address needs relating to the key activity areas that are working well 63
Comparisons to last year 63
Recommendations 63

Appendices 64-103

Invitation Email Example 65
Survey Monkey Survey Instrument Example 66
Key Activity Area 1 Survey Instrument with Responses: Health Care (Appendix Tables 1-5) 71
Key Activity Area 2 Survey Instrument with Responses: Children Experiencing Homelessness (Appendix Tables 6-10) 75
Key Activity Area 3 Survey Instrument with Responses: Family/Child Assistance (Appendix Tables 11-15) 78
Key Activity Area 4 Survey Instrument with Responses: Child Care (Appendix Tables 16-20) 81
Key Activity Area 5 Survey Instrument with Responses: Family Literacy Services (Appendix Tables 21-25) 84
Key Activity Area 6 Survey Instrument with Responses: Children with Disabilities and Their Families (Appendix Tables 26-30) 88
Key Activity Area 7 Survey Instrument with Responses: Community Services (Appendix Tables 31-35) 92
Key Activity Area 8A Survey Instrument with Responses: Education – Publicly Funded Pre-K Partnership Development (Appendix Tables 36-40) 95
Key Activity Area 8B Survey Instrument with Responses: Education – Head Start Transition and Alignment with K-12 (Appendix Tables 41-45) 98
Key Activity Area 9 Survey Instrument with Responses: Professional Development (Appendix Tables 46-50) 101

INTRODUCTION

Overview of Head Start Program

Head Start is a "national program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families." The program provides grants to local agencies, both public and private non-profit, who in turn provide services to economically disadvantaged children from birth to age 5, expectant mothers, and families (http://www.acf.hhs.gov/programs/ohs/about/).

North Dakota has had Head Start programs since 1965, when the national program began. The Early Head Start Program, which began in 1995, focuses on expectant mothers and children from birth through age 3. The North Dakota Head Start – State Collaboration Office, which is part of the Division of Children and Family Services of the North Dakota Department of Human Services and is under the administration of Linda Rorman, is charged with addressing nine priority areas (http://www.nd.gov/dhs/services/childfamily/headstart/):

1) Improve the availability and affordability of child care.
2) Increase opportunities for children with disabilities.
3) Expand partnerships with school systems.
4) Strengthen family literacy services.
5) Promote access to timely health care services.
6) Support access for homeless children.
7) Collaborate with existing community services activities.
8) Encourage collaboration with welfare systems.
9) Support career development in early care and education.

Head Start programs are free-of-charge to participants. At least 90 percent of children enrolled in Head Start programs must meet federal income guidelines. In 2009, the poverty threshold used by the U.S. Department of Health & Human Services for a family of four was $22,050. Ten percent of enrollment must be made available to children with disabilities. Services are delivered in different ways, including center-based programs, home-based options, and combination models (http://www.ndkidscount.org/headstart/HeadStart2007AnnualProfileReport.pdf).

Summary of North Dakota Head Start Programs

According to Head Start Program Information Report data, North Dakota had total funded enrollment for 3,353 participants and had 3,914 enrollees over the 2008-09 program year. This represented 3,566 families, and included 65 pregnant women.

Map 1 shows the 14 Head Start Programs in North Dakota, four of which serve American Indian communities (Belcourt on the Turtle Mountain Band of Chippewa Indians reservation, Fort Totten on the Spirit Lake Dakotah Sioux reservation, New Town on the Three Affiliated Tribes reservation, and Fort Yates on the Standing Rock Sioux reservation and represented in blue on the map). The three largest programs are located in some of North Dakota's major urban areas (Fargo, Minot, and Grand Forks). Seven of the 14 programs have Early Head Start Programs (see Map 2).

Tri-Valley Opportunity Council, Inc., headquartered in Crookston, MN, serves the needs of North Dakota seasonal migrant Head Start/Early Head Start families in Grand Forks, Traill, and Walsh counties (see Map 3) and had total funded enrollment in 2008-09 of 214.

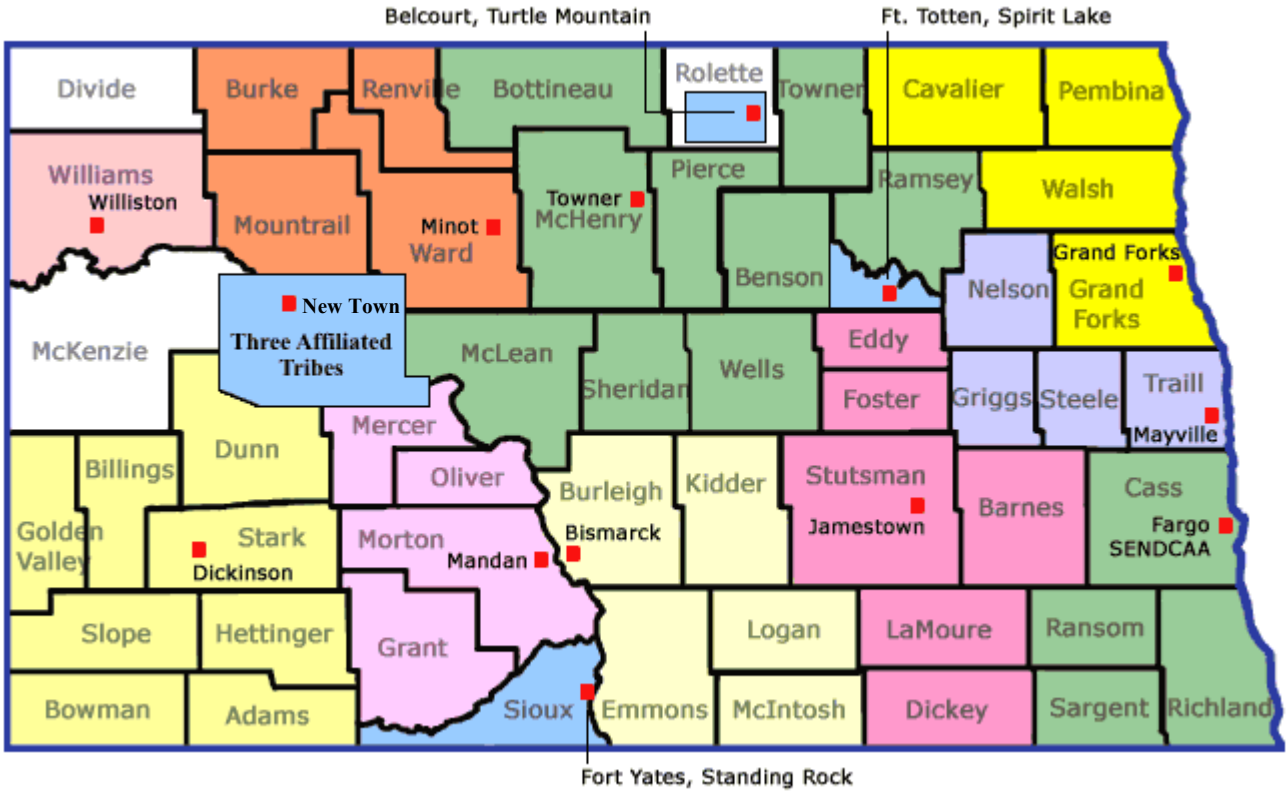
The locations and total funded enrollment of the 14 Head Start and Early Head Start programs are as follows:

1) **Southeastern North Dakota Community Action Agency (SENDCAA) Head Start Program** is based in *Fargo* and serves Cass, Ransom, Sargent, and Richland counties. This program also has Early Head Start. Total funded enrollment in 2008-09 was 369.
2) **Minot Public Schools Head Start** is based in *Minot* and serves Ward, Burke, Mountrail, and Renville counties and the Minot Air Force Base. This program also has Early Head Start which serves Ward County. Total funded enrollment in 2008-09 was 355.
3) **Grand Forks Head Start Program** is based in *Grand Forks* and serves Grand Forks, Walsh, Cavalier, and Pembina counties. Total funded enrollment in 2008-09 was 343.
4) **Standing Rock 0-5 Head Start Program** is based in *Fort Yates* and serves the Standing Rock Sioux reservation. This program also has Early Head Start. Total funded enrollment in 2008-09 was 332.
5) **Turtle Mountain Band of Chippewa Indians Head Start** is based in *Belcourt* and serves Rolette County and the Turtle Mountain Band of Chippewa Indians reservation. Total funded enrollment in 2008-09 was 330.

6) **Early Explorers Head Start Program** is based in *Towner* and serves Bottineau, Towner, McHenry, Pierce, Benson, Ramsey, McLean, Sheridan, and Wells counties. This program also has Early Head Start, which is based in *Devils Lake* and serves Wells, Benson, and Ramsey counties. Total funded enrollment in 2008-09 was 266.
7) **Community Action Agency Region VI Head Start** is based in *Jamestown* and serves Barnes, Dickey, Eddy, Foster, LaMoure, and Stutsman counties. This program also has Early Head Start, which extends services to the additional counties of Griggs, Logan, and McIntosh. Total funded enrollment in 2008-09 was 234.
8) **Head Start at Bismarck Early Childhood Education Program (BECEP)** is based in *Bismarck* and serves Burleigh, Kidder, Logan, McIntosh, and Emmons counties. Total funded enrollment in 2008-09 was 231.
9) **Spirit Lake 0-5 Head Start Program** is based in *Fort Totten* and serves the Spirit Lake Dakotah Sioux reservation. This program also has Early Head Start. Total funded enrollment in 2008-09 was 175.
10) **West River Head Start** is based in *Mandan* and serves Mercer, Oliver, Morton, and Grant counties. Total funded enrollment in 2008-09 was 168.
11) **Three Affiliated Tribes Head Start** is based in *New Town* and serves the Three Affiliated Tribes reservation. Total funded enrollment in 2008-09 was 163.
12) **Community Action Head Start** is based in *Dickinson* and serves Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, and Stark counties. Total funded enrollment in 2008-09 was 152.
13) **Head Start and Child Development Center at Mayville State University** is based in *Mayville* and serves Traill, Steele, Griggs, and Nelson counties. This program also has Early Head Start, which serves Traill, Steele, and Nelson counties and part of Grand Forks County. Total funded enrollment in 2008-09 was 120.
14) **Williston Head Start** is based in *Williston* and serves Williams County. Total funded enrollment in 2008-09 was 115.

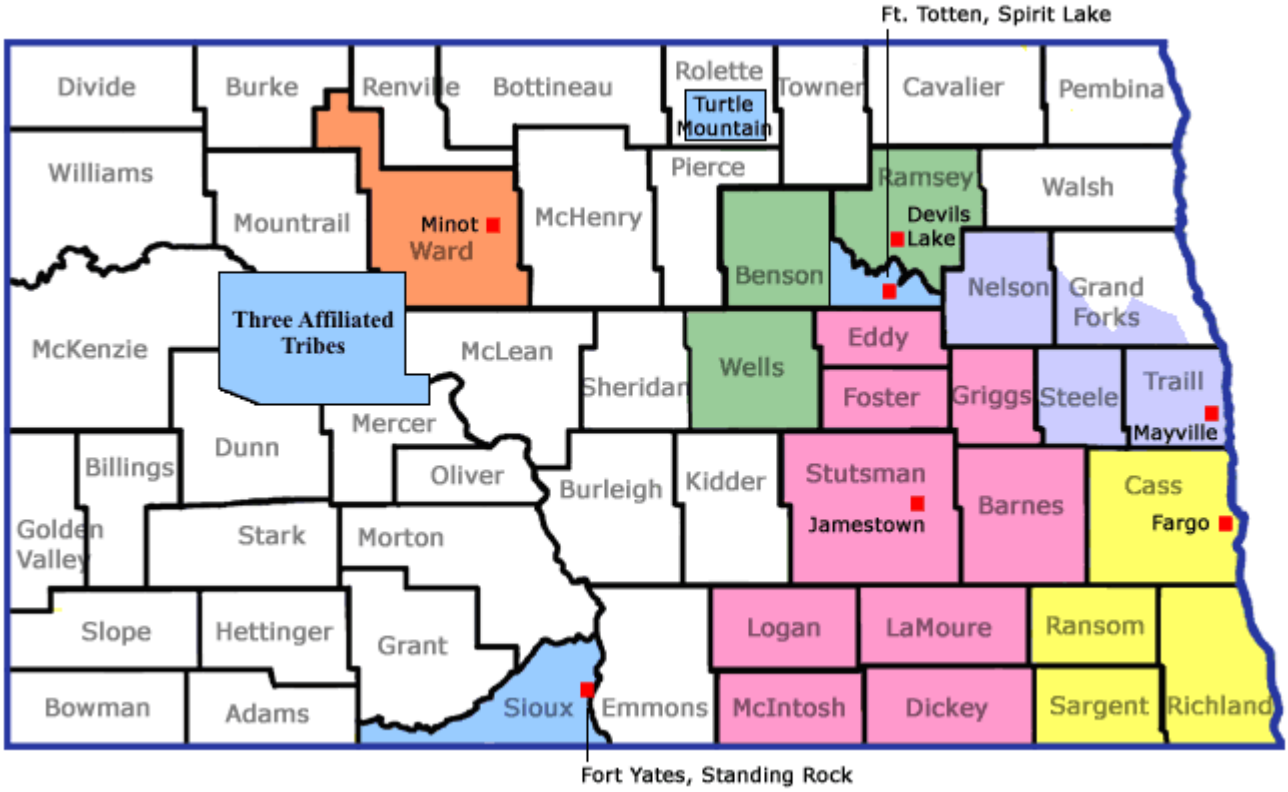
For the first time since 2003-2004, North Dakota will see increases in total funded enrollment in the 2010-2011 school year. Community Action Head Start in Dickinson was funded for 72 new slots and will begin with a home-based option by July 2010. The Early Explorers Early Head Start program will expand by 16 additional slots in Ramsey County and the Head Start and Child Development Center at Mayville State University has been funded for a new Early Head Start program in Grand Forks County located on the UND campus which will serve 56 infants, toddlers, and pregnant women.

Map 1. North Dakota Head Start Programs



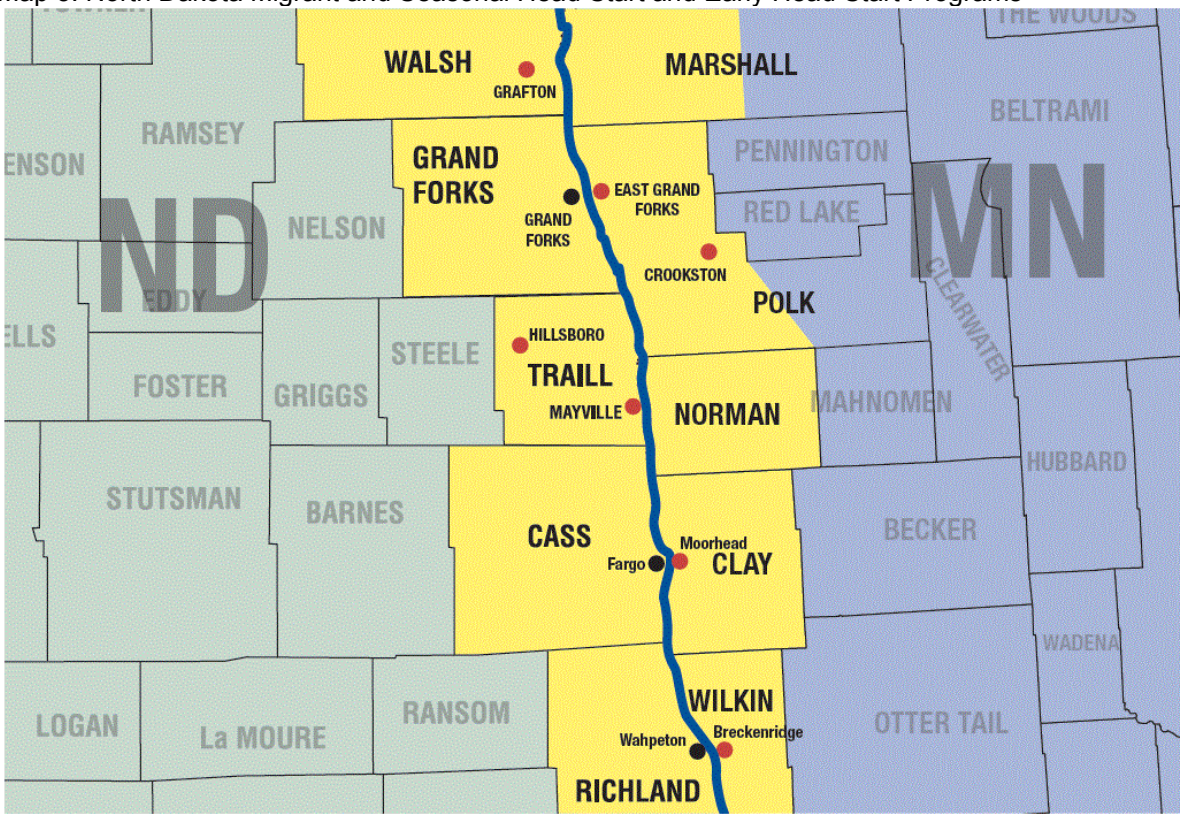
Source: North Dakota Head Start – State Collaboration Office, Division of Children and Family Services, North Dakota Department of Human Services (http://www.nd.gov/dhs/services/childfamily/headstart/sites.html)

Map 2. North Dakota Early Head Start Programs



Source: North Dakota Head Start – State Collaboration Office, Division of Children and Family Services, North Dakota Department of Human Services (http://www.nd.gov/dhs/services/childfamily/headstart/earlysites.html)

Map 3. North Dakota Migrant and Seasonal Head Start and Early Head Start Programs



Source: North Dakota Head Start – State Collaboration Office, Division of Children and Family Services, North Dakota Department of Human Services (http://www.nd.gov/dhs/services/childfamily/headstart/migrant.html)

STUDY DESIGN

Study Objectives

The purpose of this survey project was to collect data from Head Start program staff for a needs assessment of Head Start programs in North Dakota. The project is in response to changes in federal statute P.L. 100-134 entitled Improving Head Start for School Readiness, and aligns with collaborative efforts of the National Office of Head Start. The goal of the project was to conduct a site-based assessment of Head Start programs with specific focus on cooperation, coordination, and collaboration within nine key activity areas. These nine activity areas are: 1) health care, 2) children experiencing homelessness, 3) family/child assistance, 4) child care, 5) family literacy services, 6) children with disabilities and their families, 7) community services, 8) education, divided into 8A) publicly funded Pre-K partnership development and 8B) Head Start transition and alignment with K-12, and 9) professional development.

This report presents the results of the 2009-2010 needs assessment and is a follow-up to the first study conducted in 2008-2009.

Survey Instruments

Ten separate surveys were developed for the first needs assessment conducted for year 2008-2009, each representing one of the nine activity areas noted above. This was accomplished in collaboration with the National Office of Head Start. Feedback from a pre-test was used to modify and finalize the survey instruments. The survey instruments were modified and updated slightly for the 2009-2010 needs assessment.

There were three main parts to the survey. First, data were gathered to identify the extent of involvement that each Head Start program has with various service providers and organizations by content area. A listing of possible agencies for interaction within each activity area was based on recommendations from the National Office of Head Start. A scale was developed to capture the range of involvement from “no working relationship” to a full “collaborative relationship.” The definitions of the range of involvement are as follows:

- **Collaboration** represents the greatest level of involvement, in which the Head Start agency shares resources and/or has formal, written agreements with the various providers or organizations. Examples of collaboration include co-funded staff or building costs, joint grant funding for a new initiative, or a Memorandum of Understanding (MOU) on transition.
- **Coordination** represents the next lower level of involvement, in which the Head Start agency works together on projects or activities with the various providers or organizations. Examples of coordination include parents from the service providers’ agency being invited to the Head Start agency’s parent education night, or the service provider offering health screenings for the children at the Head Start agency’s site.
- **Cooperation** represents the lowest level of involvement, in which the Head Start agency exchanges information with the various providers or organizations. Examples of cooperation include making and receiving referrals.
- **No working relationship** represents no involvement between the Head Start agency and the various providers or organizations. They do not make referrals, do not work together on projects or activities, and do not share information.

Second, information was obtained regarding the level of difficulty each program has had engaging in each of the variety of tasks associated with the respective activity areas. A 4-point scale was used to measure the level of difficulty which ranged from “not at all difficult” to “extremely difficult.” Finally, open-ended questions were used to document any remaining concerns and to give respondents an opportunity to share insight about what is working well in their program.

Methodology

The 2008-2009 needs assessment surveys were conducted via mail. This year, the surveys were transferred into a web version using the website Survey Monkey. Since the responsibility for each of the nine activity areas is typically assigned to a different person within each Head Start program, 10 separate surveys were developed for the 10 parts of the nine activity areas to avoid response burden. Each Head Start Program Director was asked to complete the set of 10 surveys, and also asked to identify the appropriate person in their office to complete each of the surveys. Invitations for each of the 10 surveys were sent via email December 16, 2009. Reminder emails were sent December 28, 2009, and January 12, 2010. The final date of data collection was moved from January 8 to January 15, 2010.

For the first needs assessment conducted last year (i.e., 2008-2009), the four Head Start programs representing American Indian communities/reservations in North Dakota (i.e., New Town, Belcourt, Fort Totten, and Fort Yates) were invited to participate; one chose to participate. Because these programs are included in a separate needs assessment conducted by the National American Indian/Alaska Native Head Start Collaboration Office, they were not asked to

complete the North Dakota Head Start – State Collaboration Office's needs assessment this year (i.e., 2009-2010).

This year, the Tri-Valley Opportunity Council, Inc., which is headquartered in Crookston, MN, and serves the needs of North Dakota seasonal migrant Head Start/Early Head Start families in Grand Forks, Traill, and Walsh counties, was invited to participate in this year's needs assessment.

All of the 10 programs required to participate responded to the survey. Of the 199 survey invitations sent out to these 10 programs, 172 surveys were completed for a response rate of 86 percent (see Table 1). Individual program response rates ranged from 25 percent to 100 percent.

The 172 surveys from the 10 programs that were required to participate and the 18 surveys from the program that was not required to participate were combined (N=190) and presented in the analysis and discussion. A total of 190 completed surveys were analyzed, representing an overall response rate of 87 percent (see Table 1).

The total number of responses per key activity area ranged from 18 to 20 (see Table 2).

Table 1. Survey Responses by North Dakota Head Start Program

Head Start Program	Surveys		Response Rate
	Number Sent	Number Completed	
Participation Required			
Community Action Head Start (Dickinson)	20	20	100.0
Grand Forks Head Start Program	20	20	100.0
Head Start at BECEP (Bismarck)	20	20	100.0
West River Head Start (Mandan)	20	20	100.0
Williston Head Start	20	20	100.0
Early Explorers Head Start Program (Towner/Devils Lake)	20	19	95.0
Head Start and Child Development Center at Mayville State University	19	17	89.5
Minot Public Schools Head Start	20	16	80.0
Community Action Agency Region VI Head Start (Jamestown)	20	15	75.0
SENDCAA Head Start Program (Fargo)	20	5	25.0
Total	199	172	86.4
Participation Invited but Not Required			
Tri-Valley Opportunity Council, Inc., serving seasonal migrants (Crookston, MN)	20	18	90.0
Total	219	190	86.8

Table 2. Survey Responses by Key Activity Area

Key Activity Area (KAA)	Surveys	
	Number Sent	Number Completed
KAA 1: Health care	22	19
KAA 2: Children experiencing homelessness	22	19
KAA 3: Family/child assistance	22	18
KAA 4: Child care	22	20
KAA 5: Family literacy services	22	18
KAA 6: Children with disabilities and their families	22	18
KAA 7: Community services	22	20
KAA 8A: Education – Publicly funded Pre-K partnership development	21	18
KAA 8B: Education – Head Start transition and alignment with K-12	22	20
KAA 9: Professional development	22	20
Total	219	190

Presentation of Findings

A detailed review of the data responses for each key activity area is presented in the Survey Results section of the report, followed by a summary and discussion of key findings presented in the Trends and Recommendations section. An example of the Survey Monkey survey instrument is provided as an Appendix. Frequency distributions for each of the 10 surveys representing the nine activity areas are presented in the Appendices, and all open-ended responses are also included.

SURVEY RESULTS

Key Activity Area 1: Health Care

Involvement with health care – see Tables 3-7

Respondents were asked to rate the extent of their involvement during the past 12 months with each of the following health care providers/organizations, and to indicate if they would like more involvement with each respective provider/organization. Detailed responses can be found in Appendix Table 1.

No working relationship (little or no contact) – Table 3

The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all of the listed health care providers/organizations. All of the agencies indicated they do have a working relationship with medical home providers, dental home providers for treatment and care, local agencies providing mental health prevention and treatment, the WIC program, other nutrition services, community dental health centers, public health services, and programs/services related to children's healthy eating and physical activity. More than one in four has no working relationship with Indian Health Services, while one in five has no working relationship with state agencies providing mental health prevention and treatment, parent organizations that help children with chronic disabilities and mental health needs, and parent health education providers.

Table 3. Percent of respondents who indicated that their Head Start agencies have *no working relationship* with each health care provider/organization

Percent of Respondents	Provider/Organization
26.3%	Indian Health Services
21.1%	State agencies providing mental health prevention and treatment
21.1%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)
21.1%	Parent health education providers (clinics, wellness centers on the reservations)
15.8%	Children's health education providers (e.g., Child Care Resource & Referral health consultants, community-based training)
15.8%	Home-visiting providers
10.5%	Agencies/programs that conduct mental health screenings
5.3%	Community health centers
0.0%	Medical home providers
0.0%	Dental home providers for treatment and care
0.0%	Local agencies providing mental health prevention and treatment
0.0%	WIC program (i.e., Women, Infants, and Children)
0.0%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)
0.0%	Community dental health centers
0.0%	Public health services
0.0%	Programs/services related to children's healthy eating and physical activity (e.g., HealthyND; I Am Moving, I Am Learning program)
0.0%	Other (specify)

Among those with no working relationship, the reasons why: (Appendix Table 2)

- Services were not available in the area - 50.0%
- Met resistance when trying to establish a working relationship - 21.4%
- Other (specify: e.g., that they receive mental health services from the regional human services center and not from the state level, that they have little to no families using these services) - 14.3%
- Transportation/distance was an issue - 7.1%
- Lack of resources (e.g., personnel, money) to establish a working relationship - 7.1%

Cooperation (exchange information and referrals) – Table 4

Approximately half of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with parent organizations that help children with chronic disabilities and mental health needs and with medical home providers. Approximately two in five have a cooperative relationship with the WIC program, with community dental health centers, and with Indian Health Services. Less than one in five has a cooperative relationship with programs/services related to children's healthy eating and physical activity.

Table 4. Percent of respondents who indicated that their Head Start agencies have a *cooperative relationship* with each health care provider/organization

Percent of Respondents	Provider/Organization
52.6%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)
47.4%	Medical home providers
42.1%	WIC program (i.e., Women, Infants, and Children)
36.8%	Community dental health centers
36.8%	Indian Health Services
31.6%	Dental home providers for treatment and care
31.6%	State agencies providing mental health prevention and treatment
31.6%	Community health centers
26.3%	Local agencies providing mental health prevention and treatment
26.3%	Children's health education providers (e.g., Child Care Resource & Referral health consultants, community-based training)
26.3%	Parent health education providers (clinics, wellness centers on the reservations)
26.3%	Public health services
21.1%	Agencies/programs that conduct mental health screenings
21.1%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)
21.1%	Home-visiting providers
15.8%	Programs/services related to children's healthy eating and physical activity (e.g., HealthyND; I Am Moving, I Am Learning program)
0.0%	Other (specify)

Coordination (work together on projects or activities) – Table 5

Nearly half of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with other nutrition services. Approximately two in five have a coordinating relationship with dental home providers for treatment and care, with programs/services related to children's healthy eating and physical activity, with local agencies providing mental health prevention and treatment, with agencies/programs that conduct mental health screenings, and with children's health education providers. Fewer than one in five has a coordinating relationship with the WIC program and home-visiting providers, while none have a coordinating relationship with Indian Health Services.

Table 5. Percent of respondents who indicated that their Head Start agencies have a *coordinating relationship* with each health care provider/organization

Percent of Respondents	Provider/Organization
47.4%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)
42.1%	Dental home providers for treatment and care
42.1%	Programs/services related to children's healthy eating and physical activity (e.g., HealthyND; I Am Moving, I Am Learning program)
36.8%	Local agencies providing mental health prevention and treatment
36.8%	Agencies/programs that conduct mental health screenings
36.8%	Children's health education providers (e.g., Child Care Resource & Referral health consultants, community-based training)
33.3%	Other (specify)
31.6%	State agencies providing mental health prevention and treatment
31.6%	Parent health education providers (clinics, wellness centers on the reservations)
26.3%	Medical home providers
26.3%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)
26.3%	Community dental health centers
26.3%	Public health services
21.1%	Community health centers
15.8%	WIC program (i.e., Women, Infants, and Children)
15.8%	Home-visiting providers
0.0%	Indian Health Services

Collaboration (share resources and/or have formal, written agreements) – Table 6

Nearly half of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with public health services. Approximately two in five have a collaborative relationship with the WIC program, with local agencies providing mental health prevention and treatment, and with program/services related to children's healthy eating and physical activity. None have a collaborative relationship with parent organizations that help children with chronic disabilities and mental health needs.

Table 6. Percent of respondents who indicated that their Head Start agencies have a *collaborative relationship* with each health care provider/organization

Percent of Respondents	Provider/Organization
47.4%	Public health services
42.1%	WIC program (i.e., Women, Infants, and Children)
36.8%	Local agencies providing mental health prevention and treatment
36.8%	Programs/services related to children's healthy eating and physical activity (e.g., HealthyND; I Am Moving, I Am Learning program)
31.6%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)
26.3%	Medical home providers
26.3%	Dental home providers for treatment and care
26.3%	Agencies/programs that conduct mental health screenings
21.1%	Home-visiting providers
15.8%	State agencies providing mental health prevention and treatment
15.8%	Children's health education providers (e.g., Child Care Resource & Referral health consultants, community-based training)
15.8%	Community health centers
10.5%	Parent health education providers (clinics, wellness centers on the reservations)
10.5%	Community dental health centers
5.3%	Indian Health Services
0.0%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)
0.0%	Other (specify)

Would like more involvement – Table 7

Respondents indicated interest across the board in more involvement with the various health care providers/organizations. More than two-thirds of respondents indicated that their North Dakota Head Start agencies would like more involvement with parent organizations that help children with chronic disabilities and mental health needs. The majority would also like more involvement with nutrition services such as cooperative extension programs, parent health education providers, dental home providers for treatment and care, and state agencies providing mental health prevention and treatment.

Respondents indicated interest in more involvement with other providers/organizations such as the Jamestown College School of Nursing (see Appendix Table 1).

Table 7. Percent of respondents who indicated that their Head Start agencies *would like more involvement* with each health care provider/organization

Percent of Respondents	Provider/Organization
100.0%	Other (specify)
68.4%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)
57.9%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)
57.9%	Parent health education providers (clinics, wellness centers on the reservations)
52.6%	Dental home providers for treatment and care
52.6%	State agencies providing mental health prevention and treatment
47.4%	Agencies/programs that conduct mental health screenings
47.4%	Community dental health centers
47.4%	Community health centers
47.4%	Programs/services related to children's healthy eating and physical activity (e.g., HealthyND; I Am Moving, I Am Learning program)
42.1%	Local agencies providing mental health prevention and treatment
42.1%	Children's health education providers (e.g., Child Care Resource & Referral health consultants, community-based training)
36.8%	Medical home providers
36.8%	WIC program (i.e., Women, Infants, and Children)
31.6%	Home-visiting providers
31.6%	Public health services
31.6%	Indian Health Services

Level of difficulty with areas/tasks involving health care – Table 8

Respondents were asked to indicate the extent to which each area/task was difficult during the past 12 months (not at all difficult, somewhat difficult, difficult, or extremely difficult). Detailed responses can be found in Appendix Table 3.

Respondents indicated that their Head Start agencies have the greatest difficulties with linking children to dental homes that serve young children, assisting parents to communicate effectively with medical/dental providers, getting children enrolled in SCHIP or Health Tracks/EPSDT, and assisting families to get transportation to appointments.

Table 8. Percent of respondents who indicated that each area/task involving health care is *difficult* or *extremely difficult*

Percent of Respondents	Area/Task
36.8%	Linking children to dental homes that serve young children
26.3%	Assisting parents to communicate effectively with medical/dental providers
21.1%	Getting children enrolled in SCHIP or Health Tracks/EPSDT
21.1%	Assisting families to get transportation to appointments
16.7%	Partnering with oral health professionals on oral-health related issues (e.g., American Academy of Pediatric Dentistry – Head Start Dental Home Initiative)
15.8%	Exchanging information on roles and resources with medical, dental and other providers/ organizations regarding health care
10.6%	Getting full representation and active commitment on your Health Advisory Committee
10.5%	Linking children to medical homes
10.5%	Sharing data/information on children/families served jointly by Head Start and other agencies regarding health care (e.g., lead screening, nutrition reports, home-visit reports)
5.3%	Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene)
5.3%	Referring families to parent organizations (e.g., Federation of Families, Family Voices)
5.3%	Information/referral/enrollment to Medicaid Buy In
5.3%	Information/referral/enrollment to Medicaid Waiver programs (e.g., Children with Medically Fragile Needs Program)
0.0%	Arranging coordinated services for children with special health care needs (link children with special needs to Early Intervention)
0.0%	Other (specify)

Other issues with health care

Respondents were asked to offer information about issues they have experienced relating to health care for children and families in Head Start programs. Detailed responses can be found in Appendix Table 4. Some themes include:

- Transportation issues
- Lack of medical coverage, or having medical coverage that does not include dental services, which can be extremely costly
- Shortage of dentists who will accept children on Medical Assistance/Medicaid or who will serve young children
- Overuse of Emergency Room care
- Getting families of overweight children to be willing to make changes to their diets
- Parents not attending appointments and professionals who will not reschedule
- Low participation on Health Advisory Committee by actual health professionals
- Communication to parents regarding SCHIP acceptance and between SCHIP and Medicaid when a family is deemed ineligible for one

Efforts to address health care needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to health care for children and families in their programs that are working well and that might be helpful to other Head Start programs in North Dakota. Detailed responses can be found in Appendix Table 5. Some themes include:

- Having nurse interns
- Having area dentists who are committed to providing services to Head Start children at low or no cost
- Utilizing a dental educator and other advocates to educate area dentists on the dental needs of Head Start children
- Having a great partnership with their local public health agency that provides Health Track screening of all Head Start children regardless of Medicaid status, and that come to the center to complete screenings
- Having health care professionals assist with health fairs
- Having area optometrists come to Head Start to do eye exams
- Having an audiology instructor at the Communication Disorders Clinic at the college come with Master's level students to do screenings (e.g., OAE's, tympanometry, and Pure Tones)
- Getting response cards from health care providers, that parents give to the provider, sent back to their Head Start program
- Having a supportive community
- The development of an active Health Advisory committee
- Being able to provide fluoride varnish applications for the children (e.g., having a Medicaid provider number, utilizing NDHT program staff)
- Doing their own screening in the areas of development, vision, and hearing, which allows more control of timeliness of screenings and referrals

Key Activity Area 2: Children Experiencing Homelessness

Involvement with children experiencing homelessness – see Tables 9-13

Respondents were asked to rate the extent of their involvement during the past 12 months with each of the following providers/organizations serving children experiencing homelessness, and to indicate if they would like more involvement with each respective provider/organization. Detailed responses can be found in Appendix Table 6.

No working relationship (little or no contact) – Table 9

The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all of the listed providers/organizations serving children experiencing homelessness. Approximately two in five respondents indicated that their North Dakota Head Start agencies have no working relationship with parent organizations that help children and families with homelessness, with the local McKinney-Vento Homeless Assistance Act liaison, and with the Title I/Homeless Program Administrator.

Table 9. Percent of respondents who indicated that their Head Start agencies have *no working relationship* with each provider/organization serving children experiencing homelessness

Percent of Respondents	Provider/Organization
42.1%	Parent organizations that help children and families with homelessness (ND Homeless Coalition)
36.8%	Local McKinney-Vento Homeless Assistance Act liaison
36.8%	Title I/Homeless Program Administrator
26.3%	Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)*
21.1%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)
10.5%	Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)

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

Among those with no working relationship, the reasons why: (Appendix Table 7)

- Services were not available in the area - 50.0%
- Transportation/distance was an issue - 33.3%
- Lack of resources (e.g., personnel, money) to establish a working relationship - 33.3%
- Other (specify: e.g., did not know some of these things existed, still learning about entities that work with homelessness, few families in their service area who are homeless, no parent organizations in their service area, their sites are open during the summer when schools are closed) - 25.0%
- Met resistance when trying to establish a working relationship - 16.7%

Cooperation (exchange information and referrals) – Table 10

Approximately two in five respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with the local McKinney-Vento Homeless Assistance Act liaison, the local agencies serving families experiencing homelessness, the Title I/Homeless Program Administrator, and the Title I Director.

Table 10. Percent of respondents who indicated that their Head Start agencies have a *cooperative relationship* with each provider/organization serving children experiencing homelessness

Percent of Respondents	Provider/Organization
42.1%	Local McKinney-Vento Homeless Assistance Act liaison
42.1%	Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)
42.1%	Title I/Homeless Program Administrator
36.8%	Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)*
31.6%	Parent organizations that help children and families with homelessness (ND Homeless Coalition)
26.3%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)

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

Coordination (work together on projects or activities) – Table 11

Nearly one-third of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with the local agencies serving families experiencing homelessness as well as local housing agencies and planning groups. Fewer than one in five has a coordinating relationship with the Title I/Homeless Program Administrator.

Table 11. Percent of respondents who indicated that their Head Start agencies have a *coordinating relationship* with each provider/organization serving children experiencing homelessness

Percent of Respondents	Provider/Organization
31.6%	Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)
31.6%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)
21.1%	Local McKinney-Vento Homeless Assistance Act liaison
21.1%	Parent organizations that help children and families with homelessness (ND Homeless Coalition)
21.1%	Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)*
15.8%	Title I/Homeless Program Administrator

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

Collaboration (share resources and/or have formal, written agreements) – Table 12

Approximately one in five respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with local housing agencies and planning groups. None have a collaborative relationship with the local McKinney-Vento Homeless Assistance Act liaison.

Table 12. Percent of respondents who indicated that their Head Start agencies have a *collaborative relationship* with each provider/organization serving children experiencing homelessness

Percent of Respondents	Provider/Organization
21.1%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)
15.8%	Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)
15.8%	Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)*
5.3%	Parent organizations that help children and families with homelessness (ND Homeless Coalition)
5.3%	Title I/Homeless Program Administrator
0.0%	Local McKinney-Vento Homeless Assistance Act liaison

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

Would like more involvement – Table 13

Respondents indicated interest across the board in more involvement with the various providers/organizations serving children experiencing homelessness. Approximately two-thirds of respondents indicated that their North Dakota Head Start agencies would like more involvement with parent organizations that help children and families with homelessness and the local McKinney-Vento Homeless Assistance Act liaison.

Table 13. Percent of respondents who indicated that their Head Start agencies *would like more involvement* with each provider/organization serving children experiencing homelessness

Percent of Respondents	Provider/Organization
68.4%	Parent organizations that help children and families with homelessness (North Dakota Homeless Coalition)
63.2%	Local McKinney-Vento Homeless Assistance Act liaison
57.9%	Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)*
57.9%	Title I/Homeless Program Administrator
52.6%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)
42.1%	Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)

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

Level of difficulty with areas/tasks involving children experiencing homelessness – Table 14

Respondents were asked to indicate the extent to which each area/task was difficult during the past 12 months (not at all difficult, somewhat difficult, difficult, or extremely difficult). Detailed responses can be found in Appendix Table 8.

Overall, respondents did not indicate high levels of difficulty with areas/tasks involving children experiencing homelessness. Respondents indicated that their Head Start agencies have the greatest difficulties with engaging community partners, including the local McKinney-Vento liaison, in conducting staff cross-training and planning activities as well as with obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment.

Table 14. Percent of respondents who indicated that each area/task involving children experiencing homelessness is *difficult* or *extremely difficult*

Percent of Respondents	Area/Task
21.1%	Engaging community partners, including the local McKinney-Vento liaison, in conducting staff cross-training and planning activities
15.8%	Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment
10.5%	Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment
5.3%	Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act
5.3%	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
5.3%	Entering into a Memorandum of Understanding (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
5.3%	In coordination with local education agencies (LEA), developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness

Other issues with children experiencing homelessness

Respondents were asked to offer information about issues they have experienced relating to homelessness for children and families in Head Start programs. Detailed responses can be found in Appendix Table 9. Some themes include:

- Rural communities having few resources (e.g., closest shelters being an hour or more away, looking to social services or Head Start for guidance)
- Most homeless in their service area are living with friends or extended family until they can find housing
- Extreme shortage of adequate, affordable housing in southwestern North Dakota (compounded by tornado and oil workers)
- Finding housing for families with poor credit
- Difficulties defining "permanent night time residence"
- Being fully enrolled and having a homeless family that needs services right away, not being able to help them

Efforts to address homelessness needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to homelessness for children and families in their programs that are working well and that might be helpful to other Head Start programs in North Dakota. Detailed responses can be found in Appendix Table 10. Some themes include:

- ARRA funds that are being used for deposits
- Having good working relationships with housing assistance programs, between Family Service staff and housing office officials
- Having good community collaborations
- Having the Family Partnership Coordinator serve on the local Homeless Coalition
- Having communication between public school administrative office and Head Start program and working closely with local public schools and their homeless coordinator
- Meetings four times per year to discuss housing for Head Start families, which include homeless families in the discussion
- Working with other agencies such as social services, housing, local ministeriums

Key Activity Area 3: Family/Child Assistance

Involvement with family/child assistance – see Tables 15-19

Respondents were asked to rate the extent of their involvement during the past 12 months with each of the following family/child assistance providers/organizations, and to indicate if they would like more involvement with each respective provider/organization. Detailed responses can be found in Appendix Table 11.

No working relationship (little or no contact) – Table 15

The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all of the listed family/child assistance providers/organizations. The most common providers/organizations that respondents indicated that their North Dakota Head Start agencies have no working relationship with are Economic and Community Development Councils. All of the respondents indicated that their agencies do have a working relationship with Child Welfare agencies, parent organizations, and parent advocacy groups.

Table 15. Percent of respondents who indicated that their Head Start agencies have *no working relationship* with each family/child assistance provider/organization

Percent of Respondents	Provider/Organization
38.9%	Economic and Community Development Councils
16.7%	Employment and Training and Labor Services agencies
5.6%	TANF agency
5.6%	Services and networks supporting foster and adoptive families
0.0%	Child Welfare agency
0.0%	Parent organizations (e.g., Parent Resource Centers)
0.0%	Parent advocacy groups (e.g., North Dakota Head Start Association)

Among those with no working relationship, the reasons why: (Appendix Table 12)

- Other (specify: e.g., not having a big need to work together at this time, not aware if a development council is available in their area, lack of interest or follow-through on the part of the provider/organization, lack of information regarding workshops) - 44.4%
- Met resistance when trying to establish a working relationship - 33.3%
- Lack of resources (e.g., personnel, money) to establish a working relationship - 22.2%
- Services were not available in the area - 11.1%
- Transportation/distance was an issue - 0.0%

Cooperation (exchange information and referrals) – Table 16

Half of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with services and networks supporting foster and adoptive families. Less than one in five have a cooperative relationship with parent advocacy groups.

Table 16. Percent of respondents who indicated that their Head Start agencies have a *cooperative relationship* with each family/child assistance provider/organization

Percent of Respondents	Provider/Organization
50.0%	Services and networks supporting foster and adoptive families
44.4%	Employment and Training and Labor Services agencies
38.9%	TANF agency
38.9%	Child Welfare agency
33.3%	Economic and Community Development Councils
22.2%	Parent organizations (e.g., Parent Resource Centers)
16.7%	Parent advocacy groups (e.g., North Dakota Head Start Association)

Coordination (work together on projects or activities) – Table 17

Half of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with parent advocacy groups. Approximately one in five have a coordinating relationship with Economic and Community Development Councils.

Table 17. Percent of respondents who indicated that their Head Start agencies have a *coordinating relationship* with each family/child assistance provider/organization

Percent of Respondents	Provider/Organization
50.0%	Parent advocacy groups (e.g., North Dakota Head Start Association)
44.4%	Child Welfare agency
44.4%	Parent organizations (e.g., Parent Resource Centers)
38.9%	TANF agency
38.9%	Employment and Training and Labor Services agencies
38.9%	Services and networks supporting foster and adoptive families
22.2%	Economic and Community Development Councils

Collaboration (share resources and/or have formal, written agreements) – Table 18

One-third of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with parent organizations and parent advocacy groups. None have a collaborative relationship with Employment and Training and Labor Services agencies or Economic and Community Development Councils.

Table 18. Percent of respondents who indicated that their Head Start agencies have a *collaborative relationship* with each family/child assistance provider/organization

Percent of Respondents	Provider/Organization
33.3%	Parent organizations (e.g., Parent Resource Centers)
33.3%	Parent advocacy groups (e.g., North Dakota Head Start Association)
16.7%	TANF agency
16.7%	Child Welfare agency
5.6%	Services and networks supporting foster and adoptive families
0.0%	Employment and Training and Labor Services agencies
0.0%	Economic and Community Development Councils

Would like more involvement – Table 19

Respondents indicated interest across the board in more involvement with the various family/child assistance providers/organizations. Two-thirds of respondents indicated that their North Dakota Head Start agencies would like more involvement with Economic and Community Development Councils.

Table 19. Percent of respondents who indicated that their Head Start agencies *would like more involvement* with each family/child assistance provider/organization

Percent of Respondents	Provider/Organization
66.7%	Economic and Community Development Councils
61.1%	Child Welfare agency
55.6%	Employment and Training and Labor Services agencies
50.0%	Services and networks supporting foster and adoptive families
50.0%	Parent organizations (e.g., Parent Resource Centers)
44.4%	TANF agency
44.4%	Parent advocacy groups (e.g., North Dakota Head Start Association)

Level of difficulty with areas/tasks involving family/child assistance – Table 20

Respondents were asked to indicate the extent to which each area/task was difficult during the past 12 months (not at all difficult, somewhat difficult, difficult, or extremely difficult). Detailed responses can be found in Appendix Table 13.

Overall, respondents did not indicate high levels of difficulty with areas/tasks involving family/child assistance. Respondents indicated that their Head Start agencies have the greatest difficulties with facilitating shared training and technical assistance opportunities as well as getting involved in state level planning and policy development.

Table 20. Percent of respondents who indicated that each area/task involving family/child assistance is *difficult* or *extremely difficult*

Percent of Respondents	Area/Task
11.1%	Facilitating shared training and technical assistance opportunities
11.1%	Getting involved in state level planning and policy development
0.0%	Obtaining information and data for community assessment and planning
0.0%	Targeting recruitment to families receiving TANF, Employment and Training, and related support services
0.0%	Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment
0.0%	Establishing and implementing local interagency partnership agreements
0.0%	Exchanging information on roles and resources with other service providers and organizations regarding family/child assistance services

Other issues with family/child assistance

Respondents were asked to offer information about issues they have experienced relating to family/child assistance for children and families in Head Start programs. Detailed responses can be found in Appendix Table 14. Some themes include:

- Job training and preparation classes that would help prepare families better in accessing better employment opportunities
- Families losing benefits when they do not consistently perform all of the requirements for obtaining services; children are the ones who suffer from loss of money or services
- Child care for when a parent finds a job or starts school
- Keeping parents healthy so they can take care of their children (e.g., lack of affordable medical and dental services)
- Parents experiencing frustration in accessing assistance and getting comprehensive information
- Distance to resources, especially in remote areas and for families with limited transportation
- Need for outreach counseling services to rural areas
- Families with language barriers and agencies that lack the resources to assist with their language needs
- Changes in legislation that negatively affect families
- Shortage of affordable housing and few options for assistance for getting families into a home they can afford

Efforts to address family/child assistance needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to family/child assistance for children and families in their programs that are working well and that might be helpful to other Head Start programs in North Dakota. Detailed responses can be found in Appendix Table 15. Some themes include:

- Accessing financial education and literacy and homeowners' education classes through onsite Community Action Partnership grantee
- Promoting community partnerships and collaboration agreements, which helps provide agencies with a better understanding of the Head Start program and how to meet the needs of families
- Establishing good working relationships with other agencies and service providers, including attending multiagency meetings and inviting staff from other agencies (e.g., family/child assistance agency) to participate on the Head Start Family Partnership Advisory Committee
- Receiving the TANF list on a monthly basis
- Fostering relationships with county social services, such as requesting attendance at meetings, program assessments as well as keeping informed of their changes and issues
- Fostering partnerships with Child Protection Services, including having Head Start staff on the boards at the county level
- Working with Community Action's car repair program and commodities food program
- Working with local colleges for interns
- Opening up classes at Head Start to the community with the Parent Resource Center
- Working with child care programs for after school care

Key Activity Area 4: Child Care

Involvement with child care – see Tables 21-25

Respondents were asked to rate the extent of their involvement during the past 12 months with each of the following child care providers/organizations, and to indicate if they would like more involvement with each respective provider/organization. Detailed responses can be found in Appendix Table 16.

No working relationship (little or no contact) – Table 21

The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all of the listed child care providers/organizations. Two in five have no working relationship with local child care programs for full-year, full-day services.

Table 21. Percent of respondents who indicated that their Head Start agencies have *no working relationship* with each child care provider/organization

Percent of Respondents	Provider/Organization
40.0%	Local child care programs for full-year, full-day services
25.0%	State agency for child care
20.0%	Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross-training)
10.0%	State, regional, or local policy/planning committees that address child care issues
5.0%	Child Care Resource & Referral agencies

Among those with no working relationship, the reasons why: (Appendix Table 17)

- Services were not available in the area - 60.0%
- Met resistance when trying to establish a working relationship - 50.0%
- Lack of resources (e.g., personnel, money) to establish a working relationship - 30.0%
- Transportation/distance was an issue - 20.0%
- Other (specify: e.g., some providers resent Head Start's money, lack of involvement from providers when have tried to be a resource/support system to the child care community) - 10.0%
- Children had special needs and provider(s) were unable to meet care requirements - 0.0%

Cooperation (exchange information and referrals) – Table 22

Nearly one-third of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with the state agency for child care, while one-fourth have a cooperative relationship with Child Care Resource & Referral agencies as well as state, regional, or local policy/planning committees that address child care issues.

Table 22. Percent of respondents who indicated that their Head Start agencies have a *cooperative relationship* with each child care provider/organization

Percent of Respondents	Provider/Organization
30.0%	State agency for child care
25.0%	Child Care Resource & Referral agencies
25.0%	State, regional, or local policy/planning committees that address child care issues
20.0%	Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross-training)
10.0%	Local child care programs for full-year, full-day services

Coordination (work together on projects or activities) – Table 23

Nearly two-thirds of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with state, regional, or local policy/planning committees that address child care issues.

Table 23. Percent of respondents who indicated that their Head Start agencies have a *coordinating relationship* with each child care provider/organization

Percent of Respondents	Provider/Organization
65.0%	State, regional, or local policy/planning committees that address child care issues
60.0%	Child Care Resource & Referral agencies
45.0%	Local child care programs for full-year, full-day services
35.0%	State agency for child care
35.0%	Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross-training)

Collaboration (share resources and/or have formal, written agreements) – Table 24

One in five respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with higher education programs/services/resources related to child care. None have a collaborative relationship with local child care programs for full-year, full-day services or with state, regional, or local policy/planning committees that address child care issues.

Table 24. Percent of respondents who indicated that their Head Start agencies have a *collaborative relationship* with each child care provider/organization

Percent of Respondents	Provider/Organization
20.0%	Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross-training)
10.0%	Child Care Resource & Referral agencies
5.0%	State agency for child care
0.0%	Local child care programs for full-year, full-day services
0.0%	State, regional, or local policy/planning committees that address child care issues

Would like more involvement – Table 25

Respondents indicated interest across the board in more involvement with the various child care providers/organizations. The majority of respondents indicated that their North Dakota Head Start agencies would like more involvement with local child care programs for full-year, full-day services; higher education programs/services/resources related to child care; and Child Care Resource & Referral agencies.

Table 25. Percent of respondents who indicated that their Head Start agencies *would like more involvement* with each child care provider/organization

Percent of Respondents	Provider/Organization
55.0%	Local child care programs for full-year, full-day services
55.0%	Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross-training)
50.0%	Child Care Resource & Referral agencies
45.0%	State agency for child care
45.0%	State, regional, or local policy/planning committees that address child care issues

Level of difficulty with areas/tasks involving child care – Table 26

Respondents were asked to indicate the extent to which each area/task was difficult during the past 12 months (not at all difficult, somewhat difficult, difficult, or extremely difficult). Detailed responses can be found in Appendix Table 18.

Respondents indicated that their Head Start agencies have the greatest difficulties establishing linkages/partnerships with child care providers and assisting families to access full-year, full-day services.

Table 26. Percent of respondents who indicated that each area/task involving child care is *difficult* or *extremely difficult*

Percent of Respondents	Area/Task
30.0%	Establishing linkages/partnerships with child care providers
25.0%	Assisting families to access full-year, full-day services
21.0%	Aligning policies and practices with other service providers
15.0%	Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment
0.0%	Sharing data/information on children that are jointly served (e.g., assessments, outcomes)

Other issues with child care

Respondents were asked to offer information about issues they have experienced relating to child care for children and families in Head Start programs. Detailed responses can be found in Appendix Table 19. Some themes include:

- A challenge to align Head Start Performance Standards with child care licensing when so much is required from Head Start
- Cost of families applying for child care (e.g., large up-front deposits)
- Cost of child care, and not all Head Start families are receiving assistance
- Need for flexible hours with quality child care providers for families working early mornings (before 7 am), evenings (after 6 pm), and weekends
- Need for part-time care, as it is too expensive to pay for a full-time slot when care is only needed for a couple of hours
- Trust issues for families who do not want to work with more than one environment for their children
- Shortage of child care for infants especially, as well as toddlers
- Finding child care with transportation or that is in a bussing area
- Would be helpful to know which child care programs across the state want to partner with Head Start programs; it is difficult to find the time to have these discussions
- Not worth the time or effort for Head Start programs to become licensed unless they are taking children for payment slots or are working towards NAEYC accreditation
- Distance to nearest CCR&R office is too far, even though their staff have been considerate in working with our center

Efforts to address child care needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to child care for children and families in their programs that are working well and that might be helpful to other Head Start programs in North Dakota. Detailed responses can be found in Appendix Table 20. Some themes include:

- Collaboration with various agencies (e.g., ND Extension Service)
- Having access to trainings which Head Start staff can then provide to their families
- Parents sharing information with each other
- Benefitting from work on the state level in improving quality of child care including early learning guidelines, QRS, work of advocates, and the development of the Early Learning Council
- Having the state early care and education administrator being open to Head Start and its requirements
- Being a licensed child care provider
- Having working relationships with higher education and CCR&R
- Having parents sign a release of information each year at Head Start registration giving Head Start staff permission to communicate with the child care provider
- Having child care providers be members of the education committee and attend education-related staff training
- Being involved in the Quality Rating Improvement System committee, which increased Head Start staff's understanding of child care issues
- Creating a local Success by Six group comprised of local professionals committed to early childhood education and care as well as direct providers and child care program administrators
- Partnering with a local program to provide after school child care, where parents can apply for child care assistance
- Working on a state level to address legislative issues
- Inviting child care programs to Head Start's in-service training

Key Activity Area 5: Family Literacy Services

Involvement with family literacy services – see Tables 27-31

Respondents were asked to rate the extent of their involvement during the past 12 months with each of the following family literacy services providers/organizations, and to indicate if they would like more involvement with each respective provider/organization. Detailed responses can be found in Appendix Table 21.

No working relationship (little or no contact) – Table 27

The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all of the family literacy services providers/organizations except museums and school libraries. All of the respondents indicated that their agencies do have a working relationship with Adult Education.

Table 27. Percent of respondents who indicated that their Head Start agencies have *no working relationship* with each family literacy services provider/organization

Percent of Respondents	Provider/Organization
55.6%	Museums
50.0%	School libraries
38.9%	English Language Learner programs and services
38.9%	Providers of services for children and families who are English Language Learners
33.3%	Prairie Public education services
23.5%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross-training)
22.2%	Dept. of Public Instruction Title I, Part A, Family Literacy
22.2%	Even Start
16.7%	Public libraries
16.7%	Reading Readiness programs
11.1%	Early Reading First
5.6%	Employment and Training programs
5.6%	Parent education programs/services to promote parent/child literacy interactions
5.6%	Public/private sources that provide book donations or funding for books
0.0%	Adult Education
0.0%	Other (specify)

Among those with no working relationship, the reasons why: (Appendix Table 22)

- Services were not available in the area - 92.3%
- Transportation/distance was an issue - 30.8%
- Lack of resources (e.g., personnel, money) to establish a working relationship - 15.4%
- Other (specify: e.g., Even Start funding was cut in the state, partnership with public library is on paper only/not really used, no need for ELL services, no access to Early Reading First program, no contact with local university regarding family literacy programs, not aware of reading readiness programs outside of Head Start) - 7.7%
- Met resistance when trying to establish a working relationship - 0.0%

Cooperation (exchange information and referrals) – Table 28

Three-fourths of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with Adult Education. Nearly two in five have a cooperative relationship with the Department of Public Instruction Title I, Part A, Family Literacy; Employment and Training programs; and public libraries. Very few have a cooperative relationship with museums or Reading Readiness programs.

Table 28. Percent of respondents who indicated that their Head Start agencies have a *cooperative relationship* with each family literacy services provider/organization

Percent of Respondents	Provider/Organization
77.8%	Adult Education
38.9%	Dept. of Public Instruction Title I, Part A, Family Literacy
38.9%	Employment and Training programs
38.9%	Public libraries
27.8%	Prairie Public education services
22.2%	English Language Learner programs and services
22.2%	School libraries
16.7%	Parent education programs/services to promote parent/child literacy interactions
11.8%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross-training)
11.1%	Public/private sources that provide book donations or funding for books
11.1%	Providers of services for children and families who are English Language Learners
11.1%	Even Start
11.1%	Early Reading First
5.6%	Museums
5.6%	Reading Readiness programs
0.0%	Other (specify)

Coordination (work together on projects or activities) – Table 29

More than half of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with higher education programs/services/resources related to family literacy. Nearly two in five have a coordinating relationship with Employment and Training programs and Reading Readiness programs. Very few have a coordinating relationship with Adult Education or school libraries.

Table 29. Percent of respondents who indicated that their Head Start agencies have a *coordinating relationship* with each family literacy services provider/organization

Percent of Respondents	Provider/Organization
52.9%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross-training)
38.9%	Employment and Training programs
38.9%	Reading Readiness programs
33.3%	Parent education programs/services to promote parent/child literacy interactions
33.3%	Public libraries
27.8%	Public/private sources that provide book donations or funding for books
22.2%	Providers of services for children and families who are English Language Learners
16.7%	Dept. of Public Instruction Title I, Part A, Family Literacy
16.7%	Prairie Public education services
16.7%	Even Start
11.1%	English Language Learner programs and services
11.1%	Museums
11.1%	Early Reading First
5.6%	Adult Education
5.6%	School libraries
0.0%	Other (specify)

Collaboration (share resources and/or have formal, written agreements) – Table 30

Half of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with public/private sources that provide book donations or funding for books. Very few have a collaborative relationship with providers of services for children and families who are English Language Learners or with Even Start.

Table 30. Percent of respondents who indicated that their Head Start agencies have a *collaborative relationship* with each family literacy services provider/organization

Percent of Respondents	Provider/Organization
50.0%	Public/private sources that provide book donations or funding for books
44.4%	Parent education programs/services to promote parent/child literacy interactions
27.8%	Reading Readiness programs
22.2%	Early Reading First
16.7%	Dept. of Public Instruction Title I, Part A, Family Literacy
16.7%	Employment and Training programs
16.7%	Adult Education
11.8%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross-training)
11.1%	English Language Learner programs and services
11.1%	Prairie Public education services
11.1%	Public libraries
11.1%	School libraries
11.1%	Museums
5.6%	Providers of services for children and families who are English Language Learners
5.6%	Even Start
0.0%	Other (specify)

Would like more involvement – Table 31

Respondents indicated interest across the board in more involvement with the various family literacy services providers/organizations. More than half of respondents indicated that their North Dakota Head Start agencies would like more involvement with Adult Education and higher education programs/services/resources related to family literacy.

Table 31. Percent of respondents who indicated that their Head Start agencies *would like more involvement* with each family literacy services provider/organization

Percent of Respondents	Provider/Organization
55.6%	Adult Education
52.9%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross-training)
50.0%	Dept. of Public Instruction Title I, Part A, Family Literacy
50.0%	English Language Learner programs and services
50.0%	Parent education programs/services to promote parent/child literacy interactions
50.0%	Reading Readiness programs
50.0%	Providers of services for children and families who are English Language Learners
50.0%	Public/private sources that provide book donations or funding for books
44.4%	Employment and Training programs
44.4%	Public libraries
44.4%	School libraries
38.9%	Museums
38.9%	Early Reading First
33.3%	Prairie Public education services
33.3%	Even Start
33.3%	Other (specify)

Level of difficulty with areas/tasks involving family literacy services – Table 32

Respondents were asked to indicate the extent to which each area/task was difficult during the past 12 months (not at all difficult, somewhat difficult, difficult, or extremely difficult). Detailed responses can be found in Appendix Table 23.

Respondents indicated that their Head Start agencies have the greatest difficulties with recruiting families to Family Literacy Services, educating others about the importance of family literacy, and establishing linkages/partnerships with key local level organizations/programs.

Table 32. Percent of respondents who indicated that each area/task involving family literacy services is *difficult* or *extremely difficult*

Percent of Respondents	Area/Task
16.7%	Recruiting families to Family Literacy Services
16.7%	Educating others (e.g., parents, the community) about the importance of family literacy
16.7%	Establishing linkages/partnerships with key local level organizations/programs (other than libraries)
16.7%	Other (specify)
11.1%	Establishing linkages/partnerships with key literacy providers
0.0%	Incorporating family literacy into your program policies and practices
0.0%	Exchanging information with other providers/organizations regarding roles and resources related to family literacy

Other areas/tasks that are difficult or extremely difficult include:

- Families not having time for family literacy activities because they are in the area for a short period of time and work long hours
- Lack of family literacy services other than what they offer in Head Start
- A challenge to decide between focusing more on literacy and incorporating it into other activities/initiatives
- Time is an issue when cultivating partnerships

Other issues with family literacy services

Respondents were asked to offer information about issues they have experienced relating to family literacy services for children and families in Head Start programs. Detailed responses can be found in Appendix Table 24. Some themes include:

- Limited resources in rural communities
- Lack of access to resources beyond what Head Start does
- Availability of resources during summer months at hours when parents are not working
- Lack of funding for Even Start or family literacy projects that support adult literacy and education

Efforts to address family literacy services needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to family literacy services for children and families in their programs that are working well and that might be helpful to other Head Start programs in North Dakota. Detailed responses can be found in Appendix Table 25. Some themes include:

- Having a part-time translator for English Language Learners
- Being contacted by community partners to serve as a link to parents/families that need services
- Cultivating excellent community partnerships
- Reading is Fundamental program, including fun activities for parents/children and a framework for enriching and enhancing early literacy efforts
- Family of Readers program
- Having Early Reading First funding which has provided some great family literacy activity
- Having SPARK grant which focused on parent literacy, including health and financial literacy
- Being recipients of special funding sources for book distributions for families

Key Activity Area 6: Children with Disabilities and Their Families

Involvement with children with disabilities and their families – see Tables 33-37

Respondents were asked to rate the extent of their involvement during the past 12 months with each of the following providers/organizations that deal with children with disabilities and their families, and to indicate if they would like more involvement with each respective provider/organization. Detailed responses can be found in Appendix Table 26.

No working relationship (little or no contact) – Table 33

The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all the providers/organizations serving children with disabilities and their families. Half have a working relationship with the State Lead Agency for Part B/619 and the State Lead Agency for Part C. Very few have a working relationship with local Part B/619 providers and local Part C providers.

Table 33. Percent of respondents who indicated that their Head Start agencies have *no working relationship* with each provider/organization serving children with disabilities and their families

Percent of Respondents	Provider/Organization
50.0%	State Lead Agency for Part B/619
50.0%	State Lead Agency for Part C
38.9%	University and community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/North Dakota Center for Persons with Disabilities (NDCPD))
38.9%	Non-Head Start policy 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)
33.3%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)
27.8%	State Education Agency - other programs/services (Section 504, special projects re. children with disabilities, etc.)
27.8%	Parent organizations (Family Voices)
22.2%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center (PIRC), Pathfinder Family Center, Community Health, Protection & Advocacy agency, Children's Special Health Services)
5.6%	Local Part B/619 providers
5.6%	Local Part C providers
0.0%	Other (specify)

Among those with no working relationship, the reasons why: (Appendix Table 27)

- Lack of resources (e.g., personnel, money) to establish a working relationship - 42.9%
- Services were not available in the area - 28.6%
- Met resistance when trying to establish a working relationship - 28.6%
- Other (specify: e.g., do not have a full-time disability coordinator, receive very few referrals from Part C, plan to get involved with RICC at the regional level to get referrals directly from human service centers) - 14.3%
- Transportation/distance was an issue - 7.1%

Cooperation (exchange information and referrals) – Table 34

Half of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with federally funded programs for families with children with disabilities as well as parent organizations. None have a cooperative relationship with non-Head Start policy councils, committees, or work groups that address policy/program issues regarding children with disabilities.

Table 34. Percent of respondents who indicated that their Head Start agencies have a *cooperative relationship* with each provider/organization serving children with disabilities and their families

Percent of Respondents	Provider/Organization
50.0%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center (PIRC), Pathfinder Family Center, Community Health, Protection & Advocacy agency, Children's Special Health Services)
50.0%	Parent organizations (Family Voices)
44.4%	State Education Agency - other programs/services (Section 504, special projects re. children with disabilities, etc.)
38.9%	Local Part C providers
38.9%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)
33.3%	University and community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/North Dakota Center for Persons with Disabilities (NDCPD))
27.8%	State Lead Agency for Part C
16.7%	State Lead Agency for Part B/619
11.1%	Local Part B/619 providers
0.0%	Non-Head Start policy 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)
0.0%	Other (specify)

Coordination (work together on projects or activities) – Table 35

The majority of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with non-Head Start policy councils, committees, or work groups that address policy/program issues regarding children with disabilities. Very few have a coordinating relationship with local Part C providers and none have a coordinating relationship with local Part B/619 providers.

Table 35. Percent of respondents who indicated that their Head Start agencies have a *coordinating relationship* with each provider/organization serving children with disabilities and their families

Percent of Respondents	Provider/Organization
61.1%	Non-Head Start policy 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)
22.2%	State Lead Agency for Part B/619
22.2%	Parent organizations (Family Voices)
16.7%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center (PIRC), Pathfinder Family Center, Community Health, Protection & Advocacy agency, Children's Special Health Services)
16.7%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)
16.7%	University and community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/North Dakota Center for Persons with Disabilities (NDCPD))
11.1%	State Education Agency - other programs/services (Section 504, special projects re. children with disabilities, etc.)
11.1%	State Lead Agency for Part C
5.6%	Local Part C providers
0.0%	Local Part B/619 providers
0.0%	Other (specify)

Collaboration (share resources and/or have formal, written agreements) – Table 36

The vast majority of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with local Part B/619 providers and half have a collaborative relationship with local Part C providers. None have a collaborative relationship with parent organizations or non-Head Start policy councils, committees, or work groups that address policy/program issues regarding children with disabilities.

Table 36. Percent of respondents who indicated that their Head Start agencies have a *collaborative relationship* with each provider/organization serving children with disabilities and their families

Percent of Respondents	Provider/Organization
83.3%	Local Part B/619 providers
50.0%	Local Part C providers
11.1%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center (PIRC), Pathfinder Family Center, Community Health, Protection & Advocacy agency, Children's Special Health Services)
11.1%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)
11.1%	University and community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/North Dakota Center for Persons with Disabilities (NDCPD))
5.6%	State Lead Agency for Part B/619
5.6%	State Education Agency - other programs/services (Section 504, special projects re. children with disabilities, etc.)
5.6%	State Lead Agency for Part C
0.0%	Non-Head Start policy 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)
0.0%	Parent organizations (Family Voices)
0.0%	Other (specify)

Would like more involvement – Table 37

Respondents indicated interest across the board in more involvement with the various providers/organizations serving children with disabilities and their families. More than three-fourths of respondents indicated that their North Dakota Head Start agencies would like more involvement with state-funded programs for children with disabilities and their families.

Table 37. Percent of respondents who indicated that their Head Start agencies *would like more involvement* with each provider/organization serving children with disabilities and their families

Percent of Respondents	Provider/Organization
100.0%	Other (specify)
77.8%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)
61.1%	State Lead Agency for Part C
61.1%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center (PIRC), Pathfinder Family Center, Community Health, Protection & Advocacy agency, Children's Special Health Services)
61.1%	University and community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/North Dakota Center for Persons with Disabilities (NDCPD))
61.1%	Non-Head Start policy 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)
55.6%	State Lead Agency for Part B/619
55.6%	State Education Agency - other programs/services (Section 504, special projects re. children with disabilities, etc.)
55.6%	Parent organizations (Family Voices)
50.0%	Local Part C providers
44.4%	Local Part B/619 providers

Level of difficulty with areas/tasks involving children with disabilities and their families – Table 38

Respondents were asked to indicate the extent to which each area/task was difficult during the past 12 months (not at all difficult, somewhat difficult, difficult, or extremely difficult). Detailed responses can be found in Appendix Table 28.

Respondents indicated that their Head Start agencies have the greatest difficulties with parental support offered through parent organizations.

Table 38. Percent of respondents who indicated that each area/task involving children with disabilities and their families is *difficult* or *extremely difficult*

Percent of Respondents	Area/Task
22.3%	Parental support offered through parent organizations
11.2%	Obtaining timely evaluations of children
11.1%	Coordinating services with Part C providers
5.6%	Having staff attend Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) meetings
5.6%	Coordinating services with Part B/619 providers
5.6%	Sharing data/information on jointly served children (assessments, outcomes, etc.)
5.6%	Exchanging information on roles and resources with other providers/organizations regarding services for children with disabilities and their families
0.0%	Other (specify)

Other issues with children with disabilities and their families

Respondents were asked to offer information about issues they have experienced relating to children with disabilities and their families in Head Start programs. Detailed responses can be found in Appendix Table 29. Some themes include:

- Clarity and consistency of communication regarding inviting classroom staff to IEP meetings
- Limited Local Education Agencies staff with heavy caseloads
- Difficulty in getting the special education unit to work with the children in a least restrictive environment
- Wide variety of relationships across a wide service area with multiple special education units
- More difficult to work with the special education unit that has staff contracted through the school rather than the special education unit due to dynamics with school administrator
- Concern regarding eligibility to obtain Part C services
- New reimbursement system for Part C
- Trying to balance other roles with that of disability coordinator
- Difficulty in managing the number of speech/language evaluations in the fall
- Having to find ways to circumvent issues with Part C, who should just be required to partner with Head Start programs

Efforts to address the needs of children with disabilities and their families that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to children with disabilities and their families in their programs that are working well and that might be helpful to other Head Start programs in North Dakota. Detailed responses can be found in Appendix Table 30. Some themes include:

- Having great partnerships with LEA and local school districts in providing services to children with special needs
- Having administrator serve on state joint IDEA/ICC advisory board, state ICC board, and regional ICC boards
- Being co-located with other programs (e.g., Early Childhood Special Education Program, Infant Development, Right Track Program) allows them to access and provide quality services to children and families
- Having strong collaboration between the local special education unit and Head Start
- Having two full-time SLPs
- Incorporating RTI programs (e.g., Speedy Speech, Quick Concepts) into their service delivery
- Having Head Start be the preschool special needs classroom promotes being invited to meetings, obtaining and sharing information in assessments, etc.
- Being housed with Part B and Part C programs makes collaboration much easier
- Having an excellent relationship with the Part C infant development program, which has helped in developing transition strategies, communicating regarding what is working well and what needs to be strengthened, and providing tools for Part C staff to use for families who will transition to Head Start
- Having strong relationships with early intervention agencies

Key Activity Area 7: Community Services

Involvement with community services – see Tables 39-43

Respondents were asked to rate the extent of their involvement during the past 12 months with each of the following community services providers/organizations, and to indicate if they would like more involvement with each respective provider/organization. Detailed responses can be found in Appendix Table 31.

No working relationship (little or no contact) – Table 39

The majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with all of the community services providers/organizations. All of the respondents indicated that their agencies do have a working relationship with providers of child abuse prevention/treatment services, providers of domestic violence prevention/treatment services, and parent education and family support services. One in four has no working relationship with providers of adult disability services.

Table 39. Percent of respondents who indicated that their Head Start agencies have *no working relationship* with each community services provider/organization

Percent of Respondents	Provider/Organization
25.0%	Providers of adult disability services (e.g., Independent Living Centers)
15.0%	Providers of substance abuse prevention/treatment services
10.0%	Law enforcement
5.0%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)
5.0%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)
0.0%	Providers of child abuse prevention/treatment services
0.0%	Providers of domestic violence prevention/treatment services
0.0%	Parent education and family support services (e.g., Parent Resource Centers)
0.0%	Other (specify)

Among those with no working relationship, the reasons why: (Appendix Table 32)

- Services were not available in the area - 60.0%
- Met resistance when trying to establish a working relationship - 40.0%
- Lack of resources (e.g., personnel, money) to establish a working relationship - 40.0%
- Other (specify: e.g., did not need services, Health Insurance Portability and Accountability Act (HIPAA) and confidentiality issues) - 40.0%
- Transportation/distance was an issue - 20.0%

Cooperation (exchange information and referrals) – Table 40

The majority of respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with private resources geared toward prevention/intervention.

Table 40. Percent of respondents who indicated that their Head Start agencies have a *cooperative relationship* with each community services provider/organization

Percent of Respondents	Provider/Organization
60.0%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)
45.0%	Providers of domestic violence prevention/treatment services
45.0%	Providers of adult disability services (e.g., Independent Living Centers)
35.0%	Providers of substance abuse prevention/treatment services
30.0%	Law enforcement
30.0%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)
25.0%	Providers of child abuse prevention/treatment services
20.0%	Parent education and family support services (e.g., Parent Resource Centers)
0.0%	Other (specify)

Coordination (work together on projects or activities) – Table 41

More than half of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with law enforcement.

Table 41. Percent of respondents who indicated that their Head Start agencies have a *coordinating relationship* with each community services provider/organization

Percent of Respondents	Provider/Organization
55.0%	Law enforcement
45.0%	Providers of substance abuse prevention/treatment services
45.0%	Providers of domestic violence prevention/treatment services
35.0%	Providers of child abuse prevention/treatment services
35.0%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)
30.0%	Parent education and family support services (e.g., Parent Resource Centers)
25.0%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)
20.0%	Providers of adult disability services (e.g., Independent Living Centers)
0.0%	Other (specify)

Collaboration (share resources and/or have formal, written agreements) – Table 42

Half of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with parent education and family support services. Very few have a collaborative relationship with law enforcement, providers of substance abuse prevention/treatment services, or private resources geared toward prevention/intervention. None have a collaborative relationship with providers of adult disability services.

Table 42. Percent of respondents who indicated that their Head Start agencies have a *collaborative relationship* with each community services provider/organization

Percent of Respondents	Provider/Organization
50.0%	Parent education and family support services (e.g., Parent Resource Centers)
35.0%	Providers of child abuse prevention/treatment services
33.3%	Other (specify)
30.0%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)
10.0%	Providers of domestic violence prevention/treatment services
5.0%	Law enforcement
5.0%	Providers of substance abuse prevention/treatment services
5.0%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)
0.0%	Providers of adult disability services (e.g., Independent Living Centers)

Would like more involvement – Table 43

Nearly half of respondents indicated that their North Dakota Head Start agencies would like more involvement with law enforcement, providers of substance abuse prevention/treatment services, private resources geared toward prevention/intervention, and providers of emergency services.

Table 43. Percent of respondents who indicated that their Head Start agencies *would like more involvement* with each community services provider/organization

Percent of Respondents	Provider/Organization
45.0%	Law enforcement
45.0%	Providers of substance abuse prevention/treatment services
45.0%	Private resources geared toward prevention/intervention (e.g., faith-based, business, foundations, shelters)
45.0%	Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency)
40.0%	Providers of child abuse prevention/treatment services
40.0%	Providers of domestic violence prevention/treatment services
40.0%	Parent education and family support services (e.g., Parent Resource Centers)
30.0%	Providers of adult disability services (e.g., Independent Living Centers)
5.0%	Other (specify)

Level of difficulty with areas/tasks involving community services – Table 44

Respondents were asked to indicate the extent to which each area/task was difficult during the past 12 months (not at all difficult, somewhat difficult, difficult, or extremely difficult). Detailed responses can be found in Appendix Table 33.

Respondents indicated that their Head Start agencies have the greatest difficulties with obtaining in-kind community services for the children/families in their program. None said they have difficulties with exchanging information on roles and resources with other providers/organizations regarding community services.

Table 44. Percent of respondents who indicated that each area/task involving community services is *difficult* or *extremely difficult*

Percent of Respondents	Area/Task
15.8%	Obtaining in-kind community services for the children/families in your program
10.6%	Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services
10.5%	Establishing linkages/partnerships with law enforcement agencies
5.3%	Establishing linkages/partnerships with public resources (state, county, city, etc.) regarding prevention/treatment services
5.3%	Partnering with service providers on outreach activities for eligible families
5.3%	Sharing data/information on children/families served jointly by Head Start and other agencies regarding prevention/treatment services
0.0%	Exchanging information on roles and resources with other providers/organizations regarding community services
0.0%	Other (specify)

Other issues with community services

Respondents were asked to offer information about issues they have experienced relating to community services for children and families in Head Start programs. Detailed responses can be found in Appendix Table 34. Some themes include:

- It is an ongoing process to get information about Head Start out to agencies, private entities, and the community
- Distance to providers when program is rural
- Have not been permitted to serve on about half of the child protection committees in the service area
- Some of the written and signed partnerships are much more active than others (e.g., law enforcement has not publicly announced its support of Head Start or high quality early education)
- Lack of resources among many public service agencies in the state to do more with Head Start

Efforts to address community services needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to community services for children and families in their programs that are working well and that might be helpful to other Head Start programs in North Dakota. Detailed responses can be found in Appendix Table 35. Some themes include:

- Having good partnerships with community resources (e.g., infant development program, public health, pediatrician, local education agencies, special education units)
- Helping out community partners, which in turn makes them more willing to go above and beyond for Head Start
- Having interagency committees composed of community agencies
- Joining service groups and attending meetings dealing with resources that are needed by Head Start families
- Having Family Services Coordinator sit on the county child protection team
- Having LSWs on staff to provide family services
- Having a staff person attend monthly child protection meetings
- Having a strong relationship with the Parent Resource Center and Gearing Up for Kindergarten
- Having local agencies come to Head Start to present parent education

Key Activity Area 8A: Education – Publicly Funded Pre-K Partnership Development

Involvement with education – publicly funded pre-k partnership development – see Tables 45-49

Respondents were asked to rate the extent of their involvement during the past 12 months with each of the following education – publicly funded pre-k partnership development providers/organizations, and to indicate if they would like more involvement with each respective provider/organization. Detailed responses can be found in Appendix Table 36.

No working relationship (little or no contact) – Table 45

The vast majority of respondents indicated that their North Dakota Head Start agencies have no working relationship with education relating to publicly funded pre-k partnership development because there is no publicly funded pre-k in North Dakota. More than one in five indicated they do not have a Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs or other types of MOUs (such as American Recovery and Reinvestment Act (ARRA)-funded or private preschools).

Table 45. Percent of respondents who indicated that their Head Start agencies have *no working relationship* with education – publicly funded pre-k partnership development provider/organization

Percent of Respondents	Provider/Organization
83.3%	No state funded pre-k in North Dakota
22.2%	Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of your agency which includes plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (I-X), and a review of each of the activities
22.2%	Other Memorandum of Understanding (MOU) (e.g., ARRA-funded Title I preschool, private preschool)

Among those with no working relationship, the reasons why: (Appendix Table 37)

- Services were not available in the area - 53.3%
- Transportation/distance was an issue - 20.0%
- Lack of resources (e.g., personnel, money) to establish a working relationship - 20.0%
- Other (specify: e.g., no state funded pre-k in North Dakota, not having enough time to devote to working on rural partnerships or to working out the details, limited staff/reductions in staffing, have MOUs with all of the LEAs in their service area but not all of the LEAs are willing to collaborate and share resources) - 13.3%
- Met resistance when trying to establish a working relationship - 6.7%

Cooperation (exchange information and referrals) – Table 46

Nearly one in five respondents indicated that the nature of the MOU their agencies have with the appropriate local entity responsible for managing publicly funded preschool programs is cooperative.

Table 46. Percent of respondents who indicated that their Head Start agencies have a *cooperative relationship* with education – publicly funded pre-k partnership development provider/organization

Percent of Respondents	Provider/Organization
16.7%	Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of your agency which includes plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (I-X), and a review of each of the activities
5.6%	Other Memorandum of Understanding (MOU) (e.g., ARRA-funded Title I preschool, private preschool)
0.0%	No state funded pre-k in North Dakota

Coordination (work together on projects or activities) – Table 47

Very few respondents indicated that the nature of the MOU their agencies have with the appropriate local entity responsible for managing publicly funded preschool programs or with other MOUs is coordinating.

Table 47. Percent of respondents who indicated that their Head Start agencies have a *coordinating relationship* with education – publicly funded pre-k partnership development provider/organization

Percent of Respondents	Provider/Organization
5.6%	Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of your agency which includes plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (I-X), and a review of each of the activities
5.6%	Other Memorandum of Understanding (MOU) (e.g., ARRA-funded Title I preschool, private preschool)
0.0%	No state funded pre-k in North Dakota

Collaboration (share resources and/or have formal, written agreements) – Table 48

The majority of respondents indicated that the nature of the other types of MOU their agencies have is collaborative.

Table 48. Percent of respondents who indicated that their Head Start agencies have a *collaborative relationship* with education – publicly funded pre-k partnership development provider/organization

Percent of Respondents	Provider/Organization
61.1%	Other Memorandum of Understanding (MOU) (e.g., ARRA-funded Title I preschool, private preschool)
27.8%	Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of your agency which includes plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (I-X), and a review of each of the activities
5.6%	No state funded pre-k in North Dakota

Would like more involvement – Table 49

Half of respondents indicated they would like more involvement with a MOU with the appropriate local entity responsible for managing publicly funded preschool programs and with other types of MOUs.

Table 49. Percent of respondents who indicated that their Head Start agencies *would like more involvement* with education – publicly funded pre-k partnership development provider/organization

Percent of Respondents	Provider/Organization
50.0%	Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of your agency which includes plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (I-X), and a review of each of the activities
50.0%	No state funded pre-k in North Dakota
50.0%	Other Memorandum of Understanding (MOU) (e.g., ARRA-funded Title I preschool, private preschool)

Level of difficulty with areas/tasks involving education – publicly funded pre-k partnership development – Table 50

Respondents were asked to indicate the extent to which each area/task was difficult during the past 12 months (not at all difficult, somewhat difficult, difficult, or extremely difficult). Detailed responses can be found in Appendix Table 38.

Respondents indicated that their Head Start agencies are not having great difficulties with areas/tasks related to education – publicly funded pre-k partnership development. None said they have difficulties with selection priorities for eligible children served; provision and use of facilities, transportation, etc.; or referrals to parent organizations for parents of children with special needs.

Table 50. Percent of respondents who indicated that each task involving education – publicly funded pre-k partnership development is *difficult* or *extremely difficult*

Percent of Respondents	Area/Task
11.2%	Staff training, including opportunities for joint staff training
5.6%	Educational activities, curricular objectives and instruction
5.6%	Information, dissemination and access for families contacting Head Start or other preschool program
5.6%	Service areas
5.6%	Program technical assistance
5.6%	Provision of services to meet needs of working parents, as applicable
5.6%	Communications and parent outreach for transition to kindergarten (through the local school districts and/or the special education units with the local school districts)
5.6%	Other elements mutually agreed to by the parties to the MOU
0.0%	Selection priorities for eligible children served
0.0%	Provision and use of facilities, transportation, etc.
0.0%	Referral to parent organizations for parents of children with special needs (working with experienced parents through Early Intervention to assist with the transition process)

Other issues with education – publicly funded pre-k partnership development

Respondents were asked to offer information about issues they have experienced relating to education – publicly funded pre-k partnership development. Detailed responses can be found in Appendix Table 39. Some themes include:

- Concerns about money for partnerships after ARRA
- Difficulty collaborating with many schools because of the education qualifications of the Head Start teachers, and difficulty meshing qualifications for Head Start teachers and state-funded preschool teachers
- School districts don't have space for pre-k rooms
- Collaboration is harder with LEAs in the outreach areas
- Need to develop partnerships with pre-k stakeholders to sustain Head Start's existence and quality of services
- Lack of funding to collaborate with all districts
- Not all special education units want to collaborate

Efforts to address education – publicly funded pre-k partnership development needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to education – publicly funded pre-k partnership development in their programs that are working well and that might be helpful to other Head Start programs in North Dakota. Detailed responses can be found in Appendix Table 40. Some themes include:

- Targeting one school district who is interested in providing pre-k services through collaboration with Head Start each year, which helps create meaningful relationships with the school administrators, school board members, and families in that district
- Targeting strategies to each district (e.g., Title I funds versus private tuition with costs for Head Start children covered by the program)
- Having upfront discussions about MOUs prevents problems down the road and keeps communication lines open
- Reviewing the MOUs as things change every year
- Having high quality staff and a positive working relationship with many community entities
- Recognizing that there will be bumps in the road as programs get established
- Offering Head Start training to local area pre-k teachers which helps with collaboration efforts and quality
- Having good schools and public school administrators

Key Activity Area 8B: Education – Head Start Transition and Alignment with K-12

Involvement with education – Head Start transition and alignment with K-12 – see Tables 51-55

Respondents were asked to rate the extent of their involvement during the past 12 months with each of the following education – Head Start transition and alignment with K-12 providers/organizations, and to indicate if they would like more involvement with each respective provider/organization. Detailed responses can be found in Appendix Table 41.

No working relationship (little or no contact) – Table 51

All of the respondents indicated that their agencies have some level of working relationship with Local Education Agencies regarding the transition from Head Start to kindergarten.

Table 51. Percent of respondents who indicated that their Head Start agencies have *no working relationship* with education – Head Start transition and alignment with K-12 provider/organization

Percent of Respondents	Provider/Organization
0.0%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten

Cooperation (exchange information and referrals) – Table 52

Three in ten respondents indicated that their agencies have a cooperative relationship with Local Education Agencies regarding the transition from Head Start to kindergarten.

Table 52. Percent of respondents who indicated that their Head Start agencies have a *cooperative relationship* with education – Head Start transition and alignment with K-12 provider/organization

Percent of Respondents	Provider/Organization
30.0%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten

Coordination (work together on projects or activities) – Table 53

One in ten respondents indicated that their agencies have a coordinating relationship with Local Education Agencies regarding the transition from Head Start to kindergarten.

Table 53. Percent of respondents who indicated that their Head Start agencies have a *coordinating relationship* with education – Head Start transition and alignment with K-12 provider/organization

Percent of Respondents	Provider/Organization
10.0%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten

Collaboration (share resources and/or have formal, written agreements) – Table 54

The majority of respondents indicated that their agencies have a collaborative relationship with Local Education Agencies regarding the transition from Head Start to kindergarten.

Table 54. Percent of respondents who indicated that their Head Start agencies have a *collaborative relationship* with education – Head Start transition and alignment with K-12 provider/organization

Percent of Respondents	Provider/Organization
60.0%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten

Would like more involvement – Table 55

More than half of respondents indicated that their Head Start agencies would like more involvement with Local Education Agencies regarding the transition from Head Start to kindergarten.

Table 55. Percent of respondents who indicated that their Head Start agencies *would like more involvement* with education – Head Start transition and alignment with K-12 provider/organization

Percent of Respondents	Provider/Organization
55.0%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten

Level of difficulty with areas/tasks involving education – Head Start transition and alignment with K-12 – Table 56

Respondents were asked to indicate the extent to which each area/task was difficult during the past 12 months (not at all difficult, somewhat difficult, difficult, or extremely difficult). Detailed responses can be found in Appendix Table 43.

Respondents indicated that their Head Start agencies have the greatest difficulties with coordinating transportation with Local Education Agencies (LEAs) and with organizing and participating in joint training, including transition-related training for school staff and Head Start staff. None said they have difficulties with partnering with LEAs to implement systematic procedures for transferring Head Start program records to school or with establishing and implementing comprehensive transition policies and procedures with LEAs.

Table 56. Percent of respondents who indicated that each area/task involving education – Head Start transition and alignment with K-12 is *difficult* or *extremely difficult*

Percent of Respondents	Area/Task
21.1%	Coordinating transportation with LEAs
21.1%	Organizing and participating in joint training, including transition-related training for school staff and Head Start staff
15.8%	Aligning LEA and Head Start curricula and assessments with Head Start Outcomes Framework
15.8%	Establish policies and procedures that support children's transitions to school that includes engagement with LEA
15.8%	Aligning curricula and assessment practices with LEAs
10.6%	Coordinating for an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) with LEA
10.6%	Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten
10.6%	Exchanging information with LEAs on roles, resources, and regulations
10.5%	Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney-Vento liaisons, etc.)
10.5%	Linking LEA and Head Start services relating to language, numeracy, and literacy
10.5%	Coordinating shared use of facilities with LEAs
5.3%	Aligning Head Start curricula with State Early Learning Guidelines Three through Five Years
5.3%	Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records
5.3%	Coordinating with LEAs regarding other support services for children and families
5.3%	Helping parents of English Language Learning children understand instructional and other information and services provided by the receiving school, including section 3302 of the Elementary and Secondary Education Act
0.0%	Partnering with Local Education Agencies (LEAs) to implement systematic procedures for transferring Head Start program records to school
0.0%	Establishing and implementing comprehensive transition policies and procedures with LEAs
0.0%	Other (specify)

Other issues with education – Head Start transition and alignment with K-12

Respondents were asked to offer information about issues they have experienced relating to education – Head Start transition and alignment with K-12. Detailed responses can be found in Appendix Table 44. Some themes include:

- Continuing to work on the relationship with one of three special education units that is challenging
- Disconnect regarding public school administration's understanding of the Head Start outcomes, curriculum, and assessment requirements and what Head Start is doing to prepare children for kindergarten
- K-12 staff do not necessarily understand what practices are appropriate for children ages 3 to 5 and that play is work

Efforts to address education – Head Start transition and alignment with K-12 needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to education – Head Start transition and alignment with K-12 in their programs that are working well and that might be helpful to other Head Start programs in North Dakota. Detailed responses can be found in Appendix Table 45. Some themes include:

- Being housed in the school district allows Head Start staff to be aware of what is happening in the district and to be better aware of what the children will need to know when they transition into kindergarten
- Having great partnerships with the local schools
- Having a Special Needs Director that understands Head Start, as well as co-location of the Preschool Special Needs room in the Head Start building which provides for daily communication
- Putting together a Transition Committee that includes an array of partners to develop meaningful systematic procedures for transition that will follow the requirements of the Head Start Act of 2007
- Having a .5 FTE designated teacher to set up and follow transition from Head Start to public school
- Having annual meetings with each school district that includes the Head Start teacher and supervisor, the elementary principal, the kindergarten teacher, and sometimes the special education unit
- Having program reviews of curriculum and assessment data and releases from parents to share records
- Giving kindergarten teachers input on the curriculum and the summer transition program that is required for the Early Reading First grant
- Having a parent meeting about transition facilitated by the school district, including a field trip to the school and assistance in school registration and records transfer
- Offering a menu of service options regarding transitioning children to the elementary public schools, which they would be happy to share with other Head Start programs

Key Activity Area 9: Professional Development

Involvement with professional development – see Tables 57-61

Respondents were asked to rate the extent of their involvement during the past 12 months with each of the following professional development providers/organizations, and to indicate if they would like more involvement with each respective provider/organization. Detailed responses can be found in Appendix Table 46.

No working relationship (little or no contact) – Table 57

While the majority of respondents indicated that their North Dakota Head Start agencies have some level of working relationship with most of the professional development providers/organizations, nearly two-thirds have no working relationship with tribal colleges and more than one-third have no working relationship with regional and tribal training and technical assistance (T & TA) networks.

Table 57. Percent of respondents who indicated that their Head Start agencies have *no working relationship* with each professional development provider/organization

Percent of Respondents	Provider/Organization
65.0%	Tribal colleges
35.0%	Regional and tribal T & TA networks
15.0%	Institutions of higher education (4 year)
15.0%	Institutions of higher education (less than 4 year)
10.5%	Child Care Resource & Referral network
10.0%	On-line courses/programs
10.0%	State-based Head Start and Early Head Start T & TA Network Office
10.0%	Connecting with parent organizations who can do professional development with staff and provide trainings for families
5.0%	Service providers/organizations offering relevant training/technical assistance cross-training opportunities

Among those with no working relationship, the reasons why: (Appendix Table 47)

- 50.0% - Services were not available in the area
- 25.0% - Other (specify: e.g., have not needed the services of community or tribal colleges since they are working with 4-year institutions, already utilize the state-based T & TA network, issues with time and follow-through)
- 12.5% - Transportation/distance was an issue
- 12.5% - Lack of resources (e.g., personnel, money) to establish a working relationship
- 0.0% - Met resistance when trying to establish a working relationship

Cooperation (exchange information and referrals) – Table 58

Two in five respondents indicated that their North Dakota Head Start agencies have a cooperative relationship with on-line courses/programs. None have a cooperative relationship with the state-based Head Start and Early Head Start T & TA Network Office.

Table 58. Percent of respondents who indicated that their Head Start agencies have a *cooperative relationship* with each professional development provider/organization

Percent of Respondents	Provider/Organization
40.0%	On-line courses/programs
31.6%	Child Care Resource & Referral network
30.0%	Service providers/organizations offering relevant training/technical assistance cross-training opportunities
30.0%	Connecting with parent organizations who can do professional development with staff and provide trainings for families
25.0%	Institutions of higher education (less than 4 year)
20.0%	Institutions of higher education (4 year)
15.0%	Regional and tribal T & TA networks
10.0%	Tribal colleges
0.0%	State-based Head Start and Early Head Start T & TA Network Office

Coordination (work together on projects or activities) – Table 59

The majority of respondents indicated that their North Dakota Head Start agencies have a coordinating relationship with the state-based Head Start and Early Head Start T & TA Network Office. Very few have a coordinating relationship with tribal colleges.

Table 59. Percent of respondents who indicated that their Head Start agencies have a *coordinating relationship* with each professional development provider/organization

Percent of Respondents	Provider/Organization
60.0%	State-based Head Start and Early Head Start T & TA Network Office
45.0%	On-line courses/programs
40.0%	Institutions of higher education (4 year)
40.0%	Service providers/organizations offering relevant training/technical assistance cross-training opportunities
36.8%	Child Care Resource & Referral network
35.0%	Institutions of higher education (less than 4 year)
35.0%	Regional and tribal T & TA networks
35.0%	Connecting with parent organizations who can do professional development with staff and provide trainings for families
5.0%	Tribal colleges

Collaboration (share resources and/or have formal, written agreements) – Table 60

Nearly one-third of respondents indicated that their North Dakota Head Start agencies have a collaborative relationship with the state-based Head Start and Early Head Start T & TA Network Office. Very few have a collaborative relationship with tribal colleges, on-line courses/programs, or regional and tribal T & TA networks.

Table 60. Percent of respondents who indicated that their Head Start agencies have a *collaborative relationship* with each professional development provider/organization

Percent of Respondents	Provider/Organization
30.0%	State-based Head Start and Early Head Start T & TA Network Office
25.0%	Institutions of higher education (4 year)
25.0%	Institutions of higher education (less than 4 year)
25.0%	Connecting with parent organizations who can do professional development with staff and provide trainings for families
21.1%	Child Care Resource & Referral network
20.0%	Service providers/organizations offering relevant training/technical assistance cross-training opportunities
5.0%	Tribal colleges
5.0%	On-line courses/programs
5.0%	Regional and tribal T & TA networks

Would like more involvement – Table 61

Respondents indicated interest across the board in more involvement with the various professional development providers/organizations. The majority of respondents indicated that their North Dakota Head Start agencies would like more involvement with institutions of higher education (less than 4 year), on-line courses/programs, and institutions of higher education (4 year).

Table 61. Percent of respondents who indicated that their Head Start agencies *would like more involvement* with each professional development provider/organization

Percent of Respondents	Provider/Organization
65.0%	Institutions of higher education (less than 4 year)
65.0%	On-line courses/programs
60.0%	Institutions of higher education (4 year)
47.4%	Child Care Resource & Referral network
40.0%	Service providers/organizations offering relevant training/technical assistance cross-training opportunities
40.0%	Connecting with parent organizations who can do professional development with staff and provide trainings for families
30.0%	Tribal colleges
30.0%	State-based Head Start and Early Head Start T & TA Network Office
30.0%	Regional and tribal T & TA networks

Level of difficulty with areas/tasks involving professional development – Table 62

Respondents were asked to indicate the extent to which each area/task was difficult during the past 12 months (not at all difficult, somewhat difficult, difficult, or extremely difficult). Detailed responses can be found in Appendix Table 48.

Nearly half of respondents indicated that their Head Start agencies have the greatest difficulties with staff release time to attend professional development activities. Nearly one-third indicated having difficulties accessing early childhood education degree programs in the community and accessing scholarship and other financial support for professional development programs/activities.

Table 62. Percent of respondents who indicated that each area/task involving professional development is *difficult* or *extremely difficult*

Percent of Respondents	Area/Task
50.0%	Other (specify)
47.4%	Staff release time to attend professional development activities
31.6%	Accessing early childhood education degree programs in the community
31.6%	Accessing scholarships and other financial support for professional development programs/activities
16.7%	Accessing T & TA opportunities in the community (including cross-training)
15.8%	Transferring credits between public institutions of learning
11.1%	Exchanging information on roles and resources with other providers/organizations regarding professional development
10.6%	Accessing on-line professional development opportunities (e.g., lack of equipment, internet connection)

Other areas/tasks that are difficult or extremely difficult include:

- No early childhood education programs are available in their community so have had to rely on on-line courses and the on-line or independent study option that CCR&R provides for CDA

Other issues with professional development

Respondents were asked to offer information about issues they have experienced relating to professional development. Detailed responses can be found in Appendix Table 49. Some themes include:

- Access to higher level professional development trainings tend to be on the east and west coasts
- Finding low-cost trainers to train their staff
- Classes aren't always available as needed
- Funding and availability to meet the Head Start requirements for education staff
- Problems accessing ECDA courses on-line, including faulty computers and programming
- Meeting the mandate of AA or BA in ECE
- Lack of choices of educational institutions
- Limited amount of quality training locally
- High cost of continuing education
- Difficult to plan and fund paid release time
- Not all staff are interested in taking college courses, especially if they don't feel it will translate into an increase in pay or if they feel it isn't the only way in which to learn
- Staff may choose to not take advantage of out-of-town professional development opportunities, especially with classroom expectations
- Too many focuses of training – needs to be narrowed down
- Figuring out how staff will student teach in order to be considered qualified for teacher licensure
- Problems with classes transferring between institutions (e.g., higher level course in same content area not being accepted)
- Few professional development opportunities for any preschool teachers not connected to a Head Start program

Efforts to address professional development needs that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to professional development in their programs that are working well and that might be helpful to other Head Start programs in North Dakota. Detailed responses can be found in Appendix Table 50. Some themes include:

- Having good community support and working relationships
- Taking advantage of coursework on-line has made getting a degree a reality for many staff in rural towns
- Using My Learning Plan in conjunction with the public schools for professional development
- Having train-the-trainer events
- Fostering relationships with area colleges
- Exploring creative delivery of classes
- Conducting CDA training on-site
- Having a staff member that sits on the UTTC Early Childhood Advisory Committee
- Hosting early childhood education training and inviting the area private preschool teachers
- Accessing CCR&R's CDA program

TRENDS AND RECOMMENDATIONS

Trends regarding level of involvement Head Start agencies have with providers/organizations

Respondents were asked to rate the extent of their involvement (no working relationship, cooperation, coordination, or collaboration) during the past 12 months with several providers/organizations across nine activity areas, and to indicate if they would like more involvement with each respective provider/organization.

There are several providers/organizations across the key activity areas with which at least one-third of respondents indicated that their Head Start agencies have no working relationship, meaning there is no contact or very little contact (see Table 63). At least half have no working relationship with tribal colleges, museums, school libraries, the State Lead Agency for Part B/619, and the State Lead Agency for Part C.

The greatest extent of involvement is a collaborative relationship, in which resources are shared and there may be formal, written agreements. There are several providers/organizations across the key activity areas with which at least one-third of respondents indicated that their Head Start agencies have a collaborative relationship (see Table 64). The vast majority have a collaborative relationship with Local Part B/619 providers. At least half have an Other Memorandum of Understanding (MOU) (e.g., ARRA-funded Title I preschool, private preschool) and have a collaborative relationship with Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten, public/private sources that provide book donations or funding for books, Local Part C providers, and parent education and family support services (e.g., Parent Resource Centers).

There are several providers/organizations across the key activity areas with which at least one-fifth of respondents indicated that their Head Start agencies would like more involvement (see Table 65). More than three-fourths would like more involvement with state-funded programs for children with disabilities and their families (e.g., developmental services agencies). Approximately two-thirds would like more involvement with parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices), parent organizations that help children and families with homelessness (North Dakota Homeless Coalition), Economic and Community Development Councils, Institutions of Higher Education (less than 4 year), and on-line courses/programs.

Table 63. Providers/organizations (among all the key activity areas) with which at least one-third of respondents indicated that their Head Start agencies have *no working relationship*

Percent of Respondents	Provider/Organization	Key Activity Area
65.0%	Tribal colleges	Area 9: Professional Development
55.6%	Museums	Area 5: Family Literacy Services
50.0%	School libraries	Area 5: Family Literacy Services
50.0%	State Lead Agency for Part B/619	Area 6: Children with Disabilities and Their Families
50.0%	State Lead Agency for Part C	Area 6: Children with Disabilities and Their Families
42.1%	Parent organizations that help children and families with homelessness (North Dakota Homeless Coalition)	Area 2: Children Experiencing Homelessness
40.0%	Local child care programs for full-year, full-day services	Area 4: Child Care
38.9%	Economic and Community Development Councils	Area 3: Family/Child Assistance
38.9%	English Language Learner programs and services	Area 5: Family Literacy Services
38.9%	Providers of services for children and families who are English Language Learners	Area 5: Family Literacy Services
38.9%	University and community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/North Dakota Center for Persons with Disabilities (NDCPD))	Area 6: Children with Disabilities and Their Families
38.9%	Non-Head Start policy 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)	Area 6: Children with Disabilities and Their Families
36.8%	Local McKinney-Vento Homeless Assistance Act liaison	Area 2: Children Experiencing Homelessness
36.8%	Title I/Homeless Program Administrator	Area 2: Children Experiencing Homelessness
35.0%	Regional and tribal T & TA networks	Area 9: Professional Development
33.3%	Prairie Public education services	Area 5: Family Literacy Services
33.3%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)	Area 6: Children with Disabilities and Their Families

Table 64. Providers/organizations (among all the key activity areas) with which at least one-third of respondents indicated that their Head Start agencies have a *collaborative relationship*

Percent of Respondents	Provider/Organization	Key Activity Area
83.3%	Local Part B/619 providers	Area 6: Children with Disabilities and Their Families
61.1%	Other Memorandum of Understanding (MOU) (e.g., ARRA-funded Title I preschool, private preschool)	Area 8A: Education – Publicly Funded Pre-K Partnership Development
60.0%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten	Area 8B: Education – Head Start Transition and Alignment with K-12
50.0%	Public/private sources that provide book donations or funding for books	Area 5: Family Literacy Services
50.0%	Local Part C providers	Area 6: Children with Disabilities and Their Families
50.0%	Parent education and family support services (e.g., Parent Resource Centers)	Area 7: Community Services
47.4%	Public health services	Area 1: Health Care
44.4%	Parent education programs/services to promote parent/child literacy interactions	Area 5: Family Literacy Services
42.1%	WIC program (i.e., Women, Infants, and Children)	Area 1: Health Care
36.8%	Local agencies providing mental health prevention and treatment	Area 1: Health Care
36.8%	Programs/services related to children's healthy eating and physical activity (e.g., HealthyND; I Am Moving, I Am Learning program)	Area 1: Health Care
35.0%	Providers of child abuse prevention/treatment services	Area 7: Community Services
33.3%	Parent organizations (e.g., Parent Resource Centers)	Area 3: Family/Child Assistance
33.3%	Parent advocacy groups (e.g., North Dakota Head Start Association)	Area 3: Family/Child Assistance

Table 65. Providers/organizations (among all the key activity areas) with which more than half of respondents indicated that their Head Start agencies *would like more involvement*

Percent of Respondents	Provider/Organization	Key Activity Area
77.8%	State-funded programs for children with disabilities and their families (e.g., developmental services agencies)	Area 6: Children with Disabilities and Their Families
68.4%	Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices)	Area 1: Health Care
68.4%	Parent organizations that help children and families with homelessness (North Dakota Homeless Coalition)	Area 2: Children Experiencing Homelessness
66.7%	Economic and Community Development Councils	Area 3: Family/Child Assistance
65.0%	Institutions of higher education (less than 4 year)	Area 9: Professional Development
65.0%	On-line courses/programs	Area 9: Professional Development
60.0%	Institutions of higher education (4 year)	Area 9: Professional Development
63.2%	Local McKinney-Vento Homeless Assistance Act liaison	Area 2: Children Experiencing Homelessness
61.1%	Child Welfare agency	Area 3: Family/Child Assistance
61.1%	State Lead Agency for Part C	Area 6: Children with Disabilities and Their Families
61.1%	Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center (PIRC), Pathfinder Family Center, Community Health, Protection & Advocacy agency, Children's Special Health Services)	Area 6: Children with Disabilities and Their Families
61.1%	University and community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/North Dakota Center for Persons with Disabilities (NDCPD))	Area 6: Children with Disabilities and Their Families

Percent of Respondents	Provider/Organization	Key Activity Area
61.1%	Non-Head Start policy 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)	Area 6: Children with Disabilities and Their Families
57.9%	Other nutrition services (e.g., cooperative extension programs, university projects on nutrition)	Area 1: Health Care
57.9%	Parent health education providers (clinics, wellness centers on the reservations)	Area 1: Health Care
57.9%	Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)*	Area 2: Children Experiencing Homelessness
57.9%	Title I/Homeless Program Administrator	Area 2: Children Experiencing Homelessness
55.6%	Employment and Training and Labor Services agencies	Area 3: Family/Child Assistance
55.6%	Adult Education	Area 5: Family Literacy Services
55.6%	State Lead Agency for Part B/619	Area 6: Children with Disabilities and Their Families
55.6%	State Education Agency - other programs/services (Section 504, special projects regarding children with disabilities, etc.)	Area 6: Children with Disabilities and Their Families
55.6%	Parent organizations (Family Voices)	Area 6: Children with Disabilities and Their Families
55.0%	Local child care programs for full-year, full-day services	Area 4: Child Care
55.0%	Higher education programs/services/resources related to child care (e.g., lab schools, student interns, cross-training)	Area 4: Child Care
55.0%	Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten	Area 8B: Education – Head Start Transition and Alignment with K-12
52.9%	Higher education programs/services/resources related to family literacy (e.g., grant projects, student interns, cross-training)	Area 5: Family Literacy Services
52.6%	Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)	Area 2: Children Experiencing Homelessness
52.6%	Dental home providers for treatment and care	Area 1: Health Care
52.6%	State agencies providing mental health prevention and treatment	Area 1: Health Care

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

Trends regarding level of difficulty with areas/tasks involving the key activity areas

Respondents were asked to indicate the extent to which each area/task relating to key activity areas was difficult during the past 12 months (not at all difficult, somewhat difficult, difficult, extremely difficult).

There are several areas/tasks across the key activity areas with which at least one-fifth of respondents indicated that the task has been difficult or extremely difficult (see Table 66). The task seen to be difficult or extremely difficult by the most respondents (nearly half) was staff release time to attend professional development activities. Approximately one-third of respondents said linking children to dental homes that serve young children, accessing early childhood education degree programs in the community, accessing scholarships and other financial support for professional development programs/activities, and establishing linkages/partnerships with child care providers were difficult or extremely difficult tasks.

Table 66. Areas/tasks (among all the key activity areas) that at least one-fifth of respondents indicated are *difficult* or *extremely difficult*

Percent of Respondents	Area/Task	Key Activity Area
47.4%	Staff release time to attend professional development activities	Area 9: Professional Development
36.8%	Linking children to dental homes that serve young children	Area 1: Health Care
31.6%	Accessing early childhood education degree programs in the community	Area 9: Professional Development
31.6%	Accessing scholarships and other financial support for professional development programs/activities	Area 9: Professional Development
30.0%	Establishing linkages/partnerships with child care providers	Area 4: Child Care
26.3%	Assisting parents to communicate effectively with medical/dental providers	Area 1: Health Care
25.0%	Assisting families to access full-year, full-day services	Area 4: Child Care
22.3%	Parental support offered through parent organizations	Area 6: Children with Disabilities and Their Families
21.1%	Engaging community partners, including the local McKinney-Vento liaison, in conducting staff cross-training and planning activities	Area 2: Children Experiencing Homelessness
21.1%	Coordinating transportation with LEAs	Area 8B: Education – Head Start Transition and Alignment with K-12
21.1%	Organizing and participating in joint training, including transition-related training for school staff and Head Start staff	Area 8B: Education – Head Start Transition and Alignment with K-12
21.0%	Aligning policies and practices with other service providers	Area 4: Child Care

Trends within the key activity areas

Key Activity Area 1: Health Care

- The majority of respondents indicated that their Head Start agencies have some level of working relationship with health care providers/organizations. When no relationship exists, the most common reason is because that service is not available in their area.
- There are some health care providers/organizations with whom several of the state's Head Start agencies have collaborative relationships; however, none of the respondents indicated that their Head Start agencies have a collaborative relationship with parent organizations that help children with chronic disabilities and mental health needs and few have a collaborative relationship with Indian Health Services.
- Overall, respondents indicated a great deal of interest in having more involvement with providers/organizations relating to this key activity area. At least half of respondents indicated that their Head Start agencies would like more involvement with several of the providers/organizations relating to this key activity area (i.e., parent organizations that help children with chronic disabilities and mental health needs, nutrition services, parent health education providers, dental home providers for treatment and care, and state agencies providing mental health prevention and treatment).
- At least one-fourth of respondents indicated that they found two of the tasks relating to this key activity area to be difficult or extremely difficult (i.e., linking children to dental homes and assisting parents to communicate effectively with medical/dental providers).

Key Activity Area 2: Children Experiencing Homelessness

- The majority of respondents indicated that their Head Start agencies have some level of working relationship with providers/organizations serving children experiencing homelessness. At least one-third of respondents indicated that their Head Start agencies do not have a working relationship with three of the providers/organizations (i.e., parent organizations that help children and families with homelessness, the local McKinney-Vento Homeless Assistance Act Liaison, and the Title I/Homeless Program Administrator). When no relationship exists, the most common reason is because that service is not available in their area.
- There are low levels of collaborative relationships for several of the providers/organizations relating to this key activity area. Fewer than one-fourth of respondents indicated that their Head Start agencies have a collaborative relationship with any providers/organizations serving children experiencing homelessness.
- Overall, respondents indicated a great deal of interest in having more involvement with providers/organizations relating to this key activity area. Two-thirds indicated that their Head Start agencies would like more involvement with parent organizations that help children and families with homelessness.
- Overall, areas/tasks relating to this key activity area were not determined to be difficult or extremely difficult by large proportions of respondents. The area judged to be difficult by the largest proportion of respondents (i.e., one-fifth) was engaging community partners in conducting staff cross-training and planning activities.

Key Activity Area 3: Family/Child Assistance

- The majority of respondents indicated that their Head Start agencies have some level of working relationship with family/child assistance providers/organizations. Nearly two-fifths of respondents indicated that their Head Start agencies do not have a working relationship with Economic and Community Development Councils. When no relationship exists, the most common reasons cited were "other" reasons such as not having a big need to work together or lack of interest on the part of the provider/organization.
- While there are low levels of collaborative relationships for several of the providers/organizations relating to this key activity area, one-third of respondents indicated that their Head Start agencies have a collaborative relationship with parent organizations and parent advocacy groups.
- Overall, respondents indicated a great deal of interest in having more involvement with providers/organizations relating to this key activity area. Two-thirds indicated that their Head Start agencies would like more involvement with Economic and Community Development Councils.
- Overall, areas/tasks relating to this key activity area were not determined to be difficult or extremely difficult by large proportions of respondents.

Key Activity Area 4: Child Care

- The majority of respondents indicated that their Head Start agencies have some level of working relationship with child care providers/organizations. Two-fifths of respondents indicated that their Head Start agencies do not have a working relationship with local child care programs for full-year, full-day services. When no relationship exists, the most common reason is because that service is not available in their area.
- There are low levels of collaborative relationships for several of the providers/organizations relating to this key activity area. None of the respondents indicated that their Head Start agencies have a collaborative relationship with local child care programs for full-year, full-day services or state, regional, or local policy/planning committees that address child care issues.

- Overall, respondents indicated a great deal of interest in having more involvement with providers/organizations relating to this key activity area. At least half of respondents would like more involvement with local child care programs for full-year, full-day services; higher education programs/services/resources related to child care; and Child Care Resource & Referral agencies.
- At least one-fourth of respondents indicated that they found establishing linkages/partnerships with child care providers and assisting families to access full-year, full-day services to be difficult or extremely difficult.

Key Activity Area 5: Family Literacy Services

- More than half of respondents indicated that their Head Start agencies have no working relationship with museums or school libraries. At least one-third have no working relationship with English Language Learner programs and services, providers of services for children and families who are English Language Learners, or Prairie Public education services. When no relationship exists, the reason was almost always because that service is not available in their area.
- While there are low levels of collaborative relationships for several of the providers/organizations relating to this key activity area, there are a few providers/organizations with whom several of the state's Head Start agencies have collaborative relationships (i.e., public/private sources that provide book donations or funding for books and parent education programs/services to promote parent/child literacy interactions).
- Overall, respondents indicated a great deal of interest in having more involvement with providers/organizations relating to this key activity area. More than half indicated that their Head Start agencies would like more involvement with Adult Education and higher education programs/services/resources related to family literacy.
- Overall, areas/tasks relating to this key activity area were not determined to be difficult or extremely difficult by large proportions of respondents.

Key Activity Area 6: Children with Disabilities and Their Families

- Half of respondents indicated that their Head Start agencies have no working relationship with the State Lead Agency for Part B/619 or the State Lead Agency for Part C. A least one-third have no working relationship with the university and community college programs/services related to children with disabilities; non-Head Start policy councils, committees, or work groups that address policy/program issues regarding children with disabilities; or state-funded programs for children with disabilities and their families. When no relationship exists, the most common reason is lack of resources to establish a working relationship.
- While there are low levels of collaborative relationships for several of the providers/organizations relating to this key activity area, the vast majority of respondents indicated that their Head Start agencies have a collaborative relationship with local Part B/619 providers and half have a collaborative relationship with local Part C providers.
- Overall, respondents indicated a great deal of interest in having more involvement with providers/organizations relating to this key activity area. More than three-fourths of respondents indicated that their Head Start agencies would like more involvement with state-funded programs for children with disabilities and their families.
- Overall, areas/tasks relating to this key activity area were not determined to be difficult or extremely difficult by large proportions of respondents. The area judged to be difficult by the largest proportion of respondents (i.e., more than one-fifth) was parental support offered through parent organizations.

Key Activity Area 7: Community Services

- The majority of respondents indicated that their Head Start agencies have some level of working relationship with community services providers/organizations, although one in four has no working relationship with providers of adult disability services. When no relationship exists, the most common reason is because that service is not available in their area.
- There are some strong collaborative relationships with community services providers/organizations, including half who have a collaborative relationship with parent education and family support services. However, none of the respondents indicated their Head Start agencies have a collaborative relationship with providers of adult disability services.
- Overall, respondents indicated interest in having more involvement with providers/organizations relating to this key activity area. The types of providers/organizations in which the largest proportion of respondents indicated that their Head Start agencies would like more involvement were law enforcement, providers of substance abuse prevention/treatment services, private resources geared toward prevention/intervention, and providers of emergency services.
- Overall, areas/tasks relating to this key activity area were not determined to be difficult or extremely difficult by large proportions of respondents.

Key Activity Area 8A: Education – Publicly Funded Pre-K Partnership Development

- There is no publicly funded Pre-K in North Dakota.
- The majority of respondents indicated that they have a collaborative relationship via another type of Memorandum of Understanding (MOU) (e.g., ARRA-funded Title I preschool, private preschool).
- Half of respondents indicated they would like more involvement with a MOU with the appropriate local entity responsible for managing publicly funded preschool program in their service area and another type of MOU.
- Overall, areas/tasks relating to this key activity area were not determined to be difficult or extremely difficult by large proportions of respondents.

Key Activity Area 8B: Education – Head Start Transition and Alignment with K-12

- All of the respondents indicated that their Head Start agencies have a working relationship with Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten.
- Three-fifths of respondents indicated that these relationships are collaborative.
- More than half of respondents indicated they would like more involvement with LEAs.
- Overall, areas/tasks relating to this key activity area were not determined to be difficult or extremely difficult by large proportions of respondents. The areas judged to be difficult by the largest proportion of respondents (i.e., more than one-fifth) were coordinating transportation with LEAs and organization and participating in joint training.

Key Activity Area 9: Professional Development

- The majority of respondents indicated that their Head Start agencies have some level of working relationship with professional development providers/organizations. However, nearly two-thirds of respondents indicated that their Head Start agencies have no working relationship with tribal colleges. More than one-third have no working relationship with regional and tribal T & TA networks. When no relationship exists, the most common reason is because that service is not available in their area.
- There are low levels of collaborative relationships for several of the providers/organizations relating to this key activity area. However, three in ten describe their relationship with the state-based Head Start and Early Head Start T & TA Network Office as collaborative.
- Overall, respondents indicated interest in having more involvement with providers/organizations relating to this key activity area. Nearly two-thirds would like more involvement with 4-year institutions of Higher Education as well as on-line courses/programs.
- Nearly half of respondents indicated that they found staff release time to attend professional development activities to be difficult or extremely difficult.

Trends regarding other issues with the key activity areas

Respondents were asked to offer information about issues they have experienced relating to each of the key activity areas. Themes for each activity area can be found in the Survey Results section, and all individual responses can be found in the Appendices. However, certain themes present in several of the key activity areas are worth noting here, including:

- Issues for families attempting to access services or resources (e.g., cost, transportation, job training, not fulfilling requirements)
- Shortage of providers or services, especially in rural areas
- Distance to services and resources
- Shortage of affordable housing
- Shortage of quality, affordable child care, especially for infants and toddlers
- Lack of interest among providers/organizations in partnering with Head Start
- Lack of funding (e.g., for programs that benefit Head Start children and families, for outside programs to partner with Head Start, concern for continuity when ARRA funds are gone, Head Start programs not being able to engage equally across their service area, Head Start staff education requirements)
- Need for flexibility in the hours of when programs/services are made available (e.g., family literacy programs, child care)
- Not having enough staff (e.g., staff having to balance multiple roles, having difficulty managing the number of evaluations in the fall)
- Clear communication about Head Start to agencies, school administrators, private entities, and the community

Trends regarding efforts to address needs relating to the key activity areas that are working well

Respondents were asked to offer information about efforts they are doing to address needs relating to the key activity areas that are working well. Themes for each activity area can be found in the Survey Results section, and all individual responses can be found in the Appendix Tables and Survey Instruments section. However, certain themes present in several of the key activity areas are worth noting here, including:

- Having professionals, providers, and others in the community who are committed to helping Head Start children and families
- Having great working relationships and open communication with good community partners
- Collaborating with other agencies, including shared resources and trainings
- Having Head Start staff involved on various boards and committees
- Being involved with what is going on at the state level

Comparisons to 2008-2009

The first North Dakota Head Start – State Collaboration Office's needs assessment, conducted for school year 2008-2009 and published February 2009, is available on-line at http://www.ndsu.edu/sdc/publications/reports/NDHeadStartResults_08-09.pdf. The results of the 2009-2010 needs assessment are consistent with last year's findings. A few differences are worth noting, however.

First, larger proportions of respondents this year indicated that their Head Start agencies had no working relationship with various providers/organizations across all of the key activity areas. Last year, there were five providers/organizations with whom at least one-third of respondents indicated their agencies had no working relationship, and all but one were part of Key Activity Area 5: Family Literacy Services. This year, there are 17 providers/organizations. They are distributed across six of the key activity areas, but are concentrated in Key Activity Area 5: Family Literacy Services and Key Activity Area 6: Children with Disabilities and Their Families.

Second, much larger proportions of respondents this year indicated that their Head Start agencies would like more involvement with various providers/organizations across all of the key activity areas. The response was so much greater this year, in fact, that instead of 13 providers/organizations with which at least one-fifth of respondents would like more involvement, there are 29 areas with which more than half would like more involvement. It is worth noting that the format change of the survey instruments, from a mailed survey to a web-based survey, may have elicited more response to the question regarding whether the respondent would like more involvement. Regardless, there is clearly a great deal of interest among respondents in expanding levels of involvement with providers/organizations in all of the key activity areas.

Third, smaller proportions of respondents this year indicated that various areas/tasks caused them difficulty. However, the same areas/tasks were at the top of the list in both needs assessments.

Fourth, the survey instruments were modified slightly from last year, including some additional providers/organizations and areas/tasks that could cause difficulty. For example, Key Activity Area 8A: Education – Publicly Funded Pre-K Partnership Development asked respondents this year about their extent of involvement with other Memorandums of Understanding (MOUs), and the majority of respondents indicated that they have collaborative relationships via these other MOUs.

Recommendations

1) Assist Head Start agencies in developing relationships with community partners, including facilitating staff being involved on various boards and committees.

2) Assist Head Start agencies in addressing the needs of children and families living in rural areas.

3) Improve communication about Head Start to agencies, school administrators, private entities, and the community.

4) Assist Head Start agencies in developing some level of working relationship with more providers/organizations in the key activity areas of family literacy services and children with disabilities and their families.

5) Assist Head Start agencies in expanding relationships with providers/organizations in all of the key activity areas to the collaborative relationship level.

6) Assist Head Start agencies in addressing those areas/tasks seen to be difficult by the largest proportions of respondents, especially those relating to child care and professional development.

APPENDICES

Invitation Email Example

Subject: Professional Development Survey for ND HSSCO -- we appreciate your assistance
From: ramona.danielson@ndsu.edu
Date: Wed, December 16, 2009 12:04 pm
To: ramona.danielson@ndsu.edu
Priority: Normal
Options: View Full Header | View Printable Version | Download this as a file

Head Start State Collaboration Office
Children and Family Services Division
North Dakota Department of Human Services
600 East Boulevard Avenue - #325
Bismarck, North Dakota 58505

Dear Head Start Program Director and Other Personnel:

Head Start State Collaboration Offices are 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. A series of surveys has been created organized around the national priority areas for collaboration offices' work.

This survey addresses PROFESSIONAL DEVELOPMENT. You have been identified as a person in your Head Start program who can offer insight regarding relationships and barriers to working with providers and organizations on PROFESSIONAL DEVELOPMENT issues. You may receive additional surveys on one or more of the *other* topics (10 in all), and we ask that you complete each survey you receive.

Thank you for taking the time to reflect on the coordination and collaboration challenges and accomplishments in your program(s). The cumulative findings from this needs assessment survey will be used to support the direction and inform the activities of the annually revised strategic plan for the North Dakota Head Start State Collaboration Office. The findings will assist your collaboration director to support your program needs in the collaboration and systems development work in our state. Our shared goal is to support and promote your success in serving our children and families.

The study is being conducted by the North Dakota State Data Center, who will aggregate the survey findings from all of the Head Start agencies in the state and then compile a report that will be forwarded to your regional office, made available to you and to the public.

The following link is uniquely tied to this survey and your email address (thus, do not forward this message to others). Please complete this survey by January 8th. If you have any questions, please email Ramona Danielson at ramona.danielson@ndsu.edu or call her at 701-231-9496.

TO BEGIN THE SURVEY, click on the following link:
http://www.surveymonkey.com/s.aspx?sm=V9ZDIgE_2f7F2J3lGA0UK5ATCwQkglnlib3roviaxhhck_3d

Thank you again for your participation!
Linda Rorman, North Dakota Head Start State Collaboration Administrator
Ramona Danielson, North Dakota State Data Center

{Please note: If you do not wish to receive further emails from us, click the link below, and you will be removed from our mailing list.
http://www.surveymonkey.com/optout.aspx}

HSSCO - Needs Assessment - KAA2 - Children Experiencing

1. North Dakota Head Start State Collaboration Office Needs Assesment

Key Activity Area 2: Children Experiencing Homelessness

INTRODUCTION TO THE SURVEY

Head Start State Collaboration Offices are 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 survey 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). A ninth area, Professional Development, has also been included.

The purpose of gathering this program information is to support the direction and inform the activities of the annually revised strategic plan for the North Dakota Head Start State Collaboration Office.

Thank you for taking the time to reflect on the coordination 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 our state. Our shared goal is to support and promote your success in serving our children and families.

The study is being conducted by the North Dakota State Data Center, who will aggregate the survey findings from all of the Head Start agencies in the state and then compile a report that will be forwarded to your regional office, made available to you and to the public.

There is one survey for each of the nine content areas (with education being split into two surveys). Each survey includes three parts.
-PART 1 asks for the extent of involvement and whether you would like more involvement with various agencies/organizations.
-PART 2 asks about the level of difficulty your program has had engaging in a variety of activities and partnerships.
-PART 3 provides an opportunity for comments.

Please click "Next" to begin the survey about children experiencing homelessness.

Page 1

HSSCO - Needs Assessment - KAA2 - Children Experiencing

2. Part 1 (Key Activity Area 2: Children Experiencing Homelessness)

DEFINITIONS regarding "Extent of Involvement" with providers/organizations in Question 1

NO WORKING RELATIONSHIP: You have little or no contact. Examples: you do not make/receive referrals, work together on projects/activities, or share information.

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; a Memorandum Of Understanding (MOU) on transition.

1. Using the preceding definitions, please do the following: a) rate the EXTENT OF YOUR INVOLVEMENT with each of the following service providers/organizations during the past 12 months, and b) indicate "yes" in the second box if you would like MORE involvement with the service provider/organization.

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.

	a) Extent of Involvement	b) Would you like MORE involvement?
A. Local McKinney-Vento Homeless Assistance Act liaison		
B. Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens)		
C. Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)		
D. Parent organizations that help children and families with homelessness (North Dakota Homeless Coalition)		
E. Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)*		
F. Title I/Homeless Program Administrator		

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

Page 2

HSSCO - Needs Assessment - KAA2 - Children Experiencing

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations in question 1 above, please tell us why not? (Check all that apply) --- OTHERWISE, please click "Next."

- [ ] Services were not available in the area
- [ ] Transportation/distance was an issue
- [ ] Met resistance when trying to establish a working relationship
- [ ] Lack of resources (personnel, money) to establish a working relationship
- [ ] Other

Other (please specify)

Page 3

HSSCO - Needs Assessment - KAA2 - Children Experiencing

3. Part 2 (Key Activity Area 2: Children Experiencing Homelessness)

3. Please indicate the extent to which each of the following areas/tasks was DIFFICULT during the past 12 months. Select one rating for each area/task.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	Do not know	Not applicable
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 local education agencies (LEA), developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness	○	○	○	○	○	○

HSSCO - Needs Assessment - KAA2 - Children Experiencing

4. Part 3 (Key Activity Area 2: Children Experiencing Homelessness)

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

5. 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 Head Start programs in North Dakota?

Thank you for completing this important needs assessment. Please click "Done."

Page 5

Appendix Table 1. Involvement with health care

1. Using the preceding definitions, please do the following: a) rate the EXTENT OF YOUR INVOLVEMENT with each of the following service providers/organizations during the past 12 months, and b) indicate "yes" in the second box if you would like MORE involvement with the service provider/organization.

   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.

Provider/Organization	a. Extent of Involvement						b. Would like **MORE** involvement
	No working relationship (little or no contact	**Cooperation** (exchange info and referrals)	**Coordination** (work together)	**Collaboration** (share resources and agreements)	**DNK**	**N/A**	
A. Medical home* providers (N=19)	0.0%	47.4%	26.3%	26.3%	0.0%	0.0%	36.8%
B. Dental home* providers for treatment and care (N=19)	0.0%	31.6%	42.1%	26.3%	0.0%	0.0%	52.6%
C. State agencies providing mental health prevention and treatment (N=19)	21.1%	31.6%	31.6%	15.8%	0.0%	0.0%	52.6%
D. Local agencies providing mental health prevention and treatment (N=19)	0.0%	26.3%	36.8%	36.8%	0.0%	0.0%	42.1%
E. Agencies/programs that conduct mental health screenings (N=19)	10.5%	21.1%	36.8%	26.3%	5.3%	0.0%	47.4%
F. Parent organizations that help children with chronic disabilities and mental health needs (e.g., Federation of Families, Family Voices) (N=19)	21.1%	52.6%	26.3%	0.0%	0.0%	0.0%	68.4%
G. WIC program (i.e., Women, Infants, and Children) (N=19)	0.0%	42.1%	15.8%	42.1%	0.0%	0.0%	36.8%
H. Other nutrition services (e.g., cooperative extension programs, university projects on nutrition) (N=19)	0.0%	21.1%	47.4%	31.6%	0.0%	0.0%	57.9%
I. Children's health education providers (e.g., Child Care R&R health consultants, community-based training) (N=19)	15.8%	26.3%	36.8%	15.8%	5.3%	0.0%	42.1%

Provider/Organization	a. Extent of Involvement						b. Would like **MORE** involvement
	No working relationship (little or no contact	**Cooperation** (exchange info and referrals)	**Coordination** (work together)	**Collaboration** (share resources and agreements)	**DNK**	**N/A**	
J. Parent health education providers (clinics, wellness centers on the reservations) (N=19)	21.1%	26.3%	31.6%	10.5%	5.3%	5.3%	57.9%
K. Home-visiting providers (N=19)	15.8%	21.1%	15.8%	21.1%	5.3%	21.1%	31.6%
L. Community health centers (N=19)	5.3%	31.6%	21.1%	15.8%	0.0%	26.3%	47.4%
M. Community dental health centers (N=19)	0.0%	36.8%	26.3%	10.5%	0.0%	26.3%	47.4%
N. Public health services (N=19)	0.0%	26.3%	26.3%	47.4%	0.0%	0.0%	31.6%
O. Programs/services related to children's healthy eating and physical activity (e.g., HealthyND; I Am Moving, I Am Learning program) (N=19)	0.0%	15.8%	42.1%	36.8%	5.3%	0.0%	47.4%
P. Indian Health Services (N=19)	26.3%	36.8%	0.0%	5.3%	0.0%	31.6%	31.6%
Q. Other (specify) (N=3)	0.0%	0.0%	33.3%	0.0%	0.0%	66.7%	100.0%
Other Responses: • Jamestown College School of Nursing							

** "Medical home" and "Dental home" mean comprehensive, coordinated care and not just access to a doctor or dentist, particularly for one-time exams.*
Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 2. No working relationship with health care provider/organization

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=14)

50.0%	a. Services were not available in the area
7.1%	b. Transportation/distance was an issue
21.4%	c. Met resistance when trying to establish a working relationship
7.1%	d. Lack of resources (personnel, money) to establish a working relationship
14.3%	e. Other (please specify)
	Other Responses: • On the West side of our program we have little to no families using these services. On the East side there is more using these services at Fort Totten. • Receive mental health services from the regional human services center and not from the state level. • The program could do a better job of utilizing Federation for Families and Family Voices. This will be a training topic for staff in the upcoming year.

Appendix Table 3. Level of difficulty with areas/tasks involving health care

3. Please indicate the extent to which each of the following areas/tasks was DIFFICULT during the past 12 months. Select one rating for each area/task.

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Linking children to medical homes (N=19)	52.6%	31.6%	10.5%	0.0%	5.3%	0.0%
B. Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene) (N=19)	52.6%	42.1%	5.3%	0.0%	0.0%	0.0%
C. Linking children to dental homes that serve young children (N=19)	36.8%	26.3%	26.3%	10.5%	0.0%	0.0%
D. Partnering with oral health professionals on oral-health related issues (e.g., American Academy of Pediatric Dentistry – Head Start Dental Home Initiative) (N=18)	61.1%	22.2%	11.1%	5.6%	0.0%	0.0%
E. Getting children enrolled in SCHIP or Health Tracks/EPSDT (N=19)	36.8%	42.1%	15.8%	5.3%	0.0%	0.0%
F. Arranging coordinated services for children with special health care needs (link children with special needs to Early Intervention) (N=19)	47.4%	42.1%	0.0%	0.0%	10.5%	0.0%
G. Assisting parents to communicate effectively with medical/dental providers (N=19)	21.1%	52.6%	15.8%	10.5%	0.0%	0.0%
H. Assisting families to get transportation to appointments (N=19)	36.8%	42.1%	15.8%	5.3%	0.0%	0.0%
I. Getting full representation and active commitment on your Health Advisory Committee (N=19)	52.6%	36.8%	5.3%	5.3%	0.0%	0.0%
J. Sharing data/information on children/families served jointly by Head Start and other agencies regarding health care (e.g., lead screening, nutrition reports, home-visit reports) (N=19)	36.8%	52.6%	10.5%	0.0%	0.0%	0.0%
K. Exchanging information on roles and resources with medical, dental and other providers/organizations regarding health care (N=19)	31.6%	52.6%	15.8%	0.0%	0.0%	0.0%
L. Referring families to parent organizations (e.g., Federation of Families, Family Voices) (N=19)	57.9%	26.3%	5.3%	0.0%	5.3%	5.3%
M. Information/referral/enrollment to Medicaid Buy In (N=19)	26.3%	42.1%	5.3%	0.0%	21.1%	5.3%
N. Information/referral/enrollment to Medicaid Waiver programs (e.g., Children with Medically Fragile Needs Program) (N=19)	15.8%	47.4%	0.0%	5.3%	26.3%	5.3%
O. Other (specify) (N=3)	33.3%	0.0%	0.0%	0.0%	0.0%	66.7%

Other Responses:

- The public health agencies work very collaboratively with Head Start. It has been extremely difficult to access dental homes for Head Start children!

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 4. Other issues with health care

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

• Transportation issues. *Parents not having medical coverage. *Families may have health insurance but do not have dental insurance. *Parents not attending appointments and professionals will not reschedule. *Number of dentists who will see children on medical assistance. *Number of professionals who primarily focus on young children. *No dentists in the area will see children under the age of three. *Low participation on Health Services Advisory by actual health professionals. *Each Public Health Agency is very different and bills differently.
• Extreme shortage of dentists who accept Medicaid.
• Getting families of overweight children interested in addressing the dietary needs of the child. Most families don't want to make changes to their diets and we have had little success with this issue.
• Insurance coverage. Those who have private insurance usually don't have dental insurance. VERY costly when a child needs work - average cost $1,200 to $1,400 for an appointment.
• More dentists willing to take Medical Assistance patients.
• Our biggest challenge is to get dentists to take children on Medicaid.
• Our parents continue to report a lack of notification as to whether or not they have been accepted in the SCHIP (ND Healthy Steps) program. We were told that if a parent applied for Healthy Steps and they were not eligible their file would be turned over to Medicaid and vice versa. We have not found this to work.
• Overuse of Emergency Room care. Children on Medicaid using the Health Tracks Program. It seems difficult for them to schedule themselves for this through Social Service.
• Timeliness of getting appointments, understanding the need for physicals and dentals completed by professionals... getting them in within the time limits.

Appendix Table 5. Efforts to address health care needs that are working well

5. 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 Head Start programs in North Dakota?

• *The program has a Medicaid provider number and provides fluoride varnish. *Nurse interns.
• Dr. Brent Holman and Dr. Mike Goebel are the two best dental partners in the state! We are so lucky to have them - THANK YOU!!
• Our dental health program works well. We have several area dentists who are committed to providing dental exams to Head Start children and they continue to do this year after year (11 years that I know of). Also our health care professionals assist with "health fairs" a couple times per year - this is an amazing event. Also our area optometrists come to Head Start to do eye exams - they are fantastic - one of our optometrists recently made his 24th visit to our center in 11 years to do eye exams! What a blessing these people are. Our college has a communication disorders clinic - every year the audiology instructor brings Masters level students and help screen our children with OAE's, tympanometry and Pure Tones - we are grateful for this help that really "works" also.
• Response cards from health care providers (well baby checks, etc.) that parents give to the provider and they get sent back to our program.
• Supportive community to our program.
• The development of an active Health Advisory Committee has been very valuable in following health questions.
• Utilizing the NDHT program staff to assist in fluoride varnish applications for the children in the centers.
• We do all our own screening in the areas of developmental, vision and hearing. This gives us more control of getting the necessary screenings done in a timely manner and getting the referrals done.
• We have four dentists that come to our program and provide dental exams. Two dentists will do this at no charge and two dentists do it for $15.00 per exam. This is very helpful to our program.
• We have launched a strong campaign with the help of a retired dentist and a rural dentist and his wife, a dental hygienist and dental educator to educate the area dentists on the dental needs of Head Start children. We have been successful in getting more dentists to accept at least 2 or 3 more Head Start children. As our program resides in a severe dental health professional shortage area, we are faced with constant challenges to find dental homes for each of our Head Start children. We have an incredible partnership with our local public health agency who provides Health Track screening for all of our Head Start children whether or not on Medicaid. They also come to our center to complete screenings for children who have not been able to complete their screenings.

Key Activity Area 2 Survey Instrument with Responses: Children Experiencing Homelessness (N=19)

Appendix Table 6. Involvement with children experiencing homelessness

1. Using the preceding definitions, please do the following: a) rate the EXTENT OF YOUR INVOLVEMENT with each of the following service providers/organizations during the past 12 months, and b) indicate "yes" in the second box if you would like MORE involvement with the service provider/organization.

   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.

Provider/Organization	a. Extent of Involvement						b. Would like **MORE** involvement
	No working relationship (little or no contact	**Cooperation** (exchange info and referrals)	**Coordination** (work together)	**Collaboration** (share resources and agreements)	**DNK**	**N/A**	
A. Local McKinney-Vento Homeless Assistance Act liaison (N=19)	36.8%	42.1%	21.1%	0.0%	0.0%	0.0%	63.2%
B. Local agencies serving families experiencing homelessness (e.g., Salvation Army, soup kitchens) (N=19)	10.5%	42.1%	31.6%	15.8%	0.0%	0.0%	42.1%
C. Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees) (N=19)	21.1%	26.3%	31.6%	21.1%	0.0%	0.0%	52.6%
D. Parent organizations that help children and families with homelessness (North Dakota Homeless Coalition) (N=19)	42.1%	31.6%	21.1%	5.3%	0.0%	0.0%	68.4%
E. Title I Director (as Title I funds are used to support early care and education programs for children experiencing homelessness)* (N=19)	26.3%	36.8%	21.1%	15.8%	0.0%	0.0%	57.9%
F. Title I/Homeless Program Administrator (N=19)	36.8%	42.1%	15.8%	5.3%	0.0%	0.0%	57.9%

**Title I funded preschool programs must follow the Head Start Performance Standards.*
Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 7. No working relationship with provider/organization serving children experiencing homelessness

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=12)

50.0%	a. Services were not available in the area
33.3%	b. Transportation/distance was an issue
16.7%	c. Met resistance when trying to establish a working relationship
33.3%	d. Lack of resources (personnel, money) to establish a working relationship
25.0%	e. Other (please specify)
	Other Responses: • Did not know something like that existed. • Most of our sites are open during the summer months when school districts are closed. • Not aware of the services or where they are housed. • Still learning about entities that work with homelessness. • There are no parent organizations in our area. The ND Homeless Coalition has the Missouri Valley HC but there is no "parent" part. • Very few families are considered homeless in our service area. We may have three or four per year. The program works closely with social services and local resources to find housing and connect families with resources. • When I have called they offered no assistance, stating they had no funds and offered no ideas to help with the parents' situation.

Appendix Table 8. Level of difficulty with areas/tasks involving children experiencing homelessness

3. Please indicate the extent to which each of the following areas/tasks was DIFFICULT during the past 12 months. Select one rating for each area/task.

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act (N=19)	68.4%	21.1%	0.0%	5.3%	5.3%	0.0%
B. Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment (N=19)	84.2%	5.3%	10.5%	0.0%	0.0%	0.0%
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 (N=19)	78.9%	15.8%	5.3%	0.0%	0.0%	0.0%
D. Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment (N=19)	42.1%	42.1%	15.8%	0.0%	0.0%	0.0%
E. Engaging community partners, including the local McKinney-Vento liaison, in conducting staff cross-training and planning activities (N=19)	26.3%	21.1%	15.8%	5.3%	21.1%	10.5%
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 (N=19)	21.1%	15.8%	5.3%	0.0%	15.8%	42.1%
G. In coordination with local education agencies (LEA), developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness (N=19)	52.6%	15.8%	0.0%	5.3%	15.8%	10.5%

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 9. Other issues with children experiencing homelessness

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

• Because of the nature of the area served most of the families and children identified as homeless, actually are living with friends or extended family until they are able to find housing.
• Extreme shortage of adequate and affordable housing in southwestern ND. The tornado destroyed 68 units of Section VIII housing. Additional Section VIII housing has been lost due to the increased demand for housing by oilfield workers.
• Finding homes for families with poor credit who are turned down at all housing opportunities.
• Housing is an issue in our area. How do other agencies describe permanent night time residence? We have received conflicting interpretations.
• It's difficult when we are fully enrolled and we have a homeless family that needs services right away.
• None.
• The program has very little experience in working with homelessness but has had success in the few families that faced the issue. The rural communities have very few resources and look to social services or Head Start for guidance.
• We are rural, so the closest shelters are 45 minutes to an hour away.
• We are very rural and only have a few agencies to work with in regard to these services. Solid relationships with these agencies are in place.
• When families apply and/or are referred, we are fully enrolled and have no slots to be able to enroll children from homeless families.

Appendix Table 10. Efforts to address homelessness needs that are working well

5. 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 state Head Start programs in North Dakota?

• ARRA funds that are being used for deposits.
• Family Service staff have good working relationships with housing office officials.
• Good community collaborations.
• Good working relationships with housing assistance programs.
• Local ministeriums, social services, and community presence.
• The Family Partnership Coordinator serves on the local Homeless Coalition. Our grantee Community Action Partnership has sponsored several community housing projects to alleviate the housing shortage. If a homeless family with preschool-age children registers their school-age children at our public school administrative office, the family is referred over to Head Start and we are contacted to make us aware of their homeless status.
• We have a lot to learn on homelessness.
• We meet 4 times a year to discuss housing for our HS families and try to work out the kinks. Homeless families are also in our discussions.
• We work closely with the local public schools and their homeless coordinator.
• Working with other agencies such as Social Services, Housing, etc.

Key Activity Area 3 Survey Instrument with Responses: Family/Child Assistance (N=18)

Appendix Table 11. Involvement with family/child assistance

1. Using the preceding definitions, please do the following: a) rate the EXTENT OF YOUR INVOLVEMENT with each of the following service providers/organizations during the past 12 months, and b) indicate "yes" in the second box if you would like MORE involvement with the service provider/organization.

   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.

Provider/Organization	a. Extent of Involvement						b. Would like **MORE** involvement
	No working relationship (little or no contact	**Cooperation** (exchange info and referrals)	**Coordination** (work together)	**Collaboration** (share resources and agreements)	**DNK**	**N/A**	
A. TANF agency (N=18)	5.6%	38.9%	38.9%	16.7%	0.0%	0.0%	44.4%
B. Employment and Training and Labor Services agencies (N=18)	16.7%	44.4%	38.9%	0.0%	0.0%	0.0%	55.6%
C. Economic and Community Development Councils (N=18)	38.9%	33.3%	22.2%	0.0%	5.6%	0.0%	66.7%
D. Child Welfare agency (N=18)	0.0%	38.9%	44.4%	16.7%	0.0%	0.0%	61.1%
E. Services and networks supporting foster and adoptive families* (N=18)	5.6%	50.0%	38.9%	5.6%	0.0%	0.0%	50.0%
F. Parent organizations (e.g., Parent Resource Centers) (N=18)	0.0%	22.2%	44.4%	33.3%	0.0%	0.0%	50.0%
G. Parent advocacy groups (e.g., North Dakota Head Start Association) (N=18)	0.0%	16.7%	50.0%	33.3%	0.0%	0.0%	44.4%

*Examples include: Residential Child Care Facilities (RCCF) and Child Placing Agencies such as Catholic Charities North Dakota, Christian Family Life Services, Lutheran Social Services of North Dakota, New Horizons Adoption Agency, P.A.T.H., The Village Family Service Center, and Adults Adopting Special Kids (AASK).

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 12. No working relationship with family/child assistance provider/organization

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=9)

11.1%	a. Services were not available in the area
0.0%	b. Transportation/distance was an issue
33.3%	c. Met resistance when trying to establish a working relationship
22.2%	d. Lack of resources (personnel, money) to establish a working relationship
44.4%	e. Other (please specify)
	Other Responses: • Haven't had a big need to work together at this time. • Not aware if an economic or community development council is available in our area. • Not necessarily resistance, just lack of interest on their part and/or failure to follow through when info is requested or contact is initiated. • Very seldom contacted with info regarding workshops or testing. I have called and visited about the situation. Job Service, in Valley City, has been financially cut and has only two people employed so I think that may be a big part of the problem.

Appendix Table 13. Level of difficulty with areas/tasks involving family/child assistance

3. Please indicate the extent to which each of the following areas/tasks was DIFFICULT during the past 12 months. Select one rating for each area/task.

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Obtaining information and data for community assessment and planning (N=18)	38.9%	44.4%	0.0%	0.0%	11.1%	5.6%
B. Targeting recruitment to families receiving TANF, Employment and Training, and related support services (N=18)	83.3%	16.7%	0.0%	0.0%	0.0%	0.0%
C. Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment (N=18)	83.3%	16.7%	0.0%	0.0%	0.0%	0.0%
D. Establishing and implementing local interagency partnership agreements (N=18)	61.1%	38.9%	0.0%	0.0%	0.0%	0.0%
E. Facilitating shared training and technical assistance opportunities (N=18)	44.4%	33.3%	11.1%	0.0%	5.6%	5.6%
F. Getting involved in state level planning and policy development (N=18)	33.3%	33.3%	0.0%	11.1%	22.2%	0.0%
G. Exchanging information on roles and resources with other service providers and organizations regarding family/child assistance services (N=18)	72.2%	27.8%	0.0%	0.0%	0.0%	0.0%

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 14. Other issues with family/child assistance

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

• Accessing more job training and preparation classes in our community that would help prepare families better in accessing better employment opportunities.
• Families lose benefits when they do not consistently perform all the requirements laid out to get these services. When this happens, the children usually are the ones who suffer for loss of money and services.
• Finding child care for when a parent finds a job or starts school.
• I believe that medical and dental services available for parents are a major concern. Many parents have no medical insurance and cannot afford to go see a doctor and it is the same for access to dentists. It is important that parents stay healthy so they can take care of their children.
• No issues come to mind.
• None.
• The frustration parents have in accessing assistance and the silos that keep them from getting comprehensive information.
• The main issue is distance to resources. Many families live in remote rural areas and have limited transportation. Also, most families speak primarily Spanish and not all agencies have the capacity to assist with their language needs.
• Time is always a factor when you complete the Community Needs Assessment as well as collaborate with training and participate in state policy development and planning. And issues that are difficult to deal with and that impact families are when legislation changes and affect families in a negative manner.
• There are transportation barriers in a rural community; larger towns are 45 minutes to an hour away. More outreach counseling services to our rural area would be helpful.
• We currently have a huge shortage of affordable housing in our area and not many options for assistance in getting families into a home they will be able to afford.

Appendix Table 15. Efforts to address family/child assistance needs that are working well

5. 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 Head Start programs in North Dakota?

• By attending multi agency meetings within the community such as the Salvation Army and inviting the family/child assistance agency staff to participate on the Head Start Family Partnership Advisory Committee. We have access to financial education and literacy as well as the home owners' education classes offered by our Community Action Partnership grantee onsite.
• Collaboration agreements. Good working relationships with other agencies, service providers.
• Community partnerships.
• Creating community partnerships with as many of the community agencies as possible. I find it provides the agencies with a better understanding of the Head Start program and how to meet the needs of families.
• NA.
• We are appreciative to receive the TANF list on a monthly basis.
• We have a good relationship with Burleigh County Social Services in that when we request attendance at meetings, program assessments etc. they usually try to comply with our request. The Burleigh Country Social Service Board meetings are also broadcast on local TV so you can keep informed of some of their current changes and issues.
• We have excellent partners and our staff are on Child Protection Services boards at the county level.
• We work with Community Action with their car repair program and commodities food program. Working with local colleges for interns. Classes at Head Start open to the community with Parent Resource Center. Working with child care program for after school care.

Appendix Table 16. Involvement with child care

1. Using the preceding definitions, please do the following: a) rate the EXTENT OF YOUR INVOLVEMENT with each of the following service providers/organizations during the past 12 months, and b) indicate "yes" in the second box if you would like MORE involvement with the service provider/organization.

   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.

Provider/Organization	a. Extent of Involvement						b. Would like **MORE** involvement
	No working relationship (little or no contact	**Cooperation** (exchange info and referrals)	**Coordination** (work together)	**Collaboration** (share resources and agreements)	**DNK**	**N/A**	
A. State agency for child care (N=20)	25.0%	30.0%	35.0%	5.0%	5.0%	0.0%	45.0%
B. Child Care Resource & Referral agencies (N=20)	5.0%	25.0%	60.0%	10.0%	0.0%	0.0%	50.0%
C. Local child care programs for full-year, full-day services (N=20)	40.0%	10.0%	45.0%	0.0%	0.0%	5.0%	55.0%
D. State, regional, or local policy/ planning committees that address child care issues (N=20)	10.0%	25.0%	65.0%	0.0%	0.0%	0.0%	45.0%
E. Higher education programs/services/ resources related to child care (e.g., lab schools, student interns, cross-training) (N=20)	20.0%	20.0%	35.0%	20.0%	0.0%	5.0%	55.0%

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 17. No working relationship with child care provider/organization

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=10)

60.0%	a. Services were not available in the area
20.0%	b. Transportation/distance was an issue
50.0%	c. Met resistance when trying to establish a working relationship
30.0%	d. Lack of resources (personnel, money) to establish a working relationship
0.0%	e. Children had special needs and provider(s) were unable to meet care requirements
10.0%	f. Other (please specify)
	Other Responses: • No identified need at the time. • Some providers resent Head Start's money. • We continue to have only one child care license out of nine facilities because it serves no benefit to the program. In the past we have worked hard to be a support system to the child care community including providing a newsletter, lending library and opening our trainings to child care providers. There was little involvement from providers. We did take over the Parent Resource Center this year and the county licensor is allowing providers to attend parent meetings for training hours. Hopefully we will see more involvement in this area.

Appendix Table 18. Level of difficulty with areas/tasks involving child care

3. Please indicate the extent to which each of the following areas/tasks was DIFFICULT during the past 12 months. Select one rating for each area/task.

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Establishing linkages/partnerships with child care providers (N=20)	15.0%	55.0%	30.0%	0.0%	0.0%	0.0%
B. Assisting families to access full-year, full-day services (N=20)	25.0%	40.0%	15.0%	10.0%	5.0%	5.0%
C. Aligning policies and practices with other service providers (N=19)	21.1%	36.8%	10.5%	10.5%	15.8%	5.3%
D. Sharing data/information on children that are jointly served (e.g., assessments, outcomes) (N=20)	40.0%	45.0%	0.0%	0.0%	5.0%	10.0%
E. Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment (N=20)	35.0%	45.0%	15.0%	0.0%	0.0%	5.0%

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 19. Other issues with child care

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

• Aligning Head Start Performance Standards with child care licensing is a challenge when there is so much required from Head Start.
• Cost: When families apply for child care, they have to make a huge deposit and they do not have the funds for this up front. Hours: Many of our families work part-time evening hours and week-ends which there are not many quality providers for this need. Trust: Many families with young children in our area have trust issues in regard to working with more than one environment for their children. We had trouble finding partnerships when we were looking into writing for Early Head Start that would work out with the Head Start Guidelines, space etc.
• Finding child care for children infants-2 years old. Finding child care that transports or which is in a bussing area. Child care with early morning hours (before 7AM) or evening hours (after 6PM).
• If child care is found for a child the cost is always an issue for the families we serve. Some receive child care assistance and others do not. It would be helpful to find out which child care programs want to partner with Head Start programs across the state. What makes this process difficult is finding the time to have these discussions with providers.
• Infant/toddler care shortage.
• It is not worth the time and effort for Head Start programs to be licensed unless they are taking children for payment slots or are working towards NAEYC accreditation.
• Lack of resources.
• None.
• Need part-time care - paying for full-time slot when only there for a couple hours.
• The need for infant care seems to be an ongoing issue.
• We do not have a local CCR&R office and must access services over 100 miles away. The CCR&R staff have been very considerate in dropping into our center from time to time and have been extremely willing to schedule training at our center and provide staff training on their CDA through an on-line process or independent study.

Appendix Table 20. Efforts to address child care needs that are working well

5. 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 state Head Start programs in North Dakota?

• Access to trainings that we can in turn provide to our families. Collaboration with various agencies such as ND Extension Service.
• Collaboration with other agencies and parents sharing information with each other.
• I believe there has been some powerful work on a state level in improving the quality of child care in the state including early learning guidelines, QRS, work of advocates, and the development of the Early Learning Council.
• The state early care and education administrator is very open to Head Start and the requirements that we have. The local child care providers don't even necessarily want to be licensed, much less meet the standards for Head Start.
• We are a licensed childcare provider. We have working relationships with Higher Education and CCR&R.
• We have all parents sign a release of information at Head Start registration each year that gives Head Start staff permission to communicate with the child care provider. We invite child care providers to be members of our Education Committee and attend our educationally related staff training. We have been involved on state committees such as the Quality Rating Improvement System that has worked toward advancing quality in child care. This committee was also comprised of child care providers, child care licensures, state child care administrators and CCR&R. Committee involvement has greatly increased the Head Start staff's understanding of child care issues. We have formed a local Success by Six group that is comprised of local professionals that are committed to early childhood education and care as well as direct providers and child care program administrators. This committee meets monthly and has worked to raise the awareness levels of the status and needs for high quality early childhood experiences.
• We have been working with a local program to provide after school child care when Head Start programming ends at 3:15. Parents pay and can apply for child care assistance.
• We invite child care programs to our in-service training.
• We often use Child Care Resource & Referral and they have been very helpful in locating child care options for our families.
• Working on a state level to address legislative issues seems to be effective on some issues.

Appendix Table 21. Involvement with family literacy services

1. Using the preceding definitions, please do the following: a) rate the EXTENT OF YOUR INVOLVEMENT with each of the following service providers/organizations during the past 12 months, and b) indicate "yes" in the second box if you would like MORE involvement with the service provider/organization.

   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.

Provider/ Organization	a. Extent of Involvement						b. Would like **MORE** involvement
	No working relationship (little or no contact	**Cooperation** (exchange info and referrals)	**Coordination** (work together)	**Collaboration** (share resources and agreements)	**DNK**	**N/A**	
A. Dept. of Public Instruction Title I, Part A, Family Literacy (N=18)	22.2%	38.9%	16.7%	16.7%	0.0%	5.6%	50.0%
B. Employment and Training programs (N=18)	5.6%	38.9%	38.9%	16.7%	0.0%	0.0%	44.4%
C. Adult Education (N=18)	0.0%	77.8%	5.6%	16.7%	0.0%	0.0%	55.6%
D. English Language Learner programs and services (N=18)	38.9%	22.2%	11.1%	11.1%	0.0%	16.7%	50.0%
E. Parent education programs/ services to promote parent/ child literacy interactions (N=18)	5.6%	16.7%	33.3%	44.4%	0.0%	0.0%	50.0%
F. Prairie Public education services (N=18)	33.3%	27.8%	16.7%	11.1%	5.6%	5.6%	33.3%
G. Public libraries (N=18)	16.7%	38.9%	33.3%	11.1%	0.0%	0.0%	44.4%
H. School libraries (N=18)	50.0%	22.2%	5.6%	11.1%	0.0%	11.1%	44.4%
I. Public/private sources that provide book donations or funding for books (N=18)	5.6%	11.1%	27.8%	50.0%	5.6%	0.0%	50.0%
J. Museums (N=18)	55.6%	5.6%	11.1%	11.1%	0.0%	16.7%	38.9%
K. Reading Readiness programs (N=18)	16.7%	5.6%	38.9%	27.8%	5.6%	5.6%	50.0%

Provider/ Organization	a. Extent of Involvement						b. Would like **MORE** involvement
	No working relationship (little or no contact	**Cooperation** (exchange info and referrals)	**Coordination** (work together)	**Collaboration** (share resources and agreements)	**DNK**	**N/A**	
L. Higher education programs/ services/ resources related to family literacy (e.g., grant projects, student interns, cross-training) (N=17)	23.5%	11.8%	52.9%	11.8%	0.0%	0.0%	52.9%
M. Providers of services for children and families who are English Language Learners (N=18)	38.9%	11.1%	22.2%	5.6%	0.0%	22.2%	50.0%
N. Even Start (N=18)	22.2%	11.1%	16.7%	5.6%	5.6%	38.9%	33.3%
O. Early Reading First (N=18)	11.1%	11.1%	11.1%	22.2%	11.1%	33.3%	38.9%
P. Other (specify) (N=3)	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	33.3%
Other Responses: • We had Even Start but funding was cut in the state. There are no museums in our area that are appropriate for preschoolers.							

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 22. No working relationship with family literacy services provider/organization

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=13)

92.3%	a. Services were not available in the area
30.8%	b. Transportation/distance was an issue
0.0%	c. Met resistance when trying to establish a working relationship
15.4%	d. Lack of resources (personnel, money) to establish a working relationship
7.7%	e. Other (please specify)
	Other Responses: • Had Even Start funding for 12 years, lost it due to less money coming into the state to support the program. • Most of these fall into the area of Family/Community partnerships. • While we have a written partnership with the public library, we have not used the services as much as we should be. As the public library staff do not reach out to Head Start, we will need to be more proactive and reach out to them. At this time we have no need for ELL services. We do not have access to Even Start or Early Reading First programs. The local university had not approached us regarding any family literacy programs. We are not aware of any reading readiness programs available in our district other than what we provide in Head Start.

Appendix Table 23. Level of difficulty with areas/tasks involving family literacy services

3. Please indicate the extent to which each of the following areas/tasks was DIFFICULT during the past 12 months. Select one rating for each area/task.

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Recruiting families to Family Literacy Services (N=18)	27.8%	50.0%	11.1%	5.6%	0.0%	5.6%
B. Educating others (e.g., parents, the community) about the importance of family literacy (N=18)	27.8%	55.6%	16.7%	0.0%	0.0%	0.0%
C. Establishing linkages/partnerships with key literacy providers (N=18)	44.4%	44.4%	11.1%	0.0%	0.0%	0.0%
D. Establishing linkages/partnerships with key local level organizations/programs (other than libraries) (N=18)	44.4%	38.9%	11.1%	5.6%	0.0%	0.0%
E. Incorporating family literacy into your program policies and practices (N=18)	72.2%	27.8%	0.0%	0.0%	0.0%	0.0%
F. Exchanging information with other providers/organizations regarding roles and resources related to family literacy (N=18)	61.1%	38.9%	0.0%	0.0%	0.0%	0.0%
G. Other (specify) (N=6)	33.3%	33.3%	16.7%	0.0%	0.0%	16.7%

Other Responses:

- Families are in area for short period of time and work long hours when they are here, therefore do not have a lot of time for these types of activities.
- Time is always an issue when cultivating partnerships.
- We are seeing a great focus on parent literacy through our local school districts, which have been the only partners for our rural sites.
- We do not have any Family Literacy Services available other than what we do in Head Start. We are a Reading Is Fundamental program and host four parent child literacy nights a year to engage parents in literacy activities with their children. We send home a free book with each child at the conclusion of the literacy night.
- With so many other initiatives, it is sometimes a challenge to focus more on literacy or to incorporate it into other activities and initiatives with teachers and parents.

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 24. Other issues with family literacy services

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

• Need more training on defining literacy and our program priorities around it (i.e., families also need financial literacy).
• None.
• None.
• Ruralness of our program.
• See Question #3 response under Other. Few available within our community other than what Head Start initiates. We do not have access to Early Reading First in our service area.
• The main issue is finding resources that are available during the summer months at hours when parents are not working.
• There are limited resources in the rural communities. School districts are the greatest partners for promoting family literacy.
• When services are available in the community, it's not difficult at all to collaborate. The challenge is that there are few family literacy programs available.
• Would love to see the level of funding for Even Start be reinstated. Or money for family literacy projects that would support adults improving and building on their educational level.

Appendix Table 25. Efforts to address family literacy services needs that are working well

5. 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 state Head Start programs in North Dakota?

• Able to hire part-time translator for English Language Learners.
• Community partners often contact us to be a link to parents and families that need or might need services.
• Excellent community partnerships.
• None.
• Reading is Fundamental, "Family of Readers" program.
• Several ND Head Start programs are RIF programs. We host four Family Literacy Nights per year where we begin with a meal, followed by a literacy activity that is completed by the parent and child. Our parents have told us how "fun" those activities are and how much they have appreciated having them.
• The RIF program grant has provided the framework for enriching and enhancing our early literacy efforts for children and families.
• The RIF Program has really helped our program promote family literacy. I would recommend it to all.
• We just took over the parent resource center in Devils Lake and have the Early Reading First grant for seven locations and we are seeing some great family literacy activity. The program also was awarded the five year SPARK grant which focused on parent literacy in the program, including health and financial literacy. We have implemented many of these activities into the local program. In addition we are the recipients of three different special funding sources for book distributions for families.

Key Activity Area 6 Survey Instrument with Responses: Children with Disabilities and Their Families (N=18)

Appendix Table 26. Involvement with children with disabilities and their families

1. Using the preceding definitions, please do the following: a) rate the EXTENT OF YOUR INVOLVEMENT with each of the following service providers/organizations during the past 12 months, and b) indicate "yes" in the second box if you would like MORE involvement with the service provider/organization.

   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.

Provider/ Organization	a. Extent of Involvement						b. Would like **MORE** involvement
	No working relationship (little or no contact	**Cooperation** (exchange info and referrals)	**Coordination** (work together)	**Collaboration** (share resources and agreements)	**DNK**	**N/A**	
A. State Lead Agency for Part B/619 (N=18)	50.0%	16.7%	22.2%	5.6%	5.6%	0.0%	55.6%
B. Local Part B/619 providers (N=18)	5.6%	11.1%	0.0%	83.3%	0.0%	0.0%	44.4%
C. State Education Agency - other programs/services (Section 504, special projects re. children with disabilities, etc.) (N=18)	27.8%	44.4%	11.1%	5.6%	11.1%	0.0%	55.6%
D. State Lead Agency for Part C (N=18)	50.0%	27.8%	11.1%	5.6%	5.6%	0.0%	61.1%
E. Local Part C providers (N=18)	5.6%	38.9%	5.6%	50.0%	0.0%	0.0%	50.0%
F. Federally funded programs for families of children with disabilities (e.g., Parent Information Resource Center (PIRC), Pathfinder Family Center, Community Health, Protection & Advocacy agency, Children's Special Health Services) (N=18)	22.2%	50.0%	16.7%	11.1%	0.0%	0.0%	61.1%
G. State-funded programs for children with disabilities and their families (e.g., developmental services agencies) (N=18)	33.3%	38.9%	16.7%	11.1%	0.0%	0.0%	77.8%

Provider/ Organization	a. Extent of Involvement						b. Would like **MORE** involvement
	No working relationship (little or no contact	**Cooperation** (exchange info and referrals)	**Coordination** (work together)	**Collaboration** (share resources and agreements)	**DNK**	**N/A**	
H. University and community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/North Dakota Center for Persons with Disabilities (NDCPD)) (N=18)	38.9%	33.3%	16.7%	11.1%	0.0%	0.0%	61.1%
I. Non-Head Start policy 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) (N=18)	38.9%	0.0%	61.1%	0.0%	0.0%	0.0%	61.1%
J. Parent organizations (Family Voices) (N=18)	27.8%	50.0%	22.2%	0.0%	0.0%	0.0%	55.6%
K. Other (specify) (N=1)	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Other Responses: • *[No response given.]*							

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 27. No working relationship with provider/organization serving children with disabilities and their families

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=14)

28.6%	a. Services were not available in the area
7.1%	b. Transportation/distance was an issue
28.6%	c. Met resistance when trying to establish a working relationship
42.9%	d. Lack of resources (personnel, money) to establish a working relationship
14.3%	e. Other (please specify)
	Other Responses: • The disability coordinator position is shared between two SLP's who are also full time service providers. • The Part C agency makes very few referrals (3 in the last 13 years) to Head Start. We are going to become more involved with the RICC at the regional level to help circumvent the early intervention director and get referrals directly from Human Service Centers. • There hasn't been a need.

Appendix Table 28. Level of difficulty with areas/tasks involving children with disabilities and their families

3. Please indicate the extent to which each of the following areas/tasks was DIFFICULT during the past 12 months. Select one rating for each area/task.

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Obtaining timely evaluations of children (N=18)	33.3%	55.6%	5.6%	5.6%	0.0%	0.0%
B. Having staff attend Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) meetings (N=18)	72.2%	22.2%	5.6%	0.0%	0.0%	0.0%
C. Coordinating services with Part C providers (N=18)	38.9%	44.4%	11.1%	0.0%	0.0%	5.6%
D. Coordinating services with Part B/619 providers (N=18)	72.2%	22.2%	5.6%	0.0%	0.0%	0.0%
E. Sharing data/information on jointly served children (assessments, outcomes, etc.) (N=18)	66.7%	22.2%	5.6%	0.0%	0.0%	5.6%
F. Exchanging information on roles and resources with other providers/organizations regarding services for children with disabilities and their families (N=18)	55.6%	38.9%	5.6%	0.0%	0.0%	0.0%
G. Parental support offered through parent organizations (N=18)	50.0%	27.8%	16.7%	5.6%	0.0%	0.0%
H. Other (specify) (N=1)	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Other Responses:

- We are frustrated at times in the length of time it takes to get a child to move through the evaluation process when more significant concerns are noted (PSN referral).

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 29. Other issues with children with disabilities and their families

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

• In the more "urban" area, it's more challenging to make sure classroom staff are invited to attend the IEP meetings, especially when the preschool coordinator tells HS staff that they don't need to invite the HS staff to meetings. We're working on it.
• Local Education Agencies staff is limited. Heavy caseloads prohibit them from serving children at other sites when needed.
• NA.
• None.
• Some of our centers have a difficult time getting the special ed. unit to work with the children in a least restrictive environment.
• The program has a wide service area and works with five special education units and two Part C agencies. It is very difficult to generalize relationships between the seven agencies. One special education unit has four staff in the building, has monthly staffing of children and provides excellent services. Another unit has all employees contracted under the school rather than the special education unit and is very difficult to work with because of the school administrator. *Major concerns - eligibility to obtain Part C services. *New reimbursement system for Part C.
• Trying to balance my full time SLP role in addition to serving as the disability coordinator can be challenging at times.
• We have found it difficult to manage the number of speech/language evaluations in the fall. Also balancing the disability coordinator responsibilities with full time service provision duties as an SLP.
• We have found ways to circumvent our Part C that causes us issues. WE should not have to... Part C providers should be REQUIRED to partner with Head Start programs!
• While we have a wonderful collaborative relationship with the Part B provider for our center programs, we experience more difficulty collaborating with the Part B providers in our home based program option who often "forget" to invite the home based visitors to scheduled IEP meetings. We are working on this issue by initiating more frequent contacts with the Part B providers to ensure ongoing regular communication occurs between the Part B providers and the home visiting staff.

Appendix Table 30. Efforts to address the needs of children with disabilities and their families that are working well

5. In your efforts to address the 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 Head Start programs in North Dakota?

• *The program has many great partnerships with LEA and local school districts in providing services to children with special needs. In many of the sites, professionals will come to the school to provide the services. The LEA utilizes the Galileo reports of Head Start and Early Head Start in their planning and there is ongoing communication in addition to the IEP/IFSP in providing services to families. *The administrator serves on the state joint IDEA/ICC advisory board, state ICC board and regional ICC board.
• Being co-located with the Early Childhood Special Education Program, Infant Development, and Right Track Program makes it easy for us to access and provide quality services to children and families.
• Collaboration is strong between local special education unit and Head Start.
• Educating staff on the essential elements of an inclusive classroom so staff understands their role in making it successful for all involved.
• Having two full-time SLP's on site is a definite positive. We are able to coordinate with the teachers on a regular basis and are able to provide families with activities to support their communication development in the home.
• Having two full-time SLP's on site to serve the Head Start children. Also, incorporating RTI programs (Speedy Speech and Quick Concepts) into our service delivery has been beneficial. We're excited about piloting an inclusion model where children with more significant disabilities are incorporated into the Head Start classroom.
• In the communities where Head Start is the preschool special needs classroom, there is no problem at all being invited to meetings, obtaining and sharing information in assessments, etc.
• We are housed with both Part B and Part C programs. This makes collaboration much easier.
• We have just an "awesome" relationship with the Part C infant development program. We have gone above and beyond in developing transition strategies that invite the parents and their children to our Head Start centers several times before their young children transition from Part C into Head Start. We meet annually with all of the Part C staff to discuss what is working well and what we need to strengthen. We have developed a slide show presentation that the Part C staff use for families who will transition to Head Start within a year. This slide show explains the Center, the curriculum and basically lets parents know what to expect. Parents and their children spend an hour or more in the classroom that their child will attend about a month prior to the transition to ensure that both the parents and children become familiar with their new setting.
• We value our working relationship with early intervention agencies.

Appendix Table 31. Involvement with community services

1. Using the preceding definitions, please do the following: a) rate the EXTENT OF YOUR INVOLVEMENT with each of the following service providers/organizations during the past 12 months, and b) indicate "yes" in the second box if you would like MORE involvement with the service provider/organization.

   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.

Provider/ Organization	a. Extent of Involvement						b. Would like **MORE** involvement
	No working relationship (little or no contact	**Cooperation** (exchange info and referrals)	**Coordination** (work together)	**Collaboration** (share resources and agreements)	**DNK**	**N/A**	
A. Law enforcement (N=20)	10.0%	30.0%	55.0%	5.0%	0.0%	0.0%	45.0%
B. Providers of substance abuse prevention/ treatment services (N=20)	15.0%	35.0%	45.0%	5.0%	0.0%	0.0%	45.0%
C. Providers of child abuse prevention/ treatment services (N=20)	0.0%	25.0%	35.0%	35.0%	0.0%	5.0%	40.0%
D. Providers of domestic violence prevention/ treatment services (N=20)	0.0%	45.0%	45.0%	10.0%	0.0%	0.0%	40.0%
E. Private resources geared toward prevention/ intervention (e.g., faith-based, business, foundations, shelters) (N=20)	5.0%	60.0%	25.0%	5.0%	0.0%	5.0%	45.0%
F. Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans, Community Action Agency) (N=20)	5.0%	30.0%	35.0%	30.0%	0.0%	0.0%	45.0%
G. Providers of adult disability services (e.g., Independent Living Centers) (N=20)	25.0%	45.0%	20.0%	0.0%	0.0%	10.0%	30.0%
H. Parent education and family support services (e.g., Parent Resource Centers) (N=20)	0.0%	20.0%	30.0%	50.0%	0.0%	0.0%	40.0%

Provider/ Organization	a. Extent of Involvement						b. Would like **MORE** involvement
	No working relationship (little or no contact	**Cooperation** (exchange info and referrals)	**Coordination** (work together)	**Collaboration** (share resources and agreements)	**DNK**	**N/A**	
I. Other (specify) (N=3)	0.0%	0.0%	0.0%	33.3%	33.3%	33.3%	5.0%

Other Responses:
- Many of the services identified do not exist in the rural areas. This is also difficult to answer because the program has nine counties and may work closely with one area and not at all in another.
- Public Schools.

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 32. No working relationship with community services provider/organization

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=5)

60.0%	a. Services were not available in the area
20.0%	b. Transportation/distance was an issue
40.0%	c. Met resistance when trying to establish a working relationship
40.0%	d. Lack of resources (personnel, money) to establish a working relationship
40.0%	e. Other (please specify)
	Other Responses: • Did not need services. • Hasn't been a need to work with Independent Living Centers at this time. • HIPAA and confidentiality issues.

Appendix Table 33. Level of difficulty with areas/tasks involving community services

3. Please indicate the extent to which each of the following areas/tasks was DIFFICULT during the past 12 months. Select one rating for each area/task.

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Establishing linkages/partnerships with law enforcement agencies (N=19)	47.4%	31.6%	10.5%	0.0%	0.0%	10.5%
B. Establishing linkages/partnerships with public resources (state, county, city, etc.) regarding prevention/treatment services (N=19)	47.4%	42.1%	5.3%	0.0%	0.0%	5.3%
C. Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services (N=19)	36.8%	47.4%	5.3%	5.3%	5.3%	0.0%
D. Partnering with service providers on outreach activities for eligible families (N=19)	73.7%	21.1%	5.3%	0.0%	0.0%	0.0%
E. Obtaining in-kind community services for the children/families in your program (N=19)	42.1%	42.1%	15.8%	0.0%	0.0%	0.0%
F. Sharing data/information on children/families served jointly by Head Start and other agencies regarding prevention/treatment services (N=19)	52.6%	36.8%	0.0%	5.3%	0.0%	5.3%
G. Exchanging information on roles and resources with other providers/organizations regarding community services (N=19)	57.9%	42.1%	0.0%	0.0%	0.0%	0.0%
H. Other (specify) (N=1)	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%

Other Responses:
- Many communities have interagency committees consisting of community resources which bridge resources.

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 34. Other issues with community services

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

• It is an ongoing process to continue to get information to agencies, private entities, and the community about Head Start and the families we serve.
• Just our distance from some providers - we are rural.
• None.
• The program only serves on about half of the child protection committees in the service area. The program has contacted the counties and has not been permitted to serve on the boards.
• While we have over 66 written and signed partnerships, some of the partnerships are much more active than others. While we have a signed partnership with law enforcement, we have not yet reached the point where law enforcement has publically announced its support of Head Start or high quality early education. More and more public service agencies in ND have become strapped for funding and even though they would like to do more, the needed resources are lacking.

Appendix Table 35. Efforts to address community services needs that are working well

5. 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 Head Start programs in North Dakota?

• All agencies seem to be willing to work with us.
• Good partnerships with community resources.
• Interagency committees composed of community agencies have been very successful in many of our service areas.
• Join service groups....Attend meetings dealing with resources that are needed by our families.
• Our Family Services Coordinator sits on the county child protection team.
• Our program hires LSW's to provide Family Services. I believe this is necessary to provide optimum services to the families.
• The CAP has a community assistance meeting four times a year, in which agencies come together to share information. We have a staff person who attends child protection meetings monthly. Strong relationship with Parent Resource Center with parent classes and Gearing Up for Kindergarten. Local agencies come to Head Start to present parent education.
• We have excellent partners in our service areas!
• We have extremely strong relationships with the infant development program, public health, a pediatrician, and some local education agencies and special education units. We have found that when we are willing to help out our community partners, they are much more willing to go above and beyond for us. For example, during the recent flu shot clinics, our Head Start nurse assisted the public health staff with some of those outreach clinics. In return public health screens all Head Start children, whether or not they are on Medicaid.

Key Activity Area 8A Survey Instrument with Responses: Education – Publicly Funded Pre-K Partnership Development (N=18)

Appendix Table 36. Involvement with education - publicly funded pre-k partnership development

1. Using the preceding definitions, please do the following: a) rate the EXTENT OF YOUR INVOLVEMENT with each of the following service providers/organizations during the past 12 months, and b) indicate "yes" in the second box if you would like MORE involvement with the service provider/organization.

   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.

Provider/ Organization	a. Extent of Involvement						b. Would like **MORE** involvement
	No working relationship (little or no contact	**Cooperation** (exchange info and referrals)	**Coordination** (work together)	**Collaboration** (share resources and agreements)	**DNK**	**N/A**	
A. Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of your agency which includes plans to coordinate activities, as described in 642(e)(5)(A)(i)(ii) (I-X), and a review of each of the activities (N=18)	22.2%	16.7%	5.6%	27.8%	5.6%	22.2%	50.0%
B. No state funded pre-k in North Dakota → Choose "No working relationship" (N=18)	83.3%	0.0%	0.0%	5.6%	5.6%	5.6%	50.0%
C. Other Memorandum of Understanding (MOU) (e.g., ARRA-funded Title I preschool, private preschool) (N=18)	22.2%	5.6%	5.6%	61.1%	5.6%	0.0%	50.0%

Other Responses:

- This is different in each school district.
- We are in the process of assessing community need developing partnerships with school districts across our service area.

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 37. No working relationship with education – publicly funded pre-k partnership development provider/organization

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=15)

53.3%	a. Services were not available in the area
20.0%	b. Transportation/distance was an issue
6.7%	c. Met resistance when trying to establish a working relationship
20.0%	d. Lack of resources (personnel, money) to establish a working relationship
13.3%	e. Other (please specify)
	Other Responses: • No state funded pre-k in North Dakota. • Time to devote to working on rural partnerships with the distance and limited staff/manpower to focus on this area. We have experienced reduced staff (staff retire/resign and not replaced) and existing staff having to pick up the extra work. • Time to work through all the details needed to develop the needed partnerships. • While we have MOUs with all of the local education agencies in our service area, not all of the LEAs were willing to collaborate and share resources. We have MOUs with three LEAs where we share resources. Of those three, we have Head Start programs in two of the public school buildings and share occupancy costs with the third LEA.

Appendix Table 38. Level of difficulty with areas/tasks involving education – publicly funded pre-k partnership development

3. Please indicate the extent to which each of the following areas/tasks was DIFFICULT during the past 12 months. Select one rating for each area/task.

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Educational activities, curricular objectives and instruction (N=18)	55.6%	16.7%	5.6%	0.0%	11.1%	11.1%
B. Information, dissemination, and access for families contacting Head Start or other preschool program (N=18)	66.7%	11.1%	5.6%	0.0%	5.6%	11.1%
C. Selection priorities for eligible children served (N=18)	72.2%	11.1%	0.0%	0.0%	5.6%	11.1%
D. Service areas (N=18)	55.6%	16.7%	5.6%	0.0%	11.1%	11.1%
E. Staff training, including opportunities for joint staff training (N=18)	44.4%	22.2%	5.6%	5.6%	5.6%	16.7%
F. Program technical assistance (N=18)	50.0%	22.2%	5.6%	0.0%	11.1%	11.1%
G. Provision of services to meet needs of working parents, as applicable (N=18)	11.1%	61.1%	5.6%	0.0%	11.1%	11.1%
H. Communications and parent outreach for transition to kindergarten (through the local school districts and/or the special education units with the local school districts) (N=18)	55.6%	22.2%	5.6%	0.0%	5.6%	11.1%
I. Provision and use of facilities, transportation, etc. (N=18)	44.4%	33.3%	0.0%	0.0%	5.6%	16.7%
J. Referral to parent organizations for parents of children with special needs (working with experienced parents through Early Intervention to assist with the transition process) (N=18)	50.0%	33.3%	0.0%	0.0%	5.6%	11.1%
K. Other elements mutually agreed to by the parties to the MOU (N=18)	50.0%	22.2%	5.6%	0.0%	5.6%	16.7%

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 39. Other issues with education – publicly funded pre-k partnership development

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

• 1. Is the money going to be there after ARRA? 2. The program is unable to collaborate with a number of schools because of the education qualifications of the HS teachers - BA in Child Development and Family Studies. 3. School districts do not have room for pre-k rooms.
• Collaboration is much harder with LEAs in the outreach areas.
• Meshing of qualifications for Head Start teachers and state-funded preschool teachers.
• Pre-K is not considered in our areas at this time.
• We desperately need to develop partnerships with pre-k stakeholders to sustain our existence, and influence the quality of services provided to children in families so they can continue to be comprehensive and holistic in their approach to working with families.
• We do not have enough funding to collaborate with all districts. Some SPED units do not want to collaborate.

Appendix Table 40. Efforts to address education – publicly funded pre-k partnership development needs that are working well

5. In your efforts to address the education/pre-k partnership development 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 Head Start programs in North Dakota?

• Building Level Support Teams for strategies for staff with children who need additional support for various issues - interfaces with public school.
• Each year we target another school district who is interested in providing pre-k services through collaboration with Head Start. By methodically targeting one school district a year, we are more likely to develop a meaningful relationship with the school administrators, school board members, and families who reside in that district. Each school district is unique, in some we work with Title I funds, in others we work with private tuition paid by parents while we cover costs for the Head Start children enrolled. Sitting down and going over each point of the MOU allows both parties to have the discussions up front and prevents problems down the road. We also sit down annually to review the MOUs as things change every year. It also keeps our lines of communication open and works to strengthen our relationships with the LEAs.
• I think we have high quality staff and a positive working relationship with many community entities which enables us to move forward with pre-k development.
• It is the first year of the Title 1 pre-k rooms so there are lots of bumps in the road. So far it is going great. The program is optimistic that partnerships will continue beyond ARRA funding.
• Too early to tell.
• We are now offering all of the training that we do with our local area pre-k teachers. It is really helping with collaboration efforts and increasing quality.
• We are starting a pre-k program in conjunction with the school district. They have received some Title ARRA funds. This will begin in Jan. 2010.
• We have excellent schools in our service area and the public school administrators are excellent.

Key Activity Area 8B Survey Instrument with Responses: Education – Head Start Transition and Alignment with K-12 (N=20)

Appendix Table 41. Involvement with education – Head Start transition and alignment with K-12

1. Using the preceding definitions, please do the following: a) rate the EXTENT OF YOUR INVOLVEMENT with each of the following service providers/organizations during the past 12 months, and b) indicate "yes" in the second box if you would like MORE involvement with the service provider/organization.

   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.

Provider/Organization	a. Extent of Involvement						b. Would like **MORE** involvement
	No working relationship (little or no contact	**Cooperation** (exchange info and referrals)	**Coordination** (work together)	**Collaboration** (share resources and agreements)	**DNK**	**N/A**	
A. Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten (N=20)	0.0%	30.0%	10.0%	60.0%	0.0%	0.0%	55.0%

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 42. No working relationship with education – Head Start transition and alignment with K-12 provider/organization

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the programs/organizations, please tell us why not? Check all that apply. (N=0)

0.0%	a. Services were not available in the area
0.0%	b. Transportation/distance was an issue
0.0%	c. Met resistance when trying to establish a working relationship
0.0%	d. Lack of resources (personnel, money) to establish a working relationship
0.0%	e. Other (please specify)

Appendix Table 43. Level of difficulty with areas/tasks involving education – Head Start transition and alignment with K-12

3. Please indicate the extent to which each of the following areas/tasks was DIFFICULT during the past 12 months. Select one rating for each area/task.

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Partnering with Local Education Agencies (LEAs) to implement systematic procedures for transferring Head Start program records to school (N=19)	73.7%	26.3%	0.0%	0.0%	0.0%	0.0%
B. Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney-Vento liaisons, etc.) (N=19)	47.4%	36.8%	10.5%	0.0%	0.0%	5.3%
C. Establishing and implementing comprehensive transition policies and procedures with LEAs (N=19)	52.6%	42.1%	0.0%	0.0%	0.0%	5.3%
D. Linking LEA and Head Start services relating to language, numeracy, and literacy (N=19)	42.1%	47.4%	10.5%	0.0%	0.0%	0.0%
E. Aligning LEA and Head Start curricula and assessments with Head Start Outcomes Framework (N=19)	52.6%	31.6%	10.5%	5.3%	0.0%	0.0%
F. Aligning Head Start curricula with State Early Learning Guidelines Three through Five Years (N=19)	68.4%	26.3%	5.3%	0.0%	0.0%	0.0%

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
G. Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records (N=19)	42.1%	52.6%	5.3%	0.0%	0.0%	0.0%
H. Coordinating transportation with LEAs (N=19)	42.1%	31.6%	21.1%	0.0%	5.3%	0.0%
I. Coordinating shared use of facilities with LEAs (N=19)	57.9%	31.6%	10.5%	0.0%	0.0%	0.0%
J. Coordinating with LEAs regarding other support services for children and families (N=19)	47.4%	47.4%	5.3%	0.0%	0.0%	0.0%
K. Coordinating for an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) with LEA (N=19)	63.2%	26.3%	5.3%	5.3%	0.0%	0.0%
L. Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten (N=19)	52.6%	36.8%	5.3%	5.3%	0.0%	0.0%
M. Establish policies and procedures that support children's transitions to school that includes engagement with LEA (N=19)	47.4%	31.6%	15.8%	0.0%	0.0%	5.3%
N. Helping parents of English Language Learning children understand instructional and other information and services provided by the receiving school, including section 3302 of the Elementary and Secondary Education Act (N=19)	15.8%	36.8%	0.0%	5.3%	10.5%	31.6%
O. Exchanging information with LEAs on roles, resources, and regulations (N=19)	52.6%	31.6%	5.3%	5.3%	0.0%	5.3%
P. Aligning curricula and assessment practices with LEAs (N=19)	42.1%	36.8%	15.8%	0.0%	0.0%	5.3%
Q. Organizing and participating in joint training, including transition-related training for school staff and Head Start staff (N=19)	52.6%	21.1%	15.8%	5.3%	0.0%	5.3%
R. Other (specify) (N=1)	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Other Responses: • School districts where we are present we have no issues... those where we are not collaborative have the issues.						

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 44. Other issues with education – Head Start transition and alignment with K-12

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

• NA.
• No issues - this is a very smooth transition for the program.
• None.
• None at this time.
• One of our three special education units is challenging to work with (but only in one of the three communities they jointly serve) and we are working on that relationship building. Most of our classrooms are the preschool special needs program in the community.
• There appears to be a disconnect regarding the public school administration's understanding of the Head Start outcomes, curriculum, and assessment requirements. We are trying to educate them so that they understand what Head Start is doing to prepare the children for kindergarten. We need to continue to bring together public school administrators with Head Start Directors until we are able to communicate in the same language and they are lining up to partner with Head Start.
• Understanding the appropriate practice for 3-5's is difficult for the K-12 staff to grasp and understand... they do not always understand that play is work!

Appendix Table 45. Efforts to address education – Head Start transition and alignment with K-12 needs that are working well

5. In your efforts to address the education/Head Start transition and alignment with K-12 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 Head Start programs in North Dakota?

• Because we are housed in the school district our staff is aware of what is happening in the district K-12. We are better aware of what the children will need to know when they transition into kindergarten.
• Cooperative efforts in all areas work well.
• Head Start to kindergarten transition is excellent. The partnership with the GFPS is fluid and supportive.
• Our close relationships with the local schools are great - especially in the rural areas.
• The Special Needs Director understands Head Start. The Pre School Special Needs room is co-located in our building. We communicate daily...
• We are just beginning to put together a Transition Committee that will include public school principals, kindergarten teachers, early childhood and elementary special education staff, Head Start teachers, Head Start Education Coordinator and Director to develop meaningful systematic procedures for transition that will follow the requirements of the Head Start Act of 2007.
• We have a designated teacher (.5 FTE) to set up and follow transition from Head Start to public school.
• We have annual meetings with each school district that includes the Head Start teacher and supervisor, the elementary principal and kindergarten teacher and sometimes the special education unit. The program reviews our curriculum, assessment data on children and provides the releases from parents to share records. The kindergarten teachers may give input on the curriculum and also on the summer transition program for the 5-year-olds, which is required for the Early Reading First grant. The program offers a parent meeting that is facilitated by the school district on transition, we take a field trip to the school, and assist in school registration and records transfer.
• We offer the elementary public schools a menu of service options in regards to transitioning children. We would be happy to share with others.

Appendix Table 46. Involvement with professional development

1. Using the preceding definitions, please do the following: a) rate the EXTENT OF YOUR INVOLVEMENT with each of the following service providers/organizations during the past 12 months, and b) indicate "yes" in the second box if you would like MORE involvement with the service provider/organization.

   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.

Provider/Organization	a. Extent of Involvement						b. Would like **MORE** involvement
	No working relationship (little or no contact	**Cooperation** (exchange info and referrals)	**Coordination** (work together)	**Collaboration** (share resources and agreements)	**DNK**	**N/A**	
A. Institutions of Higher Education (4 year) (N=20)	15.0%	20.0%	40.0%	25.0%	0.0%	0.0%	60.0%
B. Institutions of Higher Education (less than 4 year) (N=20)	15.0%	25.0%	35.0%	25.0%	0.0%	0.0%	65.0%
C. Tribal colleges (N=20)	65.0%	10.0%	5.0%	5.0%	0.0%	15.0%	30.0%
D. On-line courses/programs (N=20)	10.0%	40.0%	45.0%	5.0%	0.0%	0.0%	65.0%
E. Child Care Resource & Referral Network (N=19)	10.5%	31.6%	36.8%	21.1%	0.0%	0.0%	47.4%
F. State-based Head Start and Early Head Start T & TA Network Office (N=20)	10.0%	0.0%	60.0%	30.0%	0.0%	0.0%	30.0%
G. Regional and tribal T & TA networks (N=20)	35.0%	15.0%	35.0%	5.0%	0.0%	10.0%	30.0%
H. Service providers/ organizations offering relevant training/ technical assistance cross-training opportunities (N=20)	5.0%	30.0%	40.0%	20.0%	5.0%	0.0%	40.0%
I. Connecting with parent organizations who can do professional development with staff and provide trainings for families (N=20)	10.0%	30.0%	35.0%	25.0%	0.0%	0.0%	40.0%

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 47. No working relationship with professional development provider/organization

2. If you indicated that you DID NOT have a working relationship (little or no contact) with any of the providers/organizations, please tell us why not? Check all that apply. (N=16)

50.0%	a. Services were not available in the area
12.5%	b. Transportation/distance was an issue
0.0%	c. Met resistance when trying to establish a working relationship
12.5%	d. Lack of resources (personnel, money) to establish a working relationship
25.0%	e. Other (please specify)
	Other Responses: • As we are working with higher education institutions for our Head Start teachers to obtain their 4 year degrees with majors in early childhood education, we had not needed the services of community colleges or tribal colleges. We may look to community colleges for support with AA degrees that our teaching assistants and EHS staff will pursue in the future. • Not needed due to state T&TA Network. • Time, follow through. • We already utilize the State-Based T/TA Network.

Appendix Table 48. Level of difficulty with areas/tasks involving professional development

3. Please indicate the extent to which each of the following areas/tasks was DIFFICULT during the past 12 months. Select one rating for each area/task.

Area/Task	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult	DNK	N/A
A. Transferring credits between public institutions of learning (N=19)	15.8%	57.9%	5.3%	10.5%	10.5%	0.0%
B. Accessing early childhood education degree programs in the community (N=19)	31.6%	36.8%	10.5%	21.1%	0.0%	0.0%
C. Accessing T & TA opportunities in the community (including cross-training) (N=18)	50.0%	27.8%	11.1%	5.6%	5.6%	0.0%
D. Accessing scholarships and other financial support for professional development programs/activities (N=19)	15.8%	31.6%	10.5%	21.1%	21.1%	0.0%
E. Staff release time to attend professional development activities (N=19)	36.8%	15.8%	26.3%	21.1%	0.0%	0.0%
F. Accessing on-line professional development opportunities (e.g., lack of equipment, internet connection) (N=19)	57.9%	31.6%	5.3%	5.3%	0.0%	0.0%
G. Exchanging information on roles and resources with other providers/organizations regarding professional development (N=18)	38.9%	44.4%	11.1%	0.0%	5.6%	0.0%
H. Other (specify) (N=2)	0.0%	0.0%	50.0%	0.0%	0.0%	50.0%
Other Responses: • We have no early childhood education programs available in our community so we have had to rely on on-line courses as well as the on-line or independent study option that CCR&R provides for CDA.						

Note: DNK means "Do not know" and N/A means "Not applicable".

Appendix Table 49. Other issues with professional development

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

• Access to higher level professional development trainings. These tend to be on the East and West coasts. Also, finding low cost trainers to train our staff.
• Classes are not always available as needed.
• Funding and availability to meet the HS requirements for education staff.
• In our counties, our paras have had some difficulty with accessing ECDA courses on-line. Computers and the actual programming have been faulty.
• Meeting the mandate of AA or BA in ECE.
• Not many choices of educational institutions. Limited amount of quality training locally. High cost of continuing education.
• Paid release time is difficult to plan and fund.
• Some staff are not interested in taking college courses - time is precious and do not feel that they will not get an increase in pay for their time. It's not that they are not willing to learn, just don't feel that college courses are the only way in which to learn.
• Sometime staff choose not to take time off or take advantage of professional development opportunities out of town. There are so many expectations for what needs to be accomplished in the classroom.
• Sometimes we have too many focuses of training for the year because of needs. We need to look at narrowing this a bit.
• The biggest issue for the program is figuring out how staff will student teach in order to be considered qualified for teacher licensure.
• We have teachers that have taken master level early childhood courses that do not matriculate to undergraduate level courses in the same content area at a different higher education institution in ND. We have really taken a lead in providing early childhood education for private preschool teachers in our area as there are very few professional development opportunities for any preschool teachers not connected to a Head Start program.

Appendix Table 50. Efforts to address professional development needs that are working well

5. 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 Head Start programs in North Dakota?

• Good community support and working relationships.
• Haven't found what works well. If you are not an on-line learner your opportunities are limited. More opportunities to have classroom courses.
• Many of the WRHS staff live in rural towns and have been able to do course work on-line which has made getting their degree a reality.
• My Learning Plan, used in conjunction with the Grand Forks Public Schools, has been awesome for professional development! Recovery money has helped bring in some nationally-known trainers. We will have Jack Hartmann in February and we had Pam Schiller in September. They are fabulous!
• On-line classes work well.
• Our coordinators do many train-the-trainer events to train our teaching staff. It would be nice to collaborate with other Head Starts and exchange the information.
• Relationships with area colleges and creative delivery of classes.
• The program has had great success in working with Lake Region State College and Mayville towards degrees. On-line options are a life saver for rural communities. The Head Start program is an Early Reading First program, which has extensive professional development requirements so we have not looked outside of the project for training.
• We conduct CDA training on-site.
• We have a staff member that sits on the UTTC Early Childhood Advisory Committee.
• We host early childhood education training and invite the area private preschool teachers. We have relied on our working relationships with Mayville State University to assist our teachers with completing their early childhood education majors as they already have their 4 year teaching degrees. CCR&R has supported us in providing access to their CDA program which we require all of our TAs to enroll and complete within two years of hire.